Kaitiaki
NURSING NEW ZEALAND

NEWS, COLLEGES & SECTIONS

Faster, fairer pathways for overseas nurses into New Zealand, say Nursing Council

BY MARY LONGMORE

March 28, 2024

Concerns have been raised that newly steamlined pathways for internationally-qualified nurses (IQNs) into Aotearoa, New Zealand skip too lightly over cultural and clinical preparedness.

Nursing Council kaiwhakahaere Waikura Kamo, director of professional standards Angela Joseph and projects leader Jane MacGeorge.

Competency assessment programmes (CAPs) and clinical placements are being dumped as part of changes to speed up the registration process for overseas nurses wanting to work in New Zealand.

And they only need to have practised for 1800 hours as registered nurses (RNs), instead of the 2500 hours previously required within a five-year time span.

‘We wanted clear pathways . . . We wanted to be cost-effective, clear and transparent.’

Nursing Council director of professional standards Angela Joseph says the new rules would see a less burdensome and more “timely”, fair and transparent process. They would also be more consistent with overseas countries which had similar nursing standards (such as the United Kingdom, United States, Ireland, Singapore and Canada, according to the council’s self-assessment tool for IQNs (https://www.nursingcouncil.org.nz/IQN?WebsiteKey=fa279da8-a3b1-4dad-94af-2a67fe08c81b#)), she said.

“We wanted clear pathways . . . We wanted to be cost-effective, clear and transparent,” she told NZNO’s recent college and section day.

Angela Joseph

Instead of a CAP, internationally-qualified nurses (IQNs) must now complete a new and free online ‘Welcome to Aotearoa (https://www.nursingcouncil.org.nz/IQN/H5)‘ course which introduces te Tiriti of Waitangi and culturally safe nursing care.

IQNs may also need to pass an online RN theory and in-person practical exam, if directed by the council, depending on their country of training and experience.

The practical exam would be a three-hour objective structured clinical exam (OSCE) held in-person at the Nurse Maude simulation centre in Christchurch. The online theory exam could be taken at a Pearson VUE test centre either overseas or in New Zealand

Key changes to requirements

Applied before 4.12.2023	Applied after 4.12.2023
At least two years' post-registration practice as a registered nurse of at least 2,500 hours within the last 5 years	At least 1800 hours of post-registration practice as a Registered Nurse
at the direction of the Nursing Council, successful completion of a Nursing Council approved competence assessment programme (CAP)	Successful completion of a 'Welcome to Aotearoa New Zealand' programme accredited by the Council
	As directed by the Council, a pass in a Nursing Theory Examination for Registered Nurses set by the Council
	As directed by the Council, a pass in an Objective Structured Clinical Examination (OSCE) for Registered Nurses set by the Council

Image courtesy of the Nursing Council of New Zealand.

Joseph said the council wanted to bring in more supportive pathways used overseas while still ensuring safety standards were met.

The changes were gazetted (legal notice given) on December 4, 2023. However for the next 18 months both systems would be running as the council transitioned to the new IQN registration system by mid-2025, Joseph said.

Those who applied after December 4, 2023, must follow the new rules — while for those who applied before then the old rules still apply.

Online cultural safety 'not enough'

Kaiwhakahaere Kerri Nuku said she was concerned that an online cultural competency introduction would not be enough, compared to time spent on the floor on CAP placements with guidance from locally-trained nurses.

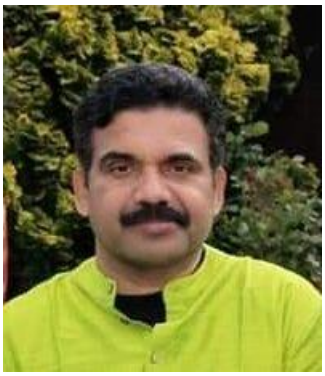
"You can't appreciate nor learn [about a culture] off a computer examination."

> 'It doesn't give them hands on, actual experience of things like culture.'

Any short cuts on cultural safety training for IQNs — who make up nearly half the nursing workforce — would further disadvantage Māori and Pasifika population, she said.

Manawatū nurse IQN Saju Cherian, who trained in India, also doubted a one-off online te Tiriti course, nursing theory course and simulated practical [OSCE] would be enough for IQNs to acclimatise to New Zealand culturally and clinically, compared to the six-week placement that was part of CAPs.

"It doesn't give them hands on, actual experience of things like culture," he told *Kaitiaki*. "The six-week placement was like pastoral care that was giving them a bit more information about New Zealand, to know the people here, the language here and the culture here. but now after three hours of this OSCE, they're straight into a job — I don't think it's going to give them enough support."



Saju Cherian

The IQN pathway changes were signalled in 2022 as a bid to ease barriers and boost the cultural competency of IQNs by moving away from checking qualifications and focusing on assessing their competence.

The council also eased its English language standards for IQNs slightly in 2022, in a bid to reduce "unnecessary barriers", its chief executive Catherine Byrne said at the time.

Nursing Council December data shows IQNs now make up 45.5 per cent of New Zealand's nursing workforce.

> **'The six-week placement was like pastoral care that was giving them a bit more information about New Zealand.'**

Overseas-trained nurses unsure about changes

NZNO delegate Shivani Swreta, who came from Fiji two years ago, said it was unclear what impact the new rules would have, as the new online and practical tests might be challenging for some IQNs.

"What we practise back home is totally different to New Zealand," she told *Kaitiaki*. "Back home, it's all hand-written . . . so all these types of software, it's totally new to us. I'm not sure if they're doing it online, if they'll be able to pass or not."

And in practical nursing, some things were done "a bit differently" in New Zealand, she said. "I'm not sure if they're expecting if I go in and do my OSCE and I don't do things how it is expected to be done here in NZ, will I fail? I don't know."

Shivani Swreta

Swreta — who now supports new IQNs in her workplace — said it was a "total culture shock" moving here.

However, her CAP facilitator and employer were very supportive, including teaching her about te Tiriti.

However, she had now noticed the job market for IQNs was increasingly tight, with employers preferring nurses with New Zealand experience.

Kerri Nuku

Cherian, who is an NZNO board member, said there was a "huge" backlog of IQNs waiting for registration and confusion around the different pathways, with a mixture of OSCEs and CAPs being offered to some.

Joseph said she could not provide figures for how many IQNs were waiting for registration by deadline. However, its website advises a wait of "at least" five months for IQN applications.

CAP courses range from six to 12 weeks and include clinical placements as well as cultural safety elements.

"They won't be able to get New Zealand experience unless and until you give them a chance."

Cherian said he too was aware of difficulties finding work for IQNs in New Zealand, even post-registration.

Changes to overseas nurse pathways include:

- At least 1800 hours of post-registration practice as a registered nurse (RN).
- Successful completion of a Welcome to Aotearoa programme.
- Passing a nursing theory examination (as directed).
- Passing an objective structured clinical exam (OSCE) for RNs (as directed).

Further details can be found here (https://www.nursingcouncil.org.nz/IQN?WebsiteKey=fa279da8-a3b1-4dad-94af-2a67fe08c81b).

Education standard changes

The council had also approved new te Tiriti-focused amendments to education standards in the bachelor of nursing (BN) and enrolled nurse (EN) training with some "minor changes", Nursing Council projects leader Jane MacGeorge said.

They included:

- Retaining current minimum clinical hours of 1100 in the BN programme (instead of dropping them to 1000 as proposed).
- A minimum of 700 clinical hours for EN training — but up to 900 clinical hours if required. Previously, they were all required to complete 900 clinical hours (with simulation comprising no more than 200 of those hours). There are no longer any specific restrictions on how many of those could be simulation.

Details can be found here. (https://nursingcouncil.org.nz/NCNZ/News-section/news-item/2024/3/New-Enrolled-and-Registered-Nurse-education-standards-.aspx)

Nurse competency changes

The Nursing Council is likely to shifts its focus to five or six pou, or domains, as it sets new competency requirements for registered nurses (RNs) and enrolled nurses (ENs) later this year, MacGeorge told colleges and section members at their conference.

"The thinking is we'll probably move towards telling a narrative around the pou."

Consultation on the proposed changes had drawn the biggest response she had seen, with 2800 responses including 103 from collectives or groups such as NZNO.

Jane MacGeorge

MacGeorge said nursing was a "complex" profession. "We need to reflect the breadth of knowledge and skills and attributes for safe care — we don't want to dumb it down."

But while feedback had been positive about the focus on te Tiriti, MacGeorge acknowledged concern over the high number of proposed competencies, particularly for RNs — 41 compared to four that exist currently.

The feedback was now being analysed by an external company, with further consultation expected in June, ahead of them being finalised in August.

MacGeorge said the council had heard the concern from nurses and through NZNO's submission about the burden of having to provide evidence against 41 competencies, and was considering focusing more on the six (RN) or five (EN) pou, or domains, instead.

"This is a tremendous opportunity for nursing now, and into the future, to really describe what those scopes are."

The nursing code of conduct and continuing competency requirements would also be reviewed, to align with the new competencies once they were finalised, she said.

Nursing Council kaiwhakahaere Waikura Kamo said te Tiriti o Waitangi and a partnership approach between tāngata whenua and non-Māori underpinned "everything" the Nursing Council was doing.

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NEWS, COLLEGES & SECTIONS

‘If we don’t provide the voice of nursing, who will?’ Under-pressure nurses are determined to be heard

BY MARY LONGMORE

March 22, 2024

Members of NZNO’s professional colleges and sections were called on to “shape the issues” facing health, at an energetic college and section day in Te Whanganui-a-tara, Wellington, this week.

College & section day 2024

“If you don’t provide the voice of nursing, then who will?” NZNO – Tōpūtanga Tapuhi Kaitiaki o Aotearoa chief executive Paul Goulter challenged 20 colleges and sections, representing 12,500 nurses across 20 specialties.

“Unless that voice is heard, and heard continuously and heard on an evidence base, nursing will be excluded from the conversation around our health system, and others will take your place and pretend to speak for you.”

Child and youth college doubles membership

College of child and youth nurses’ Donna Burkett and Sarah Williams

The expertise contained within colleges and sections was "absolutely critical" to decision-making, said Goulter, who vowed NZNO would provide the support needed to grow their influence.

"I love your work — but I'm aware of the frustrations many of you, as leaders in your areas, feel about things getting in the way or stopping you being as good as you can be. And that's what I want you to be — as good as you can be."

> **'A lot of our mahi is around trying to position ourselves strategically where we can influence decisions around workforce and policy.'**

Struggling to be heard

Nurses across the colleges and sections expressed frustration at being excluded from decision-making — and often not even consulted.

Respiratory nurse Lisa Mason

"We have struggled to have our voice heard from a respiratory point of view — we are not being asked as much as we would like to be asked to have input into things," college of respiratory nurses co-chair Lisa Mason said.

Cancer nurses college chair Shelley Shea also said the college was concerned Te Whatu Ora had not yet reached out to the college regarding its national clinical cancer network kōrero.

> **'Generally speaking we don't compromise patient care – it's just ourselves who get compromised.'**

"A lot of our mahi is around trying to position ourselves strategically where we can influence decisions around workforce and policy."

However, the college was on multiple working groups, including radiation oncology, medical oncology and melanoma. Shea was also nurse representative on Te Aho o Te Kahu (Cancer Control Agency)'s national clinical assembly which advises the agency's chief executive.

College of child and youth nurses / Tapuhitia ngā mokopuna mō apōpō has doubled its membership from 220 to 455 since last March — 107 per cent, chair Sarah Williams and Donna Burkett told the conference.

"We're thrilled to see that flourishing,"

That was due to an active Facebook page and an "incredible" newsletter that went to a range of child and youth organisations, they said.

The hope now was to grow more of its student nurses in future.

Women's health college chair Jill Lamb and member Callie Reweti

Also seeing a membership boost was the women's health college (WHC), whose membership rose from 530 to 600 over the past year, mainly due to social media activity, chair Jill Lamb and member Callie Reweti said.

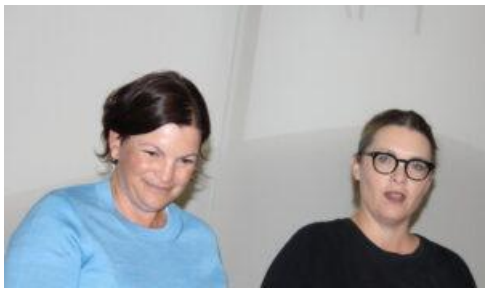
They also planned to visit secondary and tertiary schools to recruit students into nursing and also colleges and sections this year.

Nursing research section's Ebony Komene and Lorraine Ritchie

Nursing research section chair Lorraine Ritchie and treasurer Ebony Komene said after struggling in recent years, membership — at around 350 — was growing thanks to active social media use and networking.

Research underpinned all aspects of nursing and more kaupapa Māori and Pacific-focused nursing research was planned, with particular support for Māori researchers and now with Māori representation on its committee.

‘A lot of the time is putting our hand up and saying – we’re here.’



Cancer nurses Celia Ryan and Shelley Shea

They had developed a tikanga folder, used te reo in its communications and were very focused with their grants and funding to support kaupapa Māori research and researchers.

“We can really commit to giving effect to those things . . . we are really intentional about a te ao Māori focus,” Komene said.

This was despite enormous pressure on nurses “propping up” cancer services amid workforce shortages, they said.

“Generally speaking we don’t compromise patient care — it’s just ourselves who get compromised.”

Lisa Gilbert

Infection, prevention and control nurses college chair Lisa Gilbert said it felt like their specialty role had become invisible since COVID.

“Where do we fit? We don’t actually have a home,” she said, noting there was no longer any IPC leader to report to at Manatū Hauora — Ministry of Health or Te Whatu Ora. Only the National Public Health Service maintained a national IPC role.

“A lot of the time is putting our hand up and saying ‘we’re here’!”

Recently, Te Whatu Ora had updated all its facilities’ guidelines — but had not included IPC at all, Gilbert said.

Nursing leadership section members Teresa Fisher and Sarah Linehan said they wanted to see nurses “lead the charge”.

“We do need to stand together and — it’s not as much as trying to push back on things — as nurses taking charge of nursing as I feel like we let others get fingers in our pie.”

Nurse leadership section’s Teresa Fisher and Sarah Linehan.

Mental health nurses section chair Helen Garrick warned in 10 years the section might not exist, as mental health nurses across the sector were being replaced by support workers. Also there was a proposed new workforce of psychologist assistants.

Neonatal nurses college chair Merophy Brown said they were often buried in adult-focused spaces, instead of consulted as stand-alone specialists.

“We’re looking after the future, so our job is really important [and] to promote what we do.”

Perioperative nurses college chair Cassandra Raj said Te Whatu Ora’s 2024 health workforce plan showed nurses being edged out of operating theatres. To stop this, it was important nurses understood the value of their role.

Pacific nursing chair Ēseta Finau and neonatal nurses college chair Merophy Brown.

Upholding nursing's 'integrity'

"We need to shout that out to the world, we need to make an impact . . . so that managers and employers circle back to the nurse," she said. "The integrity of nursing is yours to uphold."

Perioperative nurses college chair Cassandra Raj (second from left) with perioperative nurses Gillian Martin(far left), Emma Lineham and enrolled nurse Sharyn Ford (far right).

> **'We have been at the fore of what is needed for critical care expansion and critical care nursing in New Zealand.'**

One exception was the college of critical care nurses whose influence had grown during COVID, and had contributed to winning a $644 million funding boost for intensive care services, said vice chair Tania Mitchell, who has been on Te Whatu Ora's critical care advisory group since 2021.

The cash raised critical care bed numbers to 85, fully staffed nursing teams, provided nurse educators and clinical coaches in every intensive care unit as well as funding post-grad study and cultural liaison roles.

"Our college has been instrumental in this – I represent critical care nursing on this advisory group. So we have been at the fore of what is needed for critical care expansion and critical care nursing in New Zealand."

College of critical care nurses Tania Mitchell and Melissa Evelyn.

Pacific nurses section's Abel Smith and college of child and youth nurses chair Sarah Williams.

Pacific nurses section member Abel Smith said they had been working closely with Nursing Council on building the Pacific nursing workforce and were pleased to see Whitireia's bridging programme being funded for a new cohort.

Given that Pacific people now make up eight per cent of the nation's population and is growing, Smith said the four per cent of nurses in New Zealand who identified as Pacific was not enough.

College of child and youth nurse Donna Burkett with college of gerontology nurses' Aloha Sison and Bridget Richards.

College of gerontology nurses member Aloha Sison said it also wanted to increase its visibility to try and draw attention to problems of compassion fatigue, staff turnover and aggression in the workplace.

'We all want to clean out the barriers, we want informed advocacy, we want cash and a commitment.'

College of emergency nurses Lauren Miller and Lydia Moore.

Despite this, members were focused on bringing in person-centred care across residential aged care.

"Ultimately, this year we want to support flourishing in ageing."

'Huge strides' in bicultural partnership

Kerri Nuku

Anne Daniels

Paul Goulter

Kaiwhakahaere Kerri Nuku said there had been "huge strides" in NZNO's bicultural journey in recent years, including within colleges and sections.
This year's campaigns would all have a te Tiriti focus, including pay equity for all nurses and kaiāwhina.

"Te Tiriti and equity . . . partnership [will be] actively all embraced in the things we're doing."

President Anne Daniels said members must take the lead in the fight for justice — both for themselves and for their patients.

College and section members had set the standards through their knowledge and skills frameworks, she said.

"But now we must decide what that looks like in practice, and not wait to be told by others — Nursing Council, Government, employers and, to a certain extent, our medical colleagues."

Goulter (left) said he wanted to see more members joining colleges and sections, to bring a powerful collective voice to the professional groups.

Health decision-makers seemed to have "turned their backs" on the voices of the biggest health workforce, said Goulter.

"We have to turn that around — turn those decision-makers back to face us, to face NZNO and its colleges and sections."

This would be through NZNO's Maranga Mai! (https://maranga-mai.nzno.org.nz/) strategy which included:

- Renewing the Te Whatu Ora collective agreement, to cover safe nurse-patient ratios and wage rises.
- Greater health and safety across the sector including aged residential care.
- Pay equity for those not employed by Te Whatu Ora.

The second barrier was within NZNO itself, which needed to better support colleges and sections, "deepen" its activism regionally and nationally and "be more influential and shape the debates", Goulter said.

A survey was underway this month to identify barriers to growing college and section members, activity and leadership, and explore how to better support colleges and sections in a range of ways including technology and websites.

"We all want to clean out the barriers, we want informed advocacy, we want cash and a commitment – and most of all we want to Maranga Mai!"

Find your specialty college/section here (https://www.nzno.org.nz/groups/colleges_sections).

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NEWS, COLLEGES & SECTIONS

When words fail: Why hasn't anyone listened to nurses?

BY MARY LONGMORE

March 27, 2024

Collective union action is the only way nurses will achieve safe staffing after years of being ignored, former director of the Safe Staffing Health Workplaces unit (SSHWU) Jane Lawless says.

Photo: AdobeStock.

Set up after a 2006 NZNO-driven inquiry into safe staffing, the unit has been a key driver of the safe staffing tool, care capacity demand management (CCDM) — a tool which has yet to be fully adopted throughout New Zealand hospitals 18 years on.

"The only places in the world where we've seen any kind of mandated system around resourcing is where strong nursing unions have exercised industrial leverage to achieve it," Lawless told NZNO's college and section day recently.

> ‘There is not a great deal of power in a single nurse – but there is power in the collective.’

After more than 20 years of evidence-gathering, research, speaking out — and philosophising — Lawless said she had confirmed collective action was the only way to create change.

“There is not a great deal of power in a single nurse — but there is power in the collective,” said Lawless, a long-time NZNO activist and former chair of the NZNO college of emergency nurses.

Jane Lawless

> ‘The power for change, if it exists at all, is in this room and organisation.’

She expressed frustration and disbelief at how the voice of nurses had been dismissed and unheard for so long, in the struggle for resourcing.

“Nurses are saying ‘this is intolerable’. And yet it is tolerated — I want to understand how we arrive at this place.”

Entering nursing some 40 years ago, she said the first few years were a “joy”. But with the 1990s came neoliberalism and roiling industrial

Another Yesterday

There was a time,
Not that long ago
I could come to work
Anticipating with pleasure
The day ahead
The joy to be found in making a difference
Big, or small
Was the best reward for my endeavour
There were times when I couldn’t make the difference
And that felt disappointing

relations. Her poem, *Another Yesterday* (right), published in *Kaitiaki* at the time, expressed some of her frustration and sadness at what was happening to her profession.

As an NZNO delegate during strike action in the late 1990s, Lawless then became involved in an NZNO-driven safe staffing inquiry before becoming burnt out and taking time off. It was around then, she started to become interested in the impact of nursing work on nurses, rather than patients, which led her into academia.

"I have always been interested in the basis of nursing — what is it that is unique? And what is the contribution that nurses make? And why is it important? And how much do we value it?"

She researched the subject of dignity in the working lives of clinical nurses, before in 2009 taking up the leadership of the SSHWU — set up to ensure then-district health board (DHB) workplaces were safely staffed for nurses and patients following the safe staffing inquiry.

But the thought of a better day
tomorrow
Kept my spirit light
Now, I come to work
Knowing that today, as yesterday
And the yesterdays before
The needs will hopelessly outweigh all
that I can possibly give
And that feels hopeless
Still there are days when I can make a
difference
But that makes me feel... indifferent
Because I fear that if I feel
I won't come back to face tomorrow

– By Jane Lawless

Under her watch, the unit developed a clause obliging employers to listen to their staff, which became part of the DHB-NZNO collective agreement: '*When a nurse or midwife assesses that they have reached the limits of safe practice, they cannot be required to take on further workload until it's resolved.*"

However, Lawless said that had "utterly, utterly failed".

> **'For that very brief moment nurses stepped into that light and people could see better why we need nurses.'**

What is nursing?

Lawless then turned to trying to convey what nursing was — what nurses did — in the hope if those who controlled resources truly understood, they would make better staffing decisions.

"That's the method I've come to call rational persuasion — if we put the evidence in front of them, why would the resources not follow?"

But that, too, failed to grain traction, leading to feelings of guilt.

She left the role in 2013, and moved overseas, where she enrolled at Southampton University and tried to develop a tool to measure when staffing levels were starting to become unsafe.

But during the 2020 COVID lockdown, after reviewing her life's writing and research, she came to the "confronting" realisation that her tool would not be enough.

Back in New Zealand and working with the Ministry of Health during the COVID pandemic, Lawless said: "For that very brief moment nurses stepped into that light and people could see better why we need nurses."

But then, "somehow, it all changed back".

Nurses' testimony 'ignored'

Scratching her head, Lawless wondered what the problem was. Had nurses not articulated the problem well enough?

> ‘The only place where we’ve seen safe staffing is from strong unions.’

And if rational persuasion approach had not succeeded after so many years — would it ever?

“In the face of this worldwide, global, consistent testimony of nursing about the consequences of not being resourced adequately — and then the knowledge of what it is nursing is and does and needs — in the face of this testimony, how do we explain the non-responsiveness to the issues?”

Lawless started going down a philosophical route, eventually deciding the problem wasn’t articulation but of nurses being heard and their views taken up.

Nurses were not treated as “credible knowers”, and decision-makers felt justified in downgrading what they were hearing, she said.

> ‘If we put the evidence in front of them, why would the resources not follow?’

Without such credibility, it was difficult to see how a system like CCDM — which relies on nurses’ knowledge — would succeed.

Even though patients were at risk and might die, that nurses might be harmed — “that this not be privileged above things like budget — how did we arrive here?” she asked.

“If this is right — that there is this credibility question that they apply to our testimony — then one has to question whether any system that relies on rational persuasion can work.”

Collective action was the only way to address this lack of “agency”, she said.

“The only place where we’ve seen safe staffing is from strong unions,” she said. “The power for change, if it exists at all, is in this room and organisation. Because it is a strong organisation with good coverage.”

Members on the day spoke about the “sense of responsibility” they felt for patients, that made it hard to stop working in an unsafe environment; the chronic compromises in care they were making over time and the domination of paperwork.

Lawless said she hoped there would be change in the “not-too-distant future”.

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NEWS

Te Aka Whai Ora is gone – but the aims of Māori nurses stay true

BY MARY LONGMORE

March 14, 2024

Amid the ashes of Te Aka Whai Ora, Māori nurses will still be chasing better pay, safer staffing and culturally safe workplaces.

NZNO kaiwhakahaere Kerri Nuku is lamenting the quick death of Te Aka Whai Ora but says it won't stop Māori nurses seeking pay equity and safer workplaces.

> **'I feel, as many did, the ground was whipped out from underneath them far too soon.'**

"For NZNO, the business hasn't changed — we're still going after pay equity, safe working environments and, for Māori, that cultural recognition is within their pay scales," she told *Kaitiaki*.

The Government has said scrapping Te Aka Whai Ora was part of its 100-day plan.

"I think they [Te Aka Whai Ora] were going to potentially develop some really great work and information we hadn't accessed before," Nuku said. "But I feel, as many did, the ground was whipped out from underneath them far too soon."

Kerri Nuku

Te Aka Whai Ora had some good people such as chief nursing officer Nadine Gray, Nuku said. While most would likely move into a new Māori directorate within Manatū Hauora (Ministry of Health), she was concerned health decisions — including for Māori — would now be made through a "very mainstream service".

Nadine Gray

But she would be taking a "wait and see" approach to what Minister of Health Shane Reti has said will be health delivery closer to regions and hapori (communities) from 2025.

"I think people are hoping for the best – and what he might mean by social investment and new funding and innovation is the same as what we believe."

> **'We will hold the Government accountable for these improvements.'**

Minister understands 'grief'

Reti has said the country's 15 regional Iwi-Māori Partnership Boards (IMPB) will play a bigger role in the health of their local population, as part of the Government's move away from a centralised health system.

"They're the ones best positioned to understand and represent the specific needs of their communities," he said in a March 7 release, after a day-long hui with all IMPBs.

Reti also said he understood many were "grieving" Te Aka Whai Ora, but asked their support in delivering health care "as close to the home and the hapū as possible.

"While this particular version of that dream is laid to rest, please allow me to paint a different dream, one that I hope we can share together."

Nuku — who is also a member of Hawke's Bay IMPB Tihei Tākitimu — said discussions at the day had been "reassuring".

> **'While this particular version of that dream is laid to rest, please allow me to paint a different dream, one that I hope we can share together.'**

"I think most people walked away feeling maybe there's some opportunities in there to get in and be innovative," she said. "I get the sense that this is back to . . . services closer to home – better, sooner, more convenient in a te ao Māori sort of space."

One concern, however, was that each IMPB would be operating differently across the 15 different regions.

Shane Reti

"Some might be taking up commissioning [health services], some won't – some might be in a better position, some not ready yet and some might want to become service providers and others not."

IMPBs were set up as part of the Labour-led Pae Ora Health reforms in 2022 to ensure local Māori and iwi had a voice in their region's health plans.

Reti said he would also be taking advice from a "powered up" hauora Māori advisory committee (which includes former chief nurse Margareth Broodkoorn) over how well the new approach was working for Māori.

Lady Tureiti Moxon lodged an urgent claim against the dissolving of Te Aka Whai Ora. Photo by STUFF Ltd.

The roles of IMPBs and the advisory committee were complementary and Reti said he hoped the new approach would achieve "significantly improved health outcomes for Māori".

Reti said all contracts from the 2022 Budget up for renewal this year would be extended for another year, to give "breathing space" to providers before IMPBs took over from 2025.

Lost data?

Nuku said one of the things lost with Te Aka Whai Ora was early collection of data on communities' health and social issues. "We were

Te Whatu Ora hui 'encouraging'

starting to get a real understanding of our communities, and where you'd want to focus resource."

NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa chief executive Paul Goulter said the dissolution of Te Aka Whai Ora as a "huge step backwards". NZNO would continue to seek a system which improved Māori health, "grew our own" nurses and health professionals particularly Māori, and provide culturally safe health services.

Peeni Henare at the 2019 indigenous nurses conference.

"We will hold the Government accountable for these improvements", he told *Kaitiaki.*

In December, NZNO wrote to Reti to protest the plan, in a joint letter with the Association of Salaried Medical Specialists.

Labour's associate health spokesman Peeni Henare has accused the Government of abandoning Māori with its rushed dissolution of Te Aka Whai Ora.

Long-standing Māori health advocates Lady Tureiti Moxon and Janice Kuka lodged a claim (https://www.stuff.co.nz/pou-tiaki/301026821/waitangi-tribunal-claim-filed-against-move-to-disestablish-mori-health-authority) in December for an urgent hearing.

However, the Government's bill to disestablish it was passed under urgency on February 28 — a day before the Waitangi challenge was due to be heard.

NZNO — Te Poari representatives met senior Te Whatu Ora leadership recently, including chief people officer Andrew Slater, chief nursing officer Emma Hickson and Te Aka Whai Ora chief nursing officer Nadine Gray. Māori members shared their experiences on the frontline and concerns for Māori health, kaiwhakahaere Kerri Nuku said.

Te Poari nurses felt encouraged by Te Whatu Ora's willingness to listen and a commitment to continue working together, Nuku said.

Kerri Nuku and Andrew Slater

Hickson said it was a very positive hui and Te Whatu Ora was grateful for the opportunity for whakawhanaungatanga (buildiing relationships) with Māori nurses.

"Nursing is our biggest single health workforce and we're committed to working with NZNO in partnership," she said in a statement. "We look forward to continuing to work and engage actively on this important mahi in the coming year."

Kaitiaki
NURSING NEW ZEALAND

NEWS

Nurse practitioner trainee numbers soar with 50 per cent funding boost

BY MARY LONGMORE

March 8, 2024

Rising confidence amid more supportive pathways are behind a leap in nurses training to become mātanga tapuhi (nurse practitioners) this year, leaders say.

Class of 2024 nurse practitioner trainees are welcomed onto the University of Auckland's Waipapa Marae in February.

Te Whatu Ora chief nursing officer Emma Hickson has said it will fully fund all 121 eligible applicants on the nurse practitioner training programme (NPTP (https://nurseworkforce.blogs.auckland.ac.nz/nptp/about-nptp/)) this year — a 51 per cent increase on last year's cohort of 80.

"It is fantastic to see how many of our nurses are ready to expand their scope of practice," Hickson said in a statement. "We know that nurse practitioners can improve patient outcomes, increase patient satisfaction and address issues of health- care gaps in rural, remote and metropolitan areas."

> **'Nor do you want to be compared to a doctor. You're not a mini doctor – you just want to extend your practice.'**

More Māori, Pacific NPs 'crucial'

Te Whatu Ora's chief nursing officer Emma Hickson said increasing both Māori and Pacific NPs was a priority and crucial for whānau health and wellbeing.

In 2024, out of 121 NP training places, 17 nurses identify as Māori, compared to 10 (of 80) the previous year — a slight increase from 12.5 to 14 per cent. There are also five Pacific nurses training to become NPs, compared to none the previous year.

NP Dhyanne Hohepa, an academic mentor on the NPTP, said numbers of Māori training or in the NP workforce

Tāirawhiti nurse practitioner (NP) Natasha Ashworth agreed it was great to see so many keen and eligible nurses — and that Te Whatu Ora was willing to fund them.

"This is . . . a response to the nursing workforce who are saying 'we are here, we are ready, this is a role that we want to engage in further and evolve — so I'm very pleased about it," said Ashworth, a member of NZNO's nursing leadership section (NLS).

Natasha Ashworth

She said becoming an NP used to be "quite difficult" but in recent years the Nursing Council had ensured nurses were better supported through the process while the NPTP had made it easier to access funding and employer support.

"It's a really positive programme — really well set up and thought through."

It had helped, too, to see once-sceptical colleagues become more appreciative of the role as they worked alongside NPs.

> **'There's a realisation that the NP job isn't a threat to anybody. It's not taking other nurses' places – it's got its own place.'**

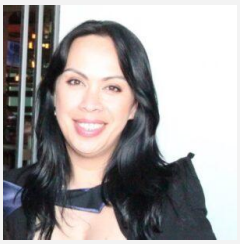
"There's a realisation that the NP job isn't a threat to anybody. It's not taking other nurses' places — it's got its own place," Ashworth said. "Nor do you want to be compared to a doctor. You're not a mini doctor — you just want to extend your practice."

Numbers 'speak for themselves'

Nurse Practitioners New Zealand (NPNZ) chair Sandra Oster said with 750 NPs already in Aotearoa's workforce, numbers would likely be approaching 900 by the end of 2024 — and hitting 1000 within a couple of years.

> **'You bring your nursing background, experience and paradigm – but you blend that with medical skills so NPs can offer a wider range of services for patients in their care.'**

were "very small . . . miniscule" and a tikanga-based programme was needed.



Dhyanne Hohepa

"I've always been an advocate for having a cohort of Māori nurses on their journey to become NPs, and doing that journey together, from postgrad certificate right through to the masters — and within that cohort, that it's tikanga-based and Māori nurses feel supported culturally and academically."

Hohepa said despite being discussed at NP hui previously, "there hasn't really been much progress on it — but that's the dream, hey".

"Like any other health workers in Aotearoa, whether it be nursing, medicine — whatever that looks like — we really need to increase our numbers of Māori and Pasifika to reflect our population – the same goes for NPs too."

Māori nurse practitioners at the national mātanga tapuhi Māori hui in Te Tai Tokerau earlier this year. (Photo courtesy of Victoria University)

Overall, about nine per cent of NPs identify as Māori compared to 17 per cent of the population. Two per cent of NPs identify as Pasifika, compared to seven per cent of the population.

Throughout Aotearoa, NPs were running, owning and managing community health services, often without doctors.

"The numbers speak for themselves," she said — noting that without the support of colleagues, NPs could not flourish.

"NPs really need the support of their multidisciplinary team in their workforce in order to train," Oster said.

"There are sometimes rather vocal detractors. But NPs across the country almost universally have very positive working relationships with their colleagues."

Lack of employer support had previously been a barrier but the NPTP — which coordinated with employers — had helped them understand the role, its value and how to support nurses.

"NPs bring a wider range of skills as it's a new scope of practice. You bring your nursing background, experience and paradigm — but you blend that with medical skills so NPs can offer a wider range of services for patients in their care."

Sandra Oster

NPs 'holistic, precise'

NZNO NLS member Maria Giles said the NPs on the rural West Coast where she worked were "amazing".

"They are holistic, very precise, detailed — they are very careful, and they care. And it's that image that seems to attract people."

Piloted in 2016, the NPTP coordinates with employers to support nurses through training and is offered across six universities — Auckland, Massey, Otago, Victoria, Waikato and Auckland University of Technology.

> **'Like any other health workers in Aotearoa . . . we really need to increase our numbers of Māori and Pasifika to reflect our population.'**

Emma Hickson

Hickson said Te Whatu Ora-funded NP training places had risen from 50 in 2022, to 80 in 2023, then 121 this year — exceeding the 100 promised in the Health Workforce Plan (https://nurse.us3.list-manage.com/track/click?u=d889fbf5d94e5b7ae75d0f701&id=44b9137ce0&e=ce2f9e2e76).

A key aim of the plan was training more NPs to grow a highly skilled, sustainable local workforce, particularly in hard-to-staff rural and remote areas, Hickson said.

Entry required RNs to have at least three years' experience, be working at an advanced level of practice in a given area and have demonstrated leadership skills.

'Timely' care

University of Auckland head of nursing Julia Slark said NPs were able to assess, diagnose and treat a range of common and complex health conditions.

Julia Slark

While those studying to become NPs came from a range of areas including mental health and addiction, aged care and palliative care, more than half worked in primary health care, Slark said.

"Once qualified as a nurse practitioner, they may be the lead health care provider for health consumers and their families/whānau, like general practitioners."

That would allow people to access more timely, high quality care in their communities, she said.

More information on becoming an NP can be found here (https://nurseworkforce.blogs.auckland.ac.nz/nptp/).

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Class of 2024 nurse practitioner trainees are welcomed onto the University of Auckland's Waipapa Marae in February.

Kaitiaki
NURSING NEW ZEALAND

NEWS

South Island nurse prescriber programme going strong as it nears 100 graduates

BY MARY LONGMORE

March 6, 2024

Te Waipounamu (South Island)'s first community nurse prescriber programme is celebrating two years and 52 graduates — and there are no signs of it slowing down, its clinical education lead Nicky Burwood says.

Two recent graduates of Te Waipounamu registered nurse prescribing in community health programme, Natasha McGregor (left) and Hilary Hayde (right) with Nicky Burwood, WellSouth clinical education lead (centre) at GP collective Māori Hill clinic in Dunedin.

Another 36 nurses are currently enrolled, and once they graduate the six-month online course will have brought a total of 88 new community nurse prescribers into the Te Waipounamu workforce, since it launched two years ago.

> ‘The increase in patient access and outcomes from this can be phenomenal.’

Nurse practitioner Burwood, who runs the programme — a collaboration between primary health organisation WellSouth and Te Whatu Ora — said having a locally-run course not only boosted nurse prescriber numbers but “helps connect our Te Waipounamu nursing sector”.

This was crucial amid ongoing pressure to recruit and retain clinical staff — particularly in the southern region where many practices were rural, she said.

“This is really meeting the demands of our population. A lot of the South Island is really rural. We’ve got rural nurse specialists out there who are tied by standing orders, which aren’t really broad, so the increase in patient access and outcomes from this can be phenomenal.”

Photo: AdobeStock.

Burwood said the course was “accessible to pretty much any nurse in the South Island” able to meet Nursing Council criteria (https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Registered_nurse_prescribing_in_community_health.aspx) and who would have the ability to utilise prescribing within their roles.

“Nurses are taking it into different places — we have a lot of practice nurses that come through, we’ve had some school nurses, district nurses and public health nurses.”

Burwood said more community nurse prescribers meant more choice for patients, reduced waiting times and stronger relationships between nurses and patients — as well as benefiting the nurses themselves.

‘It’s fantastic, as it’s increasing the motivation for nurses wanting to learn more, wanting to do more.’

“Continued professional development like this is keeping our primary care and community-based nurses working at the top of their scope, which is good for them, and is great for patients.”

Nicky Burwood

Many had found a “whole new lease of life” with more job satisfaction and motivation, after graduating — with some going on to further study, Burwood said.

“It’s fantastic, as it’s increasing the motivation for nurses wanting to learn more, wanting to do more.”

Community nurse prescribers can prescribe from a limited number of about 80 common medicines for minor ailments and illnesses in normally healthy people.

From there, nurses could go on to become designated prescribers in primary health and specialty teams who are able to prescribe from 480 medications and are less guideline-based, Burwood said. That required a post-graduate diploma.

The next and highest level was a nurse practitioner who can practice with high autonomy and prescribe almost any medications.

‘Two ends of the scale’

Those taking up the community nurse prescribing course tended to be at either the start or end of their careers, Burwood said.

“We’re seeing people really early in their career doing it and then people right at the end of their career, who’ve got all of this knowledge but just don’t want to go through a post-grad programme but want that autonomy to be able to prescribe – so that tends to be the two ends of the scale.”

There were three cohorts per year which ranged from 10 to 25 students. Burwood said interest was strong and growing, with 25 students in the first 2024 intake, compared to 12 in its third cohort for 2023.

Te Waipounamu registered nurse prescribing in community health programme (https://wellsouth.nz/provider-access/workforce-training-and-events/nursing/rn-prescribing/rn-prescribing-in-community-health) is a six-month, online, fee-free programme that provides re-certification as a designated nurse prescriber in community health through the Nursing Council.

It was developed and is delivered by WellSouth, the primary health organisation (PHO) for Otago and Southland, in collaboration with Te Whatu Ora – Nelson Marlborough. The programme now collaborates with most of the Te Waipounamu PHOs and Te Whatu Ora districts and welcomes nurses from all parts of the island.

Details for all registered nurse prescribing options can be found here (https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Nurse_Prescribing.aspx?hkey=091ed930-56ca-4f25-ae9e-52b33decb227).

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NURSING NEW ZEALAND

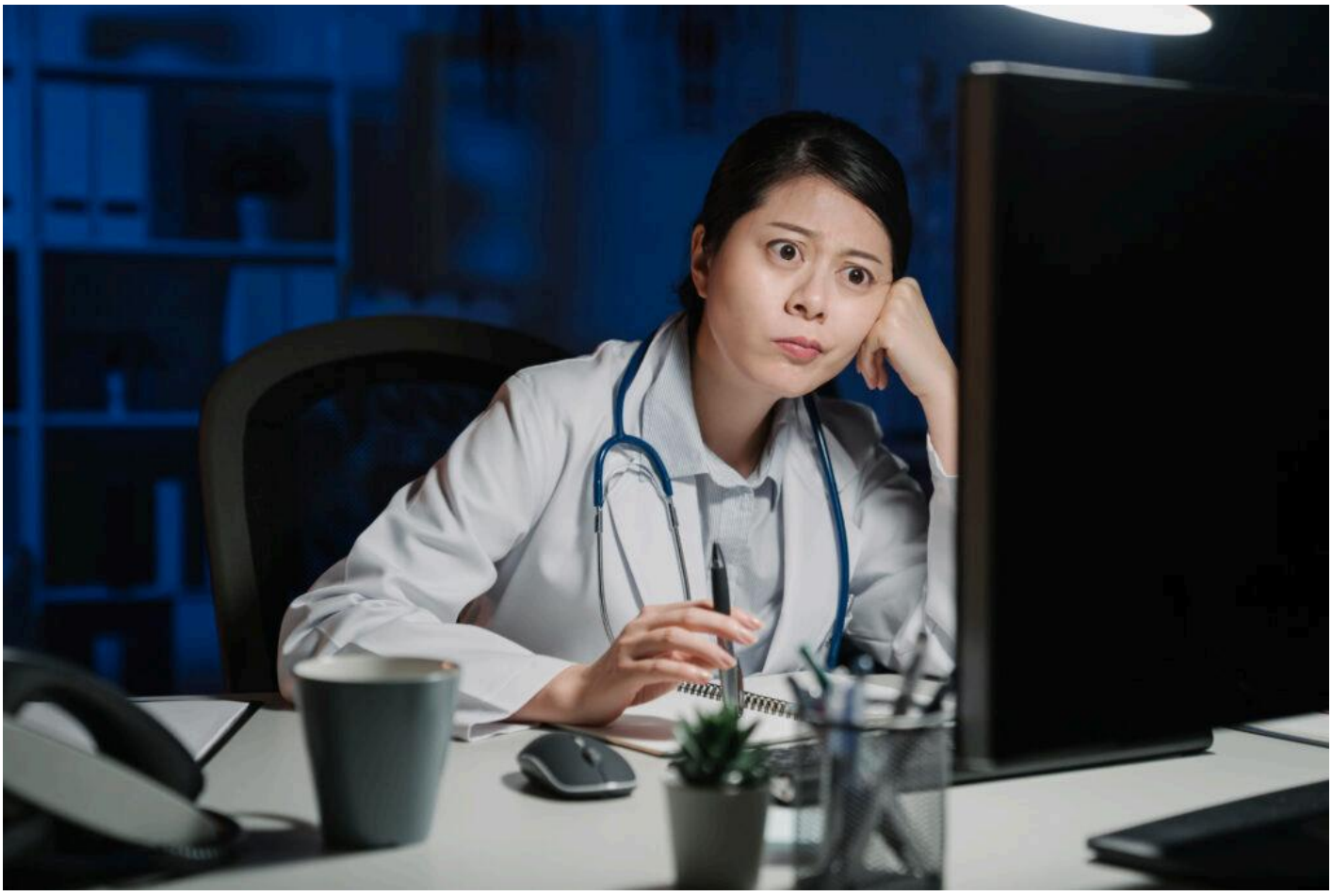
OPINION

What is a systematic review, and how is it useful for nurses?

BY MARGARET HUGHES

March 21, 2024

All nurses know that our practice should be linked to evidence, but even the idea of reading and assessing a piece of research can be overwhelming.



How can systematic reviews help a busy nurse? Photo: AdobeStock

Firstly, there is the research language you have to adjust to, that isn't exactly intuitive. Then you wonder how you are supposed to know if the study you're reading about is a good one or a bad one.

How do we know which study is useful to us in our nursing practice? After all, there are a number of studies out there that are poor,

Some useful definitions

- **Meta-analysis**: An analysis of qualitative studies (but can be applied to quantitative studies too).

unethical or just plain incorrect.

Recently I learned to write a type of systematic review called a meta-synthesis and, although I was initially reluctant to use this type of research approach, I quickly recognised how useful it could be for busy nurses.

How do we know which study is useful to us in our nursing practice?

The first part of this previous sentence needs some context. As part of my job as a nursing educator, I have to develop and produce research. My preference is for undertaking new studies that seek to explore patients' or nurses' perceptions of their experiences.

Such studies, which gather new data, are known as primary research. Systematic reviews are known as secondary research — they involve searching for all the relevant primary research on a particular subject, then drawing together, comparing and analysing the data.

Staying one step ahead

When I first looked at the systematic review approach, and students also became interested in it, I had to keep one step ahead. My first systematic review (a meta-synthesis) explored late-career nurses' experiences of ageism in the workplace — specifically, ageism directed at them.

As the process of searching databases for studies that explored this issue unfolded, it occurred to me how transparent, structured and robust the systematic review process was. It seemed faster too than the primary studies I had previously been involved in.

The main reason it seemed so useful though was because it took a lot of studies, critiqued them for quality, robustness and rigour, and condensed a lot of dense information. And in my case, because of the type of systematic review I was doing (a meta-synthesis), it used all the studies' findings to identify new themes.

- **Meta-synthesis**: A synthesis of qualitative studies.
- **Systematic review**: An evaluation and synthesis of quantitative studies and an overall umbrella term for meta-analysis and meta-synthesis.
- **Search strategy**: A thorough explanation of which databases the researcher searched, the key words used for the search, and the inclusion and exclusion criteria for selecting the studies to analyse and/or synthesise.
- **Data extraction:** The task and skill of extracting relevant information from the selected studies — part of a researcher's role.
- **Analysis vs synthesis**: The findings, methods and theory are analysed (ie broken down, critiqued and examined in detail) before they are synthesised (ideas from several sources are re-configured, combined).
- **Qualitative studies:** These studies explore, describe, explain or provide insights into life experiences, perceptions and perspectives.
- **Quantitative studies**: These studies test theory, experiment or collect or quantify phenomena through numbers and statistical analysis.

A systematic review brings all their findings together in one place and in one read.

This can be enormously helpful to busy nurses — now they don't have to read several studies to get context to a particular topic of interest in their workplace, or to investigate a particular way of doing a task or skill. A systematic review brings all the relevant findings together in one place and in one read.

Systematic reviews support better practice

My purpose in writing this article is to advocate for systematic reviews and to say to nurses: don't be put off by the unfamiliar and often long-winded research terms and language.

My aim is to float the idea that changing practice for the betterment of our patients — ie finding the latest evidence on which to base our nursing care — can be supported in a much easier way. That is by reading the latest systematic review on a topic rather than trawling through screeds of single studies, some of which may be questionable.

On a practical level, I offer some definitions for terms that you might come across (see box above). It is annoying to find that different textbooks often define concepts differently, or use them interchangeably. These terms in the box above are from several different textbooks. However, as long as an author explains and describes their process, a different description shouldn't be viewed as a negative or a weakness of their study.

***Margaret Hughes, RN, PhD**, is a senior nursing lecturer and academic staff member in the Department of Health Practice, at the Ara Institute of Canterbury, and a lecturer in the Faculty of Health, University of Canterbury.*

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NURSING NEW ZEALAND

OPINION

Cutting through the noise: Why whānau-centred midwifery is not erasing women

BY GEORGE PARKER, ELIZABETH KEREKERE, FLEUR KELSEY AND SUZANNE MILLER

March 5, 2024

Proposed changes to a document that regulates midwifery practice in Aotearoa have caught the eye of some trans-exclusionary groups. A group of midwifery academics explains why the revisions should be celebrated.

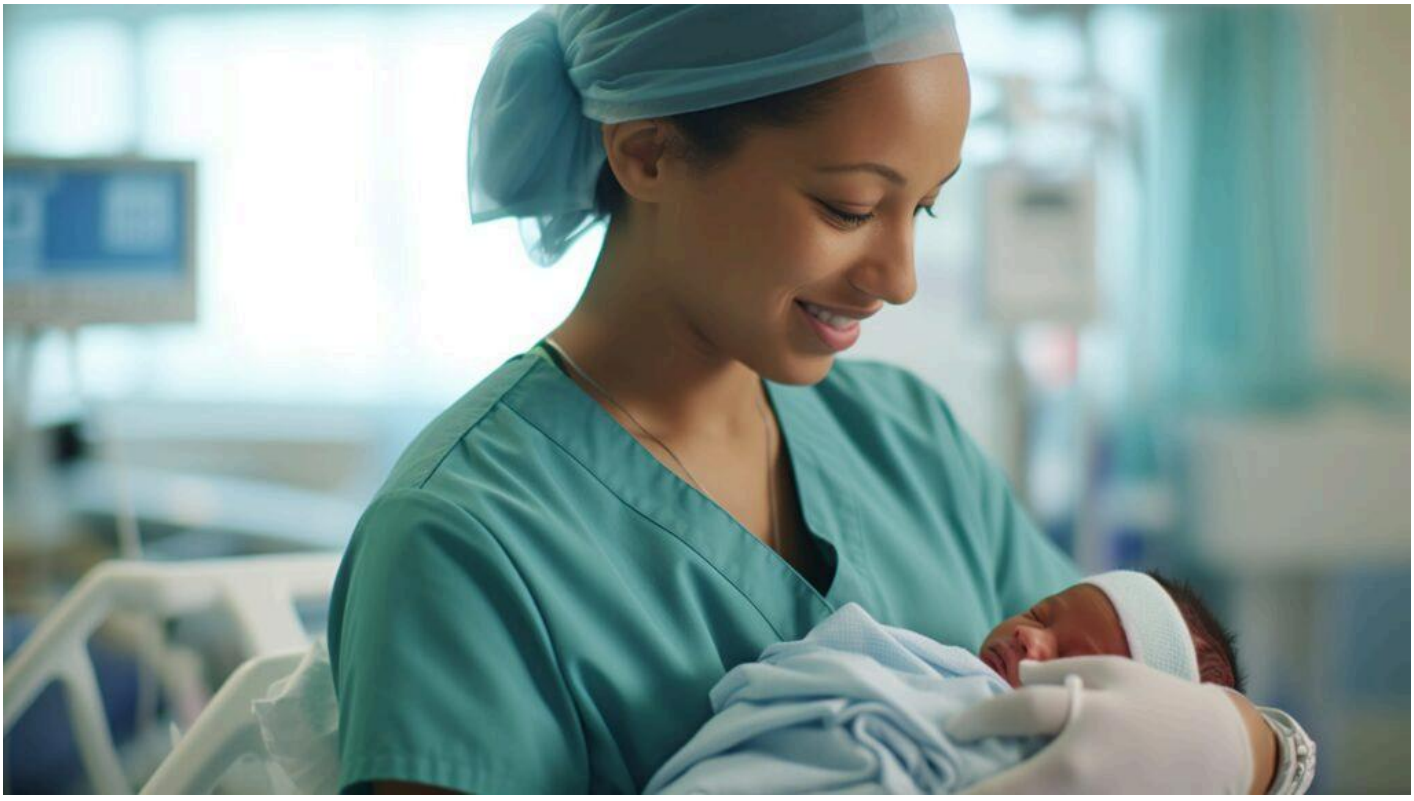

Photo: AdobeStock.

This article was first published on The Spinoff (https://thespinoff.co.nz/society/01-03-2024/cutting-through-the-noise-why-whanau-centred-midwifery-is-not-erasing-women).

Of all the controverises in Aotearoa in 2024, Te Tatau o Te Whare Kahu — Midwifery Council of NZ's (MCNZ) revised midwifery scope of practice (https://www.midwiferycouncil.health.nz/common/Uploaded%20files/Consultations/Te%20Tatou%20o%20Te%20Whare%20Kahu%20Second%20Round%20Feedback%20March%202023.pdf), currently awaiting sign-off from the Minister of Health, may not spring

to mind as the top of the list. But those of us working towards equity in the perinatal sector are watching the fraught passage of this scope with concern.

> **Sadly, the revised scope has caught the eye of some trans-exclusionary groups, who have branded it as an attempt to erase women from midwifery practice.**

The midwifery scope of practice is one of three related documents (alongside the standards of competence and standards for approval of pre-registration midwifery education programmes and accreditation of tertiary education organisations) that provide the foundation for the regulation of midwifery practice in Aotearoa. The revised scope has some key conceptual and language changes, including incorporating te reo Māori term for midwife, kahu pōkai, including explicit references to te Tiriti o Waitangi as embedded in midwifery practice, and referring to "whānau who are planning a pregnancy, pregnant, birthing, and postnatal" as the partners of midwifery care.

Challenging 'eurocentric' view

The revised scope challenges a eurocentric and individualised world view of the partners in midwifery care, focusing on whānau rather than individual women/mothers and babies as the key relationship in care provision. The broad use of whānau centres a te ao Māori worldview and whānau ora aspirations by denoting the pregnant person in the context of their whānau, and inviting midwives to be responsive to the needs of diverse whānau contexts.

This change is intended to bring midwifery practice into closer alignment with te Tiriti o Waitangi by making space for a holistic and collective understanding of who midwifery care is for. Whānau-centred care also creates room to acknowledge that midwifery care is not just provided to cisgender women but to all people forming their families through the birth of their own babies, including transgender and non-binary people.

> **Contrary to the noise, embedding a te Tiriti-informed vision of holistic, inclusive and whānau-centred care at the centre of midwifery identity and practice upholds the mana of all women, trans men and non-binary people who can give birth.**

Midwives play a vital role in Aotearoa's health system and are present at every birth, in every setting. The Nurses Amendment Act 1990 established midwifery as an autonomous profession, publicly-funded to lead community-based care for whānau from early pregnancy to the early weeks post-birth. Our model of midwifery-led primary perinatal care has been admired globally for meeting consumer-demand for continuous care from a known provider and upholding the principles of informed choice and consent.

However, the original midwifery scope of practice (https://www.midwife.org.nz/midwives/midwifery-in-new-zealand/scope-of-practice-of-the-midwife/), which was formalised in regulation when midwifery came under the Health Practitioners Competency Assurance Act 2003 and hasn't been revised since then, had not kept up with dramatic changes in midwifery practice.

The failure of Aotearoa's perinatal system, as with the wider health system, to deliver equity for Māori and Pasifika has been extensively documented. Midwives, as with all health-care providers, are tasked with addressing those failings by embedding Te Tiriti o Waitangi responsiveness at all levels of their care.

Whānau 'diversifying'

The nature and context of birthing whānau are diversifying. Global movements to secure the reproductive rights of LGBTIQ+ people have resulted in expanded options for family building through the birth of their own children. Perinatal

care providers cannot assume the gender, sexuality or family structure of their clients, if care is to be safe, affirming and inclusive for LGBTIQ+ whānau.

A whānau-centred approach to midwifery care asks midwives to invite the pregnant person to share who and what is significant to them and to provide care that is responsive to the self-determined needs and aspirations of each whānau. This creates space for diverse whānau in midwifery care because the partners of midwifery care are not assumed.

Photo: AdobeStock.

The findings of the recently completed Trans Pregnancy Care Project (https://transpregnancycareproject.wordpress.com/) in Aotearoa showed that pregnant and birthing whānau wanted midwifery care that affirmed the role and value of gestational and non-gestational parents, that did not assume the gender of pregnant people, and that invited whānau self-determination over who they are and who was included in care.

The revised scope creates the conceptual conditions and mandate for midwives to expand their practice to ensure responsiveness to diverse whānau. Many midwives have already embraced these principles in their practice, but where midwifery care is not responsive to diverse whānau, harm can be significant.

The revised midwifery scope of practice is the culmination of the multi-year Aotearoa Midwifery Project (https://midwiferycouncil.health.nz/Public/Public/10.-Aotearoa-Midwifery-Project/Aotearoa-Midwifery-Project-Landing.aspx) by MCNZ that undertook a te Tiriti-led evidence-based review. The goals of the project were to align with contemporary midwifery practice and to ensure the future practice of midwifery is responsive to te Tiriti o Waitangi.

> **Rather, the revised midwifery scope of practice should be embraced as an invitation to expand the capacity of midwifery to uplift all whānau.**

The project team was guided by a collaborative reference group made up of midwives and consumers, both tangata whenua and tangata Tiriti from across the perinatal sector.

The project was informed by a Tiriti o Waitangi partnership framework that intended to uphold te Tiriti not only in the outcome of the project but in how the project was undertaken. This meant a commitment to a collaborative process involving extensive consultation with groups and individuals across the perinatal sector.

Sadly, the revised scope has caught the eye of some trans-exclusionary groups, who have branded it as an attempt to erase women (https://www.scoop.co.nz/stories/PO2401/S00072/midwifery-council-erasing-the-words-women-and-mothers.htm) from midwifery practice.

Contrary to the noise, embedding a te Tiriti-informed vision of holistic, inclusive and whānau-centred care at the centre of midwifery identity and practice upholds the mana of all women, trans men and non-binary people who can give birth.

Midwifery's 'feminist' heart

Midwifery, by its very nature, has a feminist heart. The resurgence of midwifery owes much to the women's movements of the 1960s and 1970s, and to feminism's critique of gendered roles and norms that were highly oppressive to anyone giving birth.

But feminism, like midwifery, has been challenged for privileging white women's concerns and universalising "women's experiences" and the very notion of "womanhood". Intersectional feminism provides an opportunity for feminism to understand and address multiple and intersecting forms of oppression and to move forward in solidarity with movements for anti-racism, decolonisation, and disability and LGBTQ+ rights.

For midwifery in Aotearoa, this means refusing a dichotomy between honouring Te Tiriti on one hand and our commitment to women's rights on the other.

Rather, the revised midwifery scope of practice should be embraced as an invitation to expand the capacity of midwifery to uplift *all* whānau. In doing so, midwifery harnesses a generational opportunity to secure their legacy as champion for equity and social justice in Aotearoa's health system. Toitū te Tiriti, midwifery!

Dr George Parker *is a Pākehā non-binary trans person and senior lecturer in health service delivery in Te Kura Tātai Hauora, School of Health at Te Herenga Waka, Victoria University of Wellington.*

Dr Elizabeth Kerekere *(Whānau a Kai, Ngāti Oneone, Te Āitanga a Māhaki, Rongowhakaata, Ngāi Tāmanuhiri, Co. Clare, Co. Tipperary) is a takatāpui/LGBTQ activist and scholar who has just been appointed adjunct professor at Te Kura Tātai School of Health, Te Herenga Waka.*

Fleur Kelsey *is a Pākehā non-binary midwife and senior lecturer.*

Suzanne Miller *is a Pākehā midwife and associate professor at Te Kura Atawhai Ka Kaiakapono Te Hakuitaka, School of Midwifery at Otago Polytechnic.*

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NURSING NEW ZEALAND

FEATURES

It’s cool to kōrero – March 2024

BY KATHY STODART

March 28, 2024

Upoko: head

Upoko whakairo -- a carved head.

It is good practice to ask a Māori patient's consent before touching their head. Picture: Adobe Stock (AI)

it's cool to kōrero

Haere mai, and welcome to the March "it's cool to kōrero" column. The word we are looking at this month is *upoko* (head).
In te ao Māori, the head is regarded as *tapu*, or sacred, because it is the distinguishing feature of each person — it houses the brain which makes the person who they are.Health services have tikanga guidelines which recognise the tapu of the head, including seeking consent to touch a patient's head, using different wash cloths to wash the head and the body, not passing food over the patient's head, and using different linen for the head than for other parts of the body.Other words for the head include *māhunga*, *panepane* and *uru*.

Kupu hou (new word)

- **Upoko** (head) — *pronounced "ooh-paw-kaw"*
- **Kia tau nei tou upoko i te pera.** — Rest your head on a pillow.

Other words related to *upoko* include:

- **Upoko mārō** — to be headstrong or stubborn, a bigot
- **Pōtae** — hat
- **Pera** — pillow
- **Pākira** — to have a bald head
- **Te Upoko-o-te-ika-a-Māui** — the Wellington region (literally, "the head of the fish of Māui")
- **Upoko whakairo** — carved head
- **Upoko koura** — literally "the head of a crayfish", a derogatory expression for a person, as the crayfish head contains a yellow substance like excrement. (Another insult is to call someone an "upoko-kōhua", ie a "boiled head".)

E mihi ana ki a Titihuia Pakeho rāua ko Mairi Lucas.

Photo: Adobe Stock

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NURSING NEW ZEALAND

FEATURES

Innovative Marlborough practice, Manu Ora, proud to be recognised in business awards

BY TANIA GREGORY AND ANN MCASLAN

March 26, 2024

Staff at Manu Ora, a small innovative Blenheim primary health care practice, were thrilled to receive three awards at the recent Marlborough Chamber of Commerce business awards.

The Manu Ora health care team.

Manu Ora kaimahi (staff) were honoured, humbled, and incredibly proud to be the recipients of three awards at the 2023 Marlborough Chamber of Commerce business awards – the new and emerging business of the year award, the community impact award, and the big surprise of the night, the supreme business award.

One of our two GPs, Sara Simmons, said that recognition of our small Te Tauihu (top of the south region) primary health care team at the awards “shines a light on health equity, in particular Māori health equity”.

Manu Ora won three awards — new and emerging business of the year, community impact and the supreme business award.

Manu Ora staff and directors at the awards ceremony. Photo: Brya Ingram

Receiving the business awards is a massive celebration of success for our new model of primary health care, which we developed in response to the increasing primary health crisis in New Zealand and the GP and nurse shortage caused by staff burnout.

Collaboration between owners and Te Piki Oranga

The vision for Manu Ora was conceived by its GP owners, Sara Simmons and Rachel Inder, practice manager Anna Young and nurse Tania Gregory. It is a charitable entity and a collaboration between the owners and Māori health and wellness provider Te Piki Oranga.

Manu Ora relies on funding from the Marlborough Primary Health Organisation, Te Whatu Ora and other community organisations. Our management team has become proficient at writing funding proposals, without which we wouldn't be able to provide the service we strive to.

This funding enables us to have fewer patient enrolments per GP FTE, and allows our kaimahi to provide holistic, high-quality health care.

Nurse Nicola Heaney with patient Leonie McSweeney.

The practice prioritises enrolling patients who are Māori who don't have a GP or are not engaged with a primary care provider, Māori families with young children who are without a primary care provider, and high complexity patients with health and social issues such as mental health problems and long-term health conditions.

Removing barriers

Manu Ora has a strongly held ethos of removing barriers to primary care such as cost and issues with transport and timeliness of appointments/responses, and of providing culturally safe care and active advocacy and navigation of health and social services beyond the primary care setting.

Using various funding streams and grants, we offer flexibility on charging, so that it is either low cost, or free for those who need it. This is assessed on the basis of individual need, and ensures that cost is not a barrier to people accessing our service.

This extended first appointment enables us to get to know our whānau, by listening to their stories . . .

Its rōpū (staff) is small, as is its patient population of 1400, and its appointment times longer (20 minutes rather than the usual 10-15 minutes).

Each new patient spends 40 minutes with the nurse, followed by 20 minutes with the GP (or 40 minutes for more complex problems) and we use Sir Mason Durie's Te Whare Tapa Whā model of health care as a framework to gather information.

Tania Gregory

This extended first appointment enables us to get to know our whānau, by listening to their stories, to gain a better understanding of all aspects of their hauora (wellbeing) in a flexible, whānau-centred way. This understanding is at the centre of what we do and has been integral in planning the health care we provide.

Building relationships with the wider community is fundamental to our work . . .

When we started, we debated whether to call the people we enrolled "patients" or "clients" but they told us they wanted to be "whānau". "Whānau" refers to our patients and their wider family and supporters — everyone who comes through the door is whānau.

Ann McAslan

Building relationships with the wider community is fundamental to our work, extending our reach to help provide additional layers of support for our whānau.

A gratifying example of this is our relationship with the Christchurch Methodist Mission which has resulted in many of our whānau moving from emergency accommodation into warm, clean, and safe housing.

Enjoyable, rewarding place to work

Manu Ora is not only committed to providing accessible, high-quality health care to its whānau, but also to take care of its rōpū by providing an enjoyable, supportive, stimulating and rewarding place to work. The staff includes six part-time GPs, three part-time practice nurses and one health-care assistant.

As registered nurses working in primary care it is extremely rewarding, and enjoyable being able to provide quality health care in a friendly, whānau-centred environment.

Manu Ora pays tribute to its nursing staff on International Nurses Day.

We are committed to workforce sustainability and development by hosting both medical and nursing students. We value rōpū training and build on kaimahi roles as the need arises.

Committed to Māori workforce

Manu Ora is also committed to building a Māori health workforce and supports all kaimahi to increase their confidence and knowledge of tikanga and te reo.

Our practice is in a quiet suburban street in a whare originally owned by a local Māori whānau who were committed to holistically caring for others, and you can feel that wairua when you walk into Manu Ora.

RN Ann McAslan and health-care assistant Mikayla Charlton.

Our whare and garden contribute to an atmosphere that is caring and respectful, warm and welcoming for our all our whānau and their support networks. We have a pātaka (pantry) including a fridge/freezer in the waiting room stocked with an abundance of kai for anyone to help themselves.

Kai and other grocery items on our pātaka shelves are all donated by whānau, community organisations and retailers, for which we are very grateful.

Started with a vision

The business awards, a recent evaluation from the Sapere research group, and feedback from our whānau and our community are acknowledgements that a great service can be offered. Such a service starts with a vision for improving the existing model for primary care practice, the support of an effective team, a willing and generous community, and some hard mahi!

Manu Ora would like to extend a huge thank you to all our whānau, kaimahi, community, funders, and the Marlborough Chamber of Commerce for supporting a sustainable future for Manu Ora, and the opportunity to continue to provide accessible, equitable and quality health care for our whānau.

Mā te huruhuru, ka rere te manu

Me whakahoki mai te mana ki te whānau, hapū, iwi.

Kia korowaitia aku mokopuna ki te korowaitanga hauora.

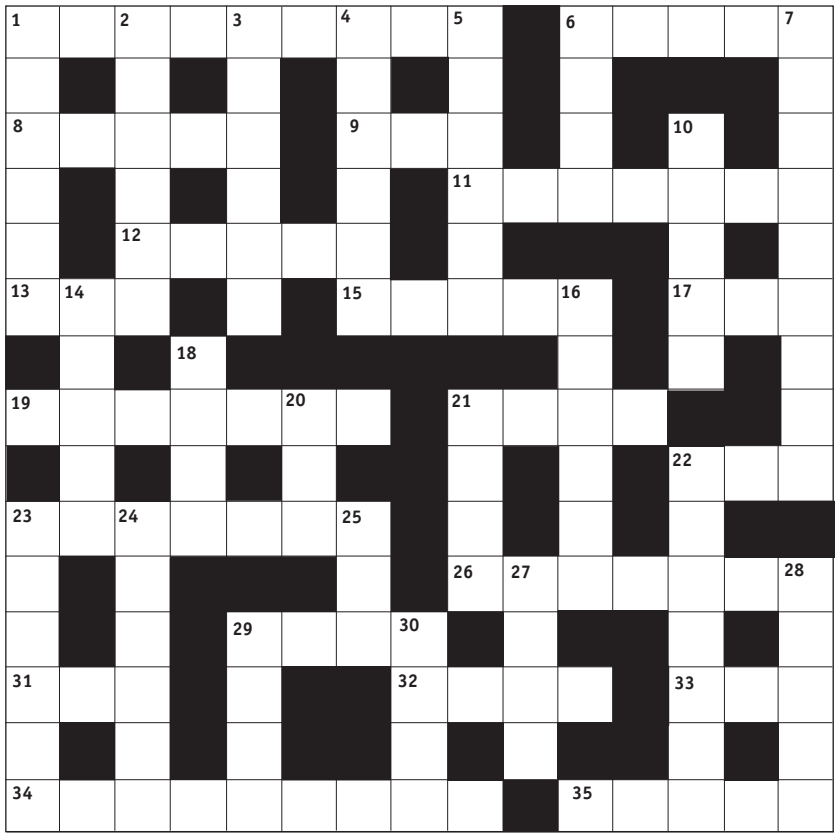
Adorn the bird with feathers so it can fly and return the mana to us.

Let our future generations be embraced in good health.

Tania Gregory, RN, PGCert (primary care), is tapuhi arahanga (clinical nurse leader) at Manu Ora.

Ann McAslan, RN, is a tapuhi hauora (registered nurse) at Manu Ora.

March 2024 crossword



ACROSS

1) Possessing necessary skills.
6) Jewish holy man.
8) Black comedy TV series/film set in Minnesota.
9) Make continuous low sound.
11) Obstruction.
12) Relating to law.
13) Female sheep.
15) Spooky.
17) Tree vulnerable to Dutch disease.
19) Cares for woman in childbirth.
21) Cried.
22) Pillar (Māori).
23) Opposite to eastern.
26) Weariness.
29) Impolite.
31) Humour.
32) Imaging process in medicine.
33) Place for inpatient.
34) Racial group.
35) Town leader.

DOWN

1) Caffeine drink.
2) Team spirit.
3) Sufficient.
4) Breathe out.
5) Wooden planks.
6) Bring up (offspring).
7) Off the cuff.
10) Damaged by hepatitis.
14) Put words together.
16) Highly qualified.
18) Study hard.
20) Plantation tree, Douglas ___.
21) Dog's ancestor.
22) Young male role at wedding.
23) Feet (Māori).
24) Suture.
25) Incline head.
27) Old-fashioned expression of despair.
28) Kaumātua.
29) New health minister.
30) Way out.

February answers

ACROSS: 1. Tobacco. 4. Cousin. 7. Kaumātua. 9. Ask. 11. Basil. 13. Emmy. 14. Haven. 15. Dirk. 16. Introvert. 17. Fund. 19. Eyre. 21. Orca. 22. Mung. 23. Roast. 24. Toll. 25. Menopause. 26. Rice.
DOWN: 1. Thumb. 2. Bakes. 3. Couple. 4. Churn. 5. Saga. 6. Neck. 8. Aromatherapy. 10. Sceptical. 12. Adieu. 14. Hive. 17. Family. 20. Cajun. 21. Otter.

Kaitiaki
NURSING NEW ZEALAND

COLLEGES & SECTIONS

Stomal nurses conference brings patients, nurses and doctors together

BY MARIE BUCHANAN AND PREETI CHARAN

March 25, 2024

A recent conference brought together both stomal therapy nurses and those who have experienced ostomies – abdominal surgery to allow bodily waste to exit when a disease of the digestive or urinary system is present.

College of stomal therapy nurse members Emma Ludlow, Marie Buchanan, Preeti Charan, Maree Warne, Holly Dorizac and professional nursing advisor Cathy Leigh.

The two-day conference, "Innovation", held by the college of stomal therapy nurses (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_stomal_therapy_nursing) in Auckland earlier this month, was attended by 78 participants from across Aotearoa.

We were delighted a delegation of four from Australia, including chair of the Australian association of stomal therapy nurses Louise Walker, also attended.

Participants came from all health-care sectors: Te Whatu Ora, private hospitals, rural hospitals, community settings and the tertiary sector.

Two stomates – those who have experienced ostomies – from the Ostomy Society also attended, and one patient shared their experience of being pregnant with a stoma (an abdominal opening).

Bringing together this specialised group of health-care workers and consumers into one room to network and share experiences and ideas was extremely productive.

Local iwi Ngāti Whātua Ōrākei's Nick and Pandora Hawks opened the conference with a beautiful pōwhiri.

Māori cultural advisors whaea Lynda Toki and Kim Penetito, from consultancy Haua Partnership, then spoke about the importance of working in partnership with Māori, acknowledging our college's commitment to this through our new guidelines (https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Stomal%20Therapy/2023/NZNOCSTN%20Stomal%20Therapy%20National%20Clinical%20Guidelines_Final%20SCREEN.pdf?ver=FbaiMAtMXpPnByNLYEa-zw%3d%3d). But they also reminded us that Māori are individuals, not just all in the same "box".

Lynda Toki (left) and Kim Penetito of Haua Partnerships.

They also spoke about the importance of growing rangitiratanga (leadership) and manaakitanga (care for others) as well as the need to push for equity and reduce barriers in stomal therapy nursing.

Former boxer David Letele was an absolute highlight, in a kōrero about overcoming challenges in his upbringing and personal life, including obesity. His message was: Never give up, always get back up, change can happen and how important it is to look after your health.

While people do not choose what situation they're born into, they can make changes, Letele said. But it was also important to recognise inequalities in our society and the need for healthy partnerships to support those who have experienced disadvantage and ensure the best opportunities for all.

Health workers had a crucial role in advocacy for people with limited choices, he said.

With our conference on the same day as the funeral of his late friend, Green Party MP Efeso Collins, we acknowledge his commitment in going ahead with his talk.

Other speakers included colorectal specialists and stomal therapy nurses and educators, with a range of workshops run by stomal nurse specialists on stoma dilation, colostomy irrigation, chait management and chyme reinfusion.

There was a vibrant atmosphere and the committee received positive feedback from attendees. To show our appreciation for all speakers and contributors, the college committee donated 19 native trees in their name to Trees That Count (https://treesthatcount.co.nz/), which works to create shared green spaces.

The college also farewelled chair Emma Ludlow. A new chair is expected to be announced soon.

Our recently developed clinical guidelines are here (https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Stomal%20Therapy/2023/NZNOCSTN%20Stomal%20Therapy%20National%20Clinical%20Guidelines_Final%20SCREEN.pdf?ver=FbaiMAtMXpPnByNLYEa-zw%3d%3d), and should be read in conjunction with our knowledge and skills framework here. (https://www.nzno.org.nz/Portals/0/publications/Stomal%20Therapy%20Knowledge%20and%20Skills%20Framework,%202021.pdf)

Dave Letele

Stomal nursing conference attendees.

— This article was adapted from an article published in college of stomal nurses journal The Outlet (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_stomal_therapy_nursing/journal) by co-editors Marie Buchanan and Preeti Charan.

Kaitiaki
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LETTERS

Survey: How are we are doing in health & safety in New Zealand?

BY SAFEGUARD

March 4, 2024

Safeguard magazine's annual State of the Nation survey is open and we invite you to take part.

(https://thomsonreuters.cmail20.com/t/d-l-elkhydd-irjhjkdhud-i/)

The idea is to take the pulse of how we are doing in health and safety as a nation. The results will appear in the March/April edition of the *Safeguard* magazine and will enable any year-on-year trends to be detected. The results will also be summarised here.

The survey is anonymous and all but one of the questions are multi-choice, so it takes only a couple of minutes.

The survey is designed to be taken by people based in New Zealand and who belong to one of these groups:

- Workplace health, safety or wellbeing practitioners (including occupational health nurses)
- Health & safety reps
- Senior executives or business owners of any kind of organisation

If you tick one of these boxes, then please have your say by doing the survey here (https://thomsonreuters.cmail20.com/t/d-l-elkhydd-irjhjkdhud-i/). You will have the option to request the survey results to be emailed to you.

The survey closes on March 15.

Safeguard