HISTORY OF

CANADIAN PRACTICAL NURSES ASSOCIATION

(CPNA)

1970-2003

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PREFACE

After many unsuccessful attempts to document the history of our association, we are pleased to present this chronological look at our past.

The Canadian Practical Nurses Association (CPNA) has endured numerous challenges, debates and decisions. The many nursing leaders of the past and present have helped to shape the future of practical nurses in Canada.

In the span of the past 33 years we have moved from an idea, to a concept and finally to an organization.

This history was compiled by Sharlene Standing, Wendy England and myself. Their support and persistence in seeking out the information is greatly appreciated.

It is our hope that you will enjoy reading about the evolution of our profession.

Pat Fredrickson

Pat Fredrickson
President, Canadian Practical Nurses Association

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"Coming together is a beginning,
Keeping together is progress,
Working together is SUCCESS."

Henry Ford

Historically, the practical nurse profession began because of the shortage of registered nurses during the Second World War. The war made heavy demands on the supply of registered nurses and few trained practical nurses were available. In the handful of practical nursing schools classes were small and instruction was directed primarily toward the home care of the chronic invalids, the feeble elderly and small children.

The first Practical Nurse school in North America was organized in Brooklyn, New York in 1893 and admitted candidates from all over the United States and Canada. St. Vincent DePaul School for Nursing Assistants operated by the Sisters of Charity in Ottawa was the first school in Canada and opened in the 1940's.

The first licensure laws in Canada were enacted in 1945 in Manitoba and by 1966 eight of the ten provinces had licensure laws.

The period from 1940 to 1970 was referred to as the rapid growth period for PN/NA's. Law enactment, large increases in the number of schools and graduate's, the beginning of organizations for the advancement of this group. The formation of this group which would represent Practical Nurse/Nurse Assistants nationally was called the Canadian Association of Practical and Nursing Assistants.

The Canadian Association of Practical and Nursing Assistants was formed by a group of forward thinking Practical Nurse/Nursing Assistants who believed it was necessary for our profession to have an organization that would deal with the whole picture, that is all 10 provinces speaking through one voice, that of a National Association. CAPNA is the official link to the Government and to other health care organizations and professionals.

The Canadian Association of Practical and Nursing Assistants (CAPNA), incorporated in 1975, is the national professional association representing provincial/territorial licensed practical nurse organizations and affiliated individuals from across Canada. CAPNA encourages all practical nurses to appreciate the unique opportunity they have in preserving the person-to-person contact in health care delivery.

For many years, as the ranks of the Practical Nurse/Nursing Assistant grew and expanded, first from formal training to the formation of their own professional associations and acceptance under the Nurses Act with legal status, it was known that expansion and growth was desirable.

Finally, at a board meeting in 1969, being the new kid on the block, and Chairman of the Socio-Economic Committee, I haltingly asked why there was no contact with other provinces. Well, when the lengthy discussion that followed my query was over, I was given the go-ahead to form a committee to look into the matter. I recall leaving that meeting determined to show the board that something could be done and that my dream of a national organization for nursing assistant/practical nurses would become a reality. That steadfast determination helped me over the coming months and the events that took place.

The Canadian Practical Nurses Association (CAPNA) had its humble beginning at my kitchen table in Thunder Bay, Ontario. Back home, after the board meeting in Toronto, with my mind buzzing in all directions, I laid out what I thought would be an appropriate plan of action. I contacted Joan Buhr, from our local chapter and a veteran of OARNA, and discussed my plan with her. Her enthusiasm was encouraging and we worked together for many hours to set forth objectives for a committee. Joan suggested that we contact the College of Nurses of Ontario and asked for the names of the provincial registrars who, we hoped could help us locate the associations. In due course, this was accomplished. We had taken the first step, and now we not only know they were out there but we knew where they were!

The next step was a little more difficult. As we contacted the provincial associations, we had to convince them that our objectives were worthwhile and sincere. What a thrill it was to receive the first reply. It came from the Quebec association and it seemed their replies trickled in, and they showed varying degrees of interest and support. It was now time to increase the size of our committee, report to OARNA, and ask for financial backing for an organizational meeting.

Finding registered nursing assistants for the committee was easy; persuading the OARNA Board of Directors to give us some money was not. However, through a marginal vote, we received $300 to work with.

Letter writing then began in earnest. The provinces were not only asked to send two representatives to an organizational meeting, but to prepare them for the consideration of draft by-laws and the possibility of accepting an office or chairing a committee. Also, the choice of a title for the new association would be an important item on the agenda. It seemed prudent to accomplish as much as possible at this first meeting because of the cost involved in bringing everyone together.

1970

A Sub Committee was formed in Thunder Bay to prepare for an organizational meeting.

The following morning, the organizational meeting was called to order and the task of birthing the national association began. As was to be expected, the delegates each believed their province had the best of everything, and chairing the meeting became an exercise in diplomacy. Tensions ran high at times between east and west, and sometimes it seemed that the vision of a national association was going to be lost. But then, following a serious discussions on the purpose of the meeting, it was agreed that differences could be recognized and respected if each kept the purpose in mind as they worked together toward the common goal – that of forming a national association for the nursing assistants and practical nurses of Canada. There was unanimous agreement that a national body need not infringe on the autonomy of the provincial organizations.

A provisional executive was elected. I was honored to be elected chairman and to have Carmel O'Rourke, from Quebec, elected as co-chairman. Marion Johnson, from Alberta, was elected secretary-treasurer and Patricia Fredrickson, also from Alberta, was chosen to chair a legislation and by-laws committee.

At the end of the two-day meeting, the delegates left for home knowing they had taken part in an important event. They left with a proposed title for a national association and a draft set of by-laws to be considered by the provincial associations, and after, agreeing to meet again. They left fully aware of problems that might arise due to differences of opinions among the provinces. But, of utmost importance, they left after experiencing the camaraderie that would play such a large part in the future of CAPNA and they were willing to promote national unity through a national association.

Interprovincial communications among various government departments at the provincial and federal levels began to have an impact on education and the delivery of health services. Particularly decisions were being made which affected the education and role of the practical nurse. This brought about the recognition of the need for communication between provincial practical nursing association and meetings began in 1972 to discuss the formation of a national association. The Canadian Association of Practical and Nursing Assistants were subsequently organized."

The name of the association was chosen after much thoughtful deliberation. There was much discussion to express that the needs of both the French and English members and the various titles of Nursing Assistants and the Practical Nurse. The name chosen by ballot was the Canadian Association of Practical and Nursing Assistants – CAPNA.

1973 – 1974 - Florence Alexander Paulmartin, President, Ontario

In the interim, between organization and incorporation two CAPNA meetings were held; one in Winnipeg, Manitoba (1973), and the other in Edmonton, Alberta (1974).

Patent. Board members agreed, secure in the knowledge that they had over $1200 in the bank.

Both a creed and crest for CAPNA were chosen at the 1975 meeting. From several submissions, a creed developed by Hattie Goodwin of Nova Scotia was accepted with minor changes – it read as follows:

C – Courage to strive for unity
A – Adapting to new ideas
P – Pride in all that we do
N – Nationally to work together
A – Ability to see the best in each other

Thus to obtain an association worthy of our place in the nursing field.

Dale Lennon, an Ontario nursing assistant then residing in British Columbia, submitted the winning design for a crest to appear on pin and letterhead. In the shape of a nurse's cap, in red, white and blue, centered with a maple leaf, it seemed to symbolize a national identity for CAPNA.

Florence Alexander chaired the 1973 and 1974 meetings. Her enthusiasm for CAPNA was contagious and delegates carried this high spirit back to their provincial associations.

The Objectives were:

1. To promote improved health care;
2. To provide high standards of nursing education;
3. To promote the uniformity of curriculum content, standardization of education and registration in all of Canada;
4. To interpret the Practical Nurse/Nursing Assistants role on the health care team;
5. To safeguard the interest and maintain the autonomy of the Licensed Practical Nurse, Registered Nursing Assistant and Certified Nursing Assistant;
6. To promote and encourage an attitude of mutual understanding and unity among all Provincial and or Territorial Associations which adopt the same objectives as this corporation.

What was the first to be called an annual meeting of CAPNA took place at the Chateau Halifax on September 30 and October 1, 1975; with the main event being the signing of the application for a federal charter.

Prior to the signing, by-laws were amended by the addition of a clause naming Regina, Saskatchewan as the site of the CAPNA Central Office. This was a necessary formality, for the law firm preparing and processing the charter application was located in that city.

1976 - Florence Alexander Paulmartin, President, Ontario

With the Association now Incorporated, the following recommendation for change in By-Laws was presented by the Ontario Association of Registered Nursing Assistants.

Recommendation – the President and Secretary-Treasurer while holding that office, not be voting delegates from their province, their expenses to attend CAPNA meetings be covered by CAPNA, and the province they represent be allowed another voting delegate. The President would vote only to break a tie vote. The Secretary-Treasurer would not have a vote.

The reason for this recommendation was the fear that with each Provincial Association appointing their delegates, the President and Secretary-Treasurer might not be eligible to complete their term of office in CAPNA. If CAPNA finances the expenses of these two positions they will guarantee the autonomy from the Provincial Association's policies.

The first annual meeting was held on October 5 and 6, 1976 in Vancouver, British Columbia.

This being the first meeting following Incorporation, it was evident many housekeeping chores required attention.

There was a problem with the French version in the Letters Patent; it was inferring this was an all male association.

Discussion of equalization of PN/NA training programs e.g. obstetrics, pharmacology and psychiatry as well as research into all provinces writing the Canadian National Association Testing Services examination. At present Alberta, Quebec and Newfoundland were not using the CNATS examination.

The Nursing Education Research Committee, chaired by Janice Funk of Manitoba, had prepared a Working Paper on the uniformity of curriculum content and presented the paper.

Mrs. Elizabeth Woodnutt of Ontario would now represent CAPNA on the Federal Nursing Manpower Committee.

Mrs. Inez Smith of New Brunswick would represent CAPNA at the Canadian Nurses' Association Convention.

It was reported that the Newsletter had not been published due to lack of input from the delegates.

The President, Mrs. Florence Alexander announced that an election of Officers and Committee Chairman would take place at the Annual Meeting.

The Ontario Association of Registered Nursing Assistants' Annual Meeting was held the following two days and many of the out of Province PN/NAs remained to observe the business of this Provincial Association.

1978 - Florence Alexander Paulmartin, President, Ontario - outgoing
Inez Smith, President – incoming

The third annual meeting took place May 29 and 30, 1978 in Winnipeg, Manitoba.

President – Mrs. Florence Alexander Paulmartin, "As my term of office draws to a close, I have very mixed emotions. In the beginning, it was mounds of correspondence going out from my kitchen table by a Committee of Nursing Assistants plugging diligently along with the grandiose hope of a national organization. This intent of an association would mean various things to many of us, but mainly it was to establish a sharing of aims, education and mobility across Canada. Through correspondence and four years later, materialized the first organization meeting of the provinces and never looking back, we forged ahead to our Incorporation, October 8, 1975.

As a CAPNA delegate or executive person, you will never achieve fame or fortune, but you will reap knowledge, fellowship and be richer in spirit and thoughts.

An Association will only return the dividends put into it, and so we must deliberate very carefully."

The CAPNA Newsletter had been printed and for this year the cost would be $0.55 and postage $0.15.

Ontario had introduced the CAPNA Newsletter to their membership and included it on the membership application form for an extra $1.00 fee.

During the previous year New Brunswick had pressed for their Association to be the Registering body for the Registered Nursing Assistants in New Brunswick. Quebec and New Brunswick would now be the two Provinces that governed their own licensing to practice.

A new system would be implemented to provide greater communication between the Provincial delegates and the general membership at annual meetings. This system would be a Page System where specified runners pick up messages from the observers and deliver them to the delegate it was designated for.

In July 1979 the brief was completed, and presented to the Federal Ministry of Health by the President, Vice President and Secretary Treasurer.

CAPNA presented a Brief to the Minister of National Health and Welfare, David Crombie. The three-fold purpose of the brief was to introduce to the Government of Canada:

1. The organization known as the Canadian Association of Practical Nurses;
2. Issues affecting practical nurses and nursing assistants in Canada; and
3. Recommendations, which request action.

In its summation, the brief stated:

There exists a need for a clear delineation of nursing categories. Regulations need to be established on authorized tasks and standards of practice for all categories of health personnel.

There exists a dramatic need for a clear understanding of the existence of practical nurses/nursing assistants on Canada's health care team. The practical nurses/nursing assistants of Canada need to know that they can get on with developing their organizations and producing programs aimed at better patient care without the need to combat threats of elimination. Practical nurses/nursing assistants need the weight of intimidation lifted form their shoulders in order to allow camaraderie and rapport to flow with fellow workers.

Practical nurses/nursing assistants are challenged by the Canadian Association of Practical and Nursing Assistants to appreciate the unique opportunity they have to preserve the important person-to-person contact in health are delivery.

Federal and provincial health departments are challenged by the Canadian Association of Practical and Nursing Assistants to be realistic in meeting the health care needs of Canada's population by taking a strong, positive stand for the continuing need to educate and employ practical nurses and nursing assistants.

The brief recommended:

1. That a federally funded and directed study be established to investigate:
   a) utilization of nursing manpower in all aspects of health care delivery;
   b) categorization of nursing personnel in accordance with educational programs and employer expectations;
   c) nursing manpower statistics, past, present and projected needs

The Standards of Practice Document had taken formation, but in the past a one day Nursing Education Research Committee meeting had been held annually the day prior to the CAPNA Annual meeting. If this document was ever to be completed more time was needed. To encourage the completion of the document, the Ontario Association of Registered Nursing Assistants extended the invitation to host a four day meeting in Toronto, Ontario in October of 1980. With a donation from OARNA and two of its chapters, Ontario would offer to assist in defraying the accommodation costs and meeting room.

Simultaneous translation would be required for next years CAPNA Annual Meeting to be held in New Brunswick. Financial assistance would be investigated to help defray the cost.

The workload of the Secretary-Treasurer was increasing, to relieve some of this. A Finance Committee would be set up to prepare recommendation to stimulate CAPNA's finances and prepare a proposed budget for each coming year.

The Auditors statement revealed CAPNA had a bank balance of $4,161.62 as of December 31, 1980.

The Provincial Associations continued to support their directors, defraying the costs of Annual Meetings and making other donations.

On April 21, 1980 the Executive Committee met with Justice Emmett Hall, chairman of the Health Services Review 79, to discuss CAPNA's previous brief that had been submitted to his Committee on behalf of CAPNA.

Statistics on practical nurse, nursing assistants had not been collected in the past but CAPNA now approached Statistics Canada for further assistance on how this could be carried out.

A CAPNA Plate had been designed and a sample copy prepared for prior to ordering. This plate would be made up of the CAPNA Logo; the member Provincial Association Logo's and the CAPNA Creed in the middle.

Now that CAPNA was firmly established serious consideration would be given to changing the format of future Annual meetings, to provide for a Board of Directors meeting prior to the Annual Meeting. What had actually been carried on at an Annual meeting was a Board of Directors meeting. The Annual meeting should be as it implies, to report to the membership the happenings of the past year and seek guidance from the membership for the following year's activities.

Notification was received that a resolution was made by Quebec to withdraw from the membership of the association effective 1981. Quebec presented a brief stating they had their own autonomy from the Registered Nurses; they had compulsory membership in their Association and a very strong voice in the field of education for their Registered Nursing Assistants. Quebec recommended that rather than have a National Association, each Province would work as a group on the individual objectives, with the hosting province being financially responsible for expenses. Because of the stand taken by the Delegates on the Quebec report, Quebec regretfully withdrew from the National Association, but did request that communication be continued with them, for they might possibly have a change of mind.

The following is the text of a telegram received October 1980:

In reference to the adopted resolution no. 4 which recommends affiliate membership of the CAPNA with the Canadian Nurses Association starting in 1981, I as president of the Corporation Professionnelle des Infirmieres et Infirmiers du Quebec and speaking on behalf of its 20,000 members find myself obliged to resign as member of CAPNA. This resignation is effective immediately. As an independent corporation, the Corporation Professionnelle des Infirmieres et Infirmiers du Quebec, is against any affiliation with any other organizations.

During 1980, a brief was presented to Chief Justice Emmett Hall, Health Disciplines Review.

The Canadian Health Coalition was very active now and requesting support and submissions. The Provincial Associations agreed that a submission should be prepared and presented to this Coalition. The Provincial Associations submitted their intent to the President and the Executive Committee would complete the submission.

The By-Laws were again reviewed and all Associations submitted their desired changes to the Chairman of Legislation and By-Laws for consideration of this Committee. The By-Laws were to be ratified at the May, 1981 Annual Meeting.

1981 - Inez Smith, President, New Brunswick – outgoing
Albert MacIntyre, President, Nova Scotia – incoming

CAPNA presented a brief to the Canadian Health Coalition. In this presentation, the need to create awareness amongst the Canadian people of the merits of temperate living, i.e. a balanced diet, good personal hygiene, adequate rest, regular exercise and accident prevention was stressed; as was the need to provide the public with more information on health care programs.

At the banquet on May 21, 1981 a tribute was made to Mrs. Inez Smith the now Immediate Past President. CAPNA President Pins were presented to Mrs. Smith, to Mrs. Florence Alexander Paulmartin, the First President of the CAPNA and to the New President, Mr. Albert MacIntyre.

The semi-annual meeting took place August 31 and September 1, 1981 in Winnipeg, Manitoba.

President, Mr. Albert MacIntyre opened the meeting stressing the purpose was to revise the entire CAPNA By-Laws.

Changes in the By-Laws were certainly made, along with the objectives being rearranged according to importance.

Membership classifications increased from one to three.

1. Association Member – (The Provincial Associations)
2. Affiliate Member – (individuals from Provinces or Territories that are not members of CAPNA e.g.: Quebec and Newfoundland)
3. Associate Member – (an individual from any Province wishing to be a member of CAPNA even if they are not a member of their Provincial Association).

The title delegate would be changed to Director, and a new Standing Committee on Socio Economic Welfare introduced. The Nursing Education Research Committee became the Education Committee and Special Committees could now be formed for a specific purpose and then be dissolved.

Terms of office would be spelled out (2 years between elections).

A Board of Directors meeting was also held to review and accept Terms of Reference for the Standing Committees and Expense policies of CAPNA. Hopefully all this would result in greater clarification, expansion of membership and guidelines for the present and future directors of CAPNA.

The Canadian Nurses Association position on the entry to practice of nursing be a Registered Nurse or a Baccalaureate by the year 2000 was felt to have bearing on the future of the Practical Nurse/Nursing Assistant. A Special Committee would be struck to research this issue, prepare plans of action, position papers and statements on behalf of CAPNA regarding the role of the PN/NA in the future health care system. Mrs. Inez Smith was appointed to Chair this Special Committee.

The Standards of Practice Document had been turned over to the Executive Committee by the Nursing Education Research committee and it was now their responsibility to

Standards of Practice Document were again placed in the hands of the Education Committee and they would plan for a future meeting in Toronto, Ontario on March 17 and 18, 1983.

Alberta and Prince Edward Island Associations had changed the design of their logos. There would now be the original Founding CAPNA Plate and a New Plate to reflect the changed logos.

Decision to not apply for affiliate membership in the Canadian Nurses Association was made, due to their change of By-Laws that would consider the PN/NA as non-nurses.

Dr. Janet Kerr, Dean and Professor, Faculty of Nursing, University of Alberta spoke on the "Future Trends of Nursing".

As of December 31, 1981 CAPNA had a bank balance of $7,875.23.

The following two days were the Alberta Association of Registered Nursing Assistants Convention. They were celebrating their 25th Anniversary, and had proclaimed 1982 as Year of the RNA to promote greater awareness to the public and greater involvement and pride for all RNAs.

CAPNA developed a position paper on continuing education which contained the following statement:

> The Canadian Association of Practical and Nursing Assistants believes in the necessity of continuing educational programs for practical nurses/nursing assistants to enable them to contribute to the provision of the highest possible level of service in the ever-changing health care field.

Due to the success of Ontario's May 13, RNA Day Proclamation creating a greater awareness to the public, a resolution was proposed to all Provinces to adopt and promote the recognition day of May 13 for PN/NAs in Canada.

1983 Albert McIntyre, President, Nova Scotia, outgoing
Verna Steffler, President, Ontario, incoming

The Eighth Annual Meeting of CAPNA took place May 10 and 11, 1983 and was hosted by the Ontario Association of Registered Nursing Assistants in conjunction with their 25th Anniversary. The meeting was held in Niagara Falls.

The Board passed a resolution to have CAPNA contact Quebec to consider its membership back to CAPNA. The resolution was accepted and directed back to the Membership and Public Relations Committee for action.

1984 - Verna Steffler, President, Ontario

The Annual Meeting took place in Victoria, British Columbia.

In February 1984, a CAPNA special committee presented to the Board of Directors a comprehensive report entitled *The Present and Future Role of the Practical Nurse/Nursing Assistant in the Canadian Health Care System.* The culmination of almost two years of work, the report was lengthy and contained twenty-five recommendations relating to the education, utilization, and statistical data for practical nurses/nursing assistants.

The special committee had been formed for the purpose of preparing plans of action, position papers and statements for CAPNA. Chaired by Verna Holgate, of Manitoba, the committee took a critical look at the issues facing CAPNA members. No attempt was made to resolve the issues facing CAPNA members but factors which facilitated or hindered the provision of nursing care by practical nurses/nursing assistants were identified.

While initially considered an in-house document, the report was later widely distributed to national and provincial health departments and organizations. It received critical acclaim and recognition for its level of excellence.

Also in 1984, Verna Steffler, then President of CAPNA, made a presentation in Ottawa to the *Task Force on the Allocation of Health Care Resources.* Several provincial associations, which were members of CAPNA, submitted briefs when hearings were held in their respective provinces. In its final report, the task force spoke highly of practical nurses/nursing assistants and the work they did.

In addition, CAPNA developed position statements on self-governing legislation for practical nurses and nursing assistants, the desirability of a smoke-free society, and other subjects of interest to its members.

1985 - Verna Steffler, President, Ontario - outgoing
Pat Fredrickson, President, Alberta - incoming

The 10th Annual Meeting took place June 19 and 20, 1985 in Charlottetown, Prince Edward Island. This was an election year.

In Manitoba LPNs were being encouraged to stand up and protect their profession. There were public presentations and written briefs submitted to the government in support of the LPN to prevent the diminishing role and deletion of the LPN.

In Ontario they were continuing to pursue self regulation and a name change.

In Nova Scotia, the association celebrated its 25th Anniversary.

New Brunswick moved to a new and bigger location.

Prince Edward Island developed Standards of Practice and was in the process of pursuing self governance.

British Columbia was also dealing with issues of self regulation and mandatory licensure.

CAPNA News was discontinued due to financial reasons. CAPNA Plaques were discontinued due to cost of manufacturing.

Fee per capita increase from $1.00 to $1.25.

A position statement regarding self governing legislation was developed:

The CAPNA recognizes that self government is a delegation of legislative privilege and judicial function to a professional body; it's only justification being the welfare of the public.

CAPNA was committed to the premise that every citizen is entitled to receive high quality nursing care.

The PN/NA as a member of the health care team provides nursing services based upon a body of knowledge. As a profession they possess knowledge and skills for the purpose of applying it to the needs of the public. Therefore, it is essential that legislation governing individuals applying such knowledge and skills in providing nursing care must encompass safeguards which would identify both the acceptable standards and those who are qualified to provide this service.

The PN/NA's educations and practice is regulated by various differing jurisdictional authorities. New Brunswick and Manitoba have self-governing legislation which is administered by their professional associations. The professional associations of British Columbia, Saskatchewan, Ontario and Nova Scotia are currently pursuing self-regulation and are at varying developmental stages. In 1980, the Prince Edward Island Licensed Nursing Assistants Association was granted a limited degree of self-government. In addition, it appears that the Government of Alberta recognizes and supports the need for

"The professionalization of nursing or the thrust by the Registered Nurse Associations that are intended to raise the perceived status of the nurse: by having all Registered Nurses at a Baccalaureate level and their move towards primary nursing care – where all nursing is provided by Registered Nurses."

"Although both initiatives are commendable as efforts to improve the qualifications and working conditions of the nurse, many people are not convinced that they are necessary or feasible"

"PN/NA's are less expensive than RN's and can provide additional patient care hours for less than the cost of an RN. As the cost of health care continues to escalate and hospitals with primary care going in excess of a million dollars over-budget how can the heads of institutions justify not using a less expensive resource such as the PN/NA whenever possible, or using more PN/NA's to provide more "personal" nursing to patients."

"The statement in the present and future trends "the declining rate of growth of employment for NAs in acute hospitals is likely to be offset by an increasing rate of growth in other institutions: denotes to me that as a Government Document the government is supporting the declining use of the PN/NA whenever and wherever possible. PN/NAs can and do keep up with the emerging trends and technology through continuing education."

"The above quoted statement places the number of persons who may be willing to enter into the practice in a quandary over the implied uncertain future. Although our future may be uncertain in some places it does not need the encouragement of that statement."

1986 - Pat Fredrickson, President, Alberta

The 11th Annual Meeting took place in Winnipeg, Manitoba.

The CAPNA Presidential Address stated, "...The Canadian Nurses Association has already established a plan of action to meet the challenge of the future – a Baccalaureate Degree as the minimum level of entry to practice by the year 2000 and in the opinion of some that will still not be enough education."

"Although directly the philosophy of CNA is not to affect the PN/NA it indirectly has a great deal of effect. The future as we know it is threatened. In active treatment hospitals the number of full-time positions are being decreased, duties are being re-defined, PN/NA are being replaced thru attrition and being moved out of specialty units."

- Promote the establishment of continuing education programs which meet identified needs, within all provincial jurisdictions.

CAPNA president, Pat Fredrickson received a letter from Fulvio Limongeli, Executive Director of the Canadian Council on Hospital Accreditation stating that their Board did not see the need to add the expertise and knowledge of the Canadian Association on PN/NA's to their Advisory Committee.

Pat responded by saying that the CAPNA would like to be a part of the decisions being made. Pat said that PN/NA's are the second largest group of Health Care Workers in Canada and that their decisions rightly or wrongly would affect us. She said that we were not presuming to have the expertise to make the decisions but would like to be a part of the decisions that are being made.

Dr. Limongelli, stated the Council was aware of the current conflict between the nursing categories, which in terms of CAPNA being granted membership or "other organization" status could create a problem. He stated the Council's primary purpose is to evaluate the systems and structures related to the delivery of care in the belief that quality care is the right of every Canadian citizen. With the current situation in the nursing community Council may be hesitant in giving CAPNA status, because of a fear that it would be used as a vehicle to resolve differences.

1987 - Pat Fredrickson, President, Alberta - outgoing
Barbara Carrier, President, Saskatchewan - incoming

The 12th Annual Meeting was held in Halifax, Nova Scotia October 5-9, 1987. This was an election year.

Pat Fredrickson stated in her Presidential Address, "... Although I do not believe that our future employment prospects are that bleak, I do believe that the future of the Association is in serious jeopardy or it will cease to exist. When CAPNA was formed it took three years to reach a consensus on the name and the by-laws of the Corporation and to get beyond the "I" syndrome and examine what was best for all."

"Through our national association we have gained much from communication with each other on education and legislation and have been able to influence changes but that is no longer enough."

"This year has been a great trial both for some provincial association members and for CAPNA as a national association. The continued viability is questioned because of lack of support both physically and financially."

responsibilities involve assisting functions and rarely involve active treatment of patients."

"Because these are entry level positions, the primary source is graduates from recognized programs Titles included in the unit group are Registered Nursing Assistant, Certified Nursing Assistant, Licensed Nursing Assistant and Licensed Practical Nurse. Titles not included are Nurses' Aid, Orderly and Ward Clerk. Based on the sample and returns for this survey, it is estimated that 62,000 individuals in the labor force are employed in occupations in this unit group."

"The recommendation would be that the classification of nursing occupations will place RN's, RPN's and RNA's into two Major Groups. RN's and RPN's will be included in the Major Group for professional occupations. RNA's will be included in the major group for technical or assisting occupations. This distinction is based on the differences in licensure and educational requirements, the significant difference in activities and permissible responsibilities and the mobility barriers between RN and RNA."

1988 - Barbara Carrier, President, Saskatchewan

The 13th Annual Meeting took place in June 21, 1988 at Waskesiu, Saskatchewan. The Keynote speaker was Mr. Stan Hovdebo, MP.

The Canadian Association of Practical Nurses and Nursing Assistants (the word nurses was added to the title in 1988 but the acronym, CAPNA, remains the same) is still the only national organization ready, willing and able to speak with a united voice for more than 80,000 practical nurses and nursing assistants in Canada; the second largest country in the world.

The territory of Yukon forms a society. The initiative to form a society took three years to achieve recognition. The Secretary Treasurer was Jeanne Kucherean.

Quebec considers rejoining CAPNA as per correspondence from Andre LeBlond, Quebec Director.

Saskatchewan Association of Certified Nursing Assistants received autonomous legislation through the passing of Bill 85 in the Saskatchewan legislature.

The CAPNA writes the Minister of Health to share concerns regarding tobacco consumption.

The Ontario Association of Registered Nursing Assistants submitted for a title change to Licensed Practical Nurse with the title Practical Nurse being their primary goal.

Annual Meeting. Material from each workshop would be placed in a separate file to be given to new directors

During this same time, Barbara Carriere, then President implemented a new format for conducting business at Board Meetings – that of open and unrestricted discussion and debate on all issues place before the Board. This allowed all options to be explored so that the decisions made were ones that everyone could live with.

1989 was election year for CAPNA. Jo Sandberg resigns as Secretary-Treasurer. Myrna Ross of Alberta was elected to replace her.

It was resolved that the Finance Committee to CAPNA be dissolved and the Executive Committee of CAPNA perform the duties previously attended by this committee.

It was resolved that the Corporation amend Article I – Name of Bylaw by substitution to: "The name of the Corporation shall be: The Canadian Association of Licensed Practical Nurses and Nursing Assistants – Association Canadienne Des Infirmieres et Infirmiers Auxiliares et Pratiquante Licensee."

Delegates to the annual meeting directed that a review committee be formed to study CAPNA policy with a view to making recommendations for improvement. The committee worked very hard to evaluate the association in an attempt to improve direction for the future. An ad hoc committee was formed to look at the recommendations and determine the feasibility of implementation in the near future.

The Board of Directors prepared a mission statement for CAPNA to rejuvenate the members and instill a pride in CAPNA, a sense of pride that would have been felt when the original members started the association.

Stats Canada produced a document called "Nursing in Canada" but did not include Practical Nurses, besides getting input only from Canadian Nurses Association. It was requested by Alberta that CAPNA should write to Stats Canada requesting that the practical nurse be included in follow up documents.

The Executive Committee held liason meetings with the Canadian Nurses Association, and Dr. Josephine Flaherty, Principle Nursing Officer for the Federal Government.

1990 - Audrey Shaw, President, Ontario

The Annual Meeting took place Oct 7 -10, 1990 in Kitchener, Ontario. This was the 15th Anniversary of CAPNA's Incorporation. The theme was "The Best is Yet to Come".

1991 - Audrey Shaw, President, Ontario outgoing
Julio Ravest, President, Alberta incoming

The 16th Annual Meeting took place October 8 in Edmonton, Alberta. This was an election year.

Focus was on Unity.

Registered Nursing Assistants in Ontario become Registered Practical Nurses.

In Newfoundland, the St. Clare's Mercy Hospital report, of the Task Force on the Role of the Nursing Assistants, conducted a literature review for the period of 1985 to 1990.

The report, found common themes dominated the literature:

1. Curriculum for RNAs have, as a rule, not responded adequately to the changes and challenges of the health environment.
2. Opportunities for continuing education for RNAs have been restricted and limited.
3. Strategies that involve all RN staffing have yet to demonstrate patient care advantages.
4. RNAs are frustrated by the lack of recognition of their role and contribution to patient care.

1992 - Julio Ravest, President, Alberta

The 17th Annual CAPNA Meeting took place September 15 – 16, 1993 in Kelowna, BC.

The issue of the proliferation and increased use of unlicensed workers in the provision of nursing care was of concern to CAPNA and US counterparts. Some institutions, under great financial pressures, were increasing the use of the unlicensed worker. The workers would provide care to the elderly without any knowledge of the aging process. The anticipated result was an erosion of the standard of care. It was hoped that government would set specific funds directed towards the assistance of those workers wanting to pursue further education to a level of Practical Nurse or Nursing Assistant.

Entry to Practice was a huge issue of the early 1990's. The Canadian Nurses Association's (CNA) position, a Baccalaureate in Nursing as the entry to practice nursing, for registered nurses, by the year 2000. This was great speculation as to the implications for the PN/NA's and the health care system. The CNA supported its positions with the increasing acuity of care in hospitals, changing technology and the increased knowledge that nursing requires.

In early 1990 there was discussion about health care funding, future of hospital services and community care. Provinces were moving towards a rationalization of the services that hospitals provide. It was projected that hospitals of the future would provide services on an out-patient basis or move to community based programs.

1993 - Julio Ravest, President, Alberta outgoing
Sheila Arsenault, President, Ontario incoming

The 18th Annual Meeting was held in Charlottetown Prince Edward Island. This was an election year. The theme of the conference was "Facing the Challenge".

The following statements were included in the Presidential Address:

"Health care in Canada is in turmoil. Sweeping changes are taking shape; unforeseen changes are yet to come. Every government across Canada has vowed to reduce their respective deficits. Health is one of the main areas that bares the burden of federal and provincial deficit reduction. This also extends to education and social services."

"A health review or health reform is sweeping the country. We are moving from an acute care system, institutionally based, focused in the medical model, to a system that is based in a wellness model that foster the factors that influence health."

"Canada informally has accepted the World Health Organization's definition of "health" as: "a state to complete physical, mental and social well being, and not merely the absence of disease or injury, "such a concept implies that the resources should be shifted from acute and curative care to primary prevention and health promotion."

"CAPNA joined HEAL, the Health Lobby Group, as an affiliate member. HEAL strives to promote positive changes in Canada's health system and in the health of Canadians. HEAL fully supports Medicare and its five principles: Universality, accessibility, portability, public funding and comprehensiveness. Canadians must reform the present system, but we must preserve our five principles."

"Practical Nurses must get involved in the reform movement; face and challenge unilateral changes to health delivery if they affect vital services and put in danger the existence of Medicare."

"Practical nurses and nursing assistants, as never before, are part of the national and provincial dialogues in seeking answers and planning the future; reorganizing and revitalizing our health care system. We are part of the solution. We are in an indisputably favorable position. We have cause to be optimistic."

3. The underutilization through staff mix ratios that favor the use of registered nurses through staff mix ratios that favor the use of registered nurses from 80:20 RN/LPN to all RN staffing in non-critical care areas."

"In Alberta, the Professional Council of LPNs conducted a needs assessment survey in the community setting. The Victorian Order of Nurses, across Canada, overwhelmingly supported the valuable role that practical nurses and nursing assistants presently play; suggesting that we should continue our emphasis in assessment, communications, gerontology and patient teaching; furthermore, that we should explore the palliative care area."

The CAPNA Board held a strategic futures meeting and identified where they thought the organization would be in 1999. The Board identified the following as CAPNA's Desired Future:

- A national organization (with representation from every province and territory
- A national or central office
- Paid Staff
- Financial stability
- Higher visibility
- National, participative leadership
- Public involvement (e.g. public representatives on the Board)
- Awareness of CAPNA (public relations)
- Definition of who LPNs are (carve a realistic niche and common title)
- LPNs and health system promote effective, efficient utilization
- Involvement in national issue (e.g. position statements)

Jim Klingle was hired as Director of Policy and Public Affairs for CAPNA as a part-time consultant. Jim undertook a comprehensive review of CAPNA By-laws and Policies Manual. He wrote a brief called "Improving Quality and Cost-Effectiveness of Health Care by Enhancing the Role of the PN/NA". He also prepared a half day workshop for delivery at the semi-annual meeting called, "Making a Really Effective Presentation".

Ontario underwent legislative changes December 31, 1993 to change their title to Registered Practical Nurse.

Pat Fredrickson and Rita McGregor were named to represent CAPNA participate in the National Nursing Competencies Project.

1994 - Sheila Arsenault, President, Ontario

The 19th Annual Meeting was held in Regina, Saskatchewan.

CAPNA and CNA worked collaboratively to produce a joint position statement on the use of unregulated workers.

There was representation from CAPNA on the National Nursing Competency Committee; a collaborative project to develop entry level competencies for PN/NAs, RNs and Psychiatric Nurses. It partners three national nursing associations and twenty-six nursing regulatory bodies.

The mission was revised to state:

"To be the national voice of PN/NAs and advocate the achievement of optimal health status of all consumers."

Bylaws amendments were accepted by Industry Canada.

1996 - Sheila Arsenault, President, Ontario

The 21st Annual Meeting was held on June 11 – 12, 1996 in Moncton, New Brunswick.

The theme of the meeting was "Unity...above all".

The Education Committee reported that the provinces writing supplements to the CNATS exam in medication delivery and infusion therapy were British Columbia, Alberta, Manitoba and Nova Scotia. The provinces writing supplements to the CNATS exam in medication delivery only were Ontario and Saskatchewan.

Part of the strategic plan and goals review resulted in the following:

The establishment of an Ottawa address and phone number.

A need for the restructuring of the Corporation to represent a greater number of PN/NAs across Canada to meet the needs of the profession.

CAPNA began work with the Department of Veteran's Affairs to develop a policy which would allow PN/NAs providing foot care for veterans to bill the insurer for the service. Following development of the policy, Blue Cross, the insurance carrier, conducted a review of foot care programs available. Some programs were not approved by Blue Cross as they did not meet established criteria. Only providers who completed approved foot care courses were approved for funding.

On behalf of CAPNA, the President placed a wreath during Remembrance Day Ceremonies in Ottawa in remembrance of those who fought for freedom.

Between November 5th and 7th, a transitional group of representatives from provincial practical nurse organizations, the CPNA president, and the CPNA's Directory of Policy and Public Affairs held meetings with national health organizations in Ottawa.

Those in attendance at the meetings were: Sheila Arsenault, Pat Fredrickson, Jim Klingle, Normand McDonald and Helen Rempel. A total of seven meetings were held with the following organizations:

- Canadian Nurses Association
- Canadian Public Health Association
- Canadian Council on Health Services Accreditation
- Canadian Association of Community Care
- Opposition Health Critic Dr. Grant Hill (with MPs Moris Vallacott and Reed Elley)
- The Canadian Home Care Association
- The Canadian Pharmacists Association

Financial obligations to Health Action Lobby (HEAL) remained the same. The mandate to lobby around health care issues in Canada. The broad principles of the coalition remained the same.

CNA indicated that joint involvement of nurses and practical nurses regarding Nursing Week would not be feasible for the coming year given tensions between registered and practical nurses. However, it was indicated that joint involvement of both practical and registered nurses should be encouraged at the local and provincial levels.

The National Nursing Competency Project was released representing three years of work by representatives of the three regulated nursing groups in Canada, CAPNA and CNA working together to produce the report. Several areas of potential joint work were identified:

- Human resource planning
- Look at establishing a research coalition on the role and impact of unregulated care providers in the health care system. Perhaps establish guidelines for unregulated care providers.

The report identified the current (1997) and projected (2000) shared and unique competencies of nurses in Canada.

1998 - Normand Macdonald, President, New Brunswick

On January 22 and 23rd, 1998, a Governance and Planning Workshop was held in Toronto, Ontario with Jim Klingle as Facilitator. This workshop was to familiarize

1999 - Normand MacDonald, President, New Brunswick - outgoing
Verna Holgate, President, Manitoba - incoming

The 24th Annual Meeting took place May 3, 1999 in Vancouver, British Columbia. This was an election year. The year's theme was "Practicing Nursing in the Public Interest through Collaborative Partnerships".

Under the project management of CPNA member, the College of Licensed Practical Nurses of Alberta, a groundbreaking collaboration of practical nurse registrars and associations, resulted in the production of the profession's first national standards. CPNA was pleased to provide, for LPNs working in this role, as well as their employers and other stakeholders which outlined the Scope of Practice for LPNs in the Operating Room and Professional Standards to ensure quality of care. True to CPNA Board ends, the work highlighted a specialty are for PNs and laid the groundwork for future national standards. The Standards and Competencies for Perioperative Nursing Care document was completed and printed. A public relations package was being developed to promote the new standards and the role of the LPN in the Operating Room.

In November 1999, after almost two months of research, CPNA prepared the document, "Facing Forward; Current and Future Health Care Trends and Issues and the Implications for Canada's Practical Nurses", to inform governments, health care organizations and individuals about the current and future trends and issues facing the profession of practical nursing. The 19 page report clearly identified health trends for Canadians, health policy considerations and issues and implications for PNs. Topping the chart of issues identified by practical nurses across the country was the issue of under-utilization. CPNA clearly presented this concern, and the complete report, at the November meeting of national nursing groups with federal/provincial/territorial Ministers of health. Follow-up letters and copies of the report were mailed to all health ministers. Additional copies of the report were shared with national associations representing practical nurse workplaces. Acknowledgment of the report was received from two provincial health ministries and two employer associations.

Human Resources Development Canada supported a website that contained occupation information about various professions and trades. A review of the data pertaining to the practical nurse profession determined that this site does not contain current information about our profession, even suggesting to readers that employment prospects in this occupation are poor. Current demands for PNs in many jurisdictions support that this assumption is incorrect. Likewise, the classification system presently used by government does not consider Practical Nurses to be professionals and CPNA will undertake to have this information updated. Recent information from other sections of government suggests that this information is being quoted and it could significantly impact policy if government continues to regard this profession as transitory and non-professional.

also requires each profession to develop a continuing competency program for their members.

The Labor Mobility Project currently underway by the Practical Nurse Regulators was extended to 2000.

In British Columbia they continued to send out support material and attend forums to support full competencies of the LPN. Changes were happening in some facilities but some facilities LPNs were demoted to care aide positions (mainly due to available LPNs in the area).

In Manitoba, a top priority was creating new partnerships with other Manitoba regulatory authorities, regional health authorities and government. There was increased focus on participating on various provincial and intra-provincial projects and committees related to nursing and health care delivery.

Initiating IV's and enhancement of IV medication was added to the basic program. In accordance with Board policy adopted in 1996, all registrants must complete post graduate programming in Physical Assessment, Intramuscular Injections and Urinary Catherizations to be eligible for registration.

Effective and appropriate utilization of the Licensed Practical Nurses throughout the province continues to be a major focus in Manitoba. Although they witnessed positive results in many regions they continued to receive reports of restrictive practice in some Winnipeg hospitals and northern Manitoba.

In New Brunswick there was steady growth in Nursing Assistant positions in long term care, acute care and community care. They made request for amendments to their legislation.

The Association of New Brunswick Registered Nursing Assistants celebrated their 35th Anniversary. Dr. Hunter (Patch) Adams spoke at a workshop on subjects such as medicine for fun not funds, the joy of caring and humor and health.

In Nova Scotia the Professional Association continues to have a strong and positive working relationship with the Practical Nurse Licensing Board. A new core curriculum was introduced and piloted in 1998-1999. After much review and consultation with the licensing board and the Faculty Working Group, the new curriculum was revised.

In one of the four Regions in Nova Scotia, nursing administrators and clinical managers were in the process of standardizing LPN skills and competencies so LPNs could work in acute care, nursing home or long term care and be able to perform at their fullest potential

The document "Standards of Practice and Competencies for Perioperative Nursing Care" was distributed to Licensed Nursing Assistants who worked in the Operation Room.

In Saskatchewan, amendment to the Practical Nurses Act was approved by all the necessary legislative committees in government and was to be presented to the legislative assembly. They asked individual LPNs to contact their MLAs for one final assurance that they would support the bill when it was presented. They would see the "works under the direction of" clause removed, approval of education programs, conditional licenses and other minor house keeping changes made to the Act. SALPN legal action continued against the Saskatchewan Registered Nurses Association.

The CPNA Executive Director's Report was written by Kelly Kay, following are some excerpts:

Throughout 1999, the CPNA pursued activities in keeping with the board Ends and identified outcomes for the national office and executive director.

The CPNA Board adopted the following Ends:

1. Underutilization issues have been debated and addressed
2. Specialty Areas for PNs recognized
3. PN Advanced practice recognized nationally
4. CPNA fiscally viable
5. Collaborative and interdisciplinary focus

The CPNA newsletter was produced three times in 1999 and shared with all provincial, affiliate and honorary members.

After two months of research, CPNA prepared the above document to inform governments, health care organizations and individuals about the current and future trends and issues facing the profession of practical nursing. The 19 page report clearly identified health trends for Canadians, health policy considerations and issues and implications for PNs. Topping the chart of issues identifies by practical nurses across the country was the issue of under-utilization. CPNA clearly presented this concern, and the complete report, at the meeting of national nursing groups with federal/provincial/territorial Ministers of Health. Follow-up letters and copies of the report were mailed to all provincial/territorial health ministries. Additional copies of the report were shared with national associations representing practical nurse workplaces (Canadian Health Care Association, Canadian Association for Community Care and the Canadian Homecare Association). Acknowledgement of the report had been received from several provincial health ministries and two employer associations.

communication fostered the Association's budding relationship with Yukon practical nurses, who have expressed an interest in exploring membership with CPNA. The Association designated an ad hoc committee for enhanced services. CPNA will continue to investigate possible membership options and/or specialty interest group interest.

The national office was able to effectively coordinate the distribution of materials to Board members and others. Improved forecasting permitted realistic deadlines to be set when responses were solicited. National trends and information was shared through a variety of means: CPNA newsletter, memos, emails, surveys and reports. Specific questions were directed to the Board on several occasions to facilitate the collection of information.

In the fall of 1999, CPNA approached Health Canada with a request to view a portion of the draft document to examine its relevance to CPNA's proposed research project. The draft guidelines, expected out in early 2000 would describe the skill mix required for maternal/newborn care. CPNA took immediate action upon noting the complete absence of the PN role in the report.

Also in 1999, the CPNA was successful in obtaining funding for the purposes of preparing a Letter of Intent for the 2000 Canadian Health Services Research Foundation Open Grants Competition. Co-chaired by the CPNA President and Executive Director, the new CPNA Steering Committee for Practical Nurses Research Initiatives, a ground-breaking forum bringing together representatives from policy, education, labor, practice and the national association, worked diligently with the research consultants on the "first-ever" project of this nature. The proposed research attempted to address the following question: how have health care restructuring initiatives impacted on PNs and what are the implications for human resource workforce planning and educational preparation? The project enable the Association to form new links with individuals from across Canada as well as other organizations, namely, the Association of Canadian Community Colleges, who agreed to support the project with in-kind administrative and dissemination support. The project was not, however, among those chosen to submit a full-scale application for the 2000 Open Grants Competition.

2000 - Verna Holgate, President, Manitoba

The 25th Annual Meeting was held in Toronto, Ontario on March 27, 2000.

CPNA Marks a Milestone, Practical Nurses from coast to coast can reflect with pride on their profession's and national association's vibrant past and exciting future. In 1969 when Mrs. Florence Paulmartin first wondered why her provincial association had no contact with other provincial associations, the wheels were set in motion for the years of collaboration and growth that were to follow. From its humble beginnings, the Canadian

Ground-breaking initiatives, such as the Standards of Practice and Competencies for Perioperative Care, have opened new doors for the association and the profession. These first national standards are just one example demonstrating the commitment of practical nurses and practical nursing leaders across Canada to propel the profession forward, in the interest of quality nursing care for Canadians.

CPNA circulated copies of the Practical Nurses Educator's Special Interest Group survey to all member jurisdictions. The purpose was to approach educators at appropriate opportunities throughout 2001 to ascertain the level of interest in the initiative. Anecdotal information indicated high degree of interest among educators to create a vehicle for information exchange at the national level.

CPNA attended a briefing regarding the Health Information Roadmap Initiative. The Roadmap was a four-year action plan that builds on current federal, provincial, territorial, regional and local initiatives. It included about 40 different projects and was a $95 million dollar project with monies allocated to Canadian Institute for Health Information (CIHI), Statistics Canada and to the Canadian Population Health Initiative. Two goals were to answer the questions "How healthy are Canadians" and "How good is our health care system".

CPNA attended the End of Life Care for Seniors Symposium in Ottawa. The goals of this symposium were to present an overview of the issues related to end-of-life care for Canadian Seniors, provide the purpose and rational stating the difference between end-of-life care for seniors and palliative and geriatric care, and dispel myths and misconceptions of dying in later life. Subsequent to this meeting CPNA contacted the Canadian Palliative Care Association (CPCA) regarding their draft National Standards in Hospice Palliative Care. CPNA's request to participate in the web-based consultation process regarding the standards was well received. The final consultation process for National Standards in Hospice Palliative Care would be open to the public in 2001.

CPNA attended "Speaking for Ourselves" The Frosst Health Care Foundation Strategic Planning and Partnering Event. The Frosst Foundation was a new foundation committed to promoting a patient-centered health care system. The key objectives of the summit were to bring together Canadian health care consumers and other stakeholders so as to foster open communication and build clearer understanding of each other's roles in working to achieve the goal of a patient-centered health care system, to secure consensus on common issues, their definition, their priority and how they must be addressed, to promote the opportunity to work together on common health policy issues, to develop collaborative actions that could be taken by the participants, other stakeholders and the Frosst Health Care Foundation.

CPNA participated in the National Health Organization Meeting of the Canadian Council on Health Services Accreditation. Attended by 21 health organizations, this forum

The Guidelines for Family Centered Maternal Newborn Care have been published by Health Canada, despite CPNA's expressed concerns about the lack of consultation with LPN groups. CPNA carefully monitored for changes to staffing mixes in Maternal Newborn Care Units. Some jurisdictions reported staffing changes in this area and the Canadian Union of Public Service Employees began to take notice of the occurrences. CPNA was available to share information about the concerns regarding the guideline with the CUPE national board.

The national office continued to respond to career/registration inquiries from throughout Canada and as far away as Iran, Australia and the Philippines.

The CPNA PN Post Basic Education Index was compiled and it was discovered that there were more than 160 post basic education offerings across the country.

CPNA's participation in several forums would not have been possible without the help of CPNA volunteers Denise Dietrich (ON), Naomi Cornelius (ON) and Rita McGregor (AB).

CPNA participated in Remembrance Day ceremonies in Ottawa. Yvonne Harvey (ON) laid CPNA's wreath at the Cenotaph.

Talks concluded with Human Resources Development Canada regarding the revisions to the National Occupations Classification (NOC) Sheet for the LPN profession. The Canadian Institute of Health Information (CIHI) released their publication "Health Personnel in Canada" which addressed the statistical information about LPNs and other health care providers. Unfortunately, CIHI used the out-dated NOC information about LPNs to describe the profession. CPNA followed up with CIHI, prompting them to change their policy about the descriptions that are used in the publication. CIHI also issued CPNA a letter acknowledging the concerns addressed.

In April 2000, CPNA along with other nursing organizations responded to the discussion document regarding a national nursing strategy for Canada. The final strategy document was prepared by the Advisory Council on Health Human Resources and was submitted to the Conference of Ministers of Health. One outcome of the Nursing Strategy for Canada is expected to be the creation of a Canadian Nursing Advisory Council (CNAC). Nursing stakeholders from across the country were asked to nominate nursing leaders and others to participate on the council. Practical Nurses were represented by Kelly Kay from Ontario, and Pat Fredrickson from Alberta

CPNA continued to revise and develop positions statements related to the role of LPNs in various settings and in advance practice. CPNA's website contains copies of these statements available for downloading of information.

In New Brunswick, Normand McDonald noted that they have successfully presented the message of the RNA as a provider of quality care at an affordable cost. Employers continued to actively recruit RNAs, and a major shortage of RNAs, particularly French-speaking RNAs, persists. There had been increased utilization in terms of job descriptions for RNAs. A new Standards of Practice document had been developed. The new RNA legislation in NB went through first and second readings, two controversial issues remain; the title change from RNA to LPN and the removal of the clause "under the direction".

In Nova Scotia legislative changes necessitated the closure of LPNANS after 41 years of activity. Some of the activities of the Association, such as education and workshops, will be continued by the Practical Nurse Licensing Board. PNLB approached CPNA to explore continued Nova Scotia provincial membership but needed to see clear consistency between CPNA activities and their own mandate. The biggest change was the name change from Practical Nurses Licensing Board to the College of Licensed Practical Nurses of Nova Scotia. Work completed by the Association would now be completed by the College.

In Saskatchewan legal action was completed. SALPN noted that there was significant support during the legal process from the public, members, RNs and employers. The government's Nursing Council was put in place. SALPN developed and circulated a new Standards of Practice and Competencies document. Education program seats for the PN program increased.

In PEI the LPN Act was passed. LPN Registration Board was appointed to write the regulations pertaining to the act. A new medication component would be included in the PN program and subsequent graduates would write the medication component of the national exam.

In Manitoba, Verna Holgate presented the update and noted that the phrase "under the direction of a registered nurse or duly qualified medical practitioner had been removed for the new LPN legislation. In Manitoba, the three nursing organizations supported each other's legislative changes, thus enabling the legislation to move through the legislature relatively smoothly. The LPN Act had received the 3rd reading before the change of government in the province. The LPN Act is currently awaiting proclamation. The three Manitoba nursing associations are meeting jointly with employers to talk about the three roles. Through a collaborative approach, the nursing organizations were able to address concerns that nursing is divided. On August 15, 2001 the Manitoba Government finally proclaimed the Licensed Practical Nurses Act.

Manitoba discussed a recent offering of the LPN exam in the Philippines. MALPN indicated that they had bee requested by the Manitoba Provincial Government to take the

participating in the work regarding the Commission on the Future of Health Care in Canada.

Pat Fredrickson and Kelly Kay attended the first meeting of the newly formed, Canadian Nursing Advisory Committee. This committee would provide informed advice to the Conference of Deputy Ministers of Health through the Advisory Committee on Health Human Resources, related to and in support of implementation of the strategies outlined in The Nursing Strategy for Canada. Priority was to be given to providing recommendations for policy direction to improve quality of work life for nurses.

Pat Fredrickson, President of CPNA presented to the Standing Senate Committee on Social Affairs, Science and Technology on October 2001. The brief was entitled, *"Licensed Practical Nurses: A Practical Solution to the Nursing Shortage"*. The following Executive Summary recaps the brief:

"Information indicating Canada is experiencing a serious nursing shortage can be found just about anywhere. There is consensus that this shortage will contribute to the deterioration of our health care system if not responsibly addressed. The Canadian Practical Nurses Association (CPNA) believes there is an obvious and practical solution to Canada's nursing shortage: more effective utilization of Licensed Practical Nurses (LPNs). It is the CPNA's experience that LPNs are an untapped resource that stands ready to assist in ensuring the sustainability of the Canadian health care system.

The restrictions range from the absence of practical nurses in discussions on health care, to lack of support for continued uniformity of education programs nationally, to attitudes of other health care personnel, and to tension between professional nursing groups. It is the CPNA's position that these restrictions must be overcome in order to ensure the maintenance of a cost-effective nursing service system.

Comprehensive utilization of practical nurses is a critical part of the solution to the current nursing shortage. It is necessary to ensure LPNs continue to enter and remain in the nursing workforce, for the morale of other nursing professionals, for the cost-effective use of health personnel and, finally, for the improvement of access to quality health care by the consumer. Changing the health team to recognize evolving LPN roles and achieve the benefits they offer will go a long way to improving nursing practice inefficiencies, retaining qualified practitioners and, ultimately, facilitating a quality health care system.

The document illustrates how the LPN is a practical solution to Canada's nursing shortage and offers recommendations that should considered for submission to the Government of Canada for action."

The completed CPNA website was made available for preview in July, 2001. It was officially operational August 15, 2001.

from increase in respect of other health care professionals to an increase in the utilization of competencies.

All jurisdictions continued to submit statistics that would be used for CIHI.

CPNA responded to the Canadian Nursing Advisory Council's report. CPNA generally thought that the report was encouraging; however, they noted the lack of Practical Nursing Data and the marginalization of LPNs in the report. The report also tended to focus on Ontario and not on other regions of the country. The decision of CPNA was to respond to the Ministers of Health of all of the provinces.

Kelly Kay represented CPNA at the Standing Senate Committee on Social Affairs. The brief was entitled, *"Primary Health Care: Making it Happen"*. The Executive Summary on that brief was as follows:

"Primary health care is the first point of contact of individuals with the health care system – that is where services are mobilized to promote health, health prevent illness, care for common illness and manage ongoing problems (National Forum on Health 1997). Primary health care services include: health promotion, illness and injury prevention, screening, health information, examinations, treatments in physician's offices, vaccinations, home visits, nutritional counseling, drug dispensing, home care and so on."

"In response to the National Forum on Health recommendations, the federal government created the Health Transition Fund (HTF). The HTF is a $150 million fund supporting projects across Canada to test and evaluate innovative ways to deliver health care services."

"Despite support for numerous projects, the focus of Canada's health care system remains on the delivery of acute care services. Acute care services in turn focus primarily on the provision of illness care."

"To situate the role of health care providers, and particularly licensed practical nurses, within the primary health care system, one can envision a primary health care system pie. Within the health services "slice of the primary health care system pie: is found in primary care. Using the broadest definition of primary care, primary care services may be delivered by a variety of health car4e providers. The majority of LPNs deliver direct care to the Canadians they encounter at all levels of the health care systems and are members of multi-disciplinary primary health care teams. Such teams must be structured to "utilize to the fullest the skills and competencies of a diversity of health care professionals". Development of primary health care teams should be supported by a permanent national coordinating body for health human resources composed of key stakeholders and government."

as the other nursing groups. CPNA wanted to ensure that they be included as full partners when money for research was made available.

CPNA thanked Trish Nesbitt for being the representative on the Home Care Sector Study, and also Kelly Kay who completed some initial work on the project.

There was discussion regarding the future of PNC and its three components, CPNA, PNEC and CPNR. Practical Nursing Educators of Canada (PNEC) required information regarding the Affinity Group funded by the Association of Community Colleges of Canada. CPNA wanted to clarify what direction the Affinity Group would take and what relationship they would have with the CPNA. The President of CPNA would write a letter to the Practical Nursing Educators regarding the intent of the national Affinity Group and what their affiliation will be with CPNA. The President would send a copy of the letter to all the jurisdictions.

The Committee chosen for the Practical Nursing Educators of Canada (CPNR) has developed a vision and mission as well as standards, values and objectives of the group to share at an upcoming Registrars Conference in Nova Scotia.

A draft of a vision, mission and objectives were presented from the Committee on the advocacy portion of CPNA.

Discussion on the overall Practical Nursing Group in Canada and the overriding policies and bylaws took place. The structure would include the three groups of Regulation, Advocacy and Education of which each would have their own internal structures. Financial structure was to be developed.

2003 - Pat Fredrickson, President, Alberta – outgoing
Election Year

Current Vision of CPNA:

"The Canadian Practical Nurses Association unites the profession to be an active participant in the development of healthy public policy."

Current Mission of CPNA:

"The Canadian Practical Nurses Association is dedicated to quality healthcare for the public through excellence in nursing practice."

The 28th Annual Meeting was held September 23-24, 2003, in Winnipeg, Manitoba.

Canadian Practical Nurse Regulators (Regulatory Group) and Canadian Practical Nurse Educator's Group. The advocacy group would include the associations from Ontario, BC, PEI and could include those with duals roles (advocacy/regulatory) from New Brunswick., Saskatchewan and Alberta.

The Regulatory Group could include all Practical Nurse regulatory bodies that chose to participate. LPN regulators already meet on an annual basis to discuss issues of mutual concern. We also all participate in Client Advisory groups with the Canadian Institute of Health Information and the Assessment Strategies Inc. Other interests of a regulatory nature have arisen over the last couple of years, such as the development of the National Organization of Regulatory Authorities, the national Telehealth Guideline development and the development of Quality of Worklife Indicators. This increased demand for representation prompted the regulators to begin discussions to formalize a structure and support for such an organization. We have named an interim chair and will have further discussions at our next meeting in October.

Practical Nurse Educators would be from PN programs across Canada. The Association of Canadian Community Colleges (ACCC) offered to set up the PN Educator's as an affinity group through ACCC. However we understand this group is at the program administration level which still leaves the program faculty without an avenue to meet and share information and ideas. The Educators group will get funding from the ACCC. They will have a yearly conference and are inviting PN instructors to attend; they have a meeting scheduled in the fall. The Educators in Manitoba are of the opinion that there should be more work done on the Educator's portion of the new structure of PN Canada.

There was much discussion on the necessity of having the umbrella group and to what purpose. Objectives for PN Canada were reviewed and adopted in principle by the CPNA Board, along with a Vision and Mission. The adopted information will now be distributed to the advocacy group and the regulators group for comment and input. The Committee will bring forward a final report to the CPNA meeting in September, 2003.

Each respective organization was required to indicate their intent and level of participation as a part of the Advocacy and/or Regulators group of PN Canada no late than July 1, 2003. The proposal is to structure what we have been doing, to have a part-time support person and to have some resources available so that if representation at national meetings or committees is required the costs do not have to borne solely by the jurisdiction with someone available and able to represent our views. Cost of this has not been determined.

The importance of the future of CPNA cannot be overstated as it is paramount for having representation on a National level and to build on the recognition of Practical Nurses that has been established over the past few years. CPNA must restructure; how this is achieved is the question.