



SOUTH PACIFIC NURSES FORUM

Minutes of the South Pacific Nurse Forum's 19th Biannual General Meeting held in Rarotonga, Cook Islands on Wednesday 17 October 2018

Present

Presidents of the following National Nurse Associations (NNAs) and countries:

Australia
Cook Islands (CI)
Fiji
New Zealand (NZ)
Niue
Nauru
Papua New Guinea (PNG)
Solomon Islands (SI)
Tokelau
Samoa
Tonga
Tuvalu
Vanuatu

Apologies

Kiribati

Minutes taken by:

Jointly by Memo Musa, Chief Executive, New Zealand Nurses Organisation (NZNO) and Annie Butler Australian Nursing and Midwifery Federation (ANMF).

1. Welcome

The 19th South Pacific Nurses Forum (SPNF) Biannual General Meeting (BGM) was opened with a prayer.

The role of Chair was taken jointly by the Nga Manea President of the Cook Islands Nurses Association (CINA) and Annie Butler Federal Secretary of ANMF.

1.1 Apologies

Apologies for absence were noted from Kiribati.

1.2 Minutes from SPNF's 18th AGM held in Honiara, Solomon Islands

The minutes from SPNF's 18th AGM was held in Honiara, Solomon Islands in November 2016. Tuvalu apologised for not attending SPNF 2016 and previous SPNF.

Moved:	New Zealand
Seconded:	Tonga/Australia
CARRIED	

1.3 Matters arising and resolutions from SPNF's 18th BGM held in Honiara, Solomon Islands

Motion 1 in relation to hosting of SPNF in 2018: It was agreed that Motion 1 as recorded in the minutes had been implemented. CINA was thanked for being host of SPNF.

Motion 2 in relation to hosting of SPNF in 2020: It was agreed to confirm in the formal part of the meeting that Vanuatu Nurses Association would host SPNF in 2020.

Motion 3 regarding NNA Country reports: It was confirmed that NNA Country reports received for the 18th SPNF had been uploaded on the SPNF website

Motion 4 in relation to the amended SPNF Constitution: It was confirmed that the SPNF Constitution as amended had been uploaded on the SPNF website and is readily available.

It was noted that the definition of indigenous people as required in the SPNF Constitution remains work in progress

Motion 4 regarding development of a guideline for NNAs on requirement to host an SPNF and BGM: It was noted that this item has not been completed and remains outstanding.

Fiji highlighted the need to include and allow time for questions and answers in future SPNF and BGM programmes.

Motion 5 regarding the SPNF Communique: It was confirmed that the SPNF Communique had been uploaded on the SPNF website.

Resolution 1 under General Business regarding composition of SPNF Steering Committee: It was noted that this had been completed.

Resolution 2 under General Business: It was noted that the SPNF Steering Committee found it difficult to engage with some SPNF member countries to progress this resolution.

Resolution 3 Under General Business: A draft five year Strategic Plan for SPNF had been prepared by NZNO and circulated. This will be a working document to be reviewed and further developed by the SPNF Steering Committee.

Regarding the joint resolutions with the South Pacific Chief Nurses and Midwifery Officers Alliance (SPCNMOA) efforts had also been made to establish meetings and on-going dialogue. However this had not been successful.

It was agreed to continue to make effort to progress these resolutions by the next SPNF in 2020.

2. Nursing Now Campaign Global campaign – consideration and discussion

Annie Butler outlined that the Nursing Now Global campaign discussions follow on from the launch of the Nursing Now Pasifika. Annie Butler gave an example of how Australia is co-ordinating its nursing campaign.

Annie Butler asked for an open discussion on Nursing Now Pasifika as it was requested by NNAs.

NZ noted that SPNF is NNA-led so must decide on position it now faced. How do we ensure cultural authenticity of a nursing now campaign and that it includes cultural competency and safety.

CI expressed concern that the campaign excludes New Zealand and Australia. Would like New Zealand and Australia included in any campaign.

Fiji expressed concern about process. Expressed disappointment having sent a note of disagreement. Must be inclusive of New Zealand and Australia. Whoever is hosting SPNF must make sure members are consulted and are made to feel safe. Gives indication of principle on how to structure future SPNF.

Tonga supported Fiji's position and sought advice from New Zealand who agreed to discuss at SPNF.

Australia supported the key points made and highlighted that this happens often. Right heart but did not think about the process, consultation and implications. Stand firmly that indigenous nurses first even through parts of campaign.

Fiji checked whether this legally or financially binding and whether the Constitution needs to be clearer to Chief Nursing Officer about the role of NNAs at SPNF.

CI noted appreciation of the concerns raised and signalled that they planned to launch from their own perspective. Six months ago this had been put on the agenda of the SPNF Steering Committee. However this was not discussed.

NZ suggested that this can be reframed Nursing Now Cook Islands. Signalled that ICN/WHO driven the initiative and it is important to keep the relationship with NNA/ICN.

Motion

That a recommendation and request be sent to the Board of Nursing Now Global Campaign that two representatives from SPNF representing indigenous nurses be appointed on to the Board of Nursing Now Global Campaign

Moved:	New Zealand
Seconded:	Fiji
CARRIED	

PNG stated had come here and did not know what Nursing Now was about.

Australia highlighted that NNAs need an explanation of campaigns.

Samoa suggested bringing this back to SPNF 2020.

CI suggested that the Cook Islands continue with the campaign. SPNF is not equipped with information about Nursing Now and NNAs can decide to join later to Nursing Now Pasifika.

Action

It was agreed to discuss the SPNF Constitution and the resolution about the Nursing Now Global Campaign at the joint meeting with SPCNMOA.

3. Draft SPNF Strategic Plan 2018/2023

Annie Butler provided background to the concept of the draft Strategic Plan reminding NNAs that this is a request from the SPNF BGM held in 2016 and then invited comments and discussion. She thanked NZ for preparing the draft Strategic Plan document.

A discussion was held on whether or not to include midwifery in the draft Strategic Plan.

Fiji suggested only maintaining nursing applies and not include midwives/midwifery. Fiji provided some specific examples highlighting that in their jurisdiction the pathway to midwifery is via nursing.

Tonga noted that there is direct entry to midwifery in New Zealand and Australia.

Samoa suggested that this be kept the same.

PNG agreed with Fiji and Samoa. However thought this might create divisions.

NZ noted it was comfortable.

SI agreed with the points made by PNG.

CI supported and agreed with SI.

NZ thought that the draft Strategic Plan could be improved by including:

- Workplace recruitment and retention
- Improving salaries and working conditions as per the International Labour Organisation (ILO) standard
- Indigenous representation
- Climate change

Australia agreed that to amend the draft SPNF Strategic Plan document by the next Steering Committee meeting which takes place in three (3) months' time.

4. Host NNA and country for 20th SPNF in 2020

It was confirmed that Vanuatu, Port Villa will host SPNF 2020.

Moved:	New Zealand
Seconded:	Cook Islands
CARRIED	

5. Host NNA and country for 21st SPNF in 2022

The Chair called for nominations for the NNA and country to host SPNF in 2022. Fiji nominated PNG. The Solomon Islands had concerns about other forums planned in PNG.

PNG accepted the nomination. PNG noted they would have support from State Secretary. The reason is that there are 8.5 million people working in isolated places. They would like to demonstrate what nursing and midwifery does and they have the largest training facility in the Pacific.

NZ nominated Fiji, however in view of PNG accepting, Fiji declined the nomination but agreed to act as back-up should PNG experience difficulties with hosting logistics.

Moved:	Fiji
Seconded:	Samoa
CARRIED	

The CI requested order so BGM proceeding could continue.

6. Host NNA and country for 21st SPNF in 2024

Fiji was nominated to host SPNF in 2024. Fiji accepted the nomination.

Moved:	New Zealand
Seconded:	Tonga
CARRIED	

7. General Business

(a) Country reports

A discussion was held about the need to place more value and time into providing country reports. It was suggested that country reports be provided at the beginning of SPNF rather than at the end. The following NNA's/countries agreed to table reports:

- Cook Islands
- New Zealand
- Solomon Islands
- Tonga
- Papua New Guinea
- Tuvalu
- Australia
- Vanuatu

It was noted and agreed that there is no country report template and expectations have previously not been made clear.

Fiji highlighted that all NNAs/countries and a lot to learn from each other. Expressed concern that there is not enough time for serious discussions given that this is the only opportunity to meet with other NNAs every two (2) years. Fiji observed that not enough time is allocated to discuss business of NNAs. Fiji agreed to send their report for dissemination to other groups.

(b) Concept of affiliation fees

Fiji suggested the concept of affiliation with a financial contribution to establish a secretariat. Affiliation fees would be used to fund a secretariat to support SPNF. This needs to be thought about carefully. Following discussion it was suggested and agreed to develop a

methodology of how financial contribution might look like. The SPNF Steering Committee will scope a methodology for affiliation fees to be presented at the next BGM.

(c) Maintaining Communications

It was noted that maintaining communications in between SPNF BGMs is vital in order to progress agreed actions as well as sharing of information about developments and activities in nursing.

It was noted that currently communications are via teleconferences and e-mail. Australia hosts the SPNF website and the BGM minutes and reports are uploaded on to it once finalised.

It was queried whether teleconferences were the best way of communicating.

Fiji suggested that the SPNF Steering Committee or a sub-committee of the SPNF Steering Committee holds a face to face meeting before the main SPNF meeting.

After requesting n attendee or observer from NZ requested to speak

Preferred methods of communication were canvassed and identified by NNA/country as follows:

X on the table denotes preferred way of communicating.

Cook Islands	TC	Email	FaceBook	Face-to-face/ Zoom
Australia	X	X	X	X
Fiji	X	X		
NZ	X	X		
Papua New Guinea	X	X		
Samoa		X	X	X
Solomon Islands	X	X		X
Tonga	X	X		
Tuvalu	X		X	X
Vanuatu	X	X		X

An observer from NZ requested to speak but was declined as the constitution permits only member NNAs/country representatives to speak at BGM.

(d) Joint meeting with the South Pacific Nursing and Midwifery Officers Alliance

The following items were identified for discussion in the joint meeting with SPNMOA:

Discuss with the Chief Nursing Adviser:

- Jointly pursue a request to the WHO Regional Office to reinstate the role of nursing adviser for the Pacific
- New Zealand to outline the ICN Constitutional changes for Regions of ICN which were passed at CNR. Opportunity for Pacific representation on the ICN Board. Also to highlight a proposed ICN constitutional change for ICN to establish an Indigenous Nurses Forum.

- The BGM resolution to request the Board of Nursing Now to appoint two representative from SPNF representing indigenous nurses to the Board of Nursing Now.

(e) Secretariat

Australia was nominated to continue as secretariat for SPNF.

The AGM was closed with a prayer by Vanuatu at 17.00hrs.

END

DRAFT