Transforming Leadership
Nurses as Change Agents for Non Communicable Diseases (NCD’s) in the Pacific

The 19th South Pacific Nurses Forum Rarotonga Cook Islands

15th – 18th October 2018
Venue: National Auditorium

Forum Handbook
Valued Sponsors of the 19th SPNF

We wished to acknowledge the support and sponsorship from the following:

- TE MARAE ORA
- University of South Australia
- COOK ISLANDS
- TOURISM CORPORATION
- World Health Organization
- Pacific Community
- Tobacco Free Pacific 2025
- EBOS GROUP LIMITED
MESSAGE FROM NGA MANEA, PRESIDENT, COOK ISLAND NURSES ASSOCIATION

Turou, kia Orana ete au Neti ote pa moana Pasifika ite aroa maanaana ote Atua, tei tae mai no te akakoroanga o ta tatou uipaanga maata.

On behalf of the Cook Islands Nurses Association, its executive, and all its members throughout the country, I wish you a memorable stay with us over the next few days. May the proceedings of this 19th South Pacific Nurses Forum encourage us all to take the lead and lead by example to be full partners in redesigning and advancing health care and especially to address the challenge of NCDs. NCDs are the greatest challenge to Pacific people in this 21st century. Nurses need to lead the way in the prevention and management of these conditions to improve the health and reduce the mortality and morbidity of Pacific people.

The Forum gathering of hundreds of nurses from 13 different Pacific countries will bring together evidence, experience and innovations highlighting nursing contribution to Universal Health Coverage and demonstrating how nurses are important to ensuring access and quality of health care for all.

Featured plenary speakers will bring inspiration and the latest information on nursing leadership, the management, development and regulation of the nursing workforce, innovation in nursing education and advances in nursing practice.

We wish to especially thank our sponsors listed above for their generous contributions without which we could not run a forum of this size and quality.

It is our wish that you enjoy our beautiful Island of Rarotonga, the Forum proceedings and your short stay with us, as we journey together in our work, our lives, and our partnerships.

Kia manuia. Te Atua te Aroa ia tatou.

Nga Manea

President

Cook Islands Nurses Association
USEFUL INFORMATION ON RAROTONGA

Rarotonga is 32 kilometers in circumference. There are two main roads on the island. You can circle the island on the AraTapu sealed road which goes through villages and past the beaches. Buses run along this road. They run both clock wise and anti-clockwise every 25 minutes. The bus will pick-up and set down on request. Alternatively you can take the older inland road.

As well as the regular bus service you can also hire motor scooters, cars, bikes and jeeps from the rental agency. Driving is on the left hand side of the road. To obtain a rental vehicle you must also obtain a Cook Islands Drivers Licence. The cost for this is $20.

Dress: Dress is informal however beach attire is for the beach and should not be worn in town, on public roads or in public places. Sunday is a day for church for many Cook Islanders. Be respectful in how you dress in public on this day. When attending church services or visiting churches wear respectful dress that does not expose excess skin.

Conference Dress: This is tidy day wear. There will be a number of important Cook Island dignitaries attending the opening ceremony so dress appropriately. During the forum proceedings do not wear brief clothing that exposes too much skin. This is especially important when presenting

Wifi & Cell Service in the Cook Islands

The Cook Islands is one of the few places in the world where cell phone companies cannot provide any sort of inexpensive international package. It’s literally in the middle of the ocean, so be prepared to turn off your data roaming and switch your phone to airplane mode just as an extra measure.

The CI Bluesky Visitor SIM card is the most convenient way of keeping in touch while you’re on holiday in the Cook Islands. Preloaded with calling minutes, SMS text messages and data - it is the best deal for visitors on their short stay here. This costs $49 (NZD)

If you do buy a wifi package, make sure to turn off all automatic app updates in your settings otherwise those will begin to download once you connect to wifi and it will eat up your package before you even get a chance to check your email.

Tipping: Tipping is not expected and is contrary to Cook Island custom.

Currency and Banking: The NZ$ is generally used in the Cook Islands. The BCI, ANZ and BSP banks in Avarua are open from Monday to Friday 0900-01600. Major credit cards are accepted throughout the islands at most businesses. ANZ and BSP has an Eftpos facility.
Water and Electricity: Voltage is 220 AC/50 cycle, the same as New Zealand and Australia. Cook Islands have filtered water available at filtered stations and hotel. Visitors are advised to boil water before use.

Health Services: Rarotonga has medical services including Emergency department and pharmacies. Should you require assistance please notify the registration desk.
- The emergency number in Cook Islands is 999
- Rarotonga Hospital - (682) 22664 or (682) 20065

Hotel Phone Numbers:
- Edgewater 25345
- The Rarotongan 25800 or 25822
- Club Raro 22415
- Central Motel 25735
- Kiikii Motel 21037
- Paradise Inn 20454

Taxi Services, Rarotonga: AAA Doro’s Executive Taxi 21400 or 52355
- Taxis H-K Taxis 50908
- Atupa Taxi 28862 or 73549
**Venue**

The National Auditorium will be the Forum venue. It is located in Avarua, the township and is within walking distance to the main shopping area.

The registration desk will be open 0800-0900 each day. At each break the registration desk will also be open. All enquiries can be directed to this desk.

Please wear your name badges at all meeting sessions and social functions.

A map of the conference venue will be available from the registration desk.

Poster presentations are located at the back of the National Auditorium.

Please ensure cell phones and pagers are turned off, or set to silent mode.

A list of registrants will be distributed on day three of the conference. If you do not wish your details to be included in this list, please let the registration desk know before the end of lunchtime on day one.

Morning tea, afternoon tea, and lunch will be served each day in the National Auditorium where the forum is being held.

Smoking is not permitted anywhere in the venues.

Emergency exits are clearly marked; please make yourself aware of emergency exits.

If you need to be contacted, messages can be left at the registration desk. Messages will be posted on the board by the registration desk.
ELIZABETH IRO CHIEF NURSE WORLD HEALTH ORGANIZATION

Mrs Elizabeth Iro is the World Health Organisation Chief Nursing Officer. She commenced in this role in January 2018. She is a member of the WHO Headquarters leadership team. Mrs Iro is from the Cook Islands, she has served as the country’s Secretary of Health since 2012-2017. In this role, she has implemented legislative reforms to strengthen the country’s health system and developed the National Health Strategic plans (2012-2016, 2017-2021) and a National Health Road Map 2017-2036, among other National policy and strategic documents. She was the first nurse and woman to be appointed in this role in the Cook Islands. Mrs Iro was educated as a nurse and a midwife in New Zealand and holds a MHSc in Nursing and a MBA. She has over 30 years’ experience in clinical and public health nursing. She held various nursing roles including Chief Nursing Officer (2011-2012), Registrar of the Nursing Council (2000-2007) as well as the President of the Cook Islands Nurses Association (2002-2010)

Presentation: Building Nursing and Midwifery Capacity To Achieve Universal Health Coverage And Sustainable Development Goals

ANNETTE KENNEDY INTERNATIONAL COUNCIL OF NURSES PRESIDENT

Annette Kennedy was elected as the 28th President of the International Council of Nurses (ICN) in May 2017. She had served as Third Vice President of the International Council of Nurses (ICN) from 2013-2017 and President of the European Federation of Nurses (EFN) from 2005-2007. Ms Kennedy, an Irish nurse was Director of Professional Development at the Irish Nurses and Midwives Organization from 1994-2012, and has extensive experience in dealing with policy issues at high levels. She has long been involved with ICN through her vice-presidency, through her work as the President of the European Federation of Nurses (EFN) and as director of professional development for 19 years in the Irish Nurses and Midwives Organization (INMO). Her career is marked by her contributions to the advancement of nursing notably through the Professional Development Centre in Dublin, an education and research hub for nursing which she helped establish.

Presentation: Working for Health: Building nursing capacity and leadership to improve health outcomes

MARY KIRK VICE-PRESIDENT INTERNATIONAL CONFEDERATION OF MIDWIVES

In Aug 2017 Mary Kirk was elected vice–president of the Vice President of the International Confederation of Midwives Mary hails from Australia. She is a member of the ACM and has worked tirelessly for Australian midwifery, including representing the ACM at ICM for a number of years.

Presentation: Building midwifery capacity and leadership to ensure quality and respectful care
Matafanua Hilda Fa’asalele is the Chief Advisor Pacific health at the Ministry of Health New Zealand, a role she has been in for over 5 years. Born to migrant Samoan parents from Falefa and Falelima. Together with her strong Christian foundation, the value of service and the importance of relationships have remained strong and guide her decisions today. Graduating as a newly registered Nurse in the early 80’s, ‘I knew that I wanted to make a difference’.

Presentation: ‘Pacific Nursing Workforce and NCDs’

MRS. DEBbie SOrensen D.C.C.T, CMInstD, NZRPN CHief Executive Officer PasifiKa Futures

Debbie is a New Zealand-born Tongan with links to Leimatu’a in Vava’u and Tongaleleka in Ha’apai, a health strategist and management expert specialising in projects that address the health challenges that face Pacific communities in New Zealand and in the Pacific region. She played a leading role in the establishment of the Pacific health sector in New Zealand and continues to be active in the region in supporting workforce capacity and capability in partnership with Ministries of Health and acting as a Health Advisor to Pacific Health Ministers.

Debbie started her career as a Psychiatric Nurse and has been an active supporter of nurses throughout her career. She trained at Kingseat Hospital in Auckland and worked in Mental Health services at Middlemore and Auckland Hospital. Debbie was instrumental in developing the Psychiatric Crisis Team model and was a leader in the de-institutionalisation of psychiatric services to a community-based model. She established and developed Manaaki House one of the first community based mental health services in Auckland. She is a member of the Tongan Nurses Association and is very proud that her daughter Rose is undertaking nursing studies currently.

Debbie has received several awards. In 2011 Debbie was awarded a prestigious ANIVA Fellowship which enabled her to travel to Harvard University to undertake additional executive development study. In 2015 Debbie was invested with the Royal Order Crown of Tonga, Dame Commander by His Majesty King Tupou VI in recognition of her services to the people of Tonga. She was recognised with a Life Service award from the Pasifika Medical Association in 2016. Most recently Debbie was awarded the Pacific Business Executive Award at the 2016 National Pacific Business Trust Awards.

Debbie is currently Chief Executive of PasifiKa Futures, the Whānau Ora Commissioning Agency for Pacific families in New Zealand, Chief Executive of the Pasifika Medical Association, Director of international consultancy firm Health Specialists Ltd, and Chair of “Make a Wish” Pacific and a Trustee of the Fred Hollows Foundation.

MRS NIKI RATTLE RN Speaker Of COOK ISLAND Parliament

Niki Rattle is the Speaker of the Cook Islands Parliament since 22 May 2012. She was born in Manihiki and is a Registered Nurse working in in rural and metropolitan New Zealand, America, Manihiki and Rarotonga.

Niki has served as Secretary of the Cook Islands Red Cross for about 20 years. She has been the Speaker of the Cook Islands Parliament since 22 May 2012. Niki stands for gender equality in parliament, as she was a President of the National Council of Women, President of the Women’s Counselling Centre. Before her appointment as a Speaker of Parliament.

Niki Rattle participated in the first Women’s Practice Parliament in the Cook Islands in 2015 and again in 2017, where she introduced the roles and responsibilities of being a Member of Parliament to the women. She is actively engaged in the work of the Commonwealth Women Parliamentarians Group.
DR NETI TAMARUA HERMAN

NZRGON, NZRM, Advance Dip. In Nursing.
Bachelor Health Admin. (BHA) - UNSW, Sydney.
Masters in Health Personnel Education (MHPE) - UNSW
PhD, University of Auckland, NZ

Neti brings a lifetime career in Nursing, Community Health and Social Services with over 45 years of experience in Fiji, New Zealand, Australia and the Cook Islands.

She has worked as a Registered Nurse and Midwife, Charge Nurse/Manager, Nursing Tutor and Principal of the Cook Islands School of Nursing, Chief Health Promotion Officer, and eventually Chief Nursing Officer with the Cook Islands Ministry of Health.

She was also the President of the Cook Islands Nurses Association from 1994-1995.
However, in 1997, she ventured into a completely new direction and became the Director for Women, Youth and Sports in the Ministry of Internal Affairs. It was a huge challenge but a very rewarding experience. In October 2000, Neti was asked to return to MOH and was appointed as the Chief Nursing Officer. The following were some of the nursing developments she was involved in.

1. She was member of the CIs. Ministry of Health Executives who are responsible for making decisions relating to the efficient management of the ministry and to ensure that Divisional and Ministry outputs are achieved.
2. A member and Chair of the Nursing Council that began the deliberations regarding the Code of Nursing practice and Competencies.
3. The 3 years Nursing Training curriculum was upgraded to a Diploma program after two separate reviews carried out by WHO nurse consultants. In 1978, she worked with a WHO consultants in the development of the Nursing Curriculum and re-establishing the CIs. Nursing School.
4. Developed a Special Curriculum to train Nurse Aides to become Registered Enrolled Nurses. After a few years post work experience, most of these nurses joined the 3 years program and qualified as Registered Nurses.
5. Partnership with the Manukau Institute of Technology in granting one year scholarship for Cook Islands Trained Nurses to attend a one year post graduate training to attain a Bachelor in Nursing Qualification. This opened the way for some of these nurses to undertake Masters training at the Auckland University of Technology. These nurses have assumed senior leadership roles in Nursing and the MOH.

ASSOCIATE PROFESSOR JUDITH MCAARA-COUPER PHD, BA, RM, RGON

Judith has been a midwife for 28 years. She is an Associate Professor and Head of Midwifery Department at Auckland University of Technology. She is also a Director of the Centre for Midwifery and Women’s Health Research and leads and is involved in a number of research projects such as sustainable midwifery practice, maternal mental health, place of birth and service provision. Judith is also the past Chair of Midwifery Council of New Zealand and currently the Deputy Chair of the New Zealand National Maternity Monitoring Group.

SHARRON COLE QSO, MA. DIP ED

Sharron is the CEO and Registrar of the Midwifery Council. Since 1992, she has worked in the health regulatory and medico-legal area, particularly a long involvement with Medical Misadventure/Treatment Injury in ACC, two terms on the Medical Practitioners’ Disciplinary Tribunal and seven years as Deputy Chair of the Midwifery Council. Her previous employment was as the Director of the Wellington Catholic Education Centre, preceded by two terms as the Deputy Chief Families Commissioner. She was also a three term Board member of the Hutt Valley District Health Board and was Deputy Chair for seven years.

Presentation: Regulating the Midwifery Profession: Roles and Responsibilities of regulation
South Pacific Nursing Forum (SPNF)
South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA)
Joint Opening Ceremony
MONDAY 15TH OCTOBER 2018.
VENUE: NATIONAL AUDITORIUM
MC: MR. EMILE KAIRUA

0815HRS ARRIVAL OF INVITED GUEST
0820HRS ARRIVAL OF COUNTRY DELEGATES......
0835HRS ARRIVAL OF SOUTH PACIFIC NURSES FORUM VIPS - LEAD IN BY WHO CHIEF NURSE OFFICER MRS ELIZABETH IRO
0850HRS ARRIVAL OF THE PRIME MINISTER - HON HENRY PUNA & MRS PUNA
ARRIVAL OF THE MINISTER OF HEALTH - HON ROSE TOKI-BROWN & MR BROWN
0855HRS ARRIVAL OF THE QUEENS REPRESENTATIVE - HIS EXCELLENCY TOM MARSTERS & MRS MARSTERS
0900HRS: OPENING PRAYER SERVICE - REV. MOUTAIKI NGAMETUA
HYMN: COOK ISLANDS NURSE ASSOCIATION

0915HRS WELCOME SPEECHES
• PRESIDENT COOK ISLANDS NURSES ASSOCIATION – NGA MANEA
• COOK ISLANDS CHIEF NURSE OFFICER - NGAKIRI TEAEA

0920HRS OFFICIAL SPEECH AND DECLARE OPEN - MINISTER OF HEALTH – HONOURABLE VAINETUTAI ROSE TOKI- BROWN

0930HRS SPNF PROGRAMME BEGINS KEY NOTE SPEAKER:
MRS ELIZABETH IRO, WORLD HEALTH ORGANIZATION CHIEF NURSE OFFICER

1000HRS CLOSING PRAYER AND GRACE – REV.MOUTAIKI NGAMETUA

FORUM PHOTOS

REFRESHMENTS/ENTERTAINMENT
## DAY 1 Monday 15 October 2018

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<td>0600 – 0700</td>
<td>Walk the Talk: Physical activities at Auditorium</td>
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<td>0700 – 0800</td>
<td>Registration</td>
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<tr>
<td>0800 - 0830</td>
<td>Joint Opening Ceremony South Pacific Nursing Forum (SPNF) South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) MC Emile Kairua</td>
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<td>0915 - 1000</td>
<td>Opening Address Mrs Elizabeth Iro Chief Nurse WHO Building Nursing And Midwifery Capacity To Achieve Universal Health Coverage And Sustainable Development Goals</td>
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<td>10.00-10.30</td>
<td>Official photos Morning Tea Entertainments - CINA</td>
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<td>10.30-1045</td>
<td>Mrs Debbie Sorensen CEO Pasifika Futures Ltd.</td>
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<td>1045-1100</td>
<td>Matafanua Hilda Fa’asalele, Chief Advisor Pacific Health NZ MOH</td>
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<td>1100 - 1110</td>
<td>Dr Neti Herman CI RN</td>
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<td>1110 - 1120</td>
<td>Mrs Niki Rattle CI RN Speaker of CI Parliament</td>
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<td>1120 - 1140</td>
<td>Raising the profile and status of nursing globally. Introduction to Nursing NOW campaign - Introduced by Professor Jill White South Pacific Board Member NursingNow</td>
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<td>1140 - 1200</td>
<td>Launch of Nursing Now South Pacific –</td>
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<td>• Orometua to bless the NN Launch,</td>
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<td>• CI CNO and president to unveil banner</td>
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<td>• Photo Participant On stage</td>
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<td>– Enrolling Country CNOs and Presidents of NNA</td>
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<td>– Mrs Annette Kennedy ICN president</td>
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<td>– Mrs Elizabeth Iro WHO Chief Nurse</td>
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<td>– Prof. Jill White South Pacific Board Member NursingNow</td>
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<td>12.00-1300</td>
<td>Lunch Entertainments - CINA</td>
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<td>13.00 – 1330</td>
<td>Key Note Mrs Annette Kennedy ICN President</td>
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<td>Working for Health: Building nursing capacity and leadership to improve health outcomes</td>
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<td>1330 - 1400</td>
<td>3 country responses (5 min) – Tonga, Fiji, Cook Is</td>
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<td>• What are the challenges to building nursing capacity and leadership in Pacific Countries</td>
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<td>Open Discussion 10 min</td>
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<td>Mrs Annette Kennedy response</td>
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<td>Time</td>
<td>Session Theme</td>
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<tr>
<td>1400-1500</td>
<td>Health Workforce Development</td>
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<tr>
<td>15.00-15.30</td>
<td>Afternoon tea</td>
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<td>15.30-1645</td>
<td>Health Workforce Development</td>
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<td>1645-1700</td>
<td>Windup</td>
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7pm - 10pm  | DINNER hosted by Minister of Health - National Auditorium| Dress Code – Island Style |

Evening
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<tr>
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<tr>
<td>0600 – 0700</td>
<td>Walk the Talk:</td>
<td>Chair Fiji</td>
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<tr>
<td>0800 – 0810</td>
<td>Pure and Immene (opening prayer and hymn)</td>
<td>Tonga Nurses</td>
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<tr>
<td>0810 – 0815</td>
<td>Highlights from day 1</td>
<td>Chair Fiji</td>
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<td>Session theme: Transforming Leadership in Maternal and Infant health</td>
<td>Chair Fiji</td>
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<tr>
<td>0815 - 0900</td>
<td>Midwifery Key Note Address: Mrs Mary Kirk ICM vice president</td>
<td>Chair Fiji</td>
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<tr>
<td>0900 – 0920</td>
<td>Nancy Pego Midwife Pacific Society for Reproductive Health</td>
<td>Chair Fiji</td>
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<tr>
<td>0920 – 1000</td>
<td>Midwifery discussion</td>
<td>Chair Fiji</td>
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<td>10.00-10.30</td>
<td>Morning Tea</td>
<td>Chair Fiji</td>
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<td>10.30-1200</td>
<td>Reproductive Health Presentations</td>
<td>Chair Fiji</td>
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<tr>
<td>1300-1330</td>
<td>Key note 2 Associate Professor Judith McAra-Couper &amp; Sharron Cole</td>
<td>Chair Fiji</td>
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<tr>
<td>1330 - 1350</td>
<td>4 Countries responses: Solomon Is., Samoa, Fiji, Tuvalu (5min each)</td>
<td>Chair Fiji</td>
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<tr>
<td>1350 -1415</td>
<td>Open Discussion</td>
<td>Chair Fiji</td>
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<tr>
<td>Time</td>
<td>Session Theme: Enhancing pregnancy and newborn care.</td>
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<tr>
<td>1415 - 1515</td>
<td>Presentations</td>
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<td></td>
<td>1. Nga Marsters, Associate Professor Judith McAra-Couper AUT New Zealand. Challenges and changes in Midwifery Practice in New Zealand - Pasifika women accessing primary maternity care.</td>
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<td>3. Professor Mary Steen. Uni South Australia. Exploring diet and eating habits during pregnancy</td>
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<td>4. Dr Diana Austin; AUT Auckland Support for Health Professionals when outcomes are poor</td>
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<td>1515 - 1530</td>
<td>Afternoon tea</td>
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<td>1530 - 1700</td>
<td>Session theme: Breaking the cycle of NCD</td>
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<td>Presentations</td>
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<td></td>
<td>1. Akesa Halatanu. Vaiola Hosp Tonga Clinical Quality Governance -Clinical approaches to quality of care in Tonga</td>
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<td>2. Timaima Koroibanuve; Pacific Eye Institute Fiji Extending Boundaries for Eye Care Services in Fiji with the Mobile Eye Clinic</td>
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<td>3. Loli Channing. Alliance Health Auckland Healthy Village Action Zones – Parish Community Nursing experience in NZ</td>
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<td>5. Salome Ravonokula &amp; Julia Kingi Te Whanau o Waipareira Trust Collaborative Nursing Model Of Care – Cardiac Rehabilitation</td>
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<td>Pure and Imene (Closing prayer and hymn)</td>
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<td>Chair Vanuatu</td>
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<tr>
<th>Time</th>
<th>7pm -10pm Evening</th>
<th>DINNER hosted by SPNF – Edgewater</th>
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<tr>
<td>0600 – 0700</td>
<td>Walk the Talk: Physical activities at Auditorium</td>
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<tr>
<td>0800 – 0815</td>
<td>Pure and Immene (opening prayer and hymn) Samoa Nurses Highlights from day 2</td>
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### Session theme: Extending the Boundaries - Nursing and Midwifery Leadership Management and Education

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<tr>
<td>0815 - 0915</td>
<td>Panel: Elizabeth Iro, Annette Kennedy, Mary Kirk – 20 mins each</td>
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<tr>
<td></td>
<td>• How can nurses and midwives in Pacific Nations address the challenges to ensure an educated, competent and motivated workforce</td>
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<td>• How can WHO, ICN and ICM support Pacific nurses/midwives.</td>
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<td>• How do Pacific nurses engage more with WHO/ICN/ICM</td>
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<tr>
<td>0915 - 1000</td>
<td>Questions &amp; Discussion from Country delegates and CNMO only</td>
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<tr>
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<td>• What are the challenges for your country to engage with Global organizations</td>
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<td>• Do the Global organizations address the challenges of small island nations</td>
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<td>Open discussion</td>
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<tr>
<td>1130 - 1230</td>
<td>Presentations</td>
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<td>2. Alison Sio, Solomon Is MOH Introduction of a public health surveillance system in SI</td>
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<td>4. Norma Goulolo: NRH Solomon Is The quality of nursing care for dengue patients in SI</td>
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<td>5. Asugeni; James Atoifi Solomon Is Current and likely mental health issues from rising sea-level in a remote coastal region of the Solomon Islands:</td>
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### Session Theme: Extended Practice & Nurse prescribing

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<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>1130 - 1230</td>
<td>Presentations</td>
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<tr>
<td></td>
<td>1. Dr Jill Wilkinson &amp; Dr Mark Jones. Victoria Uni New Zealand Extending the prescribing framework to nurses</td>
</tr>
<tr>
<td></td>
<td>2. Pauline Sanders: PHO Auckland RN Designated Prescribing in Community Health – First Level Nurse Prescribing</td>
</tr>
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<td></td>
<td>3. Mele Kaufusi. Transforming Pacific nurses to be a force for change</td>
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<td></td>
<td>4. Geogina McPherson. Waitemata DHB Auckland A nurse led model of care for colposcopy services in New Zealand</td>
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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1330 - 1630</td>
<td>Lunch Entertainments – CINA</td>
</tr>
<tr>
<td>1330 - 1630</td>
<td>SPNF Annual General meeting</td>
</tr>
<tr>
<td>1630</td>
<td>Pure and Immene (Closing prayer and hymn) Vanuatu</td>
</tr>
</tbody>
</table>

**DINNER hosted by CINA: National Auditorium Dome  Culture night**

Dress Code - Country Cultural Costumes

Each Country to perform Items. Presentations of Forum Certificates/Gifts

15
### DAY 4 Thursday 18 October 2018

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<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>Chair</th>
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<tbody>
<tr>
<td>0600 – 0700</td>
<td>Walk the Talk: Physical activities at Auditorium</td>
<td>Samoa</td>
</tr>
<tr>
<td>0800 - 0815</td>
<td>Pure and Immene (opening prayer and hymn) Highlights from day 3</td>
<td>Fiji</td>
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**Session Theme**  
Transforming Nursing and Midwifery Practice

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<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>Chair</th>
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</table>
| 0815 - 1000| Presentations  
1. Associate Professor Rachael Vernon, Dr Terri Gibson, Ngakiri Teaea & Mary MacManus Uni South Australia, CI MoH Collaboration between the Cook Islands Ministry of Health and the University of South Australia  
2. Metua Daniel-Atutolu MIT Auckland NZ Transformational nursing practice through Pasifika cultural immersion with enriched self-identity and connection  
4. Kerri Nuku NZNO. Traditional practice versus contemporary realities striking a balance  
5. Sonya Api Temata New Zealand Framing Cook Islands Indigenous Epistemologies An approach to Health & Well Being  
6. Hemaima Hughes; & Sonny Alesana Te Piki Oranga Ltd New Zealand : Hauora Māori Service Delivery Organisation | Samoa          |

### 10.00-10.30
Morning Tea

### 1030 - 1200
Session Theme  
Transforming Nursing and Midwifery Practice

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>Chair</th>
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</table>
| 1030 - 1200| Presentations  
2. Ta’avale Ioana Mulipola. ADHB Auckland NZ Describing MH nurses role in metabolic care for service users prescribed antipsychotic medications.  
3. Ta’avale Mulipola, Lilliane Valoa. ADHB Auckland NZ Audit to identify metabolic risk factors for Pacific Mental Health service users  
4. Marineth Magi-Devreke: MOH SI Self management in TB patients in SI  
5. Hilary Toloka; Atoifi Solomon Is Community treatment of yaws and scabies: Impact on skin sores | PNG            |

### 1200 - 1300
LUNCH

### 1300 – 1500
**JOINT MEETING SPNF AND SPCNMOA**

- Outcome document draft  
- Joint meeting SPNF and SPCNMOA

### 1500 - 1600
Formal Forum closure and handover to next host  
Pure and Immene (Closing prayer and hymn)
### Presenters

#### Presenter/ Affiliation Biography

<table>
<thead>
<tr>
<th><strong>Presenter</strong></th>
<th><strong>Affiliation</strong></th>
<th><strong>Biography</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>James Asugeni</strong></td>
<td>Atoifi Adventist Hospital, Malaita, Solomon Islands</td>
<td>Jame is a Mental Health Nurse based at Atoifi Hospital on the remote East Coast of the island of Malaita, Solomon Islands. He has 16 years’ experience providing mental health services. He holds a Bachelor degree and a Post Graduate Diploma in Public Health from the University of Papua New Guinea. James is currently Associate Lecturer at Pacific Adventist University Atoifi Campus.</td>
</tr>
<tr>
<td><strong>Dr Diana Austin</strong></td>
<td>Auckland University of Technology (AUT) Auckland New Zealand</td>
<td>Dr Diana Austin, a qualified as a midwife in 1994 and a nurse in 1987. She currently works as a Programme Leader in the midwifery department at AUT. In 2017 she completed her Doctorate in Health Science in the area of supporting health professionals following critical incidents using an Action Research approach.</td>
</tr>
<tr>
<td><strong>Loli Mesepa Channing</strong></td>
<td>Alliance Health Plus Trust Auckland, New Zealand</td>
<td>Loli is a Parish Community Nurse. She holds a Postgrad Cert/Dip in Long Term Conditions of Chronic Care. Loli holds a Matai title and through her extensive work through Pasifika communities and clinal professionals. She also does volunteer work with educating training nurses at Moto’atau Hosp in Western Samoa. She is the current President of the Tasi Soifua Samoan Nurses Association in NZ.</td>
</tr>
<tr>
<td><strong>Tohoa Clara Eli Cummings: Parau Ngamata Nio. Doris Taripo:</strong></td>
<td>Cook Islands Ministry of Health</td>
<td>Cook Islands registered nurse and Fiji registered midwife. Born in Tukao, Manihiki. She has work for the CI Ministry of Health for 19 years. <strong>Parau Ngamata Nio:</strong> CI registered nurse and midwife. She is a NCD specialist nurse in the MOH. Currently undertaking a Nurse Practitioner course. <strong>Doris Taripo:</strong> Cook Islands Registered Nurse, Nurse Practitioner Post-Graduate Diploma in Eye Care – Pacific Eye Institute (Fiji), Ear Care Nurse Specialist and current Nursing Supervisor Rarotonga hospital.</td>
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#### Presentation

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<thead>
<tr>
<th><strong>Presentation</strong></th>
<th><strong>Abstract</strong></th>
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<tbody>
<tr>
<td><strong>Mental health issues from rising sea-level in a remote coastal region of the Solomon Islands</strong></td>
<td>There is little published research about mental health and climate change in the Pacific. This presentation will report the findings on a small study in Malaita Solomon Islands on sea water rise. Self-reported and community-reported mental health issues of sea-level rising on people living in low-lying islands, man-made islands and low-lying villages were analyzed and presented.</td>
</tr>
<tr>
<td><strong>Support for health professionals when outcomes are poor</strong></td>
<td>When a person we provide care for dies or the outcome is poor, the impact is often significant for the health professional. This presentation will outline a study undertaken at National Women’s Health in Auckland, to improve the available support. It will provide an opportunity for discussion with participants from other services about what they find helpful in supporting each other and whether the findings and the developed resource could be adapted.</td>
</tr>
<tr>
<td><strong>Healthy Village Action Zones – Parish Community Nursing experience in NZ</strong></td>
<td>Healthy Village Action Zones (HVAZ) is a Pacific church based programme funded by Auckland District Health Board (ADHB) in New Zealand. HVAZ is an innovative framework delivered by Parish Community that seeks to support Pacific communities to develop their own solutions to their health priorities and to enable better access to quality primary health care services with a strong focus on cardiovascular disease and diabetes.</td>
</tr>
<tr>
<td><strong>The Challenge of Universal Health Coverage for remote islands</strong></td>
<td>A team of nine health care workers from CI Ministry of Health carried out an Outreach programme in April 2017 to deliver specialisys services to the six northern group islands. Namely: Palmeaston, Pukapuka, Nassau, Manihiki, Rakahanga and Penrhyn. 1) The first presentation will report on the purpose and the journey this team went on showing the isolation of these islands and the difficulty in providing effective health care to remote areas. 2) The second presentation will report on the findings and the recommendations from this trip. We wish to acknowledge the role of the nurses who work in isolation on these remote islands.</td>
</tr>
</tbody>
</table>
**Metua Daniel-Atutolu**  
Senior Academic Lecturer, Manukau Institute of Technology. Metua is the Team Leader for the Bachelor of Nursing Pacific (BNP) programme in which there is only two of its kind in New Zealand. She holds a Bachelor of Nursing degree and a Postgraduate Diploma in Specialty Health - Pacific health and nursing. Metua is a Cook Island woman, wife and mother. She has a passion for Pasifika nursing, health and education and hopes to begin a doctoral degree programme in 2019.

Transformational nursing practice through Pasifika cultural immersion with enriched self-identity and connection.  
The purpose of this presentation is to share the transformational nursing practice of Pasifika undergraduate nursing students who were engaged in clinical placement in Rarotonga, Cook Islands. The full immersion into Pasifika culture and the adaptation in nursing practice, clinical and cultural competency led to a deeper level of learning and the enrichment of one’s own self-identity and connection to others.

**Ellaine Ete-Rasch**  
Victoria University of Wellington, New Zealand  
Ellaine is a RN from Samoa but residing in NZ. Her nursing experiences is in primary healthcare, family/child health, education, public health/school nursing. She has a special interest in children’s health specifically in Pacific children in NZ.  
Ellaine holds a Masters of Art in Nursing and is now a PhD student at Victoria University of Wellington. She is a recipient of the Health Research Council, Pacific Health PhD Scholarship.

Ambulatory sensitive hospitalisations (ASH) of Pacific children in New Zealand.  
This presentation emphasizes the importance of effectively involving those affected with poor health outcomes in the research process in seeking solutions to health problems affecting them. This research examines the persistent poor health status of Pacific children in New Zealand, depicted in the significant representations in ASH. It seeks to determine why children are hospitalised from conditions that are preventable, how parents perceive these admissions and identify what could be done differently.

**Dr Terri Gibson, RN, BN, MN, PhD**  
Terri is the Postgraduate & International Program Director at the School of Nursing and Midwifery, University of South Australia. Terri has extensive clinical, education, research, and management and governance experience in the health and tertiary education sectors.

**Ms Julie Brown, RN, Dip App Sc (Nsg), MN**  
Julie is the Senior Nursing and Midwifery Policy Advisor, Office of the South Australian Chief Nurse and Midwifery Officer, SA Health, Government of South Australia.

Julie leads state-wide projects and policy development, the provides advice on national reform and policy.

**Associate Professor Rachael Vernon, RN, BN, MPhil(Dist), PhD**  
Rachael is the Associate Head of School: Academic School of Nursing and Midwifery, University of South Australia. Her career includes senior roles in clinical practice, health service management, nursing education and research. In 2011 she was awarded the prestigious Fulbright Senior Scholar Award for research.

Development and Evaluation of a Nursing and Midwifery Professional Practice Framework to facilitate person centred care in South Australia.

In 2014, in South Australia, the Nursing and Midwifery Office of the Department of Health championed the collaborative development of a Nursing and Midwifery Professional Practice Framework to facilitate the delivery of high quality, compassionate person centred care. This presentation outlines the process of developing and implementing the framework and presents findings from a preliminary study to evaluate the impact of the framework on the delivery of nursing and midwifery services across publicly funded health services in the state of South Australia.
### Norma Denty Goulolo
National Referral Hospital, Ministry of Health Solomon Islands.

Norma, is an RN from Solomon Islands. She graduated with a Diploma in Nursing in 2006 and has been working as a Registered Nurse at National Referral Hospital in Honiara since then. **She is currently working on Medical Ward. In 2015 Norma got her Bachelor in Public Health from FNU.**

### Bronwen Griffiths
Australian College of Emergency Nursing (ACEN)

**Angela Gittus**
Australian College of Emergency Nursing (ACEN)

**Teitinana Ribanti**
Kiribati MOH

### ‘Akesa Uliti Halatanu
Matron, Vaiola Hospital Tonga.

‘Akesa Uliti Halatanu started her career as a Registered Comprehensive Nurses at Starship Hospital. Since 1994 she has worked in Vaiola Hospital as well to Prince Ngu Hospital in Vava’u for almost 2 years and then transferred to Queen Salote School of Nursing 1996. Akesa holds a Midwifery Degree(AUT) and completed Masters in Nursing at University of Auckland in 2011.

### Dr Neti Tamarua Herman.
Cook Islands

**See NZRGON, NZRM, Advance Dip. In Nursing.**

**Bachelor Health Admin. (BHA)- UNSW, Sydney.**

**Masters in Health Personnel Education (MHPE)-UNSW**

PhD, University of Auckland, NZ

Neti brings a lifetime career in Nursing, Community Health and Social Services. Over 45years of experience in Fiji, New Zealand, Australia and the Cook Islands. **Full bio P9**

### Hemaima Hughes
Māori Liaison Nurse, Te Piki Oranga Ltd New Zealand

Hemaima is of Whakatohea and Ngapuhi descent; **See details below**

### Sonny Alesana
- Te Pou Taki / Cultural Advisor Te Piki Oranga Ltd New Zealand

### The factors affecting the quality of nursing care for dengue patients at the National Referral Hospital, Solomon Islands.

In 2013, Solomon Islands experienced its first ever outbreak of dengue followed by another in 2016. With the fact that dengue is new to the Solomon Islands, the question arises as to whether our health workers are well equipped in knowledge, skills and resources to care for patients with dengue. This presentation will discuss the factors that affect quality of nursing care for dengue admitted patients at the National Referral Hospital.

### Kiribati Emergency Nurse Training - A Collaborative Approach to the Advancement of Emergency Nurse Education in the Pacific

This presentation explores recent developments in emergency nursing in Kiribati. The project is the result of a multidisciplinary collaboration between 1-Kiribati and Australian clinicians, to develop a clinically and culturally relevant program of frontline emergency skills. The success of the programme in Kiribati and the flexibility of its design, indicate it would likely be a valuable addition to nursing education in other parts of the Pacific.

### Clinical Quality Governance -Clinical approaches to quality of care in Tonga

Clinical Governance is a challenging new approach to quality improvement within Tonga National Health Service. With support from WDHB a Clinical Governance model with the four main approaches to measuring and improving quality of care: quality assessment, quality assurance, clinical audit, and quality improvement (CPD) was developed. Clinical Governance needs engagement at all professionalism levels to assure the people of TONGA receive the best, quality of clinical care.

### The Significance of Developmental Origins of Health and Diseases: A call for Action and Support by Nurses.

Globally health sectors are challenged by the complex issues of Non communicable Diseases (NCDs) including diabetes, cancers and cardiovascular diseases. The NCD crisis disproportionately affects low and middle-income countries including Pacific Islands. Currently, NCD interventions focus mainly on adult lifestyle behaviours but there is a growing body of research that suggest susceptibility to NCDs is largely set in the early life environment. Healthy nutritional and non-nutritional environmental exposures before conception, during pregnancy, infancy and adolescence, reduce NCD risk in adulthood.

### Hauora Māori Service Delivery Organisation – Te Tau Ihu o Te Waka a Maui

Te Piki Oranga- Hauora (health) Māori contract holder for the top of the South Island New Zealand succinctly identifies with the theme of exploring changes and developments in nursing and midwifery practice, health service delivery working in partnership with other health workers and sharing innovative ways to address the challenges of isolation, dispersed population, financial costs and lack of medical expertise to provide the health care required for its people.
<table>
<thead>
<tr>
<th>Mrs Hemaima Hughes</th>
<th>Hapai Taumaha Hapūtanga: Crisis Pregnancy Support</th>
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<tbody>
<tr>
<td>Māori Liaison Nurse, St Luke’s Health Centre New Zealand</td>
<td>HapaiTaumaha Hapūtanga/Crisis Pregnancy Support is a primary health care professional agency that offers practical, emotional, and confidential support to women who find themselves struggling because of an unexpected pregnancy. This is an example of how Nurses have and can continue to lead the way in the prevention and management of conditions to improve the health and reduce the mortality and morbidity of Pacific people.</td>
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<td>Hemaima is of Whakatohea and Ngapuhi descent; She, is a nurse consultant, educator, programme developer, governor, manager, ethicist, researcher, clinical and cultural supervisor and policy constructor celebrates 49 years in the profession. A member of Kaunihera o Nga Nehei Māori o Aotearoa/National Council of Māori Nurses (NCMN), (NZNO) recipient of a national NZNO Award for services to nursing and midwifery in 2013, vice president of Whakatu Māori Women’s Welfare League.</td>
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<tr>
<th>Alisa Loimata Lilo-Il Counties Manukau DHB New Zealand</th>
<th>Pacific Peoples’ Experience of Bariatric Surgery</th>
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<tbody>
<tr>
<td>Alisa is Samoan with Tokelauan heritage. Born and raised in New Zealand with a very strong Samoan upbringing. She is a Theatre Nurse at CMH, since 1993 and currently the Acting Nurse Manager. Her background is General/ Vascular Surgery. I have recently achieved Alisa holds a Masters in Nursing;</td>
<td>Obesity has become an increasingly serious issue impacting on the health of people throughout the developed world, affecting both Maori and Pacific populations. The aim of this research is to understand Pacific peoples’ experience of Bariatric services including presentation for Bariatric weight loss surgery and their surgical journey. It will also explore the values and beliefs that may have influenced Pacific peoples’ decision to have Bariatric weight loss surgery.</td>
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<tr>
<th>Heaven Isaia Elisaia, Samoa</th>
<th>Advancement and Innovations in Pacific Perioperative Nursing Practice.</th>
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<tr>
<td>Heaven is a Samoan RN. She graduated with Certificate in Science in 2009 and completed Bachelors in Nursing in 2012. She has worked in OT at Tupua Tamasese Meaole Hospital for 4 years.</td>
<td>Variations in the Pacific perioperative practices have been identified by Royal Australasian College of Surgeons visiting teams, reporting a lack of local standards for perioperative nurses in the Pacific Island Countries. The Pacific Perioperative Nursing Group will share their experience developing practice standards and audit tools. The Australian College of Perioperative Nurses and the International Federation of Perioperative Nurses supported the project through access to their practice standards and guidelines as foundation documents.</td>
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<th>Rouruina Taraare</th>
<th>Both represent the Pacific Perioperative Nurses</th>
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<tr>
<td>Charge Nurse Operating Theatre Ministry of Health Rarotonga Cook Island born, a locally and Fiji trained registered nurse and midwife. Rouina is a dedicated general nurse and midwife for many years and is currently the operating Theatre Charge Nurse. She is committed to moulding the work force to meet regulatory standards and to see new leaders emerge from our current and future young nurses.</td>
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<tr>
<th>Mele Kaufusi Diabetes Nurse Specialist Auckland Diabetes Centre, ADHB Auckland</th>
<th>Transforming Pacific nurses to be a force for change</th>
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<tr>
<td>Mele started her nursing career in Tonga and migrated to NZ in 1984. She has experience in both countries She has worked in her present role for over two decades and have been supporting nurses in their professional development. Her aim is that Pacific people have access to the best care and in a timely fashion.</td>
<td>Pacific people who live in a lower socio-economic area are most affected by diabetes and health outcome remains poor. Diabetes is a chronic long-term condition, therefore ongoing self –care management and lifelong coaching is required to achieve good health outcomes for patients. Nurses are a catalyst in driving care for Pacific people in NZ working in partnership alongside other health practitioners. This presentation will discuss a new approach for service delivery namely a nurse led clinic at a community GP practice to work alongside a nurse and general practitioners</td>
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<td>Name</td>
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<tr>
<td><strong>Timaima Nukusere Koroibanuve</strong></td>
<td>Nurse Manager Pacific Eye Institute, Suva Fiji</td>
</tr>
<tr>
<td><strong>Michael Larui</strong></td>
<td>National Director of Nursing</td>
</tr>
<tr>
<td><strong>Ramai Lord</strong></td>
<td>Office of the Chief Nursing Officer</td>
</tr>
<tr>
<td><strong>Shona Lynch</strong></td>
<td>Apunipima Health Council Coen, Australia</td>
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<tr>
<td><strong>Extending Boundaries for Eye Care Services in Fiji with the Mobile Eye Clinic</strong></td>
<td>This presentation examines the innovation of a Mobile Eye Clinic to extend the boundaries for eye care service delivery in the rural communities in Fiji. This service provides eye assessment and surgery to people in outlying communities and villages, who, due to financial or resource constraints are unable to make the journey to the eye department for treatment. The aim of this innovation is to dramatically reduce burden of NCD like cataract &amp; DM related diseases.</td>
</tr>
<tr>
<td><strong>Towards effective outbreak detection: Factors affecting nurses’ early warning surveillance practice in Solomon Islands</strong></td>
<td>Intelligence generated by a surveillance system is dependent on the quality of data that are collected. We investigated the knowledge, attitudes and practices of nurses responsible for outbreak early warning surveillance data collection in Solomon Islands to identify factors that influence their ability to perform surveillance-related tasks with rigor. This study identified several challenges to consistent and accurate data collection and reporting.</td>
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<tr>
<td><strong>Growing the Māori nursing workforce using a collective impact approach</strong></td>
<td>New Zealand’s nursing leaders have a shared vision to grow the Māori nursing workforce to match the proportion of the Māori population. Māori nurses are significantly underrepresented in the nursing workforce. Increasing the Māori nursing workforce would better meet current and future health needs of Māori and provide culturally relevant care. Ramai will describes an indigenous process of working together using a structured process with support from dedicated staff to grow the Māori nursing workforce.</td>
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<tr>
<td><strong>A new program for Diabetes Self-Management in a remote Aboriginal community</strong></td>
<td>Coen is a remote inland indigenous community, 600 km from Cairns. It has a population of 400 people. During the wet season Coen is only accessible by air. Its low population creates barriers to providing accessible public health care services. This is compounded by decreases in funding, lack nursing staff, insufficient numbers of Aboriginal and Torres Strait Islander health workers. A model of diabetes self-management based on three aspects: choices, control, and consequences was implemented to address the cultural changes that have adversely impacted the ability to provide diabetes care for this high risk population.</td>
</tr>
<tr>
<td>Name</td>
<td>Title and Affiliation</td>
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</tbody>
</table>
| Marineth Magi-Dereveke | National Referral hospital, MHMS, Honiara, Solomon Islands  
Registered Nurse from Solomon Island. She holds a Diploma in Nursing and a Bachelor in Public Health  
Marineth works as an RN at National Diabetic centre | Self management in TB patients in SI  
This study was conducted in the Solomon Island. Solomon Island has approximately 400 TB cases registered every year. Many of the cases are young adults and children. The objectives of this study are to determine knowledge, attitudes, and practice among admitted tuberculosis patients concerning tuberculosis (TB). Findings show varied levels of knowledge and mixed attitudes and practices about TB among the TB patients |
| Ngatepaeru Marsters  | Auckland University of Technology (AUT)  
Auckland New Zealand  
Nga is a NZ born Cook Island Māori. She has been a midwife for 18 years, predominantly as a community self employed midwife. Currently working at AUT as the Pasifika Midwifery Student Liaison and Clinical Educator. Nga holds BHSc (Midwifery), and a PgDip Specialty Care Pacific Health. She is a member of the Midwifery Council of New Zealand and New Zealand College of Midwives (NZCOM). | Challenges and changes in Midwifery Practice in New Zealand - Pasifika women accessing primary maternity care.  
The majority of Pasifika women who come to New Zealand to have their babies chose to birth in a tertiary hospital. This research study provided the opportunity for six Pasifika women to talk about what influenced their choice to birth in Middlemore hospital, the tertiary unit within their community. The research question was: why do ‘low risk’ Pasifika women in Counties Manukau region not birth at a midwifery led primary birthing unit. |
| Associate Professor Judith McAra Couper | Auckland University of Technology (AUT)  
Auckland New Zealand  
Judith is a registered nurse and registered midwife and holds a PhD.  
She has been a midwife for 28 years and is the Associate Professor and Head of Midwifery Department at AUT. She is also a Director of the Centre for Midwifery and Women’s Health Research and leaderships. Judith is the past Chair of the Midwifery Council of New Zealand and the current Deputy Chair of the NZ National Maternity Monitoring Group. | Developing Pasifika midwifery workforce in New Zealand – a collaborative approach  
In New Zealand 2.2% of midwives are Pasifika while Pasifika peoples make up 23% of the nation’s population. This presentation will outline the strategies undertaken by Auckland University of Technology (AUT) in collaboration with Counties Manukau DHB to increase recruitment and retention of students for the midwifery programme, and the ongoing challenges in developing a workforce to provide equitable services for Pasifika women in New Zealand. |
| Ngatepaeru Marsters | BHSc (Midwifery), PgDip Specialty Care Pacific Health  
Bio is above |  
Bio is above  
All from Auckland University of Technology (AUT) Auckland New Zealand |
| Dr. Diana Austin | DHSc, BA, RM, RCPN | Developing Pasifika midwifery workforce in New Zealand – a collaborative approach  
In New Zealand 2.2% of midwives are Pasifika while Pasifika peoples make up 23% of the nation’s population. This presentation will outline the strategies undertaken by Auckland University of Technology (AUT) in collaboration with Counties Manukau DHB to increase recruitment and retention of students for the midwifery programme, and the ongoing challenges in developing a workforce to provide equitable services for Pasifika women in New Zealand. |
| Associate Professor Judith McAra Couper | PHD, BA, RM, RGN. |  
Bio is above  
All from Auckland University of Technology (AUT) Auckland New Zealand |
| Dianna McGregor | Maori Clinical Nurse Director for Auckland and Waitemata DHB New Zealand  
Diana has been a Maori nurse for the past forty two years, a generalist by nature and now the Maori Clinical Nurse Director for Auckland and Waitemata DHBs  
An indigenous nurse who | Addressing disparities of health through Indigenous Maori Nurse Leadership Roles.  
For Maori, life expectancy is eight to ten years less and avoidable death rates are almost double compared to other New Zealanders (2). Maori are sicker, and access care less (3).  
Waitemata DHB responded to The National Maori Health Strategy challenge, to improve Māori health outcomes |
is strong in her own culture and is brave enough to walk the two worlds in mainstream health systems is invaluable to all who walk beside them. Tooku Toa he toa Rangatira(My bravery is inherited from the greatness of my ancestors.)

<table>
<thead>
<tr>
<th>Georgina McPherson</th>
<th>Nurse Practitioner</th>
<th>Waitemata District Health Board Auckland New Zealand</th>
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<tbody>
<tr>
<td>and equity in access (1) through Maori Nurse Leadership roles which provides and encourages culturally appropriate intervention, for Maori within mainstream health services.</td>
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A nurse led model of care for colposcopy services in New Zealand

DHBs face ever increasing costs and difficulty managing within the current funding environment. In 2015 the colposcopy services at Waitemata DHB recognised there was potential to develop a new model of care which was nurse led. The medical team are an essential component of the service; however, it was recognised a nurse led model offered improved cost efficiencies, provide a clinically effective service, improve utilisation of staffing resources, and provide a more strategic approach to quality improvement initiatives.

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<tr>
<th>Ta’avale Ioana Mulipola</th>
<th>Adult Community Mental Health Services – ADHB Auckland NZ</th>
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<tbody>
<tr>
<td>Ta’avalis a Nurse Educator for Adult Community MH Services in ADHB. Working experience: 10 years in various roles include keyworker and Clinical Nurse Specialist Primary Care Liaison for Counties Manukau Health DHB. She holds a Master’s Degree from UoA, Bachelor HSc (Nursing) MIT.</td>
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Metabolic risk factors Audit for Pacific Lotofale Mental health service users who are prescribed antipsychotic medications

This audit was conducted on HCC (electronic clinical database) clinical records of Lotofale Pacific Adult Mental Health Services in 2017. All active NHI registered and are recorded under this service and the ADHB Mental Health community Adult services clinical database are included.

<table>
<thead>
<tr>
<th>Liliane Valoa</th>
<th>Community Mental Health Services - ADHB Auckland NZ</th>
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<tbody>
<tr>
<td>Liliane has worked for Lotofale Pacific MH Service for the last three years, as well as part time at the ADHB inpatient unit for the last two years. She holds a Post grad Certificate in Mental Health &amp; Addiction Nursing and Bachelor of Pacific Nursing. Liliane is the current secretary for the Cook Islands Nurses Aotearoa Group</td>
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</table>

Describing MH nurses role in metabolic care for service users prescribed antipsychotic medications.

Metabolic syndrome is describes a group of risk factors for diabetes and cardiovascular disease. Service users of mental health services are more at risk of this especially those prescribed antipsychotic medications. In New Zealand Maori and Pacific population are identified with the highest rates of diabetes, obesity and cardiovascular disease and also have the highest representation with mental health disorder. Both populations are at great risk of developing metabolic syndrome when treated/prescribed antipsychotic medications.

<table>
<thead>
<tr>
<th>Ta’avale Ioana Mulipola</th>
<th>Adult Community Mental Health Services – ADHB Auckland NZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ta’avalis a Nurse Educator for Adult Community MH Services in ADHB. Working experience: 10 years in various roles include keyworker and Clinical Nurse Specialist Primary Care Liaison for Counties Manukau Health DHB. She holds a Master’s Degree from UoA, Bachelor HSc (Nursing) MIT.</td>
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<tr>
<td>Speaker</td>
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<tr>
<td><strong>Dr Karen New</strong></td>
<td><strong>Preconception health and primary prevention – a challenge for all.</strong></td>
</tr>
<tr>
<td><strong>Kerri Nuku</strong></td>
<td><strong>Traditional practice versus contemporary realities striking a balance</strong></td>
</tr>
<tr>
<td><strong>George Pego</strong></td>
<td><strong>Aligning HRH to Meets the Country’s Health Care service</strong></td>
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<tr>
<td><strong>Hellen Polosovai</strong></td>
<td><strong>Malaria in Pregnancy SI</strong></td>
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19th South Pacific Nursing Forum  
15th – 18th October 2018 Rarotonga Cook Islands

Salome Lawe Ravonokula  
Team Leader Te Whanau o Waipareira Trust  
Salome is a Registered Nurse graduating in Fiji in 1994. She later completed a Post grad cert in Public health in 2013  
She is Team Leader for the Personal Health Team employed by Te Whanau o Waipareira Trust covering the Contracts for Maori Mobile Nursing, Cardiac Rehabilitation and Tamariki Ora, Cancer Navigation. She has a strong and passionate advocacy for Community nursing, more importantly with Long Term Health Conditions such as Diabetes, Heart and Respiratory conditions. Salome also advocates for Cardiac Rehabilitation.

Julia Kingi RN  
Te Whanau o Waipareira Trust  
Julia is a Registered Nurse graduating with a Bachelors degree in Nursing from Unitec Auckland, Julia is a Member of the Maori Mobile Nursing and Cardiac Rehabilitation Team covering these Contracts. Julia is a strong advocacy for Rehabilitation Nursing and long term conditions.

Catelyn Richards  
The Royal Children's Hospital  Victoria  
Catelyn is a RN at Royal Children's Hospital, Melbourne, after completing her BA at Monash University in 2016. Her passion for nursing stemmed from her time volunteering with AusAid and Young People Without Borders in the Solomon Islands in 2013. Catelyn recently completed a leadership program with the Australian College of Nursing in 2017. She hopes to someday work among the global health community, but for now is trying to learn and grow herself as a junior nurse.

Lucy Osborne  
The Royal Children's Hospital  Victoria  
Lucy is from Tasmania Australia. She completed her BN at University of South Australia. After completing her graduate year in South Australia Lucy moved to Melbourne to work with neonates at the Royal Children’s Hospital. Hers goals are to incorporate international health into university and health care across Australia, be a leader/role model for young nurses, ensuring the health care industry is a safe environment and conducive to learning and professional development.

Pauline Fuimaono Sanders  
Nurse Leader – Alliance Health Plus Trust  
Pauline holds a BHSci, Postgrad Cert & Postgrad Dip. Specialty Care (Pacific), MPP (Leadership)
She is the Nurse Leader at Alliance Health Plus Trust a Primary Healthcare Organisation, in Auckland,

Collaborative Nursing Model Of Care – Cardiac Rehabilitation
Cardiac Rehabilitation, ‘offers a successful and cost effective method to effectively support self care and improve psychological and social functioning following an acute cardiac event, as well as reducing non adherence to recommended life style changes and medications’ This presentation will discuss the implementation of a collaborative nurse led initiative in Cardiac Rehabilitation between WDHB and Te Whanau O Waipareira.

‘The missing piece’ are we validating junior nurses as valuable leaders in the healthcare team?  
These two new graduate nurses undertook a leadership program, facilitated by the Australian College of Nursing. It featured nine-months of self-driven leadership activities including mentoring, event participation, education, career coaching and volunteering. In this presentation they will discuss the importance of encouraging junior nurses to participate in leadership activities using their own experience from nursing leadership program.

RN Designated Prescribing in Community Health – First Level Nurse Prescribing
This presentation explores how Pacific nurses understand nurse leadership in the NZ Primary Health Care setting, and how they apply leadership in practice and understand the environment Pacific nurses must navigate to participate in leadership within their organisations. This has a significant effect on how non-communicable diseases are managed in the context of providing effective nurse led care.
<table>
<thead>
<tr>
<th>Seilini Soakai</th>
<th>Empower The Health Workforce To Fight Against NCDs In Tonga</th>
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<tbody>
<tr>
<td>NCD Nursing Supervisor</td>
<td>The MOH in Tonga commenced a new initiative to fight NCDs by establishing another Nursing Section to specifically work with NCDs at the community level. It is called NCD Nursing Section. Twenty experienced registered nurses were recruited from Tongatapu and from the remote islands. They were given one year formal training graduating with an Advance Diploma on NCD. They now work in community Health Services providing NCD services.</td>
</tr>
<tr>
<td>Seilini is a Tongan RN and has been working at the MOH for 32 years. She completed a Post Graduated Certificate on Diabetes Education and Management from the University of Technology Sydney (UTS) I worked at the Diabetes Clinic since 1998 until 2017. And is now the NCD Nursing Supervisor in the NCD Nursing sector.</td>
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<tr>
<th>Alison Ripiapu Sio</th>
<th>Introduction of a public health surveillance system in SI</th>
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<tr>
<td>Head of the Public Health Emergency and Surveillance Unit MOHMS Solomon Islands</td>
<td>Solomon Islands is one of the least developed countries in the world. Recognizing that timely detection of outbreaks is needed to enable early and effective response to disease outbreaks. The Solomon Islands government introduced a simple syndromic surveillance system in 2011. We conducted the first evaluation of the system and the first exploration of a national experience within the broader multi-country Pacific Syndromic Surveillance System to determine if it is meeting its objectives and to identify opportunities for improvement.</td>
</tr>
<tr>
<td>Alison is a Registered Nurse and Midwife who holds a BN, and Public Health International She has had wide experience in Solomon Islands. As the Clinical Nurse Consultant Infection Prevention and control she has been involved with the establishment of a number of PH programs. Currently she is working as a Public Health Nurse and Head of the Public Health Emergency and Surveillance Unit</td>
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<tr>
<th>Manafonu Tu’itupou Siola’a (Senior Public Health Sister)</th>
<th>Paving Robust Sexual And Reproductive Health Services In Tonga Through Data Collection</th>
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<tr>
<td>Manafonu was educated as a nurse in Tonga. She went on to complete Post Graduate Diploma in Health Services Management and a Post Graduate Diploma in Public Health both from Fiji National University She is the Manager EPI Program, Tonga and the Reproductive Health Nurse Educator</td>
<td>Data collection, one of the core function of Reproductive Health Nursing enables decision makers to provide holistic, accurate and proper decision making on the healthcare needs of the people of Tonga. The RH Program in Tonga is characterized by low population growth rate due to emigration, very low contraceptive prevalence rate, low infants’ death, low maternal death but increasing rates of STI in young people, teenage pregnancy and high risk in pregnancy is on a rise. Data collected is used to determine the RH services required in Tonga.</td>
</tr>
<tr>
<td>Atalua Fatafehi Tei (Supervising Public Health Sister)</td>
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<tr>
<td>Atalua was educated as a nurse in Tonga. She then completed a Certificate in Post Basic Public Health followed by a Bachelor of Health Science (Midwifery) Auckland University of Technology She is the National EPI Coordinator and Reproductive Health Project Coordinator</td>
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<tr>
<th>Prof Mary Steen, School of Nursing and Midwifery, UniSA, Australia</th>
<th>Exploring diet and eating habits during pregnancy</th>
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<tr>
<td>Mary Steen is a Professor in Midwifery at the School of Nursing and Midwifery UniSA, Australia. She is the Chair of the Mothers, Babies &amp; Families Research Group and facilitates the promotion of research and scholarly activities both nationally and internationally. Mary is interested in a wide remit of midwifery and family health issues. These have led her to undertake several service development projects and research studies in developing and developed countries, with the overall aim to improve the care and services for women, babies, and their families.</td>
<td>Obesity is a problem that has reached epidemic proportions around the globe, including the pacific population. Intergenerational effects of poor diet on infant’s health are influenced by obesity in pregnant women and by parental diets and eating habits contributing to the development of unhealthy diets in children. This presentation will discuss a research findings on current diets, feeding practices and family influences of expectant mothers and fathers and then evaluated the impact of An ‘EatWell Assist’ workshop and food diaries.</td>
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<td>Exploring diet and eating habits during pregnancy</td>
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<tr>
<td>Sonya Apa Temata</td>
<td>Nurse Specialist in Sexual Assault &amp; Forensics services Auckland DHBS. Sonya is Cook Island Maori/Tahitian, born in Tamaki Makaurau. She is Maori of Rarotonga, Mangaia, Nga putorou, Vaka’s Takitumu, Te au o Tonga and Vaka Puaikura. Tupuna &amp; direct descendant to Matua Paora Parau, Ngati Kahugnutu. Sonya has worked in different areas of health care both in primary and tertiary health sectors, including in Pacific, Maori health and Indigenous remote health in Australia. Currently she works across all 3 Auckland DHBS specializing in Sexual Assault &amp; Forensics services. She also volunteers in a number of Indigenous Pacific &amp; Maori services. She was awarded the 2018 Minister of Health Volunteer Awards for Pacific her voluntary services across the Pacific.</td>
</tr>
<tr>
<td>Hilary Toloka</td>
<td>Hilary is the Research Nurse at Atoifi Adventist Hospital Solomon Island.</td>
</tr>
<tr>
<td>Mele Sosefina Tu’angalu</td>
<td>Senior Nurse Midwife Nuku’alofa, Tonga. Mele is a Tongan Nurse midwife. She holds a PG Dip Midwifery from Fiji National University in 2016. She has had 16 years Midwife experience and her current position is a clinical educator and Senior Nurse Midwife in Vaiola Hospital Tonga.</td>
</tr>
<tr>
<td>Associate Professor Rachael Vernon</td>
<td>Rachael is a registered nurse who also holds a BN, MPhil(Dist), PhD. She is Associate Head of School: Academic, at University of South Australia. Her career includes senior roles in clinical practice, health service management, nursing education and research. In 2011 she was awarded the prestigious Fulbright Senior Scholar Award for research, the first New Zealand nurse in 33 years to be awarded this honour.</td>
</tr>
<tr>
<td>Professor Mary Chiarella</td>
<td>University of Sydney, Sydney, Australia.</td>
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<tr>
<td>Framing Cook Islands Indigenous Epistemologies</td>
<td>An approach to Health &amp; Well Being. This presentation will explore how indigenous knowledge of the Cook Islands will or can impact on NCDS.</td>
</tr>
<tr>
<td>Community treatment of yaws and scabies: Impact on skin sores</td>
<td>Both yaws and scabies are common in the Solomon Islands. The recommended strategy for treating both diseases is to treat the whole community at the same time. Treatment of scabies reduces secondary skin sores. Whether giving an antibiotic at the same time might be beneficial is not known. The aim of this study was to compare whether the addition of an antibiotic, given for yaws, at the same time as scabies treatment reduces skin sores more than treating scabies alone.</td>
</tr>
<tr>
<td>ACT NOW CHANGES TOMORROW Advancement and Innovations in Midwifery Practice on GDM</td>
<td>In Tonga Midwives play an important role in screening, treatment and ongoing management of GDM to ensure that women in a high risk pregnancy are safe. With the limited human resources and efficiency resources available Tonga needs to build capacity and capability to cope with the GDM problem. This presentation will discuss the role of the midwives who are proactive in increasing knowledge and awareness of women, promoting healthy eating and regular exercise, exclusive breastfeeding, spacing their pregnancy and strengthening postnatal appointments.</td>
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<tr>
<td>Insight, competence and performance is there a relationship?</td>
<td>Internationally ‘lack of insight’ has been identified by regulators and employers as a contributor to the unsafe performance of individual nurses and midwives. This presentation will discuss the findings of research undertaken in 2016, in association with the Nursing and Midwifery Council (NSW) that reviewed the casefiles of 978 nurses and midwives subject to performance notifications (2011-2016) related to competence and/or patient safety concerns.</td>
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Nursing workforce development: a collaboration between the Cook Islands Ministry of Health and the University of South Australia

The School of Nursing and Midwifery (SONM) at the University of South Australia (UniSA) has over the last three (3) years built a strategic alliance with the Cook Islands Ministry of Health (CIMoH) and CI School of Nursing. UniSA has a well-established externally delivered Bachelor of Nursing program.

In 2016, the CIMoH approached UniSA to assist in strategic capacity building of the Cook Islands senior nursing workforce to meet the growing challenges in the prevention and management of NCDs.

This collaboration provides a pathway for senior Cook Islands registered nurses (RNs) to upgrade their diploma qualification to a Bachelor of Nursing Degree providing a foundation for developing and extending existing nursing practice roles.

Extending the prescribing framework to nurses

There is clear international evidence that timely access to medicines can reduce symptoms and minimise the long-lasting effects of communicable and non-communicable diseases. Improved access to medicines has been achieved by authorising registered nurses (RN) to prescribe.

In 2005 New Zealand (NZ) brought in prescribing for suitably qualified nurses authorised by the Nursing Council. New regulations were introduced in 2016 allowing two additional levels of prescribing for RNs. Extension of prescribing authority to RNs in Pacific nations will improve health outcomes for diseases like NCDs. Extending the prescribing framework to nurses will require focused workforce planning and an enabling regulatory environment.

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<th>Dr Jill Wilkinson</th>
<th>Dr Mark Jones</th>
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<td>has worked in nursing education for over 20 years at both undergraduate and postgraduate levels. Formerly at Massey University where she was Associate Head of School and Director of Postgraduate Nursing, she is currently teaching at Victoria University of Wellington. Her research interests, teaching responsibilities and professional involvement are connected to advanced nursing roles and safe prescribing practice. Jill is Co-Editor-in-Chief of Nursing Praxis in New Zealand and an advisor to the Board of Te Aro Health Centre, which provides services to low income and often homeless people.</td>
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<tr>
<td>is an independent health consultant and former Head of School of Nursing at Massey University. He was previously Professor for Transcultural Health Improvement at Curtin University in Perth, Director of the Global Health Alliance, Western Australian Department of Health, and Chief Nurse for New Zealand. Mark is a Fellow of the College of Nursing Aotearoa and Board member, with a specific interest in primary health care policy and advanced practice nurse development</td>
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<thead>
<tr>
<th>Assoc. Professor Rachael Vernon</th>
<th>Dr Terri Gibson, Postgraduate &amp; International Program Director at the School of Nursing and Midwifery, University of South Australia</th>
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<tbody>
<tr>
<td>School: Academic, School of Nursing and Midwifery, University of South Australia, Adelaide, Australia</td>
<td>Mary MacManus, Principal School of Nursing Te Marae Ora - Ministry of Health, Cook Islands</td>
</tr>
<tr>
<td>Ngakiri TEAEA, Chief Nursing Officer Te Marae Ora - Ministry of Health, Cook Islands</td>
<td>Extending the prescribing framework to nurses</td>
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</table>
1. Welcome

2. Apologies

3. Acceptance of Minutes from the SPNF’s 18th BGM held in Honiara, Solomon Islands 2018

4. Matters arising and resolutions from the SPNF’s 18th BGM held in Honiara, Solomon Islands 2018

5. Host NNA and Country for the 20th SPNF in 2020

6. Nominations to host NNA and Country for the 21st SPNF in 2022

7. Country Reports

8. General Business

Material for Meeting Follows
Minutes of the South Pacific Nurse Forum’s 18\textsuperscript{th} Annual General Meeting held in Honiara, Solomon Islands on Friday 4 November 2016

Present

Presidents of the following National Nurse Association and countries:
- Australia
- Cook Islands
- Fiji
- Solomon Islands
- Tonga
- Papua New Guinea
- New Zealand
- Vanuatu

Apologies Kiribati, Samoa

Minutes taken by:
Jointly by Annie Butler, Assistant Federal Secretary, Australian Nursing and Midwifery Federation (ANMF) and Memo Musa, Chief Executive, New Zealand Nurses Organisation (NZNO)

1. Welcome

The 18\textsuperscript{th} South Pacific Nurses Forum (SPNF) Annual General Meeting (BGM) was opened with a prayer by Mr Macnald Tau, President of the Solomon Islands Nursing Association. Presidents of National Nursing Associations (NNAs) including delegates and SPNF attendees were welcomed to the 18\textsuperscript{th} BGM of the SPNF. The role of Chair of the BGM was taken jointly by Macnald Tau and Annie Butler.

Annie Butler briefly outlined the agenda for the BGM and invited NNA Presidents and delegates and attendee’s to refer to page 10 of the SPNF programme and book of abstracts.

1.1 Apologies

Apologies for absence were noted from Kiribati and Samoa who had departed before the commencement of the BGM due to early departure of their flights. Apologies were noted from Kerri Nuku, Kaiwhakahaere, NZNO, for early departure from the BGM.

1.2 Minutes from the SPNF’s 17\textsuperscript{th} BGM held in Nuku’alofa, Tonga in 2014

The minutes of the BGM held in Nuku’alofa, Tonga on Friday 8 November 2014 had previously been distributed (August 2015) to the Presidents of NNA’s who are members of SPNF. The minutes were taken as read. There were no questions raised or corrections to the minutes.

The minutes were confirmed and declared a true and correct record of the BGM

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Moved: & Cook Islands \\
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Seconded: & Tonga \\
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\textbf{CARRIED}
1.3 Matters arising and resolutions from the SPNF's 17th BGM held in Nuku'alofa, Tonga in 2014

Annie Butler confirmed that the agenda for the BGM had been structured to accommodate the actions from the last BGM. She also confirmed that a meeting with the South Pacific Chief Nurses and Midwifery Officers Alliance (SPCNMOA) would be taking place after the BGM.

It was confirmed that the communiqué from the 17th BGM and SPNF held in 2014 had been circulated to all NNA’s and placed on the SPNF website.

It was confirmed an interim Steering Committee had been established to progress the resolutions from the last BGM. The Steering Committee met through teleconference on a three monthly cycle when possible. It was noted that it had not always been possible to have participation by all NNA members of the committee. However terms of reference had been agreed.

The SPNF constitution review had been progressed and was on the agenda for the 18th BGM.

The broad topics on Strategy (Nursing and Health), Policy, Regulation, Education, including Investment and Funding had been discussed by the Steering Committee. A template had been prepared to gather information from NNAs about nursing education undergraduate programmes. This work will progress.

1.4 Host NNA and Country for the 19th SPNF in 2018

At the last BGM it was agreed that the SPNF and BGM for the year 2018 would be held in the Cook Islands (subject to consultation in the Cook Islands).

The President of the Cook Islands Nursing Association advised that consultation had taken place in regard to hosting the 19th SPNF in the Cook Islands. She confirmed that the Cook Islands Nursing Association will host the 19th SPNF in 2018 in the Cook Islands.

Motion
It was moved that the 19th SPNF be hosted by the Cook Islands Nursing Association and will be held in the Cook Islands in 2018.

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1.5 Nominations to host NNA and Country for the 20th SPNF in 2020

Nominations for the next host country were opened. It was confirmed that NNA’s in the Pacific should be given every chance possible to host future SPNF conferences and meetings as these provide valuable learning and development opportunities.

The Cook Islands Nursing Association nominated Vanuatu Nurses Association to be the next host NNA in Port Villa, Vanuatu in 2020.

The President of the Vanuatu Nurses Association was invited to respond. She advised that the Vanuatu Nurses Association was prepared to host the 20th SPNF and BGM in Port Villa, Vanuatu in 2020.

Motion
It was moved that the 20th SPNF be hosted by the Vanuatu Nurses Association and will be held in Port Villa, Vanuatu in 2020.

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1.6 Country Reports

The joint Chairs requested that country reports be tabled instead of being presented to allow more time for discussion and debate on the SPNF Constitution review.

The following NNA’s agreed to table their reports or to circulate and make them available for uploading on the SPNF website:
Tonga Nurses Association gave a verbal report highlighting that:
- The Tonga International Nurses conference was held in 2015.
- Chief Nurse is working on the Nurses Act revision to improve regulation of the nursing profession
- The TNA looked forward to recognition of Tongan trained nurses in Australia and New Zealand.

The Fiji Nurses Association gave a verbal report highlighting that:
- The NNA was working and preparing a pay claim to take to government and cabinet in December 2016 covering 1400 members and new graduates nurses who are being employed. This work was being supported by a consultant from the New South Wales Nurses and Midwives’ Association including support from the New Zealand Nurses Organisation.
- The establishment of a programme for mentoring new graduate nurses and young nurses.
- Doctors in Fiji had received a significant rise in wages following their pay claim during 2015.
- The International Council of Nurses requested Fiji Nurses Association to host a regional conference or convention in 2018. Fiji Nurses Association is considering this request.

Motion

It was moved that NNA Country reports for the 18th SPNF and BGM be received as presented or submitted to the SPNF Secretariat for uploading on the SPNF website.

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2. SPNF Constitution Review

2.1 SPNF constitution review process

It was confirmed that at the last BGM it was agreed to review the SPNF constitution to address the gaps in governance structures, administrative support arrangements including reference to the BGM Nominations for the next host country were opened. The review process was led by the Steering Committee. A first draft constitution was prepared with input from the Steering Committee. The revised draft had been subject to a legal review to ensure that the changes proposed were workable.

A rationale for the review was circulated to NNA’s present at the 17th BGM including delegates and attendees. Kerri Nuku, Kaiwhakahaere, NZNO outlined the changes proposed in the constitution and referred member NNA’s to the rationale which had been previously circulated.

Annie Butler, Assistant Federal Secretary, ANMF gave a broad outline of the changes to the constitution outlining the structure including interpretations, objectives, powers, management, membership, meeting procedures, alterations including highlighting that:

- Objectives had been retained as per the previous constitution.
- The document was longer but clearer.
- It was simple to follow and implement.
- The section on interpretation had been expanded to makes things clearer.
- The roles of the Secretariat and Steering Committee were included.
- Voting clauses had been simplified with a move to one vote per member NNA instead of four votes.
- Procedures for conduct of the meeting were included.
- Register of members was included.
- Separated the role of conference and BGM.
NNA Presidents were invited to make comments first on the proposed amendments. They commented that they had had the opportunity to provide feedback on earlier drafts and had no additional comments to make. It was noted that the revisions were a major improvement to the current SPNF constitution.

Delegates and attendees were invited to make comments and ask questions from the floor. A number of points of clarification were made covering:

- The role of the steering committee
- Management of funds, when and how these would be carried over after each SPNF
- Definition of approved entity to be included under interpretation
- Potential barriers to NNA wishing to join
- Discussion on the merits or not of including midwifery
- Definition of indigenous – was agreed to request each NNA to provide a definition and have this included under interpretations as an appendix
- Delegate numbers to conference – agreed that each member could send as many as it wished.

The proposed changes were noted in an electronic copy of the revised constitution for all participants to view.

Following an open discussion it was recommended that guidelines be developed by the Steering Committee to provide assistance to host NNAs and countries to be clear about expectations, and what is required to host a successful SPNF and BGM. This could include how to about selecting a theme and topics for the conference.

**Motion**

It was moved that SPNF Constitution be adopted as amended at the BGM and be circulated to all members NNAs once finalised and be uploaded on the website.

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**Motion**

It was moved that the Steering Committee develop guidelines for NNAs on requirements to host an SPNF and BGM.

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### 3.0 SPNF Communique

A draft SPNF communiqué was presented to NNA Presidents, delegates and attendees. Amendments were made on an electronic copy which was displayed to all those present. Agreement was reached on the content of the SPNF communiqué and that this be used as the basis of the joint discussion with SPCNMOA.

**Motion**

It was moved that the SPNF Communique be adopted as presented and be placed on the SPNF website as soon as possible.

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<th>Moved:</th>
<th>New Zealand</th>
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<tr>
<td>Seconded:</td>
<td>Solomon Islands</td>
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4.0 General Business Resolutions

Following further discussions on the content of the SPNF communiqué the following resolutions were passed:

Resolution 1
That the Steering Committee shall comprise the Presidents of NNA’s from the following Nations:

- Australia Nursing and Midwifery Federation (Secretariat)
- Cook Islands Nursing Association
- Fiji Nurses Association
- Kiribati Nurses Association
- Solomon Islands Nursing Association
- Tonga Nurses Association
- Papa New Guinea Nurses Association
- New Zealand Nurses Organisation
- Vanuatu Nurses Association

Moved: Solomon Islands
Seconded: Tonga
CARRIED

Resolution 2
Consistent with SPNFs goal for NNA to have influence at all levels of health policy nursing education and health strategic planning member NNAs in collaboration with relevant stakeholders commit to progressing development of nursing education in their country.

SPNF support and request consistency of programmes for nurses’ exchange or hands-on clinical experience between different countries throughout the Pacific and require the support of regulatory bodies including other stakeholders in each country with access to indemnity insurance cover.

And that each NNA report back on progress at the next BGM

Moved: Tonga
Seconded: Papa New Guinea
CARRIED

Resolution 3
That the SPNF Steering Committee prepare a draft five year Strategic Plan for SPNF and an action plan with implementation timelines for consideration and ratification at the next BGM

Moved: Fiji
Seconded: Cook Islands
CARRIED

No other items of general business were raised.
The Chair thanked the Presidents of NNAs and member countries for their co-operation and constructive discussions.
The BGM was closed with a prayer by the President of the Cook Islands Nurses Association.
The BGM closed at 12.10 hours.

END
South Pacific Nurses Forum Communiqué

Nurse Leaders form National Nursing Associations (NNAs) call on governments in the Pacific, health funders, policy planners, health educators, economists and chief nursing officers to invest in nursing.

1. Nurse leaders from National Nursing Associations (NNAs) from eight countries\(^1\) at the 18th South Pacific Nurses Forum (SPNF) held in Honiara, Solomon Islands, Monday 31 October 2016 to Friday 4 November 2016 call on governments in the Pacific, health funders, policy planners, health educators, economists and chief nursing officers to invest in nursing.

2. The Forum highlighted initiatives relevant to improving the role of nurses and the contribution of the nursing profession toward Nursing Excellence for Universal (Pacific) Health.

The key themes emerging through the Forum included the importance of investing in:

a) Adoption of policies to achieve universal health coverage underpinned by public health approaches, with a focus on prevention, health promotion and early intervention, to ensure the well-being of populations.

b) Adoption of policies to achieve the United Nations, Sustainable Development Goal (SDG) 3, to ensure health lives and promote health well-being for all at all ages, including addressing social determinants of health, poverty etc.

c) Sharing best practice and innovative nursing service delivery across NNAs.

d) Nursing leadership and governance to mobilise nursing resources for better health outcomes.

e) NNA capability and sustainability to influence at all levels of policy, nursing education with a primary health care focus and health strategic planning including the development of nursing.

f) Investment in nursing workforce development, including entry to practice programs for new nurses, recognising the value of nursing contributions for long term economic and health benefits.

(g) Development of information technology and internet connectivity to support nurse education and delivery of culturally appropriate nursing care to individuals, families and communities.

h) Policies for tackling the causes of climate change and its effects on health and economies, in addition to emergency and disaster preparation procedures.

i) Improving regulatory and legislative frameworks to ensure public safety and enable improved access to nursing services, including exchange of nurses and students for clinical placements to gain clinical experience on a formal basis:

j) Development of policies to respond to global (and particularly regional)

   i. migration, including displaced populations.

k) Education, training and professional development for all nurses.

The Forum considered and passed the following resolutions:

1. Consistent with SPNF’s goal for NNAs to have influence at all levels of health policy, nursing education and health strategic planning, member NNAs in collaboration with relevant stakeholders commit to progressing the development of nursing education in their country.

2. SPNF support and request consistency of programmes for nurses’ exchange or ‘hands on’ clinical experience between different countries through-out the Pacific and require the support of regulatory bodies including other stakeholders in each country with access to indemnity insurance cover
And that each NNA report back on progress at the next Biennial General Meeting (BGM) to be held in the Cook Islands in 2018.

3. That the SPNF Steering Committee prepares a draft five year Strategic Plan for SPNF and an action plan with implementation timelines for consideration and ratification at the next BGM.

1 Australia, Cook Islands, Fiji, Solomon Islands, Tonga, Papua New Guinea, New Zealand, Vanuatu.

SPNF and SPCNMOA Joint Resolution

In addition, a joint resolution between the SPNF and the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) was considered and passed:

1. That the SPCNMOA work with SPNF to explore a concept for South Pacific nursing and midwifery health systems strengthening by establishing two working groups that include NNAs, CNMOs, regulators and educators in their membership to examine:
   - Opportunities to align regional regulatory frameworks,
   - Post graduate education requirements in line with health workforce needs.

2. That SPCNMOA and SPNF nominate appropriate subject matter experts to the two working groups by 31 December 2016.

END
SOUTH PACIFIC NURSES FORUM

CONSTITUTION

Adopted on Friday 14 November 2016
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CONSTITUTION OF THE SOUTH PACIFIC NURSE FORUM

THE SPNF / FORUM

1. Name
1.1. The name of the federation shall be the South Pacific Nurses Forum (SPNF).

1.2. The SPNF was established in 1982 by a group of nurses from the South Pacific who attended the 1980 International Council of Nurses in Los Angeles and who had a common vision to establish a South Pacific forum of National Nursing Associations (NNAs) located in the South Pacific region.

1.3. The SPNF consists of a grouping of representatives from NNAs from each of the participating countries located in the South Pacific region. A register of existing SPNF Members is attached to this Constitution at Schedule 1.

1.4. The SPNF holds a Conference every two years to meet and discuss topical issues for nurses working in the South Pacific region and to progress the Objectives of the Forum.

2. Interpretation
2.1. ‘Biennial General Meeting’ or ‘BGM’ shall mean a meeting open to all Members that is held by the Forum every two years on or about the same time as the Conference.

2.2. ‘Conference’ shall mean the meeting of representatives from the NNAs of the member countries.

2.3. ‘Forum’ shall mean the SPNF.

2.4. ‘Hosting Country’ shall mean the country that is elected at the Conference to be the location for the next Conference.

2.5. ‘Indigenous’ nursing workforce for each SPNF ‘Member’ is as defined in Schedule 1 of the constitution.

2.6. ‘Majority Vote’ shall mean a vote made by more than half of the Members who are present at the Biennial General Meeting or a Special General Meeting, and who are entitled to vote and are voting upon a resolution put to that meeting.

2.7. ‘Member’ shall mean a member of the Forum who has met the membership requirements set out at clause 8.

2.8. ‘Midwife’ shall mean a person who has completed a program of midwifery education and is qualified and authorised in his or her own country to practice midwifery.

2.9. ‘NNA’ shall mean the National Nursing Association from the relevant participating country as appropriate. NNA shall mean must be an Approved Entity that is relevant, legitimate, operating in the country in which it is located, which represents nurses, midwives and the indigenous nursing workforce in the relevant country.

2.10. ‘Nurse’ shall mean a person who has completed a program of basic nursing education and is qualified and authorised in his or her own country to practice nursing.

2.11. ‘Objectives’ shall mean the objectives of the Forum as set out at clause 3

2.12. ‘Secretariat’ shall mean the NNA that is elected to the position of Secretariat of the Forum at the Biennial General Meeting and whose obligations are set out at clause [6].

2.13. ‘Special General Meeting’ shall mean a meeting that is called by the Steering Committee upon receipt of a written request signed by at least 51% of the Members.
2.14. ‘Steering Committee’ shall mean the committee that is responsible for governance and other matters of the Forum. In this Constitution, any term implying the feminine gender shall be deemed to include the masculine, where singular is used, plural forms of the noun are also inferred and headings are a matter of reference and not a part of the constitution.

3. Objectives

3.1. To arrange, promote and establish a Conference of Members that shall be held at least every two years.

3.2. To assist each other in promoting and improving health services for the public.

3.3. To assist each other to ensure the establishment and maintenance of the optimum

3.4. Standards of professional nursing and midwifery practice in the South Pacific supported by appropriate nursing education and research.

3.5. To encourage the establishment of national nurses’ associations in those South Pacific countries where none exist, and to assist and advise nurses in the countries concerned in establishing such associations.

3.6. To assist each other in improving the professional, social and economic positions of nurses.

3.7. To further the development of nurses and midwives and nursing and midwifery internationally.

3.8. To effect closer links between nurses and midwives in the South Pacific as a means of providing mutual problem solving, help and support and facilitating personal contact between nurses and midwives in the various countries.

3.9. To promote cooperation and coordinated activities between nurses in the South Pacific for the exchange of knowledge, strengthening cultural exchanges and the sharing of ideas. These activities are to include the organisation of conferences and seminars in the South Pacific.

3.10. Pecuniary gain is not an objective of the Forum.

4. Language

4.1. The official language of the Forum for the purpose of recording and documentation shall be English.

5. Powers

5.1. The Forum shall do all such lawful things as may be deemed incidental or conducive to the attainment of the above objectives.

5.2. The forum shall do anything necessary or helpful to the objectives set out in clauses [3.1-3.9] above.

MANAGEMENT OF THE FORUM

6. Secretariat

6.1. At the Biennial General Meeting, the Members will appoint by majority vote a specific NNA to the position of Secretariat. The relevant NNA will then designate an individual to act as the key point of contact for the Secretariat.

6.2. The position of Secretariat will be held for a period of four years (Secretariat Term).
6.3. The position of Secretariat will cease at the Biennial General Meeting immediately following expiration of the Secretariat Term unless it is reappointed at the Biennial General Meeting in accordance with the provisions of clause 6.1.

6.4. The role of the Secretariat is to:
   6.4.1. provide administrative support to the Hosting Country and the Steering Committee (for example, organise meetings, take minutes, deal with communications etc.)
   6.4.2. be the main point of contact for the Forum during the period between Conferences;
   6.4.3. provide governance support and other relevant support to the Steering Committee which will provide oversight in the implementation of the Forum’s agreed activities; and
   6.4.4. provide direction and advice to the Forum and the Hosting Country with respect to the next scheduled Conference as required.

7. **Steering Committee**

7.1. The Forum shall have a Steering Committee, comprising the following persons:
   7.1.1. The Secretariat;
   7.1.2. The President of the NNA hosting the Conference;
   7.1.3. The President of the NNA nominated to host the next Conference;
   7.1.4. The President of the NNA providing the Secretariat; and
   7.1.5. Such other Members as the Forum shall decide.

7.2. At the Biennial General Meeting the Members will appoint by majority vote Members to positions on the Steering Committee.

7.3. There shall be a minimum of 3 Steering Committee members in addition to the Secretariat. Only Members of the Forum shall be Steering Committee members.

7.4. The role of the Steering Committee is to:
   7.4.1. Administer, manage and control the Forum;
   7.4.2. Act to carry out the objectives of the Forum;
   7.4.3. Be responsible for the governance of the Forum and oversee its activities;
   7.4.4. Delegate responsibility and co-opt members where necessary;
   7.4.5. Ensure that all Members are aware of the Objectives and constitution of the Forum;
   7.4.6. Advise the Forum on how a person becomes a Member, and how a person stops being a Member;
   7.4.7. Decide the times and dates for the Conference and the Biennial General Meeting, in collaboration with the hosting country, and set the agenda for these; and
   7.4.8. Decide the procedures for dealing with complaints.

7.5. Steering Committee meetings will be held at least every three months via teleconference. An agenda will be circulated in advance of the teleconference and minutes will be taken at the meeting and circulated as the Committee deems appropriate.

**MEMBERSHIP OF THE FORUM**

8. **Types of Members**

8.1. Membership may comprise different classes of membership as decided by the Forum.

8.2. Members for a country may, at the discretion of the Forum, comprise more than one NNA from each country.

8.3. Members have the rights and responsibilities set out in this constitution.

9. **Membership Requirements**
9.1. The Forum reserves the right to consider and approve the relevant group or NNA (including multiple groups and/or NNAs) in relation to each country (Approved Entity);

9.2. To become a Member, the group or NNA must fulfil at least one of the following requirements:
   9.2.1. Be an Approved Entity;
   9.2.2. Be a relevant, legitimate and operating NNA in the country in which it is located;
   9.2.3. Where more than one NNA exists in a country, be the NNA which represents the most nurses in the country in which it is located;
   9.2.4. Where no NNA exists in the relevant country, be a relevant, legitimate and operating group of nurses and/or midwives who are working to establish an association; or
   9.2.5. Be a relevant, legitimate and operating nurses and midwifery group representing the indigenous workforce in the relevant country.

9.3. Where a nurses group representing the indigenous people exist in a country, that group shall be included as an additional Member for that country, provided they are also an NNA Approved Entity.

9.4. All Members must promote the Objectives of the Forum and shall do nothing to bring the Forum into disrepute.

10. Admission of Members
10.1. To become a Member, a NNA or group must:
   10.1.1. Complete an application form provided by the Steering Committee as set out at Schedule 2; and
   10.1.2. Supply other information as the Steering Committee requires.

10.2. The Steering Committee may interview the applicant when it considers the membership application.

10.3. The Steering Committee shall be authorised by the Forum to make decisions on whether or not to allow an organisation or group to become a Member. The organisation/group will be advised of the decision and the decision shall be final.

10.4. The Steering Committee shall keep a register of Members which shall contain the details of each Member including the name, email address and phone number of the Member and the date upon which they became a Member. The register shall be included as Schedule 1 to this Constitution. Members shall have access to this register upon request.

11. Cessation of Members
11.1. Any Member may resign by giving written notice to the Steering Committee.

11.2. Membership can be terminated in the following way:
   11.2.1. Where the Steering Committee has determined that a Member is in breach of the Objectives (as set out at clause 3 of this Constitution) or acting in a manner that is inconsistent with the Objectives then:
   11.2.2. The Steering Committee shall give that Member written notice that the Membership and any associated rights including voting rights, are temporarily suspended;
   11.2.3. The Steering Committee shall prepare a resolution to the effect that it considers that the Member’s membership should be terminated, giving reasons why and explaining how the Member is breaching and/or acting inconsistently with the Objectives;
   11.2.4. The Steering Committee shall submit the resolution at the next Biennial General Meeting for consideration and voting by all Members;
   11.2.5. At the Biennial General Meeting the Members will determine by majority vote whether the Member’s membership is to be terminated. The Members’ decision will be final;
11.2.6. The Member will be notified in writing by the Steering Committee of the outcome of the vote and in any case within one month of the Biennial General Meeting taking place.

MEETINGS OF THE FORUM

12. Conference

12.1. A Conference shall be held at least every two years, or as decided at the previous Conference. The date of each Conference will be determined by reference to the starting date of the previous Conference and will be set down at that time and subsequently notified to all Members.

12.2. Each Member can send as many delegates as it wishes to the Conference.

12.3. Each Member shall send up to four delegates to the Conference to cast a vote at the Biennial General Meeting. Observers may be admitted by arrangement with the host country, however where observers are permitted, they are not eligible to vote at the Conference or at the Biennial General Meeting unless they are Members.

12.4. The country which is hosting the next conference shall be responsible for providing the officers for the period from the closing of the previous conference to the closing of the one they are hosting and will work with the Secretariat as required.

13. Biennial General Meeting

13.1. The Biennial General Meeting (BGM) of the Forum shall be held on or about the same time as each Conference.

13.2. The date of each BGM shall be the same as the Conference for that biennial time period. The BGM shall, if possible, be held immediately following the completion of the Conference.

13.3. The date of the BGM shall be notified to all Members at least [three (3)] months in advance.

13.4. All BGM’s shall be chaired by the Chairperson of the Forum (Chair).

13.5. The Chair shall be shared between all member countries and will be the President or Vice President (or their nominee) of the relevant NNA hosting the Conference.

13.6. If the Chair is absent then the Forum shall elect a temporary Chair. The Chair has the casting vote if necessary.

14. Voting

14.1. Matters at the Biennial General Meeting, Conference, or a Special General Meeting will be decided by a majority Vote of all Members eligible to vote.

14.2. Each Member shall have one vote, irrespective of the number of delegates sent on behalf of that Member.

14.3. Voting shall be taken by show of hands.

15. Conduct of the Forum Meetings

15.1. The meetings of the Forum shall include the Biennial General Meeting and any Special General Meeting (together the Forum Meetings).

15.2. The Biennial General Meeting shall be held in accordance with the provisions of clause 13 of this Constitution.

15.3. A Special General Meeting must be called by the Steering Committee upon receipt of a written request signed by at least 51% of the Members.
15.4. The Steering Committee will give all Members written notice of the business to be conducted at the Forum Meetings.

15.5. All members may attend and vote at the Forum Meetings.

15.6. For all Forum Meetings the minimum number of Members present must constitute 10% of all registered Members.

15.7. The Biennial General Meeting and the Special General Meeting shall be chaired by the Chair who is appointed in accordance with clause 13.5.

15.8. Voting at the Forum Meetings will be in accordance with clause 14.

15.9. The business of the Forum Meetings shall be:
   15.9.1. Receiving and approving the minutes of the previous Forum Meeting;
   15.9.2. Receiving the report from the Secretariat and the Steering Committee on the Conference and other business of the Forum;
   15.9.3. Considering any financial reports;
   15.9.4. Election of Steering Committee Members if required;
   15.9.5. Resolutions and/or motions to be considered and voted on if required;
   15.9.6. General business.

FINANCES OF THE FORUM
16. Finance and management

16.1. Each member country shall be responsible for expenses incurred by its Members.

16.2. Each conference host country shall charge a conference registration fee to cover costs involved in hosting the conference.

16.3. Any surplus money following payment of expenses for the conference shall be passed to the next host country as seeding money.

16.4. Each conference host country shall appoint an auditor who shall be a qualified accountant who does not hold any other office in the national nurses’ association.

ALTERATION OF THE CONSTITUTION AND DISSOLUTION
17. Alteration of the Constitution

17.1. This Constitution may be altered, added to, or rescinded only by resolution at a Biennial General Meeting or a Special General Meeting that is passed by a Majority Vote of those Members present and voting.

17.2. Written notice of any proposed amendment shall be forwarded to the Secretariat for the attention of the Steering Group two months prior to the Biennial General Meeting or Special General Meeting, giving reasons for the proposal and any recommendations. The host country shall circulate any such proposal to all Members not less than one month prior to the date of the Biennial General Meeting or Special General Meeting.

18. Dissolution
18.1. The Forum may be dissolved by resolution to this effect determined by a Majority Vote at a Biennial General Meeting or Special General Meeting of the Forum.
18.2. Any surplus money or other assets belonging to the Forum shall be allocated as decided by resolution at that meeting.

18.2.1. If the Forum is dissolved then the Forum’s debts, costs and liabilities (if any) shall be paid as agreed by resolution at the Biennial General Meeting or Special General Meeting;
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