

PNA Report to Womens Health College AGM May 24 2019

Tēnā koutou, Tēnā koutou, Tēnā koutou katoa

Thank you for the opportunity to speak to you today. It doesn't seem a year since we were together in Blenheim on the brink of the first national nurse strike action for 30 years. I still have fond memories of the ride back from the conference dinner with a bus load of nurse merrily chanting – *what do we want... fair pay*. I came to understand the power of the loud haler – I have never ever been in a protest much less lead one – but that has all changed. Walking down Queen Street with hundreds of people showing support was quite overwhelming. Health is in dire straits - I don't think there has been a week since the nurses strike where there has been action or threat of action – midwives, junior doctors and most recently paramedics. This is the legacy of ten years of disinvestment in healthcare.

The DHB MECA settlement has resulted in two huge pieces of work - CCDM and Pay Equity. Pay Equity is looking at whether or not gender bias in remuneration for nurses can be proven. Some of you may be asked to take part in the interviews and I would strongly urge you to do that.

CCDM has a target of completion by 2021 – the desired outcome being the additional staffing require to meet not only patient demand but also allow for the leave and professional development nurses and midwives are also entitled to.

There is a work stream specifically looking at issues for midwives – as maternity is in crisis.

Designated RN prescribing is also high on the list of concerns heading into the next preparations for MECA bargaining and in primary care. The requirements are onerous to gain and then maintain the certification. RN designated prescribing is not merely a tool, as we have been told by some nurse leaders. It is an advanced skill that supports good health outcome – it needs to be recognised and remunerated.

With all that has been going on around us industrially, it is always refreshing to come and meet with the Colleges - to celebrate with them successful events such as this conference.

I think the local organising committee for pulling this together and making it such a great event. I also extend my thanks to the national committee for all their hard work on some very meaty issues – as Anne has already spoken to you about. This work is done as volunteers, on top of all their personal and professional commitments.

I am aware that NZNO is not the “only player” in regard to being a professional association and union for nurses - but what I can say is that NZNO is unique in the way it structures its professional colleges and sections. This facilitates access to high quality education and conferences within the speciality – such as this womens health conference.

We have seen recently the effects of diluting and splitting union affiliation with the outcome for junior doctors - who now have an agreement with poorer condition since DHBS refused to continue negotiating with one union once the existing agreement expired.

I also want to make a comment on indemnity. I saw a comment on social media recently:

Q. What’s indemnity” **A.** “That’s what you need when you get sued by a patient.”

I have worked in this role as Professional Nursing Adviser for 11 years now and I can say that I am not aware of any nurses being sued – as there are provisions in NZ for ACC – however – numerous nurses have had complaints laid against them alleging breaches of the HDC Code of Rights, nurses who have been referred to Nursing Council for competency, health reasons and professional misconduct and nurses who have had to appear in Coroners Court.

NZNO has an “in house” team of 5 highly skilled lawyers specialising in medico-legal law. There are 10 professional Nursing advisers and a Nurse adviser specialising in competency. NZNO is unique in its provision of this level of service to members - providing they were members at the time of the incident – as with any other insurance.

Well, that wraps it up for this year. Once again thank you to the local organising committee and to all of you who have come together to network, share, learn and fun together.

I look forward to continuing to working with you all.

Mā te wā

Kate Weston PNA