Submission for Post-Secondary Education Review

The Future of Undergraduate Nursing Education in Newfoundland and Labrador

Submitted by

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Summary of Proposed Vision for Nursing Education

In this submission we propose that a single Faculty of Nursing with two sites (St. John’s and Corner Brook) is the optimal way to provide nursing education in the province in the future. The recommendation for the consolidation of nursing education at Memorial University was made in the 2005 White Paper on Public Post-Secondary Education and the issues that led to this conclusion exist today along with new ones that have emerged since 2005.

Bachelor of Nursing (BN) students in Newfoundland and Labrador (NL) are enrolled at Memorial University of Newfoundland Faculty of Nursing (MUNFON), the Centre for Nursing Studies (CNS) and Western Regional School of Nursing (WRSON). While the Faculty/Schools of Nursing have had the successes of obtaining accreditation and approval for the BN (Collaborative) program, there have also been challenges. Some of the challenges have existed since the development of the initial curriculum, and some have developed over the past 23 years as the context of university/post-secondary education and health care have evolved. A recent Academic Unit Review of MUNFON identified issues with the consortium agreement for the BN (Collaborative) program that may impact future accreditation results. We provide an overview of these challenges for MUNFON, CNS and WRSON in this submission.

As health care services and student learning needs grow in complexity in the next decade, the challenges of delivering an undergraduate program that is responsive to students and complex client care will increase. We need to be able to move more quickly with curriculum change for the BN program. We also need to acknowledge the different opportunities and client health needs in different regions of the province and adjust nursing programs accordingly. Our current consortium agreement, with its consensus model of decision-making, adds a layer of complexity and delays to rapid decision-making and responsiveness to local needs. MUNFON’s oversight is limited by the agreement, which is inconsistent with other collaborative models and which poses potential concerns with respect to accreditation expectations.

There are also challenges for accreditation related to the academic preparation of faculty members teaching at CNS and WRSON, and the constraints imposed by having those sites operated by regional health authorities with a primary mandate of health care delivery not education and scholarship. Furthermore, BN students at CNS and WRSON are inconvenienced in that they need to travel to the university site for some courses and for some university services such as accessibility services, counseling services, university library services, academic advising, etc. All
university students in NL should have the advantages of studying on a university campus; NL nursing students are the only degree program in the province who do not have this advantage.

A single Faculty of Nursing in NL (with a site in St. John's and Corner Brook) would be able to develop and deliver programs in a timely and fiscally prudent manner, and thus be responsive to the needs of Newfoundlanders and Labradors. A single Faculty of Nursing would enable all NL students to learn from a nurse educator with advanced knowledge about an area of nursing, regardless of the site where the educator was based. A single Faculty of Nursing would also promote intraprofessional learning opportunities for practical nurse, registered nurse and nurse practitioner students. Graduates of nursing programs would benefit from taking their program on a Memorial University of Newfoundland (MUN) campus.

In this submission we outline three alternatives to the current organization of undergraduate nursing education in NL, along with their benefits to students and the health care system in the future. We provide support for a single Faculty of Nursing in NL as the optimal alternative for providing nursing education in the province.

Background to Current Delivery of Nursing Education

Prior to 1996, nursing education leading to licensure as a Registered Nurse (RN) was offered at the diploma level by four hospital Schools of Nursing and at the undergraduate degree level at Memorial University. Three of the hospital Schools of Nursing were located in St. John’s (the General Hospital School of Nursing, the S.A. Grace General Hospital School of Nursing, and St. Clare’s Mercy Hospital School of Nursing) and the fourth was located in Corner Brook (Western Memorial Hospital School of Nursing, since renamed WRSON). In response to the 1982 Canadian Nurses Association call for entry to practice as a Registered Nurse to be at the undergraduate degree level by the year 2000, the four Schools of Nursing worked with Memorial University School of Nursing (since renamed Faculty of Nursing) to develop a shared undergraduate curriculum to lead to the degree of Bachelor of Nursing from Memorial University of Newfoundland. This shared curriculum was named the BN (Collaborative) program and the first students were admitted in 1996.
In 1996, CNS was allotted 120 new undergraduate students each year, and WRSON and MUNFON maintained their former allotment of 50 new undergraduate students each year. The funder for undergraduate nursing, the Department of Health and Community Services (DHCS), determines the number of nursing students at each Faculty/School through the advice provided them by the Registered Nurse Workforce Model Working Group. Since 1996 the DHCS has increased nursing seats within the province; the current yearly admissions to the BN (Collaborative) program is 137 at CNS, 69 at WRSON, and 85 at MUNFON.

Eastern Regional Health Authority (EH) currently operates CNS. Similarly, Western Regional Health Authority (WH) operates WRSON. The BN (Collaborative) program leading to a Bachelor of Nursing degree from Memorial University is thus currently offered at three sites, MUNFON, CNS and WRSON, two of which (CNS and WRSON) are operated by regional health authorities (RHAs). All students are MUN students and obtain their degree from MUN, so the university is ultimately responsible for program standards.

The BN (Collaborative) program leading to the BN degree from MUN is offered through a consortium agreement between EH, WH, and MUN. This consortium agreement was revised in June 2018 and includes the requirement that the agreement is reviewed every three years, the educational requirements for classroom and clinical faculty members (a PhD and at least one graduate degree in nursing for classroom teaching and a Master of Nursing for clinical teaching), a dispute resolution procedure, and the time required for a member to withdraw from the agreement (12 months prior to the intake of a new students).

The strengths of the BN (Collaborative) program and the graduates of this program have been recognized by the Canadian Association of Schools of Nursing (CASN) and the College of Registered Nurses of Newfoundland and Labrador (CRNNL) through three, consecutive accreditation and approval reviews. There are also challenges faced by the different partners that are contributing to fragmentation of nursing education in the province, as noted in the 2005 White Paper on Public Post-Secondary Education that called for consolidation of nursing education at MUN.

**Challenges at MUNFON**

The three main challenges currently experienced by faculty members at MUNFON, described in this section, are: 1) the time required for the consensus model of the decision-making; 2) MUNFON’s accountability for oversight of the two collaborative
sites as required by CASN for MUNFON accreditation; and 3) no remuneration from EH or WH for the considerable workload the collaboration has added to MUNFON or to MUN. The March 2019 Academic Unit Review of MUNFON highlighted these challenges and recommended that a new consortium agreement be negotiated to address them and that if this was not agreed on by July 2020, MUNFON or its partners should consider withdrawing from the consortium. The Dean and faculty at MUNFON responded to this recommendation saying they did not plan to withdraw and valued their partners for the BN (Collaborative) program. Nevertheless, this recommendation suggests the current way of operating the BN (Collaborative) program is not tenable in the long term.

**Time required for consensus model of decision-making**

Since 1996, MUNFON has worked with its two collaborative partners for the BN (Collaborative) program through a model where all three sites need to agree on a decision related to this program. Four joint committees with equal representation of faculty members from MUNFON and its two partners were established to develop the curriculum, evaluate the program, admit students, and recruit students: the Joint Curriculum Committee, the Joint Program Evaluation Committee, the Joint Admissions Committee, and the Joint Recruitment Committee. Other committees such as one to revise the curriculum are established as required. There is also a Joint Undergraduate Studies Committee, which discusses changes that then require approval by the Academic Councils of all three sites. The Associate Dean Undergraduate Programs at MUNFON then brings the issues to the Senate Committee Undergraduate Studies for approval. There is also the Administrative Council consisting of the Dean of MUNFON and the Directors of CNS and WRSON that meets monthly to guide the work of the joint committees. There is therefore a large volume of committee work to be done associated with collaboration, with an extra layer added to reach consensus across sites.

It can be difficult to reach consensus on some issues because of different local needs and resources at each site. Meetings of the joint committees are sometimes lengthy due to lack of agreement among sites. Of particular concern, faculty members at all sites sometimes compromise in order to keep the work of the committee moving. Furthermore, it can be challenging to recruit faculty members for membership on these committees, due to the lengthy discussions and challenges in reaching consensus on various academic issues at the meetings and also due to the time MUNFON tenure-stream faculty members need to conduct research to obtain tenure. The current structure is cumbersome and can lead to delayed decision-making about curriculum and delivery issues, and to decreasing responsiveness to
local needs and conditions. Given the budget reductions at MUN over the past six years (10 per cent) and the consequential increased workload within the unit, MUNFON now requires an increased budget to continue with their work associated with collaborative sites unless restructuring occurs.

**Accountability for oversight of the two collaborative sites**

The consortium agreement to enable CNS and WRSON to deliver an undergraduate degree from MUN was developed in response to the Canadian Nurses Association call for entry to practice as an RN to be an undergraduate degree. The agreement developed differed from those of other nursing collaborations across the country in that the university site did not maintain its right to determine final decisions related to the program. This was done because of the resistance at the time to setting up a collaborative program. The previously described consensus decision-making model is one example where oversight authority does not rest with MUN. As another example, each site develops their exams and these are not reviewed by MUNFON.

The lack of oversight by MUNFON, particularly as it pertains to process evaluation of program implementation, is problematic in the evolving context of CASN accreditation. Each site gets reviewed and MUNFON accreditation does depend on each site meeting the required accreditation standards. The March 2019 Academic Unit Review of MUNFON recommended that MUNFON set the exams to be used at all three sites, and that CNS and WRSON transfer to MUNFON funding to do this work as well as for other work related to the consortium that is done at MUNFON. Furthermore, MUNFON needs to have process evaluation in place to ensure the program is implemented as it is supposed to be implemented; restructuring of the decision-making process would facilitate this oversight. In addition, if all nursing programs were consolidated in a single faculty, accreditation requirements for work that needs to be done within the university site could be met, the work could be shared among all members of the new, larger faculty, and MUNFON would not need to start charging CNS and WRSON as recommended in the recent unit review.

It is generally accepted in Canadian university Schools/Faculties of Nursing that the majority of faculty members teaching theory courses at a School/Faculty of Nursing have a PhD and that the majority of faculty members teaching clinical courses have a Master’s degree in nursing. Since 1996, the consortium agreement specifies that faculty members teaching in the collaborative program need similar educational credentials as faculty members at MUNFON; however this remains a concern as few faculty at the other sites have a PhD and not all clinical faculty at the other sites have a Master’s degree.
No remuneration from EH or WH for the considerable workload associated with the collaboration

The remuneration from EH and WH consists of students paying their tuition to MUN and then MUN transferring back to EH and WH the proportion of the tuition that is associated with the proportion of courses taken at CNS or WRSON. Thus, the remuneration for MUN from the nursing collaboration is the tuition for the electives that nursing students take at MUN. Tuition however does not cover all student costs.

Students at CNS and at WRSON are MUN students. There are considerable overhead costs for MUN that are associated with these students. For example, the Registrar’s Office receives admission applications, MUN collects the student tuition, students use MUN’s health and student services, student appeals go through MUN appeal committees, and ultimately, student complaints through outside bodies such as the Human Rights Commission can be made against MUN.

Other Canadian nursing consortiums include overhead fees paid by collaborative college partners for both the university and the nursing faculty/school. Faculty members and administrators at MUNFON have considerable work associated with implementing the collaborative program and none of their time is funded by EH or WH. For example, MUNFON’s Senior Administrative Officer monitors expenditures of the joint committees, MUNFON’s staff prepare DHCS travel bursaries for students at all sites and report to the DHCS about these expenditures, and MUNFON receives numerous inquiries related to other sites. The workload of MUNFON’s Associate Dean Undergraduate Programs has greatly increased since 1996, as has the workload of faculty members on joint committees.

The consortium agreement includes a consortium budget with a model of sharing direct expenditures of the consortium among MUNFON, CNS and WRSON. These expenditures are approved by Administrative Council and are expensed to the three sites based on the proportion of students they admit to the BN (Collaborative) program. The consortium budget includes the salary for two staff members who review applications to the program and respond to questions from potential applicants. Other costs include travel of the WRSON Director and faculty members on the joint admissions committee to St. John’s. As well, travel expenses for all WRSON faculty members to St. John’s for two joint faculty development/curriculum development days each year have been included on this budget. Travel expenses are more appropriately the cost of the site that incurs them. Given the budget cuts at MUNFON over the past six years, moving forward it is unlikely that MUNFON will be in a position to cover these costs.
Challenges at CNS and WRSON

The fragmentation of nursing education identified in 2005 in the White Paper on Public Post-Secondary Education continues today. The CNS and WRSON are the only nursing schools across Canada governed by regional health authorities whose primary mandate is health care delivery. Unlike all other post-secondary institutions across the province and country, neither of the schools meet the definition of a university, college, polytechnic or private training institution. As such, both schools lack a governance structure that is focused on post-secondary education. Moving these schools into the university is congruent with national standards. There are a number of challenges related to the current model at the CNS and WRSON. They will be outlined below according to the impacts on students and faculty/administration.

Impacts on Students

University students should be on a university campus with all the intended benefits including the full slate of student and faculty services and intercollegiate atmosphere so beneficial to university life. This is currently not the case for CNS or all of WRSON students. WRSON has collaborated with Grenfell Campus to offer first year nursing theory classes on site at the university campus, however all psychomotor lab courses and students in all other years have not been integrated into the university campus. CNS and WRSON nursing students, because of their geographical location, often do not feel they are part of a true university experience, thus impacting recruitment and retention of future nursing students. While BN program students at the CNS and WRSON can and do avail of the wide array of student support and academic services offered by MUN under Student Life, the vast majority of services are not offered on site at CNS and WRSON. Students at CNS and WRSON sites do not have the same ready access to the path to non-academic complaints resolutions as their other university counterparts. Furthermore, deteriorating facilities and a lack of information technology infrastructure at CNS can impact the quality of education and the ability to recruit students.

Impacts on Faculty

There are a number of unique challenges for faculty and administration with having a nursing school operated by a regional health authority. The faculty members at CNS and WRSON are represented by a union (Registered Nurses' Union of
Newfoundland and Labrador [RNUNL]) that represents non-management RNs working in health care facilities in the province.

As an example of having a collective agreement focusing on academia, “advancing excellence in teaching and scholarship” is included in the mission statement of the Memorial University of Newfoundland Faculty Association (MUNFA). As expected, similar wording would not be in the mission statement of the RNUNL. Faculty need the ability to focus on the advancement of nursing education and scholarship which is very difficult to do under a RHA whose primary mandate is to deliver health services. Further, funding for faculty development opportunities related to research and professional development is not always able to be supported by the RHA. Education is held to the same professional development and travel restraints as the RHA, however participation in scholarly work and peer-reviewed dissemination are requirements of nursing education and scholarship. Restricted opportunity for conducting and disseminating research is challenging because participation in scholarly work and peer-reviewed dissemination are requirements of nursing education and scholarship, evidence of which is required for program accreditation.

A second key impact of operating as employees of a RHA relates to the fact that under the RNUNL collective agreement, the CNS cannot hire on contract or by per-course appointment. The inability to hire on a sessional basis creates challenges in securing faculty and has resulted in a suboptimal practice of hiring faculty a day or two before the course begins. A considerable amount of CNS administrative and Eastern Health human resource personnel time is spent on recruitment of faculty, particularly for clinical courses. Not being able to hire on contract also impedes the ability to complete short-term projects within the CNS (e.g., initiatives requested by the DHCS).

The Future of Undergraduate Nursing Education in Newfoundland and Labrador

In 2004 in a submission to the White Paper on Public Post-Secondary Education, the former Directors of MUNFON, CNS and WRSON outlined the consolidation of CNS and WRSON to Memorial University. As stated in the 2005 report “the administration of nursing education in the Province is fragmented” (p. 47). The 2005 report supported the need for nursing consolidation and the administration of nursing education within Memorial University.
The challenges faced at MUNFON, CNS and WRSON are significant, and there is an urgent need to change the model of providing undergraduate nursing education in NL. We outline three alternatives to the current organization of undergraduate nursing education in NL, along with the benefits of each alternative. The three alternative models are: 1) a School of Nursing in Corner Brook and an independent Faculty of Nursing, with MUNFON consolidated with CNS in St. John’s, with separate curricula and with separate admissions processes; 2) a collaboration typical of university nursing collaborations in the rest of Canada, with MUNFON consolidated with CNS, which could include a Vice-Dean at the Corner Brook site reporting directly to the Dean in St. John’s, and a process to enable WRSON to have differences in their curriculum related to their clinical placement opportunities; and 3) a single Faculty of Nursing in the province. The benefits of each alternative for the curriculum and for the province are identified.

1) A School of Nursing in Corner Brook and an independent Faculty of Nursing in St. John’s, with separate curricula and admissions processes

A separate School of Nursing in Corner Brook has the advantages of eliminating all joint committees and travel costs associated with the current collaboration. The School of Nursing in Corner Brook and the Faculty of Nursing (including CNS) in St. John’s would each manage their own admissions.

At the time of the 2004 review there was discussion about Grenfell College becoming a university separate from Memorial University. Grenfell College is now Grenfell Campus, one of the sites of Memorial University. Normally, each site offers different programs rather than replicating programs and therefore, this option represents an unusual situation in that one university would have two nursing schools/faculties.

2) A new collaborative model for nursing education

Another alternative for the future of undergraduate nursing education in NL is one that is similar to the model typically used by collaborations between a university School/Faculty of Nursing and a School of Nursing at a college site. The university site maintains the ability to oversee standards at collaborative sites and has the final decision-making authority for curricula decisions in typical Canadian collaboration. Given the degree comes from the university, this is a reasonable expectation. MUNFON consolidated with CNS would consult with the director and faculty members at WRSON about the curriculum, but MUNFON consolidated with CNS
would be responsible for the curriculum. The two sites would use the same exams with the collaborative site having input into the development of exams, but MUNFON consolidated with CNS having final authority over exams. A variation of this alternative is that the Director of WRSON be a Vice-Dean reporting directly to the Dean of MUNFON. In this case, a process could be developed to enable WRSON to have some differences in their curriculum, if these differences were approved by MUNFON consolidated with CNS. We recognize the different clinical placement opportunities in St. John’s and Corner Brook make it challenging to offer the same clinical courses at both sites.

This model requires a new decision-making model as well as a new financial model to cover the oversight work of MUNFON consolidated with CNS, and to cover the time required for joint committees.

3) A single Faculty of Nursing in the province

Our third alternative for the future of undergraduate nursing education in NL is a single Faculty of Nursing (with two sites), with a single Dean in the province who would report directly to the Dean of MUNFON and indirectly to the Vice-President of Grenfell campus. There would be a Vice-Dean at the Grenfell Campus site who would report to the Dean of MUNFON. There would also be a Vice-Dean at the CNS site until such time as the CNS faculty and students are co-located on the MUN St. John’s campus.

There are a number of benefits associated with this alternative including single (rather than joint) faculty committees comprised of representatives from each site. We recognize that there may be a need to vary the curriculum at WRSON from that at St. John’s, and a process could be established for approval of these variations. This model therefore addresses the issues of decision-making, quality control and committee workload.

Other benefits of a single Faculty of Nursing are related to shared resources. This model would facilitate smoother coordination of clinical placements in St. John’s. It would also enable faculty to teach across programs, from PN to PhD, making maximal use of the expertise of faculty members and a more efficient use of faculty and staff resources. For example, if a faculty member at WRSON has a PhD in Nursing, this faculty member could teach in the on-line MN program or supervise a PhD in Nursing student. Further, in the event of a faculty shortage at one campus, faculty members at one site could offer the course through videoconferencing.

Demographic data of PhD prepared nurse educators in Canada gathered by CASN
suggest the challenges of recruiting qualified faculty members are anticipated to increase. This model enables videoconferencing of courses across sites and would help manage a temporary or forthcoming faculty shortage. A single Faculty of Nursing could be less costly if two streams of permanent faculty were hired, one with teaching and research responsibilities and one with primarily teaching responsibilities. As well, if the Faculty of Nursing had access to a large amphitheater, fewer sections of classroom courses would have to be offered. For these reasons, we see it as the most fiscally responsible way to move forward.

Finally, a single Faculty of Nursing would incorporate the practical nurse (PN) and continuing education programs offered at CNS. This model would also provide a range of academic and student support services that would be accessible to the entire CNS nursing student population. This would enable all nursing students to avail of essential services that are not offered under the current structure of the CNS. These services could facilitate student recruitment, retention and success. Of particular importance, a single Faculty of Nursing would promote intraprofessional educational preparation for LPNs, RNs and Nurse Practitioners. Given the province’s vision for primary health care and the projected increase in the percentage of the NL population who is older than 65 years, the province will have an increased need for home care and palliative care services in the community. This care can be provided by LPNs, RNs and NPs who understand each other’s roles and scope of practice.

A comprehensive review of space at the St. John’s and Grenfell campuses needs to be conducted prior to implementing a single Faculty of Nursing in the province. In addition, a review of human resource costs including pension costs and ongoing salary and operating costs for MUN needs to be conducted.

**Conclusion**

The current model for delivering nursing education in NL disadvantages BN students who study at and faculty members who teach at a health authority, rather than on a MUN campus. There are increased committee workloads, delayed decision-making, and unfunded costs associated with our current consortium agreement. The current arrangement also constrains MUN’s oversight for program quality, a key consideration for accreditation. A single Faculty of Nursing in NL is the optimal alternative for equitable student access to university support, academic services, and teaching and learning opportunities. It is also the optimal alternative for rapid curriculum change in response to health care delivery changes, the
effective and efficient use of human resources for the delivery of multiple nursing programs, the ability to meet provincial health human resource demands, and fiscal efficiency.

The delivery of the BN (Collaborative) program has become increasingly challenging for MUNFON, WRSON and CNS for different reasons and in the decade ahead, poses a threat to the accreditation and approval status of the undergraduate nursing program. We believe that a single Faculty of Nursing in NL (with two sites) is the best solution for the future of undergraduate nursing education in the province as well as for the delivery of all nursing programs, including continuing education programs, and that there is an urgent need to implement this proposed model.

All three alternatives to providing nursing education in NL that are presented in this submission are preferable to the current BN (Collaborative) program consortium arrangement. The current consensus model is no longer tenable, in part because it is problematic for future accreditation, in part because of the lengthy process, and in part because as noted in a March 2019 review of MUNFON programs, MUNFON is not receiving overhead costs for work done by MUNFON faculty and staff and this has a negative impact on the functioning of the unit.

In conclusion, the recommendation to consolidate the administration of nursing education within Memorial University that was made in July 2005 in the White Paper on Public Post-Secondary Education needs to be implemented immediately. The issues identified in the 2005 report still exist. Furthermore, challenges with the costly and cumbersome consortium model continue and new challenges with the current model of delivering nursing education programs under a health authority have evolved. These issues and challenges are impacting the quality and accessibility of nursing education programs in this province.

Literature Cited