

**July 2023**

*Amended*

**Re: Concerns regarding NNPBC's role in advocating for Nurse Practitioners**

On behalf of the Board of Directors of Nurses and operational leadership of Nurse Practitioners of BC (NNPBC or the Association), we want to thank those who have taken the time to respectfully share their concerns regarding not only the newly released contracts for Primary Care Network (PCN) contracted NPs, but also general concerns about the role of NNPBC in advocating for BC's NPs. We commend those who emailed seeking clarity and understanding.

Common points have been raised and fall into the following five broad themes:

- 1) Clarity is required regarding the negotiating team and PCN contracts in general.
- 2) NNPBC is perceived by some as advocating only for PCN contracted NPs.
- 3) The NP Council of NNPBC is regarded by some as a closed group without a broad range of representation or interest.
- 4) NPs are leaving health authorities in large numbers largely because the compensation is better on PCN Contracts.
- 5) A desire to hear what plans the NP Council has for future work as well as additional ways to engage health authority employed NPs.

**Point 1:** To provide facts and clarity regarding the negotiating team and PCN contracts in general:

- The NP Council Negotiating Team (NPC-NT) is the primary body responsible for negotiating PCN contracts.
- The NPC-NT operates independently from both the NP Council and NNPBC. This is due to the sensitive nature of contract negotiations and ensures impartiality in the process.
- The recent contracts that were negotiated were centered on NP PCN contracts which expired in 2022.
- Neither NNPBC nor NPC-NT has authority or a role in contract negotiations for NPs employed at the health authority level.
- Since 2018 the NP Council has regularly expressed its concerns to the government and to HEABC regarding compensation at the health authority level.

Consultation by way of surveys occurred extensively with those for whom the contract pertained. Contract negotiations are bound by confidentiality and, in this case, involve several parties including government and the Health Employers Association of BC (HEABC). All parties come to the table with issues that need resolution. What is said at those tables must remain confidential to allow for a broad range of options to be discussed with transparency and in good faith. This need for strict confidentiality and the sharing of contracts with those impacted by them is standard procedure in contract negotiations. *(Editor's Note: This section has been amended to remove the portion about HAs not attending meetings. We have clarified this and recognize that the previous statement was not accurate nor clarifying.)*

It is important to reiterate that the contract is for PCN contracted NPs; therefore, it was our obligation and responsibility to share with them first. NNPBC is legally bound to only email those who are our members. As a result, PCN contracted NPs who were on the NNPBC membership list at the time were sent the contracts as soon as they were received from the Ministry of Health. NNPBC posted the contracts on our website once we ensured the

required disclaimers were in place as per our legal team as well as the Ministry of Health. This included the addition of watermarks that protected the agreement from being copied and shared.

Shortly after the contracts were released in June 2023, NP Council wrote a letter to HEABC outlining concerns with respect to health authority employed NP compensation. In a return letter, we were advised that the same mandates that applied to contracted NPs would also be applied to health authority employed NPs. NNPBC will always remain committed to advocacy in this area. Through a variety of channels, we have heard that there is an interest in having NPC-NT participate in discussions regarding all NP compensation models and contracts. Working towards a solution on this issue will be a priority for NNPBC.

As noted, neither NNPBC nor NPC-NT has authority or a role in contract negotiations for NPs employed at the health authority level. Health authority contracts for excluded employees (including NPs) are negotiated through the Health Sector Compensation Reference Plan ("CRP"); the recommendations of which are then approved by the Public Sector Employers' Council ("PSEC"). Health authorities also utilize compensation working groups to advocate on behalf of employees during this process. The Association will look forward to being included in those health authority compensation discussion groups going forward.

**Point 2:** NNPBC NP Council works on behalf of the entire NP profession. Here are a few examples:

- Monthly Newsletters with information and services for ALL NPs;
- [Member surveys](#) wherein all members are canvassed;
- Annual NP Council [strategic planning](#) based on survey responses;
- An annual [NP conference](#) that speaks to NP practice issues and learning opportunities;
- NNPBC NP [media spots](#) that speak to *all* aspects of NP practice;
- An [NP networking event](#) last November with another to come this November;
- Special recognition of [NP week](#) (in addition to National Nursing Week);
- [Advocacy](#) for recognition of all NPs;
- A [public facing](#) portion of the website designed to foster greater public understanding of the NP role.

The work above does not include the ongoing meetings and opportunities for touch points with NPs and NP leaders across the province that occur monthly and quarterly, the work behind the scenes to advocate for continuous professional development (CPD) funding for health authority employed NPs, in-progress advocacy areas, or the (public and private) letters written by NNPBC specifically to support the growth of the NP profession in BC.

We understand that some perceive NNPBC as doing 'extra' work for PCN NPs. NNPBC has a Shared Cost Arrangement with the Ministry of Health to create/manage a program called the NP Provincial Initiatives Program (NP-PIP). This is a program funded by government to promote successful integration of PCN NPs and includes practice support and a leadership program for PCN NPs. This work is completed as part of NNPBC's work and is *not* led by or directed by NP Council, although there is ongoing communication about this work to the councils of all nursing designations. While this is PCN NP focused currently, it is a single NNPBC program again funded by government and not membership dues to complete a specific scope of work. Like all NNPBC programs this is operationalized through a team of staff. It is a vital and integral piece of our work but to consider it our only or main piece of work related to NPs is a misnomer and does not consider the work done by the organization to advocate for NPs in addition to our responsibility to advocate for other designations and the profession as a whole. It also bears noting that because of NNPBC's broadly focused advocacy, there are aspects of NP-PIP that are available to all NPs, not just those on PCN contracts. These include: practice support services being made available to all NPs, QI funding and PCN committee involvement compensation available to all NPs, Division of Family

Practice compensation for all primary care NPs regardless of compensation model, access to free education with our Clinical Corners webinar series, and access to Pathways.

**Point 3:** The NP Council of NNPBC are all volunteers who are nominated and elected by our NP members, the same as all NNPBC Councils. Moreover, NP Councillors are balanced across employment models with some working solely in health authorities, others working *both* in health authorities and on PCN contracts, a few working in primary care settings, and a single councillor who works solely on a PCN contract. Every NP who is a member of NNPBC has opportunity to run for Council and serve the profession. These elections run each spring and are communicated to every member via their Council newsletter several times (in main newsletters, special newsletters, via social media and a special website section). In 2022/23 the NP Council established a committee with the goal of better supporting NP members interested in joining Council. We encourage ALL NP members of NNPBC to consider running for Council. As we all know, the best way to affect change is to take positive action to enact changes you desire.

Per NNPBC bylaws, Councils may appoint vacant seats from one AGM until the next. At present there are two opportunities available for appointment (Fraser and Indigenous Councillor). We encourage you to reach out to NP Council President, [Parveen Sangha](#) for questions about these open seats.

**Point 4:** Attrition occurs frequently across the health sector, and the reasons people choose to leave positions are complex and varied. While compensation of course plays a role, we have heard from numerous NPs who have indicated many reasons for leaving employed positions in health authorities. (*Editor's note, to be clear, NNPBC recognizes that there are numerous opportunities for NPs to practice, including HA employment models and PCN Independent contracts. Each model includes aspects that appeal to some based on specialty, area of care, and individual preference. NPs have been pioneering and creating leadership positions across the province, and there are incredible opportunities in both HAs, NNPBC and PCNs. NNPBC values all NPs and advocates for all compensation models. We support NPs being able to choose the practice and position that is right for them.*)

We understand the Ministry of Health is currently in the process of evaluating PCN contracts to further shed light on the reasons why NPs choose a particular compensation model. That said, we believe fundamentally that *all* NPs should be supported in their work and NNPBC and the NP Council is fully committed to working on behalf of all NPs regardless of compensation model. It is our intention to continue working with health authority leadership, forge closer ties, collaborate on shared opportunities, and promote compensation models that consider moving away from the current siloed approach to the NP workforce in BC.

**Point 5:** In ongoing discussions with the NP Council leadership, the following are some future actions:

- NP Council will continue to explore how to further promote transparency. This will be a focal point of discussion at the 2023 strategic planning day coming up early this fall.
- At the strategic planning day, the NP Council will re-evaluate engagement strategies as a way to improve dissemination of information alongside opportunities to answer questions.
- NNPBC is always mindful of and looking to improve member engagement and will continue to do so by canvassing members regularly through NNPBC channels and in collaboration with operational staff.
- NNPBC and NP Council leadership will continue to work with government and other partners regarding NP compensation structures that focus on equity across all employment models, and we continue to advocate for a singular compensation table to avoid a soiled approach.
- NP Council will continue to advocate for preceptorship funding and locum programs.
- NP Council invites NP members to participate in committee work aimed at improving member engagement and Council succession planning. These committees include awards and recognition, networking, and newsletter. Details of how to join these committees are included in newsletters.



## Nurses and Nurse Practitioners of British Columbia

- We will continue to explore and collaborate with colleagues on the ways in which NPC-NT can be more involved in discussions about all compensation models. NP Council will continue to ensure all members have avenues to voice concerns and ask questions along the way.

NNPBC's role is to advocate for the nursing profession. The BC Coalition of Nursing Associations which eventually led to the establishment of NNPBC was formed in 2015 when a group of nursing leaders understood by working together, the nursing profession is stronger, and that the collective advocacy of a united nursing voice has the power to change the health care system for the better. It is important to celebrate the success of this contract as a step to elevate the nursing profession and not allow it to become a point for divisiveness or rumour.

NNPBC is grateful to be supported by a governance structure that allows for each council to bring important issues that impact BC's four nursing designations to the Board table. We will continue to advocate for and celebrate the successes of not only each designation, but the profession as a whole. We remain privileged to be Canada's first united professional nursing association and will always do our best to serve the interest of all members, whether they be LPN, RN, RPN or NP.

Best Regards,

Sherri Kensall, NNPBC Board Chair

Parveen Sangha, NP Council President