TE RŪNANGA O AOTEAROA
TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

SOUTH PACIFIC NURSES FORUM

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Country Report

AOTEAROA NEW ZEALAND

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Contents

Environmental Scan

The New Zealand health system

New Zealand operates a predominantly government funded health system, dominated by the single government entity, Health New Zealand (formally Te Whatu Ora). This entity was formed in 2022 in a significant transformation of New Zealand's healthcare system, when 20 District Health Boards (DHBs) were consolidated under a single national organisation. The Ministry of Health continues to set health policy, strategy and regulation. Initially this included a new Māori Health Authority which was to be responsible for setting Māori health policy and provide oversights of Māori health services, but this was disestablished in June 2024 when the Pae Ora Amendment Act 2024 was introduced under urgency by the coalition Government. This Act removed references to the Māori health authority and transferred its responsibilities primarily to Health NZ. Joint decision-making provisions with Māori were removed, with iwi-Māori partnership boards put in place as advisory roles only. This was touted by government as an opportunity to prioritise decentralisation and local responsiveness to community need, as opposed to the national consolidation and reduction in duplication that was the motivation to form Health NZ by the former government.

The government's actions are consistent with its whole approach to Māori and Te Tiriti o Waitangi. It seeks to wind back any actual or perceived obligations to Māori or indeed any mention of Māori in legislation that recognises responsibilities under Te Tiriti.

More recently there has been a move within New Zealand to reduce the number of roles in the public sector, and health has certainly been subject to these reductions. This has resulted in the disestablishment of many "back office" functions within Health NZ, barriers to recruiting or delayed recruitment into front-line roles which have impacted safe staffing.

This has been entirely budget driven rather than need driven. The government sought support in these reductions by saying that 3000 extra nurses had been employed in NZ. This is a myth to cover up their cost cutting.

Nursing Workforce profile

Recent data from the Te Kaunihera Tapuhi o Aotearoa, Nursing Council of New Zealand shows that there are currently 81,447 nurses holding annual practising certificates (APCs) in New Zealand. This is a decrease of 5% on the previous year. Of these nurses, 2,501 are enrolled nurses, 77,932 are registered nurses and 1,014 are nurse practitioners.

Around 14% of nurses with APCs are not currently working in New Zealand, either due to being between jobs, studying, taking sick or parental leave or working abroad[1]. This may be in part due to the perceived favourable working conditions and remuneration in other countries compared to New Zealand, as well as current employment practices reducing the availability of roles in New Zealand.

There have been concerns in recent years about the ageing nursing workforce, however the impacts of a migrant nursing workforce have gone some way to alleviate this.

Māori are underrepresented in the health workforce, making up 8.5% of the Health New Zealand workforce, compared to 17.3% of the New Zealand population.

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[1] Microsoft Word - Nursing Council Quarterly Data Report - March 2026 Quarter

Pacific peoples make up 4.9% of the health workforce at health New Zealand, compared to 8.9% of the New Zealand population[2]. These statistics indicate a need to develop strategies to attract more Māori and Pacific people into careers in health, including nursing. Removing barriers to studying health is imperative to improve these statistics, ensure that the health workforce is representative of the community it serves and contributes toward reducing inequities in the health system.

New Zealand has recently undertaken work to upskill NZ residents who are indigenous to Pacific Islands and a qualified nurse in those countries but currently working in New Zealand as health care workers. Manukau Institute of Technology has supported an 18 month NZ Diploma in Nursing (Pacific) to enable these nurses to sit the Nursing Council of New Zealand State Exam[3]. This initiative helps ensure that migrating women are able to reach their full social and earning potential and able to nurse in both New Zealand and their Pacific country of origin.

Another provider, Healthcare Academy of New Zealand has opened in Auckland offering nursing career preparation and a Diploma in Enrolled Nursing (level 5) and prioritises Māori and Pacific learners.

The effect of this nursing migration from the Pacific Island nations to NZ (and Australia) has two impacts. Firstly on the health system in the sending country. Both Australia and NZ are committed through the PACER Plus trade agreement to support the development of a health system in the Pacific Island nations and this emigration undermines that obligation. Secondly the conditions these nurses face in NZ are sub optimal. The emigrating nurses are more often than not funnelled into aged residential care as health care assistants/care givers. They are also often subject to poor behaviour from immigration agents.

NZNO, through its Pacific Nursing Advisory Group has taken up these issues directly with the NZ government.

Dependence on Internationally Qualified Nurses (IQNs)

New Zealand has a high level of dependence on an Internationally Qualified workforce, with 35,423 IQNs holding APCs currently (Nursing Council Quarterly data report, March 2026). This is a decrease of 11% on last year, possibly due to the tight employment market currently in New Zealand. 45% of Registered Nurses with APCs in New Zealand are IQNs.

Currently the most common countries from which IQNs have come are Middle Eastern Countries, the United Kingdom and India.

Concerns regarding New Zealand's high use of IQN workforce include the loss of skilled and experienced staff to migration from countries that can ill-afford to lose this resource, resulting in loss of expertise to provide care to those communities and loss of support for junior nurses in the workplace. Migrant nurses may also be exposed to unethical behaviour by some recruitment agents, by recruiting them for care work in lower-paid roles in aged residential care.

The process by which international nurses can gain registration in New Zealand has also changed for migrant nurses from many countries now completing a competence assessment rather than the previous CAP course, and English language competency.

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[2] Workforce population analysis

[3] Fast-track door to nursing in Aotearoa opens for Pacific nurses – Kaitiaki Nursing New Zealand

Recent government initiatives to prioritise the recruitment of New Zealand trained new graduate nurses has reduced the job market for IQNs and contributed to high nurse retention rates in many areas.

Issues related to Equity

New Zealand is currently operating under a centre right coalition government, with a general election due to take place in November 2026. The impact on vulnerable members of the community have been significant, with some changes proposed which NZNO has significant concerns about.

An example is the Summary Offences (Move-on Orders) Amendment Bill, which will give Police the power to issue move-on orders for 24 hours for those exhibiting disorderly, disruptive or intimidating behaviour, begging, rough sleeping, or obstructing entry to businesses. It will apply to people 14 years or older. In a country where housing is unaffordable for some, and access to mental health and addictions services is limited this proposed legislation reflects a punitive rather than supportive approach to caring for our most vulnerable people and is likely to inequitably impact Māori and Pacific people, and youth.

The Definition of Woman and Man Amendment Bill, which has passed its first reading seeks to define "woman" as "an adult human biological female" and "man" as "an adult human biological male". NZ First leader Winston Peters stated "This bill would ensure our country moves away from the woke ideology that has crept in over the last few years, undermining the protection, progression and safety of women".[4] However, it clearly is of concern to the LGBTQIA+ community and risks creating division and marginalisation of people.

Consultation is currently underway from the Ministry of Social Development to discuss strengthening protections for children, which could include making training on identifying and responding to child abuse mandatory for core workers, making reporting of abuse and neglect mandatory for core workers and how to support children when a caregiver is taken into custody or imprisoned. Changes to safety checks for people who work with children are also being explored. New Zealand has high rates of child abuse and NZNO has provided comprehensive feedback on this proposal, which would make our members professional obligations when working with children clearer.

Between May and June 2025, NZNO undertook a National Nursing Survey of students enrolled in all nursing programmes leading to registration, including diploma, undergraduate and graduate-entry programmes. 1,238 eligible responses were received. Financial hardship was identified as a dominant issue for students, with nearly two-thirds of students reporting often or always struggling to afford basic living costs. Mandatory unpaid placements during training were a contributing factor, due to the direct and indirect costs involved and impact on part-time employment. Concerns about future employment in Aotearoa New Zealand after registration were also

[4] Bill to legally define 'man' and 'woman' passes first reading | Stuff

reported, with nearly two-thirds of respondents likely to seek employment overseas if they are unable to secure jobs in New Zealand. This rate was higher for Māori, at 72.6%.

This survey provided clear warnings that high levels of financial strain, inconsistent clinical learning environments and a lack of certainty around employment post-registration are a threat to the wellbeing of students and the stability of Aotearoa New Zealand's nursing workforce pipeline[5].

A review of Pharmac's Exceptional Circumstances policy is currently underway. This is a framework to articulate how people may be able to access funded medicines when the standard pharmaceutical schedule funding process does not meet their needs. This may include people with unusual, rare or complex clinical issues. Pharmac have heard from patients, whānau and clinicians that they framework can be difficult to understand and navigate currently[6]. NZNO will endorse any review that makes this process simpler and more equitable for patients, so people can understand how decisions regarding whether someone has an exceptional circumstance are made.

Union Involvement and Participation

Changes to the Equal Pay Act

In July 2023, NZNO and PSA members who work for Health NZ in nursing/health roles voted to accept the proposed Nursing Pay Equity settlement agreement, which arose from mediation ordered by the Employment Relations Authority. This was a major milestone for nurses in Aotearoa New Zealand in addressing gender-based pay inequality for nurses, midwives and healthcare assistants[7]. It was expected that this would pave the way for pay equity settlements with other employers of nurses.

However, in May 2025, changes to the Equal Pay Act were passed under urgency which increased the threshold from 60 to 70% for predominantly performed by female employees and requires this to have been the case for at least 10 consecutive years, changed the evidence requirement and process for raising claims. This halted 12 active pay equity claims by NZNO. NZNO is very disappointed in this decision which disregards the work done by the sector to demonstrate the systematic undervaluing of nurses and other health workers, and has created a significant pay gap between nurses employed by Health NZ and other sectors, viewing this as an abuse of Parliamentary process due to the lack of sector engagement or risk assessment. NZNO will continue to use the new process to make Pay Equity claims and advocate for a process that is workable for those making Pay Equity claims, with claims for Whānau Awhina Plunket and hospices being progressed to test the process[8]

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[5] https://www.nzno.org.nz/Portals/0/publications/Report%20-%20National%20Nursing%20Student%20Survey,%202025.pdf

[6] Review of the Exceptional Circumstances Framework - Pharmac | Te Pātaka Whaioranga | NZ Government

[7] Nursing Pay Equity

[8] 'We won't back down' — NZNO pushing ahead with 12 pay equity claims – Kaitiaki Nursing New Zealand

Kaiāwhina National Committee

The Kaiāwhina National Committee (the Committee) was established in 2025 as a sector group within NZNO, representing about 7,500 members from all sectors, including aged residential care, Corrections, primary and community health, Māori and iwi providers, Pacific health, Heath New Zealand Te Whatu Ora and hospice.

The Committee plays a critical leadership and advocacy role in strengthening the Kaiāwhina workforce across Aotearoa New Zealand. Acting as a national voice for Kaiāwhina, the committee works to ensure that these essential health and community support workers are recognised, valued, and supported within the wider health and social services system. Its work is grounded in advancing equity for Māori and upholding Te Tiriti o Waitangi, ensuring that workforce development aligns with kaupapa Māori approaches and the needs of whānau and communities.

A central aspect of the committee's role is ensuring that Māori perspectives and leadership are embedded in decision-making about the workforce. By bringing the lived experiences and expertise of Kaiāwhina into national discussions, the committee helps shape services that are responsive to the realities of communities and that support improved health outcomes for Māori. This includes championing models of care that are holistic, whānau-centred, and reflective of tikanga Māori.

The committee also works in partnership with key agencies and sector organisations, including Health New Zealand Te Whatu Ora, education providers, and workforce development groups, to coordinate initiatives and drive system improvements. Through these relationships, it contributes to efforts to address longstanding challenges such as pay inequity, workforce shortages, and inconsistent recognition of the Kaiāwhina role.

Horizon Scan

Health Practitioner Competence Assurance Amendment Bill

NZNO is concerned about proposed changes to the above Act which are currently proposed.

The Bill proposes the creation of a Health Practitioner's Review Committee (HPRC) which would be independent from the Nursing Council and could review decisions made about an individual nurse's registration and scope of practice.

The Bill significantly increases the ability for Ministerial involvement and mandates that the Nursing Council comply with Ministerial directions. While examples of the type of directions are given, the wording of the provision is very broad.

Another serious concern is that the Bill proposes to remove the requirement for cultural competencies to focus on effective and respectful interaction with Māori. This is likely to have a direct impact on Māori health consumers and is a backward step in ensuring healthcare is equitable and accessible for users.

The Bill makes a series of technical changes to the competence, health and conduct processes. This includes changes to the interim suspension process, the issuing of Annual Practising Certificates during a conduct process, changes to when a conviction must be referred to a Professional Conduct Committee and the ability to determine a Health Practitioners Disciplinary Tribunal charge without a hearing. While these changes will impact a smaller number of nurses, if implemented, they are still significant and NZNO will feedback via a submission.

Conclusion

The current coalition government has and will likely continue to make significant changes to the health landscape which impacts nursing. NZNO is very concerned about the impacts of these changes on vulnerable populations. Nurses and others who work in healthcare are also likely to be affected by any future changes in legislation and the government overreach into professional regulation.

NZNO will continue to provide feedback on changes, lobby against those changes we do not agree with and advocate for a better, more equitable health system in Aotearoa New Zealand.