Partnerships for a Healthy Region (PHR)
Strengthening Health Workforce in the Pacific (Nursing and Midwifery) (SHWP) Program

Brief 8: Papua New Guinea Nursing Regulation Workshop – 5th and 6th November 2025

Background

The Papua New Guinea (PNG) Country Workshop took place on 5th and 6th of November 2025 in Port Moresby with representatives joining from the National Department of Health (NDoH), NDoH Legal Unit, PNG Medical Board, PNG Nursing Council, PNG Nurses Association, University of PNG, Pacific Adventist University, Provincial Health Authorities (PHAs), national health worker education facilities, hospitals and health clinics, with other key partners, senior nurses and midwives from Port Moresby and across the country. This workshop forms part of the Strengthening Health Workforce in the Pacific (SHWP) Program under the Australian Department of Foreign Affair and Trade's (DFAT) five-year Partnerships for a Health Region (PHR) initiative (2024-2028). The WHO Collaborating Centre for Nursing, Midwifery & Health Development at University of Technology Sydney (WHO CCNM UTS) manages the SHWP program, in partnership with South Pacific Chief Nursing & Midwifery Officers Alliance (SPCNMOA). The SHWP Program aims to strengthen Pacific health systems to improve the quality of and access to health care and population health across the Pacific, in line with recommendations from the State of the Worlds Nursing Report 2025, and Strategic Directions for Nursing and Midwifery.

Purpose and Approach

In 2025, WHO CCNM UTS and Fellows from the Pacific Leadership Program (PLP) are facilitating workshops in all 13 countries involved in SHWP. These workshops are led by PLP Fellows (2024, 2025) who have established a taskforce in their respective countries to engage national actors and stakeholders to identify system-level strengths and challenges across education, regulation, service delivery, governance to establish a common understanding and co-develop and prioritise actions for strengthening nursing and midwifery registration, regulation, and workforce planning through multi-stakeholder collaboration and regional alignment.

The PNG Health Minister, the Hon. Mr Elias Kapavore, joined senior leaders from the NDoH and WHO CCNM UTS to open the PHR SHWP workshop

Workshop Objectives

1. To explore and understand the framework for professional regulation.
2. To examine and discuss country traffic lights action plan and strategy (SOWN 2020 & 2025).
3. To assess regulatory status against the regulatory framework to determine the work priorities (SDNM P3).

PHR SHWP PNG Taskforce members with Amanda Neill (WHO CCNM UTS)

4. To agree on priorities and a plan of action.
5. To collect baseline data for GEDSI and raising awareness of GEDSI principles.

Activity 1: Strategic Orientation and Leadership Engagement

WHO CCNM UTS Team met with the most senior nurse in PNG, Mrs Mary Kililo, Technical Adviser, Human Resources for Health Training Division, NDoH) and members from the PNG SHWP Taskforce including PLP Fellows from 2024, 2025 and past programs, to discuss the meeting objectives and orient the structure of activities. In preparation for the workshop, meetings were also held between WHO CCNM UTS and key stakeholders including the Registrar from the PNG Nursing Council, Sr Romanah Kuaisombi and Medical Board, Dr Alphonse Tay; and Ms Margaret Asinimbu, Manager, Legal - NDoH and Mr Andrew Toa, Technical Adviser, Personnel and Payroll, HR to discuss legal issues associated with the PNG Health Practitioners Bill.

PNG Health Minister opening the PHR SHWP Workshop

The workshop formalities commenced with a welcome to participants by Ms Lina Wam, Manager – Human Resources at NDoH who introduced the guest of honour – the PNG Minister for Health (the Hon. Mr Elias Kapavore) - and other dignitaries. The opening prayer was given by Mrs Julie Dopsie. Special remarks were the Hon. Minister of Health, Health Secretary Mr. Ken Kandap Wai and Ms Silentia Tulem (First Secretary for Development, Australian High Commission).

Guests spoke on the importance of nursing and midwifery in PNG, and the commitment of the government to improving and strengthening the health workforce. Ms Wam and Prof. Michele then gave final remarks and thanked all distinguished guests and participants. An event was held for special guests and participants to network after the conclusion of the day's sessions.

PNG Health Secretary and PNG Health Minister with Prof. Michele Rumsey (WHO CCNM UTS) and Mrs Mary Kililo (NDoH)

Activity 2: System Review and Regulation

Mrs Mary Kililo (NDoH) began the workshop sessions by presenting SHWP's background and context and explained some of the health workforce challenges for the Western Pacific Region. After briefly presenting PNG data from the State of the World's Nursing Reports 2020 and 2025 data, she then outlined the PNG's Traffic Light Action Plan and. These Traffic Lights were amended throughout the workshop to reflect PNG's current position and priority actions.

Deliberations on system reviews and regulation were introduced by Prof. Mary Chiarella (WHO CCNM UTS), presenting the framework for Health Professional Regulation - the five areas of regulation (registration, standards and codes, accreditation, complaints, and governance), which structured the day's activities. The Framework was used to analyse PNG's Health Practitioners Bill (2022, in draft) and talk through elements within the five areas that are currently legislated within the Bill.

Ms Margaret Asinimbu added to the discussions by presenting further detail about the Health Practitioners Bill, outlining the content and highlighting priority issues and challenges that currently exist with this legislation and their subsequent implications.

Ms Mary Kililo (NDoH – Technical Adviser – Training and Human Resources), Prof. Mary Chiarella (Legal Expert WHO CCNM UTS), Ms Margaret Asinimbu, (Manager, Legal – NDoH) and Mr Andrew Toa (Deputy Manager, Legal – NDOH)

World-Café discussions

Four World-Café rounds took place, facilitated by the 2025 PLP Fellows and Taskforce members. Participants were grouped into five tables, where a 'world café' approach was used. Facilitators coordinated discussions against guided questions, to highlight challenges and topic areas, gathering common themes on butchers' paper.

PNG's priority area for this workshop focused on strengthening regulation for nurses and midwives. Participants had fruitful discussions following reflecting on World Café discussions, led by the Taskforce facilitators.

Groups had in-depth conversations about five elements of the regulation framework introduced in the morning. Each tables written responses were later fixed on the wall and participants could reflect on other groups thoughts on the areas covered. Key points and recommendations from each group were fed back by the Taskforce facilitators and others for open comments by the larger group. This feedback then fed into the workshop recommendations presented on the final day.

Group work activity for PHR SHWP workshop participants

Activity 3: Presentation and group discussion on HRH challenges and solutions

Prof. Jim Buchan gave a presentation on human resources for health (HRH) – planning, mobility and retention, beginning with an overview of HRH governance functions covering policy and strategies to engage with other ministries, data information and planning, education, accreditation and training, as well as HRH leadership, advocacy and policy dialogue, administration and management processes linked to administering the workforce.

He outlined common HRH challenges globally, in Pacific countries and more specifically for PNG. Specific challenges for PNG were identified such as the finite training capacity at country level, the high costs of training outside of PNG, flat career structures within the health system and vulnerability for out-migration. HRH management and planning capacity challenges were also discussed, such as limited data and information systems, limited management staff and resources to support planning and regulation.

Prof. Jim Buchan gave a presentation on issues and challenges associated with Human Resources for Health (HRH)

Group discussion followed the presentation, focusing mainly on issues associated with retention of nursing staff, how this has changed in recent years in PNG and the factors that explain this. Initiatives implemented to improve retention and their effectiveness were also covered. There was general agreement that incentives are often not available or offered to nurses, particularly when required to work in rural and remote locations. Prof. Buchan explained that resources including a WHO framework and recommendations for recruitment and retention in underserved areas are available for use by NDoH.

Activity 4: Presentation by PLP Fellows on CPD Framework for nurses, and discussion

The two PLP 2025 Fellows from PNG - Ms Maristella Gabriel (Lemakot School of Nursing) and Ms Julie Dopsie (NDoH) - presented their PLP project on a proposed continuing professional development (CPD) framework and action plan.

2025 PLP Fellows Julie Dopsie and Maristella Gabriel facilitating group work sessions

Workshop participants were split into five groups with taskforce facilitators. Each group reviewed the aim and the CPD framework cycle, plus one item of the proposed CPD Framework in detail (chosen by the groups), identifying potential amendments to enhance the framework.–Each group reported back on recommended changes and points that required further clarification within the document, and they were discussed by the wider group. Overall, the suggested changes were approved by the larger group with actions listed below.

- Further clarification was required in relation to how much CPD would be required with a descriptor added for each level of nurse (i.e. - what is a novice level, what is a competent qualified practitioner etc).
- There should not be exemptions to the requirements for CPD – if you are a registered nurse, then you need to complete CPD. Some groups of nurses may have an advantage in how they attain their CPD, where the hospital will provide training – this may be more challenging (and less fair) for those nurses working in remote/rural locations.
- All agreed that a Development Action Plan (DAP) made sense – and that a column for signature of the person overseeing the plan should be included in the template. Ensure it is digital friendly as many will utilise mobile phones to access this information. A standard tool could be developed for CPD.
- Not everyone was clear on how this CPD was linked to the nurses learning needs with a suggestion that CPD should also form part of their annual performance review.

Finally, suggestions were made to develop a standard tool to assess CPD. One group felt that the higher number of CPD hours should be undertaken by the novice nurse, not the most senior managers, as they have the greatest need to gain knowledge and experience.
The presenters thanked the participants for their input.

Further work is needed for the framework to be developed, and decide what are the expectations around this. Mrs Kililo asked to work together and support the NC and make recommendations based on the framework to start the process. It was noted that a CPD proposal will need to go to Nursing Council for approval.

Activity 5: Review and Key Outcomes

All workshop outcomes were successfully met through workshop activities. Gaps were reviewed by the five regulation framework areas, following

consultation and review of the workshop recommendations with all workshop participants.

Mrs Mary Kililo reviewed and amended the outputs of the workshop with Prof. Rumsey. The following challenges and recommendations for action below were agreed upon.

Registration

Gaps/ Discussions

- Challenges exist with registration as this is carried out manually but options exist for excel data systems.
- Authority to Practice (ATPs) are delayed and many do not have full license.
- Confusion exists around registration - many nurses and CHWs are not registered, lack of understanding of difficulties for clinicians living remotely trying to register in person.
- Funding for registration – go directly to Treasury
- Lack funding for HR, data systems, space and support for PNG NC and Medical Board – manpowered issues, no technical officers.
- New graduate registration process needs to be improved and clearer -
    - Provisional registration to be reviewed and stopped, new curriculum not in HPB
    - Look at new graduate program in health facilities
- Limited communication between DHERST, NDOH, DPM, Legal, Regulation - "working in silos".

Recommendations

- Urgent need for adequate funding resources and structures.
- Work on funding for a digital registration system. Clarify where will $$ come from.
- Communication strategy and PNG NC roadshows.
- Draft CPD Framework to be worked on by PNG NC and education committee and working group contextualised and consider comments from at workshop.

Standards

Gaps/Discussions

- Awareness of standards PNG already has (codes, competencies).
- Lack of knowledge of differences between competences and standards.
- Lack of integration of social and cultural beliefs in codes and standards.
- Professional boundaries.
- National Health Services standards mechanisms – for health facility level but not transferred to higher level registration – need to be working together.
- Competencies are not in the current HP Bill but registration standards are.

Recommendations

- Review the existing standards PNG has and what else is needed.
- Training – there is a need for education on how to use standards.
- Develop a guide on implementation of standards.

Benefits Regional Standards

- Move across region for study and work – workforce mobility – develop regional guidelines that could be used in PNG.
- Regional accreditation framework for health workforce education.
- Standardised practice and quality for public safety.

Disadvantage(s)

- Different laws/legislation in each country and health workforce migration challenges.

Accreditation

Gaps/Discussion

- Clarity needed around DHERST and PNG NC role under legislation for approval of courses (accreditation) - need to improve more effective collaboration.
- Align programs and curriculums with NHP, NHSS to ensure quality.
- Need an accreditation committee – for better understanding of Accreditation Framework 2005. There is the PNG NC Education

Committee, but more understanding is needed of what these committees do.
- Funding challenges to carry out accreditation audits by PNG NC – 30year hiatus then majority accredited but need to revise again - have a framework.
- No PNG Masters or PhD programs – needed to improve educators in education facilities.
- Accreditation Framework clearly outlines programs should go to PNG NC then to DHERST - PNG NC Accreditation Committee process.

Recommendations
- Review accreditation standards PNG NC Board (some regional ones have been developed).
- Strengthen processes and systems.

Complaints & Notifications

Gaps/Discussions
- Nurses and midwives need to be able to manage minor complaints at local level, but sometimes have unfair judgement.
- Confusion exists about who deals with complaints - employer, DPM or PNG NC. Currently there is no clear pathway or guidelines.
- Improve links between employer, PHA, DPM, PNG NC and NDOH.
- Lack of awareness of complaint process by nurses, midwives, health practitioners and public.
- Strengthen role under HPB – but it needs to get enacted.
- No implementation of GEDSI policies within complaints processes.
- Social media becomes a judgment of disciplinary processes.

Recommendations
- Establish complaints process guidelines.
- Funding needed for PNG NC to carry out complaints process.
- Training required on complaints process for public, nurses, midwives, NDOH and PNG NC committees.

Governance

Gaps/Discussions
- PNG urgently needs a CNO Office in position, with staff to oversee all areas of 72% of the workforce that are nurses and midwives, nurse practitioners, and specialists.
- Lack of or no integration as work often conducted in silos – (process round the HPB – been going on so long why?).
- Confusion around the role of regulation, education, governance and employment – need to build communication.
- Lack of funding as registration fees to pay for registration but the fees go directly to Treasury therefore there are no funds for staff, processes or digital registration.
- Standalone Regulatory Authority is required with staff and facilities.
- Urgent need for registration database / digital registration.
- Graduation of new nurses, midwives and CHW - no current data available.
- Director Nursing Services in each Province not linked in PHA Act 2007.
- Medical Act says Registrar reports directly to Minister for Health, but management still goes through Health Secretary.
- It is the Chairman's role to update the Minister.

Recommendations
- Revise TOR for the Technical Working Group to oversee HPB – provide support with meetings from secretariat (WHO CCNM UTS), location, time.
- Minister's support to move forward HPB and digital registration progress and support HPB for final approval.
- Resolution by this meeting to provide Minister of Health with justification paper for CNO via NDoH staff by December – Nursing Associations TWG.
- Regulation session to be included at every WHO CCNM UTS Fast Track workshop for health educators.

Regional Standards, Guides, Policies to:

- Enable reciprocity for worker mobility across region and work across region.
- Standardised practice – regional curriculum framework to enable qualifications to be recognized - education link with other regional courses (CPD).
- Guide developed to explain role of registration – protection of public.
- Guide developed to explain role of regulation, DPM, NDOH, Association, CNO/PNO, education.
- Guidelines developed for registration of new graduates (local and external) and overseas nurses.
- Guideline/information on social media confidentiality and impact of public shaming practitioners through complaints.
- Information on regulatory committees and TORs.
- Guidelines for national strategy in line with WHO SDNM

Concerns

- Need to understand health systems, structures and legislation of each country.
- Concerns regarding other countries workload polices.

Additional in-country activities

Meetings

Prof. Michele Rumsey and Prof. Jim Buchan met with members of the DFAT PNG Health Team including Dr Ramez Alhazzaa, Ms Dianne Dagam, Ms Silentia Tulem, Ms Camilla Burkot and Ms Chloe Damon at the Australian High Commission in Port Moresby on Friday 7 November to outline their current work in PNG, and future plans.

Next Steps WHO CCNM UTS:

- Provide a meeting Brief with recommendations.
- Continue support for next 4 years under PHR SHWP Program.
- Work across the region to prioritise which regulatory guides and standards are required.
- Continue Pacific Leadership Program (PLP).
- Continue support for ongoing country work.
- Return to PNG for a follow up national meeting (justification for Minister for CNMO position – submission by 2nd week in December).
- Support secretariat and funding for meetings for TWG HPB.
- CNO justification paper to NDoH staff for Minister of Health by 2nd week in December.
- CNO or most senior nursing leader to set up a peak nursing meeting – meet 3 times each year with key nursing stakeholders.

PNG Minister for Health and PNG Secretary for Health with participants and presenters at the PHR SHWP PNG Workshop