

News Update

The newsletter of the Nursing Council of New Zealand July 2006

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From the Chairperson



Dr Annette Huntington

The Council continues to evaluate, review and fine-tune the processes we have put in place following the implementation of the Health Practitioners Competence Assurance Act 2003.

We have already made changes following input from the sector. We have reviewed the definition of practising and this is included in more detail on page 8. The Council is very aware that these processes require regular evaluation and it takes the concerns of the sector very seriously. It endeavours to make changes that meet the needs of public safety, while being as straightforward as possible for the sector to implement.

The Chief Executive and I recently attended the ICN Regulatory Forum in Geneva as well as the inaugural meeting of regulatory authorities, chief nurses and professional organisations. These meetings were invaluable in terms of ensuring international consistency for regulation where this is possible. Also, it always is interesting to see the issues in relation to nursing are very similar globally.

The key issues on everyone's agenda include:

- continuing competence
- processes for assessing competence
- nursing shortages, which will only increase, and increasing mobility of the nursing workforce.

This mobility raises issues of particular relevance to developing countries, as these nurses often migrate to places like the UK, USA, Australia and New Zealand and this has a major impact on the delivery of health services in their home countries.

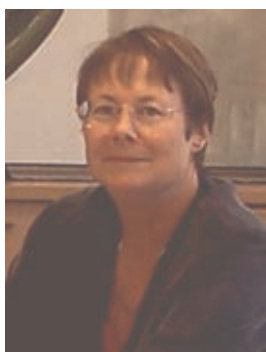
Following a second round of consultation, the Council decided to retain the nurse assistant title. The Council is very aware that this has been a contentious issue but has made the decision following a very thorough process.

After discussions with NZNO, the Council has met with nurses including directors of nursing, nurse educators, representatives from the aged care sector, the Private Surgical Hospital Association, NZNO and the Ministry of Health, to discuss preparation and utilisation of nurse assistants and their integration into the nursing workforce. A number of areas were discussed, including specialty focus of nurse assistant education and the content of education programmes. The Council and the Ministry of Health will be preparing a statement on the role of second level nurses.

As my term on the Council comes to an end, I would like to take this opportunity to thank all my fellow Council members, and the Chief Executive and staff of the Council for their support, as well as all nurses in all areas of practice for their commitment to the profession and their tireless work on behalf of the New Zealand public.

Annette Huntington

From the Chief Executive



Marion Clark

We remain very busy. We are continuing to adapt to the challenges of the new legislation and develop new office systems to increase our efficiency and improve quality in our service to nurses.

I really appreciate all the hard work of the staff in coping with an increasing number of enquiries and operational activities and we are indebted to a number of students who have met our requirements for a flexible workforce. We have increased our permanent staffing establishment by an extra clerical assistant in the registration area over the last year. (Many of you will have spoken to Michael, Lily, Tara, Fergie, Fiona or Dynise about your practising certificates.) We have decided also to employ an extra nurse advisor in the registration area.

(Continued...)

From the Chief Executive (continued)

A review of administration has resulted in appointment of an in-house accountant, Deirdre Parag, and I am really appreciating the increased efficiency of our financial systems. Staff changes at the Council are described on this and the following pages and we are advertising three nursing positions in this *News Update*.

Please contact us if you meet the criteria and are interested in working with us.

While I acknowledge that some of the requirements which nurses have to meet to demonstrate that they are competent under the Health Practitioners Competence Assurance Act 2003 (the Act) are stressful for some individual nurses, and that sometimes 'glitches' have occurred in communications at our end, I would like to entreat you to be considerate and polite to the staff when you phone the Council. The staff work hard to try and assist you and are doing their best. We are committed to constant quality improvement and welcome constructive feedback, which should be addressed to senior professional staff. Please don't take out your frustrations on the clerical staff.

You will be aware that, as a result of feedback received, the Council has recently altered the definition of practising. We have also increased the specific information sent out with the audit round after evaluation of feedback received in the first round. I am happy to say that the second round has gone much smoother, with most nurses completing the requirements within the time allocated. There is an article on the first audit round on pages 4 and 5. We also continue to improve our processing of practising certificates.

The Council has had to increase prices to meet the costs of regulating the profession. In determining prices, the Council has conducted an extensive pricing review, identifying the actual costs of each of our services so that prices can be set accordingly. Adjustments to our fees were essential to enable us to meet our requirements under the new act, and increases have been kept as low as possible. There is an announcement of the new prices on page 9.

A major project underway is a revision of the filing system. The administrative requirements of the Act demand a more robust filing system to store all the information which we hold on each nurse. Our project team is, over the next few months, setting up registration files for each individual nurse and integrating information which we hold in a range of different areas. Each registration file will contain all communication on initial registration, practising certificate applications, audit round, verifications, applications for change of scope (nurse practitioners) and change of conditions and all miscellaneous correspondence. We plan to outsource the filing system and have contracted Online Security, which also provides this service to the Medical Council and Capital and Coast District Health Board, to do this for us. Some files have already been re-located and the system is working well.

Planning is well underway for Nursing Council's annual Forum. Nurses are encouraged to attend so that you may learn about how ongoing changes to the sector will affect you and give us feedback on our policies and processes.

Maria R Clark

Staff departures



Wendy Bunny

The Council recently said goodbye to Wendy Bunny, who is moving across the Tasman to join her partner in Australia. Wendy had been with Council since May 2003 as Office Manager and Hearing Administrator.

Wendy managed the relocation of the Council from its previous premises and kept office systems running smoothly. Her dedication and sense of humour will be missed by all.



Andrew Charnock

It is with regret that we advise that Andrew has resigned from his position as Deputy Registrar to pursue other opportunities closer to home in the Wairarapa.

He goes with our sincere thanks for all of his efforts and our best wishes for the future.



Vince Bailey

Vince is leaving his position of Nurse Advisor to Registration to join acute pain management team at Capital and Coast District Health Board.

Vince worked in relation to the competency requirements for practising certificates and was involved in the consultation on nurse practitioner prescribing and the nurse assistant title.

His voice would have been familiar to many nurses who phoned with enquires and we wish him the best of luck as he returns to clinical practice.

Finance Manager appointed



Deirdre Parag

The Council was very pleased to appoint Deirdre Parag to the new role of Finance Manager.

Deirdre completed a BComm at Otago University and became a chartered accountant in 1990.

She moved to Wellington in 1993 and has worked for various organisations, including the Royal New Zealand Ballet and various chartered accountancy firms.

This range of roles prepared her well for her current position.

Deirdre has three children and works part-time for the Council.

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Council to host international nursing forum

The Council is very pleased to be hosting the Western Pacific and South East Asian Nursing and Midwifery Regulators biennial meeting, which is being held in Wellington in September.

This will be a collaborative forum that will encourage member countries to enhance public safety through effective nursing regulation.

The group was formed in 1995 and first met in Wellington in 1996. It has met every two years since and its last meeting was in Malaysia in 2004. Its members come from 27 countries in the Western Pacific and South East Asia. Its most recent achievement was the development of a set of regional common competencies, which have now been published and are in the process of being distributed.

Nursing Council of New Zealand vacancies

Nurse Advisor - Registration Two positions

The Nursing Council of New Zealand is a statutory body that provides leadership in nursing, registers nurses to practise in New Zealand and has processes to ensure nurses' safety and competence to practise.

As a nurse advisor, you will provide professional advice on applications for registration, assist with the development and application of policy and processes relating to annual practising certificates, draft reports and analyse workforce data.

We seek experienced nurses with postgraduate qualifications, good analytical skills, sound judgement and confident decision-making abilities.

Your high focus on quality, consistency, teamwork, and customer service will be in strong demand.

Your ability to communicate with a wide variety of stakeholders in a professional, sensitive manner will be strong and your skills in managing workflows and coordinating others will come to the fore. Sound IT skills are highly desirable.

For further information on the above position please visit www.sheffield.co.nz or phone Janet Macaskill on (04) 471 5832. To apply, please e-mail your CV to cwvlg@sheffield.co.nz quoting reference number 41266. E-mails will be electronically acknowledged and further correspondence may be by e-mail.

Nurse Advisor - Health and Complaints Senior nursing professional role

The Nursing Council is a statutory body that provides leadership in nursing, registers nurses to practise in New Zealand and has processes to ensure competence and safety of nurses' practice.

Playing a key role in the internal co-ordination and management of complaints, fitness to practise and competency notifications, and monitoring and implementing the decisions of the Health Practitioners' Disciplinary Tribunal, this role demands excellent judgement and nursing experience at a senior level. You will be receiving and assessing complaints, and working with the Health Committee of the Council in monitoring nurses with health issues which affect their practice.

Other functions include implementing and on-going monitoring of decisions including determining actions and managing outcomes.

For this position we seek a nurse with post-graduate qualifications and wide and deep nursing experience. Strong organisational skills and the ability to build relationships and communicate with people of all levels will be essential, as will be good analytical skills, the sound use of judgement and proven decision-making abilities.

Knowledge and understanding of legal frameworks and ability to interpret legislation is highly desirable.

For further information on the above position please visit www.sheffield.co.nz or phone Janet Macaskill on (04) 471 5832. To apply, please e-mail your CV to cwvlg@sheffield.co.nz quoting reference number 41285. E-mails will be electronically acknowledged and further correspondence may be by e-mail.

Recertification programme (audit)

The Council introduced auditing of continuing competence requirements (under section 41 of the Health Practitioner Competence Assurance Act 2003) from December 2005.

Nurses to be audited are randomly selected from the register, with 439 nurses being selected for audit in the practising certificate renewal round sent out in December 2005 and a further 413 selected in March 2006.

If you are selected for audit, you will receive a letter advising you of this with your *application for practising certificate* pack. You will be required to send evidence that supports your declaration and you are asked to respond within 60 days. It therefore is crucial that you open any mail that you receive from the Nursing Council, so that you know if you are chosen for audit.

The Council understands that it takes time to compile this evidence and appreciates the efforts made by nurses being audited. It considered the feedback it received during the first audit round and has made some changes to the process.

A number of nurses were asked to supply further information and the most common reasons for this were:

- the evidence provided did not identify actual practice hours
- the evidence provided did not identify professional development hours
- competence assessments did not cover each of the Council's competencies
- verifications were not included
- contact details of referees were not included
- nurses did not state how their professional development activities were relevant to their practice.

Nurses who do not meet recertification programme requirements within three months will in the first instance be asked for further evidence. Generally, these nurses will be issued with interim practising certificates that require them to meet the requirements of the recertification programme.

If they still do not meet requirements, they may either have their scope of practice altered, by changing the services that they are permitted to perform or including conditions on their practice, or have their registration suspended.

It is important that all nurses who are selected for audit respond, even if they do not intend to apply for practising certificates.

News Update has interviewed the first three nurses to meet all audit requirements, so that their experience may be of assistance to other nurses who are being audited. The Council congratulates Wendy Stanbrook-Mason, Vasanth Kumar and Alison Simmons, who all were assessed on 24 January as meeting requirements in full.

For further information see the August 2005 edition of *News Update*, which may be downloaded from the 'Publications' page of our website: www.nursingcouncil.org.nz

Meeting audit requirements: three nurses tell their stories



Wendy Stanbrook-Mason

Wendy qualified as a nurse after completing a DipN from Taranaki Polytechnic in 1991 and is now the Bed and Resource Manager at Wanganui Hospital.

She considers that the professional development and recognition programme at Wanganui Hospital was very helpful and that the programme's coordinator deserves much of the credit for the ease with which she passed audit. She says the programme made it clear what needed to be done to demonstrate competence.

Wendy also takes every available opportunity for further education that she can, keeps careful track of her professional development and strongly recommends maintaining a record of one's ongoing education and other professional development activities; and ensuring that these link to the Nursing Council's competencies for one's scope of practice.



Vasanth Kumar

Vasanth graduated in 1987 with a BSc from Bangalore College of Nursing in India. He was first registered in New Zealand in 2003 and currently works as a Staff Nurse in a surgical ward at Waikato Hospital.

He helped prepare for audit by taking note of the Nursing Council's request for better record keeping and advises other nurses to take care with maintaining their personal records.

He also advises knowing the competencies for one's scope of practice very well, which makes it easier to demonstrate meeting them if selected for audit.

Finally, Vasanth recommends ongoing study and personally found the six week competency assessment programme at the Manukau Institute of Technology very helpful. He completed this programme prior to obtaining his New Zealand registration.

Please refer to the Nursing Council website www.nursingcouncil.org.nz for the new competencies for your scope of practice. These competencies are to be used for assessment of continuing competence from August 2006.



Alison Simmons

Alison qualified as a nurse upon completion of a Hospital Certificate through the Auckland School of Nursing in 1984. She currently works as a Staff Nurse at a White Cross Healthcare Limited accident and medical clinic.

She says she is fortunate to work for such a progressive company, which for nearly three years has had its nursing staff prepare portfolios. She advises keeping good records of education hours and says that it is important that nurses understand that a variety of activities are recognised as being education.

Finally, Alison recommends that nurses be committed to ongoing professional development and that they make use of opportunities for free education that are made available to them.

Maori advisors appointed



Front (left to right): Denise Wilson, Hemaima Hughes and Christine Baker
Back (left to right): Margareth Broodkoorn, Mereana Roberts, Maureen Allan, Victoria Simon and Marion Clark, Chief Executive.

The Council recently appointed eight Maori advisors to assist with its activities, following nominations from Maori nursing groups.

The Council appreciates the valuable assistance it receives from a wide range of nurses. The Maori advisors will significantly contribute in a wide range of areas, such as educational audits and approvals, competence review panels and professional conduct committees.

The Maori advisors first met on 9 March.

Forum 2006

The Council is pleased to invite all nurses to participate in the Nursing Council's **Forum 2006**.

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:

- evaluation of the audit process
- nursing regulation from an international perspective
- update on development (including new policy, etc) since the implementation of the Health Practitioners Competence Assurance Act 2003
- workforce update (including statistics)
- professional boundaries.

The forum will run from 9:00 am to 3:30 pm at each venue. The daily registration fee is \$60.00 (including GST). Please submit a completed application form by **Monday 28 August 2006**.

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

www.nursingcouncil.org.nz

Auckland (free car parking available)
Novotel Ellerslie
72-112 Greenlane East Road, Auckland
Monday 11 September 2006

Wellington
InterContinental Wellington
2 Grey Street, Wellington
Tuesday 12 September 2006

Christchurch
Rydges Christchurch
Corner Oxford Terrace
& Worcester Street, Christchurch
Wednesday 13 September 2006

Nurse assistant title retained

Following widespread consultation and consideration of the submissions received, the Council has decided to retain the title of 'nurse assistant'. This decision reflected the feedback received during a second consultation round.

The title was first introduced when the Health Practitioners Competence Assurance Act 2003 (the Act) was implemented on 18 September 2004. There currently are about 148 practising nurse assistants, of whom about 60 are registered overseas. The Council understands that about 10% of New Zealand-registered nurse assistants have enrolled in registered nurse programmes.

At the time of its introduction and during the consultation period that preceded it, a consensus on an appropriate title for second-level nurses could not be reached by nurses and stakeholders.

The Council, after extensive consultation with nurses and stakeholders and analysis of responses, chose the title 'nurse assistant' for one of the second level nurse scopes of practice. This applied to all second level nurses prepared in Christchurch and Northland Polytechnics from 2001 onwards, nurses prepared in equivalent approved programmes and immigrant nurses with equivalent qualifications. Second-level nurses who had trained before 2000 were registered as enrolled nurses. The roll for enrolled nurses was closed with the implementation of the Act on 18 September 2004.

Following the implementation of the nurse assistant scope of practice, the Council continued to be involved in discussions with nurses and stakeholders with regard to the title. The Council held a series of meetings with NZNO to discuss titles and, as a result of these discussions, agreed to consult on the alternative title 'registered assistant nurse'. As a result of these discussions, the Council agreed to undertake further consultation with nurses and stakeholders on whether to change the title used for those nurses currently registered as nurse assistants.

The consultation, which was undertaken amongst nurses and other stakeholders between November 2005 and January 2006, considered an alternative title to nurse assistant.

A consultation document was distributed widely and sent to all Chief Executives and Directors of Nursing of district health boards, all Chief Executives and Heads of Nursing of tertiary education institutions, nursing organisations, health regulatory bodies including nursing regulatory bodies in Australia, medical and allied health associations and colleges, national organisations and other representatives of nurse assistants.

Option A: No change – the title is not changed and remains as 'nurse assistant'

Option B: The title for this scope of practice is changed from 'nurse assistant' to 'registered assistant nurse'.

The consultation document also was posted on the Nursing Council website throughout the consultation period, along with an invitation to make submissions.

Nurses and stakeholders were asked to review the following options for a title change to the nurse assistant scope of practice and send submissions on their preferred option to the Nursing Council.

One hundred and forty-five submissions were received from nurses and stakeholders. Submissions were received by email, facsimile and post. The Nursing Council received two late submissions, both of which were included in the analysis.

Overall analysis of submissions

Sixty-nine submissions (47.6%) supported retaining the title 'nurse assistant'. Forty-five submissions (31.0%) supported changing the title to 'registered assistant nurse'. Twenty-six submissions (17.9%) supported neither option. Five submissions (3.4%) made no comment. When the submissions that supported the available options are considered on their own, 60.5% supported retaining the title 'nurse assistant' and 39.5% supported changing the title to 'registered assistant nurse'.

Sixty-five submissions were received from health sector groups and organisations including district health boards, private hospitals, universities, polytechnics, professional organisations, nursing and non-nursing regulatory bodies from New Zealand and Australia, the Health and Disability Commission, Ministry of Health, Mental Health Commission etc. 61.5% supported the retention of the nurse assistant title, 24.6% supported the registered assistant nurse title, 6.2% supported neither option; 7.7% made no comment. When these figures were corrected by making multiple submissions from one organisation count as one submission, 61.4% supported nurse assistant, 22.8% supported registered assistant nurse, 7% supported neither option, and 8.8% made no comment.

Twenty-five submissions were received from employers, including district health boards, private hospitals, nursing agencies and non-statutory providers, 88% of which supported retaining the title 'nurse assistant'. When these figures were corrected by making multiple submissions from one organisation count as one submission, 87.5% of these submissions supported retaining the title 'nurse assistant'.

Thirteen submissions were received from nursing education providers and related organisations, schools, including universities, polytechnics, hospital based nurse education programmes and NETS (Nurse Education in the Tertiary Sector). 61.5% of these submissions supported retaining the title 'nurse assistant', while 38.5% supported changing the title to 'registered assistant nurse'. When these figures were corrected by making multiple submissions from one organisation count as one submission, 77.7% of these submissions supported retaining the title 'nurse assistant', while 22.3% supported changing the title to 'registered assistant nurse'.

While the two polytechnics that currently offer nurse assistant programmes were the only educational institutions that supported the 'registered assistant nurse' option, this was not the preferred option of either, and alternative titles such as 'associate nurse' and 'enrolled nurse' were suggested.

Twelve submissions were received from professional organisations and groups, including organisations representing enrolled nurses, practice nurses, mental health nurses, school nurses, Maori nurses and nurses in general and 58% of these submissions supported retaining the title 'nurse assistant', 16.6% supported changing the title to 'registered assistant nurse' and the remainder supported other options.

Support for nurse assistant was largely based on the minimising confusion and the belief that the current title was 'descriptive without creating the possibility of confusion'. It generally was considered that the title 'nurse assistant' was a more accurate reflection of the role than 'registered assistant nurse', although some submitters did believe the reverse to be true.

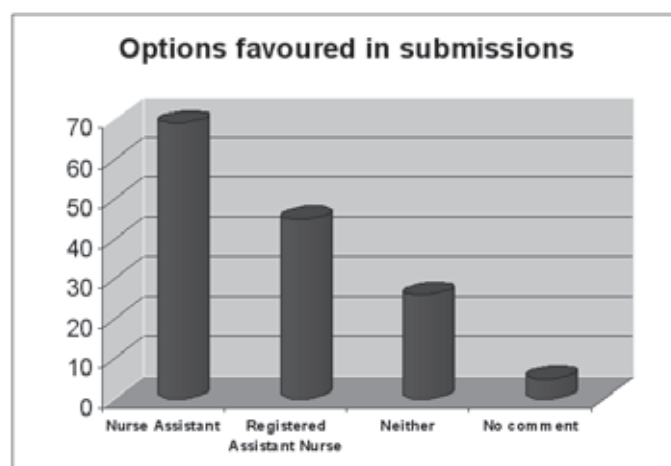
The New Zealand Nurses Organisation (NZNO) was one of two nursing organisations that supported changing the title to 'registered assistant nurse'. It was noted that a range of positions was held by the various member groups within NZNO and that consensus on a preferred title was difficult to obtain, and this also applied to other nursing organisations that made submissions. The strongest rejections of both the 'nurse assistant' and 'registered assistant nurse' titles came from those organisations representing enrolled nurses, one of which was the National Enrolled Nurse Section of NZNO, which sent in a separate submission.

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, safeguard 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 certificates.

The Mental Health Commission and the Health and Disability Commission both supported retaining the title 'nurse assistant', while the Ministry of Health supported changing the title to 'registered assistant nurse'.

There also were 80 submissions received from individuals and these equally favoured both options, with 36.25% support for each title respectively. Individual submissions that supported retention of the title 'nurse assistant', largely indicated that the title clearly conveys the role and scope of practice of the nurse. Many of these came from registered nurses, who considered that including the word 'registered' in the title would cause unnecessary confusion with registered nurses. Most enrolled nurses rejected both titles, believing that the title nurse assistant somehow downgraded the role, and supported a return to the title 'enrolled nurse'. There were no submissions in support of the title 'nurse assistant' from those nurses currently registered as nurse assistants, although only a slim majority supported the 'registered assistant nurse' option, with the rest supporting alternative titles.

The Council carefully considered the submissions and decided to retain the title 'nurse assistant'. Consultation has shown that this is the title supported by the sector.



Competence review process

Under the Health Practitioners Competence Assurance Act 2003, the Council may review the competence of a nurse if she/he has not maintained the required standard of competence; if there is evidence to suggest the nurse's practice poses a risk of harm to the public; or at any other time.

A document about the competence review process may be downloaded from the publications page of the Council's website: www.nursingcouncil.org.nz

In the year to 31 March 2006, the Council received competence notifications about 43 nurses. Competence panel meeting reviews were held for 16 nurses. Eleven of these nurses were ordered to complete competence programmes and further action was taken with five nurses. Investigations are continuing of the remaining nurses who were the subject of notifications.

Health Practitioner Index

The Council has signed a contract with the Ministry of Health to provide nursing data to the national Health Practitioner Index (HPI) for five years. The Council will be providing administrative support.

The HPI will uniquely identify health providers and organisations. This will allow health providers who manage health information electronically to do so with greater security. It will help New Zealand's health sector to find better and more secure ways to access and transfer health-related information.

What the practitioner information will be used for

Practitioner information will be used to verify the identity of practitioners for claims for subsidised healthcare.

What practitioner information will be held on the HPI

The HPI is being created and managed by the Ministry of Health. The primary purpose of the HPI is to uniquely identify health practitioners and to hold that information in a central, national database. To be able to do this, the HPI needs to hold identifying information about each practitioner.

Initially it will hold only information sourced from public registers, which will be provided by responsible authorities. This will include each practitioner's name, qualifications, practising status, scopes of practice and conditions on practice. Over time, the HPI may hold more information about practitioners, but this will be only be collected and disclosed where agreed with each responsible authority. The HPI will help to increase the accuracy of practitioners', facilities' and organisations' identities, such as when ordering lab test results or submitting an ACC or HealthPAC claim.

Every registered health practitioner in New Zealand will have a Common Person Number (CPN) that is unique to him or her, which will be linked to the HPI, a database encompassing all registered practitioners. It will be unique in that each nurse will only have one CPN, even if he or she is registered with more than one regulatory authority. The CPN will be used when dealing with ACC, HealthPAC,

DHBs, laboratories, pharmacies, screening programmes, other health care providers and national collections such as the NHI (National Health Index) and NIR (National Immunisation Register). Each specific CPN will be allocated by the Ministry of Health and the Council will enter it into the registration database and inform each nurse of his or her CPN. It will be printed on his or her next application for practising certificate form. No decision has yet been made regarding publishing CPNs on the Council's website. Each CPN will consist of four letters and two numbers.

The Ministry has worked alongside responsible authorities to design the HPI and gather data. Responsible authorities will continue to provide data for the time being, but in the future practitioners may be able to request updates to parts of the database themselves.

Who will be able to access information about practitioners from the HPI

Security and privacy are primary concerns. The HPI sits within the Ministry of Health's technical infrastructure, which has extensive border and other security measures. Health-sector organisations will have access to public register information held on the HPI via the national secure health information network. This means they will be able to use the HPI to access information that is already publicly available through responsible authority public registers. They will not be able to access any other information that the HPI may hold.

Certain healthcare organisations such as ACC, DHBs, HealthPAC and the Ministry of Health will be permitted to access additional practitioner information, subject to the prior agreement of the practitioner's responsible authority. The additional data that each of these organisations will be able to access will be specified in both the data provision agreement (with the practitioner's responsible authority) and the data access deed (with the data consumer).

Who to contact if you have any questions or concerns

In the first instance contact the Council.

New definition of practising

The Council recently adopted a new definition of practising. The Health Practitioners Competence Assurance Act 2003 (the Act) requires the Council to define practising, because it must:

- determine whether a nurse has maintained the required standard of continuing competence pursuant to section 27(a) of the Act
- determine whether or not a nurse has lawfully practised nursing in the 3 years preceding the date of application for a practising certificate (section 27(f) of the Act)
- decide whether or not a nurse has practised without a practising certificate (sections 8(1) and 100(1)(d) of the Act).

In the 20 months since the Act came into force, the sector provided the Council with valuable feedback its previous definition of practising. The Council has carefully considered this feedback and has reworded the definition to ensure that it fulfils its purpose of protecting the health and safety of members of the public, by ensuring that nurses are competent and fit to practise.

This means that if a person has the responsibilities of a nurse as defined by the Nursing Council scopes of practice and is using his or her nursing knowledge in a direct relationship with clients, he or she should hold a practising certificate.

If a nurse is employed in one of the other roles set out in the definition, he or she may not require a practising certificate unless his or her role impacts on public safety.

“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.”

The purpose of this definition is to ensure that nurses who are in a direct nursing relationship with clients or whose role impacts on public safety are required to comply with the mechanisms put in place by the Act to ensure that nurses have maintained the required standard of competence to protect public safety, such as ongoing professional development and completing hours of practice.

It is not intended to include nurses who no longer have nursing responsibilities but who choose to continue working in the health care sector. The definition may include some practitioners who are working as nurses but whose employers have not previously required them to hold a practising certificate.

There may be some nurses on the register who did not fit within the previous definition of practising who may wish to make a new application for a practising certificate. An application for a practising certificate is always considered on an individual basis. If you have any questions regarding your eligibility or whether you require a practising certificate in your current role, please contact the registration section of the Nursing Council.

Nursing Council increases its fees

The Nursing Council has increased its fees following a review of its costs. This was essential because it has had to introduce new systems to ensure nurses are competent and fit to practise nursing, as a result of the implementation of the Health Practitioners Competence Assurance Act 2003.

One of the biggest changes is that each application for an annual practising certificate must be assessed individually to comply with the requirements of section 27 of the Act.

Other new processes, such as recertification (audit) and competence reviews also have been introduced.

The Act has also established an independent disciplinary tribunal, which is partially funded by the Council.

The Council endeavours to keep the costs to a minimum. However, it was inevitable that Council would have to review fees to meet the increased costs under this legislation. The Council completed an extensive pricing exercise in April 2006, which formed the basis of the new fees. The Council has approved the schedule of fees attached to take effect from 1 October 2006 and 1 January 2007.

The fee for an annual practising certificate is \$96 per annum with effect from 1 October 2006.

This includes a compulsory disciplinary levy of \$30 for all nurses.

Please note that the practising certificate fee now includes a disciplinary levy of \$30 per annum, which must be paid by all nurses when renewing their practising certificates. This price reflects the Council's expenditure on investigations and disciplinary matters.

The Council intends to review the fees regularly, and they may change in the future as processes are further refined and developed.

Service	Fee payable
Practising certificate (including interim) This includes the compulsory disciplinary levy of \$30 per annum.	
12 months practising certificate (Fee: \$66 + Levy: \$30)	\$96
3 months, or any part thereof (Fee: \$16.50 + Levy: \$7.50)	\$24
6 months (Fee: \$33 + Levy: \$15)	\$48
9 months (Fee: \$49.50 + Levy: \$22.50)	\$72
Registration fees	
Registration as registered nurse or nurse assistant (NZ applicant)	\$40
Application for registration as nurse practitioner	\$500
Registration as registered nurse or nurse assistant (overseas applicant)	\$50
Processing fee for application for registration (overseas)	\$400
Processing fee for application for registration (under the Trans-Tasman Mutual Recognition Act)	\$230
Restoration of name to the register following removal under Part 4 of the Health Practitioners Competence Assurance Act	\$320
Additions to register (including authorisations)	\$30
Application for change of condition in scope of practice	\$75
Provision of information on register	
Supply of copy of register entry	\$40
Inspection of the register	\$40
Verification of New Zealand registration	\$60
Verification of education programme	\$60
Issue of copy of registration or practising certificate	\$40
Examination fees	
Registered nurse and nurse assistant	\$140.00*
Mental health	\$50.00*
Fees for late transcripts	\$100.00*
Analysis of failed examination	\$17.00*
* Denotes fees that will come into effect from 1 January 2007	

Health Practitioners Disciplinary Tribunal Notices

Stephen Derecourt, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 28 July 2005, determined that Mr Derecourt, registered nurse, had a court conviction that reflected adversely on his fitness to practise as a nurse. His registration as a nurse was cancelled pursuant to Section 101 (1) (a) of the Health Practitioners Competence Assurance Act 2003, with the recommendation that he may not apply for re-registration for six months. He also must undergo an examination (and therapy if necessary) from either a psychologist or psychiatrist approved by the Nursing Council of New Zealand.

Mr Derecourt had been found guilty in the Rotorua District Court on 25 February 2002 of four offences pursuant to section 131 respectively of the Films Videos and Publications Classifications Act 1993. These charges related to the possession of two video recordings and two prints depicting a variety of objectionable acts.

The Tribunal considered that by possessing such material, Mr Derecourt had completely offended the fundamental objectives of nursing and had brought or were likely to bring discredit to the nursing profession.

The Tribunal also ordered that Mr Derecourt pay \$2,390.00, being 25% of the actual costs of the professional conduct committee and the Tribunal and that a notice stating Mr Derecourt's name and a summary of the Tribunal's orders be published in Kai Tiaki: Nursing New Zealand and the Nursing Council of New Zealand's newsletter.

Denyse Patricia Condon, enrolled nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 12 January 2006, determined that Denyse Patricia Condon, enrolled nurse, had been convicted of an offence that reflected adversely on her fitness to practise as a nurse.

Ms Condon was convicted in the New Plymouth District Court of one charge of dishonestly taking a document pursuant to section 228(a) of the Crimes Act 1961, namely a colleague's ANZ credit card; and ten counts pursuant to section 228(b) of the Crimes Act 1961 of dishonestly using that document, to a total value of \$1,222.47.

It was accepted by the Tribunal that any breach of trust and especially the dishonesty offences for which Ms Condon has been convicted is conduct which must be regarded as totally unacceptable behaviour for any enrolled nurse. It also was the Tribunal's view that members of the public were entitled to expect to be able to trust and have confidence in the honesty of all members of the nursing profession.

The Tribunal unanimously concluded that Ms Condon's registration as an enrolled nurse must be cancelled. The majority of the Tribunal considered it appropriate to recommend she should not be able to apply for re-registration until six months after the date of this decision. This recommendation should not be construed as a finite period of cancellation of Ms Condon's registration. In reaching this conclusion, the majority of the Tribunal bore in mind that the convictions, the subject of this case, did not relate to offending in respect of patients.

The Tribunal ordered that Ms Condon pay \$2,251.10, being 40% of the total costs and expenses of and incidental to the inquiry by the PCC and hearing by the Tribunal. It did so because it is of the view that Ms Condon should make a contribution towards the costs and expenses of bringing this matter before the Tribunal for a determination.

The Tribunal, directed its Executive Officer, pursuant to s157(2) of the Act, to publish a summary of the Tribunal's findings and orders in the New Zealand Gazette, Kai Tiaki: Nursing New Zealand, the Nursing Council Newsletter, and the New Zealand Nursing Review. That summary should include Ms Condon's name.

James Edwards, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 21 December 2005, determined that James Edwards, registered nurse, was guilty of professional misconduct.

During the period 12 August 2004 to 15 September 2004, while James Edwards was employed as a registered nurse at *Te Whare O Matairangi* in Wellington, he compromised patient safety and wellbeing by using inappropriate restraint and/or physically abused patients of the unit,

Mr Edwards' registration as a nurse was suspended for the period of 18 months from the date of the Order. Upon resumption of his right to practise, Mr Edwards should practise under the following conditions for a period of 18 months:

- prior to resuming practice, he will need to obtain a competence assessment (from an assessor approved by the Nursing Council) as to his fitness to practise as a nurse
- he will practise under supervision of a registered nurse approved by the Nursing Council for a period of 18 months following the end of his period of suspension
- during this 18 month period, the Nursing Council is to approve his employer before taking up any new position so that it can confirm that appropriate supervision is in place for him
- Mr Edwards is not to be employed in any position which would require him to be in sole charge during the period of supervision.

Mr Edwards should pay 25% of the costs and incidental to the enquiry made by the professional conduct committee, the prosecution of the charge and the hearing of the Tribunal.

The Tribunal directed its executive officer to publish a summary of the Tribunal's findings and orders in Kai Tiaki: Nursing New Zealand and the Nursing Council's newsletter.

John Peter William Pearson, registered nurse

The Health Practitioners Disciplinary Tribunal (Tribunal), in a decision dated 24 May 2006, determined that John Peter William Pearson, registered nurse, had been convicted of offences that reflected adversely on his fitness to practise as a nurse.

Ms Pearson was convicted in the Porirua District Court on 21 December 2004 of one charge of altering a document (an annual practising certificate) for pecuniary advantage, pursuant to section 258(1)(a) of the Crimes Act 1961; and one charge of using a document (the same annual practising certificate) for pecuniary advantage, pursuant to section 228(b) of the Crimes Act 1961. Mr Pearson also was convicted in the Porirua District Court on 13 May 2005 of one charge, pursuant to section 56(1) of the Land Transport Act 1998, of driving a motor vehicle while the proportion of alcohol in his breath exceeded 400 micrograms of alcohol per litre of breath. This was Mr Pearson's fourth conviction for driving with excessive alcohol levels in his blood or breath.

The Tribunal considered that both sets of offending reflected adversely on Mr Pearson's fitness to practise as a nurse. It also was concerned that Mr Pearson had falsified an annual practising certificate in order to dishonestly negate orders that had previously made by the Nursing Council of New Zealand in order to protect the health and safety of the public.

The Tribunal considered that Mr Pearson's offending was so serious and outrageous that it ordered that his name be removed from the register of nurses pursuant to section 101(1)(a) of the Health Practitioners Competence Assurance Act 2003 and ordered that a summary identifying Mr Pearson be published in Kai Tiaki: Nursing New Zealand and the Nursing Council of New Zealand's newsletter pursuant to section 157(2) of the same act. There were no orders made for costs.

Nursing Council of New Zealand Disciplinary Notices

Dhamlaksmi Maharaj, registered nurse

The Nursing Council of New Zealand ("the Council"), in a decision dated 15 August 2005, exercised its disciplinary powers and removed the name of Dhamlaksmi Maharaj, registered nurse, from the register, pursuant to Section 42 of the Nurses Act 1977.

Ms Maharaj was found to have removed \$20 from a patient valuables cupboard without authorisation.

The Council considered that her conduct was malpractice, was illegal and unethical, and brought the nursing profession into disrepute. Her actions betrayed the trust of a vulnerable mental health patient and compromised the fiduciary relationship between nurse and patient.

The Council also ordered that Ms Maharaj pay \$7,190.00 (being 50%) of the actual costs and expenses of and incidental to the inquiry by the Council and that a notice stating the effect of the Orders be published in the *New Zealand Gazette*, *Kai Tiaki: Nursing New Zealand* and the Council's newsletter; and released to accredited members of the media on request.

The penalty reflects the seriousness of the offence and the Council's need to protect the public by ensuring that Ms Maharaj must apply for reinstatement if she returns to New Zealand

Karen Blanche Gauthier, registered nurse

The Nursing Council of New Zealand ("the Council"), in a decision dated 7 October 2005, exercised its disciplinary powers and removed the name of Karen Blanche Gauthier, registered nurse, from the register, pursuant to Section 42(2) of the Nurses Act 1977, and declined to set a time when she might apply for reinstatement.

Ms Gauthier was found to have altered a prescription for herself. The Council considered that her conduct was malpractice, was illegal and unethical and brought the nursing profession into disrepute. The public and the profession must have confidence that nurses are honest and trustworthy and act in accordance with the Council's Code of Conduct.

The Council also ordered that Ms Gauthier pay \$6,950.00 (being 40%) of the actual costs and expenses of and incidental to the inquiry by the Council and that a notice stating the effect of the Orders be published in the *New Zealand Gazette*, *Kai Tiaki: Nursing New Zealand* and the Council's newsletter; and released to accredited members of the media on request. No identifying details of other health professionals, institutions or clients are to be published.

The Council considered that the orders in respect of Ms Gauthier should be published as it considered the public and the profession have a right to know its determination in relation to its findings of professional misconduct.

Raylene Anne Chadwick, registered nurse

The Nursing Council of New Zealand ("the Council"), in a decision dated 17 November 2005, ordered that Raylene Anne Chadwick, registered nurse, be suspended from practice for six months, following a finding of professional misconduct.

The Council also ordered that Ms Chadwick pay \$13,725.00 (being 40%) of the actual costs and expenses of and incidental to the inquiry by the Preliminary Proceedings Committee and the Council and that a notice stating the effect of the Orders be published in the *New Zealand Gazette*, *Kai Tiaki: Nursing New Zealand* and the Council's newsletter; and released to accredited members of the media on request.

Obituaries



Bee Salmon

Evelyn Beatrice ("Bee") Salmon was born in 1921 and was registered as a nurse in 1946.

She went on to become one of the most respected nurses in the country and she became renowned as a nursing educator and academic. One of her biggest influences on nursing in New Zealand came from her time as Principal of the School of Advanced Nursing Studies 1967-72 and as a senior lecturer at Victoria University of Wellington 1973-82.

Bee was widely respected as a writer and public speaker and a selection of her papers were published in 1982 under the title *A Profession in Transition*, which is available at libraries throughout the country.

Bee also is remembered for her work with both the World Health Organisation (WHO) and the International Council of Nurses (ICN).

She died in Waikanae in January at the age of 84



Shirley Bohm

Shirley Morris Bohm (nee Lowe) was born in 1922 and was registered as a general nurse in 1948, later becoming matron of Parkside Hospital in Dunedin and then Otago Hospital Board nursing school's principal tutor.

In 1962 she moved to Wellington to take up a position in the Health Department and in 1966 she became New Zealand's most senior nurse upon her appointment to role of Director of the Division of Nursing, a role which included being Registrar of nurses and midwives.

Shirley set in motion a process of restructuring, with the goal of giving the nation the best possible nursing services. She made a comprehensive analysis of every aspect of nursing services, identifying what areas needed to be improved. During this process, particular attention was paid to the training of nurses, which historically had been undertaken by hospital boards. Shirley was instrumental in the transfer of nursing education to academic institutes and the first comprehensive nursing programmes commenced in 1972.

Shirley retired in 1978 and lived an active life in her community until her death in Hastings in February at the age of 83.

Nurse practitioner prescribing

The Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005 and Misuse of Drugs Amendment Regulations 2005 came into effect in December 2005, enabling approved nurse practitioners to prescribe from a wider formulary of medicines. They may be read on the 'statutory regulations' page on the following website: www.legislation.govt.nz

These regulations were the culmination of considerable lobbying and development work by the Council, with two consultative rounds being conducted in 2005. Copies of the consultation documents are available from the Council on request. A gazette notice, which puts the regulations into effect, was published late last year. This can be accessed at the following location on the Council's website: www.nursingcouncil.org.nz/Issue188_7428.pdf



Marion Clark (Chief Executive), Dr Annette Huntington (Chairperson) and Hon. Annette King (then Minister of Health), at a function to celebrate the passing of the Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005.

As at 31 March 2006, six nurses had been approved to prescribe under the new regulations (including one who had previously been approved under the former regulations).

Council members

Annette Huntington
Beverley Rayna
Meretene Hammond
Brenda Hall
Marie Kiely
Margaret Millard
Jean Patterson
Margaret Southwick
Noeline Warmington

Chairperson
Deputy Chairperson
Kaumatua

Council staff

Corporate

Marion Clark
Renee Clayton
Vacant
Vacant
Vacant
Deirdre Parag
Lynne McKenzie
Annemarie Wood
Darryl Ward

Chief Executive / Registrar
Executive Assistant
Nurse Advisor - Health and Complaints
Executive Assistant
Office Manager
Finance Manager
Accounts Administrator
Receptionist
Communications Advisor

Registration

Barry Ayling
Karyn Eggers
Vacant
Denise Nelson
Heather Rutherford
Krys Wos
Dynise Valli
Fergie Hopmans
Michael Gribble
Tara Leonard

Registration Manager
Personal Assistant
Nurse Advisor - Registration (x2)
Team Leader Overseas Registration
Overseas Registration Administrator
Overseas Registration Administrator
Team Leader New Zealand Registration
New Zealand Registration Administrator
New Zealand Registration Administrator
New Zealand Registration Administrator

Professional Standards

Pam Doole
Sue MacDonald
Jackie Turvey

Professional Standards Manager
Nurse Advisor Professional Standards
Professional Standards Coordinator

Investigations

Clare Prendergast
Sarah Kennedy
Stephanie Doran

Senior Investigator / Legal Advisor
Investigator / Legal Advisor
Legal Secretary

Education

Carolyn Reed
Julene Westfall

Education Advisor
Education Coordinator