LOGIC
LINKING OPPORTUNITIES GENERATING INTER-PROFESSIONAL COLLABORATION
The Official Journal Of The New Zealand College Of Primary Health Care Nurses, NZNO

WINTER 2026

Introducing our new LOGIC committee members

Masters research summary on Practice Nurse knowledge and resources for Type 2 Diabetes

Reflection on safeguarding in practice

Primary Health Care Standards of Practice

Child and Youth Conference held in Tāmaki Makaurau

Our College Symposium information

AND MORE...

LOGIC Editor Report May 2026

Jess Beauchamp

Nō Ingarangi me Kōtirangi ōku tipuna. I tae mai ōku tupuna Aotearoa ki Takapō. I tipu ake au Tāmaki Makaurau. Nō te Whanganui-a-Tara au. Ko Jess toku ingoa.

Kia ora koutou,

Welcome to this winter edition of LOGIC and the first one for 2026. The year is flying by and it feels particularly busy with all the political changes impacting us both personally and on health services. So many things to think about in this election year. Do make sure you are correctly enrolled to vote as every voice and vote counts. We hope to bring you some critical election analysis later in the year but meanwhile keep an eye on the NZNO newsletters and industrial action updates as these will help inform your thinking regarding whose policies align with the needs and gaps and aspirations of us working in primary care.

The committee is delighted to welcome 2 new nurses to the LOGIC roving editor group, Anastasia Kostiukovsky who currently works in Corrections and Belinda van Essen who is skilled in women's health and education. Their bios are in this edition and reveal more about their nursing careers and interests, inspiring reads!

This winter edition has a selection of articles to dive into and includes research participation requests, as well as a summary from a member whose participant enrolment for her research on Practice Nurses and Diabetes Resources was supported by the College. We include a reflection on clinical supervision focused on safeguarding and LOGICs Marianne has written an interesting review on the Child and Youth Health Symposium she attended early in the year. Also, information about professional development opportunities and a welcome back to our very own College Symposium to be held in Christchurch in October! We end with a reminder of the standards developed especially for us, The PHC Nursing Standards (2019).

Do remember that the College Facebook page has regular posts, often about professional development and is a useful way to keep up to date with College happenings between LOGICs.

Ngā mihi nui to all our contributing authors in this edition. We could not do it without you. Happy reading!

In solidarity,

Jess

Front photo credit: Irina Berenshteyn, Auckland Botanical Gardens, to see more of Irina's photographs go to : https://stock.adobe.com/nz/contributor/205394977/Irina-B

COLLEGE OF PRIMARY HEALTH CARE NURSES

Chair report May 2026

"Kaua e mate wheke mate ururoa." Strive for your goals by being strong and resilient like a hammerhead shark...do not give up no matter how hard the struggle is.

The whakatauki above sums up the continual struggle endured by all those working in the Primary Health Care sector.

Primary and community health care in Aotearoa is in 'crisis' and one main driver is the chronic staff shortages. The funding model is broken and only the Government can fix this problem to ensure Aotearoa has a quality public health system. This committee will continue to advocate and be a lead voice for primary health to ensure our voices are heard because as Dr Margaret Chen states "if you are not on the menu then you are not at the table."

This has been a busy time in Primary Health Care with many challenges and changes. Primary Health will continue to work to get the pay equity gap for nurses working in all sectors of Primary Health and will continue to apply pressure to the Government to make this a reality for our members. Evidence shows a team-based approach creates the best health outcomes in Primary Care. Integrating health workers based on their professional skills and experience. Pay parity for nursing staff in Primary Health will allow better access for New Zealanders in their own community and lower the demand on crowded emergency departments. Our communities deserve accessible care and our nurses deserve fair pay.

General Practitioner Leadership Forum is a collective of individual sector organisations working together for common good and is aligned to the GPLF purpose. This committee comprises elected leaders and senior managers of national membership organisations representing General Practice. Each GPLF member organisation retains its own identity which NZNO is a representative on this Committee. The relationship on this committee continues to grow from strength to strength each year. By representing this Committee ensures the nursing voice will not be unheard of. All issues are sought through collaboratively.

The College of Primary Health Care Nurses was part of the feedback paper provided to the Health Minister through the Primary Health Advisory Committee where Nurses were not included at the beginning. Another collaborative approach for Primary Health was the Aged Care Report: Care in Crisis "Manaaki I te Raru" which was launched in October. Fronting a united front with Aged Care and the research undertaken has been another highlight for the College. Working collaboratively with other Colleges and Sections will raise a stronger voice for all.

On behalf of the Chair this tumultuous year has proven that we have weathered any waves put before us and shown the voice of nurses in Primary Health in every sector. We are the frontline workers and we must continue to fight the fight together; "Maranga Mai every nurse everywhere."

Nō reira

Tracey Morgan

Chair of the College of Primary Health Care Nurses

Combined College Meeting 09 March 2026, in Te Whanganui a Tara

The Executive, LOGIC, Professional Practice committees and our Professional Nursing Advisor, met together last Monday (9th March) in Wellington at the NZNO office. It provided an excellent time for us to reflect on 2025 and plan for 2026 and beyond. Ngā mihi nui to all

College members who attended and apologies if you were unable to join for the AGM via the online link (tech issues), a quick “hot points” summary below.

- The AGM was undertaken and matters progressed. However, we did not have the quorum (5% of the College) required for voting, so a survey will be emailed out shortly for voting. The next AGM is in March 2026.

- The Women’s Health College presented an exciting new project to us. It focuses on supporting clinical professional development. We are keen to collaborate and support this important PHC initiative. Watch this space, more details soon!

- Evolve Wellington Youth won the Oritetanga Pounamu Award in 2025 and we were delighted to welcome two of their registered nurses (also community prescribers), as guest speakers to describe and reflect on their practice. Nga mihi to Greta and Eileen for their kōrero.
  https://www.evolveyouth.org.nz/

- Our College Symposium “ Protecting our future in Primary Care – Stronger Together” is happening 9-10th October in Christchurch. Venue Ridges Hotel. Registration and information are here Conference website

9th and 10th October, SAVE the DATE!

(Left to right: Jeanette Banks, Marianne Grant, Cathy Leigh, Michael Brenndorfer, Erika Donovan, Rosetta Katene, Tracey Morgan, Kat Mear, Sarah Wright, Bridget, Melanie Terry, Kathryn Moka, Jess Beauchamp. - Not in the photo: Sarah Darroch)

New LOGIC Committee Members

Anastasia Kostiukovsky

My name is Anastasia, I've been very passionate about nursing since childhood and practiced as a nurse from 1991. I was privileged to work in 4 countries and in very different nursing fields from a little Arabic village to an outback Australian community; from NICU and PICU in a megacity to a little rest home on South Island (NZ); from ED in Hamilton (NZ) to one of the prisons etc.

Apart from my main career I always studied and self-educated in different aspects of nursing care. Throughout my career I felt the need to share my unique knowledge and experience with others. At different stages of my life I published stories from practice or unique benchmarks from conferences in each country I lived.

I'm thrilled to be part of LOGIC and working for this magazine is of great interest to me.

Belinda van Essen

I come from a proud lineage of nurses—my great-great-aunt, grandmother, and now my daughter have all shared this calling. Nursing has been an incredibly rewarding career, and if I had the chance to choose again, I'd follow the same path—(perhaps alongside interests in flower farming, veterinary science, and running craft and painting workshops).

Most of my career has been in primary care, working across accident and medical services, but mostly in general practice. Over the past five years, I've moved into nurse education—initially focusing on cardiovascular disease and diabetes, and now specialising in cervical screening, which is truly my

happy place. I'm currently employed by Well Women and Family Trust Screening Support Service and work as the Education Lead for the NZQA Cervical Screening Course.

I've really enjoyed seeing—and being part of—the growing professionalism of nursing over the years, and I feel genuinely excited about where the future is heading.

I'm passionate about making a difference—for our patients and their whānau, and for my nursing colleagues, who I love to mentor and support. I value being able to contribute to how we do things and hope to help influence more equitable care for our communities.

I'm really looking forward to being part of the Logic Committee and getting to know more about what's happening around the motu.

Contents:

What Resources Do Practice Nurses

Use to Support Self-management in People with Type 2 Diabetes (T2DM) in Aotearoa New Zealand?

Masters Research 2025

Andrea Thomson

Kia ora koutou, ko Andrea toku ingoa.

I began my nursing career in 1987 in Hamilton, New Zealand. I have enjoyed working in New Zealand, England and Scotland in a wide variety of healthcare settings. Primary Health and education have always been of interest to me. My postgraduate study began with the Well Child/Tamariki ora postgraduate cert while working as a Plunket nurse. I then moved to Practice nursing, and I am currently a senior tutor teaching undergraduate nursing students.

Background to my research

To complete my Master of Health Science qualification I chose to do a research report paper. This gave me an opportunity to explore the resources practice nurses use to support self-management in people living with type 2 diabetes mellitus (T2DM).

T2DM is a significant and growing health concern in Aotearoa New Zealand (NZ) (Minister of Health, 2023). T2DM has long-term complications that can often be prevented or delayed by maintaining blood glucose levels (BGL) within an optimal range (Ehtasham et al., 2022). Maintaining a BGL within the optimal range relies heavily on lifestyle choices and behaviours made by the person with T2DM. Choices that are primarily related to diet, physical activity, and medication adherence. Therefore, self-management education and support play a critical role in the choices made and the health outcomes. Practice nurses deliver much of the ongoing care for people with T2DM in primary healthcare settings, this has increased substantially with the changes to funding eligibility in 2001 (Daly et al., 2022). Practice nurses are ideally positioned to provide diabetes self-management education (DSME) and support. But has the knowledge, provision and development of self-management resources kept pace?

With my practice nurse experience and understanding of the importance of self-management, I chose this topic to investigate what resources are used and are available to support practice

nurses in their role. I began the project by reviewing the available literature to understand what was already known about DSME resources used in New Zealand.

Literature Review

The literature review identified a significant gap in evidence regarding DSME resources available or used by practice nurses in New Zealand. This gap provided the foundation for developing the research question, aim and informed the design of the study. Having established that little was known, I wanted to investigate practice nurses' experiences directly.

Participants and Recruitment

Participant recruitment was via the New Zealand College of Primary Health Care Nurses PHCN Facebook page and snowball sampling. Five registered nurses currently working as PN's in NZ participated. Nurse practitioners and Clinical nurse specialists (CNS) were not eligible as the research was focused on generalist practice nurses working in primary healthcare settings. A limitation of this recruitment method was the potential for self-selection bias, as participants may have a particular interest in diabetes management or education so results cannot be generalised. Data saturation was found to be met after 5 interviews as no new resources or influences were being described in the interviews.

Methods

To hear the practice nurse's lived experience, a qualitative descriptive research design was used. This approach sought to understand participants' perspectives and describe their lived experience. The semi-structured interviews allowed the participants to share their views freely while a question guide ensured consistency across interviews. Interviews were conducted and recorded via zoom, this provided convenience and removed geographical barriers. The interview recordings were transcribed verbatim and returned to participants for 'member checking' to enhance accuracy and trustworthiness (Johnson et al., 2020). The data were then analysed using thematic analysis, a widely used method in qualitative research. Thematic analysis involves systematically reading and coding the data, identifying patterns across interviews, and developing broader themes that represent shared ideas or experiences (Braun & Clarke, 2006).

Although experience as a practice nurse helped me to understand the context, to minimise researcher bias, regular discussions with the research supervisor were held.

Research Process and Reflexivity

As an introduction to formal research, this project involved engaging with the full research process—from gaining ethics approval and refining a research question, to conducting interviews, analysing qualitative data, and now writing up the findings. This process was both challenging and rewarding, deepening my appreciation of the complexity and rigour required in qualitative research. Completing each stage offered valuable insight into the systematic nature of research and the importance of reflexivity, especially when the researcher has professional experience in the field.

Findings and Dissemination

The findings of the research show there are multiple factors that influence nurses' use of resources for supporting self-management. At the time of writing, the findings from this study are being prepared for submission to a peer-reviewed journal. Translating research findings into a publishable academic paper has further emphasised the importance of clarity, coherence, and alignment with academic conventions.

Acknowledgements

I would like to sincerely thank the PHCN team for their support and interest in this study and in recruiting participants. I am deeply grateful to the practice nurses who generously shared their time and experiences, and to my supervisor for her guidance and encouragement throughout the research journey.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Daly, B., Arroll, B., & Scragg, R. (2022). Nurse's contribution to the diabetes annual review and funded programmes in Auckland, New Zealand. *Primary care Diabetes.*, *16*(2), 318 - 324. https://doi.org/10.1016/j.pcd.2022.01.004

Ehtasham, A., Lim, S., Lamptey, R., Webb, D., & Davies, M. (2022). Type 2 diabetes. *The Lancet*, *400*(10365), 1803-1820. https://doi.org/doi.org/10.1016/S0140-6736(22)01655-5

Johnson, J., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education*, *84*(1), 7120. https://doi.org/10.5688/ajpe7120

Minister of Health. (2023). *New Zealand health strategy*. Wellington: Ministry of Health.

Safeguarding Supervision

Fiona Sharpe, March 2026

I have been a RN for over 40 years, with almost 30 years of well child experience both in the UK and NZ. I was a supervisor for safeguarding supervision in the UK and that drove my passion for my dissertation when I was undertaking my Masters in Advanced Child Protection. I have support from my Clinical Leader to offer safeguarding supervision to staff that need support around child protection.

Safeguarding Supervision

Working as a well child/whānau nurse for almost 30 years I have enjoyed seeing families grow and thrive. However, another side of the role is working with whānau where child Protection and safeguarding issues are part of daily life for many children. To ensure robust practice and support practitioners, part of my role in the UK as a Health Visitor was to engage in safeguarding supervision both as a supervisor and a supervisee. Working in New Zealand as a Plunket RN, I completed a Masters in Advanced Child Protection. My dissertation explored the need for practitioners to engage in safeguarding supervision, in addition to other types of supervision. Safeguarding supervision has clear benefits for the child/ren, the practitioner and the organisation.

Clinical vs Safeguarding Supervision

Often the terminology child protection and safeguarding are used interchangeably, (Guindi, Hassett & Callanan, 2019). The UK training body, Safeguarding Associates for Excellence (SAFE), (2020), offers a definition to differentiate between the two, 'safeguarding is to prevent harm; child protection is how we respond to harm.' Safeguarding supervision supports the practitioner to reflect on their practice, in a safe space. This enables the practitioner to make robust decisions, which is integral in preventing harm. Safeguarding supervision should be facilitated by a practitioner with expertise in safeguarding and child protection.

Functions of Supervision

In understanding the value of safeguarding supervision, firstly it is useful to examine the function of the supervision process, which applies to both clinical and safeguarding supervision. Three functions of supervision have been described by Kadushin and Harkness (2014), firstly educational, that is practitioners are learning and enhancing their practice through the reflective supervision process. Secondly administrative, ensuring that organisational policies are being followed and standards of practice maintained (Beddoe, 2012). However, supervision should not be seen as a management tool. Thirdly they highlight the supportive function for practitioners, with regard the emotions experienced especially when dealing with complex cases (Wallbank & Hatton, 2011).

Due to the nature of the work, child/whanau nurses spend a great deal of time working alone, making solo decisions, and are often the first people to identify a child protection concern, (Peckover & Appleton, 2019). Practitioners can feel anxious and overwhelmed emotionally, with potential for stress, compassion fatigue and burnout, when dealing with complex whanau.

It is clear there is a need to provide emotional support and containment of feelings to reduce the anxiety engendered by the stressful nature of the work. Safeguarding supervision, by providing support and containment can reduce feelings of stress and anxiety for the practitioner.

The following are examples of safeguarding supervision I have provided for practitioners:

> *A practitioner described carrying sad feelings for many years following the death of a child on her caseload. Although there was nothing she could have done differently, she felt she had not been well supported at the time.*

Providing safeguarding supervision helped that practitioner to unpack and examine her feelings. Her feedback was that she felt someone had finally acknowledged and supported how she felt.

A practitioner had concerns about an older child within a blended family, that included a baby and toddler. The parents were desperate for support and felt the older The child was a risk to the whole family, and no one was listening or providing support. Accessing safeguarding supervision gave the practitioner tools to ground herself and objectively look at the situation. This resulted in the practitioner identifying other professionals that she was able to link in with to ensure the family received holistic multi-agency support.

Access to safeguarding supervision, should be the responsibility of the supervisee, but also the organisation. Organisations with a focus on learning and clear policies around supervision expectations, are more likely to promote and support safeguarding supervision (Jarrett & Barlow, 2014).

As a safeguarding supervisor in the UK, I was able to access supervision of supervisors, facilitated by safeguarding specialist nurses. This was important to ensure my wellbeing working with and containing the feelings of the supervisee.

References

Beddoe, L. (2012). External Supervision in Social Work: Power, Space, Risk and the Search for Safety. *Australian Social Work.* Vol.65, No.2, 197-213. [Online]. Available from: https://www.tandfonline.com/doi/full/10.1080/0312407X.2011.591187?scroll=top&needAccess=true&role=tab.

Guindi, A. Hassett, A. and Callanan, M. (2019). Safeguarding Supervision: On The Front Line. *Community Practitioner.* [Online]. Available from: https://communitypractitioner.co.uk/archive/

Jarrett, P. and Barlow, J. (2014). Clinical supervision in the provision of intensive home visiting by health visitors. *Community Practitioner.* Vol. 87, No.2, 32-36. [Online]. Available from: https://www.communitypractitioner.co.uk/archive/

Kadushin, K. and Harkness, D. (2014). *Supervision in Social Work.* 5th Edition. Columbia University Press. New York. [Online]. Available from:

https://books.google.co.nz/books?hl=en&lr=&id=U2caAwAAQBAJ&oi=fnd&pg=PR5&dq=supervision+in+social+work+pdf&ots=XPLBLUJH0g&sig=S13mS

Peckover, S. and Appleton, J. (2019). Health visiting and safeguarding children: a perfect storm. *Journal of Health Visiting.* No. 7, (5), 232-238. [Online] Available from: https://shura.shu.ac.uk/24530/3/Peckover_health_visiting%28AM%29.pdf

Safeguarding Associates for Excellence. (SAFE). (2020). *What is the Difference between Child Protection and Child Safeguarding?* [Online]. Available from: https://www.safe-ltd.com/what-is-the-difference-between-child-protection-and-child-safeguarding/#:~:text=Safeguarding%20is%20to%20prevent%20harm,demonstrate%20compliance%20with%20this%20responsibility.

Wallbank, S and Hatton, S. (2011). Reducing burnout and stress: the effectiveness of clinical supervision. *Community Practitioner.* Vol.84, No. 7, 31-35. [Online]. Available from: https://www.communitypractitioner.co.uk/sites/default/files/media/document/2017/2011_07_july_cp.pdf

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Approved by the Auckland Health Research Ethics Committee for three years on 28/10/2025. Reference number AH30474

The Child and Youth Health Symposium February 2026 in Tāmaki Makaurau. Reflection by Marianne Grant April 2026

The Child and Youth Health Symposium, hosted by the AUT Child & Youth Health Research Centre was held on 20/21 February 2026. The Symposium brought together research, practice, and lived experience to better understand what truly supports positive outcomes for child and young people in Aotearoa. Presenters and those present came from a range of disciplines and professional roles including teaching/ education, health - nursing/ medicine, academics, students, physiotherapy, Occupational Therapy, community advocates and NGOs.

The theme of the Symposium: Partnership in Action – Working Together for Child and Youth Health and Wellbeing, was celebrated and described across the range of presentations.

Key topics in child and youth health across themed sessions, including wellbeing in educational contexts, celebrating diversity and culturally responsive care, family-centred support, physical activity, and collaborative approaches to holistic child development. The emphasis included practical, actionable approaches to supporting the health and wellbeing of all tamariki, rangatahi, and their whānau across Aotearoa.

Keynote speakers

Aimme Hadrup and Angie Tangaere from the **Auckland City – Co Design Lab** described their work under the title: Better together in place – Whanau Led systems change for better outcomes in the first 2000 days.

The Co- Design Lab is a local and central Government collaboration, looking to increase tamariki wellbeing, place based and systems focused. Ideally creating safe spaces for whanau, focusing on the first 2000 days, incorporating whanau led ideals. Three practice models guide their approaches Hatu Waka, Niho Taniwha and Te Tokotoru. Te Tokotoru was used to underpin the work in South Auckland particularly at Papakura Marae.

For more on the work, publications and resources from this group a see https://www.aucklandco-lab.nz/

Professor Terryann Clark. **Improving Ranagitahi Māori wellbeing**: Evidence and innovation within population mental health.

Terryann, described the work she is doing in this space, describing the State of Mental Health, Solution settings, examples of action and the Youth 2000 Survey Series.

Of note is the changing landscape for rangitahi where there is a change from MVAs being the leading cause of death to suicide. Research is showing high indication of unmet need for this group, including discrimination and racism in health care, effects of food insecurity, increase in suicide attempts. For the Rainbow youth this risk is higher again.

Solutions include considering how to support young people to connect (See Research here – Harnessing the Spark of Life; some Tik Tok reels, new models of action and other research. See the work By Hamley et al., (2022), Te Tapatori: A model of whanaungatanga to support rangatahi wellbeing.

(References: Williams, Clark & Lewycka, 2018. doi: 10.3389/fpubh.2018.00319; https://www.youth19.ac.nz/)

Across the two days were a range of 15-minute presentations across the education sector, diversity, partnership, physical activity, child and youth voices- including mental health, physical health, social and health outcomes, disabilities, resilience, physical education, mentoring, physiotherapy and occupational therapy activities and programmes for children and young people.

Coming from the Well Child Tamariki Ora space there was something in each presentation that resonated and provided food for thought for this population and older.

Well worth considering attending in 2027 if you have the opportunity or to present your research. https://cyhrc.aut.ac.nz/events

You are invited to IPCNC Conference 2026 !

What? Three days of IPC knowledge and innovation. Overseas and national speakers, trades, local expertise. All the IPC support at the biggest IPC event in New Zealand!

When? 26th-28th August 2026

Where? Tākina Convention and Exhibition Centre, Wellington

How? Registration open. Earlybird prices close June 30th

IPCNC Member: $760. Non-member: $890. Single day: $400

Website: **https://www.ipcncconference.nz/**

Keynote speakers:

Jincy Jerry is the Director of Infection Prevention and Control at NHS Ayrshire and Arran, Scotland. She earned numeorus awards, including the ICPIC Innovation Academy Awards (2021, 2023), the Bright Spark award (2022), Hospital Manager of the Year Award (2023), and finalist in the prestigious Aster Guardians Global Nursing Award (2023).

Belinda Henderson is the Chief Nurse for IPC for the Queensland Department of Health, and is a focal point for their WHO Global Outbreak Alert and Response Network. She is a fellow and past president for ACIPC.

Conference questions? Contact henrietta.sushames@ccdhb.org.nz

NZNO College of Primary Health Care Nurses Symposium October 2026

This year's symposium theme is:
"Protecting our future in Primary Health - stronger together"
Mehemea ka moemoea ahau anake.
Mehemea ka moemoea tatou, ka taea e tatou
(If I dream, I dream alone. If we dream as a collective, we can achieve our dream).
Na, Te Puea Herangi

The **New Zealand College of Primary Health Care Nurses (NZCPHCN), NZNO** annual symposium is taking place **9-10 October** at **Rydges Latimer Christchurch**. This event offers an opportunity to come together after time apart to reconnect, learn, share knowledge, celebrate our collective achievements, and strengthen our professional community.

Now is your opportunity to register to be a part of this inspiring event. Early bird pricing closes on **31 July 2026**. Please **click here** to view the registration fees and complete your registration.

Please **click here** to here view the full programme. To learn more about our lineup of speakers **here**.

Venue & Accommodation
To view venue and accommodation information, please **click here**
Rydges Latimer Christchurch
30 Latimer Square
Christchurch Central City

REGISTRATIONS OPEN NOW!

If you have any queries regarding the conference or registration, please contact Britta from the Medical Technology Association of New Zealand (MTANZ) **britta@mtanz.org.nz**


Tōpūtanga Tapuhi Kaitiaki o Aotearoa
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Tōpūtanga Tapuhi Kaitiaki o Aotearoa NEW ZEALAND NURSES ORGANISATION	**2026 Medico-legal Forum** ***Navigating risk and complexity in contemporary nursing practice*** **Programme** **Christchurch: Tuesday 21 July** **Auckland and online: Wednesday 29 July**
0830 - 0900	**Meet and greet**
0900 – 0910	**Karakia & welcome**
0910- 1010	**Unsafe staffing: Impact on professional obligations** Erika Hendy and Hilary Max, NZNO Medicolegal Lawyers
1010-1030	Paramanawa – morning tea
1030 - 1115	**Elder abuse response with a nursing perspective** Auckland: Kai Quan, Age Concern Intervention Services Manager Christchurch: Greta Bond, CEO Age Concern Canterbury
1115-1145	**AI and Nursing: Friend, Foe... or Future Colleague?** Carey Campbell, Clinical Director, Amalga (by McCrae Tech)
1145 - 1230	**Nursing Council Code of Conduct update and recent cases** Nursing Council of New Zealand, Te Kaunihera Tapuhi o Aotearoa
1230- 1315	Tina - Lunchtime
1315- 1415	**Substituted decision making and informed consent** NZNO Medicolegal lawyers
1415 - 1445	**Ethics and advocacy** NZNO Professional Nursing Advisors
1445-1500	Paramanawa – afternoon tea
1500- 1545	**Health and Disability Commissioner – Te Toihau Hauātanga Processes and case studies** Christchurch: Jane King, Associate Commissioner Legal Auckland: Morag Mc Dowell, Health and Disability Commissioner
1545 - 1615	**Q&A session** NZNO Medicolegal Lawyers
1615	**Poroporoaki**

Aotearoa Primary Health Care Nursing Standards for Practice

The Aotearoa Primary Health Care Nursing Standards for Practice were developed in collaboration with Mid Central District Health Board in 2019. Their focus is to provide a general set of standards for all nurses working in PHC (regardless of scope) and include

the goals to;

- Promote Primary Health Care Nursing as speciality nursing practice
- Define scope and depth of practice
- Articulate a career development pathway

If you are currently planning a practice innovation or reviewing your own practice, position description, or organisational practice , they are useful to reflect against to uncover practice gaps and strengths and guide changes.

The arena of PHC is changing with positive developments such as a growing cohort of registered nurses who are also Nurse Prescribers. But there are also potential challenges like the rise of non-nurses in PHC taking on roles that were traditionally undertaken by

nurses, and pressure on the nursing work force due to GP and other shortages. In 2026 the impacts of new government actions and policy on health resourcing and wider work force issues are forcing change. With these in mind, a review of the Standards is needed and the CPCHN committee are hoping to lead this project within the next year. Meanwhile, we wish to remind you of the Standards (below), which are also available via the College pages on the NZNO website.

Jess Beauchamp and Cathy Leigh, May 2026

Aotearoa New Zealand Primary Health Care Nursing Standards of Practice

Yvonne Stillwell in collaboration with
the New Zealand College of Primary Health Care Nurses 2019

PURPOSE

The purpose of the Aotearoa New Zealand Primary Health Care Nursing Standards of Practice 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. This document is specifically focused on the registered nurse workforce. 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.

WHAKATAUAKĪ

Ki mai ki āhau, he aha te mea nui o tēnei ao
Māku e ki atu
He tangata, he tangata, he tangata.
If you ask me what is the most important thing in the world,
My reply is this,
It is people, it is people, it is people.

INTRODUCTION

These standards of practice have been developed as part of a joint venture between Mid-Central District Health Board (MDHB), the New Zealand Nurses' Organisation Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO) and the New Zealand College of Primary Health Care Nurses (the college). There are well documented ethnic disparities in life expectancy, the enjoyment of good health and differential health outcomes between Māori and non-Māori. These inequalities are unacceptable, unjust, unnecessary and unfair (Ministry of Health, 2018). In Aotearoa, primary health care (PHC) focuses on the delivery of services across a continuum of primary and community care settings. It is about creating access to appropriate and affordable services that improve the health and well-being of all New Zealanders, addressing equity issues, and putting people, family and whānau at the centre of health service delivery.

In addition, the rising costs of healthcare, an ageing population and an ageing workforce continue to challenge the current provision of healthcare in this country. As district health boards seek to manage growing demand for services, more and more services are shifting into the community. These standards of practice provide nurses working in primary health care settings with a clear set of expectations for practice, enabling nurses to practice to the full extent of their knowledge and skills in the provision of primary health care.

We would like to thank everyone who, individually or as a representative of their organisation, contributed to this resource by providing feedback and suggestions for its direction and content.

We would also like to acknowledge that we have drawn on a number of key frameworks from other national and international nursing groups.

The framework is complimentary to, and supported by, the following documents:

- The Health Quality & Safety Commission's New Zealand Triple Aim (2011)
- The New Zealand College of PHC Nurses Strategic Plan (2015-2020)
- The Ministry of Health's New Zealand Health Strategy (2016)
- The Ministry of Health's He Korowai Oranga: Māori Health Strategy (2002, updated 2014)
- The New Zealand Nurses Organisation Strategy for Nursing (2018-2023)
- The Nursing Council of New Zealand's Competencies for Registered Nurses (2007)

PRIMARY HEALTH CARE NURSING

In Aotearoa, PHC is a philosophy and approach that is integral to improving the health of all New Zealanders and the effectiveness of health-care service delivery (Clendon and Munns, 2019). The term "primary health care nursing" refers to the practice of nurses who provide care in the community in a variety of roles and settings.

PHC nurses are practice nurses, public health nurses, Plunket nurses, district nurses, rural nurses, nurses providing care to specific groups (e.g. people with long-term conditions and people with disabilities), and nurses working in urgent care clinics. PHC nurses work in child services, youth health, occupational health, family planning/sexual health, mental health and addictions, Corrections, health education/promotion, aged care, non-governmental organisations, for Māori and Iwi providers, and Pacific health providers. PHC nurses are also managers and leaders of community-based services.

PHC nursing covers a wide range of practice – some nurses have a very specific individual focus, while others have broad roles that encompass well and at-risk populations, health promotion, early detection, intervention, diagnosis and treatment across the lifespan. Central to PHC nursing is partnership with people, individuals, families, whānau and communities, to achieve the shared goal of health for all.

These standards are intended to support and guide PHC nurses by clearly articulating the standards of practice for the specialty and outlining a career

pathway in PHC nursing.

FORCES INFLUENCING CHANGE

Based on current workforce dynamics, the PHC nursing workforce is set to expand by 1754 nurses (or 16 per cent) by 2030. Full-time equivalents will grow to 8951, including a small portion of nurses working in PHC as a second job (Ministry of Health, 2010). The demand for PHC nursing over the next 20 years can be determined by looking at indicators of demand, such as:

- Population growth projections by age: The overall population is aging, with an increasing proportion of people over the age of 85 years.
- Population health needs by ethnicity: The populations of Māori and Pacific people are younger, and services will need to reflect the requirements of these groups.
- Historical, current and future changes to the way PHC nursing services are configured: Current models of care are not equipped to meet the needs of a rapidly evolving health environment. New evidenced-based models of care are needed that focus on improving equity in service provision (NZNO Strategy for Nursing, 2018-2023).
- The impact of current and emerging technologies: A range of health information and e applications will be available in a “connected community of care” that will facilitate care and support and empower the patient and the nurse (NZNO Position Statement: Nursing, Technology and Telehealth, 2016).

VISION FOR PHC NURSING IN AOTEAROA NEW ZEALAND

“An effective PHC nursing network that is responsive to the health needs of our whānau, hapū, iwi and communities in Aotearoa” (the College, 2015).

This section provides a range of best practice values to guide nursing practice when working in a PHC setting. An understanding of the following values is essential for providing culturally appropriate and safe nursing practice with whānau, hapū and iwi. This is a requirement of the NCNZ annual practicing certificate for all regulated nurses.

TE RŪNANGA O AOTEAROA (NZNO)

Te Rūnanga's whakatauakī, "*Ko tāku Manawa, ko tāu Manawa, from my heart to your heart*" reflects our intrinsic relationships with the whenua, te taiao, our wairua and our commitment to kaitiakitanga: we are the present guardians and are entrusted to leave a sustainable future for the next generation of Māori health professionals. It is through these values of manaakitanga, whakapapa, wairua, mauri, mana and tapu that we acknowledge and promote Te Ao Maori

Manaakitanga	The duty of care to meet the needs of the whole person, family or whanau.
Whakapapa	Ancestral lineage, intergenerational connections and relationships through common ancestors.
Wairua	Spirituality as an essential part of well-being.
Mauri	An energy, an internal element, a sustaining life force or spirit, found in all living and non-living things.
Mana	Prestige, authority, control, power, influence, status, spiritual power, charisma – mana is a supernatural force in a person, place or object.
Tapu	Sacred.

QUALITY SAFE CARE

Ensuring a focus on quality and equity is demonstrated by aligning our interventions to the Triple Aim: better outcomes, better experiences and better use of resources. This means understanding differences in how services are provided, their cost effectiveness and the impact on health outcomes. Some choose to add a fourth aim which may be the joy of work or a contented workforce. These are worthy goals and we encourage all PHC nurses incorporate these into their practice.

https://www.hqsc.govt.nz/news-and-events/news/126/

PRINCIPLES UNDERPINNING THE PHC NURSING STANDARDS OF PRACTICE

A strong PHC system is central to improving health for all. The Government's *Better Sooner More Convenient* (2009) and *Live Well, Stay Well, Get Well* (2016) strategies mandated the approach to integrated care across primary and secondary providers. The person, family or whanau, rather than the provider, was put at the centre of service delivery. The aim was to promote a seamless journey for people and whānau across community, primary and hospital sectors, greater use of primary and community services, and providing care closer to home. For PHC nursing, this means:

- Acknowledging Māori as tangata whenua of Aotearoa New Zealand and our commitment to te Tiriti o Waitangi.
- Acknowledging the diversity of values, belief systems and practices of people and cultural groups within our population.
- Delivering more acute nursing services "closer to home".
- Greater opportunities for expanded practice and designated prescriber roles to improve people's health access, choice and outcomes.
- Greater participation as autonomous practitioners within integrated health-care teams.

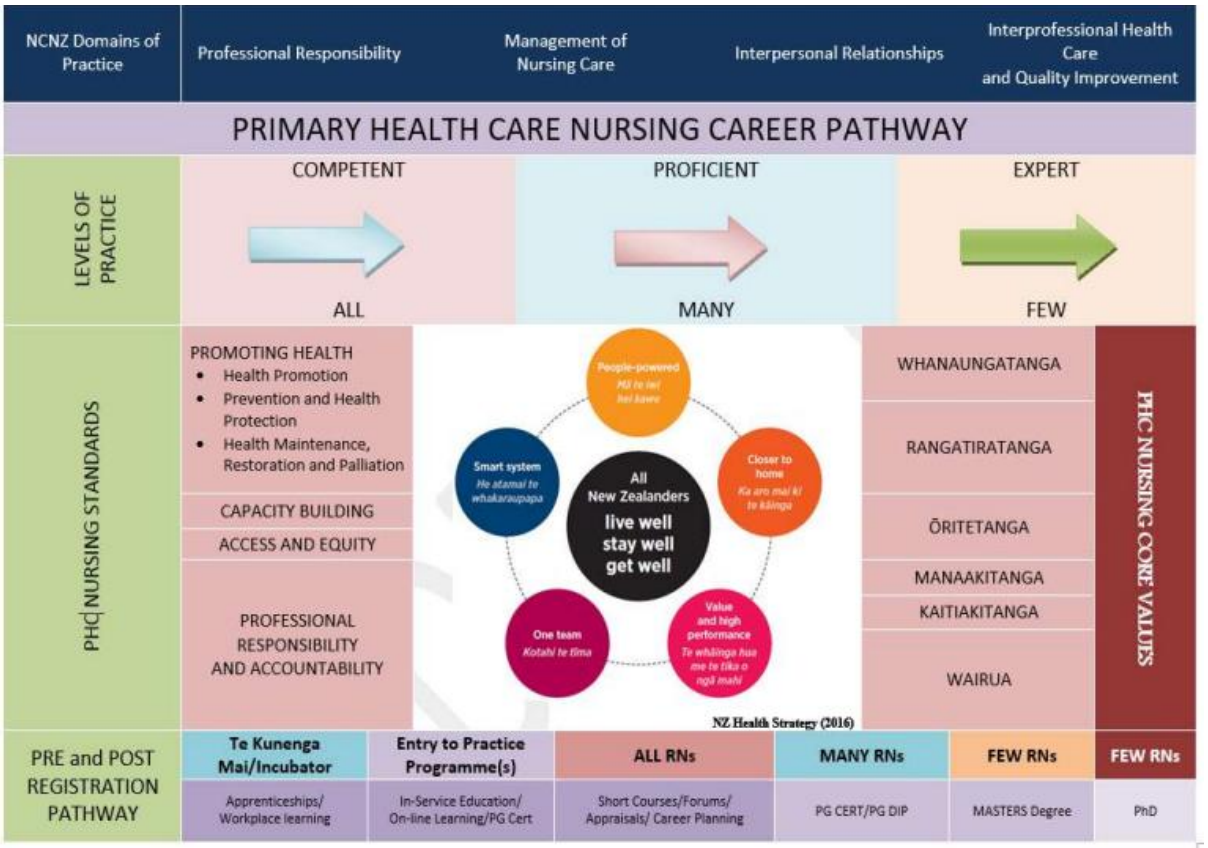
RELATIONSHIP TO OTHER FRAMEWORKS AND STRATEGIES

This document establishes the national standards for PHC nurses and identifies an associated career pathway. It has been a collaboration between NZNO, the College and Mid-Central DHB's Nurse Directors of Workforce and Primary Integration. In September 2017, the College consulted with, and sought feedback from, all members and key stakeholders. This document updates the 2017 work.

These standards of practice have been informed by the *New Zealand Health Strategy* (2016), the Health Quality & Safety Commission's *New Zealand Triple Aim* (2011), the Nursing Council of New Zealand's (Nursing Council) *Competencies for the RN scope of practice*, the *NZNO Strategy for Nursing* (2018), and international standards for PHC nursing.

PHC NURSING CAREER PATHWAY

The Nursing Council (in accordance with the Health Practitioners Competence Assurance Act, 2003) regulates the RN scope of practice. The Council articulates expected practice at a generic level in its publication, *Competencies for Registered Nurses*(NCNZ, 2016). From this starting point, each nurse's practice develops over time, and is influenced by factors such as the practice context; the needs of people, family or whānau and community; and the nurse's education and experience.



All PHC nurses have a core body of knowledge and skills, including an understanding of the relationship between people and their health, and how it affects them, their family/whanau and the community they live in. In community settings, all nurses will be involved with well/at-risk populations, providing health promotion, early detection and intervention, diagnosis and treatment. Nurses who meet the competency requirements set by the Nursing Council for RNs provide this level of care.

Many nurses will develop specialised knowledge and skills to become proficient and expert PHC nurses, while a few will independently provide care for people and whānau with increasingly complex, unpredictable and specialised needs.

STANDARDS OF PRACTICE FOR ALL PHC NURSES

A key characteristic of the nursing profession is that it develops standards based on

nursing values to guide practice. Practice standards describe the knowledge (both clinical and cultural), skills and attributes needed to practise nursing safely. They represent desirable and achievable levels of performance expected of nurses in their practice and provide criteria for measuring performance.

Every nurse is accountable for their own nursing practice, regardless of their practice area, focus or setting. These standards for PHC nursing expand on the NCNZ competencies for RNs and identify the principles and variations specific to PHC practice.

The Primary Health Care Nursing Standards of Practice (the standards):

- Define the scope and depth of PHC nursing practice.
- Identify a career development pathway for PHC nursing.
- Promote PHC nursing as a specialty.

The standards also reflect NCNZ statements on scopes of practice: that some RNs will use their nursing expertise to manage, teach, evaluate and research nursing practice. 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. Nurse researchers
will use the standards to guide the development of knowledge specific to PHC nursing. The standards apply to all nurses practising in PHC settings. The standards will become the expected level of competent practice after one year of experience. Proficient and expert PHC nurses will extend the standards, for example through postgraduate education, and expanded and credentialed practice.

FOUR STANDARDS OF PRACTICE FOR ALL PHC NURSES:

STANDARD 1: **PROMOTING HEALTH**	PHC nurses view health as a holistic and dynamic process of physical, mental, spiritual, and social well-being. Health includes self-determination and a sense of connection to whānau and community. Whānau ora puts whānau and families in control of the services they need, to work together, build on their strengths and achieve their aspirations. It recognises the collective strength and capability of whānau to achieve better outcomes in areas such as health, education, housing, employment, and income. Nurses bring a strengths based approach to their work, drawing on the principles of Whānau ora in their work with people in each of the following competencies.

1.1 **Health promotion**	Focuses on promoting people's health and well-being, including improving their resistance to disease; limiting their exposure to risk; and reducing the stressors that affect their health and well-being. Activities might take place at individual, family or whānau, group, community and/or population level.
1.2 **Prevention and health protection**	PHC nurses integrate prevention and health protection practices, particularly those mandated by the MoH to improve health outcomes.
1.3 **Health maintenance, restoration and palliation**	Health maintenance, restoration and palliation are systematic and planned approaches to maintain function, improve health and support life transitions, including acute, long-term or terminal illness, and end-of-life care.
STANDARD 2: BUILDING CAPABILITY	PHC nurses build individual and community capability by actively involving and collaborating with people, family or whānau and the community. They focus on building people's strengths and increasing their skills, knowledge, and willingness to take action in the present and future.
STANDARD 3: IMPROVING ACCESS AND EQUITY	PHC nurses advocate for equitable health outcomes for all and distribute services and resources throughout the population to ensure they reach the people who most need them. Nurses proactively work to address inequalities through their practice and through influencing relevant policies.
STANDARD 4: WORKING TOGETHER, BETTER AND SMARTER	PHC nurses establish, build, and nurture relationships with other health professionals to promote maximum participation and self-determination of people, family, or whānau.

SPECIALTY AND ADVANCED KNOWLEDGE AND SKILLS FOR PHC NURSES

Many PHC nurses will develop specialised knowledge and skills to become proficient practitioners. These skills and specialised knowledge are required, for example, when a person is experiencing health issues of mild to moderate complexity, severity or impact; their clinical indicators are not within an acceptable range, there is evidence they are not self-managing effectively, and/or they require coordinated structured care and case management. As the nurse's practice advances, they will demonstrate more effective integration of theory, practice and experience, along with increasing levels of autonomy. They may undertake credentialing or expanded scope activities, such as RN prescribing in primary health and community teams.

There will be nurses practicing at an expert level, independently providing care for people, family or whānau with increasingly complex, unpredictable and specialised care needs. They will provide expert support to other members of the health-care team and lead PHC nursing practice and service development. These nurses could be defined as specialist PHC nurses. Alongside their specialty clinical practice, these nurses may be progressing academically towards a postgraduate certificate, diploma or master's qualification. A PHC nurse may ultimately qualify into advanced nursing practice as a nurse practitioner.

PROFESSIONAL DEVELOPMENT FOR PHC NURSES

In the career pathway previously identified, nurses require access to ongoing professional development to develop the knowledge and skills required to meet the changing needs of the populations they serve and the context of their practice. Typical learning experiences that contribute to the development of the required level of knowledge and skills include: • reflection and learning from practice experiences

- continuing professional development programmes
- post-graduate study

The level of knowledge and skill required determines the nature and scope of the learning experiences for each nurse.

STANDARD	TO PROMOTE HEALTH AND WELL-BEING THE PHC NURSE:	MET	NOT MET	INITIAL/ DATE

STANDARD 1: PROMOTING HEALTH PHC nurses view health as a holistic and dynamic process of physical, mental, spiritual, and social well-being. Health includes self-determination and a sense of connection to the community and whānau. Whānau ora puts whānau and families in control of the services they need to work together, build on their strengths and achieve their aspirations. It recognises the collective strength and capability of whānau to achieve better outcomes in areas such as health, education, housing, employment, and income. Promoting health includes health promotion and screening, prevention and health protection, and health maintenance, restoration and palliation.				
1.1 HEALTH PROMOTION AND SCREENING This focuses on promoting people's health and well-being, including improving people's resistance to disease; limiting people's exposure to risk; and reducing the stressors that affect people's health and well-being. Activities might take place at individual, family or whānau, group, community and/or population level.	1.1.1 Demonstrates understanding of priority populations, determinants of health, epidemiology, and principles of PHC (accessible, affordable, acceptable, appropriate and adaptable*).* 1.1.2 Brings a strength's-based approach to their work, drawing on the principles of Whānau ora in their work with people in each of the competencies. 1.1.3 Implements health promotion activities and approaches to improve health outcomes (e.g. cardiovascular and diabetes risk assessments, immunisation, cervical screening, childhood obesity, keeping children out of hospital, people's experience of care, babies living in smoke-free homes, youth access to and use of youth-appropriate health services). 1.1.4 Supports people, family or whānau and the community to understand, manage and take ownership of their own health.			

	1.1.5 Ensures services are culturally relevant and responsive to people's location, ethnicity, socioeconomic status, age, and/or gender. 1.1.6 Applies relevant theories and concepts (e.g. stages of change theory, self-management/self management support/chronic care model) to support health behaviour change. 1.1.7 Describes factors affecting the health of own population (e.g. equity, income, education, environment).			

1.2 PREVENTION AND HEALTH PROTECTION PHC nurses integrate prevention and health protection practices, particularly those mandated by the MoH to improve health outcomes.	1.2.1 Participates in surveillance activities, analysing and using data to identify and address health issues within own population or community. 1.2.2 Applies epidemiological principles for planning strategies such as screening, surveillance, immunisation, communicable disease response and outbreak management and education. 1.2.3 Provides prevention and protection services for people, family, whānau and the community to address issues such as communicable disease, injury, frailty and long-term conditions. 1.2.4 Facilitates informed decision-making for protective and preventive health measures. 1.2.5 Supports people, family or whānau and the community to identify potential risks to health, including contributing to emergency and/or			

	disaster planning, being knowledgeable about specific emergency/disaster plans and promoting awareness of the plan(s) among people, family or whānau and the community. 1.2.6 Evaluates own practice in achieving outcomes, such as reduced communicable disease, injury, long term conditions or impacts of a disease process. 1.2.7 Practices in accordance with legislation and regulations relevant to primary health practice (e.g. Public Health and Disability Act 2000; Vulnerable Children Act 2014; Health Act 1956; Health Information Privacy Code 1994; Medicines Act and regulations 1984).			

1.3 HEALTH MAINTENANCE, RESTORATION AND PALLIATION Health maintenance, restoration and palliation are systematic and planned approaches to maintain function, improve health and support life transitions including acute, long term or terminal illness and end-of-life care.	1.3.1 Assesses health status. 1.3.2 Develops mutually agreed plans and priorities for care. 1.3.3 Supports self-management of health needs according to available resources and personal skills. 1.3.4 Supports informed decision-making; acknowledges diversity, unique characteristics and abilities; and respects people, family or whānau and the community's specific requests. 1.3.5 Uses knowledge of the community to link with, and refer to, community resources. 1.3.6 Evaluates outcomes systematically, in collaboration with people, family or whānau and the community, including other health practitioners and inter-sectoral partners.			

STANDARD 2: CAPABILITY BUILDING PHC nurses build individual and community capability by actively involving and collaborating with people, family or whānau and the community. The focus is to build on strengths and increase skills, knowledge and willingness to take action in the present and in the future.	2.1 Works collaboratively with people, family or whānau and the community (including other health-care providers) to identify needs, strengths, available resources and strategies for action. 2.2 Uses community development principles and facilitates action to support the five priorities of the Jakarta Declaration (1997): promote social responsibility for health; increase investment in health development; consolidate and expand partnerships for health; increase community capacity and empower the individual; and secure an infrastructure for health promotion. 2.3 Recognises and supports the values and principles of the Declaration of Astana (2018) which commits WHO member states to strengthening primary health care systems as an essential step toward achieving universal health coverage through (1) making bold political choices for health across all sectors; (2) building sustainable primary health care; (3) empowering individuals and communities; and (4) aligning stakeholder support to national policies, strategies and plans. 2.4 Supports community action to influence policy change, to improve health outcomes. 2.5 Evaluates the impact of change on the health outcomes of people, family or whānau and the community.			
STANDARD 3: ACCESS AND EQUITY PHC nurses facilitate access	3.1 Communicates effectively to support people, family or whānau's navigation of the health system. 3.2 Addresses inequalities through			

and equity by working to ensure resources and services are equitably distributed throughout the population and reach the people who most need them. Nurses proactively work to address inequalities through their practice and through influencing relevant policies.	actively addressing whanau needs as they present and influencing policy. 3.3 Ensures the patient voice is at the heart of service development and improvement. 3.4 Uses strategies such as home visits, outreach and case finding to overcome inequities and facilitate access to services for priority populations (e.g. people who are ill, elderly, young, poor, immigrants, isolated or have communication barriers). 3.5 Monitors and evaluates changes and progress in access to community services that support the determinants of health. 3.6 Takes action with, and for people, family or whānau and the community, to address service gaps, inequities in health outcomes and accessibility issues.			

STANDARD 4: WORKING TOGETHER, BETTER AND SMARTER PHC nurses connect with others to establish, build and nurture professional relationships. These relationships promote maximum participation and self determination of people, family or whānau and the community.	4.1 Operates in a high-trust system with the person and their family or whānau at the centre of care. 4.2 Acts as a positive role model, valuing the interdisciplinary contribution to seamless care. 4.3 Contributes to systems and processes that drive quality improvement and innovation. 4.4 Contributes to cost-effective models of care that improve people's experience of care and health outcomes. 4.5 Uses data and smart information systems to improve evidence-based decisions, management reporting and clinical audit. 4.6 Enables individual health records to be accessible to people at the point of care (e.g. e-referrals, shared care plans, tele health).			

APPENDIX 1: KNOWLEDGE AND SKILLS FRAMEWORKS FOR PHC NURSES

The standards of practice outlined in this document underpin the practice of PHC nurses and provide the foundation for PHC nurses as they develop their ongoing careers in PHC nursing. There are a range of knowledge and skills frameworks that support the ongoing practice and professional development of PHC nurses. PHC nurses use these frameworks to develop their practice in specific specialty areas. Many of these are listed here.

Cancer Nursing

National Reference Group, Knowledge and Skills Framework for Cancer Nursing 2014. "It is essential that all nurses caring for people with cancer and their family/whanau have the knowledge and skills to provide optimum care throughout the cancer journey, from diagnosis through treatment, survivorship, palliative care and end-of-life care. The Knowledge and Skills Framework for Cancer Nurses provides the foundation for all nurses, including those in advanced roles, to define the competencies required and have the knowledge and skills to enable safe evidence-based care for people with cancer in all settings."
The framework can be accessed at: Cancer Nurses College Resources

Child Health

The NZ Child Health Nursing Knowledge and Skills Framework (2014) has been developed to describe the generic capabilities nurses need to deliver quality care to children and their families/whānau. The Framework was developed by the NZNO College of Child and Youth Nurses (CCYN) and is aligned to a population base and not a specific disease state. Child health nurses are expected to incorporate specific information from other knowledge and skills frameworks where this "fits", such as pain, diabetes, and renal specialty practices. The aspects of paediatric care that relate specifically and generically to children are the basis for the Child Health Framework. The framework can be accessed at: NZ Child Health Nursing Knowledge and Skills Framework

Diabetes Nursing

The National Diabetes Nursing Knowledge and Skills Framework (2018) (NDNKSF) was developed to help RNs demonstrate they are adequately prepared to provide the required care and education for people with diabetes and related co-morbidities, whatever their practice setting. To promote best practice, the NDNKSF is linked to national guidelines, standards of practice and the Nursing Council of New Zealand's competencies for registration. The framework can be accessed at: National Diabetes Nursing Knowledge and Skills Framework

District Nursing

The District Nursing Knowledge & Skills Programme for Registered Nurses was developed by the College of Primary Health Care Nurses NZNO in partnership with the MidCentral DHB Health Care Development Team and District Nursing Service and included a wide range of community nurses working in specialty areas. The programme draws on content from a range of other programmes including the National Diabetes, Respiratory, Pain Management, Youth Health and Nephrology Nursing Knowledge and Skills Frameworks and the NZNO Cancer Nurses' Section competencies as well as aligning with the Nursing Council of New Zealand competencies. The result is a programme that illustrates the continuum of learning required to develop from a generalist nurse to a level two nurse within the specialty practice area of District Nursing.

The framework can be accessed at:
https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_primary_health_care_nurses/resources

Gerontology Nursing

The Gerontology Nursing Knowledge and Skills Framework (2014) provides nurses working with older people, especially in long-term care with a specific older adult focus, with help planning their careers and continuing their professional development. It provides a structure to help nurses identify their development and training goals. This framework is important for the continuing growth of an experienced and well-trained gerontology-nursing workforce.

The framework can be accessed at: : Gerontology Nursing Knowledge and Skills Framework

Nephrology nursing

The New Zealand Nephrology Nursing Knowledge and Skills Framework (2012) describes the knowledge and skills required by nurses to practice in a specialty nephrology role.

The framework can be accessed at: NZ Nephrology Nursing Knowledge and Skills Framework

Occupational Health Nursing

The NZOHNA Knowledge & Skills Framework (2016) - this document provides an integrated career and competency framework for nurses working in the field of occupational health.
The framework can be accessed at: https://www.nzohna.org.nz/.../NZOHNA-Skills-Knowledge Framework-final-August

Pain Management Nursing

The New Zealand Pain Management Nursing Knowledge and Skills Framework (2013) sets out the required knowledge and skills for RNs working in a variety of practice fields where they will have contact with people who have pain.

The framework can be accessed at: NZ Pain Management Knowledge and Skills Framework for RNs

Palliative Care Nursing

The National Professional Development Framework for Palliative Care Nursing in Aotearoa New Zealand was developed as part of the implementation of the New Zealand Palliative Care Strategy and the Cancer Control Strategy Action Plan 2005–2010.
This document provides a framework for the professional development of nurses working in palliative care and includes: an overview of the context of palliative care nursing; a professional development model; pathways for the development of nursing competence; core palliative care competencies for all RNs; and specialty palliative care competencies for RNs.

The framework can be accessed at: A National Professional Development Framework for Palliative Care Nursing in Aotearoa NZ

Public Health Nursing

Te Rākau o te Uru Kahikatea is the **Public Health Nursing Knowledge and Skills Framework 2017.** In 2013, public health nurses were consulted on how to best meet their professional development needs. They provided valuable feedback, and Te Rākau o te Uru Kahikatea: The Public Health Nursing Knowledge and Skills Framework was conceived. The project was led by a working group of experienced public health nurses, nurse leaders and nurse educators, with support from the Public Health Association, schools of nursing, the Ministry of Health; and an advisory group with expertise in public health; public health nursing; Māori, Pacific and Asian health; primary health care; public health workforce development; project management and professional nursing practice. Te Rākau o te Uru Kahikatea aligns to the Nursing Council's competencies and professional development recognition programmes (PDRPs). **Te Rākau o te Uru Kahikatea can be accessed at:** Public Health Nursing Knowledge and Skills Framework

Respiratory Nursing

The New Zealand Adult Respiratory Nursing Knowledge and Skills Framework (2016) covers the common respiratory conditions in the adult population, including asthma, chronic obstructive pulmonary disease, bronchiectasis and pneumonia.

The framework can be accessed at: NZ Adult Respiratory Nursing Knowledge and Skills Framework

Youth Health Nursing

The National Youth Health Nurses Knowledge and Skills Framework (2014) describes the additional skills needed by nurses working in youth health. These include understanding and engaging with young people; the appropriate clinical skills; and working with other health disciplines. Nurses are the largest health workforce in New Zealand and play an important role in the care of young people. The framework is intended to promote quality health care for young people by providing a platform from which to develop knowledge and skills in youth health.

The framework can be accessed at: https://cdn-asset-mel-1.airsquare.com/nzschoolnurses/library/national-youth-health-nursing knowledge-and-skills-framework.pdf?201907130921

BIBLIOGRAPHY/REFERENCES

Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The Triple Aim: Care, Health, and Cost. *Health Affairs, 27*(3), 759-769. https://doi.org/10.1377/hlthaff.27.3.759

Clendon, J. & Munns, A. (2019). *Community health and wellness: Primary health care in practice.* Elsevier, Sydney.

Holloway, K. (2012). The New Zealand Nurse Specialist Framework: Clarifying the Contribution of the Nurse Specialist. *Policy, Politics, & Nursing Practice.* https://doi.org/10.1177/1527154412459083

International Council of Nurses. (2017). *Nurses' role in achieving the sustainable development goals: International nurses day resources and evidence.* Geneva, Switzerland: Author. Retrieved date from https://www.icnvoicetolead.com/wp content/uploads/2017/04/ICN_AVoiceToLead_guidancePack-9.pdf

Kendall-Gallagher, D., Aiken, L. H., Sloane, D. M., & Cimiotti, J. P. (2011). Nurse Specialty Certification, Inpatient Mortality, and Failure to Rescue [electronic version]. *Journal of Nursing Scholarship, 43*(2), 188-194. Retrieved 23 July 2011, from https://doi.org/10.1111/j.1547-5069.2011.01391.x

Ministry of Health. (2010). *Health workforce projections modelling: Primary health care (PHC) nursing workforce.* Prepared for Health Workforce New Zealand by Health Workforce Information Programme (HWIP).

Ministry of Health. (2011). *Better, Sooner, More Convenient Health Care in the Community.*

Wellington: Author.

Ministry of Health. (2016). New *Zealand health strategy: Future direction*. Wellington, New Zealand: Author. Retrieved date from https://www.health.govt.nz/new-zealand-health-system/new Zealand-health-strategy-future-direction

Ministry of Health. (2018). *Achieving Equity in Health Outcomes: Highlights of important national and international papers*. Wellington: Ministry of Health.

Nelson, G., Ochocka, J., & Griffin, K, et al. (1998). Nothing about me without me: Participatory Action Research with self-help/mutual aid organizations for psychiatric consumers/survivors. *American Journal of Community Psychology*, 26(6), 881-912.

New Zealand Nurses Organisation. (2016). *Position statement: Nursing, technology and telehealth.* Wellington, New Zealand: Author. https://www.nzno.org.nz/LinkClick.aspx?fileticket=agnA2GTGwas%3d&portalid=0

Nursing Council of New Zealand. (2007). *Competencies for the registered nurse scope of practice.* Wellington, New Zealand: Author. Retrieved need to add a date from http://www.nursingcouncil.co.nz

Nursing Council of New Zealand. (2009). *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*. Wellington, New Zealand: Author. Retrieved date from www.nursingcouncil.co.nz

Primary Health Care Nursing Expert Advisory Group. (2003). *Investing in Health: Whakato Hutia te Oranga Tangata. A framework for activating primary health*. Ministry of Health: Wellington, New Zealand.

Steppingstones Partnership Inc. (2008-2019). *Nursing Competence Advanced Self-Assessment Tools*. Retrieved from https://www.learningnurse.org/index.php/assessment/sa-tools/sa-advanced Unicef, World Health Organization, & International Conference on Primary Health Care. (1978). *Declaration of Alma Ata: International Conference on Primary Health Care.* Alma Ata, USSR: World Health Organization. Retrieved 1 October 2011 from www.who.int/hpr/NPH/docs/declaration_almaata.pdf

WHO: Astana Declaration on Primary Health Care 2018, Global Conference on Primary Health Care, Astana, Kazakhstan, 25 and 26 October 2018, retrieved from https://www.who.int/docs/default source/primary-health/declaration/gcphc-declaration.pdf

GLOSSARY

Assessment:	A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements.
Collaboration:	Occurs when a range of health disciplines provide comprehensive services by working with people, their whānau and communities to deliver the highest quality of care across settings. This includes both clinical and non clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management and

	support services.
Community:	An organised group of people bound together by social, cultural, job or geographic ties.
Community development:	The process of involving a community in identifying and strengthening those aspects of daily, cultural and political life which support health. This might include political action, or reinforcing social networks and support in a community, or developing the community's material resources and economic base.
Competence:	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.
Competency	A defined area of skilled performance.
Competent	Having competence across all domains of competencies applicable to an EN/RN, at a standard judged appropriate for the level of nurse being assessed.
Continuum of care:	The entire trajectory of the care experience.
Culture:	The beliefs and practices common to a particular group of people.
Cultural safety:	Effective nursing of a person, family or whānau from another culture, as determined by that person or family/whānau. Culture includes, but is not restricted to, age or generation, gender, sexual orientation, occupation and socioeconomic status, ethnic origin or migrant experience, religious or spiritual belief, and disability. The nurse delivering care will have undertaken a process of reflection on their own cultural identity, and will recognise the impact their personal culture has on their professional practice. Unsafe cultural practice comprises any action that diminishes, demeans or disempowers the cultural identity and well-being of an individual.
Domain:	An organised cluster of competencies in nursing practice.
Disease and injury prevention:	Measures to prevent the occurrence of disease and injury, such as the reduction of risk factors. It also involves arresting the progress and reducing the consequences of disease or injury, once

	established. Disease and injury prevention is sometimes used as a complementary term alongside health promotion.
Emergency preparedness:	Readiness for unexpected lethal or harmful events, involving more casualties than health-care infrastructures are normally designed to handle.
Environmental health	Environmental health involves assessing and controlling environmental factors – physical, chemical and biological -- which can potentially affect health. It is targeted towards preventing disease and creating health supportive environments.

Epidemiology	The study of the distribution and determinants of health-related states or events (including disease) and the application of this study to the control of diseases and other health problems.
Harm reduction	Taking action, through policy and programmes to reduce the harmful effects of behaviour. It involves a range of non-judgmental approaches and strategies aimed at providing and enhancing the knowledge, skills, resources and support for individuals, their whānau and communities to make informed decisions to be safer and healthier.
Health equity	The absence of unjust, unfair and avoidable systematic inequalities in health, or in major social determinants of health. It is concerned with creating equal opportunities for everyone to attain their full health potential.
Health literacy	The ability to access, comprehend, evaluate and communicate information as a way to promote, maintain and improve health.
Health promotion	The process of enabling people to increase control over and improve their health. This not only refers to the skills and actions of individuals, but to changing the environmental, social, political and economic conditions that affect population health.
Health protection	Important public health functions in the areas of food hygiene, clean water, environmental sanitation, drug safety and other activities that remove, as much as possible, the health risk posed by environmental hazards.

Health providers	People engaged in actions whose primary intent is to enhance health, including those who promote and preserve health, those who diagnose and treat disease, health managers, and support providers and professionals with specific areas of competence, whether regulated or non-regulated.
Inclusiveness	Community solutions should include all people. Their individual insights and experiences are a valued component of the planning process and can be used to generate ideas for health programmes and maintain a focus on the person-centred approach to care.
Indicators	Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice.
Mental health	Mental health involves striking a balance in all aspects of your life social, physical, spiritual, economic and mental.
Nursing Council of New Zealand (NCNZ)	This is the regulatory authority responsible for the registration of nurses. Its primary function is to protect the health and safety of the public by ensuring nurses are competent and fit to practice.
Occupational health	Deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention. The health of workers has several determinants, including risk factors at the workplace which can lead to cancers, accidents, and musculoskeletal diseases, respiratory diseases, hearing loss, circulatory diseases, stress-related disorders, communicable diseases and others.
Professional development & recognition programme (PDRP)	The PDRP programme developed to meet the continuing competence requirements for nurses. The NCNZ has developed a national framework for PDRP to ensure consistency and transportability between DHBs.
Performance criteria	Descriptive statements that reflect the intent of a competency, in terms of performance, behaviour and circumstance, and which can be used to guide assessments

Person-centred care	Occurs when the person and whānau are at the centre of their own health care. The person and whānau are actively engaged as members of the team, when health-care decisions are made.
Population health assessment	Understanding the health of populations, including underlying factors and risks. This is frequently manifested in community health profiles or health status reports. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic and other factors that affect health.
Primary health care	The goal of primary health care is better health for all. WHO (2013) has identified five key elements to achieving that goal reducing exclusion and social disparities in health (universal coverage reforms); organising health services around people's needs and expectations (service delivery reforms); integrating health into all sectors (public policy reforms); pursuing collaborative models of policy dialogue (leadership reforms); and increasing stakeholder participation.

Public health	An organised activity of society to promote, protect, improve and, when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programmes, services and institutions aimed at protecting and improving the health of all people. The term "public health" can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialised domains and demands of its practitioners an increasing array of skills and expertise.
Social determinants of health	The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities -- the unfair and avoidable differences in health status seen within and between people, groups and populations.

Social exclusion	Exclusion is caused by dynamic, multi-dimensional processes, driven by unequal power relationships interacting across economic, political, social and cultural dimensions. These processes occur at individual, household, group, community, country and global levels. The result is a continuum of inclusion/exclusion characterised by unequal access to resources, capabilities and rights, which leads to health inequalities.
Social justice	The fair distribution of society's benefits, responsibilities and their consequences. It focuses on the position of one social group in relation to others in society, as well as on the causes of disparities and what can be done to eliminate them.
Stakeholders	Individuals, groups or organisations who have a "stake" in an issue and its outcome. Stakeholders, interested parties and affected parties are considered to be segments of the public.
Surveillance	Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death.
Whānau	Extended family. It includes physical, emotional and spiritual dimensions and is based on whakapapa and a Māori world view. Whānau can be multi-layered, flexible and dynamic. It is through the whānau that values, histories and traditions from the ancestors are adapted for the contemporary world.

Date adopted: September 2019 **Reviewed:** September 2019
Review date: September 2024 **Correspondence to:** nurses@nzno.org.nz
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Mission statement
NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.