



Licensed Practical Nurses

Making OUR profession stronger

JULY 2011

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table of contents

Introduction	1
Setting the Stage.....	2
Conference Discussion	4
LPN Independence	6
Questions & Answers.....	9
Achievements	10
Your Voice	12
LPN Advisory Committee	13

ON JUNE 21, HEU brought together 60 Licensed Practical Nurses from all parts of the province who work in acute care, long-term care, and home and community care.

Throughout the day-long conference these LPN leaders and activists had a lot to say – about their patients, their practice, and their professional goals. With government set to make significant changes to the regulations governing LPNs in B.C., they wanted to know more about how those changes will impact their professional practice.

More than anything, they wanted to be assured that LPNs’ views will influence decisions affecting their future.

To that end, HEU is undertaking a broad consultation with its LPN members. As part of this consultation, the union launched a full discussion during the conference about what’s at stake for LPNs as a result of regulatory change.

The union will be preparing a submission to government in the fall to ensure LPNs’ voice is heard – and their views are understood – by the province’s decision-makers.

This report is a summary of the conference proceedings. It contains historical background on the advancement of the LPN profession in B.C.; information from government officials and educators who were in attendance and who are responsible for implementing upcoming regulatory and curriculum changes; and information from representatives of the College of Licensed Practical Nurses of BC regarding their mandate.

The conference also welcomed Teresa Bateman, Director of Professional Practice at the College of Licensed Practical Nurses of Alberta. She provided LPNs with some important insights into how regulatory changes have enhanced LPNs’ role and utilization in Alberta’s health care system.

In preparation for the release of the draft changes under consideration by B.C.’s Ministry of Health in the fall of 2011, HEU will continue to gather the views of LPN members.

As an LPN, you have a vital role to play in this discussion. Join the conversation.



THIS IS AN IMPORTANT TIME for B.C.'s Licensed Practical Nurses.

Health care is changing, here and across North America. And with it, new models of care – that are shaped by greater collaboration between interdisciplinary teams of professionals and allied practitioners – are emerging.

Over the last two decades, strong independent advocacy has secured increased opportunities and recognition for LPNs.

But there is more to be done.

With the movement toward full scope practice, there is a growing consensus among government, health authorities and other decision-makers about the need to support more effective utilization of LPNs in our hospitals

and long-term care facilities.

In order to achieve optimal utilization however, there are important challenges that must be addressed. LPNs need greater access to education and training, along with increased leadership and mentorship opportunities.

Inconsistencies in LPN utilization between health authorities, hospitals and sometimes between units in the same facilities, need to be dealt with. And the old hierarchies geared to an RN-dominated model of nursing care need to evolve.

It's against this backdrop that the regulation governing LPNs is being redrafted by B.C.'s Ministry of Health.

What's critical now is that LPNs work together to ensure they have a full say in the future of their profession.

“B.C.’s LPNs have come a long way since the 1980s, when they were almost eliminated from the health care team.”

In this spirit, HEU is providing LPN members with information on the history of their profession, the progress that has been made, the challenges that remain, and the alternatives under consideration.

B.C.'s LPNs have come a long way since the 1980s, when they were almost eliminated from the health care team. Nonetheless, according to research from the Canadian Institute for Health Information, B.C. ranks a disappointing eighth in terms of LPN to RN mix on the care team, when compared with other provinces.

As LPNs continue to move to their full potential, understanding their shared history and current challenges is vital to developing a united vision for the future of their profession.

setting the stage



In the 1980s, the move to a more RN-focused model of care resulted in LPN displacements and other set backs.



CONFERENCE PARTICIPANTS heard from a series of speakers about LPNs' evolving profession and upcoming regulatory and curriculum changes, in addition to reviewing HEU's recent discussion paper – *Taking our place in modern nursing care*.

Sharon Stewart, the Ministry of Health's Executive Director of Health Human Resources, described the process government has undertaken to draft and introduce new regulatory changes.

Janice Harvey, from the College of Licensed Practical Nurses of BC, explained the role of the College in governing LPN practice and its mandate to ensure the public receives safe, competent and ethical nursing care.

Shona Johansen, of the BC Academic Health Council, talked about updates to the B.C. curriculum to support LPNs' independent practice.

WHAT'S THE PROCESS?

New regulatory changes will be posted for public consultation by the fall of 2011. Although the details of the proposed model are not yet public, the changes under consideration will establish the activities LPNs are authorized to do, including those that LPNs may carry out independently.

Once the draft changes are posted, the Ministry will receive written comments from all interested parties for three months. At that point the Ministry will either put the new changes into effect, or post a revised draft – based on feedback received – for another three-month period.

WHAT'S CHANGING?

Government is moving from a regulatory model – where some professions have authority over others – to a “restricted activities” model.

This model is now being applied to LPNs. It will set out the particular activities LPNs can perform, as well as those they can do independently, but it won't change LPNs' scope of practice.

Under this model, LPNs may be given authority to perform a restricted activity such as autonomously administering oxygen or administering an intradermal injection. More than one profession may be granted authorization to do each activity.

It is this list of LPN authorizations that is currently being drafted.

WHO MAKES THE DECISIONS?

The Ministry of Health is the only body that can establish the broad parameters of LPN practice.

The College can narrow LPNs' practice within the boundaries set by government by outlining the standards, limits, and conditions on each regulation, but the College cannot expand LPN practice.

Employers also have the ability to narrow LPNs' practice through worksite policies. But again, they cannot expand LPNs' practice beyond the limits set by government and refined by the College.

the discussion





For example, the Ministry has set out that LPNs may perform immunizations. The College adds limits such as permitting LPN immunizations for children over four years of age. Individual employers choose whether or not to hire LPNs for this purpose.

WILL LPNs HAVE A SAY?

LPNs discussed how a restricted activities model of regulation that would replace direct supervision by RNs could benefit the health system and their practice.

They were clear that they want a say in changes that impact their profession.

The Ministry, the College, and other professional groups such as RNs all contribute to advancing safe practice in B.C.'s health system. But none are advocates for LPNs as a distinct profession.

If LPNs are to succeed in gaining greater independence within the new model, it is imperative to work together to advocate for broader authority and independence in the new regulation.

LESSONS FROM ALBERTA

Alberta LPNs moved to a restricted activities model eight years ago.

Teresa Bateman, Director of Professional Practice at the College of Licensed Practical Nurses of Alberta, provided some valuable insights into the experiences of LPNs in her province, and she emphasized the importance of LPN competencies.

Authorizations, she said, should be based on the competencies of the profession – the knowledge, skills, judgement, and abilities of the LPN.

The restricted activities model in Alberta is straightforward and gives LPNs greater independence. It lays out the activities that an LPN is authorized to do, and at the same time is sensitive to those activities requiring extra education or support.

The Alberta regulation does this by listing:

- the activities an LPN is able to do simply by being an LPN (such as inserting a device beyond the pharynx)
- additional activities that LPNs can do only if they take advanced training approved by the Council of the College (such as starting IVs)
- more complex activities that can only be performed by those LPNs who have taken a significant amount of extra training and have been registered with their College as a specialist (such as removing a callus)
- some activities LPNs can only do if an authorized practitioner is on the site and available to assist (such as sedating with nitrous oxide).



TOWARD A RESTRICTED ACTIVITIES MODEL FOR LPNs IN B.C.

LPNs discussed the Alberta model in depth and overwhelmingly agreed that it would work well in B.C.

In small groups, based on the setting they work in, participants looked at the restricted activities listed in B.C.'s *Health Professions Act*, and put them into the four categories that mirror the Alberta model.

They also discussed whether patient-specific assessments by an RN should be required before an LPN could perform a task within their restricted activities.

And they were clear that if a restricted activity falls within LPN competencies, then, in general they should be granted independent authority.



Q: What are the current limits and conditions on an LPN's license in B.C.?

A: Under the current regulation, all nursing services provided by an LPN must be carried out under the direction of a medical practitioner or under the supervision of a RN.

Q: What does it mean to be under the "general supervision" of an RN?

A: It means LPNs are fully subordinate to an RN, although the RN may not oversee every individual day-to-day task.

Q: Why is the regulation governing LPNs about to change?

A: The government wants to further the utilization of all regulated health care professionals and is adopting a new regulatory model – the "restricted activities" model. A new regulation could also better support teamwork and collaborative practice.

Q: What is a restricted activities model?

A: It is a model that determines which activities a profession is authorized to perform, and whether they can do so

independently. More than one profession can be authorized to perform a given restricted activity.

Q: Will the restricted activities model provide LPNs with greater independence?

A: It depends. Interested parties and stakeholders may want to limit, rather than expand, LPNs' ability to practice more independently.

Q: Does the restricted activities model cover every aspect of care provided?

A: No. There are many aspects of care that are not restricted and will continue to fall with LPNs' scope of practice. Restricted activities are those that have a greater degree of risk associated with them.

Q: Does the College of Licensed Practical Nurses of B.C. advocate for LPNs?

A: CLPNBC is responsible for regulating the LPN profession to protect the public. It does not have an advocacy role for LPNs' professional practice.



achievements

HEU has represented LPNs for more than 60 years.
HERE ARE SOME RECENT MILESTONES.

1990

HEU advocates for more LPNs in response to RN shortage.

1991

The Royal Commission on Nursing & Health Care Costs (Seaton Commission) responds to concerns that the nursing mix is inappropriately tipped toward RNs and recommends greater utilization of LPNs and other health care workers.

1993

Pay equity targets for LPNs and others established as a result of HEU job action the previous year.

1998

HEU negotiates a Memorandum of Understanding with the Health Employers Association of BC to research LPN utilization.

2001

HEU works with the Capital Health Region and secures \$1.3m for 316 LPNs to receive refresher courses.

2002

HEU negotiates a new "full scope" benchmark for LPNs.

2003

HEU conducts a follow-up survey on the roles and utilization of LPNs which calls for LPN education and support from the B.C. Nursing Directorate.

2006-2010

More than 200 LPNs receive training money from the Facilities Bargaining Association Education Fund.

HEU negotiates Professional Responsibility form for LPNs.

2006-2010

HEU negotiates ongoing policy tables where the union meets with senior government officials and employers to secure the following:

- commitment from government that LPNs will be represented on professional practice councils
- \$800,000 per year designated for LPN professional development and specialty training
- Three days of leadership training for 180 LPNs
- Pilot projects to establish OR as an advance practice role for LPNs

2009

HEU holds conference with LPN members on utilization and bargaining issues.

2010-2012

HEU negotiates policy process to work with government and employers on such issues as the optimal utilization of LPNs.

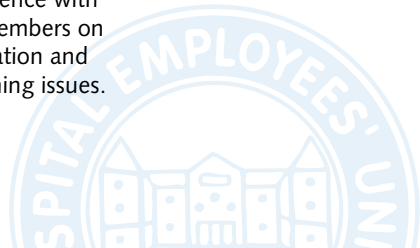
HEU collaborates with B.C.'s health authorities to secure a \$2.5m training grant to support LPNs in specialty practice roles in acute settings and leadership roles in residential care.

2011

HEU calls on Minister of Health to enact the regulation allowing LPNs to provide immunization independently.

2011

HEU hosts LPN conference to discuss upcoming changes to regulation governing LPNs.



LPNs MUST BE PART OF THE CONVERSATION.

Here in B.C. LPNs are licensed through their own professional college – the College of Licensed Practical Nurses of B.C. The mandate of the College, however, does not include an advocacy role.

As government moves to change the regulation governing LPNs in B.C., it is critical that LPNs have a clear say in defining and advancing the future of their own profession.

That’s why your union needs to hear from you on the issues currently under consideration by government.

Here’s how you can make your voice heard.

READ THIS PAPER.

And others. You can find background documents from the past three years that provide more information on the issues affecting your profession and how the union is advocating to move your profession forward.



FILL IN THE SURVEY.

This survey is one of the methods HEU is using to gather LPNs’ views on regulator change. Please take the time to fill it out at www.heu.org/jointheconversation or use the QR code at the bottom of this page.

TALK TO YOUR LPN COLLEAGUES.

Pass on this information to your colleagues and encourage them to become involved in advocating for their professional practice.

SIGN ON TO HEU’S E-MAIL LIST.

By signing on to HEU’s e-mail list we can provide you with up-to-date information on how the government’s process is unfolding.

STAY IN TOUCH.

If you have any questions please contact Máire Kirwan at 604.456.7023 or 1.800.663.5813 x7023 or at mkirwan@heu.org.

Join the conversation!

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