Good Morning, my name is Cynthia Baker, and I am the Executive Director of The Canadian Association of Schools of Nursing. CASN, ou l’ACESI en français, is the national voice of nursing education in Canada. On behalf of CASN, I would like to thank the Health Committee for inviting us here today to speak to this very important and timely study. Il nous fait plaisir d’avoir l’occasion de présenter nos perspectives sur ce sujet.

First, I will begin with some information about CASN. Secondly, I would like to take a quick look at my crystal ball, and share with you some health care issues we see coming down the road – well actually, we see them just around the corner. We believe they have important implications for scopes of practice, health team collaboration, and nursing education. I will conclude with an area where we see the federal government playing an essential role

**About CASN** - We are a national, bilingual, organization of the 91 schools of nursing offering baccalaureate and/or graduate programs of nursing in Canada. Our mandate is to promote high quality nursing education.

Currently, there are a total of 53,184 students in our member schools -48,962 in baccalaureate programs, 2776 in Masters programs, 999 in Nurse Practitioner programs, and 447 in doctoral programs for nurses. Nursing faculty number 8192.

J’aimerais signaler que nous avons l’engagement et la participation très active de nos membres au Québec ainsi que les écoles de sciences infirmières francophones hors Québec c’est-a-dire au Nouveau Brunswick, en Ontario (laurentienne, Collège Boréal, Université d’Ottawa) et en Alberta (Collège St. Jean).

We also have member schools in rural and remote areas of Canada (for instance Aurora College in the North West Territories, and Arctic College in Nunavut.

Many schools of nursing have adopted special measures to ensure Aboriginal communities access their programs, and CASN works closely with the Aboriginal Association of Nurses of Canada to improve the recruitment and retention of Aborignal nursing students.

**What CASN does*.***  As part of its mandate, CASN is the national accrediting body for baccalaureate nursing education and we have formal memorandums of understandings with several regulatory associations, linking provincial regulatory approval to Pan Canadian standards.

Accreditation is an important mechanism in assuring Pan Canadian educational standards, and I would like to take this opportunity to add that Canadian nursing education is widely acclaimed internationally. Many actually consider it to be the best in the world.

CASN is currently assisting governments in Bangladesh, et aussi en Haïti, to strengthen the quality of their respective nursing programs through accreditation and curriculum evaluation.

In addition to accreditation, CASN develops pan Canadian educational guidelines, frameworks, and resources to promote high quality nursing education. Some provide national direction for programs as a whole such as CASN’s *Guiding Principles and Essential Components for Nurse Practitioner Programs,* and our *Guiding Principles and Essential Components for Bridging Programs for Internationally Educated Nurses*.

Other initiatives target areas of health care needing greater curricular emphasis such as interprofessional collaboration. For example, with support from Health Canada, CASN developed national competencies and teaching and learning resources to build faculty capacity to teach palliative and end-of-life care. Similarly, CASN created competencies and a teaching toolkit in the area of eHealth to assist faculty prepare nursing students to deliver care in technology enabled environments.

Our methodology ensures the frameworks are well developed, but I think more importantly, the pan Canadian process we use, mobilizes the targeted curriculum change by engaging our membership, y compris nos membres francophones, building national consensus, and producing the momentum for an educational shift.

CASN is a national organization working in nursing education, which can be challenging because education and health are both largely provincial/ territorial matters. However, time and time again, CASN has seen the importance in a national harmonization of nursing education. A nurse may be educated at the University of Alberta but find employment in Northern BC, rural Saskatchewan, or downtown Toronto. These environments may present different nursing demands but our nursing graduates should be prepared for all of them. Thus, CASN sees an important role for the federal government in the scope of practice, skills training, and curriculum development for health care professionals.

**Future trends.** The burden of disease and health care delivery is shifting as the population ages, and obesity rates rise. The health care issue facing the largest number of Canadians today is how to live with, or support someone living with, multiple, complex, interacting and often incapacitating chronic conditions. Cases of dementia are also rising rapidly, and the need for palliative and end-of-life care is increasing as a result of the aging of the population.

As the very first baby boomers are only 67, we are just seeing the tip of the iceberg – we believe that these issues are likely to grow exponentially in the next three decades.

I know that the Health Committee studied chronic disease in 2012, and released a report on Chronic Diseases Related to Aging and Health Promotion and Disease Prevention which I have read with a great deal of interest.

There has already been a 100% increase in home care in Canada but the demand continues to surge. The need for long term care facilities, and hospice care is also likely to grow even with an increase in home care. While a team of health care professionals needs to be involved, the core services are provided by registered nurses, practical nurses, and personal care workers. CASN also sees a growing role for nurse practitioners in these areas.

There is an urgent need to support community based, long term management of chronic illness with a much better collaborative, system of care where continuity and coordination are emphasized. There is an associated need to remove scope of practice barriers for nurse practitioners, to support registered nurses and practical nurses in working to their full scope of practice, and to align nursing education curricula in support of this.

Notwithstanding a shift to community based services, I would like to stress that the acute care hospital is likely to continue to be a major employer of nurses.

People are hospitalized for trauma and episodic illness but the majority have chronic conditions requiring surgery or requiring the management of symptoms that have become life threatening (eg heart attack).

The complexity of hospital nursing care has increased significantly because

* patients are much sicker than they used to be, but stay for much shorter periods of time
* managing the technology and the treatments is far more complex than in the past (and actually this also applies to community and home based care).

Many well-designed studies have shown irrefutably that the education of nurses is critical to patient safety and patient outcomes.

The most recent, published in the Lancet in February, 2014, was conducted in nine European countries, and repored that an increase in nurses with a bachelor’s degree was associated with a significant decrease in inpatient deaths; whereas a decrease in nurses with a bachelor degree was associated with a significant increase in patient deaths. The researchers concluded that reducing the number of appropriately educated registered nurses is often tempting but is not a wise place to cut costs.

**The Federal Role.** The Federal government has supported national initiatives to promote change in health professional education in the past which are currently improving health care. Interprofessional education promoted by Health Canada, is now incorporated in the accreditation standards of eight Canadian health professsions. Palliative and end-of-life care, also promoted by Health Canada, is another example.

CASN recommends that the Federal government continue to improve health care by supporting national initiatives that will influence health professional education and the preparation of new practitioners

In light of the growing burden of chronic disease in Canada, we believe there is a critical need to develop a national framework to guide the future of nursing education based on an examination of the scopes of practice of Nurse Practitioners, Registered Nurses, and Practical Nurses as well as intraprofessional and interprofessional collaboration.