



Nursing Council of New Zealand Quarterly Data Report

DECEMBER 2023 QUARTER

Introduction

Welcome to the fourth Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand Quarterly Data Report, for key sector and professional stakeholders. Our reports are released quarterly after each deadline for renewal of Annual Practising Certificates (APCs). This report relates to the October - December 2023 quarter.

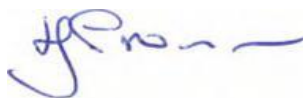
The tables and figures in this report are based on data collected by the Nursing Council as it carries out its usual functions. They have not undergone extensive cleaning, and annual reviews or more specialised presentations of data may contain slightly different numbers. In such cases, data compiled annually or for specific purposes should be treated as the authoritative source rather than this report.

In each part of this report, we have included some contextual information and notes on how to interpret the data. We also start the report with some background on the data we hold and how we collect it. These provide key points to keep in mind when considering what the figures and information we're providing represent.

Please contact the Nursing Council if you have any questions regarding the data in this report.



Catherine Byrne
Pouārahi/Pouroki
Chief Executive/Registrar



Lauren Prosser
Kaiwhakahaere Kaupapahere, Rangahau, me te Mahinga
Director of Policy, Research & Performance



Some notes on our data and this report

This quarterly report presents ‘headline’ data about the nursing workforce. The focus is on the types of nursing data where we may see meaningful changes from quarter to quarter. It is not intended to replace the data in our Annual Report or other workforce publications. A breakdown of ethnicity and gender is not included in this report and will continue to be reported annually and in our major workforce reports.

Data that is usually only collected from nurses once a year, such as where nurses work or their employment setting, will continue to be provided through separate reports.

How does the Nursing Council get its data?

The Council’s main data source is the New Zealand Register of Nurses. Maintaining the register is a core statutory function. As well as listing the names, scopes, and registration numbers of every nurse, the Register holds additional data recorded at various times during a nurse’s career.

Registration Data is provided when a nurse first enters the register. It is often updated if a nurse changes their scope of practice and, where applicable, can be updated at any time by a nurse choosing to update their records. Nurses are also asked to check some of this information (like their gender and ethnicity) when they renew their APC. This core data includes information such as:

- name, registration number, and the scope(s) for which the nurse has registration
- gender and ethnicity
- date of birth and the date that the nurse joined the register
- name, year, and granting institution of the nursing qualification(s) they possess¹
- some specific additional information, such as if a nurse possesses some prescribing rights or any conditions on their practice.

Workforce Data is collected each year when a nurse renews their APC. Providing this information is voluntary but over 90% of nurses choose to provide it. This information includes:

- where a nurse mainly practises
- what area of nursing (e.g. Primary Health Care, Emergency and Trauma, Nursing Education) a nurse practises in
- what type of employer they work for (e.g. Te Whatu Ora, a Māori Health Service Provider, a government agency)
- the number of hours a nurse usually works in a week.

Workforce Data provides a snapshot of the workforce – it is not ‘real-time’ data. Over a year nurses can work in multiple jobs, different regions of the country, and for different amounts of time in a week.

¹ Qualifications leading to registration in a scope or otherwise affecting practice – such as a Bachelor of Nursing or a Diploma of Enrolled Nursing – must be recorded. Other qualifications, such as a PhD or research-based Masters, can be included but are not required.



Workforce Data does, however, provide a broad picture of where nurses are working, what they are doing, and how this changes over time.

The Nursing Council also collects additional information for specific purposes. For example, nursing schools must report to us annually on the programmes they offer, we record some information about nurses who undergo fitness to practise processes, and we record requests we receive for verifying whether a nurse is registered or not.

Defining ‘on the register’ vs ‘practising’ vs ‘active’

There are a few different ways to define who is a nurse in Aotearoa NZ. For data purposes there are three major populations of nurses: nurses who are ‘on the register’, ‘practising’, or ‘actively practising’. These aren’t legal definitions, but ways to think about who we’re talking about when we report information.

Being **on the register** means that a nurse is on the New Zealand Register of Nurses. This includes every living person who has ever been registered as a nurse and can therefore apply for an APC. As being removed from the register means that someone cannot work as a nurse until they are reinstated, people are generally only removed from the register for the most serious competence or conduct transgressions, at their own request, or when they die.

This means that any time most of the nurses ‘on the register’ are not practising as nurses. The register has more than 150,000 nurses on it, while just over 70,000 nurses hold APCs. And some of these nurses may not have practised for decades. Because of this, the Nursing Council rarely reports information on this population.

Being a **practising nurse** means having a current APC, which allows people to work as a nurse in Aotearoa New Zealand. An APC lasts for one year. Because the nursing profession is so large, nurses don’t renew their APC all at once, but instead at one of four points during the year: by 31 March, by 30 June, by 30 September, or by 31 December.²

It’s important to remember that not every nurse who holds an APC is actually working as a nurse. Some might be between jobs or studying, others might be taking parental leave or on long-term sick leave. Some nurses may be overseas when their renewal time comes around but decide to retain a New Zealand APC because they intend to return here.³ Recent analysis of annual workforce data suggests that approximately 8% of nurses with APCs are not practising as nurses when they renew their APC.

Our Workforce Statistics series of reports provide data on **actively practising nurses** (also referred to as ‘active’ nurses or ‘actively practising in Aotearoa NZ’). This consists of practising nurses (i.e. those with APCs), but we remove nurses who told us, when they last renewed their APC, that they weren’t working as nurses (e.g. they were unemployed, studying full-time, or on parental leave), or told us that they were working overseas. These reports are available on our website at [this link](#).

² The particular APC renewal point for a given nurse is determined by their birthday.

³ We allow nurses a short grace period during which they can renew their APC without practising in Aotearoa NZ.



This quarter's figures at a glance

- Total number of nurses with APCs: **77,634**
- Number of nurses joining the register this quarter: **4,770**
- Percentage of IQNs registered this quarter domiciled in New Zealand: **45.5%**
- IQNs as a percentage of all nurses with an APC: **41.7%**
- Nurses with prescribing rights: **2,068**
- Complaints/notifications received this quarter: **99**

Number of practising nurses

At the end of the last quarter – December 31, 2023 – there were **77,634** nurses holding APCs. This compares to **68,277** at the same time last year, an increase of 9,357 or 14%. We had 74,439 Registered Nurses with APCs, 2,461 Enrolled Nurses with APCs, and 734 Nurse Practitioners with APCs.

Table 1 shows the total number of nurses holding APCs at the end of each quarter, by scope of practice. This includes both internationally-qualified (IQN) and New Zealand-qualified (NZQN) nurses.

Table 1: Nurses with current APC at end of quarter

	December 2022	March 2023 ⁴	June 2023	September 2023	December 2023
Enrolled Nurse	2,403	2,411	2,388	2,449	2,461
Registered Nurse	65,202	66,505	68,494	71,345	74,439
Nurse Practitioner	672	705	701	703	734
Total	68,277	69,621	71,583	74,497	77,634

The number of practising nurses increases when new nurses are added to the register and receive their first APC, and when nurses currently without APCs apply for one. It decreases when nurses choose not to renew their APC by the renewal deadline, or when a nurse loses their APC or is taken off the register for some reason (usually for disciplinary reasons or because we've been notified of their death).

Nurses renew their APCs at one of four points during the year. The quarters above represent nurses with APCs once the final renewal date (the final day of the relevant quarter) had passed. The last quarter represents all nurses with APCs at midnight on 31 December 2023.

⁴ The Council's End of Registration Year review identified that the number of nurses with APCs at the end of the March 2023 Quarter was slightly above that reported in the March 2023 Quarterly Report. Numbers for that Quarter have been updated to reflect the official confirmed End of Year figures.



New IQNs join the register throughout the year, but new NZQNs can only join once they've passed the State Final Exam. This means that there is usually a spike in the number of nurses with APCs at the end of the December quarter, as most NZQNs sit their State Final at the end of November and join the register in December.

Not all nurses with APCs are actively working as nurses. Some may, for example, be between jobs, studying, taking sick or parental leave. Many IQNs apply for registration, are registered, and gain an APC while they are overseas; this allows them to begin nursing as soon as they arrive in the country. Recent analysis of annual workforce data suggests that approximately 8% of nurses with APCs were not actively working as nurses in Aotearoa NZ when they renewed that certificate.

New nurses joining the register

Over the last quarter – from 1 October to 31 December 2023 – **4,770** new nurses joined the New Zealand Register of Nurses. This compares to **3,257** who joined the register in the same quarter last year.

The last quarter saw 108 new Enrolled Nurses and 4,662 new Registered Nurses join the register. Thirty-seven per cent of new nurses were NZQNs and 63% were IQNs. Of new IQNs, 48% were registered after completing a Competence Assessment Programme (CAP), 50% were directly registered without needing to complete a CAP (some with conditions on their practice), and 2% were registered under the Trans-Tasman Mutual Recognition Act 1997 (TTMR).

Table 2 shows the number of new nurses who joined the register over each of the past five quarters, including by scope of practice and by whether they were IQNs or NZQNs. Over the past four quarters (i.e. the past 12 months) **14,232** new nurses joined the register. Of these, 297 were Enrolled Nurses, 13,935 were Registered Nurses, and 82% of all new nurses were IQNs. Of the nurses that joined the register in the past four quarters, 414 identified as Māori and 433 identified with one or more Pacific ethnicities.



Table 2: Number of nurses joining the register, by quarter

By Scope of Practice		December 2022	March 2023	June 2023	September 2023	December 2023
Enrolled Nurses		88	15	19	155	108
Registered Nurses		3,169	1,900	3,023	4,350	4,662
Total		3,257	1,915	3,042	4,505	4,770
By Category		December 2022	March 2023	June 2023	September 2023	December 2023
IQN	After CAP ⁵	502	399	1,027	1,219	1,439
	Direct Registration ⁶	1,203	1,423	1,837	2,609	1,501
	Under TTMR ⁷	57	63	40	57	46
	All IQNs	1,762	1,885	2,904	3,885	2,986
NZQN		1,495	30	138	620	1,784
Total		3,257	1,915	3,042	4,505	4,770

Note that Table 2 only includes nurses who joined the register; it does not include already-registered nurses who did not have a current APC and renewed it that quarter so they could return to practice.

Not every nurse who gains registration will be located in Aotearoa NZ. A CAP requires an assessment to be undertaken in New Zealand therefore all nurses completing a CAP will be located here when they join the register. However, as most IQNs begin the registration process while they are overseas, those who do not need to complete a CAP are often not residing here when they gain registration.⁸ Table 3 shows the percentage of new IQNs in each of the past five quarters who were located here at the time they gained registration.

Table 3: Percentage of newly registered IQNs located in New Zealand, by quarter

	December 2022	March 2023	June 2023	September 2023	December 2023
Percentage of IQNs registered in quarter	30.3%	22.8%	35.6%	31.9%	45.5%

The figures in Table 3 are based on the number of IQNs who reported their 'country of residence' as New Zealand when they were registered. The accuracy of this data is limited by the accuracy of information provided by the nurse. Some nurses who began the registration process while overseas may not have updated their address details, and conversely some nurses may have initially provided a New Zealand service address despite being overseas (e.g. if they have family here).

⁵ 'After CAP' refers to internationally qualified nurses who were registered after completing a Competence Assessment Programme. These are Council-accredited short programmes that directly assess the ability of a nurse to practise safely in Aotearoa NZ and are offered by a variety of Te Pūkenga business divisions, private health and education providers, and some parts of Te Whatu Ora. Most take approximately eight to ten weeks to complete.

⁶ 'Direct Registration' refers to nurses that, following assessment of their application by our Registrant Consultants, weren't required to complete a CAP before registering.

⁷ 'Under TTMR' refers to Australian-registered nurses who have joined the New Zealand Register; under the Trans-Tasman Mutual Recognition Act 1997, almost all nurses registered in Australia are essentially entitled to registration in Aotearoa NZ.

⁸ Anecdotally, many IQNs will not begin immigration or international relocation plans until they have first been registered.

The global nursing workforce is highly mobile, and new IQNs join our register after practising in a wide range of countries and regions. Table 4 shows the ‘current’ (i.e. most recent) country of registration of IQNs who joined the register in the last five quarters. In the last quarter, the **United Kingdom** was the most common country of previous registration, with 35% of IQNs being registered there most recently.

Table 4: Current country or region of registration of newly registered IQNs, by quarter

Jurisdiction	December 2022	March 2023	June 2023	September 2023	December 2023
United Kingdom	684	848	1254	1827	1049
Middle Eastern Countries	206	189	470	626	743
India	159	134	360	370	458
Ireland	236	284	321	559	263
Philippines	93	53	106	126	143
Singapore	199	209	200	155	133
Pacific Countries	31	26	54	56	60
Australia	56	63	40	57	46
USA and Canada	48	33	26	48	36
Other	50	46	73	61	55
Total	1,762	1,885	2,904	3,885	2,986

Table 4 shows information on the jurisdiction in which nurses were most recently registered. It should be noted that the country in which a nurse is most recently registered is not necessarily the country in which they gained their initial nursing qualification. For example, a nurse who was initially educated in the United Kingdom may have most recently practised (and thus have current registration) in Qatar. The Council’s Workforce Statistics series of reports include information on where IQNs gained their initial nursing qualification.

Number of internationally-qualified nurses

At the end of the last quarter – September 30, 2023 – there were **32,383** internationally-qualified nurses holding APCs. (This compares to **23,967** at the same time last year, an increase of 8,416, or 35%). Of these IQNs, 31,953 were Registered Nurses, 237 were Enrolled Nurses, and 193 were Nurse Practitioners. These numbers represent 43% of Registered Nurses with APCs, 10% of Enrolled Nurses with APCs, 26% of Nurse Practitioners with APCs, and 42% of all nurses with APCs.

Table 5 shows the total number of IQNs holding active APCs at the end of each quarter, by their scope of practice. It also shows the percentage of all nurses with APCs at that time who were IQNs.



Table 5: Internationally-qualified nurses, by quarter

Scope of Practice	December 2022	March 2023	June 2023	September 2023	December 2023
Enrolled Nurses	235	242	249	244	237
Registered Nurses	23,551	24,868	27,151	29,883	31,953
Nurse Practitioners	181	189	187	186	193
Total Nurses	23,967	25,299	27,587	30,313	32,383
Percentage of nurses with APCs	35.1%	36.4%	38.5%	40.7%	41.7%

An internationally-qualified nurse is defined as a nurse who completed the qualification that led to them joining the New Zealand Register of Nurses anywhere other than Aotearoa New Zealand. A nurse born in another country who completed a Nursing Council-accredited programme and joined the register after passing our State Final Exam is considered a New Zealand-Qualified Nurse rather than an IQN. Conversely, a New Zealand-born nurse whose nursing qualification was gained outside the country (e.g. Australia or the United Kingdom) is classified as an IQN rather than an NZQN. Nurses who gain registration as an IQN but then later gain domestic nursing qualifications through further education or postgraduate study are still classified as IQNs.

Nurses with prescribing rights

At the end of the last quarter – December 31, 2023 – there were **2,068** nurses who had some form of prescribing rights. (This compares to **1,669** at the same time last year, an increase of 399 nurses, or 24%). Of these nurses, 734 were Nurse Practitioners, 1,054 were Registered Nurses with limited prescribing rights, and 280 were Registered Nurses who were only able to prescribe the Emergency Contraceptive Pill.

Table 6 presents the total number of nurses with prescribing rights at the end of each quarter, by the type of rights they held. Nurses with prescribing rights represented 2.7% of all nurses with an APC at the end of the last quarter, all Nurse Practitioners, and 1.8% of Registered Nurses. This compares to 2.4% of all nurses with an APC and 1.5% of Registered Nurses a year ago.

Table 6: Nurses with prescribing rights, by quarter

	December 2022	March 2023	June 2023	September 2023	December 2023
Nurse Practitioner	672	702	701	703	734
RN Prescriber - Primary Health and Specialty Teams	403	440	433	503	539
RN Prescriber - Community Health	283	300	331	403	470
RN Prescriber - Diabetes	48	47	47	46	45
RN Prescriber - Emergency Contraceptive Pill	263	268	277	284	280
Total	1,669	1,757	1,789	1,939	2,068



All Nurse Practitioners are authorised prescribers, able to prescribe certain medicines appropriate to their scope of practice.⁹ In addition, some Registered Nurses have completed advanced education and work in contexts that allow them some prescribing rights. These fall into the four main groups described below.

Registered Nurses who prescribe in primary health and specialty teams are experienced nurses that have completed a postgraduate prescribing qualification, and work in collaborative teams. They can prescribe pharmacy-only and general sale items, and from a list of medicines for common and long-term conditions.

Registered Nurses who prescribe in community health have completed an approved education programme. They are able to prescribe pharmacy-only and general sale items, and a limited number of medicines for minor ailments and illnesses. These medicines may only be prescribed for normally healthy people who do not have significant health problems.

Registered Nurses who prescribe in diabetes health are able to prescribe pharmacy-only and general sale items, and a limited set of diabetes-specific medicines. The pathway to this type of prescribing was closed in 2017, as it has been superseded by other types of prescribing.

In addition, Registered Nurses who are practising within the specific area of sexual and reproductive health may apply for authorisation to supply the Emergency Contraceptive Pill (ECP). This does not grant any other prescribing rights. Other nurse prescribers are also able to prescribe the ECP.

Fitness to practise processes

Over the last quarter – from 1 October to 31 December 2023 – the Nursing Council received **99** complaints and/or notifications about nurses. This represents **0.1% of nurses with APCs** at 31 December 2023. This compares to 80 complaints for the same quarter last year, which also represented 0.1% of nurses with APCs. A large proportion of these (57%) were notified by an employer or the nurse themselves.

Table 7 shows complaints and notifications received in each of the past five quarters. Over the past four quarters (i.e. the past 12 months) **368** notifications or complaints were received by the Council, representing **0.5% of nurses with APCs** at December 31, 2023. Of these, 30% were initiated by employers, 27% by the nurse themselves, 21% by health consumers, their advocates, or members of the public, 9% by colleagues of the nurse, and 13% from other sources.

Table 7: Fitness to practise complaints and notifications, by quarter

	Dec 2022	Mar 2023	Jun 2023	Sep 2023	Dec 2023
Complaints/ Notifications received	80	71	99	99	99
As a percentage of nurses with APCs	0.1%	0.1%	0.1%	0.1%	0.1%

The Council’s fitness to practise processes are described in detail on our website and in our Annual Report. Grounds for complaints and notifications include competence concerns, code of conduct actions, and the health status of a nurse affecting their fitness to practise.

⁹ Nurse Practitioner registration is approved for a specific area of health, such as child health or Primary Health Care. When working outside this defined area, a Nurse Practitioner effectively has the same scope as a Registered Nurse.

