Council of Ontario Universities
Position Paper on Collaborative Nursing Programs in Ontario

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INTRODUCTION

This paper outlines COU’s position on collaborative nursing programs in Ontario. The paper has been prepared in response to Colleges Ontario’s (CO) proposal that Colleges be authorized to offer stand alone BScN programs.\(^1\) The COU paper outlines why continuing the collaborative policy direction set out ten years ago by the provincial government is in the best interests of students, the nursing profession and the quality of health care for Ontarians. It discusses the benefits that have resulted from collaboration, and identifies the implications of CO’s proposal. It also suggests ways that collaborative partnerships can be improved. Finally, the COU paper analyzes the major points made by CO in “Opening Doors,” regarding why colleges should be enabled to offer stand-alone nursing degrees.

Universities value our partnerships with colleges. With this paper, we are seeking to begin an engagement with the Ministry of Training, Colleges and Universities (MTCU) and CO to ensure that all aspects of collaborative nursing programs are considered in the Province’s response to the CO proposal.

HISTORY OF COLLABORATIVE NURSING PROGRAMS IN ONTARIO

Prior to 2000, the standard for entry to practice for Registered Nurses (RNs) in Ontario was either a diploma from a college nursing program or a baccalaureate from a university nursing program. In 1998, the Council of the College of Nurses of Ontario (CNO), the regulatory body for the nursing profession in Ontario, adopted new entry to practice competencies for registered nurses, competencies that required a baccalaureate education.\(^2\) In 2000, the Ontario government approved the College of Nurses of Ontario’s recommendation that the entry-level requirement for new RNs become a baccalaureate degree in nursing from a university, and enacted a regulatory amendment to reflect this change.\(^3\) The baccalaureate requirement became effective January 1, 2005.

This change to a university baccalaureate for entry to practice was instituted in response to the greater levels of critical thinking and nursing knowledge that were required in a healthcare system with advanced technology and higher levels of complexity of patients and environments. As well, RNs are expected to take on considerable responsibility immediately upon graduation, rather than being mentored and gradually oriented to their responsibilities over an extended period. CNO thus determined that it was in the public interest to enhance entry requirements for registration as an RN in Ontario.

In response to this higher standard for RN entry to practice, the Province funded the creation of collaborative partnerships between university and college nursing programs. The idea was to deploy the educational resources of former diploma programs, in concert with resources at universities, to meet the new entry to practice requirements and ensure the best possible educational outcomes for the supply of new nurses.

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\(^3\) http://www.cno.org/docs/reg/43066_fsChangesRnEdu.pdf
In order to ensure successful implementation of collaborative nursing programs, the government established two funding principles: 1) all growth funding for nursing would be flowed through the colleges, and colleges and universities together would determine an appropriate division of funding between them; and 2) university nursing programs would not be eligible for funding for growth unless they were in a partnership with a college. Under this system, both colleges and universities have significant incentives to make collaborative relationships work, and significant levers of influence to ensure that they are true partnerships.

The Province, the universities, and the colleges made significant investments in 2000 to establish the collaborative nursing programs. The Province spent $20M on start-up funds for collaborative programs, $49M on transitional programs, and $12.6M on graduate expansion to help upgrade the teaching qualifications of collaborative faculty. Universities and colleges worked hard to establish collaborative relationships and to ensure that joint programs met baccalaureate level expectations. The majority of these programs began accepting students in September of 2001.

**BENEFITS OF COLLABORATIVE NURSING PROGRAMS**

After just nine years, the collaborative programs in nursing are a success. Twenty-two collaborative nursing programs, involving 12 of the 14 Ontario university nursing schools, were developed as a result of this policy decision. They provide access across the province to students pursuing careers in nursing, provide high quality undergraduate nursing education, and graduate the vast majority of the nearly 3,000 new RNs that are contributing to the health care of Ontarians each year.

The unique historical mandates and traditions of Ontario colleges and universities have been beneficially combined in nursing collaborative programs in a number of respects:

1) **Curriculum Development**

Evidence-informed practice is a hallmark of the development of nursing as a discipline and as a profession. Evidence-informed practice presupposes a healthy and sustainable nursing research environment and the capacity to annually update curricula in relation to current knowledge development and scientific progress. In collaborative partnerships, faculty members from both types of institution have brought unique perspectives and experiences to the process of developing curriculum. College faculty members have brought their traditional strengths in teaching, while university faculty members have brought their tradition of combined teaching and research. This balance has enabled new research to be integrated into nursing curricula in pedagogically effective ways to advance student learning. This maintains the baccalaureate standard of providing patient care that is evidence-informed and current, as well as exposing students to nursing knowledge development.

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4 Ministry of Training, Colleges and Universities.
2) Accessibility
Collaborations provide access to baccalaureate nursing education in major cities across the province, and throughout the year, to students from diverse backgrounds. Students who would normally attend a college, and whose exposure to the academic world would be within a college culture, in most partnerships also become exposed to the university environment. This environment can include opportunities for teaching assistantships, as well as exposure to professors’ research programs and to graduate and post-doctoral students - experiences which advance learning outcomes and contribute to leading some students on to advanced academic pursuits in nursing. University students in many collaborations have the enriching experience of being taught by both college and university faculty, of sharing classes and resources with college students, and of exposure to the college environment. Collaborations also successfully provide exposure to nursing education throughout the year. In many locations students have the opportunity to engage in research assistantships in the summer (when college faculty do not teach and are not available to students), summer work study experiences, and contact and engagement with faculty.

3) Resources
Working together, colleges and universities combine resources, including libraries, laboratories, simulation equipment, databases, faculty, teaching space, relationships with clinical placement agencies, and scholarship resources, in ways that can better support the curriculum and the student experiences. For example, many collaborative programs have successfully developed partnerships between university and college faculty in all areas of nursing scholarship, to the benefit of faculty development, nursing knowledge, and student learning.

As a result of the collaborative approach, nursing baccalaureate education is enriched, access and exposure to both types of post-secondary education are broadened for students, and existing resources are maximized (see Appendix 1 for examples of such collaborations). ¹⁵

The diversity of collaborative arrangements across the province—including the following models --all at a university site, mixed sites, all at a college site with university faculty travelling out to teach, incorporation of distance education modalities, and so on—speaks to the adaptability of these programs to local contexts, the flexibility of staff in making the best use of existing resources, and the commitment to building true collaborations that draw on the strengths of each partner. This diversity contributes to the richness of the programs, the evolution of nursing education, the quality of nursing graduates today and ultimately, to the quality of health care in Ontario.

¹⁵ See also the descriptions of different practices of collaboration and how these vary across the province in “Implementation Evaluation of Ontario’s Collaborative Nursing Programs,” Ontario College University Consortium Council (CUCC), May 2007.
IMPLICATIONS OF AUTHORIZING COLLEGES TO OFFER STAND-ALONE DEGREES

The established system of collaborative nursing programs produces a stable and predictable supply of quality Registered Nursing (RN) graduates, and does so in an efficient and effective manner.

If the government supports the Colleges Ontario proposal, which states that colleges be authorized and funded to offer stand-alone nursing degrees, this would be a major shift in the policy direction of the government. It would have significant implications for both universities and colleges, for the quality of the student experience and the healthcare system. COU would like the Province to explore fully these implications before making a decision on the CO proposal.

We see implications of the CO proposal in four areas: 1) stability of the system, 2) efficiency of the system, 3) costs of the system and 4) consistency with MTCU policy.

1) Stability of the System
The current system creates strong incentives for colleges and universities to collaborate. Partly as a result of these incentives, there are currently 22 collaborative partnerships, working to graduate several thousand baccalaureate-prepared nurses per year. Most of these partnerships are working very well.

At the same time, some partnerships have experienced challenges in collaborating. COU sees these challenges as a sign that the collaborative policy direction is still developing, and that best practices in collaboration need to be disseminated and built upon. We do not see collaboration as a problem, but as a work in progress, with benefits for all parties.

If the Province changes its policy to allow colleges to offer stand-alone degrees, universities will reasonably expect similar treatment; universities currently in collaborative programs will expect to be allowed to establish stand-alone programs, and to have funding flowed directly to them. Contrary to what the CO paper seems to assume, colleges will not simply be able to “choose” to stay in collaborative arrangements and “advise” their university partners of this. Rather, even those universities in the best partnerships may begin to contemplate leaving collaboration. This could make some college partners extremely vulnerable, as they will not have the resources be able to meet baccalaureate and CASN standards on their own. Their BScN programs could collapse, with potentially devastating results for the supply of new nurses in Ontario and potentially for the local communities, which have relied on these educational opportunities.

Authorizing colleges to offer stand-alone degrees would thus create a high risk of instability in the collaborative system. This will have a negative impact on students and on the supply of nurses for the health care system. Further, it is likely to have a detrimental effect on other current partnerships between universities and colleges, and create a disincentive to development of new collaborations.

2) Efficiency of the System
The move towards colleges offering stand-alone nursing degrees will create duplication of resources and efforts in a number of different areas that are being used to maximum effect in collaborative relationships.
a. Clinical Placements
As the Canadian Association of Schools of Nursing has noted, the major barrier to graduating more RNs is not a shortage of educational seats, but a shortage of student practice placements. The clinical placement system is critical to providing qualified nurses, and must meet the needs of students and the health care system by providing them with experiences that reinforce what they have learned in a constantly evolving curriculum. Currently the ability of clinical placement partners to meet these educational needs are stretched to their limit. Collaborative programs have been able to respond to this critical situation through coordinated placement processes and models.

If colleges and universities offer separate baccalaureate programs, the current responsiveness of the collaborative system and efforts to date will be compromised, possibly even to the detriment of students. In addition, institutions working separately to meet their clinical placement needs will exacerbate the current shortage. It will also place hospitals and other practice agencies in an awkward middle position, trying to respond to placement demands from both sides. A nursing program could find itself without clinical placements in an area if a former partner negotiated an exclusive affiliation agreement with a receiving agency.

Overall, undermining the current collaborative approach to clinical placements and potentially pitting institutions against one another will have a negative impact on the educational experience of nursing students, and ultimately on the health care system. The CO paper fails to acknowledge how the clinical education system could be weakened by the breaking up of collaborative partnerships (p.17).

b. Research and Scholarship Resources
The unique nature of nursing scholarship, and its centrality to nursing education and the health of the society, have been recognized by the Canadian Association of Schools of Nursing (CASN):

Nursing engages in the creation of a body of scientific knowledge, utilizes knowledge from nursing and other disciplines in practice, transmits knowledge to a variety of learners, and integrates knowledge into professional service to meet society’s needs and advance its well-being. It includes inquiry that builds a scientific body of nursing knowledge (scholarship of discovery), inquiry that supports the pedagogy of the discipline and the transfer of knowledge to learners (scholarship of teaching), generation and use of specialized nursing knowledge outside the work setting (scholarship of service), the advancement of clinical knowledge through expert practice (scholarship of application), and the development of new insights as a result of interdisciplinary work (scholarship of integration).

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6 The CNA report, “Tested Solutions for Eliminating Canada’s Registered Nurse Shortage” lists increasing seats as the 3rd of 6 solutions to the shortages.
7 Some partnerships have one central office or coordinator finding placements for all nursing students in the collaborative program. At minimum, placement coordinators from different sites work together (see Appendix 1).
8 http://www.casn.ca/en/60.html
This multi-faceted approach to scholarship is built into the CASN accreditation process, and all nursing baccalaureate programs are expected to engage in scholarship in an ongoing fashion.⁹ Collaborative partnerships have not only enabled the meeting of CASN scholarship requirements,¹⁰ they have provided opportunities for college and university faculty to partner in scholarly initiatives and thus to enrich and advance the boundaries of knowledge in this area for the benefit of nursing generally. As well, collaborations make available the learning and information resources necessary to providing a research and scholarship environment for the students, such as libraries, databases, computing equipment and laboratory facilities.

Not only would these unique scholarly enterprises be undermined by college stand-alone programs, COU is concerned that college faculty on their own would have difficulty meeting the CASN scholarship standards. College faculty members have intense teaching loads and limited infrastructure to pursue research. Without significant new investments, most colleges would have difficulties meeting the scholarship standards. In a COUPN survey of the 12 university nursing partners in collaborative programs, all 12 cited the scholarship/research criteria of CASN accreditation as the major barrier to colleges receiving such accreditation. Only two college partners were viewed as having the potential to meet the CASN standards currently.

In “Opening Doors,” CO says that colleges themselves will bear the costs of upgrading to meet baccalaureate standards in nursing programs (p.16). Yet the costs of developing faculty, library, computing, and research capabilities to meet these standards are enormous. In addition, union contracts mean that college faculty are not available to do research or mentor students in the summer months. CO needs to explain how colleges will achieve these standards in the absence of more government funding.

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⁹ The Canadian Association of Schools of Nursing (CASN) Accreditation is a process of assessing nursing education programs against predetermined standards for excellence (http://www.casn.ca/en/FAQs_64/items/11.html). The CNO designated CASN accreditation for the purposes of program approval in 2000, http://www.casn.ca/en/61.html. Hence all nursing programs in Ontario must meet CASN accreditation requirements if their graduates are to be registered with the CNO.

¹⁰ It is significant that, in nearly all cases, university partners have led the labour intensive CASN accreditation process and completed the bulk of all documentation required in preparation for accreditation. This highlights the research and scholarship contributions of the university side of the partnerships.
c. **Teaching Resources**

University faculty members teach from 25% to 100% of the curriculum in collaborative degree programs, with the average contribution across the 22 collaborations being 45% of the curriculum taught by university faculty.\(^{11}\) As well as being responsible for core nursing and science courses, the university teaching contribution also tends to include the elective and breadth requirements essential to meeting PEQAB standards. To deliver stand-alone degrees, colleges would need to hire a significant number of PhD prepared faculty to make up the 45% of the curriculum that universities are already able to cover. This would include duplicating elective course requirements already available to nursing students at universities, and colleges incurring the cost of hiring PhD faculty from other disciplines. As well, it would put a strain on a system that is already struggling to produce enough PhD prepared nursing faculty. Given this shortage, it makes more sense to hire qualified nursing faculty that can be involved with students across college and university sites.

The joint use of human and physical resources to provide quality undergraduate programming is an example of how collaborations make sense. The proposal by Colleges Ontario would require an inefficient duplication of these resources.

3) **Costs of the System**

Duplicating resources means duplicating costs. More libraries, more laboratories, more books, more databases, more PhD prepared nurses, more faculty, more administration, and more research time and funds mean, as Colleges Ontario acknowledges, increases in operating and capital funding.\(^{12}\) Simply put, degrees are more expensive. Having both types of institutions with degree-granting capacity will be much more expensive than the current system. This is a principal reason why MTCU has promoted collaborations between colleges and universities.

In addition to the costs of duplicating investments, one must also consider the $81.6M of government investments already made to establish collaborative programs, as well as the significant institutional investments in developing joint curricula, educational and clinical capacity, much of which would be lost if collaborations broke apart. The possibility that some college baccalaureate programs would collapse altogether if the collaborative system is destabilized and university partners pulled out, must also be considered in any discussion of costs. Universities as well would incur costs to maintain their baccalaureate programs if their college partners left.

In “Opening Doors,” CO points out the various transaction costs that collaboration entails, and estimates that incremental costs of collaboration in some partnerships may range from $700 to $1000 per full-time employee, on top of the staff time devoted to meetings and travel (p.12). CO is correct that collaboration imposes costs on both partners in terms of time spent and travel. This issue was documented in the CUCC evaluation of collaborative nursing. What CO fails to mention are the costs and lost investments of ending collaborative partnerships.

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\(^{11}\) In “New Vision,” p.5, Colleges Ontario claims that the colleges already deliver “90 per cent or more” of the curriculum “in several of these programs.” A COUPN survey of all 12 university partners in collaborative partnerships with colleges showed that in relation to only one university partner did the college partners teach 90% of the curriculum. In all other cases universities teach from 20% to 100% of the curriculum, with the mean being 45%.

\(^{12}\) “Expanding Degree Opportunities,” p.22.
4) **Consistency with MTCU Policy on Collaboration**

Government has strongly indicated to the postsecondary sector that collaborative programs are desirable, efficient, and serve student interests. Enabling colleges to offer stand-alone nursing degrees is in tension with the government’s stated policy on promoting college-university collaboration.

**IMPROVING COLLABORATIVE PARTNERSHIPS**

COU acknowledges that some challenges to collaboration exist, and that there is a need to work towards improvement in certain areas. The 2007 evaluation of the nursing collaborative programs by the Ontario College University Consortium Council (CUCC) clearly outlined both the strengths and the challenges of collaboration, and made some excellent recommendations about how to move forward.\(^{13}\) COU is interested and willing to meet with our college and government partners to discuss these and other recommendations, including:

1. Recognizing the additional time and labour involved in joint planning, communication, administration and teaching in collaborative programs.
2. Moving towards single, shared admissions processes across all the collaborations.\(^{14}\)
3. Developing supports to address the difficulties that some students have in collaborations where they are required to shift from college to university sites partway along the program.
4. Working together to develop access programs and standards that allow access to students who are disadvantaged.
5. Developing practical resources for developing collaborations, such as MOU templates and an outline of effective practices in developing and delivering successful collaborative programs.
6. Ensuring that mechanisms are in place so that MOUs are kept up to date and adhered to
7. A mediator for nursing programs who is able to assist programs where there are concerns to achieve resolution
8. Training in collaboration for senior management to help them act as champions for collaboration, in locations that would benefit from this.

**ANALYSIS OF CO’S MAJOR POINTS IN “OPENING DOORS TO NURSING EDUCATION”**

In the preceding pages, COU has shown that a strong case can be made that collaborative programs have made the best use of resources, and have enhanced access to high-quality nursing baccalaureate education. As well, COU has shown that there are significant implications of moving to college stand-alone degrees.

In this section, COU analyzes several of the specific arguments upon which CO builds its case for stand-alone college degrees. This analysis expands upon several of the points made above, and provides additional information that needs to be considered before any decisions are made on this issue.

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\(^{14}\) This is a best practice that some partnerships have in place already.
CO contends in their paper, “Opening Doors,” that enabling colleges to offer stand-alone degrees will increase geographic access to nursing baccalaureate education (p.7), increase access for under-represented students (p.8), and create new pathways for students who are already in the workforce (p.8). CO also states that other jurisdictions have authorized colleges to grant baccalaureate nursing degrees and that Ontario is anomalous in not allowing colleges to do so. As well, CO states that collaborations can impose significant costs and barriers to students in some communities. COU would like to respond to each of these major points in turn.

1) **Geographic access**
CO suggests that, in the Kitchener-Waterloo-Guelph area, Conestoga College is creating access to nursing education because they supply “almost all of the full-time nursing faculty” for the collaborative program (p. 7). CO also states that colleges provide access to nursing education in the GTA because they provide “more than half of the total nursing instruction” (p.7), and that they provide access in smaller communities such as Sarnia, Belleville and Barrie (p.7), where there are no universities. CO uses the example of the nursing baccalaureate program offered to students in Dryden, Fort Frances, Kenora and Sioux Lookout, to show that colleges “strive to expand opportunities for nursing education (p.7).”

**Analysis:** The reality is that it is the collaborative programs in all of these areas—Kitchener-Waterloo-Guelph, the GTA, and in the smaller communities—that are working to provide the geographic access that is needed. While colleges are indeed situated in these communities, colleges can offer such access because they are in collaboration with a university partner. The collaboration enables both the amount and range of teaching capacity, and the conditions for meeting CASN accreditation. In the north, as CO acknowledges, the baccalaureate program was offered in collaboration with Lakehead University, which provided the nursing faculty for the program, and with special funds from the provincial government. Overall, CO seems to emphasize the college role in providing access while downplaying or even ignoring the university contribution.

2) **Access for under-represented students**
CO suggests colleges “succeed in reaching out to students who are reluctant or unable to attend a traditional university” (p.8), using the examples of francophones, low and middle income students, aboriginal students, students with disabilities, and internationally educated professionals. CO claims that “[t]he primary explanation for these successes is that colleges have a long history of strong faculty engagement with students” (p.8).

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15 McMaster provides at least 40% of the teaching in the Conestoga collaboration, including the foundational science and psychology courses.
Analysis: University nursing faculty members have a long tradition of student engagement, and are active participants in the National Survey of Student Engagement. Universities also make tremendous efforts to provide access to under-represented students. Currently, universities in Ontario educate more francophone post-secondary students than do colleges, including in nursing. Lakehead has been a leader in attracting aboriginal nursing students since the establishment in 1986 of its Native Nurses Entry Program, a nine-month access and academic preparation program. All universities, like all colleges, have accessibility centres to address the needs of students with disabilities, and are fully committed to admitting and accommodating qualified students with disabilities. Like colleges, all universities have guarantees to ensure that no qualified Ontario student will be denied access due to a lack of financial support. The efforts of both institutions in this respect, joined together in collaborative programs, mean that more under-represented students are provided access to the strengths and resources of both institutional worlds.

3) Pathways

CO states that they can “create new pathways for students who are already in the workforce” (p.8) and that “colleges have been leaders in creating opportunities for RPNs to access education leading to a nursing degree” (p.8). CO suggests that “[s]everal colleges have created specialized programs for RPNs,” and gives the example of Centennial College’s “RPN to BScN Nursing Bridging Program” (p.9). CO also states that colleges would like to offer “more flexible opportunities” including compressed programs, winter cohort admissions and hybrid programs (p.9).

Analysis: Colleges and universities, *in collaboration*, are responsible for creating the eight RPN to BScN Programs that currently exist in Ontario. The Bridging programs began as a result of an MOHLTC funded pilot project in three collaborative nursing partnerships—Ryerson with Centennial, University of Ottawa with Algonquin, and McMaster with Conestoga and Mohawk. Since then, four more collaborative partnerships have developed RPN to BScN program--University of Ontario Institute of Technology (UOIT) with Durham College, UOIT with Georgian College, Nipissing with Canadore and George Brown with Trent. Fleming College is currently in discussions with Trent University to start an RPN to BScN program. Centennial College's program, more correctly entitled the “RPN Bridging to University Program,” is offered in collaboration with Ryerson University’s “Post-Diploma Degree Completion Program in Nursing” to provide students with nursing baccalaureate competencies.

University partners who are involved in the collaborative RPN to BScN programs show a strong commitment to them. COUPN and “CAATS” (the heads of nursing programs at colleges) are developing a joint proposal to the Nursing Research Fund of MOHLTC to request funds to do a province-wide evaluation of these programs, in order to assess whether and how to expand them.

Besides the success of collaborations in developing RPN to BScN pathways, many collaborative programs also offer compressed programs, often with assistance from MOH (“summer externships”). “Hybrid” programs also exist in collaborative situations, and have been particularly developed where the college and university partner are in separate communities, in order to enhance accessibility of academic resources. The “flexible” options noted by CO can be and are being achieved through the collaborative system, where funding allows.
4) Other jurisdictions
CO states that other jurisdictions have authorized colleges to grant baccalaureate nursing degrees in order to meet the need for nurses, and that Ontario is anomalous in not allowing colleges to do so.

d. British Columbia
CO gives the example of three colleges in B.C.—Vancouver Community College, Langara College and Douglas College—who offer the BScN degree (p.9).

Analysis: British Columbia’s decision to enable colleges to offer nursing degrees as applied baccalaureates in 2002, in response to changes to entry-to-practice requirements for RNs, caused some concern within the nursing community. Since then, only three BC colleges have moved to degree granting status. Twelve colleges have maintained their partnerships with universities in order to offer the BSN, indicating the difficulties many colleges have in offering stand-alone degrees. Langara College continues to use the “Collaborative Curriculum, revised May 2004,” which it used when it was part of the Collaborative Nursing Program (CNP) with the University of Victoria, even though it no longer benefits from the collaborative environment within which this curriculum is continually upgraded and improved.

BC college baccalaureate programs in nursing have faced numerous challenges, including:
- Tendency of some colleges to have minimal entry criteria rather than competitive or selective admissions, leading to higher attrition rates and progression problems.
- Standards for BSN level curricula include ongoing update in relation to current knowledge development and scientific progress, which are compromised in colleges without active faculty research and scholarship and/or active collaborative university partnerships.

In BC, faculty from established university programs are working to support their colleagues in college baccalaureate programs to address these challenges.

Two of the three degree granting colleges--Langara and Vancouver Community College--are not accredited by the Canadian Association of Schools of Nursing (CASN). If these colleges were in Ontario, their nursing graduates would not be able to write the registration exam or practice as RNs, as CASN accreditation is necessary for a program to be approved by the regulatory college here.

Overall, then, the BC example shows that the collaborative approach to offering baccalaureate nursing education, far from being anomalous, has been the most successful pathway to meeting the need for new, baccalaureate prepared nurses.

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17 In addition, there are a number of colleges who transitioned to universities.
18 The “Collaborative Curriculum” was developed by the University of Victoria in concert with various college partners to enable the offering of a Collaborative Nursing Program (CNP), according to a common philosophy and curriculum, in different parts of BC. The Collaborative Curriculum explicitly invokes the “interaction between learners and experts” as the foundation of curriculum. Both Langara College and Douglas College were partners in the CNP until 2004 when they gained degree granting status. The CNP dissolved in 2004 and re-established itself as the Collaboration for Academic Education in Nursing (CAEN), with partners in BC and the Northwest Territories. CAEN continued the evolution of the Collaborative Nursing Curriculum. (See http://www.bccat.bc.ca/degree/nursing.pdf for this history). The Collaborative Curriculum is most suited to institutions where there are enough faculty engaged in active scholarship to ensure that ongoing developments in the field are integrated in the most appropriate manner.
19 These challenges were identified by Sally Thorne, Professor and Director, UBC School of Nursing and Chair, Nursing Education Council of BC.
e. Manitoba
CO cites the example of Red River College in Winnipeg as another example of college degree granting (p.10).

Analysis: The Manitoba government recently determined, given that Red River College’s diploma program could not meet the competency requirements of the College of Registered Nurses of Manitoba (CRNM) for program approval, that the college would receive degree granting status for nursing and that its diploma program would be converted to a 4 year baccalaureate.

The government has had to provide a significant infusion of funds for infrastructure and some seat expansion, in order to enable Red River to offer all four years of the baccalaureate program. At the same time, the degree that students will receive from the College will be different from what they were receiving under the previous collaborative arrangement with University of Manitoba. Students at Red River will no longer be exposed to an environment where original nursing research is being conducted.

This decision by the Manitoba government also means that, as soon as the remaining joint baccalaureate students have completed their program in 2012, Red River’s previously excellent collaborative relationship with the University of Manitoba will be at an end.

Like BC and unlike Ontario, Manitoba regulations do not require the nursing baccalaureate programs to be accredited by CASN; they are subject to independent review and approval by the provincial regulatory body. This difference is significant when comparing with the Ontario situation; colleges here, if they had degree granting authority in nursing, would have to meet CASN accreditation standards.

f. Florida
CO suggests that “Florida is a leader in recognizing colleges’ potential to contribute to meeting the economy's need for degree-level graduates” (p.10).

Analysis: Florida’s decision to enable some community colleges to offer Bachelor of Science in Nursing degrees was born of very specific circumstances and is extremely circumscribed. Florida had a particularly low rate of baccalaureate education, and access to such education had become a major issue. University bachelor degree nursing programs did not have sufficient capacity to serve all qualified students seeking admission, turning away 1,884 qualified applicants in 2003-04.\(^{20}\) In addition, there was a strong need for nurses in particular geographic areas, combined with demand from “place-bound, non-traditional students” to have access to education in their local area.

\(^{20}\) [http://www.fldoe.org/cc/students/pdf/HistBacc.pdf](http://www.fldoe.org/cc/students/pdf/HistBacc.pdf)
The statute and procedures by which community colleges may be authorized to offer baccalaureate programs reflects these specific circumstances:

- Colleges are only authorized to offer baccalaureate degrees in an area where a state university or regionally accredited private institution is not able or willing to offer the degree.\(^{21}\)
- Community college proposals must include a cost analysis of creating a new degree when compared to alternative proposals and other delivery options\(^ {22}\) (such as collaboration with a university).
- Community colleges can only develop a proposal for a baccalaureate degree “to meet specific local workforce needs.”\(^ {23}\)
- Community college partnerships with state and private universities are encouraged as a cost-efficient option to improve baccalaureate degree access, especially for place-bound students.\(^ {24}\)
- The mission of community colleges must be to continue to provide associate degrees that provide access to a university.\(^ {25}\)

The move to enable community colleges in Florida to offer baccalaureate degrees in nursing, must be understood in terms of this specific context, and in light of the strict limitations placed on these programs. In addition, many of the new baccalaureate nursing programs are extremely recent, having begun in the past year or two.\(^ {26}\) The outcomes of these programs in terms of producing quality nurses is not yet known. In the meantime, this is an educational direction that should be treated with caution.

g. Alberta and California
CO suggests that “Ontario is unusual among large jurisdictions in that it restricts entry to the nursing profession to students who hold degrees from a research university.” CO provides the examples of Alberta and California as taking “a mixed approach: baccalaureate degrees in nursing are offered by research universities and also by four-year degree-granting institutions that have a limited research mission” (p.10).

Analysis: Grant McEwan and Mount Royal institutions in Alberta were previously colleges but were officially designated as universities in September 2009. Hence they cannot be compared to colleges offering nursing degrees. CO also states that Ontario colleges could be compared to the California State University System (CUS) (p.10, n.13). Since CUS is the largest university system in California, offering about half the bachelor’s degrees and a third of the master’s degrees annually in the state,\(^ {27}\) and includes such institutions as the University of California-San Francisco, this comparison is also invalid.

Overall, the review of other jurisdictions on the question of baccalaureate nursing education shows that:

- There has been a very small uptake of the college baccalaureate approach, in both Canada and the U.S. In Canada, 56 of the 57 CASN accredited baccalaureate nursing programs in Canada are either university stand-alone programs or universities in collaboration with a college.
- Of the four college BScN programs in Canada, only one has been subject to the CASN accreditation process.

21 http://www.fldoe.org/cc/students/pdf/flowchart.pdf
22 http://wwwfldoe.org/cc/students/pdf/bpsap.pdf
23 http://www.fldoe.org/cc/students/pdf/HistBacc.pdf
26 http://www.fldoe.org/cc/students/bach_degree.asp
27 http://en.wikipedia.org/wiki/California_State_University
c) Collaborations as expensive and burdensome for students

CO argues that in three of the collaborations students must take classes on campuses in two different cities, and that this is a significant cost and barrier to students who are place-bound.

**Analysis:** Fourteen collaborative arrangements are with partner institutions in the same city. Eight collaborations involve a college and a university in different cities. In only three collaborations students are required to commute or relocate partway through the program. That student travel or relocation is required in only three of the 22 partnerships is a sign of how flexible and responsive to student needs the collaborative arrangements tend to be. The benefit to students that would be gained in being able to access the full baccalaureate in one location is hypothetical unless the three colleges in question demonstrate that they are *able* and *willing* to offer a stand-alone degree in that location. The benefit to students would also have to be measured against the costs of equipping a college to offer a quality, accredited degree program in that location.

**CONCLUSION**

COU supports a continuation of the collaborative policy direction set out ten years ago, which builds upon the respective historical strengths and mandates of colleges and universities, and in which there has been much investment and much success. We believe that this approach is in the best interests of students and the health care of Ontarians. COU remains committed to working with our college partners and with government to further build and improve the collaborative programs. Further, we wish to be involved in any discussions regarding the CO proposal to move towards stand-alone nursing degrees.
Some Examples of Successful Collaborative Partnerships

1. The Western-Fanshawe collaborative has worked in a successful partnership for a number of years with a joint admission process securing strong students with equivalent entrance averages. The program has achieved a steady rhythm of excellence and is working together on curriculum renewal to build a stronger contextually driven curriculum. There is joint college and university representation on all collaborative committees, on the leadership team, as well as on School Council. The university and the college share costs for the position of clinical placement coordinator, as well as for coordinator of curriculum renewal, and costs for faculty development (speaker, venue, meals etc).

2. The McMaster-Mohawk partnership has a fully integrated model where college and university faculty teach side by side in the majority of the courses throughout the program, offering students exposure to both types of faculty and to a true mix of the college and university experiences. Some of these jointly taught courses are offered at the Mohawk campus and some at the McMaster campus; the campuses are close together and accessible to all students. Operational requirements are jointly overseen and decided upon, chairs of all of the programs meet on a very regular basis, resource planning is done together, admissions processes are consistent, coordinators work together on clinical placements, and faculty from different sites work together on educational research projects. All students and faculty have access to McMaster libraries.

3. The Ryerson-Centennial-George Brown collaboration has a solid Memorandum of Agreement that has fostered the collaborative development of an integrated and responsive curriculum, formal learner-centred evaluation processes across all three partner sites, formal joint research activities examining curricular innovations that are inclusive of collaborative students and faculty, collaborative professional development series for collaborative faculty across sites, collaborative admissions processes and coordinated program policies, and a Central Placement Office that is curricular, rather than site, based. This collaborative program received a 7 year accreditation from CASN—the highest achievable.

4. The University of Ottawa, Algonquin College (Woodroffe and Pembroke sites) and la Cité Collégiale have collaborated in the preparation of BScN prepared nurses for almost a decade. A Collaborative Executive Committee comprised of the Directors and Chairs at each site makes decisions related to collaborative programs including transfers between campuses, appeals, admission quotas for the sites, addresses issues related to the memoranda of understanding for Collaborations and recommends policies and procedures with respect to admissions and awards to the academic program. Representatives of each of the collaborating partners sit on the School Council and on the Collaborative Baccalaureate Program Committee. Curriculum working groups comprised of professors and clinical teachers at all sites annually review course content, teaching and evaluation methods for courses offered at the multiple sites.

5. The Nipissing-Canadore collaborative is a strong working partnership with a commitment to continuous quality improvement. Both institutions are located on the same site, which enables maximum sharing of resources including the library, cafeteria, nursing labs, classrooms, clinical placement coordinator, and faculty. BScN committees (curriculum, personnel, leadership, scholarship, and policy & procedures) are staffed with both NU and CC faculty members. College faculty who work in the BScN program engage in scholarship of discovery if they wish and they can apply for funding at the School of Nursing, NU in support of their research projects. The registrars’
offices work collaboratively to organize student schedules. Students take their science courses and electives at NU. The 300 plus students in the collaborative program are represented by the NU Nursing Society, a strong leadership group at the School of Nursing.

6. The Trent-Fleming Collaboration is fully on-site at the university, with College faculty seconded to Trent in addition to Trent faculty. All support services are shared including placement coordinator, non academic requirement coordinator, learning centres, secretarial support, registration functions, student services, and library services. Courses are fully integrated and there is no duplication of courses. All committees have university and college representatives on them; some are led by Fleming faculty and some by Trent. School of Nursing faculty council includes all who teach regardless of which site they come from. There is open, transparent, and consistent communication and planning. The two institutions collaborate on the budget, Memorandum of understanding, hiring and renewal of contracts.

7. The Collaborative Durham College-UOIT BScN degree program is grounded in its strong shared vision and governance structure. The program operates with a fully integrated resource model, on a shared campus, allowing students full access to the range of services and resources that the University and College have to provide. Since 2005, this fully integrated model has allowed both college and university faculty to teach together seamlessly, providing opportunities for joint research and scholarly pursuits, and allowing faculty to work together to build a strong and innovative curriculum. The partnership between UOIT and Durham College has evolved beyond joint program delivery to one of shared beliefs, values and commitment to the academic goals and philosophy of the program.