In 1996, the Bureau of the Order decided to convene a States-General of the profession, to help the nursing profession reach a common approach to future challenges. Training was at the heart of the discussions.

The States-General were an unprecedented event, with over 1,500 nurses attending and 62 briefs submitted for study by the commissioners. The issue of training topped the agenda, for the profession was divided into two camps: those who favoured keeping the DEC in nursing as a prerequisite for the profession and those who preferred the baccalaureate degree in nursing science. The participants in the States-General upheld the principle of improving training for nurses, without actually choosing one option or the other. Instead they supported the principle of a single program stream.

What could the Order do? In the end, the Bureau opted to preserve unity within the profession. The public rift between the Order and nurses’ unions was considerably undermining the profession’s influence, and it saw re-establishing internal peace as a priority.

So it was that following the States-General, the Bureau dropped its call for the baccalaureate by the year 2000 and adopted a new “political platform”: boosting prerequisites for the college program, adding to the college program, harmonizing it with the baccalaureate to create an integrated five-year DEC-BAC program and thus offering broader access to university programs. The Order also announced financial support for the founding of college-university consortiums. Lastly, since the Bureau was convinced that college training could not adequately prepare candidates to practise in all clinical fields, it was already looking ahead to the time when section 94 i) of the Professional Code would be used to create specializations and require university training for them in addition to basic training.

Support for the college system
One of the important aspects of the Order’s position was its support for the college system – consisting at the time of 42 CEGEPS and close to 1,000 teachers. The transformation of the nursing technology program into a pre-university program proved to be the cornerstone of change. At the time, advocates of university training felt that it should only come after the pre-university college science program; this frustrated CEGEP teachers, who could not understand the universities’ refusal to recognize college training.

The review of the college program and the creation of the DEC-BAC were based on the premise that some clinical skills could be acquired only at university, following college studies. The college program comprised a limited number of hours, so the solution was to target specific skills to be developed rather than trying to incorporate a wide variety of different ones. For example, the skills required for critical care, community health and case management were included in the university program. At the college level, the amount of teaching time devoted to psychiatric care was substantially reduced, so as to accord more time for medical and surgical care in hospital settings. Moreover, operating room nursing practice, which had been removed from basic training, was not reintegrated in the DEC-BAC.
The results
The reform had wide-ranging repercussions. Today, the DEC-BAC is offered at all colleges and universities and there has been substantial growth in the number of students who pursue their studies at the baccalaureate level. There is still a major gap, nonetheless, for people within the healthcare system question or even totally disregard the need for the university training that should be required in certain clinical fields, and which by its very definition must be provided by universities. Why are young nurses without specific training still being assigned to these specialized fields? Quebec proposed an integrated training program for nurses, identifying the specific skills to be taught at each level. The current situation shows a lack of consistency in government policies. Worse yet, the government has shown an almost scornful attitude in its casual disregard for nurses with bachelor’s degrees when it comes to wage equity.

Like most Canadian provinces, Ontario made the baccalaureate degree a prerequisite for access to the nursing profession starting in 2005. This situation is much simpler to manage than is the Quebec context, where we have to rely on the goodwill of employers and unions to require a baccalaureate where it is necessary. People often point out to me that nurses in the other provinces are better paid than those in Quebec, but clearly this is because they must have more basic training. Why does Quebec not follow the example set by the other provinces? Some claim that this is not possible given the prevailing shortages—but there is a shortage of nurses across Canada! And transitional measures are always possible.

Back in 1999, the Advisory Committee on Nursing Training submitted a report to the Minister of Education, François Legault, recommending in part that nursing training be extended by one year. The MSSS felt that the status quo was no longer tenable, given the new realities in the healthcare system. Studies submitted to the Committee showed that Quebec fell short of the Canadian average for the total number of hours of training, and required the fewest hours of specific nursing training. Why was this recommendation overlooked?

The Order was in favour of this, of course, but opposed to having more training given at the CEGEP level, as the Department of Education suggested. Our nurses would have been the only ones with a four-year DEC! This seemed unfair to us, since it would have denied nurses the benefits of a university education and put them at a disadvantage compared with other professionals and their counterparts in other provinces—not to mention that it could have resulted in the “physician’s assistant” career path rather than opening the door to nurse practitioners.

How far have we come?
Today, another factor is making the issue of training for nurses more complex. The new college program calls for learning activities (i.e. practical training) that are no longer controlled by provincial authorities, as they were in the past, to be decentralized to each college. For instance, more and more CEGEPs are offering practical training in dispensaries in Africa rather than training sessions on medical/surgical units in Quebec. They even use it as a marketing tool for attracting students to their programs. I have visited dispensaries in Senegal and Burkina Faso, and I am not at all sure that these experiences are relevant to our training needs. The Order plans to submit this question to the new Nurses’ Training Committee created by the government regulation in 2005.

The time has come to re-open the debate on training for nurses and whether the skills they are being taught are appropriate to their assigned roles. In Quebec we prefer to focus on figures and dream of doubling the number of nurses with DECs rather than planning for a new generation of competent nurses in such specialized clinical fields as the operating room, critical care, psychiatric care, public health, etc. Training future generations of nurses is a more complex and critical issue than ever before. Eleven years have now passed since the States-General and four years since Bill 90 came into effect, which considerably expanded our profession’s field of practice. Since training requirements have not been raised, the Order at least expects there to be a better match between job assignments and the required skills, as approved when the integrated DEC–BAC program was introduced. It is a matter of public protection.

Gyslaine Desrosiers
President

1. The Advisory Committee consisted of representatives of the OBQ, the CREPUQ, the Fédération des cégeps, the MSSS, the Conférence des régions de la santé et des services sociaux du Québec, the AHQ, the Association des CLSC et CHSLD du Québec, the Association des établissements privés conventionnés and the MEQ. It was chaired by the Assistant Deputy Minister for Vocational and Technical Training. The report was issued on June 30, 1999.
2. Act to amend the Professional Code and other legislative provisions as regards the health sector (S.Q. 2002, c. 33).