

We hope you will enjoy this new publication to keep you in the loop with the going on in the committee with work projects, education, and news from around the country—in little snippets for you to share with your teams. Share it, print it for your tea rooms, let us know if you have anything we can include it to share.
It's for everyone.

From the Chairperson...

Haere Mai, Welcome to Our New Newsletter

Welcome to our first newsletter of 2026. Hopefully everyone has had some time to rest and recuperate over the summer period and enjoy our beautiful country. For many across the motu, it has been a challenging few weeks after the flooding and roading issues. My husband always said we would never flood as we live on a hill, however that volume of water managed to flood our downstairs areas.



Just a reminder of how important it is to have insurance even when you think you may never need it. This is doubly important when we are working and have no union protection as we may suddenly need support and legal / professional advice to maintain our registration and ability to work. Encourage your colleagues to be in a union. The College has been busy already this year with submissions to a number of requests. The Age Safe campaign in aged care is continuing apace and a new sub group has been set up to consider violence and aggression in aged care. Any examples that you see on a day to day basis would be very helpful – please send them to our email address, we will not share your details or facilities.

We are starting to make plans for conference next May 2027, it will be held in Rotorua. We will be sending out a survey in the next few days asking for your input into the conference and your expectations of the College committee. Kim Brooks found a recipe book that the previous Gerontology section had published about 20 years ago and we have decided we will try and replicate this with our current membership, so let us know your tried and tested recipes that are family favourites that you are happy to share.

We would like to know more about how the community care changes are working out in the south island for those working in home and community support services, please let us know if you would be willing to chat with the committee about this. Look forward to hearing from you all in survey responses.

Bridget Richards, Chairperson

Your committee now consists of

Bridget Richards—*Chair*

Aloha Sison—*Treasurer , Social Media*

Regan Gilchrist—*Secretary, Newsletter*

Basil Kuriakose—*Committee Member*

Sarah McIntosh—*Committee Member*

Kim Brooks—*Committee Member ,
Membership Coordinator*

Lou Fowler—*Committee Member*

Alice Street—*Committee Member*

Marg Bigsby—*Professional Nursing Advisor,
NZNO*

We last met in February in person and next will meet in May at Rotorua.

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College Activities

College and Sections Day 2026

In March, Kim and Regan were fortunate to spend two action packed days with all of the other Colleges and Sections that form part of NZNO.

It provided us the opportunity to highlight our College, the importance of gerontology nursing and also promote our Conference in 2027. It was good to hear updates from NZNO leaders about the work planned and also other Colleges around their mahi. We have included information both from the Primary Health College and Respiratory Nurses College for their events this year—as both are highly relevant to the field of gerontology.

Conference Planning

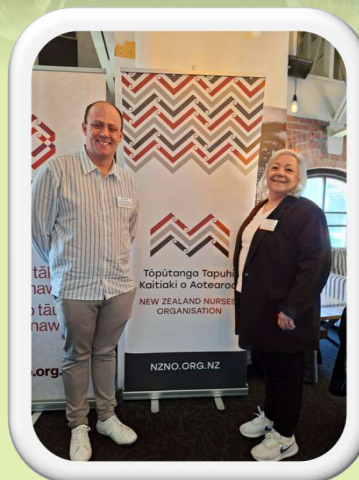
We are excited to start our conference planning phase again. Our next conference will be in May 2027 in the lovely location of Rotorua. Our planning is very preliminary at this stage but we are very interested to hear feedback from our membership around what they may need from the next conference. Please give us your feedback so we can consider in our conference planning discussions.

Got a go-to recipe everyone loves?

The College is bringing back the **CGN Recipe Book** — and we want *your* favourites! Whether it's a crowd-pleaser, a comfort classic, or something quick and easy, share it with us.

✉ Send your recipe to: nznogerontology@gmail.com

Let's cook up something great together!



Above: L-R: Kim and Regan presenting to the audience on CGN, panel discussion facilitated by Professional Nursing Advisor Suzanne Rolls



Medimap Outage

A recent outage of Medimap has raised concerns across the primary care sector, after users were temporarily unable to access real-time information on healthcare availability.

Medimap is widely used in New Zealand to help patients locate general practices, urgent care clinics, and pharmacies with available appointments or shorter wait times. During the outage, patients and providers lost visibility of service availability, potentially impacting timely access to care — particularly for those relying on same-day or urgent appointments.

While the disruption was temporary, it highlighted how embedded digital platforms have become in healthcare navigation. For many patients, especially those without an established GP or those seeking after-hours care, tools like Medimap are a primary access point into the health system.

From a provider perspective, the outage also underscored the importance of maintaining alternative communication channels and ensuring front-line teams are prepared to manage fluctuations in patient flow when digital systems are unavailable.

Importantly, there is no indication that patient clinical data was compromised. The issue appeared limited to service availability and booking functionality.

Sector implications

For aged care and gerontology services, the outage is a timely reminder of the increasing intersection between digital tools and care access. While residents in aged residential care are less likely to use platforms like Medimap directly, whānau and community-based older adults may rely on them to access urgent care.

It also reinforces the need for:

- Strong contingency planning when digital systems fail
- Clear communication pathways with local primary care providers
- Continued focus on equitable access, particularly for those less digitally connected

Looking ahead

As healthcare continues to digitise, outages like this are likely to occur from time to time. The key challenge for the sector is ensuring resilience — balancing the convenience of digital access with reliable, human-centred systems that can operate when technology doesn't.



CHANGES: ARRC Agreement

ARRC Agreement Updates – Effective 16 March 2026

Health New Zealand | Te Whatu Ora has introduced several updates to the ARRC, ARHSS, and ARRC-MSM agreements following the 2025/26 contract review. These changes take effect from **16 March 2026**.

Key changes include:

Care planning and assessments

- InterRAI informed care plans for rest home residents are now reviewed at least every 12 months (previous 6-monthly), unless clinically indicated

Resident costings

- Residents choosing their own GP will now cover the full cost of that service
- Emergency ambulance costs may be charged to residents.
- Providers only fund transport to publicly funded services.

Personal items and supplies

- Providers are no longer required to supply emergency personal items (e.g. toiletries) or ensure purchase of clothing/toiletries—expectations should be onstead reflected in admission agreements



Basil has recently joined the Committee. He currently works as a Charge Nurse Manager at Health New Zealand—Counties, with a background spanning gerontology, rehabilitation, and community nursing. Basil holds a Master of Nursing (Advanced Nursing) from the University of Auckland and outside work enjoys travelling with family, exploring new books and practices martial arts. Basil looks forward to contributing to the work of the College

Research Ready

Are We Ready? Ageing of People Living with HIV in Aotearoa New Zealand

Australasian
Journal
on Ageing

Advances in HIV treatment mean people are living longer, healthier lives, and will increasingly access aged residential care. However, stigma and misinformation persist within healthcare settings.

This New Zealand study explored how prepared aged care services are:

- 184 staff surveyed; 5 nurse managers interviewed
- Most had no HIV training and no prior experience caring for someone with HIV

Key findings:

- Knowledge gaps: Only 24% understood U=U; 37% knew about PrEP
- Stigma: 30% feared contracting HIV; some believed they could refuse care (incorrect)
- Confusion: Misunderstandings about confidentiality and unnecessary care practices
- Fear: Higher anxiety with blood exposure; reduced with knowledge and experience

Nurse managers supported equitable, person-centred care but highlighted the need for education, clear policies, and leadership.

What this means:

Aged care is not yet fully prepared — but this is fixable. Education and leadership reduce stigma, improve confidence, and support safe, respectful care.

Key messages:

- People living with HIV are ageing and entering aged care
- Knowledge gaps drive stigma and fear
- Education improves care
- Leadership and policy matter
- Everyone deserves dignity and high-quality care

Source: Gilchrist R. et al. (2026). Australasian Journal on Ageing.

Are you involved in research that impacts older people?

We'd love to hear from you. Whether you're exploring innovative care models, improving quality of life, or advancing clinical practice, your work deserves to be shared.

Get in touch to have your research profiled and help inspire others across the sector!

Flu Season is Among Us!

Seasonal influenza vaccination offers benefits well beyond preventing respiratory illness. Strong evidence shows it reduces the risk of major cardiovascular events — including myocardial infarction and stroke — by approximately one third, an effect comparable to standard cardioprotective medications.

Influenza infection is a significant trigger for acute cardiovascular events, particularly in older adults and those with existing comorbidities. The inflammatory response, increased metabolic demand, and pro-thrombotic state associated with infection can destabilise atherosclerotic plaques and precipitate serious events.

Vaccination mitigates this risk through multiple mechanisms: preventing influenza infection, reducing systemic inflammation, stabilising vascular plaques, and potentially enhancing broader immune responses (“trained immunity”).

In Aotearoa New Zealand, where cardiovascular disease remains a leading cause of mortality, this has important implications for older populations. Despite this, influenza vaccination uptake remains suboptimal — particularly among Māori and Pacific peoples, who experience earlier onset and higher rates of cardiovascular disease.

For those working in gerontology, influenza vaccination represents a low-cost, high-impact intervention that should be strongly promoted as part of comprehensive cardiovascular risk management.



Key message: Annual influenza vaccination is a critical, evidence-based strategy to reduce cardiovascular events and support healthy ageing in older adults.

2026 egg-based vaccine strains* (INFLUVAC TETRA, FLUAD, FLUZONE)	2026 cell culture vaccine strains* (FLUCELVAX)
<ul style="list-style-type: none">• A/Missouri/11/2025 (H1N1) pdm09-like virus• A/Singapore/GP2023B/2024 (H3N2)-like virus• B/Austria/1359417/2021-like virus INFLUVAC TETRA ONLY <ul style="list-style-type: none">• B/Phuket/3073/2013-like strain (B/Yamagata lineage)	<ul style="list-style-type: none">• A/Missouri/11/2025 (H1N1) pdm09-like virus• A/Sydney/1359/2024 (H3N2)-like virus• B/Austria/1359417/2021-like virus

Submission Update: NCNZ Code of Conduct

At our last Committee Meeting, the College of Gerontology NZNO provided feedback on the draft Code of Conduct, highlighting key considerations relevant to nursing practice with older adults.

Key points from our submission included:

- **Nurse safety and privacy:** We support nurses' right to a safe workplace and do not support requiring nurses to disclose their surnames to health consumers and whanau.
- **Assisted dying:** We recommend explicit inclusion of assisted dying services where nurses have a conscientious objection, ensuring clarity of obligations under legislation.
- **Access and equity in care:** We emphasized the importance of assistive devices to support informed participation and decision making for older adults
- **Delegation and accountability:** We raised concerns that nursing accountability for delegated care should be more positioned in the Code.
- **Professional boundaries:** Clarification was sought regarding nurses acting in private roles (e.g. enduring power of attorney) versus professional capacity.
- **Workforce realities and well-being:** While supporting expectations around self-care, we noted the practical challenges nurses face in stepping away from care in real-world settings.
- **Communication and accessibility:** We highlighted the need for clearer guidance on what being 'readily accessible' looks like across different care settings, including dementia care.
- **Information sharing:** We recommend that disclosure responsibilities may change over time as care needs evolve.
- **Support for students:** We welcomed the inclusion of student nurses, particularly given their important role in aged care settings.

Overall, the College supports a Code that is clear, practical, and reflective of the realities of gerontology nursing, while promoting safe, equitable, and person-centered care.



Professional Development...

The Palliative Care Handbook New Zealand Edition is now available on its own interactive website and can be installed as an app for convenient access.

Web access:

Visit <https://palliative-care-handbook.nz> in your browser where you will find instructions to install the app on your desktop, mobile phone, or tablet home screen.

Key features:

- Easy keyword search to quickly locate chapters on symptom control, drug information, and the Syringe Driver Compatibility Chart
- Intuitive navigation with fully hyperlinked sections, tables, and references for efficient access
- Quick home-screen installation for convenient use on your phone, tablet, or desktop

This new digital format supports timely, consistent access to guidance wherever palliative care is being delivered.

Please note: Due to copyright and version control protocols, electronic copies of *The Palliative Care Handbook* must not be uploaded to external websites.

We encourage you to download the PCH App and share this important new digital resource with your



Register now!

College of Respiratory Nurses 2026 Symposium 1 May 2026, Wellington

Theme:

**New new new...what's new in respiratory
health care?**



For full programme and to register - scan the QR code

2026 May 1 CRN Symposium Guest Speakers

Prof Bob Hancox - COPD Guidelines

Katie Faaiuso Asthma NZ - Telehealth education

Dr Amy Chan - Prednisone use in NZ

Dr Karen Oldfield - CARE study results

Dr Amanda Landers - Toolkit for palliative care

NZ College of Primary Health Care Nurses Symposium 2026

9-10 October
Rydges Latimer Christchurch



Register now

Protecting our future in Primary Health - Stronger Together

Scan the QR Code to view the website and to register.

PROUDLY PRESENTED
IN ASSOCIATION WITH:



Membership

The College currently has 577 member across Aotearoa.

Remind your colleagues that as an NZNO Member they can join up to three Sections, and we would love for more membership in our College!



Social Media

The College now has an active presence on social media which includes Facebook and LinkedIn. the activity of the College.

Facebook:

<https://www.facebook.com/profile.php?id=100063928788474&mibextid=ZbWKwL>



LinkedIn:

https://www.linkedin.com/in/ontologynursing-nzno?_profile&utm_medium=android_app



Click the below link to Join:

We hope you have enjoyed reading this edition of our Newsletter. We look forward to connecting with you all, and hearing from you throughout the year. Till next time, take care and thank you all for the hard mahi you all to do to support our older people.

Bridget on behalf the COGN Committee

Send feedback, ideas for stories etc to:
Regan Gilchrist, Committee Member at nznogerontology@gmail.com