



Special **REPORT** INITIAL TRAINING NURSES

EXPERIENCE

EXPERTISE

**THEY
ALSO
COUNT!**

The initial training file is one of utmost importance for the FIQ. The issues and challenges that it raises are considerable and a number of stakeholders are involved. Under these circumstances, the Federation firmly intends to influence the decision-makers and to defend the interests of its healthcare professional members.

Special **REPORT** INITIAL TRAINING NURSES

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WORD FROM THE PRESIDENT



One thing is for certain, everyone can count on the determination of the organization that has represented them for more than 25 years.

The Federation has always refused a differentiated practice in the workplaces based on the sole criterion of the educational diploma. It has always considered such a differentiation as a denial of the value of the experience and expertise acquired over the years.

In June 2012, the *Ordre des infirmières et infirmiers du Québec* (OIIQ) sent the *Office des professions* and the Minister of Health its request for a change in the regulation on initial training. It thus hoped that a new entrance standard to practice the nursing profession would be in force as of 2014, wanting the Bachelor of Nursing to be mandatory for the next generation of nurses. This is not the first time that it has tried to implement this new standard, but it seems that, this time around, its determination is unshakeable. The speed with which it wants to implement the change could make one dizzy.

The Federation has to be prepared for all eventualities. Obviously, the best strategy is to put defending the members' rights at the heart of its union mission.

Faced with this eagerness of the OIIQ, the FIQ cannot take the time to carry out a broad consultation with its members in order to reach a decision on a formal position in favour of or against the Bachelor of Nursing degree as the entrance standard to practice the nursing profession. In any event, it would be pointless to get involved in a debate on the relevancy of an upgrade in initial training if, in the end, the players with the real power decide otherwise.

Even though the two other labour organizations representing nurses have already expressed their opinion, – the FSSS-CSN for the upgrade and the CSQ against – it is the FIQ who is, and should be, the primary speaker because of the considerable number of members that it represents and the issues involved. In fact, in the event of the increasing likelihood of an upgrade in the initial training of nurses, if the transitional measures are not sufficient, fair and respectful, the majority that will bear the backlash are members of the Federation, whether they have college or university training. Thus, there is a concern that the health network will suffer consequences as disastrous as those felt when there were massive retirements at the end of the 1990's. That is why the OIIQ's overwhelming enthusiasm must be tempered and we must set to work now obtaining the guarantees necessary for protecting the members and the public.

It was in this spirit that, during the March Federal Council, the delegates of the Federation adopted recommendations that will have an impact on the future and the Executive Committee has embarked on a tour of the health-care institutions so that they can consult their members. One thing is for certain, everyone can count on the determination of the organization that has represented them for more than 25 years.

In Solidarity,

Régine Laurent

RECOMMENDATIONS ADOPTED BY THE MARCH 2013 FEDERAL COUNCIL

What do we mean by “initial training”?

“First educational/training programme in a specific field, that prepares for the job market.”

One can acquire initial training in high school (professional training), college (technical training) or university. Initial training is usually given in a continuous fashion, before integrating adult life.

The term initial training is mainly used to mark its opposition to the term continuous training/education during adult life, when an individual already involved in a professional life, wants to update or broaden her knowledge, her skills.

However, general training, which sees to the necessary knowledge but not directly applicable to a trade or a profession, is not considered as initial training.

Source: Office québécois de la langue française, *Grand dictionnaire terminologique du Québec*, 2009

“That the FIQ make the necessary representations with the decision-makers and the appropriate bodies in order that the date for a new entrance standard to practice the nursing profession requested by the *Ordre des infirmières et infirmiers du Québec* for 2014 be postponed to a later date.”

“That the FIQ fulfill its role of influence with the decision-makers and the inter-departmental-partners working group on the entire initial training file in order to obtain formal commitments:

- to ensure the protection of the rights of the healthcare professionals and the full recognition of the expertise and experience of the members of the Federation, by avoiding that any potential upgrade in the entrance standard to the nursing profession have negative impacts for them in the practice of their profession, regardless of the level of their training;
- to avoid destabilizing and weakening the Québec health and social services network further and so that the population can count on access to and the quality, safety and continuity of the care and services available to them.”

For several years now, the contents of initial training programmes in many training and work settings around the world have been questioned. The training of nurses in Québec has not escaped this trend.

WHAT IS THE STANDARD ELSEWHERE?

Europe

Presently, France, French Switzerland, Romania, Spain, Portugal, Italy, Ireland, the United Kingdom, Norway and Sweden are among the countries that require a university degree for access to practice the nursing profession.

Africa

In most of the French-speaking African countries, the nurses obtain a State diploma and, do not have access to a university education in nursing sciences in their countries.

BRIC (Brazil, Russia, India and China)

In Brazil, a four-year university programme has been mandatory since 1962. University education is offered in China, India and Russia, but it is not mandatory.

United States

In the United States, university education is not mandatory to obtain the right to practice the nursing profession but it is promoted and made easier with incentive measures. Presently, about 50% of nurses have a Bachelor of Nursing degree.

Elsewhere in Canada

All the provincial nursing associations in Canada have agreed since 1982 that a Bachelor of Science in Nursing should be the minimum requirement to practice the profession. The transition to one path of access for the nursing profession has been completed since 2005, except in Québec.

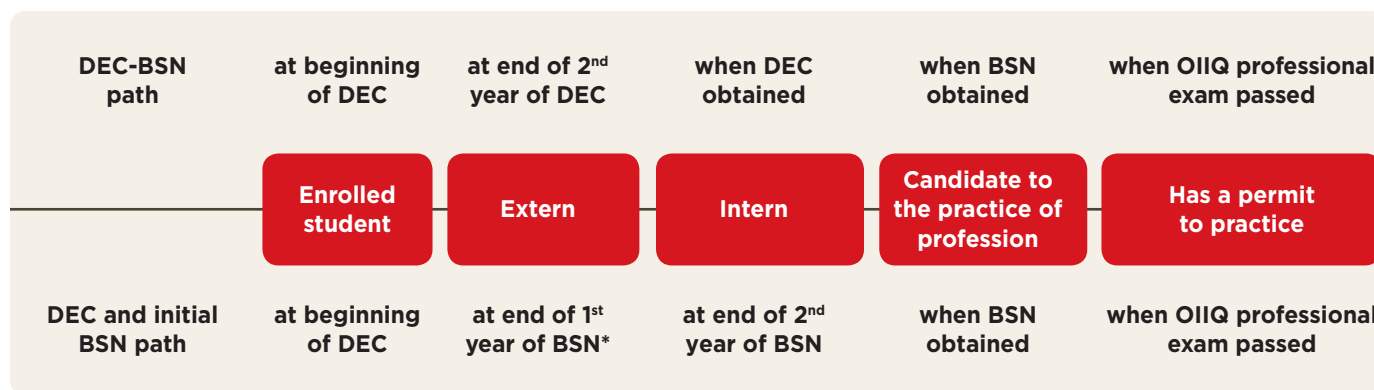
Now, to practice as a nurse in the Canadian provinces other than Québec, a Bachelor of Science in Nursing is required for the next generation. The nurses without a bachelor degree can continue to practice their profession without being obligated to return to school.



WHO WANTS WHAT?

On May 2, 2012, the *Ordre des infirmières et infirmiers du Québec* (OIIQ) Board of Directors adopted a brief on initial training entitled *La relève infirmière du Québec: une profession, une formation* (The next generation of nurses in Québec: one profession, one training). The Order “is thus asking the Government of Québec to amend the *Regulation respecting the diplomas issued by designated educational institutions which give access to permits or specialist’s certificates from professional orders* (C-26, r. 2) in order to establish a new entrance standard for the nursing profession, the completed DEC-BAC or the Bachelor of Science in Nursing degree”.

Academic path proposed by the OIIQ



* *To the extent that the university courses will be adjusted and an amendment of the Regulation allows for it.

Source: *Ordre des infirmières et infirmiers du Québec* (October 2012). *Formation universitaire de la relève du Québec, La relève infirmière au Québec: une profession, une formation*. Document presented to the *Fédération interprofessionnelle de la santé du Québec – FIQ* on October 18, 2012, p. 8-9.

This OIIQ proposal has received the backing of various groups and bodies:

The OIIQ proposal	
FOR	AGAINST
<p><i>Table sectorielle des Réseaux universitaires intégrés de santé (RUIS) en soins infirmiers</i></p> <p><i>Association québécoise d'établissements de santé et de services sociaux (AQESSS)</i></p> <p>Canadian Council of Regulators of the Nursing Profession (CCRNPN)</p> <p><i>Secrétariat international des infirmières et infirmiers de l'espace francophone (SIDIIEF)</i></p> <p>More than 80 health and social services institutions, councils of nurses (CII), regional nurses commissions (CIR), regional orders and youth committees</p>	<p><i>Centrale des syndicats du Québec (CSQ)</i></p> <p><i>Fédération des cégeps</i></p> <p><i>Fédération nationale des enseignants et enseignantes du Québec (FNEQ-CSN)</i></p>

The *Fédération de la santé et des services sociaux* (FSSS-CSN) also came out in favour of an upgrade of skills as of August 2011.

WHAT IS THE INTERMINISTERIAL-PARTNERS GROUP?

The FIQ is very concerned with the quickness that the work is being carried out without a complete analysis of all the aspects involved with such a change being done. Why such urgency when there is good reason to be worried!

At the OIIQ Annual Convention on October 29, 2012, the Minister of Health announced the setting up of an interministerial-partners working group responsible for studying the level of training needed for the nursing profession in the health network, as well as the impacts of an eventual upgrade in the entrance standard for the profession.

In addition to the FIQ, the following stakeholders sit on this working committee:

- Ministry of Health and Social Services (MSSS)
- Ministry of Higher Education, Research and Technologies (MESRT)
- Treasury Board Secretariat (SCT)
- Conference of Rectors and Principals of Québec Universities (CREPUQ)
- Federation of cégeps
- *Ordre des infirmières et infirmiers du Québec* (OIIQ)
- *Centrale des syndicats du Québec* (CSQ)
- *Fédération de la santé et des services sociaux* (FSSS-CSN)

This group's working mandate is in particular:

- to identify several scenarios of implementation and to propose the

best transition scenario to set up if the Bachelor of Nursing degree should become the gateway for the nursing profession;

- to write recommendations to the Minister of Health and Social Services by the end of spring 2013 on what should be the initial training for access to the nursing profession.

As soon as the work started, the FIQ realized:

- that a majority of the key stakeholders on this committee were in favour of an upgrade in the entrance standard for the nursing profession, which indicated an unprecedented determination and that they expected to proceed very quickly;
- that certain stakeholders issued a word of caution regarding the OIIQ request to upgrade the initial training because of the difficult budget context and the scope of the investments required to implement it.

In all training and work settings, we note two dominant trends in training:

- an increase or restructuring of the contents of initial training programmes;
- an upgrade of the level of diploma required to obtain the right to practice in many professions.

Globalization is not foreign to this tidal wave that aims to provide a response to the requirements of staff mobility, territorial and extra-territorial competitiveness and protection of the population.

THE ISSUES ACCORDING TO DIFFERENT CONTEXTS

In the scope of its analysis and in order to contribute to the members' reflection, the FIQ explored certain trends that over the next ten years are likely to have an impact on the practice of health professionals and question their initial training, notably that of the nurses. The issues emerging from these trends are addressed according to different contexts:

Academic Context

Training programmes

In Québec, initial training giving the right to practice nursing is accessible at both the college level and the undergraduate university level.

According to the OIIQ (2012)

- 32.5% of nurses in the Québec health and social services network (HSSN) have a Bachelor of Nursing degree (16,514 nurses)
- 67.5% of nurses in the Québec HSSN have a diploma in nursing (DEC) (34,337 nurses)
- 44.5% of Québec nurses have a university degree in nursing sciences - certificate, bachelor degree, graduate courses (22,269 nurses)

We note a growing interest in university studies among nurses with a diploma (DEC). The data on the 2010 group with a DEC indicates that 44% of them were enrolled in the Bachelor of Nursing programme in the year following their graduation with a diploma (DEC).

Initial training includes three main pathways: the nursing college training programme, the integrated nursing training programme, commonly known as the DEC-BAC, and the Bachelor of Science in Nursing initial training programme. A professional improvement Bachelor of Nursing degree through the accumulation of certificates is also offered in certain universities.

The DEC (diploma)

The college diploma (DEC) in nursing is full time for three years. The student can practice the profession as a nurse upon completion of this training programme.

The integrated DEC-BAC

The DEC-BAC pathway is organized over a continuum of five years and it includes the college diploma (DEC) in nursing, which is three years full time, followed by a Bachelor of Science in Nursing degree which is two years. This training programme permits the practice of the profession as a nurse at the end of the DEC and to continue

education in nursing science to the Bachelor of Nursing degree that prepares the student to practice as a nurse clinician. Each university defines its own admission criteria. The DEC-BAC is available in all regions of Québec: 45 CÉGEPs and 9 universities dispense this programme.

The Bachelor of Nursing degree

The initial training Bachelor of Science in Nursing programme is an undergraduate university programme of three years. This training programme allows the student to practice the profession as a nurse clinician.

Several studies and supporting data reveal that nursing training in Québec is lagging behind the other Canadian provinces to varying degrees. The following table demonstrates this difference in the length and number of hours of the training programmes dispensed in Québec and elsewhere in Canada.



	QUÉBEC			ELSEWHERE IN CANADA
	DEC (diploma)	Integrated DEC-BAC	BSN	BSN
Length in years	14	16	16	16
Total hours specific to nursing training	2,145	5,250	4,635 to 4,725	5,400

Source: Adapted from the *Ordre des infirmières et infirmiers du Québec* (December 2011). *Regard sur la formation infirmière : où se situe le Québec?* Salient facts and coverage of the major conferences at the 2011 Annual Convention.

Number of nursing graduates in Québec and Ontario, according to the training programmes

	2001	2002	2003	2004	2005	2006	2007	2008	2009
QUÉBEC									
DEC (diploma)	1,234	2,092	2,359	2,266	2,508	2,457	2,242	2,046	1,996
BSN	285	262	356	447	495	508	425	425	313
Total	1,519	2,354	2,715	2,713	3,003	2,965	2,667	2,471	2,309
ONTARIO									
Diploma	1,576	1,904	2,095	895	Path closed in 2004				
BSN	515	674	753	891	1,575	1,919	2,828	2,797	3,409
Total	2,091	2,578	2,828	1,786	1,575	1,919	2,828	2,797	3,409

Source: Extract from the Canadian Institute for Health Information (2010). *Canada's Health Care Providers, from 2000 to 2009 - Reference Guide..*

When the data from Québec is examined, it is surprising to see the significant variations in the number of graduates from one year to another. These variations jeopardize any multiyear projection exercise to predict the choice of initial training by the next generation of nurses. The proportion of nurses obtaining a diploma (DEC) is generally higher than 80% in Québec. Therefore, it remains crucial to question the closure of this gateway to the nursing profession.

The data from Ontario is interesting because it illustrates the effect of closing the diploma path of entry in favour of the Bachelor of Nursing degree imposed in 2005. However, it is important to note that in order to minimize the impacts of the change to the entrance standard, the Ontario government increased the number of admissions in nursing sciences as of 2000.

Internships

It seems that the difficulty in finding places for internships for future health-care professionals, mainly in pediatrics, mental health and perinatal care, is a problem on a rather large scale.

Thus, the requirement of a Bachelor of Nursing degree as the minimum for entry to the nursing profession should, if applicable, be accompanied by an upgrading of the availability, accessibility, quality and quantity of the internships for the next generation of nurses. In the present context of quantitative and qualitative shortages, it will be unlikely, if not impossible, to guarantee that the internship settings could, in the short term, meet the demand and that the students would have access to all internship hours stipulated in their programme.

Entrance exam

The OIIQ professional exam must be passed to obtain the right to practice. It is the responsibility of the teaching institutions to adequately prepare the candidates to the profession not only for the exam but also so that they are equipped to provide quality, safe care.

According to the OIIQ, because of the division of competencies between the college and university training when the integrated DEC-BAC was created and because only one entrance exam for candidates to the profession from colleges or universities exists, this required a downward adjustment of the entrance exam for the profession in order not to penalize the graduates of the college training programme.

Therefore, the exam does not always evaluate all the knowledge required for the practice of nursing, according to the OIIQ. Such a statement is surprising. How can the OIIQ claim that it is to ensure the protection of the public and the quality of care that the Bachelor of Nursing degree programme must become mandatory, when they have always continued, even for the graduates from the DEC-BAC integrated programme, to issue permits to practice to nurses with a diploma (DEC), knowing that, according to its claims, this is a possible threat to the protection of the public?



Economic Context

Investment

The Federation believes that the acquisition of knowledge, whether through initial training, continuing education or work experience, is an added value that enhances the nurses' skills. It is therefore a personal, professional and organizational investment.

Costs

Any upgrade of the entrance standard to practice nursing to a Bachelor of Nursing degree would inevitably generate costs. It goes without saying that a significant increase in the number of college graduate nursing students enrolled in the Bachelor of Nursing programmes dispensed by the universities would have to be foreseen. Will there be enough human, material and financial resources to absorb a massive surplus in enrolments in these programmes in the very short term? There are grounds for doubt without a clear commitment from the government. While university training to become a nurse is not mandatory, it seems that some universities already cannot accept all the applications for admission from college diploma nurses wanting to continue their training at the bachelor level, due to a lack of resources.

- How can we realistically think that these institutions will have the capacity to absorb the massive arrival every year of all the nurses with a diploma (DEC) in the short term?
- Will the quota of places available in nursing sciences in the colleges and universities be changed once again or will there be a selection process (the best and the brightest) for the candidates?
- Will the number of faculty in nursing sciences be enough?
- Will we then run the risk of fostering a lack of interest in the nursing profession to the benefit of other health professions?

The qualitative and quantitative shortages that persist in the network and the growing needs in care and services call for the greatest caution. The impatience of some bodies to proceed with an upgrade of the entrance standard to practice nursing in a very short time period is likely to be a dangerous disservice to the Québec health network.

Public finances

With the current state of public finances in Québec and considering the debate surrounding the issue of funding universities, can the government make the Bachelor of Nursing degree mandatory for future nurses in the short term, that is, as of 2014, as requested by the OIIQ?

If we take into account the global financial problems of health-care systems here and elsewhere, there is reason to question the financial capacity of the government to assume the costs associated with an upgrade in nurses initial training so quickly. Considering the level of public debt and the reduction in federal transfers, particularly those for the health field, the years ahead still promise to be difficult, if not even more so, on the budget. In such a context, political will should demonstrate a firm and concrete conviction to make the necessary investments.

Quality of care and economic performance

The quality of care is crucial to the performance of the public health network: poor quality is costly on human, material and financial levels.

The FIQ regrets that the issue of quality of care was raised persistently during the exchanges with certain bodies demanding an upgrade in the initial training for the next generation of nurses. In a research report the Canadian Nurses Association states that “[...]limited elements of proof demonstrate the existence of a link between more advanced training of nurses (nurses with a bachelor degree)

and the quality of care. Overall, the authors concluded that given the quality of the research, it is impossible to confirm the existence of links between cause and effect and that the work to come must allow for an understanding of a number of other factors that have an impact on the results, like the characteristics of a process of nursing care”.

It seems therefore premature and presumptuous for the time being to state without reservation that an initial training upgraded to a Bachelor of Nursing degree can optimize the quality of care delivered by the nurses and improve the efficiency of this personnel and the performance of the health network.



Context of supply and demand of care

In a time horizon of ten years, it is difficult to foresee what will be the evolution in the supply and demand of care. What will be the evolution of the birth, death and survival rates? Will degenerative diseases increase or decrease? However, we cannot ignore certain emerging trends..

Trends for the demand of care and services

There will be a significant increase over the years ahead in the demand for care and services, caused mainly by:

Demographic change

The increase in life expectancy does not necessarily mean a life in good health without chronic disease or without incapacity. The environment has and will continue to have more and more of an impact on the health of the population: allergies, asthma, infectious diseases, etc.

Because of a lower birth rate and higher life expectancy, we are seeing an aging in the population. Thus:

- care for seniors is requiring more and more human, material and financial resources as they age;
- almost three quarters of people over age 65 suffer from at least one chronic disease.

The evolving health and social problems

Numerous sociological factors influence the demand for health care: aging and impoverishment of the population, falling birth rates, change in the family unit, the emergence of new diseases, the increasing health and social problems linked to addiction, loneliness, solitude, work, etc. The spread of bio-psychosocial problems poses unprecedented challenges for the health-care system, issues that require more and more complex and continuous care and services.

Development of the role expected and desired by the users

Generally, the users want care that is more human, more personal and that is as close to home as possible. The desire for well-being will gradually take on more scope and the focus will be on health and not on illness.

Trends in supply of care and services

A certain number of evolving factors more or less measurable and controllable are likely to modulate and modify the supply of care and services, in particular scientific, technical and technological progress and the integration of care and services into the community.

Scientific, technical and technological progress

This progress renders the practice of nursing increasingly more demanding on the skills they must have. Not only must they demonstrate clinical

judgment and autonomy that is solicited more and more, but they must be trained to interpret and use very sophisticated techniques and technologies.

Context of professional practice

The nurses' scope of practice has grown considerably and been enriched over the last few years, in particular because of legislative and regulatory breakthroughs passed since the beginning of this third millennium. The objectives of an Act to amend the Professional Code and other legislative provisions as regards the health sector (Bill 90), passed in 2002, were:

- to adapt the professional regulation to the current and future practice of the various professionals affected by this legislation;
- to soften and ease the legislative and regulatory framework;
- to abolish certain barriers between the professions;
- to encourage flexibility in inter-professional practices;
- to urge interprofessional collaboration;
- to increase interdisciplinarity.

In short, Bill 90 signified a major change in the pre-existing professional dynamics. Bill 21, passed in 2012, enriched the nurses' scope of practice in mental health.

All nurses, regardless of their diploma, can practice to varying degrees and in various ways the five duties inherent to the nursing profession, that is:

- care
- education
- coordination
- collaboration
- supervision

The roles, tasks, duties and responsibilities of nurses will vary depending on the job title, the sector of activity, the area of care and the care setting. This diversified practice is a bonus for the profession and for the nurses that practice it, whatever their initial training.

Reconfiguration of the work teams

The changes seen in the distribution of work are in the form of major modifications in the composition of the work teams. The roles, tasks, duties and responsibilities of the care team have gone through an in-depth revision.

■ By breaking down the work into a multitude of simplified or specialized tasks - which is pushed by the Lean Approach, among others - division, fragmentation, splitting up and breaking down of the tasks is promoted. For several years, the FIQ has denounced the task approach that it deems very restrictive of what is and what must be a professional practice. For the Federation, an approach strictly focused on the tasks for work distribution does not bode well for any professional practice.

■ Over the last few years, we have seen a growing number of positions for nurse clinicians and licensed practical nurses in different clinical settings and a reduction in the number of nurses who do not have a bachelor degree. In fact, in certain settings like tertiary and quaternary care, a reorganization of work is carried out in order to focus more on



the dyads composed of nurse clinicians and licensed practical nurses.

Moreover, with the proliferation of professional and non-professional staff on the care teams, the nurses find themselves with a work overload and an increased level of responsibility, without always being equipped or having the necessary resources to provide the care and services that the health of the users requires. This difficult context of work is likely to threaten the quality and safety of care, whatever the diploma held by the nurses who have to adapt their practice to this proliferation of personnel on the “assembly line” of care and services. It is likely that the next generation of nurses will be increasingly confronted with the challenges posed by the reconfiguration of the work teams, particularly for the safety, quality and continuity of care.

Interdisciplinarity

Functioning in an interdisciplinary team can present certain difficulties in the sharing of responsibilities, accountability, trust and autonomy. The fact that the practitioners from different professions, different categories of personnel and different settings, do not always share the same knowledge can make reaching a professional consensus complex as well as the practices crucial to coordination and collaboration.

The management of human resources and the resulting organization of work have always and still in no way promote the effective use of the full potential of the nurses, whatever the diploma, experience or expertise that they have. An upgrade in initial training will not be enough to remedy the problem. A real desire by the workplaces to adequately use the skills of the nursing workforce on the interdisciplinary teams is crucial.

A few findings stand out about the job and labour market:

- a slight increase in numbers;
- aging of the nursing cohorts;
- a growing shortage of nurses;
- no differentiated practice between the nurses with a DEC (diploma) and those with a bachelor degree;
- a very strong presence of nurses with college training in all the sectors of activities in the network.

Job and labour market context

The obligation to have a Bachelor of Nursing degree as the entrance standard to practice nursing:

- would it increase or reduce the number of enrollments in the nursing programmes?
- would it delay the arrival of new recruits on the labour market?
- would there be enough nurses to meet the public's expectations and needs?
- would the labour market be weakened further?

The FIQ will never endorse an upgrade in training that:

- does not take into account or has the effect of denying or trivializing the value of experiential learning, of undermining the career opportunities for the nurses currently working in the health network;
- systematically differentiates practice in the workplaces according to the diploma: this exclusion strategy would create not only ghettos of practice, but could also threaten the quality of care by not recognizing the value of acquired experience and expertise.



The health network of the future will not resemble the one of today. The main trends on which there is agreement are:

- a concentration of outreach care and services as well as an increased migration of a hospital-centred context towards practice in the community for front-line care and services;
- greater coordination of health care and social services;
- a hospital open to and at the service of the network.

Given the very strong presence of nurses with college training in all the sectors of activities, excluding them from certain areas of practice would threaten the operating of the health network.

For the FIQ, it is therefore crucial that any upgrade in initial training for the next generation of nurses be accompanied by the following guarantees:

- full and complete recognition of the right acquired to practice nursing without restriction of the area of practice, for all nurses with a college diploma in nursing or in the process of being trained when the new entrance standard goes into effect;
- recognition of experiential learning and the expertise of the nurses practicing the profession in the health and social services network;
- recognition of the experience and the expertise of all nurses with college training to ensure full access to all positions and all centres of activities in order to maintain an interesting, rewarding and motivating professional career path in the entire health network;
- adoption and implementation of additional appropriate measures to avoid the exclusion of healthcare professionals, breaks in services or the worsening of the shortage of nurses in the health network.

Context of the health network

There are certain recurring problems in the health network in Québec:

- growing differences between the supply of announced services and those available;
- insufficient resources to meet the needs of the population;
- the difficulties in access to care and services;
- a health network focused on short-term care institutions and fragmented by the breakdown of the expertise between the different groups of stakeholders.

In short, the massive movement of care from the hospital to the community over the next few years would seem unlikely, the movement being slower than anticipated and desired.

Organizational context

The nurses with college training currently working in the network have developed the skills of knowledge, know-how and savvy over the years that they have been working. They take on the roles, tasks, duties and responsibilities inherent to the practice of their work with a professionalism that has always and still today, never falters despite the persistent constraints they must face.

Throughout their career, they have had to do their best and more, increase efficiency as well as be adaptable and innovative with new practices. Those nurses should in no way be penalized by an eventual upgrade in initial training.

According to the proponents of an upgrade in the level of the diploma for the next generation of nurses, an increase in the number of staff with a

The practice of nursing has radically changed since the 1990's. Several positive and negative factors explain this change:

- the successive reforms of the health network;
- the revision of the professional regulations;
- the development of theoretical, practice, technical, scientific and technological knowledge;
- budget cuts;
- the shortages of health professionals.

Bachelor in Nursing degree will make it possible to better respond to an evolving practice and to address the following situations:

- the complexity of care;
- the need for the nurses to exercise clinical judgment and leadership;
- the growing needs of the population for care;
- the emphasis put on interprofessional collaboration;
- the major role of nurses in the health network sliding towards more care being delivered in the community;
- the increasing use of the model of systematic follow-up of the clientele;
- the creation of new roles for the nurses.

However, all this can only happen if organization of work, care and services promote and facilitate such a change in practice and the transformations of the workplaces.

So, if the past is any indication of the future, there is ample cause for concern. In fact, the profound transformations over the last few years were done without real answers to organization of work being found. This fact is all the more true in the hospital settings which intensifies the constraints felt by the various categories of employees.

Because of a persistent lack of staff and the obligation to reduce costs, the network opts not for an increase in the number of nurses on the teams, but for a reduction. To this reduction in staff is added the transformations in the practice of nursing which, for some, are an opportunity for requalification, while for others, they consist of a risk of de-qualification.

In fact, the professional break down resulting from the professional deregulation and resorting more and more often to non professional personnel ensures that nurses will be called on to assume management, coordination, supervision and planning duties, without necessarily delivering direct care. Some nurses see this as an assurance of a key place on the multi or inter-

disciplinary team and a consolidation of their pivotal role. However, others see it more as a considerable reduction in the role of nursing.

Despite these concerns, one reality remains: the nurses want to make their contribution to the health network, while respecting their skills and by carrying out their scope of practice to its fullest. To do this, it is not enough to act solely on the individual skills of the nurses such as an upgrade of their initial training, but on the entire situation of care and on the shortcomings in organization of work.

Among these shortcomings can be mentioned:

- the mismanagement by numerous employers;
- the inadequate use of the skills and potential of the nurses (all training combined);
- insufficient activities in human resources development;
- the failure to recognize the value of acquired experience and expertise.

In the current context of questioning the initial training for the next generation of nurses, can we not take this opportunity to reconsider the organization of work of the nurses in the health network, in order that their full potential is used while respecting their field of intervention?

KEY REQUIREMENTS

In light of these issues and to avoid negative impacts on the nurses, regardless of the level of their training, the Federation has identified the key requirements for an upgrade in their initial training. The FIQ demands that the following bodies, in particular:

Ordre des infirmières et infirmiers du Québec (OIIQ) and the Office des professions du Québec (OPQ)

- Protect all the rights acquired by the members of the FIQ to practice nursing;
- Maintain only one permit to practice the nursing profession in Québec;
- Maintain only one exam that gives access to the practice of nursing;
- Obtain the right to a period of prescription for the nurses and the respiratory therapists.

Ministère de l'Enseignement supérieur, de la Recherche, de la Science et de la Technologie (MESRST) (Ministry of Higher Education, Research, Science and Technology)

- Maintain access to the nursing profession by the DEC (diploma), the integrated DEC-BAC and the Bachelor of Nursing degree;
- Guarantee that a completed diploma (DEC) in nursing constitutes an automatic admission for the Bachelor of Nursing degree;
- Revise the contents of the diploma (DEC) in nursing and the Bachelor of Science in Nursing programmes so that there is a real integration;
- Guarantee that the integrated DEC-BAC and the Bachelor of Science in Nursing remain the qualified training for the labour market;
- Increase the funding for the next generation of teachers in nursing;
- Increase the hiring of the teaching workforce in nursing;
- Guarantee a sufficient number of places in the nursing programmes;
- Standardize the admission criteria for the nursing programmes;
- Evaluate the possibility of proposing a Bachelor of Nursing of two years for nurses with a diploma (DEC) before installing the integrated DEC-BAC;
- Recognize work experience and inservice continuing education training as an equivalent to an internship and to academic education in a field of practice.

Ministère de la Santé et des Services Sociaux (MSSS) (Ministry of Health and Social Services)

- Obtain a directive on organization of work allowing for revalorization, autonomy and the complete use of the skills of the healthcare professionals;
- Obtain provincial collective prescriptions;
- Insure vigilance on the impacts of the change in the entrance standard in order to adopt additional measures.

Association québécoise d'établissements de santé et de services sociaux (AQESSS) (Québec's Association of Health and Social Services Institutions) and the Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS) (Management Negotiating Committee for the Health and Social Services Sector)

- Obtain the full and complete recognition of the acquired experience and the expertise of the nurses in the HSSN;
- Integrate a provision to recognize vested rights and full access to positions and centres of activities in the provincial collective agreement;
- Systematic recognition of all nursing and cardio-respiratory training for salary purposes;
- Obtain recognition of the instructor role for the next generation of healthcare professionals;
- Integrate new measures for promoting family/studies/work/teaching balance in the collective agreement.

Conseil du trésor (Treasury Board)

- Finance the revision of the healthcare professionals' working conditions taking into account the new entrance standard, if applicable;
- Obtain a political commitment of recurrent financial investment to support the changes required by the entrance standard in the health and higher education networks.

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