

NNPBC Frequently Asked Questions

General FAQs

1. Why is B.C. moving towards one nursing association when other provinces don't do this?

B.C.'s four nursing associations, which represent the four nursing designations in BC – RNs, LPNs, NPs and RPNs - have been collaborating closely since 2013 on the BC Coalition of Nursing Associations (BCCNA or the Coalition). This collaboration has been groundbreaking in demonstrating the importance of collaboration and nursing unity to strengthen the profession. Now is the time to formalize our partnership by bringing all nurses in the province together under one banner.

2. How will this benefit the profession?

The Coalition has already been a powerful force in bringing together the nursing profession in the province and demonstrating that it is possible to break down the siloes and hierarchies that exist in the profession. With changes in government and the regulatory bodies on the horizon, now is the perfect time for nursing to band together to become the positive force for change that the profession knows it can be.

3. Why isn't the new name "Nurses of BC"? Aren't NPs also nurses?

Nurse practitioners (NPs) are an essential part of the nursing community. As the newest members of our community we recognize that NPs have long struggled to be recognized and understood in British Columbia. As a nursing profession, it is important to ensure that there is public and professional awareness of the different, broad role of the NP and our new title signals strong support of this important role within the nursing profession.

4. Why do each of the four organizations have equal representation on the board when the numbers of nurses in each designation are so different? Why not proportional representation?

Over the past three years since the Coalition was formed, we have learned that equal representation, regardless of the numbers of nurses working in each designation, is a very important part of an effective and fair Board. Whether there are 400 NPs or 40,000 RNs, it is so important to the smooth running of the organization, that each designation has an equal and valued voice at the table and in our decision-making processes.

It's also important to note that the representatives from each of the councils who sit at the NNPBC Board table will have ample opportunity to bring forward ideas from their respective councils. For example, RNs will have an opportunity to ensure that the RN Council (size and composition to be determined by the Council itself) bring forward all of the issues that are important to RNs. When the Board sits at the NNPBC 'table' they will hear all issues and ensure that the response that goes forward is based on a united nursing voice. This in turn strengthens the position of the designation that has brought forward the issue by allowing all of nursing to provide a collective response on the issue. To hear more about this, please feel free to [watch a video by Sally Thorne](#), ARNBC President-Elect.

5. What Programs and Services will be available after the amalgamation?

Most of the programs and services currently offered by each of the organization, will continue with expanded participation from all nursing designations. We are looking forward to hearing from nurses about the types of

additional programs and services you would be interested in the new organization working towards. Some of the current highlights include:

- Regional Chapters
- Professional Development Opportunities
- Policy Tables and Opportunities to Provide Expert Advice on Policy and Advocacy Issues
- NP Continuing Education Funding
- BC Nursing Awards of Excellence
- Perks Program
- Student and New Graduate Programs
- Annual NP Conference
- Forums and Learning Opportunities

6. Why do we need any professional associations (one or many) if the BC Nurses' Union effectively represents all nurses and advocates for us?

Although there is some overlap, professional associations differ from unions in that they provide guidance to the professional members and to government on issues relevant to the profession such as use of evidence based initiatives, policies and advancement of the profession as a whole.

In addition, the BCNU does not represent all nurses. For example, nurse practitioners, self-employed nurses and management level nurses are not part of the Union structure, and some LPNs and RPNs belong to different unions. This means a sizeable number of nurses are not included in the Union and cannot benefit from the work they do.

7. Is one association happening in direct response to one nursing college?

No, we are on this course because it is the right thing to do and we believe will be instrumental in changing the future for nursing in this province. Having one nursing regulator moving forward so quickly definitely increased the pace of our thinking around what we as a profession needed to do to be prepared, but this is the way the world is moving, and not just in BC, we're just a bit ahead of the game.

8. What will happen with the lawsuits currently against ARNBC?

Unfortunately the lawsuits the BCNU has brought against ARNBC may continue and if so, will be the responsibility of the RN Council. In recognition of this, the ARNBC Board has set aside funding to manage this.

Under the NNPBC members of all nursing designations will continue to seek ways to find partnerships and synergies with the BCNU

9. I wasn't consulted about one association, who did you talk to?

We value the input of our members from all designations. The work toward forming the NNPBC is ongoing and the various associations will be consulting with their members over the next few months to ensure we get this collaboration right. Consultations are ongoing, so please check our website at www.nnpbc.com, or the website of your existing professional association, to find out how and when you can be involved.

10. I have ideas and/or suggestions about the overall structure. How do I share these?

We welcome all ideas and can promise that we will take them forward to the BCCNA Board for discussion. Please email your thoughts or suggestions to info@nnpbc.com.

11. I made a suggestion about a change and you have not taken it. Why not?

While we appreciate any and all suggestions, and while we of course log each and every idea sent to us, we have to consider the needs and desires of nurses on the whole. Rest assured we take your comments seriously but we do have to balance those comments against our entire membership.

12. Are non-nurses making decisions about this new association?

The BCCNA Board, comprised of nurses from all designations, are the decision makers and leadership for NNPBC.

Governance and Structure FAQs

1. What would a one association model look like?

We welcome your thoughts on our governance model which has been discussed at length by the BCCNA Board, the boards of each of the Associations, and members who have participated in consultations over the past weeks and months. For more information on the governance model, and how each of the designations will be engaged, please [check out our one-pager](#).

2. Will there be a relationship with the Canadian Nurses Association/Practical Nurses of Canada/Nurse Practitioner Association of Canada?

We believe firmly that participation and engagement with the national and international nursing bodies is an important part of an Association's role. We are working closely with each of the groups to determine how we can best move forward, recognizing that one of the principles upon which our new association will be founded is one of inclusion – RN, RPN, LPN, NP – and that no one designation will be excluded from any of the programs or services we offer.

3. What role will the Councils play in comparison to the role of the NNPBC Board of Directors?

Each of the four Councils will play an important role in supporting, advocating and setting strategic policy direction for their designations. Councils will consist of elected representatives from their relevant designations who will administer a budget (to be used primarily to bring the Councils together for face to face meetings) and have autonomy over how many elected representatives sit on the council and which regions/areas they represent. The Councils will communicate and work with each of other Councils on a routine basis around shared issues and opportunities through the NNPBC Board of Directors and staff. The four Councils will also work together, with the NNPBC Board and staff to address issues and support their designation through NNPBC initiatives, programs and services.

4. Has there been any consideration to adding Care Aides to the organization?

This has absolutely been considered and is on our radar. Discussions will continue.

Membership FAQs

1. Will the membership of one nursing association be comprised of nurses?

Yes of course – every single nurse will have an opportunity to be a member, no matter what designation they carry.

2. Will one nursing association have student and/or retired members?

We hope to include both, and are in the midst of discussion what their membership will entail (e.g., full voting members or non-voting members).

3. Can I opt out of one nursing association?

Our hope is to have one fee collection agreement between the new regulatory college and the new association. This arrangement would see association fees collected by the regulatory body during the regular registration process. If we cannot arrange a fee collection agreement, we are working on an arrangement that would support nurses to belong to the association and receive liability protection, CNA membership and more through a different fee process.

Either way, you can always opt out of hearing from us, and remove yourself from having the right to vote in elections.

4. Will the existing associations function the same as they did before and have membership?

No, the existing associations will cease to function and membership will be in the new Association. That said, the elected boards of the four organizations, elected as Councils, will continue to function as councils, and will be tasked with appointing two members from their designation to the Board of Directors. They will also meet regularly to ensure the issues and concerns of each of the four designations are brought forward to the new Board.

5. Will existing association staff lose their jobs?

Not at all. In fact, our intent is to hire additional staff to complement the existing staff, and we are just figuring out what the composition will be. We intend to hire a full-time nurse practitioner, and part-time RPN and LPNs to ensure we always have at least one staff member from each designation.

Programs and Services

1. What programs and services will be offered?

The beauty of moving to a new structure and organization means that we have opportunity to build whatever programs and services we want. That said, all existing programs, services, policy tables, funds, perk programs, etc., will be carried forward with slightly different compositions (for example, each of the existing committees and policy tables will add members of the other designations). There will also be opportunities to continue with designation-specific programs such as the NP Conference, LPN partnerships with BC Care Providers Association, etc.)

The roll-out of programs and services will be announced on our website on an ongoing basis. Please keep an eye on www.nnpbc.ca for more information on what is coming and when.

2. Will there be educational dollars offered by one association?

We hope so – but we need to get the bones in place before we sort that out!

We are currently working in securing additional funding to continue our NP Continuing Education Fund, and hope to develop sustainability for this fund, as well as increase education funding for all nursing designations

3. How will liability insurance be provided for nurses under one association?

Our intent is for all nurses, regardless of designation, to be able to access the services and programs of CNPS. We anticipate this change to be relatively seamless.