LPNs are professional nurses and work within their own scope of practice, standards of practice and code of ethics. As one of two categories of professional nurses in Newfoundland and Labrador, LPNs are involved in the assessment, planning, implementation and evaluation of nursing care.

The Practical Nursing Program in Newfoundland and Labrador is a four (4) semester program that prepares graduates to care for clients across the lifespan in institutional and community based settings within the approved scope of practice. The program prepares its graduates to function as members of the health care team in the provision of independent and interdependent client care. The practical nursing program provides learning experiences to enable graduates to acquire the knowledge and skills necessary to:

- Provide competent nursing care;
- Function effectively as a team member;
- Facilitate client participation in care decisions;
- Advocate for clients and healthy public policy; and
- Assume a leadership role in decision making.
Annual General Meeting

Date:.................................................................................................................................June 18th, 2013
Time:..........................................................................................................................................1500 hrs
Location:...............................................................................CLPNNL, 9 Paton Street, St. John’s, NL

Annual General Meeting Agenda

Call to order
Approval of Minutes of 2011/12 Annual General Meeting
Report of the Chairperson and Executive Director/Registrar
Approval of Auditor’s Report for 2012/13
Appointment of Auditor for 2013/14
Adjournment
The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) is the governing body for Licensed Practical Nurses (LPNs) in Newfoundland and Labrador. Its mission is to protect the public through the promotion of efficient, ethical nursing care, regulation of licensed practical nurses practice, the licensure of Practical Nurses and setting the strategic direction for the CLPNNL.

Established by statute, but at arm’s length from the provincial government, the CLPNNL develops the criteria for eligibility as a Licensed Practical Nurse (LPN) in Newfoundland and Labrador and sets the Standards of Practice and Code of Ethics that must be met and adhered to in order to maintain that designation. Only those with a valid license from the CLPNNL can practice as a licensed practical nurse in Newfoundland and Labrador and use the titles “Licensed Practical Nurse” or “Practical Nurse.” The CLPNNL has approximately 2421 members and is the second largest group of nurses within the discipline of nursing in Newfoundland and Labrador.

Under the Licensed Practical Nurses Act and Regulations, the CLPNNL are obligated to:

- Determine the education requirements and licensing standards that must be met in order to obtain a license to practice as a LPN;
- Establish the Standards of Practice and Code of Ethics with which LPNs must comply;
- Evaluate programs for the education of practical nurses in the province to determine whether these programs are operating in compliance with the prescribed standards;
- Develop and publicize the functions and areas of competence of and standards of practice for LPNs; and
- Provide a discipline process for people (members of the public) who feel the Standards have not been met.

Provincial laws, especially The Licensed Practical Nurses Act, provide the legal framework for practical nursing and give the CLPNNL the responsibility for carrying out practical nursing regulations to protect the public interest.

About the Practical Nursing Profession

LPNs are professional nurses and work within their own competencies, standards of practice, and code of ethics. LPNs are involved in the assessment, planning, implementation, and evaluation of nursing care. LPNs study from the same body of nursing knowledge as registered nurses (RNs) - with a more focused approach in foundational knowledge, critical thinking, and clinical judgment to suit the LPN role of today. LPNs have the knowledge, skill, judgment, and abilities to contribute in all phases of the continuum of care - from prevention to acute treatment and management, to long term and palliative care. LPNs in Newfoundland and Labrador assume full responsibility for their own practice. As trusted and respected professional nurses, LPNs serve individuals, families, and groups, assessing their needs and providing care and treatments as appropriate. LPNs advocate for clients and for the human, physical, and financial resources necessary to provide safe, quality nursing care.

Governance of the College of Licensed Practical Nurses of Newfoundland and Labrador

In accordance with The Licensed Practical Nurses Act and Regulations the CLPNNL as the governing body of the CLPNNL has a Board comprised of six elected LPNs, three Public Representatives appointed by provincial government, one representative from the Centre for Nursing Studies (parent institution responsible for delivery of Practical Nursing Education), and the Executive Director/Registrar as an ex-officio member.
Report of the Chairperson and Executive Director/Registrar

We have been entrusted with an immense responsibility as the profession’s self-regulation of 2421 LPNs. The College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) role for ensuring safe, competent and quality care is supported by the authority established in legislation, by-laws and board and operational policy.

This Annual Report highlights activities in meeting the goals and objectives of the Strategic Plan. The report outlines how the CLPNNL is “living its vision and mission”, and meeting the strategic direction for 2012/13.

ADVANCING OUR STRATEGIC DIRECTIONS

Our last strategic plan that covered the five-year period of 2007 to 2012, focused on two strategic directions:

1. Establish entry to practice requirements so that by March 31, 2012, all LPNs providing nursing services would have a full set of entry level competencies.

2. Promote and enhance the image and professionalism of LPNs in the province.

The CLPNNL has fully accomplished the first strategic direction. As of March 31, 2012, all CLPNNL members must meet entry to practice requirements. This was not an easy achievement as a large number of practicing LPNs were required to complete mandatory education to meet the new requirements. In addition, considerable effort was required by practical nursing educators and the health care system to support this significant change. We want to honour all our partners and to the LPNs who rose to the challenge.

Benefits of the new entry to practice requirements are already being realized. Health care employers, other health care providers and LPNs themselves are recognizing the positive changes in the workplace. The new entry requirements are also helping the CLPNNL strengthen its regulatory mandate of public protection.

We have to come to realize that the promotion and enhancement of the LPN image and professionalism will be an ongoing focus for us. We have undertaken significant efforts to promote LPN mandatory entry-level requirements and other communication initiatives with our partners to build a stronger and more positive professional image.

STRATEGIC DIRECTIONS: 2013-2016

For the period 2013 to 2016, we have developed three new strategic directions as follows:

**Direction 1:** Implement an assertive communication strategy designed to secure a strong identity for the profession and pride among members and stakeholders.

LPNs are gaining respect throughout the province’s health care system and among all stakeholders. This is founded in large part on the strong partnerships CLPNNL has nurtured over the years. The CLPNNL’s identity and communication practices need to be updated and invigorated as a means to instilling even greater respect and pride in the LPN profession within the province. In turn, this will strengthen the profession and the career opportunities open to LPNs.

**Goals**

A. Develop and implement a communications strategy founded on three pillars: a refreshed visual identity, an empowered workplace identity, and a reliance on the use of social media tools.
B. Engage at the national level, on both a Board and an organizational level, to exchange best practices and leverage new partnerships that help position Newfoundland and Labrador’s LPNs as being among the most progressive in the country.

C. Create a new staff position or contract professional services to implement the communications strategy.

**Direction 2: Empower members to become leaders in their profession.**

The CLPNNL has achieved its goal to increase LPNs’ scope of professional practice and to promote a strong, positive image of LPNs in the workplace and within the public eye. LPNs must now become leaders in their own careers and in the profession. As self-motivated leaders, they will influence others in recognizing the role of LPNs, create opportunities for their own advancement, and increase their leadership abilities in the workplace.

**Goals**

A. Widely communicate, among LPNs, the definition of leadership in today’s evolving health care setting, and the opportunities to apply leadership in the day-to-day work life of LPNs.

B. Develop (or adopt existing) leadership courses to offer as part of CLPNNL’s continuing education curriculum. Begin with a leadership basics workshop and, based on interest, expand to a more in-depth nursing leadership series.

C. Recognize outstanding examples of LPN leadership as a means to model and define leadership among the broad membership.

**Direction 3: Review and improve the CLPNNL’s organizational capacity to ensure continued value to members and the province’s health care profession.**

In recent years, the CLPNNL’s work has changed and grown in multiple ways: from developing and overseeing new education standards; to introducing an expanded scope of practice; to enforcing the Code of Ethics and Standards of Practice. In this same period, few changes have been made to the organization’s staffing and resource commitments. The CLPNNL must also have the capacity to deliver its full scope of services and to continue advancing the education and competencies of its membership.

**Goals**

A. Update the CLPNNL’s staffing structure to reflect the current and emerging priorities and strategic directions, paying specific attention to the areas of communication and discipline. Included in this goal, assess the CLPNNL’s areas of risk to ensure the organization is not at risk of losing key talent, organizational infrastructure, corporate knowledge and/or other capabilities.

B. Revisit the CLPNNL’s By-laws to determine if updates are needed to reflect the current governance and operating environment.

C. Lay the groundwork, including a strategy and implementation plan, for a continued competency program for the province’s LPNs.
PROVINCIAL INITIATIVES

Implementation of the Competency Profile for LPNs in NL

The Competency Profile includes the knowledge, skills, behaviour and attitudes required by a LPN in NL. The competencies identified include those attained in a basic education program as well as advanced competencies learned through further education, experience and on the job training. The main purposes of the Competency Profile are to:

- Outline the competencies of LPNs;
- Provide a foundation for a future continuing competency program;
- Serve as guidelines for the development of assessment, maintenance and enhancement of competence of the LPN;
- Provide guidance for the development, evaluation and approval of practical nurse education programs; inform employers and other stakeholders of the competencies of the LPN; and
- Guide long term manpower planning for health services.

Over the last year, many presentations were held throughout the province to provide a detailed orientation to key stakeholders about the Competency Profile and its intended use. As a consequence, significant improvement in the utilization of LPN scope of practice has been occurring. Indeed, the Regional Health Authorities (RHAs) are telling us that the Competency Profile has been instrumental as a tool to support implementation of new models of nursing care delivery.

Canadian Practical Nurse Registration Examination (CPNRE)

Jurisdictions in Canada are responsible for ensuring those applying for licensure as a Practical Nurse meet an acceptable level of competence. This level of competence is measured in part by the CPNRE. The CPNRE is the final step in the licensure process and is administered three (3) times a year in January, May and September.

The Canadian Practical Nurse Registration Examination is prepared by and purchased from Assessment Strategies Incorporated (ASI). The CLPNNL is an active participant in the development of the examination with representation on the Client Advisory Group, Examination Committee, Blueprint Committee, Competency Review Committee and Standard Setting Committee.

Newfoundland and Labrador graduates continue to score among the top in the country through the three writings of the CPNRE of this past year. The following table contains NL statistics as prepared by ASI for the period of April 1, 2012 to March 31, 2013:

<table>
<thead>
<tr>
<th>ASI Statistics for NL: Fiscal Year 2012/13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of Candidates</th>
<th>1st Exam</th>
<th>Repeat Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered</td>
<td>144</td>
<td>10</td>
</tr>
<tr>
<td>Writing</td>
<td>144</td>
<td>9</td>
</tr>
<tr>
<td>Not Writing</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Passing</td>
<td>133</td>
<td>8</td>
</tr>
<tr>
<td>Failing</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>% Passing</td>
<td>96%</td>
<td>93%</td>
</tr>
</tbody>
</table>
Practical Nursing Program – Centre for Nursing Studies (CNS)

The Centre for Nursing Studies in accordance with The Licensed Practical Nurses Act has been designated by the CLPNNL as the parent institution for delivery of Practical Nursing Education in the province. Based on a human resource need identified in collaboration with employers, the CLPNNL grants permission to the CNS to broker the Practical Nursing Program through various sites of the College of the North Atlantic.

The Practical Nursing Program is a four (4) semester diploma program that prepares graduates to provide nursing care for clients across their lifespan in institutional and community based settings within the approved scope of practice for LPNs in Newfoundland and Labrador. The program prepares its graduates to function as members of the health care team in the provision of independent and interdependent client care.

There were thirty-nine (39) graduates from the Practical Nursing Program at the CNS in December 2012. There are currently thirty-five (35) students enrolled in the program at the CNS who are due to complete the program in December 2013. The CNS will have another intake of approximately seventy-five (75) students in September 2013.

Practical Nursing Program - College of the North Atlantic – Corner Brook Campus: There were twenty-six (26) graduates from the Practical Nursing Program at this site in December 2012. There are currently thirteen (13) students enrolled in the program at this site who are due to graduate in December 2013. This site will have another intake of twenty-four (24) students in September 2013.

Practical Nursing Program – College of the North Atlantic – Grand Falls-Windsor Campus: There were twenty-two (22) graduates from the Practical Nursing Program at this site in December 2012. There are currently eighteen (18) students in the program at this site who are due to graduate in December 2013. This site will have another intake of approximately thirty-five (35) students in September 2013.

Practical Nursing Program – College of the North Atlantic – Burin Campus: There were twelve (12) graduates from the Practical Nursing Program at this site in December 2012.

Practical Nursing Program – College of the North Atlantic – Clarenville Campus: There were ten (10) graduates from the Practical Nursing Program at this site in December 2012. There are currently five (5) students in the program at this site who are due to graduate in December 2013. This site has been approved to have another intake of approximately sixteen (16) students in September 2013.

Practical Nursing Program – College of the North Atlantic – Bay St. George Campus: There were seven (7) graduates from the Practical Nursing Program at this site in December 2012.

Practical Nursing Program – College of the North Atlantic – Happy Valley-Goose Bay Campus: There were twelve (12) graduates from the Practical Nursing Program at this site in December 2012.

College of the North Atlantic – St. Anthony Campus: There were fifteen (15) graduates from the Practical Nursing Program at this site in December 2012.

Post-Basic Medication Administration Course: The post-basic medication administration course is a four (4) month course offered via distance education through the CNS. The course includes twenty (20) self-learning modules, a one (1) week lab, clinical experience on site and a preceptorship component. The course is designed to enable the LPN to acquire the necessary knowledge and practice expertise to safely administer medications. There was one (1) LPN who completed this course during the past fiscal year.
Post Basic Gerontology Course: The post-basic gerontology course is offered through the CNS through distance education. This course is designed to enable LPNs to acquire the necessary knowledge and practice expertise to care for older persons in all health care settings. The course includes thirteen (13) self-learning modules and a clinical component. There were thirteen (13) LPNs who completed this course this past fiscal year and there are twenty-two (22) currently enrolled in the course.

Post Basic Health Assessment Course: The post-basic health assessment course for LPNs is offered through the CNS. The course is a thirteen (13) week self-paced distance delivered course consisting of ten (10) self learning modules and three (3) lab sessions. There are two (2) written examinations and one (1) lab examination. The health assessment course provides the LPN with the knowledge and skills to assess adult clients. Three (3) LPNs successfully completed this course in 2012/13.

LPN Re-Entry Program: This program is offered through the CNS and is an individualized program of instruction designed to meet the needs of practical nurses in the province that have not practiced a sufficient number of hours to maintain licensure. This program is offered through distance education and may be completed anywhere in the province. In 2012/13, three (3) LPNs completed the re-entry program and there is two (2) LPNs currently enrolled in the program.

Advanced Foot Care: During 2012/13 twenty-eight (28) LPNs completed this course. There are currently twenty-seven (27) enrolled in the course.

Competency Modules: The following modules are available through the CNS for those LPNs who did not gain these competencies as a component of their original basic Practical Nursing education.

<table>
<thead>
<tr>
<th>Name of Module</th>
<th>Number of LPN’s who completed the module during 2012/2013</th>
<th>Number of LPN’s currently completing the module for 2013/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intramuscular Injections</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>I.V. Therapy, Blood &amp; Blood Products</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Immunizations</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Administrations of I.V. Medications</td>
<td>68</td>
<td>10</td>
</tr>
</tbody>
</table>
The CLPNNL continued to advocate for the implementation of the recommendations as outlined in the LPN Workforce Model Report that was completed in January 2012. As noted in the final report, there are significant opportunities to improve utilization and well-being of the LPN workforce. Focus on staffing and scheduling practices, utilization of support staff, work processes, illness/injury rates, and other areas could yield significant improvements.

Results and Recommendations: Adjusting supply to balance demand at the provincial level, an optimal seat capacity at the provincial level is estimated to be 185 for intakes starting in 2012, increasing by five annually thereafter. There is an excess capacity of 44 funded seats (229 minus 185), and current funded seat distribution does not match localized demand. St. John’s is estimated to be about half of the required seat capacity while all other sites with the exception of Grand Falls-Windsor are currently over-capacity.

The Working Group considered several factors in determining recommended sites and seat capacities including calculated seat demand for catchment areas, feedback from RHAs, a minimum suggested class size of 16 seats, program requirements for faculty, clinical placements, infrastructure and other factors.

Existing, calculated, and recommended seat capacities are as follows:

<table>
<thead>
<tr>
<th>SITE</th>
<th>EXISTING FUNDED SEAT CAPACITY</th>
<th>CALCULATED SEAT DEMAND</th>
<th>RECOMMENDED FUNDED SEAT CAPACITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. John’s, CNS</td>
<td>40</td>
<td>89</td>
<td>79</td>
</tr>
<tr>
<td>Clarenville</td>
<td>24</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Grand Falls-Windsor</td>
<td>35</td>
<td>38</td>
<td>35</td>
</tr>
<tr>
<td>Corner Brook</td>
<td>40</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Stephenville</td>
<td>30</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Floating Site</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Burin</td>
<td>18</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>St. Anthony</td>
<td>24</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Happy Valley-Goose Bay</td>
<td>18</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>229</strong></td>
<td><strong>185</strong></td>
<td><strong>185</strong></td>
</tr>
</tbody>
</table>
Labour Mobility

Since 1995, the Canadian regulators for practical nursing in Canada have been working with the federal and provincial governments to improve mobility of LPNs within Canada. On January 16, 2009, the federal government and provincial Premiers signed a new Agreement on Internal Trade (AIT). The intent of this agreement is to allow full mobility of regulated professionals who are licensed in one province or territory to have access to employment opportunities elsewhere in Canada. This is without having to complete additional training, experience, examinations or assessments as part of the registration/licensure process within the receiving jurisdiction. This includes health professionals such as LPNs. The new AIT came into effect on April 1, 2009 and as the regulatory body for LPNs, the CLPNNL is required to comply with this agreement.

The CLPNNL supports full mobility of LPNs and is working with other jurisdictional governments to enable labour mobility and to ensure compliance with the agreement without compromising the standards of practice for LPNs.

On February 2012, a meeting on the Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications was held in Montreal for the profession of Practical Nursing. The objectives of this meeting were:

- To establish a shared understanding of the Pan-Canadian Framework and its application.
- To identify potential areas for collective action that support LPN regulators and other stakeholders to improve the labour market integration of internationally-educated LPNs.

Quality Professional Practice Environment Project (QPPE)

Quality Professional Practice Environment (QPPE) is the term used to identify the attributes of a good place to work. The QPPE Project is a joint initiative under the leadership of the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) and the CLPNNL. The program was developed in response to nurses’ concerns about their ability to provide quality client care in challenging practice environments. It is designed to assist nurses and their employers to create and maintain quality workplaces using an action research framework that empowers nurses to develop practical solutions to their unit’s unique challenges.

During 2012/13, the QPPE Project continued to provide assistance for nurses and their employers to create and maintain quality workplaces. Since 2005, seventeen (17) sites have participated. In 2012/13:

- Two new groups have started in Bonne Bay and Bay St. George;
- An evaluation of the QPPE program is underway to identify and explore long term outcomes associated with participation in the QPPE program. A final report will be available upon completion; and
- QPPE’s first regional facilitator, Barbara Elliott joined the team and is testing the train-the-trainer approach in the Western region.

To date, approximately seven hundred (700) nurses have participated and are utilizing the QPPE program to empower them to solve problems, influence change and to create quality workplaces. Supporting the quality of nurses’ professional practice environments is a priority for the CLPNNL. The QPPE program continues to provide assistance for nurses and their employers to create and maintain quality workplaces.
Discipline Review Process

The CLPNNL is committed to resolving allegations against LPNs based on the principles of procedural fairness, transparency and due diligence. Each allegation received by the CLPNNL is taken seriously and reviewed thoroughly to determine the appropriate course of action. The Licensed Practical Nurses Act and Regulations set out the approaches for addressing unprofessional conduct to protect the public from incompetent or unethical practitioners. Less than one per cent (1%) of the membership are involved in the discipline process each year. The allegations being received by the CLPNNL are becoming more complex, usually involving more than one allegation of unprofessional conduct. The most significant and disturbing allegation types involve verbal abuse, physical abuse and substance abuse.

There were ten (10) new allegations of professional misconduct or conduct deserving of sanction filed with the CLPNNL against nine (9) LPNs during 2012/13.

NATIONAL INITIATIVES

Canadian Council for Practical Nurse Regulators (CCPNR)

The CCPNR is a federation of provincial regulators responsible for the profession of practical nursing in Canada. The CCPNR provides a collective voice on matters affecting practical nurse regulation. The focus of CCPNR is promotion of regulatory excellence and continued harmonization of the LPN profession within member jurisdictions.

National Nursing Assessment Service Project (NNASP): The CCPNR is currently involved in the NNASP. After nearly three years of extensive consultation and active engagement, twenty-three (23) Canadian nursing regulatory bodies (10 Registered Nurses, 9 Licensed Practical Nurses and 4 Registered Psychiatric Nurses) supported the creation of a national service to assess the substantial educational equivalence of internationally educated nurses (IENs) applying for licensure in Canada. The OIIAQ and OIIQ in Quebec deferred participation, and LPNs are not self-regulated in Yukon, Northwest Territories/Nunavut. Human Resources and Skills Development Canada (HRSDC) has been engaged throughout the process as the main funding partner and are prepared to fund the majority of costs associated with the implementation.

The value proposition of NNASP has been confirmed by nurse regulators and is focused squarely on addressing the current and anticipated shortage of qualified nurses in Canada. This effort has been driven by and aligns with the Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications published by the Forum of Labour Market Ministers. It will provide enhanced reporting and analysis capabilities allowing stakeholders, including governments, better insight into IEN assessment activities and trends. Nursing regulatory bodies are relying on the stakeholder commitment to collaborative action outlined in the framework to achieve the desired outcomes.

The NNAS Project Management Committee (PMC) obtained funding from Human Resources Development Canada to move forward with development of the NNAS over an 18-month period that started in the summer of 2012. A brief pilot will be conducted prior to full national implementation in early 2014. Development of by-laws and governance structure for incorporation in Canada as a not-for-profit corporation was completed and incorporation has been granted by Industry Canada, in which participating regulatory bodies are now owners/members.
To create the NNAS, a development project was completed and a contract was negotiated with the Commission on Graduates of Foreign Nursing Schools. This approach has been approved by all twenty-three (23) regulatory bodies and includes a comprehensive set of guiding principles, a governance model, a financial model and a staged implementation plan designed to achieve a fully sustainable NNAS in four (4) years.

The NNAS official kick off meeting April 12, 2013 in Toronto was by all accounts a success – feedback has been positive that the event accomplished its objectives. A detailed twenty-two (22) month Master Project Plan which maps and will manage all project dependencies and timelines.

Evidence-Informed Nursing Care Delivery Models across the Continuum of Care Project: CCPNR continues to participate in the Evidence-Informed Nursing Care Delivery Models across the Continuum of Care Project. This project initiated by the Canadian Nurses Association in 2010 and funded by HRSDC, involved LPNs, RNs, Registered Psychiatric Nurses, and Unregulated Care Providers.

The project involved an extensive review and update to the 2005 Evaluation Framework to Determine the Impact of Nursing Staff Mix Decision (CNA, Canadian Practical Nurse Association, Canadian Council for Practical Nurse Regulators, & Registered Psychiatric nurses of Canada). A comprehensive literature review and consultation was conducted, with Pan-Canadian surveys, focus groups, expert-small discussion groups, Pan-Canadian Delphi survey, and advice from the CNA Task-Force throughout. The new framework, Staff Mix Decision-making Framework for Quality Nursing Care, was released in March 2012.

Staff mix decision-making is a complex and systematic process developed according to guiding principles and carried out after a careful assessment of client, staff and organizational factors and evaluation of client, staff and organizational outcomes. The Staff Mix Decision-making Framework for Quality Nursing Care incorporates key client, staff and organizational factors and outcome indicators that, when addressed within the context of current evidence and nursing care delivery models, contribute to effective staff mix decision-making. The ultimate goal of the framework is to achieve positive outcomes for clients, staff and organizations.

Inter-Jurisdictional LPN Project: The CCPNR recently completed this two-part project to improve and expedite the assessment and integration of International Educated Nurses (IENs) into the Canadian health care system. This will be achieved by:

- Establishing consistent, objective methods to assess practical nursing applicants and internationally educated registration candidates; providing guidance and support for the national registration examination for practical nursing (Canadian Practical Nursing Registration Examination) by describing the entry to practice competencies for a Practical Nurse entering the profession in Canada;
- Providing an evidence based description of the requisite skills and abilities (i.e., personal, physical, and emotional requirements) of the practical nursing profession for anyone considering practical nursing as a career and for educators and regulators in decisions regarding applicant suitability;
- Establishing an inter-jurisdictional Code of Ethics and Standards of Practice for the LPN profession (with the exception of Ontario); and
- Broadly adopt the Standards of Practice within the LPN profession to increase the harmonization and ease of mobility in Canada for both the Canadian LPN and for the IEN.
The first part of this project focused on establishing inter-jurisdictional requisite skills and abilities and entry level competencies for the practical nursing profession in Canada. Part two of the project consisted of the development of a Code of Ethics and Standards of Practice for the LPN profession. A common entry-level competency document, requisite skills document, and Code of Ethics and Standards of Practice will further harmonize and enhance mobility for the LPN within Canada. This level of standardization will also facilitate the ease of mobility for the IEN. The following documents were the end result of the project:

1. Requisite Skills and Abilities - Becoming a Licensed Practical Nurse in Canada
2. Inter-Jurisdictional Entry to Practice Competencies for Licensed Practical Nurses
3. Inter-Jurisdictional Code of Ethics for Licensed Practical Nurses
4. Inter-jurisdictional Standards of Practice for Licensed Practical Nurses

Inter-Jurisdictional LPN: The Inter-Jurisdictional LPN project was funded by Human Resources and Skills Development Canada (HRSDC) and has either the support of, or a non-objection by, the non-member jurisdictions to proceed although there is varying commitment regarding implementation of the deliverables in non-member jurisdictions. The documents are to be approved in each jurisdiction in the coming months.

We want to convey our sincere thank you to all of the stakeholders in the province who participated in the validation and review of these documents.

CLPNNL’s INVOLVEMENT WITH KEY STAKEHOLDERS

The CLPNNL works extensively with stakeholders to protect the public through the promotion and delivery of efficient and ethical nursing care. We enjoy productive and collaborative relationships with our partners. Our partners include:

- Provincial Nursing Network Committee
- Centre for Nursing Studies Advisory Committee – Practical Nursing Program
- Assessment Strategies Inc. Review Committee of the Practical Nurses Registration Examination, Client Advisory Committee and the CPNRE Competency & Blueprint Development Committee
- Canadian Council for Practical Nurse Regulators
- ARNNNL Senior Nurse Administrators Advisory Committee
- Canadian Institute for Health Information LPN Database Development Project
- Canadian Network of National Association of Regulators
- ARNNNL Quality Professional Practice Environment Advisory Committee
- Mental Health Association of NL – Committee for Addressing the Mental Health Needs of an Aging Population
- Centre for Nursing Studies Recruitment Committee for the Practical Nursing Program
- International Educated Nurses Recruitment Committee
- Health Professions Regulatory Network of NL
- National Nursing Assessment Service Project, Management Committee
- Internationally Educated Nurses Atlantic Collaborative Forum
- Elder Abuse Committee of NL
- ARNNNL Documentation Strategy Advisory Committee
CHAIRPERSON’S CONCLUDING COMMENTS

The challenges facing all health care providers and the public are immense. The CLPNNL is firmly committed to fostering meaningful partnerships with all stakeholders to promote a practice environment where LPNs are valued and optimally utilized in providing safe, competent and ethical care to the citizens of the province.

I wish to sincerely thank our exceptionally skilled and engaged board members as we navigate our way to success. These board members are talented stewards who are completely committed to their significant governance roles and responsibilities. We are also fortunate to be able to draw upon the incredible knowledge and skill wealth of all our volunteers and key stakeholders who so readily participate with us in activities at the local, provincial, national and even international levels.

We would be seriously remiss if we did not acknowledge the daily commitment of our staff. These are individuals who work tirelessly to promote the practical nursing profession. We value their initiative, intelligence, tenacity and wisdom.

Jane Helleur MBA, CMC
Chairperson – Public Representative

Paul D. Fisher LPN
Executive Director/Registrar
INDEPENDENT AUDITOR'S REPORT

To the Members of College of Licensed Practical Nurses of NL.

I have audited the accompanying financial statements of College of Licensed Practical Nurses of NL, which comprise the statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011, and the statements of revenue and expenditures - unrestricted general fund, changes in net assets and cash flows for the years ended March 31, 2013 and March 31, 2012, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Accounting Standards for Not-for-Profit Organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audits. I conducted my audits in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained in my audits is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of College of Licensed Practical Nurses of NL as at March 31, 2013, March 31, 2012 and April 1, 2011, and the results of its operations and its cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

Sincerely,

Brian Scammell

CHARTERED ACCOUNTANT

St. John's, NL
May 15, 2013
## Financial Highlights

**COLLEGE OF LICENSED PRACTICAL NURSES OF NL**  
**Statement of Financial Position**  
**March 31, 2013**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$178,823</td>
<td>$62,689</td>
<td>$64,815</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>1,853</td>
<td>5,631</td>
<td>57</td>
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<tr>
<td>Interest receivable</td>
<td>4,319</td>
<td>9,756</td>
<td>9,087</td>
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<tr>
<td>Prepaid expenses</td>
<td>16,264</td>
<td>33,950</td>
<td>40,825</td>
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<td><strong>TOTAL CURRENT</strong></td>
<td>201,259</td>
<td>112,026</td>
<td>114,784</td>
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<tr>
<td><strong>CAPITAL ASSETS (Note 4)</strong></td>
<td>494,473</td>
<td>461,301</td>
<td>221,216</td>
</tr>
<tr>
<td><strong>LONG TERM INVESTMENTS (Note 5)</strong></td>
<td>1,120,000</td>
<td>1,110,000</td>
<td>1,330,000</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$1,815,732</td>
<td>$1,683,327</td>
<td>$1,666,000</td>
</tr>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities (Note 6)</td>
<td>$73,335</td>
<td>$50,914</td>
<td>$53,915</td>
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<tr>
<td>Membership fees received in advance</td>
<td>534,574</td>
<td>447,916</td>
<td>489,089</td>
</tr>
<tr>
<td>Accrued vacation pay</td>
<td>41,880</td>
<td>30,232</td>
<td>31,972</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT</strong></td>
<td>649,789</td>
<td>529,062</td>
<td>574,976</td>
</tr>
<tr>
<td><strong>ACCRUED SEVERANCE PAY</strong></td>
<td>44,220</td>
<td>27,147</td>
<td>24,095</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>694,009</td>
<td>556,209</td>
<td>599,071</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally restricted fund for discipline (Notes 3, 8)</td>
<td>200,000</td>
<td>191,203</td>
<td>170,694</td>
</tr>
<tr>
<td>Internally restricted fund for education (Note 3)</td>
<td>48,073</td>
<td>48,457</td>
<td>60,976</td>
</tr>
<tr>
<td>Unrestricted general fund</td>
<td>873,650</td>
<td>887,458</td>
<td>835,259</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td>1,121,723</td>
<td>1,127,118</td>
<td>1,066,929</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$1,815,732</td>
<td>$1,683,327</td>
<td>$1,666,000</td>
</tr>
</tbody>
</table>
## COLLEGE OF LICENSED PRACTICAL NURSES OF NL

### Statement of Revenue and Expenditures - Unrestricted General Fund

**Year Ended March 31, 2013**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership fees</td>
<td>$496,885</td>
<td>$540,807</td>
</tr>
<tr>
<td>Examinations</td>
<td>67,109</td>
<td>88,251</td>
</tr>
<tr>
<td>Interest</td>
<td>27,993</td>
<td>36,123</td>
</tr>
<tr>
<td>Other</td>
<td>9,289</td>
<td>22,700</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>601,276</strong></td>
<td><strong>687,881</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>302,101</td>
<td>273,690</td>
</tr>
<tr>
<td>Examinations</td>
<td>53,365</td>
<td>82,020</td>
</tr>
<tr>
<td>Travel and meetings</td>
<td>49,003</td>
<td>38,685</td>
</tr>
<tr>
<td>Insurance</td>
<td>28,477</td>
<td>25,121</td>
</tr>
<tr>
<td>Continuing competencies</td>
<td>22,526</td>
<td>10,119</td>
</tr>
<tr>
<td>Office</td>
<td>20,920</td>
<td>20,921</td>
</tr>
<tr>
<td>Public relations</td>
<td>18,714</td>
<td>21,725</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>18,623</td>
<td>17,056</td>
</tr>
<tr>
<td>CLPN/ARNNL initiatives</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Utilities</td>
<td>12,980</td>
<td>12,624</td>
</tr>
<tr>
<td>Amortization</td>
<td>12,495</td>
<td>13,739</td>
</tr>
<tr>
<td>Municipal taxes</td>
<td>12,171</td>
<td>12,637</td>
</tr>
<tr>
<td>Nursing week</td>
<td>8,550</td>
<td>17,958</td>
</tr>
<tr>
<td>Memberships</td>
<td>6,699</td>
<td>5,794</td>
</tr>
<tr>
<td>Discipline process</td>
<td>6,465</td>
<td>19,491</td>
</tr>
<tr>
<td>Seminars and workshops</td>
<td>4,673</td>
<td>5,825</td>
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<tr>
<td>Accounting and audit</td>
<td>4,381</td>
<td>8,939</td>
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<td>Miscellaneous</td>
<td>4,370</td>
<td>3,775</td>
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<tr>
<td>Newsletter</td>
<td>2,865</td>
<td>2,865</td>
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<tr>
<td>Legal</td>
<td>971</td>
<td>7,045</td>
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<tr>
<td>Publications</td>
<td>938</td>
<td>144</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>606,287</strong></td>
<td><strong>615,173</strong></td>
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</table>

### Excess of Revenue Over Expenditures (Expenditures Over Revenue)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excess</strong></td>
<td>$(5,011)</td>
<td>$72,708</td>
</tr>
</tbody>
</table>
# Financial Highlights

## COLLEGE OF LICENSED PRACTICAL NURSES OF NL

### Statement of Changes in Net Assets

**Year Ended March 31, 2013**

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted General Fund</th>
<th>Discipline Fund</th>
<th>Education Fund (Schedule 1)</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET ASSETS - BEGINNING OF YEAR</td>
<td>$887,458 $</td>
<td>$191,203 $</td>
<td>$48,457 $</td>
<td>$1,127,118 $</td>
<td>$1,066,929 $</td>
</tr>
<tr>
<td>Excess of revenue over expenditures (expenditures over revenue)</td>
<td>(5,011)</td>
<td>-</td>
<td>(384)</td>
<td>-</td>
<td>(5,395)</td>
</tr>
<tr>
<td>Transfer to Discipline Fund (Note 8)</td>
<td>(8,797)</td>
<td>8,797</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NET ASSETS - END OF YEAR</td>
<td>$873,650 $</td>
<td>$200,000 $</td>
<td>$48,073 $</td>
<td>1,121,723 $</td>
<td>1,127,118 $</td>
</tr>
</tbody>
</table>
Licensure Data

Licensure Statistics for 2012/13

Practicing LPNs for Newfoundland and Labrador

Percentage Distribution of LPNs by Age Group

<table>
<thead>
<tr>
<th>Year</th>
<th>&lt;25</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65+</th>
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</thead>
<tbody>
<tr>
<td>2012/13</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2010/11</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2009/10</td>
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<tr>
<td>2008/09</td>
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<tr>
<td>2007/08</td>
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<tr>
<td>2006/07</td>
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<td>2005/06</td>
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<td>2003/04</td>
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<td></td>
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<tr>
<td>2002/03</td>
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<tr>
<td>2001/02</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# of LPNs

Licensure Year

Practicing LPNs for Newfoundland and Labrador

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%


Practicing LPNs for Newfoundland and Labrador

2012/13 2912 2940 2893 2875 2862 2762 2738 2689 2682 2703 2685 2421
Licensure Data

Percentage Distribution of LPNs by Trends in Employment Types

- PFT
- PPT
- TFT
- TPT
- Not Employed in Nursing

Percentage Distribution of LPNs by Employer Types

- Hospitals
- Nursing Homes
- Other
Licensure Data

Age distribution of LPNs currently licensed in Newfoundland and Labrador for 2012/13

- Number of LPNs under 39 yrs of age
- Number of LPNs age between 50 and 54
- Number of LPNs age between 40 and 49
- Number of LPNs age between 55 and 59
- Number of LPNs 60 yrs of age and older

Age distribution of LPNs currently licensed with Eastern Health for 2012/13

- Number of LPNs under 39 yrs of age
- Number of LPNs age between 50 and 54
- Number of LPNs age between 40 and 49
- Number of LPNs age between 55 and 59
- Number of LPNs 60 yrs of age and older

Age distribution of LPNs currently licensed with Central Health for 2012/13

- Number of LPNs under 39 yrs of age
- Number of LPNs age between 50 and 54
- Number of LPNs age between 40 and 49
- Number of LPNs age between 55 and 59
- Number of LPNs 60 yrs of age and older
Age distribution of LPNs currently licensed with Western Health for 2012/13

Number of LPNs under 39 yrs of age
Number of LPNs age between 40 and 49
Number of LPNs age between 50 and 54
Number of LPNs age between 55 and 59
Number of LPNs 60 yrs of age and older

Age distribution of LPNs currently licensed with Labrador Grenfell Health for 2012/13

Number of LPNs under 39 yrs of age
Number of LPNs age between 40 and 49
Number of LPNs age between 50 and 54
Number of LPNs age between 55 and 59
Number of LPNs 60 yrs of age and older

Age distribution of LPNs currently licensed with Private Sector and Other for 2012/13

Number of LPNs under 39 yrs of age
Number of LPNs age between 40 and 49
Number of LPNs age between 50 and 54
Number of LPNs age between 55 and 59
Number of LPNs 60 yrs of age and older
Licensure Data

Canadian Practical Nurse Registration Exam Results - Jamaica

<table>
<thead>
<tr>
<th></th>
<th>Registered</th>
<th>Writing</th>
<th>Not Writing</th>
<th>Passing</th>
<th>Failing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Exam</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Repeat Exam</td>
<td>34</td>
<td>34</td>
<td>0</td>
<td>25</td>
<td>9</td>
</tr>
</tbody>
</table>

Percentage Passing CPNRE - Jamaica

<table>
<thead>
<tr>
<th></th>
<th>Passing</th>
<th>Failing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Exam</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Repeat Exam</td>
<td>74%</td>
<td>26%</td>
</tr>
</tbody>
</table>
### Committee Members

#### Complaints Authorization Committee
- **Elizabeth Crawford** - Public Representative, Chairperson
- **Wanda Wadman** - Centre for Nursing Studies, Vice Chairperson
- **Earl Blake** - Licensed Practical Nurse - Zone 3
- **Connie Winter** - Licensed Practical Nurse - Zone 1

#### Discipline Panel
- **Oonagh O'Dea** - Public Representative, Chairperson
- **Peggy Spurrell** - Public Representative
- **Mary Lannon** - Public Representative
- **Ivy Strong** - Licensed Practical Nurse
- **Rita Butler** - Licensed Practical Nurse
- **Gerald Parrott** - Licensed Practical Nurse
- **Madeline Tilley** - Licensed Practical Nurse
- **Jacqueline Sharpe** - Licensed Practical Nurse
- **Harvey Applin** - Licensed Practical Nurse
- **Cynthia Whiteway** - Licensed Practical Nurse

#### Education Committee
- **Nina Thompson** - Licensed Practical Nurse
- **Connie Winter** - Board Member - Zone 1
- **Karen Rowsell** - Licensed Practical Nurse
- **Fran Abbott** - Practical Nursing Program, Centre for Nursing Studies
- **Sharon Fitzgerald** - Continuing Education, Centre for Nursing Studies
- **Annette Morgan** - Employer Representative
- **Judy McKay Pike** - Board Member - Zone 1
- **Elizabeth Crawford** - Board Member - Public Representative
- **Heather Hunt-Smith** - Employer Representative
- **Janice O'Neil** - Practice Consultant
- **Paul D. Fisher** - Executive Director/Registrar

#### Finance Committee
- **Joseph Duggan** - Board Member, Public Representative
- **Ruby Burke** - Licensed Practical Nurse
- **Connie Winter** - Board Member – Zone 1
- **Rod Hayward** - Licensed Practical Nurse
- **Chris Beer** - Licensed Practical Nurse
- **Mimajoan Saunders** - Board Member - Zone 4
- **Nadine Hedderson-Burton** - Licensed Practical Nurse
- **Paul D. Fisher** - Executive Director/Registrar

#### Practice Committee
- **Sandra Evans** - Employer Representative
- **Stephanie Hancock** - Licensed Practical Nurse
- **Janet Ryan** - Licensed Practical Nurse
- **Gloria Barrett** - Board Member – Zone 2
- **Janice O’Neil** - Practice Consultant
- **Paul Fisher** - Executive Director/Registrar