



**Hauora
Taiwhenua**
Rural Health
Network

Pūrongo A-Tau **Annual Report** 2025



25



Kia tipu matomato ngā hapori i Aotearoa
Healthy and thriving rural communities
in Aotearoa New Zealand

Karakia

Whakataka te hau ki te uru
Whakataka te hau ki te tonga
Kia mākinakina ki uta
Kia mātaratara ki tai
E hī ake ana te atākura
He tio, he huka, he hau hū
Tihēi mauri ora.

Cease the winds from the West
Cease the winds from the South
Let the breezes blow over the land
Let the breezes blow over the ocean
Let the red-tipped dawn come
With a sharpened air, a touch of frost,
a promise of a glorious day.



Welcome from Network Kaumātua

Tēnā ra koutou,

Kei te mihi ki a koutou katoa e awhi me te tautoko ngā whānau e noho taiwhenua ai i Aotearoa.

As a new Board member and the new Kaumātua to Hauora Taiwhenua Rural Health Network it gives me great pleasure to provide the opening greeting and words for the 2024-2025 Annual Report.

I would be remiss if I didn't mihi to Koro Bill Nathan and Whaea Donas Nathan for leading the organisation culturally and also for their significant contribution over the past 15 years. Koro Bill has left huge boots for me to fill.

I acknowledge each and every one of you working at the coal face within the far-flung rural communities in which you serve. Despite the difficulties, you just like during the pandemic, go way beyond what could be considered fair and reasonable to provide health services to those in need in your regions.

The past 12 months have been testing not because of COVID-19 but because of a slowing economy and Health New Zealand's enforced belt tightening. This has caused longer contract renewal times, staffing shortages and increased the pressure in primary, secondary and tertiary health services nationwide. The current Government has signalled a move to privatise healthcare which will disadvantage low-income whānau and people on fixed incomes. The coalition Government's push to amend the Pae Ora legislation to remove an equitable approach to health, in favour of one size fits all, will impact Māori health outcomes which, given the large rural Māori population will further impact rural based health services.

Many services face an uncertain future given the funding changes and challenges. GP shortages resulting in many practices having to close their books and the move to Telehealth and the associated inequitable funding arrangements are adding even more stress to a health system that is near to breaking point.

While this appears bleak, know that Hauora Taiwhenua Rural Health Network and Te Rōpū Ārahi the Māori advisory committee are working tirelessly to lobby the Government and Te Whatu Ora – Health New Zealand on behalf of health providers in New Zealand's rural communities.



Nāku noa, nā

Peter Jackson

Chair, Te Rōpū Ārahi

Kaumātua, Hauora Taiwhenua

Ngā Uaratanga

Our Values

***Kia tipu matomato ngā
hapori i Aotearoa***

***Healthy and thriving
rural communities in
Aotearoa New Zealand***

Ngā Uaratanga

Manaakitanga
Wairuatanga
Kotahitanga
Rangatiratanga

Our Values

Generosity
Spirituality
Togetherness
Leadership



Manaakitanga / Generosity

We will acknowledge the mana of others, and express that through aroha, hospitality, generosity and mutual respect. Through this we will bring the best out of each other and our Network.



Wairuatanga / Spirituality

We will recognise and acknowledge the values and beliefs of each other, those we work with, and our guests no matter where we meet or gather.



Kotahitanga / Togetherness

We will work collaboratively to enhance our collective rural voice, and move in unity to bring our vision to life.



Rangatiratanga / Leadership

We will strive to show qualities of rangatiratanga through selflessness, humility, and diplomacy.
We will lead by example through genuine commitment, integrity and honesty; tika, pono and aroha.



Rārangi Upoko Contents

*In this year's Annual Report
we celebrate and put the
spotlight on our Rural
Hospitals Chapter.*

*Heading and accent
colours throughout this
year's report are in the
Chapter's brand blue.*



**Rural Hospitals / Te Whare
Taumata o Ngā Hōhipere
Taiwhenua**

Te Pūrongo o Te Kaiwhakahaere Matua a Te Tumu Whakarae Report of the Chair and Chief Executive	6
Ko Wai Tātou Who We Are	8
Ngā Taumata Our Chapters	10
Chapter Spotlight: Rural Hospitals Chapter	11
Tō Tātou Rautaki Our Strategy	12
Goal 1: Workforce Support	13
Ngā Hua o Te Tau Our Key Achievements	18
Goal 2: Services to Members	20
National Rural Health Conference 2025	22
21st WONCA World Rural Health Conference	24
Awards	26
Goal 3: United Voice	28
Goal 4: Te Tiriti o Waitangi	32
Auditor's Report	34
Statement of Service Performance Report	35
Tauākī Pūtea Financial Statements	42

Te Pūrongo o Te Kaiwhakahaere Matua a Te Tumu Whakarae

Report of the Chair and Chief Executive



The story of rural health in Aotearoa this past year has been one of resilience, change, and community spirit.

At Hauora Taiwhenua, we have been reminded time and again that while rural health can be a tough environment to work in, it is also one of the most rewarding. Our people — rural healthcare teams across general practice, rural hospitals, and communities — continue to bring passion and determination to the work of making healthcare equitable for all rural New Zealanders. Yet, the need for informed and persistent advocacy remains as strong as ever, with marked inequities continuing across the system, particularly for rural Māori.

It has been a year of mixed emotions. We have celebrated milestones and have contributed meaningfully to national conversations on funding, training, and service delivery. At the same time, we have mourned the loss of one of our most respected leaders, faced the withdrawal of funding for key programmes, and seen critical workforce shortages continue to place immense pressure on already stretched rural practices.

Through it all, Hauora Taiwhenua has stood alongside its members, advocating at the highest levels of government, promoting research and evidence, as well as creating spaces for rural voices to be heard. This report reflects on the year that was and looks with determination towards the future.

In 2024, we sadly lost our Deputy Chair, Rhoena Davis, whose leadership and mentoring shaped Hauora Taiwhenua in immeasurable ways. Rhoena was more than a colleague; she was a fierce advocate for rural health equity, particularly for Māori, and a guiding force for so many of us. Her passing has left a void but also a responsibility: to continue her mission with the same courage and commitment she showed every day.

At our 2024 AGM, Fiona was reappointed as Chair of the Board, and we welcomed two new Board Members — Angela Blunt and Bill Eschenbach — who replaced longstanding members Ray Anton and Wilson Mitchell. We also welcomed Mikaela Bohnenn as our new student representative on the Board. There were also changes in Te Rōpū Ārahi with Peter Jackson, coming on as Kaumātua, and Margaret Broodkoorn becoming the Chair, with new members Tania Kemp, Jennie Bell, Tania Chamberlain, and Sonya Smith also joining.

This year, we also acknowledged the remarkable service of long-standing Te Rōpū Ārahi members Rev. Bill Nathan and Whaea Kim Gosman, who stepped back from their roles. They have been part of the very foundations of our organisation, and we thank them deeply for their wisdom and commitment. Rev. Bill was celebrated across Aotearoa, being awarded the Companion of the New Zealand Order of Merit (CNZM) for his services to Māori and rural health leadership. His influence on Hauora Taiwhenua, both as a cultural

mentor and as a champion of equity, has been profound, and it was a privilege to see his contribution recognised nationally. In addition, we would like to give special thanks to Matua Russell Riki, who as Kaumātua to the Chair, has played a crucial part in Fiona's ability to perform her role.

To all those who participate in our Council as Chairs of Chapters — thank you. You are the rudder of our waka, and we cannot function or effectively steer without you. Our advocacy voice is only as strong as these connections.

One of the more difficult moments of the year came when Health New Zealand confirmed it would no longer fund the Rural Health Careers Promotion Programme beyond 2025, arguing that the return on investment was too low. For us, and for the communities we serve, this was a deeply disappointing decision. The programme has inspired countless young people to see a future for themselves in rural health careers and has planted the seeds for a more sustainable workforce.

Although the loss of government support is a setback, Hauora Taiwhenua has not stepped away from this kaupapa. We are actively exploring new funding pathways and partnerships to ensure that rural rangatahi continue to be encouraged and supported into health professions. After all, the best chance of keeping health workers in rural areas is to grow them there.

Despite our advocacy, Budget 2025 brought little recognition of rural training or service needs. While Health New Zealand's operating budget increased by 7.4%, no specific rural initiatives were included, and there was no progress on the Waikato Medical School or on rural training hubs — both crucial to building long-term workforce solutions. Rural communities cannot afford to be left out of national investments, and we continue to push hard for capitation reweighting and workforce retention strategies that reflect rural realities.

This year, we released the Stocktake of Rural General Practice, a comprehensive and sobering look at the state of primary care in rural areas. The findings were stark: services are in decline, driven by workforce shortages and chronic underfunding, and there is currently a shortfall of around 130 rural GPs nationwide. This data provides hard evidence of what rural communities already know — that without urgent intervention, the gap in access to care will only widen.

As part of increasing access to rural practices to both IMGs and NZ graduate doctors in training, we have been working with both the Medical Council and the RNZCGP to adopt more contemporary models of supervision that include remote/virtual options in rural areas. We

are arguing for a risk-based approach where virtual supervision can be incorporated into a supervision plan and will not place the patient, trainee or practice at heightened risk. This work is being done in close collaboration with the Rural GP Chapter and the Rural Chapter of the College. There is significant international evidence that remote supervision can be done effectively with no added risk. We look forward to making more progress on this in 2026.

We also published Rural Health Equity Through Principles of Considered Design, a framework for rural proofing designed to guide government agencies in making rural-responsive decisions. The document emphasises that equity is not an afterthought — it must be built into the design of policy and service delivery from the outset.

Our involvement in the Rural Funding Review has been another crucial piece of work, mapping the unique costs of rural practice and developing proposals for reform. Progress has already been made through our advocacy at the PSAAP table, where we opposed the government's limited 4% capitation increase but secured a rural-specific funding variation. This change allows practices to raise co-payments where needed and begin addressing the extra pressures they face. A broader discussion paper on a new rural funding approach is expected in 2025, and Hauora Taiwhenua will continue to ensure rural voices shape it.

On 24 March 2025, the Rural Māori Health Summit was hosted at Pipitea Marae. It was a moving and energising gathering, where leaders from across the motu came together to discuss progress on Pae Tū: Hauora Māori Strategy and the Rural Health Strategy. Minister Doocey (Minister for Rural Health) called for ten practical rural health priorities.

Out of this kōrero came a commitment to a nationwide Ministerial Roadshow, beginning in Levin and extending to eleven more rural venues. Hauora Taiwhenua has played a central role in organising and facilitating these events, ensuring rural voices are heard directly by Ministers and officials. Acting as MC for the roadshow has given us a unique opportunity to amplify community perspectives — turning local challenges into practical solutions.

Our National Rural Health Conference 2025 in Christchurch was another highlight. It was our largest turnout ever, bringing together clinicians, researchers, policymakers, and community representatives. With powerful keynote addresses and strong sponsor support, the conference was a reminder of the collective strength and diversity of the rural health sector.

The announcement that New Zealand will host the 21st WONCA World Rural Health Conference in 2026 was a particularly exciting milestone. To be held alongside our own National Rural Health Conference in Wellington, this will be the first time our country has hosted WONCA. It will put Aotearoa on the world stage and give us the opportunity to highlight both our challenges and our innovations in rural health — at a crucial time when the review of the Rural Health Strategy is due and an election is approaching.

Reform has remained a constant backdrop throughout the year, and Hauora Taiwhenua has worked hard to ensure rural needs are not overlooked. The Rural Unplanned and Urgent Care (RUUC) redesign has been a central focus, with prototype sites now being trialled. Hauora Taiwhenua played an instrumental role in shaping this policy, with the Government investing \$164 million in urgent and after-hours care, aiming to deliver 24/7 on-call coverage to seventy rural communities. While Health New Zealand's report has yet to be released publicly, Hauora Taiwhenua's involvement has been strong, and we are proud that our own Marie has been seconded to help lead implementation.

Partnerships have been key to innovation this year. Working with Spark Health and Hato Hone St John, we have advanced the use of telehealth and emergency connectivity. PRIME providers are now connected to the Public Safety Network, and new digital tools are already reducing unnecessary hospital transfers by enabling real-time diagnosis and advice. For patients and clinicians alike, this has the potential to transform how care is delivered in isolated communities.

Our advocacy continues to span multiple fronts. We made submissions on regulatory standards, aeromedical services, the Treaty of Waitangi Bill principles, the Suicide Prevention Action Plan 2025–2029, and Hauora Māori initiatives. These submissions are not simply paperwork; they are the voice of rural New Zealand formally placed on the record.

The renewal of the NZLocums contract has been a bright spot. Despite global recruitment challenges, NZLocums has not only met but exceeded its targets, continuing to provide a free and vital service to rural practices across the country. For many communities, having a locum arrive at just the right time has meant the difference between keeping a clinic open or closing its doors.

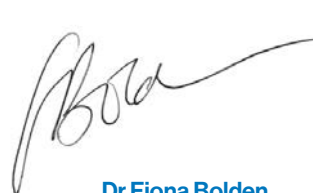
We were proud to host the Rural Health and Wellbeing Hub once again at Fieldays in Mystery Creek. The hub created a welcoming space where rural people could connect with health services and information, with the highlight being a lively Q&A session with Ministers Doocey and Patterson. These conversations, held in the heart of rural life, reflect what Hauora Taiwhenua is all about — bringing decision-makers face-to-face with the people their decisions affect.

As we look back on 2024/25, we see a year of contrasts. We have experienced grief and disappointment, but we have also seen our community come together with strength and vision. We have lost leaders, but we have also celebrated their achievements. We have faced setbacks in funding yet pushed ahead with advocacy and innovation.

The coming year will not be without challenges, but Hauora Taiwhenua remains committed to the kaupapa of rural health equity. Our priorities are clear: fair funding, sustainable workforce pathways, and rural-responsive policies. With the support of our members, partners, and communities, we will ensure that the voice of rural Aotearoa remains strong, respected, and impossible to ignore — as we move ever closer to our vision of healthy rural communities.

Thanks again to our committed staff, Board, Council and members who have all done exceptional work in achieving our vision of thriving healthy rural communities.

Nāku iti noa, nā,



Dr Fiona Bolden
Chair



Dr Grant Davidson
Chief Executive

Ko Wai Tātou Who We Are

Tō Tātou Kaimahi | Our Staff

Dr Grant Davidson | Chief Executive

Randal Benito | Manager, Rural Hospitals Locum Service

Jane Booth | General Manager Communications and Business Development

Denise Brennock | General Manager Finance

Ingrid Busby | General Manager Membership Services

Marie Daly | General Manager Advocacy

Robyn Fell | Operations Manager

Dr Jeremy Webber | Clinical Director Rural Health

Ashley Darbyshire | Business Support Officer

Amanda Ellore | Relationship Manager

Samantha Hill | Rural Health Careers Programme Coordinator

Emily Murray-Ragg | Rural Health Careers Programme Coordinator

Sajan Patel | Communications Coordinator

NZLocums & NZMedJobs Team

Luke Baddington | General Manager Workforce Recruitment

Jenny Butt | Senior Relationship Manager

Debra Wilson | Relationship Manager

John Ferguson | Relationship Manager

David Davenport-Brown | Relationship Manager – NZMedJobs

Jason Ng | Recruitment Coordinator

Connor Owen | Recruitment and Marketing Coordinator

Tō Tātou Poari | Our Board

Dr Fiona Bolden | Chair
 Angela Blunt | Board Member
 Margareth Broodkoorn | Board Member
 Mark Eager | Board Member
 Bill Eschenbach | Board Member
 Peter Jackson | Board Member/Kaumātua
 Debi Lawry | Board Member
 Mikaela Bohnenn | Student Board Representative

Te Rōpū Ārahi

Margareth Broodkoorn | Chair
 Peter Jackson | Deputy Chair
 Russell Riki | Kaumātua to Board Chair
 Jennie Bell
 Tania Kemp
 Hemaima Reihana-Tait
 Jason Tuhoe
 Sonya Smith
 Janise Eketone
 Tania Chamberlain

Tō Tātou Kaunihera | Our Council

Sarah Walker | Rural Scientific, Technical and Allied Health
 Jane George | Rural Scientific, Technical and Allied Health
 Jen Thomas | Rural Hospitals
 Robin Rutter-Baumann | Rural Hospitals
 Emma Dillon | Rural Nurses NZ
 Shawna Stephens | Rural Nurses NZ
 Angel Harbers | Students of Rural Health Aotearoa
 Shrina Patel | Students of Rural Health Aotearoa
 Grahame Jelley | Rural General Practice
 Gemma Hutton | Rural General Practice
 Kimai Cure | Rural Midwifery and Maternity
 Robyn McDougal | Rural Midwifery and Maternity
 Tania Chamberlain | Te Whare Taumata o Whānau Whānui
 Gill Genet | Rural Communities Aotearoa
 Craig Young | Rural Communities Aotearoa
 Deborah Rhodes | Rural Health Research and Education
 Jesse Whitehead | Rural Health Research and Education



Ngā Taumata | Our Chapters

The nine Chapters of Hauora Taiwhenua remain critical to ensuring that our 'united rural voice' reflects the diversity of rural health professionals and the communities they serve. Each Chapter continues to strengthen our membership base, create opportunities for connection, and link members directly into our advocacy and sector engagement work.

Over the past year:

The Rural Hospital Chapter continues to host regular Whole-of-Chapter meetings with the Health NZ Rural Health Commissioning team, ensuring progress on the Rural Hospital Sustainability Project. The Chapter also released new video profiles showcasing innovation and resilience in rural hospitals, while continuing to support NGOs advocating for equitable funding alongside Te Whatu Ora counterparts, demonstrating the strength of collective rural advocacy.

Whānau Whānui led the inaugural Rural Māori Health Summit, bringing Māori health professionals, leaders, and whānau together in wānanga. The event amplified Māori voices, advanced kaupapa Māori solutions, and strengthened cross-rohe connections to address equity, workforce, and service delivery challenges.

Students of Rural Health Aotearoa Chapter continues to thrive as a national student network championing rural health. Members engaged rangatahi through the Rural Health Careers Programme and led the Health and Wellbeing Hub at Mystery Creek Fielddays, reaching thousands while fostering peer support and leadership.

Rural Health Research and Education Chapter hosted a Research and Education Day at the National Rural Health Conference, showcasing rural research and innovations in teaching. The event connected students, academics, and clinicians to strengthen the research pipeline and embed evidence into practice.

Rural Midwifery and Maternity Chapter partnered with the University of Otago and the New Zealand College of Midwives to pilot a Point of Care Basic Early Pregnancy Ultrasound workshop for rural midwives. Ten midwives from across Aotearoa trained to reduce barriers rural whānau face in accessing scans, advancing equitable, midwife-led maternity care.

Rural Nurses NZ Chapter hosted a webinar highlighting rural nursing leadership, with guest speaker Megan Yates showcasing how Rural Nurse Specialists are delivering confident, community-based orthopaedic care through limb radiography, sharing her journey, challenges, and real-world case studies.

Rural General Practice Chapter supported the Kinetik Wellbeing project, helping connect rural practices and communities with innovative home-use health devices, strengthening access to care and embedding practical solutions into everyday rural health.

Rural Scientific, Technical and Allied Health Chapter has launched a webinar series tailored for the technical, scientific and allied health workforce working in rural communities across Aotearoa. This series is designed to shine a spotlight on the vital roles these professions provide in our health system, providing a space to share expertise, innovation, and experiences specific to rural settings.

Rural Communities Aotearoa Chapter representatives attended Local Government meetings, where Bill Eschenbach and Mark Eager connected with district leaders to share Hauora Taiwhenua's work in strengthening rural health services.



**Hauora
Taiwhenua**
Rural Health
Network

Students of Rural Health
Aotearoa / Te Whare Taumata o
Ngā Tauria Taiwhenua o Aotearoa



**Hauora
Taiwhenua**
Rural Health
Network

Rural Hospitals / Te Whare
Taumata o Ngā Hōhipere
Taiwhenua



**Hauora
Taiwhenua**
Rural Health
Network

Rural Communities Aotearoa /
Te Whare Taumata o Ngā
Hapori Taiwhenua o Aotearoa



**Hauora
Taiwhenua**
Rural Health
Network

Rural Health Research
and Education / Te Whare
Taumata o te Mātauranga
Taiwhenua



**Hauora
Taiwhenua**
Rural Health
Network

Rural General Practice /
Te Whare Taumata o Ngā
Tākutatanga Taiwhenua



**Hauora
Taiwhenua**
Rural Health
Network

Rural Midwifery and Maternity /
Te Whare Taumata o Ngā
Kaiwhakawhānau me te Whare
Kōhanga Taiwhenua



**Hauora
Taiwhenua**
Rural Health
Network

Te Whare Taumata o
Whānau Whānui



**Hauora
Taiwhenua**
Rural Health
Network

Rural Scientific, Technical
and Allied Health / Te Whare
Taumata o te Mātauranga
Pūtaiao Hangarau



**Hauora
Taiwhenua**
Rural Health
Network

Rural Nurses NZ / Te Whare
Taumata o Ngā Nēhi
Taiwhenua o Aotearoa

Chapter Spotlight: Rural Hospitals



Rural Hospitals / Te Whare
Taumata o Ngā Hōhipere
Taiwhenua

The Rural Hospitals Chapter's purpose is to strengthen collaboration, raise visibility, and champion the unique needs of rural hospitals across Aotearoa New Zealand. Rural hospitals are so much more than buildings and beds from which care is provided. For our communities they are a focal point, a tangible demonstration of manaaki and give reassurance that they and their family's wellbeing matters. Members of the Chapter are deeply invested in ensuring sustainable and equitable provision of rural hospital care. "Manaaki whenua, manaaki tāngata, haere whakamua" (care for the land, care for the people, move forward) is a whakatauki which nicely sums up what we try to achieve and reminds us that place and people are foundational to success.

The Chapter brings together NGO and iwi-owned hospitals with the rural hospitals of Health NZ | Te Whatu Ora to collaborate about solutions to the challenges each hospital faces. Common themes are infrastructure, workforce sustainability, provision of round the clock services and financial constraints. Usually, chapter meetings are very practical solution focussed sessions, but other times it is just knowing 'you're not alone' that makes a difference.

The Chapter has built a good relationship with the Health NZ Rural Health Commissioning team and has made significant contributions to their continued work on the Rural Hospital Sustainability Project. This last year a series of Whole-of-Chapter meetings with the Rural Health team were a vital space for updates and dialogue, ensuring teams within rural hospitals were connected and informed. These meetings remain the only national forum that brings the full rural hospital sector together, enabling a collective voice on critical issues.

The Chapter also made strong strides in profiling rural hospitals and now have six videos featuring hospitals from Southland to the Far North. Feedback on these has been overwhelmingly positive, with the videos now being used widely, from Ministerial briefings and the Manatū Hauora teams to recruitment campaigns for rural hospital locums and even RNZCGP programmes to inspire medical students. By showcasing the diversity, innovation, and resilience of rural hospitals, the Chapter is helping shift perceptions and highlight their essential role in the health system. Jump onto <https://htrhn.org.nz> and search under videos – it is inspiring to see the mahi that is out there.

Adapting to workforce pressures and ongoing travel constraints, the Chapter successfully ran an online annual Rural Hospitals Summit in October 2024. The innovative "Soap Box" session gave



rural hospitals from across the motu the opportunity to share their successes, challenges, and innovations in care delivery. The session captured the energy, creativity, and commitment that define the rural hospital sector.

Travel costs for face-to-face meetings disproportionately impact rural health workers, who often have days of travel to attend events which urban colleagues can take the bus to. While we are increasingly accustomed to virtual meetings the best human connections are made in person. At National Rural Health Conference 2025, in Christchurch, the Chapter hosted a well-attended Hui. One of the topics discussed was the value of Physician Associates. Karl Metzler of Gore Health has been working with Physician Associates for some time now and shared his insights into the introduction of the role within Gore Hospital. This generated strong interest and sparked robust discussion among members about new models of care, workforce innovation, and how such roles could support the sustainability of rural hospitals nationwide.

The year has demonstrated the Chapter's ability to connect, innovate, and influence. The Chapter continues to support NGOs advocating for equitable funding, alongside their Te Whatu Ora health counterparts. Alongside many in the sector we continue to amplify the voices of patients and advocate for sustainable services and equitable healthcare outcomes for rural communities.

Looking ahead, the Rural Hospitals Chapter welcomes all members to join its meetings and initiatives, ensuring every hospital, large or small, is represented in shaping the future of rural health in Aotearoa.

Ngā mihi nui

Jen Thomas and Robin Rutter-Baumann

Chapter Chair and Deputy Chair

Overview of Board Strategy

The Board continues to play a critical governance role in guiding the organisation toward its strategic vision, as set by the Council and implemented by the CEO and Senior Management Team. In February 2024, the Board held a strategic hui, where we developed a strategic grid to ensure our vision remains closely aligned with our actions. This tool is now used at every Board meeting to review progress and refine direction.

Our overarching purpose is to enable the organisation to realise its vision of healthy and thriving rural communities. To support this, the Board continues to monitor and review five key success factors that underpin our strategic approach:

- ▶ **Healthy Finances:** *Ensuring financial stability and growth.*
- ▶ **Healthy People:** *Building a sustainable and skilled organisation at all levels.*
- ▶ **Healthy Membership:** *Fostering an engaged, diverse membership united by a shared purpose.*
- ▶ **Healthy Relationships:** *Strengthening connections with stakeholders.*
- ▶ **Healthy Advocacy:** *Representing the diversity of the rural sector with a solutions-focused approach.*

For each of these areas, we identify strategic priorities, set clear goals, define key activities, and assign responsibilities and timelines. Many of these initiatives are reflected in the achievements of the Senior Management Team, particularly in maintaining financial stability, which remains closely tied to our external contracts.

The Board operates at a strategic “flight level” of over 50,000 feet, focusing on high-level governance, while the Council engages more directly with the membership at a slightly lower

level. This layered approach ensures a dynamic flow of ideas and support across the organisation.

Looking ahead, we continue to embed these strategic concepts throughout all levels of Hauora Taiwhenua. This alignment strengthens our adaptability and responsiveness in an ever-changing environment, an essential foundation for the future of rural communities.

Dr Fiona Bolden - Chair



Goal 1: Workforce Support

Outcome: Provide workforce support to rural health organisations who are in need of help, while also delivering initiatives that grow our future health and wellbeing workforce with Aotearoa New Zealand

NZLocums Achievements

The past year has been marked by significant achievements and ongoing challenges for the NZLocums & NZMedJobs team. International competition for General Practitioners (GPs) remains intense, with other countries increasingly targeting our traditional recruitment markets in the United Kingdom, Europe, and North America. Despite these pressures, our team has remained committed and proactive, surpassing targets set by our Rural Recruitment and Locum Support (RRLS) contract.

Our team exceeded the RRLS contract targets, securing 106 long-term and permanent placements, significantly above our goal of 70 for the financial year. Additionally, we exceeded expectations within our locum support service, filling 93% (134 out of 144) of locum requests—well above our 80% target. These achievements are particularly notable given the ongoing shortage of GPs and nurse practitioners both domestically and internationally. We have also maintained our robust partnership with the International Recruitment Centre (IRC) and further expanded our Rural Hospital Locum Service (RHLS).



Above: Relationship Managers Amanda Ellore (RHLS) and Debra Wilson visited a practice in Queenstown as part of their trip around Central Otago.

Collaboration with Te Whatu Ora

Our collaboration with Health New Zealand's International Recruitment Centre (IRC) has continued to strengthen, benefiting both parties considerably. This year we successfully placed a candidate referred by the IRC and referred approximately 139 hospital doctors to their service, resulting in eight confirmed placements into specialist hospital roles. This partnership highlights our crucial role in supporting the broader healthcare recruitment landscape across New Zealand, a responsibility we are proud to uphold.

International Marketing Campaign

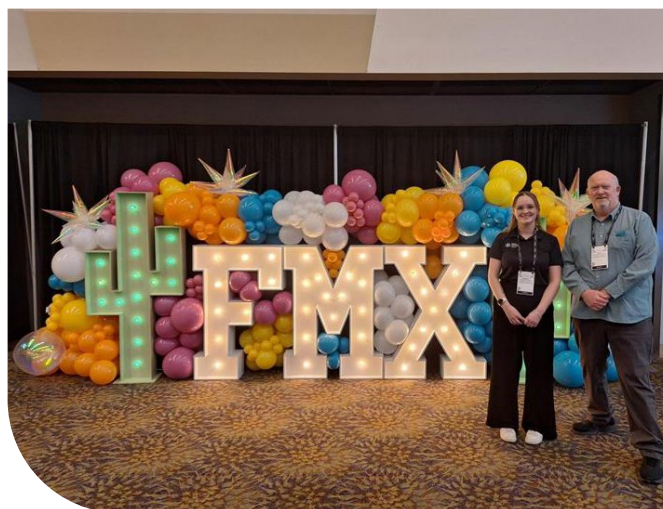
In September 2024, we launched our international marketing campaign, "New Life, New Adventure, New Zealand," primarily focusing on North America and the United Kingdom. The campaign has been highly successful, generating 322 leads. We anticipate converting a number of these leads into placements in the upcoming financial year and beyond.

*Goal 1: Workforce Support cont.***Connecting with Our People**

Engaging actively with rural health providers remains central to our strategy. Over the past year, our team visited rural general practices and hospitals in regions including Whanganui, Waikato, Northland, Southern, South Canterbury, Wairarapa, Mid Central, Canterbury, Taranaki, and Marlborough. These visits facilitated essential dialogue regarding workforce challenges, funding, and regional healthcare needs.

Our participation in national conferences in Rotorua and Christchurch also provided valuable opportunities for direct engagement with healthcare professionals across various sectors, enhancing our understanding of their needs and reinforcing our commitment to supporting rural healthcare in Aotearoa.

Attending 9 conferences across Aotearoa New Zealand and internationally keeps our brand visible and our story strong.



Above: Relationship Managers Amanda Ellorey and David Davenport-Brown at FMX 2024 Conference in Phoenix, Arizona.



Above: Relationship Manager John Ferguson and GM Workforce Luke Baddington at GPCME 2025 in Rotorua.

International Conferences

Our participation as the sole international recruitment agency at the Rural & Remote Medicine conference in Winnipeg, Canada, in April 2025, generated significant interest, with approximately 200 leads. We also attended The Primary Care Show in Birmingham, England, in May 2025, gaining an additional 90 leads. Both conferences provided excellent opportunities for meaningful conversations with healthcare professionals. Our attendance underscores our commitment to international outreach, helping us position New Zealand as a desirable destination for healthcare professionals seeking new opportunities.

Rural Hospital Locum Service

The Rural Hospital Locum Service (RHLS) has made excellent progress, effectively placing locum doctors in rural hospitals throughout New Zealand. This essential, no-cost service supports rural hospitals in maintaining continuity of care, and it significantly contributes to recruitment and retention efforts.

Our Performance

Rural Recruitment Service (Long-term Placements)

We assist eligible rural health providers with recruitment of long-term and permanent Rural General Practitioners and Nurse Practitioners.

**PLACEMENT TARGET
2024/25**



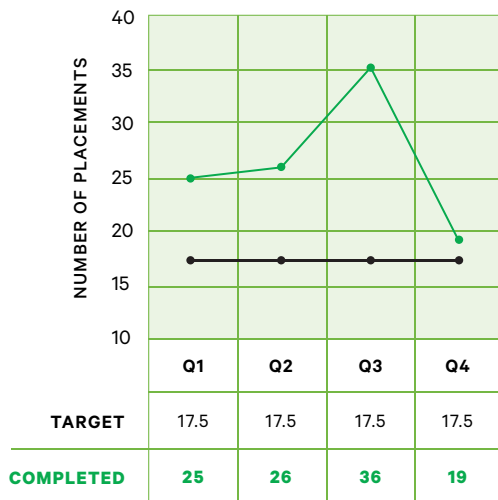
70

**PLACEMENTS MADE
2024/25**



106

Long-term Placements



151% OF ANNUAL TARGET DELIVERED

Rural Locum Support Service (Locum Support Placements)

We ensure that eligible providers can access up to two weeks locum relief per 1.0 FTE, per annum.

**PLACEMENT TARGET
2024/25**



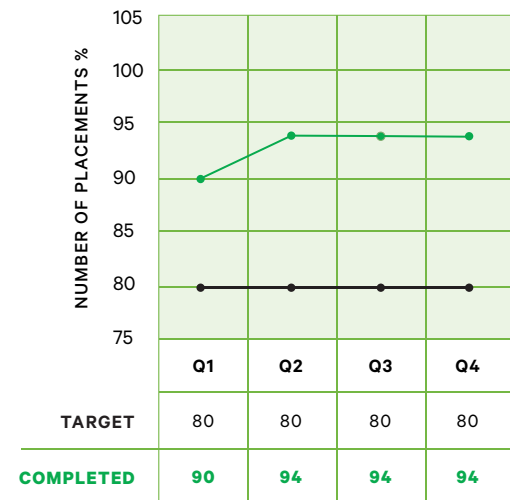
80%

**PLACEMENTS MADE
2024/25**



93%

Locum Support Placements



13% ABOVE ANNUAL TARGET DELIVERED

Rural Hospital Locum Service



**SHORT-TERM LOCUM
PLACEMENTS – 48**

Practice & Hospital Visits



**NUMBER OF
PRACTICE VISITS – 47**

**NUMBER OF
HOSPITAL VISITS – 21**

Grow our rural health workforce from within the heart of rural New Zealand



Rural Health Careers Promotion Programme

The Rural Health Careers Promotion Programme (RHCPP), delivered in partnership with Students of Rural Health Aotearoa (SoRHA), continues to be a cornerstone of our efforts to grow and sustain a thriving rural health workforce.

While our Health New Zealand funding contract concluded on 31 December 2024 and was not renewed, we are proud to have continued this vital programme in 2025 thanks to the generous support of the following Primary Health Organisations (PHOs): Health Hawke's Bay, Mahitahi, Marlborough Primary Health, Nelson Bays, Pinnacle Midlands, South Canterbury, THINK Hauora, Waitaha, West Coast and Western Bay of Plenty. Their commitment has enabled us to deliver a reduced but impactful programme across Aotearoa.

Rural Secondary School Visits

In the 2024-2025 year, tertiary student volunteers visited 83 rural schools across all 15 regions of Aotearoa New Zealand, engaging with Year 9–13 students through interactive workshops designed to inspire and inform them about careers in health. These visits remain at the heart of the RHCPP, offering secondary students a chance to connect with relatable role models and explore pathways into health professions.

Each visit was supported by a survey to gather feedback. Of the 362 responses received, 45% of students indicated that the RHCPP had encouraged them to pursue a health career, while 40% remained undecided, highlighting the programme's influence and the importance of continued engagement.

"Visiting kura kaupapa in rural areas has been an incredibly rewarding experience, highlighting the vital role of outreach programmes in promoting health professions among rural communities. Engaging with students in these schools has not only allowed us to share knowledge about rural health but also to inspire the next generation to consider careers in dentistry and other health fields. We are empowering these youth to see health professions as a pathway to improving the well-being of their whānau and communities."

- AKUIRA WHAANGA, Dentistry student and volunteer for the 2024 Rural School Visits.



Cultural Immersion and Noho Marae

We held noho marae experiences in Whāingaroa/Raglan, Harataunga/Kennedy Bay, and Kāwhia, attended by 47 tertiary students. These immersive experiences deepened students' understanding of Māori culture, with practical exposure to tikanga, te reo Māori, manaakitanga, whanaungatanga, and rongoā Māori. Our kaumātua Bill Nathan, RHCPP Coordinator, and SoRHA Co-Chair provided cultural and pastoral support throughout.

We also delivered a full te reo Māori rural school visit on the East Coast, where Māori tertiary students presented to four kura kaupapa and wharekura, further strengthening our commitment to culturally responsive outreach.

Engagement and Promotion

Three new promotional videos were produced, spotlighting a Speech Language Therapist from Alexandra, a Hato Hone St John EMT from Hokitika, and two Psychologists. These videos, along with our webinar recordings, are now available on the Hauora Taiwhenua website and YouTube Channel.

To extend our reach, we hosted 11 webinars for Year 12 and 13 students, with 238 registrants and over 250 additional views on YouTube. These sessions featured tertiary students sharing their journeys, study tips, and insights into health careers, followed by interactive Q&A segments. Feedback from students, teachers, and whānau was overwhelmingly positive, with many praising the clarity, relatability, and value of the information shared.

Equity and Representation

We remain committed to promoting health careers among Māori and Pasifika students. In the 2024-25 year, 25% of our tertiary student volunteers identified as Māori or Pasifika. All school presentations included information on scholarships, pathways, and support services tailored to these communities. Volunteers were encouraged to incorporate te reo Māori and use the Tātai Whetū App to build confidence in cultural protocols.



In 2024/2025 we:

 **12**
rural school visit tours


 **83**
rural schools visited

 **2**
Noho Marae visits

 **47**
Noho Marae participants

 **3**
Promotional Health Videos produced

 **23**
Medical Practices/ professionals visited

 Estimated **3000+**
school students reached

Watch one
of our Rural
Health Career
Videos here



Scan the QR Code

Ngā Hua o Te Tau

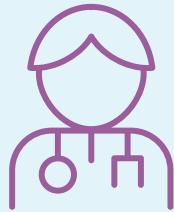
Our Key Achievements

2024 – 2025 Financial Year

178



Organisation
Members



216

Individual
Members

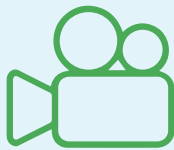
493

Named
Individual
Members



15

Media
Pitches



12

Videos



759

Media Mentions



21

Rural
Hospitals
Visited

323

Downloads of
Tātai Whetū



7

Webinars
Hosted



2

Noho
Marae

Rural Schools



12

Rural School
Tours



83

Rural Schools
Visited



3000+

Rural School
Students Reached



47

Rural Practices
Visited

48



International Doctors
Attended Orientation



106

Long-term
Placements

5



Submissions to
Government



1

Mystery Creek Fieldays
Health and Wellbeing Hub

Goal 2: Services to Members

Outcome: Provide services to members so they feel informed, listened to, supported, and networked with peers

Hauora Taiwhenua has continued to strengthen and expand the services we provide to our members, focusing on meaningful engagement, professional support, and practical benefits.

Membership has grown this year, with Named Individual Members increasing from 334 to 493, and Organisation Members increasing from 167 to 178. There has been a slight drop in Individual Members decreasing from 233 to 216. Chapter membership numbers also grew, with an average increase of 38.46%, demonstrating the ongoing relevance and appeal of the Network across the rural communities.

We introduced a new membership offering in partnership with Medical Financial Advisory Services (MFAS), providing members with professional financial planning and advice. MFAS has over three decades of experience supporting health care professionals nationwide, from Kaitia to Bluff.

Member Engagement

To support members in navigating our digital tools, we created a comprehensive portal training video and held several live training sessions. These sessions helped members access the membership portal efficiently, providing practical guidance on using resources, managing their profiles, and staying connected with the Network.

We hosted seven webinars covering a range of topics relevant to rural health. These online sessions provided opportunities for learning, professional development, and discussion, allowing members from across the country to connect and share knowledge without the barriers of distance.

Our Mentorship Programme is gradually expanding, pairing experienced members with those newer to the field. By fostering these connections, we aim to support professional

Pictured below: Students Quinton Percy, Rebekah Kenny, Geraldine Atchico and Allison Yalong at NHRC 2025.



growth, share knowledge, and build a collaborative community that strengthens rural health practice and sustainability.

Member satisfaction remains a priority. We achieved an overall satisfaction rating of 87.5% with the membership model, surpassing our target of 85% and reflecting a 7.11% increase from the previous year. Members consistently praised our responsiveness, support, and value. One member noted:

“The turnaround time for responsiveness is immaculate and each response is informative. The customer service is also very lovely, and the team goes above and beyond in answering queries or concerns.”

Looking Forward

This year's achievements reflect our commitment to providing services that make a tangible difference to members' professional and personal lives. Through the expansion of benefits, strong engagement initiatives, and continued growth, Hauora Taiwhenua is helping rural health professionals feel supported and connected.

We thank all our members for their ongoing participation and trust. Your engagement ensures Hauora Taiwhenua can continue to advocate for rural health and deliver services that matter across Aotearoa New Zealand.



216

Individual Members

493

Named Individual Members

178

Organisation Members

View our
membership
benefits here:



Scan the QR Code

CASE STUDY

2024/25 MEMBERSHIP SATISFACTION SURVEY

Our 2024/25 Membership Satisfaction Survey has provided valuable feedback from members, helping us to understand what is working well and where we can continue to improve.

Overall satisfaction with the Membership Programme has risen to 87.5%, a 7.11% increase on last year's 80.39% and above our target of 85%. Members continue to value their membership, with 87.6% satisfied with our responsiveness to enquiries. One respondent noted, “The turnaround time for responsiveness is immaculate and each response is informative. The customer service is also very lovely, and the team goes above and beyond in answering queries or concerns.”

Communication remains a strong area. Our monthly newsletter is particularly well received, with members highlighting its rural focus and relevance. At the same time, our efforts to strengthen social media engagement are showing positive results, with a 27% increase in members finding posts consistently relevant. However, many members indicated a preference for direct communication through email and newsletters.

The Member's Portal remains an area for improvement. While it was developed in response to member feedback, 61.73% of respondents reported they had not used it, and satisfaction

among users was lower than in other areas at 76.8%. This signals the need to better promote its purpose and benefits. Members also reinforced the importance of connection and inclusivity across the rural health workforce. As one reflected, “Keep working on trying to bring together the diversity of health professionals in rural health... The challenge is building that relevance across the wider sector to build a sense of community, solidarity and comradeship based on the commonality of ‘rural’ rather than the differences of discipline.”

These insights are vital in guiding our work. In the coming year we will continue to grow member benefits, expand our mentorship and professional development opportunities, and ensure our communications remain timely, transparent, and impactful.



87.5% ↑7.11%

Overall satisfaction with the Membership Programme



87.6%

Satisfied with our responsiveness to enquiries

National Rural Health Conference 2025



The National Rural Health Conference is the annual flagship event for Hauora Taiwhenua Rural Health Network Members and the wider rural health sector. Conference 2025 was held at Te Pae, Christchurch. Weather bombs, budget restraints, and stretched rural workforces did not make a dent in the energy and enthusiasm for the conference.

Te Pae was buzzing for 3 days with workshops, chapter meetings, lightning talks, keynote speakers and a broad range of presentations. The team at Conference Innovators delivered an exceptional conference with exhibitors and attendees commenting on the quality of the conference catering, customer service and programme management. Once again, our conference exceeded all targets with a record number of attendees and presenters, a sold-out exhibition hall and Awards Dinner where five awards for excellence were presented.

The four conference themes of Equity – moving towards health equity; Leadership – development/sustainability/rangatiratanga; Technology – we can use it so much more in rural areas; Resilient Communities – climate change/sustainability/environment; and Grow the workforce - workshops: clinical, business and personal skills provided the basis for a well-rounded programme.

Without our sponsors, Spark Health, Indici, Fonterra, Mobile Health, Otago Community Trust, Ka Ora and Academic Consulting, the conference wouldn't have been possible. With their support we were able to continue to offer a quality conference at accessible prices but most importantly the support from the rural health sector made our conference a record-breaking success. The sector's continued energy and commitment to creating healthy and thriving rural communities is what drives us to deliver more at each conference.

Delegates	Presenters	Keynote Speakers	Lightning Talks	Concurrent Sessions	Workshops	Awards Presented
553	82	9	5	58	4	5





21st WONCA World Rural Health Conference

Hauora Taiwhenua Rural Health Network will host the 21st WONCA (World Organisation of Family Doctors) World Rural Health Conference in 2026.

In September Hauora Taiwhenua won the bid to host the bi-annual global rural health conference, 21st WONCA World Rural Health Conference. Approached by Business Events Wellington at our 2024 conference, we were encouraged to bid for the international conference with support from Business Events Wellington and Tourism New Zealand.

The successful conference bid was led by Hauora Taiwhenua Rural Health Network, an Associate Member of WONCA, with support from its Te Tiriti partners Te Rōpū Ārahi. Effective advocacy from Business Events Wellington and Tourism New Zealand Business Events, and endorsement from the Royal New Zealand College of General Practitioners, General Practice New Zealand, the College of Nurses Aotearoa, the Mayor of Wellington and government ministries, led to a winning proposal.

Toby Beaglehole, Chief Executive of the Royal New Zealand College of General Practitioners said, "That as full members of WONCA, we were very happy to endorse Hauora Taiwhenua's bid to host the Rural WONCA 2026 Conference and believe that their dedication, expertise, and vision make them the ideal candidate for hosting this prestigious event here in Wellington."

Hauora Taiwhenua's bid was chosen over strong international competition, thanks to its focus on indigenous health frameworks, community-led health initiatives, and New Zealand's demonstrated commitment to rural health equity.

Fiona Bolden, Chairperson of Hauora Taiwhenua, says:

"Hosting Rural WONCA 2026 in Wellington provides an unparalleled platform to highlight the innovative and community-driven strategies we've developed to support rural and Indigenous health. We will be working closely with our rural Māori members and health colleagues to share our success stories and extend this opportunity to our rural health peers across the South Pacific and other first nations peoples around the world, to join these conversations and learning opportunities; it's about fostering global conversations that drive equity and inclusivity in healthcare systems worldwide."

The relevance of this conference to New Zealand has never been greater, Bolden says, with increasing recognition of health disparities and the urgent need for culturally responsive care. The country's commitment to Te Tiriti o Waitangi principles and the UN Sustainability Development Goals will provide robust conversations on shared learnings.

Wellington, New Zealand's vibrant capital, was selected for its dynamic blend of cultural diversity, strong health sector partnerships, and its status as the political and healthcare hub of the country.

Professor Alan Bruce Chater, Chair, Rural WONCA (WONCA Working Party on Rural Practice) tells us:

"Hosting the Rural Health Conference in New Zealand is a significant opportunity to enhance communication and networking among rural health professionals globally and importantly in New Zealand. With New Zealand coming into an election year and with Te Pae Rural Health Strategy in review the conference will be a valuable time to reset, foster collaborative thinking and share learnings".

This is the first time the global rural health conference for family doctors has been hosted by New Zealand, and we are very proud to be able to provide this unbeatable opportunity to our rural health community. The Conference runs from 10-13 April 2026, at Tākina, Wellington, New Zealand. The global conference expects to host 800 attendees, present local and global workshops, panel sessions, concurrent sessions, keynotes and WONCA meetings.



Above: Professor Alan Bruce Chater, Chair Rural WONCA, and Dr Fiona Bolden, Chair Hauora Taiwhenua at NRHC2025 in May.

Conference Theme

Why This Theme Matters to Rural Health in Aotearoa New Zealand

The theme “Whānau Ora: Integrating Mātauranga Māori, indigenous knowledge with rural health for a thriving future” speaks directly to the heart of rural health challenges and opportunities in Aotearoa. Rural communities often face barriers to accessing equitable healthcare, and Māori whānau are disproportionately affected. By embracing Mātauranga Māori—the rich body of Māori knowledge, values, and practices—we can create health systems that are not only more culturally responsive but also more holistic and community-driven.

The whakataukī “Nāku te rourou, nāu te rourou, ka ora ai te iwi” reinforces the idea that collaboration—between Western medical models and indigenous wisdom, between health professionals and communities—is essential for collective wellbeing. This theme encourages a future where rural health is not just about treating illness, but about nurturing resilience, identity, and connection.

Incorporating Whānau Ora principles ensures that health services are designed around the needs and aspirations of families, not just individuals. This approach is especially powerful in rural settings, where community ties are strong and solutions must be locally grounded.

Whānau Ora:
*Integrating Mātauranga
Māori, indigenous
knowledge with rural
health for a thriving future*

*Nāku te rourou nāu te
rourou, ka ora ai te iwi
With your basket
and my basket,
the people will thrive*



**21st WONCA
World Rural Health
Conference**
NEW ZEALAND



Conference Logo

For RuralWONCA we commissioned a new logo. The logo needed to meet the branding guidelines of WONCA and keep the representation of our National Rural Health Conference. We were pleased to work with Deb Panckhurst of QORA Health Branding once again.

The symbols main element of the two koru represents the gathering of members of the health sector from both the northern and southern hemispheres. Coming together over the land of Aotearoa to connect, learn and grow.

In the background we have symbolism of the New Zealand rural landscape. All combined together in a welcoming sphere/circle, which ties the logo in with HTRHN and WONCA circular logos.

Colours have been drawn from the WONCA brand guidelines, with some lighter blues and greens to add warmth and depth.



Awards - Honouring Rural

Peter Snow Memorial Award 2025

Gayle O'Duffy

Dr Gayle O'Duffy, a long-serving rural general practitioner based in Methven, was named the recipient of the 2025 Peter Snow Memorial Award.

For more than 20 years, Dr O'Duffy has been a central figure in rural health, providing steadfast care to her community with a deeply personal and connected approach. Her work reflects a commitment not only to individual patients but to the wellbeing of families and the broader community.

In addition to her clinical expertise, Dr O'Duffy is widely recognised for her contributions to rural medical education and mentorship. In a sector facing ongoing workforce challenges, her dedication to supporting and inspiring the next generation of rural health professionals is invaluable.

She is regarded as an exemplar of rural generalism - combining clinical excellence, strong community ties, and a quiet, consistent leadership style. Her influence is felt not through formal roles or titles, but through sustained action, service, and the trust she has built within her community.



Te Waka Kotahitanga

Rachel Pearce

Rachel Pearce of Health New Zealand – Te Whatu Ora was honoured with the Te Waka Kotahitanga Award, recognising her outstanding commitment to partnership and progress in rural health.

Te Waka Kotahitanga Award celebrates individuals who demonstrate exceptional leadership, unity, and commitment to partnership in rural health. Rachel is a true embodiment of those principles — someone who paddles in the waka with us, not from afar, but shoulder to shoulder.

A proud rural Australian now serving as Co-Director of Rural Health Commissioning in Aotearoa, she quickly earned the respect and trust of the sector by backing up words with action.

Rachel's approach is marked by deep listening, open collaboration, and decisive leadership. She consistently creates space for rural voices to be heard and ensures those voices influence real change within the health system. Her commitment to true partnership, particularly with Māori providers and communities, embodies the values at the heart of Te Waka Kotahitanga.

Hauora Taiwhenua Emerging Rural Researcher and Educator Award

India Manthel, Emerging Rural Researcher Award

India Manthel is a fifth-year medical student at the University of Otago, Christchurch (UOC), currently placed in Queenstown as part of the Rural Medical Immersion Programme.

Last summer, she completed a UOC Future Health Researcher scholarship in rural health. Based at Dunstan Hospital, her scholarship was the first in the FHR programme to be undertaken entirely by distance. The research aimed to explore the association of medical student rural background with rural practice outcomes in Aotearoa New Zealand and, consequently, inform future rural admission selection criteria for NZ medical schools to enhance NZ's rural workforce. The research is intended to be submitted for publication in 2025.



Matt Bell, Emerging Rural Educator Award

Since 2022, Dr Bell has served as a local coordinator and educator for the West Coast's Rural Medical Immersion Programme, based in Greymouth.

Matt ensures that every student placed under his care receives an outstanding educational experience. He has navigated a number of complex challenges in recent years, including the expansion of the RMIP programme on the West Coast, where he has successfully secured new placements in more rural and remote areas.

He works hard to accommodate the unique needs and interests of each student and actively supports his colleagues to do the same. His kindness, calm leadership, and deep passion for rural medicine has been fundamental to his students' success.



Mobile Health | Hauora Taiwhenua Rural Health Scholarship

Hauora Taiwhenua Rural Health Network continues to partner with Mobile Health to offer rural youth financial support in their pursuit of health studies through four annually awarded scholarships.

The scholarships (with at least one targeted at Māori or Pasifika students) are offered to rural youth entering their first year of full-time undergraduate study in nursing, medicine, or allied health related courses at any New Zealand University, Polytechnic, or Private Training Establishment.

The four recipients for the 2024 year were:



Kaia Silva from Hāwera, studying a Bachelor of Biomedical Science at University of Auckland



Lucas Hassall from Ruawai, studying First Year Health Science at Otago University



Adriana Savage from Geraldine studying a Bachelor of Nursing at Otago Polytechnic



Judy Heta from Kaitiaki studying First Year Health Science at Otago University

Hauora Taiwhenua Rural Student Research Scholarship Winners:



Shrina Patel 3rd Year Nursing Student at University of Auckland: Exploring Health Literacy Challenges and Solutions: Perspectives from Rural Healthcare Professionals in Aotearoa



Keita Fuller Health Science Student at Massey University: Exploring Mātauranga in rural sports and the potential for participation in enhancing the wellbeing of competitors, whānau and community in Aotearoa



Eamon Walsh Doctor of Medicine at University of Auckland: Investigating Social Deprivation and Spinal Epidural Abscess Mortality

Goal 3: United Voice

Hauora Taiwhenua continues to be recognised across government and the health sector as a trusted, united voice for rural health. This position allows us to advocate for both the needs of our members and, most importantly, the wider rural communities they serve.

In 2024-25, our advocacy efforts focused on improving the distribution of rural funding, influencing government policy, and ensuring that rural perspectives inform service design. Discussions on the PHO Services Agreement funding round concluded with all providers opposing the Government's initial 4% uplift. We successfully lobbied for an uplift in rural funding, with remaining discussions now focused on System Level Measures funding to improve childhood vaccination rates. We continue to participate actively in the Rural Funding Working Group to improve consistency, transparency, and targeting across PHOs, and will consult members once the 2025 funding approach is released.

Making submissions on Government policies and implementation plans was a core part of our advocacy. Our team contributed to the development of the Suicide Prevention Action Plan, the Hauora Māori Strategy, the Long-Term Initiatives Plan for Active Aging, and the Principles of the Treaty of Waitangi Bill. Submissions were developed collaboratively with members through webinars, draft review,



Above: Rural Scientific, Technical and Allied Health Chapter Chair, Jane George conversing at the Rural Māori Health Summit.

Below: Clinical Director Rural Health, Dr Jeremy Webber

and approval, ensuring they reflect rural realities. This collaborative process strengthens the relevance and quality of our submissions, enhancing our ability to advocate on behalf of all members. Notably, we made an oral submission to the Select Committee on the Treaty Bill and discussed



rural suicide prevention with the Minister for Mental Health and Rural Health, Hon Matt Doocey, highlighting the unique challenges faced by rural communities, particularly rural Māori.

We have been heavily involved in the Redesign of Rural Unplanned and Urgent Care (RUUC), engaging with prototype sites to test recommendations and identify opportunities to expand resources for rural general practice. Simultaneously, defining 'rural' for service design and commissioning was a key piece of work. Our working group produced a draft paper with Ten Principles to guide planners, funders, and implementers, distributed across Chapters for feedback. The final version includes two case studies and is tabled with the Council for noting and discussion.

The Rural Hospital Chapter continued to adapt to the pressures on clinical workloads and travel restrictions by holding an online 'Soap Box' session, allowing hospitals across Aotearoa to share innovations, successes, and challenges. Whole-of-Chapter meetings with Health NZ's Rural Team occur every six weeks, providing a vital forum for collaboration across NGO, Iwi-owned, and government hospitals and supporting the ongoing Rural Hospital Sustainability Project.

Reflections from Dr Jeremy Webber, Clinical Director Hauora Taiwhenua

Signing off from my term as Clinical Director I am reflecting on the resilience and dedication of our rural health community. In my role as Clinical Director, I've seen firsthand how PHOs, rural hospitals, and practices have adapted to meet evolving needs, often under immense pressure.

My key focus for 24-25 has been advocating for rural health workforce development. The Government's commitment to increasing medical graduates, particularly with a rural lens, is promising. Our challenge is to welcome, mentor, and support these future clinicians—an investment that requires time, energy, and resources. From early conversations around an Interprofessional School of Rural Health to the recent announcement of a third medical school, I remain committed to ensuring rural placements are prioritised.

Nationally, rural voices are being invited to contribute more meaningfully. Te Whatu Ora's Clinical Networks now include rural representation, and I've contributed to the Radiology network and recently interviewed for the Rural co-lead role. These opportunities strengthen Hauora Taiwhenua's platform and ensure rural perspectives are embedded in system-wide planning.

Dr Webber's highlights of the past year:

- Being part of the forming conversations and establishment of the Rural Health Strategy.
- Providing rural voice into 4 Advocacy Groups, 7 Clinical Advisory Groups, 3 Te Whatu Ora Clinical Networks, 2 Te Whatu Ora strategy working groups, and 6 Hauora Taiwhenua initiatives.
- Providing input into the Rural Hospital Locum Service proof of concept.
- Increasingly being a part of advisory groups, the number of which continue to grow as this government releases its priorities for health.
- Championing the presence of Te Ao Māori within Hauora Taiwhenua, its events and projects.
- Leading the incorporation of Cultural Safety into Australasian rural assessment for our Registrars.

Most importantly the ability to hold the role of Clinical Director, through the sponsorship of nine organisations allowed me to directly respond to Te Pae Tata in the establishment of regional and national networks being a key step in removing unwarranted variations in access to care, waiting times and clinical practice.

Our thanks to the following PHOs

Marlborough, Mobile Services, Nelson Bays Primary Health, Pegasus Health, Pinnacle Midlands Health Network, Think Hauora, Waitaha Primary Health, Well South, Western Bay of Plenty.

A highlight of the year was the National Rural Health Conference held in Christchurch. It was a valuable opportunity to reconnect kanohi ki te kanohi, refresh clinical skills, and absorb the energy and stories of our rural whānau. My involvement with the Royal New Zealand College of General Practitioners and the Division of Rural Hospital Medicine also continues to shape my perspective and practice.

Minister Doocey's Rural Health Roadshow

Building on the outcomes of Hauora Taiwhenua's Rural Māori Health Summit, where Ministers were challenged to visit 10 rural communities, Hauora Taiwhenua supported the Minister for Mental Health and Rural Health, Hon Matt Doocey, in his Rural Health Roadshow which started in Levin and went on to visit 13 centres. The Roadshow provided an opportunity for Minister Doocey and Minister Mark Patterson, (Minister for Rural Communities) to hear directly from rural communities and health professionals about local health care and how the Government can better support communities and people working in rural health.

The tour provided a platform to ensure the voices of rural communities and practitioners are heard and acted upon. We collaborated with the Minister's Office and Manatū Hauora to shape the agenda, ensuring a wide representation of rural health services, including primary care, rural hospitals, and allied health. Hauora Taiwhenua served as Chair or MC at each meeting, helping to facilitate meaningful discussions and highlight issues such as access inequities, workforce pressures, and the need for services that reflect local context and whānau-centred approaches.

The Minister emphasised the importance of hearing from those delivering and using rural health services, and early feedback from agencies indicates strong enthusiasm for engagement. The Roadshow is now underway. The Office of the Minister will provide a report on key themes and planned actions by the end of 2025.

PUBLISH (PRINT, RADIO, TV, ETC.) ADVOCACY PIECES ON KEY ISSUES TO INFLUENCE THE REQUIRED CHANGES THAT HAVE BEEN IDENTIFIED.



TARGET

80

PER ANNUM



ACHIEVED:

115

PER ANNUM

DELIVER WEBINARS/DISCUSSIONS TO ALLOW THE SECTOR TO INTERACT WITH DECISIONMAKERS OVER KEY POLICY ISSUES.



TARGET

2

PER ANNUM



ACHIEVED:

7

PER ANNUM



MYSTERY CREEK FIELDDAYS HAUORA TAIWHENUA HEALTH AND WELLBEING HUB 2025

Fieldays 2025 at the Hauora Taiwhenua Health and Wellbeing Hub gave us a unique chance to step into the heart of rural communities and connect directly with the people who live and work there. From farmers and rangatahi to local health teams, it's a space to hear first-hand how rural general practices, hospitals, and dedicated professionals are supporting whānau every day.

The Hub also brings together organisations that share our vision for thriving rural communities. This year, we connected with Federated Farmers, Rural Women NZ, Mobile Health Services, Rural Support Trust, Farmstrong, Waikato University, Health NZ rural leaders, and Members of Parliament, creating a vibrant space to share ideas, insights, and solutions for rural health challenges.

Hauora Taiwhenua partnered with Pinnacle Health to offer free flu and COVID-19 vaccinations, providing practical support to rural whānau and reinforcing our commitment to accessible, preventative healthcare in rural communities.

A highlight was a pop-up Rural Health Roadshow stop with Minister Doocey and Minister Patterson, hosted by Dr Grant Davidson. The Ministers opened the session with short addresses before fielding questions from the public, enabling direct dialogue about rural health priorities and future initiatives.

The Hub's success relied on the enthusiasm and dedication of students and health professionals volunteering their time and expertise. Their mahi ensures the Hub delivers practical benefits, strengthens community connections, and showcases Hauora Taiwhenua as the united voice for rural health across Aotearoa.



Goal 4: Te Tiriti o Waitangi

Outcome: *Ensure Hauora Taiwhenua upholds and role-models practices that are consistent with Te Tiriti o Waitangi.*

Strengthening Partnerships

Our enduring partnership with Te Tiriti partner, Te Rōpū Ārahi, continues to guide Hauora Taiwhenua in embedding Te Tiriti principles across all aspects of our work. Their support in advocacy, relationship development, education, and cultural guidance remains invaluable. In February 2025, Te Rōpū Ārahi played a central role in co-hosting the inaugural Rural Māori Health Summit, held at Pipitea Marae in Wellington.

This landmark event brought together rural Māori health stakeholders, government ministers, MPs, and senior officials from Te Whatu Ora Health New Zealand and Manatū Hauora Ministry of Health. The Summit focused on assessing the impact of current health strategies on rural Māori health outcomes and identifying urgent actions to address the stark disparities, most notably, the seven-year life expectancy gap between Māori and other New Zealanders, which is likely even greater for rural Māori.



Rural Māori Health Summit 2025

The Summit reaffirmed the need for urgent, targeted action to improve rural Māori health. Participants highlighted the disproportionate impact of the health workforce crisis on rural communities and the underrepresentation of Māori health professionals (only 5% of GPs and 7% of nurses identify as Māori, compared to 25% of rural populations).



A key outcome of the Summit was the development of a Ten Point Rural Māori Health Action Plan – Bridging the Gap, which outlines practical, achievable steps to improve health outcomes over the next 18 months. The plan includes initiatives such as rural interprofessional training hubs, pay parity, funding for community-owned rural hospitals, and the integration of rurality and ethnicity into health data and funding models.

We are proud to have presented this plan to the Minister for Rural Health, Hon Matt Doocey and Minister for Rural Communities, Hon Mark Peterson and will continue to advocate for its implementation.



Cultural Safety and Education

We continued to embed cultural safety across our programmes:

- Noho Marae experiences were held for tertiary health students, offering immersive learning in tikanga, te reo Māori, and mātauranga Māori.
- Orientation sessions for international locums included cultural safety training, helping new doctors reflect on personal biases and better understand the Tikanga Hauora for Māori patients and their whānau.
- The Tātai Whetū app, launched during Matariki 2024, remains a valuable tool for staff and volunteers to engage with te reo and tikanga. Developed with Te Rōpū Ārahi, the app supports culturally safe practice and deeper understanding.
- Our Te Reo Guidelines continue to support culturally appropriate communication in both internal and external contexts.

Representation and Inclusion

We are grateful to have Māori representation within our SoRHA Chapter, ensuring that the voices and needs of Māori students are heard and addressed. Te Whare Taumata Whānau Whānui also continues to provide a vital rural Māori perspective across all Hauora Taiwhenua workstreams, strengthening our relationships with iwi, hapū, and whānau.



CASE STUDY

NOHO MARAE 2024

The 2024 Noho Marae trip to Raglan offered tertiary students an opportunity to immerse themselves in hauora Māori, tikanga, and the wider worldview (te ao Māori) of local communities. Hosted at Poihākena Marae, students were welcomed with warmth, generosity, and respect, creating an environment that encouraged questions, exploration, and meaningful engagement with local traditions.

Ria Lavery, 2nd Year Occupational Therapy student at AUT described the experience as transformative. “Every student I spoke to felt overwhelmed with gratitude for the treatment they experienced... I gained invaluable insights into rural health while learning about the values, traditions, and perspectives that shape Māori communities. This knowledge isn’t taught in the classroom.” Activities such as haka, waiata, waka ama, and celestial navigation enabled students to connect with both the whenua and moana, providing a holistic understanding of Hauora Māori.

The Noho also fostered lasting relationships among participants, with many inspired to pursue rural health placements and careers. The programme equips the next generation of healthcare professionals with cultural awareness, empathy, and a strengthened commitment to equitable care.

“The transformative power of this experience could have a profound, immediate impact on healthcare in Aotearoa, particularly in Māori and rural health, but across the entire system”, Ria said.



Raglan Noho Marae attendees partake in the activities across the two days.

Report of the Independent Auditor on the Summary Financial Statements



To the Board of Hauora Taiwhenua Rural Health Network Incorporated

Opinion

The summary financial statements, which comprise the summary statement of financial position as at 30 June 2025, the summary of financial performance, summary statement of changes in net assets/equity and summary statement of cash flows and full statement of service performance for the year then ended, and related notes, are derived from the audited financial statements and the full statement of service performance of Hauora Taiwhenua Rural Health Network Incorporated (the Society) for the year ended 30 June 2025.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements and the full statement of service performance for the year ended 30 June 2025, in accordance with PBE FRS 43: Summary Financial Statements issued by the New Zealand Accounting Standards Board.

The summary financial statements of the prior period were audited by a predecessor auditor who expressed an unmodified opinion dated 30 June 2024.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by New Zealand Generally Accepted Accounting Practice ("NZ GAAP"). Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the full statement of service performance and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements and the full statement of service performance in our report dated 30 June 2025 in our auditor's report dated 23 October 2025.

Board's Responsibility for the Summary Financial Statements

The Board is responsible for the preparation of the financial statements in accordance with PBE FRS 43: Summary Financial Statements.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements and statement of service performance based on our procedures, which were conducted in accordance with International Standard on Auditing (ISA) 810 (Revised), *Engagements to Report on Summary Financial Statements*.

BDO Wellington Audit Limited

BDO WELLINGTON AUDIT LIMITED
Wellington
New Zealand
23 October 2025

HTRHN Statement of Service Performance

For the year ended 30 June 2025

Vision

Hauora Taiwhenua Rural Health Network (HTRHN) wants to ensure a future where there are healthy and thriving rural communities throughout Aotearoa New Zealand.

We have five strategic pillars that we believe are critical to achieving that vision in a context of health and wellbeing:

1. The health system will reinforce Te Tiriti principles and obligations so that unacceptable levels of inequities experienced by Māori living in rural communities are addressed.
2. Rural people will have health system support to help them stay well in their own communities with health outcomes equitable with other New Zealanders.
3. Rural people will have equitable access to high quality emergency and specialist care when they need it.
4. Digital services and technology will enable rural people to access care from within their home and/or communities at equitable levels of affordability to other New Zealanders.
5. The rural health workforce is available, valued, well trained and supported.

The health system in Aotearoa New Zealand is large, complex and made up of multiple stakeholders. Hauora Taiwhenua is realistic and understands that our ability to influence that system, towards achieving our vision, has limitations. We have chosen to put our delivery focus into the following main areas that we will measure and be held accountable for:

COMMITMENT TO TE TIRITI O WAITANGI

Increasing our influence on rural Māori health outcomes by working in partnership with Te Rōpū Ārahi and improving our connection with Tikanga in everything that we do.

ADVOCACY

Identifying opportunities that arise from our engagement with the development of rural health strategies, action plans, data mapping and rural digital connectivity improving access to services and ultimately equitable health outcomes for rural whānau.

WORKFORCE SUPPORT

Developing our capacity to deliver high performing locum services to address the workforce crisis whilst nurturing the next generation of rural health workers across every health profession.

MEMBERSHIP SERVICES

Growing and maintaining collaborative partnerships with our network of Members, with organisations that share our values and commitment to rural health outcomes, and being a reliable, stable and connected national Society that has a long-term vision for an equitable rural health landscape.

Goal 1:

Provide workforce support to rural health organisations who are in need of help, while also delivering initiatives that grow our future health and wellbeing workforce within Aotearoa New Zealand.

PERFORMANCE MEASURES:

- I. Provide long-term locums to practices with vacancies, or shorter-term locums to identified “hotspots” where there is a critical staffing shortage that is impacting community health.

	2024/25	2023/24
Target:	70 placements	70 placements
Achieved:	106 placements	92 placements

- II. Provide short-term locum relief to practices seeking staff in order that their GP is able to take a holiday away from the practice.

	2024/25	2023/24
Target:	80% of requests	80% of requests
Achieved:	93% of requests	96% of requests

- III. Meet any short-term government contracts, and their specifications, when asked to provide identified workforce support.

	2024/25	2023/24
Target:	100% of requests	100% of requests
Achieved:	100% of requests	100% of requests

In 2023, we were awarded a Health New Zealand contract to establish a Rural Hospital Locums Service. All of the agreed actions to establish this service have been completed.

- IV. Run a health careers promotion campaign to rural students.

	2024/25	2023/24
Target:	60 rural schools kura visited	90 rural schools kura visited
Achieved:	71 rural schools kura visited	113 rural schools kura visited
Target:	85% satisfaction rate	85% satisfaction rate
Achieved:	95.3% satisfaction rate	94.97% satisfaction rate

Note: The annual target of 90 rural school visits was originally established under our contract with Health New Zealand, which covered the calendar year from 1 January to 31 December 2024. This contract was not renewed for 2025. However, funding for the program has since been secured through PHOs, allowing the programme to continue on a reduced funding basis. A revised target of 60 rural school visits was set for the 2025 calendar year.

Goal 2:

Provide services to members so they feel informed, listened to, supported and networked with peers.

PERFORMANCE MEASURES:

- I. 11% of survey members who answered the survey regarding satisfaction with services provided.

	2024/25	2023/24
Target:	85% of members are satisfied or better	85% of members are satisfied or better
Achieved:	87.5% of members are satisfied or better	80.39% of members are satisfied or better

- II. Provide communication platforms for members that encourages and facilitates two-way communication (e.g. monthly newsletters, website, webinars, conference(s)).

	2024/25	2023/24
Target:	85% satisfaction	85% satisfaction
Achieved:	92.2% of members are satisfied	94.7% of members are satisfied

- III. Carry out a stocktake of rural general practice and hospitals annually to understand key metrics of staffing, stress, etc.

	2024/25	2023/24
Target:	1 per annum	1 per annum
Achieved:	1 per annum	1 per annum

- IV. Face-to-face visits are made to rural general practices and rural hospitals to understand their issues and provide them with an update on our work programme.

	2024/25	2023/24
Target:	All general practices visited on a three-year cycle	All general practices visited on a three-year cycle
Achieved:	47/196 practice visits achieved 142/196 practice visits achieved cumulatively from 1 July 2022	53/196 practice visits achieved 95/196 practice visits achieved cumulatively from 1 July 2022

Rural Practice Visits - 3-Year Cycle Review

As part of our commitment to strong rural sector engagement, our organisation aims to visit all rural practices we work with within a rolling three-year cycle. Of the 196 practices in scope, we successfully visited 142 during the most recent cycle. While this represents significant coverage, we acknowledge that we were unable to reach all 196 practices, and we outline below the key reasons for this.

Ownership Structures:

Several of the unvisited sites are satellite clinics or smaller branches owned by a larger rural practice. In many cases, a visit to the main practice is sufficient, and there is no clear operational need or expectation to visit every affiliated location individually.

Team Availability and Competing Priorities:

During the reporting period, increased participation in international conferences placed additional demands on staff availability. These conferences are vital for raising our rural workforce profile and forming strategic partnerships, but they also reduce the time available for domestic travel. In addition, some team members faced personal circumstances that limited their ability to travel for extended periods.

Practice Availability and Logistical Constraints:

A number of practices were unable to meet with us during the periods we were travelling through their regions. This presents a notable challenge, as it can be difficult to justify a return trip to a region to visit just one or two remaining practices. In these cases, we have maintained contact through alternative methods (e.g. virtual meetings, phone calls) but acknowledge the value of in-person engagement.

Despite these limitations, we continue to prioritise connecting and supporting all rural practices. We remain committed to completing the full cycle and will explore more flexible engagement options and improved trip planning to ensure more comprehensive coverage in the next three-year cycle.

	2024/25	2023/24
Target:	All 24 rural hospitals visited on a three-year cycle	All 24 rural hospitals visited on a three-year cycle
Achieved:	19/26 rural hospital visits achieved	15/24 rural hospital visits achieved
	24/26 unique rural hospital visits achieved cumulatively from 1 July 2022	18/24 unique hospital visits achieved cumulatively from 1 July 2022

Notes on the above changes:

- In the 2023/24 report, we said that we achieved 19/24 rural hospital visits. Upon further investigation, we achieved 15/24 rural hospital visits. Taupō was counted twice in the unique count of rural hospital visits.
- The total number of rural hospitals increased from 24 to 26 for 2024/25. This is because the GCH map was integrated into our operations.

V. Membership numbers will be strong and representative of our population.

2024/25 Individual Target	700	
	Achieved 2024/25	Achieved 2023/24
Individuals	216	233
Named Individuals	493	334
Total Individual Members	709	567

Of which the following members identify as Māori or Pacific Peoples.

	Achieved 2024/25	Achieved 2023/24
Māori	28	32
Pacific Peoples	4	5

Organisation Target: 180

	Achieved 2024/25	Achieved 2023/24
Organisations	178	167

Goal 3:

Be the trusted and united voice of rural health and wellbeing: Identify issues of critical interest to the rural health and wellbeing community and advocate for these with Government, government agencies and the public in order to impact positive change.

PERFORMANCE MEASURES:

- I. Systemic review of key issues facing rural health and wellbeing annually and compile into summary document that is accepted by HTRHN Council for distribution.

	2024/25	2023/24
Target:	1 per annum	1 per annum
Achieved:	1 delivered	1 delivered

- II. Publish (print, radio, TV, etc.) advocacy pieces on key issues to influence the required changes that have been identified.

	2024/25	2023/24
Target:	80 per annum	80 per annum
Achieved:	115 delivered	100 delivered

- III. Deliver webinars/discussions to allow the sector to interact with decision-makers over key policy issues.

	2024/25	2023/24
Target:	2 per annum	2 per annum
Achieved:	7 delivered	3 delivered

- IV. Respond to legislation and policy changes, that are identified as key to rural health by the HTRHN Council, with submissions reflecting the health and wellbeing needs of rural communities.

	2024/25	2023/24
Target:	100%	100%
Achieved:	100%	100%

Goal 4:

Ensure Hauora Taiwhenua upholds and role-models practices that are consistent with Te Tiriti o Waitangi.

PERFORMANCE MEASURES:

- I. Ensure our Tiriti partner, Te Rōpū Ārahi, is involved in the co-design of all major events that Hauora Taiwhenua organise.

	2024/25	2023/24
Target:	100%	100%
Achieved:	100%	100%

- II. Run all official meetings, conferences, etc., in alignment with organisational tikanga so that Māori feel safe to take part.

	2024/25	2023/24
Target:	100%	100%
Achieved:	100%	100%

- III. Ensure cultural safety and knowledge training is incorporated into all programmes of induction for international medical graduates arriving in New Zealand to work in rural areas.

	2024/25	2023/24
Target:	100%	100%
Achieved:	100%	100%

- IV. Provide noho marae workshops for tertiary health students to help prepare them for careers where they can work from a platform of cultural safety.

	2024/25	2023/24
Target:	2 per annum	3 per annum
Achieved:	2 delivered	2 delivered



Judgements made in the reporting of service performance information

In preparing the service performance information to be used, the entity has made a number of significant judgements about what information to present – based on an assessment of what information would be most appropriate and meaningful to our members, stakeholders and other readers against our vision and strategic objectives. This was not an easy task because of the diverse nature of the member groups that we serve and the different foci that our major funders take, that often change at short notice due to health emergencies that occur such as pandemics, cyclones and floods in recent times.

The decisions about what service information to present were made in consultation with Hauora Taiwhenua's Board, key management personnel and Te Tiriti partner Te Rōpū Ārahi.

The judgements that had the most significant effect on non-financial information related to what case studies we chose to present to highlight specific outcomes in the reporting period. We have chosen to highlight key non-financial outcomes in this period that could not be predicted because of the need for external input and direction that is needed to make these happen – such as political or funding agency decisions.

These key case studies have been chosen by management and endorsed by the Board and Te Rōpū Ārahi as important to recognise specifically from the past year.

The measures that have been reported on quantitatively have been chosen because they represent key achievements that can be predicted, measured and audited. These were tested for appropriateness by seeking input from both our accountants (BDO Wellington) and auditors (BDO Audit Wellington) before finalising them.

Short-term placements (STPs) are defined as any placement of less than 12 weeks in total. For example, a doctor engaged for three sessions per week over 10 weeks is classed as a short-term placement

Long-term placements (LTPs) are defined as any placement of 12 weeks or longer. This includes all placements where the duration from start to end date is 12 weeks or more, regardless of how many sessions or days are worked. For example, a doctor engaged for three sessions per week over 12 weeks is classed as a long-term placement.

An exception applies in the case of Hot Spot practices. Any placement made into a Hot Spot practice is automatically deemed a long-term placement, even if the actual duration is less than 12 weeks.

A practice may be considered for Hot Spot status if one or more of the following apply:

- The doctor or doctors are at risk of burnout due to lack of support
- Patient care is compromised because no doctor is available to see patients
- Other practices in town have closed their books
- The practice has been in crisis for three months or more under these conditions

Hot Spot status is determined at a monthly meeting attended by the General Manager Workforce Recruitment and Relationship Managers. The group makes a collective decision based on the criteria and discussion. Hot Spot status takes effect from the date of the decision and is not applied retrospectively. Practices with Hot Spot status are reviewed every month and may either continue to hold the status or have it removed, depending on current circumstances. It is possible for a practice to be designated a Hot Spot one month and not the following.



Tauākī Pūtea | Financial Statements

Summarised Statement of Financial Performance
For the year ended 30 June 2025

INCOME	2025	2024
Income Received	7,877,531	7,133,119
LESS: DIRECT COSTS	3,649,613	3,322,137
GROSS PROFIT	4,227,918	3,810,982
LESS: EXPENDITURE		
Amortisation	(23,651)	(16,454)
Audit Fees	(29,415)	(16,672)
Legal Fees	(6,837)	(9,387)
Depreciation	(26,977)	(32,050)
Kiwisaver Employer Contribution	(66,679)	(61,016)
Rent	(156,528)	(156,528)
Salaries & Wages	(2,237,166)	(2,040,240)
Advertising	(143,111)	(128,066)
National Rural Health Conference	(382,021)	(361,508)
Other Expenses	(736,295)	(634,448)
TOTAL EXPENDITURE	(3,808,680)	(3,456,370)
NET SURPLUS/(DEFICIT)	\$419,238	\$354,612
TOTAL COMPREHENSIVE REVENUE AND EXPENSE	\$419,238	\$354,612

Summarised Statement of Financial Position

as at 30 June 2025

EQUITY	2025	2024
Accumulated Funds Account	4,315,909	3,896,671
TOTAL EQUITY	\$4,315,909	\$3,896,671
Represented By:		
CURRENT ASSETS	6,536,484	6,120,722
FIXED ASSETS	64,514	72,846
INTANGIBLE ASSETS	21,002	41,888
TOTAL ASSETS	6,622,000	6,235,456
CURRENT LIABILITIES	2,306,091	2,338,785
TOTAL LIABILITIES	2,306,091	2,338,785
NET ASSETS	\$4,315,909	\$3,896,671

The Hauora Taiwhenua Rural Health Network Inc. authorised these financial statements

For issue on 23 October 2025

Chairperson:



Chief Executive:



Tauākī Pūtea

Summarised Statement of Cash Flows

as at 30 June 2025

CASH FLOW FROM OPERATING ACTIVITIES	2025	2024
Cash was provided from	7,805,046	7,047,165
Less: Cash was applied to	7,359,062	6,754,181
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	445,984	292,984
CASH FLOW FROM INVESTING ACTIVITIES		
Cash was provided from	3,281,895	460,000
Less: Cash was applied to	4,821,410	72,996
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES	(1,539,515)	387,004
CASH FLOW FROM FINANCING ACTIVITIES		
Cash was provided from	-	-
Less: Cash was applied to	-	-
NET CASH INFLOW/(OUTFLOW) FROM FINANCING ACTIVITIES	-	-
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	(1,093,531)	679,988
CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR	2,381,975	1,701,987
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	1,288,444	2,381,975

Summarised Statement of Changes in Net Assets/Equity

For the year ended 30 June 2025

	2025	2024
Balance at the Beginning of Year	3,896,671	3,542,059
Net Surplus / (Deficit)	419,238	354,612
NET ASSETS/EQUITY AT THE END OF YEAR	4,315,909	3,896,671

Notes to the Financial Statements

Statement of Accounting Policies

For the year ended 30 June 2025

Reporting Entity

Hauora Taiwhenua Rural Health Network Inc (HTRHN) is domiciled in New Zealand and is an Incorporated Society regulated by the Incorporated Societies Act 2022. HTRHN is also a registered Charity regulated by the Charities Act 2005.

Statement of Compliance

The information set out in these Summary Financial Statements has been prepared in accordance with PBE FRS 43: Summary Financial Statements and extracted from the full financial statements of Hauora Taiwhenua Rural Health Network (HTRHN) for the year ended 30 June 2025.

The rules for HTRHN were set up in November 2021 but did not take effect until they became an Incorporated Society on 23 December 2021 set up to start on 1 January 2022.

The full Financial Statements were authorised for issue on 23 October 2025 by the Executive Board.

The Network's auditor has issued an unmodified opinion over the full Financial Statements.

These financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice ("NZ GAAP"). They comply with the Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR"), as appropriate for Tier 2 not-for-profit public benefit entities, and disclosure concessions have been applied where considered appropriate. HTRHN is a Tier 2 reporting entity as the current period has between \$5m and \$33m operating expenditure and does not have public accountability.

All transactions in the Financial Statements are reported using the accrual basis of accounting.

The summary financial statements do not provide a complete understanding as provided by the full financial statements of the financial performance and financial position of the entity. The full Financial Statements are available to Members upon request to the Chief Executive.

Functional and presentation currency

The Financial Statements are presented in New Zealand dollars (\$) which is HTRHN's functional and presentation currency. All financial information presented in New Zealand dollars has been rounded to the nearest dollar.

Tauākī Pūtea

Our Key Achievements



Minister Doocey's Rural Health Roadshow



Submissions to New Zealand Government



Rural Funding Uplift (PSAAP)



Paramedics Funded by ACC for GP Clinics and PRIME Call Outs



Relocation Funding for International Doctors



Rural Māori Health Summit



Won Bid to Host 21st WONCA World Rural Health Conference



Basic Early Pregnancy Ultrasound Training for Rural Midwives Pilot



Medical Financial Advisory Service Membership Benefit



Health in Every Rural Home



Mystery Creek Fieldays



National Rural Health Conference 25



Nationwide Nurse Practitioner Workshops



Rural Health Careers Promotion Programme



'New Life, New Adventure, New Zealand' International Campaign



Securing 106 Long-Term Placements





*Kia tipu matomato ngā
hapori i Aotearoa*

*Healthy and thriving
rural communities
in Aotearoa New Zealand*



**Hauora
Taiwhenua**
Rural Health
Network

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