

SOUTH ISLAND WORKFORCE DEVELOPMENT HUB

NEW ZEALAND NURSE PRACTITIONERS SURVEY

**Towards a consistent approach to a Nurse
Practitioner pathway**

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“It has been a hard journey but at the end of the day the response of patients you help is the reward”

Nurse Practitioner, Northern region

The South Island Nurse Practitioner work group would like to thank Nurse Practitioners New Zealand (NPNZ) for distributing the survey link to their members. Through this support nearly a third of all Nurse Practitioners in New Zealand participated in this survey.

The group would especially like to acknowledge those Nurse Practitioners who completed this survey. We thank you for taking the time to generously share your experiences, thoughts and advice in relation to being a Nurse Practitioner in New Zealand. This information will help to inform consistent Nurse Practitioner pathways and support the Nurse Practitioner role to continue to develop in this country.

Thank you.

Background

There has been an increasing recognition among senior nursing leaders that the need for nurse practitioners will grow, especially in areas such as primary care, rural, aged care, palliative care mental health and chronic conditions.

As a result of this a South Island Nurse Practitioner work group, overseen by the South Island Executive Directors of Nursing (EDoNs), was set up to develop a consistent approach to a Nurse Practitioner pathway across the region. This work group is supported by SIWDH (South Island Workforce Development Hub).

The proposed outcome was to identify a framework that would be compatible with the different environments across the South Island. This would include roles within community nursing, general practice and hospital outreach.

Introduction

As a first step the group agreed to undertake a stocktake of current Nurse Practitioners by seeking their feedback on training, lessons learnt from their perspective, how it could have been done better and seek advice in relation to education in the practice setting. It was also identified that feedback could be collected on the support provided in the workplace, the type of work being undertaken by Nurse Practitioners, whether they are practicing at the expected scope of their role and the level of acceptance by their multi-disciplinary peers. This information would then be used to help inform future workforce development.

It was agreed to develop a survey which would be distributed via existing networks across the South Island. However the South Island EDoNs (the governance group for this piece of work) identified that the information to be collected could be helpful to North Island regions who may be facing similar challenges.

The draft survey was distributed to the National Executive Directors of Nursing group seeking their interest in making this a national survey, and as a result it was agreed the survey would be distributed nationally.

Data Collection

A survey monkey tool was used to collect the data, with the link being distributed via a number of Nurse Practitioner networks, including Nurse Practitioners New Zealand (NPNZ). Completion of the survey was voluntary and anonymous, although there was the option to provide contact details if the respondent wished to directly receive a copy of the final report.

Fifty seven nurse practitioners completed the survey and this report provides an overview of those responses on both a regional¹ and a national basis. Given the small number of Nurse Practitioners in New Zealand any identifying data has been removed. It is our intention that this report will be circulated widely and made available on the SIWDH webpage, to encourage discussion on the future development of Nurse Practitioner pathways across New Zealand.

¹ **Northern** (Northland, Waitemata, Auckland, Counties Manukau DHBs); **Midland** (Bay of Plenty, Lakes, Tairāwhiti, Taranaki, Waikato DHBs); **Central** (Capital and Coast, Hutt Valley, Wairarapa, Whanganui, Hawkes Bay, MidCentral DHBs) **South Island** (Nelson Marlborough, West Coast, Canterbury, South Canterbury, Southern DHBs).

“A note appeared on my computer one day – “Brain of Doctor, Heart of a Nurse” (and a patient added “Hands of an Angel”) – sums it all up”.

Nurse Practitioner, South Island

Regional responses

There were 57 survey responses and they were received from across all four of the regions. See figure 1 below. Only 1 respondent has a Nurse Practitioner (NP) qualification that does not enable them to prescribe.

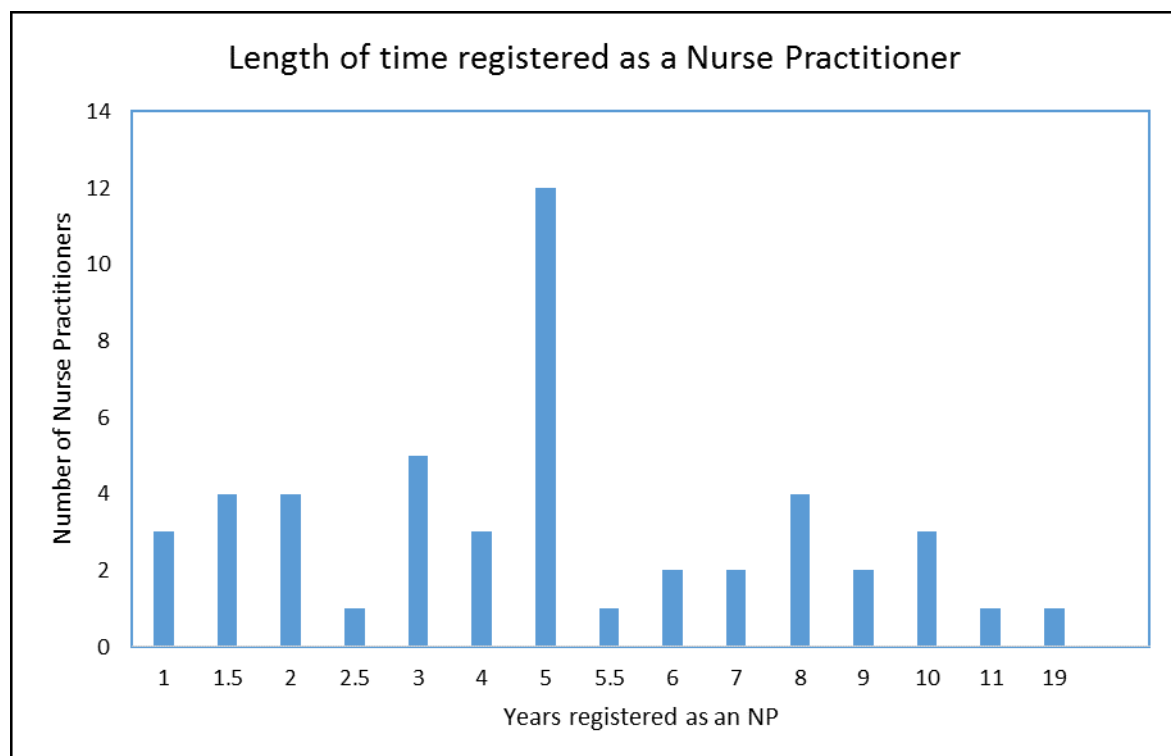
Figure 1 – Regional responses

Northern	Central	Midland	South Island	Not specified	Total
16	13	10	17	1	57

Length of time registered as a Nurse Practitioner

Respondents ranged in length of time registered from the very experienced (19 years) to the newly registered (3 months). The average length of time as a registered Nurse Practitioner across New Zealand was 4.4 years. Overall 71% had been registered for 5 or less years.

Figure 2 – Length of time registered as a Nurse Practitioner



Positive things in relation to Nurse Practitioner pathways

- Guidelines from nursing council - a structured approach

“The underpinning academic requirements from (the) educational facility that truly prepared me as a candidate through all the components related to preparation for the portfolio as well as panel assessment. I also had a variety to practice setting as part of my internship to extrapolate and consolidate my learning in different practice settings”.

- Support and mentorship from:
 - Colleagues/peers
 - Nurse Practitioners
 - Nursing leadership
 - General Practitioner/medical colleagues
 - Employer
 - Academic/New Zealand Nurse Practitioners Association/Continuing Medical Education
 - College of Nursing Aotearoa
 - Clinical Pharmacist

“I was successful in obtaining HWNZ funding for 3 years of additional NP studies and was supported by employer to complete the academic pathway and to provide a prescriber GP mentor who is passionate about teaching. I was fortunate to have two NP mentors who provided regular support sessions for 3 years”.

- Funding
 - Ministry of Health
 - Health Workforce New Zealand
 - Employer

“Having a clear need in our service recognised therefore the business plan was straight forward and so was progression to NP”.

“... proactive support from the Director of Nursing – this included ensuring the position was in the planned budget and service plans”.

- Good balance between:
 - Clinical assessment
 - Decision making
 - Academic studies

“The mental stimulation through learning and exciting opportunities to develop in along a clinical pathway that was not previously possible, the support from mentors and interaction with other post grad students. Seeing the development of new service made possible by becoming an NP”.

- Access to:
 - General practice education
 - Case reviews
- Release time for education

- Lengthy process – time to:
 - Gain knowledge
 - Gain confidence in role
- Involvement in a variety of settings:
 - Work
 - Leadership and development

“It gave me an opportunity to up skill and increase my knowledge and competence in my speciality areas of practice. I really feel I reach another level of practice. A positive spin off of that has been an increase in confidence in my practice and this has assisted in teaching/mentoring/coaching other nurses along the way”.

- Patients positive response

Some respondents noted that they received little support in the workplace but found support from others undertaking study.

“I learnt a lot! Good to be studying with others in different specialities – I think this is important. Very little else was positive to be honest”.

Lessons learnt – Nurse Practitioner perspectives

“...while it takes an immense amount of focus and dedication for me the increase in expertise/competence and ability to provide more focused intervention, care (and appropriate prescribing) has been well worth it”.

- Support is critical
 - Peers
 - Prescribing mentors
 - For portfolio development
 - Mentors

“Best support came from my own profession”

“Much has been self-initiated and predominantly undertaken in my own time. A devoted GP that took nothing from me for the gift of sharing his knowledge and time – legend!”

- Recognition of academic equivalence for overseas training
- Pre planning is important
 - Family
 - Academic pathway
 - Clinical pathway
- Challenges
 - Lengthy process
 - Lack of robustness, transparency, consistency

“I think offering study within your region is important, it is difficult enough to juggle study around work and home without the additional burden of having to travel to main centres, especially when you live rurally”.

- Clinical time to ensure working at advanced clinical assessment level
- Opportunities to be constantly practicing
- More information required from Nursing Council about portfolio
- Prescribing
 - More practice
 - More information
- Need Intern roles to protect time to learn and practice new skills

“Need to have opportunities to be constantly practicing whatever job/scope/area is going to be – it is not possible to do this within “current job” – an NP intern role is ideal”.

- Negative pre conceived ideas from other health professions

“The role needs to be formally introduced with full explanation of scope of practice as this is still little understood by many. This should be done at a management or service level showing endorsement and validity and not be left to the individual”.

- Need specific NP programmes with some core and some specialty content
 - Consistent standard of clinical training
 - Structured programme
- Need resilience – seen as neither a nurse or a doctor

“NPs become professionally isolated as they so often work in the role of a medical officer but not a doctor and not a nurse either...”

- Organisations need to clearly define the role of the NP and dedicated time for clinical supervisors/mentors
 - Build role into the models of care
 - Clarify expectations of role with relevant teams

The way forward for preparation and support of Nurse Practitioner candidates

- Education
 - Provide post grad primary care courses
 - Higher standard of education required in New Zealand
 - NP structured academic programme
 - Include health policy, organisational change into education

- Individual (Preplanning)
 - Organise your clinical mentors (Doctors and Nurses)
 - Support from work place
 - Join NP peer support group
- Organisation
 - Internships would be useful to align academic and clinical transition from registered nurse to nurse practitioner
 - Provide opportunities for assessing, diagnosing, prescribing with supervision
 - Provide ongoing support for NPs (post registration) for professional development
 - Formal framework and clearly defined pathway
 - Integrate NP roles into service planning
 - Clinical placements in different settings
 - Educate whole team about NP role

“Don’t train them if there are no or limited roles for them. Becoming an NP is a lot of work and personal sacrifice and it is disappoint to accomplish becoming an NP and find there are no roles”.

“Engagement with experienced nurse practitioners and with positive medical mentors is essential. This was sadly lacking for me and I had to work really hard to find what I needed”

“Not confining practice settings to one area but working right across the spectrum of care provision. Having a clinical placement in several different settings”.

“Make sure they have at least 2 days a week for a year working in a supervised clinical setting assessing and diagnosing and then presenting to a prescriber mentor”.

“The clinical supervision is the most valuable aspect of the pathway”.

Steps to becoming a Nurse Practitioner (including academic and practical clinical experience)

There was a mix of respondents undertaking fulltime and part time work during their study and clinical placement time.

Respondents undertook a combination of clinical and academic study across years 1 to 4, with academic work generally being undertaken in the early stages. A significant number of respondents identified that they already had a post graduate qualification such as a post graduate diploma or a clinical Masters. They then undertook further papers to assist them in meeting the NP requirements, for example the prescribing paper and practicum and advanced health assessment.

Preparation of the portfolios was reported as happening in the latter years, just prior to submitting their applications to Nursing Council.

Several commented that there was no clear pathway and the programme was unstructured.

“Not that simple... I took a number of papers that then did not fit with the pathway so they were put down to good learning to add to the kete (kit)! I did a PGDip in advanced nursing (rural) through Auckland”

“I then did a move south to Otago Uni where I needed to repeat some of the papers I had done and passed with merit through Auckland as I had to have more than 50% of the masters through one institution. So I redid research and one other which I can't remember... then I did 2 practicum type papers with significant clinical hours attached to both papers.

“Then I did a dissertation and then I had my masters!”

“After this I took another 6 months to complete my portfolio and then that was submitted in the October and I went to interview in May the following year! A very long drawn out process.”

Two other issues were identified by a number of respondents as influencing their training:

1. NPs had to self-fund their study as their area of practice was not identified as a priority by their DHB and
2. Finding clinical supervision was a challenge.

Employment as a Nurse Practitioner

Only three of the fifty seven respondents were not employed as a Nurse Practitioner. One is currently working as a registered nurse noting that:

“... (this) feels very limiting and creates dissatisfaction - makes it likely that the organisation that provided support to help me reach NP will lose all that investment.”

Another noted that they are working at the level of an NP but are not employed in this role. Medical colleagues encouraged (the nurse) to use their skills to prescribe however human resources advised (the nurse) to stop as they were not employed as a prescriber.

The third respondent had trained on the basis of a verbal offer of a Nurse Practitioner role on completion but due to changes in management the role has not yet been established.

Of those who are working as Nurse Practitioners several noted the difficulty in obtaining a role:

“This took 8 months from my registration. The intervening time was very difficult as I didn't know if it would actually happen and I had to seriously consider relocating to a NP position elsewhere.”

“I left (employer) as they were always clear they would not employ me as a NP. I offered to work in a CNS capacity so I could use my skills to the benefit of all - this was declined.”

Others noted support in gaining their positions:

“Having had a business case approved was very helpful and reassuring and although there was no guarantee of a job if endorsed by NZNC there was recognition of a need within our service which was inspiring.”

“I was employed as an NP within 2 weeks of registering - this was due to the foresight of the then Director of Nursing - plus ensuring that the role was planned within the service.”

How do Nurse Practitioners spend their time

Figure 3 – Full time versus part time

REGION	Full time	% full time	Part time	% part time	Respondents
Central	4	31%	8	62%	12
Midland	6	60%	3	30%	9
Northern	12	75%	4	25%	16
South Island	11	65%	5	29%	16
Grand Total	33	57%	20	36%	53

(Not specified 1, not working 3)

The majority of working time was spent on clinical practice together with a mix of teaching, researching and mentoring/coaching. The table below shows the range of time (as a %) that the nurse practitioners are spending on each of these components of a nurse practitioners role.

Figure 4 – Time spent on components of Nurse Practitioner role

Activity	% of respondents who did this	% of time spent on activity (range)
Clinical practice	100%	40-100%
Teaching	85.45%	1-50%
Researching	70.91%	1-10%
Mentoring/coaching	87.27%	2-20%
Other	58.18%	-

Other activities included such things as:

- Audit
- Consultation
- National committees
- Service development
- Innovative practice
- Team leader
- Clinical governance
- Management of other nurses
- Policy/guideline development
- Studying to keep up to date in field

Scope of practice

Over 80% (45) of the respondents are practising at the expected nurse practitioner scope.

“Yes, exactly as I planned, there is also room to grow and develop within the speciality – as well as the overlapping co-morbidities, as very few patients I see only have one health related issue”.

“There are some limitations due to local policy and understanding acceptance of the role. Radiology electronic referral, the new blood product guideline (again local) does not recognise NPs as being able to consent for blood products”.

Several others were in the process of working towards this:

“Yes, apart from prescribing and I am in the process, this has been the most difficult part, none of my experience from UK in prescribing and qualification was taken into consideration”.

“In part due to my own perseverance and pushing my way into the tradition territory of M.O.’s ie prescribing. My PD is really designed to be a super nurse/case manager for difficult to manage high & complex clients rather than a proper NP diagnosing, prescribing, leading treatment etc”.

Who employs Nurse Practitioners and in what specialities

Figure 5 – Employer and specialities

Employer	Speciality	Central	Midland	Northern	Other	South Island	Grand Total
Aged residential care	Gerontology			1			1
DHB	Mental Health					3	3
	Acute care			1			1
	Adult Mental Health		1				1
	Cardiology			3			3
	Community paediatrics			1			1
	Emergency care/Primary care		2				2
	Gerontology			3			3
	Ophthalmology			1			1
	Paediatric Oncology					1	1
	Palliative care					1	1
	Primary Health Care				1		1
	Renal	1					1
	Respiratory	1					1
	Sexual Health/Youth health					2	2
DHB/General practice	Heart failure/Adult		1				1
DHB/University	Not specified			1			1
General Practice	Acute care	1					1
	Children and youth	1	1				2
	Primary Health Care	4		1		3	8
General Practice/private business	Primary Health Care	1					1
NGO/Maori Provider	Emergency care		1				1
	Palliative care					1	1
	Primary Health Care		2	1			3
Not applicable	Not applicable	1	1			2	4
Not specified	Not specified	1					1
Primary health care	Children and youth	1		1			2
	Primary Health Care					2	2
Private business	Primary Health Care	1					1
Self employed	General Practice/Aged residential care		1				1
	Gerontology			1			1
	Primary Health Care					2	2
Self-employed/DHB	Primary Health Care			1			1
Grand Total		13	10	16	1	17	57

Figure 6 – Nurse Practitioners by specialty

Specialty	Number of Nurse Practitioners employed
Acute care	2
Aged residential care	2
Cardiology	4
Community paediatrics	1
Emergency care	3
Gerontology	4
Mental Health	4
Not applicable/not specified	6
Ophthalmology	1
Paediatric oncology	1
Palliative care	2
Primary health care	21
Renal	1
Respiratory	1
Sexual health/youth health	4
Total	57

Relocating for NP employment

Just over half of the respondents (53%) indicated that they would be prepared to relocate for nurse practitioner employment in New Zealand.

“I would prefer not to and was very relieved when my job was approved but I would have relocated rather than waste my education and skill development”.

“(Yes) particularly if it was to an employer who saw the benefits of research and mentoring, coaching, rather than just seeing me as “keeping clinic targets on track””

“To do the work I love doing, yes I would”.

Of those who indicated they would not relocate, common reasons given were family and financial commitments, social networks, and being settled in their current location.

“My internship focused on the needs of the region so feel invested in providing services to this area”.

“Probably not, I have a family to consider – life is not just about me, my husband has a career to consider, my mother needs support”.

“My family are still dependent and I have children at school”.

Intentions for the next five years

None of the respondents said they did not want to be a Nurse Practitioner in the future. Over all respondents were looking for opportunities to grow the role and increase their knowledge.

Work intentions in the next five years included:

- Service development
 - Women's refuge
 - Family violence
 - Antenatal care
 - Kaupapa Maori
 - Women's health
 - Sexual health
 - Telehealth
 - Cardiology
 - Primary health

"Continue to grow our work model and provide quality affordable care to the population"

- Continue in current role or if not currently employed as NP move to a Nurse Practitioner role

"To continue to consolidate my NP role more into clinical practice and bridge the secondary/primary health system ..."

- Consider a move to:
 - Aged residential care
 - Private work
 - Leadership role
- Individual development
 - Further study
 - Completion of portfolio
 - Opportunities for NP education
 - Improve clinical skills
 - Increase clinical work
 - Increase hours
 - Finding work/life balance
 - Reducing workload/succession planning

"Continue to improve my practice and move from a beginning/novice NP into proficient and then eventually expert NP practice".

- Organisational development
 - Support more NPs
 - Work to increase NP numbers in DHB
 - Grow own business

"To continue developing the role particularly looking at working across primary and secondary care more consistently and mentoring/coaching the next generation of palliative care nurses".

Succession planning

Figure 7 – Succession planning

Succession planning	Central	Midland	Northern	Other	South Island	Grand Total
Yes	1	4	4		5	14
No	8	5	10	1	8	32
(blank)	4	1	2		4	11
Grand Total	13	10	16	1	17	57

Succession planning is in place for 14 (25%) of the nurse practitioners, with 32 (56%) having no plans. A further 11 (19%) did not answer this question.

The need to consider this was identified as an area of concern though:

“Limited but I am mentoring/supervising 2 x RN's towards NP. However business cases, i.e. jobs for them to aim at do not exist at present”.

“I hope to be in workforce for at least 5 years - but yes am trying hard with succession planning but there are big barriers within the organisation as the role is not valued by admin or the current senior nursing structure as the current buzz word is primary”.

It was recognised that when an organisation or department had had a positive experience with an NP this would open the way for support to maintain the role into the future.

“Not specifically but the area I work in would be open to NPs in the future”.

Support in the role of Nurse Practitioner

The respondents were able to identify a range of support that they received including clinical, cultural and peer supervision. This support was provided by a range of people including:

- Employer
- Colleagues
- Senior nurses
- General practitioner
- NP peer group
- Senior medical officers
- Pharmacy
- Business partners
- Practice managers
- Managers (local and general managers)

There was however a lack of support experienced by a few respondents who noted that support was only received when they asked for it, they received ad-hoc supervision/case review, and little support for further education.

“Very little real support in terms of senior nursing support. Many don’t know or understand role. Very little senior medical support regarding specific teaching which is my biggest stress and disappointment”.

“I have a very supportive DON (Director of Nursing) who has kept me safe. I unfortunately do not have a supportive management team or physician currently”.

“...very little support for further education. Almost all of my further education is self-funded”.

“I do my own research and try and do a lot of study days and in-service (mostly unpaid)”

Acceptance by interdisciplinary peers

The Nurse Practitioners described a range of experiences in relation to acceptance by their multidisciplinary peers.

A number saw their role as being well integrated and accepted by their peers, with others saying the role would not be possible without the support they received from that wider team. Some had trained within a multidisciplinary team and noted a mutual respect for each other’s skills. In some areas the presence of American trained general practitioners who were “well practiced and exposed to NPs in the states” resulted in acceptance of the role, as did working with those who have worked with NPs in other countries and have seen how the model of care works.

“Working rural, you are a valued member of the team as rural practices often struggle to employ clinicians and are so appreciative of your input”.

There were however a number of difficulties highlighted in terms of achieving acceptance within a team including:

- Lack of acceptance among older registered nurses and doctors
- Referrals to some services questioned as to why patient may not have been assessed by doctor, some rejected
- Prescription declined by community pharmacist as didn’t recognise NP prescribing
- NPs seen as a threat to future RMO (Resident Medical Officer) positions

“Mixed across all discipline, including nursing. Full spectrum of acceptance from rejecting of role to fully embracing the role. Professional jealousy within nursing unfortunately rears its ugly head all too often”.

Several respondents identified that one of the barriers to acceptance of the NP role was a lack of understanding of what a nurse practitioner could do when working at their full scope of practice, with several noting that once they had explained their role, their relationship with their colleagues (for example laboratories or physiotherapists) improved.

“Mostly fantastic. I have the occasional comment from medical peers that comes from ignorance of my role. I have one medical colleague who is actively hostile and threatened by my work”.

“I think this in some ways could have been less of an issue had there been some formal introduction of the role and scope of practice to which I would be working”.

This experience lead one nurse practitioner to say:

“If there is one learning (and there are many) that I could emphasise - do not allow any individual or professional group the power to dictate NP practice. It is endorsed by council and bound in legislation. It is not for others to create business rules within organisations that undermine that eg requesting laboratory tests/radiology tests/referrals”.

Other feedback

At the conclusion of the survey respondents were asked if there was any further comments they would like to make. A number took the opportunity to identify increasing roles for NPs in school clinics and across primary health care, and especially in improving access to care in high deprivation areas. Others identified some of the barriers they saw facing Nurse Practitioners. These included:

- Political issues (eg the HWNZ Physician Assistants trial)
- Funding siloed between primary and secondary care
- Nurse prescribing – Clinical Nurse Specialists are cheaper to employ than NPs
- Confusion over NP role – what it is; what can they do. Need to educate patients.
- Lack of consistency across the country
- Little support for access to labs, radiology
- Difficult to keep up with legislative changes re what NPs can and can't do
- Challenges with the crossover from overseas trained NPs to New Zealand practice
- Nursing management with no post graduate education and no understanding of NP role

The importance of having supportive senior nurse leadership was recognised as playing a pivotal role in the success (or otherwise) of the nurse practitioner role.

“The Director of Nursing ... is a pivotal position to influence organisation change and advocate for nursing roles. The journey is difficult anyway without having unnecessary barriers placed by nursing colleagues”.

“Anyone considering NP has to understand the sensitivities regarding the role. The growth of the NP role is almost completely reliant on the Nursing Directors in DHBs ... where they have a non-supportive DHB is reflected in the absence of NPs. With the outcome data that we have, Nursing Directors who don't support it should reflect on their reasons why”.

The wider health system were also identified as being crucial to enable the NP role to be incorporated into various services.

“The Government, Ministry of Health, planners and funders, CEOs and Chief Operating Officers of DHB provider arms, the public and nursing leaders need to understand the potential and embrace the concept of nurses actually shifting away from the last century medical officers hand maiden towards autonomous clinically safe practitioner ie the medical model needs to be deconstructed and rebuilt to be perhaps more multi-disciplinary”.

“It is one way we do have to help plan for a future that will need to have other models of health care ... it can work and with more support of the role and less fear of patch protection this role has a significant place in many settings in NZ primary care delivery”.

Several participants focused on the need to educate the people who may have their health services provided by a Nurse Practitioner.

“The biggest gain we could make in the progression of the NP role is education people who may potentially use the service. I have had many positive comments from patients who had no idea what the role could offer and who now see me exclusively, although I always tell them I work within the general practice team and involve the GP in more complex issues”.

Appendices

Appendix 1 Members of the SIWDH Nurse Practitioner work group

Heather Gray (Chair)	Director of Nursing, Christchurch Hospital	Canterbury DHB
Cathy Andrew	Head of Department, Department of Nursing and Human Services	CPIT
Kate Gibb	Nursing Director, Older People – Population Health	Canterbury DHB
Pam Kiesanowski	Director of Nursing & Midwifery	Nelson Marlborough DHB
Karyn Bousfield	Director of Nursing & Midwifery	West Coast DHB
Heather Casey	Director of Nursing, Mental Health	Southern DHB
Maree Steel	Manager, Staff Development	South Canterbury DHB
Louisa Sullivan	Nurse Practitioner/Nursing consultant primary care	Independent
Kate Rawlings	Programme Director	SIWDH
Kath Goodyear	Facilitator/Project Manager	SIWDH

Appendix 2 New Zealand Health Region Boundaries

The four regions are comprised as follows:

Northern (Northland, Waitemata, Auckland, Counties Manukau DHBs); **Midland** (Bay of Plenty, Lakes, Tairāwhiti, Taranaki, Waikato DHBs); **Central** (Capital and Coast, Hutt Valley, Wairarapa, Whanganui, Hawkes Bay, MidCentral DHBs) **South Island** (Nelson Marlborough, West Coast, Canterbury, South Canterbury, Southern DHBs).

