



**Submission to Nursing Council of New Zealand: Consultation
on the proposals to combine the Nursing Council of New
Zealand and fifteen other Health Regulatory Authorities into a
single organisation**

September 2013

Submission to:
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1. Summary

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This submission represents:

✓ Professional organisation

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2. Background

The Minister of Health has requested that Health Workforce New Zealand (“HWNZ”) progress the establishment of a single Shared Services Organisation (“SSO”) for all Health Regulatory Authorities (“RAs”). In response to the Minister’s directive, the Nursing Council of New Zealand has initiated a consultation process since the proposed SSO has significant implications for public safety and for the profession of nursing.

The College of Nurses (Aotearoa) NZ Inc. – “the College” - is pleased to have the opportunity to comment on this proposal, as a professional body of New Zealand registered nurses and nurse practitioners from all regions and specialties both within and outside of the District Health Board (DHB) setting. The College provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

This submission is the result of previous policy analysis undertaken by the College, internal consultation and direct discussions with College members in a range of leadership positions in different parts of the sector. It also incorporates the results of consultation with additional nursing organisations in New Zealand in order to develop a collective strategic view.

To summarise, the College supports Option 1: retaining the status quo. The College considers that proceeding with either Option 2 or Option 3 risks a period of unnecessary disruption to a well-established and efficiently functioning Nursing Council which is cost effective and achieves its primary purpose to protect patient safety. The establishment of an SSO may result in less robust processes for registration and is likely to increase costs for nurses. Further, the College argues that the cost savings, which are the driving force behind the proposed SSO, will not necessarily result.

The College does not support Option 2: combining back room functions of all RAs, as it is currently proposed. As outlined in previous submissions regarding proposals to amalgamate RAs, while the College does not support combining all RAs into a single secretariat, the College does see that there could be some benefit in combining the Nursing Council back room functions with some of the smaller regulatory authorities, where a well established and efficient Council, such as the Nursing Council, manages the regulatory systems and functions of smaller regulatory authorities.

The College strongly opposes Option 3 – the development of a Shared Services Organisation. The College considers that proposals to consolidate functions are based on a desire to reduce administrative costs without regard to any impact this may have on the primary purpose and function of the RA. The College would be very concerned about the inclusion of regulatory functions in the proposed SSO model. The proposal to develop a generic structure undermines the current functioning of the Nursing Council, which has expert staff fundamental to developing sound nursing regulatory policy.

The College therefore supports the retention of the status quo, and reiterates our view that political interference in the business and conduct of the regulatory authorities, where patient safety is paramount, as highly inappropriate.

3. Submission

3.1 Option 1: Status Quo

The College supports Option 1: to retain the current structure of the Nursing Council.

The Nursing Council manages the largest registrar of practitioners in New Zealand, and at present is very efficient and cost-effective on all levels to deliver on its regulatory requirements. It consults effectively and broadly with stakeholders where required and maintains active relationships with a range of stakeholders. The College is confident that the Nursing Council is currently functioning effectively to ensure a safe and competent workforce, which enables flexibility to respond to emerging health care needs.

3.2 Option 2: Combine all RAs back office function as stage 1 of developing a Shared Service Organisation

The College does not support the proposal to combine all RA back office functions, as stage 1 of developing an SSO. Given the huge and well-demonstrated efficiency of the Nursing Council, the College sees no evidence that changes are necessary to the current model.

The College considers that proposals to develop an SSO to manage RA back room functions have been developed purely under the assumption that consolidating secretariat functions will necessarily result in cost savings. The College is concerned the pursuit of reduced costs has occurred with little regard to the potential impact on the primary purpose of the RAs, which is to protect public safety.

The College does not support any consolidation, which would then result in a reduction of Nursing Council staff members. RA staff have significant professional knowledge which could be lost if RA functions were to be combined. Combining secretariat functions would necessarily result in the nursing profession subsidising smaller professions with a corresponding rise in the cost of nursing practising certifications, which will have major consequences for employers.

While the College is opposed to Option 2 in its current form, we do acknowledge that there may be some value in the Nursing Council combining back office functions with some of the smaller regulatory authorities. In previous submissions (for example to HWNZ on the review of the Health Professionals Competence Assurance Act) we have indicated that there could be some benefit in combining the Nursing Council back room functions with some of the smaller regulatory authorities such as the Chiropractic Board and the Physiotherapy Board (for example), where a well established and efficient Council, such as the Nursing Council, manages the regulatory systems and functions of smaller RAs.

3.3 Option 3: Single Shared Services Organisation (“SSO”) proposal

The College does not support the establishment of an SSO, which would combine all regulatory and administrative functions of all 16 RAs. The College does not believe there is any evidence to suggest that RAs are inefficient, but that a persistent

assumption exists, that consolidation will necessarily result in a reduction in administrative costs. The College is not convinced that cost reduction will result.

The College opposes the inclusion of regulatory functions in the SSO. As indicated, the Nursing Council has expert staff with significant institutional knowledge and the current staff are fundamental to developing sound nursing regulatory policy on behalf of the Nursing Council.

We are also opposed to an organisational structure which requires a deputy registrar to report to a general manager rather than the deputy registrar having direct line responsibility to the Chief Executive / Registrar. An additional layer of management will likely diminish the effectiveness of the Nursing Council and the deputy registrar who supports it.

Finally, the Nursing Council regulates almost 50,000 nurses and as an SSO shareholder, the Council will have the same voting rights as smaller RAs, some of which only regulate around 500 practitioners. The College questions how appropriate this is and considers that SSO financial decisions could be agreed at the expense of nursing.

4. Conclusion

The College appreciates the opportunity to comment on the discussion regarding proposals to develop an SSO. In summary, the College does not support the establishment of an SSO (option 3), nor proposals which seek to move towards the eventual establishment of an SSO (option 2). The College supports the combining of some back room functions with some smaller RAs, and is willing to work with the profession to develop this option further.