



REPORT OF THE  
**NURSING COUNCIL**  
of **NEW ZEALAND**

FOR THE YEAR ENDED 31 MARCH 2003

PRESENTED TO THE HOUSE OF REPRESENTATIVES  
PURSUANT TO SECTION 15 OF THE NURSES ACT 1977

# FOREWORD



I am pleased to present the Nursing Council of New Zealand's annual report for the year ended 31 March 2003.

At the beginning of the year we welcomed new members Meretene Hammond, Noeline Warmington, Hope Tupara and Margaret Southwick, and in November Margaret Millard took up her position on the Council. I would like to acknowledge the dedication and commitment of all Council members during this time of significant change in the Council's membership.

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The Council has continued to work closely with the Ministry of Health to assist in the development of the Health Practitioners Competence Assurance Bill, and to provide support on the establishment of the new Midwifery Council. The Bill was introduced to Parliament in June 2002, and in February this year we presented the Council's submission on the Bill to the Health Select Committee. The Council looks forward to the enactment of the new legislation, which will give it the mandate to implement the processes it has been developing for monitoring ongoing competence throughout a nurse's career.

In anticipation of changes to the Council's regulatory responsibilities when the new legislation is enacted, the Council has been furthering the development of a competency assurance framework for the professional regulation of nursing. The Council also developed and approved a framework for the endorsement of practice standards already in place in the sector.

During the year the Council endorsed five new nurse practitioners, bringing to seven the number of nurse practitioners endorsed since the qualification was launched in 2001. These nurses are contributing to New Zealand's health services in a wide range of areas of practice. In July and August the Council was actively involved in raising awareness of the role of nurse practitioners through the Ministry of Health's roadshow. The Council supported the four major nursing professional organisations

to establish the Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ), which will lead the continuing development of nurse practitioner endorsement and the strategic development of the nurse practitioner model. This year the Council set up the Nurse Practitioner Review Committee, an independent panel with delegated authority to consider requests for review from unsuccessful applicants.

The Council continued to work with the Ministry of Health on regulatory issues of nurse prescribing, and further developed the framework for nurse practitioner prescribing. Most of the Council's work in relation to nurse prescribing has been put on hold while the Ministry completes a review of the overall regulatory framework for all designated prescribers.

The Council has continued to implement the recommendations from the Strategic Review of Undergraduate Nursing Education. Specifications were developed and approved for two major strategic projects: a revision of the curriculum framework and standards for undergraduate nursing education; and the development of an integrated competency framework from enrolled nursing to advanced practice.

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The Council has continued to build on relationships with the profession both here and overseas. More than 200 nurses and midwives attended a successful Nursing Council Forum held in October. Topics covered included the *Guidelines for Cultural Safety, the Treaty of Waitangi, and Māori Health in Nursing and Midwifery Education*, the role of nurse practitioner, nurse prescribing, competency-based practice certificates, and the Health Practitioners Competence Assurance Bill.

I have been honoured to serve the Council as Chairperson this year. I would like to acknowledge the work of the previous Chairperson, Judy Kilpatrick, who left the Council at the end of March 2002. The Council and profession were privileged to benefit from her experience and commitment to nursing. I would also like to thank the Council members for their contribution and commitment, and the Chief Executive and staff for their professionalism and support of the Council.



**Annette Huntington**  
CHAIRPERSON

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## CHIEF EXECUTIVE'S REPORT

Firstly, I want to acknowledge the good work of all the staff who work tirelessly to maintain the operational workload and meet processing targets while contributing to continual improvement and strategic policy work such as new legislation, the new regulatory framework for nurse practitioners, and increased responsibilities under the Medicines Act 1981.

A major focus of 2002-2003 has been contributing to the development of the Health Practitioners Competence Assurance Bill. We have worked closely with Ministry of Health officials, legal groups, and other health regulatory groups, and presented a detailed submission to the Health Select Committee. When the Bill is enacted, a separate Midwifery Council will be established. In October the Council ran a midwifery forum to discuss the transition and establishment of the new Council with the profession.

Two new key appointments have brought a wealth of experience to the Council. Pamela Lee was appointed Registration Advisor and Deputy Registrar, coming to the Council from the Ministry of Health where she was Acting Chief Nurse Advisor. Angela Bradley took up the position of Education Advisor. Her most recent role was programme leader for the BHSc nursing programme at Auckland University of Technology.

The role of nurse practitioner has attracted considerable interest this year. In July and August, the Council presented the regulatory framework for nurse practitioner endorsement as part of the Ministry of Health's roadshow. Meetings held around the country raised awareness of the concept, especially among management and funding decision-makers. The Council has worked hard to develop the application, assessment, and review processes for nurse practitioner endorsement.

Demand for the Council's operational services continues to increase. The Council registered or enrolled 1,566 overseas nurses and midwives, 207 more than last year. We have improved the overseas application process, including reduced processing times, more user-friendly application forms, and an option for credit card payments. We are planning further improvements including electronic fee payments and downloading of application forms.

The workload for the Health and Disability Committee and staff also increased dramatically this year. The Council received 30 new

notifications of disability or suspected disability, up from 14 in 2002, and the Committee held 53 hearings, 22 more than last year.

The annual practising certificate renewal round was successfully completed with a new credit-style card issued for the 2003/04 year. The number of annual practising certificates issued continues to increase, with certificates issued to 50,693 nurses and midwives. The ability to pay by credit card was well received.

Specifications were developed for an upgrade and re-design of the nursing registration database, and proposals received. When complete, we will be able to offer online public access to the register, and electronic processing for overseas applicants and annual practising certificates.

As a member of the Regional Steering Committee, I helped plan and organise the biennial meeting of the Western Pacific and South East Asian Nurse Regulatory Authorities held in Hong Kong in November, and presented two papers at the meeting, one on our regulatory framework for nurse practitioners and one on Trans-Tasman Mutual Recognition.

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In October the Council was represented at the International Council of Nurses (ICN) International Network of Advanced Practice and Nurse Practitioners conference in Adelaide, where I presented a paper on our experience with implementing the new regulatory framework for nurse practitioners. New Zealand's framework continues to be highly acclaimed internationally, and I was privileged to be invited to join a committee set up by the American Nursing Credentialling Centre to review their processes for credentialling nurse practitioners.

Just before Christmas we signed a lease for more spacious office premises. We are fortunate to have the opportunity to move into the same building as the Medical Council of New Zealand and look forward to closer relationships when we are functioning under the same legislation. We plan to re-locate in the middle of 2003.

Finally, I want to repeat my thanks to staff without whom the Council could not carry out its important regulatory role in maintaining the safety of the public.



**Marion Clark**  
CHIEF EXECUTIVE OFFICER

## GOVERNANCE

The Nurses Act 1977 provides for 11 members of the Nursing Council of New Zealand: three registered nurses; two registered midwives; two academic staff members of approved nursing and midwifery tertiary training institutions; and four other persons, one of whom may be a registered nurse, and one of whom may be a registered midwife.

On 1 April 2002, the Minister of Health announced appointments and re-appointments to the Nursing Council. Meretene Hammond, Noeline Warmington, Hope Tupara and Margaret Southwick were appointed to replace Jan Bulteel-Adams, Shirley Hughes, Sue Bree and Judy Kilpatrick. Brenda Hall, Sandy Grey and Jean Patterson were re-appointed for further terms. On 14 November 2002, Margaret Millard was appointed to fill a vacancy on the Council. Annette Huntington, Beverley Rayna and Marie Kiely continued in their terms of office in the 2002/2003 year.

### COUNCIL MEMBERS

#### **Annette Huntington**

##### CHAIRPERSON

Dr Annette Huntington was appointed to the Council on 19 October 2000 as an academic staff member under section 4(1)(c) of the Act. Her term of office expires on 19 October 2003. Annette is registered as a general and obstetric nurse and has worked in a variety of clinical areas including operating theatre, post-natal care and in the community. She is currently Associate Professor at Massey University in Wellington and has been involved in nursing education for thirteen years.

#### **Beverley Rayna**

##### DEPUTY CHAIRPERSON

Beverley Rayna was appointed to the Council on 19 October 2000 as a registered nurse under section 4(1)(d)(i) for a term of office expiring on 19 October 2003. Beverley is registered as a general and obstetric nurse and a midwife. Beverley has had 27 years experience in nursing education both as a teacher and manager, and her clinical practice experience has been mainly in medical/surgical nursing. She currently works as a staff nurse at Christchurch Women's Hospital.

### **Brenda Hall**

Brenda Hall was first appointed to the Council as a registered nurse in April 1999. On 1 April 2002 she was re-appointed under section 4(1)(a) for a further term of office expiring on 1 April 2005. Brenda is a comprehensive nurse and is currently self-employed as an independent contractor. She has a background in district nursing, nursing quality assurance, and oncology.

### **Sandy Grey**

Sandy Grey was first appointed to the Council as a registered midwife under section 4(1)(d)(ii) in October 2000. She was re-appointed on 1 April 2002 for a term of office expiring on 1 April 2004. Sandy is registered as a midwife and a general and obstetric nurse. She trained in midwifery in Christchurch and is currently an independent midwife in a busy West Auckland practice.

### **Jean Patterson**

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Jean Patterson was first appointed to the Council as a registered midwife under section 4(1)(b) in October 2000. She was re-appointed on 1 April 2002 for a term of office expiring on 1 April 2004. Jean is registered as a midwife and a general and obstetric nurse and has worked in both midwifery and nursing in rural areas of New Zealand. She is currently teaching in the Otago Polytechnic School of Midwifery.

### **Marie Kiely**

Marie Kiely was appointed to the Council as a lay member under section 4(1)(d) on 19 October 2000 for a term of office expiring on 19 October 2003. Marie is a management consultant who lives in Wellington. She has a background in social work, education and senior management roles.

### **Meretene Hammond**

Meretene Hammond (Ngati Kahungunu) was newly appointed to the Council on 1 April 2002 for a term of office expiring on 1 April 2005. She was appointed as a registered nurse under section 4(1)(a) of the Act. Meretene is registered as a psychiatric nurse and has worked in the mental health sector for more than 40 years. She is currently a kaumatua/kuia for the Rangitahi Adolescent Unit at Porirua Hospital.

### **Margaret Southwick**

Dr Margaret Southwick (Tuvalu/Pakeha descent) was newly appointed to the Council on 1 April 2002 for a term of office expiring on 1 April 2005. Margaret, who is a registered general and obstetric nurse, was appointed as an academic staff member under section 4(1)(c) of the Act. She is currently head of the School of Pacific Health Education and Research at Whitireia Community Polytechnic, which she established in 2000.

### **Hope Tupara**

Hope Tupara (Ngai Taamanuhi and Ngai Te Rangihouhiri) was newly appointed to the Council on 1 April 2002 for a term of office expiring on 1 April 2004. She was appointed as a registered midwife under section 4(1)(b) of the Act. Hope is an independent midwife in her eighth year of practice in the Horowhenua region. She is registered as a comprehensive nurse and a midwife and is currently a part-time lecturer in midwifery at Massey University in Palmerston North.

### **Noeline Warmington**

Noeline Warmington (Ngapuhi – Ngati Kahu and Te Rarawa) was newly appointed to the Council on 1 April 2002 for a term of office expiring on 1 April 2005. She is a comprehensive nurse who was appointed to the Council as a registered nurse under section 4(1)(b) of the Act. Noeline is currently employed as an educator with the Royal New Zealand Plunket Society and she has a particular interest in health promotion and nursing development.

### **Margaret Millard**

Margaret Millard was newly appointed to the Council on 14 November 2002 for a term of office expiring on 13 November 2005. She was appointed as a lay member under section 4(1)(d) of the Act. Margaret is from Palmerston North and has worked for many years in the voluntary sector, including significant involvement in the Rural Women's Network. She is currently chair of the Open Polytechnic Council.

## **COMMITTEES OF THE NURSING COUNCIL**

Seven committees assist the Nursing Council to fulfil its obligations under the Nurses Act 1977. Section 12 of the Act establishes the Preliminary Proceedings Committee. The Act also authorises the Council

to appoint other committees and to delegate any of its functions, duties, or powers (other than its powers of decision concerning discipline) to those committees.

### **Preliminary Proceedings Committee**

The Preliminary Proceedings Committee investigates complaints about nurses and midwives made pursuant to section 40 of the Act. Where there is a case to answer, the Committee refers charges of professional misconduct to the Nursing Council for further inquiry.

**Brenda Hall (Convener)**

**Sandy Grey**

**Meretene Hammond**

### **Health and Disability Committee**

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The Health and Disability Committee considers cases of disability or suspected disability notified to the Council pursuant to section 34 of the Act. Where appropriate the Committee recommends that the nurse or midwife be suspended, or be suspended with conditions on his or her practice.

**Beverley Rayna (Convener)**

**Marie Kiely**

**Hope Tupara**

### **Education and Audit Committee**

The Education and Audit Committee considers education issues and advises the Council on matters relating to education policy. The Committee is responsible for the Council's process for auditing nursing and midwifery programmes, and the schools to be audited each year.

**Annette Huntington (Convener)**

**Jean Patterson**

**Margaret Southwick**

## Finance Committee

The Finance Committee scrutinises the financial accounts, reviews and maintains financial systems, and reviews the Council's finance and management governing policies.

**Marie Kiely** (*Convener*)

**Noeline Warmington**

**Annette Huntington** (*ex officio*)

## Registration Committee

The Registration Committee has delegated authority for individual registration decisions, for example, considering whether applicants for the State Examination with court convictions are fit and proper to sit the examination and be registered.

**Annette Huntington** (*Convener*)

**Sandy Grey**

**Margaret Southwick**

## Monitoring Committee

The Monitoring Committee has delegated authority to monitor conditions placed on the practice of a nurse or midwife following a finding of professional misconduct.

**Beverley Rayna** (*Convener*)

**Marie Kiely**

**Noeline Warmington**

## Nurse Practitioners Review Committee

The Nurse Practitioners Review Committee is an independent panel set up this year by the Nursing Council with delegated authority to consider requests for review from unsuccessful applicants for nurse practitioner endorsement. It comprises one Council member, one Council nominee, and one nominee from the Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ).

**Brenda Hall** (*Convener and Council member*)

**Judy Kilpatrick** (*Council nominee*)

**Diana Gunn** (*NPAC-NZ nominee*)

### **Council meetings**

The Council met eight times during the year for general business and held a strategic planning day in March.

### **Secretariat**

The Council's Chief Executive, Marion Clark, and 19 staff members support the Council. At 31 March 2003, the Secretariat comprised:

#### **CORPORATE**

<b>Marion Clark</b>	<b>Chief Executive Officer/Registrar</b>
<b>Tamar Swennson</b>	<b>Personal Assistant</b>
<b>Belinda Greer</b>	<b>Legal Advisor</b>
<b>Libby Davis</b>	<b>Finance Administrator</b>
<b>Vacant</b>	<b>Receptionist</b>

#### **MIDWIFERY**

<b>Irene Calvert</b>	<b>Midwifery Advisor (contracted)</b>
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#### **LEGAL**

<b>Clare Prendergast</b>	<b>Investigator</b>
<b>Sarah Kennedy</b>	<b>Professional Advisor/Investigator</b>
<b>Barbara McGlinchey</b>	<b>Legal Secretary</b>

#### **EDUCATION**

<b>Angela Bradley</b>	<b>Education Advisor</b>
<b>Charlotte Stapleton</b>	<b>Education Co-ordinator</b>
<b>Kate Granville</b>	<b>Personal Assistant (.5)</b>

**REGISTRATION**

<b>Pamela Lee</b>	<b>Registration Advisor/Deputy Registrar</b>
<b>Jo Pohatu</b>	<b>Overseas Registration Co-ordinator</b>
<b>Heather Rutherford</b>	<b>Overseas Registration Administrator</b>
<b>Krystyna Wos</b>	<b>Overseas Registration Administrator</b>
<b>Fergie Hopmans</b>	<b>New Zealand Registration Administrator</b>
<b>Suzette Taingahue</b>	<b>New Zealand Registration Administrator</b>
<b>Kate Granville</b>	<b>Personal Assistant (.5)</b>

**STANDARDS**

<b>Pam Doole</b>	<b>Professional Advisor</b>
<b>Sarah Roach</b>	<b>Assistant Analyst</b>

## STRATEGIC PROJECTS

The Nursing Council of New Zealand exists in the public interest and is accountable to the public for establishing and maintaining standards that promote safe and competent practice by nurses and midwives. The Council has both a statutory role under the Nurses Act 1977 and a leadership role for the nursing and midwifery professions.

This year the Nursing Council progressed work on strategic projects to:

- provide leadership in nursing and midwifery
- shape the practice of the future nurse
- develop an appropriate regulatory framework for nursing and midwifery
- consolidate the Nursing Council's position as the key agency for quality validation of nursing and midwifery programmes.

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### SUMMARY OF KEY ACTIVITIES

#### **This year the Nursing Council:**

- contributed to the development of the Health Practitioners Competence Assurance Bill
- continued to promote the nurse practitioner concept, and to develop policy and procedures for nurse practitioner endorsement
- progressed work on nurse prescribing
- further developed the Competency Assurance Framework for nursing
- made submissions on public policy
- maintained relationships and communication with key policy developers and stakeholders
- fostered international relations.

## 1. Health Practitioners Competence Assurance Bill

The Chief Executive and legal staff have continued to work closely with Ministry of Health officials, legal groups, and other health regulatory groups, to assist in the development of the Health Practitioners Competence Assurance Bill. The Bill was introduced to Parliament in June 2002.

In December the Council forwarded a substantive submission on the Bill to the Health Select Committee. Key points in the submission, which were circulated to all the main nursing organisations, included the Council's support for:

- the Bill's definition of professional misconduct; protection of the nurse and nurse practitioner titles; the Bill's inclusion of scopes of practice; a separate Midwifery Council; the requirement for ongoing competence; the ability for regulatory authorities to review a health practitioner's competency if a problem is identified; the Bill's inclusion of a Māori member on each regulatory authority.

The Council's submission did not support:

- the proposed multi-disciplinary tribunal for disciplinary hearings; the proposed constitution of tribunals for disciplinary hearings (where the majority of members will be lay members); and the requirement for the Chair of the tribunal to be a lawyer.

The Chairperson and Chief Executive presented the submission to the Health Select Committee in February. As at 31 March 2003, the Bill was still with the Health Select Committee.

## 2. Promotion and development of nurse practitioner endorsement

The Council continued its work promoting the nurse practitioner concept, and developing policy and procedures for nurse practitioner endorsement.

As part of the Ministry of Health's nurse practitioner roadshow in July and August, the Council was actively involved in promulgating and advertising the regulatory framework for nurse practitioner endorsement. The purpose of the national workshops was to raise awareness about the nurse practitioner concept, especially among management and funding decision-makers.

This year the four major nursing professional organisations established the Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ). NPAC-NZ includes representatives from the College of Nurses of Aotearoa (NZ), Te Kauhīhera O Nga Neehi Māori O Aotearoa (the National Council of Māori Nurses), the New Zealand Nurses Organisation, and the New Zealand Branch of the Australian and New Zealand College of Mental Health Nurses. The Council supported the establishment of the Committee to provide leadership for the continuing development of nurse practitioner endorsement and the strategic development of the nurse practitioner model. The Council developed a Memorandum of Understanding with NPAC-NZ, and the Chairperson and Registration Advisor attended the Committee's meetings in July, December and February. The Council is strongly encouraging NPAC-NZ to expand its leadership role to include providing support and assistance to nurses preparing their portfolios.

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This year the Council also developed its nurse practitioner review policy. The Council set up the Nurse Practitioner Review Committee as an independent panel with delegated authority to consider requests for review from unsuccessful applicants. The Committee comprises one Council member, one Council nominee, and one NPAC-NZ nominee.

The nurse practitioner documents: *The Nurse Practitioner: Responding to Health Needs in New Zealand* and *Nurse Practitioner Endorsement: Guidelines for Applicants* were revised and reprinted.

The Council called for nominations for nurse practitioner assessment panels from nursing and medical professional bodies. In September, the Council held a training day for sector nominees for assessment panels.

### 3. Progress on nurse prescribing

During the year the Council developed a proposal to streamline the government's regulatory process for nurse prescribing. The Council presented its recommendations to the Minister of Health and then worked with the Ministry on the proposal.

During the year the Council also undertook further development on nurse practitioner prescribing. The Council deferred submitting any further proposals to the New Prescribers Advisory Committee (NPAC) pending the outcome of the government's review of the overall regulatory framework.

In November the Minister approved a re-drafted proposal for extending prescribing rights to sexual and reproductive health nurses. The Ministry deferred drafting the regulations until the review of the regulatory framework is completed.

In November, pursuant to the *Medicines (Designated Prescriber: Nurses Practising in Aged Care and Child Family Health) Regulations 2001*, the Council gazetted its requirements for nurses practising in aged care, and nurses practising in child/family health, who wish to prescribe prescription medicines.

#### 4. Development of Competency Assurance Framework

This year the Nursing Council further developed its competency assurance framework for the professional regulation of nursing. The framework anticipates changes in the Council's regulatory responsibilities under the new legislation, which requires the Council to monitor ongoing competence throughout a nurse's career, and gives the Council a greater role in setting quality standards for the profession.

In September 2002 the Council surveyed health providers, educational providers, professional organisations and health purchasers to identify the processes currently in place in the sector to ensure the competency of nurses. The survey requested information on the use of professional standards, training through short courses/workshops, certification of skills, and other competency assurance processes. It also requested feedback on which, if any, of the processes should be included in a national competency assurance framework and nationally co-ordinated or endorsed by the Council. By the end of the year, the Council had completed analysis of submissions.

In response to increasing requests from professional groups and other organisations, this year the Council also developed and approved a framework for the endorsement of practice standards. By endorsement, the Council will be declaring approval, but the standards will remain in the ownership of the professional group and the group will be responsible for keeping them current. The framework recognises professional and sector standards already in place.

This year the Council also consulted the sector on a draft framework for approving professional recognition programmes to meet the requirements for competency-based practising certificates. The draft framework will

enable the Council to accredit many of the processes already developed by employers and professional organisations, for example clinical career pathways.

## 5. Submissions on public policy

As well as the extensive submission on the Health Practitioners Competence Assurance Bill, submissions were prepared on a number of issues including funding of clinical training, regulating nurse prescribing, disability standards, the Australian review of the Trans-Tasman Mutual Recognition Agreement (including meeting with the Australian Productivity Commission), and the Health Workforce Advisory Committee's priorities.

## 6. Relationships with key policy developers and stakeholders

To ensure effective collaboration and co-ordination with other agencies, this year the Chairperson, Nursing Council representatives, the Chief Executive and staff met with policy developers and stakeholders including:

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### Government and its agencies/advisors

Minister of Health  
 Associate Minister of Health  
 Health Select Committee  
 Ministry of Health  
 Ministry of Education  
 New Zealand Qualifications Authority  
 Health and Disability Commissioner  
 Deputy Health and Disability  
 Commissioner  
 Director of Proceedings  
 Accident Compensation Corporation  
 Tertiary Education Commission  
 Clinical Training Agency  
 New Prescribers Advisory Committee

### Nursing and midwifery groups

Nurse Educators of New Zealand  
 New Zealand College of Midwives

### Health, education and other organisations

New Zealand Nurses Organisation  
 College of Nurses Aotearoa (NZ)  
 Nurse Executives of New Zealand  
 National Directors of Mental Health Nursing  
 Nurse Practitioner Advisory Committee of New Zealand  
 Te Kauhihera O Nga Neehi Māori O Aotearoa (the National Council of Māori Nurses)  
 Australian and New Zealand College of Mental Health Nurses

New Zealand Private Hospitals Association  
 Committee on University Academic Programmes  
 New Zealand Polytechnic Programmes Committee  
 Association of Polytechnics in New Zealand  
 Standards New Zealand  
 National Education Tertiary Sector  
 Royal Australasian College of Anaesthetists  
 Hospitals and health services  
 District Health Boards  
 Other health regulatory bodies  
 Schools of Nursing and Midwifery  
 Whitireia Polytechnic  
 Victoria University  
 Otago Polytechnic  
 Waikato Polytechnic  
 Paparua prison staff

The Chairperson, Nursing Council representatives, the Chief Executive and staff have addressed or presented papers to:

- the National Conference on the Implications of the Health Practitioners Competence Assurance Bill
- the Ministry of Health's nurse practitioner regional roadshows
- the Combined College of Medical Specialists
- the National Conference of the Enrolled Nurse Section (New Zealand Nurses Organisation)
- the Conference on Patient Safety organised by the Ministry and the New Zealand Nurses Organisation
- the National Cultural Safety Forum
- the Health Workforce Advisory Committee Summit
- nursing students in university and polytechnic programmes
- other nursing groups including Hutt Valley rest home managers.

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Conferences and meetings attended included: the New Zealand College of Midwives Biennial Conference; the New Zealand Nurses Organisation (NZNO) Annual Conference; the Nurse Practitioner Forum; the Nurse Practitioner Advisory Committee's mentoring day; the National Conference of the Enrolled Nurses Section (NZNO); New Zealand College of Midwives' education meetings; the Enrolled Nurse Stakeholders Group; meetings of the National Nurses Organisations; and the National Rural Health Network conference.

The Council held its annual Nursing Council Forum on 17 and 18 October 2002, giving nurses and midwives the opportunity to discuss and debate regulatory and other topical issues. More than 200 nurses and midwives attended, and the Council received useful feedback which will inform its projects and policy development in 2003.

In October, the Council hosted a meeting of representatives of national nursing organisations to discuss use of nursing workforce data.

The Chief Executive contributed as a member of the Ministry of Health's Reference Group for the Prioritisation of Post-Entry Clinical Training, and the ACC Nurse Liaison Group.

## 7. Fostering international relationships

### TRANS-TASMAN RELATIONS

During the year the Council maintained effective relationships with the Australian Nursing Council (ANC) to move towards harmonisation in the regulation of nurses and midwives.

In February the Chairperson and Chief Executive met with the ANC. In May the Chairperson and Chief Executive attended a function at Federal Parliament, Canberra, to celebrate the ANC's first ten years and to launch its new name and logo.

Work with Australian nursing regulatory authorities towards harmonisation of standards included participation at two meetings of the ANC's Research and Policy Committee, three meetings of the ANC's Collaborative Advisory Panel and discussions with the Nurses Board of Victoria.

### OTHER INTERNATIONAL RELATIONS

The Chief Executive assisted with planning and organising the biennial meeting of the Western Pacific and South East Asian Nurse Regulatory Authorities in Hong Kong in November 2002, and presented two papers at the meeting. The Deputy Chairperson represented the Council at the meeting.

Brenda Hall represented the Council at the Second Conference of the International Council of Nurses (ICN) International Network of Advanced Practice and Nurse Practitioners in Adelaide in October 2002. The Chief Executive and staff also attended the conference.

The Council provided international nursing regulatory leadership through hosting and running seminars for four senior nurses from Kiribati in New Zealand on an ICN nursing leadership programme, and a group of nurse educators visiting from Thailand.

During the year the Chief Executive, Chairperson and staff met with the Chief Executive of the American Nursing Credentialling Centre to discuss credentialling issues.

The Chief Executive attended a health leaders meeting in Brisbane on international initiatives in workforce development, and discussed implementation of some of the initiatives at follow-up meetings with the Ministry of Health.

## NURSING EDUCATION

The Nursing Council sets and monitors standards for the registration and enrolment of nurses, including requirements for nursing education. The Council's education role includes auditing and approving undergraduate and postgraduate nursing programmes, developing criteria for entry to the register or roll, and administering the State Examination process.

### SUMMARY OF KEY ACTIVITIES

#### **This year the Nursing Council:**

- continued to implement recommendations from the Strategic Review of Undergraduate Nursing Education
- developed a new pathway for registered general and obstetric nurses (RGONs) to progress to registration as comprehensive nurses
- approved seven postgraduate programmes, four graduate programmes, two enrolled nurse programmes, one change in education provider, six competency assessment programmes, and three First Year of Practice pilot programmes
- conducted audits of four undergraduate nursing programmes
- worked with the Clinical Training Agency to ensure the quality of nursing programmes
- administered the State Examination (Comprehensive Nurse), with a total of 1,105 candidates seeking registration as comprehensive nurses.

### 1. Review of undergraduate nursing education

The Nursing Council continued to implement the recommendations from the Strategic Review of Undergraduate Nursing Education. This year the Council developed and approved specifications for two major strategic projects: a revision of the curriculum framework and standards for undergraduate nursing education; and the development of an integrated competency framework from enrolled nursing to advanced practice.

## 2. New pathway to registration as comprehensive nurse

This year the Council developed and implemented a third pathway for registered general and obstetric nurses to progress to registration as comprehensive nurses. It is available to RGONs who have been working in mental health for at least two years. RGONs approved by the Council who complete an individualised programme through an approved School of Nursing, meet the mental health competencies, and pass the new State Examination (Mental Health), may seek registration as comprehensive nurses. This pathway will only be available until 2005.

Under this framework, this year the Council approved a programme put forward by Otago Polytechnic. The Council offered the State Examination (Mental Health) for the first time at examination sessions in November and March. All 12 candidates passed the examination and were then placed on the register of comprehensive nurses.

## 3. Approvals of nursing programmes

The Council approved seven postgraduate programmes, four graduate programmes, two enrolled nurse programmes, one change in education provider, six competency assessment programmes, and three First Year of Practice programmes. One undergraduate nursing programme gained new site approval.

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### POSTGRADUATE PROGRAMMES APPROVED FOR FIVE YEARS

Eastern Institute of Technology, *Master of Nursing*

Eastern Institute of Technology, *Postgraduate Diploma in Health Science*

Massey University, *Master of Nursing*

Massey University, *Postgraduate Certificate in Nursing*

Massey University, *Postgraduate Diploma in Nursing*

Victoria University of Wellington, *Postgraduate Certificate in Advanced Nursing (Palliative Care)*

### POSTGRADUATE PROGRAMMES APPROVED FOR ONE YEAR

Southern Institute of Technology, *Postgraduate Certificate/Diploma in Health Sciences*

### GRADUATE PROGRAMMES APPROVED FOR TWO YEARS

Whitireia Community Polytechnic, *Graduate Certificate in Rehabilitation Nursing*

Whitireia Community Polytechnic, *Graduate Certificate in Cardiac Rehabilitation*

Whitireia Community Polytechnic, *Graduate Certificate in Rheumatology for Health Professionals*

Whitireia Community Polytechnic, *Graduate Certificate in Plastic Surgery, Maxillo-Facial and Burn Injury*

### ENROLLED NURSING PROGRAMMES APPROVED FOR FIVE YEARS

Northland Polytechnic, *Certificate in Health Science (Enrolled Nursing)*

Christchurch Polytechnic Institute of Technology, *Certificate in Enrolled Nursing (Long Term Care and Rehabilitation)*

### CHANGE IN EDUCATION PROVIDER APPROVED

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The Council approved a change in education provider for Waitemata District Health Board's *Postgraduate Certificate in Speciality Nursing (Mental Health)*. The new education provider is the University of Auckland.

### COMPETENCY ASSESSMENT PROGRAMMES APPROVED FOR FIVE YEARS

Western Institute of Technology at Taranaki

Waikato Institute of Technology

Manukau Institute of Technology

Wairiki Institute of Technology

UCOL Universal College of Learning

UNITEC Institute of Technology

### FIRST YEAR OF PRACTICE PILOT PROGRAMMES APPROVED

The Council approved as pilot programmes for a period of one year First Year of Practice programmes offered by the Auckland District Health Board, Waikato District Health Board, and Canterbury and West Coast District Health Boards. The pilot projects will contribute to the development of competencies for the end of the first year of practice.

## NEW SITE APPROVAL

UCOL Universal College of Learning's *Bachelor of Nursing* gained new site approval at Gisborne.

### 4. Audits of undergraduate nursing programmes

The Council audited undergraduate nursing programmes offered by Nelson Marlborough Institute of Technology, UNITEC Institute of Technology, Whitireia Community Polytechnic, and Waikato Institute of Technology. After meeting the Council's requirements, all four programmes were approved for a period of five years.

### 5. Relationship with Clinical Training Agency

When the Council assesses post-registration programmes eligible for Clinical Training Agency (CTA) funding, its approval and audit processes include assessing the programmes against CTA specifications. This year the Council assessed Victoria University of Wellington's *Postgraduate Certificate in Advanced Nursing (Palliative Care)*, and the three pilot First Year of Practice programmes offered by Auckland District Health Board, Waikato District Health Board, and Canterbury and West Coast District Health Boards, against CTA specifications as well as its own standards.

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### 6. Relationships with other external agencies

The Chairperson, Chief Executive and Education Advisor met with National Education Tertiary Sector (NETS) representatives during the year to discuss nursing education issues, including the implementation of the Strategic Review of Undergraduate Nursing Education. The Chief Executive, Education Advisor and Education Co-ordinator met regularly with New Zealand Qualifications Authority (NZQA) representatives. The Chief Executive and Education Advisor also met with representatives from the Committee on University Academic Programmes (CUAP) and the New Zealand Polytechnic Programmes Committee (NZPPC) to discuss current arrangements for approving undergraduate and postgraduate programmes.

### 7. State Examination (Comprehensive Nursing)

The Nurses Act 1977 requires a pass in the State Examination (Comprehensive Nursing) for registration as a comprehensive nurse.

In accordance with the Nurses Regulations 1996, the examinations leading to registration as a comprehensive nurse assess application of knowledge (including its scientific basis), safe and competent care, and the legal and ethical responsibilities for nursing practice across the age range, in the community, and in hospital settings. The examinations include medical, obstetric, psychiatric, psychopaedic and surgical nursing practice.

### TOTAL NUMBER OF CANDIDATES

This year there were 1,105 candidates for the State Examination for registration as comprehensive nurses. Ninety four per cent of the candidates (1,041) held no previous nursing qualification. Of the remaining 64 candidates, 60 were enrolled nurses, one was already registered as a psychopaedic nurse, one was already registered as an obstetric nurse, and two were already registered as general and obstetric nurses.

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1,059 candidates (95.84%) passed the State Examination (Comprehensive Nursing). Table 1 sets out the number of candidates who sat and passed during the year, and Table 2 sets out the number of candidates who sat and passed in comparison with previous years.

**TABLE 1: CANDIDATES FOR STATE EXAMINATION (COMPREHENSIVE NURSING)  
– YEAR ENDED 31 MARCH 2003**

Examination candidates	Sat	Passed	Percentage passed
July 2002	246	240	97.56%
November 2002	812	785	96.67%
March 2003	47	34	72.34%
<b>Total</b>	<b>1,105</b>	<b>1,059</b>	<b>95.84%</b>

**TABLE 2: CANDIDATES FOR STATE EXAMINATION (COMPREHENSIVE NURSING)  
– COMPARISON WITH PREVIOUS YEARS**

Year ended 31 March	Total sat	Total passed	Percentage passed
2003	1,105	1,059	95.84%
2002	1,154	1,110	96.18%
2001	1,219	1,156	94.83%
2000	1,226	1,184	96.57%
1999	1,247	1,222	97.99%

## REGISTRATION/ENROLMENT

In accordance with the Nurses Act 1977, the Nursing Council maintains a seven-part register and a roll. In the year to 31 March 2003, 50,693 nurses and midwives were issued with annual practising certificates.

The Nursing Council recognises that nursing and midwifery are separate professions. This section of the annual report provides registration data on both nursing and midwifery to allow comparison with previous years. The Midwifery section of the report provides a subset of midwifery data.

### SUMMARY OF KEY POINTS

#### **This year the Nursing Council:**

- registered 1,169 persons who completed a New Zealand course and passed the State Examination (1,059 comprehensive nurses and 110 midwives)
- registered 1,515 persons who qualified overseas (including 52 midwives with single registration and 67 midwives with dual registration)
- enrolled 56 persons who qualified overseas
- held 11 Registration Committee meetings to consider 126 individual cases
- granted nurse practitioner endorsement to five registered nurses
- established the Nurse Practitioner Review Committee
- granted endorsement to 182 registered nurses to supply the emergency contraceptive pill
- issued 50,693 nurses and midwives with annual practising certificates
- provided verification of New Zealand registration/enrolment to 1,867 nurses and midwives seeking registration overseas.

## 1. Total registrations/enrolments

This year the Council registered a total of 1,169 persons (1,059 comprehensive nurses and 110 midwives) who successfully completed a New Zealand course and passed the State Examination. This was 30 fewer New Zealand registrations than the previous year.

The number of overseas qualified nurses and midwives registered by the Council increased by 204 compared with the previous year (from 1,311 to 1,515). The number of overseas registrations includes 52 people registered as midwives only, and 67 people registered as both midwives and nurses.

There was a small increase in the number of overseas qualified nurses entered on the Roll of Nurses, from 49 in the year to 31 March 2002 to 56 this year. No New Zealand trained nurses were entered on the roll, as there have been no New Zealand graduates in enrolled nursing since courses were discontinued in 1995<sup>1</sup>.

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Table 3 sets out the total number of registrations and enrolments of New Zealand and overseas trained nurses and midwives, compared with previous years.

**TABLE 3: ALL REGISTRATIONS/ENROLMENTS – COMPARISON WITH PREVIOUS YEARS**

Year ended 31 March	Number Registered			Number Enrolled			Total
	New Zealand	Overseas	Total	New Zealand	Overseas	Total	
2003	1,169	1,515	<b>2,684</b>	0	56	56	<b>2,735<sup>2</sup></b>
2002	1,199	1,311	<b>2,510</b>	0	49	49	<b>2,558<sup>3</sup></b>
2001	1,237	1,060	<b>2,372</b>	0	36	36	<b>2,408</b>
2000	1,309	1,114	<b>2,423</b>	0	32	32	<b>2,455</b>
1999	1,214	1,040	<b>2,254</b>	0	32	32	<b>2,286</b>

<sup>1</sup> This year the Council approved two new enrolled nursing programmes (see Education section) and graduates of these courses will be able to apply for entry to the Roll of Nurses. The programmes were approved under the curriculum framework and standards which were implemented for new one-year Level 4 Certificate programmes for enrolled nurses in November 2001.

<sup>2</sup> Five overseas nurses/midwives were both registered and enrolled.

<sup>3</sup> One overseas nurse was both registered and enrolled.

## 2. Registration/enrolment of nurses and midwives from overseas

During the year the Council received 2,828 applications for registration or enrolment from overseas nurses and midwives. The Council registered or enrolled 1,566 nurses and midwives from overseas, five of whom were both registered and enrolled. The largest numbers were registered in the general and obstetric, general, and comprehensive nurse parts of the register.

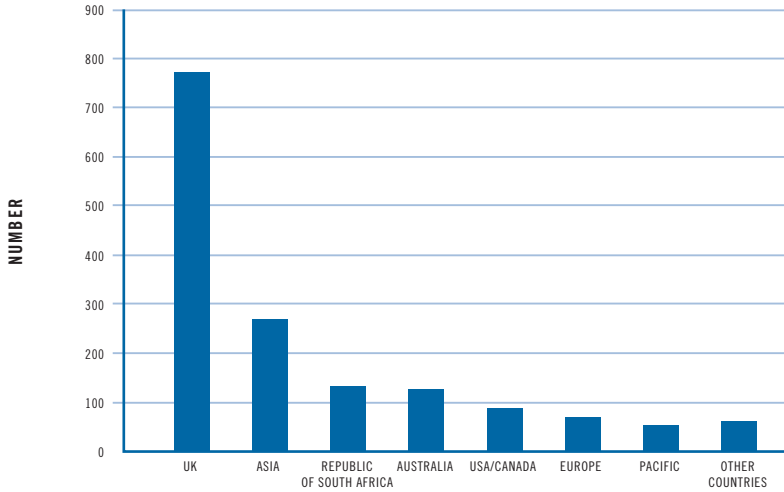
Table 4 provides a breakdown of registrations and enrolments of nurses and midwives from overseas, by parts of the register and the roll. The total number of registrations and enrolments in Table 4 is greater than the total number of individuals registered or enrolled, as some nurses and midwives are entered in more than one part of the register or the roll.

**TABLE 4: REGISTRATION/ENROLMENT OF OVERSEAS NURSES AND MIDWIVES BY PARTS OF THE REGISTER/ROLL - YEAR ENDED 31 MARCH 2003**

Category	Number
Comprehensive nurse	375
General nurse	426
General and obstetric nurse	510
Midwife (single registration)	52
Midwife (dual registration)	67
Psychiatric nurse	148
Psychopaedic nurse	27
Enrolled nurse	56

In Figure 1, over, most of the overseas nurses and midwives registered during the year were from the United Kingdom, Asia, Australia and South Africa. Appendix II provides a breakdown of overseas registrations and enrolments by individual country.

**FIGURE 1: REGISTRATION/ENROLMENT OF OVERSEAS NURSES AND MIDWIVES BY REGION - YEAR ENDED 31 MARCH 2003**



### 3. Registration Committee

The Registration Committee considers individual applicants for registration. This year the Committee met 11 times to consider 122 cases and held three hearings.

#### NEW ZEALAND GRADUATES

- Of 79 applicants for the State Examination with court convictions, 78 were approved as fit and proper to sit the State Examination and be registered, one had his registration deferred pending the provision of further information.

#### OVERSEAS APPLICANTS

- One overseas applicant was declined registration because the Council did not recognise the applicant’s training programme as satisfactory for registration.
- Two overseas applicants were declined registration after failing the competency assessment programme.

### OTHER CASES CONSIDERED

- Thirty six registered general and obstetric nurses were approved to undertake the second and third pathways to comprehensive registration.
- One registered general nurse was approved for registration as a psychiatric nurse pending a pass in the State Examination (Mental Health).

The Committee held three hearings:

- Two New Zealand applicants for registration came before the Committee for hearings under section 19(a) of the Nurses Act 1977 (fitness and properness for registration): one applicant was approved as fit and proper to be registered and was referred to the Health and Disability Committee for ongoing monitoring; and one applicant was declined registration on the grounds that he was not a fit and proper person to be registered.
- One overseas applicant who declared a court conviction was granted registration on the grounds that he was a fit and proper person to be registered.

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## 4. Nurse Practitioner Endorsement

This year the Nursing Council granted nurse practitioner endorsement to five registered nurses.

During the year the Council set up the Nurse Practitioners Review Committee as an independent panel with delegated authority to consider requests for review from unsuccessful applicants. The Committee comprises one Council member, one Council nominee, and one nominee from the Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ).

The Council received 11 applications for nurse practitioner endorsement this year:

- Panel assessments were convened for three applicants who met the requirements for educational equivalence.
- Of the four applicants who completed the assessment process, three were granted and one was declined nurse practitioner endorsement.

- Three applicants requested a review of the Council's decision that they did not meet the requirements for educational equivalence. The Nurse Practitioner Review Committee upheld the Council's original decision regarding two of the applicants, and referred one decision back to the Council for reconsideration.
- One application was deferred pending the submission of further information to support the applicant's portfolio.

The assessment process continued for four nurses who applied for nurse practitioner endorsement prior to 1 April 2002. Of these, two applicants were granted nurse practitioner endorsement. One applicant was declined endorsement and requested a review of the decision. One applicant who did not meet the requirements for educational equivalence appealed the Council's decision to decline endorsement. The Nurse Practitioner Review Committee referred the application back to the Council for reconsideration and, after further consideration, the Council upheld its original decision.

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## 5. Endorsement to supply emergency contraceptive pill

The Council granted endorsement to 182 registered nurses to supply the emergency contraceptive pill.

## 6. Annual Practising Certificates

In the year to 31 March 2003, the Council issued annual practising certificates to 50,693 nurses and midwives. Table 5 sets out their registration and enrolment categories.

**TABLE 5: REGISTRATION/ENROLMENT CATEGORIES OF NURSES/MIDWIVES ISSUED WITH ANNUAL PRACTISING CERTIFICATES – YEAR ENDED 31 MARCH 2003**

Category	Number	Proportion %
Comprehensive nurse	20,080	39.60%
Comprehensive nurse/Midwife	973	1.92%
General nurse	2,546	5.02%
General/Psychiatric nurse	155	0.31%
General/Psychopaedic nurse	3	0.01%
General/Psychiatric/Psychopaedic nurse	3	0.01%
General and obstetric nurse	15,444	30.46%

General and obstetric nurse/Midwife	3,344	6.60%
Midwife	564	1.11%
Midwife/Enrolled nurse	33	0.07%
Obstetric nurse	104	0.21%
Obstetric/Enrolled nurse	19	0.04%
Psychiatric nurse	1,460	2.87%
Psychiatric/Enrolled nurse	79	0.16%
Psychiatric/Psychopaedic nurse	38	0.07%
Psychopaedic nurse	259	0.51%
Psychopaedic/Enrolled nurse	15	0.03%
Enrolled nurse	5,574	11.00%
<b>Total</b>	<b>50,693</b>	<b>100.00%</b>

Table 6 provides a breakdown under each part of the register and the roll of nurses and midwives issued with annual practising certificates in the year to 31 March 2003. The total in Table 6 is greater than the total number of annual practising certificates issued, as 4,662 (9.2%) of those issued with annual practising certificates had more than one entry in the register/roll.

**TABLE 6: ANNUAL PRACTISING CERTIFICATES ISSUED IN YEAR ENDED 31 MARCH 2003 UNDER EACH PART OF REGISTER/ROLL**

<b>Category</b>	<b>Number</b>
Comprehensive nurse	21,053
General nurse	2,707
General and obstetric nurse	18,788
Obstetric nurse	123
Psychiatric nurse	1,735
Psychopaedic nurse	318
Enrolled nurse	5,720
Midwife	4,914

## 7. Verifications

When nurses and midwives apply for registration overseas, most overseas registration authorities require verification of the applicant's New Zealand registration or enrolment. This year the Council provided verification of registration or enrolment to 1,867 nurses and midwives planning to register with an overseas authority. Table 7 below shows the planned destination of those who sought verification, the largest number of verifications were provided for Australia. The Nursing Council does not hold data on the number of nurses and midwives who actually leave the country.

**TABLE 7: DESTINATION OF VERIFICATIONS – YEAR ENDED 31 MARCH 2003**

<b>Country of destination</b>	<b>Number</b>
Australia	1,154
United Kingdom	423
Canada	109
United States of America	110
Eire (Ireland)	56
United Arab Emirates	5
Bermuda	3
Israel	2
Singapore	1
Bahrain	1
Hong Kong	1
South Africa	1
Tanganyika	1
<b>Total</b>	<b>1,867</b>

Table 8 shows the trend in recent years for an increasing number of nurses and midwives to request verification of their New Zealand registration/enrolment. In the year to 31 March 2003 there was a slight reduction in the number of verifications sought compared with the previous year, from 2,285 to 1,867.

**TABLE 8: NUMBER OF VERIFICATIONS – COMPARISON WITH PREVIOUS YEARS**

<b>Year ended 31 March</b>	<b>Number</b>
2003	1,867
2002	2,285
2001	1,152
2000	793
1999	664

Table 9 sets out the registration and enrolment categories of those who sought verification. Most of the 1,867 nurses and midwives who requested verification were registered or enrolled since 1995.

**TABLE 9: REGISTRATION/ENROLMENT CATEGORIES FOR VERIFICATIONS PROVIDED IN YEAR ENDED 31 MARCH 2003**

<b>Category</b>	<b>Number</b>
Comprehensive nurse	1,197
Comprehensive nurse/Midwife	45
General nurse	104
General and obstetric nurse	292
General and obstetric nurse/Midwife	82
Midwife	19
Obstetric nurse	1
Psychiatric nurse	50
Psychiatric/Psychopaedic nurse	2
Psychopaedic nurse	1
Enrolled nurse	74
	<b>1,867</b>

## MIDWIFERY

The Nursing Council sets and monitors standards for midwifery registration, including requirements for midwifery education. The Council's education role includes auditing and approving midwifery programmes, developing criteria for registration, and administering the State Examination process.

This section of the annual report covers the Council's activities as they relate to the education and registration of midwives.

### SUMMARY OF KEY ACTIVITIES

#### This year the Nursing Council:

- worked with the Ministry of Health towards establishing a separate Midwifery Council
- conducted an audit of one Bachelor of Midwifery programme
- administered the State Examination (Midwifery), with a total of 112 candidates seeking registration as midwives
- registered as midwives 110 persons who completed a New Zealand course and passed the State Examination
- registered 119 midwives who qualified overseas (52 as midwives only, and 67 as a midwife and a nurse)
- issued 4,914 midwives with annual practising certificates (564 of whom are registered as midwives only)
- provided verification of New Zealand registration to 145 midwives seeking overseas registration.

### 1. Separate Midwifery Council

The Nursing Council has worked with the Ministry of Health to provide information and advice on the establishment of the new Midwifery Council, and transition requirements, including costs. In October 2002, the Council ran a midwifery forum to discuss the transition and establishment of the Midwifery Council with the profession.

The Council also re-designed the registration database to clarify the information on practising midwives.

## 2. Audit of Bachelor of Midwifery programme

This year the Council audited Waikato Institute of Technology's Bachelor of Midwifery. Approval was deferred following monitoring of the Council's requirements.

## 3. State Examination (Midwifery)

The Nurses Act 1977 requires a pass in the State Examination (Midwifery) for registration as a midwife. In accordance with the Nurses Regulations 1996, the examination leading to registration as a midwife assesses the theory and practice of midwifery and obstetrics. This includes knowledge of relevant sciences, health education, research, management principles and the legal requirements related to midwifery practice in different settings.

### TOTAL NUMBER OF CANDIDATES

This year there were 112 candidates for the State Examination for registration as midwives, 110 of whom were successful. Table 10 sets out the number of candidates who sat and passed at the three examination sessions during the year, and Table 11, over, sets out the number of candidates who sat and passed in comparison with previous years.

**TABLE 10: CANDIDATES FOR STATE EXAMINATION (MIDWIFERY)  
- YEAR ENDED 31 MARCH 2003**

<b>Examination candidates</b>	<b>Sat</b>	<b>Passed</b>	<b>Percentage passed</b>
July 2002	22	22	100.00%
November 2002	78	76	97.44%
March 2003	12	12	100.00%
<b>Total</b>	<b>112</b>	<b>110</b>	<b>98.21%</b>

**TABLE 11: CANDIDATES FOR STATE EXAMINATION (MIDWIFERY)  
– COMPARISON WITH PREVIOUS YEARS**

<b>Year ended 31 March</b>	<b>Total sat</b>	<b>Total passed</b>	<b>Percentage passed</b>
2003	112	110	98.21%
2002	103	89	86.40%
2001	91	81	89.01%
2000	130	125	96.15%
1999	101	100	99.00%

#### **4. New registrations from New Zealand programmes**

The Nursing Council registered 110 midwives who completed a New Zealand course and passed the State Examination. This was 21 more New Zealand midwifery registrations than the previous year.

#### **5. Registration of midwives from overseas**

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This year the Nursing Council granted registration to 119 persons who qualified as midwives overseas. Fifty two of these were registered as midwives only, and 67 were granted dual registrations as midwives and nurses.

#### **6. Annual Practising Certificates**

In the year to 31 March 2003, the Council issued annual practising certificates to 4,914 midwives. Of these, 564 held single registrations as midwives only, and 4,350 held dual registrations as midwives and nurses.

#### **7. Verifications**

When a midwife applies for overseas registration, most overseas registration authorities require verification of the applicant's New Zealand registration. This year the Council provided 145 midwives with verification of their New Zealand registration, 19 of whom were registered as midwives only, and 126 of whom held dual registrations as nurses and midwives.

# HEALTH AND DISABILITY

The Nurses Act 1977 requires the Nursing Council to consider notifications of mental or physical disability or suspected disability of registered and enrolled nurses and midwives. The Health and Disability Committee has delegated authority to consider these notifications and, where appropriate, to suspend the nurse or midwife under section 32 of the Act, or to suspend the nurse or midwife under section 33 of the Act and permit the nurse or midwife to practice under conditions.

## SUMMARY OF KEY ACTIVITIES

**This year:**

- the Council received 30 new notifications
- the Health and Disability Committee held 53 hearings to consider new notifications and to review suspensions and conditions imposed under the Act.

### 1. New notifications

The number of new notifications increased from 14 in 2002, to 30 in 2003. Table 12 sets out the number of new notifications received this year in comparison with previous years.

**TABLE 12: DISABILITY OR SUSPECTED DISABILITY: NEW NOTIFICATIONS RECEIVED – COMPARISON WITH PREVIOUS YEARS**

Year ended 31 March	Total
2003	30
2002	14
2001	28
2000	22
1999	32

The new notifications were received from a variety of sources, the largest source being employers. Table 13 sets out the source of the notifications received this year. Table 14 sets out the registration/enrolment categories of those about whom notifications were received.

**TABLE 13: SOURCE OF NOTIFICATIONS OF DISABILITY OR SUSPECTED DISABILITY RECEIVED IN YEAR ENDED 31 MARCH 2003**

Source	Number
Employer	21
Medical practitioner	2
Overseas jurisdictions	1
Self notifications	4
Colleague	1
Registration Committee	1
<b>Total</b>	<b>30</b>

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**TABLE 14: REGISTRATION/ENROLMENT CATEGORIES - NOTIFICATIONS RECEIVED IN YEAR ENDED 31 MARCH 2003**

Category	Number
Comprehensive nurse	14
General and obstetric nurse	9
Psychiatric nurse	2
Enrolled nurse	3
Registered general and obstetric nurse/Midwife	2
<b>Total</b>	<b>30</b>

## 2. Health and Disability Committee hearings

This year the Health and Disability Committee held 53 hearings, 22 more than it held in the year ended 31 March 2002. Table 15, opposite, sets out the number of hearings in comparison with previous years.

The Committee considered new notifications received during the year or carried over from the previous year, and reviewed suspensions and conditions which had been imposed under the Act. The disabilities or

suspected disabilities considered included physical disability, mental disability and drug dependency. Of the 53 hearings conducted:

- 11 nurses were suspended under section 33 of the Nurses Act 1977, and permitted to practice under conditions
- 10 nurses were suspended from practice under section 32
- three nurses had their suspensions under section 33 revoked and the conditions on their practice lifted
- 11 nurses continued to be suspended under section 33 and continued to be permitted to practice under conditions
- 10 nurses had their suspensions under section 32 revoked and were suspended under section 33 and permitted to practice under conditions
- the Committee took no further action on eight notifications because it did not consider that the nurses had a disability affecting their practice.

**TABLE 15: HEALTH AND DISABILITY HEARINGS  
- COMPARISON WITH PREVIOUS YEARS**

<b>Year ended 31 March</b>	<b>Total</b>
2003	53
2002	31
2001	34
2000	35
1999	38

## DISCIPLINE

Part IV of the Nurses Act 1977 provides for action on complaints received about the conduct of nurses and midwives, including the investigation role of the Preliminary Proceedings Committee and the disciplinary powers of the Council.

### SUMMARY OF KEY ACTIVITIES

#### This year:

- the Nursing Council received 56 complaints under the Nurses Act 1977 about the conduct of nurses and midwives
- the Health and Disability Commissioner advised the Council of his opinion on 26 complaints alleging breaches of the Code of Health and Disability Services' Consumers Rights
- the Preliminary Proceedings Committee held 16 preliminary hearings
- the Nursing Council conducted 13 disciplinary hearings
- the Monitoring Committee met six times to monitor nurses and midwives practising under conditions imposed following a finding of professional misconduct.

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### 1. Complaints received

Under section 40 of the Nurses Act 1977, this year the Nursing Council received 56 complaints concerning the conduct of nurses and midwives from employers, consumers and other health professionals. This was 26 more complaints than the Council received in the year ended 31 March 2002. Table 16 opposite shows the number of complaints received compared with previous years.

**TABLE 16: COMPLAINTS RECEIVED UNDER SECTION 40  
– COMPARISON WITH PREVIOUS YEARS**

<b>Year ended 31 March</b>	<b>Total</b>
2003	56
2002	30
2001	27
2000	37
1999	34

As required by section 48C of the Nurses Act 1977, the Registrar referred all 56 complaints to the Health and Disability Commissioner. The Commissioner referred 36 of the complaints which raised professional issues back to the Registrar, and the Convener of the Preliminary Proceedings Committee decided that the Committee would investigate all of them.

As shown in Table 17, the complaints referred to the Preliminary Proceedings Committee for investigation originated from a variety of sources, the most common source being employers.

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**TABLE 17: SOURCE OF COMPLAINTS REFERRED TO PRELIMINARY PROCEEDINGS  
COMMITTEE – YEAR ENDED 31 MARCH 2003**

<b>Source</b>	<b>Number</b>
Employers	20
Consumers	7
Other health professionals	7
Accident Compensation Corporation	1
Nursing Council's Monitoring Committee	1
<b>Total</b>	<b>36</b>

Table 18 on the following page sets out the registration/enrolment categories of the nurses and midwives who were referred to the Preliminary Proceedings Committee for investigation.

**TABLE 18: REGISTRATION/ENROLMENT CATEGORIES – COMPLAINTS REFERRED TO PRELIMINARY PROCEEDINGS COMMITTEE – YEAR ENDED 31 MARCH 2003**

<b>Category</b>	<b>Number</b>
Comprehensive nurse	13
Comprehensive nurse/Midwife	2
General and obstetric nurse	5
General and obstetric nurse/Midwife	6
Midwife	1
Psychiatric nurse	3
Psychopaedic nurse	1
Enrolled nurse	5
<b>Total</b>	<b>36</b>

The conduct alleged in the complaints included:

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- prescribing medication for patients
- failing to take action on an abnormal CTG
- hitting a patient
- entering into an inappropriate relationship with a patient
- borrowing money from a patient and entering into loan agreements with a patient
- stealing money from a patient
- falsifying a patient's recordings
- sexual exploitation of a patient.

## **2. Health and Disability Commissioner's advice to the Council**

This year the Health and Disability Commissioner advised the Nursing Council of his opinion on 26 complaints he had investigated concerning alleged breaches of the Code of Health and Disability Services' Consumers Rights. The Convener of the Preliminary Proceedings Committee considered each of the Commissioner's opinions to decide whether they raised any professional issues warranting further investigation. The Committee further investigated matters raised in one of the opinions. No charges of professional misconduct were laid.

The Commissioner informed the Council of a further eight matters he had referred to the Director of Proceedings to decide whether to lay charges of professional misconduct before the Nursing Council and/or institute proceedings to the Complaints Review Tribunal.

This year the Commissioner also notified the Nursing Council of 29 complaints he had commenced investigating.

### 3. Preliminary Proceedings Committee hearings

The Preliminary Proceedings Committee held 16 preliminary hearings in the year ended 31 March 2003. Preliminary hearings give nurses and midwives under investigation the opportunity to respond to the allegations. The Committee decided to frame and refer charges of professional misconduct against 10 nurses and midwives to the Nursing Council, and to take no further action on the complaints about the other six nurses.

### 4. Nursing Council hearings

The Nursing Council conducted 11 disciplinary hearings under section 42(1)(b) of the Nurses Act 1977 (allegations of professional misconduct), and two hearings under section 42(1)(a) of the Act (referrals of court convictions). The Preliminary Proceedings Committee prosecuted charges against two registered psychiatric nurses, five registered comprehensive nurses, one enrolled nurse, two registered general and obstetric nurses, one registered psychopaedic nurse, and one registered general and obstetric nurse and registered midwife. The Director of Proceedings prosecuted charges against two registered comprehensive nurses and one registered general and obstetric nurse, and the charges were heard together.

The following is a summary of individual hearings:

- A registered comprehensive nurse was found guilty of professional misconduct for verbally and physically abusing a client, and practising while intoxicated at which time he intimidated a colleague and threatened to another colleague that he might have to “smash” a client. The Council ordered that the nurse work only under supervision for a period of one year effective from the time he recommenced practising as a comprehensive nurse. He was ordered to pay \$6,320.00, being 40% of the actual costs and expenses of

and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council also ordered publication of the effect of the orders, including the nurse's name.

- A registered psychiatric nurse was found guilty of professional misconduct for failing to use appropriate calming and restraint techniques in caring for a patient by tightly gripping the patient's hands and/or positioning the patient on her side with a knee on her legs. The nurse was censured and ordered to pay \$9,684.00, being 30% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, suppressing the name of the nurse and other parties, and any identifying features of the case.
- A registered psychopaedic nurse was found guilty of professional misconduct for physically and verbally abusing two residents in the residential complex where he worked. The Council considered the nurse's conduct amounted to serious abuse constituting malpractice, and ordered that his name be removed from the register of psychopaedic nurses. It declined to fix a time when he could apply to have his name restored to the register. The nurse was ordered to pay \$2,420.00, being 25% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council also ordered publication of the effect of the orders including the nurse's name, and it suppressed the names of all other parties and identifying features.
- A registered psychiatric nurse was found guilty of professional misconduct for entering into an intimate and/or sexual relationship with a client of the service where she worked. The Council suspended the nurse from practice for a period of 12 months. She was ordered to pay \$3,960.00, being 30% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council also ordered publication of the effect of the orders, suppressing the names of all parties and identifying features.
- A registered comprehensive nurse was found guilty of professional misconduct for selling her car to a mental health client of the service she worked for. The Council held that the nurse knew or

ought to have known that the car had no warrant or registration, that it was not warrantable because of damage, and that the client was repaying debts and/or needed to borrow money to purchase the car. The Council considered that the nurse had exploited the professional relationship, and ordered that she be censured. The nurse was ordered to pay \$11,500.00, being 30% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, suppressing the name of the nurse and all other parties and identifying details.

- A registered general and obstetric nurse was found guilty of professional misconduct for verbally and physically abusing residents of the resthome where she worked, and compromising their safety and well-being by neglecting her responsibilities. The Council ordered that the nurse's name be removed from the register and that she could apply for reinstatement after 12 months. She was ordered to pay \$10,900, being 40% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council also ordered publication of the effect of the orders, suppressing the name of the nurse, other parties, and identifying features of the case.
- A registered general and obstetric nurse and registered midwife was found guilty of professional misconduct for misappropriating controlled drugs from her workplace for her own use, and using medication not prescribed for her. The Council ordered that the nurse's name be removed from the register and that she could apply for reinstatement after two years. She was ordered to pay \$16,100.00, being 50% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, including the nurse's name.
- A registered general and obstetric nurse was found guilty of professional misconduct for having a sexual relationship with a client of the service where she worked. The Council held that an intimate relationship between a nurse and a patient under his/her care was inappropriate in any circumstances, and that the nurse was always responsible for maintaining appropriate boundaries because s/he was the professional involved.

The Council ordered that the nurse's name be removed from the register. She could apply for reinstatement after 12 months. It ordered the nurse to pay \$6,400.00, being 30% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. It ordered publication of the effect of the orders, suppressing the names of all parties and identifying features.

- A registered comprehensive nurse was found guilty of professional misconduct for compromising patient safety and/or well-being, failing to administer and/or document medication for patients as prescribed, failing to maintain safe standards of practice in relation to the security of medication, and behaving in an unprofessional and/or offensive manner towards a colleague or colleagues. The Council ordered that the nurse's name be removed from the register. The nurse could apply for reinstatement after two years. The nurse was ordered to pay \$9,900, being 50% of the actual costs and expenses of and incidental to the investigation by the Preliminary Proceedings Committee and the Council inquiry. The Council ordered publication of the effect of the orders, suppressing the names of all parties and identifying features.
- The Council considered the matter of a registered comprehensive nurse, who had been convicted under the Misuse of Drugs Act 1975 for stealing Class C controlled drugs and sentenced to 12 months supervision, as a referral of conviction under section 42(1)(a) of the Nurses Act 1977. The Council ordered that the nurse's name be removed from the register and that she could apply for reinstatement after two years. The nurse was ordered to pay \$350.00, being 25% of the actual costs and expenses of and incidental to the Council inquiry. The Council ordered publication of the effect of the orders.
- A registered comprehensive nurse was convicted under the Crimes Act 1961 of using a document for pecuniary advantage, two charges of theft and a charge of theft by fraudulently failing to account for the proceeds of an item. The Council considered the matter as a referral of conviction under section 42(1)(a). It ordered that the nurse's name be removed from the register and that he could apply for reinstatement after two years. The nurse was ordered to pay \$660.00, being 35% of the actual costs and expenses of and

incidental to the Council inquiry. The Council ordered publication of the effect of the orders.

- An enrolled nurse was found guilty of professional misconduct. The Council did not impose any penalty or order for publication.
- The Director of Proceedings laid charges against three nurses in relation to their post-operative care of a child who had undergone an adenotonsillectomy. One registered comprehensive nurse and one registered general and obstetric nurse pleaded and were found guilty of professional misconduct for failing to adequately check and/or set and/or monitor the drop rate of the child's intravenous fluid, failing to ensure that a burette or floguard was set up on the intravenous line, failing to calculate the amount of fluid that had been administered and failing to complete the child's fluid balance chart. The Council ordered that those two nurses be censured and that each pay \$2,640.00, being 35% of the actual costs of and incidental to the inquiry by the Director of Proceedings and the Council. It ordered publication of the effect of the orders, suppressing the names of the two nurses and all identifying details. The Council dismissed the charges against another registered comprehensive nurse. Although the facts were proven, the Council held that the nurse's conduct did not amount to professional misconduct.

## 5. Monitoring Committee

When the Nursing Council finds a nurse or midwife guilty of professional misconduct and imposes conditions on practice, the Monitoring Committee monitors the nurse's or midwife's practice to ensure compliance with the conditions. At 31 March 2003, the Committee was monitoring seven nurses and one midwife, only one of whom was practising.

During the year:

- the Council referred one nurse to the Committee with conditions placed on his practice. He had not commenced practice again by the end of the year

- the Monitoring Committee removed the conditions on practice from one nurse, who had completed one year with favourable reports on practice
- the Monitoring Committee referred one midwife to the Preliminary Proceedings Committee for further investigation following allegations of breach of conditions on practice.

# FINANCIAL STATEMENTS

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**NURSING COUNCIL OF NEW ZEALAND  
STATEMENT OF FINANCIAL PERFORMANCE  
FOR THE YEAR ENDED 31 MARCH 2003**

	Note	2003 \$	2002 \$
<b>INCOME</b>			
Corporate Affairs Income	2	160,776	131,236
Education Income		132,850	126,162
APC Registration Income		1,998,661	1,406,967
Other Registration Income		624,312	512,730
Disciplinary Costs Recovered		75,370	97,895
<b>TOTAL INCOME</b>		<b>2,991,969</b>	<b>2,274,990</b>
<b>Less EXPENSES</b>			
Corporate Affairs Expenses	6	907,750	1,124,601
Education Expenses		168,606	213,719
APC Registration Expenses		102,422	93,508
Other Registration Expenses		467,459	378,522
Disciplinary Expenses	3	535,463	452,219
Health & Disability Expenses		102,607	85,300
Council Governance Expenses	4	149,511	194,083
Midwifery Expenses		29,872	23,005
<b>TOTAL EXPENSES</b>		<b>2,463,690</b>	<b>2,564,957</b>
<b>NET SURPLUS/(DEFICIT)</b>		<b>528,279</b>	<b>(289,967)</b>

The accompanying notes and policies form part of these financial statements.

**NURSING COUNCIL OF NEW ZEALAND  
STATEMENT OF MOVEMENTS IN EQUITY  
FOR THE YEAR ENDED 31 MARCH 2003**


Note	2003 \$	2002 \$
Accumulated Funds at Beginning of Year	505,787	795,754
<b>SURPLUS (DEFICIT)</b>		
Net Surplus/(Deficit)	528,279	(289,967)
<b>TOTAL RECOGNISED REVENUES AND EXPENSES FOR THE YEAR</b>	528,279	(289,967)
<b>ACCUMULATED FUNDS AT END OF YEAR</b>	1,034,066	505,787

The accompanying notes and policies form part of these financial statements.

**NURSING COUNCIL OF NEW ZEALAND**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT 31 MARCH 2003**

	Note	2003 \$	2002 \$
<b>CURRENT ASSETS</b>			
Cash on Hand	7	5,822	12,871
Deferred Expenditure		101,240	93,356
Accounts Receivable		6,405	21,250
Accrued Income		171	–
Recoverable Legal Fees	8	8,896	4,562
Interest Receivable		18,899	13,704
Investments	9	2,821,925	2,271,068
		2,963,358	2,416,811
<b>LESS CURRENT LIABILITIES</b>			
Accrued Salaries / Annual Leave		53,746	43,656
Accounts Payable	10	380,565	449,570
APC Fees Paid in Advance		1,688,702	1,628,737
		2,123,013	2,121,963
		840,345	294,848
<b>WORKING CAPITAL</b>			
<b>NON CURRENT ASSETS</b>			
Recoverable Legal Fees	8	84,284	87,551
Art Work		1,194	1,194
Fixed Assets	11	130,990	156,693
		216,468	245,438
<b>NON CURRENT LIABILITIES</b>			
Lease Liability	17	22,747	34,499
<b>NET ASSETS</b>		1,034,066	505,787
<b>ACCUMULATED FUNDS</b>		1,034,066	505,787

On behalf of the Council



Chief Executive Officer



Chairperson

25 July 2003 Date

The accompanying notes and policies form part of these financial statements.

**NURSING COUNCIL OF NEW ZEALAND**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 31 MARCH 2003**

Note	2003 \$	2002 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
<i>Cash was Provided from:</i>		
APC Registration Income	2,058,627	1,893,245
Other Registration Income	624,312	512,730
Interest Received	88,670	78,656
Other Receipts	286,896	287,558
GST	15,883	60,119
	<b>3,074,388</b>	<b>2,832,308</b>
<i>Cash was Applied to:</i>		
Service Delivery Expenses	1,655,033	1,702,483
Payments to Employees	839,627	709,399
GST	-	-
	<b>2,494,660</b>	<b>2,411,882</b>
Net Cash Inflows/(Outflows) from Operating Activities 18	579,728	420,426
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
<i>Cash was Provided from:</i>		
Sale of Fixed Assets	-	890
	-	890
<i>Cash was Applied to:</i>		
Purchase of Fixed Assets	25,601	27,764
Term Deposits	700,000	300,000
	<b>725,601</b>	<b>327,764</b>
Net Cash Inflows/(Outflows) from Investing Activities	(725,601)	(326,874)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
<i>Cash was Applied to:</i>		
Repayment of Equipment Lease Instalments	10,319	3,121
	10,319	3,121
Net Cash Inflows/(Outflows) from Financing Activities	(10,319)	(3,121)
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>	<b>(156,192)</b>	<b>90,431</b>
Add Cash and Deposits at Beginning of Year	283,939	193,508
<b>BALANCE OF CASH AND DEPOSITS AT END OF YEAR</b>	<b>127,747</b>	<b>283,939</b>
<i>Represented by:</i>		
Cash on Hand	5,822	12,871
BNZ At-Call Investments	121,925	271,068
	<b>127,747</b>	<b>283,939</b>

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

**NOTE 1  
STATEMENT OF ACCOUNTING POLICIES**

**Reporting Entity**

The Nursing Council of New Zealand is governed by the Nurses Act 1977. The Council prepares financial statements in accordance with the Act's reporting requirements and the Financial Reporting Standards of the Institute of Chartered Accountants of New Zealand.

**Measurement Base**

The accounting principles recognised as appropriate for the measurement and reporting of results and financial position on a historical cost basis have been adopted in so far as they apply to the Council.

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**Specific Accounting Policies**

The following specific accounting policies which materially affect the measurement of the financial performance and financial position have been applied.

**A) RECOVERABLE LEGAL FEES**

Legal fees to be recovered but not yet received are recognised as revenue in the statement of financial performance.

**B) PROVISION FOR RECOVERABLE LEGAL FEES**

Provision has been made in the Statement of Financial Performance for those recoverable legal fees that are deemed doubtful. Doubtful debts have been provided for based on a three part calculation:

Part 1 – Receivables recognised as current year are not provided for unless information is available to suggest specific provision is required.

Part 2 – Receivables other than current year with a payment arrangement in place. If the payment arrangement will not clear the receivable within 5 years of balance date then the excess balance is specifically provided for.

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

Part 3 – Receivables other than current year with no payment arrangement in place are 100% provided for.

The sum of these parts forms the provision for doubtful debts shown in notes 3 and 8 to these financial statements.

**C) INVESTMENTS**

Investments have been shown at lower of cost or net realisable value.

**D) FIXED ASSETS**

All assets are recorded at historical cost less accumulated depreciation.

**E) DEPRECIATION**

Fixed assets are depreciated on a straight-line basis. Rates of depreciation applied to the fixed assets in the financial statements are:

Office equipment	10%
Computer equipment	30%
Leasehold improvements	28.6%

Assets purchased during the year are charged depreciation from the date of purchase.

Leasehold improvements have been depreciated over the remaining term of the lease.

**F) FEES RECEIVED IN ADVANCE**

Fees received in advance for annual practising certificates are accrued in the Statement of Financial Position when received and recognised in the Statement of Financial Performance in the year to which they relate.

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

**G) FEES RECEIVED FOR PROCESSING OVERSEAS APPLICATIONS**

Fees received for processing overseas applications for registration in New Zealand are recognised as revenue when received.

**H) PROVISION FOR HOLIDAY PAY**

Provision has been made for the holiday pay liability on an actual entitlements basis at current rates of pay. Any movement in the level of this provision is reflected in the Statement of Financial Performance.

**I) GST**

The financial statements and notes are shown GST exclusive except for accounts payable and accounts receivable which are shown GST inclusive in the Statement of Financial Position.

**J) DEFERRED EXPENDITURE**

Expenses incurred directly relating to annual practising certificates are expensed in the year to which they relate.

**K) LEASED ASSETS**

The Council is party to operating lease arrangements where the lessor effectively retains substantially all the risks and benefits of ownership of the leased items. The operating lease costs incurred this financial year have been expensed in the Statement of Financial Performance and future commitments have been disclosed in Note 16 to these Financial Statements.

**L) FINANCIAL INSTRUMENTS**

The Council is party to financial instrument arrangements as part of its everyday operations. These financial instruments include bank accounts, investments, accounts receivable and accounts payable.

Except for those items covered by a separate accounting policy, all financial instruments are shown at their estimated fair value.

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

Revenues and expenses in relation to all financial instruments are recognised in the Statement of Financial Performance.

All financial instruments are recognised in the Statement of Financial Position as they are entered into. The Council has not entered into any off-balance sheet arrangements.

**Changes in Accounting Policy**

There have been no changes in the accounting policies of the Council during the year.

The policies have been applied on a basis consistent with the previous year.

**NOTE 2  
CORPORATE AFFAIRS INCOME**

	2003 \$	2002 \$
Interest	88,669	66,845
Publications	69,298	61,728
Sundry	2,809	2,663
	160,776	131,236

**NOTE 3  
DISCIPLINARY EXPENSES**

	2003 \$	2002 \$
Doubtful Debts	44,664	17,044
Other Disciplinary Expenses	490,799	435,175
	535,463	452,219

**NOTE 4  
COUNCIL GOVERNANCE EXPENSES**

These expenses relate to the general governance activities of Council members. Council fees relating to Education, Registration, Disciplinary

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

and Health and Disability are included in the expenditure totals for those activities.

	2003 \$	2002 \$
Council Members Fees	80,863	90,074
Council Members Travel	57,769	95,060
Council Expenses	5,445	4,449
Council Development	5,434	4,500
	149,511	194,083

**NOTE 5  
COUNCIL FEES**

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As stated in note 4, Council fees are attributed to various activities in the financial statements. The total Council members fees were:

	2003 \$
Annette Huntington – Paid to Massey University	42,356
Annette Huntington	3,000
Beverly Rayna	20,122
Brenda Hall	15,912
Hope Tupara	16,510
Jean Patterson – Paid to Otago Polytechnic	11,864
Jean Patterson	1,820
Margaret Millard	1,523
Margaret Southwick – Paid to Whitireia Polytechnic	7,995
Margaret Southwick	1,320
Marie Kiely	20,485
Meretene Hammond – Paid to Hawkes Bay DHB	1,020
Meretene Hammond – Paid to Te Whare Marie	3,230
Meretene Hammond	5,134
Noeline Warmington	14,440
Sandy Grey	14,870
Total Council Members Fees	181,601

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

**NOTE 6  
CORPORATE AFFAIRS EXPENSES**

	2003 \$	2002 \$
Audit Fees	15,196	13,000
Depreciation	51,304	54,649
Human Resources	33,876	19,783
Rental Costs	79,183	77,294
Salaries	346,812	266,165
Other Corporate Affairs Expenses	381,379	693,710
	907,750	1,124,601

**NOTE 7  
CASH ON HAND**

	2003 \$	2002 \$
Cash Float	100	100
BNZ Cheque Account	5,722	12,771
	5,822	12,871

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**NOTE 8  
RECOVERABLE LEGAL FEES**

	2003 \$	2002 \$
<b>CURRENT PORTION</b>		
Recoverable Legal Fees	8,896	4,562
Less Provision for Doubtful Debts	–	–
	8,896	4,562
<b>NON CURRENT PORTION</b>		
Recoverable Legal Fees	231,406	190,009
Less Provision For Doubtful Debts	(147,122)	(102,458)
	84,284	87,551
Total Recoverable Legal Fees	240,302	194,571
Less: Provision For Doubtful Debts	(147,122)	(102,458)
	93,180	92,113

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

**NOTE 9  
INVESTMENTS**

The value of investments and the average interest rates at year end for the term deposits were:

	Rate %p.a.	2003 \$	Rate %p.a.	2002 \$
Term Deposits	5.7	2,700,000	5.4	2,000,000
BNZ At-Call Investments		121,925		271,068
		2,821,925		2,271,068

**NOTE 10  
ACCOUNTS PAYABLE**

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	2003 \$	2002 \$
GST Payable	184,460	154,456
PAYE Payable	8,980	8,649
Sundry Accounts Payable	187,125	286,465
	380,565	449,570

**NOTE 11  
FIXED ASSETS SCHEDULE**

	Cost 31/3/03	Accum Depn 31/3/03	Book value 31/3/03
Leasehold Improvements	186,459	165,050	21,409
Office Equipment	193,835	121,191	72,644
Computer Equipment	332,729	295,792	36,937
	713,023	582,033	130,990

	Cost 31/3/02	Accum Depn 31/3/02	Book value 31/3/02
Leasehold Improvements	186,459	150,779	35,680
Office Equipment	192,719	106,519	86,200
Computer Equipment	310,345	275,532	34,813
	689,523	532,830	156,693

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

**NOTE 12  
DEPRECIATION**

	2003 \$	2002 \$
Leasehold Improvements	14,271	14,013
Office Equipment	14,672	14,389
Computer Equipment	22,361	26,247
	51,304	54,649

**NOTE 13  
COMPARATIVE INFORMATION**

Certain comparative information in the financial statements has been reclassified in order to provide a more appropriate basis for comparison.

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**NOTE 14  
CAPITAL COMMITMENTS**

The Council has commitments of \$12,100 for capital expenditure on designers and consultants as at 31 March 2003 (2002:\$Nil).

**NOTE 15  
CONTINGENT LIABILITIES**

The Council has contingent liabilities of \$30,000 as at 31 March 2003 (2002:\$30,000).

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

**NOTE 16  
OPERATING LEASE COMMITMENTS**

	2003 \$	2002 \$
Rental of premises and rental of carpark		
Not later than one year	171,918	79,180
Later than one year and not later than two years	150,511	79,180
Later than two years and not later than five years	452,928	39,590
	775,357	197,950

**OLYMPIC HOUSE**

Term: 3 Years (expires on 30 September 2004)

Location: Olympic House, Courtenay Place

**MID CITY TOWER**

Term: 6 Years from 1 May 2003

Location: Mid City Tower, 139-143 Willis Street, Wellington

**NOTE 17  
FINANCE LEASE LIABILITY**

Finance lease liability consists of equipment (\$42,610) that has been capitalised as fixed assets. The net carrying value of leased assets is \$36,929. Finance charges of \$4,585 have been expensed in the period to the Statement of Financial Performance (2002:\$1,846).

	2003 \$	2002 \$
Not later than one year	11,748	10,317
Later than one year and not later than two years	22,748	11,746
Later than two years and not later than five years	–	22,753
Total lease liability	34,496	44,816

**NURSING COUNCIL OF NEW ZEALAND  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2003**

**NOTE 18  
RECONCILIATION OF NET SURPLUS/(DEFICIT) FOR THE YEAR  
WITH NET CASH FLOWS FROM OPERATING ACTIVITIES**

	2003 \$	2002 \$
Net Surplus/(Deficit)	528,279	(289,967)
<i>Add Non-cash Items:</i>		
Depreciation	51,304	54,649
Doubtful Debts	44,664	17,044
Loss on Disposal of Fixed Assets	–	928
	95,968	72,621
<i>Add /(Less) Movements in Working Capital:</i>		
(Increase)/Decrease in Accounts Receivable	(36,251)	11,683
(Increase)/Decrease in Prepayments	(7,884)	(33,911)
Increase/(Decrease) in Accounts Payable	(90,354)	152,149
Increase/(Decrease) in Income in Advance	59,966	469,233
Increase/(Decrease) in GST Payable	30,004	38,618
	(44,519)	637,773
Net Cash Flows from Operating Activities	579,728	420,426

**NOTE 19  
RELATED PARTY TRANSACTIONS**

There were no significant related party transactions during the financial year (2002:\$Nil).

**REPORT OF THE AUDITOR-GENERAL TO THE READERS OF THE  
FINANCIAL STATEMENTS OF THE NURSING COUNCIL OF NEW ZEALAND  
FOR THE YEAR ENDED 31 MARCH 2003**



## Audit New Zealand

We have audited the financial statements on pages 52 to 65. The financial statements provide information about the past financial performance of the Nursing Council of New Zealand and its financial position as at 31 March 2003. This information is stated in accordance with the accounting policies set out on pages 56 to 59.

### **Responsibilities of the Council**

66 | The Nurses Act 1977 requires the Council to prepare financial statements in accordance with generally accepted accounting practice in New Zealand that fairly reflect the financial position of the Nursing Council of New Zealand as at 31 March 2003 and the results of its operations and cash flows for the year ended on that date.

### **Auditor's responsibilities**

Section 15 of the Public Audit Act 2001 requires the Auditor-General to audit the financial statements presented by the Council. It is the responsibility of the Auditor-General to express an independent opinion on the financial statements and report that opinion to you.

The Auditor-General has appointed Stephen Lucy, of Audit New Zealand, to undertake the audit.

### **Basis of opinion**

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial statements. It also includes assessing:

- the significant estimates and judgements made by the Council in the preparation of the financial statements; and
- whether the accounting policies are appropriate to the Nursing Council of New Zealand's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with the Auditing Standards published by the Auditor-General, which incorporate the Auditing Standards issued by the Institute of Chartered Accountants of New Zealand. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatements, whether caused by fraud or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the financial statements.

Other than in our capacity as auditor acting on behalf of the Auditor-General, we have no relationship with or interests in the Nursing Council of New Zealand.

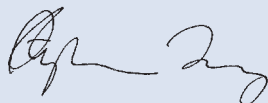
### Unqualified opinion

We have obtained all the information and explanations we have required.

In our opinion the financial statements of the Nursing Council of New Zealand on pages 52 to 65:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect:
  - the Nursing Council of New Zealand's financial position as at 31 March 2003; and
  - the results of its operations and cash flows for the year ended on that date.

Our audit was completed on 25 July 2003 and our unqualified opinion is expressed as at that date.



**S B Lucy**  
AUDIT NEW ZEALAND

*On behalf of the Auditor-General  
Wellington, New Zealand*

## APPENDIX I

### Selected characteristics of the 50,693 nurses and midwives issued with annual practising certificates in the year ended 31 March 2003

Selected Characteristics	Numbers	Percentage
<b>ETHNIC ORIGIN</b>		
NZ European/Pakeha	36,983	72.77%
NZ Māori	3,221	6.34%
Pacific	1,509	2.98%
Other European	3,618	7.12%
Asian	2,254	4.44%
Other	3,235	6.37%
<b>Total</b>	<b>50,820<sup>4</sup></b>	<b>100.00%</b>

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#### MAIN EMPLOYER

Public hospital (DHB) <sup>5</sup>	18,421	36.33%
Public community service (DHB)	2,624	5.18%
Private or non-public hospital	3,568	7.04%
Primary health care/community service (non-public)	3,320	6.55%
Rest home/Residential care	3,296	6.50%
Nursing agency	700	1.38%
Self-employed	912	1.80%
Māori health service provider	310	0.61%
Educational institution	763	1.51%
Government agency	364	0.72%
Pacific health service provider	61	0.12%
Other	1,997	3.94%
Non-response	14,357	28.32%
<b>Total</b>	<b>50,693</b>	<b>100.00%</b>

<sup>4</sup> The total figure is more than the 50,693 nurses and midwives issued with annual practising certificates in the year ended 31 March 2003, as they are asked to identify up to three ethnic groups with which they most closely identify.

<sup>5</sup> DHB: District Health Boards owned by the Crown.

Area of practice	Numbers	Percentage
Midwifery - case load	894	1.76%
Midwifery - core facility	1,165	2.30%
Midwifery - administration and management	68	0.13%
Midwifery - education	77	0.15%
Midwifery professional advice/policy development	18	0.04%
Midwifery – research	9	0.02%
<b>Subtotal</b>	<b>2,231</b>	<b>4.40%</b>
Emergency and trauma	1,413	2.79%
Assessment and rehabilitation	1,368	2.07%
Child health including neonatology	2,042	4.03%
Continuing care (elderly)	4,162	8.20%
District nursing	1,036	2.04%
Family planning/sexual health	157	0.31%
Intellectually disabled	384	0.76%
Intensive care/Coronary care	1,614	3.18%
Mental health (including substance abuse)	3,282	6.47%
Medical (including educating patients)	3,006	5.93%
Nursing administration and management	1,193	2.35%
Nursing education	787	1.55%
Nursing professional advice/policy development	135	0.27%
Nursing research	105	0.21%
Obstetrics/Maternity	365	0.72%
Occupational health	348	0.69%
Palliative care	641	1.26%
Perioperative care (theatre)	2,163	4.27%
Primary health care (including practice nursing)	3,482	6.87%
Public health	540	1.07%
Surgical	3,930	7.75%
Other	3,993	7.88%
<b>Subtotal</b>	<b>36,146</b>	<b>71.30%</b>
Non-nursing/midwifery health-related management/administration	893	1.76%
Other non-nursing/midwifery paid employment	1,378	2.72%
Not in paid employment	2,494	4.92%
<b>Subtotal</b>	<b>4,765</b>	<b>9.40%</b>
<b>Non-response</b>	<b>7,551</b>	<b>14.90%</b>
<b>TOTAL</b>	<b>50,693</b>	<b>100.00%</b>



## APPENDIX II

### Registration/Enrolment of Overseas Nurses and Midwives by Country – Year Ended 31 March 2003

Country	Number
United Kingdom	773
Philippines	141
South Africa	131
Australia	126
India	84
United States of America	58
Fiji Islands	44
Canada	28
Zimbabwe	26
Germany	18
Eire (Ireland)	16
Nigeria	14
Zambia	11
Korea	10
China	10
Malaysia	7
The Netherlands	7
Romania	5
Tonga	5
Finland	4
Japan	4
Austria	3
France	3
Israel	3
Singapore	3
Sri Lanka	3
Poland	2
Spain	2
Sweden	2
Yugoslavia	2
Botswana	2
Other	17
<b>Total</b>	<b>1,566</b>

