



# A Policy Framework for Nursing Education in British Columbia July 2011



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## Background

The Nursing Education Council of British Columbia (NECBC), a consortium of program leaders representing B.C. Schools of Nursing, has a vision of nursing education that is informed by evidence and projects a clear and sustainable direction for the preparation of a high quality nursing workforce. Nursing education policy and planning is the primary responsibility of educators in collaboration with key stakeholders (e.g. academic councils, communities, government, practitioners, practice agencies, students, regulatory bodies, nursing associations and unions). NECBC recognizes nursing as one of the health care professions that contribute to quality health care services and ultimately the health of British Columbians. The Council is therefore committed to high quality education that prepares nursing graduates to participate in collaborative practice with teams of health practitioners.

*Nursing education is well positioned to prepare the nursing workforce of the future -- graduates have the capacity to practice in an increasingly complex health care system, ensure high quality nursing care and patient safety, lead changes in care delivery models, meet the challenge of pandemics, produce health research, and work intersectorally to promote population health.*

In 2007 – 2008, the Nursing Education Council of British Columbia (NECBC) conducted an analysis of policy contexts and issues in nursing education. Based on this analysis and a process of consensus building, the Council developed the policy document titled, *Educating for a Comprehensive Nursing System: An Action Framework for Nursing Education in British Columbia*.

In 2010 the Canadian Association of Schools of Nursing (CASN) released its white paper on nursing education titled, *The Case for Healthier Canadians: Nursing Workforce in the 21st Century*. Taken together, these documents present issues pertaining to the education and sustainability of the nursing workforce into the future, and policy directions that coalesce around three urgent priorities:

- Recognizing the urgent need to invest in nursing faculty supply and program infrastructure
- Fostering innovative initiatives in practice education, and distributive delivery models that promote access for all populations of students
- Investing in nursing research and knowledge to inform nursing practice and education, including data that informs health human resource policy through accurate tracking of student and new graduate correlates of successful recruitment and retention in nursing careers

This revised 2011 policy framework situates policy directions in the health and post-secondary sectors, and positions critical nursing education policy issues within identified policy windows. The political context of the nursing shortage has shifted, resulting in the concern that short sighted policies may ensue. It is therefore timely that this analysis updates NECBC's Action Framework for relevance in the current context, and recommends strategic action on high priority policy issues.

## Nursing Education System in B.C.

The nursing education system in B.C. is defined within a complex mix of roles, relationships, regulatory bodies and education programs. Table 1 identifies the nursing roles for which the educational system prepares individuals, identifies levels of education provided, and institutions that offer such programs.

**Table 1**

Role Title	Education / Type	Institution
Health Care Assistant (formerly Home Support/ Resident Care Attendant)	Certificate	College University
Practical Nurse LPN <sup>1</sup>	Certificate	College University
Registered Psychiatric Nurse RPN <sup>2</sup>	Diploma Degree (BPN and BSPN, post RPN - BHSc)	College University Institute
Registered Nurse RN <sup>3</sup>	Degree (BSN)	College University Institute
	Masters PhD	University
Nurse Practitioner NP <sup>3</sup>	Masters PhD	University

<sup>1</sup> LPNs regulated by the College of Licensed Practical Nurses of BC (CLPNBC)

<sup>2</sup> RPNs regulated by the College of Registered Psychiatric Nurses of BC (CRPNBC)

<sup>3</sup> RNs and NPs regulated by the College of Registered Nurses of BC (CRNBC)

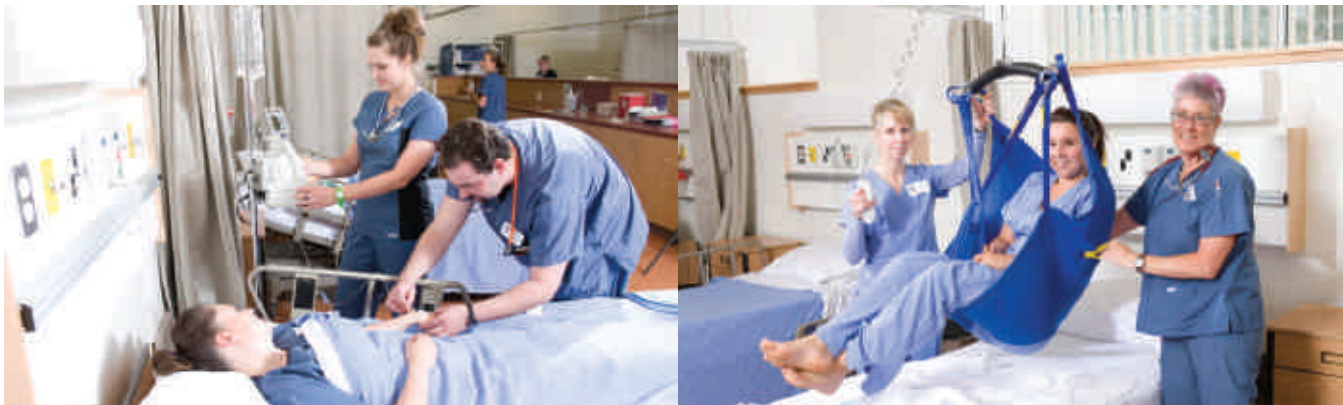
## Purpose of a Policy Action Framework for Nursing Education in B.C.

- To provide the foundation of the Nursing Education Council of BC's analysis and position on high priority policy issues pertaining to nursing education
- To develop policy positions based on current literature including research and emerging policy in provincial, national and international jurisdictions
- To guide NECBC's political strategy and influence in policy matters

## Components

The action framework consists of four components accompanied by principles and strategies:

1. Influence government and stakeholders on policy directions that will increase capacity and quality in nursing education and health human resources
2. Plan and sustain high quality nursing education programs and delivery models
3. Collaborate with intersectoral partners in integrating the spectrum of nursing roles and models for quality care delivery, patient safety, and optimal health outcomes
4. Define and secure fiscal and faculty resources necessary for nursing education, research and knowledge translation





## Component 1:

**Influence the policy directions of government and stakeholders to increase capacity and quality in nursing education and health human resources**



## Principles

- Nursing education policy decisions made today will have long-term impacts on the quality of patient care and population health outcomes.
- Health human resource planning is based on population health needs, nursing system perspectives and care delivery models. The nursing shortage is about more than numbers.
- Collaboration at the level of the Ministries of Advanced Education (MoAE) and Health (MoH) is essential to achieving sustainable and high quality nursing systems.
- NECBC is a full partner in health human resource planning and nursing system development in order to fully inform educational programming and curricula.
- Scarcity of nursing education faculty resources must be considered within the health human resources plan.
- Retention of nursing students and nurses in practice is an essential component of health human resource planning.

## Strategies

- NECBC works to inform health human resource policy on the evidence of the faculty shortage.
- NECBC is influential through a multifaceted political strategy including media, and development of strategic relationships with government. (Appendix A)
- NECBC will undertake an analysis of its policy network to identify strategic partnerships and policy tables.
- NECBC will build on the momentum of the national consensus of the Canadian Association of Schools of Nursing (CASN) and the subsequent White Paper.



## Component 2:

### Plan and Sustain High Quality Nursing Education Programs and Delivery Models



## Principles

- Entry-level and graduate nursing education is a shared responsibility with regulatory bodies, nursing and student associations, practice and health care groups and associations, and government.
- Innovation in nursing education is rooted in the concept of a learning community that emerges within a rich collaboration of practice and education sectors.
- The concept of practice readiness is contextual and is defined on the basis of entry-level competency frameworks (Wolff et al, 2010).
- Entry-level competencies are the basis for development of skills, knowledge and attitudes in focused areas of practice (Black et al, 2008).
- Nurse educator positions that bridge the practice and education sectors support nursing education.
- Practice education models are required to promote cost effective sharing of educational and practice resources for mutual benefit and with the potential to optimize patient care.
- Many nursing practice roles require the acquisition and application of knowledge and competencies beyond entry-level in focused areas of practice.
- Graduate nursing education is required to prepare greater numbers of nurses required for advanced practice, leadership, teaching and research roles.<sup>1</sup>
- Continued education of nurses beyond entry-to-practice is best achieved through collaboration and sharing of resources between governments, professional associations, practice and educational institutions.
- Entry-level nursing education models integrate intra- and inter- professional practice.

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<sup>1</sup> In 2008-09, only 29.4% of faculty in Canada held full-time permanent positions; and schools were unable to fill 95 full-time positions: 52% of permanent faculty are 50 years or older with 53 faculty retirements in 2009. CASN / CNA Nursing Education Statistics in Canada.



## Strategies

- NECBC will allocate resources to develop exemplars of nursing education based on past and current innovations that correspond with government priorities, some of which are documented in Appendix A, and which provide concrete examples of how resources must be invested to meet Health Human Resource (HHR) goals.
- NECBC will collaborate with appropriate government and health authority leaders to develop a practice education framework based on practice education resources and best practices.
- NECBC, in collaboration with advanced education and health leaders, will investigate the feasibility of cooperative learning experiences.
- NECBC will collaborate with Chief Nursing Officers (CNOs) and other practice leaders to develop a strategy for intersectoral clinical educator roles that are feasible, cost effective and enhance best practices implementation and quality care outcomes.
- NECBC will collaborate with CNOs and other practice leaders to propose new models of practice education and entry-level nursing educational support.
- NECBC members will continue to promote curricula and opportunities for students to learn about and practice intra- and inter- professionally.
- NECBC members will continue to promote undergraduate curricula that support new graduates' abilities to move into focused areas of practice within the context of entry-level competencies.

*Aerial view of UBCO Campus*





## Component 3:

Collaborate with intersectoral partners on an integrated spectrum of nursing roles for quality care delivery, patient safety, and equity in population health outcomes



## Principles

- Nursing systems consist of professional and provider roles operating in clearly articulated relationships toward the coordination of care within a transparent accountability framework.
- Strategies to sustain a nursing workforce are based on the concept of the career lifecycle wherein nurses at differing stages of their career (new graduate, novice, mid-career, elder, re-entering or changing roles) have access to a variety of supports (mentors, clinical specialists / educators, continuing professional education) in order to maintain competence, acquire knowledge and develop new competencies.
- Emerging care delivery models must be evidence-informed and rigorously evaluated according to quality health care processes and outcomes, strongly influenced by public participation.
- Entry-level competencies for each member of the nursing system are differentiated such that educational programming can effectively bridge different roles, and competencies.
- Specialization in focused scopes of practice and practice leadership roles requires graduate education in advanced nursing practice.
- Emerging care delivery models integrate orientation and transition supports for recent graduates of nursing programs.
- Organizations and regulatory bodies supporting members of the nursing system acknowledge a common disciplinary knowledge base, and align with distinct forms and levels of focus and expertise.

## Strategies

- NECBC will recognize and develop strategic partnerships with the following: decision makers in MoAE and MoH, Chief Nursing Officers, B.C. Academic Health Council, CRNBC, CLPNBC, CRPNBC, ARNBC and CASN.
- NECBC will monitor shifts in the way that governments and key decision-makers view trends in the nursing shortage within the context of the current global economic situation, and will work strategically to ensure that long-term policy decisions pertaining to a sustainable nursing workforce are based on best available evidence and a vision of quality health care and nursing education.<sup>2</sup>
- NECBC will work with the MoH and Health Authorities to carefully consider any suggested new categories and roles of health care workers related to nursing care in light of impacts on health human resources.
- NECBC will collaborate on strategies to support new graduate transitions for all nurses.

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<sup>2</sup> Policy analysts assert that the current reprieve from the shortage of nurses experienced in the US is an opportunity for strategic action, and that the projected shortage of nurses is about more than numbers; rather it is about having the nurses with the right skills and knowledge including enough faculty to educate entry-level practitioners (Cleary et al, (2009). Health Affairs, 28(4), 634-645.





## Component 4:

Define and Secure Fiscal and Faculty Resources for Nursing Education, Research and Knowledge Translation



## Principles

- Quality and capacity in nursing education is dependent on the availability of faculty, practice placements, infrastructure, leadership and adequate funding models that support the delivery of nursing education programs.
- Nursing education policy is proactive; it corresponds to priorities and discourse within the B.C. Ministry of Science and Universities Service Plan (2010-2013) including: the shift to a knowledge economy, global competitiveness, increasing workforce participation of older workers, and access to labour market information and data to inform decision-making.
- Data are required to project current and future needs in relation to workforce requirements, nursing faculty supply, practice learning sites, and capacity for knowledge development.

## Strategies

- NECBC will work with CASN and other nursing education and student organizations to promote awareness of the need for policies to support nursing education infrastructure and expansion.
- NECBC will work with MoAE and human resource planning processes to determine cost-effective allocation of resources to educational institutions for nursing education funding priorities.
- NECBC will advise stakeholders in health human resource planning of the need for graduate funding to produce faculty required for nursing education program capacity.
- NECBC members will continue to contribute to replenishing the nursing workforce through monitoring attrition in nursing programs and implementation of evidence-informed progression and retention strategies.
- NECBC will anticipate and propose new program allocations and lobby for decisions in new program funding that are consistent with population health needs, nursing system design, and that best reflect the unique contributions and capacities of the province's educational institutions.

## Conclusion

NECBC has already begun to address many of the components in the action framework. Appendix A identifies actions already being undertaken by NECBC within each component.

The priorities for 2011-2015 are:

- Implement a political strategy and develop partnerships for advancing nursing education and health human resources planning policy in B.C.
- Maintain vigilance in monitoring government policies pertaining to emerging care delivery models and related implications for nursing recruitment and sustaining nursing education programs.
- Develop a strategy to ensure that government continues to invest in quality nursing education in the interests of a sustainable workforce and one that views the nursing shortage as more than numbers.
- Participate actively in political action on national priorities for nursing education identified in CASN's (2010) White Paper, including:
  - Investing in nursing faculty supply and nursing program infrastructure (work with national association to quantify needs, where possible)
  - Fostering innovative initiatives in areas of practice education, student data and distributed delivery models to improve access to quality nursing education for Aboriginal students and other underserved groups
  - Investing in capacity-building for knowledge development and translation



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## Appendix A

### Summary of Current Nursing Education Initiatives Related to the Action Framework – 2007 - 2010

Component	Action
<p>Component I: Influencing government and stakeholders on policy directions that will increase capacity and quality in nursing education and health human resources</p>	<p>Successes:</p> <ul style="list-style-type: none"> <li>• Increased enrolments and graduates from entry to practice programs</li> <li>• Increased numbers of graduates in Master’s programs</li> <li>• Innovations in practice education (collaborative learning units, preceptor models and pathways, inter-professional, rural / remote practica; final term immersion practica)</li> <li>• Aboriginal nursing and post secondary initiatives (most schools have participated in student recruitment and retention strategies and advanced curricula for the development of cultural safety competencies)</li> <li>• Faculty development and succession strategy – Pathways project</li> <li>• Internationally Educated Nurses strategy has been developed</li> <li>• Research capacity – B.C. Nursing Research Initiative; Inspirenet</li> </ul> <p>Implications:</p> <ul style="list-style-type: none"> <li>• NECBC has the expertise but lacks the voice in HHR planning in the B.C. MoHS</li> <li>• Faculty shortage is not on HHR agenda – data pertaining to future projections needed</li> <li>• NECBC has advanced the understanding of the complex nature of the current shortage of nurses as one that transcends historic cyclical fluctuations in nursing workforce supply and demand, and one that transcends shifting perceptions of nurse supply and some early indications that government commitment to increasing enrolments in nursing programs may be waning. In particular, NECBC has collaborated with others at key policy tables, including cabinet ministers of government to articulate factors most influential to addressing current and projected shortages. NECBC has expanded the discourse of shortage to include factors such as retention of nurses, quality work-life, faculty supply, projected retirement trends, and the impact of care delivery models on progressive health human resource policy.</li> </ul>

<p>Component II: Collaborating with intersectoral partners on an integrated spectrum of nursing roles for quality care delivery, patient safety, and equity in population health outcomes.</p>	<p>Successes:</p> <ul style="list-style-type: none"> <li>• NECBC has participated in the discussion and identification of critical issues in the educational preparation of LPNs in B.C., and have made recommendations to government</li> <li>• NECBC collaborated with CRNBC and CNOs to study the concept of practice readiness. This analysis was disseminated through paper presentations and a publication: (Wolff, Regan, Pesut &amp; Black, 2010).</li> <li>• B.C. is expanding the number of nurse researchers contributing to knowledge in the fields of nursing education policy and health human resource planning.</li> </ul> <p>Implications:</p> <ul style="list-style-type: none"> <li>• Strategic partnerships between practice and education leaders must be developed and sustained</li> <li>• Continuing action and attention are needed to evaluate emerging care delivery models in the interests of quality care and nursing education.</li> </ul>
<p>Component III: Planning and Sustaining High Quality Nursing Education Programs and Delivery Models</p>	<p>Successes:</p> <ul style="list-style-type: none"> <li>• Graduate spaces in master's programs increased with some emphasis on preparing nurses for faculty roles</li> <li>• New entry to practice delivery models (accelerated, access, paid preceptorships) are emerging and rigorous evaluations are underway.</li> </ul> <p>Implications:</p> <ul style="list-style-type: none"> <li>• There is some indication that government commitment to increasing enrolments in nursing programs may be waning.</li> <li>• Funding of graduate program seats must be high on political agenda and NECBC must develop a political strategy.</li> </ul>
<p>Component IV: Defining and Securing Fiscal and Faculty Resources for Nursing Education, Research and Knowledge Translation</p>	<p>Successes:</p> <ul style="list-style-type: none"> <li>• NECBC contributed to the development of the CASN White Paper recommendations related to securing resources for nursing education.</li> </ul> <p>Implications:</p> <ul style="list-style-type: none"> <li>• NECBC has the opportunity to continue to actively participate in a Pan Canadian strategy related to nursing education resources and should work to inform CASN on information and other resources need to inform media and political strategy (e.g. nursing faculty and practice education fiscal estimates).</li> </ul>



## Appendix B

### Supporting Documents

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