



# UPDATE

THE NEWSLETTER OF THE NURSING COUNCIL OF NEW ZEALAND

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## A word from our Chairperson

Dr Margaret Southwick, QSM

**In this News Update the new Nursing Council Members are introduced. As a result of the Ministerial appointment process and the election by members of the profession we farewelled four Council Members – Julia Hennessy, Janet Hewson, Dame Margaret Millard and Beverly Rayna. I would like to formally and publicly express my sincere thanks to each of them for their contribution to the Council in their endeavour to protect public safety.**

Dame Margaret Millard and Beverly Rayna served the Council for 9 and 11 years respectively and between them held a variety of leadership positions. The time they spent on the Nursing Council was probably one of the most significant periods of nursing regulation history for sometime with the implementation of the Health Practitioners Competence Act in 2003. We can look back with pride as we have evidence that the policies and processes in place to implement the new Act have served well to protect the public.

I would like to comment on the election process and express my surprise at the low number of nurses who took the time to vote for the member representatives on the Council. This is a unique opportunity afforded to the profession by the Minister of Health and this year only 10% of nurses eligible to vote did so – a reduction of 5% on the participation rate in the first election process. Given that the election process costs \$90,000 the Council will be reviewing the

process prior to the next election and considering requesting that the Minister of Health considers altering the regulation to allow at least part of the election process to be electronic.

Moving to greater use of electronic media is one of the ways the Council is addressing the dual issues of cost containment and environmental responsibility. From the middle of next year most registrants will be able to complete and pay their application for an Annual Practising Certificate electronically. We will also be reviewing the form of this newsletter and investigating further use of electronic medium as this could achieve an 87% saving (a run of printing and posting a newsletter costs \$44,000 compared to \$6,000 for an electronic run). Some nurses already receive their Update electronically.

At the October Council meeting the Council considered a draft Code of Conduct. The Council will send this out to the profession for consultation and I encourage you to give us feedback. We are also planning to consult with members of the public as we need to be in touch with their expectations of a safe and professional nursing workforce. This piece of work, along with the recently consulted on Professional boundaries guideline will be available early next year.

I wish you all a safe festive season.

**Update** newsletter directly supports nurses. We welcome your feedback. Please email [admin@nursingcouncil.org.nz](mailto:admin@nursingcouncil.org.nz) with your news and views.



## Nurse prescribing update

As a result of the introduction of the Medicines Amendment Bill 2011 the Nursing Council has been working with the Ministry of Health and professional organisations preparing to consult on extending nurse prescribing.

The Nursing Council expects a consultation document to be released for comment sometime in the New Year.

# Consultation on a new Code and guidelines for professional conduct

The Council is consulting on a new draft Code of Conduct for nurses. The existing Code has been in place for 16 years and it is now time for a major review of how Council sets standards of ethical conduct for nurses and ensures the ethical fitness of the nursing workforce to protect the public.

Four values have been identified in the draft code:

- + The draft Code emphasizes the importance of establishing a relationship of **trust** with each health consumer and making their care your first concern.
- + Treating health consumers with **respect** includes treating them politely and considerately and respecting their individuality, privacy and confidentiality.
- + Working in **partnership** includes listening to them and responding to their concerns and preferences, giving them information and respecting their right to make decisions about their treatment and care.
- + Acting with **integrity** means being open and honest with health consumers and acting in a trustworthy way. It means taking steps to prevent risk or harm to health consumers and not abusing your position of trust.

The Council is interested in whether you think these are the appropriate values to use as a basis for professional conduct.

Seven new principles to guide behavior form the framework for the Code:

1. Respect the dignity and individuality of health consumers
2. Work in partnership with health consumers to promote and protect their interests
3. Provide safe and competent care
4. Respect health consumers' privacy and confidentiality
5. Work with colleagues in ways that best serve health consumers' interests
6. Act with integrity to justify health consumers' trust
7. Maintain public trust and confidence in the nursing profession

The Council wants to know if you agree with these over-arching principles and whether they can be applied to practice.

Each principle is supported by a number of behavior standards. Additional guidance is provided on culturally safe care, working with Maori to improve



CATHERINE BYRNE



BARRY AYLING



JO ANN WALTON

## New Council Members – VOTE11 elected members

### Catherine Byrne

Catherine Byrne graduated as a Registered Nurse in 1984 after completing her training in Taranaki. She has a post graduate diploma in nursing. Catherine has extensive practice experience both here in New Zealand and overseas. Her current role is the Nurse Advisor at Starship Children's Hospital. Catherine has worked with Council in her role of assessing portfolios against competency standards and has contributed to nursing on a national level through her work with the Job Evaluation Review Committee. She was first appointed to the Council in 2009 after being a successful candidate in the Council's VOTE09 elections. Catherine was again successful in the Council's VOTE11 elections for a three year term.

### Barry Ayling

Married and living in Christchurch, Barry Ayling started nursing in the late 1980s following a

short career as a computer analyst/programmer. His nursing career has seen him in a number of positions including clinical, education, nurse specialist, and nurse management roles in New Zealand, Perth, Western Australia rural New Zealand, and Wellington. He was appointed to the Council for a three year term in September after being a successful candidate in the Council's VOTE11 elections.

### Jo Ann Walton

Jo Ann Walton is currently Professor of Nursing and Head of the Graduate School of Nursing, Midwifery and Health at University of Victoria in Wellington. Her nursing background encompasses a range of academic and clinical posts, along with experience in governance and management in the education sector. She was appointed to the Council for a three year term in September after being a successful candidate in the Council's VOTE11 elections.

health outcomes, documentation, social media, professional boundaries and escalating concerns.

*The Council is interested in whether you think the behavior standards and extra guidance is appropriate?*

The Council is concerned that some nurses do not understand that nurses must also maintain a high standard of ethical behavior in their personal life i.e. that unlawful or unethical behavior may reflect adversely on a nurse's fitness to practice and/or affect the good standing of the nursing profession. It has provided a guidance box on fitness to practice and public confidence.

The Council will be consulting on the new Code with nurses, employers and the public until 24 February 2012. The draft Code and information on how to make a submission can be found on our website, [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz). The Council will finalise the Code in April 2012 following feedback. It will be widely distributed to nurses, employers and nurse educators.

The Council views the new draft Code as one part of a strategy to provide more guidance to nurses on appropriate professional behavior. The Council has recently consulted on **Draft Guidelines: professional boundaries** which provide more detailed advice on appropriate relationships with health consumers. It also gives guidance on receiving gifts and bequests, involvement in financial transactions, acting as a representative, pre-existing relationships, inappropriate self-

disclosure and personal or sexual boundaries in relationships with health consumers. It gives advice on the signs to be aware of and what to do if you become aware of your own or a colleague's potential boundary transgression. Further changes will be made to this guideline to incorporate feedback and align it with the draft Code of Conduct. In addition the Council will be working with educators and professional organisations to develop more detailed guidance on social media and a Code for student nurses.

The Council will be requiring all nurses to complete professional development on professional boundaries and the Code of Conduct when these documents are finalised as part of the continuing competence requirements.

The Council believes that nurses have a key role in ensuring public safety because nurses have professional values and standards of behaviour which they apply in their every day practice. The development of ethical comportment and professional identity and character are important components of undergraduate programmes. Education standards will be reviewed to support and prioritise the development of ethical comportment in student nurses and those for competence assessment programmes for overseas nurses will have a greater requirement to develop understanding of professional conduct in the New Zealand context. The Council also intends to review the registered nurse competencies to align these with the new Code.

## 2011 election results

**The 2011 election of nurse members by their nursing peers is now complete. Council is pleased to advise that the Minister of Health has approved the following appointments:**

- + Catherine Byrne has been re-elected; and
- + Joanne Walton and Barry Ayling as new elected members

### 2011 Ministerial Appointments

- + Lesley Going; and
- + Catherine Abel-Pattinson

The biographies of the elected and Ministerial appointed members are shown in the 'New Council Members' article below.

### Ministerial appointments

The Minister of Health reappointed Dr Margaret Southwick and Deborah Rowe during the Council appointment process.

#### Lesley Going

The Minister has appointed Lesley Going as a lay member of the Nursing Council.

Lesley is currently the managing director of a large GP practice in West Auckland, having been a practice manager for 14 years. In 2009 she completed a construction project of an integrated family health centre facility to house the general practice that she has worked to develop and grow.

She is also currently a Director of Procure Network Ltd. She comes with a background in secondary school teaching and has significant involvement and leadership with community, sporting and business groups.

#### Catherine Abel-Pattinson (RN)

The Minister has appointed Catherine Abel-Pattinson as a nurse member of the Nursing Council.

For the past twenty years Catherine has worked extensively within the public and private healthcare sectors in clinical, education and managerial roles. She also holds an MBA. She was a Johnson & Johnson Scholarship recipient in 2009 attending the European Health Leaders Programme at Insead University in France; and a runner-up for the Glenys Baldick Memorial Award for Emerging Leaders in Health in 2008.

For the past five years Catherine has been a Senior Manager at ProCare Health Limited, New Zealand's largest general practice organization with an enrolled population of 856,000 patients across greater Auckland.



LESLEY GOING



CATHERINE ABEL-PATTINSON



# Redesigned APC application forms

## Annual practising certificate (APC) application forms have been redesigned following feedback in last years survey of nurses.

While 95% of the 4,300 nurses who responded to the survey rated the renewal process for the annual practising certificate as satisfactory, good or excellent, comments made it clear that they were frustrated with having to fill in the same information on their application every year.

This prompted the Council to re-examine the format of the form and to make changes in line with the comments received. The new form has most of the information currently held on the Nursing Council register automatically entered in the fields on the application form. The result is a single six page fold-out document which should take less time to fill in.

It is anticipated the first new look annual practising certificate application forms will be distributed in mid December.

Application forms are sent to nurses three months before the renewal date. The renewal date is dependent on when a nurse's birthday falls as per the chart below:

Birthday	Annual Renewal Date	Application Forms Sent
1 Jan – 31 Mar	<b>1 April</b>	Mid December
1 Apr – 30 June	<b>1 July</b>	Late March
1 July – 30 Sept	<b>1 October</b>	Late June
1 Oct – 31 Dec	<b>1 January</b>	Late September

## Moving to online applications

With over 50,000 practising certificates issued each year, the Council is constantly looking to ensure it has the best possible systems for processing applications and is advancing well with plans to move to an online system. Nurses must ensure that the Council has a correct email address if they want to use this service when it starts next year.

The best way to advise Council of a change of your email address is by emailing: [nzreg@nursingcouncil.org.nz](mailto:nzreg@nursingcouncil.org.nz)

## The importance of demographic data.

A workforce questionnaire accompanies APC applications and the information nurses provide for this gives a detailed demographic profile of the nursing workforce – covering Nurse Practitioners, Registered Nurses and Enrolled Nurses. It is appreciated that nurses take the time to complete this questionnaire every year.

This data is of critical importance for policy development, service delivery planning and research. The data is published in a report on the nursing workforce every two years.

## DISCIPLINARY NOTICES

### Convictions for sexual grooming lead to cancellation of registration

**Keith Curry, a registered nurse of Omapere, has had his registration cancelled following his conviction in the Whangarei District Court of two separate charges of sexually grooming vulnerable young girls under the age of 16. His conviction was referred to the Health Practitioners Disciplinary as a conviction that reflected adversely on his fitness to practise.**

The Tribunal found that Mr Curry's conduct demonstrated a significant departure from legal, professional and ethical standards expected from a registered nurse and was totally unacceptable. Although the offences didn't occur in the workplace, they impacted significantly on Mr Curry's fitness to practise.

Mr Curry created the identity of an 18 year old male named Sebastian and established a page on the social networking site Bebo using this identity. He then made contact with victims over the internet and by texting. Some of the texts were of a sexual nature. When the first girl became aware of Mr Curry's real age, contact ceased. He met a second girl, and gave her and her friends alcohol, but when she

saw he was not 18 she made up an excuse to avoid his company.

Given the seriousness of the offending, the Tribunal stated that cancellation of registration was the only responsible outcome to protect the public. An order of censure was also given to mark the Tribunal's strongest disapproval of the Mr Curry's conduct. As Mr Curry was on legal aid, the Tribunal did not award costs, which it would otherwise have done.

A full decision can be found on the Tribunal's website [www.hpdt.org.nz](http://www.hpdt.org.nz), reference: Nur11/174P

## Inappropriate intimate relationship with patient spouse

**A senior, highly qualified and experienced nurse, who entered into an intimate relationship with the spouse of a patient, has been found guilty of bringing discredit to the nursing profession and malpractice.**

The Tribunal said nurses must be aware such a relationship is wrong. "It is for the nurse either to take the initiative to back away from the relationship or be prepared to compromise, if not completely abandon, his or her career," it said.

While codes of conduct may not expressly reference spouses or family members, the Tribunal rejected the view that there is little guidance from written ethical guidelines on such matters. It said it is clear that in providing care nurses must consider the total family unit of the patient.

In this case the patient was significantly disabled and dependent on nursing care and support. The Tribunal found that in entering and continuing the relationship the nurse ignored her duties to the patient and the wider family members.

"The nurse had an ongoing professional responsibility to him, despite whatever views he may have had, because of his vulnerability as the husband of a patient so critically and suddenly ill."

The Tribunal said the nurse's experience should have led her to conclude that the relationship with the husband of a patient was inappropriate and a breach of ethical standards. It was clear that she was aware

ethical issues were involved and after a period changed jobs so that she no longer worked at the same hospital with the patient.

It found that the nurse's ongoing denial of a breach of obligations meant a penalty was required so that she clearly realised that she had breached standards and the state of denial was not maintained.

A penalty was also required to send a message to others in the nursing profession that such a relationship was ethically and professionally inappropriate.

The nurse was charged \$21,000 towards costs of the prosecution of the charges, censured and suspended for six months with the suspension suspended for 12 months provided that there was no complaint or issue arising in that time. She was also ordered to work under supervision.

All identifying details of those involved and the location were suppressed. Name suppression was given to the nurse in order to "give her the opportunity to work and strive towards re-establishing her senior position in the nursing profession in which she can continue to make a valuable and professional contribution".

A full decision can be found on the Tribunal's website [www.hpdt.org.nz](http://www.hpdt.org.nz), reference: Nur10/159P

## Forged prescription is professional misconduct

**Rosylin Singh, a registered nurse from Auckland was found guilty of professional misconduct after forging and presenting a prescription for the weight loss pill Reductil.**

She was charged with writing the script for a resident of the rest home where she worked with the intention of obtaining the drug for her own use.

The Tribunal was satisfied the incident involved abuse of a patient's prescription and amounted to malpractice and bringing discredit to the profession. It noted that forgery was a serious offence and the public was entitled to expect all health practitioners to uphold high standards of honesty. Ms Singh was found wanting in that respect.

The Tribunal found Ms Singh had no insight into her misconduct and the seriousness of it. However it acknowledged as a mitigating

factor that her actions occurred in the context of a long-standing anxiety and panic disorder for which she was being treated with medication.

It considered that any penalty had to have both deterrent and rehabilitative options and a period of suspension of 6 months coupled with conditions was imposed. Ms Singh was charged costs of \$10,000. During that time of her suspension the Health Committee of the Nursing Council was to establish if she is safe to practise. When resuming practice, Ms Singh was to be supervised for 12 months.

A full decision can be found on the Tribunal's website [www.hpdt.org.nz](http://www.hpdt.org.nz), reference: Nur10/163P



## DISCIPLINARY NOTICES

### Nurse guilty of misconduct in **lying to obtain sick leave**

**A Te Awamutu registered nurse, Therese Leach, has been found guilty of professional misconduct following false claims for sick leave when she was working at Waikato Hospital.**

Ms Leach was granted sick leave over a period of two months on the grounds that her son was unwell with cancer and was receiving treatment at the Starship Children's Hospital in Auckland.

When requested to provide confirmation of her son's illness Ms Leach provided a false email from a Starship doctor stating she was off work due to her son being hospitalised. During this time, she also received petrol vouchers from sympathetic colleagues at the hospital.

When her son was subsequently found to have been well, the Waikato District Health Board dismissed Ms Leach for taking excessive sick leave and for falsifying records and laid a complaint with the Nursing Council. The District Health Board reported that the nurse had given no explanation for her actions.

Ms Leach did not engage in the disciplinary process or attend the Tribunal Hearing. No evidence was presented about why she behaved the way she did or any stresses that she may have been under at the time. Her Clinical Nurse Manager told the Tribunal that

Ms Leach had been a good nurse and she had no knowledge of any personal reasons why she may have lied about her son's illness.

The Tribunal condemned Ms Leach's behaviour saying that there could not be a more cynical way to obtain sick leave than claiming that her child was gravely unwell. It had no difficulty in reaching the conclusion that she had lied. It said honesty was a prerequisite for a nurse and found her guilty of professional misconduct.

Ms Leach's registration was cancelled, she was censured, ordered to pay 30% of costs and conditions were placed on her practice.

The Tribunal noted that if Ms Leach wished to practise she would have to convince the Nursing Council of her suitability to do so both in terms of her honesty; her grasp of ethical principles and demonstrate what steps she has taken to rehabilitate herself to ensure that such behaviour would not occur again.

A full decision can be found on the Tribunal's website [www.hpdt.org.nz](http://www.hpdt.org.nz), reference: Nur11/179P

### Registration cancelled after **conviction on theft charges**

**Jenna Bain, a registered nurse from Ohaupo who stole money and jewellery from residents of a Hamilton rest home where she was employed, has had her registration cancelled. Her conviction was referred to the Health Practitioners Disciplinary Tribunal following her conviction for theft in the Hamilton District Court.**

Shortly after being employed as a registered nurse in 2009, Ms Bain was left in charge of the Amourdene Rest Home while the director went overseas. She was the only person with access to a locked cupboard containing \$1500 in cash.

When the director returned he discovered the cash was missing. Ms Bain said she had found the drawer open and that someone else had taken the money. The director installed security cameras. In November 2009, following further money going missing, the camera footage was reviewed. It showed Ms Bain taking an undisclosed amount of cash on 10 different occasions, as well as jewellery. An audit undertaken by her employer of all the resident's personal accounts showed a shortfall of \$4,168.11.

Ms Bain was convicted and sentenced to 150 hours community work and ordered to repay the stolen money. This was completed before

the Tribunal hearing, which Ms Bain chose not to attend.

The Professional Conduct Committee submitted that her conviction constituted a "significant departure from the standards reasonably expected of a registered nurse", that she had been put "in a position of trust by employer and that she seriously had breached that trust". It further submitted that her behaviour had impacted on the public's confidence in the profession. The Tribunal agreed and stated as Ms Bain had behaved dishonestly on multiple occasions, anything less than cancelling her registration would not provide sufficient protection to the health and safety of the public. Ms Bain was also ordered to pay \$2000 towards costs.

A full decision can be found on the Tribunal's website [www.hpdt.org.nz](http://www.hpdt.org.nz), reference: 387/ Nur11/176P