NZNO National Sections, Colleges and Virtual Networks: a framework for future development

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Introduction

The New Zealand Nurses' Organisation (NZNO) requires a framework for the development of national sections and colleges which is futures focused and sustainable. The drive for increasing recognition of subspecialisation and the inability for NZNO to sustain continued growth in the number of national sections and colleges provided the catalyst to develop a sustainable and strategic framework which will take NZNO into the future. The proposed framework has been developed through a two year consultation process. It is coherent, respects the past development and provides a clear approach to future development.

The strategic framework for future development of NZNO specialty interest groups

Clinical Colleges

NZNO moves all its national sections relating to a clinical specialty practice towards meeting the criteria for becoming a clinical college of NZNO. This process should be completed by 2016.

NZNO actively discusses with identified national sections where there may be a natural alliance a way forward to amalgamate into a single clinical college.

Specialty groups seeking to establish a new clinical college within NZNO are directed to consult with an existing clinical college committee where there is a logical link with their practise.

NZNO takes a proactive approach to determine future need and identifies gaps in the clinical college structure where a new broad-based college could be required and identifies the subspecialties which would potentially move into these "paper" clinical colleges. The "paper" college will be activated once there is sufficient membership interest to do so. In this way there would be an identified and finite number of clinical colleges.

The criteria to establish a new clinical college would need to be developed. The current policy on establishing new national sections and the criteria for college status could be used inform the new policy parameters for approving a new clinical college.

Titles for the clinical colleges would have a standardised format, that is, (clinical specialty college, NZNO). Consistency in title format has value in branding and marketing NZNO groups.

National Sections

Those national sections which do not represent a clinical practice specialty but do represent a membership or role classification group remain as national sections.

No new national sections shall be approved. From time to time the Board of Directors may establish a fixed term reference group of identified members to support or advise on particular work priorities.

Virtual Networks

Groups of members which would not fit with the clinical college structure who express an interest in establishing a national network with would be offered the opportunity to form as a virtual network via an electronic discussion page on the website.

Policy for the virtual networks would need to be developed. Groups would be self managing with identified co-ordinators and not be a formal structure within NZNO.

Governance Representation of Clinical Colleges and National Sections

Representation to the Board of Directors would continue to be through the two national section and college representatives who would maintain the liaison and representation of both these arms of the new structure. This would change should a new constitution and board structure be approved in the future.

Voting power

Currently voting power at the NZNO annual general meeting is determined in the NZNO rule (23.5). Each national section or college has one vote per financial member. A change to the proposed structure would not have a significant impact on the voting power from the current structure although conceivably the proposed structure would enable wider participation in colleges and special interest groups thus increasing the voting power.

Transition

Once the Board of Directors has approved the proposed framework then the transition to a clinical college structure would be planned in a staged approach working with the clinical specialty national sections meeting most criteria for an NZNO college being the first to move. Each national section would be assessed against the criteria for a college. Timelines and work plans for each would be set.

National sections having natural affinities in their specialty practice would be identified and discussions occur around potential amalgamations. The timelines for each of the relevant national sections would be set to enable appropriate and sufficient staff support to ensure a smooth transition. It is anticipated that this process would occur over a number of years but be completed by 2016.

Some proposed clinical colleges may remain as "paper" colleges-in-the-ready for a number of years.

Policies and protocols for establishing new clinical colleges and for the virtual networks would need to be developed.

National sections with memberships relating to a classification of membership, ethnicity or employment position will remain as they currently are.

Conclusion

The proposed framework recognises the strength and commitment of the current national sections and colleges and their pride in what they have achieved for their members and for NZNO. It also future proofs NZNO from uncontrolled development of national sections and colleges. It is a sustainable model which is acceptable to current NZNO membership groups.

It is recommended that the Board of Directors adopt the proposed framework for the future development of clinical colleges, national sections and virtual networks.