

NEWS

## May Day: Striking nurses (and mokopuna) among thousands set to fight back tomorrow

BY RENEE KIRIONA

April 30, 2025

Perioperative nurses at Auckland City Hospital, Starship Hospital and Greenlane Hospital will strike tomorrow while thousands of other nurses throughout the country use their break times to march and rally as part of the nationwide May Day events.



About 370 preoperative, theatre and postoperative nurses who are members of NZNO working at the three hospitals, will join senior doctors at Auckland City Hospital for a two-hour strike tomorrow.

NZNO delegate and perioperative nurse Alissa Baker said the nurses are standing up against involuntary

**"Get your whānau involved in the kaupapa" – Nurse to march with her mokopuna on May Day**

overtime. This stand is part of the current collective agreement bargaining between NZNO and Te Whatu Ora.

"Nurses should be paid appropriately for the work we are doing, and that does not include forced overtime as the Te Whatu Ora proposal seeks to enforce," Baker says.

NZNO chief executive Paul Goulter says it is appropriate the perioperative nurses are striking on May Day.



Paul Goulter

"May Day is a day for workers and unions around the world to celebrate workers' rights and the union movement. It is timely that our perioperative nurses are making a stand for fair pay on May Day.

"The Government continues to chronically under-resource health, is

increasing the privatisation of health services and fails to address the crisis in primary and aged residential care. This is another insult to other nurses and other health care workers around the country.

"This year NZNO members will join their fellow union members around the country at Fight Back for Health and Fight Back Together events," Paul Goulter says.

The nationwide May Day kaupapa will see thousands of workers from a wide range of industries in both the public and private sectors, take action in lunchtime hui, stop work meetings and strike action, says NZCTU President Richard Wagstaff.

"Every year on May Day workers and their unions around the world celebrate the union movement, our history, and our purpose – to build workers' power and solidarity.

"This year we are coming together to resist the ongoing assault on workers and unions in Aotearoa New Zealand over the past 18 months. This Government has declared war on working



Richard Wagstaff



Gina Chaffey-Aupouri (middle) with her mum and daughter who also work in the health sector will all be doing May Day in Gisborne

Gina Chaffey-Aupouri, a primary health nurse from small East Coast town Ruatoria, intends to march with her two-year-old mokopuna (grandchild) Hunter Ray Pakaurangi Higgins when the May Day hīkoi to Gisborne Hospital begins tomorrow morning.

"My moko and I recently did the Relay for Life together – he loved it!

**'I encourage all our nurses, midwives and health-care workers to get their whānau involved in the kaupapa tomorrow. If we as nurses aren't okay, our whānau will not be okay.'**

"Yes, this kaupapa is about health and justice for me – fairer pay for all nurses everywhere, but it's also bigger than that. It's about making the public health system better and safer for everyone but especially our mokopuna."

Chaffey-Aupouri has been a nurse for more than 40 years and currently works as a rural health registered community nurse prescriber at Te Rūnanga o Ngāti Porou Oranga.

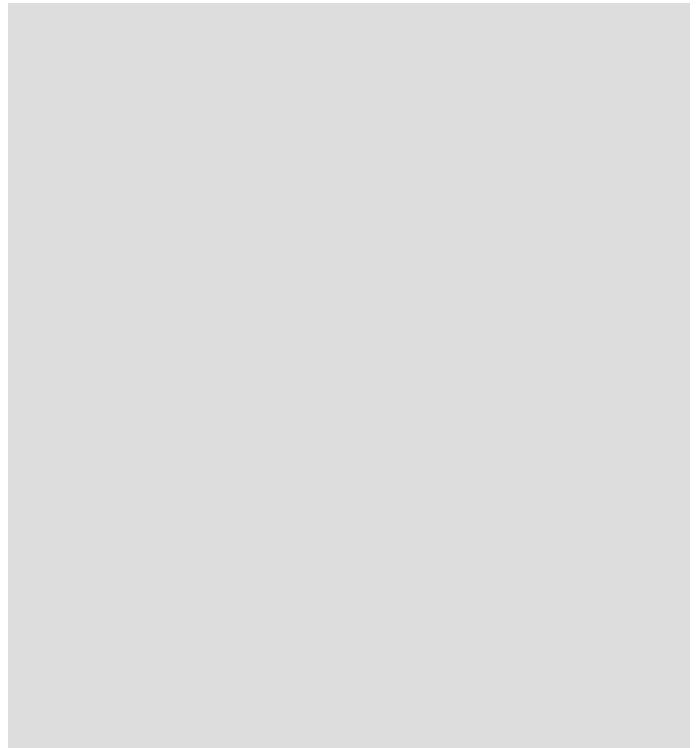
Her mother has just retired as the kitchen lead at Gisborne Hospital and her daughter manages an organisation that encourage health and wellbeing initiatives throughout the East Coast.

people. They are removing our rights, destroying jobs, and ruining the economy," Wagstaff says.

"We are sending send a strong message to those in power that we demand a better deal for working people, and an end to the attack on unions. We will also be calling on the Government to deliver pay equity and honour Te Tiriti o Waitangi.

"Workers are sick and tired of having their rights trampled on by this Government, and this Thursday will be out in force to demand change," Wagstaff said.

- Information about Fight Back for Health events can be found [here](https://maranga-mai.nzno.org.nz/fight_back_for_health) ([https://maranga-mai.nzno.org.nz/fight\\_back\\_for\\_health](https://maranga-mai.nzno.org.nz/fight_back_for_health))
- Information about Fight Back Together can be found [here](https://www.together.org.nz/may_day_hui) ([https://www.together.org.nz/may\\_day\\_hui](https://www.together.org.nz/may_day_hui))





NEWS

## Māori women and girl survivors of sexual violence face double trauma

BY EMMA CHEVALIER TRAGER-LEWIS (UN INTERVIEWS)

April 23, 2025

Two Māori nursing leaders are at the United Nations highlighting the plight facing Māori health. In this interview with a UN reporter, they highlight the issue of violence, including sexual violence, toward Māori women who are three times more likely to be abused than non-Maori women.



NZNO kaiwhakahaere Kerri Nuku and chair of the NZ College of Primary Health Care Nurses Tracey Morgan at the 25th United Nations Permanent Forum on Indigenous Issues

The Māori women and girls of New Zealand who have survived sexual violence face a double trauma when accessing care, according to Māori activists.

Worldwide, nearly [one in three](https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence) (<https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>) women will experience gender-based violence, a statistic that is even higher amongst Indigenous women and girls, especially in the Māori community.

Due to the stigma surrounding sexual violence, and the lack of cultural awareness in the healthcare system, Māori women and girls rarely report instances of sexual violence.

During the 24th session of the United Nations Permanent Forum on Indigenous Issues, currently being held at the UN Headquarters in New York, *UN News*'s Emma Trager-Lewis sat down with Kerri Nuku, Kaiwhakahaere of the New Zealand Nurses's Organisation; and Tracey Morgan, chair of the College of Primary Health Care Nurses in New Zealand.

Both women are Māori activists participating in the forum and began by introducing themselves in both Māori and English.

To listen to the audio of this interview, [click here](https://news.un.org/en/audio/2025/04/1162501) (https://news.un.org/en/audio/2025/04/1162501)

To watch Kerri Nuku's full speech given today to the UN Permanent Forum on the Indigenous Issues, go to 44.35 of this [link](https://webtv.un.org/en/asset/k1y/k1y1m5w9y8?fbclid=IwY2xjawJO-qxleHRuA2FlbQlXMABicmlkETFOcWVFeUN4TFNVWHE2SjFrAR61_Iy8uBtkG6FM_u-bH7gRA0KKDiGikUHILwbfBuo6idAqUIAS8adcKt0RUw_aem_2iXchS3rKTDdb_ElTiKz7zw) (https://webtv.un.org/en/asset/k1y/k1y1m5w9y8?fbclid=IwY2xjawJO-qxleHRuA2FlbQlXMABicmlkETFOcWVFeUN4TFNVWHE2SjFrAR61\_Iy8uBtkG6FM\_u-bH7gRA0KKDiGikUHILwbfBuo6idAqUIAS8adcKt0RUw\_aem\_2iXchS3rKTDdb\_ElTiKz7zw)

**Audio Credit:** Emma Trager-Lewis, UN News

**Audio:** 14'13"

**Photo Credit:** UN News

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NEWS

## Taupō could become health system's next 'Buller casualty'

BY RENEE KIRIONA

April 11, 2025

Something serious is brewing in the central North Island like a "ticking time bomb" ready to go off any moment now, according to Malcolm Mulholland, head of Patient Voice Aotearoa.



"We've been taking the [Buller Declaration](#) from the South to small towns and cities throughout the North Island and I'm shocked to hear what the community and health workers in Taupō have been telling me," Mulholland told *Kaitiaki*.

"Taupō Hospital has gone from seven fulltime equivalent doctors down to under half that and the Government doesn't appear to be replacing them or making it more attractive for doctors to want to work there."

Already most patients who end up in Taupō Hospital are being transferred to Rotorua, Mullholland said.





"Some people tell me they aren't making the 80km travel to Rotorua so they end up getting sicker.

*The recent march at Westport, Buller*

"I have grave fears that Taupō will be the broken health system's next victim or casualty and that the next closest city, Rotorua, will have to start picking up more of the pieces. The problem is that Rotorua already has major capacity issues at their hospital.

**'Sadly, Taupō is shaping up to be the Buller of the North and I urge the community and iwi to stand up and fight this or lose what little services, including emergency services, they have left at their hospital.'**

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"Sadly, Taupō is shaping up to be the Buller of the North and I urge the community and iwi to stand up and fight this or lose what little services, including emergency services, they have left at their hospital."

Despite outcry from the West Coast community, Health New Zealand cut the after-hours emergency services at Buller Hospital and replaced it with a telehealth service, meaning many people would have to travel 100km to the nearest hospital in Greymouth if they wanted to see an emergency doctor in person.



*NZNO primary healthcare nursing leader Tracy Morgan speaking at the Taupō hui last night*

NZNO delegate for Taupō Hospital Amy Edwards said the ED services were still operating.

"If we lose any more doctors then yes, what he [Mullholland] has said is likely to become a reality.

"But right now, everyone who comes to the ED is able to see a GP in person. Sometimes the telehealth service is used but only for those patients who don't want to wait to see a doctor in person."

Taupō Mayor David Trewavas said he had not been officially informed of any discussions around a reduction in the number of FTEs at Taupō Hospital.



*Taupō Mayor David Trewavas*

With the population of the Taupō District steadily growing, it was essential that hospital services continued to be provided in the district and he would carry on consistently advocating for this, he said.

Nigel Chee, acting general manager for Tūwharetoa Iwi Māori Partnership Board, said their group was not aware of any pending changes at the hospital but would engage with Health New Zealand to better understand their intentions.

"It is clear from our health needs analysis that the people of Taupō/Turangi do not receive the services they require. Therefore, any deterioration of services will be investigated.

"The Tuwharetoa Iwi Māori Partnership Board continues to advocate for the Taupō/Turangi community to maintain timely access to quality health services," Chee said.

Patient Voice has been on a roadshow to promote the Buller Declaration for about five weeks. They held a public meeting in Taupō last night, Mullholland said.

"A lot of the people in Taupō don't appear to know what's happening behind the scenes at their hospital. And that's most probably intentional by this Government – no one can make a noise if they don't know and the longer they make patients travel to Rotorua, the more normal it becomes," he said.



*Tuwharetoa IMPB acting general manager Nigel Chee*

Patient Voice held a public meeting in Rotorua last night where a number of residents expressed concern about their hospital not being able to properly care for locals, Mullholland said.

*Kaitiaki* asked Te Whatu Ora how many doctor FTEs had been lost at Taupō Hospital and we are still awaiting their response.





NEWS

## Nurses moved to tears by 'overwhelming' community support over Nelson Hospital

BY MARY LONGMORE

April 15, 2025

A unexpectedly large community turnout moved Nelson Hospital staff to tears on Saturday as nurses, doctors, health-care assistants and families joined hands to form a 1000-strong human chain outside the hospital.



Nelson locals poured into the hospital area to join staff and form a 1000-strong human chain around the hospital.

Nelson Hospital nurse and NZNO delegate Amanda Field, who was part of the organising team, said the huge turnout to the “hands around the hospital” event for safer staffing was “overwhelming”.

“A few of us got quite tearful about it, seeing everybody coming out to support us,” Field told *Kaitiaki*. “Sometimes when you’re in the trenches, you think ‘is anyone else concerned about this?’ ”

**‘We feel like we’ve not had our voices heard for such a long time – that was what caused the emotion.’**

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Passionate Nelson locals joined workers from several health unions, NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa, the Public Service Association (PSA) and Association of Salaried Medical Specialists (ASMS), to encircle large chunks of the ageing hospital.

“We feel like we’ve not had our voices heard for such a long time — that was what caused the emotion. These people hear us and they see us,” Field said. “It felt uplifting. Seeing the community support was a huge buzz.”



*Nelson nurse Amanda Field.*



The protest came after [senior Nelson Hospital doctors and nurses](https://www.thepress.co.nz/nz-news/360639907/nelson-hospital-specialist-warns-were-rock-bottom?_gl=1*1mupuho*_ga*MTIzNTY2MzQ4NS4xNzM2MTA3ODk5*_ga_P3Q4DDZ07F*MTc0NDU5ODQ1NC43MC4wLjE3NDQ1OTg0NzAuNDQuMC4w) ([https://www.thepress.co.nz/nz-news/360639907/nelson-hospital-specialist-warns-were-rock-bottom?\\_gl=1\\*1mupuho\\*\\_ga\\*MTIzNTY2MzQ4NS4xNzM2MTA3ODk5\\*\\_ga\\_P3Q4DDZ07F\\*MTc0NDU5ODQ1NC43MC4wLjE3NDQ1OTg0NzAuNDQuMC4w](https://www.thepress.co.nz/nz-news/360639907/nelson-hospital-specialist-warns-were-rock-bottom?_gl=1*1mupuho*_ga*MTIzNTY2MzQ4NS4xNzM2MTA3ODk5*_ga_P3Q4DDZ07F*MTc0NDU5ODQ1NC43MC4wLjE3NDQ1OTg0NzAuNDQuMC4w)), including NZNO delegate Gemma Fern, went public to warn they were at “rock bottom”, with a lack of staff and beds impacting on patient care, safety and waiting times throughout the hospital.

#### **The ‘new hospital’ promise**

Nelson was first promised a new hospital 23 years ago. In 2023, the Labour-led Government committed \$1.1 billion to its redevelopment.

However last year the National-led Government shelved that plan in

## 'Why isn't safe staffing a target? Why isn't patient safety a target?'

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Field said when staff were sick, there was nobody to replace them, while recruiting new staff took up to nine months due to budget delays. "Meanwhile, the work carries on," she said.



NZNO delegate Gemma Fern. Photo: Braden Fastier, Nelson Mail.

"What we're highlighting is that Nelson Hospital needs to be staffed — why isn't safe staffing a target? Why isn't patient safety a target?"

A new hospital was also needed, after more than 20 years of broken promises, she said.

hospital to be staffed."

favour of a series of "small builds". But NZNO delegate Amanda Field said locals and staff were not in favour of this option and were becoming frustrated.

"They are frustrated they have been made to wait since 2002 and waiting lists are impacting on the health of patients and health-care workers' wellbeing."



"We are currently looking after people in a run-down, falling down building, so we need a commitment for a new hospital build and for the

## 'We're taking it extremely seriously' – Te Whatu Ora

Te Whatu Ora deputy chief executive for Te Waipounamu (South Island) Martin Keogh said the organisation was aware of Nelson Hospital's long-standing issues and staff concerns.

"I want to acknowledge the impact that delays in care have on patients and their families and reiterate that we are taking the situation at Nelson Hospital extremely seriously," Keogh told *Kaitiaki* today.

There were a range of initiatives underway, with more coming, to "help alleviate pressure on our staff so they can continue to provide quality care for our community", he said.

"We have great people working at Nelson Hospital delivering fantastic care to their community despite this long-standing access to care issue; we are truly grateful for their commitment and compassion."

Keogh said a support team was working with staff, and would continue to do so over the coming weeks, to review all issues that had been raised. It would assess the appropriateness of work already underway to address access-to-care issues at Nelson, and provide reports and recommendations in the next month on any other concerns.

Since staff spoke out, Te Whatu Ora has made funding available to recruit registrars and senior medical officers across general, surgical, intensive care, emergency and oncology; as well as for nurses in intensive care, oncology and patient-at-risk team (which supports staff caring for acutely unwell patients across wards). There were also other initiatives such as outsourcing surgery, weekend super-clinics and opening up



Martin Keogh of Te Whatu Ora



bed options, the [Nelson Mail has reported](https://www.thepress.co.nz/nz-news/360637915/what-health-nz-says-its-doing-fix-nelson-hospital). (<https://www.thepress.co.nz/nz-news/360637915/what-health-nz-says-its-doing-fix-nelson-hospital>)

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**‘I’ve seen our staff really struggling in there to give the care that they want to give.’**

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Another Nelson nurse, Maria Briggs, told the crowd staff no longer had time to sit and hold their patients’ hands.

“I’ve seen our staff really struggling in there to give the care that they want to give,” [The Nelson Mail](https://www.stuff.co.nz/nz-news/360651823/protesters-gather-struggling-nelson-hospital) (<https://www.stuff.co.nz/nz-news/360651823/protesters-gather-struggling-nelson-hospital>) reported.



*NZNO nurse Maria Briggs on Saturday.*

Cancer survivor Daniel Walker — whose testicular cancer spread after his urgent referral was mistakenly downgraded leading to a nine-week wait for a hospital appointment — said what happened to him was “avoidable not regrettable” — as [described by Minister of Health Simeon Brown](https://www.thepress.co.nz/nz-news/360589448/minister-dodges-questions-over-hospital-staffing-after-nelson-mans-referral-delay) (<https://www.thepress.co.nz/nz-news/360589448/minister-dodges-questions-over-hospital-staffing-after-nelson-mans-referral-delay>) — and the people of Nelson deserved better.

“We’re not going to take this anymore,” he told the crowd.

**‘Please don’t tell us to work smarter and harder because we’re working as smart and hard as we can.’**

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#### **Nurses, doctors ‘incredibly brave’**

Nelson MP, Labour’s Rachel Boyack told [Stuff](https://www.stuff.co.nz/nz-news/360651823/protesters-gather-struggling-nelson-hospital) (<https://www.stuff.co.nz/nz-news/360651823/protesters-gather-struggling-nelson-hospital>) nurses and doctors had been “incredibly brave” speaking out.



"I think that has given the rest of the community the courage to talk about what they've seen, and when we all stand together that's when we can make some change."

Nelson Hospital anaesthetist Katie Ben told the crowd staff were working as hard as they could and needed support — not told to "[get over it](https://www.thepress.co.nz/nz-news/360648342/health-nz-nelson-hospital-staff-draw-line-sand?_gl=1*1rgpjtt*_ga*MTIzNTY2MzQ4NS4xNzM2MTA3ODk5*_ga_P3Q4DDZ07F*MTc0NDU5ODQ1NC43MC4xLjE3NDQ1OTkwNjQuNjAuMC4w) (https://www.thepress.co.nz/nz-news/360648342/health-nz-nelson-hospital-staff-draw-line-sand?\_gl=1\*1rgpjtt\*\_ga\*MTIzNTY2MzQ4NS4xNzM2MTA3ODk5\*\_ga\_P3Q4DDZ07F\*MTc0NDU5ODQ1NC43MC4xLjE3NDQ1OTkwNjQuNjAuMC4w)".



Hundreds of locals joined the protest.



The Nelson event follows similar “hands around our health services” ones in Palmerston North and Napier last month, where members of the public joined hands with health workers to form a human chain outside their local hospitals and health services.



Palmerston North's 'hands around the hospital' event last month. Photo: Warwick Smith.

Patient advocacy group, Patient Voice Aotearoa, has been organising the events. Its chair Malcolm Mulholland told a Palmerston North crowd the hospital's situation was “pretty dire”, with no after-hours clinic past 8pm and staff shortages across many departments.

NZNO delegate and Manawātū nurse Jane Swift told Massey University student magazine [Massive](https://www.massivemagazine.org.nz/articles/hundreds-form-human-chain-outside-palmerston-north-hospital) (<https://www.massivemagazine.org.nz/articles/hundreds-form-human-chain-outside-palmerston-north-hospital>) it was important for people to be able to get health care when they needed it and quickly before ailments “become more sinister”.

And in Napier, where 24/7 after-hours medical services are being cut and replaced with telehealth services, [nurse Nayda Heays warned the move would likely result in more preventable deaths](#) — especially for Māori, who faced higher economic challenges and often lacked transport to hospital.

Mulholland is travelling the country to gather signatures for his petition, the Buller Declaration, calling for urgent investment in the country's health-care system. He launched the petition last year, after the small Westport town [lost its after-hours medical service](#).

Mulholland estimated about 20,000 signatures had so far been gathered.

Mulholland's late wife [Wiki died from breast cancer in 2021](https://www.nzherald.co.nz/nz/politics/be-my-guardian-angel-cancer-campaigners-plea-to-lost-wife-after-his-own-diagnosis/DAXKCR4T7IA2RNE5OPTSSMTAI/) (<https://www.nzherald.co.nz/nz/politics/be-my-guardian-angel-cancer-campaigners-plea-to-lost-wife-after-his-own-diagnosis/DAXKCR4T7IA2RNE5OPTSSMTAI/>), after a struggle to access potentially life-prolonging but unfunded drugs.



Nurse Nayda Heays speaking at the Buller Declaration hui in Napier



NEWS

## Proposed constitutional shake-up would see 'more egalitarian' and te Tiriti-led NZNO

BY MARY LONGMORE

April 11, 2025

All members will in May have the chance to vote on a proposed new NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa constitution which would change the way the organisation is structured and members represented.



Constitutional review panel co-chairs Kathryn Chapman and Grant Brookes at NZNO's Waitaha Canterbury regional convention this month.  
Photo: Erica Donovan.

The constitutional review panel (CRP) has said the [proposed new constitution](https://nzno.cmail19.com/t/r-i-thihljdI-l-n/) (<https://nzno.cmail19.com/t/r-i-thihljdI-l-n/>) is aimed at creating a more unified, te Tiriti-friendly and democratic union for nursing and health-care professionals.

NZNO Māori governance arm Te Poari and member groups have endorsed the draft at special meetings this month — and now it is

### Membership committee concerns

Concerns that the new constitution drafting has been rushed, not transparent and not involved enough member consultation were raised at



up to all members to decide, in a ballot from May 20 to June 17.

In the proposal, local member organising groups, working in partnership with local Te Rūnanga representatives in rūpū (groups) called ngā hapū, would replace NZNO's national membership committee and 11 regional councils.

NZNO's "hierarchical" chief executive role and board of directors would also disappear, replaced with a national secretary and national executive, to bring it into line with "more egalitarian" union structures, the panel's [presentation](https://www.nzno.org.nz/get_involved/conference_and_agm/sgm_information) ([https://www.nzno.org.nz/get\\_involved/conference\\_and\\_agm/sgm\\_information](https://www.nzno.org.nz/get_involved/conference_and_agm/sgm_information)) to member groups shows.

"Titles given to governance and senior management which reflected an hierarchical culture are replaced in the proposed constitution by more egalitarian union terminology."



Panel co-chair Kathryn Chapman: Photo: Marty Melville.

#### Te Poari 'equal status'

Te Poari would have equal status with the national executive and would need to approve changes to the constitution, NZNO policies and strategic decisions.

The CRP, which has an equal mix of board and Te Poari members, has been working on the draft since 2020, including consulting with member groups and Te Poari. Its current members are Grant Brookes (board), Kathryn Chapman (Te Poari), Nayda Heays (Te Poari), Isla Taunoa (Te Poari), Nano Tunnicliff (board) and Simon Auty (board). Kathryn Chapman replaced Tracy Black as co-chair late last year.

In its presentation, the panel says while there is currently equal partnership between the president and kaiwhakahaere, "there is not equal partnership between Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO and Te Rūnanga o Aotearoa as a whole".

NZNO's AGM last year by NZNO's membership committee — which would be disestablished under the changes.

The review panel rejected the claims, saying the review had been underway for five years, undergone three AGM sessions, two member surveys and two member group consultations. The panel had met 30 times, heard from thousands of members and was currently touring the country to publicise the proposed new constitution.

The membership committee also expressed concern that NZNO's professional side was being sidelined by its union focus — something the panel rejected.

## Proposed changes – 2024 consultation on high level issues

1. Obligations to Te Tiriti o Waitangi – What is the issue ?
  - No equal partnership between Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO and Te Rūnanga o Aotearoa as a whole.
2. Giving effect to Maranga Mai strategy – What is the issue ?
  - Clause 9 of the NZNO Constitution (Structures of NZNO)
3. Embedding a democratic processes for members – What is the issue?
  - Clauses 25, 29 and 31 of the NZNO Constitution (AGM and Remits)
4. Coming together to take action – What is the issue?
  - Clause 9, Schedule One (Disciplinary Matters)
5. A united union for nursing and healthcare professionals
  - Proposed names changes to the Board of Directors and Chief Executive Officer



Drawing on a bicultural model developed by [Matike Mai](https://matikemai.maori.nz/wp-content/uploads/2024/01/MatikeMaiAotearoa25Jan16-1.pdf) (<https://matikemai.maori.nz/wp-content/uploads/2024/01/MatikeMaiAotearoa25Jan16-1.pdf>) for a new national constitution for Aotearoa, the NZNO proposal would see Te Poari continuing to exercise tino rangatiratanga (self-determination) for its Māori members through its Te Rūnanga arm. The NZNO national executive would govern other members and a partnership body of both called the “joint hui” would meet at least three times yearly to make shared decisions on major issues.

## VISUAL – CHAPTER 2: GOVERNANCE

Bi-cultural organisation

Annual General Meeting



**Kawanatanga sphere**

**National Executives**

It consists of eleven elected members, including the Kahwhakahaere, Tumu Whakarara, President and Vice President,



**Relational sphere**

**Joint Meeting**

To advance and promote partnership and ensure mutual coordination, the National Executive and Te Poari shall meet in a Joint Hui at least three times a year, as well as on any additional dates they may agree upon



Hui-ā-tau

**Tino Rangatiratanga sphere**

**Te Peari Te Rūnanga o Aotearoa**

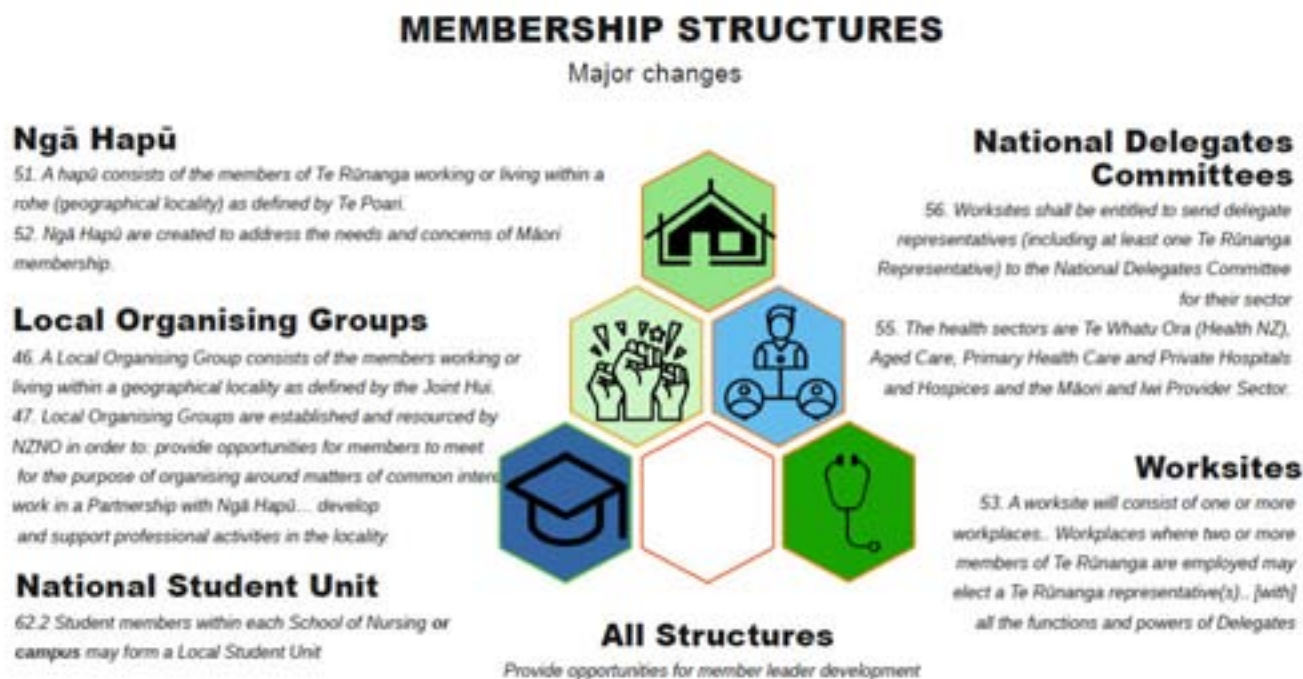
Whānau, hapū, and iwi concepts involve governance and the right to make autonomous decisions, governed and constituted in accordance with Ngā Ture

Similar te Tiriti obligations were also reflected in proposed new membership structures.

Local organising groups (LOGs) would replace regional councils, with less focus on administration and more on taking action (as per NZNO strategy [Maranga Mai](https://maranga-mai.nzno.org.nz/why_we_support_maranga_mai/) ([https://maranga-mai.nzno.org.nz/why\\_we\\_support\\_maranga\\_mai/](https://maranga-mai.nzno.org.nz/why_we_support_maranga_mai/)!)) and would be required to work in partnership with ngā hapū.

In time, there would be a Te Rūnanga member alongside delegates in every workplace and on all college and section committees. Colleges and sections would continue under the current rules.

National delegates committees would be established across all health sectors to build member activism and leadership in a nationally coordinated manner.



Other proposed changes include:

- NZNO student representation on each campus, rather than each nursing school, as some schools had multiple campuses.
- Five-yearly reviews of the constitution with processes to ensure member voice.
- A new two-stage process on policy changes (remits) would combine member voting with delegate decision-making. Remits would need to pass through hui-a-tau and AGM before they go to members.
- NZNO's full name — Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO — would be enshrined in the new constitution.
- For new or returning members, direct debits would replace "time-consuming" salary deductions for NZNO fees.
- A less punitive, more restorative approach to member disputes.
- Members who belong to other unions — mainly nurse researchers, public health and mental health nurses who have no other option in some areas — would be able to fully participate in their college or section.



Constitutional review panel former co-chair Tracy Black at NZNO's 2024 AGM. Nayda Heays and Kathryn Chapman (obscured) are on the left.

### New term limits for elected NZNO leaders

Other proposed changes include a limit of two three-year terms for all elected leaders. The kaiwhakahaere and tumu whakarae — who are elected by NZNO's Te Rūnanga members — currently have no term limits.

In the new constitution, they would have the same limits as the president and vice-president, who can only serve two three-year concurrent terms or four terms in a combination of roles. After a two-year break, members can stand again for any role.

This was intended to support new leadership, the panel said in its presentation.

"Term limits . . . should be set . . . so that they each understand their stewardship role, as custodians serving on behalf of the membership for a limited time only, and to support the development of new, emerging leaders."

Panel member Grant Brookes has been travelling around the country to discuss the proposed new constitution in NZNO member forums such as the college and section new member induction day, the membership committee, Te Tai Tonga Southern regional convention and Waitaha Canterbury regional convention.

### New mission, values and objectives

- **A new mission** focuses on equitable health outcomes and co-governance with NZNO's Māori membership network Te Rūnanga o Aotearoa.
- **New objectives** include promoting te Tiriti partnership, the interests of nursing, unions, the rights of indigenous peoples and kaupapa-informed care.

### Matike Mai

The draft constitution draws on the [Matike Mai report](https://matikemai.maori.nz/matike-mai-aotearoa/) (<https://matikemai.maori.nz/matike-mai-aotearoa/>) on constitutional transformation, which had wide support among Māori and constitutional experts. Also, its late lead author Moana Jackson had a close relationship with Te Poari.

Matike Mai Aotearoa began working on an inclusive constitution for Aotearoa in 2010, exploring various models that enable Māori representation. Its aim is for "constitutional transformation" by 2040.



- **New values** of wairuatanga, whanaungatanga, manaakitanga, ōritetanga, kotahitanga, ukaipōtanga and pūkengatanga must guide members.

#### Background:

Members voted for a [full and independent review of the NZNO constitution in 2020](#), seeking better bicultural and democratic processes after a period of leadership division.

This was carried out by law firm Morrison Kent, which presented its findings at the 2022 NZNO AGM.

A constitutional review panel was then set up, comprising NZNO members Grant Brookes and Tracy Black (co-chairs), Simon Auty and Nano Tunnickliff (board representatives) and Kathryn Chapman and Nayda Heays (Te Poari representatives). Former Council of Trade Unions president Ross Wilson and law professor Gordon Anderson provided legal advice. The panel sought [member feedback](#) and to ensure the revised constitution would:

- Meet NZNO's te Tiriti o Waitangi obligations
- Embed democratic processes for members that could work in a bicultural environment
- Give effect to the Maranga Mai! strategy

After the 2023 AGM, the panel began drafting a revised constitution with proposed changes released in March 2024. These were consulted on at regional conventions and member groups. The resulting draft was then discussed at the 2024 AGM and hui-a-tau.

At a special hui-ā-tau on April 4, 2025, Te Poari endorsed the draft new constitution. It was then endorsed at a special NZNO meeting by member groups on April 7 and is to go to an all-member vote.

If members reject the new constitution, Brookes said a special general meeting was likely to be held to endorse the current constitution with some technical amendments to make it compliant with the Incorporated Societies Act 2022.

- *NZNO will be holding a series of webinars for members from May 5 to 16 to discuss the proposed new constitution. Voting will take place from May 20 to June 17 and the results announced on June 18, 2025.*
  - *This article was amended on May 21 to clarify that only new members would have their fees taken by direct debit rather than salary deductions; and that the current constitution would need technical amendments to be endorsed if the new one was rejected.*
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NEWS

## NZNO mental health nurses call for immediate halt to police withdrawal

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BY COEDITORS

*April 11, 2025*

Police withdrawal from mental health call-outs should be stopped until Te Whatu Ora makes critical resources available, NZNO — Tōpūtanga Tapuhi Kaitiaki o Aotearoa mental health nurses say.



*Photo: AdobeStock.*

NZ Police [announced plans](https://www.police.govt.nz/news/release/police-announce-phased-plan-reduce-service-mental-health-demand) (https://www.police.govt.nz/news/release/police-announce-phased-plan-reduce-service-mental-health-demand) last August to phase out attendance at mental health call-outs over a year, starting in November. They said it would allow officers to focus on “core policing”.

Phase two of the changes were due to come into effect this coming Monday, April 14. However, police have [delayed the starting date](https://www.tewhatuora.govt.nz/corporate-information/news-and-updates/implementation-of-phase-two-of-mental-health-response-changes-to-start) (https://www.tewhatuora.govt.nz/corporate-information/news-and-updates/implementation-of-phase-two-of-mental-health-response-changes-to-start) in all but five districts, saying other areas are not ready. The new phased roll-out is the second time police have rescheduled the changes.

## **‘This is a matter of safety for everyone, including the people who need mental health support, their whānau and the mental health workforce.’**

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NZNO mental health section chair Helen Garrick said the health sector was not ready for the police withdrawal, either.

“This is a matter of safety for everyone, including the people who need mental health support, their whānau and the mental health workforce.”



Helen Garrick

The first phase of the changes officially came into effect last November, but mental health nurses have reported that the police withdrawal actually started long before that, Garrick said.

She agreed with the [Mental Health Foundation](https://mentalhealth.org.nz/resources/resource/police-withdrawal-from-mental-health-events) (<https://mentalhealth.org.nz/resources/resource/police-withdrawal-from-mental-health-events>) that there was no adequate plan to support the transition away from police attending mental health call-outs and it should be stopped until:

- Mental health crisis hubs, staffed 24/7 by a qualified mental health workforce, were established.
  - Purpose-built safe spaces, attached to hospitals or community centres and staffed 24/7, were established.
  - Spaces suitable for people experiencing mental distress, and their whānau, to wait for mental health assessment were established. Emergency department waiting rooms were “completely unsuitable”, she said.
  - Resourcing for nationwide co-response teams — including at minimum a mental health nurse and police officer — to transport people, under the [Mental Health Act](https://www.legislation.govt.nz/act/public/1992/0046/latest/whole.html) (<https://www.legislation.govt.nz/act/public/1992/0046/latest/whole.html>).
  - Increased staff for mental health crisis teams and a commitment to workforce development and filling current vacancies — without the creation of an [associate psychologist qualification](#).
  - Leaving decisions about mental health risk and the need for police assistance in the hands of mental health staff — not police communications staff.
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NEWS

## New Wellington Hospital carparks wonderful, say nurses

BY MARY LONGMORE

April 11, 2025

'We do feel like we've been listened to', say staff over safety fears.



*Left to right: Wellington nurse and NZNO delegate Janet 'Jinty' Graham with colleagues Hilary Gardner, Azaria Durant, Hamish Phillips and Llanell Maarman, who are happy with the new carparks.*

A long-time nurse says 275 new staff carparks near Wellington regional hospital will make a huge difference to staff safety, as winter darkness looms.

**'We've been saying: it's dangerous out there, we're leaving work at midnight and arriving in the dark.'**



"They've even put security cameras in which is wonderful – they have listened to nurses," NZNO delegate and nurse manager Janet 'Jinty' Graham told *Kaitiaki*. "We've been saying a long time: it's dangerous out there, we're leaving work at midnight and arriving in the dark."

Staff were told in February that the hospital had secured nearly 300 more carparks for them, offsite but nearby, for the same cost as onsite parking.

One was about a 10-minute walk away on King Street, behind Massey University; and the other a five-minute walk away at the old Tip Top factory between Adelaide Road and Hanson Street. The Tip Top site had CCTV and a panic button. Both would cost \$9.50 per day for permit holders and were available from March 1 and May 1 respectively.

**'We see our colleagues in Auckland and Christchurch where they have no safe parking and we feel we have been listened to and there has been a response.'**

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Graham said it was good timing, now it was getting darker, and was also happy with the security features.

"We see our colleagues in Auckland and Christchurch where they have no safe parking and we feel we have been listened to and there has been a response."

Graham said she was also shocked — happily — the charges had not gone up.

"I couldn't believe it — we're so used to the cost being put up whenever there is anything new."

#### **'Long' process**

However, it had been a "long ongoing process", she said. Staff had been lobbying management for more than a year for the parks, after a series of safety concerns. Most recently, a nurse going alone late at night after a shift to an offsite carpark found a group of drunk people lying on her car.

Graham — a long-time NZNO delegate — said she had encouraged nurses and other staff to keep raising the issue and ask security staff to drive them to their cars or go in groups if late at night — part of the hospital's chaperone service.

**'I had to read it at least three times. They've made a very cynical nurse shocked — positively so!'**

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Te Whatu Ora Capital Coast operations director Jamie Duncan told *Kaitiaki* the hospital was "acutely aware" of parking constraints for staff, patients and visitors at the hospital's Newtown campus and that, for some, driving was the only option to get to and from work.

A collaboration with its provider, Care Park, had resulted in about 275 car parks at King Street and the Tip Top site on a year's lease, with the option to extend, Duncan said.

"This successful collaboration will increase access to the hospital for patients, visitors and staff, for whom vehicle use is the only option."

After 30 years in nursing and months of lobbying for carparks, Graham said she couldn't believe her eyes when she saw the news that new parks had finally been secured.

"I had to read it at least three times. They've made a very cynical nurse shocked — positively so!"

In Auckland, Middlemore Hospital staff in 2023 reported turning up early for shifts and [sleeping in their cars](https://www.stuff.co.nz/national/health/125995272/middlemore-hospital-staff-sleeping-in-cars-due-to-lack-of-parking-so-common) (<https://www.stuff.co.nz/national/health/125995272/middlemore-hospital-staff-sleeping-in-cars-due-to-lack-of-parking-so-common>) in order to nab a car park — a problem that continues today hospital sources have told *Kaitiaki*.

In Christchurch, nurses have previously raised [safety fears](https://www.stuff.co.nz/national/health/131053679/are-we-not-worthy-nurses-frustrated-at-lack-of-progress-on-hospital-car-parking) (<https://www.stuff.co.nz/national/health/131053679/are-we-not-worthy-nurses-frustrated-at-lack-of-progress-on-hospital-car-parking>) over a lack of carparks, saying they carry scissors for protection after a student nurse was [attacked in 2018](https://www.stuff.co.nz/national/crime/103258992/woman-robbed-and-assaulted-near-christchurchs-hagley-park) (<https://www.stuff.co.nz/national/crime/103258992/woman-robbed-and-assaulted-near-christchurchs-hagley-park>) walking home late at night after a shift.

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NEWS

## Nurses' union backs call to scrap anti-Treaty bill

BY RENEE KIRIONA

April 4, 2025

Parliament's Justice Committee has released its report into the Principles of the Treaty of Waitangi Bill and has recommended it does not proceed.



*Some members of NZNO at the Kawakawa leg of the hīkoi against the Principles of the Treaty of Waitangi Bill*

"The people have spoken, and it is a big fat no to that bill," says NZNO kaiwhakahaere Kerri Nuku.

"The call to scrap the bill is common sense and to show the nation it is listening, this Coalition Government should do away with it right now," Nuku says.

In January, Nuku with NZNO chief executive Paul Goulter, delivered a [submission](#) on the bill to the select committee.



*NZNO kaiwhakahaere Kerri Nuku and chief executive Paul Goulter presenting their submission*

"As advocates for more than 60,000 nurses, midwives and health-care workers, we argued that if those principles were removed or tampered with, it would cost more lives starting with Māori lives.

The bill was the most submitted on proposed law in the history of this country, opposed by 90 per cent of the 300,000 submitters.

Nuku also said the coalition should see the opposition to this bill as a warning for other [similar legislation](https://www.nzno.org.nz/Portals/0/Files/2025/2025-01-NZNO-submission-on-Regulatory-Standards-Bill-Final-DRAFT_.pdf?ver=ypGrGhv8ICNZMBeOOo3K5Q%3d%3d) ([https://www.nzno.org.nz/Portals/0/Files/2025/2025-01-NZNO-submission-on-Regulatory-Standards-Bill-Final-DRAFT\\_.pdf?ver=ypGrGhv8ICNZMBeOOo3K5Q%3d%3d](https://www.nzno.org.nz/Portals/0/Files/2025/2025-01-NZNO-submission-on-Regulatory-Standards-Bill-Final-DRAFT_.pdf?ver=ypGrGhv8ICNZMBeOOo3K5Q%3d%3d)) it had in the pipeline.

"They also need to save the nation, Parliament and themselves another headache, or walk to nowhere, and scrap another planned bill [Regulatory Standards Bill] which not only undermines the Treaty but puts our already struggling health workforce at risk."

Later this month, Nuku and other representatives from NZNO will head to the United Nations in New York to [request that a special rapporteur](#) travel to Aotearoa to investigate the series of attacks by the Government on Māori health.



*UN headquarters in New York*

"Even if these anti-Treaty bills are scrapped, there are still other attacks happening on Māori health, so we still intend to ask the UN to do what they can to help us. If the UN can't stop these attacks, then at least they can let the world know what's happening to Māori," Nuku says.



NEWS

## Sexual health workers accept offer but 'a long way to go'

BY RENEE KIRIONA

April 4, 2025

Nurses and medical receptionists at Sexual Wellbeing Aotearoa (SWA – formerly Family Planning) poised for strike action, have accepted a pay rise — but their battle for pay parity continues.



Source: Adobe stock image

About 200 nurses and medical receptionists across 21 clinics throughout the country, who are NZNO members, will get a 3.5 per cent increase in pay, said NZNO's SWA delegate and bargaining team spokesperson Ilona Killeen.

"The increase gets medical receptionists very close to the living wage which was strongly supported by all of them," she said.

"Although it is great to have an offer ratified, dissatisfaction remains from most of our member nurses, not helped by primary health members recently settling their collective agreement for eight per cent."

The bargaining team started talks with SWA in December last year and were about to take strike action after a 2.5 per cent offer, when SWA lifted it to 3.5 per cent.

"Although the offer was ratified, we still have a long way to go in obtaining fair and equal pay for the essential work that is done by our members."

Killeen said it was very common for SWA nurses and administrative staff to spend time learning new skills and gaining work related qualifications.

For nurses that included learning how to do IUD (intra-uterine device) insertions, smears, STI (sexually transmitted infections) testing and instrument sterilisation. For receptionists that included triaging patients.

### **'One of the main reasons for seeking pay parity with their peers was the loss of nurses to primary care and Te Whatu Ora...'**

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*Ilona Killeen*

"When they've learnt these new skills, many of them will then move to GP practices or similar employers where they are better rewarded for their advanced skills by higher pay."

One of the main reasons for seeking pay parity with their peers was the loss of nurses to primary health-care and Te Whatu Ora, for higher pay rates, once they receive training for important skills like LARC [long-acting reversible contraception] insertion."



After eight months of bargaining talks with 477 primary health-care employers, PHC nurses recently got a [pay rise](#) of eight per cent (five per cent this month and three per cent in July).

"This high staff turnover creates more pressure on our remaining members."

All NZNO members working at SWA would each receive a one-off payment of \$500.

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NEWS

## **Bupa goes ahead with cuts to hours, a day after protest hīkoi**

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BY MARY LONGMORE

*April 3, 2025*

Staff say they fear for residents after one of the country's largest aged-care providers, Bupa, this week announced it was pushing ahead with roster changes that will see staff at 17 of its homes lose hours and flexibility.





*Residents at Te Whanau in Levin make their feelings known about Bupa's proposed changes.*

The decision came a day after a 100-strong hīkoi in Tāmaki Makaurau, Auckland, by workers and unions to Bupa's head office in Newmarket; and following 25 protests nationwide since the proposal was announced on February 17.

Workers have [spoken out about the impact](#) of the cuts on their families and residents. Some staff would lose up to eight hours a week or more, as well as having to work rotating rosters — and this would impact the vulnerable people they cared for.

**‘I’m here for the residents and I can see the decline, the loneliness, the loss of care.’**

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And today, after hearing of the decision, a delegate who wants to remain anonymous, said many were likely to leave — including her.

“We are tired, we’ve had enough,” the delegate told *Kaitiaki*. “I’m here for the residents and I can see the decline, the loneliness, the loss of care.”



Union delegates for Bupa care homes after marching to its head office in Auckland this week to protests cuts to hours in 17 homes.

**‘These reductions mean we lose and they get to fill their bellies and sleep well at night.’**

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On the hīkoi this week, one worker from Bupa's Sunset home in Blockhouse Bay said Bupa didn't seem to care about its people.

"Our needs are continually ignored. How are we going to put food on our table with our hours cut?"

She said workers wouldn't be able to provide for their families. "These reductions mean we lose and they get to fill their bellies and sleep well at night. When are they going to start looking after us, so we can look after those who need us?"

Another from Bupa's Glenburn home in Auckland said she was marching on behalf of workers who couldn't afford to take time off to attend.

**'Our residents are like family to us so we really do care about each other – it's shameful that Bupa doesn't.'**

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"They really wanted to be here but because they have had their hours cut they can't come. Bupa doesn't care about anyone, not us, not our residents," the delegate said.



*NZNO delegate Trish McKillop, right, marched to Bupa's head office this week.*

"Our residents are like family to us so we really do care about each other — it's shameful that Bupa doesn't".

#### **Bupa's response**

Despite the protests, Bupa decided on April 2 decided to go ahead with its proposed changes, with some amendments.

"As a result of feedback during the consultation process, changes have been made to some start and finish times and in some instances alternative roster patterns have been adopted," a spokesperson said in a written statement.



Bupa said overall, total care hours would increase.

**‘When are they going to start looking after us so we can look after those who need us?’**

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**More photos from the Bupa hīkoi:**



“Change is challenging . . . Our focus is on continuing to support our people to work through their preferences in the new system.”

But workers say the amendments are minor.

NZNO is encouraging Bupa staff to fill out health and safety incident forms every time their workplace is understaffed and complete NZNO's [confidential online reporting form](https://nzno.cmail19.com/t/r-i-thiilrdy-l-n/) every time there is short-staffing that means missed breaks, showers or care and time for residents.



NZNO and E tū workers on a hīkoi this week over proposed cuts — since confirmed.

\* The feature photograph in this article was changed on April 24, 2025, for legal reasons.

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OPINION

## Attacks on cultural safety in health highlight politicians' ignorance

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BY JENNY CARRYER

*April 28, 2025*

'It is hugely annoying to watch MPs pontificating on something about which they have a very superficial understanding.'



*Jenny Carryer: 'During the 1990s we fought a tedious battle to protect the right for nurses to be educated according to the overwhelming evidence.'*

I recently watched ACT MP Todd Stephenson delivering a speech in Parliament outlining his concerns that health professionals are required to practise in a culturally safe manner and that this requirement is embedded in measurable competencies.

Clearly the concern of Stephenson and his colleagues in the ACT party underpins the current coalition drive to "[modernise health workforce regulation](https://www.health.govt.nz/system/files/2025-03/putting-patients-first-)" (<https://www.health.govt.nz/system/files/2025-03/putting-patients-first->



Submissions on this proposal are currently open (closing on April 30), aimed at the public and presented as a set of very disingenuous questions which work to capture the very answer they wish to hear.



ACT MP Todd Stephenson

Working on the same assumptions which underpinned the proposed Treaty Principles Bill, they suggest, innocently, that everyone should be treated the same. On the face of it this is a seemingly compelling argument designed to capture the support of those who have not thought deeply about this, nor been closely involved in providing health services.

I describe the questions as disingenuous because while it is described as seeking patient-centred regulation, it is really Government-centred, asking regulatory agencies to act in accord with Government direction rather than evidence, which is horribly reminiscent of the current chaos in the United States.

### **Listening to Stephenson took me back to the early 1990s when there was a similar uproar.**

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Importantly, there is a fundamental tenet that any changes in regulation should be addressed to solving an identified problem. In this instance, there is no identified problem. Changes to regulation will not increase the number of health professionals available and will certainly not make them safer to practise.

Such concerns on the part of the ACT Party and many of their coalition counterparts demonstrate a spectacular level of ignorance.

Listening to Stephenson took me back to the early 1990s when there was a similar uproar. MPs (of similar right-wing persuasion) became exercised about the requirement for nurses to have awareness of the impact of colonisation and the cultural needs of Māori patients, and to understand biculturalism as an appropriate foundation for also acknowledging the multi-cultural needs of New Zealand's diverse population.

#### **Why culture matters in health**

During the 1990s we fought a tedious battle to protect the right for nurses to be educated according to the overwhelming evidence. Such evidence shows that unless health care is regardful of people's context and culture, it is likely to be less effective.

I am not referring to surgical processes and medical procedures, which of course are shaped by anatomy and evidence, not culture. But I am talking about how we relate to people, what we know to be important for that person and what the context is that shapes their health literacy and their options and choices. Without this knowledge and awareness, our efforts are often cruel and often wasted.

Ironically, Stephenson noted that in his view nurses just really need skill and a big heart. And of course he drew on the concerns of the inevitable few nurses who have expressed their outrage at needing to be culturally competent. Nursing is a very large professional group and it is of course sadly true that there are those among us who choose not to understand.

**Without this knowledge and awareness, our efforts are often cruel and often wasted.**

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Having a big heart in nursing means delivering a high level of knowledge-based expertise, but with deep compassion and consideration for those for whom we care. If we act in a way that is oblivious to ethnicity, sexuality, power differentials and difference of any sort, then our hearts are closed and our care will be less than that person needs.

It is hugely annoying to watch MPs pontificating on something about which they have a very superficial understanding. It is also frustrating that when we are currently struggling to continue to deliver care in very difficult circumstances, we must yet again defend the safe regulation of health professionals.

## **It is beyond foolish to endanger that process through an ideological drive to remove our commitment to te Tiriti.**

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The only reason for regulating health professionals is public safety. The regulatory process is how we ensure that their education is fit for purpose, that the incoming internationally qualified workforce meet our standards, and it is how we ensure that the few unsafe practitioners are managed out of patient care.

It is beyond foolish to endanger that process through an ideological drive to remove our commitment to te Tiriti.

For Māori as tangata whenua of Aotearoa, our drive to provide culturally safe care is a matter of our obligation to te Tiriti and simple respect rather than practising with arrogance and ignorance. It is a matter of being effective rather than failing. It is based on compassion rather than disregard.

And above all it is based on evidence that culturally competent care produces better results which is obviously cost effective and this, if nothing else, should interest the coalition.

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**Jenny Carryer, RN, PhD, CNZM**, is a professor in the school of nursing at Massey University, and an honorary professor in Auckland University's school of nursing.

- *This viewpoint was originally published in The Post. It is reprinted here with permission.*
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OPINION

## **'Imagine' – Wellington nurse shares her vision of a well-funded health system**

BY HILARY GARDNER

*April 17, 2025*

Wellington nurse and NZNO delegate Hilary Gardner shares her vision for a well-funded health system in Aotearoa.



Hilary Gardner

Every day, I work alongside dedicated nurses, doctors, midwives, allied health professionals, health-care assistants, and support staff who are all doing their absolute best in a system that is chronically underfunded and stretched past its limits.

For years, successive governments have underinvested in health care while expecting those of us on the frontlines to keep picking up the slack.

They set targets — shorter wait times, faster discharges, quicker surgeries — without giving us the staff, resources or infrastructure to meet those targets. They expect us to do more with less — and it's reaching breaking point.

Patients can't even get in to see their GP, with thousands left waiting weeks — if they can get an appointment at all.

That means more people arriving at emergency departments in worse condition, needing urgent care — something that could have been prevented.

Health Minister Simeon Brown has hinted at introducing GP waiting time targets, but targets don't mean anything if there aren't enough doctors, nurses, admin teams, and clinics to meet them.

**We are losing nurses, midwives, and doctors to Australia and beyond, where they are offered better pay, safer conditions, and a government that actually invests in them.**

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And when patients finally make it through the hospital doors, there are more barriers.

Without proper funding for radiology, pathology, and diagnostic services, essential tests are delayed, making it harder for clinicians to provide timely care. Without efficient technology systems and administrative support, clinicians are bogged down with paperwork, diverting them from patient care.

NZNO Delegate Hilary Gardner



*NZNO delegate Hilary Gardner speaking at the New Zealand Council of Trade Unions Reimagining Aotearoa Together event this month.*

And without initiatives to help reduce the health inequities faced by Māori, they will continue to lead sicker and shorter lives than other New Zealanders.



Elective surgery waiting lists are skyrocketing, with thousands of people waiting far beyond clinically safe time frames. The Government has thrown \$50 million at the problem, outsourcing procedures to private hospitals, but specialists across the motu agree this is a band-aid fix that doesn't solve the underlying issues in the public system.

## **The people holding this system together – our health-care workforce – are overworked, underpaid, and burning out.**

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### **What does this mean in reality?**

It means people who should have had a straightforward procedure months ago are now in chronic pain, unable to work, and developing complications that put even more pressure on an already failing system. It means theatre nurses and surgical teams are operating at full capacity, but the bottlenecks in recovery wards, rehab services, and post-operative care mean that the system remains clogged.

Meanwhile, the people holding this system together—our health-care workforce—are overworked, underpaid, and burning out. We are losing nurses, midwives, and doctors to Australia and beyond, where they are offered better pay, safer conditions, and a government that actually invests in them. And who can blame them?

But it's not just frontline staff feeling the pressure. Health care isn't just what happens in the emergency department or on the wards — it's the cleaners who ensure infection control, the orderlies who transport patients, the administrators who schedule appointments, and the social workers who help patients transition back into the community. These are the critical back-office support structures that keep hospitals functioning, yet they're constantly overlooked, underfunded, and undervalued.

## **It's time for our leaders to stop making excuses and start making real investments in the people who keep this country healthy.**

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Even our physical infrastructure is struggling. Continued delays and funding uncertainties have left staff questioning whether critical infrastructure projects will be completed in time to meet their community's growing needs. This isn't just about bricks and mortar—it's about ensuring we have the capacity to care for people properly.

This isn't an accident. The state of our health-care system today is the result of political choices—choices to underfund, to under-resource, to ignore the warning signs while expecting frontline staff to somehow keep it all together, and do more with less.

### **But we don't have to accept this. Imagine a New Zealand where:**

- Every person can see a GP when they need one, preventing unnecessary hospital visits.
- Elective surgeries happen on time, preventing long-term suffering and disability.
- Health-care workers — both frontline and support staff — are paid and supported properly, so they stay in New Zealand rather than leaving for better conditions overseas.
- Hospitals have enough staff, enough beds, and enough funding to meet demand—rather than constantly operating in crisis mode.
- Essential support services like diagnostics, administration, and rehab care are fully resourced, allowing the system to function smoothly.
- Our health sector recognises the Crown's commitment to Te Tiriti and there are iwi-designed and lead programmes to improve Māori health outcomes.

These aren't impossible goals. They are achievable — if health care is truly prioritised. It's time for our leaders to stop making excuses and start making real investments in the people who keep this country healthy.

Because without health-care workers — both frontline and behind the scenes — there is no health care.

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- *Wellington nurse Hilary Gardner is NZNO-Tōpūtanga Tapuhi Kaitiaki o Aotearoa's Wellington Hospital delegate. This viewpoint was adapted from a speech she gave at a [Reimagining Aotearoa Together](https://www.reimagineaotearoa.nz/) (<https://www.reimagineaotearoa.nz/>) event this month, organised by the New Zealand Council of Trade Unions Te Kauae Kaimahi.*
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OPINION

## Back to the future: Guns or care?

BY MIKEY BRENNENDORFER AND ALASTAIR DUNCAN

April 16, 2025

A nurse and unionist together make the case for less military and more health spending.



The March 1989 front cover of NZNO's *Kaitiaki Nursing New Zealand* journal showed nurses with two placards. One says: "Health cuts don't heal" the other "No frigates".

Thirsty-six years on and the message, sadly, still resonates. In April, the Coalition Government announced an extra [\\$9 billion is to be spent on military hardware](https://www.1news.co.nz/2025/04/07/govt-announces-huge-boost-to-defence-spending/) (https://www.1news.co.nz/2025/04/07/govt-announces-huge-boost-to-defence-spending/) including new aircraft, frigate updates and missiles.

At the same time thousands of public service jobs have gone and the pressure on health services is growing, with nurses alarmed over [unsafe staffing](https://www.stuff.co.nz/nz-news/350459639/nurse-staffing-figures-in-new-zealand-hospitals-genuinely-alarming-new-zealand-nurses-organisation-warns) (https://www.stuff.co.nz/nz-news/350459639/nurse-staffing-figures-in-new-zealand-hospitals-genuinely-alarming-new-zealand-nurses-organisation-warns) and doctors [expressing grave concerns](https://www.rnz.co.nz/news/national/528640/frustrated-gps-call-for-better-resources-to-ease-pressure-on-hospital-system). (https://www.rnz.co.nz/news/national/528640/frustrated-gps-call-for-better-resources-to-ease-pressure-on-hospital-system)

**If we are going to truly care for and defend our communities, let's**



Alastair Duncan

## start on the home front.

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With New Zealand under pressure from Australia and the United States to lift our defence spending above two per cent, critics have launched a campaign highlighting what the current defence spending costs on a daily basis.



*One of the posters being distributed by Just Defence over New Zealand's increased military budget.*

In a series of posters, a reactivated 1980s network of peace activists, [Just Defence](https://www.stopaukus.org/) (<https://www.stopaukus.org/>) points out that current military spending amounts to \$16.46 million a day. And that's before the extra \$9 billion!

In April, a nationwide poster campaign listed what one day of military spending would pay for:

- 144 registered nurses for a year.
- 174 midwives for a year.
- 211 teachers for a year.
- 890 hip operations.
- And less than two days' military spending would pay everyone's prescriptions for a year.

Nurse practitioner Mikey Brenndorfer works in Tāmaki Makaurau and knows first hand the pressures on the workforce, and patients, that comes from underfunding.





Photo: Becki Moss.

"We see it every day on the real front line, our health services. The health risks facing our communities are here and now. If we are going to truly care for and defend our communities, let's start on the home front."

Readers wanting further information can go to [linktr.ee/stopwar.nz](https://linktr.ee/stopwar.nz) (<https://linktr.ee/stopwar.nz>)

— Mikey Brenndorfer is an Auckland nurse practitioner. Alastair Duncan is a former NZNO industrial advisor and member of Just Defence. Just Defence is a collective of peace activists, scientists and ex-military personnel which formed in 1986 to lobby for a system designed only for defence — not aggression — and has been reactivated this year amid global power rivalries.

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FEATURES

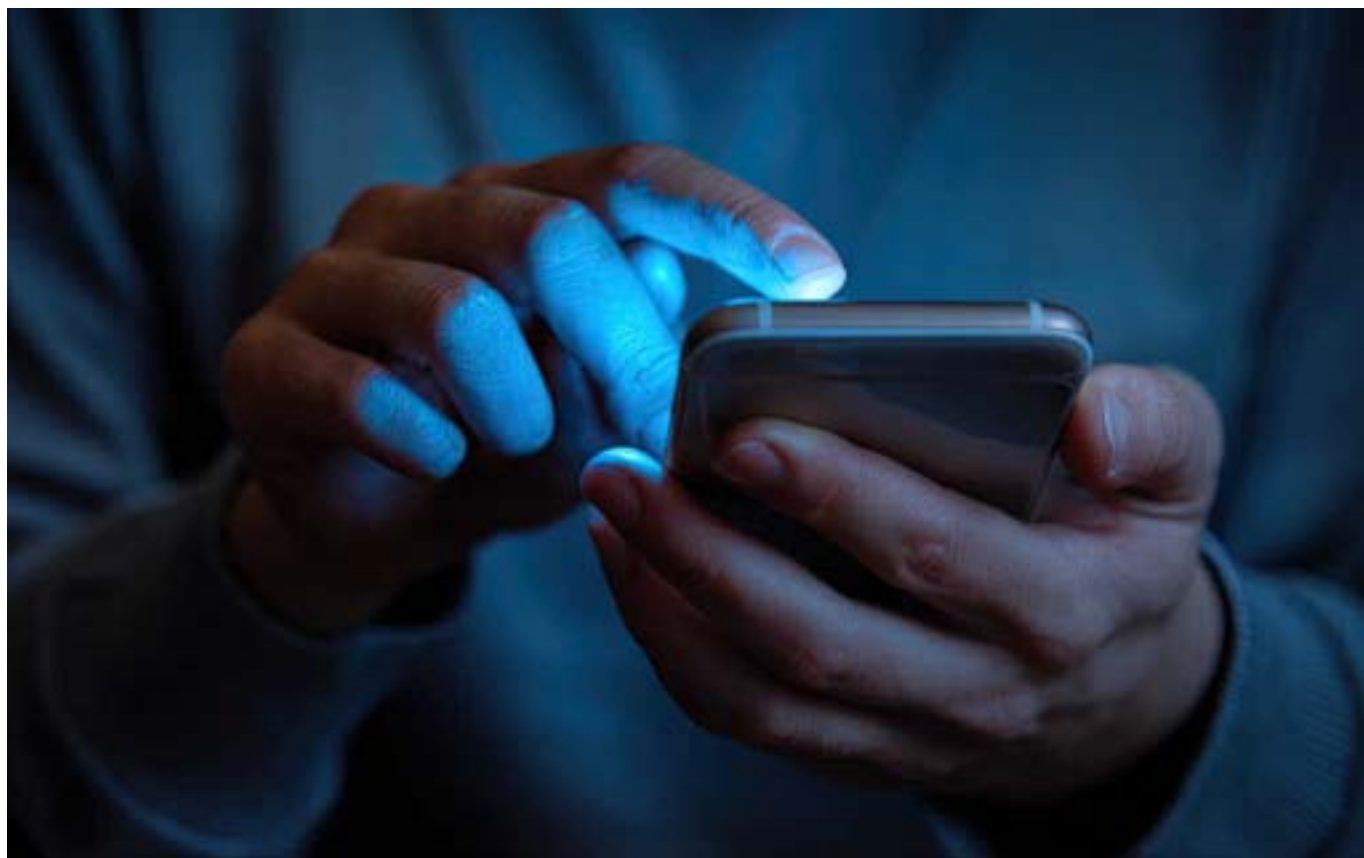
## **‘Tech is good for Māori and Māori is good for tech’: It’s cool to kōrero – April 2025**

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BY KATHY STODART

*April 17, 2025*

**Auē! Kua wareware i a au taku kupuhipa.** — Oh no! I’ve forgotten my password.



*Waea pūkoro — mobile phone*



*Pae tukutuku* — website. Iwi across Aotearoa use websites to promote their history and their services to members. Pictured is the homepage from Waikato-Tainui's website.



*Rorohiko pōnaho* — laptop.



Haere mai and welcome to the April “it’s cool to kōrero” column — this month we’re looking at information technology. For modern Māori, digital tech is a fantastic tool to spread knowledge and to keep in touch with whānau and iwi members who may be far flung around the country or across the world. And it can also provide job opportunities.

“Tech is good for Māori, and Māori is good for tech” — that’s the view of Dan Te Whenua Walker (Ngāti Ruanui, Ngāruahine, Ngāti Kahungunu ki Wairoa, Tūhourangi, Ngāti Maniapoto), who passionately believes in Māori taking their place in the world of information technology, coding and AI.

Based in Tāmaki Makaurau, he works for the tech giant Microsoft as indigenous lead for Aotearoa New Zealand. He wants to see more Māori in the industry, where they can bring in their own values and world views. To that end, he hosts coding sessions for schools in the city’s Microsoft House.

Meanwhile, Walker says some innovative Māori land trusts in the central North





*Pokitaringa — headphones.*



*Emohi — emoji.*

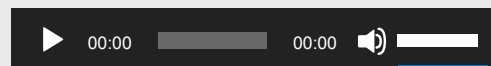


Island are already using AI solutions for whenua management.

#### Kupu hou (new word)

- **Kupuhipa** (password)
- **Auē! Kua wareware i a au taku kupuhipa.** — Oh no! I've forgotten my password.

How to pronounce this correctly, with the help of co-editor Renee Kiriona:



Here's a list of useful words and phrases for the information tech that is part of our lives:

- **waea pūkoro** — mobile phone
- **pae pāpāho pāpori** — social media
- **kiriāhua** — selfie
- **taupānga** — app
- **pūhihiko** — charger
- **rorohiko** — computer
- **rorohiko pōnaho** — laptop
- **"whakaarahia tō reo"** — "unmute yourself"
- **īmēra** — email
- **emohi** — emoji
- **pae tukutuku** — website
- **rangitaki** — blog
- **ipurangi** — internet
- **pokitaringa** — headphones
- **ngārara rorohiko** — computer virus
- **hangarau whakawhitiwhiti whakaaro** — communications technology

*E mihi ana ki a Renee Kiriona rāua ko Mairi Lucas.*

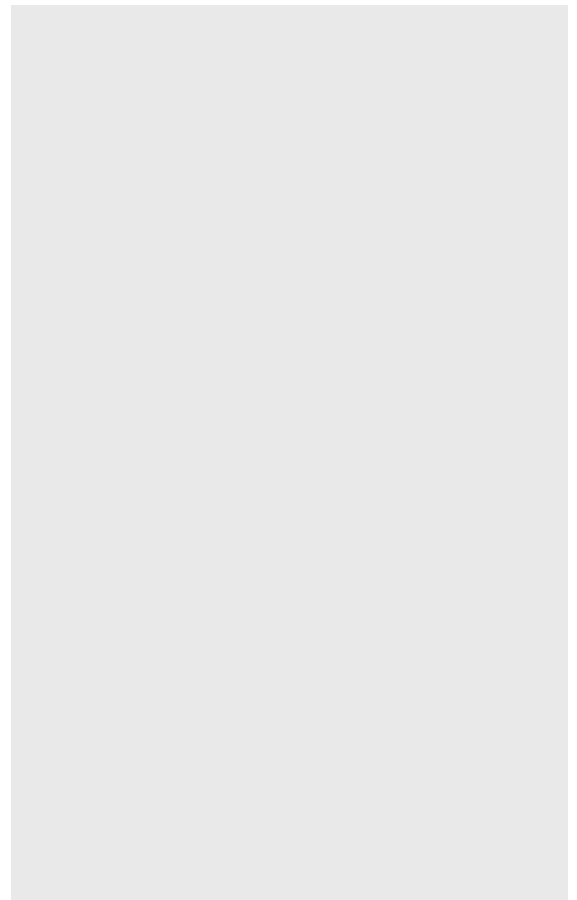
#### Sources

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([https://maoridictionary.co.nz/Te Aka Māori Dictionary](https://maoridictionary.co.nz/Te-Aka-Māori-Dictionary))
- [‘Tech is good for Māori and Māori is good for tech’](https://climateconnectnz.com/news/tech-h-good-maori-and-maori-good-tech)  
(<https://climateconnectnz.com/news/tech-h-good-maori-and-maori-good-tech>)
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(<https://itp.nz/techblog/3156-Te-Reo-Māori-digital-technology-terms->)

*Pae pāpāho pāpori — social media.*



*Kiriāhua — selfie.*



## FEATURES

# Theatre nurse pioneer and founder of *The Dissector* dies

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BY MICHAEL ESDAILE

April 8, 2025

Pamela Marley, a theatre nursing pioneer who helped found the country's first professional perioperative nursing group, has died.

Pamela Ross Marley slipped away peacefully on March 9, 2025, at Malvina Major Retirement Village in Wellington, at age 91.

Marley was born during the Great Depression, and trained as a nurse in the 1950s. She worked and travelled in the UK and Europe in the 1960s, returning to operating theatre nursing in Wellington in 1969.

### First theatre nurses group

She was one of the driving forces behind the founding of the first New Zealand operating theatre nurses' group. The Wellington Theatre Nurses Group was formed in 1969, and in August 1971 it was accepted as a special interest group of the New Zealand Nurses Association (NZNA). (NZNA became NZNO when it amalgamated with the New Zealand Nurses Union in 1993.)

Marley was also involved in staging the first New Zealand perioperative nurses' "conference" (then called a seminar) in October 1973 and founded the perioperative nurses' journal, *The Dissector*, in 1974, serving as its founding editor.

After devoting almost half her life to clinical nursing, she was appointed nurse advisor to the Department of Health in 1980.



Pam Marley, at the NZNO Perioperative Nurses College conference in Wellington in 2012.

# The Dissector

Journal of the Perioperative Nurses College  
of the New Zealand Nurses Organisation

December 2024 – February 2025 Volume 52, Number 3

## 2024 PNC CONFERENCE

Wellington a spectacular success • Free Paper presentations  
2024 PNC Award Winners • PNC AGM Reports



**FROM THE ARCHIVES**  
Registered Nurse First Surgical Assistant  
**HISTORY**  
Recap of the College's first 50 years

*Pam Marley was founding editor of The Dissector, first published in 1974.*

Marley never married and had no children, but was the dearly loved daughter of the late Kenneth and Gladys Marley, loved brother of Roger, loved aunt of Brett and Philippa and great-aunt to Loren and Sam.

*The Dissector* will publish a tribute to Marley in its March-May 2025 issue.

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- Michael Esdaile, of Advantage Publishing in Tauranga, has published *The Dissector* since 1998.

The National Library holds two oral history [interviews](https://natlib.govt.nz/records/22511649) (<https://natlib.govt.nz/records/22511649>) with Pam Marley.

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COLLEGES & SECTIONS

## Pacific nursing section is set to grow Aotearoa's Pacific nursing workforce

BY ĒSETA FINAU AND ABEL SMITH

April 29, 2025

From supporting students to nurturing leaders, the Pacific nursing section (PNS) is working every angle to boost the numbers and skills of our Pacific nursing community, explains chair Ēseta Finau and treasurer Abel Smith.



Pacific nurses section committee members. Ēseta Finau is fourth from left next to NZNO chief executive Paul Goulter. Abel Smith is second from left.



In Aotearoa right now, we need more Pacific nurses. With all their languages and inbuilt cultural competency, they can be really effective in lifting health outcomes for our Pacific communities here.

But registered nurses (RNs) who identify as Pacific make up just four per cent of the New Zealand workforce compared to a Pacific population of about nine per cent.

One of the things we want to do is support our Pacific nursing students and make sure they get mentoring – and jobs when they graduate. We

work closely with the [Aniva future Pacific leaders](https://www.pacificperspectives.co.nz/aniva-future-leaders) (https://www.pacificperspectives.co.nz/aniva-future-leaders) programme, which provides study grants and networking events as well as mentoring – which we want to help with. Aniva is a network of Pacific health professionals.

## **The English tests are not very Pacific-friendly, coming from a very Western world view which can be a challenge for nurses from Pacific cultures.**

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We are talking about partnering with them to support their Pacific student “exam bootcamp” mentoring programme, which gives students extra help preparing for their nursing exams. We are also keen to be more involved in their networking events where students can meet senior Pacific nurses to help connect them to mentors and potential jobs.

And at the other end, is how we can support and mentor new Pacific nurses after they graduate.

Again, we are working closely with Aniva on its [post-graduate workforce and leadership programmes](https://www.pacificperspectives.co.nz/aniva) (https://www.pacificperspectives.co.nz/aniva) which provide financial support as well as residential teaching workshops for Pacific health workers. We help provide experienced Pacific nurses as mentors as well as cultural support to the students and graduates.

### **Bridging nursing programmes**

We also want to get more bridging programmes up and running to help more Pacific-trained nurses work in New Zealand. Whitireia Polytechnic ran one in [2023 and 2024](#). They were successful and demand was high. A small number needed some extra mentoring and to resit the state final exam, but eventually all the students passed and have registered as nurses here – now they just have to find jobs!

Most of them were supported by Te Whatu Ora [Pacific health scholarships](https://www.tewhatuora.govt.nz/for-health-professionals/health-workforce-development/pacific-health/pacific-health-scholarships) (https://www.tewhatuora.govt.nz/for-health-professionals/health-workforce-development/pacific-health/pacific-health-scholarships) which are available to students of Pacific-descent studying medical, health or disability-related services in New Zealand. These offer up to \$5000 for nursing or midwifery students.



*Pacific nurses section chair Ēseta Finau (far right) with NZNO – Tōpūtanga Tapuhi Kaitiaki o Aotearoa kaiwhakahaere Kerri Nuku and professional nursing services manager Mairi Lucas.*

## **But when they try to make the leap into nursing, it can be daunting and many feel like they're on their own and give up.**

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This year, we are working with Whitireia — whose head of Pacific nursing, Tania Mullane, is a great supporter — the Nursing Council, Manatū Hauora/Ministry of Health and Te Whatu Ora on how we can get more funding for bridging courses like these.

### **Registering to work in Aotearoa**

There are hundreds of Pacific-trained nurses working as health-care assistants (HCA) in aged care in Aotearoa.

But when they try to make the leap into nursing, it can be daunting and many feel like they're on their own and give up.

So we want to engage with them early to steer them in the right direction – such as coaching them for their compulsory online English test.

Sometimes these tests – whether it's the English language testing system (IELTS) or occupational English test (OET) — can be a tough barrier.

As well as being quite stringent and expensive, they are not very Pacific-friendly, coming from a very Western world view which can be a challenge for nurses from Pacific cultures.



*Pacific nurses section treasurer Abel Smith.*

So we are working with the Nursing Council to try and make the process a bit smoother, with some more supports and mentoring, so we can get them into the nursing workforce as soon as possible.

But that's only if they're already here in New Zealand. We don't feel it's ethical to encourage nurses to leave their Pacific countries, so many of which are already short of nurses.

### **Growing Pacific nurse practitioners**

In 2024, the first [Pacific nursing research fono](https://www.pacificperspectives.co.nz/aniva-research-fono-2024) (<https://www.pacificperspectives.co.nz/aniva-research-fono-2024>) (conference) was held, by Aniva with Te Whatu Ora.

We'd love to make this a regular event every two or three years and will work with Aniva and Te Whatu Ora to try and get this off the ground.

It was at the fono we realised seven Pacific nurses had graduated with PhDs in 2024. This is fantastic but we would love to see this growth extend into the nurse practitioners (NP) workforce.

## **No matter how this Government slices and dices its need-versus-ethnic grounds, there is a need.**

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Currently, there are only about 12 Pacific NPs out of a total of 800 – just 1.5 per cent!

To increase this, we need to work with tertiary providers, the Nursing Council and employers to see how we can support more Pacific nurses on their NP journey.

Also, with \$34.2 million in new funding announced for [more NPs in primary health](#) over the next five years, we are keen to get more of our Pacific nurses into that space.

No matter how this Government slices and dices its need-versus-ethnic grounds, there is a need. We Pacific nurses have the lowest number of NPs, so let's see what we can do!

### **Ethnic-specific mentoring**

We are also growing an ethnic-specific mentoring programme for students, new graduates and post-graduate students. Aniva already does this in schools through its [future leaders](https://www.pacificperspectives.co.nz/aniva-future-leaders) (<https://www.pacificperspectives.co.nz/aniva-future-leaders>) programme. Our Pacific cultures are different — there are similarities but different aspects too, like languages.

We have already trialled this informally in a few parts of Auckland and hope to do more as they were very successful.



And later this year, in October or November, we will be having our conference on Pacific nursing and health outcomes – watch this space!

*Tania Mullane*

But to achieve all these ambitions and boost our much-needed workforce, we need more members in our section. Many NZNO members don't realise they can join up to three different colleges and sections, so we want to make sure everyone knows that and joins up.

If you're a Pacific nurse and would like to be involved in supporting our workforce, please get in touch [here](https://www.nzno.org.nz/groups/colleges_sections/sections/pacific_nursing/contact_us) ([https://www.nzno.org.nz/groups/colleges\\_sections/sections/pacific\\_nursing/contact\\_us](https://www.nzno.org.nz/groups/colleges_sections/sections/pacific_nursing/contact_us)).

— *Ēseta Finau is Pacific nurses section chair and Abel Smith is treasurer.*



*Class of 2023: The first intake for Whitireia's 18-month graduate diploma in nursing Pacific.*

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COLLEGES & SECTIONS

## Raising the voice of specialist diabetes nurses – college steps up for patients

BY AMANDA DE HOOP

April 1, 2025

Supporting post-graduate diabetes education, highlighting workforce shortages, and being visible — these are the aims of NZNO's Aotearoa college of diabetes nurses, writes chair Amanda de Hoop.



Aotearoa college of diabetes nurses committee members, left to right: Harpreet Kaur, Vicki McKay, Amanda de Hoop (chair), Michelle Williamson, Liz Lewis-Hills, Solita Donnelly (former member).



When setting the college's annual strategic plan a year or so ago, the committee and I decided to focus on five key objectives: To develop a post-graduate study grant for Māori and Pasifika registered nurses (RNs), to promote consistency in pay scales across our members, to contribute to a national diabetes workforce document for secondary care diabetes services, to update our national diabetes nursing knowledge and skills framework, and to propose updates to the medicines list for RN prescribers.

## At the forefront of our minds is always the person with diabetes, their whānau, and the communities we work within.

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We have also been more vocal as a professional nursing body, providing submissions on a range of consultations, including a Pharmac insulin pump and continuous glucose monitoring proposal; prescription medicines co-payments; a Ministry of Health – Manatū Hauora proposal to increase prescribing duration and, most recently, Pharmac's proposal to fund Ryzodeg insulin.

At the forefront of our minds is always the person with diabetes, their whānau, and the communities we work within. So our objectives are a combination of things that impact the diabetes nursing workforce, as well the people with diabetes. Fortunately we have been able to actualise some of our goals!

### More Māori and Pacific diabetes nurses needed

Sadly, our specialist diabetes nursing workforce does not mirror society. Māori and Pacific people have increased prevalence of type 2 diabetes, and as a college we recognise how important it is for patients to access culturally appropriate expert care.

One way we can help is through postgraduate study funding.

Many members describe reduced access to professional development funds from Te Whatu Ora — Health New Zealand, which is concerning.

Becoming a specialist diabetes nurse requires postgraduate study. A minimum of a postgraduate diploma is needed to apply for RN prescribing in primary health care and specialty teams. Last year we worked with NZNO kaiwhakahaere Kerri Nuku to develop a [Māori and Pacific nurses postgraduate study grant](https://www.acdn.org.nz/professional-development-grants/?fbclid=IwZXh0bgNhZW0CMTEAAR06hFTAk4s7OJ95n5PFL8MfAspFm9FiEa5BpVt2pv-xUDR-zRaGm_kgXmg_aem_P0kYqqGBTYbLZNSXbPevDA) ([https://www.acdn.org.nz/professional-development-grants/?fbclid=IwZXh0bgNhZW0CMTEAAR06hFTAk4s7OJ95n5PFL8MfAspFm9FiEa5BpVt2pv-xUDR-zRaGm\\_kgXmg\\_aem\\_P0kYqqGBTYbLZNSXbPevDA](https://www.acdn.org.nz/professional-development-grants/?fbclid=IwZXh0bgNhZW0CMTEAAR06hFTAk4s7OJ95n5PFL8MfAspFm9FiEa5BpVt2pv-xUDR-zRaGm_kgXmg_aem_P0kYqqGBTYbLZNSXbPevDA)).

Our next goal is to generate profit from an annual study day to be able to continue to provide this grant long-term.

### Specialist diabetes services understaffed 'everywhere'

The New Zealand Society for the Study of Diabetes developed a document, authored by diabetes NP Helen Snell and health researcher Claire Budge, to report on roles and full time equivalent (FTE) recommendations for the specialist diabetes workforce in New Zealand.

Invited to contribute, our college provided information on the roles and responsibilities of nurse practitioners (NPs) and diabetes nurse specialists in providing multidisciplinary specialist care.

### College wins broader prescribing rights

In 2022, in response to a global supply issue for Dulaglutide (brand name Trulicity), a treatment for type 2 diabetes, Pharmac decided to fund Liraglutide (brand name Victoza) as an alternative.

Unfortunately, Liraglutide was not on the Nursing Council's list of medications able to be prescribed by RN prescribers in primary health and specialty teams. Glucagon-like peptide-1 receptor agonists (GLP1RA), such as Dulaglutide and Liraglutide, are recommended second-line diabetes medications to be used in patients with existing cardiovascular or renal disease, or those at high risk of cardiovascular disease.

Both Dulaglutide and Liraglutide have strong evidence in improving glycaemia, reducing mortality from cardiovascular events and renal disease progression, and lowering weight.

However, access to Dulaglutide became extremely limited late 2023, with patients needing to be switched to Liraglutide. Given RN prescribers were unable to prescribe Liraglutide, it created significant challenges.

Given the increased prevalence of type 2 diabetes and cardiovascular disease in Māori and Pasifika populations, this created a significant barrier for these populations to continue accessing appropriate GLP1 receptor agonist therapy.

With the availability of GLP-1 receptor agonists likely to further change in future as global supply issues evolve, and alternate medicines are made available by Pharmac, we approached the Nursing Council to strongly recommend that medicines be listed by class, rather than names, on the RN prescribing list.

We also proposed a class listing for sodium glucose co-transporter 2 (SGLT2) inhibitors, to prevent similar



Helen Snell.

**Not a single service has the recommended number of staff – whether it was for children and youth, adults, inpatients or diabetes in pregnancy.**

---

Measuring the existing diabetes workforce against what is recommended – nationally and internationally – the report makes

for sombre reading, identifying a huge lack of resource and understaffing across all specialist hospital diabetes services around the country.

Not a single service has the recommended number of staff — whether it was for children and youth, adults, inpatients or diabetes in pregnancy.

#### **Fairer RN prescribing remuneration**

Diabetes nurses were the pioneers of RN prescribing in New Zealand in 2012, after a pilot led by Helen Snell in 2011. Diabetes nurse prescribing was proven to be safe, and to improve access to care and medicines for the many people living with diabetes in Aotearoa.

Our prescribing success led to RN prescribing in primary and community health and specialty teams being supported by the Nursing Council.

A previous committee member, Solita Donnelly, developed a survey for our Te Whatu Ora members which identified disparities in pay rates for diabetes nurse specialists across Aotearoa.

**RN prescribing comes with increased responsibility and professional development requirements, as well as improving care to people with diabetes, so we will always advocate for this to be recognised.**

---

Of the 59 nurse specialists with RN prescribing authority who responded, 64 per cent advised their salary was the same as non-prescribing colleagues. Only 36 per cent reported being on a higher step of the senior nurse pay scale as a prescriber — a third of whom achieved this via JERC (job evaluation review committee — an agreed NZNO-Te Whatu Ora approach to ensure pay consistency).

Nursing Council data showed the main workplace for 266 RN prescribers was Te Whatu Ora (hospital and/or community) at March 31, 2024.

issues occurring when SGLT2 inhibitors other than Empagliflozin (brand name Jardiance) become available.

Fortunately our efforts paid off, with both GLP1 receptor agonists and SGLT2 inhibitors being updated and listed medication classes within the RN prescribing medicines list from August 2024. It has meant RN prescribers are now able to prescribe all funded GLP1 receptor agonists available, and has future-proofed the list for when additional medications become available.

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#### **My own pathway into diabetes nursing**



Amanda de Hoop

I am Manawatū-born and raised, having been born at Palmerston North Hospital, my current workplace. I started my nursing career as a new

graduate in the Palmerston North Hospital medical assessment planning unit, and had an excellent charge nurse, Debbie Perry.

I was supported into a diabetes resource nurse role, and from there had the opportunity to apply for a part-time position at the diabetes and endocrinology Service. That transitioned into full time work as a diabetes nurse specialist.

My nurse lead, Helen Snell ([recognised in this New Year's honours](#) for services to diabetes and nursing), has been an outstanding mentor, and supported my Master of Nursing study, including

This data, and the survey findings, were provided to NZNO industrial advisor David Wait. As a result, RN prescribing remuneration was added as a claim to the current NZNO-Te Whatu Ora collective agreement bargaining.

While negotiations are ongoing, it was a really positive step to have these pay disparities acknowledged. RN prescribing comes with increased responsibility and professional development requirements, as well as improving care to people with diabetes, so we will always advocate for this to be recognised.

### National knowledge and skills framework

Our 2018 knowledge and skills framework is overdue for its five-yearly review, so has been a work in progress for the past 12 months to update. We hope to have the document finalised this year, including expert and patient reviewing.

This framework is used within our accreditation programme, so it is timely that our accreditation coordinator and committee member, Bryan Gibbison, is also reviewing the accreditation process. We are hoping to encourage uptake and for the process to be less arduous for nurses to maintain their proficient or specialist diabetes nursing practice.

completing the NP training programme.

I have now been an NP for just over five years, and thoroughly enjoy working within a great multidisciplinary team, with young people, adults, and pregnant women with diabetes across our rohe.

It was also Snell who encouraged me to join the college back in 2018, initially as an accreditation coordinator, then chair from 2023.

I have learnt so much in this time and our committee has a great blend of nurses, including nurse specialists and NPs from both primary and secondary care settings. I'm proud of our mahi as a college over the past couple of years, and look forward to following the work of the committee after I complete my term in May following our AGM.

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### Diabetes at a glance

Diabetes mellitus (mate huka) is a long-term condition affecting increasing numbers of people and their whānau around the world. It takes various forms, the two most common being type 1 (T1DM) and type 2 (T2DM). Additional types include gestational diabetes and much rarer forms such as monogenic diabetes, steroid-induced diabetes, and diabetes caused by other conditions such as cystic fibrosis, pancreatic cancer or pancreatitis.

Diabetes affects many body systems and, over time, can damage blood vessels in the heart, eyes, kidneys and nerves. This puts people with diabetes at greater risk of a range of health events and comorbidities.

Due to the complexity of diabetes and its management, a multidisciplinary team approach to care is needed to address the various impacts of diabetes on physical, mental, social and spiritual wellbeing. Therefore, a holistic approach based on Māori models of health is recommended by the Ministry of Health, Manatū Hauora. This requires the involvement of an appropriate range of disciplines in both generalist and specialist practice to address the various facets of the condition.

The number of people with diabetes in the New Zealand population, and worldwide, is increasing. In Aotearoa in 2022 an estimated 43.1 per 1000 population were living with diabetes, a notably higher proportion than the 35.7 per 1000 population reported in 2012. These figures do not apply equally to all population groups. Data from the [Virtual Diabetes Register](https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/diabetes/virtual-diabetes-register-web-tool) (<https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/diabetes/virtual-diabetes-register-web-tool>) in 2022 revealed that Pacific peoples had the highest rate of diabetes at 122.7 per 1000 population, followed by Indian (103.2 per 1000) and Māori (71.2 per 1000). The lowest estimated rate occurs in the European or other group at 31.2 per 1000.

- From the report: [Specialist Diabetes Workforce in New Zealand](https://www.nzssd.org.nz/resources/section/workforce) (<https://www.nzssd.org.nz/resources/section/workforce>).
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LETTERS

## **We need to demand a fairer tax system**

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BY ROSEMARY AVISON

*April 29, 2025*

When money is tight and the Government is cutting one service to provide for another equally deserving service, it divides the people and we fight amongst ourselves.

Let us remember that teachers aren't our enemy, the defence force is not our enemy, and the poor who use our social services are not our enemy.

Rather than fall victim to "divide and rule", we need to unite and fight our common enemy — the ultra-rich who do not pay their fair share of taxes. Our current problem is the tax take is not large enough to cover us all.

Taxing the middle class more and reducing social services will never be enough. We need a wealth tax to increase the size of the pie so there is enough for us all.

Inequality is the enemy of us all. Poverty creates more work for our health system, our education system, and our judicial system. Even the rich will benefit from a safer, healthier, and better educated society.

I'm no tax expert. I don't have all the answers. There are people in New Zealand better skilled in this area than me. But I urge you to demand a fairer tax system from our Government. Reducing inequality is not a panacea for all our problems but it seems like a damn good start.

Rosemary Avison, RN, BA(SocSci),  
*Auckland*

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LETTERS

## The registered nurse's lament

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BY SARAH FRASER-CLARK

*April 23, 2025*

I was inspired to write this after reading the [letters](#) from the class of 2024 new graduates who had missed out on NETP positions with Te Whatu Ora, the release of the Government's [Health Infrastructure Plan](#) (<https://www.tewhatauora.govt.nz/publications/health-infrastructure-plan>) and my own recent experience.

As a registered nurse (RN) for more than 13 years, with extensive hospital and community experience, I have just returned to the paid nursing workforce after parental leave.

I had been unexpectedly made redundant from my practice nurse position after the collapse of my GP clinic left more than half the staff unemployed and was an easy casualty as I was already on parental leave.

Seeking to rejoin the nursing workforce, I applied for multiple roles, both in the hospital and community sectors, only to be met by a series of autogenerated replies from Te Whatu Ora informing me I was unsuccessful.

**I wonder how much longer the true assets needing investment, nurses, will be left to depreciate beyond recognition and repair.**

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Throughout this time, I was in contact with several charge nurses I had previously worked with who repeatedly told me they needed nurses to fill multiple vacancies but "were not allowed to advertise yet" and so couldn't offer me a job.

After initial contact with a ward for potential work at the start of November, the job vacancy listing didn't become available until January the following year, at which time it was for only one nursing position, and then interviews didn't begin until February.

How is one nurse supposed to safely and competently meet the workload and experience of multiple nurses who have left? Te Whatu Ora has continually assured its "cost-containment" methods would not be affecting frontline staff and services, but when nursing vacancies are left unfilled for months at a time and then patched with sub-optimum staffing numbers, how can they not be?

We already know the impact on both staff and our patients. How can we then create safe environments for patients, staff and new graduate nurses?

As a private nursing tutor for several years, I have the privilege of working with students in the bachelor of nursing (BN) and the graduate-entry master of nursing practice (MNursPrac) programmes. These are bright, enthusiastic and capable new graduates who, although willing and ready, do not have the experience that can only be gained from working in the health-care sector — a chance few of them are now getting to realise in Aotearoa.

How much longer is this impossible Catch-22 allowed to continue? The incredible, talented and experienced nurses needed to not only be the foundation of our health-care system, but the guardians to nurture our future nursing generations, are forced to work in over-demanded, under-resourced settings now seemingly accepted as commonplace.

Those like me, trying to rejoin them, are locked out by arbitrary and dangerous cost-cutting measures, and those new graduates who are accepted into the NEtP programme are unintentionally left with whatever remains in a chronically impoverished system.

With the release of the Health Minister's Health Infrastructure Plan to address "under-investment" and "asset renewal", I wonder how much longer the true assets needing investment, nurses, will be left to depreciate beyond recognition and repair.

Sarah Fraser-Clark  
*BN, PGDip Nursing Science, BA*

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LETTERS

## Nurses the heroes in this year's ANZAC musical evening of remembrance

BY LINDSAY STANLEY

*April 17, 2025*

An ANZAC eve event in Auckland next week will highlight the role of nurses in both military and civilian service.



The event, titled "The Art of Remembrance", will be held at Kāhui St David's in Grafton, Auckland, on Thursday, April 24, at 6pm.

It will honour the Royal New Zealand Nursing Corps for their role in war, conflict, and peacekeeping – while also recognising the ongoing contribution of nurses across Aotearoa, from hospitals to communities.

A permanent bronze plaque will be unveiled in the Great Hall of Kāhui St David's – Auckland's centre for remembrance and music, located in Grafton near the medical and nursing schools.

The evening includes performances from soprano Felicity Tomkins and reflections from senior nurse Georgina Greville, of Middlemore Hospital, in a tribute to the often-unsung service of nurses past and present.

Greville, whose immediate family included five World War I service members, says: "There were two nurses, two doctors, and one soldier with the Auckland Mounted Rifles. My grandmother and sister were both nurses, serving in Egypt, Lemnos, and on the Western Front, including at the Battle of the Somme.

"The role of nurses in conflict and peacekeeping has historically been overlooked. Having this permanent display at Kāhui St David's will be deeply meaningful to all nurses – recognising our contribution in both military and civilian contexts."

The evening features:

- A musical programme led by soprano Felicity Tomkins, Michelle Thorne-McHugh and the Off Broadway Big Band
- Reflections from Georgina Greville, senior nurse at Middlemore Hospital
- Taonga pūoro, ceremonial tributes, and a veterans' procession.

**Event details: Art of Remembrance 2025**

Date: Thursday, 24 April, 6-8pm

Location: Kāhui St David's, 70 Khyber Pass Rd, Grafton, Auckland

Tickets: Free entry – tickets via [Eventfinda](https://www.eventfinda.co.nz/2025/a-musical-evening-of-remembrance2/auckland) (<https://www.eventfinda.co.nz/2025/a-musical-evening-of-remembrance2/auckland>) or at the door

Lindsay Stanley  
*Promoter*

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