

June 2003

THE REPORT OF THE STRUCTURAL REVIEW COMMITTEE 2003

1. Introduction

This paper sets out the most significant changes to NZNO governance structures since the 1980's.

At the 2002 NZNO Conference members passed the following recommendation:

“That a Structural Review Committee be set up comprising:

- three representatives chosen by the Board of Directors;
- two representatives chosen by Te Runanga;
- two representatives chosen by Colleges and Sections;
- one representative chosen from Health Professionals New Zealand; and
- two staff members (Area Manager and Business Manager).

With the task of:

- i) Reviewing current structures in terms of effectiveness.
- ii) Consider alternative structures that are democratic inclusive and representative.
- iii) Determine rule changes necessary to give effect to any structural change.
- iv) Develop a paper with recommendations to modernise NZNO structures (including rule changes) to be circulated between membership prior to consideration at conference.”

This is the report of that committee. A complete new set of NZNO rules accompany this paper.

2. Background

Discussion and debate at NZNO conferences about structural issues are not new.

- The 1996 conference passed a remit calling for a review of the support needs of the President and requested a paper outlining advantages and disadvantages of having a full-time paid President.

- The 1997 conference delegates discussed a paper on the role of the President and the possibility of having the President as a full-time position.
- The 1999 conference considered a paper entitled 'Review of NZNO Regional Councils'. That paper made various recommendations which were implemented in the subsequent year.
- In 2000 conference delegates passed a remit calling for the development of a consultation paper to consider the issues surrounding growing numbers of members who are not nurses or midwives and the implications this trend brings to the organisation.
- Arising from that remit a paper was prepared and circulated to Regional Councils and discussed at Regional Conventions throughout the year 2002. It was that paper that led to the remit establishing the Structural Review Committee.

3. The Structural Review Committee

3.1 The composition of the Structural Review Committee is:

Board of Director representatives:

Catherine Logan - Auckland

Julie Livesey - Canterbury

Carol Mitchell – Section representative to Board

Te Runanga representatives:

Rhoda Waitere

Te Maramatanga Hunter

College and Section representatives:

Andrea Rooderkerk (Diabetes Nurse Specialists of NZ)

Jan Featherston (Gerontology Section)

Health Professionals of NZ (HPNZ) representatives:

Not taken up.

Staff representatives:

Trevor Warr (Professional Services Manager)

Dragan Radic (Business Services Manager)

3.2 The Committee considered and reviewed the following NZNO documents:

- a) A 1997 discussion paper entitled 'Review of Support Needs, NZNO Presidential Position'.
- b) A 1999 paper on the review of NZNO Regional Councils. This paper led to rule changes concerning the role of Regional Councils.
- c) A paper entitled 'NZNO Structures: A Timely Review', which was discussed at Regional Conventions throughout 2002.
- d) A paper from Jo Duffy (NZNO Educator) concerning the role of Regional Conventions, which arose from a decision of the Board of Directors in October 2002.
- e) The NZNO Rule Book.

- 3.3 In addition to the above documents the Committee considered the social and political context of the 1980s and 1990s to better understand the reasons behind the development of the current NZNO structures. The main drivers behind our present structure were legislative requirements in the Labour Relations Act 1987 and the Employment Contracts Act 1991.
- 3.4 The Committee considered the current structures of NZNO. In particular it assessed:
- What was effective and should be kept.
 - What was not effective and should be dispensed with.
 - What was working but needed modifying.
- 3.5 The Committee identified a set of principles against which any new structures could be assessed in terms of meeting the objectives of the 2002 NZNO Conference remit.

Those principles were that any new structure must be:

- Democratic
 - Transparent – easy to understand
 - Lawful – compliant with legislation
 - Bicultural – partnership
 - Representative – opportunities to be heard
 - Participatory – enables members to participate
 - Professional – acknowledges professional role
 - Dynamic – can adapt to change
 - Financially viable
- 3.6 The Committee recommends significant changes to the current NZNO structure and has drawn up a new set of rules to give effect to those changes. The Committee has been unanimous in its conclusions. This paper sets out what those changes are and why the Committee recommends those changes.

4. NZNO Membership

- 4.1 The current NZNO membership rule is clumsy and at times confusing. Rule 7 sets out who can be a member of NZNO. It lists various categories of nurses together with other non-nurse health professionals who are entitled to be a member of NZNO. Rule 7(g) states that anyone else can be a member so long as the Board of Directors or Conference agrees. In theory, any person could be a member of NZNO provided the Board agrees.
- 4.2 Members at NZNO conferences in the past have expressed concern about the implications of non-nurses within a nursing organisation. The Structural Review Committee recognise that there can be matters that arise from time to time that are the concerns of a single occupational class and should not therefore be determined or influenced in any way by members from another occupational

class. For instance, nursing standards should not be influenced nor determined by any other group of members apart from nurses.

- 4.3 The Committee also recognised that there have been occasions where our multi-occupational membership has been used in an attempt to discredit particular policy positions NZNO has taken in relation to nursing practice issues.
- 4.4 Therefore, the Committee recommends rule changes to make NZNO membership rules clearer and to ensure there is a clear separation in the structures between nurses and non-nurses.
- 4.5 The new membership Rule 7 states there shall be two categories of members:
 - Nurses; and
 - non-nurses.

Nurse members are registered and enrolled nurses and the definition will include Caregivers, Hospital Aides or Assistants to the Nursing team performing simple nursing tasks relating to patient care. The definition of nurse members will include midwives, though we recognise midwifery is a separate practice from nursing. Non-nurse members are other health workers. Non-nurse members shall automatically become a member of Health Professionals New Zealand (HPNZ).

- 4.6 The Committee further recommends that HPNZ members shall be organised separately from nurse members. Therefore there will be a separate structure for nurse members and a separate structure for non-nurse members.

5. Te Runanga O Aotearoa NZNO (Te Runanga)

- 5.1 Within NZNO, Te Runanga has a special relationship with all other parts of NZNO within the partnership under Te Tiriti O Waitangi.
- 5.2 In considering the proposals within this paper it is important to appreciate that whatever structures we develop, they will need to embrace our partnership with Te Runanga.
- 5.3 There are no specific changes proposed to the structures or rules affecting Te Runanga.

6. Workplaces, Colleges and Sections

- 6.1 The Committee recognises that most of the activity and work of NZNO, carried out by members, occurs at workplaces and Colleges or Sections. We should build upon that strength. Why? Because that is where the common interests of our members lay. Within workplaces members' interests are based in the employment relationship between their employer and them as employees. Within Colleges and Sections, the common interest to members is found in the

clinical practice issues specific to the particular College or Section that a member belongs to.

- 6.2 It is therefore proposed that as far as possible NZNO should devolve its decision making and relate to, consult with, and organise its membership through workplaces and Colleges or Sections.
- 6.3 The Committee has recommended rules for Workplace Committees so that such groupings are now formalised in the governance structure of NZNO. In future, under this model participation and decision making will be devolved to workplaces, Colleges and Sections. Communication will flow from workplaces to national structures without regional structures in between.
- 6.4 During 2003 NZNO has been reviewing its communication services. With additional communication staff enhanced communication within NZNO membership structures can now occur.

7. Regional Councils

- 7.1 With the focus on devolution to workplaces and Colleges and Sections there will be the possibility for far greater participation than what can be provided for within Regional Council structures. There is therefore no reason to retain Regional Councils. All of their current functions can be accommodated under the new proposed structure.
- 7.2 Informal grouping in any area can be maintained or developed (e.g. the Canterbury Nurses Forum may continue to meet).
- 7.3 Where there are regional education trusts these too will continue to operate in the same way.
- 7.4 Regional Councils have not been effective in representing members and have been reviewed in the past. The NZNO Conference in 1998 requested that the effectiveness of Regional Councils be reviewed. This resulted in recommendations being put to conference in 1999 with rule changes being passed in 2000. However, the effect of the changes were minor. One recommendation requested NZNO to consider ways of assisting Regional Councils to be more effective. A second change amended the role of Regional Councils. The third recommendation added a rule that required National Executive members to regularly consult with members. Those recommendations did little to increase the effectiveness of Regional Councils.
- 7.5 At present there are 11 Regional Councils. The Committee reviewed the attendance over the past 12 months of six of those Regional Councils; Central, Bay of Plenty, Auckland, Midlands, Wellington and Southern. All met two-monthly. The lowest attendance was three persons, the maximum attendance was 23 (Southern). No other Regional Council meeting had an attendance of 20 or more persons. The average attendance of the Regional Councils over the 12

month period ranged between under 10 to a little over 14 (Auckland). These are extremely low numbers and cannot give any confidence that decision making structures based around Regional Council are inclusive, democratic and participatory.

8. Industrial and Professional Activities

8.1 With a new focus on workplaces, Colleges and Sections, we recognise there is a need for strategic advice and the interchange of information nationally and locally on industrial and professional issues affecting nurses. It is therefore proposed that there be two new national committees:

- An Industrial Committee; and
- A Professional Committee

8.2 The Industrial Committee

This Committee shall comprise six nurse members nominated from workplaces and elected from the total nurse membership. There shall also be two Te Runanga nurse representatives.

8.3 The Professional Committee

This committee shall comprise six nurse members nominated from Colleges and Sections, and elected from the total nurse membership. There shall also be two Te Runanga nurse representatives. This committee will replace the current Nursing Midwifery Advisory Committee (NMAC).

9. Colleges and Sections

The Committee does not propose significant change to Colleges and Sections. However, during 2003 there has been a working party considering membership options for Colleges and Sections. Recommendations to strengthen College and Section membership and to provide greater logistical support to Colleges and Sections will be put to Colleges and Sections prior to conference. No rule or structural changes are required.

10. Board of Directors

10.1 It is proposed to make two main changes.

- The name.
- The membership.

10.2 It is proposed that the name be changed to "National Executive". The Committee feels that this is a more appropriate name for an organisation such as ours and more accurately reflects what in fact the committee is.

10.3 The membership of the National Executive shall consist of:

- A President;
- Chairperson of Te Runanga, and one other Te Runanga representative;
- One member of the Professional Committee;
- One member of the Industrial Committee;
- Three nurse member representatives elected at large with there being at least one representative from each of the North and South Islands;
- One Health Professionals of New Zealand (HPNZ) representative who shall not participate in voting on any matter directly affecting nursing practice.

The term of office shall be as it is currently; two years with the right of renewal for a further two years.

11. President

11.1 Two changes are proposed:

- Time of election
- Remuneration

11.2 It is proposed that the President shall be elected in the year prior to taking office. In the period between being elected and taking office the person shall be entitled to attend meetings of the Executive, but without voting rights, and may attend such other meetings as determined by the President in office. The purpose of this change is to provide time and opportunities for the incoming President to develop and grow into the role before assuming office.

11.3 We propose that the President position be a full-time position, paid by NZNO at a rate comparable to that paid to nurses in senior executive nursing positions.

11.4 The 1997 and 1998 reviews of the role of the President within NZNO, and activity of the President subsequent to that date, have indicated that the time demands on the President are significant and that those demands may be limiting factors on who is be able to stand as President. The 1998 review sought the opinions of other organisations with a paid President, e.g. NZEI. Having a full-time President strengthened the organisation by bringing together the membership, governance and management into much closer alignment.

12. Conference and Regional Conventions

12.1 There are two significant changes proposed:

- Frequency
- Representation

- 12.2 It is proposed that the NZNO Conference and Regional Conventions shall meet biennially (that is every two years), with conventions being held in the year that conference is not being held.
- 12.3 When Regional Conventions were first held they met biennially and it was envisaged that they would continue to meet every second year. However due to error the rules allow for conventions to occur annually. The review of conventions conducted in 2002 identifies that there is insufficient time for proper planning and preparation to be holding effective Regional Conventions and a conference in the same year. Our rules require planning for conference to commence more than six months from the date of conference. Logistically it is extremely difficult to plan for both gatherings and significant resources in terms of time and expense is spent in trying to hold both in each year.
- 12.4 The role of conference is to provide broad national strategic direction. Its purpose is not to deal with short-term or urgent matters. Those issues are more suited to, and are the responsibility of, the national committees. The Structural Review Committee believes that by providing more time for planning before conference and conventions, and the increased opportunity for the setting of strategic goals after the conference or convention been held, the effectiveness of both governance structures will be enhanced.
- 12.5 Representation at Conference and Conventions
It is proposed to change the representation at Regional Conventions and Conference. There shall be five regions.
- Northern
 - Midlands
 - Central
 - Canterbury
 - Southern
- (See Appendix 2 for their boundaries.)
- 12.6 The Conference
Representation to Conference shall be:
- Each of the five regions may be represented by up to 20 nurse member delegates. The members of the National Executive, Professional Committee and Industrial Committee shall attend Conference in their representative capacity and are not included in the regional delegations.
 - Each national College and Section shall be entitled to two representatives.
- 12.7 Regional Conventions
It is proposed that there will be one biennial convention in each region. In the past some conventions have been cancelled due to poor attendance. By having fewer conventions and enlarging the regions, the Committee is of the view that this will strengthen conventions, making them more effective by focusing on broader strategic issues and following up on conference goals. At the Bay of Plenty/Tairāwhiti Regional Council meeting on 20 November 2002 it was

recommended that the convention in that area should in future be held with Waikato. Our proposal is consistent with that recommendation.

- 12.8 Representation to Regional Convention shall be:
- Up to five representatives from each College and each regional or national Section.
 - One workplace delegate from each workplace with up to 50 nurse members.
 - Two workplace delegates for each workplace with 51-250 nurse members.
 - Up to five workplace delegates from each workplace, with more than 250 nurse members.
 - Te Runanga will be represented as determined by Te Runanga.
 - Any other nurse member may attend as an observer.

13. The Student Unit

- 13.1 It is proposed that there shall be a National Student Unit, which shall have the same status, rights and responsibilities and be subject to the same rules as national Sections. The Structural Review Committee did not believe that there were compelling reasons to treat the Student Unit differently from national Sections. Both national Sections and the Student Unit have geographic coverage across the country. To favour one or give preferential or greater representation is seen to be inequitable.
- 13.2 The students are an important group of members to ensure the organisation continues to grow. The committee believes there are other resources more beneficial to the Student Unit than a large committee that will support students. A good example is the resources put into the Student Debt Survey project.

14. Health Professionals New Zealand

- 14.1 The present rules of NZNO are discriminatory and undemocratic in relation to members of HPNZ. They specifically exclude HPNZ members from holding office at a regional or national level. They also exclude HPNZ members from some services. The Employment Relations Act clearly states that rules of a union cannot be unfairly discriminatory or undemocratic.
- 14.2 The Structural Review Committee has corrected this problem. The Employment Relations Act provides that a union may offer different classes of membership. The new rules propose that there be two classes of membership within NZNO.
- Nurses
 - Non-nurses

- 14.3 Non-nurse members shall be deemed to be members of Health Professionals New Zealand (HPNZ) and HPNZ members shall be organised separately from nurse members.
- 14.4 The proposed new structure maintains a separation between both classes of membership. It is recognised that in some workplaces both nurse and non-nurse members may come together from time to time. There are no impediments to this occurring.
- 14.5 Further, provision has been made for a representative of HPNZ to be a member of the National Executive. The only proviso being that this person does not vote on any matter directly affecting nursing practice. This is a new provision and something that HPNZ members do not have at the present time.
- 14.6 The majority of HPNZ members are currently x-ray workers whose professional organisation is the New Zealand Institute of Medical Radiation Technology (NZIMRT). They were invited to be on the working party, but declined. They have been given a copy of the draft rules and new structure, and have responded

(having read the rules) “... *find nothing that would cause either NZIMRT or our members any concern.*”

The NZIMRT has suggested that once the rules are adopted by NZNO, both NZNO and NZIMRT should review the existing Memorandum of Understanding between the two organisations.

15. Implementation

- 15.1 The new structure can be implemented once new rules creating the structure are accepted by conference.
- 15.2 New rules can be given effect after they have been registered with the Registrar of Incorporated Societies.
- 15.3 It is not necessary for all of the new structure to be implemented at the same time. There may be advantages in a staged transition.

There is therefore a recommendation for the implementation of each of the new governance structures.

- 15.4 See Appendix 1 for implementation timeline.

15.5 Recommendations

Recommendation 1

That Conference accepts the draft rules as circulated with the Structural Review paper.

Recommendation 2

That once the rules are registered the Nursing and Midwifery Advisory Committee (NMAC) be deemed to be the Professional Committee with the current members retaining their places on the committee, and that new elections are held in 2005 when current members shall be eligible for re-election.

Rationale: The NMAC committee was elected in 2003. No purpose is served by calling another election.

Recommendation 3

That nominations be called for the Industrial Committee in April 2004 and that the first term of office be for 3 years with a right of renewal of one further term of 2 years.

Rationale: This will synchronise the Industrial Committee and Professional Committee election cycles.

Recommendation 4

That the next NZNO Conference be held in September 2004 with representation determined under the new rules.

Recommendation 5

That the next round of Regional Conventions be in 2005 with representation determined under the new rules.

Recommendation 6

That the implementation of a paid Presidency be as from 2005 with nominations for the position being called for in April 2004 (as per new NZNO rules).

Recommendation 7

That the nominations and elections for the National Executive be called for as soon as practicable after 1 April 2004 with representation being determined under the new rules and that existing Board members retain their positions on the Board of Directors until the National Executive takes office.

Rationale:

- (i) This timeframe generally coincides with the term of office of most current Board members.
- (ii) By electing the Executive before the implementation of new rules for conference, conventions and a paid president the Executive will be able to oversee the implementation of these rules.
- (iii) Electing the Executive in alternate years from the Industrial and Professional Committees provides for continuity in the membership of the Executive.

Recommendation 8

That the Student Unit national committee be elected in April 2004 under the provisions of the new rules.

Recommendation 9

That recognising the new structure is significantly different from the old, all current office holders shall be eligible to seek nomination and election to any position in the new structure, and that for the purposes of the 2 plus 2 year terms of office rules, time spent in elected positions in the old structure shall not be added to time spent in any position in the new structure.

NZNO Structural Review Committee