



Nurse Education in the Tertiary Sector

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

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## Introduction

### About NETS

Nurse Education in the Tertiary Sector (Aotearoa New Zealand) (NETS) aims to provide a proactive voice on national issues in nursing education and nursing workforce development in Aotearoa New Zealand. NETS members are heads of nursing from nursing education providers and organisations with an identified role in nursing education. Our goals are to provide a national focus for groups seeking informed comment on nursing education and nursing related issues. We honour the Te Tiriti o Waitangi/Treaty of Waitangi commitments and the bi-cultural partnership. We aim to work in partnership with, practice colleagues, other health professionals, government agencies, national nursing organisations and regulatory bodies. NETS also promotes, participates in and commissions research related to nursing education.

NETS appreciates the opportunity to comment on this proposal and acknowledges the importance of this consultation with stakeholder groups.

### Question one

Do you support - **Option 1 Status Quo?**

Yes  No

**Please provide comments to support your choice.**

1. NETS supports Option 1. We do not support any change which combines regulatory authority back office functions outlined as Option 2, or a single shared services organisation outlined as Option 3.
2. Our submission focuses on a number of key points. The first of these is that in our opinion, there is no evidence that either Option 2 or Option 3 will improve public safety, in spite of claims in the Price Waterhouse Coopers report.
3. The proposal for a shared services organisation (SSO) asserts that benefits of this are:
  - *A shared services organisation is expected to better protect public safety over time. This would be achieved through improved regulatory practices, better leverage of the collective experience of staff and moving to operational best practice to increase efficiencies.*
  - *Increasing coordination across RAs is expected to deliver benefits to health professions through more efficient processes, consistent information and decision making, and a stronger unified voice.*
  - *Improved coordination in the sector is expected to increase public confidence in the regulated sector.*

4. We submit that there is no strong evidence for any of these assertions. Of serious concern is that a recent report<sup>1</sup> to the Prime Minister, authored by the Prime Minister’s Chief Scientific Advisor, Professor Sir Peter Gluckman, has identified that there is a major problem in policy and other decisions in the public sector being uninformed by evidence. The Gluckman Report provides a critical appraisal of a number of areas where policy is informed by weak evidence, such as anecdote and personal opinion of policy advisors, to implement policy changes. It is clearly identified in the Gluckman Report that, in such situations money is expended where outcomes are questionable. We suggest that this is the case in the current proposal to combine any activities and legislated functions of regulatory authorities.
5. The second key point of our submission is that there is no scientific evidence that public safety is compromised through the way in which regulatory authorities conduct their activities. In fact, in the case of the Nursing Council of New Zealand, an external audit by Professional Standards Authority for Health and Social Care (previously the UK Council of Healthcare Regulatory Excellence), determined that there is evidence that the Nursing Council is an effective regulator. This scrutiny by an external authority of international standing supports our view of various functions and processes that the Nursing Council does well. For example, there is very good communication and consultation with nurses and other stakeholders; the website is informative with a wide range of workforce data, standards and guidelines and the public has ready access to information about what the Council does and ways in which it protects the public.
6. The third key point is that the Australian Regulatory Authority model has had legal challenges to its combined backroom function model, for example slowing down processing of APC renewal. We would not want to see this happen in New Zealand.
7. In light of these three key points, we reiterate that there is no evidence that either Option 2 or Option 3 will “better protect public safety”. If anything, the proposals are inherently risky. These risks are outlined below. Collectively or individually, these risks are risks to public safety.
  - Loss of proven efficient business model used by NCNZ
  - IT issues around compatibility of systems – potential to lose existing electronic systems and processes including online renewal of APCs
  - Financial matters – potential rise in cost of APCs for nurses
  - Subsidisation of other regulatory authorities
  - Reduction in staff expertise and capacity

In summary, there is nothing Option 1 or Option 2 which provides any evidence that there has been any consideration of risk mitigation on terms of public safety.

Thank you again for the opportunity to comment.

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<sup>1</sup> Gluckman, P. (2013). *The role of evidence in policy formation and implementation*. Auckland, NZ: Office of the Prime Minister’s Science Advisory Committee

### **Question two**

Do you support - **Option 2: Combine all RAs back office function as stage 1 of developing a Shared Service Organisation (“SSO”)?**

Yes  No

**Please provide comments to support your choice.**

**We support Option 1 as above**

### **Question three**

Do you support - **Option 3: Single Shared Services Organisation proposal (“SSO”)?**

Yes  No

**Please provide comments to support your choice.**

**We support Option 1 as above**