

# LOGIC.

LINKING OPPORTUNITIES GENERATING INTER-PROFESSIONAL COLLABORATION

The Official Journal Of The New Zealand College Of Primary Health Care Nurses, NZNO



*AUTUMN 2025*

*Rare Diseases Day  
App Review  
NZCPCHN Symposium  
Leadership  
and More .....*

LOGIC is the Official Journal of the New Zealand College of Primary Health Care Nurses, NZNO.

**Editor:** Yvonne Little,  
[logiceditorcphcn@gmail.com](mailto:logiceditorcphcn@gmail.com)

**Publisher:** Michael Brenndorfer,  
[nzcphcnpublisher@gmail.com](mailto:nzcphcnpublisher@gmail.com)

**Editorial Committee:**  
Michael Brenndorfer, Jess Beauchamp, Katie Inker, Marianne Grant, Sarah Darroch

**Circulation**  
To full members of the NZNO New Zealand College of Primary Health Care Nurses and other interested subscribers, libraries and institutions.

**Editorial Matter**  
Prepared by the Editorial Committee and the Editor from submitted and invited material. Whilst every effort is made to ensure the accuracy of this information, the Publisher takes no responsibility whatsoever for errors, omissions, or any consequences of reliance of this material or the accuracy of the information. The inclusion or exclusion of any product or advertisement in no way means the Publisher of the New Zealand College of Primary Health Care Nurses advocate or reject its use anyway.

**Correspondence**  
The Editorial Committee welcomes all correspondence intended for publication. Correspondence should be addressed to:  
**Jess Beauchamp:** [logiceditorcphcn@gmail.com](mailto:logiceditorcphcn@gmail.com)

Please ensure the writer's name appears on the title page of any article or letter intended for publication

**Copyright:**  
This publication is copyright in its entirety. Material may not be printed without the written permission of the New Zealand College of Primary Health Nurses, NZNO.  
**ISSN:** 2463-5642

## Autumn 2025

### In this issue...

Chair's Report	3
Editor's Report	4
App Review: Headstrong	8
Rare Diseases Day 2025	10
Continuous Glucose Monitors	11
Conference Review eHealth Nursing and Midwifery	15
Leadership	18
NZ Nurses Memorial Fund	20
Climate Health Conference	21
NZCPHCN Symposium 2025	23
LARC Train the Trainers workshops	24
LARC Train the Trainers EOI	25



## Chair's Report



*Tracey Morgan*  
*Chair*

***“Ma te whakapono, Ma te tumanako, Ma te titiro, Ma te whakarongo, Ma te mahitahi, Ma te manawanui, Ma te aroha, Ka taea matou: By believing and trusting, by having faith and hope, by looking and searching, by listening and hearing, by working and striving together, by patience and perseverance, by doing this with love and compassion we succeed”***

This past quarter has definitely started how it ended with continual challenges faced in Primary Health. NZNO has made a clear choice; we will fight for equitable access for all; we are no longer standing by. And it would appear unless we are prepared to fight the fight then our Nursing voice will fade away. The Mana Motuhake Campaign is the Pay Equity Claim; Pay Equity is the process needed in order to be recognized then all can be paid.

### **EXECUTIVE COMMITTEE**

The members of the National Executive Committee represent the College members on many external working groups and at times members are called upon to represent as well. These representatives act in the best interest of NZCPHCN and communicate back to the Committee as required; provide reports as identified by NZCPHCN Chair of participation and progress; provide overview of external

groups represented. As well as the Executive Committee the sub Committees PPC and LOGIC continue to work hard to ensure members voices are heard and addressed. The Committee continues to hold monthly Zoom Meetings. The main focus for the Committee is currently on ensuring our Symposium is a great success for 2025. “Maranga Mai; every nurse everywhere” together we will grow.

The Executive Committee continues to ensure Primary Health is the leading voice in all areas necessary. In March the Committee met and farewelled our long standing Committee Member Yvonne Little. Yvonne has been a strength and integral member of this Committee and her presence is going to be truly missed. She continues to be a strong advocate on the National Cervical Screening Programme – Partnership, Action and Equity Committee and will continue this for Primary Health. We will miss her here but wish her all the very best in her next journey.



### **PHC MECA BARGAINING**

Bargaining initiated for renewal of PHC Meca on May 17, 2024. This notice covered 477 employers and covers around 3475 NZNO members.

Our health system is in crisis and not everyone receives fair and equal care. We

are demanding Pay Parity where all nurses with the same skills, qualifications and experience are paid the same.

Paying incentives to GP clinics to hire nurses won't fix the systemic funding issues causing chronic staff shortages in Primary and Community Health Care. Unless primary nurses are paid parity with their hospital counterparts, nothing will improve. On Friday 21 March 2025 voting closed and the offer has been accepted for Primary Health from you the members so congratulations and to the Bargaining Team and Andy Hipkiss for the work behind the scenes in order to make this happen.

- Full reimbursement of APC
- Long service leave 10 years instead of 15 years
- Lump sum payment 3% back pay to July 2024 for qualifying staff
- A 5% increase from ratification and signing
- 3% (or the full capitation funding increase if less than 3%) from July 1<sup>st</sup>, 2025
- A term to 30 June 2026

## GENERAL PRACTITIONERS' LEADERSHIP FORUM

The first meeting commenced in Wellington in March 2025 and the newly appointed Chair is Dr Angus Chambers. Primary Health would like to thank Dr Samantha Murton for the time she gave as the outgoing Chair and the work she provided to the Primary Health Nurses has been greatly appreciated. Having a voice at this forum is integral for the Nurses and as a collective.

## 2025 NZCPCN Symposium

Primary Health is excited to share our dates for our Primary Health Care Symposium that will be held on Friday 3 and Saturday 4 October 2025 in Otautahi Christchurch:

## Symposium Theme: "Protecting our future in Primary Health – Stronger together"

*Mehemea ka moemoea ahau, ko ahau anake; Mehemea ka moemoea tatou ka taea e tatou*

*(If I dream, I dream alone, if we dream as a collective, we can achieve our dream - Princess Te Puea Herangi)*

Save the date and watch the space for more exciting progress.

On behalf of our Executive Committee please ensure your voice will continue to be heard.

Please contact [nzcphcnsecretary@gmail.com](mailto:nzcphcnsecretary@gmail.com) if you are wanting any enquiries pertaining to Primary Health

Na Tracey Morgan  
Chair of College of Primary Health Care Nurses

---

## Editors Report



*Yvonne Little*  
*Editor*

Welcome to the Autumn Edition and first issue of LOGIC for 2025. Already, 2025 is going past quickly, it may be a New Year but many of the same issues and challenges have followed on from 2024, with the ongoing disruptions to world peace – here are thoughts go out to those affected by these world events both overseas and those who have decided to make New Zealand home. We continue to battle with climate change, and I don't see this resolving in the

near future but all we can do is to do our best to negate some of the issues that arise and work towards a more sustainable future.

In this issue you will find our usual reports alongside articles on disabilities; leadership; conferences; CGM's; and much more.

This is my final editorial report as after a considerable amount of thought, consternation and procrastination I have decided that it is time to hand over the reins to someone else to carry on in this space. I have been on the LOGIC committee since 2014 and for much of that time I have been in the Co-Editor and then Editor role and as such also part of the Executive Committee. I have also been the college representative on what was initially known as the National Cervical Screening Programme Advisory and Action Group and now renamed as the National Cervical Screening Programme: Partnership, Action and Equity Group. As part of that I was also involved in the subgroup: Clinical Guidelines.

Writing this final editorial has been quite an emotional journey after so many years as part of the college and in the Editor role I have met so many wonderful, talented, tenacious, industrious and overall fantastic people who are an inspiration to all primary health care nurses. There really aren't enough words to describe all of you whom I have worked alongside over the years and the list is so extensive if I was to name you all here it would take up at least half the journal – you know who you are. I have seen so many of you develop and expand your knowledge and roles and become fabulous and inspiring leaders in the nursing arena.

There have been a few role changes in the LOGIC committee, and I would like to address those changes here, so that you our

members can get to know these wonderful people who have taken over the roles. I would also like to make note here that we are needing new members for the LOGIC committee.

At this juncture I would like to introduce you to your Interim Editor, Jess Beauchamp, who has been on the LOGIC committee for a few years now. Thank you, Jess, for taking on this role, even if only in the interim. I am leaving the editorial space in a safe pair of hands.



*Your  
Interim Editor: Jess Beauchamp*

Thank you, Mikey, for taking on the Publisher role last year, that relieved me of that particular role at a time when I needed to have some more space. Also, thank you for being our climate change ambassador and for the role you play in the lives of so many of our young people within your work space. As our sole male member on any of our committees you have managed to deal with us with ease and a great sense of humour. I hope that we can find some more men who want to join you on one of our committees.



*Your  
publisher Mikey Brenndorfer*

Thank you, Sarah, you are one of the newer members of our team and your fresh perspective has improved our ability to connect, communicate and improve our journal.

Thank you for taking on the Facebook Administrator role, this is an important role in connecting with our members and bringing to them the latest information quickly.



*Your Facebook  
Administrator: Sarah Darroch*

Thank you, Marianne, again one of our newer members you have brought a wealth of knowledge with you into the committee. You have also brought to the journal some articles from people we probably would never have thought to connect with.

Thank you also, for taking over the membership coordinator role – welcoming our new members to NZCPHCN is an integral part of what we are as a college.



*Your  
Membership Coordinator:  
Marianne Grant*

Thank you, Katie, you have been a member of the LOGIC committee on and off for a few years now. Your contributions have been an asset to the journal. You have always been able to bring different perspectives to our many discussions over the years.

*Committee Member: Katie Inker  
(term finishes in October 2025)*



#### **REMINDER:**

A quick reminder here to Save the Date for our NZCPHCN Symposium which will be held at Rydges Latimer, Christchurch on the 3<sup>rd</sup> and 4<sup>th</sup> October 2025. On the evening of the 3<sup>rd</sup> of October there will be a meet and greet session followed by the AGM. If you are unable to attend the AGM there will be a link sent out and we would encourage as many of you as possible to join us as to be able to make rule amendments and to pass any remits we need a quorum and as we are a large college we do need a fairly high number of attendees to meet this quorum quota.

In my Summer Edition editorial, I mentioned a number of our committee members terms were due to be completed and we therefore need new members to join our committees. Due to the symposium date being changed from March to October 2025, many of these committee members who are due to complete their terms have opted to remain in place until the AGM in October. BUT we are still looking for new committee members, although we have had

a couple of new additions at our March meeting: We welcome aboard:

Sarah Wright – who is joining the Professional Practice Committee



Current area of work is Primary Health Organisation (Procure).

Sarah has a background in hospital nursing including CCU and cardiothoracic both in NZ and the UK. She has also worked in Preventative Health; General Practice and as a Clinical Improvement Specialist.

Kat Te Amohau – who is joining the Executive Committee, whose photo and bio will be in the next issue of LOGIC.

For those of you who are wondering what is involved in being a part of these committees I'll include a brief synopsis here:

1. All committee members are expected to attend the two face to face meetings each year (one of which is timed to coincide with our AGM/symposium)

2. Each committee has TEAMs meetings throughout the year and the number and timings of these is decided dependent on the work to be covered. The LOGIC committee meetings are planned to be held the month before the journal deadline to help ensure we have articles and to help each other if we are having issues contacting article writers. The PPC meetings are held three times per year to work on planning events/education sessions and updating the website information. The Executive committee meetings have been

on a monthly to bimonthly basis but often this increases dependent on matters that need to be addressed and in Symposium planning time.

3. All the travel, accommodation and meals are covered by the college (unfortunately alcohol is not – so that is at your own expense but is nice to have at an evening meal when we are there for more than one day).

Being a part of one of the NZCPCHN committees is an exciting, rewarding, fulfilling opportunity to provide support and educate your nursing colleagues. You are their voice in the national arena of healthcare.

So, if this sounds like something you would be interested in then please contact one of the current committee members listed below to find out more and put in your application.

Tracey Morgan (Chair):

[traymorg6@gmail.com](mailto:traymorg6@gmail.com)

Rosie Katene (Secretary):

[nzcphcnsecretary@gmail.com](mailto:nzcphcnsecretary@gmail.com)

Jess Beauchamp (Interim Editor LOGIC):

[logiceditorcphcn@gmail.com](mailto:logiceditorcphcn@gmail.com)

Bridget Wild (PPC Chair):

[tobyandbridge@gmail.com](mailto:tobyandbridge@gmail.com)

Or contact Sally Chapman at NZNO who can pass the request for information on to the committee.

A final thank you to the wonderful team of nurses at NZCPHCN for the friendship and collegiality over the years I have been part of this group and thank you for my wonderful gift which I will wear with pride and the aroha with which it was given and received. Some of you may notice that it resembles the start of our college logo (well done with that choice Rosie).





Signing off here for the final time as your Editor of NZCPHCN Journal LOGIC – I hope that you all remain well over the coming Winter season and look after yourselves and your friends and family.

With luck I will see as many of you as possible at our Symposium in October in Christchurch.

Nga Mihi

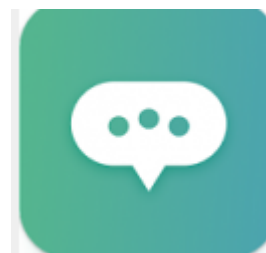
*Yvonne Little*

---

## *APP REVIEW: HEADSTRONG*



*Marianne Grant  
National Educator RN, MN,  
M.Public Health*



The App is available from the App store and Google Play

**Headstrong - “Nourish your mind” - Helping Young People**

**Headstrong is a chatbot for 13–18-year-old adolescents who want to strengthen their mental wellbeing, build their resilience, and manage life’s challenges with confidence.**

The App has been developed with Rangatahi and digital experts at the University of Auckland and funded by Te Whatu Ora. The process started in 2018 Overall the app has been guided by Te Whare Tapa Whā and draws on evidenced based and culturally responsive strategies. The evidence base included concepts from Cognitive Behavioral Therapy (CBT), Positive Psychology, Relationships and communication skills, substance use and harm minimization, relaxation and mindfulness.

Headstrong is a suite of chatbot courses supporting Rangitahi, promoting healthy habits, and teaching evidence-based strategies for managing stress, resolving conflicts, and tackling tough emotions.

The App features:

- **Goal setting:** Users can set goals as they begin courses. Their goal choice is then used to inform which content is most relevant to them (eg, which skills will be most helpful in supporting them to reach their



goal) and are then presented to them in the “for you” section of the courses within the app.

- **Tracking:** Users are prompted to answer a daily question about their mood in some of the courses within Headstrong (eg, Stress Detox, Foundations).
- **Reminders:** Users are reminded to engage with the app via notifications that prompt a daily mood “check-in” with the chatbot. The chatbot then suggests that users try a new skill.
- **Meditations:** Meditation, mindfulness, and breathing exercises (audio recordings and written exercises) support wellbeing enhancement.
- **Badges:** To reinforce engagement and motivation to use the app, users earn badges when they complete skills.

The app teaches a variety of proven skills and strategies to help teens improve their mental wellbeing, manage stress, resolve conflict, and deal with negative thoughts and strong emotions. The app uses an engaging conversational style of short interactions with a chatbot. Skills are taught using stories, motivational whakatauki (proverbs), audio tracks, infographics, and mini-games to make the information more relatable and teen-friendly. Te Whare Tapa Whā guides the content to ensure a holistic and bicultural experience.

When users start the app, they are prompted to choose a ‘course’:

- Foundations (general skills for thinking and feeling better)

- Stress Detox (21 ways to be stress and worry-free)
- Kia Haumanu (connecting rangatahi with te Ao Māori).

Users can do more than 1 course at a time. Each course teaches a range of skills, and users can personalise their wellbeing journey by selecting the most relevant ones. Each skill earns them a badge. Users can get reminders to encourage them to return to the app to learn more.

There are five **Collections** –

- Foundations- learn the foundations of mental wellbeing
- Calm - learn skills to help you relax your mind
- Hauora- Journey into a whare if Māori Health
- Move- Nurture your mind and body through movement
- Change – info, tips& techniques to lock in positive change

Within each of these there is opportunity to engage in a course which contains a range of skill sets and skills.

For example – **Calm**

- 3 skill sets and 21 skills
- You will learn tips to manage your thoughts, practice taking positive action, to cope when feeling stressed
- On entering the course, participants can select a virtual guide who will be available 24/7 to support the journey
- The course contains- Wellbeing goals and opportunities to ‘check your self’
- Skill sets include – Feelings, thoughts and actions

- Feelings – how to relax your mind and body – has 7 skills to engage with

**The associated website describes** the process of developing the app and the science behind the content. There is also a page “Get help now” - which provides links to a range of providers to support – e.g. 1737, youthline, What’s up, Lifeline, Outline and Alcohol Drug Helpline and link to three other resources- SPARX, the Lowdon and Small Steps as well as link for urgent mental health support for Crisis teams ( On Te Whatu Ora website) . Similarly, throughout the app there is a **Get Help** icon that takes you to the same info above.

The App seems easy to navigate and is user friendly. It would be useful to understand what the users it is aimed at think of the app. There is some feedback on the website under

Testimonials

<https://www.headstrong.org.nz/about-us>, that is positive.

Well worth a look and you can access [the physical resources](#) to have in your practice for clients.

---

## *Rare Disease Day 2025*

### *By India Heron*

February 28th, 2025, is Rare Disease Day, a powerful global movement launched by EURORDIS on February 29th, 2008, a day that symbolises rarity itself. Since its inception, Rare Disease Day has united people worldwide on the last day of February each year, amplifying the voices of those affected by rare diseases and advocating for equity in social opportunity, healthcare, and access to vital diagnoses and therapies.

In its inaugural year, participation spanned 18 countries, all within Europe. The 17th

edition on February 29, 2024, showed remarkable growth, with over 75 countries and regions joining together to organise more than 670 diverse events registered on the official Rare Disease Day website.

Although February is recognised as Rare Disease Month for much of the world, New Zealand dedicates March to this cause, using Rare Disease Day as a launching point for month-long activities.

Globally, there are over 7,000 known rare diseases, predominantly genetic, affecting more than 300 million people—comparable to the population of the world’s third-largest country, representing 5% of the global population. In New Zealand, it is estimated that 1 in 17 people lives with a rare disease, totalling over 300,000 individuals. Those living with rare disorders face significant challenges, including delays in diagnosis, limited access to effective treatments, lack of coordinated care, social isolation, burdens on caregivers, and the risk of becoming lost within the healthcare system.

My journey, living with multiple rare diseases, echoes the struggles shared by many. In New Zealand and beyond, there exists a gap within the healthcare system that often leads individuals with rare diseases to feel overlooked. My encounters with New Zealand's healthcare system have revealed the scepticism and disbelief that can shroud our experiences, forcing us to navigate a journey filled with hurdles.

Awareness and education surrounding rare diseases remain insufficient, as many healthcare professionals adhere to the quote, “When you hear hoofbeats, think horses, not zebras.” This principle often prioritises common illnesses over rare conditions—and in many cases, it is a valid approach—however, some medical

professionals take it to an extreme. This can foster dismissive attitudes, ultimately leaving patients feeling overlooked and frustrated.

My passion for rare diseases and Rare Disease Day is deeply rooted in my own experiences. I understand the trauma that accompanies being dismissed and facing scepticism at every turn. It can be daunting to educate healthcare providers about one's condition, tirelessly advocating for acknowledgment. Far too often, I've encountered condescension when I've sought to understand my illness, only to be accused of exaggerating or fabricating symptoms.

These experiences resonate with nearly everyone living with a rare disease, reminding us of the relentless stigma, gaslighting, ignorance, and dismissal we face within the medical community and broader society.

In conclusion, Rare Disease Day serves as a vital reminder of the collective strength and resilience of individuals living with rare diseases. It highlights the urgent need for increased awareness, empathy, and education within the healthcare system to ensure that the voices of those affected are not just heard, but actively supported. As we come together on February 28th, 2025, and throughout Rare Disease Month, let us advocate for equitable access to healthcare and effective treatments, work to dismantle the stigma and scepticism surrounding rare conditions, and foster a society that embraces all its members, regardless of the rarity of their circumstances. I hope that by sharing our stories and experiences, we can inspire change and create a more inclusive world for the millions affected by rare diseases, transforming challenges into hope for a brighter future.

<https://www.rarediseaseday.org/countries/new-zealand/>

#### [New Zealand - Rare Disease Day 2025](#)

New Zealand's participation in Rare Disease Day goes back to 2010. Since then, patient associations from New Zealand have used the occasion to educate the public and raise money through fundraising events.

[www.rarediseaseday.org](http://www.rarediseaseday.org)

<https://raredisorders.org.nz/get-involved/light-up-for-rare/>

<https://healthify.nz/health-a-z/r/rare-disorders/>

---

## *Continuous Glucose Monitors (CGM)*



*Yvonne Little  
Nurse Practitioner*

In October 2024, Pharmac believed that approximately 12,000 people in NZ with Type 1 diabetes were expected to receive CGM's in the first year of funding and that 4,800 were already using insulin pumps. The expectation is that after five years of funding starting the number of Type 1 diabetics receiving CGM's would rise to 18,000 (this will be good to see if the numbers match come October 2025). It is my hope that the data they use will be Type



1 diabetics only and not some of the other types of diabetes as listed below.

On the 1st of October 2024 Pharmac finally gave certain groups of diabetic patients some good news by fully funding the CGM's. Unfortunately, this does not apply for all types of diabetes, if you don't meet the criteria as outlined by Pharmac, which can be found on their website, but these are the types of diabetics it is currently funded for:

1. Type 1 diabetes;
2. Permanent neonatal diabetes (that is the patient was diagnosed at birth) – although they state it cannot be used on those under 2 years of age, so even in this case the device would not be available until the child reached 2 years of age;
3. Some types of “monogenic diabetes” with insulin deficiency;
4. Type 3c diabetes – I did wonder what this type was but the Pharmac definition states: (includes insulin deficiency caused by pancreatectomy, insulin cystic fibrosis or pancreatitis);
5. Some atypical inherited forms of diabetes (now exactly what these are I am not sure and this would need to be extrapolated more for us to understand)

If you want to you can still access these wonderful little devices but at your own cost. Having said that those on Work and Income Benefits may be able to access some assistance from them in the cost otherwise it would be cost prohibitive for them to purchase these devices.

As a Type II diabetic (albeit not on insulin but on several medications) I was fortunate enough that when a company

representative came to our practice I was able to trial one – which was good for my own benefit in managing my diabetes as I certainly found out what foods triggered my levels going up and they were usually the typical culprit of carbohydrate intake but my main aim in doing this was to learn how the device worked and to be able to troubleshoot in case any of my patients who had one called for advice. I then purchased a second device myself to allow me longer to get to grips with it and the positioning of the device as I was often woken (usually around 2am) in the first week by the alarm going off saying my levels were going down and I needed to take action (thankfully it turned out to be the position of the device on my arm and my sleeping position).

### ***So, what does CGM stand for and how does it work?***

Many of you may already know this but for those who are not daily dealing with diabetics it is good information to have to hand just in case you come across someone in your work life or out in the community who has one on.

Well, as the title of this article states CGM stands for Continuous Glucose Monitor. It is a small device (although when you see the box it comes in you would be wondering how big it is as the application device it is housed in is quite large).

It is a small device that will measure glucose levels in the interstitial fluid under the skin, thus absolving the need to constantly do finger-prick blood sugar levels (BSL's) multiple times per day (a god send for the Type 1 diabetics who can be testing anything from 6-12 times per day – no more sore fingers). Finger-prick testing is only looking at a moment in time reading compared to the continuous readings of the CGM. Whilst, a small needle is housed in the application device this retracts back into

the application device leaving a small filament sensor in the arm or other desired application site (which you cannot feel) under the skin and it picks up the glucose levels and transmits them to either a data reader device or smartphone whether Android or iPhone (it is necessary to ensure the phone is compatible with whichever CGM is being used as there are two brands).

***So, the benefits when using a CGM (funded or self-funded) are that it:***

Helps people manage their levels more effectively with continuous readings (without the need to physically do frequent BSL checks), effectively identifies patterns/trends in glucose levels and detecting potential high or low readings and allowing the person to take action sooner. With better daily glycaemic control then diabetics have the ability to improve their HBA1c results also.

Each model has different features and that is something to explore on an individual level. But customisable alerts and alarms can be set thus allowing the person to ward off severe hypoglycaemia by having time to address the issue by utilising their “hypo” plan.

All of this gives our diabetic patients better quality of life (these devices are waterproof so can be used in showers, whilst swimming and exercising – giving a constant reading whilst you are doing physical activities is a definite bonus) and to be able to be more present in their families lives knowing that although they will still need to carry their BSL kits with them, they don’t need to be using them unless they have concerns about the reading the sensor is giving them. Also, the ability to remote share real-time glucose readings with family/friends and healthcare team members is available on some devices and a useful feature especially for parents/carers to monitor children;

elderly people, or those with disabilities who may require additional support in managing their diabetes.

The CGM is also very useful for those who have become Hypoglycaemic unaware as it will alert them well before they go into the critical stage requiring more intervention.

The only time a sensor may possibly need to be removed and a new one applied is if an MRI is needed for some reason – checking with the CGM supplier is recommended. When travelling overseas, there would be no need for anything extra to be done other than what is advised already in that taking medications onboard is best and having a customs declaration so none of the devices are removed.

The funded examples of CGM’s available in New Zealand are: Dexcom One+ and Freestyle Libre 2.

For those with a funded Tandem t:slim x2 or Minimed 770G pump then there are more options in: Dexcom G6; Dexcom G7 or Freestyle Libre 3+ (these obviously have more options for customise and have more alerts/alarms). For those don’t have a or don’t want a funded insulin pump then they will need assessment by diabetes specialist team to assess before being able to access these.





The Dexcom sensors are slightly shorter in time between changes at 10 days, compared to the Freestyle Libre which is 14 days. Both companies will provide replacements if there are any issues with the sensors which is great as this means not needing to get another prescription from the GP/NP.

For more information I would suggest having a look at both the Pharmac website and the Diabetes New Zealand website and if you have the opportunity to have either the Dexcom or Freestyle Libre reps come into your practice then engage with them as are an invaluable source of information about these devices.

In conclusion, my one hope is that unlike many of the newer diabetes medications which have been used by non-diabetics doesn't trend in this area also. Although I do think that the fact that this isn't going to promote weight loss is probably in favour of it not being used by those who do not need to use it. We need our diabetes medications and devices for our diabetic patients solely as this is both life changing and life saving in some cases. So, I would request that we are all very vigilant in monitoring anything we see on social media and take action if possible to stop this trend of influencers and high profile people who are not diabetic from causing further shortages in

supply of vital treatment for our diabetic patients.

For those interested in learning more I have included here references that I have taken from the Diabetes New Zealand website.

Šoupal J, Petruželková L, Flekač M et al. *Comparison of Different Treatment Modalities for Type 1 Diabetes, Including Sensor-Augmented Insulin Regimens, in 52 Weeks of Follow-Up: A COMISAIR Study.* *Diabetes Technol Ther.* 2016;18(9):532-538. doi:10.1089/dia.2016.0171

Welsh J, Gao P, Derdzinski M et al. *Accuracy, Utilization, and Effectiveness Comparisons of Different Continuous Glucose Monitoring Systems.* *Diabetes Technol Ther.*

Šoupal J, et al. Glycemic Outcomes in Adults With T1D Are Impacted More by Continuous Glucose Monitoring Than by Insulin Delivery Method: 3 Years of Follow-Up From the COMISAIR Study. *Diabetes Care.* 2020 Jan;43(1):37-43. doi: 10.2337/dc19-0888. Epub 2019 Sep 17. PMID: 31530663

Lind M, Polonsky W, Hirsch IB, et al. Continuous Glucose Monitoring vs Conventional Therapy for Glycemic Control in Adults With Type 1 Diabetes Treated With Multiple Daily Insulin Injections: The GOLD Randomized Clinical Trial. *JAMA.* 2017;317(4):379–387. doi:10.1001/jama.2016.19976

---



## *eHealth Nursing & Midwifery Workshop*

### **HiNZ Conference 2024**



*Marianne Grant*  
*National Educator RN, MN,*  
*M. Public Health*

The eHealth Nursing & Midwifery Workshop at the above conference is one of a number of workshops held before the “Main Event” on 3 December. If you are interested in nursing/ midwifery informatics – this is one of the Workshops to attend. The HiNZ Conference is held annually over 3 days - 2024 – Hamilton was the location.

The Nursing and Midwifery event is supported and organised by the HiNZ Nursing and Midwifery Special Interest Group – with overall organiser – Emma Collins (Otago University – also recipient of the Robyn Carr Cup for Excellence in Nursing and Midwifery Informatics for 2024).

The theme for this year is “*Amplifying the nursing and midwifery voice in digital health*”.

The rapidly changing landscape of digital health brings significant challenges to the nursing and midwifery workforce. Despite these challenges, nurses and midwives are often the drivers of digital innovation and digitally enabled clinical care. How can the voice of nurses and midwives as leaders in digital transformation be amplified?

The speakers were:

- The Credibility of nursing and midwifery knowledge: whose voices count in our healthcare system – *Sue Adams- University of Auckland (UOA)*
- AI, Digital Health and Nursing Education – *Associate Professor Dr Michelle Honey (UOA, Emma Collins, University of Otago)*
- Enacting Te Tiriti in Digital health – *Jen Chesbrough. Health NZ Te Toka Tumai*
- Panel: amplifying the nursing and midwifery voice in digital health in the nursing and midwifery workforce (Panel – *Andrew Ingersoll – PwC; Matthew Parsons- University of Waikato; Isabella Smart- Health NZ Counties Manukau; Bel Macfie, Hospice Waikato. Moderator Rebecca Mc Beth HiNZ*
- Introducing digital technology to Year Three Student nurses. *Pam Foster - Toi Ohomai Institute of Technology, Mariana Foxcroft- Health NZ*
- “Just” a Nurse/ Midwife- *Carey Campbell – Orion Health*
- Panel: Turing Plans into Practice – Digital Solutions that Actually Work - *Carey Campbell – Orion Health; Grassy Zhao- Southern Cross Healthcare; Chris Kerr- Whakarongorau Aotearoa; Lucy Wu- Third Age health. Moderator Rebecca McBeth*
- Engaging Clients Through Video Conference – *Anne Marie Morris - Whānau Āwhina Plunket*
- “You’re on mute and I can’t see you, are you there?” Digital Maternity Developments at Counties Manukau Against the Odds. *Isabella Smart- HealthNZ Counties Manukau*
- Implementation Journey of an Electronic Fluid Balance Record. *Wendy Matthews & Ann Browett - Southern Cross Healthcare*

All of the presentations resonate in some way with the nursing and midwifery audience. The keynote presentation from Sue Adams was especially challenging - in the current and past for the health care workforce – “current overspend – who gets blamed in part - ‘the biggest workforce’? - “50% of new graduates not employed, no \$ for Nurse Practitioners or Postgraduate education. Sue – reminded us of the history that sits behind where we are at now – consider the 1980s and 1990s Nursing Voice vs Market Forces - Leadership replaced by GMs and Neoliberal Management .

Overall, this was a thought-provoking talk with a range of elements to consider e.g. Nursing knowledge has this been superseded by more policies and procedures how do you hold true to your experience and intuition? has nurses work been rendered invisible?

References that underpin the above talk from Sue are below and well worth a read. Adams, S. et al. (2024). The Credibility of Nursing Evidence: Three Case Studies Demonstrating the Devaluing of Nursing Knowledge and Experience to Serve the Hegemonies of Power and New Public Management. *Nursing Praxis*, 40 (1). <https://doi.org/10.36951/001c.126452>

McLiesh, P. et al. (2023). Do contemporary patient assessment requirements align with expert nursing practice? *Australian Journal of Advanced Nursing*, 40(3). <https://doi.org/10.37464/2023.403.1004>

Sheridan, N et al. (2023). Patient need the crucial factor: Study of general practice models shows there are no ‘ stars’. [Kaitiaki Nursing New Zealand](https://doi.org/10.37464/2023.403.1004).

For the series of articles based on this research see the International Journal for

Equity in Health at this link <https://www.biomedcentral.com/collections/primarycare>

Wiapo, C. et al. (2024). An integrative review of racism in nursing to inform anti-racist nursing praxis in Aotearoa New Zealand. *Journal of Clinical Nursing*, 33. <https://doi.org/10.1111/jocn.17205>

Of interest to the writer, as a Nurse Educator was the second presentation “ AI, Digital Health and Nursing Education”. The speakers had been to the Nursing Informatics Conference in the UK ([NI2024](https://doi.org/10.1111/jocn.17205)), which informed some of their presentation. AI is already being used in healthcare with a range of tools e.g. Clinical Key, HEIDI. As nurses and midwives there is a need to understand AI and its use in health care and be at the forefront of change. There are a range of considerations for the use of AI – nurses need to recognise their nursing knowledge needs to be up to date, understand AI algorithms training and bias, lead AI projects, use AI tools to improve clinical workflow, educate Clients to use Ai wisely. But also consider the legal, ethical social issues and ramifications.

Competencies – the 2025 NCNZ Standards of competence for registered nurses contain a broad descriptor linked to digital capability. For more on competencies for using AI see this journal article.

Russell et al, (2023). Competencies for the Use of Artificial Intelligence – Based tools by Health Care Professionals. *Academic Medicine*, 98(3). [DOI: 10.1097/ACM.00000000000004963](https://doi.org/10.1097/ACM.00000000000004963)

In education – there are some further issues to think about e.g. Digital equity – limited or no internet access, devices, poor digital literacy and technology skills, costs;

potential for plagiarism and copyright infringements; risk of producing misinformation – not all tools are 100% reliable., is the use of AI cheating? Can AI identify students needing academic support?

AI does produce more questions than answers, but as nurses/ midwives we do need to make a conscious effort to understand how it is used – it is not going away. Most if not all learning institutions are creating policies and frameworks around use of AI in education. If this is something that interests you – consider where you are on the ‘ [Hype cycle](#)’ from Gartner . It will be interesting to see where AI is, at the 2025 HiNZ Conference.

Jen Chesborg (Clinical and Equity Lead) – enlightened us with some of the detail of Tu Pono Aroha - a Patient Administration System, at Te Whatu Ora / Te Toka Tumai Auckland that is designed and being implemented to capture standardised iwi affiliation and preferred pronouns and make the distinction between sex and gender for patients. The principles of Kāwanatanga, Orietanga, Mana Motuhake, Whakamarumarutia inherent in the aspects of this project. From the writers perspective this project has been seen to remove barriers, nurses are included in the governance, reduction of bias , with considerations of data sovereignty and data governance.

See this link for a view of the project <https://www.hinz.org.nz/news/666805/Auckland-PAS-first-to-capture-iwi-and-gender.htm>

Overall, the presentations and panels at this day highlighted the changing scene of digital health in NZ. For nurses and midwives, it is clear that we need to be at the forefront of this change. A number of the presenters have been part of the change

and have been involved in a number of projects and drivers for change across their varied workplaces. There were a number of learnings – e.g. nurses / midwives to be in at the beginning, consider all the users, clients/ patients, data sovereignty and equity. Speakers were generous with their projects and shared some of the pitfalls, successes and non- successes. Plenty for the audience to gain insight from, but to also admire the courage, creativity tenacity of the presenters to keep going in their various projects especially with the changing healthcare landscape.

If you would like more on Informatics – there are some webinars that may be of interest on the HINZ website ( *you may need to sign up to watch the webinar* )  
WEBINAR: AI in Health - What does ChatGPT mean for me?  
<https://www.hinz.org.nz/page/Webinar-03May2023>

Or Podcasts-

<https://www.hinz.org.nz/page/PodcastEpisodes> e.g. below and plenty more

- Episode 52: Nursing and Midwifery informatics
- Episode 49 : Exploring Maori and Pacific led digital health
- Episode 47 : Nursing and AI
- Episode 35 : Professional Supervision in Nursing
- Episode 31: 50 years in Nursing (Jenny Carryer )

Nurses and Midwifery section Join this section -

<https://www.hinz.org.nz/page/homeHiNZMI>

Next HINZ Conference will be at the **Te Pae Christchurch Convention Centre – 24 to 27 November 2025**. Put this in your calendar and look out for opportunities for a Scholarship to the conference  
<https://hinz.eventsair.com/dhwnz24/home-2025>



# LEADERSHIP



*By: Yvonne Little  
Nurse Practitioner*

Have you ever asked yourself – do I have the qualities to be a good leader? What makes a good leader? In fact, what is leadership – is it management?

Many people assume that leadership and management are the same thing, that they are synonymous with each other. But you can be a good leader without being a manager and often people are managers but not necessarily good leaders (authors note: this is not to say that I have any disrespect for managers).

So, what is leadership and what is management? Let's take a moment to explore the meanings of these two words.

**Leadership** is defined in many articles and documents as: "the ability of an individual, group, or organisation to "lead", influence or guide other individuals, teams, or organisations."

**Management** - There are three definitions of management found on [www.merriam-webster.com](http://www.merriam-webster.com):

1. The act or art of managing: the conducting of business or supervising of something (such as a business)

2. Judicious use of means to accomplish and end
3. The collective body of those who manage or direct an enterprise

Let's look at leadership in more detail and then compare it to management.

Key Aspects of Leadership include:

Influence and Guidance towards a specific objective; Vision and Strategy – to achieve goals; Motivation and Inspiration towards a common purpose (this speaks for itself); Communication – clear communication to ensure common goals/achievements; Decision-making – the ability to make decisions under pressure or uncertainty; Empowerment – of colleagues to show/take initiative; and Accountability of their own and their teams' actions.

Key Aspects of Management include:

Planning – setting objectives; Organising – structuring work and resources for goal achievement; **Leading** – influencing and motivating towards objectives; Controlling – monitoring performance; Resources – human, financial and information; Efficiency and Effectiveness – achieve goals with minimal waste and maximal impact.

Therefore, it is easy to see why people think the two are synonymous with each other. But they are different in that you can be an effective leader without being in management and nurses are a prime example of this. In our everyday work we are all leaders – we guide, supervise, educate and support each other in our daily work. But we are not all employed in the management sphere (there are those who are in both and some are more effective than others dependent on their style of leadership).

So, what are the different styles of leadership and qualities of effective leaders: Inspiring and motivating followers to achieve a shared vision, emphasizing charisma and vision is known as a **Transformational Leadership**, whereas someone who prioritises the needs of others and focuses on empowering their team members to reach their full potential is known by the term **Servant Leadership** (this is the one of the ones I feel is most like me).

Focusing on extrinsic motivation and task performance and the use of rewards and punishments is known as **Transactional Leadership**, this one I feel resonates more with management (but I could be wrong in my thinking). Another one which resonates within the management sphere would be the **Autocratic Leadership**, as they take complete control and make all the decisions. This of course would depend on what type of management style the person employs.

A leader who actively shares decision-making responsibilities with the group is considered **Democratic Leadership**. Then we have the leader who will provide minimal direction and allow people (the team) to make their own decisions which is known as **Laissez-faire Leadership**.

And finally, we have the leaders who act in a caring and protective manner towards their team which still uses the archaic name of **Paternalistic Leadership**, which today would be considered a little sexist as it could easily be **Maternalistic Leadership**, or maybe we need to move away from the male/female terminology to make this more up to date, but I am not going to try to fix that one here.

At this juncture, I suggest you have a look and think about what you would consider your leadership style – and yes, we all have one that will resonate more with us, some of us may have more than one although one will be stronger than the other. Knowing your leadership style will help inform you about how you work and the type of person you work best with.

So, what qualities do effective leaders have. This is another area that you may want to review as to which of these qualities are your strongest as again this will dictate how well you relate to other people and their learning styles.

1. **Self-Awareness:** leaders need to be aware of their strengths and weaknesses and prioritise personal development.
2. **Ethical Behaviour:** leaders will have strong ethics and integrity
3. **Strategic Thinking:** making sound decisions requires someone who can think strategically.
4. **Communication Skills:** leaders need to be skilled communicators and be able to communicate their instructions/visions clearly for their colleagues.
5. **Empathy and Emotional Intelligence:** a leader will understand and respond to the emotions of their team members. (This is very important in the nursing and health field).
6. **Resilience and Adaptability:** adapting to changing circumstances and remaining resilient in the face of the unpredictable challenges is required by leaders.
7. **Humility:** being humble and willing to learn from others is an important trait. (No person is an island; we need to work together and learn

from others who have strengths in other areas).

In summary, I see the key differences between management and leadership are that management focuses on setting up systems for success, but the focus of leadership is making sure that people are inspired to achieve the vision.

Once again, I reiterate that ALL nurses are leaders, because we have various styles of leadership, but we all have the qualities to be leaders. We need to be aware of our style and also, the style of learning of our colleagues to be effective leaders.

---

### **The New Zealand Nurses Memorial Fund Inc. (NZNMF)**

NZNMF was established as a benevolent fund in 1917 in memory of the 10 nurses lost in the sinking of the Marquette and has supported many nurses in times of financial hardship and emergencies for over 100 years. The Fund is closely allied with NZNO; however, applicants do not need to be in employment or a member of NZNO to apply for assistance. We welcome applications from nurses with at least two years' full time post registration experience in New Zealand.

The Fund was established to help when social services and an individual's own resources are not enough to meet their needs. Many people are presently experiencing financial hardship, and we write to highlight the help available from the Fund. Over the last 12 months, examples of grants given have been for unexpected illness or essential bills, urgent dental care, and to single parents struggling financially. Liaison officers working

voluntarily for the NZNMF support recipients in accessing other forms of support when appropriate.

Nurses whose core role is optimising health for others are frequently reluctant to seek support for themselves, and we are trying to promote awareness of the Fund at all levels – not only for your members, but for those nurses – working, out of work or retired- for whom they provide health care. The Fund's income comes from interest on its investments and also from bequests, donations and membership subscription. You can become a member or life member to support the Fund, as well as encouraging donations and bequests. The Fund is a registered charity – Charity No CC288878.

**Applications** for assistance, information or

donations can be made to the NZNMF

committee by email [nznmfund@gmail.com](mailto:nznmfund@gmail.com)

or NZNMF, PO Box 5363 ,Dunedin 9054.

**Annual subscription** \$10 and life membership \$100.

**Bequests** are welcomed

### **The NZ Nurses Memorial Fund**

***A memorial, not of stone***

***or of granite, but an active***

***practical fund of people***

***helping people.***

---





# Taiao. Tangata. Hauora.

## Climate Health and Sustainable Healthcare in Aotearoa Conference



### Tēnā koutou,

We are excited to open registrations and invite presentation proposals for *Taiao. Tangata. Hauora: Climate Health and Sustainable Healthcare in Aotearoa Conference 2025*, taking place in Te Whanganui-a-Tara Wellington, with regional hubs, from Monday 28 to Tuesday 29 July 2025. See the link to register further below.

This biennial, action-oriented conference brings together diverse research and practice around climate change, health, and sustainable healthcare in Aotearoa and beyond, centralising mātauranga Māori and Indigenous knowledges. Our aim is for delegates to leave feeling locally, nationally, and regionally connected, up to date with innovative clinical and public health practice, and energised to integrate new ways of thinking and working for sustainable and equitable health outcomes.

### Call for Presentations

We are seeking engaging contributions in the form of short talks, panel discussions, and posters. We especially welcome proposals from tangata whenua, as well as Pacific and other Indigenous voices.

Topics include (but are not limited to):

- Effects of climate change on health and healthcare
- Healthy, equitable, Tiriti-based climate action and policy

- Delivering high quality sustainable and equitable healthcare within planetary boundaries
- Climate action grounded in mātauranga Māori, Te Tiriti o Waitangi, and health equity
- Climate change and disabled people
- Climate change and mental health and wellbeing
- Health-sector and health professional action in the current context

### To submit a proposal:

Please use this template [link] to tell us about your presentation, and send it to [rsvp.events@otago.ac.nz](mailto:rsvp.events@otago.ac.nz) by 16 May, with 'CHSH 2025' in the subject line. You will hear back about the status of your proposal by 6 June 2025.

### Conference Details

**Dates:** Monday 28 – Tuesday 29 July 2025

**Time:** Starts at 10am (Day 1), 9am (Day 2)

**Main Venue:** We will be hosted by Ōtākou Whakaihu Waka Otago University in Te Whanganui a Tara Wellington, at the Nordmeyer Lecture Theatre.

**Regional Hubs:** We will have regional hubs across the motu which will enable delegates the to attend a local and lively venue with networking opportunities, while removing the necessity of interregional travel for conference participation. The hubs will receive a broadcast of the conference, will have food

provided, and will be in a central location accessible by public transport. Hub locations include Tāmaki Makaurau Auckland, Ōtepoti Dunedin, and Ōtautahi Christchurch (locations and hosts TBD).

**Online:** Virtual attendance option available

**Healthy conferencing:** we're creating a healthy, sustainable conference that cares for our collective wellbeing by enabling health-promoting practices, including public transport, plant-based catering, and COVID-safe measures.

**Organisers:** The conference is a joint venture between Climate Health Aotearoa, OraTaiao: Aotearoa NZ Climate and Health Council, Sustainable Healthcare Aotearoa, and Climate and Health Alliance.

## **Registration**

[Click here to register for the conference.]

Registrations close **18 July 2025**.

**Early bird discount:** 20% off until **30 June 2025, 11:59 PM** – use the code **EBD20** at checkout.

For more information, visit [conference website] or if you have any questions, contact the conference co-chairs at [alex.macmillan@otago.ac.nz](mailto:alex.macmillan@otago.ac.nz) and [mco-convenor@orataiao.org.nz](mailto:mco-convenor@orataiao.org.nz).

**Ngā mihi nui,**

Climate Health Aotearoa, OraTaiao:  
Aotearoa NZ Climate and Health Council,  
Sustainable Healthcare Aotearoa, Climate  
and Health Alliance.

# NZ College of Primary Health Care Nurses Symposium 2025

3 - 4 October

Rydges Latimer Christchurch

## Save the Date!

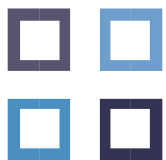
***"Protecting our future in Primary Health – Stronger together"***

*Mehemea ka moemoea ahau anake.*

*Mehemea ka moemoea tatou, ka taea e tatou*

*(If I dream, I dream alone. If we dream as a collective we can achieve our dream).*

*Na, Te Puea Herangi*



**medical technology**  
ASSOCIATION OF NEW ZEALAND

PROUDLY PRESENTED IN ASSOCIATION WITH :



# NZCSRH Long-Acting Reversible Contraception (LARC) Train the Trainer Workshops



The New Zealand College of Sexual and Reproductive Health are providing LARC 'Train the trainer' courses for health practitioners who are **already competent in LARC procedures**, as per the [LongActing Reversible Contraception: Health Practitioner Training Principles and Standards](#), and **who want to train others**.

This is a full day workshop focused on the skills needed to provide LARC training to other health practitioners in a clinical setting.

We welcome all health professionals including nurses, nurse practitioners, doctors and midwives from across the motu to attend. You can choose to become a LARC trainer in one type of LARC procedure, or more than one (IUC, Jadelle insertion, Jadelle removal).

We have workshops coming up in the following locations:

- New Plymouth – Saturday 3 May
- Auckland: Nursing focused (NZNO Women's Health Conference) – Thursday 15 May
- Auckland: Māori/Pacific focused – Saturday 17 May
- Christchurch – Saturday 31 May

Thanks to funding from Te Whatu Ora, the LARC Train-the-Trainer course is **free** for a number of health professionals. If you are unsure whether you are eligible for a funded place on the course, please get in touch.

To register your interest in the course, please complete the expression of interest form and return to Fiona: [administration@nzcsr.org.nz](mailto:administration@nzcsr.org.nz).

Further information about the Train the Trainer programme can be found on the [NZCSRH website](#) or for any questions, please contact Fiona.



## NZCSRH LARC Trainer Expression of Interest

Please complete the following form to register your interest in attending a LARC Train the Trainer workshop.

Section A: Personal details	
Full name:	
Contact details:	
Health Profession:	Nurse Nurse Practitioner Midwife Doctor
Workplace:	
I want to train others in:	IUC insertion Jadelle insertion Jadelle removal
Ethnicity:	
Gender:	
Section B: Trainer eligibility criteria	
<p>Under the <a href="#">Long-acting Reversible Contraception Principles and Standards for Trainers 2022</a>, there are a number of ways you can demonstrate competency to become a LARC trainer. Please select ONE from the three options below, and provide evidence to support this with your application.</p>	
<p><b>Option 1: Approved LARC training programme</b></p> <p>I am a Fellow of NZCSRH, OR</p> <p>I hold FRANZCOG documented IUC and/or implant insertion/removal training, OR</p> <p>I have completed practical training through New Zealand Family Planning for IUC and/or implant insertion and/or removal. Please provide the name of your supervisor/mentor, date and logbook if available, OR</p> <p>I have completed internationally recognised training that aligns with the NZ standards such as FSRH (UK) certificates for IUC or other equivalent training (implant training must be for systems used in Aotearoa New Zealand: currently a two-rod system, not a one-rod system). This must include supervised LARC procedures with sign-off.</p>	
<p><b>Option 2: Evidence of training/experience <u>and</u> observation</b></p> <p>Provide details and dates of previous relevant training and experience aligned with the Aotearoa New Zealand Guidance on Contraception, AND observation</p>	

I have been observed by another LARC trainer, demonstrating competency by completing one insertion or removal of each relevant IUS, IUD and/or subdermal implant. If you need help finding a trainer to observe you, please let us know and we can help set up a fast-track sign-off.

### **Option 3: Self-certified log of procedures and observation**

Provide a self-certified log of procedures completed over a consecutive 12 month period during the two years before competency assessment: - of at least 10 insertions for each IUS, IUD and/or subdermal implant insertion procedure, and - if undertaking removals - of at least one removal for each IUS, IUD and/or subdermal implant

I have been observed by another LARC trainer, demonstrating competency by completing one insertion or removal of each relevant IUS, IUD and/or subdermal implant. If you need help finding a trainer to observe you, please let us know and we can help set up a fast-track sign-off.

### **SECTION C: Requirements for trainers**

I provide the specified LARC at a frequency that maintains confidence and competency (i.e. at least 10 procedures annually on average for each type of LARC procedure I wish to train others in)

I hold a current Resuscitation Certificate (please attach with your application)

I have experience facilitating and/or supporting and mentoring trainees

I am familiar with the *Aotearoa New Zealand Guidance on Contraception*

I have completed recent cultural safety training. Please attach evidence to demonstrate your most recent CME in this area

I have experience in more complex insertions and removals, including managing side effects and complications

I am familiar with the theory components that trainees have completed

I have completed the NCTS LARC Training Courses (or equivalent)

Contraceptive counselling

Intrauterine contraception (IUC) theory

Contraceptive Implant theory

### **SECTION D: Declaration**

I confirm that the information provided in this application is true, accurate and complete.

I agree that I align with the College vision, mission and values. I respect people's right to access healthcare that supports their sexual and reproductive wellbeing. I acknowledge that if I act in a way that is not consistent with this, my NZCSRH membership will be revoked.

Name:

Date:

Thank you for your interest in becoming a LARC trainer. Please send your completed application and supporting documents to: [administration@nzcsr.org.nz](mailto:administration@nzcsr.org.nz)