



# TE PUAWAI

*The Blossoming*

**The Professional Update for Registered Nurses  
And Nurse Practitioners**

**October 2020**



Te Puawai

# TE PUAWAI

## *The Blossoming*

### Whakatauki

*Kia taho kia puawai te maramatanga*  
**“The illumination and blossoming  
of enlightenment”**

This whakatauki highlights the endeavours of the College of Nurses as an Organisation which professionally seeks enlightenment and advancement.

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## Disclaimer

The College of Nurses Aotearoa (NZ) Inc provides Te Puawai as a forum for its members to express professional viewpoints, offer ideas and stimulate new ways of looking at professional practice and issues. However, the viewpoints offered are those of the contributors and the College of Nurses does not take responsibility for the viewpoints and ideas offered. Readers are encouraged to be both critical and discerning with regard to what is presented.



# Editorial

**Professor Jenny Carryer RN, PhD, FCNA(NZ), CNZM**

**Executive Director**



**Professor Jenny Carryer**

An election highlights for many New Zealanders the efficacy or otherwise of core services such as health, education, social welfare and justice alongside the growing acceptance and urgency of climate change. Political debates focus on who has the best solutions for improving the quality of life of New Zealanders based on the ideology of the particular party.

As a country we have much to celebrate and much which should cause us deep concern. On the plus side we are living with a comparative level of comfort and safety compared with Covid racked countries. Our current Government and Health Ministry (assisted by so many at the front line) have done an outstanding job to bring us to this point. But we cannot fail to be aware of growing differences in the quality of life and expectations of different New Zealanders.

For children growing up in poverty, for people living with violence, for those with mental health challenges and addictions, and most of all for many Māori and Pacific families life can be extremely hard, grinding, full of fear and anxiety and with little opportunity for hope and optimism. Political debates must seem remote and meaningless when trying to feed a family on a benefit, access mental health care for a suicidal teenager, or living with pain and disability but unable to access care.

Nurses at every level of the health sector are critically aware of the impact of poverty, stress racism and issues of access to health services depending on post code or income. Nurses see this impact on a daily basis in every corner of the country from prisons to schools, from rural to urban areas, from hospitals to community services. Nurses know intimately the connection between poverty and health.

For decades, Māori have been the recipients of a health care system whose structures are designed by others for the delivery of care to whānau, hapu and iwi. The notion that '*health*' can be treated as a fragmented component of a holistic human experience, is in contrast to Māori models and concepts of health and indeed nursing models of health and wellbeing. We keep talking about this but need to ask ourselves "what exactly are we doing differently". Nursing through the auspices of the national nurse leaders group (NNLg) group has made the decision to underpin its strategic endeavours with attention to the recently released Whakamaua: Māori Health Action Plan 2020-2025.



Nursing has spent more than twenty years working on the necessary education and legislative changes to ensure a flexible, fit for purpose workforce with capacity and ability to step in to expanded and extended roles. It is now the only regulated health professional group which remains widely and adequately distributed across the country especially rurally and in small towns. The State of the World's Nursing Report (2020) notes the need for all countries to take nursing seriously if that country is to continue to deliver sustainable health services.

Recently the NNLg has provided feedback to the Transition Committee appointed to oversee implementation of the recommendations of the Health and Disability System Review. In summary our advice includes the following

*As long as nurses are subsumed under a hierarchical medically led model of care, health services will remain constrained and limited. The need for proactive, community-based primary health services (including aged residential care, mental health and addiction care) that addresses the needs of the most vulnerable populations where they live has never been greater. Nurses bring a comprehensive and holistic approach to all settings which combines culture, context, social care and a level of medical expertise whilst recognising and valuing the importance of the whole multi-disciplinary team. In addition, this whole-of-person comprehensive approach includes an equity focus to meet peoples' complex needs. Governments have long invested heavily in health services but in our view an insufficient amount of that money goes to the health providers who can provide the service that is most needed, where it is needed. Enormous wastage and diversion of money occurs through the current model.*

The WHO has extended the year of the nurse into 2021. Let's ensure that we work together in every forum to ensure that nursing and its contribution to equity, to patient comfort and safety and to the promotion of health and wellness is taken seriously at last.

### ***Moving House or Changing Job***

**Please remember to update your contact details with the College office**

**Email: [admin@nurse.org.nz](mailto:admin@nurse.org.nz)**



# New Year and Queen's Birthday Honours 2020: Nursing Recipients

## New Year Honours

### *Companion of the New Zealand Order of Merit (CNZM)*

#### **Dr Frances Hughes RN JP PhD CNZM**

For services to mental health and nursing

In 2001 Dr Hughes was awarded the Harkness Fellowship on Health care policy by the Commonwealth fund in New York. 4 years later Dr Hughes had completed the first situational analysis of the status of mental health in 16 Pacific countries for the World Health Organisation (WHO), followed by working as the first facilitator for the Pacific Island Mental Health Network. In 2005 she was recognised as an Officer of the New Zealand order of Merit for her services to mental health. She published her first book in 2007, designed to help health professionals and the wider public to understand how to engage in public policy. She was the first nurse to be appointed to the WHO expert panel on mental health, serving a four-year term. She was appointed as the Director of CareerForce, a community support services industry training organisation, from 2009 to 2012. She was clinical advisor to the New Zealand correctional services clinical governance board from 2010 to 2015. After the Christchurch Earthquakes, Dr Hughes partnered with the New Zealand College of Mental Health Nurses to provide psychological support to those affected and in 2013 was awarded a Senior Fulbright Scholar for studied psychosocial emergency response for hospitals prone to natural disasters. The Convenient Care Association of USA honoured her with the Lifetime Achievement Award in 2017. The same year Dr Hughes co-founded ToKnowMe - technology which is used to assist person centred care at the bedside. She was the CEO of the International Council of Nurses in Geneva from 2016 to 2018, during which time she strengthened the organisation's financial state. She is a Board member of One Family Health, which provides primary care clinics in Rwanda. Locally Dr Hughes established and chaired the Kapiti Community Enterprise Trust. Today she holds the title of General Manager Nursing and Clinical Risk at Oceania Healthcare.

## Previous Honours

Officer of the New Zealand Order of Merit, Queen's Birthday 2005



On receiving the CNZM:

*"I am honoured to receive this award and look forward to being on the forefront of improved health outcomes for the people of New Zealand." Dr Frances Hughes RN JP PhD CNZM*



## Companion of the New Zealand Order of Merit (CNZM)

### **Professor Jenny Carryer, RN, PhD, CNZM**

For services to health, particularly nursing

Professor Carryer is Professor of Nursing at Massey University's School of Nursing and has been Executive Director of the College of Nurses Aotearoa for 27 years. In 2010, she became the Chair of the National Nursing Organisations Leadership group and was Chair of the Health Workforce New Zealand's Nursing Workforce Advisory Group from 2015 to 2019. She has been a member of other organisations and groups including the Primary Health Advisory Council to the Ministry of Health, the Expert Nursing Advisory Group on primary health care development, and the Primary Health Organisation Development Taskforce. She has been a visiting Professor and Honorary faculty member of Yale University and has held adjunct positions, research positions, visiting scholar positions or consortium membership with the University of Alberta (Canada), the University of Technology Sydney, Flinders University and the University of South Australia. Professor Carryer's principle research interest, with more than 100 publications, has been chronic illness and the development and establishment of the Nurse Practitioner role in New Zealand.

### **Previous Honours**

Member of the New Zealand Order of Merit, Queen's Birthday 2000



On receiving the CNZM:

*"It has been a privilege to be a Nurse leader and it is wonderful to be recognised in this way. In no way however does this signal that the nursing leadership project is anywhere near completed as there is still so much to be done...."* Professor Jenny Carryer, RN, PhD, CNZM



## *Officer of the New Zealand Order of Merit (ONZM)*

### **Ms Annette Margaret Milligan RN ONZM**

For services to health, particularly nursing

Ms Annette Milligan is a teacher, registered nurse and business owner who has made significant contributions to the health sector.

Ms Milligan founded Nelson's INP Medical Clinic in 1989, a women-focused, nurse-led sexual and reproductive health centre that offers a wide variety of advice and checks for women's health issues. INP also runs the local sexual assault and treatment service (SAATS), established in 2011. Since 2016, she has chaired the Member and Accreditation Committee of MEDSAC, where has she been successful in enabling Nurse Practitioners to become registered sexual assault examiners. She is also a founding member and Chair of the Safeguarding Children Initiative, a charity founded in 2011 that educates the children's workforce and the community on child protection. To date, the charity has trained more than 16,000 New Zealanders in child protection. She is the founder and Director of Health Click, a company that provides health education resources for young people, especially those with intellectual disabilities, to learn about sexual health, hygiene and personal safety. She has also founded and led other community groups and businesses, including The Quit Group, and Ramazzini Ltd. Ms Milligan has sat on a variety of Ministry of Health Committees and local Trusts in the Nelson region.

### **Previous Honours**

New Zealand Suffrage Centennial Medal 1993



On receiving the ONZM:

*"I felt quite overwhelmed... I just felt that it wasn't just me – I've been part of some AMAZING teams!"* Annette Milligan, RN, ONZM.



### *Member of the New Zealand Order of Merit (MNZM)*

#### **Mrs Carrol Margaret Elliott RN JP MNZM**

For services to nursing and the community

Mrs Carrol Elliot has worked in the nursing profession for more than 50 years as a registered nurse and midwife.

Mrs Elliot was a tutor of nursing at Cook Hospital and the Auckland Hospital Board. She was one of the founding members of the New Zealand Nurses Union in the 1970s. She served on the Board of Directors of the New Zealand Nurses Organisation (NZNO) from 1991 to 1996 and as NZNO's Senior Hospital Delegate from 1996 to 2008. She helped to write the Code of Ethics for Nurses and the Standards of Nursing Practice for NZNO. She helped organise the first conference for the professional development of gerontology nurses in New Zealand, including international speakers. She wrote a course that was accepted by Auckland University of Technology for registered nurses working in private hospitals. She has been an elected member of the Auckland Council's Māngere-Ōtāhuhu Local Board since 2009, including a term as Deputy Chair from 2012 to 2015. Mrs Elliott has been a member of the New Zealand Justices of the Peace Association since 1988 and attends call outs as a trusted referee when mental health professionals initiate Mental Health Act proceedings for a patients' admission to hospital.



On receiving the MNZM;

*"I was so pleased that nursing was represented in the New Years Honours. Very pleased to be offered and accept, especially for the nursing component as so many times nursing is not seen in these lists. The best part of my working life was as a front-line nurse in an acute hospital. I feel I have made a difference and enjoy continuing to do so." Carrol Elliott, RN, JP, MNZM*



## Queen's Birthday Honours

### *Officer of the New Zealand Order of Merit (ONZM)*

#### **Dr Daryle Deering, RN, PhD, ONZM**

For services to nursing, particularly mental health and addiction nursing

Dr Daryle Deering has spearheaded the development of addiction nursing in New Zealand.

Dr Deering is a registered nurse whose career in mental health and addiction nursing spans close to 50 years. In 2007, she completed her PhD, studying methadone treatment in New Zealand. She was a founding faculty member of the National Addiction Centre at the University of Otago, where she was a strong voice for effective provision of methadone maintenance treatment in New Zealand. She was the Director of Mental Health Nursing for the Canterbury District Health Board from 2000 to 2007. She volunteered as President of Te Ao Māramatanga – New Zealand College of Mental Health Nurses from 2010 to 2014. She has been a member of multiple health working groups and advisory groups. She led a national nursing reference group that eventually developed the New Zealand Addiction Specialty Nursing Competency Framework in 2012, which continues to guide mental health, primary care, and addiction nurses in their professional development. Dr Deering is a Life Member of Drug and Alcohol Nurses of Australasia.





### *Officer of the New Zealand Order of Merit (ONZM)*

#### **Dr Tony O'Brien, RN, PhD, ONZM**

For services to mental health nursing

Dr Tony O'Brien has had a career in mental health nursing for 46 years.

An educator and prolific researcher and writer, Dr O'Brien has made a significant contribution to the development of mental health nursing as a rigorous, evidence-based profession. His many research contributions have led to practice change in the way that aspects of the Mental Health (Compulsory Assessment and Treatment) Act 1992 is interpreted and used by registered nurses. He is a clinical practitioner who was also a lecturer and senior lecturer at the University of Auckland between 1997 and 2019 and is currently Associate Professor of mental health nursing at the University of Waikato. He was the inaugural President of Te Ao Māramatanga – New Zealand College of Mental Health Nurses and has continued to support the organisation for the past 17 years. His research has led to the redevelopment of police operational guidelines for the use of Tasers in mental health emergencies and Dr O'Brien is now a member of the Community Liaison Group that the Police consult with over the use of force and other issues.





# Primary Health Care Nurse Resources

Dr Jill Clendon (interim Chair CPHCN)

The NZ College of Primary Health Care Nurses (CPHCN) has been working on a range of resources for nurses and nurse leaders to support primary health care nurses. In particular, the CPHCNs worked closely with MidCentral Health to develop Standards of Practice (the Standards). The Standards replace the previous Knowledge and Skills Framework and are now available on the CPHCNs website:

[https://www.nzno.org.nz/groups/colleges\\_sections/colleges/college\\_of\\_primary\\_health\\_care\\_nurses](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_primary_health_care_nurses)

or through a direct link here:

<https://www.nzno.org.nz/Portals/0/publications/Primary%20Health%20Care%20Nursing%20Standards%20of%20Practice%202019.pdf?ver=2019-09-30-114904-083>

The purpose of the Standards is to support primary health care nurses by clearly articulating what is expected in the specialty and outlining a career pathway in primary health care nursing. The document is specifically focused on the registered nurse workforce at this time. We acknowledge that both enrolled nurses (ENs) and nurse practitioners (NPs) are an essential part of primary health care teams and foresee their scopes of practice will be included in future development of similar resources.

The CPHCNs anticipate nurses will use the standards to guide their professional development, nurse educators will include the standards in programmes preparing new graduates for practice in PHC settings, nurse managers will use them to direct policy and guide performance expectations, and nurse researchers will use the standards to guide the development of knowledge specific to PHC nursing.

There are four core standards with a number of elements under each. The four core standards are promoting health; building capability; improving access and equity; and working together better and smarter. The standards include a template for users to identify where standards have been met.

The CPHCN hopes people will take time to read the standards and incorporate them into their practice.

## NPNZ Update from New Chairperson - Sandra Oster NP



*Sandra has an appointment at The University of Auckland School of Nursing as a Professional Teaching Fellow and the Course Director of the Nurse Practitioner and RN prescribing educational pathways. She is leading the ongoing National Nurse Practitioner Training programme. She has experience in acute care, emergency care as well as primary care and now works as a Nurse Practitioner (NP), providing primary healthcare in Aged Care with Equinox Health Ltd.*

The work of the NPNZ members and executive has seen the group grow from a few NPs meeting together to support and advocate for their NP practice to over 330 members. NPNZ provides an influential advocacy role advocating for NPs and NP practice. The work of NPNZ advocating to change the legislation saw eight amendments to the Health Practitioners competence Assurance of 2003 in an Omnibus bill passed in March of 2017 and enacted on November of 2018. This enabled the most significant change to the daily practice of NP's in the 20 years NP's have been practicing in NZ. These amendments were updated to support NP's as Authorised practitioners and language changed to remove barriers to NP practice. This has seen NP's enabled to provide the full scope of care for their patients. NPNZ continues to advocate to remove barriers to autonomous practice.

NPNZ is evolving from its role as a lobby group to a professional body and has made an associate membership category for NP interns and international NP's. There are many regional and national special interest groups and NPNZ seeks to support and strengthen these groups. The NPNZ executive seeks to have membership that represents the breadth of NP practice. The National NP conferences have been successful in providing continuing professional development and promoting the NP role.

*The next national conference is being held in the Wairarapa on 20-22 October, 2021.*



***Nurse Practitioners  
New Zealand***



# Nurse Practitioner of the Year

**Jackie Clapperton** won the inaugural nurse practitioner (NP) of the year award at the New Zealand Primary Healthcare Awards, sponsored by the College of Nurses Aotearoa (NZ).

Jackie is the only dual role intensive care paramedic and NP in the country. A paramedic for 20 years, Jackie registered as an NP five years ago.

In her NP capacity she works at The Doctors Te Whare Hapara, Turanga Health at Te Karaka Medical Centre and Hauora Tairawhiti.

The inaugural New Zealand Primary Healthcare Awards are the country's first national, independent primary healthcare awards involving pharmacy, general practice, nursing, practice management and friends of the primary healthcare industry. Associate Health Minister (Māori Health) Peeni Henare attended the ceremony which was hosted by actor Madeleine Sami.

The new awards put the spotlight on the work of primary care at large, supporting and rewarding innovation, collaboration and superlative outcomes in the primary healthcare sector. The awards celebrated nurses, GPs, practice managers, pharmacists and others.



NP Of The Year 2020, Jackie Clapperton with Professor Jenny Carryer, Executive Director, College of Nurses Aotearoa (NZ) Inc



# Business Advice for Self-employment in Nursing

Jennifer Gillies, Chartered Accountant, CPP, Director & Shareholder of A1 CA Ltd  
Liz Manning RN, MPhil, FCNA(NZ)

The College of Nurses Aotearoa (NZ) has recently experienced a noticeable increase in the number of nurses calling the College looking for help and advice for setting up in self-employment. The College had planned to host a workshop for nurses thinking about self-employment or for those currently self-employed, as this group makes up a tiny percentage of the profession and networking is a vital and healthy pursuit. Due to COVID-19 we have had to re-think and we are working on some professional development activities for nurses considering or in self-employment.

In the meantime, we have sought input and advice from Jennifer Gillies, a Chartered Accountant who holds a Certificate of Public Practice has experience working with nurses in self-employment to provide advice on a topic which the majority of nurses have the least confidence, that of finance. In this short article we cover the basics of the support in accounting and tax advice you will need to consider before moving into self-employment.

This information is applicable to those considering being *solo self-employed* but parts of it could be of interest to nurses entering into larger business endeavours.

**Please note:** the College and A1 CA Ltd are offering you advice and examples only. You must do your own due diligence and pursue products and services which suit your own business and budget.

**You should meet with your financial advisor/ accountant to discuss:**

**1. Deciding on the entity the business will operate under.**

Choosing the right structure for your business is an important decision. Different structures have different legal and financial obligations which can affect your business's ability to evolve or grow. Your options include:

- As a limited liability company with the nurse the owner-director of the company
- As a sole trader
- As a partnership

It is often the case that people will start as a sole trader, then once they have gained more work and confidence may then choose to become a Limited liability company. This link will help you



decide on what is right for your business <https://www.business.govt.nz/news/new-tool-choose-your-business-structure/>

## 2. Opening appropriate bank accounts for that entity

The format of your bank accounts is something you can talk to your financial advisor about, or the bank, who will set up your business bank accounts. It is important to keep your business income separate from your personal accounts.

- Cheque account: for regular transactions
  - Savings account
  - A bank account for specific transactions such as provisional tax payments
- Your accountant can discuss with you how you pay yourself from your business.

## 3. Recording transactions in your chosen business entity using

If your business is small you may choose to use excel to manage your business accounts, for larger entities accounting software can be helpful and time -saving.

- Accounting software such as Xero, MYOB
- Excel spreadsheets
- IRD cashbook template: <https://www.ird.govt.nz/managing-my-tax/record-keeping/record-books>

## 4. Registration of a company with the Registrar of Companies

- If you set up a company you be allocated a company number and will need to file an annual return, a simple process Companies register: <https://companies-register.companiesoffice.govt.nz/>

## 5. Registration of the business entity with the Inland Revenue

- You will obtain a number for income tax purposes and you may also want to consider registration for Goods and Services Tax (GST). If you do, the Income tax and GST number will be the same for that entity (Self-employed IRD: <https://www.ird.govt.nz/roles/self-employed>)

## 6. Invoicing

- What information needs to be on an invoice? If the business entity is registered for GST it must be called a TAX INVOICE and have contact details recorded, address, email, phone, and state clearly the date and amount owing, and whether the amount is GST inclusive or exclusive. The GST invoice must have the GST number of the entity recorded on that invoice.

## 7.Tax responsibilities

- GST registration and payment. Registration is voluntary until the business's gross income exceeds \$60,000 in the financial year or is likely to exceed it, though some organisations require



contractors/ service providers to be GST registered. Registration can be on a cash or accruals basis. Filing GST returns can be on a one month, two month or six months basis.

- Income tax. The financial year in NZ is for the year from 1 April to the 31<sup>st</sup> March of the following year.
- Payment of provisional tax must be considered and paid during the year. It can be paid it at the same time as your GST payments or at regular periods during the year.
- All financial records and tax return information must be retained for seven years.

## 6. Getting more advice

- The role of an accountant is growing, beyond that of financial advisor to a business advisor and at times, a mentor. Look around for an accountant who you feel meets your needs and can support your new endeavour.
- Links of interest:
  - IRD online seminars: <https://www.ird.govt.nz/updates/news-folder/online-seminars>
  - MBIE: <https://www.business.govt.nz/>
  - Nursing regulation: <https://www.nurse.org.nz/nursing-regulatory-requirements.html>
  - Office of the Privacy Commissioner: <https://www.privacy.org.nz/>
  - Self-employed resources: <https://www.nurse.org.nz/self-employment.html>

Self-employment is professionally rewarding for most of those who take the leap, however there is work to do before you set-up. Determine your financial requirements before you start and your business will run smoothly. Discuss budgets and cashflow forecasting with your financial adviser. Keep your financial records up to date so you can anticipate when funds are required and to ensure you have access to adequate cashflows to sustain yourself in your self-employment.

**The College will be running workshops on self-employment in 2021. Contact [admin@nurse.org.nz](mailto:admin@nurse.org.nz) to register your interest.**



# Nurses Registration Act

Article by Liz Manning RN MPhil FCNA(NZ)

## Introduction

The New Zealand Nurses Registration Act (1901) was a world's first. It brought into effect a three-year training course, a state examination and a register of nurses. In the year 2020, as we celebrate the International Year of the Nurse and Midwife, we can also look back at the nurses involved in this major reform of nursing. Grace Neill conceived the idea of the nursing register, while Ellen Dougherty became the world's first state registered nurse and Mereana Tangata (known as Mary Ann Helena Leonard) was the world's first Māori state registered nurse, and Akenehi Hei was the first Māori nurse to register in her own name.

## Grace Neill

*"Elizabeth Grace Campbell was born in Edinburgh on May 26<sup>th</sup>, 1846. Her father was James Archibald of the Inverawe branch of the Clan Campbell, her mother, Maria Grace Cameron of Barcaldine"* (Neill, 1961, p. 5).





Grace Neill, Assistant Inspector in the Department of Asylums and Hospitals from 1895 until 1906, was strong advocate for professional nursing in New Zealand. In 1899 at the congress of the International Council of Women in London, Neill called for a national system of registering trained nurses, following successful completion of a final exam after a period of formal training. This training was to be situated within a hospital (Papps, 1998), beginning the tradition of 'hospital training' for nurses. After two years of campaigning, the New Zealand Nurses Registration Act 1901<sup>1</sup> was enacted. Neill drafted the necessary regulations, defined the curriculum and appointed examination boards which at the time and for many years to come were managed and controlled by medicine. This occurred 18 years earlier than it did in Britain (Wilson, 1998). The Act also created the title of Registered Nurse and the Nursing Council to manage regulation of nursing (McKillop, Sheridan, & Rowe, 2012).

At just three pages long, the Act detailed a number of clear requirements including:

*3.(1.) The Registrar shall from time to time cause the names of all duly qualified nurses to be registered in a book to be kept by him at his office for that purpose, and the be called "**The Nurses Register of New Zealand**"*

*4.(1.) Every person who, on coming into operation of this Act, holds a certificate of three consecutive years' training as a nurse in a hospital...*

*4.(4.) Every person is entitled to registration, on payment of a fee of one pound.*

*9. Any registered nurse who is convicted of any indictable offence shall have her name erased from the register...*

*13. This Act shall come into operation on the first day of January, one thousand nine hundred and two.*

Some of the clauses in this Act, while they have significantly evolved in the language of gender, policy and regulation, still remain as requirements for the holding of an Annual Practising Certificate.

<sup>1</sup> [http://www.nzlii.org/nz/legis/hist\\_act/nra19011ev1901n12347/](http://www.nzlii.org/nz/legis/hist_act/nra19011ev1901n12347/)



22                    1901, No. 12.                    *Nurses Registration.*                    [1 Edw. VII.]

New Zealand.

ANALYSIS.

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1901, No. 12.

**Title.**                    An ACT to provide for the Registration of Trained Nurses in New Zealand.                    [12th September, 1901.]

**BE IT ENACTED** by the General Assembly of New Zealand in Parliament assembled, and by the authority of the same, as follows:—

**Short Title.**                    1. The Short Title of this Act is “The Nurses Registration Act, 1901.”

**Interpretation.**                    2. In this Act, unless inconsistent with the context,—  
“Hospital” means a public hospital within the meaning of “The Hospitals and Charitable Institutions Act 1885 Amendment Act, 1886”; and includes such other hospitals the proprietors of which consent to such hospitals being open to inspection under “The Hospitals and Charitable Institutions Act, 1885,” as may be approved by the Governor in Council;  
“Minister” means the Minister for the time being in charge of hospitals;  
“Registrar” means the Inspector-General of Hospitals in New Zealand.

**Register of Nurses.**                    3. (1.) The Registrar shall from time to time cause the names of all duly qualified nurses to be registered in a book to be kept by him at his office for that purpose, and to be called “The Nurses Register of New Zealand.”  
(2.) Such register shall show the name and address and qualifications of each nurse entered therein, and where and when she was trained.  
(3.) A copy of the register shall be published in the *Gazette* annually in the month of January.

It appears there was initially, some opposition to the Act, however according to Maclean (1932) Grace Neill was more than able to defend the introduction of the Act:

*“Most assuredly State registration has no patronage, benevolence or spoon-feeding about it. Each individual nurse has to show a State appointed, impartial authority that her training has been efficient and thorough, and she pays her fee for a certificate to that effect. It is a policy of self-reliance, not of humble dependence on crumbs from the table of patronage.”*

A quote from Grace Neill (Maclean, 1932, p. 25)

## Ellen Dougherty

### The world's first State Registered Nurse

On 10 January 1902, the world's first state-registered nurses had their names entered in the register. The first name on the register was Miss Ellen Dougherty of Palmerston North.



*Ellen Dougherty, c.1895 (Carterton District Historical Society, Ref: PPC.0005)*

Ellen Dougherty was born on the 20<sup>th</sup> September 1844 at Cutters Bay, Marlborough. Her mother was Sarah McAuley and father Daniel Dougherty ran a whaling station at Port Underwood in the Marlborough Sounds. Her family moved to Wellington when she was approximately 5 years old (Openshaw, 1993).

Ellen Dougherty had been a nurse in the Wellington area since "... at least 1885, when she was employed at Wellington Hospital. After completing her certificate of nursing in 1887, she headed the accident ward and then the surgery ward before becoming acting matron by 1893. She was passed over for the permanent position, but Wellington's loss was Palmerston North's gain.

*In 1897, she became the matron of the new hospital in Palmerston North, a particularly challenging role as the hospital was not yet fully set up and received many patients with gruesome injuries suffered in forestry and railway construction activities. Ellen Dougherty retired in 1908, aged 64*"(New Zealand History, 2018). She died in Carterton in November 1919.

## Mereana Tangata

### The world's first Māori State Registered Nurse

The first Māori nurse in the world to be registered is thought to be Mereana Tangata, born in 1869 in Peria, close to Kaitaia. Her mother was Tiareti Harata and her father Renata Tangata. She started her nursing probationary course in 1893 at Auckland Hospital.



*Mereana Tangata, known as Mary Ann Helena Leonard,  
photographed at Auckland Hospital c1899.*

According to Stuart Masters (2001) Mereana was registered under a European name, *Mary Ann Helena Leonard*, and was registered in 1902 as number 252 on the nursing register. The use of a European name at this time, surfaces underlying issues regarding the impact of colonisation, assimilation and internalised racism. So, as Māori, if you had a non-Māori name and were fair skinned, you were more likely to be accepted into nursing just as you were more likely to be accepted into NZ society at that time, because of active push to assimilate Māori into 'Pākehā society.'

She became a hospital Charge Nurse in 1896 and in later years ran a nursing home in Te Kuiti which became vitally important during flu pandemic. After a successful career in hospital and community nursing and gaining the respect and love of her many nursing colleagues, Mereana died in 1929 at Mangonui Hospital in Northland following unsuccessful bowel cancer surgery,

*Acknowledging the significant work of Diana Stuart Masters*

### Akenehi Hei

#### The world's first Māori State Registered Nurse to register in her own name

*"Akenehi Hei was born in 1877 or 1878 to a leading Te Whakatohea and Te Whānau-a-Apanui family in Te Kaha, Bay of Plenty. Her tribal affiliations included Te Whakatohea, Ngāti Pukeko, Ngai Tai, Tuhoe and Te Arawa on her mother's side and Ngai Tawarere and Te Whānau-a-Manu oh her father's"* (O'Connor & Cockerham, 2012, p. 35).

It has long been believed that Akenehi Hei was the first Māori registered nurse, however the work of Stuart Masters (2001) discovered that at least one Māori nurse, Mereana Tangata was earlier (though using European name). Despite this, Akenehi Hei remains a nursing pioneer and stands out for her absolute commitment to improving healthcare for Māori. Akenehi was the first Māori woman to register in her Māori name. She identified herself as Māori during a time when to do so meant enduring the impact of colonisation, institutional racism and differential treatment.

In 1905 Akenehi became a probationer at Napier Hospital, and went on to become theatre sister. She moved on to work in Māori communities in Northland, a position she found emotionally exhausting, but it is at this point she commits to caring for her own people.



Nurse Akenehi Hei

On Duty in her Tent Hospital

Akenehi chose to work with iwi, to teach skills such as 'proper handwashing' rather than working in the hospital. McKillop et al. (2012, p. 271) suggest that despite her absolute commitment, and that she chose to work in this environment, she could have found acceptance by elders hard to



achieve; “As a young Māori woman from a different tribal area, she would have had great difficulty in establishing credibility with elders, and the authoritative approach she adopted may have been caused by her uncertainty.”

She was given a horse and tent but there is a query about what she got paid if at all. Anecdotal evidence from family suggests she relied on ‘koha’ from locals for food. Her brother Hamiora Hei, a barrister and solicitor and member of the young Māori party with Sir Apirana Ngata and Sir Maui Pomare, did fight for her to be remunerated properly at the time.

Before succumbing to typhoid in 1910 Akenehi “...expressed a wish for a hospital for Māori. The health of her people was close to her heart” (O’Connor & Cockerham, 2012, p. 35). Akenehi Hei was a registered nurse pioneer and leader who showed great personal and professional resilience during all the changes and challenges she endured during difficult times for all Māori.

## Summary

The four nurses presented are all pioneers in different ways, they moved nursing in New Zealand nursing into a new century, the 1900’s, by focussing on the professionalisation of nursing, setting high standards of care and focussing on the needs of the communities in which they worked and lived, under what we would undoubtedly consider today, as very difficult circumstances.

The acknowledgment and understanding of our history is important, as it helps us make sense of today’s challenges (Roberts, 2000). It describes we have reached understanding, rhetoric and traditions (Beard, 2018) by exploring how we have evolved as a profession and how we have been perceived as nurses across time.

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# Online Primary Health Care resources to be Launched

Liz Manning RN MPhil FCNA(NZ)

Primary Health Care (PHC) is a practice setting where nurses continue to make a significant contribution to the health of the community. Registered nurses (RN) and nurse practitioners (NP) are providing ever more complex and varied services.

The College of Nurses Aotearoa (NZ), over the years has received many requests for help and advice from nurses working in PHC organisations, and there are some areas which come up time and time again. As a result, the College is providing a set of resources for the most commonly asked questions, areas of confusion and worry.

This suite of resources will soon be on the College of Nurses Aotearoa website [www.nurse.org.nz](http://www.nurse.org.nz).



- Having issues with your contract?
- Need to find some information on equity?
- Want a deeper understanding of how nurses access funding in PHC?
- Want to catch up on changes in the legislation for nurses in PHC?
- Working out how to work to the full breadth of your scope?
- Looking for some support?

Then these resources may guide you to the information, place or person you need.



# Paediatric Society of New Zealand 71<sup>st</sup> Annual Scientific Meeting 2019

Report by Julie Blamires, R.N, Lecturer, Doctoral candidate.  
College of Nurses Aotearoa (NZ) Inc Scholarship Award Recipient

The annual scientific meeting of the Paediatric Society of NZ was held in Auckland over three days in November 2019. The Paediatric Society of NZ ASM always provides an eclectic and interesting programme that runs over three days with presenters from varied backgrounds and disciplines.

The keynote speaker on day 1 was Kate O'Brien who spoke to the delegates via zoom link from Geneva where she works as Director of the Immunization, Vaccines and Biologicals Department at the World Health Organization. Kate gave us an overview of the current state of children's health globally. This talk highlighted the big strides that have been made in the health of children around the world but reminded us of the huge challenges ahead. Kate reminded us to not be complacent in the context of a rapidly changing world. Following Kate's presentation, two local physician researchers provided us with an overview of NZ specific child mortality and morbidity data. These talks were a sharp reminder of NZ's persistent and unacceptably high rates of poor child health outcomes compared to other developed countries.

In the late morning and afternoon of day 1 I attended the bronchiectasis' focused concurrent sessions. This was an amazing opportunity for me to hear from and network with other clinicians and researchers working with children and young people with bronchiectasis. Of special interest to me was the opportunity to hear Camron Muriwai's talk about his (and his family's) personal journey with bronchiectasis. He told the story of his daughter Esther who lived and died with bronchiectasis. He shared some of her experience and discussed how the Bronchiectasis Foundation came to exist because of her strength and determination. Hearing the personal story of an individual/family's experience with the health care system is a powerful reminder about what is really important to patients and families and it was reassuring for me to hear the parallels between Camron's reflections on Esther's experience and the findings from my study. Following lunch on day 1 I presented an overview of the findings from my doctoral study, an interpretive description study exploring how young people with bronchiectasis describe their day to day life. This was a good opportunity to present some of the findings from my study and reaffirmed for me the importance of the topic and its relevance for health care professionals working with young people in NZ.

Throughout the three days there were outstanding presentations from nurses, paediatricians, psychologists and allied health professionals covering a variety of topics to meet the needs and interests of anyone who attended. Some of the topics attendees could choose from included: a



focus on cultural competence in child health; hearing and auditory processing disorders; brain injury management; neonatal life course issues; child and youth obesity; poverty, housing and health; and a focus on respiratory health and illness in NZ children and young people.

One of the more memorable talks of the conference occurred on day 2 when keynote speaker, Nigel Latta provided a useful and entertaining guide to working with resistant young people and their families. Nigel's experience and pragmatic approach to working with young people was not only practical but also very funny and far from 'politically correct'.

I really appreciate the opportunity to attend and present at the ASM in 2019 and would like to express my gratitude for the support provided by the College of Nurses Scholarship fund.

# Wisdom of the Herd

Report by Brigid Sinclair RN

College of Nurses Aotearoa (NZ) Inc Scholarship Award Recipient

After personally experiencing the healing power of horses in my own life, I was interested in exploring the emerging field of equine assisted psychotherapy, with the intent of learning how horses may be used in a more formal and structured way to inform nursing practice and my ability to help others. Thus I was privileged to receive a College of Nurses Aotearoa scholarship which helped me to attend a "Wisdom of the Herd: Developing Embodied Awareness" course in March. The course was run by Ingrid Gunby from Potent Coaching Ltd, who works in private practice offering Equine Facilitated Psychotherapy (EFP). As this developing area of practice does not have its own governing body, this course was aimed at registered health professionals already working under their own profession's regulations and legislative requirements, and explored how we could use the principles of EFP in our own practice. No prior experience with horses was necessary.



The workshop combined seminar-style small group learning with hands-on work with the horses, practicing tools and processes that develop somatic and emotional awareness and engage our brain and nervous system's capacity for healing.

Participants experienced the processes for themselves and practiced facilitating each other, with support. By the end of the workshop, we were able to understand the neuroscience behind the efficacy of offering resonant accompaniment to ourselves and others, and had some practice in using the basic resonant accompaniment skills in a personal and work context. Resonant accompaniment is a way of being with the client that gives them a sense of being understood. It references feelings, relationship, shared memories and experience, and acknowledgement. It uses language that includes "wondering about and naming emotion; longings, and needs; body sensations; and fresh metaphor and visual imagery" (Peyton, 2017, p. xxiv).

One of the founding principles of equine facilitated psychotherapy is that all growth and healing is relational, and this should be practised and modelled in all aspects of such therapy. Facilitators must be committed to doing their own work, through ongoing personal work, professional development and professional supervision.

The course was 28 hours in total, covering the following topics;

- Introduction to the brain and the autonomic nervous system, including
  - the functions of the brain stem, the limbic system (especially the amygdala and hippocampus), and the neocortex;



- the roles of the left and right hemispheres in integrated functioning;
- Polyvagal Theory and the ‘window of tolerance’ for stress;
- the ‘window of welcome’ for emotions; and
- the impact of trauma on memory and the development of the self.
- Resonant accompaniment skills:
  - the benefits of naming sensations, feelings, and needs in developing our own connection to bodily information, including emotional states, and growing our capacity for self-regulation
  - key skills for supporting others
    - favouring statements rather than questions
    - listening and feeling for the cues that tell us what is happening for the client
    - making empathy guesses
    - tentativeness, and collaboration with the other person in building a picture of their world

The processes and methods used in EFP will vary between each practitioner as they develop their individual practice adapt to different clients. Ingrid Gunby's Equine facilitated practice is structured around the Conversational Model of psychodynamic psychotherapy and the development of self, which has been shown to be effective for clients with personality disorders, chronic suicidality and deliberate self-harm, depression, PTSD, and somatisation of mental/ emotional distress (Stevenson & Meares, 1992; Meares, Stevenson & Comerford, 1999; Guthrie et al, 1993).

Being able to identify bodily sensations and their underlying emotions can help us and our clients to link these to needs that are either met or unmet. Being able to specifically identify and address a need leads to an easing of mental distress, healthy boundary setting and underpins empathetic communication and healthy relationships.

Helping people to identify the links between their bodily sensations and emotions strengthens neural connections between the limbic system (emotional brain) and the prefrontal cortex (cognitive or rational brain) as well as between the left (cognitive) and right (relational) hemispheres. The limbic system monitors the external and internal environments, collects sensory information, and filters it for emotional relevance. The prefrontal cortex regulates the limbic system, and is responsible for high level thinking, judgement, planning and conceptualizing. When the two are in balance, we are capable of self-connection and social engagement, and can more easily make sense of thoughts and feelings (this is the ventral vagal state in Dr Stephen Porges polyvagal theory).

The process taught on this course involves identifying what body sensations arise in that present moment, what the emotional flavour of those sensations are, and what needs (either met or unmet) those emotions point us towards. Sometimes we can distance ourselves from what we are feeling, by seeing it in the third person or by telling ourselves stories about we are feeling. This is particularly true around diagnoses, such as “I have anxiety or depression”, rather than “I am feeling



anxious right now". It is important to focus on the sensations and emotions that are noticed in the moment that we are present with our clients, rather than what happened that morning or last week.

The importance of our ability as health professionals to sit with uncomfortable emotions in order to be fully present with our clients in resonant accompaniment was emphasised during the course, and each participant had an individual therapy session before being given the opportunity to practice this with each other.

While this work can be effective in an office-based setting, horses add a richness that increases its power. Being prey animals that have evolved over millennia to be closely associated with humans, horses are incredibly sensitive to human mood and body language. Due to their highly sensitive limbic system, "horses are astute at reading the energy in their environment, and human emotions are just another source of energy to be noticed and responded to" (Bowman, 2020, para. 7).

The process taught during the Wisdom of the Herd course involves the client standing outside a 15 metre square yard, with a horse loose inside. They are invited to run through a body scan to identify body sensations and emotions arising in the present moment. Then, with a soft gaze resting on the horse, they are asked to notice any change in sensation or emotion once their awareness is bought to the horse, and asked to identify what they would most like to get out of their time with the horse. When they are ready, the client can enter the yard with the horse, under supervision of the facilitator.

The horse's response to and interaction or avoidance of the client can give clues as to the client's emotional state. Horses have developed non-verbal ways of communicating using body language, stance and position (Bowman, 2020, para. 3). They are often uncomfortable with emotional incongruence and their reactions can often indicate emotional discomfort and tension in a client before the person themselves is aware of it. Subtle (or not so subtle) behaviours displayed by the horse can help the facilitator to guide their client towards identifying sensations, emotions and needs more effectively. Such behaviours can include the amount of physical distance the horse will allow between themselves and the client, presenting a particular body part to the client, or touching the client with their muzzle on an area of the client's body that is being held in tension. The horse provides external feedback in a preceptive, timely way without judgement.

By being aware of my own sensations, emotions and needs, I have been able to increase my own capacity for sitting with different emotions and be fully present with each patient. This strengthens my therapeutic use of self, enabling the patient to feel heard and supported on a deeper level, and strengthening the therapeutic relationship.

I have found that the principles and processes taught in this course can be easily woven into my daily practice as a Rural Nurse Specialist, and are particularly useful for patients presenting with somatising symptoms where no physical cause can be found. Often these patients are quite unaware of the physical effects of different emotional states, and even just the identification of this cause can ease tension.



It is important to note that this process must be adapted for people with a history of trauma, as sometimes just being aware of breath may trigger a panic attack. For these clients, start slowly, by bringing awareness to the present moment in their external environment, such as by naming three things they can hear, see and touch. When working with bodily experience, manage the process so that you don't go deeper with the client than you are comfortable with and that they are ready to go.

### Recommended reading and resources

Australia and New Zealand Association of Psychotherapy - <http://www.anzap.com.au>

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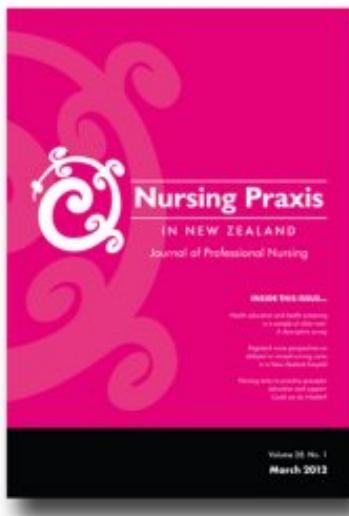


Te Puawai



## Nursing Praxis IN AOTEAROA NEW ZEALAND

*Journal of Professional Nursing*



First published in November 1985, Nursing Praxis in Aotearoa New Zealand, the first nursing journal in New Zealand continues its long history as New Zealand's regularly published peer reviewed nursing journal.

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<https://www.nurse.org.nz/membership.html>

## Artwork Opportunity

The College has a commitment to updating the anachronistic social views of what a nurse is and does. The image of nurses in starched uniforms, white shoes and caps is in dire need of changing. There are a number of ways nurses can approach this, from academic work and policy engagement to clinical excellence, professional presence and behaviours in the workplace. Another little explored way, is through art work.

Artist Jago Neal, based in Kumeu NorthWest Auckland has created a number of artworks representing various professionals engaged in the COVID-19 response.



The College has contacted Jago and he is able to accept a small number of commissions, at approx \$250 per piece (check this with Jago as it is size/ complexity dependent).

All you need is a photo, of course this does not include the artistic capture of patients, but if you would like an image of yourself in your nursing role, or maybe give a commissioned piece as a gift for a nursing colleague or family member, then contact Jago at [kumeuarts@gmail.com](mailto:kumeuarts@gmail.com)



# Fundamentals of Health Policy Workshops

Liz Manning RN MPhil FCNA(NZ)

In Oct 2019 the College developed a Health Policy workshop which included Todd Krieble from the NZ Institute of Economic Research (NZIER). The College has sought to maintain the relationship with NZIER to increase access to support, education and information on strategic health policy. The NZIER in collaboration with Victoria University, Wellington, deliver a one-day course on the Fundamentals of Health Policy which is of specific benefit to nurses in national leadership roles. The College has endorsed the one-day workshop for 8hr professional development and view this course as highly recommended.

Presenters: Todd Krieble and Sarah Hogan

- Fundamentals of Health Policy  
9am-4.30pm **Wednesday, 25 Nov 2020**  
9 am-4.30 pm **Tuesday, 23 Mar 2021**  
9 am-4.30 pm **Wednesday, 15 Sep 2021**
- Fundamentals of Health Policy (**Live online**)  
9 am-1 pm **18 & 19 May 2021**  
9 am-1 pm **20 & 21 October 2021**

<https://ped.wgtn.ac.nz/courses/1155-fundamentals-of-health-policy>



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## *College of Nurses Aotearoa (NZ) Inc Life Members*



| <u>Name</u> | <u>Date Awarded</u> |
|-------------|---------------------|
|-------------|---------------------|

Judy Yarwood  
Dr Stephen Neville  
Taima Campbell

October 2014  
October 2015  
October 2015



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