

Quarterly Data Report

March 2026



Introduction

Welcome to Te Kaunihera Tapuhi o Aotearoa | Nursing Council of New Zealand's quarterly data report for sector and professional stakeholders. These quarterly reports are released after each deadline for renewal of annual practising certificates (APCs).

This report relates to the quarter from **1 January to 31 March 2026**.

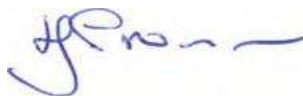
The tables and figures in this report are based on administrative data collected by the Nursing Council as it carries out its usual functions. They have not undergone extensive cleaning, and annual reviews or more specialised presentations of data may contain slightly different numbers. In such cases,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

The report includes some contextual information and notes on how to interpret the data. At the end of the report, we provide 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 represent.

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



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This quarter's figures at a glance

	Previous quarter
Total number of nurses with APCs: 81,447	82,377
↓ Total number of nurses joining the register this quarter: 670	2,616*
↓ Number of IQNs joining the register this quarter: 660	800
↓ IQNs as a percentage of all nurses with an APC: 43.5%	43.8%
↑ Nurses with prescribing rights: 3,004	2,725
↓ Complaints/notifications received this quarter: 102	106

*A large cohort of New Zealand qualified nurses joined the register in the previous quarter following the November State Final Examination.

Number of practising nurses

At the end of the last quarter there were **81,447** nurses holding annual practising certificates (APCs). This compares to **85,462** nurses at the same time last year, a decrease of 4,015 nurses, or 5%. Of these nurses, 2,501 are enrolled nurses, 77,932 are registered nurses and 1,014 are nurse practitioners.

Our analysis indicates that around 14% of nurses with APCs are not actively working in New Zealand. Some may be between jobs, studying, or taking sick or parental leave, while some may be practising overseas. Many internationally qualified nurses 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.

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

Table 1: Nurses with an APC at end of quarter

Scope of practice	March 2025	June 2025	September 2025	December 2025	March 2026
Enrolled nurse	2,459	2,446	2,553	2,526	2,501
Registered nurse	82,106	80,719	78,982	78,877	77,932
Nurse practitioner	897	910	913	974	1,014
Total	85,462	84,075	82,448	82,377	81,447

Numbers fluctuate during the year. The number of nurses with an APC increases when new nurses are registered and apply for their first APC, or when nurses who are already registered but don't have a current APC, apply for a new APC. 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 (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 (aligned with their birth date). The quarters in the table 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 March 2026.

New Zealand and internationally qualified nurses

A New Zealand qualified nurse (NZQN) is defined as a nurse who completed their nursing qualification in New Zealand and joined the register after passing the State Final Examination, while an internationally qualified nurse (IQN) is defined as a nurse who completed their nursing qualification in any other country. A nurse born in another country who joined the register after passing the State Final Examination is considered a New Zealand qualified nurse rather than an IQN. Conversely, a New Zealand-born nurse whose nursing qualification was gained in another 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.

New Zealand qualified nurses

At the end of the last quarter there were **46,024** NZQNs holding APCs. This compares to **45,644** at the same time last year, an increase of 380 nurses, or 1%. Of these NZQNs, 43,034 were registered nurses, 2,240 were enrolled nurses, and 750 were nurse practitioners. NZQNs comprise 56.5% of all nurses with APCs – 55% of registered nurses, 90% of enrolled nurses, and 74% of nurse practitioners.

Table 2 shows the total number of NZQNs holding APCs at the end of each quarter, by scope of practice. It also shows the percentage of all nurses with APCs at that time that were NZQNs.

Table 2: New Zealand qualified nurses with an APC, by quarter

Scope of practice	March 2025	June 2025	September 2025	December 2025	March 2026
Enrolled nurse	2,213	2,182	2,277	2,270	2,240
Registered nurse	42,766	42,460	42,585	43,266	43,034
Nurse practitioner	665	678	681	725	750
Total nurses	45,644	45,320	45,543	46,261	46,024
Percentage of nurses with APCs	53.4%	53.9%	55.2%	56.2%	56.5%

Internationally qualified nurses

At the end of the last quarter there were **35,423** IQNs holding APCs. This compares to **39,818** at the same time last year, a decrease of 4,395 nurses, or 11%. Of these IQNs, 34,898 were registered nurses, 261 were enrolled nurses, and 264 were nurse practitioners. IQNs comprise 43.5% of all nurses with APCs – 45% of registered nurses, 10% of enrolled nurses, and 26% of nurse practitioners.

Table 3 shows the total number of IQNs holding APCs at the end of each quarter, by scope of practice. It also shows the percentage of all nurses with APCs at that time that were IQNs.



Table 3: Internationally qualified nurses with an APC, by quarter

Scope of practice	March 2025	June 2025	September 2025	December 2025	March 2026
Enrolled nurse	246	264	276	256	261
Registered nurse	39,340	38,259	36,397	35,611	34,898
Nurse practitioner	232	232	232	249	264
Total nurses	39,818	38,755	36,905	36,116	35,423
Percentage of nurses with APCs	46.6%	46.1%	44.8%	43.8%	43.5%

New nurses joining the register

In the last quarter **670** new nurses joined the New Zealand register of nurses. This represents a significant reduction compared to the **1,809** nurses who joined the register in the same quarter last year.

The last quarter saw 17 new enrolled nurses and 653 new registered nurses join the register. Of all new nurses, 1% were NZQNs and 99% were IQNs.¹ Of the new IQNs, 57% were registered after completing a competence assessment, 29% were directly registered without being required to complete a competence assessment (some with conditions on their practice), and 15% were registered under the Trans-Tasman Mutual Recognition Act 1997 (TTMR Act).²

The tables below show the number of new nurses who joined the register each quarter, by scope of practice and by category (NZQN or IQN).

In the last four quarters, **5,995** new nurses joined the register:

- 430 (7%) were enrolled nurses and 5,565 (93%) were registered nurses.
- 2,703 (45%) were NZQNs and 3,292 (55%) were IQNs
- 342 (6%) identified as Māori (97% of those were NZQN and 3% were IQN)
- 314 (5%) identified with one or more Pacific ethnicities (86% of those were NZQN and 14% were IQN).

Table 4: Number of nurses joining the register each quarter, by scope of practice³

Scope of practice	March 2025	June 2025	September 2025	December 2025	March 2026
Enrolled nurse	21	63	227	123	17
Registered nurse	1,788	1,287	1,134	2,491	653
Total	1,809	1,350	1,361	2,614	670

¹ IQNs join the register throughout the year whereas NZQNs only join after passing the State Final Examination. The largest cohorts of NZQNs generally sit the exam in July and November and are added to the register in August and December.

² The Trans-Tasman Mutual Recognition Act 1997 has provisions for reciprocal registration between New Zealand and Australia. Nurses with current registration in Australia may apply for registration with the Nursing Council of New Zealand under the terms of this Act.

³ Table 4 only includes nurses who joined the register; it does not include nurses already on the register who did not have a current APC and renewed it that quarter so they could return to practice.



Table 5: Number of nurses joining the register each quarter, by category⁴

Category	March 2025	June 2025	September 2025	December 2025	March 2026	
IQN	After a competence assessment ⁵	801	622	297	535	373
	Direct registration ⁶	927	482	274	188	191
	Under TTMR ⁷	70	76	81	77	96
	Total IQN	1,798	1,180	652	800	660
NZQN	11	170	709	1,816	10	
Total	1,809	1,350	1,361	2,616	670	

New IQNs join the register throughout the year, but new NZQNs can only join once they've passed the State Final Examination. This accounts for the sporadic nature of NZQNs joining the register. The largest cohorts of NZQNs sit their State Final Examination in July and November and join the register in the following months.

The global nursing workforce is highly mobile, and new IQNs join the register after practising in a wide range of countries and regions. Table 6 shows the 'current' (i.e. most recent) country or region of registration of IQNs who joined the register in the last five quarters. In the last quarter, the **Middle East** was the most common region of current registration, with 21% of IQNs that gained registration in the quarter being registered there most recently.

Table 6: Current country or region of registration of newly registered IQNs, by quarter

Country or region	March 2025	June 2025	September 2025	December 2024	March 2026
Australia	69	76	82	77	96
India	286	221	88	177	107
Ireland	105	50	30	17	12
Middle Eastern Countries	365	279	108	212	136
Pacific Countries	32	13	12	20	20
Philippines	67	49	33	59	44
Singapore	87	36	35	19	21
United Kingdom	565	301	150	111	121
USA and Canada	184	117	79	64	75
Other Countries	38	38	35	44	28
Total	1,798	1,180	652	800	660

⁴ Table 5 only includes nurses who joined the register; it does not include nurses already on the register who did not have a current APC and renewed it that quarter so they could return to practice.

⁵ 'After a competence assessment' refers to IQNs required to complete an assessment of competence prior to registration. Registrants in this category who applied prior to 04 December 2023 were required to complete a Competence Assessment Programme (CAP). Registrants in this category who applied from 04 December 2023 onwards were required to follow the Council's new competence assessment process, by completing a theoretical examination (online) and an Objective Structured Clinical Examination (OSCE).

⁶ 'Direct registration' refers to IQNs who were not required to complete an assessment of competence before registering.

⁷ 'Under TTMR' refers to Australian-registered nurses who have joined the New Zealand register under the terms of the Trans-Tasman Mutual Recognition Act 1997.

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 registered in Qatar. The Council's workforce statistics series of reports include information on where IQNs gained their initial nursing qualification.

Nurse practitioners

Nurse practitioners are registered nurses who have advanced education and clinical training and have gained the nurse practitioner scope of practice after completing the Nursing Council's application process.⁸ They have the demonstrated competence and legal authority to practise beyond the level of a registered nurse. Nurse practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.

Table 7 presents the number of nurses gaining the nurse practitioner scope in each quarter.

Table 7: New nurse practitioners each quarter, by category⁹

Category	March 2025	June 2025	September 2025	December 2025	March 2026
NZQN	29	17	5	46	30
IQN	13	2	1	17	14
Total	42	19	6	63	44

Nurses with prescribing rights

At the end of the last quarter there were **3,004** nurses with some form of prescribing rights. This compares to **2,494** at the same time last year, an increase of 510 nurses, or 20%. Of these nurses, 1,014 were nurse practitioners, 1,634 were registered nurses with limited prescribing rights, 336 were registered nurses who were only able to prescribe the emergency contraceptive pill, and 20 were registered nurses who had authorisation to supply Hepatitis C medication.

Table 8 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 3.7% of all nurses with an APC at the end of the last quarter: all nurse practitioners, and 2.6% of registered nurses. This compares to 2.8% of all nurses with an APC and 1.9% of registered nurses at the same time last year.

⁸ Nurses who hold an endorsement as a nurse practitioner in Australia may also be eligible to have this recognised and added to their Nursing Council registration under the terms of the Trans-Tasman Mutual Recognition Act 1997.

⁹ NZQN or IQN category is determined by the qualification leading to initial registration in New Zealand. A nurse who completed their initial qualification overseas and then completed an additional qualification in New Zealand to achieve the nurse practitioner scope is still considered an IQN.

Table 8: Nurses with prescribing rights, by quarter

	March 2025	June 2025	September 2025	December 2025	March 2026
Nurse practitioner	897	910	913	974	1,014
RN prescriber – primary health and specialty teams	664	655	711	735	808
RN prescriber – community health	613	656	689	765	783
RN prescriber – diabetes	43	43	42	42	43
RN prescriber – emergency contraceptive pill	234	213	199	191	336 ¹⁰
RN prescriber – Hepatitis C	17	17	17	18	20
Total	2,468	2,494	2,571	2,725	3,004

All nurse practitioners are authorised prescribers, while registered nurse prescribers have completed advanced education and work in contexts that allow them some prescribing rights. Registered nurse prescribers fall into the groups described below.

1. Primary health and specialty teams – experienced nurses that have completed a postgraduate diploma, and work in collaborative teams. They can prescribe pharmacy-only and general sale items, and from a limited list of medicines for common and long-term conditions.
2. Community health – registered nurses who have completed an approved education programme. They can prescribe pharmacy-only and general sale items, and a more 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.
3. Diabetes – registered nurses who prescribe in diabetes health can 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.
4. Emergency contraceptive pill – registered nurses who practise 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. All nurse practitioners and the nurse prescribers mentioned above can also prescribe the ECP.
5. Hepatitis C – registered nurses who practise within the area of Hepatitis C screening and treatment may apply for authorisation to supply Hepatitis C medication. This does not grant any other prescribing rights.

¹⁰ A change in reporting criteria has contributed to the increase in the number of emergency contraceptive pill prescribers in the March 2026 quarter.



Fitness to practise processes

Over the last quarter the Nursing Council received **102** complaints and/or notifications about nurses. This represents **0.1% of nurses with APCs** at 31 March 2026. A large proportion of these (39%) were notified by an employer or the nurse themselves. In the same quarter last year, the Council received 114 complaints, which also represented 0.1% of nurses with APCs at that time.

Table 9 shows the total complaints and notifications received in each quarter, and the percentage of nurses with an APC this represents. In the last four quarters, the Council received **437** notifications or complaints, representing **0.5% of nurses with APCs** at 31 March 2026. Of these, 32% were initiated by employers, 22% by the nurse themselves, 21% by health consumers, their advocates or members of the public, 13% by colleagues of the nurse, and 13% from other sources.¹¹

Table 9: Fitness to practise complaints and notifications, by quarter

	March 2025	June 2025	September 2025	December 2025	March 2026
Complaints/ notifications received	114	116	113	106	102
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 its website and in its 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.

¹¹ Percentages may not total 100 due to rounding.

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 possess¹²
- 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. While providing this data is voluntary, around 95% of nurses choose to provide information. The data collected includes:

- the geographic location a nurse mainly practises in
- what area of nursing they practise in (e.g. primary health care, emergency and trauma, nursing education)
- what type of employer they work for (e.g. Health New Zealand | 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. Workforce data does, however, provide a broad picture of where nurses are working, what they are doing, and how this changes over time.

¹² 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 master's degree, can be included but are not required.



The Nursing Council also collects additional information for specific purposes. For example, nursing education providers 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 80,000 nurses currently 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.¹³

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.¹⁴ Recent analysis of annual workforce data suggests that approximately 14% 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](#).

¹³ The particular APC renewal point for a given nurse is determined by their birthday.

¹⁴ We allow nurses a short grace period during which they can renew their APC without practising in Aotearoa NZ.

