

News Update

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

From the Chairperson



Beverley Rayna
Chairperson

Welcome to the second edition of *News Update* for 2008.

In July the Council was honoured to host representatives of the Vanuatu Nursing Council, who spent some time with us learning about our systems and procedures to assist them with implementing nursing regulation in Vanuatu. Further information about their visit is on page 2.

The annual forum was, again, highly successful, with 587 attendees. In response to requests and suggestions in evaluations of previous years we held the forum in Dunedin, Wellington, Auckland and Rotorua this year, and chose the theme of ethical conduct. The Council thanks all those who participated, especially the speakers for providing such informative and challenging presentations which stimulated much discussion amongst participants. Taking the forum to four different venues enables it to be accessible to a greater number of nurses, and the Council continues to look for ways in which it can improve its communication with the nursing profession.

The Council congratulates all the new nurse practitioners. New Zealand now has 47 nurse practitioners, 28 of whom are authorised to prescribe, and two of whom have two areas of speciality.

The Council is also pleased to report an increase in the number of nurse assistant programmes that are now available, and we are committed to promoting the education and employment of second level nurses in New Zealand. See page 4 for more information about the nurse assistant programmes.

There has been some misunderstanding of the English language requirements for internationally qualified nurses (IQNs) to register in New Zealand, and in response to significant feedback from the sector the Council has amended its policy (see page 4 for details).

At a meeting with Siloma Masina and Eseta Finau, who represent Pacific Island nurses, the Chief Executive and I apologised for the confusion and gave our commitment to work with the sector and with nursing regulatory authorities in the Pacific Island nations to reduce barriers to registration in New Zealand of Pacific Island nurses. We did, however, reiterate the Council's responsibility for public safety and ensuring all nurses registered in New Zealand are competent and safe to practise.

There has been some criticism of the Council's use of the International Language Testing System (IELTS) as an assessment of English language competence.

IELTS is the internationally accepted test used by most regulatory authorities and will remain one of the accepted assessment measures. The Council will reconsider its requirements based on valid evidence received but will not lower standards for registration.

(Continues on p3)

*Ki te whakarite i nga ahuatanga o nga Tapuhi e pa ana mo nga iwi katoa
Regulating nursing practice to protect public safety*

Marion Clark farewelled



After 10 years as Chief Executive / Registrar, Marion Clark has left the Nursing Council. Marion has left to take up employment with the Australian Government working on the major restructuring of health professional regulation in Australia. The Council congratulates Marion on her appointment to the policy team, a role that will make excellent use of her considerable experience in both policy development and regulation.

The Council has valued Marion's contribution to nursing leadership and regulation over the past ten years, a period that has seen immense change with the significant growth of the organisation both in terms of staffing and complexity. A particular achievement during her term of office was the successful implementation of the Council's policies and procedures to meet the requirements of the Health

Practitioners Competence Assurance Act 2003. The new legislation brought considerable challenges for the Council, such as the development of new policy under the Act and restructuring of the organisation to meet the administrative requirements. The change was managed effectively and the Council has been congratulated in its implementation. Marion leaves the Council in a sound position, with good administrative systems and a strong team of committed staff and management.

Marion has also raised the profile of the Council internationally and established New Zealand's leadership in nursing regulation.

The Council intends to commence the recruitment process for a new Chief Executive and has appointed Carolyn Reed to be Acting Chief Executive / Registrar in the interim. Carolyn has a strong nursing education and management background, and as Education Advisor, has lead the education work of the Council since 2005. The Council is confident that Carolyn will manage a seamless transition, as she has previously been acting Chief Executive during Marion's absences, and also that the Council's strategic and operational objectives will be met.

The Council extends its best wishes to Marion in her new role.

Vanuatu Nursing Council

The Council was honoured to be visited by John Tasserei and Asha Sine from the Vanuatu Nursing Council. Asha spent a month learning more about what the Council does and how it operates, and how the nursing profession is regulated in New Zealand.

Their visit had a particular emphasis on developing skills and knowledge in administration and the establishment of a Vanuatu Nursing registration database.

Asha and John are both long serving staff of the Ministry of Health and were directly involved with the development of the Vanuatu Nursing Council in Vanuatu.



Chief Executive, Marion Clark, presents Asha Sine from the Vanuatu Nursing Council, with a laptop.

News Update

September 2008
ISSN 1177-0384

Published by:
Nursing Council of New Zealand
Level 12, Mid City Tower
139 - 143 Willis Street
PO Box 9644
Wellington 6141
NEW ZEALAND

www.nursingcouncil.org.nz

Corporate e-mail:
admin@nursingcouncil.org.nz

New Zealand registration e-mail:
nzreg@nursingcouncil.org.nz

Overseas registration e-mail:
oseas@nursingcouncil.org.nz

Telephone: +64 - 4 - 385 9589
Facsimile: +64 - 4 - 801 8502

From the Chairperson

(Continued)

While on the subject of nurses who have registered from overseas, the Council has determined that New Zealand nursing medals may now be issued to nurses who registered from overseas. See page 8 for further information.

The Council has recently published a new guideline on direction and delegation, which replaces *Direction and supervision* (1999) and incorporates guidance on directing and delegating to enrolled nurses, nurse assistants and unregulated health care workers. A summary of the guide is on page 6.

Regulating nursing practice to protect public safety is demanding work, and I thank all Council members and staff for their commitment to ensuring the Council meets its statutory obligations.

In particular, I acknowledge the dedication and hard work of Marion Clark, who has been Chief Executive and Registrar for ten years, a very long time to hold such a position. At its July meeting the Council accepted Marion's resignation and thanked her for her considerable contribution to nursing leadership, both nationally and internationally. Marion is taking up an exciting new role facilitating the implementation of a national registration and accreditation scheme for health professionals in Australia. Her skill and experience will be tremendous assets to our Australian counterparts, and we look forward to continued cordial and cooperative trans-Tasman relationships. On behalf of the Council and nurses in New Zealand I wish Marion well for her new role and for the future.

Weigh children in kg only

The office of the Healthy and Disability Commissioner has advised the Council of an error made in recording an infant's weight that resulted in the infant being administered a higher dose of medication than intended.

Following an investigation, the Deputy Commissioner concluded that weighing and recording weights in kilograms only would reduce the likelihood of wrongly recorded weight measurements. Nurses are therefore reminded of the importance of using kilograms only as the unit of weight measurement when weighing children.

New nurse practitioners congratulated

The Council is pleased to congratulate all new nurse practitioners. New Zealand now has 47 nurse practitioners, 28 of whom have authorisation to prescribe, and two have extended their scopes of practice to cover two areas of specialisation.

Maori advisors

At the end of 2005, the Council sought registrations of interest from Maori nurses to form a group, nominated by Maori, to assist the Council with its regulatory functions.

In January 2006, the Council accepted eight nominations of Maori advisors, comprising Maureen Allan, Christine Baker, Margareth Broodkorn, Hemaima Hughes, Ann McClelland, Mereana Rapata-Hanning (Roberts), Victoria Simon and Dr Denise Wilson.

The Maori advisors initially functioned as a panel, which first met in June 2006, but as from later that year, the advisors assisted the Council individually as required.

Work undertaken by the Maori advisors has included involvement in:

- education accreditation and monitoring panels
- nurse practitioner panels
- competence reviews
- Professional Conduct Committees
- assessing competence during recertification audits
- representation at the Council's forums
- various other events.

Overall, the Maori advisors have been actively involved in a wide range of Council activities and they are providing valuable assistance that is greatly appreciated.

Verification statistics

The Council issued 1,832 verifications of registration for New Zealand nurses applying to register with overseas authorities between 1 April 2007 and 31 March 2008.

Of the requests for verifications received, 866 originated from Australia. Of these, 545 applicants claimed NZ European or NZ Maori ethnicity. Six hundred and seventeen applicants for verifications that originated from Australia had New Zealand nursing qualifications. Four hundred and forty four were first registered as nurses in New Zealand, while 422 applicants were first registered as nurses in other countries. The average time that applicants had been registered as nurses was nine years.

There are four applications currently being assessed, and the Council has received several phone calls from nurses currently finalising their portfolios. Our thanks go to the members of the assessment panels, whom spend considerable time in deliberation and make a major contribution to ensuring that the quality and rigour of the process is maintained.

IELTS policy changed

In response to significant feedback from the sector, the Council has reconsidered its policy on English language testing for overseas applicants for New Zealand registration, which was changed with effect from 1 August 2008.

This change allows applicants to focus on the individual bands of IELTS (listening, reading, writing and speaking) rather than diversify their attention to the whole test.

The Council has determined that while a pass of a minimum of seven in each band is still required, this no longer needs to be achieved in a single sitting of the IELTS test.

Applicants may now obtain a score lower than seven in one band and resit IELTS to gain a seven in the same

band at another time. The total of seven in each band must be achieved within 12 months of first sitting the test.

This new policy will be applied to any current applications for registration that fit the criteria.

All overseas applicants for New Zealand registration whose applications are received on or after **1 January 2009**, including applicants from English speaking countries, will be required to successfully complete an English language assessment to be registered in New Zealand.

Please note that this requirement will not apply to Australians applying for registration under TTMR legislation.

NA programmes

The Council has recently accredited several new and extended some other nurse assistant programmes, meaning that the following programmes are currently available in New Zealand:

North Tec

Long term care and rehabilitation
Medical / surgical

Christchurch Polytechnic Institute of Technology

Long term care and rehabilitation
Perioperative care

Southern Institute of Technology

Long term care and rehabilitation

Manukau Institute of Technology

Long term care and rehabilitation
Acute care - medical surgical nursing
Perioperative care

UNITEC New Zealand

Acute care - general

Whitireia Polytechnic

Long term care and rehabilitation

The Council is committed to ongoing development and utilisation of the second level nursing workforce in New Zealand.

RNs and midwives

This article clarifies the establishment of working relationship between registered nurses and midwives.

The role of the registered nurse is to utilise nursing knowledge and complex nursing judgement to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions and delegate to and direct enrolled nurses and nurse assistants. They provide comprehensive nursing assessments to develop, implement, and evaluate an integrated plan of health care, and provide nursing interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whanau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. There will be conditions placed on the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice.

It is not the role of midwives to supervise registered nurses. Registered nurses are autonomous practitioners with their own scope of practice and are not required to work under supervision. In the maternity setting, the lead maternity carer is responsible for the assessment and development of the woman's care plan, with the registered nurse working in collaboration. The exception is those registered nurses who must only work under direction of a midwife or medical practitioner in a maternity facility (previously called obstetric nurses). A description of each scope of practice may be found on the Council website www.nursingcouncil.org.nz

Health Practitioners Disciplinary Tribunal notices

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

Morgan Goodman, registered nurse

The Health Practitioners Disciplinary Tribunal, in a decision dated 4 October 2007, determined that Morgan Goodman, registered nurse, was guilty of professional misconduct.

Ms Goodman was found to have removed a resident's blister pack containing ApoZopiclone from the medication folder without authority; and transferred some of the resident's ApoZopiclone tablets into a brown bottle.

The Tribunal considered that in this particular case, its primary objectives were to protect the public and maintain professional standards and to ensure that Ms Goodman practised in a safe and competent manner. The Tribunal imposed conditions on her practice for a period of two years.

The Tribunal also determined that Ms Goodman be censured and pay 25% of the total costs. It ordered that a summary of its decision be published in the professional publications for the nursing profession in New Zealand. A full copy of the Tribunal's Decision is also to be made available on the Health Practitioners Disciplinary Tribunal's website.

Appeal to the High Court

Ms Goodman appealed to the High Court against the conditions set by the Tribunal and the High Court amended these so that the following conditions were imposed on her practice for a period of two years.

She is permitted to continue in her current employment but before the expiration of six months from the commencement of this order Ms Goodman is required to work in an environment where she will be employed alongside other registered nurses. This needs to be for a minimum of .2 FTE for more than 12 months or equivalent hours. This employment may be undertaken concurrently with her current employment even though her current employment may be employment in a resthome environment in which she is the only registered nurse. At the end of the twelve month period Ms Goodman is to undergo a competence assessment by a Nursing Council approved assessor. If that assessment is unsatisfactory this condition is to continue for a further six months, with a further competence assessment to be carried out at the end of that six month period.

This condition is being imposed by the Tribunal in order to provide appropriate training and mentoring for Ms Goodman while recognising that the working environment of many registered nurses in resthomes is in effect one of being in sole charge. In imposing this condition on her practice the Tribunal is seeking to maintain Ms Goodman's ability to continue to work in

care of the elderly while also requiring exposure to a more collegial environment to facilitate learning from other registered nurses.

In addition, Ms Goodman is to receive professional clinical supervision. This is not to be "one on one" or "day to day" supervision, but rather an opportunity to meet with a clinical mentor to discuss and reflect on practice. This should take place fortnightly for a period of three months from the commencement of this order and thereafter occur monthly for the remainder of the two year period. The cost of this clinical supervision is to be borne by Ms Goodman.

Ms Goodman is to provide to the Nursing Council by no later than 1 May 2008 the name of the person from whom she has received professional clinical supervision for the past three months in accordance with this condition; and that person is to provide to the Nursing Council by 1 May 2008 a report on that supervision and thereafter a monthly report for the remainder of the two year period.

Christine Bushell, registered nurse

The Health Practitioners Disciplinary Tribunal, in a decision dated 28 May 2008, determined that Christine Bushell, registered nurse, was not guilty of professional misconduct. Ms Bushell had been charged with failing to account for and/or misappropriating controlled drugs and/or prescription medicine for her own use.

The Tribunal directed that a notice stating the effect of its decision be published in the New Zealand Gazette, Kai Tiaki, the Nursing Council Newsletter, Nursing Review and the Tribunal's website.

Application processing

There are sometimes delays in processing applications that do not fully observe all our criteria. Therefore, to help ensure that your applications are dealt with as quickly as possible, it would be greatly appreciated if you would:

- follow the instructions in the guide to completing your application for a practicing certificate
- fully complete your application, as delays occur when applicants do not complete all sections
- ensure all documentation is certified in the correct manner
- supply all supporting documentation
- include your payment with the application form
- notify the Council of any change of name or address
- supply any additional information that has been requested.

Guideline: direction and delegation

In June 2008, the Council published the new *Guideline: direction and delegation*. This followed consultation with the sector from October to December last year. The Council received over 100 submissions on the draft guideline, indicating a high level of interest in this practice issue. The Council appreciates the feedback it received during consultation and has incorporated many changes into the guideline. It considers the guideline will be a useful document for nurses, employers and other workers who work with nurses.

The guideline replaces *Direction and Supervision* (1999). The practice context has changed significantly since 1999, and more information has been included in the guideline on registered nurses' responsibilities when working with unregulated healthcare workers. With more health care being delivered in the community and in people's home's, the Council has provided guidance for nurses and employers to clarify responsibility for care especially when a nurse and an unregulated worker are employed by different agencies.

Understanding direction and delegation

Delegation is the transfer of responsibility for the performance of an activity from one person to another with the former retaining accountability for the process and the outcome.

Direction is the active process of directing, guiding, monitoring and influencing the outcome of an individual's practice. Direction is provided directly when the registered nurse is actually present, observes, works with and directs the person; direction is provided indirectly when the registered nurse works in the same facility or organisation as the supervised person but does not constantly observe his/her activities. The registered nurse must be available for reasonable access i.e. must be available at all times on the premises or immediately contactable by telephone (in community settings).

The principles of direction and delegation

- 1 The decision to delegate is a professional judgment made by a registered nurse and should take into account
 - (a) the health status of the client
 - (b) the complexity of the delegated activity
 - (c) the context of care
 - (d) the level of knowledge, skill, and experience of the person to perform the delegated activity.
- 2 The decision to delegate must be consistent with the service provider's policies.
- 3 The registered nurse should ensure that the person who has been delegated the activity understands the delegated activity, has appropriate direction and knows when and whom to ask for assistance and to whom to report.
- 4 The registered nurse is responsible for monitoring and evaluating the outcomes of delegated nursing care.

Direction and delegation of care to unregulated health care workers

Unregulated health care workers assist registered nurses by completing personal care and other activities that do not require specialised nursing knowledge, judgement and skill. Their role relationships with registered nurses will vary according to the context. Unregulated health care workers may have a care-worker or other qualification or no formal education for their role. They are not professionally regulated, so are not bound by standards set by a regulatory authority. The Council does not regulate or determine the scope of practice of unregulated health care workers. As it regulates the practice of nursing, the Council expects unregulated health care workers to work with the support and direction of a registered nurse when carrying out activities delegated to them by a registered nurse from a care plan.

When delegating to healthcare workers, registered nurses should also consider that when nurses carry out care activities they take a comprehensive approach including consideration of the complex physical, social, mental and emotional needs of the client, whereas a health care worker may focus on the completion of the delegated activities. Registered nurses should understand the role of the unregulated health care worker to ensure that they are not required to function beyond the limits of their education or competence.

Situations where responsibility for direction and delegation is not clear

Registered nurses may work in situations where their responsibility and accountability for the delegation of care are not clear. In general a registered nurse must be involved with the client when the client's responses are less predictable or changing, and/or the client needs frequent assessment, care planning and evaluation.

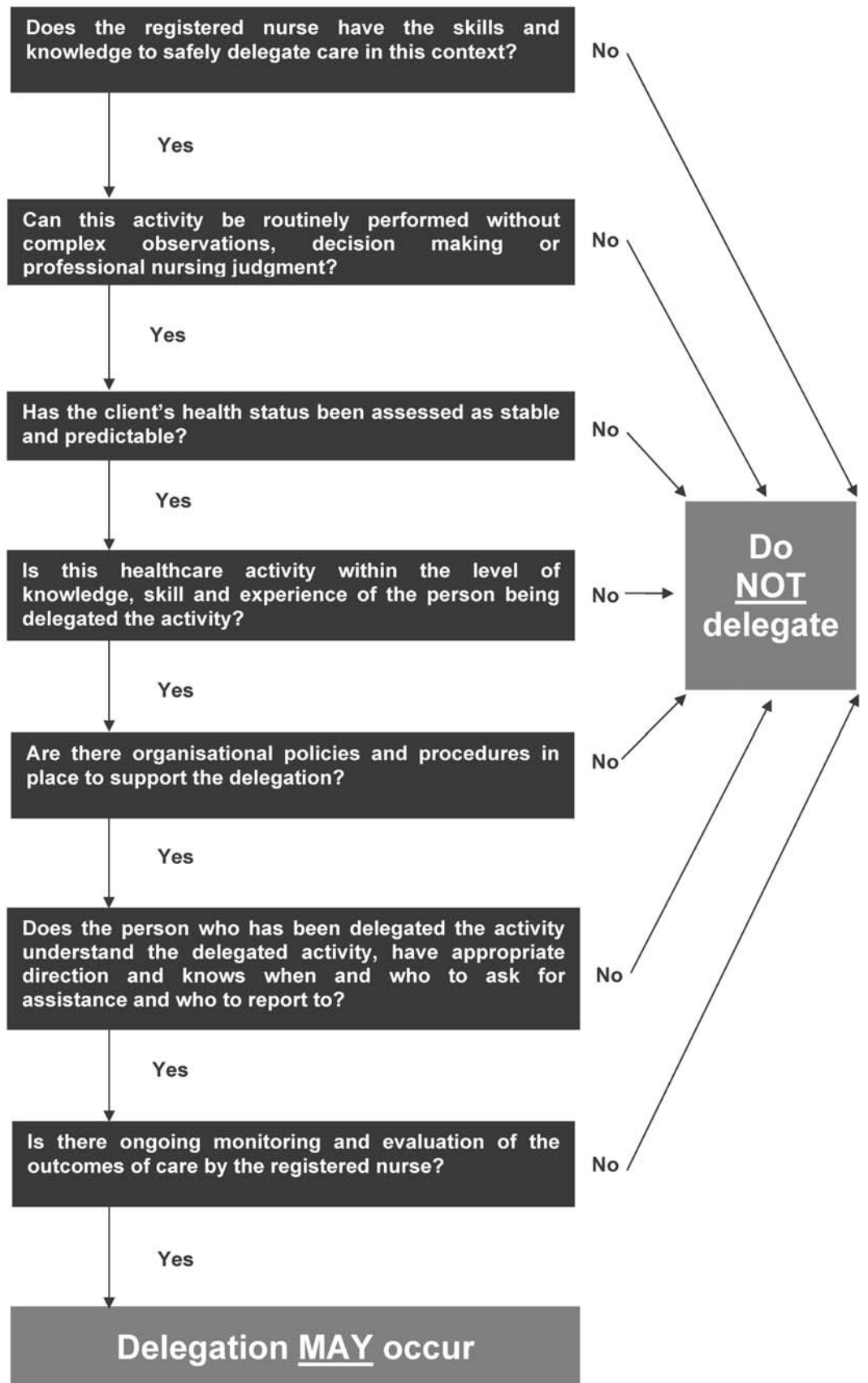
In other instances, nurses may be engaged to provide clinical services for clients and may act as consultants and resource persons to other healthcare workers. In cases where nurses are employed as consultants or resource persons and are not in supervisory roles, nurses are responsible for their own practice and must provide care consistent with the standards established by the nursing profession, but are not expected to be responsible for the overall care of clients nor for the care workers who provide that care. However a registered nurse may be held responsible where an unsafe system is in place if the nurse ignores or complies with such a system leading to harm or potential harm to clients.

Employers are responsible for developing policies, job descriptions and memoranda of understanding that clarify the relationship between registered nurses and other unregulated workers in community settings particularly when they are employed by different agencies.

Registered nurses, who are unclear about their duties and responsibilities, should clarify with their employers whether they, the registered nurses, are responsible for direction of the work of other healthcare workers. If so, the registered nurses are responsible for the delegations they make and guidance they provide.



Decision making process for delegation by a registered nurse



Forum 2008



The Council thanks all those who supported the forum held recently in four venues. We enjoyed your participation. Attendance was:

Dunedin	97
Wellington	165
Auckland	219
Rotorua	106
Total	587

Presentations covered subjects including influencing policy, ethics and accountability. This year, the programmes also included a panel discussion, breakout groups and an open forum discussion. Presentations are available in PDF format from the Council's website: www.nursingcouncil.org.nz

New medals policy

Prior to implementation of the Health Practitioners Competence Assurance Act 2003 (HPCA Act), the Council could only issue nursing medals to nurses who qualified in New Zealand. Nurses who had registered from overseas were not entitled to receive New Zealand nursing medals.



The HPCA Act contains no such restrictions, and the Council has determined that nurses who have registered from overseas may now be issued with New Zealand nursing medals. This new policy is having an enthusiastic reception, with more than 50 medals being issued to internationally qualified nurses in the last month alone.

The Nursing Council of New Zealand



Back (left to right) Margaret Millard, Kathrine Townshend, Roxanne McKerras, Christine Payne
Front (left to right) Margaret Southwick (Deputy Chairperson), Beverley Rayna (Chairperson), Noeline Warmington