



Anne Brinkman, PNA Report for MHNS BGM

December 18th, 2025

Kia ora

The following newsletter/report is collated to update you through summaries and links to recent events, projects and newsworthy items that affect nursing or are influenced by nurses.

I hope your health & wellbeing are high priorities for you each day in these busy, changing times.

Haere pai

Anne

NZNO Board Elections – who will be governing you on the National Executive?

NZNO Board Election results 2025

2025 Board Elections (7 vacancies)

The voter return was 6.86%, being 4191 votes received from 61,099 eligible voters.

BROOKES Grant 2,060

THORN Rachel 1,899

CHERIAN Saju 1,704

MORGAN Tracey 1,476

CLOUGHLEY Grant 1,439

KATENE Rosetta (Rosie) 1,335

FAIRBURN Michelle 1,299

Unsuccessful candidates

CHAPMAN Kathryn 1,282

HEAYS Nayda 1,273

BARR Nigel 1,272

DEIBERT Michael 821

INFORMAL 0

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Nursing Council of NZ

Nurse Practitioner and registered nurse prescribing scope review

[Educating the nurse of the future - project brief.pdf](#)

Review of registered nurse prescribing, nurse practitioner scope of practice and nursing education programme standards

This important consultation has now closed while the Nursing Council does further analysis before producing its final consultation document from April 2026. Be sure to watch out for it and respond so your voice is heard.

Review timeline for Educating the nurse of the future

May – June 2025	Background Work
July – September 2025	Data Gathering
September – December 2025	Data Analysis and Report writing
February 2026	Council Approval of Report
February – April 2026	Report finalised and Published

The review is grounded in the principles of Te Tiriti o Waitangi and will consider how education can support nurses to practise safely, competently, and with confidence in a changing health landscape. [Go here to learn more](#) and download key resources, including background information and reviewer bios.

Nursing Council's September quarterly report

[September quarterly data report](#)

The Council collects a variety of data about the workforce which does not identify individual nurses. The quarterly data report series is intended to provide quick access to some 'headline' information about the nursing workforce – especially information that we are regularly asked to provide.

A new report is released after the end of each quarterly registration period. [Find out more here](#)

GP Practice Review Issue 22.pdf

Twelve-month prescribing in general practice (p1)

The maximum prescription period will be increased from three months to 12 months throughout New Zealand in early 2026. In response, the Royal New College of General Practitioners (RNZCGP) has released a position statement Twelve-month prescribing in general practice that provides a template for how these changes can be safely and effectively implemented in practice. The College emphasises that clinical judgement is the key factor in determining the appropriate duration of a prescription.

Twelve-month prescribing is not mandatory. Patient health and safety remain central to all prescribing decisions. This should include consideration of the patient's condition and circumstances, as closer follow-up and shorter prescribing durations may be appropriate. In addition, patients should be involved in decision-making, including discussions about risks and benefits.

The provision of appropriate safety-netting is essential when considering twelve-month prescribing. The College also recommends that practices adopt in-house prescribing policies

that account for patient age and life stage, long-term conditions, ability to manage medicines and appropriate monitoring periods.

There is an expectation by the College that general practitioners be familiar with the Medical Council's statement Principles for quality and safe prescribing practice. Collaboration with pharmacists is also recommended to clarify the medicines that are appropriate for extended prescriptions and to establish pathways for pharmacists to flag potential safety concerns.

The College notes, that while longer prescriptions may reduce barriers to access, cost and time commitments for patients, there are also risks associated with this change. Most notably, less patient contact will result in reduced monitoring of patients' conditions, the effectiveness of medicines and the development of adverse effects. It is crucial that the reduced barriers to access, cost and time commitments for patients that twelvemonth prescribing may provide, are not achieved at the expense of reduced patient safety.

E-Learning Modules for Nurses (p5)

Immunisation in older adults

Vaccination for older adults pre-winter season and in travellers

Shingles and cardiovascular disease

Respiratory syncytial virus in older adults

New Zealand practice guidelines for opioid substitution treatment 2025 (p4)

Opioid substitution treatment (OST) is prescribed to more than 5,000 people in New Zealand annually. The Director-General has issued New Zealand Practice Guidelines for Opioid Substitution Treatment to provide clinical and procedural guidance for specialist services and primary health care providers who deliver OST.

Opioid use disorder is associated with a high mortality rate, if untreated. Access to OST is a life-saving intervention with appropriate candidates requiring prompt access. Services that provide OST are expected to assess patients who present or are referred within two weeks. To be eligible for OST patients must meet the diagnostic criteria for opioid use disorder or dependence as contained in the Diagnostic and Statistical Manual of Mental Disorders or the International Statistical Classification of Diseases and Related Health Problems.

The phases of OST include:

- Assessment, planning and medication choice
- Induction and dose stabilisation
- Improved wellbeing
- General practitioner shared care (OST continues) or remains with OST provider
- Moving towards treatment exit, e.g. dose reductions, and engagement with other services
- Exit or ongoing treatment.

Treatment options for opioid use disorder include:

- Methadone – approved and fully funded
- Buprenorphine (sublingual) – approved and fully funded under Special Authority
- Buprenorphine (long-acting injection) – approved but not funded
- Other opioids, e.g. slow-release oral morphine – approved and fully funded
- Naltrexone – approved but not funded for OST
- Opioid withdrawal.

Methadone and buprenorphine should be used with caution in patients with decompensated liver disease, chronic obstructive pulmonary disease (COPD) or other forms of respiratory insufficiency.

Priority admissions to an OST programme include pregnant women, patients with co-existing mental health disorders and other medical problems, patients from overseas who are already taking OST and patients with children. The use of other substances or risky substance use behaviour alone are insufficient reason to decline OST to patients who meet treatment criteria.

New Zealand Medical Journal, Te Ara Tika o te Hauora Hapori

Vol 138 Issue 1626 21 November 2025

7030. Addressing rural mental health inequities for transgender communities in Aotearoa

Katie E McMenamin, Angie Enoke, Mel Meates

Summary This paper looks at the mental health needs of transgender and gender-diverse people living in rural parts of Aotearoa New Zealand, with a focus on Whanganui. Many participants described struggling with anxiety, depression and suicidal thoughts, made worse by a lack of supportive services, long wait times, and experiences of stigma or discrimination. At the same time, having access to gender-affirming healthcare (for example, correct use of names and pronouns, hormones or surgery), supportive counselling (ideally with a transgender or gender-diverse therapist), Kaupapa Māori support and safe community spaces improved mental wellbeing.

The study also found that neurodivergent people (for example, those with ADHD or autism) often faced extra barriers when trying to get help. The findings highlight the need for more accessible, affirming and culturally safe mental health support in rural areas, as well as stronger community-based initiatives to reduce inequities.

7137. B4 School Check hearing screening and middle ear disease: a five-year analysis of prevalence and inequity

Thomas Oliver, Alexia Searchfield, Emmanuel Jo, Alehandrea Manuel, Alison Leversha, Suzanne Purdy, Daniel Exeter, Rebecca Garland

Summary Otitis media with effusion, otherwise known as glue ear, is a common childhood condition that can lead to impaired hearing, with flow-on effects for language and social development as well as participation in education. If detected it is often able to be treated with grommets or other interventions.

Data from the hearing component of the national health screening programme for four-year-olds (the B4School Check) were analysed to determine if certain groups of children were being missed by the screening programme and whether there were any differences in the rates of glue ear and in referral and access to care providers for further management.

Māori and Pacific children and those living in higher deprivation were less likely to be screened, and when screened were significantly more likely to have glue ear. When glue ear was found, children from these groups were less likely to be immediately referred for management and less likely to be enrolled in GP practices to action treatment.

These findings will help inform future redevelopment of the screening programme, to enable more equitable access to appropriate care and to improve hearing outcomes for these populations in particular

Ministry of Health: Putting Patients First: Modernising health workforce regulation Summary of submissions document and a Link to the MOH website

<https://www.health.govt.nz/publications/putting-patients-first-modernising-health-workforce-regulation-summary-of-submissions>

The summary itself is 7 pages long and does not endorse changing how the workforce is regulated and notes that regulation is not the panacea to sort all the health workforce issues that currently exist. Citation: Ministry of Health. 2025. *Putting Patients First: Modernising health*

workforce regulation: Summary of submissions. Wellington: Ministry of Health. Published in September 2025 by the Ministry of Health, PO Box 5013, Wellington 6140, New Zealand

Reference for items to follow:

Kaitiaki Nursing New Zealand

End-of-year graduate jitters on job-offer day – Kaitiaki Nursing New Zealand

By Mary Longmore, *November 28, 2025*

More than 2000 end-of-year nursing graduates are enduring a nail-biting wait to hear whether they will land their dream job at Te Whatu Ora – Health New Zealand.

Graduate-entry job offers for registered nurses (RNs), through national job-matching service ACE, were expected on November 28th.

Outgoing NZNO student leader Bianca Grimmer — also waiting on news — said many were anxious about their prospects, following dire [45 per cent hiring rates](#) for mid-year graduates and only [half](#) hired at the end of 2024. Then in September this year, a ‘reset and review’ document [leaked to RNZ](#) revealed Te Whatu Ora planned to employ more graduate nurses but on fewer hours, and with less on-the-job training.

Incoming NZNO student co-leader Poihaere Whare agreed many graduates were feeling uncertain and undervalued, particularly over the possibility of reduced hours.

“Will 0.6 FTE [full-time equivalent] be enough for them financially to be a nurse, with the cost of living at the moment?”

“A lot are feeling undervalued because of the uncertainty of not knowing what is going to happen, with the renaming of [nurse-entry-to-practice] as SFYP [[supported first year of practice](#)],” Whare said.

“Does that mean changes to the programme, or what is the support going to look like?”

Many had “plan B” in place — overseas, said Whare, calling for Te Whatu Ora to employ all nursing grads who applied.

“We tauira put a lot of work into our degrees and at the end of it we’re hoping to secure a really good job – so we can help our people. That’s the main thing we want to do.”

Job offers were initially expected after state finals earlier this month. However, Te Whatu Ora delayed the job offers, with no explanation.

However, an ACE (advanced choice of employment) email seen by *Kaitiaki* said “the extra time will be used to consider additional positions across Health New Zealand”.

NZNO bargaining team member Rachel Thorn said employing more graduates was a key part of NZNO’s claims — and something Te Whatu Ora had also pledged in its own [Health Workforce Plan](#).

“They said they wanted to grow their own nurses. So I absolutely think if they want to grow their own nurses, they should be offering full employment otherwise why would people go into it?”

Five years after Len’s death and emergency department is 15-FTE understaffed

By Joel Maxwell, *November 11, 2025*

A man’s death while a nurse fetched a wheelchair put a human face on “consciously deciding” to understaff an emergency department, a coroner says.

Coroner Ian Telford today released his findings into the 2020 death of Leonard ‘Len’ Collett — slamming chronic understaffing and saying the risk of another “catastrophic event” remains high.

The coroner’s report said he was taken to the ED at about 5.30pm after becoming increasingly short of breath. His blood pressure was low and continued to go down over the evening. It was known on admission that he was anaemic, had heart failure and decreased mobility, the coroner’s report said.

Telford’s report said the ED was short 15 full-time equivalent staff as at May this year — as per care, capacity and demand management (CCDM) numbers. This was still the same baseline staffing as 2020, when Collett died.

HNZ Taranaki’s service lead for medical and acute services, Claudia Matthews, who gave written and oral evidence, said funding to recruit into these vacancies has not been approved. There were 32 patients — nine over the department’s physical capacity — when he arrived at ED. By 10pm there were 26 patients — three over capacity, with 70 percent at high acuity. While the ED was fully staffed on the night, two team members were casual staff redeployed from an inhouse pool. Having two non-permanent staff was an “added tension” to the dynamic in the department, according to expert evidence.

Telford found that Collett’s death was both foreseeable and preventable. “Shortcomings in the nursing care provided in the ED at the time directly contributed to his fall.”

“Put simply, if this emergency department continues to operate without adequate staffing and an appropriate skill mix to safely care for and monitor patients, the risk of another catastrophic event occurring remains high.”

Telford said that at the very least Collett’s death put a human face to the consequences of “consciously deciding” to operate an ED with 15 fewer full-time staff than required.

Telford had a raft of recommendations to reduce falls risks. Including:

- Revise the patient casualty card (CAS card) falls risk assessment to include a dated and timed set of screening questions and a global nursing assessment. (Possible questions along the lines of ‘have you fallen in the past?’)
- Adapt the CAS card and departmental policy to require nurses to routinely assess falls risk at triage or at the same time as their primary assessment.
- Revise current policy and improve staff education to foster a culture where falls risks are communicated to patients, family and staff using direct, focussed, and targeted language.
- Consider using non-clinical staff to boost safety for vulnerable patients, particularly during high demand.

‘Do it for the patients’: Nurse shares advice, encouragement ahead of partial strikes

By Joel Maxwell, *November 5, 2025*

It’s new, it’s different and it means facing new challenges — but do it for the patients, says a nurse with experience of groundbreaking partial strikes.

On Friday a ballot of 37,000-plus NZNO Te Whatu Ora members voted for three partial strikes from mid-November, including a refusal to accept redeployment to non-rostered areas or work.

New Zealand’s hospitals were short [an average of 587 nurses every shift last year](#), a new Infometrics report prepared for NZNO found. Safe-staffing numbers uncovered by NZNO showed [the likes of mental health acute and forensic wards](#) in a staffing crisis.

NZNO chief executive Paul Goulter said Te Whatu Ora was increasingly moving staff away from their own patients to fill roster gaps in other parts of hospitals.

In the partial strikes workers would refuse to be redeployed to other areas of work to cover staff shortages; refuse to work additional hours they were not rostered to do; and refuse any roster changes proposed by Te Whatu Ora, he said.

The partial strikes followed more than 30 days of bargaining that Goulter said left short staffing concerns unaddressed. “The Government is ignoring the evidence showing our hospitals are chronically understaffed and they are refusing to listen to nurses,” Goulter said.

Strike 1 – strike on redeployment, November 17-30

- Workers refuse to accept reallocation to any area or to any work they are not rostered to do.

Strike 2 – strike on additional hours, November 17-30

- Workers refuse to work any duty or shift other than those they are rostered to do.

Strike 3 – strike on roster changes, November 24-30

- Workers refuse to agree to any roster changes proposed by Te Whatu Ora.

How many hundreds? Infometric report reveals shocking hospital shortages in every shift – Kaitiaki Nursing New Zealand

By Joel Maxwell, *September 17, 2025*

The nation’s hospitals were collectively short 576 nurses every shift on average last year, a new Infometrics report has found. The NZNO-commissioned report [*How many more nurses does New Zealand need?*](#) crunched Te Whatu Ora data from 1.69 million shifts from 2022 to 2024 in 59 public hospitals. Alongside the numbers from last year alone, the report said that on average from 2022 to November 2024, hospitals were short 635 fulltime-equivalent nurses every shift. Shifts were more likely to be short-staffed during winter; cancer and cardiovascular wards were the hardest hit from 2022-2024 — half their shifts understaffed. Children’s wards were close behind at 45 per cent.

The Capital & Coast and Hutt Valley districts were most commonly understaffed — half their shifts coming up short.

Meanwhile the report blamed a lack of coordinated planning for some of the problems.

“Te Whatu Ora’s sudden decision to freeze the hiring of nurses in mid-2024, including nurse graduates and internationally qualified nurses reportedly left one in four graduate nurses unemployed as of August 2024.” Ideally nursing recruitment decisions should be made several years in advance, it said.

Tightened health funding was a “key contributor” to the nursing shortage, said the report: Especially when these funding constraints hit increased demand on health services — particularly hospital services.

There was higher professional attrition, with burnout, sick leave and nurses headed overseas, it said.

The data in the report was collected through the Care Capacity Demand Management (CCDM) safe staffing programme — [*belatedly released to NZNO with an apology*](#).

The report had troubling data on the future demand for nurses in key specialties.

- The aged residential care nursing workforce is projected to contract 9 per cent, demand is projected to grow 47 per cent.
- The mental health nursing workforce is projected to grow just 2.2 per cent, demand is projected to grow 7.7 per cent
- The primary health care related nursing workforce is projected to grow 4.5 per cent, demand is projected to grow 7.7 per cent.

The Infometric report was released as Health Minister Simeon Brown spoke at the NZNO annual general meeting on Wednesday, September 17th.

Community health, patient safety under increasing threat – Kaitiaki Nursing New Zealand

By Nicolette Sheridan, Jenny Carryer and Andrew Jull, *September 11, 2025*

Nursing leaders share deep concern over the effect of the current political environment on nursing – follow the link for their full article.

Nurses forced into silence and Māori patients left invisible — NZNO submits on Government’s health Bill – Kaitiaki Nursing New Zealand

By Joel Maxwell, *September 11, 2025*

It’s not healthy, and it’s bad for the future — the NZNO has blasted a proposed health law for dismantling Māori gains and stealing nurses’ rights, in a select committee hearing. NZNO kaiwhakahaere Kerri Nuku appeared with president Anne Daniels before the health committee considering the Healthy Futures (Pae Ora) Amendment Bill.

Nuku said NZNO rejected “in its entirety” a Bill from a Government that wanted to silence Māori and render their health needs invisible. “We will never let that happen.”

The Government sought to stoke racial animosity for political gain at the expense of Māori, she said.

In June Health Minister Simeon Brown announced changes to the Pae Ora (Healthy Futures) Act. The new Bill strips out guiding principles for equity and Māori engagement in the system; it removes commitments to Te Tiriti, and depowers Iwi Māori Partnership Boards.

It comes after the Government dumped Māori Health Authority, Te Aka Whai Ora in 2024.

Nuku said the Bill was rolling back gains from decades of Māori health initiatives, which had been admired internationally.

The 2022 Pae Ora Act was driven by the findings of the Wai 2575 Waitangi Tribunal Inquiry into Māori health services, she said. “This Government has systematically dismantled the infrastructure painstakingly built by Māori and the health sector to enable Māori to take responsibility for improving their health status.” Māori are twice as likely to die from suicide as non-Māori, have higher mortality rates from cancers, and heart disease, double the smoking rate, and die on average about eight years earlier.

The Bill includes a requirement for nurses to follow public service principles including political neutrality, which could have a “frightening effect” on their right to freedom of expression, Nuku said. Nurses could be disciplined by their employer for speaking up for patients if it’s considered against the organisation’s interest, or is considered political, not a clinical comment, she said. govern nursing and require the care of patients to be their first concern.”

‘Big leap forward’ for NZNO, as new constitution voted in by members – Kaitiaki Nursing New Zealand

By Mary Longmore, *July 18, 2025*

A historic new constitution for Tōpūtanga Tapuhi Kaitiaki o Aotearoa — NZNO that fundamentally changes its structure to become more egalitarian and te Tiriti-led has been voted in by members.

The new constitution will bring a new structure for NZNO. Regional councils and the national membership committee will be replaced by local organising groups which will partner with NZNO Te Rūnanga (Māori council) members to create new rūpū (groups) called ngā hapū. The chief executive role will be replaced with that of national secretary and and board of directors by a national executive, to bring NZNO into line with “more egalitarian” union structures, the panel’s [presentation](#) outlines.

NZNO’s Māori governance board, Te Poari, will have equal status and decision-making power with the national executive.

The panel has said the new structure would bring a more unified, egalitarian, democratic and te Tiriti-led organisation.

The new constitution has been five years in the making, after members voted to [review the existing constitution in 2020](#).

Since then, a constitutional review panel, with an equal mix of NZNO board and Te Poari members, has been drafting a new foundational document, in consultation with members and membership groups around the motu.

On April 7, 2025, member groups at an NZNO special general meeting agreed to put the proposed new constitution to a member ballot. This followed the endorsement of the proposed draft constitution by NZNO's Te Rūnanga on April 4 at a special hui ā-tau.

It then went to an all-member vote on May 20 run by independent election management company, [electionz.com](#).

By the close of a nearly month-long ballot on June 17, 10.75 per cent of NZNO's 62,132 eligible members had voted — 6680 people. Of them, 3340 voted for the new constitution and 2503 against it. Another 837 abstained.

Drawing on a bicultural model developed by [Matike Mai](#) 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.

The new, registered, constitution can be viewed on the NZNO website [here](#).

South Island practice nurse-to-prescriber training hits 100 grads – Kaitiaki Nursing New Zealand

By Kaitiaki coeditors, *August 7, 2025*

A free training programme upskilling nurses at general practices across the South Island to prescribe common medications is celebrating 100 graduates — and a boost in community nurses' confidence.

It is also sending more down the nurse practitioner (NP) pathway, its nurse leaders say.

“The ability to prescribe empowers nurses to draw on their years of experience and knowledge to provide greater and more autonomous patient care,” said programme leader and community nurse prescriber Andie Lowry.

Launched in 2022 in Otago and Southland, [Te Waipounamu RN prescribing in community health](#) combines face-to-face and online learning to enable more nurses to prescribe common medications such as antibacterials, pain relief and gynaecological and urinary treatments.

Once qualified, community nurse prescribers can prescribe from a Nursing Council-approved [medication list](#) for the clinical management of minor ailments and illnesses.

Developed by Southern primary health organisation WellSouth, along with Te Whatu Ora – Nelson Marlborough, the programme in 2023 expanded to all nurses throughout Te Waipounamu working in general practice, with the support of their employers to provide GP or NP mentoring.

So far, 95 primary health providers, including Māori and Pacific, medical centres, student health, public health and home care, have benefited from the programme's nurse prescribing graduates.

A recent WellSouth survey of registered nurse (RN) prescribers across Te Waipounamu found the most common prescribed medications were antibacterials, pain relief and gynaecological and urinary treatments.

Te Waipounamu RN prescribing programme takes seven months and blends online learning with webinars and clinical workplace learning, along with the support of an experienced prescribing

colleague. Offered at no cost to nurses, this course enables nurses to graduate with the Nursing Council's designated prescribing endorsement, as an RN prescriber in community health. The first cohort commenced in February 2022. There are three cohorts every year, with around 15 students on each, the latest in June bringing the number of graduates so far to 100.

Haere pai
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