

# Nursing Council update

JULY 2026

# What we will cover

1. Abuse in State care
2. Recent case – Social Media
3. Review of the Code of Conduct
4. HPCA Amendment Bill



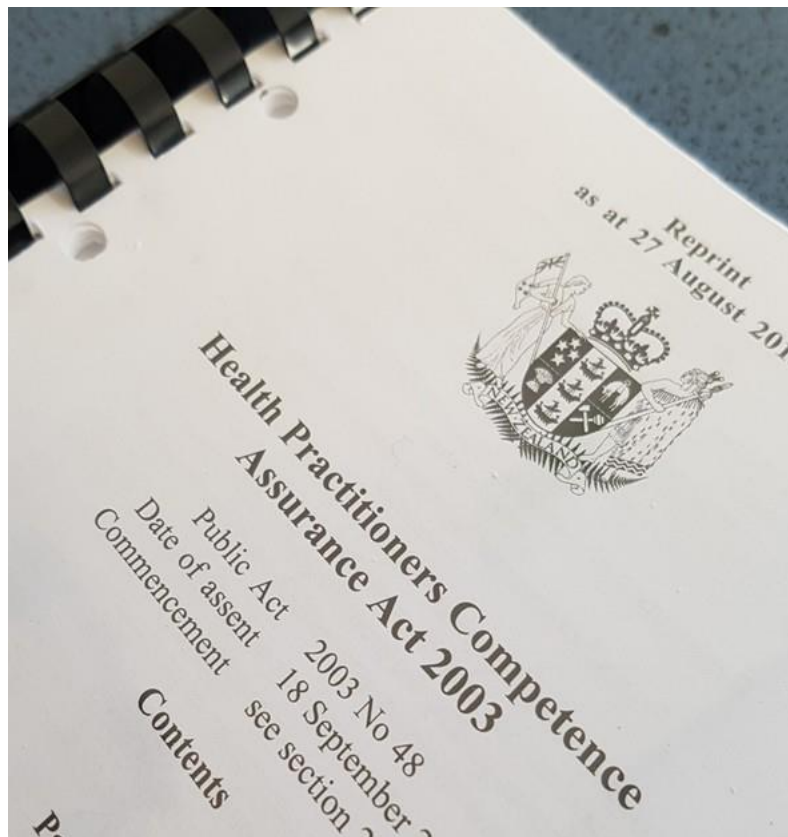
# Reckoning with the Past: Nursing Practice and the Legacy of Abuse in Care



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Nursing Council of New Zealand



# Our shared role – public safety



- The principal purpose of the HPCA Act (2003) is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.
- As the regulator, the Council is responsible for setting standards that protect the health and safety of the public, and for ensuring nurses meet those standards.



# The Royal Commission of Inquiry into Abuse in Care

Purpose and scope of the Inquiry:

- Investigate abuse and neglect in State and Faith-based care
- Focus on children, young people, and vulnerable adults
- Examine systemic failures and recommend redress
- Thousands of survivors came forward
- Widespread abuse across multiple institutions
- Long-term impacts on survivors' health, wellbeing, and trust in care systems



## Whanaketia



# Inquiry findings and nursing's role

Between 1950 and 2019, around 655,000 children, young people, and adults were placed in care. At least 200,000 were abused - and countless more neglected. The true number will never be known

Perpetrators took advantage of their positions of power. They were skilled at exploiting the gaps and failures in the care system. This included nurses.

- Nurses and nursing were referenced in 8 out of the 10 Inquiry reports
- The Lake Alice report named 14 nurses, 5 were registered.
- Although there were only 5 registered nurses named, there were 357 references to nurse, nurses, or nursing throughout the reports
- 183 or 51% of these references came from the Lake Alice report
- References span survivor accounts, institutional culture, and systemic failures



# Themes in nursing mentions

Perpetration of abuse  
– physical, sexual,  
psychological, and  
torture

Neglect or failure of  
care – ignoring medical  
needs, emotional  
withdrawal

Supportive roles –  
compassion, advocacy,  
cultural support

Systemic/institutional  
references – training,  
oversight, culture

Recommendations and  
redress –  
accountability,  
apology, future  
safeguards



# The Council's apology – acknowledging the abuse and torture and taking accountability

- Developing an apology that was survivor-informed and aligned with *He Purapura Ora, he Māra Tipu – the Holistic Redress Framework*
- Developed in consultation with a representative group of survivors and their advocates
- Language and tone guided by lived experience
- Delivered publicly by Board Chairperson Ngaira Harker
- Recognises harm caused by nurses, systemic failures and the Nursing Council's own inaction



# Implications for nursing - integrating lessons and looking ahead

## What the Inquiry and working with survivors has taught us:

- Abuse occurred in regulated environments
- Systems failed to protect vulnerable people
- Oversight and accountability were inadequate
- Cultural and institutional norms enabled harm

## Reframing professional responsibility:

- Duty of care must be upheld in all contexts
- Ethical practice includes speaking up and challenging harm
- Cultural safety and trauma-informed care are essential
- Nurses must be supported to act with integrity



# Next steps – what we have committed to



Working with survivors and incorporating their voices in our work.



Embedding trauma informed care in our new education standards



Strengthening our Code of Conduct to reflect requirements around speaking out.

## Examples of speaking out in the draft Code:

- “Not obstruct, intimidate, victimise, or hinder a colleague, health consumers and their whānau, or a member of the public who wants to raise a concern”.
- “Contribute to a professional culture that supports and upholds this Code, including not ignoring, engaging in or excusing behaviour that could be perceived as bullying or harassment”.
- “Ensure that any concerns about the competence or practice of other practitioners should be raised without delay, with more senior practitioners, management, or the Nursing Council”.
- “Intervene to stop unsafe, incompetent, racist, unethical or unlawful practice. Discuss the issues with those involved. Document and report your concerns to an appropriate person at the earliest opportunity and take other actions necessary to safeguard members of the public. Familiarise yourself with the Protected Disclosures (Protection of Whistleblowers) Act 2022, to understand the protections afforded to you during this process”.



# Social Media Tribunal case



# Social media

- In March 2021, DHB became aware Ms T had been posting anti-vaccine information on Facebook
- DHB asked a colleague and Facebook “friend” to take screenshots of Ms T’s posts
- Had 86 Facebook friends
- Privacy settings ensured only friends saw her comments and posts
- 14 statements about Muslims, refugees, ethnic minorities and gender diverse people
- 5 about the Government’s response to Covid and the (then) new vaccine



- First charge offensive and/or inappropriate comments and/or comments that were derogatory to minority ethnic and/or religious groups and/or gender diverse people
- Second charge undermined (potentially and/or intended) Covid-19 vaccine rollout and/or communicated offensive and/or inappropriate rhetoric and mis/information for the purpose of discouraging vaccination
- Tribunal found professional misconduct established under s100(1)(b) – discredit
- Unreasonable search and seizure – DHB acted unlawfully in obtaining copies of her posts
  - Not accepted



- Breach of confidence / invasion of privacy
  - A post to Facebook is the antithesis of a private communication
  - Once Ms T decide to ventilate her opinions on social media, they were no longer privately held
  - Once someone shares information on Facebook, the obvious implication is that it is not private...Facebook was an entirely inappropriate medium if that had been her intention
  - The more controversial a post is, the more likely to find a wider audience



- Freedom of Expression
  - There was nothing unlawful about her utterances
  - But, everyone who joins a regulated profession assumes a series of obligations – one of which is to refrain from bringing the wider profession into disrepute
  - Any compromise to her freedom to say exactly what she wishes is a consequence of the obligations she assumed when she decided to become a registered nurse
  - Parliament has fashioned a regime in which the need to preserve the integrity of the wider profession constitutes a reasonable limitation on a health practitioner's right to express offensive opinions in public



- Discredit to the Profession
  - It is essential the nursing profession is, *and is seen to be*, open and welcoming to patients and families from all backgrounds and nationalities, including refugees, religious minorities and members of the rainbow community.
  - It was inevitable that a registered nurse who openly expresses antipathy towards members of minority communities will damage the trust and confidence in which the wider profession is held
  - Views of the kind Ms T held would cause reasonable apprehension among minority groups that they may not be treated with appropriate compassion and professionalism



- Patients and families are inherently vulnerable – they should not have to worry, even for a moment, that they might be in the hands of a nurse who harbours palpable hostility towards them
- It is one thing for a lay person to make inflammatory remarks about the vaccine in the midst of a public health emergency, but quite another for a registered nurse to do so
- References to the vaccine being “murderous” and her assertions the authorities were “lying” were extreme and ill-informed - nothing balanced, measured, or professional about her comments



# Review of the Code of Conduct

# Speaking out



Standards are being proposed to address what we have heard from survivors of abuse in State and Faith-based care:

**7.6** - Ensure that any concerns about the competence or practice of other practitioners should be raised without delay, with more senior practitioners, management, or the Nursing Council.

**7.7** - Ensure that you do not criticise the care provided by other health practitioners and students in front of health consumers. Work to protect the safety of colleagues and manage the risk of harm by working respectfully with those involved.



# New standard on public statements

**Standard 4.2:** Ensure that when making public statements, including on social media, you are not making offensive, abusive, inflammatory or ill-informed statements that may bring discredit to the nursing profession.



# HPCA Amendment Bill



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# Section 14 Scopes of practice and qualifications notices (s11 and 12)

Consultation requires Council to consult with

- Those representing views of nurses or classes of nurses registered with the Council
- Persons able to represent the views of patients
- Organisations able to represent the views of patients
- Organisations affected by the proposal, or whose members will be affected by the proposal
- And must take reasonable steps to obtain public views of its proposal and take those views into account



# Section 27 Restriction on issuing APC

In addition to failing to :

- Maintain competence
  - Comply with a condition
  - Complete a competence programme
  - Practise in the previous 3 years
  - Or having a mental or physical condition
- 
- S27(1)(aa)the applicant's professional conduct has been inappropriate or otherwise unsatisfactory



## Section 29 – Decisions on issuing APC

- Council must not decide that the certificate should be issued unless it is satisfied that the nurse
- Meets the required standard of competence *and*
- *Their professional conduct has been appropriate*
- would have an opportunity to respond to this decision but no prescribed process and could be appealed to the District Court under section 106



# Section 67A Action for court convictions

Currently the Council must either

- refer a notice of conviction to a PCC or
- order the nurse to have a health assessment or treatment
- the amendment means the Council has a discretion to do either only if it considers it is necessary to act in the interests of public safety

*e.g. traffic offences that are captured by the penalty threshold but have no public safety risks*



# **Section 70A – Council may refer complaint to restorative justice or conciliation process**

- Subject to sections 67A (interim orders) and 70 (HDC assessing or investigating)
- Council may refer a complaint received under section 64 to a restorative justice or conciliation process if all parties agree
- This is not the same as the section 82 process that may occur at the conclusion of a PCC investigation



# **Section 79A PCC may refer complaint to restorative justice of conciliation process**

- Subject to section 79 (interim orders)
- a PCC may refer a complaint to a restorative justice or conciliation process (other than section 82)
- if all parties agree
- without completing an investigation



# Section 80 PCC recommendations

Following the completion of a PCC investigation may recommend the Council

- Review the competence
- Review the health
- Review the nurse's scope of practice
- Refer to the Police
- Counsel the nurse
- Review the nurse's professional conduct



# **s105B and C Functions Health Practitioners' Review Committee (new )**

- Functions
- to consider and determine complaints laid under section 105I
- Exercise and perform any other functions powers and duties conferred or imposed on it under this Act and any other enactment



# s105D Membership of Committee

- Chair and 1 or more deputy chairs -barrister or solicitor of the High Court of 7 years practice
- Panel of persons with the necessary skills and experience to consider the matter likely to come before the Committee
- Appointed for 5 years or shorter



# **s105F Constitution of Committee for sittings**

- The Chair or Deputy Chair
- Members of the panel considered by the Chair or Deputy Chair as suitable and sufficient for the matter
- Under s105H the provisions that apply to the HPDT clauses 1-7 also apply to this Committee



# s105I Laying Complaint before Committee

A person may lay a complaint in respect of any decision or direction to

- Decline to register the person as a health practitioner
- Decline to authorise a change to the person's existing scope of practice
- Include conditions in the person's scope of practice or proposed scope of practice
- Vary any conditions in the person's scope of practice

Complaint must include a statement setting out the reasons why the complainant considers the decision or direction to be unreasonable



# s105K Consideration of complaint

Committee or Chair must

- Determine the complaint on the papers if appropriate *or*
- Convene a hearing to consider the complaint

Committee must provide the parties with a reasonable opportunity to comment on whether the proceeding should be dealt with in that a manner



# s105L Decisions of Committee

The Committee may

- Refuse to consider a complaint if it is considered trivial or vexatious
- Take no further action on the complaint
- If satisfied that the original decision was unreasonable
  - Refer the matter back to the Council for consideration or
  - Substitute its own decision



# **s105M Resourcing Committee's admin costs**

- Each Board must pay a proportion of the estimated general admin costs by reference to the number of complaints expected to be heard against the Council in that financial year
- May get a refund or have to pay a shortfall
- Admin costs are those not payable for any actual proceedings including insurance and member training



# **s105N Resourcing cost of proceedings**

The Council must

- pay fees to the members
- Pay any actual and reasonable expenses incurred by the Committee
- Make available to the Committee, at the Council's expense, suitable premises for the proceeding and secretarial support
- s105O costs payable by the Council and all fees and expenses are recoverable in Court as a debt due



# S118 Functions of authorities

- In section 118(1(i) the phrase in parentheses, to set standards of clinical competence, cultural competence (*including competencies that will enable effective and respectful interaction with Māori*) has been deleted
- This phrase was inserted in 2019



# Section 126 Minister may give directions

- Minister may direct authority to give effect to a Govt policy that relates to the functions under this Act

It may relate to:

- a matter relevant to the policies of the authority
- an administrative or organisational process
- a procedure of an authority
- a scope of practice or proposal for a scope of practice
- Minister must have considered the impact of the direction on the safety and quality of health care.
- It must not be about a particular individual or a particular qualification
- An authority must comply with a direction



# Examples of Ministerial directions

- Create a scope of practice for a particular health profession
- Direct multiple authorities to create joint scopes of practice to ensure consistency
- Streamline registration or other administrative processes through the use of a shared service organisation
- Review the accreditation standards of specialist education providers to ensure the standards reflect specified system needs



# What happens next

- Introduced on 18 May 2026
- The Bill is about to have its first reading and will be referred to the Select Committee for submissions

