Understanding the Implications of the Changing Regulatory Environment in Nursing:

Insights from the B.C. Experience

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Association of Registered Nurses of British Columbia

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Understanding the Implications of the Changing Regulatory Environment in Nursing: Insights from the BC Experience

Across Canada, the voices of registered nurses and nurse practitioners are clearly needed to better inform policy for health and health care. Our society and our profession face significant challenges addressing widening gaps in the determinants of health in Canada and other countries, where growing numbers of people are marginalized because of factors such as poverty, ethnicity, gender and age (Anderson et al., 2009; Canadian Nurses Association [CNA], 2009; Coburn, 2010; Frenk et al., 2010; World Health Organization, 2008a)[1]. We also face significant challenges ensuring that people have appropriate access to qualified health care providers across the full continuum of health care delivery (Canadian Academy of Health Sciences, 2010; Health Council of Canada, 2008; World Health Organization 2008b). Appropriate access includes ensuring the implementation of evidence-informed care delivery models for safe, compassionate, competent and ethical care - models that nursing has the expertise to shape but that have been difficult to implement in today's era of fiscal constraints (CNA, 2008; CNA et al., 2012; CNA & Registered Nurses Association of Ontario, 2010; Wiskow, Albreht, & de Pietro, 2010).

Given the challenges above, nurses require avenues to effectively advocate for all patients, families and communities, including those who are most vulnerable and who require innovations in community-based service delivery (Peter, 2011). Recent commentators in nursing and other fields have clearly pointed to the importance of nurses' voices to inform and influence policy for health and health care. For instance, health policy analyst Steven Lewis has reminded us that it is "essential for nursing to take centre stage in the debates about the health system's future" (Lewis, 2010, p. 40). However, a number of our provinces have recently undergone divisions or reorganizations in order to structurally distinguish regulation from advocacy for improved health and health care, which makes it difficult for the nursing profession as a whole to be heard in policy work.

This has been the case in British Columbia. Amidst celebrations of the centennial of their first provincial nursing association, BC nurses are realizing the true impact of the loss of the association aspect of the Registered Nurses Association of British Columbia (RNABC) in the transitions that have taken place over the past seven years. At this paradoxical juncture, it is crucial for Canadian nurses to critically reflect upon the BC situation so that they can better appreciate the forces at play that will influence their profession into the future. In this paper, we document some of what has transpired in our province with respect to legislative and regulatory changes affecting the profession and the decisions taken by various organizations in response to those changes. In so doing, we hope to stimulate a vibrant national dialogue on the changing times we live in - to build awareness within the profession for the forces at play upon our nursing organizations in provincial/territorial, national and international contexts, and to chart a way forward.

The BC experience has implications for Canadian nursing as we recognize the impact on a profession of transitioning to a regulatory college and eliminating functions associated with an association mandate. Under the RNABC, BC nurses had enjoyed a legacy of advocacy on behalf of professional practice, health and public policy that included support of nurses and their practice. The association had established a strong record that combined public protection with effective advocacy through such mechanisms as standards for practice, expert practice consultation, and working upstream to promote effective systems for population health. Well -documented case studies of nursing's influence on the health care system (see, for example, Lovell, 1981; Whyte & Stone, 2000) illustrate the kind of association function that nurses in BC had come to take for granted. As the former

[1] http://www.conferenceboard.ca/hcp/overview/health-overview.aspx

RNABC transitioned into the College of Registered Nurses of BC (CRNBC) by virtue of coming under the provincial Health Professions Act, that advocacy and policy voice for health and health care gradually disappeared.

In this paper, we describe changes in the organization and governance of nursing regulatory and association functions in British Columbia and discuss implications for professional nursing and regulation in the public interest. Our goal is to stimulate national dialogue and articulate a call to action that will help us forge a path permitting us to continue nursing's proud history of both self-regulation and professional association leadership in nursing, health and public policy. Nurse historian Glennis Zilm (2008) recently observed that, while association functions have been the focus and strength of jurisdictions and the Canadian Nurses Association, they are in danger of being lost as nurses grapple with changes in regulatory legislation and mandate.

We take as a fundamental premise that nursing will thrive as a profession in the public interest if it is well supported by effective regulatory college, professional association and union functions, and we are convinced that the demise of one will ultimately lead to the weakening of the others.

To frame this discussion in the historical review that follows, we pose questions of relevance to Canadian nurses:

- How will nurses garner the legacy of their past and current leadership to have the courageous conversations that will inform key decisions on the future of their profession?
- How will nurses develop and continue to contribute to the organizational structures that best serve the profession's current and future mandates?
- How will nurses know if current and future organizational transitions are contributing to the advancement of the profession, in the public interest?

Implementation of a College Mandate (2005-2011)

On October 23, 2003, the Health Professions Amendment Act (HPA) was passed in the British Columbia Legislature, creating a common regulatory framework for the governance of all health professions in the province. Once enacted for registered nurses, it repealed the Nurses (Registered) Act, bringing registered nurses under the Health Professions Act. A significant achievement was that the essence of profession-led regulation – having responsibility for establishing the standards for registered nursing practice and codes of ethics – was not subject to government approval.

On August 19, 2005, the Registered Nurses Association of British Columbia was dissolved and the College of Registered Nurses of British Columbia was established. The College was empowered, under the HPA, to regulate the practice of registered nurses, licensed graduate nurses, nurse practitioners and student nurses. Although there had been general notice given to nurses that this process was underway, the enormity of its impact was not at all well understood within the nursing community. The absence of open dialogue or debate around the issue seems, in hindsight, to have been a product of the genuine confidence that BC nurses had come to place in their professional association and its leadership to advise them on the implications of policy change. As well, the formal signals from leadership at that time conveyed the reassuring message that the transformation from being "members" of an association to "registrants" in a college implied relatively little change. For example, the CRNBC president's annual report of 2005, which was tabled some months after the establishment of the College, emphasized that the mandate of the new organization remained the same. Describing the continuation of major functions, she reported, "As you can see, much of what

RNABC did, CRNBC continues to do." [2](p. 3). Although she acknowledged that the new legislation would mean some changes, the examples used to illustrate the nature of such changes had to do with such issues as a reduction of board members and a discontinuation of chapters.

Nowhere in that report, or in the public explanations of the time, was there a hint of the enormity of what was to follow with respect to the profession's capacity to exert its voice in matters of major influence on the profession, or the profession's influence on health and public policy. In fact, the new College's organizational values at that time explicitly listed as one of its five guiding values "visible leadership on nursing and health issues" on behalf of the profession (p. 2), and in its 2006 annual report, CRNBC described itself as "an active member of the Canadian Nurses Association" (p. 9). Because nursing organizations that combine the association and regulatory body functions exist elsewhere in Canada, BC nurses generally presumed that, following a brief period of readjustment, the CRNBC would assume much of the professional advocacy that had made them proud to be RNABC members.

Despite the early assurances from the CRNBC and a mandate within which it seemed feasible to sustain most core association functions, the newly formed college entered into a process of gradual devolution of many activities it deemed inconsistent with the new regulatory framework (CRNBC, 2012). Over the ensuing years, all non-regulatory activities were revisited and reconsidered by the CRNBC Board and senior staff, and over the span of just a few years, many more changes became evident.[3]

Within the RNABC, BC nurses had previously enjoyed a tradition of organizing across the geographic diversity of the province within chapters or professional practice groups (PPGs). Nurses came together to discuss and debate professional issues, many of which were presented as resolutions to the AGM in Vancouver, with the opportunity for dialogue with the media and the Minister of Health of the day. Early in the transition to CRNBC, the Executive Director reflected on questions about the compatibility of PPGs with the college mandate, in that "registrants and others still have expectations that we respond to issues as if we are an association when we are not" (Brunke, 2007, p.26). However, as with so many of the former association functions, the devolution was incremental and the messaging ambiguous. So while they were not officially forced to disband, by 2009 most PPGs were applying to disaffiliate with CRNBC because of restrictions on their role in promoting professional practice.

Other former association functions gradually disappeared over time. In July 2009, the final issue of "Nursing BC" was published, signifying the loss of a journal that all registered nurses in British Columbia had received for forty years (Brunke, 2009). Around the same time, registrants stopped receiving a registration card and the format of the annual meeting was changed from what had been a province-wide dynamic forum of nurses debating broad nursing, health and public policy issues to a business meeting focused on the CRNBC's regulatory mandate. The AGM had been reduced from a two day to a two hour event. Thus there was no longer a venue within which BC nurses could gather to create a collective understanding of the nature of the profound change that had taken place or to mobilize a response to any of the losses.

As of 2009, although it maintained BC's jurisdictional membership in the CNA, in keeping with its evolving understanding of a regulatory mandate, the CRNBC amended its by-laws, resulting in a new governance structure,[4] and by the time the 2010/11 annual report was issued, the original guiding values had been formally replaced with a statement of principles.[5] (p.3). As a result of this revised thinking, BC stopped sending delegates to the CNA AGM after 2008 and its representatives to CNA's Board of Directors began to abstain on all motions deemed non-regulatory in nature. This effectively meant that despite the excellent work of BCNU on several significant fronts during this period, [6] BC nurses no longer had a formal policy voice on major national health

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[2] https://www.crnbc.ca/crnbc/AnnualReports/Documents/245_2005.pdf

[3] https://www.crnbc.ca/crnbc/AnnualReports/Documents/245_2006.pdf
https://www.crnbc.ca/crnbc/AnnualReports/Documents/245_2007.pdf
https://www.crnbc.ca/crnbc/AnnualReports/Documents/245_2008.pdf

[4] https://www.crnbc.ca/crnbc/Documents/245_2009AnnualReport.pdf

[5] https://www.crnbc.ca/crnbc/Documents/245_2010AnnualReport.pdf

[6] https://www.bcnu.org/HumanRights/HumanRights.aspx?page=Caucuses%20%26%20Networks_Equity%20Caucuses%20and%20Networks:search:Diversity

and public policy platforms such as poverty reduction, chemical pesticides, home care, health care financing, determinants of health, social justice, homelessness, environmental rights, a national Pharmacare plan, and equitable access to health (CRNBC, 2010b). It also meant that the CNA Board no longer had the capacity to come to a unanimous decision on major professional policy matters.

Thus, in 2005, when the transition from an association to a college took place, BC nurses were ill-prepared to anticipate or understand the changes that were to unfold over the subsequent seven years. In fact, the process of change was incremental, resulting in losses of previous association functions occurring alongside achievements in regulation that included negotiations with government to achieve the scope of nursing practice standards for registered nurses and nurse practitioners. Achievements in regulatory policy and practice were bittersweet in that they were concomitant with the loss of the last remnants the professional association.

It was our observation that nurses across the province expressed frustration and confusion, wondering what had happened to the vibrant and effective association they had built over many years of collective action, and wondering who or what was really responsible for how the mandate of the new organization had evolved. As became evident later in our consultations around the province,[7] nurses across the province were distressed about the perceived loss of the association assets retained by the college without an apparent plan for how they should be devolved. For example, nurses mentioned tangible assets such as the building where professional practice and other groups had meeting support and space, a library and archives, opportunities such as awards ceremonies for nurses in practice and advocacy roles, and value-added services such as witness support, non-regulatory continuing education and policy and practice advancements.

In hindsight, a strong and viable association function might have been preserved had BC nurses fully anticipated and strategically coalesced around the implications of the change to a regulatory college. This did not occur and it is this lesson we now share with nurses in Canada and beyond.

Evolution of a Grassroots Response (2009-2011)

In early 2009, a group of BC nurses came together in recognition of the losses of professional association activities and started what became known as the "RN Network of BC" to try to interpret recent events and identify options going forward.[8] The group recognized that many nurses were feeling the loss of an association presence. They recognized that the profession no longer had mechanisms through which to engage with government on issues of concern to nurses or advocate for health and public policy matters affecting British Columbians during a time of significant health care system restructuring. On request from the RN Network Board, the CRNBC board voted in April 2010 to provide one-time funding to the RN Network of BC to build a business case to inform the need for a professional association to "meet the professional needs and interests of professional nurses that are currently not being met in the province."[9]

However, at that same moment in time, the CRNBC Board sent forth a stunning signal. It had commissioned a consultation involving "other Canadian registered nurses associations and colleges, government, deans and directors of schools of nursing, chief nursing officers, the B.C. Nurses Union, CRNBC president and president-elect, and the executive of the CNA Board of Directors" (Bryce & Bayne, 2010) (although not CRNBC registrants as individuals). The report of that consultation clearly revealed

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[7] http://www.arnbc.ca/consultations/index.php

[8] http://www.nursing.ubc.ca/scholarship/rnnetwork/documents/RN%20Network%20of%20BC%20Background%20Information.doc.pdf
http://www.nursing.ubc.ca/scholarship/rnnetwork/documents/RN%20Network%20Launch%20-%20Nov%205%202009.pdf

[9] https://www.crnbc.ca/crnbc/Newsletters/BoardHighlights/Pages/April2010.aspx

widespread support for finding a means by which to preserve the professional association function in BC and a mechanism through which to ensure that BC nurses sustained a relationship with the CNA. In the end, however, the CRNBC Board took the decision on April 10, 2010 to "initiate a measured and managed withdrawal from CNA as a jurisdictional member."[10]

Meanwhile, the Board of the RN Network of BC had called a province-wide general meeting for May 19, 2010,[11] using an insert in the March issue of the Canadian Nurse magazine[12] as its only means by which to communicate with all BC nurses. At that event, representatives of the RN Network reviewed the developments leading up to the transition from the RNABC to the CRNBC, and invited representatives from the CNA, CRNBC, BCNU and the BC Ministry of Health to offer their perspectives on the current situation as well as the options going forward. An enthusiastic audience of approximately 200 nurses in Vancouver was augmented by individuals and groups from sites around the province who joined the dialogue via a live webcast which was posted on the network website and viewed by thousands more in subsequent weeks and months.[13] At that RN Network meeting, the formation of the new Association of Registered Nurses of British Columbia (ARNBC) was announced and the inaugural board was named.[14] The new Board subsequently incorporated the ARNBC under the Society's Act.

Redefining CNA Jurisdictional Membership

The recommendation that had been made by CRNBC's Board to withdraw from the CNA was presented to the CRNBC's annual general meeting the following month. BC nurses attending that CRNBC meeting in person and via webcast[15] expressed many concerns, including the opinion that the withdrawal was not "measured" and that there were unresolved questions about how the association assets would be transitioned. The BC nurses attending also raised questions about how the voice of professional nursing would continue at jurisdictional and national levels. Although a significant majority defeated the motion, the CRNBC Board moved ahead to serve notice of withdrawal based on their understanding that AGM Resolutions were simply advisory. As a result, CNA was served notice of the withdrawal.

Although CRNBC had not sent a full slate of 38 voting delegates to CNA annual meetings since 2008, its 2010 decision to withdraw entirely as a jurisdictional member sparked an immediate sense of alarm that was felt across the country. Canadian nurses recognized that the loss of BC would irrevocably alter the structure and function of CNA, reducing its effectiveness nationally. In a subsequent open exchange of correspondence between the two organizations[16] the CRNBC made the basis for its decision clear and confirmed its conviction that its concerns relative to CNA jurisdictional membership "could not be altered by the recent vote of registrants at CRNBC's Annual General Meeting on June 25, 2010, defeating a resolution authorizing a formal notice of resignation under Article 2.6(a) of CNA's bylaws."[17] Over the next year, the ARNBC Board continued to develop its framework, consult nurses who were members of the RN Network as well as others who were in contact with the new association through informal networks, and negotiate with both CRNBC and CNA toward an option that would permit BC nurses to remain within the national umbrella of CNA. While the one-time grant from CRNBC helped it develop its business case, generous donations from retired nurses and small grant support from other sources – as well as an inordinate amount of volunteer labour

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[10] https://crnbc.ca/crnbc/Announcements/2010Announcements/Pages/CRNBCCNARelationship.aspx

[11] http://www.nursing.ubc.ca/scholarship/rnnetwork/speakingnotes.htm

[12] http://www.nursing.ubc.ca/scholarship/rnnetwork/documents/BC%20Nurse%20Invite%20CS3%20v2.pdf

[13] http://mediasite.mediagroup.ubc.ca/MediaGroup/Viewer/?peid=0626446890134aae8bd401d0b628fcd6

[14] http://www.nursing.ubc.ca/scholarship/rnnetwork/documents/ARNBC%20Interim%20Board%20of%20Directors%202010.pdf

[15] The BC nurses attending included RN Network and BCNU representatives

[16] http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Open_Letter_crnbc_e.pdf
https://www.crnbc.ca/crnbc/Documents/CNAmembershipletterJuly52010.pdf
http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Open_Letter_Shamian_Bard_CRNBC_e.pdf

[17] https://www.crnbc.ca/crnbc/Documents/245_2010AnnualReport.pdf

from enthusiastic RN Network and ARNBC Board members – allowed the ARNBC to create a communication plan to reach as many BC nurses as possible and to engage them with as many issues as was viable. As its website and social media platform unfolded,[18] the RN Network website[19] was retained as the documentary repository of the ARNBC's historical evolution.

Despite hard work and high hopes for a relatively smooth transitional process that might permit the ARNBC to become the CNA jurisdictional member for BC, on April 8, 2011, the CRNBC board concluded that it was not feasible to assign its CNA membership to another British Columbia organization at that time.[20] Following further negotiations, CNA and CRNBC signed an agreement (effective August 31, 2011) that provided "for CRNBC to assign its jurisdictional membership in CNA to CNA and maintain the voice of British Columbia Registered Nurses and Registered Nurse Practitioners at the national level and health, nursing and social policy matters".[21] On September 1, 2011, the ARNBC and the CNA entered into a Memorandum of Understanding for a one-year period, through which the two organizations would work together to determine how to build an organization that would best serve the needs of the nursing profession as well as health and health care in British Columbia. As a key component of this agreement, ARNBC was temporarily assigned the role of serving as the province's jurisdictional member for CNA with full voting privileges. BC nurses had finally regained the capacity to express their voice nationally. However, everyone realized there was still a great deal of work to be done to build the kind of Association that fully reflected the membership within a viable democratic organizational structure that was sustainable into the future.

Building an Organizational Future (2011-ongoing)

On September 8, 2011, CNA and the ARNBC held a joint BC Nursing Forum to discuss the future of nursing in British Columbia and launch the consultation process that would determine the eventual structure, purpose, and policy priorities of the ARNBC. The forum, which included leaders from the BCNU, CRNBC and many other nursing organizations in the province, provided an excellent launch to the ongoing collaboration and capacity building of both the ARNBC and the CNA. As the summary report from the meeting[22] attests, it is the shared goal of the ARNBC and the CNA to work productively with the full range of organizational nursing partners in the province toward ensuring that BC nurses regain a strong policy voice for nursing as well as health and health care. During the forum, nurses from a range of practice settings raised concerns about the state of nursing in the province.[23] Nurses noted losses in the positioning of nursing within provincial government leadership, and that nurse leaders were less consistently part of executive level decision-making tables within the regional health authorities, indicating an erosion of nursing's input on matters of fiscal and human resource policy. Key policy issues to be addressed included "closing the gap between the policy process and clinical support needs", "advocating for affordable models of primary health care where nurses can play a significant role at point of entry to the system", and "developing a shared vision for advocating on behalf of nurses in the province" in the interests of sustaining the health care system and serving the public. They acknowledged the challenge associated with having lost a means through which to communicate within the profession about these fundamental issues.

As a new organization, ARNBC is now working to rebuild and unify the voice of the profession through a nursing association in BC. The ARNBC aspires to a mandate that will allow it to influence nursing, health and public policy on behalf of the profession and in the interests of health. It is a steep climb, but one that is inspired by the will and momentum of nurses to recognize and participate

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18 http://www.arnbc.ca/

19 http://www.nursing.ubc.ca/Scholarship/RNNetwork/

20 https://www.crnbc.ca/crnbc/Announcements/2011/Pages/CNAUpdate.aspx

21 https://www.crnbc.ca/crnbc/Announcements/2011/Pages/CNAAgreement.aspx?print=1

22 http://www.arnbc.ca/images/pdfs/arnbc-cna-forum-summary-report.pdf

23 The BCNU's ongoing work in promoting policy for the benefit of nurses and the preservation of a public health care system was also acknowledged

in a mandate that is unique and complementary to the mandates of a strong union and regulatory body. In this work, it has been apparent to us that we have the support of our Canadian and British Columbian nursing colleagues.

In the fall and winter of 2011-2012, ARNBC's priority has been to engage BC nurses in a comprehensive democratic process to fine-tune the vision and inform the organizational structure that will take us forward into a productive sustainable future. Through a province-wide engagement and consultation process involving hundreds of nurses and dozens of communities, the ARNBC has met with nurses where they live and work to get their direct input and to foster a "train the trainer" model of small group dialogue. Our goal throughout these sessions has been to help nurses understand how and why their organization world has evolved as it has, to listen to their recommendations for our future structures and processes, and to ensure that the policy issues that become ARNBC's priority are those that really matter to nurses in BC. It has been apparent through all of these consultation discussions that there is a strongly felt need to rebuild BC nursing's public policy voice, to represent the professional perspective of nursing in current health policy debates, and to ensure that the talents of nursing are effectively deployed in the solution of major challenges such as primary care reform and continuing care expansion.[24] Such rebuilding will complement the essential work of the CRNBC and BCNU as well as the CNA. BC nurses are clearly hungry to rebuild the webs of connection that were unravelled as a result of the organizational transition from the RNABC to the CRNBC, and to regain a meaningful place for their profession at government and other public policy processes – provincially, nationally and internationally.

The enthusiasm for the consultation process suggests that widespread consultation is something that will clearly continue. Meanwhile, ARNBC presented an initial report of nurses' recommendations at its first AGM on May 9, 2012 with a formal report to be posted on the website in June 2012. A consistent theme is nurses' concerns about the sustainability of a new association (ARNBC), how the ARNBC will be funded and questions about the loss of previous association (RNABC) assets. The ARNBC Board has been steadfast in its commitment to promote democratic values and decision-making in building this new association into an optimal structure that can meaningfully represent the profession nationally and establishing a strong policy voice for registered nurses provincially. The Association is particularly cognizant of this commitment as it prepares for the upcoming CNA Biennium in June 2012, during which BC will host the nurses of the country and recognize the centennial of organized nursing in our province.

Policy Implications from the BC Experience

We recognize that the nursing profession today has the capacity for a powerful and lasting influence on health and public policy at all levels. This can only happen if nurses are at key policy tables informed by the democratic ethic of the organizations that support them, and if those organizations (in BC the ARNBC, the BCNU and the CRNBC) collaborate for the benefit of their complementary mandates. Beyond the very real and important functions that regulatory bodies and unions fulfil, strong professional associations are vitally needed to take up advocacy roles in the interests of patient care, and public policy in the interests of health equity (Reutter & Kushner, 2010; Weible et al., 2012). In BC, throughout the hiatus in which a professional association voice was stilled, we have experienced the loss of a united voice of nursing wisdom and contributions in decision-making processes. Once lost, such a voice has proven exceedingly difficult to rebuild in the economic and organizational climate of the 21st century. Yet that same climate makes a united voice even more important.

Some aspects of international trends in regulation are significant and they require thoughtful deliberation by nurses and a collective vision for how they will position the profession for the full benefit of public safety and health (Barry, 2012; Benton, 2011). Where regulatory bodies take a narrow interpretation of their mandate and organizational interaction, we see the potential for serious and untoward impact on the profession's cohesiveness and on its capacity to positively influence the health of populations through nurses' expertise. To shift the balance too far to accommodate regulation, we believe, constitutes a significant threat to the

[24] http://www.arnbc.ca/consultations/index.php

interests of health and the public as well as to the nursing profession overall. In BC, we saw little consideration in the transition to a regulatory college for the fair acquisition and distribution of the considerable resources that nurses had invested over time to build the function of an association. We believe that such trends may take shape in other jurisdictions, and we hope that a wider national dialogue can heighten awareness and more effectively prepare all Canadian nurses to sustain and strengthen their professional associations to meet the health challenges ahead.

The BC experience tells us that the expression of a professional policy voice for nursing may be at risk in this current regulatory environment, and thus the public may be at risk of losing the inherent benefit to health and system outcomes that a professional association voice brings to policy dialogues. As ICN (2009) has pointed out, professional associations play an essential role along with the unique and complementary mandates of both unions and regulatory bodies, in creating the synergies that allow for best practices in health care delivery and public policy.

A Call to Action

In this paper we have written about what we have learned through our experiences as ARNBC Board members as a call to action for nurse leaders across the country – to come together in the spirit of our ancestors in nursing to determine the legacy of nursing organizations and shape their impact upon nursing practice and public health at this turn in our history. It is clear that we must be open to this new era of possibilities to strengthen professional nursing and be informed by our strong heritage of nursing's vision. We must work together as a professional community eager to build national and international associations, presence, voice and political influence and to register nurses and regulate the profession in the public interest (Zilm & Warbinek, 1999). As we stand today, nurses remain the most trusted of health professionals among the public we serve, a legacy we enjoy as a result of this vision and effort (Olshansky, 2011).

We understand it as vital to the health of a society that the nursing profession brings its unique perspective to health and public policy forums including those pertaining to the regulatory function "achieving public protection is clearly more complex than merely establishing a regulatory body (ICN, 2009, p.11)".

Maximizing the contribution of the profession to societal health requires inter-organizational dialogue that contemplates complexities and develops in the context of collaborative and consultative processes. This will happen when organizational nursing leaders cut through seemingly competitive agendas on behalf of the common good of our profession and those we serve. Thus, the destiny of our profession will ultimately be best served by both the unique mandates as well as the complementary relationships of its formal organizations – in particular, associations, regulatory bodies and unions.

Nursing requires an infrastructure within which it can be vigilant in its attention to the evolving social, political and economic trends that shape the structure and health of our societies. It holds a moral obligation to be persistent and persuasive in its questioning of the public interests and of the interests of the most vulnerable members of our communities (CNA, 2008).

Let us explore this future together, and find ways to create those new and evolving tables with the collegial spirit, vision, and dedication to the common good that has been so characteristic of our profession's history so that we can arrive at well conceptualized, thoughtfully considered, and mutually supportive solutions together.

Our collective goal must be to create and sustain nursing association structures whereby all registered nurses and nurse practitioners can work together with the CNA to take centre stage in debates about the health of the public and about the health care system's future. In a rapidly shifting context of regulatory imperatives and organizational complexity, ensuring a strong and effective public policy voice for the nursing profession as a whole provincially and across Canada is challenging. Nurses in BC are facing this challenge and are taking action. These words from a visionary leader are certainly true for all of us across the country: "Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has." Margaret Mead (1901-1978).

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