

RN Network Launch (Nov 5, 2009)

Since the spring of 2009 a small group of CRNBC members began to explore issues resulting from changes to legislation governing professional regulation that led to the folding of the Registered Nurses Association of BC (RNABC) and the birth of a College of Registered Nurses of BC (CRNBC). During this exploration process we talked to many fellow CRNBC members and other nursing and non-nursing colleagues to inform ourselves on their perspectives on this issue and to assess their interest in being part of a process to address the challenges we were discovering. We also met or communicated with representatives from CRNBC, BCNU, CNA, BC nursing leaders and clinicians and representatives from other regulatory bodies in BC and beyond. Through this exploratory process, we collected a broad range of ideas about the dimensions and implications of the gap created by the folding of RNABC and the creation of CRNBC and about how it could be addressed. It became clear that:

- Changes to legislation and the constraints imposed by the Health Professions Act and to the Regulations pertaining to RN/NP practice have resulted in the CRNBC mandate being much more intensely focused on regulation.
- Activities associated with “Association work”¹ that were a feature of RNABC’s mandate have been either severely constrained or extinguished within the new College structure.
- With the formation of a Regulatory College there is also a need to consider the implications for the ongoing relationship of CRNBC with CNA. CNA is a federation of provincial/territorial nursing organizations who are professional and regulatory in nature, and CRNBC is now exclusively a College). A review of this issue by CRNBC is currently underway.
- Although there have been sincere efforts by other existing nursing organizations (including BCNU and several specialty groups) to offer nursing perspectives on health policy issues, there is a serious risk that the important knowledge they could contribute to health and health care decision-making and health policy development processes may not be heard in the absence of an “RN association” or similar mechanism capable of representing the collective RN perspective. This gap is widely recognized as the central issue to be addressed at this time.
- A variety of options have been suggested as to mechanisms by which to address the gap. All options are worthy of thoughtful consideration.
- While there seems general agreement that the focus of initial efforts ought to be on addressing the loss of an “RN association”, there is also considerable support for the longrange goal of developing a mechanism that could potentially articulate the perspectives of all members of the “family of nursing”.
- Decisions about options and processes for moving forward must be made in the spirit of transparency and inclusion of all affected parties.

Based on these findings our original small group has now taken the liberty of developing a beginning process for moving forward. We have:

1. Developed a short “backgrounder” (see Oct 29 document) to provoke and inform dialogue about what if anything ought to be done.
2. Created an “**RN Network of BC**” to help facilitate ongoing discussion among interested nurses and groups of nurses toward more permanent solutions over time (see Terms of Reference document)
3. Launched a web presence to facilitate communication between all interested parties as issues and options for actions are considered
<http://www.nursing.ubc.ca/scholarship/rnnetwork/>

Our original planning group has been formalized into an Interim Steering Committee comprised (for 2009/2010) of **Heather Mass, Sally Thorne (Co-Chairs), Lynette Best, Paddy Rodney, Maureen Shaw, Sharon Toohey, and Jo Wearing.**

We aim to help facilitate a conversation among RNs and others to ensure that decisions about the future policy voice for nursing are made with optimal information and deliberation. We are exploring ways and means to support convening a “gathering” of interested BC RNs and other key partners in the spring of 2010 to explore options and decide on actions to be taken (if any). Ideally this meeting would offer both in-person and “virtual” attendance options to facilitate participation by nurses from across BC.

The RN Network promises to be a most interesting opportunity to be part of the creation of a new and innovative way to continue to bring the knowledge and expertise of nurses into health public policy, nursing policy planning and decision-making.

Interested nurses and nursing groups wishing to add their names to our list and be “counted” as members of this RN Network may do so by email (use “RN Network” in the subject line and send your message c/o Rebecca.Armstrong@nursing.ubc.ca).

Footnote:

^[1] Association-type functions performed by organizations like RNABC are focused on articulating the knowledge that members have in support of better health care planning and delivery and advancing awareness of the contributions the profession can offer in pursuit of better health care and policy planning. This work is carried out in a variety of ways. One strategy involved staff of RNABC working with members to ensure that interested groups of nurses had the necessary information and tools to help and support the public in their local areas in efforts to achieve bicycle helmet legislation. Articulating the perspectives of nurses in regard to the profession and health care planning and delivery can also involve strategies such as the mounting of demonstration projects, like the Comox Valley Nursing Centre Demonstration Project, which explored and showcased the utility of nursing involvement, and nursing roles in, primary health care.