PART 2 the BC context

This section presents an overview of the education, regulation and employment/utilization issues related to licensed practical nurses and care aides in British Columbia. It serves as a background document for the research findings. In it, the current education programs for practical nurses and care aides are described, as are upgrading and post-basic course offerings. Statistics on the nursing labour force, current wage rates, and reference to nursing human resource planning activities are also provided. Finally, the regulatory framework for LPNs is described, including the current review of nursing scopes of practice.

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the B.C. context

The collection of data for this project occurred within the context of B.C.'s current health care system. This description of the B.C. context serves as a background for the project findings.

Areas addressed for LPNs and care aides in B.C. include:

- education
- employment and utilization, and
- regulation.

education

LPN EDUCATION

Entry Level Education

Practical nurses have been formally educated in B.C. for over 50 years. LPNs currently receive their entry level educational program at four B.C. colleges: Malaspina University College, Okanagan University College, Vancouver Community College and College of the Rockies. These four colleges admit 160 students each year; all have indicated they have the capacity to increase the number of student admissions or "seats" in response to the nursing shortage. An additional 47 seats are scheduled to open in 2000/2001 for entry level students and those upgrading through LPN Access, a bridging program for care aides who want to work as LPNs (10 at College of the Rockies, 12 at Malaspina and 25 at VCC). The colleges report high interest from applicants and demand from employers (as discussed in *Key Informants)*. The College of LPNs notes that, in addition to the four colleges cited, another three are exploring program options for practical nurses.

Refresher Program

The Open College offers a practical nurse refresher program in a continuous entry, distance education format. The OC is also experiencing an increase in enrolment.

Standard Curriculum

The five colleges involved in practical nursing education follow a standard curriculum, providing consistency across the province. Through the provincial Practical Nurse Articulation Committee of the Ministry of Advanced Education, Training and Technology, educators meet twice a year to resolve common issues and maintain consistency in the standard curriculum.

The current curriculum, first offered in 1992, is a departure from the traditional skills or task-oriented training of the past. The curriculum is based on a conceptual framework that emphasizes holistic care, independent problem solving, critical thinking and collaborative practice. The program was increased to 12 months in 1992 to accommodate the additional competencies (knowledge, skills, attitudes and judgment) that were deemed essential in a 1991 needs assessment. The 1991 needs assessment, as cited by Layton (1998), was conducted on behalf of the Centre for Curriculum and Professional Development of the education ministry and was based upon an extensive review of LPNs in the health care system. The current program has increased emphasis on continuing and community care. Particular emphasis is placed on gerontology in keeping with the trend of an aging population.

The current 48 week program is delivered in three semesters over 12 months. The curriculum includes four main themes: health, healing, human relationships and professional growth. The first semester addresses health/wellness and community care and the second, aging and gerontology. The third semester focuses on acute care nursing. The program includes 754 hours of clinical learning experiences (laboratory skills, supervised clinical practice and a preceptorship) and 610 hours of classroom studies, for a total of 1364 hours. Clinical learning experiences occur throughout the program and are supervised by college faculty. A preceptorship at the end of the program includes four weeks of full-time clinical practice, supervised by a staff nurse preceptor.

The length of the B.C. program is comparable to other provinces (12 months over four semesters in Alberta; 13 months of study over a 14 month period in Manitoba; and 12 months in Ontario (Layton, 1998).

Curriculum Review

A review of this current curriculum, completed in 1998, reports that it is well-received by faculty and students. Six of the 15 employers surveyed by Layton (1998) were aware of the changed curriculum and made positive comments about the enhanced competencies of the new graduates.

Layton also pointed out that nine of the 15 employers contacted were unaware of the changed curriculum. “New graduates only make up approximately 8 per cent of the B.C. LPN workforce and are hired as casuals, with little seniority for job openings,” reported Layton. “The new graduate and their complement of skills are not well understood by employers or widely marketed in B.C.”

Revised Admission Requirements

Until the curriculum was revised in 1992, the basic program for practical nurses was 10 months and, as noted earlier, was based on skills rather than competencies. As the program evolved to meet the needs of the health care system, admission criteria also changed. Since the review in 1998, all students are required to have Grade 12 or

equivalent, Biology 12, English 12, a math assessment (Grade 10 level required) and/or an Adult Basic Education assessment, and an English as a Second Language assessment.

The LPN Access program was developed to enable care aides to "bridge" into the practical nursing program, taking into account the education and experience that care aides have already acquired. While the regular program is 12 months (three semesters), the LPN Access program is two semesters. Successful completion prepares graduates to write the national practical nursing exam and apply for a license from the College of LPNs. The LPN Access program is currently offered by the College of the Rockies. Vancouver Community College and Malaspina University College plan to offer the program in 2000/2001. Admission requirements include: a recognized RCA (care aide) certificate; six months work experience as a care aide; Grade 12 (or equivalent), including a C grade or above in Biology 12; math and English assessments; and a satisfactory criminal records search.

Provincial Approval of Programs

As of 1996, all entry level education programs for LPNs must be approved by the College of LPNs. The approval process, comparable to other accreditation systems in nursing education, assesses the education program against standards to evaluate structure, process and outcomes (program, curriculum, student progress and graduate performance). All practical nurse programs in B.C. have been, or are being, reviewed in this new approval process, including the Open College refresher program for LPNs.

National Examinations

Graduates of an approved program are eligible to write national examinations and, if they achieve a passing grade, are eligible for licensure by the College of LPNs. The national exam is based on competencies related to client care, communication and professional responsibility. As practical nurse programs vary across the country, there are supplemental sections in the examination (e.g. medications, infusion therapy) that provinces may or may not require. B.C. graduates are required to complete all sections of the exam. The national exam was recently updated based upon reviews of nursing competencies completed by provinces and at the national level (the National Nursing Competency Project, 1997).

LPNs in B.C. have been writing the national examinations since 1977. Approximately 115 new B.C. graduates pass the national exams each year (Table 1).

Table 1: B.C. Practical Nurse College Graduates

Year	Number of Graduates
1995	113
1996	120
1997	124
1998	115
1999	115

Source: College of LPNs

Post-basic or Advanced Courses

A number of post-basic or advanced courses are offered to LPNs, care aides, RNs and other health care providers in B.C. These courses prepare practising LPNs and care aides to take on expanded roles beyond entry level competencies. Camosun College offers an activity assistant course, University College of the Cariboo offers a gerontology course and Okanagan University College offers a rehabilitation assistant course. The Vancouver Regional Health Board offers the Geropsychiatric Education Program. George Pearson Centre offers LPNs tracheostomy care, ventilator care and gastrostomy care.

Other post-basic courses in demand by LPNs include perioperative nursing and foot care. In the absence of these programs in B.C., LPNs are enroling in distance education courses in other provinces, sometimes with employer support (e.g. Saskatchewan's perioperative nursing course).

The demand for these post-basic courses and other continuing education has been identified by the College of LPNs and by surveys of LPN learning needs. Responses to a 1999 College of the Rockies survey of LPNs in the Kootenays indicated a high interest in post-basic and continuing education. LPNs indicated a need for highly specialized post-basic courses, such as perioperative nursing, as well as more general continuing education topics like conflict resolution.

Continuing education programs within the general field of nursing are available at community colleges. In-service programs in health care facilities are generally limited, due to heavy workloads and lack of funding (as discussed in *Key Informants).*

Upgrading Programs

Upgrading programs are available through a number of workplace initiatives, primarily in acute care settings. These upgrading programs are useful for LPNs trained before the new

curriculum was implemented and also for practical nurses who have been unable to practise their full complement of skills. Lions Gate Hospital, for example, has offered a series of upgrading courses for LPNs (as discussed in *Case Studies*), including intravenous therapy, oxygen therapy, catheterization, and frail elder care. Other facilities identified similar initiatives (as discussed in *Key Informants).*

An important upgrading opportunity is the "$5 Million" initiative for staffing in residential continuing care. Through this 1999/2000 project, the provincial government provided regional health authorities with funding to support 218 practical nurses working as care aides in becoming LPNs. Many will receive refresher education to meet current licensing criteria and be able to practise to full scope. This initiative is being implemented by regional joint union-management committees in close collaboration with the Healthcare Labour Adjustment Agency.

Another initiative is found in Quesnel, where the Quesnel and District Community Health Council, the Hospital Employees' Union and the College of New Caledonia are collaborating to support care aides in accessing practical nurse education.

Open College Modules

Open College offers the refresher program in distinct modules that can be separated (if the LPN needs only some courses/elements) or offered as a whole program (if the LPN needs the entire program). This provides an important and accessible learning opportunity for LPNs who want to upgrade a particular competency area, such as medication administration. With financial support more LPNs could access these distance education courses.

GROWTH Competence Program

In 1997, the College of LPNs of B.C. adopted a continuing competence program called "GROWTH" – Growth, Reflection, Opportunities, Worth, Thoughtfulness and Healing. This program includes self-assessment and learning plans assessed by the college in a number of different ways, including peer review and observation of practice. The GROWTH program is in the initial stages of implementation and will eventually be required of all LPNs for licensure by the College of LPNs.

CARE AIDE EDUCATION

Entry Level Education

The Resident Care Attendant (RCA) certificate, the certificate program for care aides, is offered by 16 publicly funded colleges and 26 private training facilities across B.C. Formerly known as Long Term Care Aide or Nursing Aide programs, current public programs have used the RCA title and a standard provincial curriculum since 1991. At that time, the RCA Articulation Committee developed a standard curriculum, with funding from the education ministry. The process included input from employers in

different regions of the province. Informal collaboration between the developers of the RCA curriculum and the LPN curriculum led to some congruency in the conceptual foundations of the two programs.

The curriculum was originally envisioned by educators as a combined RCA and Home Support Worker (HSW) program and some colleges offered it in that format. Currently, a number of colleges are investigating the possibility of merging the two programs. This possibility, combined with awareness that the curriculum has not been updated for approximately 10 years, has led RCA educators to apply to the provincial government for a program review and revision (as discussed in *Key Informants*).

In the publicly funded programs, the curriculum now includes a 20 week course involving classroom and laboratory work (300 hours) and supervised clinical practice experience (300 hours, including 180 in ECU and 120 in Intermediate Care). The combined RCA/HSW program extends the period of study by two to four weeks. Grade 10 or an acceptable equivalent is required for admission.

Private Training Facilities

While the standard provincial certificate program is available to the 26 private training facilities, there is no requirement that it be used. Admission requirements and curriculum in private training facilities can vary widely from public college courses. The major concern about private programs, as expressed by public college faculty and employers, is the lack of supervised clinical learning experiences in these programs. In contrast, B.C.'s public colleges require clinical learning experiences supervised by qualified faculty (as discussed in *Key Informants*). The number of private facilities using the standard RCA curriculum is not known, but anecdotal information identified one private training facility using the standard curriculum.

Accountability of private training facilities is limited to a voluntary accreditation process that protects students from losing their tuition if the school closes. (While the accreditation process is voluntary, for students to be eligible for student loans through the B.C. Student Assistance Program, the program must be accredited.) The accreditation process does not attend to such issues as supervised clinical learning experiences. Educators and employers report that graduates of these private programs may be very disappointed to find that, after paying very high tuition fees, they are not accepted for care aide positions (as discussed in *Key Informants*).

Curriculum Content

The public college curriculum focuses on personal care skills – assisting residents with activities of daily living. Courses include human relations (communication skills), health and healing (personal care skills), work role and practical/clinical experiences. Supervised clinical learning experiences in both intermediate and extended care settings are required in the B.C. public college program.

English as a Second Language

English as a second language is a particular challenge in Resident Care Aide programs. Because the care aide course is short and entry level salaries are good, career counsellors promote the program. As communication skills are an essential component of the work, proficiency in English is required. While some programs have integrated ESL into the RCA program (Vancouver Community College, for example), most programs report that ESL is a very challenging issue for students, faculty and facilities.

Provincial Standards for the Care Aide Role

The standard care aide curriculum in B.C. public colleges offers one type of standardization for the care aide role. As with the LPN program, there is a provincial RCA Articulation Committee of the Ministry of Advanced Education, Training and Technology. The committee works to achieve consistency for entry level training of RCAs. At this time there is no provincial licensing or certification system for the care aide role. There is a provincial benchmark for care aides and coordination of job descriptions through a provincial bargaining structure/classification system.

Currently, there are no national education standards for the care aide role. RCA training programs vary across the country, from on-the-job training to 32 week college programs. Content may be limited to learning how to provide physical care, such as assistance with personal hygiene, or be broader, such as attending to the special needs of residents experiencing changes in mental functioning, as is the case in B.C. (Capilano College, 1998). Many titles are used across the country to describe the care aide role (as discussed in *Across Canada).*

Continuing Education

Continuing education for care aides is available through workplaces and colleges. The University College of the Cariboo offers a distance course in gerontology available to care aides as well as LPNs. The VCC program, “Caring for Clients with Dementia” is a 120 hour course that can be taken on a full time or part time basis, and may be offered collaboratively with a health care facility. The Vancouver/Richmond Health Board Geropsychiatric Education Program is available to care aides. Camosun College offers an “Activity Assistant” course based upon the RCA program. Malaspina University College offers “Mental Health Support for the Older Person.” While in-service sessions may be available to care aides in the workplace, workload and lack of funding limit these opportunities.

Skills Upgrading

Education initiatives are being offered to assist care aides in upgrading their skills. For example, care aides educated before the current RCA program may be able to upgrade to the RCA certificate level through Vancouver Community College. Care aides may also

choose to pursue the LPN Access program discussed above. There is currently a high demand for this program (as discussed in *Key Informants)*.

OTHER EDUCATION ISSUES

Prior Learning Assessment

An important related development in the education sector is Prior Learning Assessment. The B.C. education system has adopted the following definition of PLA:

> PLA is assessment by some valid and reliable means, by a qualified specialist, of what has been learned through nonformal education/training or experience, that is worthy of credit in a course or program offered by the institution providing the credit.

PLA is used in a number of programs, providing another avenue for LPNs and care aides to access programs and receive credit for previous learning and experience. Funding of PLA for LPNs and care aides is provided by the Healthcare Labour Adjustment Agency through a collaborative project between the colleges and the Hospital Employees' Union. The College of LPNs was also a partner in developing the PLA for LPNs.

Foreign Trained Nurses

The B.C. Ministry of Multiculturalism and Immigration has brought together a committee with representatives of government, health employers, trainers and regulatory bodies to identify and address barriers facing foreign trained nurses who want to practise in B.C. (Rivers and Associates, 2000). A discussion and background paper on employment issues and opportunities for foreign trained nurses is currently being circulated. A report by the Health Employers Association of B.C., the B.C. Nurses' Union and the provincial government, *Assess and Intervene*, also discusses the issue of foreign trained nurses and supports leadership and consultation among involved parties.

Foreign trained nurses may find that prior learning assessments offer options for entering the B.C. workforce. The Open Learning Agency refresher program may be particularly relevant to this group.

The LPN route is one avenue for foreign trained nurses to practise in B.C. Five per cent of all nurses licensed with the College of LPNs of B.C. between 1995 and 1999 were from outside of Canada.

Financial Support for Learners

LPNs and care aides pursuing continuing education may be eligible for funding through the B.C. Health Care Scholarship, which awards $3,500 bursaries to 300 health care workers each year. LPNs and care aides have used these bursaries in pursuing LPN refresher courses, upgrading or continuing their education in nursing.

employment and utilization

LPN EMPLOYMENT AND UTILIZATION

Information on the employment and utilization of LPNs was drawn from *Rollcall Update '98*, *Inventory Update '98*, surveys undertaken as part of this project, and a Human Resources Development Canada (HRDC) report by Dussault et al entitled *The Nursing Labour Market in Canada: Review of the Literature* (1999). Information on other members of the nursing team – registered nurses (RNs) and registered psychiatric nurses (RPNs) – is included for comparison purposes and was also drawn from *Rollcall Update '98, Inventory Update '98*, and the HRDC report.

Wages

Wages for different members of the nursing team are noted below in Table 2. The LPN and care aide wage rates apply to those working in facilities (both acute and continuing care). Home care and other "community subsector support workers" are covered by a separate collective agreement.

Table 2: Wages for Care Aides, LPNs and RN/RPNs

Job Category	Starting Wage	Maximum Wage
Care Aide (PC 3)	$19.27	$19.67 (12 mo.)
Practical Nurse (PC 8)	$20.25	$20.66 (12 mo.)
RN/RPN	$21.40	$26.50 (sixth year)

Source: HEABC and HEU

Note: The issue of pay equity must be factored into any further analysis of wages. The target date to reach pay equity is expected to be about 2010. Pay equity target rates are adjusted by any general wage increases that may be achieved in the future.

There is one salary schedule in the Facilities Sub-sector Collective Agreement (which governs the PC 3 and PC 8 benchmarks). Each benchmark covers different jobs/job descriptions. Most care aides are classified as PC 3 and most LPNs are PC 8.

Wage rates in Table 2 are not implemented at most long term care facilities; most pay 95 per cent of these wages or more, depending on whether they are fully "levelled." There are over 200 individual wage schedules where LPN and care aide wages may be less than set out in the Facilities Sub-sector wage schedule.

The current benchmarks for the PC 3 and PC 8 were established in 1987. In the last round of collective bargaining, the unions and employers agreed that, following the conclusion of this research, the LPN benchmark will be updated "to include those duties and responsibilities which are appropriate to be included in the benchmark." Furthermore, the parties agreed that "the benchmark review and any changes arising from it to the benchmark will not result in a change in the rate of pay associated with the benchmark" (Facilities Sub-sector Collective Agreement, 1998 – 2001).

Survey on B.C. Facilities' Employment of LPNs

As part of this project, a general survey on LPN employment patterns was conducted in November 1999, and a more in-depth survey on LPN utilization was carried out in March 2000. The results of both are presented in the Surveys section. To set the B.C. context for this study, highlights of the general survey are cited here.

Among the facilities surveyed, 71% (17) of the hospitals, 26% (20) of the continuing care facilities, and 91% (40) of the combined acute/extended care facilities employ LPNs. In the acute sector, medical units are most often identified as using LPNs. Other units that frequently employ LPNs include surgery, rehabilitation, ambulatory/outpatient, maternal/newborn, pediatric and palliative/oncology. Of the hospitals that reported using LPNs, most employ LPNs in a range of units. Seventeen facilities reported LPNs working in care aide positions. Many managers reported that they were considering changing staffing to increase the number of LPNs on staff.

Survey respondents offered many reasons for not employing LPNs on particular units. For example, with a small complement of staff, a third category of worker was seen as creating additional problems. Others noted that the level of acuity demanded another type of worker. When noting that the competencies of LPNs are not understood by employers, Layton (1998) added that: "This fact, job policy, union and professional constraints as well as marginal cost savings for unregulated workers, limits employer implementation of the actual scope of practice of LPNs in B.C."

Provincial Employment Statistics

It is useful to consider employment data on nurses (LPNs, RNs and RPNs), using *Rollcall '98* statistics. Ratios are noted for comparison purposes.

Table 3: Nurses Employed in Nursing in B.C.

LPNs	4,424	
RNs	28,181	Ratio of RNs to LPNs: 6.4 : 1
RPNs	2,200	Ratio of RNs and RPNs (combined) to LPNs: 6.9 : 1

Source: *Rollcall '98*

These statistics can be viewed in the broader picture of the family of nursing in Table 4, where the total number of registered/licensed LPNs, RNs, and RPNs is compared to the population of B.C. Changes from 1997 to 1998 indicate that, while the population has increased, the number of nurses in all three nursing groups has decreased.

According to *Rollcall '98*, in 1998 there were 5,252 LPNs in B.C. and 4,424 were employed in nursing. The majority were employed in acute care general hospitals (2,308) followed by extended care and long term care (1,279). A total of 472 LPNs reported working as LTC aides/nurses aides.

The number of LPN registrants can be expected to increase as a result of recent initiatives, principle among them the "$5 million" initiative for staffing in residential continuing care. Through this 1999/2000 project, the provincial government provided regional health authorities with funding to support 218 practical nurses working as care aides in becoming LPNs. Many will receive refresher education to meet current licensing criteria and be able to practise to full scope. This initiative is being implemented by regional joint union-management committees in close collaboration with the Healthcare Labour Adjustment Agency.

Table 4: Nursing Personnel and Population in BC, 1997 and 1998

Nursing Services	Number		Number per 10,000 Population		
	1997	1998	1997	1998	% Change
LPN	4,485	4,242	11.44	10.64	-5.4
RN	27,642	28,181	70.49	70.68	1.9
RPN	2,210	2,200	5.64	5.52	-0.5
B.C. Population	3,921,546	3,987,011			

Source: *Rollcall '98*

National Employment Statistics

The Human Resources Development Canada report by Dussault et al (1999) presents national statistics on nursing in Canada. The report notes that the average ratio of RNs to LPNs in Canada is 3 : 1. This ratio varies across Canada from 2 : 1 in Newfoundland to 5.4 : 1 in B.C. (Dussault et al used Statistics Canada data and included non-practising LPNs, thus their ratio is different from the 6.4 : 1 noted in Table 3, which is based on *Rollcall '98. Rollcall '98* data for "nurses employed in nursing in B.C." were used in Table 3, as all three groups were reported in this way, allowing for comparison.)

Dussault et al noted that the number of nurses has decreased in the last decade. The number of LPNs across Canada decreased by 8.4 per cent from 1992 to 1997. In B.C., the College of LPNs notes that there has been a decline of 1,500 registrants over the past five years. It attributes this to a decline in applicants, changing roles, continued downsizing and reorganization of facilities, and new procedures for out of province applicants (CLPNBC, 1999).

Dussault et al also report on the aging of the nursing workforce. Over half of LPNs in B.C. are over the age of 45 (CLPNBC, 1998).

National Human Resource Planning

National human resource planning is under review by the Federal/Provincial/Territorial Advisory Committee on Health Human Resources, which reports to deputy health ministers. A working group of this committee is developing a strategy to improve the supply and management of the nursing workforce. It is currently circulating a paper outlining 12 proposed strategies, including: establishing appropriate planning bodies; improving data sets and research; increasing coordination; increasing nursing education seats by 10 per cent; establishing a formal Nursing Education Plan; recognizing the full continuum of nursing practice, including full utilization of each category of nurses, most notably LPNs; implementing retention strategies, including utilizing an appropriate nurse mix; and encouraging nurses to re-enter the workforce.

Provincial Human Resource Planning

Human resource planning in B.C. is currently coordinated by the Health Human Resources Advisory Committee, a Ministry of Health multi-stakeholder advisory group. Its mandate is to gather and share information, promote a coordinated approach, provide advice to government and identify emerging issues in health human resources. Initial issues include sector specific analyses, educational issues and research (HHRAC, 2000).

The retention and recruitment of RNs and RPNs in B.C. has been thoroughly reviewed and reported in: *Assess and Intervene*, a 2000 report prepared by the Health Employers Association of B.C., the B.C. Nurses' Union and the provincial government. The report examines the general problem of nursing shortages and considers measures to enhance retention and recruitment. It offers 34 recommendations, grouped under the general headings of education, health human resource activities, research and database development, recruitment and retention strategies.

Human Resource Planning and Care Delivery Models

One significant factor in nursing human resource planning is the model of care delivery used by facilities. A variety of nursing care delivery and staffing models are currently in use in B.C. and the rest of Canada. As Dussault et al note, there is insufficient research to indicate which model is best. "Most models have not been systematically defined and

empirically assessed to determine their potential in making the utilization of the nursing workforce more effective, or more efficient," states the report. "Their impact on the role assigned to other providers of care is not clear either" (Dussault et al, 1999).

Key informants to this project indicated there is no single model to fit every unit and that models should be selected to match the needs of the unit, staff mix and client needs. Cost effective approaches to staffing within the nursing team were raised as a factor in care delivery models. As noted in several of the studies cited earlier, more research is needed to determine the most effective models.

Retention and Recruitment

According to Dussault et al (1999), LPNs have specific recruitment and retention difficulties related to such factors as fewer job opportunities and limited in-service education. "LPNs say there are administrative obstacles to the performance of procedures which they are legally entitled to perform," states the Dussault report. "Legal issues relating to the delegation of tasks and the need to work in some jurisdictions under the direction of medical practitioners or other health team members, limit their autonomy."

CARE AIDE EMPLOYMENT AND UTILIZATION

In this project, the care aide role has focused on continuing care residential facilities. Care aides are employed in intermediate care and extended care throughout the province. Recently, care aides have been reintroduced to acute care. Their role, which is viewed as fairly consistent across continuing care facilities, focuses on assisting residents with personal care.

With the increasing acuity of illness, especially related to forms of dementia, there has been an identified need to support care aides with additional education in the area of psychogeriatrics. Facilities may focus on upgrading the care aide role and may also consider introducing the LPN role.

regulation

REGULATION OF LPNS

Role of Regulatory Body

Regulation of LPNs is legislated to the College of LPNs of B.C., which carries out the typical regulatory functions of licensure, approval of schools of nursing, professional conduct review and discipline, continuing competence programs and consultation on standards of practice, entry-level competencies and position statements.

Background

Regulation of the LPN role began in B.C. in 1951 when the Council of Practical Nurses was established through the *Practical Nurses Act.* The Act and Council were renamed in 1985 to emphasize the licensing requirement, i.e. the Council of Licensed Practical Nurses.

"The 1993 *Health Professions Statutes Amendment Act* set out the duties and objectives of the Council of Licensed Practical Nurses, enhanced the Council's powers to investigate the practice of members of the profession, and permitted the Council to suspend or impose limits, in appropriate circumstances, on the member pending the completion of a hearing concerning the member's practice. In May, 1995, the *Nurses (Licensed Practical) Act* was repealed, and LPNs are now governed by the *Health Professions Act* and the *Nurses (Licensed Practical) Act Regulation*. The name of the regulatory body was changed to the College of Licensed Practical Nurses" (Health Professions Council, 2000).

Health Professions Council

The Health Professions Council (HPC) is currently reviewing the scope of practice of nurses, including LPNs, RNs and RPNs. In its *Preliminary Report on the Licensed Practical Nurses Scope of Practice* (HPC, April 2000), the HPC recommends a new scope of practice with a broader description of the LPN role.

The other major change is the level of independence of the professional role. The current scope of practice sets out that "Except in an emergency, all nursing services provided by a registrant must be carried out under the direction of a medical practitioner who is attending the patient or under the supervision of a registered nurse who is providing services to the patient" (CLPNBC, 1995). New Brunswick and Alberta have similar supervision requirements. In Ontario, which established health professions legislation in the early 1990s, the supervision requirement has been deleted. Other provinces are reviewing the supervision component in LPN legislation and considering removal or revision. For example, Manitoba recently removed the "under direction" limitation from the LPN scope of practice (Registrars Conference, 1999).

The Health Professions Council recommends that certain selected “reserved acts” be granted to LPNs and recommends a provision related to the process of delegation of reserved acts. It also recommends that the titles of licensed practical nurse, LPN, practical nurse, PN and “nurse” be reserved for this nursing group. The term “nurse” is shared with other regulated nursing professions.

Hearings to discuss the HPC recommendations were complete in July. The HPC plans to forward its recommendations to government by fall 2000.

Independent and Interdependent Practice

The issue of independent practice is a significant one for professionals. A Health Professions Council report states that, for the College of LPNs of B.C., “LPNs are responsible and accountable for the care and services they provide to clients through their Standards of Practice, the Code of Ethics and other practice guidelines. An important part of this role is ensuring that its members practise within their level of competence, and that LPNs are provided with guidance to determine when services must be carried out as part of an interdependent team.”

The two concepts of competency and interdependence are important to the College of LPNs. Earlier this year, the college put out a document identifying entry-level LPN competencies, and it will soon release a second document on post-basic and specialized competencies. These build on the research and consultation that the college undertook in 1998 to confirm the relevance of LPN competencies identified in the National Nursing Competency Project (described in *Across Canada*). The College of LPNs consultations confirmed that all of the 155 competencies identified in the national project are required in this province; it also identified additional competencies required for entry-level practice in B.C.

One of the interesting aspects of the competency studies is the high number of competencies shared among the nursing groups – LPNs, RNs and RPNs. For example, all three groups share assessment competencies, though the depth and breadth of the knowledge, skills and judgement used to assess clients varies in the three groups. (The *Across Canada* section of this report provides further information on shared competencies.) The level of LPN independence becomes important in situations where competencies are shared. LPNs entering practice are prepared to care for individuals who have well defined health challenges and predictable health outcomes. LPNs are also prepared to work in partnership with other members of the nursing team to provide care for clients with less predicable outcomes and/or increasingly acute conditions.

Upgrading Competencies in Team Work

In addition to work by nursing regulatory bodies at the national and provincial levels, a 1997 study on the learning needs of health caregivers by the Health Management Resource Group identified trends in the B.C. health care system and the implications for competency upgrading. The study was forwarded to the Ministry of Health and has not yet been acted upon. However, some of the areas needing renewed attention (e.g. the importance of team work) have been identified by other studies as well.

The issue of enhanced inter- and intra-disciplinary team work was an important competency area identified in a national study on collaborative relationships (Health and Welfare Canada, 1990). Collaborative partnerships are considered very important, but receive limited attention in entry-level programs, where the focus of study tends to be on the nurse-client relationship. For LPNs who depend on it to carry out their role, understanding the collaborative partnership model is even more critical. While LPN curriculum covers working in partnership with other care providers, more needs to be done in other nursing curricula. Opportunities for nursing students to practise collaboratively are also needed. Key informants to this project frequently spoke of problems when care providers were unaware of the roles and responsibilities of other nursing team members.

REGULATION OF CARE AIDES

Standardization of the care aide role is addressed by the standard Resident Care Aide curriculum offered in B.C. public colleges since 1992, as well as through provincial benchmarks and coordination of job descriptions. There is currently no legislation mandating the scope of practice of care aides in B.C. or other provinces.

summary

The B.C. context shapes the possibilities and roles of all care providers, including LPNs and care aides. Entry level education lays the framework for practice. Continuing education, post-basic courses and in-service sessions can provide a supportive environment for career development. The employment and utilization of LPNs varies across the province and across facilities, while care aides are consistently employed in residential continuing care facilities. The professional regulation of LPN practice provides parameters and expectations for the LPN role. The LPN scope of practice is currently under review by the Health Professions Council of B.C.

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