

News Update

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From the Chairperson



Beverley Rayna

Council members and staff have had a very busy year, so this is both our first *News Update* for 2007 and a belated introduction to the new Council that was appointed by the Minister of Health in October last year. The Council comprises four continuing and four newly appointed members. Margaret Millard - lay representative, Margaret Southwick - Deputy Chairperson, Noeline Warmington and I are the continuing members. Frances Hughes, Roxanne McKerras, Christine Payne and Kathryn Townshend - lay representative are the new members. I thank all members for their commitment to work to ensure the Council meets all its statutory obligations as well as providing visionary leadership for regulation of the nursing profession. Many of you will have met us at the forums held in September; however, our introductory profiles are published overleaf.

Legal matters have occupied us throughout this year. Two court decisions of particular interest to nurses were the appeal by the Professional Conduct Committee against the penalty for Lesley Martin and the appeal by a group of nurse assistants against their title.

The Council welcomed the decision to cancel Lesley Martin's registration. In his judgement, Justice Gendall stated that these were "the only proper orders...to protect the public ...and to ensure that professional standards are adhered to..." The feedback we have received from nurses indicates their concern about maintaining the trust and confidence of the public and other health practitioners with whom they work, and this decision recognises that concern.

The Nurse Assistant appeal was struck out because the decision was not appealable under section 106 of the Health Practitioners Competence Assurance Act 2003. While expressing sympathy for the nurse assistants, the judge acknowledged that the Council's consultation process was "exhaustive and comprehensive". In this instance, consultation was a statutory requirement, but the Council consults widely on its policies and procedures, and decisions are made based on information obtained from a wide variety of sources.

The debate about the title is not yet over, and the Regulation Review Committee has recommended to Parliament that the Council's gazette notice be amended so that it would not have a "retrospective effect on the title of the second level nurses who began training or graduated between the year 2000 and September 18 2004". The Council carefully considered the matter before deciding to implement the recommendation in the interests of having the change made in a way that enables us to uphold our responsibilities to ensure public safety. Consultation documents have been distributed, and copies are available from our website.

Before registering a nurse from another country, the Council requires verification from the nursing regulatory body in that nurse's country of origin stating that the nurse is registered, has appropriate qualifications and is in good standing with the profession.

Last year, the Nurses Council of Zimbabwe advised us that fraudulent documents had been issued from their office, and this brought into question the validity of verifications used by Zimbabwean nurses to obtain registration in New Zealand. A thorough investigation was carried out, and the Registration Committee considered over 130 nurses whose registrations were either confirmed or cancelled. While this process was distressing for the nurses and time consuming for Council, it demonstrates the seriousness with which Council views its responsibilities to ensure all nurses registered are safe to practise.

In March we reviewed Council's strategic plan and identified projects for 2007. These included:

- evaluation of the competence assessment framework
- review of the impact of tertiary education policies on nursing education
- review of conditions within scopes of practice
- development of position statements on professional boundaries, development of the second level nursing workforce and new programmes for nurse assistants.

Some of these are ongoing, but completion will be reported on our website on an ongoing basis.

Clearly it has been a busy and challenging year for the new Council. As usual we relied on Marion and staff, and I thank them for their continued dedication and hard work.

As 2008 rapidly approaches, I extend on behalf of Council members and staff our best wishes for Christmas and New Year.

Introducing the Nursing



Beverley Rayna Chairperson

Beverley Rayna is a registered nurse and midwife with post graduate nursing qualifications and master's degrees in both education and business administration. She has extensive experience in nursing education including 10 years as Head of Department at the then Christchurch Polytechnic and was on the Southern Regional Health Authority Ethics Committee.

Her clinical experience has been mainly in medical/surgical nursing and she is currently Nurse Manager of an aged care facility in Christchurch. Beverley was first appointed to the Council in 2000 and has been Deputy Chairperson for five years.



Margaret Southwick Deputy Chairperson

Margaret Southwick (Tuvalu/Pakeha) was first appointed to the Council in 2002 as an academic staff member. Margaret is the Dean of Health, Education and Social Science at Whitireia Community Polytechnic.

She previously was a senior lecturer at the Graduate School of Nursing, Victoria University of Wellington and concurrently was Director of the Pacific Health Research Centre at Whitireia. Prior to that, she had been the Head of Nursing and Health Studies at Whitireia. She has been involved with a number of community development initiatives and has made substantial contributions to the health needs of Pacific peoples as a mentor for Pacific community organisations.



Margaret Millard

Margaret Millard was first appointed to the Council on 14 November 2002 as a lay member. Margaret has worked for many years in the voluntary sector, including significant involvement in the rural women's network. She has had considerable involvement with education and was on the Council of the Open Polytechnic of New Zealand for several years, including being the Chairperson of both the Council and its finance and audit committee.



Christine Payne

Christine has extensive nursing experience as a clinician in ICU/CCU medicine and elder care plus management, education and professional leadership as a Director of Nursing in the UK.

Christine has been in New Zealand since 1998 and is currently Executive Director of Nursing and Midwifery at Bay of Plenty District Health Board. She has also been Chairperson of NENZ and is currently Chairperson of Magnet NZ.

Council of New Zealand



Frances Hughes

Frances has 25 years of experience in the New Zealand health service as a health clinician, manager, government health policy advisor and educator and is a member of many national and international nursing groups. She has held many nursing positions in New Zealand and overseas, including being Chief Advisor (Nursing) at the Ministry of Health; the first Professor of Nursing and Director of the Centre for Mental Health Policy at the University of Auckland; and Commandant-Colonel of the Royal New Zealand Army Nursing Corps.

Her current roles include managing a family business, Adjunct Professor for University of Technology in Sydney and WHO facilitator of the Pacific island mental health network.

Frances was recently appointed to the WHO global expert advisory group on panel health for a four-year term and was made an Officer of the New Zealand Order of Merit (ONZM) in 2005 for her services to mental health.



Roxanne McKerras

Roxanne graduated as a registered general and obstetric nurse in 1983. She has a Diploma in Health Services Management and a Master in Nursing.

Her clinical experience has been comprehensive, with the last ten years in emergency nursing.

She is currently seconded into a new role as Night Team Coordinator at Christchurch Public Hospital.



Kathrine Townshend

Kathrine Townshend was appointed to the Council in October 2006 as a lay member. Kathrine has recently retired and prior to that worked in a law office and as a counsellor working with survivors of sexual abuse and domestic violence. She also spent six years on committees involved in the ethical review of research involving human participants prior to being appointed to the Council.



Noeline Warmington

Noeline currently works as a registered nurse for the Department of Corrections at the Northern Region Corrections facility. She has a history of active involvement in clinical nursing and in recent years she was a postgraduate educator for Maori nurses and those nurses working with Maori families in primary health care clinical settings.

During her years of nursing experience, Noeline had become well known for her work within the Maori health workforce, both clinically and professionally. She has held leadership roles at a national level and received an award for nursing leadership.

Workforce statistics

In the year ending 31 March 2007, 1,235 applicants from New Zealand were registered, compared with 1,465 applicants from overseas, with by far the most common countries of origin being the UK and the Philippines.

As at 31 March 2007, 44,520 nurses held current practising certificates in the following scopes of practice:

	Men	Women	Total
Nurse practitioner	3	29	32
Registered nurse	2,877	37,987	40,864
Nurse assistant	15	142	157
Enrolled nurse	118	3,419	3,537

These figures add up to 44,590 instead of 44,520 because 70 nurses are registered in more than one scope of practice.

Fifty-five point six percent (55.6%) of New Zealand nurses are employed by district health boards, with the next main employment settings being: primary health care (11.2%), rest homes/residential care (9.2%), private or non-public hospitals (8.5%), other (5.3%) and educational institutions (1.9%).

Ninety-six point four percent (96.4%) of New Zealand nurses are in clinical practice, and the most common practice settings in order are: surgical, continuing care (elderly), primary health care (including practice nursing), other, medical (including educating patients), mental health (including substance abuse), perioperative care (theatre), child health (including neonatology), emergency and trauma and nursing administration and management.

Nurses must declare investigations

Several nurses have recently been before the Council for not declaring in their application for a practising certificate that they have been under investigation, particularly in relation to complaints being investigated by the office of the Health and Disability Commissioner.

The Council is entitled to decline to issue an annual practising certificate under section 27(3) of the Health Practitioners Competence Assurance Act 2003 if it is satisfied that any information included in the application is false or misleading. The Council urges all nurses to take extra care when completing their application forms, to avoid the complications that may result from having an application declined.

Failure to declare investigations or complaints may lead to an application for a practising certificate being declined.

Nurse practitioner competencies

Draft competencies for the nurse practitioner scope of practice were developed in early 2006 following consultation with an expert advisory group, and these were distributed for consultation in June of this year.

The Nursing Council received a total of 47 submissions with several submissions within that number representing groups of nurses or nursing organisations, and the feedback is at present being analysed for consideration by the Council.

Professional boundaries

The Council is currently working with the Australian Nursing and Midwifery Council (ANMC) in a trans-Tasman project to develop guidelines on professional boundaries. This project will involve an international literature review and widespread consultation and is due for completion by June 2008. As part of this process, two national consultation forums were held in Wellington in August. Another workshop for Maori consumers was held in October.

If you are interested in the project, there are links to the draft guidelines and feedback form on the Council's website: www.nursingcouncil.org.nz

One of the more challenging ethical issues that all nurses face is that of maintaining appropriate professional boundaries. Professional relationships exist for the purpose of meeting patients' needs. It is a professional's responsibility to maintain the boundaries and help patients and colleagues to maintain theirs.

Issues with professional boundaries can exist at both ends of the spectrum. Under-involvement can result in abuse or neglect, while over-involvement can result in caring *about*, not caring *for*, a patient.

An issue that always must be recognised is that of the power imbalance between the professional and the patient and the patient's risk of exploitation or abuse if this is not respected.

Situations in which professional boundaries are not being appropriately maintained may fall into one or more of the following categories:

- sexual/intimate or other inappropriate relationships
- accepting gifts or money
- inappropriate financial dealings with patients
- inappropriate relationships with colleagues.

Three factors must always be recognised:

- patients' needs are always the basis for the relationship
- there is a difference between being friendly and being a friend
- professional boundaries protect both the patient and the professional.

Forum 2007

The Council's annual forum was held in September in Auckland, Wellington and Christchurch. Attendance was well up on previous years and was 35% higher than in 2006.

Presentations were given about: influencing policy; advanced nursing practice: the nurse practitioner scope of practice and applying to register as a nurse practitioner; ensuring competence: the Council's competence process; maintaining safety: the Council's audit process; scopes of practice for second level nurses; the registered nurse's role in direction and delegation. PDFs of these presentations are available from the Council's website: www.nursingcouncil.org.nz

The Council is especially grateful to Jo Agnew, Lorraine Borthwick, Bernadette Forde, Deborah Harris, Diane Sadler, Val Scott, Maria Sinclair, Jo-anne Thomson and Rhonda Zielinski for their presentations.

Completing a competence assessment

The Council is required under the Health Practitioner's Competence Assurance Act 2003 to ensure the competence of nurses to whom it issues practising certificates. Each time nurses renew their practising certificates they are required to declare that they have maintained their competence to practise by completing 450 hours or 60 days of practice and 60 hours of professional development in the last three years. They also declare whether they have met the Council's competencies for their scope of practice.

Nurses who declare that they do not meet these requirements may be given interim practising certificates with conditions that they complete competence assessments. Other conditions may also be included or applied. The purpose of this condition is to assure the Council that, although the nurse has not met the minimum requirements, he or she is competent to practise.

Nurses who are selected for the recertification audit are required to complete two competence assessments. These must be by two of the following methods: self assessment, peer assessment or senior nurse assessment. In this case, the assessments are evidence that the nurse has met the Council's competencies as she or he has declared.

The Council expects competence assessments to be completed against the competencies for one's scope of practice. Competence assessment forms for registered nurses and enrolled nurses and nurse assistants may be downloaded from the Council's website: www.nursingcouncil.org.nz The competencies are also included with the guide to the application for practising certificate form.

The Council expects competence assessments to be completed by a senior nurse or a peer who is an experienced registered nurse with a current practising certificate who has recognised clinical skills in one's area of practice. This nurse will either work with the nurse being assessed or will have observed his or her practice for the purpose of making an assessment.

The assessment should be based on a combination of methods including direct observation of the nurse's practice, an interview to ascertain nursing care under different scenarios, evidence provided by the nurse including self assessments, exemplars or examples of practice and reports from other nurses and other health professionals.

Assessments should be comprehensive and not solely based on the observation of clinical procedures. A comment that supports the assessment, indicating the evidence on which the assessment is based, is required for each competency.

The assessment by a senior nurse must be completed by a nurse in a designated senior position e.g. an educator, coordinator, team leader, manager or director of nursing.

Nurses who practise in isolation may provide an assessment completed by another nurse (a peer assessment). Assessments by health practitioners who are not nurses are not accepted. If nurses are having difficulty identifying nurses who can assess them, they should contact their professional organisation, school of nursing or the Professional Development and Recognition Programme (PDRP) Co-ordinator at their local district health board. In some cases they may have to pay for their competence assessments.

Sometimes the Council specifies that an assessment must be completed by a Council approved assessor. In these cases the Council wants to be assured that the person completing the assessment is competent in assessment of performance and skilled in analysis, interpretation and evaluation of the assessment process. The skills and qualifications the Council requires in an assessor are that he or she must:

- be a registered nurse in good standing with Council and will hold a current practising certificate; and
- have at least three years post-registration clinical experience in the area in which the assessment is to take place;

and have at least one of the following:

- an adult teaching certificate or diploma
- experience as a nurse lecturer in an approved undergraduate nursing programme
- evidence of undertaking a preceptor programme or clinical teaching programme that includes learning assessment
- unit standards from the New Zealand Qualifications Authority workplace assessor training
- demonstrated equivalency of any of the above.

To become an approved assessor, the person will need to submit their curriculum vitae to the Council before the assessment takes place.

Nurses completing competence assessment programmes because they have been educated overseas, are returning to the workforce, or because of an identified competence concern must be assessed by a Council approved assessor. This is because the assessor is accountable to the profession and to the Council for making a valid assessment about a nurse's performance and for recommending that the nurse being assessed meets the competencies for the scope of practice. Lecturers in undergraduate programmes are required to complete qualifications in adult teaching that include a component on assessment of competence. Registered nurses working with students are required to undertake preceptor training.

Nurses should contact Carolyn Reed, Margaret Adamson, Pam Doole or Sue MacDonald at the Nursing Council if they are unsure about the Council's requirements in this area.

Chief supervisor retires

The Nursing Council extends its best wishes and sincere appreciation to Lorna Hampton of Christchurch. Lorna is retiring from her role as a chief supervisor for the state final examinations, a role that she has fulfilled superbly for the past 20 years.

The Council appreciates Lorna's significant contribution to the supervisor team of the state final examinations, and the suggestions for improvement that she has made throughout her period of service.

We wish Lorna well for her travel to visit family in Rarotonga, and then to Indonesia as a member of Friendship Force International.

Employment of second level nurses

In June 2006, the Nursing Council of New Zealand hosted a meeting of key stakeholders (including employers and educators) to discuss the role and preparation of nurse assistants. It was noted that the sector was unclear about potential employment settings for nurse assistants and it was agreed that the Council and the Ministry of Health would provide clarification. At the same time it was also noted that the letter sent from the Ministry of Health and the Council in 2003 about employment of enrolled nurses needed to be updated to reflect the Health Practitioners Competency Assurance Act 2003. The Council subsequently circulated letters about nurse assistants and enrolled nurses to all health providers clarifying the scopes of practice. This article presents the Council's guidelines as outlined in the letters.

Section 8 of the Health Practitioners Competence Assurance Act 2003 requires health practitioners to practise within their scopes of practice.

Nurse assistants

The scope of practice for nurse assistants was gazetted on 15 September 2004:

Nurse assistants assist registered nurses to deliver nursing care to individuals in community, residential and hospital settings. They perform delegated interventions from the nursing care plan to provide care and comfort for individuals and groups, assist and support clients with activities of daily living, observe and report changes in individual/group conditions and behaviours, safe guard dignity and promote independence and health and safety. The nurse assistant does not undertake independent nursing assessments or plan and evaluate nursing interventions. Nurse assistants may be required to practise in a specific area based on the area of focus in their education programme and designated on their practising certificate.

Employment decisions are the role of employers, not the Council. The prescribed scope of practice however should guide these decisions as health practitioners must work within their scopes of practice.

The scope of practice for nurse assistants requires them to assist registered nurses. This means they are working with registered nurses, who should take overall responsibility for managing the care of clients, as the scope of practice specifically excludes nurse assistants from independently assessing, planning or evaluating care. As regulated health practitioners, nurse assistants are of course accountable for their own practice.

The settings in which nurse assistants may be employed are limited only by the programmes that they have undertaken. Nurse assistants are prepared in approved one year certificate programmes. Each programme prepares nurse assistants to practise in a specific setting rather than providing a broad general base that enables them to practise in all settings.

There are three programmes currently approved by the Council, which prepare nurse assistants in aged care (1) and long term care and rehabilitation (2).

Graduates from New Zealand programmes have conditions in their scopes of practice that restrict their practice to the areas of practice in which they have been prepared. These conditions are printed on their practising certificates and displayed on the online register on the Council's website.

Overseas applicants for registration are individually assessed on the basis of their educational preparation and practice, with conditions being placed on their practice as appropriate. Overseas applicants who have completed programmes that prepared them to practise in all settings will not have conditions that limit their areas of practice.

The Council has not restricted the areas of practice on which programmes may be focused. It is up to educators to develop curricula in consultation with potential employers, who may identify specific workforce needs and present them for accreditation. The Council encourages educators to develop programmes and is optimistic that further programmes will be developed that will prepare nurse assistants to practise in a range of settings. The Council intends to review the areas of practice on which programmes should be focussed.

In summary, nurse assistants may practise in any setting for which their education programme has prepared them. As more programmes are developed, the range of settings in which nurse assistants may practise will increase. The nurse assistant scope of practice requires that a registered nurse must continue to hold responsibility for planning, delivering and evaluating client care.

Enrolled nurses

The scope of practice for enrolled nurses was gazetted on 15 September 2004. This scope of practice did not change the settings in which enrolled nurses could practise from those that were applicable under the Nurses Act 1977.

Enrolled nurses practise under the direction of a registered nurse or midwife to implement nursing care for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgement. The responsibilities of enrolled nurses include assisting clients with the activities of daily living, recognising the changing needs of clients and performing delegated interventions from the nursing or midwifery care plan.

The scope of practice makes it clear that enrolled nurses are competent to work only with people with predictable health outcomes in situations that do not call for complex nursing judgement. This restricts the number of acute settings in which enrolled nurses are competent to practise. Nursing care provided in acute settings generally requires complex professional nursing judgements and expertise from nurses educated and qualified for this role. In acute settings, nursing care is most appropriately provided by registered nurses. Some patients in acute units, however, may have stable and predictable health outcomes, in which case enrolled nurses may appropriately care for those patients within their scope of practice.

Because of the complex nature of mental illness, mental health clients receiving care and treatment in acute mental health units usually do not have predictable health outcomes,

(Continued...)

Employment of second level nurses (continued)

so acute mental health settings are not an appropriate setting for enrolled nurses. Enrolled nurses need to work under the direction of registered nurses or, if working in the obstetric setting, midwives.

The Council has published guidelines on this direction and delegation, which may be downloaded from the Council's website: www.nursingcouncil.org.nz

Summary

In summary then, enrolled nurses need to practise within their scope of practice which means practising under the direction

of a registered nurse and working with people whose health condition is stable and predictable and whose care does not require complex nursing judgements. These patients usually receive their care in lower acuity settings.

It is important that all registered health practitioners, including nurses, work within their regulated scopes of practice. This is a legal requirement.

Please contact the Council if you are concerned about whether your practice fits within these definitions and staff will work with you and your employer to clarify this matter.

Practising within scopes

Nurses must practise within their registered scopes of practice, regardless of job title or description.

The Council has recently considered several requests from enrolled nurses wishing to be removed from the register, as they have stated they are not employed as nurses. Some have not held practising certificates for some time and state that they are not practising nursing.

The Council noted that the nurses' position descriptions, although they did not have nursing titles, nevertheless fitted within the definition of nursing and described roles that would have required registration in a scope of practice.

In these cases, the Council declined the requests for removal from the register and referred the nurses for investigation by a professional conduct committee for practising without practising certificates.

Nursing practice is using nursing knowledge in a direct relationship with clients or working in nursing management, nursing administration, nursing education, nursing research, nursing professional advice or nursing policy development roles, which impact on public safety.

Practising certificate renewals

The Health Practitioners Competence Assurance Act 2003 has been in force since September 2004. One outcome was that the Council had to change from renewing all practising certificates at the end of March to renewing them in the quarter in which a nurse's birthday falls. This meant that some nurses will have had interim certificates of three, six or nine months to bring their renewal date into the correct quarter. This was described in more detail in the July 2004 edition of *News Update*.

This continues to cause some confusion, and as a Council approved period of grace is now over, any nurse who is practising without a current practising certificate may be referred to a Professional Conduct Committee under section 8(1) of the Act. It is a nurse's individual responsibility to ensure that the Council

has current personal contact details. The Council sends out application for practising certificates packs three months before practising certificates expire. **Please** ensure you are practising legally.

Your birthday	Your annual renewal date	Application forms sent to you
1 Apr - 30 Jun	1 July	Late March
1 Jul - 30 Sep	1 October	Late June
1 Oct - 31 Dec	1 January	Late September
1 Jan - 31 Mar	1 April	Mid December

The usual processing time is four to six weeks. Do not hesitate to contact the Council if you do not receive your application pack. Please ensure you contact the Council if you are returning from overseas or returning to practice after a period of not practising.

Position statement on professional standards

The Council has reviewed its role in setting standards for the profession and has developed a position statement that is available on our website. The new framework reflects the Council's key functions as a regulatory authority under the Health Practitioners Competence Assurance Act 2003.

The Council intends to focus on setting standards for the profession in the following three areas: scope of practice, continuing competence and conduct as a professional. It has already developed a number of standards that will be incorporated into this framework.

It will set standards that inform the public and nurses of minimum requirements and it will also develop guidelines when nurses need more guidance or explanation.

The Council supports groups within the profession to develop standards that will protect the public and improve standards of care. Professional organisations and other standard setting organisations have the appropriate expertise to develop and approve practice standards. The Council will no longer approve specialty practice standards using *Criteria for endorsement of practice standards (2002)*.

Draft guideline on direction and delegation

The Nursing Council invites your views, comments and suggestions concerning the draft guideline on direction and delegation.

The Council's existing guideline on direction has been updated in response to new legislation, new competencies and changes to the health service environment. Under the Health Practitioners Competence Assurance Act (2003), the Council has developed scopes of practice and new competencies for registered nurses, enrolled nurses and nurse assistants that include statements about direction and delegation.

Registered nurses are working increasingly with unregulated health care workers and being expected to delegate activities while retaining accountability for overall care.

The new guideline has more information on the registered nurses responsibilities and more guidance on how to make delegation decisions.

The responsibilities of employers are also included as the employers have a significant influence on whether the health and safety of the public is maintained.

The Australian Nursing and Midwifery Council (ANMC) has recently developed *A national framework for the development of decision-making tools for nursing and midwifery practice* (April 2007). The Council has incorporated some of this work on delegation and is seeking your feedback on its usefulness. The Consultation document and response form can be downloaded from the Council's website: www.nursingcouncil.org.nz

Input wanted for review of Act

The Health Practitioners Competence Assurance Act 2003 is the Act under which the Nursing Council of New Zealand is established and operates. In October 2007, the Ministry of Health commenced a review of the operation of the Act. The Ministry has prepared a questionnaire for practitioners to allow them to have input into the review.

The questionnaire will be available from: www.moh.govt.nz/moh.nsf/indexmh/hpca-review#phase1 from 17 January 2008 until mid February 2008. Feedback from the questionnaire will help to inform a discussion document that the Ministry will circulate in mid 2008.

Nurses successful at New Zealand Health Innovation Awards

The New Zealand Health Innovation Awards encourage the continuing improvement of care and services in the health and disability sector; recognise people who develop and implement projects that are sustainable examples for improving health outcomes, support and independence; celebrate success and excellence; and identify initiatives that are transferable and promote a sharing and learning environment.

Nurses were well represented in the 2007 finalists and category winners, and some of their success stories are profiled below. The Council congratulates all nurses involved with these initiatives.

Healthy kai wins supreme award

The *healthy kai* programme, from Auckland Regional Public Health Service, was the supreme winner as well as winner of the 'excellence in prevention' category. This programme has had significant nurse involvement, both in its inception and in its delivery to the community.

Keep me smiling wins people's choice award

A programme for improving oral health of children under five was a finalist in the 'innovation' category and won the 'people's choice award'. (The 'innovation' category was won by New Zealand company ARANZ Medical Limited for a wound care innovation).

Nurse led preadmission decreases theatre cancellations

A nurse-led preadmission programme at Waikato Hospital (Waikato District Health Board) won the 'process improvement' category. The programme has halved the number of elective gynaecological operations cancelled over six months, decreased the number of patients attending the preadmission clinic at the hospital, decreased preadmission clinic cancellations and also has contributed to decreasing the length of stay for elective gynaecological patients.

Improved mental health identification and treatment

A new service provided by South Link Health in Timaru that is providing fast, effective and accessible mental health support to primary care clients was the winner of the 'excellence in

primary health care' category. Three of the five health professionals providing the service are nurses. South Link Health-Timaru's *Mental Health Brief Intervention Service* (MHBIS) aims to ensure that clients referred to the service by their practices are diagnosed and treated within the primary care setting.

LIFE programme enhances wellbeing of elderly

LIFE, an ElderCare New Zealand personal wellbeing programme that incorporates goal setting and physical exercise and that improves the independence and quality of life of the elderly was the winner of the 'excellence in treatment' category.

Colorectal cancer programme helps patients

The Waitemata District Health Board's *colorectal cancer service improvement programme*, which has been improving patients' experiences by increasing their choice of and access to services, was the winner of the 'excellence in quality improvement' category. This has resulted in a reduction of unnecessary delays. The programme is split into two projects: process mapping and care coordination.

Friendly landlord initiative benefits mental health clients

Hawkes Bay District Health Board's *friendly landlord* initiative was the winner of the 'excellence in rehabilitation' category. This programme offers a subsidy to assist tenants to meet market rentals, and thus avoid many of the difficulties that people with mental health problems sometimes have finding affordable quality housing.

Exceptional smoking cessation programme

A free smoking cessation programme that aims to reduce smoking and exposure to secondhand smoke in Asian families has resulted in a 100 percent reduction in smoky homes. The self-reported quit rate after six months was 41 percent, an exceptional result. Although it was not a category winner, this programme was nevertheless a finalist in the 'excellence in primary health care' category and *News Update* considered that it was worthy of mention. The pilot service is a partnership between Auckland Regional Public Health Service, Harbour Primary Health Organisation and Waitemata District Health Board's Asian health support service and health gain team.

Nursing Council of New Zealand disciplinary notices

These notices are published by order of the Nursing Council of New Zealand.

Catrina Hughes, registered nurse

The Nursing Council of New Zealand (“the Council”), in a decision dated 5 September 2006, found Catrina Hughes registered nurse, guilty of four charges that both singularly and cumulatively constituted professional misconduct.

The first charge was that she had compromised the safety of clients by failing to ensure that they received appropriate care and/or that care was documented appropriately. It was determined that her care was totally inadequate and compromised the safety and physical and mental wellbeing of her clients. The second charge was that she had responded to clients in an inappropriate manner and subjected them to verbal abuse. The third charge was that she had compromised the safety of both clients and her own children by failing to provide adequate supervision when she knew or ought to have known that two of her clients were known paedophiles, which demonstrated a complete lack of understanding of appropriate behaviour and professional standards. The fourth charge was that she entered into an inappropriate and unprofessional relationship with a client and exploited that relationship.

Had her name not been previously removed from the register, the Council would have ordered that her name be removed from the register and declined to fix a time in which she might apply for reinstatement.

Brenda Fox, enrolled nurse

The Nursing Council of New Zealand (“the Council”), in a decision dated 15 December 2005, found Brenda Fox, Enrolled Nurse, guilty of professional misconduct. Ms Fox had on two separate occasions falsified references in order to gain employment.

The Council ordered, pursuant to sections 42(2)(b), 42(3) and 48A of the Nurses Act 1977, that Ms Fox’s registration be cancelled for one year.

Brian Kenneth Stabb, registered nurse

The Nursing Council of New Zealand (“the Council”), in a decision dated 2 November 2005, found Brian Stabb, registered nurse, guilty of two charges of professional misconduct.

The first charge was that he verbally abused a client of a mental health line, who had telephoned and made threats of suicide and homicide. In particular, he swore at the client and threatened him with the police; made a physical threat against the client’s person; and used obscene language while speaking to the client. The Council found all three particulars proven, and that when viewed cumulatively, they constituted professional misconduct, (as did the second particular, given that it involved a threat against a client’s person).

The second charge was that he had breached the client’s confidentiality by disclosing personal details about the client and/or information about his health status to a television journalist. The Council found that this charge clearly amounted to professional misconduct as it was unethical and brought discredit to the nursing profession.

The Council ordered, pursuant to sections 42(2)(a), 42(3) and 48A of the Nurses Act 1977, that Mr Stabb’s name be removed from the register, but that he may apply for reinstatement after one year.

Appeal

Mr Stabb appealed to the High Court against both the Council’s finding in respect of Charge 1 and penalty in respect of both charges, pursuant to section 49 of the Nurses Act.

In a High Court decision dated 2 October 2006, Wild J dismissed Mr Stabb’s appeal.

Health Practitioners Disciplinary Tribunal notices

These notices are published by order of the Health Practitioners Disciplinary Tribunal. The full decisions are on the Tribunal’s website: www.hpdt.org.nz

Geoffrey Lionel Henry, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 14 December 2005, determined that Geoffrey Lionel Henry, registered nurse, was guilty of professional misconduct.

Mr Henry had:

- failed to ensure that an adequate nursing care plan was in place and/or documented and/or reviewed;
- failed to ensure that adequate measures were taken to prevent pressure sores from occurring;
- failed to ensure adequate steps were taken to treat and/or manage his patient’s pressure sores and/or ischaemic ulcers; and
- failed to ensure adequate and/or appropriate staffing levels to ensure that his patient received appropriate nursing care.

The Tribunal found that Mr Henry’s acts and omissions constituted professional misconduct.

The Tribunal determined that there should be conditions imposed on Mr Henry’s practice should he wish to practise as a nurse in the future. He should not practise as a sole practitioner in the aged care sector and should undergo a competency assessment and satisfy the Nursing Council of New Zealand that he is safe and competent to practise nursing in any areas of the profession in which he proposes to practise.

Raewyn Jackson, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 12 May 2006, determined that Raewyn Jackson, registered nurse, was guilty of professional misconduct.

Ms Jackson had compromised patients’ safety and well being by administering medication to patients under her care, when she knew or ought to have known, this medication was not prescribed.

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The Tribunal determined that Ms Jackson must practise under the supervision of a registered nurse approved by the Nursing Council of New Zealand, for a period of two years from when she recommences practice; that she undergo a competence assessment with the Nursing Council and that the competence assessment should include a satisfactory report from a psychologist or psychiatrist approved by the Nursing Council, which confirms Ms Jackson's ability to practise is not compromised; and that she develop with her employer an appropriate professional development plan.

Jackie Sauvao, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 12 June 2006, determined that Jackie Sauvao, registered nurse, was guilty of professional misconduct.

Ms Sauvao was found to have misappropriated items while employed as a bureau nurse at an Auckland Hospital.

Ms Sauvao was suspended for a period of fifteen months. Before Ms Sauvao practises again in New Zealand, she must satisfy the Nursing Council of New Zealand, by way of competency and health assessments, that she is fit to practise.

Roy Johnson, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 19 June 2006, determined that Roy Johnson, registered nurse was not guilty of professional misconduct.

He had been charged with failing to observe financial constraints on his professional relationship with a patient under his care by purchasing a house from this patient.

The Tribunal found that he had acted fairly and reasonably and did not enter into a transaction that was either advantageous to him or disadvantageous to the patient.

Registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 2 August 2006, found a registered nurse guilty of professional misconduct.

The registered nurse had been prosecuted by the Director of Proceedings for altering instructions for the administration of PEG feeding; and/or administering a reduced amount of fluid; and/or failing to put in place systems to review and monitor the patient after the reduction.

The Tribunal found the second and third (but not the first) particulars amounted to negligence and that the nurse was guilty of professional misconduct. The Tribunal ordered that the registered nurse be censured.

Registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 6 July 2006, found a registered nurse guilty of professional misconduct. The registered nurse had entered into an inappropriate relationship with a prison inmate and patient of the prison health unit during the period 15 July to 10 September 2004, while she was employed as a registered nurse with the Department of Corrections.

The Tribunal considered that the registered nurse's relationship with the prison inmate/patient was totally inappropriate. The Tribunal determined that the registered nurse's name should be removed from the register of nurses.

Richard Alexander Vesi Gulliver, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 19 September 2006, determined that Richard Alexander Vesi Gulliver, registered nurse, was guilty of professional misconduct.

Mr Gulliver had entered into an inappropriate relationship, which later became sexual in nature, with a vulnerable mental health patient under his care. This was considered both immoral or unethical and likely to bring discredit to the nursing profession.

The Tribunal ordered that Mr Gulliver's registration be cancelled, censured him and fined him \$500.00.

Hemi Timu, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 17 January 2007, determined that Hemi Timu, registered nurse, was guilty of professional misconduct.

Mr Timu had on two separate occasions verbally abused mental health patients under his care. The Tribunal considered that these incidents went further than simple verbal abuse and that Mr Timu had chosen to put himself into direct confrontation with patients and behaved in a manner that was professionally unacceptable.

The Tribunal ordered that Mr Timu be censured and have his registration suspended for a period of three months and that he undertake and complete a Nursing Council approved anger management course during the period of his suspension, with the period of suspension to cease at the completion of the anger management course or at the end of the three-month suspension period, whichever is the later. The Tribunal also ordered that he practise under the supervision of the Nursing Council for a period of six months following his suspension and that he undertake such courses as the Nursing Council deems appropriate in managing challenging behaviours, de-escalation, calming and restraint during the course of this supervision, with the cost of these courses borne by Mr Timu.

Lesley Jane Martin, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 16 July 2006, determined that Lesley Jane Martin, registered nurse, had been convicted of an offence that reflected adversely on her fitness to practise as a nurse.

Ms Martin was convicted in the High Court, Wanganui, on 26 August 2003, of one charge of attempted murder laid pursuant to s.173 of the Crimes Act 1961, after deliberately administering an overdose of morphine to her terminally ill mother, and had been sentenced to 15 months imprisonment. The Tribunal was firmly of the view that serious questions are raised about a health professional's fitness to practise if he or she is convicted of attempted murder after prematurely terminating the life of a critically ill patient. The Tribunal resolved to impose conditions on Ms Martin's ability to practise as a nurse.

Appeal

The Professional Conduct Committee appealed to the High Court that the Tribunal erred in failing to order that the registration of Ms Martin be cancelled and in purporting to make the conditions of practice in the manner that it did. In a decision dated 27 February 2007, Gendall J determined that the Tribunal was clearly wrong in the manner in which it imposed the penalties. The appeal was allowed, and Ms Martin's registration as a nurse was cancelled.

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Registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 24 November 2006, determined that a registered nurse was guilty of professional misconduct.

The registered nurse had physically abused a patient under her care by hitting him three times on his forehead with a balled fist. While the Tribunal did accept that this act was committed in the stress of the moment as a result of the registered nurse's fears that the patient might have badly hurt himself following an incident in which the patient had slipped significantly in his chair, there could be little doubt that assaulting a patient would be reasonably regarded by other nurses as constituting professional misconduct.

The registered nurse had lost her job following this incident and the Tribunal considered that it did not need to impose any further punishment. The Tribunal granted permanent name suppression to the registered nurse and ordered that the registered nurse be censured.

Adrienne Jane Rich, registered nurse

The Health Practitioners Disciplinary Tribunal, in a decision dated 23 April 2007, determined that Adrienne Jane Rich, registered nurse, had been convicted of offences that reflected adversely on her fitness to practise as a nurse.

Ms Rich had been convicted in the District Court in Christchurch on 10 April 2006 of one charge of theft of cigarettes pursuant to sections 219 and 223(d) of the Crimes Act 1961, an offence punishable by a term of imprisonment not exceeding three months; and one charge of theft of drugs pursuant to section 11(1)(a) of the Misuse of Drugs Act 1975, an offence punishable by a term of imprisonment not exceeding seven years.

The Tribunal was satisfied that both convictions taken together reflected adversely on Ms Rich's fitness to practise and indicated that her conduct fell well below the accepted standards for a registered nurse. The Tribunal ordered that Ms Rich's registration as a registered nurse would be cancelled.

Haren Russel Samson Makaea, registered nurse

The Health Practitioners Disciplinary Tribunal, in a decision dated 10 May 2007, determined that Haren Russel Samson Makaea, registered nurse, had been convicted of an offence that reflected adversely on his fitness to practise as a nurse.

Mr Makaea had been convicted in the District Court in Waitakere on 5 October 2004 of unlawful sexual connection with a male over 16 years of age, pursuant to section 128(1)(B) of the Crimes Act 1961, an offence punishable by a term of imprisonment not exceeding twenty years. Mr Makaea had been sentenced to imprisonment for eight years.

The Tribunal noted that health professionals are expected to behave to a very high standard in their private lives as well as their professional lives. Mr Makaea had been convicted of and imprisoned for very serious sexual offending. The Tribunal ordered that Mr Makaea's registration as a registered nurse would be cancelled.

Gayle Plasmeyer, enrolled nurse

The Health Practitioners Disciplinary Tribunal, in a decision dated 11 May 2007, determined that Gayle Plasmeyer, enrolled nurse, had been convicted of offences that reflected adversely on her fitness to practise as a nurse.

Ms Plasmeyer had been convicted in the District Court in Morrinsville of theft of controlled drugs pursuant to section 11 of the Misuse of Drugs Act 1975, an offence punishable by a term of imprisonment not exceeding seven years; and of consuming/smoking/using morphine pursuant to section 7 of the Misuse of Drugs Act 1975, an offence punishable by a term of imprisonment not exceeding six months.

Furthermore, the Tribunal found that Ms Plasmeyer had practised as an enrolled nurse during the period 9 February 2004 to 13 December 2004, when she knew or ought to have known that she had been suspended from practice and did not hold a practising certificate.

The Tribunal cancelled Ms Plasmeyer's registration as a nurse.

Graeme Bramwell Pollock, registered nurse

The Health Practitioners Disciplinary Tribunal, in a decision dated 7 May 2007, determined that Graeme Bramwell Pollock, registered nurse, had been convicted of offences that reflected adversely on his fitness to practise as a nurse.

Mr Pollock had been convicted in the District Court in Dunedin of one charge of driving a motor vehicle while the proportion of alcohol in his breath exceeded 400 mcg of alcohol per litre of breath pursuant to section 56(1) of the Land Transport Act 1998; and of the theft of two capsules of morphine sulphate, a Class B controlled drug pursuant to section 11(a) of the Misuse of Drugs Act 1975.

The Tribunal cancelled Mr Pollock's registration as a nurse.

Judith Renau, registered nurse

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

Ms Renau had abused her position of trust with a patient by accepting gifts and/or loans and/or inappropriate transfers of money or cash between 9 July 2001 and 18 June 2005. The total of the sums of money withdrawn or transferred during this period was \$57,508.00.

The Tribunal considered that it was fundamental that health professionals should not take advantage of vulnerable patients by accepting or removing monies for personal purposes. Doing so unquestionably amounts to abusive and exploitive conduct and is a very serious breach of trust.

The Tribunal cancelled Ms Renau's registration as a nurse.

Dalip Chand, registered nurse

The Health Practitioners Disciplinary Tribunal, in a decision dated 21 May 2007, determined that Dalip Chand, registered nurse, was guilty of four charges of professional misconduct.

Mr Chand had attempted to kiss a colleague; told a patient that she was beautiful, asked whether she was married and said he would be her husband; asked her where she lived and said that he would come and live with her; inappropriately accessed the clinical health records of a second patient for the purpose of telephoning her at home after her discharge; hugged her while she was lying on a bed waiting for surgery; telephoned her at home late at night; and telephoned her at home again early the following morning.

The Tribunal cancelled Mr Chand's registration as a nurse.

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Margaret Southwick
Frances Hughes
Roxanne McKerras
Margaret Millard
Christine Payne
Kathrine Townshend
Noeline Warmington

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Deputy Chairperson

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Marion Clark
Jen Toogood

Chief Executive / Registrar
Executive Assistant

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Education Advisor
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Michael Gribble
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Personal Assistant
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Overseas Registration Administrator
Team Leader, New Zealand Registration
New Zealand Registration Administrator
New Zealand Registration Administrator

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Somā Ankers

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Investigator / Legal Advisor
Personal Assistant

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