

The Nurses and Nurse Practitioners of British Columbia are engaged in a process of supporting BC NPs in understanding the strengths, limitations, and opportunities of pursuing an NP Main Agreement. As the professional association for Nurse Practitioners in British Columbia, we are committed to ensuring that work for NPs is led by NPs, and for all NPs. This Frequently Asked Questions (FAQ) is provided to all NPs in BC to support engagement and understanding. It is part of our commitment to NPs that work at the Association happens transparently and in the best interest of NPs, regardless of their membership status with the Association or their practice model.

NNPBC is always available to answer questions and provide additional information. The best way to connect is through the NNPBC NP Concerns form: <https://www.nnpbc.com/np-portal/np-concerns-form/>.

1. What is a Main Agreement?

A Main Agreement (also historically referred to as a Master Agreement) is a formal, legally binding contract that outlines the terms and conditions of employment, compensation, benefits, working conditions, supports, resources, and other key aspects for certain healthcare professions. It is typically negotiated between a professional group (such as the Doctors of BC and the Midwives Association of BC on behalf of physicians and registered midwives respectively) and the Government of BC to ensure clarity, consistency, and fair treatment on a diversity of matters during the course of the agreement.

2. Why are we talking about an NP Main Agreement now?

NPs have been practicing in BC for nearly 20 years. However, we have lacked formal negotiating status for much of this time. Shortly after the formation of NNPBC in 2018, an engagement framework was established between the Government of BC and the NP Council of NNPBC to facilitate discussions on NP compensation. However, as the profession continues to grow rapidly, the need for a more formal structured negotiation relationship with the government has become increasingly important. Key factors include:

- The profession is growing at an ever-quicken pace, with ~1,200 NPs currently registered in BC, and an expected increase to 2,000 NPs by the end of 2028.
- The lack of a formal agreement has created inconsistencies in compensation and practice supports and has impacted the optimal integration of NPs into the BC healthcare system.
- Differing employment models have caused tension within the NP community, leading to unnecessary conflict and the perception of inequity between models of employment.
- The implementation of the new national NP regulation framework raises questions about access to appropriate supports for specialized NP services, including access to postgraduate, post-licensure preceptorship, training, and mentorship.
- The federal interpretation letter of the *Canada Health Act* issued by Minister Mark Holland points BC toward ensuring all systems enable publicly funded access to NP care, as insured, physician-equivalent services.



- Now is the time for NPs to organize and begin pursuit of an all-encompassing negotiation relationship with the government.

3. What might an NP Main Agreement include?

A Main Agreement for NPs could encompass various key elements, including but not limited to:

- Comprehensive compensation framework for a variety of flexible funding models, which could include salaried employment, service contracts, sessional contracts, and a variation of the LFP model for NPs
- Benefits, such as extended health coverage and pensions
- Practice support programs, and creation of a provincial locum program
- Professional development and continuing education funding
- Better articulation of the diversity of clinical locations NPs may practice in BC, with appropriate compensation formats and supports for optimal implementation
- Dispute resolution mechanisms
- Administrative and operational support provisions

This list of potential elements within a Main Agreement are just examples, based on existing Main Agreements for other health professions. Pursuit of a Main Agreement for NPs would involve significant engagement with all NPs in BC, to ensure that the things that matter most to NPs are on the negotiating table.

4. How can NPs in BC achieve a Main Agreement?

Achieving a Main Agreement requires a structured and collective approach. The key steps include:

1. Organizing the NP Community – Engage with NPs to discuss options for collective negotiation as a profession, and the value proposition of a main agreement for NPs
2. Formalize the structure within NNPBC for formal negotiations with the Government of BC.
3. Galvanize the profession and pursue a Main Agreement with direction from NPs, led by NPs, and for NPs.
4. Advocate with the Ministry of Health/Government of BC to begin the processes needed for a Main Agreement

5. Is this the work of NNPBC?

Yes. NNPBC is the professional association representing NPs in BC. NNPBC advocates for all NPs across all models of care. A formal legal review of the current NNPBC structure is underway, with a goal of defining what changes would be required to create the right structure within the Association for negotiating an NP Main Agreement. This would require significant upstaffing to create a robust team capable of policy analysis, government and partner relations, professional negotiation, NP engagement, and implementation of programs related to a Main Agreement.

6. What are the costs associated with achieving an NP Main Agreement?

To effectively negotiate and sustain a Main Agreement, financial resources will be required. This would include legal fees, administrative costs, policy analysis, and advocacy expenses. A sustainable funding model would require an annual membership fee increase for NPs in BC.

7. What is the HEABC Compensation Reference Plan (CRP)?

The **Health Employers Association of British Columbia (HEABC) Compensation Reference Plan (CRP)** is a structured framework used to determine salaries and compensation levels for non-contract, excluded healthcare professionals employed in the publicly funded health system in BC. Specifically, CRP was designed to ensure equitable compensation practices for management roles. It ensures that compensation is competitive, equitable, and aligned with provincial standards. CRP is currently the framework through which NPs employed within health authorities are compensated. However, the CRP was not designed to meet the needs of clinicians, and the framework requires significant flexing in application to enable NP work.

8. How does the CRP impact NPs, and can HA employed NPs be included within a Main Agreement?

The CRP is used to guide salary structures for healthcare roles, including NPs, by assessing job responsibilities, required qualifications, and market conditions. HA employed NPs would need to be divested from the CRP to be encompassed within a Main Agreement and therefore take advantage of the negotiating power of a comprehensive NP compensation agreement. It is important to note that details of benefits and pensions for excluded, non-contract NPs are articulated within the CRP; therefore, full divestment from the CRP should not occur until there is a replacement agreement to define employed NPs (e.g. a Main Agreement).

9. What would be the timeline for pursuing an NP Main Agreement?

All collective agreements and Main/Master agreements follow a 3-year cycle. Negotiations for all agreements have commenced for the 2025-2028 term. Beginning work on organizing the profession, advocacy, establishing new structures within NNPBC, and commencing engagement would appropriately prepare the NP profession to negotiate for a 2028-2031 Main Agreement.

10. How will NP voices lead the work of establishing an NP Main Agreement?

While NNPBC is the unified voice for all nursing in British Columbia, we have always been clear that NPs lead the work of NPs. Pursuing a Main Agreement will create new opportunities for NPs to have their voices heard, including more extensive engagement processes to confirm bargaining mandates, open contribution channels to get your issues on the bargaining table, and engagement with every NP in BC to ratify any Agreements that would be produced through negotiation. Pursuit of a Main Agreement increases engagement and opportunity for voice, maintaining and expanding our commitment to BC NPs.

11. What will happen to the NNPBC NP Provincial Initiatives Programs (NP-PIP)?

The details of the programs articulated with the NP-PIP are precisely the sort of professional supports and services that are contained in a Main Agreement. As such, it is possible that these services and supports could be negotiated into an NP Main Agreement, continuing without disruption under a new structure.

Currently, the partnership between the Ministry of Health and NNPBC is strong, ensuring NP PIP remains fully funded and operational with a unique shared cost agreement in place separate from any discussions or action related to an NP Main Agreement.

12. What are the next steps for NNPBC and NPs in BC?

The immediate next steps include:

- *Listen to NPs and gather NP input through engagement* – NNPBC will conduct surveys and continue to hold engagement discussions to determine priorities, maintaining our commitment to being the voice of all NPs in BC.
- *Building Partnerships* – Engaging with unions, other healthcare professional associations, regulatory bodies, and government representatives to maintain respectful, reciprocal relationships.
- *Formalize mandate* – Confirm that BC NPs endorse pursuit of a Main Agreement and begin the exciting work of organizing for negotiations.

13. Where can I learn more and get involved?

For updates, participation opportunities, and advocacy resources, NPs in BC can connect via:

- Attending planned NNPBC NP Council Town Hall meetings
- Look for scheduled Main Agreement discussions with your regional HA department or CoP meetings and service contract CoP meetings
- Attend the annual NP conference Open Council Meeting
- Contact NNPBC through the NP Concerns Form

By working together, NPs can secure a Main Agreement that strengthens our profession, improves NP integration in the healthcare system, and enhances patient care in British Columbia.