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## Update on Network Progress

### Policy Matters

We have been working to conceptualize and articulate just what is needed in an additional nursing organization in BC. Certainly there is an important and unique role for the BCNU, and it is ideally positioned not only to act as a bargaining agent for nurses but also to fund and disseminate research on aspects relevant to the unionized nursing workforce. As such, it has a significant role in many aspects of policy development, especially that which affects the workplace and worklife of nurses. There is also a vital and distinct role for the CRNBC, particularly when it is policy related to regulation of the professions and on policy that could make regulation more complicated. However, there is an unfilled gap between what a union and a regulatory body can contribute on behalf of nurses to the public policy dialogue.

Unions, including nurses' unions, are always and inherently limited by their roles as bargaining organizations. Their primary function is to act as an agent on behalf of their members. Because of this, positions that nursing unions take on issues are burdened by the perception that, because of their primary mandate they would always act from a position of self-interest - even when advising on matters of professional and health policy. For this reason they are not usually in the best position to act as the primary policy advisement organization for the profession outside of the limited realm of policy that directly effect workplace issues. Similarly, a regulatory body must serve the public through the regulation of nurses, and therefore cannot act in a manner that advocates for them. While these may be overly simplistic summaries of those inherent limitations, and a more fulsome discussion would unravel important nuances on both sides, in the end, we will always need an organization not burdened with these limitations. Currently, BC nursing lacks a formal mechanism through which it can be formally represented on matters of public health and social policy.

We share a conviction that this voice is needed, and we must move expeditiously to put in place a formal structure to allow for its expression. Ideally, this ought to be an organization that represents all nurses, capitalizing on the wonderful foundation we have in the specialty groups, the many nursing organizations (some of which were former RNABC professional practice groups), the provincial chapters of national nursing organizations as well as the work of individual nurses who have taken the time to speak out on issues important to the profession. These nurses and nursing groups have been carrying the torch for informing policy and decision-making within their own fields of practice in the absence of professional association support. In the creation of a new "association," we would not want to replace or supplant those groups, but rather to provide an infrastructure that would better support and enhance their activities.

As we move forward, we are working hard to try to find the very best language with which to express the nature and scope of the policy voice we are working to build, so as not to duplicate the mandate of the other nursing policy organizations, but rather to clearly explain and delimit that which must now be built within a new association structure. This conceptual and language work will be vital to future clarity in our relationships with BCNU, CRNBC, and CNA, as well as our capacity to explain to nurses, to our stakeholders, and to the general public what we represent and what we can accomplish.

We invite all nurses to join with us in striving toward this clarity of purpose and expression as we build our foundation. The words we use now to convey our purpose and our convictions may shape our future for generations!

### **A Current Issue**

If we had a fully formed and operational association, there are many public policy issues on which it could ensure that the professional voice of BC nursing would be heard.

Among the current "hot topics" is the current enthusiasm for the development and implementation of the new category of providers called Physician Assistants in BC. We know that the introduction of a new category of providers is a complex matter and that thoughtful and reasoned responses from our profession on proposals and strategies are much more likely to be heard - and listened to - than are "knee jerk" reactions. We also expect that there is a major difference between accommodating the cadre of highly skilled individuals whose military experiential training could play a role in selected components of our health care system and the introduction of a new "civilian" PA system in which a new category of individuals entirely dependent on delegated function from physicians will supplant roles may more appropriately be filled by registered nurses, nurse practitioners and other disciplines such as Pharmacists in their roles as autonomous professionals.

In primary care, we know that we have a significant problem with underutilized talent. For example, many of our NPs cannot find positions in primary care settings. Not that they aren't needed - the population is desperate for their services and communities are crying out to have them. But ongoing limitations with regard to primary care reimbursement mechanisms have created a real impasse in the implementation of NPs. Even though we know that many family practice physicians in BC would now welcome NPs as practice colleagues, progress toward a solution is painfully slow. Until these issues are resolved it does not seem to make a great deal of sense to introduce another category of provider (and often at a higher cost to society!) - particularly one that would for the most part simply duplicate a subset of the roles RNs and NPs are already prepared to play. We would love to be able to generate a formal and fully thought out policy paper on the topic, as well as to take that position to every policy table we can find. But, although we will be writing a letter to the Minister of Health offering our perspectives, we are, as you know, still an entirely voluntary organization, and have not yet the resources or infrastructure to do the more in-depth work we believe is essential on behalf of the profession. In the meantime, we hope that nurses will inform themselves, consider the thoughtful responses that have been put out by nursing professional associations in other provinces, and speak out on this matter in their own communities. A year from now, we should be so much better prepared to speak out intelligently on behalf of the profession on matters that are of vital importance to our future. Our profession deserves no less.

## Nursing Week

The theme for the upcoming Nursing Week (May 10-16) is "Nursing: you can't live without it". Under normal circumstances, this is something that an association would become actively involved in, carrying out activities centrally and supporting those you do locally. But since we don't have an organization, we do hope that many of you will pick up the slack this year and do what you can to showcase our wonderful profession in your own workplaces, schools and communities. Perhaps in BC, we need a slight modification on that theme. How about "A nursing association in BC: We can't live without it"!

If you are having nursing week celebrations in your organization, it would be wonderful if you could make information on the May 19th meeting available. We have attached a copy of the recent insert in Canadian Nurse which you can feel free to copy and or distribute and we anticipate that a further reminder will be forthcoming in the CRNBC electronic bulletin.

## Member Response

Just want to affirm that those of you who have declared membership are truly fuelling a revolution for nursing in BC. We have been so heartened by your messages of encouragement, excitement, and a willingness to help out. While we have not yet been able to delegate specific tasks and engage you in a more active manner, we are very much anticipating that our May meeting will mark that shift in our organizational development. After the May meeting, we anticipate forming an inaugural Board and obtaining society status. As the new organization forms there will no doubt be committees established that will involve many of you in the development of the organization and its work in much more tangible ways. Until then, please know that we are sustained by your encouraging words and expressions of confidence.

And if you are chomping at the bit to take action, we likely will need additional nurse-power in the logistics of hosting our May 19th meeting (doors, facilities, registration and that sort of thing). Let us know if you feel inclined to volunteer and can be in Vancouver that day (send an email to [Paddy.Rodney@nursing.ubc.ca](mailto:Paddy.Rodney@nursing.ubc.ca)). If you aren't Vancouver-based, another way you can take action is to set up a space in your community or workplace to project the webcast of the meeting and host a local discussion. All you would need is a live internet feed and a powerpoint projector. Input from groups around the province will inform our post-meeting process and decision-making. So if you are intending to take a lead in a meeting session, let us know and we'll keep you posted on the details.

See you on May 19<sup>th</sup>!

From all of us  
on the RN Network Steering Committee:

Heather Mass	Sally Thorne
Jo Wearing	Lynette Best
Maureen Shaw	Sharon Toohey
Paddy Rodney	

Don't forget our general meeting  
May 19 6-8 PM  
at the Paezhold Auditorium, VGH

(with live webstream for those unable to attend in person)

Look for an insert in the March edition of  
Canadian Nurse for further details!