



EXECUTIVE DIRECTORS REPORT

October 2010



Executive Directors Report 2010

Presented at the AGM : Auckland November 24th 2010

Board Members

Judy Yarwood – Co Chairperson
Taima Campbell – Co Chairperson, Maori Caucus
Prof Jenny Carryer – Executive Director
Rhoena Davis Board Member Maori Caucus
Margareth Broodkoorn – Board Member Maori Caucus
Vicky Noble – Board Member
Ngaira Harker-Wilcox – Ex Officio Board Member – Maori Caucus
Angela Bates – Board member

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Prof Marilyn Waring



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College Censors

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Cathy Cooney
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Te Miringa Huriwai

College Vision:





Foreword

It is my pleasure to present this report to the nineteenth annual general meeting of the College.

The College depends for its success on the work and input of those who have the time and energy to extend their leadership beyond their practice or organisational domain and into the broader area of the discipline at large. The demands of leadership have become ever greater as available time and resources diminish and the challenges to think and do differently become ever greater.

Contained within this report are the outcomes of considerable work and dedication to the College's vision; that in health there will be one hundred percent access and zero disparities.

Acknowledgements

As always my thanks are extended to an active and committed Board who make sacrifices in their personal lives to contribute to the College. In particular I want to acknowledge the dedication of our co-chairs Taima Campbell and Judy Yarwood. In addition I acknowledge the work of the College censors and thank them for their continuing attention to college applications for Fellows.

Kelly Rotherham as College administrator has been a force to be reckoned with this year as she has overseen the moving of offices, the launch of the new web site and a vast array of improved membership services. She has been particularly ably assisted by Andrea Bond and my thanks are extended on behalf of the College Board and membership.

Professor Jenny Carryer
Executive Director



The three strategic directions of the College 2009-2012 frame this annual report.

These goals are to:

- **Align nursing workforce development with community need**
- **Influence policy/health leadership**
- **Develop a sustainable future**

Strategic Goal 1 Align Nursing Workforce development with Community need

The first strategic goal of the College embraces our work with divisions of the College itself and groups with which the College liases or provides membership and representation. The overarching goal is to ensure that the way nursing services are delivered closely matches the identified needs of individuals and communities and the most recent research evidence available. The development of the nurse practitioner role is seen as a key component of this goal.

1.1 NPAC-NZ Report provided by Pip Rutherford NP – and Sue Wood NPNZ representatives

NPAC-NZ meets by teleconference monthly and holds face-to-face meetings 4 times a year in Wellington. Activities include discussion with key stakeholders to reduce legislative barriers to NP practice, including Ministry of Health, Pharmac, Nursing Council, ACC, Nurse Executives NZ and DHB NZ.

A website for organisations, employers, NPs and NP candidates has been developed and is due for release soon. Publications business case models, role descriptions and profiles of NPs will be available on this site later in the year

Submissions and discussion papers have been sent by NPAC-NZ on funding for Nurse Practitioner training, Nursing Workforce, advanced nursing practice roles, NP prescribing and special authority requests, Medicines Act, Registered Nurse prescribing, and Nursing Education.

A registration medal for NPs has been designed and after wide consultation sent to Nursing Council for approval.

A specification for Nurse Practitioner training has been developed and sent out for consultation.

An offer has been made to DHBs for NP workshops on site and to date 2 DHBs have taken this up.

Other activities include developing posters, contribution to publications on NP practice, mentoring workshops, portfolio development workshops for NPs.

A newsletter is provided every 3 months on NPAC- NZ activities and is available on the College website.



1.2 Nurse Practitioners of New Zealand (NPNZ) Division of the College of Nurses: Report from Alison Pirret -Secretary NPNZ



October 2010

Over the past 12 months, NPNZ Chairperson Jenny Phillips resigned from her position and Lou Roebuck was elected as Chairperson. Due to other commitments, Lou Roebuck has recently resigned; her resignation will be tabled and accepted at the NPNZ meeting on the 26th October. Nominations for chairperson will be called following the meeting on the 26th.

An increase in the number of nurse practitioners (NPs) over the past 18th months has seen new NPs attending NPNZ meetings when compared to previous years. This has created some challenging discussions including the role of NPNZ and the education preparation of NPs in New Zealand. This year has seen a review of NPNZ's terms of reference to more clearly define NPNZ's role in strategic planning on issues pertaining to NP practice; a draft terms of reference is currently going through a consultative phase. An NPNZ subgroup led by Helen Snell and including Alison Pirret, Bernadette Paus, Diane Williams, Mary Jo Gagan, Elizabeth Olinger, Mary Jane Gilmer and Michal Boyd, has been formed to consider future NP training requirements. Recently the NPAC-NZ document on a NP training programme has been circulated and the group is currently discussing this document.

Over the past year, Helen Topia (conference facilitator) and the NPNZ conference sub-committee including Jackie Robinson, Annette Rief, Helen McGrinder, Carol Slight, Denise Thatcher and Marina Lambert, have organised an NPNZ conference for the 26th November; this conference is attached to the Wealth of the Nation Symposium at AUT. It is hoped this conference will increase the NPNZ and NP profile plus boost our NPNZ finances.

Because of NPs workload and an increasing profile of NPs, NPNZ voted to no-longer continue an NPNZ section in Te Puawai. Marina Lambert as NPNZ website coordinator ensures the NPNZ website is current and has worked with the college to develop an electronic NPNZ membership process. It is hoped the new website developments will improve the communication between NPNZ members.

NPNZ have continued to invite key speakers to the NPNZ meetings. In October 2009, Liz Manning provided a comprehensive update on the NP facilitation campaign. In April this year, Julie Palmer and Sylvia Watson from MoH Elective Services discussed virtual specialist assessments which can be completed by NPs.

NPNZ continues to value the support given by CNA (NZ) and looks forward to an ongoing collaborative relationship.



1.3 Nurse Prescribing: Report by Dr Jill Wilkinson

In July this year Health Workforce New Zealand and the Nursing Council of New Zealand released a discussion document inviting submissions on whether or not registered nurses with the appropriate qualifications and experience, employed in providing care to people with diabetes, should be able to prescribe medicines used for people with diabetes. If so, the medicines, medical devices, educational qualification and ongoing competencies would need to be decided. Submissions closed on 10 September and we await the analysis of submissions and final outcome.

The document proposed three demonstration sites involving diabetes nurse specialists (DNS) prescribing under supervision in a collaborative setting, in partnership with medical practitioners. HWNZ will establish, implement and evaluate the demonstration sites in a trial that is expected to run from July 2010 to September 2011.

The plan for DNS demonstration sites is a considerable departure from the collaborative prescribing model described in last year's report. There is a growing body of registered nurses who have a clinical master's degree and are educationally prepared to prescribe. The collaborative prescribing model presented an opportunity for the practice of these under-utilised nurses to be enhanced as well as meet the health goals of all sectors of New Zealand's population now, not only those with diabetes. The trade-off under this model in return for prescriptive privileges, however, would be to yield practice independence to the *requirement* for medical supervision.

The current proposal for DNS prescribing could be considered a retrograde step in the journey towards improving access to medicines. It has remarkable similarities with the New Prescribers Advisory Committee (NPAC) established over ten years ago following the Medicines Amendment Act 1999 for new groups of health professionals seeking prescribing rights. Under the regulations associated with the amendment, nurses practicing in aged care and child family health could prescribe from a limited schedule of medicines. Only one nurse ever prescribed under these regulations and in her experience, the schedule rapidly became out of date and impeded best practice. The latest HWNZ proposal, however, would introduce additional hurdles for other groups of specialist nurses seeking prescribing rights that were not required by NPAC, by demanding demonstration sites be set up, as well as an evaluation, then consultation with stakeholders. Although the DNS proposal has its attractions, for prescribing to be extended to other groups of specialist nurses it seems we must assent to the current proposal if nurse prescribing is to progress at all. A more cost-effective solution would be to amend the legislation to make provision for nurses with the appropriate clinical master's degree to become regulated under the designated class of prescribers in their named area of specialisation. Nurse practitioners would more appropriately become fully authorised.

There are significant implications for the nurse practitioner role if registered nurses are able to prescribe medicines. It is likely that nurses will opt for designated rights to enhance their practice rather than seek nurse practitioner registration. The difference between advanced practice nurses who can prescribe and nurse practitioners will become increasingly blurred unless the differences are clarified.

Special authority requests: A seven year saga continues involving ongoing efforts to remove the bureaucratic obstacles for NPs prescribing medications which require a special authority. Recently on request from the College the Acting Director General has intervened and NPs can now do special authority requests (on paper only as electronics not yet sorted). This will perpetuate delays for patients but is a start. They can however only request from same list as GPs, and not specialist only drugs, so this is still not particularly useful for NPs with specialist areas of practice.



We are pleased to note current attention to the Medicine's Amendment Bill within the MoH.



1.4 Primary Health Care Development.

An array of reports from and to Government continues to suggest that although there is bipartisan support for the primary health care strategy there are significant differences in beliefs about how the goals of the strategy will best be achieved.

The full range of health professionals and communities themselves will need to be very alert to any erosion of their hard won ability to influence how services are delivered.

1.5 Fostering and supporting the aspirations of Maori nurses: Report by Taima Campbell, College Board Co-Chair.

The Maori caucus would like to thank and farewell Rhoena Davis who has served on the Board for 4 years. Rhoena has, after much deliberation, decided to step down to focus on the Nurse Practitioner pathway. We wish Rhoena the best for the future and thank her for her contribution to the College.

The Maori caucus would also like to welcome Ngaira Harker-Wilcox to the Board. Ngaira has been a nursing lecturer at Waiariki Institute of Technology within the Bachelor of Nursing Programme for 10 years. She is currently the Academic Leader for the School of Nursing and Health Studies within the Institute.

Nursing Education, particularly undergraduate education, is an area that inspires Ngaira and motivates her as a nurse. Supporting students through their journey is challenging and I believe takes special skills to be able to inspire and motivate students to succeed. She recalls her own journey through education and the commitment required to remain motivated and focused to reach goals.

Ngaira is committed to supporting Maori nursing students within their journey. She is a current member of Wharangi Ruamano (Maori Nurse Educators) and also on the Advisory Committee for Nga Manukura O Apopo;, both of these groups have a focus on supporting Maori nurses to reach their full potential and ultimately make a difference in improving health outcomes. Ngaira's study at Masters level focused on a project to identify and support Maori undergraduate students to succeed within the tertiary environment. We welcome Ngaira and look forward to working with her.

Marketing and recruitment of more Maori nurses to the College will be one of the priorities for next year.

In the August edition of Nursing Review, Margareth Broodkoorn penned an article on the Nga Manukura o Apopo Clinical Leadership programme. This programme which includes clinical leadership training for 160 Maori nurses and midwives over 4 years was launched in May. Nga Manukura o Apopo (Tomorrow's Clinical Leaders) is very ably supported by an advisory group of about 14 very vocal and articulate Maori women. The first cohort of advanced trainees commenced in October. The emerging leaders cohort will commence in March 2011 - enrolments are now open. For more information see the Nga Manukura website link on the new look College website.

A special mention also to Maori College Fellows

- Dr Denise Wilson for her new appointment earlier this year as Ass. Professor Maori Health at AUT as well as the role as Editor in Chief of Nursing Praxis in New Zealand
- Margareth Broodkoorn College Board member, for her appointment as Director of Nursing for Northland DHB.

We look forward to you having a larger number of colleagues in key leadership roles in the future.



Strategic Goal 2 Influence Policy / Health Leadership

The College has continued to play an active role in influencing professional and policy issues at Ministry and Government levels. Feedback confirms that as a small organisation we make a consistent and significant contribution to health and to nursing. Core strategies to address this goal include consumer alliances, submission preparation and involvement in Ministry and other working parties.

2.1 National Nursing Consortium update

Following consultation with the wider profession, the progress of the National Nursing Consortium: Practice standards endorsement (Te Puawai, August 2010) paused the work in progress to consider feedback and comments. When the working group last met it was apparent that the purpose and scope of the consortium's work was still unclear to many in the sector. Many still did not yet realize that the proposed work of the consortium is strictly limited to the professional endorsement of standards for practice

Without wider sector support and clear ideas about the purpose of the Consortium, it was decided to delay the start of the consortium work until 2011.

In the meantime the working group enacted their commitment to hear the concerns of, and work with wider nursing groups with a view to further develop the assessment model and associated processes. To this end the working group met in Wellington early October and discussed ways of ensuring the consortium process is made clearer. The current context of health care was acknowledged, and as specialty practice areas continue to develop, there is a need for a set of criteria for determining aspects of care specific to the specialty area. A draft model was developed, which uses 6 clear criteria to develop a specialty group.

What was also reiterated at the meeting was the importance of making this an enabling process, and one that values and uses nursing expertise and skills.

The progress made in this meeting was presented at the nursing consensus meeting on the 4th of November where feedback and comments were sought from the wider nursing sector.

2.2 Consumer Alliances;

Rural Women New Zealand (RWNZ) Consumer Alliance: Report by Judy Yarwood College Board Co-Chair.

Through our consumer alliance, NP Anne Fitzwater presented the work of NPs at the National Rural Women's conference 'Resilient rural communities'. South Island rural communities certainly have had to call on all their resilience over the last month with the massive Canterbury earthquake disrupting many families and communities. This was closely followed by an horrific winter storm in Southland with similar consequences. Reciprocal messages of support and best wishes were exchanged by the College of Nurses and RWNZ, demonstrating the ongoing benefits for both organisations. We also received feedback from rural communities about the consequences of cost cutting by ACC, which has resulted in loss of community expertise and services.



2.3 Submissions

The following submissions have been completed in the previous year. Thanks to College members and the College Board on behalf of the membership for the very concerted effort that goes into this work. These submissions represent a substantial body of work and a major contribution to influencing health and nursing policy. We also acknowledge the services of policy analyst Stephanie Calder.

- Proposal for Diabetes nurse prescribing; Letter of support provided for NZNO submission, September 2010
- Quality of care for older New Zealanders - feedback for the Green Party, July 2010
- Proposed Pharmacist Prescriber Scope of Practice Consultation, June 2010
- Consultation on 'Guidance paper for NZ emergency departments regarding the interface with primary health care, June 2010
- Draft Stroke Guidelines Submission, June 2010
- ACC Community Nursing Contract Report, 10 June 2010
- Legislative Barriers to Workforce Innovation NP's, May 2010
- Proposal to ban tobacco retail displays in NZ, May 2010
- 2011 review of Aiming for Excellence, the New Zealand Standard for General Practice, April 2010
- Transfer of Care Document Feedback, April 2010
- Submission to the Nursing Council of New Zealand - Draft Education Programme Standards for the Registered Nurse Scope of Practice, April 2010
- Consultation on Proposed Amendments to Regulations under the Medicines Act 1981, March 2010
- Proposal to Undertake a Pilot of Physician Assistants in Surgery at CMDHB, March 2010
- Maori Affairs Select Tobacco Submission, Jan 2010

All submissions are available to view on the College website www.nurse.org.nz under the **resources** tab.



Strategic Goal 3 Develop a sustainable future for the College

3.1 College administration

We have seen a substantial growth in College membership and there is a strong sense that the College presence is being felt throughout nursing. Opening up discounted rates to low income nurses has encouraged many new members. Increased membership growth has also prompted the growth in services to our members and a substantial increase in members communications and other enquiries through the College office.

The office has been pleased to have completed a long project aimed at sending out membership cards to our members tied in with an online membership register. This enables members, educators and employers to check the indemnity insurance coverage of members on line.

September has seen the launch of the new college website. In launching the new website we need to acknowledge the huge efforts of Udo von Mulert who initially developed the College website 17 years ago and has since managed it together with all college email communications. He has now stood down from involvement. All information has been updated; this is a revelation in terms of bringing us into the 21st century with online forum communications. We are encouraging all college members to engage in the forum discussions.

A new online news bulletin is now available to members, collated for us by SNIPS. This time saving service is a collection of news stories relevant to our members and is posted to our website weekly and emailed out to those who have requested it. This service has been very well received by our members.

Symposium last year – Subsequent to the production of last year's executive director report the College held a Wellington based symposium focused on care of older people. The symposium was organised by the Wellington regional group and well attended. Many delegates indicated an interest in pursuing the topic of older people's care in future events.

In 2010 we have managed a roll out of the Professional Portfolio Workshops again brilliantly facilitated by Dr Stephen Neville. Palmerston North and Auckland workshops filled to capacity in May. Napier (two dates), Wellington and Christchurch are also filling for the Nov/Dec workshops. These have been hugely successful and we have to thank Stephen for making the enormous personal gift of time to make these as successful as they are.

The College office has also relocated mid year, providing a more user friendly and cost effective environment. The College office has also taken over the administration of Nursing Praxis in New Zealand and together with the new editorial team has revamped Nursing Praxis. This has been very well received with lots of positive feedback for the new look.

With the introduction of the increase in GST there has been much work around updating systems to cope with this change and together with a rise in indemnity insurance costs will prompt a necessary review of membership fees at the forthcoming AGM. There has been no increase in fees since they were set in 2003.

Feedback from members continues to affirm the efficiency with which members are kept informed of developments and provided with opportunities to make a contribution in many spheres of professional activity. Keeping members informed and up to date is a very high priority and we would like to remind all members to keep their contact details and email addresses up to date with the College office.



3.2 College contribution to nursing and health services

Last year we noted the following and it bears repeating.

“The most significant goal as always is to consider how the College can continue to increase its contribution to nursing and health services. As always noted this can not be achieved entirely through a central executive as such but depends on utilising the individual and very diverse expertise of College members and in particular the expertise of College Fellows.

Engaging with and influencing key stakeholders, including at Ministry and Government level, is critical to the successful strategic development of nursing and health services. This work can be most effectively achieved by individual experts who are well versed in the topic of interest, have a “big picture” view and strong networks with people working in particular areas. The Board continues to direct its attention to the importance of growing new leaders and ensuring that within an ageing workforce there is strength and capacity in younger members of the profession. In addition the Board would warmly welcome any member’s advice or guidance on means to increase our engagement with key stakeholders in health.

It remains important that we know of the capacities, interests and qualifications of as many members as possible; otherwise it is difficult to draw on the rich resource of expertise most definitely residing within the College.

The Board remains clear that there are two options for increasing revenue; either through membership or through the conduct of professional development activities. We are now turning more attention to the development of an increased number of revenue generating activities in the form of professionally relevant forums, workshops and conferences. In addition we are pleased to report the slow but steady growth in membership.”

3.3 Values Exchange

In 2009 the College took what was believed to be an exciting and strategic step in purchasing a Values Exchange developed by Professor David Seedhouse who is best known for his writing on health and ethics, yet his work straddles many areas of social, philosophical and political concern. His primary interest now lies in the development of Values Exchange, designed to enable transparent decision-making in health care, local democracy and other social settings.

The values exchange is a web-based tool to which College members now have password-protected access. It has several possible uses both internal to the College or as a basis for workshops for health professionals.

The first year of use has proved largely disappointing with few members exploring or testing the potential of this tool. We are contractually bound to a second year of use and will make every effort to increase utilisation.

3.4 Te Puawai

As always thanks are extended to those very few members who have provided valuable material for *Te Puawai*. Knowing there is a wealth of practice, policy and political wisdom within College membership we would encourage everyone to contribute as *Te Puawai*. It is an excellent opportunity to share and disseminate that expertise without the rigours of academic publication.



In addition we owe sincere thanks to Kelly Rotherham for substantially improving both the format and appearance of Te Puawai as well as increasing the opportunities for revenue generation.

3.5 Professional Indemnity cases

Two cases have been in progress this year which we trust and expect will be resolved appropriately.

In eighteen years of College existence we have had only one previous disciplinary hearing. A number of members have been provided with peer support to negotiate practice base disagreements and members have been assisted to write statements associated with incidents. As always I wish to record my sincere thanks to senior College members who show considerable expertise and devote a good deal of time in supporting members in circumstances, which are often difficult.

3.6 Primary Health Care Network: Report by Angela Bates, College Board Member

It is nearly a year since my appointment as Network leader, the past year has flown by and I am still learning what the role of network leader involves. During the past year I have represented the college on the Implementation Advisory Group for Suspected Cancer in Primary Care, the group have developed guidelines for the NZ Guideline group.

I am also currently the College rep on the Melnet group but have not attended any meeting as yet.

I have also written a submission for the Aiming for Excellence document on behalf of the college. On 18th August I attended a consultation meeting regarding overseas nursing qualifications which was held at Nursing Council, the outcome of the meeting was an agreement to amend the requirements for overseas nurses.

The current Government's Better, Sooner, More Convenient document has challenged all those working in the health sector to deliver healthcare services that are cost effective and efficient. DHB's are required to devolve services into Primary care and PHO's are required to merge in an effort to achieve cost effectiveness. The consequences have been restructuring of PHO's and job losses. On a positive note nurses have been challenged to embrace the changes and be innovative in the way we work, this is a great opportunity for us to raise the profile of nursing and put our stake in the sand.

3.7 Regional and network activity

Despite valiant activity by some regional co-ordinators and network leaders, activity in regional areas and in College networks has become virtually non-existent. This reflects a growing trend that nurses seem less willing or less able to find personal time to engage in professional activity. Clearly the College needs to respond to this in a way that utilizes time and resources effectively and supports members needs as well as we possibly can. We will raise these issues at the AGM for further discussion.

College of Nurses Aotearoa (NZ) Inc annual financial report for 2009/2010 is available on request, email admin@nurse.org.nz .