



## **RN Council Terms of Reference**

*As of Nov 1, 2019*

### **Mandate**

To represent Registered Nurses (RNs) in the provincial nursing professional association.

To advocate for public and health policy initiatives from a registered nursing perspective.

To ensure that a professional nursing voice is heard in all relevant health and social policy discussions in the province of British Columbia

To work collaboratively and reciprocally with the NNPBC Board to advance the nursing profession generally, support RN practice specifically.

### **Members/Composition**

The Council will include a maximum of 15 elected representatives.

- Representatives will be known as Councillors.
- All elected Councillors shall be actively practicing Registered Nurses.
- Additional guests may be invited and consulted as needed (e.g., committee members, advisors, stakeholders, NNPBC staff support).
- The Council will strive to include voices a range of experiential, practice and geographic contexts to ensure representation of diverse RN expertise and experience.
- The primary mechanism for ensuring that the appropriate range of expertise is available will be to identify prior to each election the appropriate balance of at-large and designated seats.
- Designated seats will normally include at least one Councillor of indigenous heritage; Councillors who live or work in distinct geographic regions of the province (Vancouver, Fraser, Vancouver Island, Interior, Northern). They may also include practice domains (Clinical Nurse Specialist, Educator, Research, Policy, Leadership/Administration) as deemed appropriate by the RN Council prior to each annual election.
- The Council may also include as voting members one student enrolled in a nursing education program recognized by the Board as leading to registration as a registered nurse and up to two public representatives.
- NNPBC Staff Support – Ex Officio, non voting.

### **Term of Membership**

Elected Councillors will serve a two-year term from the close of the annual general meeting following their election, with possible renewal upon re-election for a maximum of three terms (no more than 6 years total). If RN Student Councillors and/or public representatives are appointed, they will serve a one year term (renewable).



## Council Roles and Officers

Elections for Council representatives will occur in the spring of each year. In March, the Council will notify NNPBC staff as to which positions are required to be filled. The new Council will officially be in place at the close of the annual general meeting following the annual election.

The RN Council will determine its President, Vice-President, and Secretary/Treasurer by the process of election (ie majority vote) within three months of the election of new members (i.e., allowing a period of time for the Council to coalesce before making this strategic decision). Where necessary, the Council will appoint Councillors to serve these positions on an "Interim" basis. In addition, it reserves the right to revisit this decision from time to time throughout the year, to ensure that the Council remains optimally served by those who hold these offices.

The elected officers will serve as the Council's Executive Committee to support the President in managing the work of the Council and between meetings and to facilitate decisions or actions that may require rapid response. Such decisions or actions will be reported out to the full Council at the next appropriate opportunity, and not replace fulsome Council deliberations.

The Council will also appoint two individuals to sit on the NNPBC Board at least 7 days prior to the annual general meeting. An appointment may include Councillors who have been elected during the election process but whose term of office does not commence until the end of the annual general meeting. While it may generally be most appropriate for the President and Vice-President to serve in this capacity, the Council will decide an alternative configuration is more strategic.

## Goals, Deliverables and Responsibilities

- 1) Make recommendations to the NNPBC Board and Staff with respect to advocacy and policy activities on issues of concern to nursing from an RN perspective.
- 2) Speak on behalf of RNs to members and partner organizations, as determined by the RN Council and in consultation with NNPBC Board and Staff.
- 3) Advise, support and work with NNPBC staff, Board and the other Councils to inform the public on health and public policy matters.
- 4) Identify priority projects specific to RN practice. Where appropriate, advocate to the NNPBC Board for additional (funding and/or staff) support.
- 5) Advise NNPBC Board and staff in advocating for systemic changes to ensure that RNs are able to work to full scope and/or expanded practice, optimizing the opportunities for RNs to make a meaningful difference in the health of people and populations.
- 6) Develop priorities to guide the overall NNPBC strategic plan and work with NNPBC staff to deliver the strategic plan through new and ongoing work (including but not limited to policies, research and mentorship).
- 7) Review, assess and approve NNPBC policies/communications/papers that are specific to RN practice and/ or that would have significant impact on RN practice).
- 8) Support the efforts of NNPBC in engaging RNs in professional association activities, including involving them on committees/policy tables/collaborative nursing groups
- 9) Ensuring that there is a vehicle for RN practice issues affecting distinct regions or constituencies within the province to be brought forward for consideration.
- 10) Focus attention on selected key initiatives not undertaken by the NNPBC organization/Board (e.g., designation specific conference, response to specific legislation that impacts RNs specifically, etc.)



- 11) Collaborate with other Councils on shared initiatives.
- 12) Develop priority areas for focus that align with generalist and specialized expert voices of RNs around the province.
- 13) Support the ongoing development of nursing leadership, capacity building, and policy advocacy opportunities for nurses.
- 14) Support and execute the decisions and recommendations of the NNPBC Board.

### **Authority**

The RN Council will be responsible, with the support of NNPBC staff, for bringing forward to the NNPBC Board key issues impacting RNs, and issues of health and public policy from a nursing perspective, along with its recommendations for response.

### **Resources and Budget**

The RN Council will be responsible for managing its financial allocation from the NNPBC Board. The RN Council will provide an annual financial statement to the NNPBC Board outlining how the allocation received from the NNPBC, and any additional funding provided, was used. More details on meeting and travel costs are outlined under "Communications and Meetings". Additional expense coverage provided by NNPBC not related to meetings must be pre-approved by the NNPBC Board.

### **Governance**

The Council governance process will be driven by its valuing of the engagement of all members. Quorum for decision making will be 60% of the elected Councillors.

Meetings may be held in person, by teleconference and/or through the use of various information technologies.

Council deliberations and decisions will be informed by full and open engagement, including active support for the expression of diverse opinions among Councillors.

When key strategic decisions are required, the Council will be guided by a general preference for consensus based on full and informed deliberation. In the absence of consensus, a 2/3 majority of voting members, with one vote per member, will be required to move an issue or recommendation forward. Although proxy votes will not be accepted, opinions from those not present may be considered in matters of strategic importance.

### **Communications & Meetings**

Councils will be supported and funded to meet up to six times per year in person. Additional phone and webinar opportunities will be available at any time at the call of the President. Councils will determine their meeting schedule and frequency at the first meeting after election of new members.

Each Council will have access to a confidential Intranet site, as well as shared Intranet space (Sharepoint) for common and shared files.



Primary communication will be via email, and each Council member will be expected to maintain an up-to-date email and phone number with the NNPBC Executive Assistant.

RN Council members agree to keep information confidential as required by the RN Council Executive and/or NNPBC Board. A signed confidentiality agreement is required.

Travel costs for non-government members associated with in person meetings will be in alignment with NNPBC travel and reimbursement policies as set by the Board of Directors.

Additional expenses that may be incurred should be discussed prior to the expenditure and must receive pre-approval from NNPBC for reimbursement.

### **Dissolution or Liquidation**

The intention is that on the dissolution or liquidation of NNPBC, after payment of or adequate provision for all of the NNPBC's liabilities has been made, the remaining money or other property of NNPBC will be distributed equally amongst BC societies that have been organized to represent the RNs, NPs, LPNs and RPNs in BC. The RN Council will be responsible for identifying a society that will represent the RNs in BC.