

Resolutions

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Report of the Resolution Committee

to the Canadian Federation of Nurses Unions
21st Biennial Convention
Charlottetown, Prince Edward Island
June 5-9, 2023

Resolutions Committee Chair:

Janet Hazelton, Nova Scotia Nurses' Union

Resolutions Committee Members:

Paula Doucet, President, New Brunswick Nurses Union

Angela Preocanin, Vice-President, Ontario Nurses' Association

Danielle Larivee, Vice-President, United Nurses of Alberta

Adriane Gear, Vice-President, British Columbia Nurses' Union

Linda Silas, President, Canadian Federation of Nurses Unions – ex officio

The Committee met through e-mail and videoconference. The Committee reviewed the resolutions submitted at the 2021 Biennium and prepared a report on follow-up actions.

Notice was sent to all counterparts regarding the March 10, 2023, deadline for submission of resolutions. The Committee will meet again following the June 8, 2023, emergency resolution deadline to review emergency resolutions.

CFNU biennial resolutions

The Committee reviewed 11 draft resolutions and found them all in order. The Resolution Committee accordingly submits the following 11 resolutions.

Respectfully submitted,

Janet Hazelton, Chair

(on behalf of the Resolution Committee)

Resolutions

2021 resolutions actions

RESOLUTION	ACTION
<p>Resolution #1 – Long-Term Care</p> <p>BE IT RESOLVED that the CFNU work with stakeholders and allies to pressure the federal government, along with the provinces and territories, for a moratorium on private, for-profit care from the long-term care sector; and</p> <p>BE IT FURTHER RESOLVED that the CFNU work with stakeholders and allies to eliminate the use of agency staff and ensure that at least 70% of long-term care staff have permanent full-time positions with paid sick leave and benefits.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Roundtable with MO researchers • Promote research that already exists • Work with stakeholders • Advocate for safe nursing hours of care (4.1 hours per patient per day) • Increase home care services and work to eliminate for-profit home care services • Work with technical committee to establish strong Health Standards Organization (HSO)’s LTC standards
<p>Resolution #2 – COVID-19 Infection and “Long-hauler” Syndrome</p> <p>BE IT RESOLVED that the CFNU lobby and advocate for legislation requiring presumptive workplace insurance coverage of any health impacts arising due to COVID-19 infection; and</p> <p>BE IT FURTHER RESOLVED that the CFNU advocate and lobby government to ensure that no nurse or health care worker suffers any loss of occupational income due to an illness associated with COVID-19.</p> <p>Carried</p>	<ul style="list-style-type: none"> • OH&S network • Presumptive legislation
<p>Resolution #3 – Endorsing Joyce’s Principle</p> <p>BE IT RESOLVED that the CFNU endorse Joyce’s Principle, committing the organization to working with Indigenous stakeholders and allies towards its implementation by governments, teaching institutions and health and social service organizations; and</p> <p>BE IT FURTHER RESOLVED that the CFNU acknowledges the existence of anti-Indigenous racism among Canada’s nurses, and commits to addressing this through education and awareness.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Ongoing work • Possible workshop for next convention

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Resolution #4 – Securing PPE for Canada’s Health Care Workforce

BE IT RESOLVED that the CFNU calls on all Canadian health authorities to work in collaboration with health care unions as partners to ensure the stability and adequacy of an appropriate PPE supply (including N95 respirators or better and/or PAPRs, Full Face Shields, Gowns, Gloves, Bouffant and Shoe Covers) for HCWs, including ensuring transparency about PPE supplies through regular detailed updates on the status of PPE stockpiles;

BE IT FURTHER RESOLVED that the CFNU calls on all Canadian governments to develop a made-in-Canada PPE supply chain so that it can maintain a minimum PPE stockpile, and develop an effective stockpile management system; and

BE IT FURTHER RESOLVED that Canada establish a worker safety research agency to empower employers and workers to create safe and healthy workplaces, with staff representing a wide diversity of fields (i.e., nursing, medicine, epidemiology, occupational hygiene, engineering, etc.) modelled after the US National Institute for Occupational Safety and Health (NIOSH), with the authority to make decisions on worker safety, including the preparation of guidelines, directives and policies.

Carried

- OH&S network
- Common collective agreement language for negotiators

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<p>Emergency Resolution #1 – Addressing the health human resources crisis</p> <p>BE IT RESOLVED that the CFNU work with other health care organizations, such as the Canadian Health Workforce Network, to pressure governments to address the health human resources crisis facing nurses and other health care workers through national initiatives that support health human resources planning at the provincial and territorial levels, such as the creation of a federal health workforce agency;</p> <p>FURTHER BE IT RESOLVED that the CFNU continue to reiterate our demands to the federal government to provide urgent funding to the provinces and territories to hire additional nurses and health care workers, and to fund retention and recruitment initiatives to stem the disturbingly high flow of workers out of the sector.</p> <p>Carried</p>	<ul style="list-style-type: none"> • HHR agency • Work with Dr. Ivy Bourgeault • Health Canada proposal on a nursing retention fund
<p>Emergency Resolution #2 – Declaring and mobilizing around a National Nurses Day of Action</p> <p>BE IT RESOLVED that the CFNU declare September 22, 2021 (the end of summer), as a National Nurses Day of Action, in which the CFNU will assist with coordinating Member Organizations to mobilize members to demonstrate outside of their workplaces in solidarity with those impacted by unacceptable working conditions; and</p> <p>FURTHER BE IT RESOLVED that this National Nurses Day of Action will serve as an opportunity to highlight our demands on governments to take concrete actions to address unacceptable working conditions for our members.</p> <p>Carried</p>	<p>Day of Action – done (September 17, 2021)</p>

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Resolution #1 – There is no health without mental health

WHEREAS it is clear that there is a need to support the mental health of nurses;

WHEREAS the 2019 CFNU-University of Regina report on nurses' mental health revealed rates of mental health disorder symptoms similar to public safety personnel (PSP). Almost half (47.9%) of participants screened positive for a mental disorder;

WHEREAS two pan-Canadian CFNU surveys carried out in 2021 and 2022 reveal that the disconcerting state of nurses' mental health continues. In 2021, 67% of nurses said their mental health was worse when compared to one year ago. In 2023, nearly half of nurses said their mental health was worse when compared to one year ago;

WHEREAS the CFNU has been in partnership with Health Canada with expanding the Wellness Together Canada program to better serve nurses during the pandemic;

WHEREAS the federal government has been supporting public safety personnel (PSP) through a well-funded program called PSPNET. PSPNET is an internet-delivered cognitive behaviour therapy program which offers therapist-guided courses designed to improve depression, anxiety and posttraumatic stress injuries,

BE IT RESOLVED that the CFNU partners with the Public Health Agency of Canada on the development and deployment of a mental health program specifically tailored to nurses, modelled on PSPNET.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): Support the mental health of nurses

- The 2023 CFNU member survey found that:
 - Nearly half of nurses said their mental health was worse when compared to one year ago.
 - 2 in 10 nurses were unable to work 1 to 2 days due to a mental health issue.
 - Early- and mid-career nurses are more likely to experience symptoms of burnout, compared to late-career nurses.
 - In a recent 2-week span, a majority of nurses felt symptoms of anxiety and depression on some or all days.
- A 2019 survey of over 7,300 nurses from across Canada found that 1 in 3 nurses screened positive for major depressive disorder, 1 in 4 nurses screened positive for generalized anxiety disorder and clinical burnout, 1 in 3 reported having suicidal thoughts, and 20% screened positive for PTSD and panic disorder.¹
- Based on the co-design work undertaken by the CFNU staff and our nurse advisory team consisting of Pauline Worsfold, Barb Abele (SUN) and Barb Campbell (UNA), the CFNU has promoted offerings of MindWell for Health Care Workers and the Togetherall platform. Both programs fall under the federal government-funded platform, Wellness Together Canada.
- The MindWell program has been very successful – with participants surveyed showing that, in just four weeks of the program, their levels of mindfulness and resilience increased, while PTSD, exhaustion and anxiety decreased over time.
- Togetherall is a virtual peer-to-peer support community that allows for supportive forum discussions monitored 24/7 by mental health professionals. It also includes online courses and articles on topical mental health issues to help deepen knowledge and spur further discussion through the platform. The CFNU engaged in a co-design process with the Togetherall team, creating a self-directed course on PTSD, two articles (one on compassion fatigue and another on critical incident stress) and a health care-specific peer-to-peer community within their system.
- The CFNU has long been interested in obtaining federal support for nurses' mental health to the same degree such supports have been provided to public safety personnel. Through the federally funded PSPNET, which provides internet-delivered cognitive behavioural therapy to PSP under therapist-guided online courses, there is the potential to model a similar program for nurses.
- The CFNU has been in discussions with the Public Health Agency of Canada (PHAC) about tailoring PSPNET for nurses and piloting a program in one or two provinces. The PHAC agreed to fund the tailoring of a nursing version of the program, but within a very short window of time. Unfortunately, with our partners at PSPNET, we were unable to take advantage of that opportunity based on the challenging timing. However, we have a commitment from PHAC to accept an unsolicited proposal from us, and they will try to find sufficient funding to cover all the costs of tailoring and piloting the project later this year.

¹ Carleton, N. and Stelnicki, A. (2020). *Mental Disorder Symptoms Among Nurses in Canada*. CFNU. <https://nursesunions.ca/research/mental-disorder-symptoms/>

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Resolution #2 – Fairness to internationally educated nurses

WHEREAS many internationally educated nurses (IEN) already living in Canada are unemployed or underemployed due to many barriers they encounter, from immigration to licensure recognition to employment;

WHEREAS a 2019 OECD study found that 61.7% of foreign-born, foreign-trained RNs in Canada were not working in their trained profession;

WHEREAS the CFNU has a responsibility to these future members to support them in their registration process and support them when integrating in our health workplaces. All of this must be done ethically both for the receiving workforce and the country they leave,

BE IT RESOLVED that the CFNU continue its work with expert partners such as World Education Services (WES) to develop an IEN Blueprint that will inform all parties on the best practices to recruit and integrate IENs in Canada's health workplaces and communities.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): CFNU position statement on internationally educated nurses

In an attempt to address the nursing shortage crisis in Canada, which has been significantly worsened by the COVID-19 pandemic, many provincial governments are turning to internationally educated nurses (IENs), both those currently in Canada and through international recruitment.

Recruiting nurses internationally should be part of a comprehensive health human resource plan. All efforts to address nurse shortages within the domestic context must be a priority for all provincial and territorial governments. A multi-pronged approach to health human resources must focus on both short-term and long-term measures to enhance the retention and recruitment of nurses within Canada, which would include IENs.

The CFNU endorses the ethical recruitment strategies as outlined by the International Council of Nurses (ICN) and encourages governments and organizations, including employers, recruiters and non-governmental organizations, to adopt the ICN principles², including:

- Access to full and flexible employment opportunities
- Regulation of recruitment and good faith contracting
- Comprehensive and effective nursing regulation
- Freedom of movement, freedom of association, freedom from discrimination
- Equal pay for work of equal value
- Access to grievance procedures, safe work and effective orientation/mentoring/supervision
- National self-sustainability to effectively match health human resources to population needs

In keeping with these principles, the CFNU would discourage the targeted recruitment of nurses from countries that are experiencing a chronic or temporary shortage of nurses. When international migration occurs, the CFNU will advocate to protect nurses' interests and rights to ensure decent work. The CFNU also strongly supports IENs' right to freedom of association, including the right to join a union in the pursuit of collective workplace goals arrived at through the collective bargaining process.

The CFNU recognizes that many internationally educated nurses currently in Canada are unemployed or underemployed. Internationally educated health professionals are significantly less likely to work in their field than their Canadian-born counterparts. Faced with many barriers to employment in their fields, many internationally educated nurses may experience deskilling. Getting a good data picture is difficult, but we do know that thousands of internationally educated nurses have applied to nursing regulators to work in nursing. Even as Canada desperately needs nurses on the front lines, non-practising nurses continue to be unemployed or underemployed. IENs may be working as personal support workers, as live-in caregivers, in home care, or even in non-health care jobs like retail – because the barriers to working as a nurse in Canada are onerous, expensive and time-consuming. According to World Education Services, many of these nurses will be unable to return to practise in their chosen field.

Internationally educated nurses have the right to expect appropriate clinical and cultural orientation and supportive supervision in their workplaces. IENs have the right to fair and equal treatment on employment-related issues, including working conditions, promotion and access to career development.

² International Council of Nurses (ICN). (2019). ICN position statement. *International career mobility and ethical nurse recruitment*. Retrieved from <https://www.icn.ch/nursing-policy/position-statements>

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They must be educated about union rights and occupational hazards, including workplace violence. When nurses' rights, benefits or safety are threatened or violated, appropriate processes must be in place to hear grievances in a timely manner.

The Canadian Federation of Nurses Unions (CFNU) and its Member Organizations are committed to representing our IENs and ensuring that they are educated about the provisions in the collective agreement, and ensuring that IENs have access to all provisions within it and are supported by the union. Nurses will be provided with a union orientation, focusing on areas such as seniority, job postings, hours of work, overtime, no discrimination/harassment, etc., to ensure that they are aware of their rights and are able to actively participate in the workplace. Nurses' unions will actively engage with employers to ensure that IENs have conditions of employment as favourable as those of other nurses in Canada, and to encourage a workplace environment that is culturally safe, and respects diversity and multicultural perspectives. IENs will be provided contact information for union representatives, who will provide advocacy and support for workplace issues.

In September 2021, the Ontario Council of Agencies Serving Immigrants (OCASI) coordinated an open letter to the federal government, signed by over 50 organizations and calling for better, more timely and comprehensive data on internationally educated health professionals to support systems-wide reforms. The letter included the following recommendations for a national strategy on the effective integration of IENs and IEHPs into Canada's health human resource pool.

- Rebuild and strengthen Canada's health care human resources and fortify the health care system.
- Address the longstanding underutilization of the skills of Canada's IEHPs.
- Address the needs of Francophone IEHPs in primarily English language communities.
- Re-invest in the health care workforce for the future and reduce economic losses associated with underutilization.
- Provide inclusive, and linguistically and culturally representative patient care services for an increasingly diverse population.
- Empower talented IEHPs economically, professionally and personally.
- Modernize and scale up the equitable integration of IEHPs across all sectors of the health care system³.

On an immediate basis to help address the nursing shortage, Canada and employers must act to better utilize internationally educated nurses in Canada.

Federal and provincial governments must adopt a pan-Canadian approach to addressing the underutilization of IENs systematically, and in a coordinated and coherent way, including:

- Establishing a dedicated coordinating body to address critical health workforce data gaps, including with respect to basic data on IENs currently in Canada (i.e. numbers, status in licensure process) to significantly enhance existing health workforce data infrastructure, and standardize data collection and analysis across workers, sectors and jurisdictions.
- Creating a coherent system-wide approach across the country, built by all the key stakeholders that would ensure systematic, equitable and accountable labour force integration of IENs. The strategy must address the three interconnected elements of the IEN journey, and the roots of underutilization and inequity: the immigration and licensure process, as well as employment.

³ World Education Services. Addressing the Underutilization of Internationally Educated Health Professionals in Canada: What the Data Does and Doesn't Tell Us. <https://knowledge.wes.org/canada-report-addressing-the-underutilization-of-iehps-in-canada.html>

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- Implementing existing best practices and solutions, drawing on the dozens of successful programs and models that exist across the country (and internationally) to effectively assess, orient, bridge or upgrade, where necessary, and integrate IENs into our workplaces. Scale up externship pilots and expand successful externship pilots, including in LTC, community health and home care settings.
- Taking a multi-stakeholder approach, bringing all players to the table, to identify the barriers and design solutions collaboratively, engaging governments, occupational regulatory bodies, employers, unions, health education faculties, immigrant service delivery agencies that support IENs, consulting directly with IENs themselves and the unions that represent them.
- Providing financial support to preceptors and for the cost of the registration support.
- Developing national strategies to recognize the contribution of IENs and to encourage an environment that respects diversity and multicultural perspectives.

The employer must demonstrate accountability for third parties contracted to recruit nurses, including the following:

- Appropriate accommodations
- Relocation allowances
- Demonstrated sensitivity and attention to cultural issues faced by both internationally educated nurses and their co-workers
- Facilitating contact so that internationally educated nurses are assisted in establishing a community
- Ensuring that any recruitment initiatives do not create additional fees or barriers to IENs obtaining employment in Canada and joining one of its affiliate bargaining units

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Resolution #3 – Tax credit for nurses’ return and retention

WHEREAS nurses need financial supports as part of a multipronged strategy to retain and return nurses in our public system;

WHEREAS a pan-Canadian CFNU survey found nurses indicating that paying less taxes is one of the top retention solutions that would keep them in their job;

WHEREAS retired nurses are concerned the income they would receive if they return to work would reduce their other entitlements (e.g., Old Age Security). Meanwhile, frontline nurses are paying higher taxes due to extra shifts and extensive mandatory overtime;

WHEREAS nurses need a temporary tax incentive that will help ensure nurses are financially supported, rather than burdened, for the extra work they are being called on to perform during this pandemic;

WHEREAS The government can model this on existing tax measures, such as the Volunteer Firefighter Tax Credit, which costs the federal government \$20 million a year,

BE IT RESOLVED that the CFNU continue its work with the Department of Finance Canada to establish a new two-year income tax incentive for nurses, either in the form of a deduction or a tax credit.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

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Facts (May 2023): Financial supports for nurses

- The CFNU has heard directly from retired nurses, who have stated that their tax treatment is a deterrent for them to return to the workforce. Retired nurses are concerned the income they would receive if they return to work would bump them into a higher tax bracket and reduce their other entitlements (e.g., Old Age Security). We also hear from frontline nurses, including those working in hard-to-recruit areas, that they are paying higher taxes due to working extra shifts and extensive mandatory overtime. Surveyed nurses have indicated that paying less taxes is one of the top retention solutions that would keep them in their job.⁴
- The CFNU is calling on the Department of Finance to launch consultations with stakeholders such as nurses' unions to hear the perspective of frontline nurses, to design details of this tax incentive. This tax incentive can take the form of a tax deduction or a tax credit.
- The tax credit will create a benefit that is typically based on the lowest tax bracket of 15%. A tax deduction is a more comprehensive measure, given that it would reduce taxes at nurses' marginal tax rate. This deduction in taxable income will ensure nurses do not see reductions in governmental benefits they may utilize such as the Canada Child Benefit, GST/HST Credit and Old Age Security.
- The government can model costing on existing federal measures such as the Volunteer Firefighter Tax Credit, which costs the federal government \$20 million a year. The credit is calculated by applying the lowest personal income tax rate to a credit amount of \$3,000 per individual. Approximately 43,000 individuals claimed this credit in 2019.⁵
- The government can also consider tax incentives in other jurisdictions. Quebec, for instance, has previously offered a tax credit of \$10,000 to retired nurses to return to work.⁶ In the state of Hawaii, there is a bill that has been introduced which would establish a \$10,000 income tax credit to health workers, including nurses, to support retention efforts.⁷
- The public reaction to this financial incentive should be positive, given that polling data has shown that nurses are perceived positively by Canadians.⁸ In addition, recent polling data has shown that health care is the top national issue of concern for Canadians, ahead of inflation, jobs and the environment.⁹
- In the face of an unprecedented exodus of nurses from the profession, the federal government must act to ensure nurses are not being forced to pay more through their taxes because of the extra, emergency work they are being called on to perform. A tax measure, such as deducting mandatory overtime and other financial incentives from nurses' income tax, could help tip the scales for frontline nurses on the verge of throwing in the towel while helping entice departed nurses back into the profession. Alongside other critical actions to recruit, return and retain nurses, this will help sustain our collapsing health care system.

⁴ CFNU. (2023). Viewpoints Research survey results. <https://nursesunions.ca/new-poll-alarming-number-of-nurses-are-looking-for-the-exit-sign/>

⁵ Department of Finance Canada. (2022). *Report on Federal Tax Expenditures: Concepts, Estimates and Evaluations*. <https://www.canada.ca/content/dam/fin/publications/taxexp-defisc/2022/taxexp-defisc-22-eng.pdf>

⁶ Lévesque, L. (2019). Quebec health care centres working to hire more nurses, minister says. *Montreal Gazette*. <https://montrealgazette.com/news/local-news/quebec-health-care-centres-working-to-hire-more-nurses-minister-says>

⁷ Hawai'i State Legislature. Health care provider tax credit.

https://www.capitol.hawaii.gov/session/archives/measure_indiv_Archives8-12.aspx?year=2022&billtype=HB&billnumber=2437

⁸ Abacus Data. (2022). Impressions of Public Sector Workers and Wages.

⁹ Nanos. (2023). Healthcare ahead as the top national issue of concern. <https://nanos.co/wp-content/uploads/2023/02/Political-Package-2023-02-03-FR-with-tabulations.pdf>

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Resolution #4 – No more mandated overtime, it's not safe

WHEREAS the evidence is clear, Canada is experiencing a critical nursing shortage; in 2009 we predicted Canada would be almost 60,000 nurses short by 2022 if no new solutions were put into place. No comprehensive nursing workforce planning has been undertaken by the federal government since that time;

WHEREAS across the country we are not only hearing anecdotal stories of nurses working 24-hours shifts, but employers are now admitting they have no choice but to mandate a nurse to stay beyond their scheduled shift;

WHEREAS working excess hours poses serious concerns around nurse fatigue, which in turn increases risk of medical errors and has implications for patient outcomes;

WHEREAS nurses are making it clear that they expect safe hours of care (i.e. knowing that during their shift they will work with safe nurse-to-patient ratios and at the end of their shift they can go home); safe hours of care impact all recruitment and retention initiatives,

BE IT RESOLVED that the CFNU initiates research and a campaign for regulation/legislation to limit hours of work for nurses – similarly to pilots, truckers and bus drivers. This work will need to be done in collaboration with the Canadian Nurses Protective Society to protect nurses' professional responsibilities.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): Safe hours of care for nurses and patients

- The CFNU is undertaking research and a campaign that would provide recommendations on safe nursing work hours. Project specifics include:
 - A CFNU-appointed advisory committee (made up of staff from the CFNU and member unions) will provide guidance throughout the project.
 - The CFNU is contracting a researcher that will be expected to conduct activities, such as:
 - A literature review of excess work hours, fatigue and its implications. This literature review will focus on the nursing profession and other safety-sensitive industries such as aviation, trucking and the military, among others. This literature review will lead to an analysis providing recommendations to inform this project.
 - A jurisdictional scan of approaches to safe nursing work hours. This would include an overview of nurses' collective agreements across the provinces. It will additionally include a review of international approaches thought to be informative for the Canadian context.
 - Gathering information about nursing practice professional responsibilities and liability considerations.
 - Key informant interviews and/or focus groups of nurses, employers, occupational health and safety experts, union leadership, regulatory bodies and other relevant stakeholders.
- The CFNU is also exploring a national survey of nurses on this subject. This survey will be designed to elicit feedback from nurses on current work hours and their perceptions on the effect of work hours on their health and well-being, performance and patient safety.
- Key outcomes of this project include:
 - Advocate for new legislation and regulations by decision-makers around safe hours of continuous work and safe hours per week.
 - Offer supports for nurses to escalate concerns around safe hours of work internally within their place of work in a timely manner.
 - Provide clarity on whether nurses can lose their license over leaving workplace due to unsafe hours of work.
 - Offer improvements to the design of fatigue management interventions.

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Resolution #5 – Bill C-3

WHEREAS on December 17, 2021, Bill C-3 received Royal Assent, and the Government of Canada enacted changes to the *Criminal Code*, amending it in such a way that intimidation of a health professional is considered a criminal offence, including threats or other forms of violence intended to provoke fear and interfere with the professionals' duties;

WHEREAS the changes to the *Criminal Code* also made the intimidation of a health care worker and obstruction of their work an aggravating factor when sentencing offenders;

WHEREAS nurses continue to face barriers from employers, police and government when pursuing justice in the form of charges against perpetrators of violence in their workplaces,

BE IT RESOLVED that the CFNU and its Member Organizations meet with provincial ministers of justice and attorney generals to educate them on the application of Bill C-3 and its importance as a tool in deterring workplace violence, and as an avenue for nurses to seek justice when they experience violence in the workplace.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts: Media release: Canada's nurses applaud new federal legislation to protect health care workers against violence

November 26, 2021 (OTTAWA, ON) – The Canadian Federation of Nurses Unions (CFNU) welcomes the federal government's announcement of new legislation intended to protect health care workers from violence at work.

Nurses are applauding measures outlined today aimed at protecting health care workers, including criminalizing activities blocking access to health facilities and amending the *Criminal Code* to recognize violence against a health worker as an aggravating factor during sentencing.

"Nurses' unions are pleased that the government is committing to tackling rampant violence against health care workers with the introduction of this new bill," said Linda Silas, CFNU President. "This is an essential measure that responds to longstanding calls for our federal leaders to step up and recognize the serious risks of assault and injury that health care workers face on the job."

The CFNU spearheaded this effort targeting the *Criminal Code*, first calling for an amendment in 2017 and working with NDP health critic MP Don Davies to bring about this change.

In 2019, the House of Commons Standing Committee on Health included an amendment to the *Criminal Code* as one of the recommendations in its wide-ranging study, *Violence Facing Health Care Workers in Canada*. Other critical recommendations include the development of a national public awareness campaign to sensitize Canadians on the violence faced by health care workers and highlight the valuable role health care professionals play in providing care, along with collaborating with the provinces and territories to address staffing shortages by updating the Pan-Canadian Health Human Resources Strategy. Canada's nurses urge the federal government to implement these key recommendations as well.

"This represents the culmination of a long fight to protect nurses and all health care workers from the very troubling physical and emotional assaults they experience all too often at work," added Silas. "It's a critical step toward making health care workplaces safer and addressing one of the underlying factors that is driving nurses out of their jobs and the nursing profession altogether."

Similar federal legislation already exists to safeguard workers in other sectors who perform high-risk jobs, including public safety personnel and transit workers.

"Nurses are pleased to hear the government has finally listened to our call to hold perpetrators of violence against health care workers accountable and recognize that we provide an essential service and deserve to be protected as we do so," said Silas.

Ultimately, safer workplaces for health care workers also mean safer care for patients and residents.

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Resolution #6 – Urgent retention plan for nurses

WHEREAS the nursing workforce is struggling with numerous complex and intersecting issues, including chronic shortages, inadequate staffing, excessive workloads, mandatory overtime, toxic workplaces and endemic violence;

WHEREAS the COVID-19 pandemic has exacerbated these challenges and introduced new concerns with occupational exposures, overcapacity issues and resource shortages;

WHEREAS nurses at all levels are increasingly experiencing frustration, moral distress, burnout, growing mental and physical illness themselves due to being overworked, insufficient supports, an absence of control over their work and home lives, and lack of respect;

WHEREAS too many nurses are deciding to leave their professions in public health care and long-term care, feeling they have no other choice, and turning to the private sector or other occupations to seek out work-life balance and protect their own health and well-being;

WHEREAS nurses remaining in their jobs in the public health care system and in long-term care are left with little hope for change;

WHEREAS long-term care facilities are too often not even meeting legislative requirements for adequate, let alone quality, care to patients and residents;

WHEREAS nurses have borne the brunt of too little planning and preparation for the growing acuity and complexity of patients, clients and residents for whom they provide care amid insufficient resources, including a well-known impending and forecasted labour shortage;

WHEREAS nurses are left with workforce issues unaddressed leaving them unsafe and with the quality of health care access and delivery increasingly compromised;

WHEREAS there is at this point a national health care labour crisis creating also a health care access and delivery crisis;

WHEREAS there is every reason to believe these issues will worsen in the absence of a strong, focused and immediate health care labour force strategy;

WHEREAS health care employers are turning to private agency/travel nurses at double the costs to taxpayers to fill growing gaps in crises modes, who are too often unfamiliar with worksites to which they are assigned;

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WHEREAS nurses still love their professions but are increasingly not seeing an ability to provide the professional practice that they have been educated and become skilled to provide;

WHEREAS in the absence of a national health care workforce strategy, provinces and employers are left competing unsuccessfully and inefficiently for the same few resources,

BE IT RESOLVED that the CFNU and its Member Organizations lobby the federal government to utilize an evidence-informed, made-in-Canada, coordinated, collectively planned and carefully sequenced national health care workforce strategy to be implemented, focused on retention, recruitment and return of nurses, and respect for nurses;

BE IT FURTHER RESOLVED that, as part of a workforce strategy, Health Canada launch a Nurse Retention Fund for \$35 million over 4 years, starting in 2023-2024, as a partnership with the CFNU aimed at identifying and scaling-up proven initiatives for nurse retention and return; and

BE IT FURTHER RESOLVED that for the duration of the labour force crisis, tuition for nurse education at all levels be covered by government immediately.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

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Facts (May 2023): Better retain nurses and bring back nurses who have left the profession

- The CFNU has approached Health Canada to partner with the CFNU to identify and scale up proven mentorship projects as our first Nurse Retention Fund proposal.
- Mentoring programs have been recommended as a way to retain new nurses in the workforce by providing a more supportive environment while they adjust to a fast-paced and high-stress work environment. Mentoring has also proven to be key to integrating knowledge transfer into the everyday work environment and help new nurses transition successfully to autonomous, professional nursing.
- Mentorship programs also give value to, and utilize the experience of, veteran nurses. In fact, these programs can also help to retain nurses who may be contemplating retirement because it reinforces the value of their experience and the importance of their contribution to building a high-quality workforce.
- This project would look to work with employers and frontline nurses to identify, share and implement existing mentorship programs. The focus will be on at least nine projects that will provide much needed support to better retain late-career nurses and reduce the attrition of new nursing graduates and nurses who transition into other specialties.
- It is critical these mentor-mentee programs are delivered as supernumerary programs. The CFNU has consulted various provincial nursing officers across the country, who have stated mentors and mentees need paid protected time to ensure that they are not in a mentorship arrangement that is an add-on to their already overwhelming workload.
- There will be training and coaching support provided to designated mentors through a pan-Canadian mentorship training program.
- The project will be overseen by a national steering committee composed of key stakeholders. A provincial steering committee will be established to oversee each jurisdiction's efforts.
- The national steering committee will look to identify and advance concurrent HHR solutions along with this project. For instance, it will be important to advance measures such as staff staffing so there is system capacity for mentors/mentees to actually have supernumerary status.

Resolutions

RESOLUTION #7 – No more private for-profit long-term care

WHEREAS long-term care is not covered by the *Canada Health Act*, even though it is an integral piece of the overall health care system;

WHEREAS deep-rooted and systemic problems have plagued the Canadian long-term care sector for decades, including underinvestment, insufficient staffing, and substandard living and working conditions;

WHEREAS Canada’s nurses and health and long-term care advocates have called for urgent government leadership to address the lack of resources and high resident-to-staff ratios in most long-term care facilities;

WHEREAS 91% of Canadians feel that all older Canadians should be guaranteed the same standards of care, regardless of where they live or how much money they have;

WHEREAS the CFNU has called for the elimination of private for-profit care from the long-term care sector;

WHEREAS 94% of Canadians feel that long-term care should focus on making sure seniors live with dignity, not on private profit, and 83% of Canadians agree that Canada is failing to provide sufficient public long-term care options for seniors;

WHEREAS increasingly private places of care operate as businesses with a profit focus, rather than a focus of “every penny should go for care” (CFNU/Armstrong, 2021) approach;

WHEREAS close to 70% of all COVID-19-related deaths in Canada have taken place in long-term care facilities – 54% of which are privately-owned;

WHEREAS the catastrophic impact of COVID-19 on the long-term care sector was likely worsened by the outdated and unsuitable physical infrastructure in many facilities, which led to conditions that hindered infection prevention and control measures;

WHEREAS research has revealed that for-profit long-term care homes had worse patient outcomes with COVID-19 than not-for-profit homes, and the highest mortality rates, prioritizing “profit at the expense of other goals” (Martine August, University of Waterloo, 2021),

BE IT RESOLVED that the CFNU and its Member Organizations pressure the federal government for a moratorium on private for-profit care from the long-term care sector; and

BE IT FURTHER RESOLVED that all CFNU’s Member Organizations pressure their provincial governments for a moratorium on private for-profit care from the long-term care sector.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Facts (May 2023): Long-term care

- Total Canadian spending on LTC represents approximately 2% of its GDP.¹⁰
- 18.5% of Canadians were 65 and older in 2021; projected to increase between 21.3% (slow-aging scenario) and 22.9% (fast-aging scenario).¹¹
- In April 2021, CIHI reported that COVID-19 deaths in LTC in Canada represented 69% of total deaths, a proportion significantly higher than the international average (41%).
- One study found that the pandemic approximately doubled the risk of dying among residents of long-term care homes in Canada, compared to comparable groups in the community.¹²
- Overall, 54% of LTC homes in Canada are privately owned, and 46% are publicly owned.¹³
- An Ontario study found that an increasing proportion of LTC residents are older and have greater multimorbidity and limitations in physical functioning over time.¹⁴
- Public versus private LTC: majority of research studies favour public LTC as the quality of care was found to be lower in most for-profit nursing; not-for-profit ownership is associated with higher staffing levels, lower staff turnover and better health outcomes.¹⁵
- Multiple studies have demonstrated the link between staffing levels and quality care. Experts recommend four hours of direct care per resident per day. More recent research would suggest that figure should be closer to six hours.¹⁶
- “The conditions of work are the conditions of care” (Dr. Pat Armstrong).

¹⁰ OECD. Health at a Glance 2021: OECD Indicators. Safe long-term care. https://www.oecd-ilibrary.org/sites/ae3016b9-en/1/3/10/5/index.html?itemId=/content/publication/ae3016b9-en&_csp_=ca413da5d44587bc56446341952c275e&itemIGO=oecd&itemContentType=book

¹¹ Statistics Canada. Population Projections for Canada (2021 to 2068), Provinces and Territories (2021 to 2043) <https://www150.statcan.gc.ca/n1/pub/91-520-x/91-520-x2022001-eng.htm>

¹² Grignon, M., & Hothi, H. (2023). *Life and death in long-term care: Are we learning the wrong lessons from COVID-19?* IRPP Study No. 89. Montreal: Institute for Research on Public Policy.

¹³ Canadian Institute for Health Information. Long-term care homes in Canada: How many and who owns them? [infographic]. Accessed March 31, 2023: <https://www.cihi.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them>

¹⁴ Ng, R., Lane, N., Tanuseputro, P., Mojaverian, N., Talarico, R., Wodchis, W.P., Bronskill, S.E., Hsu, A.T. Increasing Complexity of New Nursing Home Residents in Ontario, Canada: A Serial Cross-Sectional Study. *J Am Geriatr Soc.* 2020 Jun;68(6):1293-1300. doi: 10.1111/jgs.16394. Epub 2020 Mar 2. PMID: 32119121.

¹⁵ McGregor, M. J., & Harrington, C. (2020). COVID-19 and long-term care facilities: Does ownership matter? *Cmaj*, 192(33), E961-E962. <https://www.cmaj.ca/content/cmaj/early/2020/07/22/cmaj.201714.full.pdf>

¹⁶ CFNU. (2021). Long-Term Care: “We know what needed to be done, we just haven’t done it.” <https://nursesunions.ca/canada-beyond-covid-magazine/long-term-care-we-know-what-needed-to-be-done-we-just-havent-done-it/>

Resolution #8 – Implementation of the Health Standards Organization (HSO)'s National Long-Term Care Services Standard

WHEREAS the Health Standards Organization has released standards for LTC operators that focus on delivering resident-centred, safe, high-quality care by a healthy and safe workforce;

WHEREAS quality concerns and poor working conditions have plagued the Canadian long-term care sector for decades;

WHEREAS use of the standards is currently voluntary, with application by Accreditation Canada utilizing the standards resulting in 94% of publicly operated homes being assessed but only 36% of privately owned homes nationwide;

WHEREAS the COVID-19 pandemic revealed the vulnerabilities of inadequate staffing in long-term care with deadly results,

BE IT RESOLVED that the CFNU and its Member Organizations advocate to federal and provincial/territorial governments to legislate, fund and enforce the application of the National Long-Term Care Services Standard in all of Canada's long-term care workplaces;

BE IT FURTHER RESOLVED that CFNU's advocacy specify that these standards apply equally to public and privately owned and operated long-term care facilities;

BE IT FURTHER RESOLVED that the CFNU pressure the federal government to tie any federal funding for provincially regulated long-term care homes to those standards.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolutions

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Facts (May 2023): Voluntary national long-term care standards

- The Health Standards Organization (HSO) has published new national standards for long-term care homes as part of the federal government's commitment to improve the provision of long-term care (LTC). The report can be found here:
<https://healthstandards.org/standard/long-term-care-services-can-hso21001-2023-e/>
- HSO established a 32-member LTC Services Technical Committee to guide the development of the standards, which includes notable leaders such as Dr. Pat Armstrong. It also integrated feedback from over 18,000 Canadians.
- The standards do a commendable job highlighting key elements of advancing high-quality long-term care. It correctly points to LTC homes being both homes and workplaces, where the conditions of work are the conditions of care. It offers important guidance on fostering a healthy and competent workforce and advancing quality improvement efforts to deliver high-quality resident-centered care. The report also recommends CFNU's longstanding recommendation of ensuring there are staffing levels to guarantee a minimum four hours of care per resident per day.
- However, the standards are glaringly limited in terms of actual implementation. At this juncture, the Federal government has indicated that the HSO standards will not be mandated in all Canadian LTC facilities, and leaves uptake to the discretion of provincial and territorial jurisdictions. As it stands right now, the standards will be applied through Accreditation Canada in a disjointed manner across the country. As reported by the *Globe and Mail*, the organization accredits 94 per cent of nursing homes across Canada that are publicly owned, but only 36 per cent of privately owned facilities (including for-profit ones). Furthermore, only select provinces such as Quebec require LTC homes to be accredited. In Ontario, for instance, accreditation remains voluntary.¹⁷
- The CFNU will push for full implementation of these HSO standards (and beyond), that should be backed by federal funds to enhance the provision of long-term care. The government needs to put a stop to for-profit ownership of LTC homes to ensure that we don't see a repeat of the alarming number of outbreaks and deaths we witnessed during the pandemic. Ultimately, the government must deliver on its promise to implement a Safe Long-Term Care Act to ensure that all seniors can access high-quality long-term care.

¹⁷ Howlett, K. New national long-term care standards unveiled, but Ottawa not planning to make them mandatory. *Globe and Mail*. <https://www.theglobeandmail.com/canada/article-new-national-long-term-care-standards-unveiled-but-ottawa-not-planning/>

Resolutions

Resolution #9 – Private nursing agencies

WHEREAS Canada’s publicly funded health care system is struggling with a severe nursing shortage that has been exacerbated with each wave of the COVID-19 pandemic;

WHEREAS without nurses, emergency departments and intensive care unit beds are closing, and surgeries continue to be backlogged;

WHEREAS nurses continue to leave the profession due to stagnant wages, unmanageable workloads, moral injury and unsafe staffing levels;

WHEREAS little has been done to meaningfully recruit and retain registered nurses and other health care professionals;

WHEREAS health care employers, including hospitals, long-term care facilities, public health units, and home and community care support services, are turning to private nursing agencies to supplement their staffing needs;

WHEREAS private agencies are employing contract nurses at staggering rates and charging public health care providers double or triple the amount of a nurse on staff;

WHEREAS taxpayer dollars could be better and more efficiently spent creating more full-time nursing positions and strengthening the public system;

WHEREAS nurses and health care workers need and deserve respect, manageable workloads and wages that allow them to live dignified lives,

BE IT RESOLVED that the CFNU and its Member Organizations pressure the provincial and territorial governments to restrict the use of private nursing agencies and require employers to hire permanent staff to fill vacant nursing positions in the public health care system.

BE IT FURTHER RESOLVED that the CFNU lobby provincial and territorial governments to legislate a cap on the salary of private agency nurses. If the agency exceeds the cap, they would have fines imposed on them.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Resolutions

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Facts (May 2023): CFNU letter to Auditor General of Canada regarding private nursing agencies (April 2022)

The Canadian Federation of Nurses Unions (CFNU) requests that the Office of the Auditor General of Canada conduct an audit, jointly with provincial auditors general, into private agencies employing contract nurses to fill vacant nursing positions in the public health care system around the country.

Across Canada, health care facilities are experiencing a severe shortage of nurses and are increasingly relying on contract nurses to deliver care and fill gaps in our overburdened health care system. This affects the continuity of care that patients and residents receive, and represents a loss of millions of dollars – money that could be better invested in strengthening Canada’s public health care system.

We note that on March 25, federal Minister of Health the Hon. Jean-Yves Duclos announced an additional \$2 billion in funding, on the condition that it be used to address five priority areas identified by the federal government, including medical procedure backlogs, access to family health services, long-term care and home care, mental health and substance abuse, and health data and virtual care.

In keeping with the principles of the *Canada Health Act*, Minister Duclos reiterated the federal government’s commitment to sustainable, predictable health care funding, emphasizing that any new investments must deliver results for people in Canada. The provinces and territories are in agreement that the five areas highlighted by the federal government represent key priorities.

Establishing the effectiveness of previous health care spending is vital to ensuring these new investments lead to the desired outcomes. The recognition of these shared priorities is similar to federal/provincial/territorial governments’ agreement to earmark \$6 billion in targeted funding to improve access to mental health resources, home care and palliative care services in 2017.

The federal government plays a critical role in ensuring the sustainability of Canada’s provincial and territorial health care systems, administering the *Canada Health Act* and delivering health care to certain populations. In light of this, we believe that it is critical that the Office of the Auditor General of Canada along with provincial auditors general examine health care funding on a joint basis so we can establish a comprehensive Canada-wide picture of the effectiveness of health care investments.

Canada’s nurses are concerned that the astronomical increase in the use of nurses employed by private agencies in the past few years represents a significant and potentially dangerous challenge to the sustainability of our public health care system. The question of whether federal and provincial investments are delivering value to Canadians warrants a close joint examination by your offices.

Key questions these audits could reveal include the total amount of dollars being spent to hire contract nurses in each province and territory, average pay rates for contract nurses in each province and territory, and the change in average pay rates for contract nurses in each province and territory over the past five years.

We believe these audits could also determine to what extent the ongoing and increasing use of contract nurses has a direct effect on patients and residents, and how this may be impacting our ability to retain and recruit nurses within the public system, thereby jeopardizing the future of our cherished Canadian health care.

The CFNU is proud to represent nurses and to serve the Canadian public, and it is with this in mind that we request your offices work together on this critical audit. We stand ready to assist you in this effort and ensure that Canadians get the answers they deserve about how their tax dollars are being spent.

CFNU position statement on agency nurses

In Canada, decades of underinvestment, privatization and weakened regulation have led to catastrophic gaps in funding, staffing and the delivery of health care services.

Untenable working conditions, including unsafe staffing levels, mandated overtime and rampant violence, are driving an exodus from the nursing profession. A January 2022 Conference Board of Canada report revealed that Canada could lose about 20% of all its health care workers to retirement between 2021 and 2026.¹⁸ A CFNU survey conducted in late 2021 confirmed this trend, with more than half of all respondents considering leaving their current position in the next year.¹⁹

Similarly, the Canadian Institute for Health Information (CIHI) notes that Ontario's ratio of registered nurses to population is the worst in Canada, and the Ontario Nurses' Association (ONA) estimates that the province's shortage of nurses now stands at close to 30,000.²⁰

Faced with perennial shortfalls in funding along with the unprecedented challenges brought on by the COVID-19 pandemic, the provinces and territories are increasingly relying on agency nurses to deliver care and fill gaps in our overburdened health care system.

All premiers are currently lobbying the federal government for billions more by increasing the federal share of health care spending through the Canada Health Transfer to the tune of an additional \$28 billion per year. With no obligation to invest these funds in strengthening public health care, the CFNU has significant concerns that the unchecked use of private nursing agencies will only grow.

This approach affects the continuity of care that patients and residents receive, and represents a loss of millions of dollars – funding that could be better invested in strengthening Canada's public health care system and improving patient safety.

Unfortunately, there is little publicly available data that reveals the extent of the use of agency nurses across Canada, though nurses report that the problem is both widespread and growing.

Where data is available, it paints a stark and alarming picture. Canada's largest research and teaching hospital network, the University Health Network in Toronto, reports that for its last fiscal year ending in March 2022, it has already spent \$6.7 million on agency nurses. This figure represents a significant increase from 2018, when UHN spent \$1.035 million.²¹

¹⁸ Francis, J., Florco, L., Thibault, T. (2022, January). *Talent Trends: Languishing and the Great Attrition*. Conference Board of Canada. <https://www.conferenceboard.ca/product/talent-trends-languishing-and-the-great-attrition/>

¹⁹ CFNU. (2022, January). Viewpoints Research survey results summary. <https://nursesunions.ca/governments-need-to-act-now-nurses-are-hanging-on-by-a-thread/>

²⁰ Registered nurses. Canadian Institute for Health Information. <https://www.cihi.ca/en/registered-nurses>

²¹ Yang, J., Mojtahedzadeh, S. 'It's going to bankrupt health care': Spending on temp agency nurses up more than 550% since pre-pandemic at one Toronto hospital network. *Toronto Star*. <https://www.thestar.com/news/investigations/2022/08/16/its-going-to-bankrupt-healthcare-spending-on-temp-agency-nurses-up-more-than-550-per-cent-since-pre-pandemic-at-one-toronto-hospital-network.html>

Resolutions

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CFNU POSITION

The Canadian Federation of Nurses Unions (CFNU) recommends that:

- The federal government work with the provinces and territories to determine spending on agency nurses, including disclosure of total dollars spent, average pay rate, numbers utilized, changes in pay over the past five years, and how this data compares between health care sectors, including hospitals, long-term care and home care.
- The federal government work with the provinces and territories to investigate and determine the value Canadians are receiving for the monies spent on agency nurses.
- The federal government work with the provinces and territories to limit how much hospitals can spend on agency nurses.

Resolutions

Resolution #10 – Nursing students

WHEREAS nursing students represent the future of the nursing workforce in Canada’s public health care system;

WHEREAS nursing students in Alberta are the only nursing students in Canada who have the option of financial compensation for a portion of their practicums;

WHEREAS nursing students in every province and territory deserve to be fairly compensated for their labour during their final practicums;

WHEREAS it is in the best interest of the nursing profession and Canada’s health care system for nursing students to have as much practicum experience as possible before entering the workforce as nurses,

BE IT RESOLVED that the CFNU partner with the CNSA to advocate that all Canadian provinces provide the option of financial compensation for nursing students for the nursing work done during their final practicums;

BE IT FURTHER RESOLVED that the CFNU and its Member Organizations work with employers to ensure that nursing students across Canada be provided the opportunity of employment providing nursing care as undergraduate nurses.

Submitted by: National Executive Board

Canadian Federation of Nurses Unions

Facts (May 2023): Nursing students represent the future of the nursing workforce

- The Long-Term Bargaining Goals statement, which was approved by the NEB in February 2023, also articulates CFNU member unions' commitment to support nursing students. Salient long-term objectives include the following:
 - Unions should promote the employment of new graduates in supernumerary positions prior to assuming permanent employment to ensure that they have the proper fundamentals to begin a successful nursing career. Unions should negotiate contract provisions which establish and promote mentorship and preceptorship in the workplace.
 - Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurse employees, which support their nursing development in a safe and enriching environment. Undergraduate student nurse employees should be mentored by experienced nurses and assigned work that is commensurate with the demonstrated skill level of the student.
 - Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurses for time spent in the clinical components of their educational programs.

Resolution #11 – Dues Structure Committee

WHEREAS the current CFNU dues structure is based on the full dues-paying membership of each Member Organization;

WHEREAS the CFNU dues structure should be reviewed on a regular basis to ensure the growth and sustainability of the CFNU;

WHEREAS there is a need to ensure that the CFNU dues structure not only provides financial stability for the CFNU but also meets the needs of all the individual Member Organizations;

WHEREAS a report on the dues structure should be made to each CFNU Convention,

BE IT RESOLVED that the CFNU create a Dues Structure Committee by January 2024, which will review and provide recommendations regarding the Member Organizations' dues to the National Executive Board for consideration of any necessary resolutions/constitutional amendments to be presented at the 2025 CFNU Convention.

Submitted by: Ontario Nurses' Association