CORE HEALTH CARE SERVICES: The threat of a two-tier health system as a result of listing which health services should receive public funding and which should not has prompted RNABC to broaden its position on core health care services. RNABC is concerned, as are many others, about the growing interest in creating a two-tier health care system for essential services. While the Association has often stated its position in a variety of documents that there is no need for a two-tier health system in Canada, the Board of Directors felt that a new position statement summarizing RNABC’s relevant positions should be developed ........................................ 2

SCOPE OF NURSING PRACTICE: On July 5, RNABC presented its submission to the Health Professions Council panel reviewing scopes of practice and titles of registered nurses. The Association recommends that the scope of practice for RNs should be maintained in its current form in the rules pursuant to the Nurses (Registered) Act ................................................................. 3

MEMBER INPUT: To what extent is RNABC a member-driven organization? That was one of the questions the Association’s Board of Directors grappled with at its September meeting during discussion of an annual meeting resolution calling for changes in the Board’s governance policies to allow for greater member input and participation in decision-making ................................................. 4

DUTY TO CARE: The Board of Directors approved several related statements on nurses’ duty to provide care. This will allow the Association to speak out on a variety of issues and concerns expressed by members, and to give clear advice to nurses who have concerns about participating in certain practices or difficulty in interpreting the direction provided in the Code of Ethics regarding duty to care ........... 6

Deadline for nominations to the 1996-98 RNABC Board of Directors is January 16, 1996.
Core Health Care Services

Two-tier health system not warranted in B.C., public funding for essential services must be maintained

The threat of a two-tier health system as a result of listing which health services should receive public funding and which should not has prompted RNABC to broaden its position on core health care services.

With federal funding cutbacks for health care, downsizing by health care agencies due to financial constraints, and regionalization, RNABC is concerned, as are many others, about the growing interest in creating a two-tier health care system for essential services.

While the Association has often stated its position in a variety of documents that there is no need for a two-tier health system in Canada, the Board of Directors felt that a new position statement summarizing RNABC’s relevant positions should be developed.

As a complement to the Association’s existing Creating the New Health Care Position Statement (pub. no. 77), the new position statement on core services will address the following:

- All essential health care should be publicly funded and forms of the two-tier health care system that currently exist should be eliminated. (RNABC’s existing views on restructuring strategies will be incorporated in the statement)
- Restructuring of health care services should reduce substantially the need to ration services and thus reduce the pressure for two-tier health care.
- Rationing decisions will still have to be made and should be a dynamic process involving community and providers.
- Cutbacks in transfer payments should be phased in more slowly than now planned to allow for restructuring to occur.
- In making rationing decisions among the five components of essential health care (health promotion, disease and injury prevention, curative care, supportive care, rehabilitative care), consideration should be given to the potential of each to contribute to the health of as many people as possible.
- A list of core services can provide a framework for guiding communities on equitable access to health care in the province, but is not a viable approach to de-insuring existing services.
- Private health care should be

Continued on next page

REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA
Arlen Bruce, President; Diana Bennett, Vice-President; Bonnie Lantz, Jean Nicolson-Church, Directors-At-Large; Donna Bentham, Barbara Cross, Linda Derrick, Joan Lemky, Mary McGovern, Laureen Reid, Dixie-Lee Rosher, Anne Vanness, District Directors; Chris Bradshaw, Grace Cinorister, Melodie Corrigan, Ted Hannah, Sudesh Kalia, Charlotte Sullivan, Laura Wood, Public Representatives; Pat Cuthbull, Executive Director.

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No reserved acts for nursing
RNABC tells Health Council

On July 5, RNABC presented its submission to the Health Professions Council panel reviewing scopes of practice and titles of registered nurses. The following are some of the highlights of RNABC’s report titled, The Scope of Nursing Practice.

• The scope of nursing practice for RNs should be maintained in its current form in the rules pursuant to the Nurses (Registered) Act.
• Creating reserved acts for nurses is neither a necessary nor feasible approach to the regulation of nursing.
• Exempting RNs from the exclusive scopes of practice or reserved acts in legislation regulating other professionals would be one of the most effective ways the Health Professions Council could achieve its mandate to “maximize consumer choice and limit the cost of health care services.”

• The “professional practice model,” which is the regulatory framework used by RNABC, has proved to be effective in protecting the public from unsafe practice.
• The public interest will be best served by strengthening the approaches used to regulate all RNs.
• Creating a list of tasks requiring supervision by RNs is not feasible.
• The restricted title provisions currently in the Nurses (Registered) Act should remain unchanged.

The Health Professions Council is expected to take almost a year to complete its final reports of scopes of practice reviews.

Core health care continued from page 2

limited to non-essential health care, recognizing that the public system may incorporate innovative services whose effectiveness is demonstrated in the private system.

Three important assumptions underlying this position:

1. Overall, there is enough money being spent on health care services in Canada.

2. The public system is the most effective approach to health care financing. Although a predominantly public financed system limits some individual choices, these are minimal given the universal access it provides.

3. There will always be some degree of rationing in health care delivery.

Call for Nominations

The deadline for nominating candidates for the 1996-1998 RNABC Board of Directors is January 16, 1996.

Nominations can be made by any five members or a chapter. The positions to be filled in 1996 are:

• President-Elect
• Director-At-Large
• 6 Electoral District Directors
  - North Vancouver Island District C
  - Fraser Valley District E
  - Northeast District F
  - Northwest District G
  - Okanagan District J
  - Mainland Coastal District A

(for term beginning immediately after the 1996 election results are known to August 31, 1997)

To be eligible for an elected position, a nurse must be a practicing or non-practicing registered nurse member. Electoral District Directors must reside in the districts they represent or be a member of a chapter in the district.

The director-at-large and Districts C, E, F, G & J positions are for two year terms starting September 1, 1996. The president-elect is a one year term starting September 1, 1996.

For information and nomination forms, contact:
RNABC Member Development.
(604) 736-7331
Member Input

To what extent is RNABC member-driven?

The answers may surprise you

To what extent is RNABC a member-driven organization? That was one of the questions the Association’s Board of Directors grappled with at its September meeting during discussion of an annual meeting resolution calling for changes in the Board’s governance policies to allow for greater member input and participation in decision-making. Here are some of the main issues the Board considered.

Self-Governance

As the regulatory body for nursing in B.C., RNABC operates under the Nurses (Registered) Act, and has done so since 1918. The act permits the RNABC Board to make rules for better administration of the act. Generally speaking, within these boundaries, the government has expected nurses to regulate themselves through RNABC and ensure that no harm comes to the public (patients/clients) as a result of their nursing practice.

Public Participation

Recently, the government decided that it wanted more public participation in professional health care regulatory bodies, such as RNABC. As a result, public representatives now comprise one-third of all health care regulatory governing boards in the province. The governing boards are generally responsible for using the organizations’ resources and powers to meet the duties and objects specified in the acts.

Government Controls

While RNABC receives its powers through an act of government, its members have the opportunity to create additional objects and to direct organizational matters through the Association’s constitution and bylaws. Amendments to the constitution and bylaws are approved by RNABC members at the Association’s annual meeting. However, they must be approved by government before they take effect. This is to ensure that changes are consistent with the overall public interest intent of the act.

Constitution and Bylaws

The constitution and bylaws describes the process for electing members to the Board of Directors and the duties of elected officials. It outlines the classes of membership and eligibility for membership. It describes how chapters are formed and who can be a member of a chapter. It also determines how membership fees are set.

Link Between Government and Members

Within the constraints imposed by membership fees and the constitution and bylaws, the Board has the responsibility for managing the business of the Association. It is, in effect, the link between government (which represents the public) — via the Nurses (Registered) Act — and RNABC members — via the constitution and bylaws. It is required to account for its actions to members and the government. Most important, it is required to give priority to the public interest.

Member Input

The intent of the RNABC Board is to allow for as much member participation in decision-making as reasonable under the confines of the law and feasible within the financial
resources available. What nurses might want or value, for example, may not be in the public’s best interests. Sometimes, difficult decisions have to be made which nurses may not like, but which the public (or government) requires or may need. Generally in these situations, the RNABC Board will seek guidance from its members through discussion papers, focus groups, surveys, annual meeting discussion, etc., before making its decision.

Choices for Participating
All registered nurses and licensed graduate nurses who pay their annual registration fees are members of RNABC and are entitled to participate in the affairs of the Association and use its services to assist them in their practice. Some members choose to be very active — sitting on committees and expert panels, serving as a voting delegate at the annual meeting, preparing and submitting resolutions to the annual meeting or directly to the Board, attending RNABC sponsored workshops and seminars, serving on the Board of Directors, attending chapter meetings, joining a professional practice group, volunteering as a workplace representative, participating in focus groups, and so forth. The majority of RNABC’s 35,000 members, however, are content not to take too active an interest and to let those who wish to be active make certain decisions on their behalf.

Making Effective Decisions
To make decisions in the most effective and efficient manner possible, while still encouraging member input, RNABC has developed a number of protocols over the years. Protocols include a prescribed format for Board reports, policies on using the Nurse Resource Network for committee appointments, and Board observer policies, to name but a few. The main purpose of these protocols is to streamline the process for decision-making so that it can be timely, cost-efficient and relevant to RNABC’s purpose.

As part of its efforts to continually improve its practices, the Board decided two years ago to focus on governance of the organization by creating, monitoring and reviewing policies. This has meant that the Board has not had to deal with, what are for the most part, administrative issues, which are generally addressed through existing programs already approved by the Board.

RNABC Governance
At its September meeting, the Board decided to enhance this work by approving a set of guidelines for using the main RNABC governance instruments — that is, the constitution, bylaws, rules and policies. While the guidelines are largely a reflection of current practice, they state how each of these instruments are used:

- The constitution determines the organization’s objectives as set out by members.
- Bylaws regulate the administration of the internal affairs of the Association.
- Rules and policies flow from the overall intent of, and specific provisions in, the Nurses (Registered) Act. They state how RNABC will carry out its legal responsibilities in regard to such matters as initial registration of nurses, registration renewal, reinstatement of RN membership, licensed graduate nurses, student members, registration examinations, professional conduct review and the approval of schools of nursing. Policies are also used to express an RNABC perspective on a broad range of issues to provide guidance to staff, officers, committees and nurses.

Duty to the Public
While these instruments somewhat limit the Board in its actions, they also provide the Board with a clear direction of how it must function to meet the Association’s statutory duties and objects. The act states the duty of the association is at all times:

- to serve and protect the public, and
- to exercise its powers and dis-
Member Input

continued from page 5

charge its responsibilities
under all enactments in the
public interest.

Eleven objects describing how
the Association is to meet its duties
are also listed in the act (it is the
eleventh object that empowers
members to create additional
objects — a relatively unusual
provision in regulatory legislation).

Reviewing the Process

In determining ways in which
RNABC members can maintain
involvement in the decision-making
process of the organization and per-
haps even improve it — consistent
with all of the above — the Board,
in September, re-affirmed its posi-
tion that member input and partici-
pation is an integral part of RNABC
as a self-regulating professional
organization. It recognized that
while there are already numerous
ways members can influence deci-
sion-making (as described above),
there should be a critical examina-
tion of the structures, processes and
education that address member
input and participation. This task
has been assigned to the Executive
Committee. In addition, the
Association will seek information
from members about their views
and ideas for enhancing their par-
ticipation in RNABC activities.

Duty to Care

RNAs have legal and ethical
obligation to provide care

In September, the Board of
Directors approved several state-
ments on nurses’ duty to provide
care. This will allow the Association
to speak out on a variety of issues
and concerns expressed by mem-
bers, and to give clear advice to
nurses who have concerns about
participating in certain practices or
difficulty in interpreting the direc-
tion provided in the Code of Ethics
regarding duty to care.

The Board concluded that regis-
tered nurses have a legal and ethi-
cal obligation to provide competent
care to clients. Generally, when the
rights of the nurse are in conflict
with the rights of the client, the
rights of the client take precedence.
There are situations, however, when
it is acceptable for registered nurses
to withdraw from or refuse to pro-
vide care. Such decisions must be
guided by legal and professional as
well as contractual obligations.

The statements identify potential
situations in which nurses — after
careful consideration of the situ-
tation and discussion with relevant
parties, including their employer —
may decide to withdraw from or
refuse to provide care. Situations
include nurses being asked to pro-
vide care outside their scope of
practice or beyond their level of
competence, nurses facing personal
danger as a result of providing care,
nurses being verbally or physically
abused by clients, and nurses being
asked to provide care which con-
licts with their moral or religious
beliefs.

In situations where unreasonable
expectations, lack of resources or
excessive workload compromise
nurses’ ability to provide competent
care, nurses must continue to do
d their best to provide care while tak-
ing steps to make their concerns
known.

Also acknowledged are nurses’
rights to participate in job action as
provided for in legislation, the
requirement to provide essential
care as determined by the Labour
Relations Board, and nurses’ obli-
gations to continue to advocate for
clients during job action.

The obligations of employers to
support nurses to provide compe-
tent care are also addressed.

Plans are underway for commu-
nicating and interpreting this new
position to members. The Board has
also withdrawn its position state-
ment on therapeutic abortion.
RNABC: Influencing Health Policy

- In a letter to Health Minister Paul Ramsey prior to the provincial health ministers’ meeting in September, RNABC expressed support for an increase in alternative payment mechanisms such as capitation. RNABC also called for the government to implement the Seaton Commission’s recommendations concerning alternative health service delivery organizations. Alternative health care facilities, such as community health centres, would provide an integrated approach to primary health care as well as an alternative point of entry into the health care system.

- RNABC has been collaborating with the B.C. Health Association, the Ministry of Health and the B.C. Health Care Research Foundation to develop regional workshops on evidence-based practice. One workshop was held in September and three others are scheduled.

- After reviewing a draft of the regulations for licensed practical nurses, which are being brought under the Health Professions Act, RNABC responded to the Health Professions Council that the draft is not consistent with submissions of nursing organizations to the council. The Association emphasized that LPNs are accountable for their practice and, as a regulated profession, should practice within the limits of their competence. RNABC also stated that they should not be required by legislation to work under the direction of a “medical practitioner” or supervision of a registered nurse.

New members will require criminal checks effective January 1996

Starting January 1, 1996, all new applicants for RNABC registration will require criminal record checks prior to obtaining registration. Under the Criminal Records Review Act (Bill 26), which was passed in late June, new applicants will not be able to obtain registration until a criminal record check is completed.

Current members will not require criminal record checks until April 1, 1997.

The act makes a criminal records check mandatory for anyone working with children or who may have unsupervised access to children in the ordinary course of their employment. All nurses are deemed to fall within this description.

More feedback sought on merger with RPNABC

Discussions are continuing between the Registered Psychiatric Nurses Association of B.C. and RNABC on increased collaboration and the possible organizational merger of the two associations.

The two organizations have been collaborating, along with the B.C. Council of Licensed Practical Nurses, on an education program around nurse-client relationships. Some sharing of member services between RNABC and RPNABC are scheduled to begin on a trial basis before the end of the year.

Feedback from a discussion paper circulated during the summer, and an article by Pat Cutshall in the August-September issue of Nursing BC has been analyzed and a number of issues identified.

One of these is a desire expressed by many RPNs to ensure that their professional identity is preserved. “The feedback from our members is that they want to be referred to as psychiatric nurse, because it identifies the kind of work they do and the kind of patients they provide care for,” says Keith Best, executive director of RPNABC. “It’s a critical part of our ongoing discussions with RNABC.”

Plans are being developed to hold talks with groups of members of the two organizations.
Restructuring chapters may give nurses a stronger community voice

Restructuring chapters as nursing councils may be one way nurses can have a strong voice in local health planning and nursing practice. That was one of the ideas stemming from a recent Board discussion on member involvement.

While some nurses want more opportunities to be involved in RNABC activities, others want to be more actively involved in their local community health councils and regional health boards.

The idea is somewhat appealing because it builds on something that is already developing in some areas of the province where nurses want to be involved in activities relevant to their professional lives.

In September, the Board passed a motion to encourage chapter exploration of methods of involving nurses in nursing standards support, including promotion of good practice, through participation in local health planning and governance activities.

RNABC In Brief

- The North Shore Chapter has been granted modified active status for one year. This will allow the chapter to find ways to encourage greater member participation in chapter activities.
- To promote public awareness of RNABC's public service responsibilities, every telephone directory in B.C. now carries an RNABC advertisement under “Nurses and Nurses’ Registries.”
  - Staff and visitors to the RNABC office in Vancouver are asked to refrain from wearing perfume products so as to eliminate discomfort to people.

People

Sally MacLean has returned to her position as director of RNABC Member Development after a one year secondment to the Canadian Nurses Association in Ottawa. Sherry Hamilton of Salmon Arm has been appointed to the half-time position as RNABC regional coordinator for the Thompson-Columbia region. Jeanne Harker of Courtenay, has been appointed half-time regional coordinator for the Vancouver Island Region. Mary Gogag has been appointed half-time regional coordinator for Greater Vancouver-North.

Upcoming Events

- Promoting Independence Workshop, Nov. 3, 0730-1630, Eagle Ridge Hospital, Port Moody. Sponsored by the B.C. Nurses Rehabilitation Practice Group. $60. Contact Becky Brechin, 604-925-9563.
- RNABC Leaders Conference, invitational conference for chapter and professional practice group presidents, and designated workplace representatives to meet with the RNABC Board of Directors, Nov. 17-18, Delta Pacific Resort, Richmond. Contact Sandra Smallenberg, 604-736-7331 (local 325).
- Nursing in a Time of Health Care Reform, two teleconferences on Nursing Informatics, Nov. 15 and Evidence-based Practice, Nov. 23. $25 per teleconference per site. Contact Norah Corbet, 604-736-7331 (local 310).
- RNABC Board of Directors Meeting, Nov. 17, RNABC Building, Vancouver.
- RNABC Annual Meeting, April 11-12, Hyatt Regency Vancouver, Contact Norah Corbet, 604-736-7331 (local 310).