

Tukutuku Rau: journey to date

“TUKU ATU, TUKU MAI: TUKUTUKU RAU”

FINAL REPORT

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1. Preamble | Kupu Whakataki

In describing the Council's journey to date with Tukutuku Rau, a fundamental question, of course, is: 'What is Tukutuku Rau?' This question is addressed from various perspectives throughout this tuhinga (document). To set the scene up front, both 'tukutuku' and 'rau' have their own meanings in te reo Māori. These kupu and what they represent are part of a larger system of mātauranga Māori (Māori knowledge systems and understandings) that make up what we might call 'te ao Māori' – the Māori world. Nau mai, haere mai.

Tukutuku

Tukutuku is a Māori art form that was traditionally used to create the woven panels on the side walls of whareniui. These panels are part of the structure of the whare themselves and sit between the carved tupuna pou. Tukutuku communicate important information through the various designs and patterns chosen in each weaving.

Traditionally, to make a tukutuku panel¹:

- Firstly, a sturdy frame was created to act as the structural support for the weaving. Toe stems were used to make vertical stakes (known as kākaho), and these were then coupled with horizontal rods known as kaho (made with bracken-fern stems or fine strips of tōtara or rimu);
- Then, more flexible materials - harakeke (flax), kiekie (a climbing vine with tufts of long reed like leaves) and pīngao (a grass-like plant growing in sand dunes) were specially prepared to make the fibres suitable for weaving. These materials were then threaded from the front side of the frame to the back, over and over to create the various woven patterns.

Creating a tukutuku panel traditionally requires two people working as a pair. One at the front threading the weaving material through, and another at the back receiving the thread and tying the ends. When a panel is completed, the kākaho (vertical stakes) cannot be seen from the front side. Rather it is the kaho – the horizontal rods and the woven threads - that are visible. Tukutuku is part of the family of weaving arts traditionally undertaken by women, with a single panel requiring many hours of effort, careful focus, skill and patience to produce.

¹ The information in this introductory section derives from my own knowledge, and some online sources, including Te Ara [Types of tukutuku designs – Māori weaving and tukutuku – te raranga me te whatu – Te Ara Encyclopedia of New Zealand](#); and NZETC [TUKUTUKU | NZETC \(victoria.ac.nz\)](#)



Tukutuku are now often created as artworks in their own right - that may or may not be part of a broader wharenui setting. Alongside traditional materials, a range of contemporary materials are also now used to make tukutuku. For example, pegboard as the structural frame and a wide range of materials such as leather, threads and other fibres for the weave. While traditionally there was a relatively fixed number of designs (e.g. Poutama (a step pattern); Purapura Whetū (small 'x' crosses); Takitoru (three angled stitches /// repeated in alternating directions); and Niho Taniwhā (large triangle shapes), contemporary weavers are introducing new and unique designs into their tukutuku panels.

Rau

Rau has multiple meanings in te reo Māori,² some of which include:

- the numeral 'hundred'
- the actions of gathering together, or putting in place
- a leaf, frond, plume, or feather
- the blade of a weapon, and
- the beat of a poi in motion.

² The online Māori dictionary was used as a reference source for kupu Māori in this tuhinga [[Te Aka Māori Dictionary \(maoridictionary.co.nz\)](http://maoridictionary.co.nz)]



2. Tuku Atu: the task given³

2.1 Commissioning

Part of my engagement with Nursing Council is to provide support in further development and articulation of Tukupuku Rau. Tukupuku Rau has been active in Council since 2022, particularly in the Health team of Fitness to Practise. The Chief Executive tasked me with writing up the journey to date and pulling some of the threads together into a single place – this tuhinga.

2.2 Approach and process

The commissioning was not prescriptive on methodology. I began by reviewing the written documents available in the shared drive⁴ and meeting with Steering Group members (see Appendix One for full list of participants). The following approach was then developed:

- Develop a core set of questions (see Appendix Two) and send in advance to participants
- follow up with interviews 1:1 (recording and noting discussions)
- analyse and reflect on interviews to inform this tuhinga
- check back initial draft with participants and adjust as required
- provide first draft to Chief Executive.

In developing this approach, the following points were also noted:

- The immediate audience for this tuhinga is the Chief Executive, and then all of ELT and the Board.
- There is interest in sharing the Council’s journey and learnings with other regulators, including – possibly - those from other countries. However, it is important to engage initially within the Council, and then also with the other originating regulators in Aotearoa New Zealand before sharing the kōrero more widely.
- This is not the qualitative evaluation of Tukupuku Rau that has been identified as a work item in the Tukupuku Rau project plan (but not yet scoped or resourced).
- This tuhinga has a defined scope – the participants are limited to the Council kaimahi who have been involved in the steering group to date, and to the Fitness to Practise work area (the first area of Council to deliberately adopt a Tukupuku Rau approach)

³ Within ‘tukupuku’ is the kupu ‘tuku’. ‘Tuku’ has multiple meanings relating to sending, or passing, transferring, letting go, presenting or offering. ‘Tuku atu’ is the action of giving (away from the direction of the speaker), and ‘tuku mai’ is the action of receiving.

⁴ O:\Te Tiriti o Waitangi\Tukupuku Rau - Te Ao Māori Regulatory Framework.



- This phase of work does not include the perspectives or experiences of the partner regulators, or – crucially – of nurses, or their employers, or their whānau, or of others involved in the current Fitness to Practise processes (e.g. Health Committee members).



3. Tuku Mai: the kōrero received

3.1 Whakapapa – where did Tukutuku Rau come from?

Tukutuku Rau came to be at the Nursing Council (the Council) initially through the connection between a Māori staff member at Nursing Council and other Māori regulators. In a 2022 report the Council team member explains that:

“The impetus for Tukutuku Rau came when a group of Māori cultural advisors from various regulators found themselves asking the same question “how does te ao Māori work in the regulatory space”? This initially led to *Tā kai Aronui: The regulatory space through a Māori worldview*, a joint speaker series run by the Teaching Council, Nursing Council, WorkSafe and the Social Workers Registration Board. The speaker series looked at concepts that are fundamental to understanding Māori perspectives, with a focus on alignment to te ao Māori in a regulatory space and from this, the concept of a te ao Māori regulatory framework was born.”

The framework, which has a set of key principles and layers of application, was developed in 2021 by this group of experts (experts in mātauranga and tikanga Māori, and in regulatory practice). Wānanga and hui with kaumatua and iwi were held as part of the development process. The framework was also shared with all the Chief Executives of the originating agencies. Tukutuku Rau continues to be nurtured and guided by this collective of expert Māori regulators (Appendix Three provides more detail on the framework and its foundations).

For the Nursing Council, the timing of Tukutuku Rau’s development aligned well with the growing internal impetus to take deliberate steps to give effect to Te Tiriti o Waitangi within Council and across its regulatory work programme. Council had adopted its inaugural Te Tiriti o Waitangi Policy in 2020 and was in the process of implementing a range of supporting actions.

Each of the strategic partners in the establishment agencies identified areas to test and trial Tukutuku Rau. Council identified the Health process within the Council’s Fitness to Practise area⁶ as the best fit for trialling Tukutuku Rau. From 2022 a Council Steering Group was established, and the application of Tukutuku Rau within Council began.

⁶ Within Fitness to Practise there are three teams: Conduct, Competence, and Health. While the focus has been on Health, Tukutuku Rau has influenced Competence and Conduct also (see Appendix Four).



3.2 What is Tukutuku Rau?

The responses to this question coalesced around the fundamental point that Tukutuku Rau is, as a start point, a perspective. It is about deliberately bringing a Māori perspective to the regulatory mahi of the Nursing Council.

In summary, drawing directly from the words of the participants, Tukutuku Rau is:

Bringing a te ao Māori perspective to regulation...

“It’s a new way of looking at regulation through a Te Ao Māori lens, rather than a Westernised viewpoint. It’s much less authoritarian and way more open to having a conversation.”

“It’s moving away from a Victorian English procedural-led way of doing things to a more people-centred way of doing things.”

“It’s making it less about the Council, and more about the outcome, or about the nurse.”

“The Council used to be very punitive. And this is about trying to move away from the punitive approach to an empowering approach.”

“It actually means ‘infinite applications’ and it’s the weaving design of connection and multiple applications.”

... and this Māori perspective on regulation includes Māori ways of being – with a focus on upholding people and their mana...

“It’s showing respect for people regardless of what brought them to your notice. It’s people focused, and it’s not about the event, it’s about the person in front of you.”

“It’s a way of being. It’s a way of being inclusive. Acknowledging a person and acknowledging that they come with other people.”

“It’s about a Māori way of being, but I think it can be spread more broadly than that.”

“Each time I talk to people, I’m really aware of what I’m saying. Words can have such impact you know. Just a few words can crush somebody, or really upset them. You have to really listen. It [Tukutuku Rau] is just a careful way of communicating, and of being mindful.”

“It’s about being mana-enhancing, or at the very least, mana-preserving.”

... and on Māori ways of working – with a focus on working collaboratively



“It’s a very relational way of working.”

“It’s been a collective journey for the team.”

“It’s a mana-enhancing way of working. It’s a balance and it’s a Te Tiriti framed approach.”

Because Tukutuku Rau supports Council kaimahi, who are mostly non-Māori, to intentionally bring a collaborative, people-centred, mana-enhancing perspective to their work, and to embrace te ao Māori values and practices as the platform holding this perspective, there are naturally both shifts in understanding, and shifts in practice.

In this sense, Tukutuku Rau as a perspective holds the potential for powerful realisations and development at the individual level and also tangible shifts organisationally. In answering the question: “What is Tukutuku Rau?” participants also drew out some of these change and transformation aspects:

It’s about personal development and understanding...

“It’s been quite a transformational framework.”

“It’s a much higher trust model now. We used to be really risk-averse and low-trust. It’s a real flip. All of it has changed actually and it’s just a big shake up. And it’s ok. It’s working.”

“Council has been on a real journey. Before we adopted Tukutuku Rau, while I had the intention to make changes, to be honest I had been flailing a bit- but now we had a framework to work within [Tukutuku Rau] and that provided safety, and it provided permission to work in a different way. We had [senior Māori kaimahi] guiding us and their support was huge. We had the space to share, to challenge, to sit with discomfort, to think of good ideas and for it to be organic.”

“It’s been an organic growth-based process of sharing through a te ao Māori hui process. We originally had fortnightly hui of two hours, and, you know, the Westerner in me was like ‘action points, action points, what are we doing?... But actually, the process - it just worked magic and so you came out having grown, having a supportive group and engaging with collective mahi. And Tukutuku Rau is so practical, it’s so work focused and so people centred that it ensured that the work we did would land differently.”

“In some ways we’ve lost the art of nursing. The human side and a focus on cultural safety. But with Tukutuku Rau it’s been a real eye opener. It’s been a light bulb moment. This is how we used to nurse. It was about people.”

... and it’s also about power and liberation

“It’s about sharing power and putting the nurse at the centre.”



“When you read about it and see the impact of culturally unsafe practice – it’s just so damaging. Tukutuku Rau gives us permission to be and work in a different way.”

“Nurses who were previously deflated during or after a meeting – they now feel slightly powerful – more in charge of their own destiny, and much more actively involved.”

“It’s liberating – that’s the word. For Council, it’s a about doing things differently. I think about the poutama and the baskets of knowledge. It’s about taking each step at a time and learning all the time.”

“It’s a reframing now, and it’s a way different approach than what we used to take. It’s much kinder and gentler – more focused on the nurse and not coming in all heavy handed – ‘we’re the boss of you kind of thing’.”

‘What is Tukutuku Rau?’ summary

Wrapping these threads together tells us that:

Tukutuku Rau is a Māori way of looking at, and being in, the world of regulation. This approach is people centred, and mana enhancing. It requires working together, expanding understandings, and changing practices. Tukutuku Rau is a powerful model that can support change and transformation at the personal and organisational level. It is unlimited in its potential application.

3.3 Successes | Ngā piki

All participants were asked how they felt about Tukutuku Rau and its successes so far. Many of the successes identified are people centred. That is, they relate to:

- Council kaimahi (directly reported through this process)
- nurses (anecdotal or secondary reports)
- others involved in the Fitness to Practise work – for example lawyers and committee members (anecdotal or secondary reports), and
- the Council itself as an organisation (perceived and reported).

At the personal level, all participants felt positive about Tukutuku Rau, and professionally more satisfied than before its introduction

Responses to the question; “how do you feel about Tukutuku Rau” included:

“I’m excited about it. I think it can really make a difference.”



"I feel passionate about it. It's not just for Māori nurses, it's for everyone. It's a different way of doing things that works. I just feel that it's timely. It works."

"I feel hopeful, and generally speaking – energised. Some of the changes we have made are exciting [e.g. more diversity on panels, more variety of actors and scenarios in assessments] and I hope we can do more."

"I love it. I felt the need for change for a long time. I felt in the past, that Māori nurses weren't really allowed to be Māori."

"It helps me feel tau (settled). It's a reminder – it helps remind me with its foundation– everyone has mana, it grounds me. It's a good framework."

"It's a win-win situation. It's professionally very rewarding."

"Tukutuku Rau impacts positively on Council as well as on nurses. It makes Council a better place to work. Our work is meaningful work and it's got even better since Tukutuku Rau has come in."

Council kaimahi have developed in their own cultural capability, confidence, and awareness

"It's improved the capability of staff. There are different ways to treat Māori. We've assumed in the past that our way is the only way. Just cutting straight to business is not the way to get the best outcomes."

"Tukutuku Rau sits very comfortably for me. And it's a good reminder for me. I have 'mana enhancing' up on the wall. Mana-enhancing - it's very good to think about that."

"Before I was 'keen to do the right thing' but now I feel a bit more confident and bit more comfortable. Part of it is giving you the courage to look at things differently. It also gives you permission to be you, and it aligns well with nurses and the profession."

"Within my team and more generally – there's more openness and understanding about te ao Māori and more openness about the importance of Māori nurses being able to be Māori, and more willingness to allow that to happen."

"Most of our nurses are Māori or Pākehā, but there are disproportionate numbers of Māori nurses engaged with our [Fitness to Practise] processes. So, I think about the Māori nurses a lot. Since Tukutuku Rau has come in, I think a lot more about the nurses – it gets you thinking. I can't pinpoint just one thing, but it's in the back of my mind and the learning we've had gives us permission [to do things differently]."



“I have learnt the karakia to start the meeting – in the beginning I just used to feel so nervous. But now I can do it and feel so much more comfortable. I’m just far less nervous and far less anxious now.”

“Tukutuku Rau can be used as a measuring tool for tracking Council’s cultural capability.”

There have been positive changes to the way that services are shaped and delivered

“The permission to be able to do the stuff a little differently: The letters we used to send out were so legal and so horrible – it had been going for decades...”

“In the Health and Competence areas, I think the Tukutuku Rau approach might impact outcomes. In the Conduct area, the outcome might be the same, but the experience can be a lot better and gentler – for the nurse and for us.”

“When the Nurse Advisor Māori role was created and then filled – that was just huge - working in partnership, learning and sharing together. It made a huge difference.”

“I’ve seen the positive shift in terms of relationships and in the way cases have unfolded...”

“The whole Tukutuku Rau process has made me think a lot more about communication – the way you communicate makes such a difference. I’ve learnt so much from [Māori Nurse Adviser].”

“There have been huge changes in all the Fitness to Practise processes.”⁷

“... [as a result of Tukutuku Rau] I am able to be more authentic and be more me, I think that allows the nurse to be the same. The Nursing Council is a scary entity to a lot of people, and they just think they’ll get their registration taken off them. But if I’m a person that opens up to them a bit, they’re more comfortable, and they’re more willing to come to us when things aren’t going well. For example, they’ll ring up and say they’ve had a relapse in their alcohol misuse disorder.”

Council’s ability to work in a more people focused relational way and to give effect to its Te Tiriti o Waitangi commitments is strengthened, and workplace culture improved

Tukutuku Rau, as a te ao Māori perspective on regulation, intrinsically supports the Council to move towards a more people-centred approach. Bringing people, rather than process, to the heart of the mahi naturally helps Council to be a better Treaty partner and to fulfil specific

⁷ See Appendix Four for a ‘Before & After’ view. It provides specific examples of the application of Tukutuku Rau across Fitness to Practise, compared to previous approaches.



elements of its Te Tiriti o Waitangi policy, including acknowledging and better supporting kaimahi Māori.

For example, Council is better demonstrating in its own behaviours and practices, what it expects of the nursing profession, including the foundations needed for culturally safe practice:

“It aligns us with the profession – people and patient focused.”

“Not being Māori but wanting to embody a te ao Māori way of working – you’re always reaching because it’s not your own knowledge base, but that’s part of the journey. It’s about listening. It’s about the partnership and relationship.”

“I like the way everything is embedded now. It’s part of our job descriptions and we have waiata and education opportunities that are core to our work and not just a tack on.”

“Bringing in waiata and whanaungatanga opportunities really lifted spirits in the office.”

“It fosters a more inclusive, respectful workplace culture – this is good for Māori staff and good for all staff, and it’s good for nurses engaging with Council.”

Opportunities to meet regulatory requirements, bring greater efficiency, improve public safety, and lead as a modern Aotearoa regulator expand as Council deepens its engagement with Tukutuku Rau

“It’s like a multiplier effect – because we took a Tukutuku Rau approach to our hui [following a Competence notification], a professional development focus came into play – for the nurse’s supervisor, the health provider, and the Council kaimahi. Everyone realised there was opportunity to grow and learn.”

“Others involved in the processes with us (e.g. nurse representatives from NZNO) see the changes and are encouraged to support this approach across the system.”

Many Regulatory Authorities, particularly health practitioner regulators, are shifting the focus of what makes up ‘mainstream’ regulatory practice in Aotearoa. For example, Restorative Practice is now widely used and accepted within the broad frame of ‘right touch’ regulation⁸. Restorative

⁸A Tukutuku Rau approach to regulation accommodates the attributes and principles of best practice regulation as identified by Treasury [Best practice regulation | The Treasury New Zealand](#). In a range of articles on best practice regulation, The Treasury identifies six attributes of best practice regulation which are: Growth Compatible; Proportional; Flexible; Durable; Certain, Predictable; Transparent; Accountable; Capable Regulators.



Practice approaches align with Tukutuku Rau and contribute to giving effect to Te Tiriti o Waitangi commitments, and to the Health Practitioners Competence Assurance Act 2023:⁹

“Investing time in the relationship upfront, actually brings efficiencies in the longer term- we’re seeing less need to meet with nurses again, and we’re avoiding all the ‘mop- up’ that occurs if you rush and get things wrong up front.”

“Because Tukutuku Rau allows more flexibility and supports cultural safety, we’re able to respond to new levels of complexity in cases and work on our own continuous improvement.”

“It’s a win-win. We’re building our cultural capability and focusing on public safety at the same time. When we have better engagement with nurses, we get better outcomes.”

Successes | Ngā piki – summary

Tukutuku Rau has provided the framework for the Fitness to Practise team (in particular, Health) to review, and adapt, all its processes: how it engages with and communicates with nurses; how hui are set up and run – including training and support for committee members; how follow up

⁹ In particular, s.118 (1)(i) of the HPCA Act 2003, specifies a function: “to set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.”



engagements occur, and how staff are in their interactions with nurses. Wrapping these threads together tells us that:

Tukutuku Rau has already delivered success through strengthening Council kaimahi's cultural capability and awareness; providing positive and engaging work experiences; and enhancing professional satisfaction. Anecdotally, for nurses and others engaged in supporting nurses there have been improvements in both the experience of engaging in the Fitness-to-Practise processes, and the sense of agency and mana associated with this.

Bringing a people focus, and a relational focus to the mahi also strengthens Council's ability to work in partnership with others and to uphold its Te Tiriti o Waitangi commitments in tangible ways: including through developing the cultural capability of all kaimahi; improving workplace culture; better supporting kaimahi Māori.

Application of Tukutuku Rau also provides the platform for Council to demonstrate leadership as a modern regulator in Aotearoa; bring efficiencies to its regulatory mahi, and to collaborate with nurses and others to strengthen and uphold public safety.

3.4 Challenges | Ngā heke

Because Tukutuku Rau is about bringing a Māori perspective to a Western based regulatory model, the challenges, or barriers identified by participants all pivot around change and shift in paradigm. The tensions (and potential opportunities) of introducing a new approach relate to resourcing and priorities; change resistance, and the importance of shared understandings and sustained commitment in any change process.

The words of the participants, when asked about their perceptions of challenges or barriers in introducing and embedding Tukutuku Rau, draw these points out further:

Resources, priorities and commitment

"It's the competing priorities and resources. Because it's a different way of working and requires more time up front -it requires a shift."

"I don't see real barriers – or perhaps the barriers are with us. It takes more coordination if there's more people coming and it might take more organising. The actual meetings might take longer and need to factor that in, and not be clock watching. It's disrespectful to nurses to be clock watching."



“It’s something we need to keep front of mind always. I’d like the time to dig deeper now into Tukutuku Rau and to make sure that what we’re doing is the right way – and what we’re doing is the right thing.”

Change – resistance and discomfort

“There’s sort of a push and pull in being with that discomfort and the challenges it can bring - especially as Pākehā. It wasn’t easy. But I think that was the learning inflection point. It’s a really important point.”

“Sometimes the members of the committees can be a challenge – if they’re wanting to stick with old ways of doing things.”

“We’re working on the diversity [of panels/committees] now to bring more of a balance of male and female, Māori and non-Māori.”

“And now, for most nurses we seek further information, and we always ask for reflections. For some nurses that can be quite a challenge – if they weren’t trained to think in that way, or to bring their own insights into what is happening. So, a Tukutuku Rau approach can be more of a challenge for some.”

Common understandings

“I don’t know if we even have a definition of what Tukutuku Rau is across Council? We probably all have our own understanding of it.”

“The Health team was a good place to start because they operate more from a place of manaaki anyway. But we probably need a bit more of an understanding of what manaaki is to us as a Council.”

“Working with people who are very stuck in their ways is very difficult – resistance to change with no real understanding of the change. We have lots more work around getting shared understanding [within Council and the sector].”



Challenges | Ngā heke – summary

Wrapping these threads together tells us that:

Barriers or challenges to implementing or extending Tukatuku Rau include tensions that commonly arise in a change process: competing priorities and access to necessary resources – including the upfront time needed to invest in establishing new ways of operating; resistance to change, including preferences to avoid engagement, or to ‘let things slide’; and the current absence of a shared understanding, or positioning, of Tukatuku Rau across Council.

The kōrero shared also highlights that implementing and embedding a te ao Māori approach to regulation requires all those involved to be on board. Council’s success in this area relies on a wide range of partners and others, and to sustained, deliberate and visible commitment to a Tukatuku Rau approach from within.

3.5 Te pae tata | Next steps

When asked what the next steps for Tukatuku Rau could be, some participants gave very specific examples (e.g. develop a new template for letters or training, undertake training for new committee, or panel members). Others wanted to see a reactivation of the previous fortnightly hui in the Health area. At a more systemic level, the following next steps were identified:

More options for Māori nurses, and more active consideration of Māori preferences and needs

“I’d like to see us be able to be bilingual if necessary.”

“I’m thinking of Māori and Pākehā – it would be awesome if Māori could deal with Māori on the panels if that’s what Māori nurses want. Because there could still be a perceived power imbalance when there’s a panel full of Pākehā. I don’t know what Māori nurses think about that, but it is something that I wonder about.”

“I’d like the meetings to take place in a marae if that’s what the nurse would like. You know, right now, if a nurse said, ‘I’d like the meeting to take place on a marae’ – I might feel, I might not be intimidated, but I’d feel unsure - but I can’t see why that can’t happen.”

Deliberately extending Tukatuku Rau across all areas of Council, and resourcing accordingly

“If we can identify what’s worked and what’s made it work that can be extended out to other areas – we want to expand it out in the most efficient way possible. ‘What can be mirrored with the least effort? What can be tweaked? What resources are required?’



“I’d like to see it flow out more directly and intentionally to all areas. To move beyond the Health area - for example to Registration. It needs to be seeded in each area, and it needs to be led in each group. We need to share our knowledge and wisdom. We’d need a Tukutuku Rau champion in each area – and make this core work. We [Fitness to Practise] went hard and we were very intentional about it.”

Remaining committed

“I’d like to see this as an ongoing thing - to make sure we are embracing Tukutuku Rau and bringing a more reflective focus – a learning point.”

And ultimately spreading the word to other regulators

“Longer term we would like to spread the word to other regulators [beyond those already engaged]. And we’d like to develop a more formal evaluation and then share that with others too.”

Te pae tata | Next steps summary

Wrapping these threads together tells us that:

Next steps for Tukutuku Rau include very specific actions within the Fitness to Practise area that have already been identified as part of the Tukutuku Rau work programme, and a desire to upskill the Council in providing culturally safe services and options for Māori.

More broadly, there is a shared desire to see Tukutuku Rau expand across Council, in a deliberate and resourced way. This resourcing would include supporting Māori specialist roles as well as continuing the opportunities for cultural capability building and awareness across all staff, particularly non-Māori.

Tukutuku Rau also provides the Nursing Council with the opportunity to lead as a modern Aotearoa New Zealand regulator and to share learnings and practice with others.

3.6 Te pae tawhiti | Future aspirations

All participants wanted to see Tukutuku Rau continue and expand. When asked what it would look and feel like in five years if Tukutuku Rau had been successfully rolled out and embedded within and across all of Council, responses came back in three main threads:



- relating to the how Council looks and feels on the inside;
- how it's perceived from the outside;
- and ultimately the outcomes of the services it delivers.

Organisation staffing and organisational cultural norms

“There would be more Māori working in here because it would be a better fit in the way of working.”

“We'd see much more diversity in all our things actually –that we could all get up and do our mihimihi and not stress about things. I'd see that we're not all terrified of getting something wrong, which is what it feels like now sometimes.”

“From a staff perspective – being able to bring your whole self to work and have flexibility in the workplace.”

“We'd all have a strong sense of belonging and we'd all be proud of what we stand for and that we've worked hard.”

“We'd make this a warm safe space – it would be like a pōwhiri where everyone is welcomed, and everyone is settled down.”

“We could feel the wairua. There would be a sense of manaakitanga and kotahitanga in an inclusive coming together as a Council working and seeing Tukatuku Rau across everything.”

“We'd have an attitude of continuous improvement. We'd be looking to always improve.”

“We'd be people-centred, bringing a human approach.”

“We'd have appropriate resources we'd have access to a wide range of Māori and non-Māori [panel and committee members].”

“We'd see a more natural flow - that empowering approach for everything.”

Perceptions / Reputation of Council

“Historically, I think the council was a bit scary, but I think we're getting better. We're getting more positive feedback now and I'd like to hear that more. The story about Council will have changed.”

“I would hope that nurses out there could clearly see that we are committed to Te Tiriti and to working appropriately with nurses.”



“Our reputation out there with nurses and with Māori nurses would be positive, and the perception of the Nursing Council would have changed.”

“The feedback would be that [engaging with Council] was not re-traumatising, or that the Council is racist. But that people are feeling culturally safe when they engage with us, and that people are willing to engage with us because it doesn't feel like a brick wall.”

Better outcomes

“Taking a people-centred approach just takes away some of the heat. Its' just much kinder and it's better on all parties.”

“We have a clear role as the regulatory authority and sometimes people won't like the decisions we make for public safety. But if you open the inputs you're going to have better decision making. By being more open and taking the equitable approach you're going to get better decision making.”



4. Tuku Mai, Tuku Atu: reflections and response

In te ao Māori, whakapapa is a fundamental orienting and grounding principle in all contexts. The whakapapa of Tuketuku Rau is Māori. It was initially led and created through the collaborative efforts of a group of mātauranga Māori and regulatory experts, then tested and supported by a wider group of iwi and organisation leaders. At its core it continues to be nurtured and developed through an expanding group of Māori regulators.

Tuketuku Rau is deeply rooted in this land and in the people of the land. It is also flexible enough through its principles and ao Māori/regulatory stages process (see Appendix Three) to apply in multiple regulatory contexts and across multiple scenarios within those regulatory environments. Modern regulatory practice in Aotearoa New Zealand must surely be derived from our unique identity as a nation? Tuketuku Rau provides that foundational potential.

The whakapapa of the Nursing Council stems from colonial regulatory practices and the various statutory powers that form a core part of the machinery of government in Aotearoa New Zealand. As part of the Crown's machinery, nursing regulation, has been a contributor to the systemic and chronic dishonouring of Te Tiriti o Waitangi, and the consequent well documented health inequities in Aotearoa New Zealand of today.

However, the whakapapa of the Nursing Council also stems from the art and practice of nursing - a long-standing caring profession practiced, in the large majority, by women. It is perhaps through taking a nursing practice lens, that the whakapapa of the Council and the whakapapa of Tuketuku Rau find a natural starting connection point. In fact, four of the five principles of Tuketuku Rau connect directly to people and are concerned with their origins, relationships, current wellbeing and future trajectories:

- Te Rau Kotahi – people are the first reference point
- Whakapapa – everyone belongs to someone
- Kia ngākau maraetia ngā tāngata – everyone is valued
- He mana tō te tangata – everyone has mana.

In te ao Māori, he mana hoki tō te kupu- words also have mana. The name given to this ao Māori regulatory framework is, “Tuketuku Rau”. From my perspective, the art of tukutuku itself, and the meanings associated with the kupu ‘rau’ hold powerful clues as to how Council could approach considering the journey with Tuketuku Rau to date and the journey that awaits.

If we return to the introductory descriptions of the art of tukutuku panel making, and consider that in light of Council's regulatory role and its strategic priority to be a better Te Tiriti partner, to



give effect to Te Tiriti o Waitangi both through how it is as an organisation (internal facing/ tuku mai) and how it delivers its services (external facing/ tuku atu)¹⁰, we could note the following:

- Tukutuku is a traditional woven art form, that has also evolved into a contemporary practice.

Can Council evolve from its traditional foundations into a new people centered organisation with a mana enhancing way of approaching and delivering all its regulatory services?

- Sitting alongside whakairo (carvings) and kōwhaiwhai (motifs typically painted on the rafters of a whareniui), tukutuku contribute to the overall kōrero of the whare and complement and reinforce the stories or information being shared through all the other elements.

Will Council invest in extending Tukutuku Rau beyond the Health team, understanding that how Council behaves and engages with people is a significant contributor to how it is perceived. Reputation and trust in any regulatory body is essential for regulatory effectiveness and in the case of the Council, for supporting fulfilment of its purpose: 'Safe Nurses, Safe Public'¹¹.

- Tukutuku are created by two people working together, with patience and commitment towards a common goal.

Will Council embrace the genuine opportunity to work in partnership through a Tukutuku Rau approach? (This could be the partnership between Māori and non-Māori kaimahi; between Komiti Māori and the Council; between Māori nurses and the Council, between the Council and other regulators.)

- Tukutuku are supported by a strong underlying foundation of vertical rods (kākaho) and cross beams (kaho). Ultimately, in the finished work, the kākaho are not visible from the front, but essential to the overall work.

Could Council conceive of its regulatory requirements as kākaho – essential framing that is not necessarily visible in the ultimate outcome of 'Safe Nurses, Safe Public' but is fundamental to the process?

- Tukutuku require flexible materials to create the weave.

Is there the willingness to be flexible in approach – knowing that the structures are there to support, and flexibility is required in partnership?

¹⁰ Council's strategic priority 1 is: "to ensure that our work embodies Te Tiriti o Waitangi, and promotes equitable outcomes for Māori within nursing practice, education, and regulation".

¹¹ This is the Council's vision statement.



- Tukutuku have a range of traditional designs, including Poutama, Takitoru, Purapura Whetū and Niho Taniwha – all of which provide limitless guidance for Council’s journey as a Te Tiriti honouring partner.

Poutama signals a journey of continual growth and development. Takitoru speaks to communication and identity and creating something new through working together. Purapura Whetū might acknowledge the those who have gone before, in particular Māori nurses who have continued to pursue and uphold kawawhakaruruhau and cultural safety. Niho Taniwha could provide a source of courage and commitment in the journey to better honour and give effect to Te Tiriti o Waitangi and strengthen its engagement as a Te Tiriti partner.

If we return briefly to the various threads of meaning attached to ‘rau’, we see that there is:

- a sense of collection and collaboration through a gathering together
- flexibility and growth elements are indicated through the feather and leaf aspect
- strength, determination and consistency can be seen in the sharper edge of a blade and the rhythmic beat of a poi.

Tukutuku Rau is an authentic Māori approach to undertaking regulatory mahi in Aotearoa New Zealand. It allows Council to fulfil all its statutory obligations – i.e. it is not at odds with the regulatory settings themselves, rather it offers a fresh perspective as to how regulatory obligations may be fulfilled. It has potential for application across all of Council’s mahi and this then renders it a Te Tiriti based transformational change framework, with infinite potential.



5. Closing | Kupu Whakakapi

This tuhinga is one version of the Council's journey to date with Tuketuku Rau. It is derived largely from the experiences and reflections of the core group of kaimahi who have been most involved over the last two years. Another version of this story, yet to be told, is that of the experience of nurses and others involved in Council processes who have experienced and observed changes in the Fitness to Practise area over this time.

Through this small-scale exercise looking at the application of Tuketuku Rau framework in the Health team, there are reported and observable benefits across:

- staff capability, competence, and ability to work in a culturally safe and appropriate way;
- staff satisfaction and engagement;
- the experience of all nurses, and especially Māori nurses, in engaging with Council;
- improvements and efficiencies in communication generally;
- more effective engagement with Māori nurses in particular;
- enhanced nursing workforce outcomes (nurses remaining in the profession);
- practical and tangible examples for kaimahi of the benefits in adjusting processes in the Health area, that give confidence to continue adjustments in line with a Tuketuku Rau approach.

The Council has a 2023 Te Tiriti o Waitangi Policy, and a Cultural Capability Framework along with various strategic projects that are designed to implement and support the Te Tiriti policy. It has a core group of kaimahi, including four who are also members of ELT, who are well-versed in Tuketuku Rau (Fitness to Practise, specialist Māori roles), and a broader group from across the organisation (Te Ranga Hapahāpai) who are actively engaged with giving effect to Te Tiriti and in deepening cultural capability). Conditions are now favourable for Council to take its next deliberate steps in the journey as a Te Tiriti honouring, leading regulator.

Tuketuku Rau is a gift to the Council and a gift to the nursing profession. It offers the platform and the threads to weave together the people and the progress made to date, to create a strong basis for Council moving forward with purpose, alongside other health regulators, in a uniquely Aotearoa New Zealand way.



Appendix one: participants

Participants – steering group

Hana Buchanan (writer) met with members of the Tukutuku Rau steering group during March 2024 – initially in groups to discuss the task and approach, and then with follow up 1:1 interviews. steering group members are:

- Principal Advisor Māori
- Kaiwhakahaere (previously Nurse Advisor Māori)
- Nurse Advisor, Health
- Deputy Registrar/Senior Legal Advisor (2)
- Coordinator Health
- Nurse Advisor Competence and Health
- Manager; Fitness to Practise/Legal Advisor

Participants – writer

Hana Buchanan is the writer of this tuhinga. Writers, just like regulators are influenced by who they are as a person – their cultural identity, their perspectives, interests, and experiences. I acknowledge that my whakapapa (Taranaki, Te Atiawa, Taranaki Whānui ki te Upoko o te Ika), my mahi with the Nursing Council to date (refresh of the Te Tiriti o Waitangi Policy, support in development of the Cultural Capability Framework, and other professional support for ELT in implementing Te Tiriti o Waitangi), and my personal and professional interest in supporting organisations to better uphold and implement Te Tiriti o Waitangi in the functions they undertake, the services they provide, the kaimahi they recruit and support - as well as the type of workplace culture that is encouraged and fostered - influence the way I hear and interpret things, and the way I express them in writing.



Appendix two: interview framing

The following information was sent to participants in advance and guided the kōrero.

Approach

The interviews will take place in line with the aspirations of Tukutuku Rau with the intent to be mana-enhancing and people centred, mindful of the principles that have been agreed as underpinning the framework, i.e.:

- Te Rau Kotahi – the first reference point is the person not the event
- The first law of Aotearoa New Zealand is Tikanga
- Everyone has mana – there is a power balance. He mana tō te tangata
- Whakapapa – everyone belongs to someone
- Kia ngākau maraetia nga tangata – everyone’s identity is valued

Proposed sections and questions

Timatanga – introductions/scene setting

1. Interviewer opens and introduce self (Ko wai ahau?); kaupapa of the interview, and their role
2. Tukutuku Rau Steering Group member replies (Ko wai ahau?) introduces self, and role in relation to the project

Kōrerorero/patapatai – discussion and questions

3. Can you describe to me – briefly - in your own words –what you understand “Tukutuku Rau” to be?
4. Can you share your understanding of its whakapapa or origins? (i.e. how did it come to be in the Nursing Council and what/who else is it related to?)
5. How would you describe, in a general sense, the evolution of Tukutuku Rau in the Nursing Council from its inception here up until today?
6. How would you describe the current status of Tukutuku Rau in the Nursing Council?
7. How do you feel about Tukutuku Rau?
8. Reflecting on your involvement to date, can you highlight for me any key successes that you’ve experienced, or observed to date?
9. Reflecting on your involvement to date, can you highlight for me any key challenges or barriers that you’ve experienced, or observed to date?
10. What would you like to see as the near term next step, or steps, for Tukutuku Rau in the Nursing Council?



11. Imagine it is five years from now – 2029 – as we approach a new decade - what would it look and feel like if Tukutuku Rau had been successfully rolled out and embedded within and across Nursing Council mahi?

Whakakapi – closing

12. Is there anything else you'd like to share regarding Tukutuku Rau, your own journey with Tukutuku Rau, or the Council's journey more generally?



Appendix three: Tukutuku Rau framework

In 2021/ 2022 Council kaimahi began engaging with other Māori regulators who were also looking at the relationship between te ao Māori and regulation in Aotearoa New Zealand. This Appendix is largely made up of extracts from reports created by Hana and Cheryl in 2022.

Establishment agencies

The establishment agencies are shown in the image below.

Whakapapa



Te ao Māori principles underpinning Tukutuku Rau

- Te Rau Kotahi – the first reference point is the person not the event
- The first law of Aotearoa New Zealand is Tikanga
- Everyone has mana – there is a power balance. He mana tō te tangata
- Whakapapa – everyone belongs to someone



- Kia ngākau maraetia nga tangata – everyone’s identity is valued

Tukutuku Rau – A te ao Māori led regulatory process

The stages of Tukutuku Rau are based in five concepts of te ao Māori:

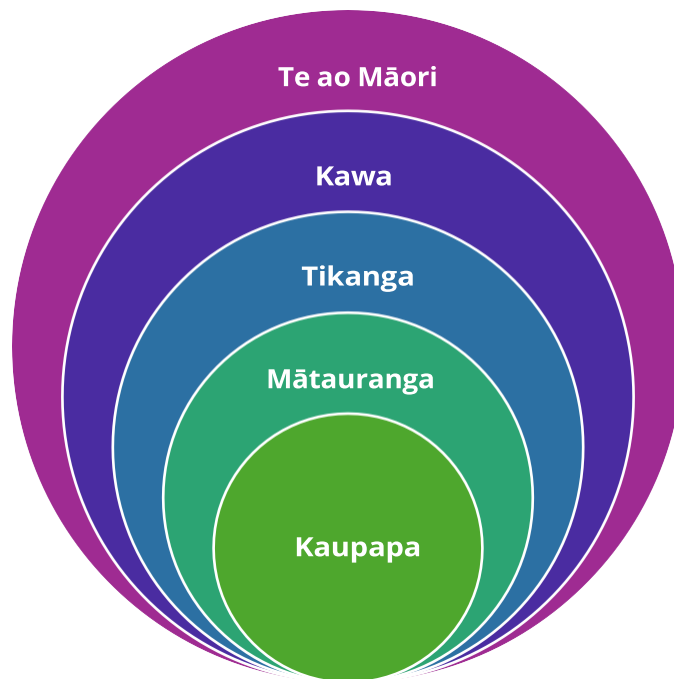
Te ao Māori - the Māori worldview that is set in the origins of Māori culture and identity.

Kawa - non-negotiable, those things set that cannot be changed in the moment.

Tikanga - the ‘how’, ways of being and doing.

Mātauranga - the knowing from a Māori lens.

Kaupapa - contextualised topics/projects to mātauranga Māori



These concepts are foundational and fundamental to understanding a Māori perspective. They inform and reinforce each other and cannot be separated. They represent centuries of tradition and knowledge and can be complex to navigate. However, developing a solid knowledge of these concepts is key to incorporating the regulatory process into te ao Māori.

The table below shows the intersections of these concepts in traditional Māori culture and how they correspond to work at the Nursing Council.

Stage of Tukutuku Rau	The concept in traditional Māori culture	Where it would apply to the Nursing Council
Te ao Māori	<ul style="list-style-type: none"> • the natural world through a Māori perspective • Māori perspective, language and culture • foundations for Mātauranga Māori • foundations for creating tikanga. 	<ul style="list-style-type: none"> • ō mātau uara, our values • a ‘whole of person’ approach to nursing regulation • the people and business we engage with.
Kawa	<ul style="list-style-type: none"> • celestial lore 	<ul style="list-style-type: none"> • HPCA Act



	<ul style="list-style-type: none"> • ancient karakia • invocation of natural elements that are uncontrollable by mankind • protocols of practice • the foundations that influence tikanga. 	<ul style="list-style-type: none"> • code of Conduct • competencies education and training • standards and accreditation • Nursing Council policies.
Tikanga	<ul style="list-style-type: none"> • terrestrial lore • is influenced by kawa and is human-made • traditional rules, practices for conducting life • shapes Mātauranga. 	<ul style="list-style-type: none"> • procedures and guidelines to define how work is done from a te ao Māori perspective • strategic objectives promoting best outcomes for Māori • Nursing Council organisational culture.
Mātauranga Māori	<ul style="list-style-type: none"> • knowledge of te ao Māori • living/learning/experience from te ao Māori • philosophical view of te ao Māori. 	<ul style="list-style-type: none"> • aligning the Council's process (conduct, competence, accreditation, registration etc) to te ao Māori principles. • job specific and specialist knowledge and experience • strategy development and implementation.
Kaupapa Māori	<ul style="list-style-type: none"> • surface level through a Māori lens • principles and ideas in te ao Māori that act as a base or foundation for action. 	<ul style="list-style-type: none"> • For example triage, health processes, research and data analysis.

Here, each stage of the framework matches a foundational concept in te ao Māori and relates to a corresponding stage in the Nursing Council's regulatory work. The framework requires us to understand how each part in the regulatory process relates to te ao Māori and use this to understand how it can influence the ways we set our standards and how we conduct our processes.

Tukutuku Rau is a way to shape regulatory processes to meet Tiriti obligations. It does not replace things that we are mandated under the HPCA Act, but it guides us to do them a different way. The concepts and the principles above work together to create a system that reframes our approach to regulation.

Extracts from foundation reports end.

Tukutuku Rau extends across regulatory authorities

The group of agencies engaging with Tukutuku Rau as a framework has steadily expanded. In April 2024, the group of Māori regulators who are aware of Tukutuku Rau includes the establishment agencies plus the Nursing Council, Medical Council, Medical Laboratory Scientists and Radiographers Board, Physiotherapy Board, Pharmacy Council, Midwifery Council, Dental Council, Occupational Therapists Board.



Within this expanded cohort, engagement with Tukutuku Rau and the regular hui varies between agencies and across their work programmes.



Appendix four: before and after: Tukutuku Rau applied in Fitness to Practice

[Information in this appendix was provided by the Deputy Registrar/Senior Legal Advisor and other participants]. Fitness to Practise has three teams: Health, Competence, and Conduct. Members of the Tukutuku Rau steering group sit across all aspects of the team’s work. It was the Health area that was selected to trial Tukutuku Rau, and the Tukutuku Rau approach has been most thoroughly applied in Health. However, through the process of the fortnightly meetings, and discussions with steering group members, some changes have also occurred across Competence and Conduct.

Fitness to Practise – Health

Nurses may engage with the Nursing Council’s Health process if they have come to the Council’s attention for reasons of Health (mental health issue, drug or alcohol issue, cognitive issues, or other issues that affect the mind). Nurses may self-refer, or be referred by their employer, another health practitioner, or be referred back for a review of their health if already in a Competence/Conduct process and declare or accept that they have a health condition that has affected their practice.

Once notified, the key phases to the Health process are: initial communication; any assessments or formal meeting/s; follow up communications.

The table below shows what occurred in this process before and after the introduction of Tukutuku Rau.

Table 1: Health

Health process phase	Before Tukutuku Rau	After application of Tukutuku Rau
Initial communications	<p>The first contact with a nurse was via a formal letter that set out and attached the notification and the sections of the Act, and that a medical assessment was required.</p> <p>Depending on what actions the notifier took this might be the first notice the nurse has that the Council has been informed.</p>	<p>The first contact with the nurse is a phone call.</p> <p>The focus of the call is whakawhanaungatanga (Council kaimahi introducing themselves to the Nurse and vice versa) and for Council to understand more about them and their circumstances and to determine best next steps together.</p> <p>The call is followed up by a letter which acknowledges that they are unwell, and that the role of Council is to support them back to practice. It also</p>



	<p>The focus of the letter was to inform them of the notification and that they were required to have an assessment.</p> <p>They were also provided with a booklet about the health process that was legally focussed.</p> <p>Where there were serious concerns about their ability to perform the functions required for the practice of nursing, they may have their APC suspended, without notice for 20 days and a further 20 days while an assessment is arranged.</p>	<p>introduces the health team and provides the contact details.</p> <p>Legal information is provided in an attached booklet that has been rewritten to focus on the purpose of the health review and options re the hui.</p> <p>If the nurse remains unwell and is not intending to practise, their APC is put on hold with their consent and they are asked to contact the Council again when they are ready to return to practice.</p> <p>Nurses very rarely have their practising certificate suspended.</p>
Assessment	<p>There were discussions with the nurse about which specialist would provide the assessment and that Council would arrange and pay for travel to that assessment but no provision to fund support people to also attend the assessment.</p> <p>The information included in the assessment was based on a medical model of diagnosis and includes information not required for an assessment as to whether the nurse is able to practise satisfactorily (for example details leading to sensitive claims).</p>	<p>The Council has approved the appointment of clinical nurse specialists and nurse practitioners to provide those assessments, where appropriate, which will provide the opportunity for more local assessment and a less intimidating meeting. This is a work in progress.</p> <p>The Council is developing a template for the assessment that focuses on the current state of the nurse's health and whether that impacts on their ability to practise safely.</p>
Meetings	<p>If required after considering the assessment, a meeting was generally held at a Council appointed venue.</p> <p>Attendees were a Council advisor and two nurses, and the nurse and their representative and/or support people.</p> <p>The style of the hearing was to set out the options including whether their registration might be suspended, or conditions included, and the focus of the discussion was on the event that brought the nurse to the Council's attention.</p> <p>Most nurses had conditions included in their scope of practice and some conditions were recorded on the public register.</p>	<p>A hui may or may not be held depending on outcomes of initial conversation and agreed next steps.</p> <p>If held, the meeting may take place at a variety of locations.</p> <p>The nurse may bring support people with them to the hui. Support people could include whānau, kaumatua, Nursing Organisation representatives, or others as chosen by the nurse.</p> <p>The hui begins with karakia, mihi and whanaungatanga.</p> <p>The focus of the discussion is the person and their health and how to best support them to be well. The focus is not on the event that brought the nurse to Council's attention.</p> <p>Where possible the Council accepts undertakings between Council and the nurse rather than including conditions, but this is always dependent on the nurse's health and whether the employer needs to be able to provide support.</p>
Follow up communications	<p>If the decision could not be given at the meeting, it was communicated by email or phone on the day.</p> <p>The formal decision was sent several weeks later.</p>	<p>The outcome is discussed and agreed to in the meeting and a follow up email sent the following day.</p>



		The formal decision is sent several weeks later.
Other related Health practices	No regard given for tikanga or cultural practice or understandings in requests for collection of tissue, blood or hair samples from nurses.	Better understanding and consideration of tikanga in requests, collection, management, and storage of body tissue samples.
General characteristics of Council's approach	<ul style="list-style-type: none"> • event centred • process and regulation centred • Council telling, nurse receiving, Council telling • standard, formal approach – one-size fits all • inflexible • lower trust model – high risk aversion • punitive focus. 	<ul style="list-style-type: none"> • people focused • mana enhancing intention • Council listening, nurse telling, Council receiving, Council and nurse engaging • looking to work together for solutions • flexible approach – tailored to nurse and their cultural preferences and circumstances • higher trust model – solution focused.

Fitness to Practise – Competence

In the Competence area, Tukutuku Rau has also influenced the approach to communications, reviews and meetings. Examples of the influence of Tukutuku Rau, to date, in the Competence area are shown in the table below.

Table 2: Competence

Competence process phase	Before Tukutuku Rau	After Tukutuku Rau
Initial communications	First contact was a formal letter.	First contact is a phone call. Follow up letters have been adjusted to include the option to have cultural preferences or tikanga included.
Initial inquiry and formal review of competence	Practice profile completed by the nurse and assessed by the nurse adviser – may be required to have a formal review of competence. Competence review: one size fits all formal review of competence.	The practice profile and nurse's intentions are discussed with them and options to improve practice or assess competence less formally are discussed and may be agreed on without a formal review being required. Competence review: a range of scenarios and actors now used to bring more realistic scenarios to life (example for a Māori nurse: using a middle-aged Māori actor with diabetes, rather than an older Pākehā woman in good health).
Meeting with competence review committee for interim orders or failure to comply or to challenge orders	Formal meeting with CRC.	Have had Tukutuku Rau training sessions with CRC members to highlight the new approach which is to provide the nurse with an opportunity to respond before any decision as to further action is made. Competence hearing: nurse is invited to bring any support people; venue is flexible and to suit the nurse; Council may bring Māori kaimahi even if not



		directly working in Conduct; the nature and perspective of the meeting is focused on better understanding and reflection.
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Fitness to Practise – Conduct

In the Conduct area, Tukutuku Rau has also influenced the approach to communications and meetings. Examples of the influence of Tukutuku Rau, to date, in the Conduct area are shown in the table below.

Table 3: Conduct

Conduct process phase	Before Tukutuku Rau	After Tukutuku Rau
Initial communications	<p>A letter was sent informing the nurse of the complaint and the process.</p> <p>If Interim orders are being considered this was included in the letter.</p>	<p>If a health consumer is involved, the matter must be referred to the HDC and the Council is not able to take steps other than considering whether interim orders are required so communication is limited.</p> <p>If interim orders are being considered the Council contacts the nurse to discuss their practice intentions and they may agree to come off the online register.</p> <p>The nurse is offered the option to speak to a kaimahi Māori as a first step if they would prefer this.</p>
Meeting	<p>Meetings were very legally focussed with some PCC members cross examining nurses.</p>	<p>Have had Tukutuku Rau training sessions with Conduct Committee members to highlight the new approach which is to provide the nurse with an opportunity to respond before any decision as to further action is made.</p> <p>In Conduct, while the actual event is very much in focus, also bringing the person into the picture there is the opportunity to be, at the least, mana-preserving.</p> <p>Where it is possible to manage practice issues with conditions this may be recommended rather than laying charges of professional misconduct which is reserved for the most serious conduct cases that may result in suspension or cancellation of registration.</p>

