

# News Update

The newsletter of the Nursing Council of New Zealand April 2008 ISSN 1177-0384

## From the Chairperson



**Beverley Rayna**  
Chairperson

The Council intends to publish three newsletters this year, and I am pleased to introduce the first *News Update* for 2008. It continues to be a busy time for us, and this *News Update* will inform you about just some of the issues that have recently occupied the Council.

In February, the Council renewed its memorandum of understanding with the Australian Nursing and Midwifery Council. This agreement has been in place since 2001 and enhances the exchange of knowledge between our respective organisations, thereby improving our ability to regulate nursing practice to protect public safety. See page 2 for further information.

A recent legal decision of interest to the Council concerned a nurse who had unsuccessfully appealed to the District Court against the Council's decision to suspend her for failing to complete a competence programme within the timeframe set by the Council. This was of particular significance, as it was the first time that an appeal had been made against a Council decision involving the competence provisions of the Health

Practitioners Competence Assurance Act 2003. See page 3 for the background to this important precedent.

A major exercise for the Council is the development of new competencies for the nurse practitioner scope of practice. A set of draft competencies was circulated to stakeholders, and a number of submissions received. These were considered, and the Council is commencing the process of reviewing both the strategic vision for nurse practitioner practice in New Zealand and the nurse practitioner scope statement. The process is described in more detail on page 4.

I invite you to participate in Forum 2008 in August. This is being promoted well in advance to enable as many nurses as possible to attend. We have considered the feedback received from Forum 2007, and this year the forum will be held at four venues: Dunedin, Wellington, Auckland and Rotorua. By moving to different centres we hope to make the forum accessible for a greater number of nurses. More information about the forum, including some of the topics that will be addressed, may be found on page 7.

In February, Frances Hughes resigned from the Council and I thank her for her contribution to our work over the past 16 months. We await the appointment of a new member.

Thank you all for your dedicated care that has enabled nursing to remain one of the most respected professions in New Zealand.

# Memorandum of understanding with Australia

On 18 February the Australian Nursing and Midwifery Council (ANMC) and the Nursing Council of New Zealand renewed their memorandum of understanding, which was first signed in 2001.

“The ANMC and Nursing Council of New Zealand have long enjoyed a close collaborative relationship. The memorandum of understanding serves to confirm those links and establish mechanisms for joint work between the two countries in the development of standards for the statutory regulation of nurses,” said Professor Mary Chiarella, Chairperson of the ANMC.

“For example the two organisations are currently partners in a project to develop guidelines on professional boundaries for nurses in both Australia and New Zealand. Nurses on both sides of the Tasman have been consulted in the development of the Guidelines, which will be implemented by the Nursing Council of New Zealand, the ANMC, and each of the Australian State and Territory Nursing and Midwifery Regulatory Authorities, who are the members of the ANMC.”

“By seeking the input of each organisation into agreed cooperative activities; exchanging information about key professional, political and policy issues; and collaborating on strategic research projects, the two organisations facilitate the free exchange of professional knowledge that contributes to the development of standards and the protection of the public,” said Ms Beverley Rayna, Chairperson of the Nursing Council of New Zealand.

“In this way both organisations smooth the progress of the Trans-Tasman Mutual Recognition Act and benefit the movement of nurses between Australia and New Zealand.”

“As the health care environment is continuously changing it is vitally important that nurses are able to respond and adapt their practice to continue to meet the needs of the community.”

“By working together our organisations are able to support the nursing profession to be flexible and responsive and provide quality care to the community and facilitate the movement of safe and competent nurses between our respective countries,” said Ms Marion Clark, Chief Executive Officer of the Nursing Council of New Zealand.

The signing of the MOU took place at the ANMC in the presence of representatives of both organisations and each of the Australian State and Territory Nursing and Midwifery Regulatory Authorities.

“Building on our past achievements in a number of joint projects including supporting the bi-annual meetings of the regulatory authorities of the Western Pacific and South East Asian regions we are now commencing work on a detailed scope of activities for the agreement.”

“We are excited by the opportunities this partnership provides for us to support nurses across the Tasman in their professional practice,” said Ms Karen Cook, Chief Executive Officer of the ANMC.



Standing from left - Karen Cook and Marion Clark  
Seated from left - Professor Mary Chiarella and Beverley Rayna

## Nurse congratulated

The Council congratulates Red Cross nurse Marianne Whittington for recently being awarded both the Florence Nightingale Medal, Red Cross's highest nursing order, and the New Zealand Order of Merit. The Chairperson and Chief Executive were honoured to be invited to attend the award ceremony at Government House.

Ms Whittington has participated in Red Cross missions for 17 years and has practised in many trouble spots, including Iraq, what was formerly Yugoslavia, Afghanistan and Darfur.

The International Committee of the Red Cross awards the Florence Nightingale Medal every two years to 50 nurses across the world whom have shown "...exceptional courage and devotion to the wounded, sick or disabled or to civilian victims of conflict or disaster".



Marianne Whittington after receiving her medal

# Appeal against suspension lost

A nurse appealed to the District Court against the decision of the Council to suspend her registration under section 43 of the Health Practitioners Competency Assurance Act 2003 (“the Act”) because she failed to complete a competence programme within the time specified. This was the first appeal against a Council decision involving the competence provisions of the Act.

The nurse had undergone a competence review following a notification to the Council that expressed concern about her practice. Following the review, the Council ordered that she:

- complete a competence programme by 10 December 2006
- complete a Council approved health assessment paper by 30 June 2007
- be assessed against the Council competencies for the registered nurse scope of practice by a Council approved assessor
- nominate a professional supervisor approved by the Council and meet with this supervisor at least twice monthly and no less than six times over the twelve month period. Reports from this supervisor must be made available to Council every two months.

Conditions were also placed in her scope of practice that required that:

- she only administer medication under the direct supervision of a registered nurse until successful completion of the drug administration and pharmacology assessment
- she was not to be the sole registered nurse on duty until all of the orders were met
- the nurse supervising her was to be approved by the Council.

All orders had to be met by 30 June 2007, and the nurse was advised that she would be referred back to the Council under section 43(1) of the Act if she had not met all requirements by that date.

The nurse was twice reminded by letter that she was required to forward the names of her assessor and supervisor to the Council for approval. The Council was then advised that the nurse had enrolled in a competence assessment programme but had been removed from the programme because her visa had expired. The programme had not been approved by the Council.

The nurse subsequently contacted the Council requesting a three month extension in which to complete the orders. She had obtained a three month student visa, which gave her sufficient time to complete the course. The Council declined this request on the basis that three months was an insufficient time frame in which to meet all the orders and that she had not gained Council approval for her professional supervision.

The Council advised the nurse that it intended to suspend her registration and a delegated panel met with her to discuss the

proposed suspension. The nurse was subsequently suspended from practice. The nurse chose to appeal the decision in the District Court under Section 106 of the Act.

The nurse argued that her inability to complete Council orders within the specified timeframe was a result of several bureaucratic difficulties. Her work permit had been cancelled when her employer had been no longer able to employ her as a sole charge registered nurse. Cancellation of her visa had meant that her place in the competence programme had been withdrawn. When her student visa was issued, she was unable meet the timeframes imposed by the Council.

The Council responded that the nurse posed a risk to the public and that suspension would protect the public. Any bureaucratic difficulties the nurse may have faced were outside the Council’s control and were not relevant. The nurse was not required to hold a practising certificate to complete the competence programme and therefore could have substantially complied with the competence orders.

In his decision, Judge Harrop outlined the relevant factors that the Council could consider when deciding what orders to make included the extent of the nurse’s deficiencies; the extent, period and reasons for non-compliance; whether compliance could be achieved with more time; and which response best accorded with the purposes of the Act, namely protection of the health and safety of the public.

He considered that the nurse had significant competence deficiencies and that this was a critical factor against which the decision to suspend her needed to be assessed. He noted that while it was only her non-compliance with the competence programme that had provided a basis for her suspension, her competency deficiencies were a highly relevant factor in determining the appropriate response.

The nurse had done very little to advance her level of competence and her skills may well have actually deteriorated. While it was accepted that she had made some efforts to comply with her obligations, he noted she had not obtained Council approval for her course, when it was clearly stated that this was required.

Although he accepted there had been some bureaucratic difficulties he concluded these did not fully account for the extent of non-compliance and that the onus was on the nurse to ensure that she strictly adhered to the Council’s obligations. He noted that the Council did not rush in to suspend her registration at the earliest opportunity but only when it was sufficiently concerned with her non-compliance.

The fact that the nurse had not obtained approval for a course of study that would be completed in the time her student visa was granted meant that the Council was faced with an extensive delay, a situation that he acknowledged was unacceptable to the Council. He also considered that the Council had complied with the statutory framework by giving the nurse’s submissions genuine and serious consideration.

The Council had given the nurse every opportunity to comply with the competency orders. While accepting that suspension was the most severe of the options available to the Council under section 43(1) of the Act, he determined that the Council was well within its rights to decline an extension of time to comply with its requirements, and the appeal was dismissed.

# Nurse practitioner competencies

The Nursing Council of New Zealand recently sought stakeholder submission on the draft *Competencies for the nurse practitioner scope of practice*.

A total of 47 submissions were received, with several submissions representing either groups of nurses or nursing organisations.

Overall, the feedback on the draft *Competencies for the nurse practitioner scope of practice* was positive, and many respondents provided in depth and helpful feedback on ways the number of competencies could be combined to provide greater clarity and fewer competencies.

Several responses addressed the tension that arose when attempting to measure the artful enfoldment of all the characteristics of a nurse practitioner with competencies. One respondent pointed out that the nature of the nurse practitioner role means his/her practice frequently takes place in a complex environment, where the relationship between knowledge and context is neither predictable nor linear. Furthermore, some stakeholders raised issues about the difference between nurse practitioners and specialist nurses and urged the Council to keep the focus of the nurse practitioner scope of practice broad and unique to New Zealand.

The Nursing Council considered the submissions and resolved that, prior to finalising the *Competencies for the nurse practitioner scope of practice*, the Council will review the strategic vision for nurse practitioner practice in New Zealand and the scope of practice statement.

This review will inform not only the competencies but also the direction of the postgraduate education framework and the *Standards for postgraduate education*. The Council will confirm a project plan, and it is anticipated the Council will shortly engage with key stakeholder groups.

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## Nurse practitioners congratulated

The Council congratulates all newly registered nurse practitioners. New Zealand now has 46 nurse practitioners of whom 27 are authorised to prescribe. The last 12 months saw assessment streamlined, whilst maintaining the robust nature of the assessment.

The Council has observed an increase in the standard of applications and presentation, along with clear evidence of increased support of applicants through mentoring. The increased quality of applications has expedited the registration process over the past year.

Of particular note is the increase of applications in the primary health care sector, with 13 nurse practitioners throughout the country, of whom seven are authorised to prescribe.

The report of our evaluation of the nurse practitioner registration process has now been published and is available from the Council or from its website: [www.nursingcouncil.org.nz/pub.html](http://www.nursingcouncil.org.nz/pub.html)

# Plastic cards are back

The Nursing Council of New Zealand is pleased to announce the return of plastic card practising certificates. The plastic cards will replace the paper certificates currently being issued.

The new plastic cards should be introduced with practising certificates that are valid from 1 July 2008 and will only be used for full practising certificates. Interim practising certificates will continue to be printed on paper.

**Application packs for 1 July renewals were sent out in the second week of April. Please return your applications early to ensure that you have your practising certificate by the end of June.**

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## Practising without a practising certificate

Please note that under section 8(1) of the Health Practitioners Competence Assurance Act 2003 you must have a practising certificate if you are practising as a nurse. The Council follows up every case of nurses having practised without practising certificates of which it becomes aware, and these cases may be referred to Professional Conduct Committees for investigation. The Health Practitioners Disciplinary Tribunal recently heard the first charges brought against a nurse who had practised without a practising certificate and cancelled the registration of the enrolled nurse concerned. The Tribunal's notice is on page 7.

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## Applications for practising certificates lacking evidence

The Council is continuing to receive applications for annual practising certificates that contain incomplete evidence relating to conditions identified on interim practising certificates, for example: professional development hours, orientation or competency assessment. When an interim practising certificate is issued the nurse is usually required to forward the relevant information when completed or with the next practising certificate application.

Section 26(2)(a) of the Act states that every application for an annual practising certificate must "... be in the form, and include the information, that is determined by the authority". To date, applications that either have not had all the questions answered or are not accompanied with the correct payment, are returned to the nurse for completion. From now on, this practice will also be followed for evidence of competence. Unless all evidence requested by the Council is supplied by a nurse with her application, the application and payment will be returned to him/her.

The reason for the changed practice is to improve the administration of practising certificates by ensuring that:

- the Council does not have application forms stored awaiting receipt of information, and
- the information and form are kept together.

When the application is completed in full, it will be considered by the Council staff, a decision will be made and a practising certificate will be issued if all other requirements have been met.

# Report on competence reviews

Since the implementation of the Health Practitioners Competence Assurance Act 2003 (the Act) in September 2004, the Council has received competence notifications for about 146 nurses. The majority of notifications have come from employers. Under section 34 of the Act, an employer must notify the Registrar when a nurse has resigned or been dismissed for reasons relating to competence.

After receiving a notification, the Council makes further inquiries into the competence of the nurse by requesting further information from the employer and the nurse. If competence concerns that may pose a risk of harm to the public are identified, a competence review is held. A competence review involves a meeting with a panel of nurses and lay people who assess the nurse's current competence to practise.

Sixty-two nurses have completed competence reviews from September 2004 to February 2008.

Period	Reviews
Year ending 31 March 2005	1
Year ending 31 March 2006	16
Year ending 31 March 2007	20
Year ending 31 March 2008 (to date)	25
<b>Total</b>	<b>62</b>

Following the review, the panel makes recommendations to the Council, which then makes its decision. The Council may suspend or alter the nurse's scope of practice by including conditions in the nurse's practice. The panel also has delegated authority to suspend the nurse's practising certificate or place conditions in the nurse's scope of practice if they believe that the nurse poses a risk of serious harm to the public.

Sixty two nurses have been reviewed since the Act was implemented. Three of the reviews are recent and the Council has not yet considered the reports. Of the 59 nurses who were considered by the Council:

- 14 (23.7%) had no further action and their files were closed
- 38 (64.4%) nurses were ordered to complete competence programmes
- 18 (30.5%) nurses were ordered to complete competence assessments
- 16 (27.1%) nurses were ordered to have professional supervision
- 4 (6.7%) nurses had their registration suspended because it was considered they posed a risk of serious harm, and
- 21 (35.6%) nurses have had other conditions placed in their scopes of practice. These conditions are varied but examples are: must practise under supervision or must only administer medications under direct supervision of a registered nurse.

Please note that a nurse can have more than one order and more than one condition.

Six nurses have successfully completed the Council's orders.

Currently 27 nurses are under Council orders. Fourteen of these have conditions in their scope of practice and two are suspended.

Twelve nurses have not met the Council's orders. Of these, five nurses retired from nursing after their review, five have been suspended for not meeting the orders and one had her scope of practice changed. One has had no further action taken.

Trends from statistical data collected to date indicate that the age of the nurse, lack of postgraduate qualifications and minimal professional development are factors related to competence concerns. Nurses were also over-represented from the aged care sector. Of the 146 competence notifications received by the Council:

- 76 (52.1%) were over 50 (Note that 35.8% of the nursing workforce is aged over 50)
- 31 (21.2%) had completed a post registration qualification
- 61 (41.8%) were working with older adults (Note that only 10% of the nursing workforce works in aged care.)
- 29 (19.9%) had completed their nursing education overseas.

Of the 62 nurses who went on to have competence reviews:

- 33 (53.2%) were employed by DHBs (Note that 54.8% of nurses are employed by DHBs)
- 23 (37.1%) were employed in aged care
- 6 (9.7%) were employed in private hospitals, community or primary care settings (Note that 9.7% of nurses are employed in primary care)
- 12 (19.4%) were over 60 at the time of the review (Note that only 10.3% of the nursing workforce are over 60)
- 11 (17.7%) were male (Note that 6.5% of the nursing workforce is male)
- 12 (19.4%) had post-registration nursing qualifications
- 22 (35.5%) had qualified from a hospital-based programme, 19 (30.6%) had Diplomas of Nursing and 21 (33.9%) had qualified with Bachelor of Nursing degrees.
- 15 (24.2%) had completed their nursing education overseas.

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## MOH Advisory Committee

Beverley Rayna (Chairperson) and Marion Clark (Chief Executive) have been appointed onto the Ministry's Advisory Committee, which had its first meeting on 1 April 2008.

The objective of the Advisory Committee is to provide the Director-General of Health with relevant and practical advice on options for the clinical second-tier workforce(s) to support registered nurses, including the question of regulation for such workforce(s), and suggested actions to give effect to any recommended changes.

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## Direction and delegation

The Council appreciates the feedback it received on this draft guideline. There was a high level of interest. The Council received 95 submissions during the consultation period from October to December 2007 on the *Draft guideline: direction and delegation*. The new guideline will be circulated shortly.

# Health Practitioners Disciplinary Tribunal notices

These are published by order of the Health Practitioners Disciplinary Tribunal. The full decisions are on the Tribunal's website: [www.hpdt.org.nz](http://www.hpdt.org.nz)

## Rosina Mary Healey

The Health Practitioners Disciplinary Tribunal, in a decision dated 27 August 2007, determined that Rosina Mary Healey, Enrolled Nurse, had been convicted of offences that reflected adversely on her fitness to practise as a nurse and cancelled her registration.

Ms Healey had been convicted in the Tauranga District Court of 44 charges of using a document for pecuniary advantage pursuant to section 228 of Crimes Act 1961. Ms Healey had claimed ACC payments for loss of earnings and unemployment benefit from 1 November 1990 to 25 November 2002 while employed as an enrolled nurse during some of this time. A substantial sum of money was involved, with over \$200,000 defrauded from ACC alone. Ms Healey had used several different names, IRD numbers and false addresses to conceal her offending. During her employment Ms Healey worked in rest homes and residential care units. The Tribunal noted that Ms Healey had cared for elderly and infirm residents and considered that her gross dishonesty was conduct that was far below the standards that would be expected of an enrolled nurse working in such institutions where trust was essential.

The Tribunal concluded that the planned premeditated and deliberate conduct meant that she was not a fit and proper person to be on the register as an enrolled nurse and cancelled her registration. It ordered her to pay \$1,000.00 towards the cost and expenses of and incidental to the inquiry and hearing. It also ordered that notices stating the effects of its decision be published in the New Zealand Gazette, Kai Tiaki: Nursing New Zealand, the Nursing Council's newsletter and New Zealand Nursing Review as well as the Tribunal's website.

## Bruce William Hewson

The Health Practitioners Disciplinary Tribunal, in a decision dated 6 September 2007, determined that Bruce William Hewson, Registered Nurse, had been convicted of offences that reflected adversely on his fitness to practise as a nurse and cancelled his registration.

Mr Hewson had been convicted in the Gisborne District Court on 10 October 2006 of one charge of theft of controlled drugs pursuant to section 11(1)(a) of the Misuse of Drugs Act 1975, one charge of procuring or possessing other opiates under section 7(1)(a) and (2) of the Misuse of Drugs Act 1975 and one charge of possession of prescription medicine without reasonable excuse under section 43(1) of the Medicines Act 1980. Mr Hewson had stolen a number of vials of morphine, pethidine and fentanyl from a locked drug safe, removed some of the contents for his own use and returned the vials to the safe to maintain inventory integrity. He had also been found to be in the possession of metronidazole and flucloxacillin that he had removed from the safe.

The Tribunal considered that this clearly constituted illegal, immoral, unethical and dishonest conduct that reflected adversely on his fitness to practise. Not only had Mr Hewson potentially affected the doses of medication that patients had received, his removal of contents had taken place in a toilet area, meaning that there was potential for the medication to have become infected.

Mr Hewson's registration was cancelled and he was ordered to pay \$1,372.52 in contribution to the total costs and expenses of and incidental to the hearing by the Tribunal; and \$244.73 as a contribution to the costs incurred by the Professional Conduct Committee. The Tribunal also directed that notices stating the effect of its decision be published in the New Zealand Gazette, Kai Tiaki, the Nursing Council Newsletter and New Zealand Nursing Review as well as the Tribunal's website.

## Dan Erik Hansson

The Health Practitioners Disciplinary Tribunal, in a decision dated 6 September 2007, determined that Dan Erik Hansson, Registered Nurse, had been convicted of an offence that reflected adversely on his fitness to practise as a nurse and cancelled his registration.

Mr Hansson had been convicted in the Tauranga District Court on 10 October 2006 of one charge of theft of drugs pursuant to section 11(1)(a) of the Misuse of Drugs Act 1975. Mr Hansson had admitted stealing approximately 120 ampoules of fentanyl for his own use. He admitted to injecting several times a day, using up to 300 micrograms of fentanyl each time he injected. It was estimated that no less than 12,000 micrograms of fentanyl was obtained and used by Mr Hansson.

Mr Hansson's offending was a gross breach of trust, which was deemed illegal, immoral, unethical, dishonest and undoubtedly reflected adversely on his fitness to practice. His registration was cancelled and he was ordered to pay \$250.00 towards the cost and expenses of and incidental to the inquiry and hearing, to be paid at a rate of \$10.00 per week. It also ordered that notices stating the effects of its decision be published in the New Zealand Gazette, Kai Tiaki: Nursing New Zealand, the Nursing Council's newsletter and New Zealand Nursing Review as well as the Tribunal's website.

## Megan Clare Adair

The Health Practitioners Disciplinary Tribunal, in a decision dated 6 September 2007, determined that Megan Clare Adair, Enrolled Nurse, had been convicted of offences that reflected adversely on her fitness to practise as a nurse and cancelled her registration.

Ms Adair had been convicted in the Wanganui District Court of two charges of theft of controlled drugs pursuant to section 11(1)(a) of the Misuse of Drugs Act 1975. Ms Adair had on two occasions completed the drug register and assigned drugs to patients who had not been prescribed them and did not receive them. Instead, she had removed two 10mg ampoules of morphine from the controlled drug safe and retained them for her own use.

The Tribunal considered that Ms Adair's offending was very serious, completely contrary to appropriate standards and involved gross breach of trust in the workplace. The Tribunal cancelled her registration as an enrolled nurse to ensure the upholding of proper professional standards and public safety. She was also ordered to pay \$282.17, being 50% of the costs of the inquiry by the Professional Conduct Committee and the prosecution of the charge by it; and \$1,233.01, being 50% of the costs of the hearing before the Tribunal. It also ordered that notices stating the effects of its decision be published in the New Zealand Gazette, Kai Tiaki: Nursing New Zealand, the Nursing Council's newsletter and New Zealand Nursing Review as well as the Tribunal's website.

## Registered Nurse

The Health Practitioners Disciplinary Tribunal, in a decision dated 5 November 2007, determined that a registered nurse was guilty of professional misconduct.

The registered nurse had violated a patient's rights by wheeling him through the hospital to the reception area without his trousers and/or with his trousers pulled down; and used inappropriate force by holding his hand and/or arm behind his back in a forceful manner with her hand and/or inflicting multiple bruising to his left arm.

The Tribunal considered that elderly people deserve to be able to feel safe from abuse of power by a nurse in their homes and that the conduct of the registered nurse was quite inappropriate. It censured the registered nurse and suspended her from practice for six months. It fined her \$500.00 and ordered that she pay 30% of the costs of the Tribunal, the investigation and the prosecution. It also granted her permanent name suppression and recommended that upon the expiry of her suspension, the Nursing Council of New Zealand review her competence to practise nursing and that any requirement of that competence review be complied with as a condition of her practice.

The Tribunal ordered that summaries of its decision be published in the New Zealand Gazette, Kai Tiaki: Nursing New Zealand, the newsletter of the Nursing Council of New Zealand, New Zealand Nursing Review and the Tribunal's website.

# Health Practitioners Disciplinary Tribunal notices

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## Karen Fogarty

The Health Practitioners Disciplinary Tribunal, in a decision dated 11 December 2007, determined that Karen Fogarty, Enrolled Nurse, was guilty of professional misconduct and also determined that she had been convicted of offences that reflected adversely on her fitness to practise as a nurse. The Tribunal cancelled her registration as an enrolled nurse.

Ms Fogarty had practised as an enrolled nurse from 1 July 1999 to 6 March 2006 without holding a current practising certificate. The Tribunal considered that this was a very serious breach of the obligation to only practise when in possession of a current practising certificate.

She had also been convicted in the Oamaru District Court of two charges pursuant to section 228(b) of the Crimes Act 1961 of using a document for pecuniary advantage. These convictions had arisen from her removal of two cheques from the chequebook of a resident of a rest home at which she was employed. On 11 October 2006, Ms Fogarty had written out one of the cheques for the sum of \$1,700.00 and attempted to use it to pay for her daughter's accommodation in Dunedin. The sum exceeded the account balance, and the cheque was dishonoured. On 17 October 2006, Ms Fogarty had written out the second cheque for the sum of \$755.50 and attempted to use it to pay her Telecom account. The cheque was honoured, but the bank subsequently reimbursed the resident.

Not only were Ms Fogarty's actions obvious abuses of trust and abuse of a position of power, but they also could have implicated other staff and the potential to compromise the trust that exists between practitioners.

Ms Fogarty's registration as an enrolled nurse was cancelled and she was ordered to pay \$1,250.00 towards the cost of the hearing by the Tribunal and \$1,250.00 towards the costs incurred by the Professional Conduct Committee.

The Tribunal also directed that summaries of its decision be published in the New Zealand Gazette, Kai Tiaki, the Nursing Council Newsletter and New Zealand Nursing Review as well as the Tribunal's website.

## Mary Stewart

The Health Practitioners Disciplinary Tribunal, in a decision dated 25 October 2007, determined that Mary Stewart, Registered Nurse, was guilty of professional misconduct.

Ms Stewart had, while employed at two separate hospitals, falsely claimed that she was sick and/or unable to work at one hospital while working at the other hospital. She had also, while employed at two separate hospitals, claimed remuneration to which she was not entitled to by claiming sick leave and/or annual leave at one hospital while working at the other and also by claiming ACC payments at one hospital while working or claiming annual leave at the other hospital.

The Tribunal noted that dishonesty in this form was contrary to the maintenance of professional standards for nurses. It censured Ms Stewart and suspended her from practice for two months. It ordered her to pay 30% costs and directed that summaries of its decision be published in the New Zealand Gazette, Kai Tiaki, the Nursing Council Newsletter and New Zealand Nursing Review as well as the Tribunal's website.

## Tauaroa Davis

The Health Practitioners Disciplinary Tribunal, in a decision dated 31 January 2008, determined that Tauaroa Davis, Enrolled Nurse, was guilty of professional misconduct and cancelled her registration.

Ms Davis had claimed to be and was employed as a registered nurse when she knew that she was an enrolled nurse. In so doing she had practised outside of her scope of practice. She had also potentially compromised public safety and health by being rostered to work at two different locations at the same time.

Ms Davis had society's most vulnerable patients, namely babies and the elderly, under her care and she had put them at risk and compromised patient safety by dishonestly working in two places at once and not providing adequate service or cover.

The Tribunal cancelled her registration as an enrolled nurse. It also ordered that summaries of its decision be published in the New Zealand Gazette, Kai Tiaki: Nursing New Zealand, the Nursing Council's newsletter and New Zealand Nursing Review as well as the Tribunal's website. No orders for costs were made.

## Forum 2008

The Council is pleased to invite all nurses to participate in the Nursing Council's **Forum 2008**.

This will be an opportunity for all nurses to catch up with the latest issues arising from the ongoing implementation of the Health Practitioners Competence Assurance Act 2003, including:

- influencing policy
- ethical behaviour
- professional boundaries.

The forum will run from 8:30 am to 4:00 pm at each venue. The daily registration fee is **\$75.00** (including GST). Please submit a completed application form by **Thursday 31 July 2008**.

You may either use the enclosed form or download a copy from:

[www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

### Dunedin

Pacific Park Hotel  
23 Wallace Street  
Dunedin  
Thursday 14 August 2008

### Wellington

InterContinental Wellington  
2 Grey Street  
Wellington  
Friday 15 August 2008

### Auckland

Heritage Auckland Hotel  
35 Hobson Street  
Auckland  
Monday 18 August 2008

### Rotorua

Kingsgate Hotel Rotorua  
Fenton Street  
Rotorua  
Tuesday 19 August 2008

## Council members

Beverley Rayna  
Margaret Southwick  
Roxanne McKerras  
Margaret Millard  
Christine Payne  
Kathrine Townshend  
Noeline Warmington

Chairperson  
Deputy Chairperson

## Council staff

### Senior management

Marion Clark

Chief Executive / Registrar

### Corporate

Lindsay Hiener  
Nicole Hay  
Darryl Ward  
Robert Nato  
Olivia Meyers

Corporate Services Manager  
Assistant to the Corporate Services Manager  
Communications Advisor  
Accounts Administrator  
Receptionist

### Education

Carolyn Reed  
Linda Ford

Education Advisor  
Personal Assistant

### Professional standards

Pam Doole  
Jackie Turvey  
Sue MacDonald  
Catherine Jiang

Professional Standards Manager  
Personal Assistant  
Nurse Advisor  
Professional Standards Administrator

### Registration

Andrea McCance  
Ceri Knott  
Des Turia  
Ana Shanks  
Denise Nelson  
Heather Rutherford  
Krys Vos  
Damian Gilmour  
Michael Gribble  
Xiaohui (Chris) Cui

Registration Manager  
Personal Assistant  
Nurse Advisor  
Nurse Advisor  
Team Leader, Overseas Registration  
Overseas Registration Administrator  
Overseas Registration Administrator  
Team Leader, New Zealand Registration  
New Zealand Registration Administrator  
New Zealand Registration Administrator

### Legal

Clare Prendergast  
Helen de Montalk  
Somā Ankers

Senior Investigator / Legal Advisor  
Investigator / Legal Advisor  
Personal Assistant

### Health and complaints

Suzette Gisler  
Lisa Bone

Health and Complaints Advisor  
Personal Assistant

### News Update

[www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

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