

**Health Care Assistant & Practical Nursing Articulation Committee**  
**Fall 2017 Meeting**  
**Oct 25, 2017**  
**0830 – 1600 hrs**

Vancouver Community College, **Downtown Campus**  
250 West Pender Street, Vancouver, BC, V6B 1S9  
**Room 420**

1. Welcome educators and guests (member/attendees list Appendix A)
  - Morning welcome / prayer (Leona)
  - TOR <http://www.bccat.ca/articulation/terms>
2. Agenda and minutes
  - Consideration of shared nature of meeting
  - Additions to the agenda – move Heather (Worksafe) to ~10am
  - Approval of minutes from
    - PN/HCA Spring articulation meeting **Leslie Stuart/Wendy Wagner; approved**
3. Round robin, (what do you want to get out of today's meeting?)
  - Detailed annual reports only in Spring
  - Table of program updates to be circulated with minutes (full reports due in spring)
4. **Work Safe BC** - Heather Middleton (teleconference)
  - Mike Sagar – resigned; Heather moving to new portfolio
  - HCA conferences in BC (Vancouver 3 weeks ago – well represented); feedback was very positive; not sure who will take on conference next year.
  - Replacements for Worksafe reps and not sure if they will continue to come to this meeting.
  - Heather will send update for Rhonda to circulate
5. **BCNU report** – Patricia Wejr
  - Hearts and hands conference subsidy for two members
  - New wage rate for LPNs, hourly rate to increase \$1/hr. more on Sept. 1/17 across the provinces – have been other wage increases secondary to last bargaining
  - Engaging in regional bargaining conferences which leads to the provincial one, anticipate bargaining in the spring 2018
  - Spent lots of time on 'scope of practice' discussions during the last bargaining – identified discrepancies across and within health authorities. Does not think huge gains were made in this area.
  - Now focusing specifically on peri-operative education for LPNs and role in the OR – all HAs are meeting regularly to discuss this.
    - Was decided they would use the Association of Peri-Operative Registered Nursing (AORN) curriculum – looking at the competencies of the LPNs in BC and curriculum is being adjusted to the LPN scope, some fore grounding of content required for LPNs' knowledge base
    - HAs are moving ahead at different rates
    - Wanted something transferable across all HAs

- Ongoing major initiative in Violence Prevention
- Will submit a report
- Have blanket union coverage for some care sites that includes HCAs
- 6. **BC Care Aid and Support Worker Registry** - Bruce Bell (registry/abuse investigation functions), Lara Williams (program recognition) & Sarina Corsi (education)
  - website [www.cachwr.bc.ca](http://www.cachwr.bc.ca)
  - Report provided with detailed information – **attachment in email**
  - Between 3500-4000 new registrants per year – over 800 are nursing students – these are HCAs working for publicly funded employers
  - Noted drop in terms of IEN registrants – now using the provincial Nursing Community Assessment Service (NCAS)
  - Discussion of regulated professionals doing HCA shifts and the challenges associated with this – have to be on the registry
  - RNs have to be registered with CLPNBC if they are taking LPN shifts as an LPN – have to have the knowledge of the LPN scope of practice, and also have to be a member of the applicable union if it is a unionized work site
  - Up to individual LPN/RN to be aware of the risks associated with working in different work roles
  - This is more common in residential care – where there may be less oversight
  - Recognized HCA program lists details which ones are ESL
  - Burnaby is the school district delivering the HCA program – at an adult learning center associated with the school district, it is for adults vs. secondary dual credit students
  - Ministry of Adv. Ed. is looking at increasing the numbers of HCA and school district programming is one possible consideration
  - Q2years the HCA provincial curriculum supplement is updated – released July 2017 with new learning activities focusing on professionalism, dementia, and palliative care
  - NCAS is a partnership between the Ministry of AdvEd., nursing regulatory colleges (RN, RPN, CLPNBC), BC Care Aide registry – it is a layered assessment process, can assess more than one discipline at a time HCA/LPN or LPN/RN
  - Computer Based Assessment (CBA) is done at prometric assessment centers internationally & provincially
  - Simulated Lab Assessment (SLA) is conducted at Langara
  - Assessors are regulated professionals who have at least 5 years experience in the profession
  - Get a remedial education report – what competencies aren't demonstrated and what education is required
  - Website: [www.ncasbc.ca](http://www.ncasbc.ca)
- 7. **Health Authority Rep reports**
  - Lisa Bauer (VCH) regrets
  - Sandy Judge (Island Health)
    - 472 PN student placements in 2017 plus 2 orthotec LPN students
    - 463 HCA student placements
    - since April 2017 608 HCA hires 141 acute, 190 cmty., 277 residential
    - 223 regular positions
    - LPNs 306 - 214 ac/17comm/75 resid

PN + HCA Fall 2017 Articulation meeting minutes

- One hosp / two campuses; Campbell River, Comox
- Comm health and care services – neighborhood model; very well received by community partners; pilot in Duncan
- Practice – roles and conditions documents for each discipline
- Significant practice issues – LPN case where incorrect insulin med admin process; confused with ‘sliding scale’ process; did not understand the Dr. order as a sliding scale. Result in significant med error as nurse went to a different chart.
- Question around new medication / narcotic admin policy in VIHA processes.
- Provincial initiative – no changes/reassessment; many HA reps are not overly familiar with this policy.
- Theft of narcotics increasing so this is intended to reduce access to narcotics by non-employees.
- Result is that the staff member must witness the admin process from pulling out the med to administering it to the patient; discussion is that this increased staff time and commitment and lowers the trust of the instructor who is also a regulated professional.
- Each HA rep is committed to reviewing their policy/settings and will get back to the group.

- Tricia McBain (IH) –

1. Vacancies / postings/hires (number of job openings, types, sites, etc.):

**NUMBER HIRED from 01 APR 2017 TO 30 SEPT 2017**

POSITION	External Casual Hires	External Permanent Hires	Internal Permanent/Relief Hires*
CHW	116	16	143
HCA	213	4	537
LPN (Community)	1	0	1
LPN (Acute)	59	2	138
LPN (Residential)	68	8	184
<b>TOTAL</b>	<b>457</b>	<b>30</b>	<b>1003</b>

**NUMBER OF VACANCIES from 01 APR 2017 TO 30 SEPT 2017**

POSITION	Existing External Casual Vacancies*	Existing External Permanent Vacancies*	Existing Internal Permanent Vacancies*
CHW	17	5	20
HCA	14	4	8
LPN (Community)	0	0	0
LPN (Acute)	10	5	5
LPN (Residential)	11	4	5
<b>TOTAL</b>	<b>52</b>	<b>18</b>	<b>38</b>

## PN + HCA Fall 2017 Articulation meeting minutes

- \* Internal hires are a combination of relief and permanent vacancies filled between Apr. 1/17 and Sept. 30/17.
- \* Existing vacancies are positions that were posted between Apr. 1/17 to Sept. 30/17 and remain vacant.

### 2. New / on-going site initiatives:

LPN: Provincial scope of practice work - the HAs are moving forward with the creation of an on-line education module regarding diagnosis. The content is almost finalised and will be distributed to stakeholders for feedback soon. The intent of the module is to provide a foundation re: diagnosing conditions as it is relatively new activity within LPN scope (added in 2015). Module began specifically to address needs of LPNs but working group quickly realized that content is relevant to RN and RPN as well, so target audience will be all three nursing groups. Once the content is finalized, the module will likely be uploaded to the LearningHub and each HA will have option to link to their specific resources. Work is now also commencing for LPNs acting on client specific orders.

HCA: A project team (2.0 FTE) focusing on Recruitment and Marketing specifically dedicated to Care Aides and Community Health Workers was created in June 2017. There is also an Advisory Group overseeing the project. The goal is to increase the pipeline of training seats/program graduates from the HCA programs and highlight the needs of Interior Health.

The areas of focus will be looking at initially are:

- Expanding our ability to educate potential candidates within rural areas that do not have the HCA program within the area
- Initiating a more robust involvement with high schools proposing a dual credit program for the HCA course
- Promotion of the profession internally and externally
- Creating marketing materials specific to the professions
- Increasing volunteer opportunities to expose potential candidates to the profession in addition to the health care environment to determine suitability
- Creating external partnerships with employment agencies, immigration services, and other possible restricted population and highlight our need for the profession within IH

### 3. Practice Concerns, issues:

LPN: IH has put a new limit on LPN practice regarding phlebotomy. Exclusive use of butterfly needles for purpose of phlebotomy was deemed to be unsafe/not best practice. Our lab experts continue to advise that exclusive use of butterfly needles is not best practice and should only be used as a last resort when clinically indicated. Here is a summary of practice concerns:

Safety: Although in 2014 we have moved to safety engineered retractable butterfly needles our Lab experts indicate that the risk for needle stick injuries is still a concern. The tubing is a contributing factor to needle stick injuries when attempting to dispose of the equipment as staff attempt to “push” the equipment into the hazard container. Also the butterfly needle can easily become dislodged if patient moves unexpectedly increasing the risk of injury.

Education/Training: Lab experts believe that there are educational concerns with nurses performing phlebotomy as it is not consistently part of entry to practice training (for RN and LPN). Ideally lab feel that nurses would benefit to work with lab personnel to gain the competency required to perform the phlebotomy.

Clinical Indication: Butterfly needles were intended for use with very specific populations such as paediatric/cancer patients, small/fragile veins. It would not be the best choice of equipment with general population with medium/large healthy veins (using standard venipuncture sites) as the small bore needle causes the blood to come out faster and increases the risk for hemolysis. The size and condition of the vein should dictate decisions when choosing equipment.

HCA: Retention of HCA/CHW remains an ongoing issue.

What are other HAs/stakeholders doing regarding:

- Addressing the violence of the HCA profession
- Recruiting candidates into taking the HCA program
- What is the best method of marketing in rural areas

4. Educational needs in your area:

LPN: Interior Health supports LPNs for specialty education in advanced orthopedics, which includes training and education in casting. Currently we utilize the Norquest program in Alberta as there are no programs offered in BC that meet the educational requirements. Provincially there is a need to create a local program. Demand for this specialty continues to grow and this is a great opportunity for LPNs wishing to specialize in this area.

HCA: As previously mentioned, there is a need to educate potential candidates within rural areas that do not have an HCA program within their area. Need to explore opportunity for existing programs to “bring the education to the community” in these rural areas as we have had success with this in the past.

5. Other items to share:

HSPnet Statistics:

Total number of LPN student placements accepted (April 1/17 – Sept. 30/17) = 380

Total number of HCA student placements accepted (April 1/17 – Sept. 30/17) = 200

- Leona (Smith) Abbinante (FNHA)
  - 16 students HCA in Northern Health – via TRU OL
  - 125 HCAs / 6 LPNs 2016-17
  - 30 FT/ 89PT/4cas/3FT shared/9PT shared
  - HCA ‘shelf life’ or employment length 16mos for FT/39 months PT
  - PNs lasting 16 months FT/19 months PT
  - Will bands employ short term, say for temporary care? Does this reflect in those numbers?

## PN + HCA Fall 2017 Articulation meeting minutes

- Challenges include access to wifi; access to laptops/computers; study skills for re-entry, mature students; childcare and travel requirements
- Will approach the various bands to look at sharing more statistics/data on LPN and HCA hires. Will try to have more data in spring for the group.
- Question around HCA regulation and coverage under the new 'one regulated body' model. MOH reported that this is still under review and consideration.
- Challenges in FN communities related to confidentiality and sharing data
  
- Baljit Lail (FH) – absent
  
- Sheila Gordon-Payne (NH) teleconference
  - Will send a report; always looking for PN/HCA employees r/t high turn-over
  - Casual often but turns into FT/PT permanent positions
  - New grad funding available to all new grads including both HCA and PN
  - Working on implementing scope to fullest on the various units; settings increased/open to LPNs - mental health,
  - Delegation and DOT processes under review including use of basic terminology and how this affects scope and practice; each college has its own language or definition on various practice issues (eg. Difference between 'delegation' and 'assignment')
  - More work on policy/practice implementation on nursing diagnosis changes; perioperative; dispensing meds, cannabis dispensing, wound care anaphylaxis and hypoglycemia.
  - PN curriculum changes – hoping for more skills to be covered under basic entry level graduate competency.
  - Scope of practice document – 37 areas where onus is on the employer, hoping to see less emphasis on additional education by the employer when this document is revised

### **8. Open Practice discussion PN (report from Educators day)**

- On-boarding – SPECO, confidentiality, new student orientation, VP modules, etc. Fit testing
  - Some programs book lab time so that students can have mentorship through the process; not hard content, but the technology is not user-friendly.
  - Courses changed to web-based process – the Learning Hub – students can access from home
    - IH – SPECO/VP modules better access to courses; IT confidentiality agreement online – working on how to get this piece covered. Suggestion that it is covered via HSPnet / BC practice guidelines; IHA the only HA that does not have an additional confidentiality form
    - CNC PG uses class time to guide students through the requirements; uses this to supplement/augment learning concepts. Selkirk does this also.
    - Douglas college – class time spent; computer issues; non-instructor led
    - VCC uses an assignment-based process in HCA intro to practice course
    - Completion checklist is embedded in a certain module so needs to be pulled out for better access

- CPR remote sites hard to recert – each HA may have different guidelines so programs may have to create their own policies.
- Fit testing – do all HAs require this yearly?
  - Some only in acute care (IH) and some require it in all practice setting. Some use contractors, some in-house trainers/providers; some charge and some do not. Roughly 25-30\$ per student if there is a cost.
  - Island Health if students go in to any IH setting they must be fit tested
  - VCC HA all students are tested
- Some colleges do it with private providers, one has an in-house trainer
- Medication policy (Health Authority reps to investigate - defer to spring)
  - Follow up from Northern Health Medication Safety officer Nov, 2017:
    - In review of the Narcotic and Controlled Drug Policy I don't see that requirement.
    - The High Risk/High Alert Medications Requiring an Independent Double Check does have a Student practice section see page 4.
    - This is the first I have heard about this – maybe the CNE group can weigh in also?
    - I am of the understanding that the instructor does double check the 10 rights and is with the student from opening of the narc cupboard to the bedside verifications.

## 9. Ministry of Health Report –Manna Saunders

- The new government was sworn in July 2017 with the Honourable Adrian Dix as the new Minister of Health (MoH). The new Mandate Letter outlines Ministry priorities including making substantive progress on prioritizing the provision of team-based primary care by establishing urgent family-care centres across the province; and working with the Parliamentary Secretary for Seniors to improve and strengthen services to ensure seniors receive dignified and quality care.
- The Ministry of Mental Health and Addictions is a new Ministry led by the Honourable Judy Darcy. The mandate for this Ministry will focus on policy, monitoring, evaluation and research, and youth mental health, and its first priority will be to work to develop an immediate response to the opioid crisis.
- Changes within our division/branch
  - The Education, Recruitment and Retention Initiatives (ERRI) Branch, and the Professional Regulation and Oversight Branch, have been integrated into a new Division – the Clinical Integration, Regulation and Education Division under the leadership of David Byres, Chief Nurse Executive & Assistant Deputy Minister. This realignment of work will help facilitate improved integration of practice, education and regulation.
  - Ted Patterson, previous Assistant Deputy Minister (ADM) for the Workforce Planning, Compensation and Beneficiary Division is now the ADM for the Primary and Community Care Policy Division.

- Nursing Policy Secretariat Consultation Report
  - Within MoH, the Nursing Policy Secretariat has been established with David Byres appointed as the Chief Nurse Executive.
  - David is leading the work of this secretariat, focusing on the optimization of the role of nursing.
  - For this nursing policy work, David is also taking into consideration Mary Ellen Purkis' report and recommendations.
  - To inform the work for the Nursing Policy Secretariat, David has completed significant consultations with over 1,700 nurses working in direct care roles across the province.
    - David is currently developing a draft set of recommendations for a provincial nursing policy which will undergo review by the Minister of Health.

**10. Michelle Glubke (BCCampus) & Debbie Sargent (VCC, Dean Rep for HCA/PN)**

- PN Curriculum revision update (update and feedback links emailed out to group Monday, October 30<sup>th</sup>, 2017)
- Open, free indigenous resources for professional learning available at [www.bccampus.ca](http://www.bccampus.ca)

**11. Deans and Directors report for PN & HCA programs** (Debbie Sargent)

- D&D meet tomorrow so no current update
- From last spring: 25k nurses still needed; 150 special seats (??)
- NECBC response to Purkis report; recommendations included
  - Establish organizational structure for educator feedback
  - Transition models for new grads in the workplace
  - Support improved workplace culture – retain nurses in specialty areas
  - Focus on faculty shortage to train nursing students
- FNHA reported during that meeting – cultural safety and humility [www.fnha.ca](http://www.fnha.ca)

**12. CLPNBC Report**

- Sara Telfer
  - Regulation discussion (3 regulators under one) at ministry level for discussion
  - Canadian Practical Nursing Registration Exam – new developer (Yardstick Assessment Strategies Inc. - YASI)
    - What can we learn with the exam results stats? QI info
  - Registrant issues and trends
    - Graduates working without being registered/licensed
    - Dishonesty and character issues
    - What do the registrant unlicensed numbers mean? Are these new grads or renewals? Mostly renewals.
    - What types of employers are these non-licensing issues occurring? Primarily private employers; not usually health authorities
- Sandra Regan
  - Review of program recognition changes / updates on policy coming Jan'18



## PN + HCA Fall 2017 Articulation meeting minutes

- PN curriculum revisions – programs will need to update CLPNBC with dates for including this new curricular changes to program (notice of intent NOI)
- Jurisprudence assessments – LPNs need to do this test prior to getting licensed or re-licensed. Oct 31 deadline each year.

### 13. BCCAT - Ruth Erskine (report/update attached in email)

- John Fitzgibbon retiring by end of this year

### 14. PN Canada / LPNABC - Anita Dickson (regrets)

### 15. Lou Black & Stephen Elliot-Buckley (HEU)

- HCA day
  - Review of issues for HCA practice; violence rates (LTC 9% versus AC 4%) increasing rates since 2012 = ~35 issues per month
  - Rushing residents through care; reduced flexibility with resident-centered care; staffing shortages; retention of HCAs (r/t contracting out, wages, work conditions, etc.)
- HEU Finance/budget
  - Looking at consistent funding for programs across the province
- Shiftwork survey
  - Bargaining associations working on working conditions across health authorities
  - Committee struck to look at shiftwork to mitigate negative health outcomes
  - Employers sent out survey looking at HCA feedback on shiftwork (rotation issues); closed a few day ago with 200+ responses
  - Negative health outcomes that shift workers are experiencing
- Senior advocate survey
  - LTC issues and factors that lead to poor care, negative care outcomes
  - Isolation, flexibility of care needs are not timely
  - Recommendations to look at improving the factors that may be impacting these issues.

### 16. Open Practice Discussion HCA

- Anxiety reported in spring minutes associated with student impact/ reasons for struggling or attrition. COTR sent group to MH workshop that happened to be available – results was rave reviews! MH course is not deliberately put into curriculum but integrated in various courses as a light 'theme' or 'thread'. Much of the issue is related to relational issues that are mitigated via campus/institutional student supports. Much of the attrition is r/t mental health issues.
- Union initiatives on MH supports and training for health care professionals
- HCA 'scope of practice' or skills

### 17. Closing remarks, outstanding issues, dates for spring 2018

- Rhonda to send out survey to capture feedback on the shared day
- Good use of time/shared knowledge

PN + HCA Fall 2017 Articulation meeting minutes

- HA like to hear the program reports
- Room booking can be an issue – especially in the spring due to exams

***Tentative dates:***

- ***HCA Educator Day – April 17***
- ***Shared Articulation Day – April 18***
- ***PN Educator Day – April 19***

**Appendix A – attendees (membership)**

EDUCATORS		
Affiliation	Name / Program / Role	Attendance
Camosun	Karen Nielsen – HCA/PN interim Chair	✓
Capilano	Carol Tanner – HCA Chair	✓
C. of New Caledonia	Joleen Warmerdam – HCA Lead	✓
C. of New Caledonia	Jacque Scobie – PN lead	✓
C. of the Rockies	Sandi Hill – HCA/PN Chair	✓
Douglas	Shelley Goertz- HCA Chair	✓
Kwantlen	Arleigh Bell – HCA Chair	✓
Nicola Valley IT	Heather Klatt – HCA/PN Chair	✓
North Island College	Laurie Bird – HCA Chair	✓
North Island College	Leslie Stuart – PN Chair	✓
Northern Lights CC	Lana Sprinkle – HCA/PN Chair	✓
Northwest CC	Jody Stone – HCA Chair	regrets
Okanagan CC	Angela Godler – HCA Chair	✓
Okanagan CC	Suzanne Bailey – PN Chair	✓
Selkirk	Sarah Lechthaler – HCA Chair	✓
TRU	Rhonda McCreight- HCA/PN/BScN Coordinator	✓
TRU	Michelle Seibel - HCA/PN Chair Kamloops Sent designates (Lanette Nordick/Jessica Chardon)	✓
Univ. of the Fraser Valley	Gianina Bocsanu – PN/HCA Coordinator	✓
Vancouver CC	Judy Christie – HCA Chair	✓
Vancouver CC	Julie Gilbert – PN Chair	✓
Vancouver Is. Univ.	Wendy Wagner - HCA, PN Chair	✓
Native Education College	Pooran Quasimi – HCA lead	regrets
Private Rep	Ester Aquilara – HCA/PN Sprott Shaw; Private rep	✓

PN + HCA Fall 2017 Articulation meeting minutes

ARTICULATION PARTNERS		
Affiliation	Name/Program/Role	Attendance
Vancouver Coastal	Lisa Bauer	regrets
Island Health	Sandy Judge	✓
Interior Health	Tricia McBain	✓
Fraser Health	Baljit Lail	✓
FNHA	Leona Smith	✓
Northern Health	Sheila Gordon-Payne	teleconference
BC Care Aid and Support Worker Registry	Bruce Bell Sarina Corsi Lara Williams	✓
CLPNBC	Sandra Regan Janice Penner Sara Telfer Karen Turner - regrets	✓ ✓ ✓
PN Canada / LPNABC	Anita Dickson	regrets
Continuing Studies	Rebecca Bennett	✓
BCCAT	Ruth Erskine	✓
Deans and Directors	Debbie Sargent (VCC Dean Rep for PN/HCA)	✓
Unions	Lou Black & Stephen Elliot-Buckley (HEU) Patricia Wejr (BCNU)	✓ Both ✓
Ministry of Health	Karla Biagioni Manna Saunders	Regrets ✓
WorkSafe BC	Heather Middleton	✓ teleconf
BC Campus	Michelle Glubke – PN Curriculum revisions	✓

**Appendix B – Program Updates (Practical Nursing)**

Institution	2017-18 intake	Second year
CNC	Sept 30 yr 1	20 remaining
CNC Quesnel	0	0
Camosun	32 generic 12 international	33
COTR	32	27
NLC	21	10
OC	<b>September</b> 26 Kelowna 15 Salmon Arm <b>Jan 2018</b> 26 - Kelowna 20 - Penticton	Jan – Kelowna 24 Penticton 17 Vernon 13 Kelowna 19 (Dec grad)
VCC	44 generic 33 PNAP 44 in Jan'18	95 total - 3 cohorts
NIC	20	18
TRU	14	19
VIU	32	29 Nanaimo 13 Cowichan
UFV	16	16
NVIT	0	12

**Appendix C – Program Updates (Health Care Assistant)**

Institution	2017-18 intake	2016-17 grad numbers
CNC	30	26
CNC Vanderhoof	15	6 in Ft St John
Camosun	106	118
Selkirk	32 (down to 31)	Fall 2016 35 graduated
COTR	Enrolled Sept 2017 (current)  Cranbrook– 27 Creston – 16 Invermere – 16	Grads March 2017  Cranbrook– 24 Creston – 15 Ferne – 15
NLC	22	14
OC	30 (Kelowna – August 2017/18) 20 (Penticton 2017/18) 30 (Vernon 2017/18) 12 (Revelstoke Sept AVED)	19 (Kelowna – May 2017)  19 (Salmon Arm – May 2017)

PN + HCA Fall 2017 Articulation meeting minutes

VCC	<p><b>3 intakes of 36 students per year</b>                      May-Nov, 2017- Currently at 32 students                      Sept- March 2018- Currently at 36 students                      Jan 2018 – 36 seats  <b>HCA/ESL program:</b>  <b>1 intake of 24 students per year</b>                      Sept-June 2018- Currently at 25 students</p> <p><b>Acute Care Citation</b>  <b>2 cohorts of 16 students</b>                      Nov 1, 2017- March 29, 2018- Currently at 11 students with no waitlist</p>	<p>Reg HCA                      Jan 3, 2017- July 14, 2017- Graduated 35.</p> <p>HCA/ESL                      Sept-June 2017- Graduated 23.</p> <p>Acute group                      March-July 2017- graduated 14                      May-Sept 2017 – graduated 7</p>
NIC	39 (Sept) 10 (Jan)	80 over two sites 2016-17
TRU	32 (Sept 2017) 32 (Jan 2018)	63 grads
TRU – Wms Lk	24 Feb 2018	22 grads (Feb-Aug 2017)
VIU	Nanaimo 34  Cowichan 24  Powell River 16	<p><b>Sept 2016</b>                      Nanaimo 32                      Cowichan 20                      Powell River 14  <b>Feb 2017</b>                      Nanaimo 27</p>
UFV	21	20 in March 15 June 2017
NVIT	18 Seabird Isl 7 Riske Creek	12 grads Prince Rupert
Douglas	32	April 2017 - graduated: 25 July 19 2017 - graduated: 22 July 5 2017 - graduated: 30
Capilano	15 (Sunshine Coast Sept 2017) 22 (N. Van Sept 2017) 20 (N.Van May 2018)	18 (North Van July 2017)
Kwantlen Polytech	30	?
NWCC		
Yukon College	15 (max) enrolled 2017-2018	12 grads 2017