



## Nursing's Provincial Professional Association: How We Got from There to Here:

PART ONE AND TWO OF A FOUR PART HISTORICAL REVIEW

By Dr. Sally Thorne

### Part 1: From RNBC to ARNBC

With the recent changes in Canadian Nurses Association's jurisdictional membership model, and the new relationship this has occasioned between our professional association provincially and nationally, many of us feel we have 'lost the plot' on the evolution of our British Columbian professional voice over recent decades. Perhaps a brief synopsis of the trajectory can help us begin to understand the current context and better engage in what comes next.

Since an amendment to the Registered Nurses Act in 1935 changed the Graduate Nurses Association of BC (established 1918) to the Registered Nurses Association of BC (RNABC) our universal and mandatory membership in this combined regulatory body and professional association had created an unquestioned expectation for how the BC nursing world ought to operate. However, with the legislative changes in the BC Health Professions Act in 2005, and the consequent replacement of the RNABC with the College of Registered Nurses of BC (CRNBC), rapid and quite worrisome changes began. Initially, CRNBC informed its "registrants" (no longer "members") that it would continue to perform most of the professional association functions that had made the RNABC the pride of the profession; in fact, in its 2005 annual report, "visible leadership on nursing and health issues" was depicted as a core value. However, each year more of these professional policy and advocacy functions disappeared, along with the Nursing BC magazine, regional chapters, professional practice groups, policy

voting, and the annual convention, in keeping with rapidly evolving regulatory trends internationally<sup>1</sup>. In fact, before long CRNBC, still the jurisdictional member of Canadian Nurses Association, had ceased casting a vote on behalf of BC nurses on any issue pertaining to policy.

Concurrently, our province was quite caught up in other events over those years (such as settlements with bargaining units in advance of the 2010 Olympics, and the fallout in health care from the 2008 economic downturn). In addition, most nurses still looked to CRNBC as the most appropriate source of professional advocacy information. Thus, BC nurses as a population had little appreciation for what had actually occurred beyond the name change, and instead just began to express increasing disgruntlement that their professional association had become silent on issues of nursing policy importance.<sup>2</sup>

In early 2009, a small "grass roots" group of nurse leaders<sup>3</sup> sounded the alarm and began to meet and consult on the issue. They soon realized that there was no longer any nursing group with formal authority to help resolve the situation; thus they decided to assume that authority and try to find a way forward. In that there was no longer any organizational mechanism by which they could communicate with BC nurses, they formed an electronic "RN Network" (housed at the UBC School of Nursing, and guided by a "transitional steering committee"<sup>4</sup>) to provide any interested BC nurse with frequent updates at no cost. The questions driving their ongoing consultations had to do

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with whether CRNBC's restricted mandate was real or imagined, whether the legislation that had triggered the restricted mandate could be changed and, if not, whether CRNBC had the legal right to retain all of the assets BC nurses had built up over many years if no longer fulfilling what had been core functions. In the spring of 2010, the Canadian Nurses Association, also understandably concerned about the resultant disconnect with BC nurses, offered its help to insert a meeting invitation card into an edition of *The Canadian Nurse* delivered to every nurse in the province.

That "province-wide" meeting was held in Vancouver in May, 2010, and included enthusiastic remarks from representatives from the CRNBC, BCNU, CNA, the BC Ministry of Health and others. The agenda included a historical overview of how BC had lost its professional association voice, and the announcement that, as of that very day, a new Association of Registered Nurses of BC (ARNBC) had been registered as a new entity under the Societies Act of BC. The following day, the inaugural ARNBC Board of Directors<sup>5</sup> held its first meeting and began on a course of intense activity to try to find a way forward. With support from both CRNBC, under its own transformed leadership team, by September 1, 2011 it had set up a website, established its initial policy framework, and signed a memorandum of understanding with respect to CNA jurisdictional membership. Once again BC had a policy vote nationally. In May 2012, it held its first official annual general meeting, including an election for its first elected first Board members.<sup>6</sup> In June of that year, when CNA held its 100th Anniversary Biennial Convention in Vancouver, ARNBC served as host organization, with a full slate of 38 voting delegates – a proud moment, and a powerful symbolic statement of how far it had come in creating a new mechanism for the professional policy voice of nurses in this province.

## Part 2: From ARNBC to Coalition

ARNBC continued to develop and grow in 2012, launching a province wide consultation to meet with and hear from nurses across all health regions and in a wide range of settings as to what they hoped their professional association might accomplish in BC. This consultation process surfaced two findings that became quite influential in the subsequent years: 1) that many BC nurses had no idea what the difference was between a union, a professional association and a regulator, and 2) that their 'top of mind' concern was the enormous challenge of "collaborative practice." What ARNBC came to understand was that most nurses had no idea that the tensions between different nursing designations in the province was directly shaped by the fact that LPNs and RPNS had entirely different regulatory colleges – each of which had no interest in discussing any alignment with RN and NP regulations. This clearly alerted ARNBC to the deeply entrenched structural barriers to nursing system effectiveness and to the need for solutions that would involve significant legislative and organizational revision. Thus, while ARNBC was busily addressing an array of urgent and longstanding policy matters on behalf of nursing and

rebuilding networks of RN engagement, the need for capacity to address these kinds of wider and more long range issues became an important undercurrent to the strategic deliberations.

Because ARNBC fairly early in its lifespan was supported by the willingness of CRNBC to support the kinds of "advocacy" roles it could no longer play, and benefitted from support from Canadian Nurses Association and other individuals and organizations behind the scenes, it was able to build up a beginning infrastructure to significantly amplify its level of activity on behalf of its members, beyond that which had been possible with a voluntary working Board and part time project coordinator. In June 2014, CRNBC announced the signing of a transfer agreement with ARNBC, within which funds obtained through annual membership, would be transferred to ARNBC, along with various key functions that were no longer well suited to the mandate of a regulatory body. And in August 2014, ARNBC appointed its first Executive Director, Joy Peacock, and moved into office space at Creekside in Vancouver. It soon hired additional staff<sup>7</sup> to lead ARNBC efforts with respect to government relations, communications, policy, research, Indigenous health and student/new graduate initiatives.

Unfortunately, as ARNBC was growing and becoming more demonstrably visible in the public sphere as a strong voice for professional nursing, that led to tensions with the British Columbia Nurses Union (BCNU), which did not appreciate what it interpreted as competition for being the policy voice with key players such as the provincial government<sup>8</sup>. Over the next few years, four different "legal challenges" against ARNBC were launched by BCNU, focusing on such matters as its legal right to universal membership in collaboration with CRNBC,<sup>9</sup> and although none were ultimately successful, they significantly tied up both resources and energy.<sup>10</sup>

As these complex organizational developments were occurring, in late 2013, BC Medical Association (precursor to Doctors of BC) had issued a published statement on nurse practitioners proposing development of that role, not as autonomous practice, but rather under the clinical leadership of physicians.<sup>11</sup> This was immediately read within the NP community as a direct threat, and a signal that BCMA might move quickly to advocate a shift in government strategy toward physician's assistants – a role that is by definition under the direct control of physicians. Because the Ministry of Health by this time no longer had a designated nursing policy presence, all that had been gained since 2005 through NP legislation, regulation and education could well be at risk. Given the seriousness of this threat and the relatively small number of members at that time in the British Columbia Nurse Practitioners Association (BCNPA), ARNBC joined forces to strategize a crisis response. In the early days, this joint group called itself the BC Primary Care Nursing Coalition, in alignment with the urgency of protecting NP practice, and also included representatives from Nursing Education Council of BC (NECBC) and CRNBC.<sup>12</sup> It sought out senior provincial advisors such as Judy

Darcy (at that time NDP Spokesperson on Health) and Lynn Stevenson (who was Associate Deputy Minister of Health) to inform its strategic response direction.

The Coalition deliberations made it immediately apparent that advocacy toward the reinstatement of a Provincial Nursing Officer role was a top priority, such that there would be a dedicated office within the Ministry of Health to attend to the many complex policy issues specific to nursing. Because the historic tensions between nursing designations had, at least in part, contributed to the demise of the former Ministry chief nurse executive office<sup>13</sup>, it seemed obvious that a key step should be to find a way to bring all designations together to advocate on this issue with a single voice. Through 2014, the Coalition reached out to the Licensed Practical Nurses Association of BC (LPNABC) and to leaders in the RPN community (which did not have its own association) to forge tentative new relationships and explore common ground. As alignment with RNs and NPs had been actively discouraged by their respective regulatory bodies historically, this engagement required vision and courage by those LPN and RPN leaders. As of December 2014, the Coalition had officially reconfigured itself as the BC Coalition of Nursing Professionals, and in July the following year it was able to mount a highly successful Provincial Health Forum.<sup>14</sup>

The success of that Coalition was quickly apparent in influencing the launch of a new Nursing Policy Secretariat in the Ministry of Health, and having meaningful (sometimes quite difficult, and long overdue) dialogue between the nursing designations. Structurally, despite the vast differences in workforce numbers, each designation held an equal number of seats at the Coalition table. What the Coalition came to appreciate was the policy strength in unity and the leadership it could demonstrate in moving beyond internal differences toward common objectives. That demonstrable effectiveness, and signals from the fledgling MoH Nursing Policy Secretariat that aligning the regulatory colleges might be an important and far-reaching policy direction, catalyzed ongoing dialogue about the possibility of a taking leadership in the creation of a provincial association voice that truly represented all four of BC's nursing designations.

1. Duncan, S., Thorne, S. & Rodney, P. (2012). Understanding the implications of the changing regulatory environment in nursing: Insights from the BC experience. Vancouver: Association of Registered Nurses of British Columbia (ARNBC). <http://www.arnbc.ca/images/pdfs/understanding-implications-changing-regs.pdf>
2. Lynette Best, Heather Mass, Sally Thorne, soon to be joined by Paddy Rodney and Jo Wearing.
3. Heather Mass & Sally Thorne (Co-Chairs), Lynette Best, Paddy Rodney, Maureen Shaw, Sharon Toohey & Jo Wearing
4. Susan Duncan & Rob Calnan (Co-Chairs), Lynette Best, Suzanne Johnston, Paddy Rodney, Julie Fraser, Leanna Loy, Sally Thorne, Maureen Shaw & Jo Wearing, with 'staff support' from Heather Mass (to April 2011) and Nora Whyte (who served as project coordinator/informal executive director over the next couple of years).
5. Brenda Canitz, Christine Davidson, Carl Meadows, Jennifer Parkhill & Andrea Stack (with Rachel Bard from CNA as an appointed member,

along with Susan Duncan, Julie Fraser, Leanna Loy, Paddy Rodney & Sally Thorne from the inaugural Board).

6. Among the early and influential staff over these early years were Andrea Burton, Alix Arndt, Mike Harrison, Dawn Tisdale, Tiffany Barker, and Patrick Chiu.
7. On July 10, 2013 the BCNU published a Bulletin defending "RN members' right to choose to join newly-formed nurses' association (ARNBC)" stating that "All legal options will be explored to determine whether CRNBC has the authority to transfer \$1.5 million of nurses' insurance over-contributions to fund 'start up' costs of new nurses organization."
8. For example, a second lawsuit (notice of civil claim) launched in February 2015 sought to declare almost everything the ARNBC had done "null and void," to replace its board of directors and to cancel its 2015 annual general meeting."
9. For several years, BCNU brought busloads of its members to ARNBC AGMs for the explicit purpose of disrupting the agenda and voting down proposed business. The majority of those members had no awareness of why they were there, and many later regretted being coerced into confrontations that were discrediting to their profession.
10. [https://www.doctorsofbc.ca/sites/default/files/nurse\\_practitioners\\_-\\_oct\\_2013.pdf](https://www.doctorsofbc.ca/sites/default/files/nurse_practitioners_-_oct_2013.pdf)
11. Attending the first formal strategy meeting of this group on Feb 17, 2014 were Rob Calnan, Heather MacKay, and Nora Whyte (representing ARNBC), Rosemary Graham, Stan Marchuk, Donna Nicholson, Natasha Prodan-Bhalla, Esther Sangster-Gormley and Lori Verigin (representing BCNPA), Cynthia Johansen (representing CRNBC), Sally Thorne (representing UBC), Linda Sawchenko (representing CNO group), Suzanne Campbell (representing NECBC), and Andrea Burton (serving as "consultant").
12. It was understood as common knowledge in the Ministry of Health at the time that BC nursing could not get along in the same room together in policy discussions.
13. The Forum was attended by several senior Ministry of Health Representatives, including Health Minister Terry Lake, and brought together leaders of all nursing designations to strategize nursing's contribution to the three top Ministry priorities at that time – Primary & Community Health, Surgical Services, and Rural Health. It also reflected on issues that had surfaced within nursing as key priorities – Aboriginal health, seniors' health and staff mix.
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## Nursing's Provincial Professional Association: How We Got from There to Here: PART THREE AND FOUR OF A FOUR PART HISTORICAL REVIEW

By Dr. Sally Thorne

### Part 3: From Coalition to NNPBC

From 2014 to 2018, the Coalition of BC Nursing Professionals continued to work through a myriad of complexities associated with assumed philosophical perspectives between the designations, legal and structural commitments associated with their individual association entities, and concerns related to the possibility of becoming a single and unified nursing professional association voice in Canada – something for which there was no model in other provinces and few models internationally. Each designation had its own fears and fantasies, and the Coalition representatives felt a powerful responsibility to both listen to their members and to help inform them about the evolving political and policy realities as well as the dangers associated with the status quo. Another extensive provincial consultation took place, conducted by the Coalition while being funded by the ARNBC, which of course was also busily engaged in many other strategic professional activities. And while it was difficult for many nurses to fully appreciate what the advantages and disadvantages might be of unification, the logic of strength in numbers during what had been undoubtedly complex times became the deciding factor. Among the public successes of the Coalition were hosting the first nursing/Ministry/peer forum on the opioid overdose crisis in 2016, which effectively demonstrated that an effective strategy on this issue required nursing leadership.

The priority issues of concern to ARNBC over this period were equally complex and pressing, drawing nurses around the

province into an increasingly sophisticated professional policy advocacy in relation to such emerging issues as the B4Stage4 mental illness prevention strategy and the new legislation surrounding medical assistance in dying. It established an Indigenous Health and Nursing Policy Table, as well as a powerful student and new graduate program called ARNBC IGNITE.<sup>1</sup> It held policy forums and webinars, reaching out to as many nurses and policy makers as possible to rebuild nursing's capacity to both influence and shape provincial responses to the evolving complex concerns. Annually, it brought dozens of nurses to Victoria for a "Day at the Legislature" in which they had the opportunity to meet and engage with elected officials across all parties and in various portfolios. It fully engaged with Canadian Nurses Association activities, including bringing many highly successful resolutions to the national stage on such topics as equity, Indigenous health, and primary care.

In 2017, a Bill to amend the Health Professions Act and pave the way for the creation of a single nursing regulator for BC received Royal Assent. It was clear from this point forward that the fate of both the Coalition and ARNBC were intricately intertwined, and ARNBC began to work toward a legal framework for formal organizational transition. Working closely together, the two organizations orchestrated a complex set of transactions to develop a business case, a constitution, bylaws and governance structure for the new organization. It included a creative arrangement in which Councils whose members were elected from nurses of their own designation worked closely with and contributed

<sup>1</sup> Under the leadership of Dawn Tisdale.

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strategic guidance to an appointed Board of Directors, which also included representatives of indigenous nursing, students, health authority chief nursing officers, NECBC, and a public representative.<sup>2</sup> As of August 8<sup>th</sup>, 2018, ARNBC entered into a formal service agreement with the newly formed Nurses and Nurse Practitioners of BC (NNPBC) to transfer all of its strategic activities and the majority of its resources. That same day, the inaugural meeting of the first NNPBC Board was held.<sup>3</sup> On August 28<sup>th</sup>, as part of the transfer process, the majority of the ARNBC Board officially resigned their positions as the full Board transitioned into becoming the RN Council of the NNPBC,<sup>4</sup> and on September 11, 2018, NNPBC was officially launched.<sup>5</sup>

As with the ARNBC, the logistics of transitioning BNCPA and LPNABC membership into NNPBC and launching the new Councils for all four designations was a legally complex process, with some pieces not being finalized until well into the following year. And as ARNBC's jurisdictional representation in CNA transitioned to NNPBC, what was happening in British Columbia with respect to reconfiguration of the nursing professional association voice was very much on the minds of nurses nationally, for whom BC served as both inspiration and impetus for change. Although CNA had always been an organization of RNs, and later including NPs, on June 18, 2018, in a landmark decision, voting delegates to the CNA AGM resoundingly decided to open the gates of membership to psychiatric and practical nurses as well.<sup>6</sup> At that meeting, it also held a ceremony to congratulate BC nurses for being the first to formally transition to a united professional association. In November, 2018, it officially welcomed NNPBC as its jurisdictional member.<sup>7</sup> And the following year, at its 2019 AGM, NNPBC Board Chair Jacquolynne Keath, who was on that board by virtue of her RPN Council membership, was elected as BC's jurisdictional representative to the CNA Board – the first CNA Board member representing one of the new nursing designations.

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2 <https://www.nnpbc.com/about-us/nnpbc-governance-structure/>

3 Tania Dick and Sally Thorne, who had been President and President-Elect of ARNBC, were the inaugural NNPBC Board members representing the RN Council.

4 Five of the ARNBC Board members quietly retained their positions on a "Care-taker Board," as ARNBC could not officially dissolve until such time as all of the BCNU lawsuits had been resolved. By November 2020, that era had concluded and a final Extraordinary General Meeting was held to complete the dissolution. These final Board Members were Lori Campbell, Sherri Kensall, Marcia Carr, and Damen DeLeenheer.,.

5 <https://www.nnpbc.com/pdfs/media/press-releases/PR-2018-Association-Amalgamation.pdf>

6 <https://cna-aiic.ca/en/news-room/news-releases/2018/cna-members-vote-in-favour-of-representing-all-nurses>

7 <https://www.nnpbc.com/pdfs/media/press-releases/PR-CNA-names-NNPBC-new-Jurisdictional-Rep-for-BC.pdf>

## Part 4: From CNA Jurisdictional Representative to a New National Collaboration

Meanwhile, the thorny issue of universal membership in the professional association (long a contentious issue for the Union) had become an unviable situation with the CRNBC. Over many months, NNPBC leaders met with CRNBC Board and executive, partners from the Canadian Registered Nurse's Protective Society and the Ministry Nursing Policy Secretariat to try to find an opportunity or loophole that might allow that to continue. However, when the BC College of Nursing Professionals launched in September of 2018, they found the changing regulatory climate (not just provincially but nationally and internationally) such that they could no longer justify mandatory membership. For a period of time, CRNBC allowed for creative transitional options such as mandatory fee transfer with optional membership, but over time had to give notice that a fully voluntary membership approach was needed. The NNPBC Board and Executive<sup>8</sup> worked furiously with CNA and other partners, presenting many options and ideas from all parties, to identify creative options and find a viable mechanism to keep the organization alive. For many years, CNA had a jurisdictional membership policy that required a specific fee (\$63.50) for each nurse member in order to retain provincial jurisdictional status. Looking at every financial model possible in the voluntary context, NNPBC had to eventually take the painful decision to temporarily withdraw from CNA so that it could rebuild itself in this new fiscal reality and find a new way to collaborate nationally. This was a devastatingly difficult decision for all involved. At the time it felt like a betrayal to the nursing professional association ideals all members held dear. And yet, having exhausted every possible configuration to retain a provincial nursing association on a voluntary basis (given the extraordinarily high regulatory fees and union dues BC nurses pay – not to mention the continuing work by the BCNU to discourage its members from belonging<sup>9</sup>) the likelihood of retaining an organization of sufficient size and capacity to do meaningful work was slim if the annual CNA fee was a precondition. Thus, on Oct 26, 2020, after close and transparent collaboration between NNPBC and CNA over an extended period to exhaust all possible alternatives, NNPBC regretfully had to inform CNA that it would no longer include the CNA fee as part of its membership package.<sup>10</sup> And as it worked to rebuild its own membership model, the Board and Councils concurrently launched an aggressive campaign to encourage BC nurses to continue their relationship with CNA through individual membership.

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8 By September 2019 Michael Sandler had joined as Executive Director, bravely stepping into the role when this sustainability challenge was patently evident, and the future of the organization was quite uncertain. <https://www.nnpbc.com/pdfs/media/news/2019/NR-2019-09-NNPBC-Welcomes-new-ED.pdf>

9 <https://www.bcnu.org/news-and-events/news/2019/arnbc-members-encouraged>

10 <https://www.cna-aiic.ca/en/membership/british-columbia>

Naturally, NNPBC's decision sent shockwaves through the Canadian nursing system. However, it was clearly recognized that the same tough decision BC had faced would soon have to be confronted in several other provinces, and indeed that has been the case as several more provinces with historic universal membership models had been cast in a similar circumstance. Thus, preemptively, CNA launched an extensive campaign to consult across the provinces with respect to what they wanted and needed from their national professional association and what governance structure might best allow it to accomplish its goals.<sup>11</sup>

As Tim Guest, CNA President, explained,<sup>12</sup> *“For 113 years, CNA has gone by a jurisdictional membership model, meaning all jurisdictional members automatically became members of CNA. However, changes in nursing regulations and other decisions on membership structures across the country have resulted in Ontario, Quebec, Nova Scotia, Prince Edward Island and British Columbia leaving CNA, and Alberta and Saskatchewan have announced they will be leaving in the coming years. In addition to these changes, in 2018 CNA’s members made the historic move to vote overwhelming in favour of opening CNA membership to include all categories of regulated nursing. As a result, the CNA’s Board’s Governance and Leadership Committee has undertaken major work to examine new membership models and governance structures that would make CNA a more inclusive body. This work included holding a series of engagement consultation sessions across Canada to hear from current and future members on how to best address their needs. To incorporate the feedback we received from our members, we are proposing changes to the current CNA bylaws. These proposed changes will help CNA to become a more relevant, effective, and unifying organization that will take nurses and nursing in Canada forward.”* Thus, at its AGM of 2021, the new governance model, based on individual membership (one member one vote), building policy and professional guidance through skills-based networks, and forging new collaborative partnerships with the provincial associations was passed. And while these changes mark a new era for professional nursing policy in Canada, Tim is optimistic. *“CNA has been providing nursing leadership for over 110 years. Together, we can help CNA transform into a stronger and more unified organization that will carry us through the next 100 years of nursing leadership.”*

Thus, in this new professional association configuration no one could have anticipated when all of this began, we continue to have much room for optimism. NNPBC contin

<sup>11</sup> <https://static1.squarespace.com/static/5b040dcdcc8fed6691b16e17/t/6081cd5d2e050a2015352f8e/1619119456946/CNA+Governance+and+Bylaws+Changes+Presentation+April2021+%281%29.pdf>

<sup>12</sup> [https://www.cna-aic.ca/-/media/cna/page-content/pdf-en/2021-bylaws\\_information-package-and-background\\_e.pdf?la=en&hash=787BB328968A86F332B218E7B8C2025F4440B7A1](https://www.cna-aic.ca/-/media/cna/page-content/pdf-en/2021-bylaws_information-package-and-background_e.pdf?la=en&hash=787BB328968A86F332B218E7B8C2025F4440B7A1)

ues to grow its programs and services based on engagement and collaboration with members. Through it, BC nurses have made inroads not only with the new Nursing Policy Secretariat with whom it consults regularly but also with the Ministries

of Health, and Mental Health and Addictions, for whom it was a key player in the expansion of prescribing to RNs and RPNs for alternatives to street drugs. It has consulted on police reform and mental health, educational pathways and on primary care centres. Among the many issues on which it continues to have a vibrant and effective collaboration with CNA are the advocacy around the need for a federal Chief Nursing Officer to bring the kind of strategic capacity federally that we have been able to realize in the government provincially. It also remains closely connected with its association partners across Canada, advising and sharing resources as each reconfiguration occurs, all working in the same direction to share information, collaborate on shared issues and ensure that the nursing voice remains at the heart of policy and advocacy. While this new reality will certainly evolve over time, all parties share optimism that we truly are stronger together and, while we work in different jurisdictions, the most powerful policy impact occurs when we are able to work towards common aims around embedding nursing at the policy level. Our survival in these extraordinarily challenging times is a testament to the commitment and spirit of the many nurses and partners who have played a part in this collective adventure.



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