



DECEMBER 2017

forum

Kia ora

It's usual at the end of the year to take some time to reflect on everything that has happened over the past twelve months - to celebrate achievements and to highlight those things that remain a work in progress. We are going to do that, but we begin this edition of Forum by reflecting back 40 years to the introduction of the Contraception, Sterilisation and Abortion Act - the legislation which governed our abortion services then and which governs them still today.

Late in the year, the opportunity presented for us to co-author a legislative note on the case for abortion law reform for the inaugural issue of The New Zealand Women's Law Journal — Te Aho Kawe Kaupapa Ture a ngā Wāhine. We are delighted that it was accepted for publication. We are grateful to Auckland lawyer Erica Burke for her support in writing the note and to the journal's editorial team for choosing to publish the note. You can read it below - and you can purchase your own copy of the journal too.

We've made some changes internally to better reflect and support the collaboration between our clinical and health promotion services. This collaboration will be crucial to us achieving the outcomes in our strategic framework and to achieving our vision of Whakamanahia: Equity. Access. Choice. A key part of the change was the establishment of a National Health Promotion Advisor role - like our Medical and Nursing Advisors, this is a

specialist role with a focus on best practice. We're delighted in this issue of *Forum* to introduce you to Amanda Hargreaves, our new Health Promotion Advisor.

Our 2017 AGM was held at National Office on 1 December and it was great to see some of you there to acknowledge and celebrate the work done over the past year. It was lovely to catch up with some familiar faces and meet some newer members. I hope to see more of you again next year.

Thank you all for your support in 2017. I wish you all happy holidays and a good start to the new year - we'll be back in touch in 2018.

Ngā mihi,



Jackie Edmond
Chief Executive



Contraception, Sterilisation and Abortion Act - no change since 1977

On 16 December the [Contraception, Sterilisation, and Abortion Act 1977](#) turns 40. Our National Medical Advisor Dr Christine Roke celebrated 40 years with Family Planning this year - meaning her career with us coincides precisely with the legislation. During her presentation to this year's Annual General Meeting, Dr Roke offered her insights into working within the current legislation.

"The Contraception, Sterilisation and Abortion Act in 1977 formalised systems around contraceptive and sterilisation services, and set in place a structure for providing abortion services," she says. "Before the Act, the only legislation were the grounds for an abortion which sat, as they still do,

within the Crimes Act."

Dr Roke says a change in 1990 repealed the section of the Act which had restricted who could educate and provide services and supplies. This has been the only substantive change to the legislation across the four decades and consequently, the legislation is no longer fit for purpose.

From a clinical perspective, Dr Roke says the Act was written for a time when surgical abortion was the only option for women to access. For instance, the requirement for premises to be licensed and for medication to be given only within these premises. This directly impacts on clinical practice where women are required to take the medication to end the pregnancy at the clinic - rather than being able to choose the time and place that would be most comfortable for them.

Just as the Act has not kept up with the science, nor has it kept pace with changes in society. The growing emphasis on personal autonomy was not something that the Act's drafters considered.

Dr Roke says, "The enactment of the Act was a big step forward but it is largely unchanged since then. This has become a problem for abortion as the law restricts the way that medical abortions (which were not an option when the legislation was drafted) can be offered and is unnecessarily complicated (and expensive and demeaning for the woman) by requiring two certifying consultants to approve abortions."

Contraception

Contraceptively speaking, Dr Roke says the availability and popularity of long acting reversible contraception (LARCs) such as implants, intra uterine devices and intra uterine systems is the most striking change since 1977. While there are other contributing factors, the increase in the use of these LARCs is recognised internationally to have significantly contributed to lower teen pregnancy and abortion rates.

While most LARCs are now available to women at no cost other than clinic

visits, the Mirena is only available free to women who meet strict criteria around anaemia and heavy bleeding. It is not subsidised as contraception. This is the change that Dr Roke says she would most like to see occur before her Family Planning career comes to an end.

A PHARMAC committee is considering submissions, including one from Family Planning, to fully subsidise Mirena as a contraceptive. There is no date as yet for a decision to be made.



New Zealand Women's Law Journal Te Aho Kawe Kaupapa Ture a ngā Wāhine

New Zealand Women's Law Journal collaboration

The case for abortion law reform features in the inaugural edition of the [New Zealand Women's Law Journal](#). In fact there are two pieces in this landmark first journal have which have an abortion focus. The journal's first edition was published in late November.

We were thrilled to contribute to a legislative note on the case for abortion law reform which was accepted for publication. Our Chief Executive co-authored the article with Auckland lawyer Erica Burke. Read the opening paragraph below.

"Abortion laws in New Zealand are in need of reform. The current legislative regime imposes conditions on access to abortions that are unnecessarily restrictive. The legislative regime does not recognise women's autonomy over their bodies, requiring those seeking access to abortion services to jump through a series of hoops that diminish their control."

[You can download the journal and read the full article here.](#) The journal is also available for purchase through the same link.

Nurse Prescribing - a success

With the approval of nurse prescribing in November 2016, many of our nurses have been working toward becoming Registered Nurse Prescribers in Community Health.

We are delighted to confirm that all 22 nurses within the Registered Nurse Prescribing pilot programme have achieved their prescribing tickets. This is very exciting news for those nurses, their supervisors and for Family Planning. A big congratulations to all the nurses involved.

This would not have been possible without the tireless work and enthusiasm of our National Nurse Advisor, Rose Stewart (pictured). Rose has advocated for nurses' expanded practice for a number of years, and role modelled this change herself, becoming our first nurse prescriber in January 2017.

Rose is also our first nurse to achieve this standard without being a Nurse Practitioner. She is officially Registered Nurse Prescriber in Primary Health and Specialty Teams, a designated prescriber role.

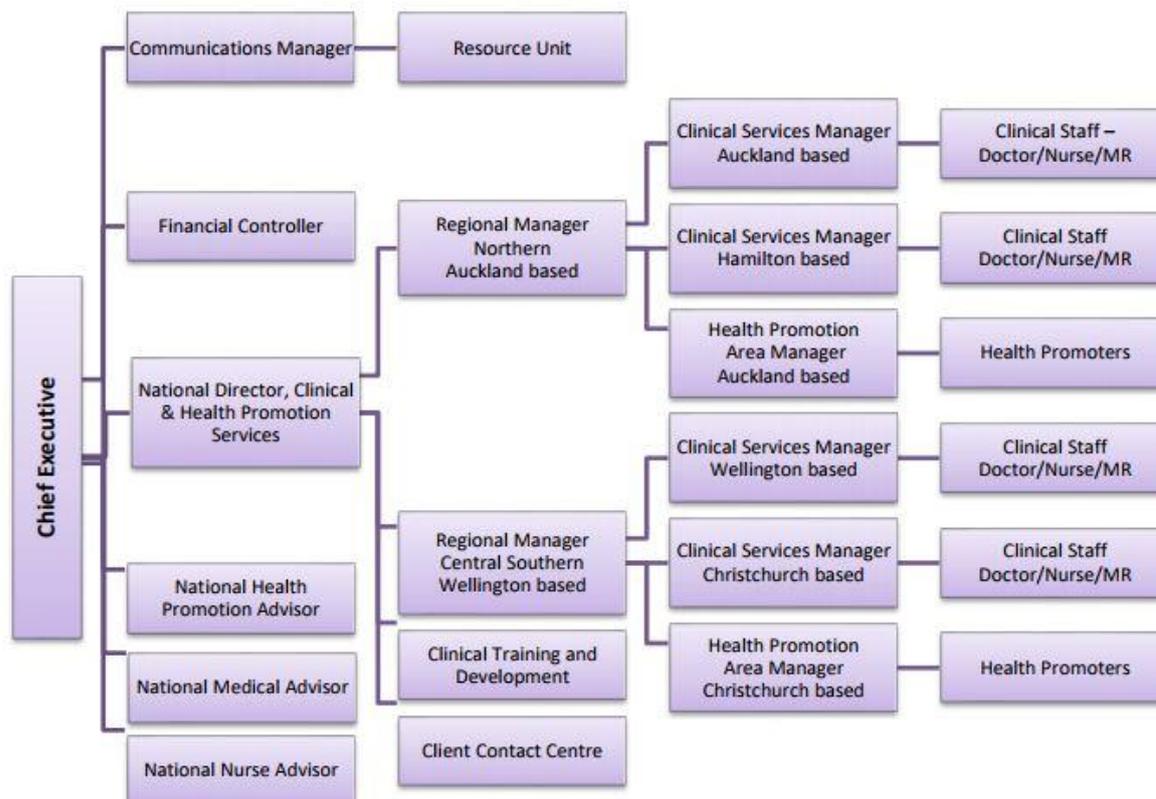


New organisational structure

In July this year, we changed the structure of the organisation. The purpose of this change was to implement a management structure that better reflects and supports collaboration and communication across our different services. We also want to ensure we have a structure that will support us best to achieve our new Strategic Framework.

With that in mind, we made the decision to merge our clinical and health promotion services and have them report to one national director. Kirsty Walsh, previously Director Clinic Services, has taken on the new role of Director, Clinical and Health Promotion Services.

We have also consolidated our previous four regions into two.



The combined structure of these services is supported by two Regional Managers (Northern/Midland and Central/Southern), two Health Promotion Area Managers and four Clinical Services Managers.

Another key part of the change was to establish the new role of National Health Promotion Advisor. This role fulfils a similar to the National Medical and National Nurse Advisor roles and is focussed on ensuring we are working to best practice across our health promotion practice, professional development and resource development. You can meet our new Advisor in the next story below.

New National Health Promotion Advisor appointed

Amanda Hargreaves joined us on Monday 6 November as our new National Health Promotion Advisor.



Amanda has a strong background in education, resource development and health.

She is passionate about sexuality and relationship education, health promotion, and supporting positive health outcomes for young people and their whānau.

Her most recent role was working as a Health Education Consultant and Learning Partner for the Cognition Education Group. She was the principal writer for the review and development of new content for Sexuality Education and Relationship Education for the Ministry of Education.

“It’s wonderful to be working for an organisation that aligns with my beliefs about sexual and reproductive health and education. Supporting our Health Promoters to be super effective and more amazing than they already are is important to me. I’m looking forward to finding synergies for clinical and health promotion to work together to enhance capabilities and to learn from each other. Everything I’ve worked on so far has meaning for our priority groups and I’m loving it!”

New education guidelines

The [Ministry of Education released new guidelines](#) last month to help school leaders and teachers look at how they can create a positive learning environment for LGBTQI students. They have made a number of [resources available](#) to help create a good environment. We're thrilled that some of our resources are included.



We are doing a lot of work throughout our organisation to ensure it's an inviting place for LGBTQI people. This can be as simple as using inclusive language on our website, or displaying a rainbow poster in our clinic waiting rooms. These are small changes but we are hopeful they will make a big difference for our LGBTQI clients.

We know that LGBTQI people are less likely to ask for help when they need it, have a higher risk of mental health issues, and can feel less of a sense of belonging at school - so these guidelines are a good step toward a more positive experience for LGBTQI communities.

[Read more about the guidelines here.](#)

AGM

We held our 2017 AGM at our national office in Wellington on 1 December. Thank you to everyone who attended - it was lovely to catch up with some of you and share our achievements over the past financial year.

We would particularly like to thank Dr Christine Roke for her presentation on 40 years of Family Planning. It was a fascinating insight into her varied career and we appreciate her sharing it with us. For those of you who want to view a copy of her slides, please [get in touch](#).

Two council members stood down at the AGM having completed the two terms as allowed for in our constitution. We are grateful to Nicole Rosie and Chris Nichol for the contribution they've made to our governance since 2011.

Council membership as at AGM 2017: Andreas Prager (president), Dr Pauline Horrill (deputy president), Carol Bellette, Madeleine Hawkesby, Dr Jacky Percy, Dr Lilian Fraser, Maira Haimona, Elizabeth McLean, Te Kāhui Tapsell. Dr Tammy Steeves remains on Council as immediate past president.

At meetings this year, Council has reviewed the nature of its patronage arrangements after being gently reminded by Dame Silvia Cartwright that every patronage has a lifespan. We have written to Dame Silvia Cartwright who has been our patron since 2002, and thanked her for service while confirming that we will not be inviting her to renew her patronage of the organisation.



Following on from Dame Silvia's significant contribution across the past 15 years – Council wants to ensure that like every other aspect of the organisation, we ensure that our patronage is best suited to the direction we want to take the organisation and reflects the best of Aotearoa New Zealand in 2018 and beyond.

We expect to be able to advise members of our final decision in mid-2018.

Deaths

We are sad to report to recent deaths of two long-standing Family Planners.

Dr Ruth Black died in late November. She was a contemporary of Family Planning icon Dr Alice Bush and was heavily involved in the campaign to have our clinicians recognised by the Medical Association. Dr Black was awarded a CBE in the 1986 Queen's Birthday Honours for services to Family Planning and Women's Health. She passed away in Auckland in late November.

Joy Martin was a long serving nurse at our Wellington Clinic. She passed away in Wellington in early December in her 90th year.

Our condolences to the families of Ruth and Joy.

