

UPDATE

THE NEWSLETTER OF THE NURSING COUNCIL OF NEW ZEALAND

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A word from our Chairperson

Dr Margaret Southwick, QSM

I would like to begin this newsletter by acknowledging our nursing colleagues in Christchurch. I am writing on this day when there have been around 86 aftershocks and two large earthquakes and I am thinking that the disruption to your lives must be magnified many times by the winter conditions and the length of time you have been under such enormous stress. And yet you still go on providing professional nursing for others. Our thoughts are with you.

As you will be aware we are running an election process to fill three positions for nurses on the Nursing Council. I encourage you all to exercise the right the Minister of Health has accorded you as members of the profession to play an active and thoughtful role in the way the membership of Council is constituted. Further information about the election process is provided for you in this newsletter.

The Nursing Council and the Council staff have a busy work schedule for the 2011-2012 year. There are two very important documents being developed – the Code of Conduct and the Post Registration Education Standards. Keep an eye on the website for their release and I would ask that you discuss these documents in your workplaces and in your professional groups.

This is your opportunity to exercise your individual and collective professional responsibility to participate in the way nursing is responsive to the needs for a professional workforce that is 'fit for purpose'. The Council is keen to be informed by your collective wisdom.

Finally, we are working towards enabling online renewal of APC's so please make sure we have your current email address.

Thank you all for taking the time out of your busy schedules to be informed and for your active participation.

Respectfully



Update newsletter directly supports nurses. We welcome your feedback. Please email admin@nursingcouncil.org.nz with your news and views.



Registered nurses prescribing in diabetes pilot

In July 2010 the Nursing Council, in collaboration, with the Ministry of Health released a discussion document seeking feedback about registered nurses prescribing in the area of diabetes health within given demonstration sites.

The Council received close to 100 submissions regarding the qualifications, training and knowledge required for first time registered nurse prescribing and ongoing competence requirements. The majority of submissions were supportive of registered nurses prescribing within the demonstration sites and with medical supervision.

In March 2011 regulations were passed to allow registered nurses practising in diabetes health to become designated prescribers. The regulations are the Medicines (Designated Prescriber-Registered Nurses Practising in Diabetes Health) Regulations 2011. At the end of March 2011 the Council gazetted the requirements to prescribe, training to be undertaken and assessments of competence. In April 2011 the Council authorised eleven registered nurses to prescribe medications from the Regulations in the demonstration sites of Auckland; MidCentral; Hutt Valley and Hawkes Bay DHBs.

At the completion of the demonstration project the Council will evaluate the gazetted qualifications and prescribed educational requirements.

62% enrolled nurses complete transition into the new scope of practice

The Nursing Council is pleased with the number of enrolled nurses who completed the transition into the new scope of practice by 1 July 2011.

To date 1,258 enrolled nurses have completed this. 799 of these through a professional development and recognition programme and 459 by a competence assessment by a Council approved assessor. Approximately 2,000 enrolled nurses were expected to make the transition at this time. Nurses from Canterbury and the West Coast have been given an extension of time until 1 January 2012 because of the Christchurch earthquakes. Previous nurse assistants who are required to complete part of an enrolled nurse programme are also expected to require more time.

All enrolled nurses who complete the transition will be able to practise in the new scope of practice without restrictions and will be exempt from recertification audit for three years.

Enrolled nurses who have not make the transition by 1 July 2011

In August 2011 enrolled nurses (excluding New Zealand educated nurses previously titled nurse assistant) who have not completed the transition will receive a letter advising them that they will have the condition "may only work with health consumers with stable and predictable health

outcomes" included in their scope of practice. This condition will appear on the public register of nurses from August 2011 but will not be printed on their practising certificate until their annual renewal.

This restriction was included in the wording of the previous enrolled nurse scope of practice. This condition should not make any difference to their present employment but may restrict them from taking on additional responsibilities that are within the new scope of practice.

Enrolled nurse with conditions will not be expected to meet the seven new competencies (2.2, 2.3, 2.6, 3.2, 3.3, 4.2 and 4.3). A competence assessment form for nurses in the restricted scope of practice is available on the Council's website.

Although the Council set a timeframe for the transition period this does not mean that nurses can not make the transition into the new scope of practice after this period.

For more information on the enrolled nurse scope of practice and transition requirements please see the Council's website: www.nursingcouncil.org.nz

New enrolled nurse programmes

Since October 2010 nine enrolled nurse programmes have been approved and many are underway or about to commence. Please see the table below.

Approved enrolled nurses programmes

Institutes	Start Date
Northland Polytechnic	Mar 11
Waiariki Institute of Technology	Feb 11
Whitireia Community Polytechnic	Feb 11
Waikato Institute of Technology (Wintec)	Plan July 2011
Universal College of Learning (UCOL)	Plan Aug 2011
Unitec	Plan Feb 2012
Christchurch Polytechnic Institute of Technology (CPIT)	Feb 11
Manukau Institute of Technology (MIT)	Feb 11
Southern Institute of Technology (SIT)	Feb 11

Enrolled nurse transition story

The below article comes to us from an enrolled nurse who shared her experience of the enrolled nurse transition



What is your name, qualifications and date you registered?

My name is Jenny Kendall and I qualified as a registered community nurse on 18th November 1969. My current title is Enrolled Nurse.

Are you able to give us a few of your career highlights?

A few of my career highlights include:

- + being the first nurse, other than a registered nurse to be elected onto the governing body of NZ Nurses Association/NZ Nurses Organisation 1986 – 1996
- + being a regular attendee at the South Pacific Nurses Forum and presenting a paper at one of them
- + writing a draft policy on the Care of Patients with Pacemakers, Implantable cardioverter defibrillators (ICDs) and Loop Recorders while in the operating theatres
- + introducing wraparound/lavalava style garments for patients to wear while in hospital at Capital and Coast DHB (C&C DHB)
- + then writing a piece on the wraparound/lavalava project and having it accepted for publication in the book; *When Chicken Soup Isn't Enough* which was then published by Cornell University Press, USA.

Where are you presently working?

I am currently employed in the Operating Theatres at Wellington Hospital; having worked full time on rostered and rotating shifts since I started in 1975. I have worked in 13 specialties.

Are you able to explain how you completed the transition to the new enrolled nurse scope of practice?

I completed the transition in June 2010. This was done through the PDRP programme at C&C DHB. The program at C&C DHB was due for its 5 year review and I was one of the nurses on the working party looking at the review and making recommendations for improvement. Included in this was asking for volunteers amongst the nurses to do their 3 yearly self assessment against the new format to check that it was user friendly before

it was accepted as the final document. Because we were waiting for the final Nursing Council EN transition document I volunteered and did my self assessment against the draft EN competencies hoping there wouldn't be any major changes.

When I received the letter from the Council explaining the changes and requirements for transition for ENs I took my portfolio to the Council and asked if it was acceptable and was told yes and later received a letter of acceptance.

How easy did you find the transition?

I found the transition reasonable easy because I was already on the C&C DHB's PDRP programme at the Accomplished EN level. I am also very fortunate in having support from some of my colleagues and I acknowledge the robust system at C&C DHB for assistance and buddying up of colleagues who have struggled to grasp the concept; especially some of us "oldies" who are nearing retirement age and/or struggling with the computer.

What do you think of the new EN scope?

The new EN scope is allowing me to continue practising in what I was trained to do as a registered community nurse. This title unfortunately ceased when the shortened courses were introduced. This meant most of the original 18 month ENs (Registered Community nurses) had to comply with the previous restrictions on the scope appreciating that these came from the employer not the Council.

Do you have any other comments on the transition you would like to make?

My other comments include:

- + I enjoy being involved with quality projects because it shouldn't matter who you are as a nurse. If you have an interest go for it and get involved.
- + I have a special interest in helping colleagues with English as a second language and getting to know more about their cultures and ways of caring for their people back home.

Health Workforce NZ discussion paper

Following discussions held in Cabinet during December 2010 relating to methods of reducing health regulatory administrative costs the Council together with other health regulatory authorities received a discussion paper from Health Workforce NZ in February 2011.

This paper proposed a single secretariat office for all the 16 health regulatory authorities and a reduction in the overall membership of Council/Board members. The Council did not support the points made in the paper. Below is an extract of the Council submission:

"The Council does not support the proposal for a shared secretariat and office function for all health-related Regulatory Authorities, together with a reduction in the number of Board Members.

The Council is concerned that the proposal will lead to an increase in the Annual Practising Certificate ("APC") fee to nurses and decreased efficiency.

Early evidence of similar change in Australia (The National Registration and Accreditation Scheme implemented 1 July 2010) is that the scheme has led to considerable delays in registration of health practitioners and delays in addressing complaints and notifications,

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which has an impact on public safety.”

The Council does support the papers ‘spirit’ of reducing and keeping administrative costs of the health sector as low as possible and has continually worked to this end.

Other health regulatory authorities and several health organisations (including the NZNO) who made submissions on the paper shared similar views to the Council.

The report on the proposal is due back to Cabinet for discussion in the next few months and the Council will keep you informed on the outcome.

Enrolled nurse transition story continued...

What is your name, qualifications and date you registered?

Debra Lee Weaver registered as an Enrolled Nurse in 1978.

Are you able to give us a few of your career highlights?

Working within a range of different areas in a range of different hospitals including my original training in Buller Hospital Westport, where myself and others received an excellent training in varied fields. I have worked in Nelson Public Hospital, Gisborne Hospital, Burwood and Princess Margaret Hospital Christchurch, and Queen Elizabeth Hospital in Perth, Western Australia. Over the course of my career I have worked in surgical, theatre, outpatient clinics, medical, assessment and rehabilitation and now currently within primary care in a practice which is owned by the West Coast DHB.

Where are you presently working?

Buller Medical Service which is a DHB owned practice.



Are you able to explain how you completed the transition to the new enrolled nurse scope of practice?

I completed the transition to level 5 competency by a competency assessment carried out by our clinical nurse manager who is a trained assessor. Also attended a training day through the DHB.

How easy did you find the transition?

I found the transition pathway fine with no problems experienced at all.

What do you think of the new EN scope?

I feel the new EN scope opens up more opportunities for ENs to work within a variety of areas recognising their level of expertise especially those of us that have been nursing for over thirty years or so with a wealth of experience.

Also great to see again a more in depth training offered for those wanting to undertake the EN training.

Guideline: responsibilities for direction & delegation of care to enrolled nurses

As a result of the changes to the enrolled nurse scope of practice the Nursing Council has developed two new guidelines to replace the Guideline: direction and delegation (2008).

Following consultation, the Council decided to separate its advice on working with enrolled nurses and health care assistants, so it could provide greater clarity on the new enrolled nurse scope of practice and the resulting changes to the relationship between registered nurses and enrolled nurses. The new guideline for enrolled nurses contains advice on how enrolled nurses can practise in the new scope of practice including:

- + advice on working as part of a team with a registered nurse with acutely ill health consumers
- + clarification of responsibilities in initial assessment and ongoing assessment

- + a new definition of supervision by a registered nurse when an enrolled nurse is working under direction of another health practitioner that clarifies that the relationship is similar to periodic professional supervision
- + advice for enrolled nurses who may coordinate the workload for a team of health care assistants in some settings
- + advice regarding working with enrolled nurses who do not complete the transition to the new scope of practice.

Within the nursing team, enrolled nurses are responsible and accountable for their own clinical practice within their scope of practice. The registered nurse

is responsible for understanding the enrolled nurse scope of practice and how it contributes to the model of care in the health care setting. The registered nurse must follow organisational policies related to the enrolled nurse scope of practice. The registered nurse must also be aware of any conditions restricting the enrolled nurse's scope of practice.

Restricted scope of practice

Enrolled nurses who have not made the transition to the new scope of practice will have a condition in their scope of practice restricting them to working with health consumers who have stable and predictable health outcomes, or they may have a condition restricting their practice to a specific focused area of practice, e.g. long-term care and rehabilitation. Some sections of the guideline will not apply to enrolled nurses with these conditions in their scope of practice. Registered nurses and other health practitioners who direct the practice of enrolled nurses must be aware of these conditions/restrictions.

Both this guideline and the guideline for working with health care assistants documents can be viewed on the Council's website: www.nursingcouncil.org.nz A PDF poster of the delegation process is also available on the website.

Going electronic

Do we have your email address? If you are reading this on your computer, the answer is yes!

That makes you one of approximately 26,000 nurses who have sent us in an email address that we can use. 55% of nurses with current practising certificates received our last newsletter via email. And many told us they liked that which was very pleasing. So thank you.

If you are reading this on a print copy which you received in the mail, the answer is probably no.

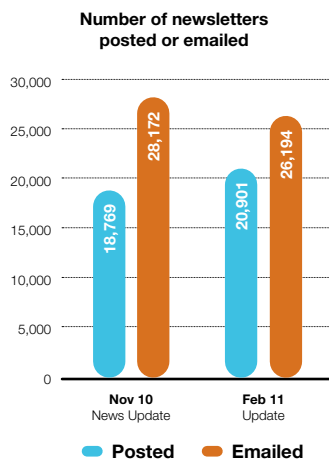
Perhaps you sent in your email address and it bounced. Sadly, some workplace email addresses do not accept our correspondence and it has bounced back to us. If that is you, please try again and use your personal email address.

If you are reading this on paper and that's because you haven't got around to sending in your email, please take a moment to send in your email address.

To change your email address or register it with us for the first time, contact the Council on admin@nursingcouncil.org.nz or call us on 04 385 9589.

The case for email

There is a strong case for going electronic and moving to email correspondence. We are looking for the most efficient and effective way to communicate with you and there's no doubt we can do it more easily and for less cost via email. No paper, envelopes, stamps. It will also mean that we can have smaller, more regular communication with you and we can give you quick one click links to enable you to read more on our website.



Website statistics

We know that the website is being well used. Almost 19,000 unique visitors in June 2011. 41% were first time visitors. Most came from New Zealand but high numbers also viewed from the Philippines, the UK and Australia.

Online practising certificate renewal

With over 50,000 practising certificates issued each year, efficient and effective processes are essential. Our website data tells us that the practising certificate page is the most frequently visited page. That's great because we are working to streamline the process for you with the introduction of online applications. We also intend to issue an electronic reminder notice to those nurses who have provided us with an email address, for practising certificates due for renewal. This is expected to start at the beginning of next year.

Help us to help you – make sure we have an email address that can reach you.

DISCIPLINARY NOTICES

Falsifying records leads to professional misconduct finding

Rabindranath Joyram has had his registration cancelled after being found guilty by the Health Practitioners Disciplinary Tribunal of professional misconduct.

Mr Joyram was working in the neurosurgical ward at Dunedin Hospital in 2009.

In the first three months of his employment it became apparent that there were gaps in his knowledge and skill. Some of this was put down to his having worked in a

different system – having trained in Mauritius and registered in the United Kingdom prior to working in New Zealand. An education plan, and subsequently a performance management plan, was developed for him.

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Candidate nominations close for the 2nd nurse election

During May 2011 the Council commenced work on the 2nd nurse election process the first being undertaken in 2009.

Calls for nomination of candidates were sent to over 48,000 nurses and at cut off time for receipt of nominations for candidates (5.00pm on 30 June 2011) the Council had received 22 eligible candidates for the upcoming election for three Council members.

The candidates' profiles are being compiled and information about individual candidates and the voting process will be sent to all nurses who are eligible to vote. For a nurse to be able to vote in the 2011 elections they must:

- + have been registered with the Nursing Council of New Zealand as at 5.00pm on 30 June 2011;
- + hold an current Annual Practising Certificate with the Nursing Council of New Zealand; and
- + have a current New Zealand residential address.

Receipt of votes closes at 5.00pm on 2 September 2011. The results will be available mid September 2011.

Carolyn Reed, Returning Officer, says that she is very pleased with the number of nurses willing to be considered to be members of the Council and encouraged all eligible nurses to ensure that they returned their voting papers in time.

Council Chair Dr Margaret Southwick stated that she was pleased that nurses have taken this opportunity to show their interest in the Council and their commitment to stand for election as Council members.



Council signs MOU

The Council, in line with its 2012 Strategic Plan, and to support the Council's vision of maintaining relevant links with other regulatory authorities signed a two-year "Memorandum of Understanding" on May 5, 2011 with the following organisations:

1. Nursing & Midwifery Board of Australia
2. Nursing & Midwifery Council – United Kingdom
3. An Bord Altranais (Irish Nursing Board)
4. College of Nurses of Ontario
5. College of Registered Nurses of British Columbia
6. National Council of State Board of Nursing (USA)
7. Singapore Nursing Board

The Council will now look forward to working collaboratively and informatively with each of these groups to increase international understanding and co-operation.

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DISCIPLINARY NOTICES

Falsifying records leads to professional misconduct finding story continued...

Additional concerns were noted while Mr Joyram was practising was under supervision. One related to his failure to adequately check and assess a patient's blood glucose levels which resulted in the inappropriate administration of insulin. Another related to him recording a respiration rate that he had not assessed. The third was that he had altered or added the date and/or time on an observation chart to suggest that he had taken a patient's observation when he had not done so. Mr Joyram admitted this when questioned and his employment was terminated.

After his dismissal, Mr Joyram emailed another nurse to ask her to steal Tramadol capsules from the ward for him.

Mr Joyram did not participate in the disciplinary process. He did not hold a current practising certificate and it was not known if he still lived in New Zealand. However, given his former admission to hospital staff and the evidence presented, the Tribunal found the charges against him proven.

The Tribunal said the charges revealed serious issues of public safety, maintenance of standards and dishonesty. It said honesty and documentation are essential tools for a nurse and honesty in documentation is an even more essential tool. Writing observations that were false, and potentially a great risk to patient safety, represented a clear departure from the obligations Mr Joyram had as a registered nurse.

The charge relating to failure to adequately check blood glucose level was found to be issue of malpractice and/or negligence.

The bid to acquire drugs was seen as an attempt to commit theft and was "very serious indeed" as it is "completely contrary to all of the ethical principles under which nurses practise".

Mr Joyram was also ordered to contribute to costs and to undertake a competence assessment programme should he apply to be re-registered.

The full decision can be found on the Tribunal's website www.hpdt.org.nz reference 359/Nur10/160P.

Enrolled nurse struck off register following convictions for indecent assault

An enrolled nurse has been struck off the register following his conviction in the Tauranga District Court on charges of indecent assault and performing an indecent act on a boy under the age of 16, which led to a term of imprisonment.

The Health Practitioners Disciplinary Tribunal found Te Mahara Ruhe's 2008 convictions for the offences which occurred in the mid 1980s reflected adversely on his fitness to practise. It found that the offences amounted to a very substantial breach of trust as they took place when he was carrying out his duties as a nurse at Tauranga Hospital and they involved a young and vulnerable patient. The Tribunal said the conduct demonstrated a significant departure from legal, professional and ethical standards expected from enrolled nurses.

Given the seriousness of the offending, the Tribunal decided that a lesser penalty such as suspension or the imposition

would not be adequate. It also censured him and expressed strong disapproval for his conduct.

Mr Ruhe was ordered to pay \$1500 towards costs – a sum, which the Tribunal said, took into account his early guilty pleas and limited financial means as a superannuitant. Mr Ruhe has not practised as a nurse since 1988.

The full decision can be found on the Tribunal's website www.hpdt.org.nz reference 367/Nur10/164P.