

LPNs, NPs, RNs, RPNs at the Legislature
Launch of Nursing Week 2014
May 12, 2014

On May 12, 2014, a group of 20 nurses from each of B.C.'s four nursing groups, gathered in Victoria for a series of meetings with government officials. The purpose of the day was to launch Nursing Week 2014 in a fun and celebratory way, bring together a diverse group of nurses from across the profession and demonstrate our willingness to be collaborative, and share our knowledge and goals with politicians and public servants.

Initial Discussion within the Group

As a first step to launching the day, each person spoke about their hopes for the day and what they would like to get out of it. The following main themes were raised:

1. Recognition that this is an historic event, and that the opportunity for engaging with nurses from across the nursing profession was a huge step forward in solidifying the nursing voice and breaking down barriers between the various nursing groups.
2. Appreciation that all four groups would have an opportunity to share their voice at policy discussions that were meaningful and would provide direction for nurses and for government. It was noted that better understanding of the role that all four groups play in their respective nursing roles will make it possible to articulate our collaboration and sense of family to the province going forward.
3. Some policy areas were raised, where this group working together might have significant impact on decision-makers. Areas mentioned included:
 - a. Staff mix (and getting staff mix right)
 - b. Enhancing primary health care
 - c. Addressing the needs of vulnerable populations
 - d. Social determinants of health
 - e. Sustainable funding model and integration for Nurse Practitioners
 - f. Stopping the underutilization and marginalization of the LPN role
 - g. Province wide standards for nursing in all scopes of practice.
 - h. Removing the stigma associated with mental illness, which is felt also by RPNs.
 - i. Aboriginal health and opportunities to address issues with the FNHA.
 - j. Education gaps and underfunding
4. Understanding that we need to unlock the inherent power that is nursing. There are numerous barriers at every level, and this is an important start to getting the nursing voice raised in policy discussions.
5. Desire to highlight to government the contributions that all nurses make to the health and welfare of British Columbians.
6. Recommending to government that some of the contributions government makes to physicians and physician groups, need to be more equitably distributed throughout all health professions.
7. Reminding government that nurses are needed, and they cannot move forward without all of us. Ideally, this would be recognized by a structural change within government to promote nursing and Interprofessional collaboration.

Roundtables

Directly following our initial discussion, the group separated into two, with one group attending a small roundtable led by Minister Terry Lake, and the second group attending a roundtable led by Kevin Brown, Executive Director of Workforce Planning and Management, Ministry of Health and also including Debbie McLachlan, Director Nursing and Allied Health and Evan Howatson, Director of Labour Negotiations.

Ministry of Health Roundtable

Kevin Brown led off the roundtable by congratulating the group on Nursing Week. He spoke about changes on both the political and bureaucratic side of health and talked about some of the work that is going on within the Ministry to focus on broader HHR planning. In particular, he noted that government is beginning to look at integrating all professions into the planning process, rather than focusing on one profession and that this is a requirement when providing a patient-centred care focus. He noted that this is a new way for this Ministry, of looking at the system, and will impact change in a real and meaningful way. Kevin noted that there is still a lot of work to do to improve the functioning of the healthcare system, but they know they need to do better, and can do better.

Debbie McLachlan, a registered nurse and director in Kevin's department, spoke about the nursing components within the Ministry. Her focus is on interprofessional practice, respecting scopes of practice while still understanding the independence of each scope. The Ministry has been working on regulatory changes for LPNs and RPNs – and she reminded us to be patient as this is moving forward, but does take time. She reassured that all nursing groups would have opportunity to review and comment before final decisions are made.

Debbie spoke about NP integration – and noted that the NP4BC experience has given the Ministry a lot to think about and they learned much. Ministry is working on a bigger strategy going forward to better integrate NPs. She referred to the care-aide registry work and the need to align health care assistants and be clear who does what and noted that the Ministry respects that everyone is part of the system.

The group then engaged in a lively discussion with Ministry representatives, with the following key themes emerging:

- Government feels this day/event, is a significant milestone for the nursing family and that coming together with one voice will continue to push the agenda forward. Keep doing this.
- Government will be looking to reach out and bring groups to meet with Ted Patterson (Acting ADM, Health Sector Workforce Division) and others to inform their thinking and help them understand what the issues are from a nursing perspective.
- Working to full scope is important – some are, and some are not. The Ministry can help support this change.
- Lack of investment in the education and technology piece will continue to be discussed between the Ministries of Advanced Education and Health.
- Nursing can help to support and build the First Nations Health Authority, and work to change the health status for First Nations people. The MOH is beginning to hardwire First Nations into health system planning and are committed to making this happen, but will value advice and expertise.

Minister of Health's Roundtable

Minister Terry Lake welcomed eight representatives from the four nursing groups to join him for a short roundtable discussion, which he facilitated. Also joining were Lynn Stevenson and Elaine McKnight (Associate Deputy Ministers) and Ted Patterson, Acting Assistant Deputy Minister. Minister Lake started off by noting that he and his team have been working very hard to make things happen, and that everyone is working in the same direction and has the same desire for success for the health system and better health for British Columbians.

Minister Lake mentioned that one of the things he is looking at is whether or not there should be one College that regulates all nursing groups in British Columbia. Each group was provided an opportunity to share their thoughts on this, and all agreed that the associations and the professions themselves would be supportive of this move towards one regulatory body. All agreed in the importance of self-regulation for the profession, and felt that all nursing groups should have some say in how this rolls out. However, the general approach towards moving to one college is one that we feel would be looked at quite positively by this group. Minister Lake also noted that in the rollout and planning, it would be important to the Ministry that the smaller nursing groups not be overwhelmed – but recognized that currently the NPs are a very small part of the CRNBC and the relationship is quite inclusive. Minister Lake reiterated that he is not interested in imposing something that will be problematic for the profession, so he is very interested in collaboration and discussion on this important issue.

The Minister noted that he would like to see a high level of ongoing communication and consultation between the Ministry and the nursing family. There will be new structures developed going forward, and he would like to talk with nurses more about how they could be further integrated into the Ministry's priorities. He noted that some of the changes, particularly with the health authorities, will be more about an evolution than a revolution, but is open to hearing suggestions on how the system can work better together.

It was noted that the Divisions of Family Practice and the General Practice Services Committee do a lot of good. However, these structures are well suited to command, but what is lacking is a directive to involve an interdisciplinary voice – it might be something they talk about, but currently not something they practice. It would be helpful if the Ministry could intervene a bit more in terms of how these structures engage others. Minister Lake noted that the Ministry has to be careful when managing different professions, but he also acknowledged that the Ministry and his office have a responsibility to help physicians understand that there are other important partners within the primary care system.

The Minister raised the current situation with the urban clinics in Vancouver, and the fact that the health authorities are making drastic changes to reduce costs. He noted that the idea of integrated primary care clinics is something he supports, and he would love for every person to be able to access this type of healthcare team, but the reality is, we haven't hit on a functional model that is also sustainable to fund. The LPNs raised the need to better optimize and utilize different nursing groups across the system, and reminded the Minister that there is significant scope confusion. The Minister agreed, but noted that this is not unique to nursing – he experienced this himself as a vet when new specialist groups would come in and it would impact his scope. He went on to mention that health authorities are important because they allow for tailoring of services within a region to meet the needs of the population – but the flip side is that there is a limited ability to trade professionals, programs or processes between regions.

The Minister closed the discussion by suggesting that we need to be smart about how we approach moving forward, and we need to collaborate. The nursing group raised the suggested that this group could be the champions to start to spread the message through the province that there are positive ways to influence change, and nursing will have a significant role in that, while working closely with government in a positive and meaningful way.

Conclusion

To round out the day, the group met with Judy Darcy, Opposition Health Critic and Andrew Weaver, Independent MLA for lively and invigorating discussion.

Judy mentioned that she would welcome opportunities to work with the group, who can provide information to her that she can use during Question Period or Estimates. She spoke with the group at length about a number of significant themes to various members of the group including:

- The closure of the urban primary care clinics in Vancouver and the impact these closures are having and will have on nurses and patients.
- Aboriginal Health and the opportunities that are present with the introduction of the FNHA, but also where we are 'missing the mark' and more work needs to be done. This is an area of interest we will follow up on.
- Integration of Nurse Practitioners and the list of amendments, regulations and legislation that still needs to be completed in order for them to work to their full scope.
- A stronger voice for nursing in policy and decision-making. Judy is well aware that the physicians have a bit of a stranglehold on health system planning.

The conversation with Andrew focused primarily on CDMR, an area that is of particular interest to him. This was a very good opportunity for the group to note that there are two sides to CDMR – that in some places, the same system is working quite well, and sometimes it is about implementation and particular staff, and not necessarily about the system itself. Andrew suggested that he will continue to study CDMR, and to continue to engage all nurses in the discussion and learnings as he moves forward. A delineation was made that consultation with a nurse is different than consultation with Nursing. Andrew noted that the role of nursing associations is to connect with nurses involved in best practice and evidence informed initiatives and as such, they provide government with an exceptional opportunity to have meaningful “consultation” with B.C. nurses.

Outcomes of the Day:

- Deeper understanding of the role of associations in advocacy and lobby with government
- Recognition of the importance of collaboration between the nursing family and interest to meet together in the future
- Commitment to communicate with each other if there are tensions versus public communication
- Importance of strategic collective action
- Interest in repeating government engagement in future nursing weeks

For Further Information Contact:

Andrea Burton
aburton@arnbc.ca
604.730.7402

or

David Axon, RPN - david.axon@viha.ca
Julie Fraser, RN - julieambrosiofraser@gmail.com
Stan Marchuk, NP - stan.marchuk@bcnpa.org
Teresa McFadyen, LPN - president@lpnabc.ca