

NURSES ASSOCIATION OF NEW BRUNSWICK



ANNUAL REPORT 2010



2010 Annual Report



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Vision

Nurses shaping nursing for healthy New Brunswickers.

Mission

The Nurses Association of New Brunswick is a professional regulatory organization that exists to protect the public and to support nurses by promoting and maintaining standards for nursing education and practice and by advocating for a healthy public policy.

Role

The Nurses Association of New Brunswick under the authority of the *Nurses Act* is responsible for advancing and maintaining the standards of nursing in the Province, for governing and regulating those offering nursing care and for providing for the welfare of members of the public and the profession.

Utilizing a regulatory framework based on promoting good practice, preventing poor practice and intervening when practice is unacceptable, NANB is committed to the protection of the public and the assurance of safe, competent and ethical nursing care.

Board Ends

- Protection of the Public;
- Advancement of Excellence in the Nursing Profession; and
- Influencing Healthy Public Policy.

Board of Directors 2010–2011

Martha Vickers, RN
President

France Marquis, RN
President-Elect

Region Directors

Mariette Duke, RN
(Region 1, January–September 2010)

Lucie-Anne Landry, RN
(Region 1, September–December 2010)

Ruth Alexander, RN
(Region 2)

Darline Cogswell, RN
(Region 3)

Noëlline Lebel, RN
(Region 4)

Margaret Corrigan, RN
(Region 5, January–August 2010)

Linda LePage-LeClair, RN
(Region 5, September–December 2010)

Marius Chiasson, RN
(Region 6)

Deborah Walls, RN
(Region 7)

Public Directors

Robert Thériault

Aline Saintonge

Roland Losier

NANB Personnel

Executive Office

Roxanne Tarjan
Executive Director

Jacinthe Landry
*Executive Assistant
(January–August 2010)*

Paulette Poirier
*Corporate Secretary
(January–August 2010)*

*Executive Assistant-Corporate Secretary
(September–December 2010)*

Regulatory Services

Lynda Finley
Director of Regulatory Services

Denise LeBlanc-Kwaw
Registrar

Odette Comeau Lavoie
*Regulatory Consultant: Professional
Conduct Review (January–October 2010)*

*Senior Regulatory Consultant
(November–December 2010)*

Lorraine Breaux
*Regulatory Consultant: Professional
Conduct Review (August–December 2010)*

Jocelyne Lessard
Regulatory Consultant: Registration

Shawn Pelletier
Administrative Assistant: Registration

Stacey Vail
Administrative Assistant: Registration

Angela Catalli
*Administrative Assistant: Reception and
Registration (January–August 2010)*

*Administrative Assistant: Regulatory
Services (September–December 2010)*

Erika Bishop
*Administrative Assistant: Reception &
Registration (November–December 2010)*

Practice

Ruth Rogers
Director: Practice (January 2010)

Liette Clément
*Regulatory Consultant: Education
(January 2010)*

*Director of Practice
(February–December 2010)*

Virgil Guitard
Nursing Practice Advisor

Shauna Figler
Nursing Practice Consultant

Susanne Priest
Nursing Practice Consultant

Christine Stewart
*Administrative Assistant: Practice
(January–September 2010)*

Corporate Services

Shelly Rickard
Manager, Corporate Services

Marie-Claude Geddry-Rautio
Bookkeeper

Communications

Jennifer Whitehead
*Manager, Communications and
Government Relations*

Stephanie Tobias
*Administrative Assistant:
Communications*

Advancing and Transforming NANB's Regulatory Work in the Public's Interest

Over 15 years have passed since the Pew Health Professions Commission issued its seminal review of health profession regulation. The Pew Charitable Trust founded its work on the power of knowledge to solve today's most challenging problems and is committed to a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life. As registered nurses and educated professionals we recognize the significant congruence of the commissions' mission and principles with our own professional standards and values. The report on health care workforce regulation noted three significant trends driving change in the approach to professional regulation: the need for accessible health care and flexible scopes of practice that recognize the demonstrated competence of each provider, and the requirement for accountability and transparency to the public.

These messages are not new, nor are they different from our Canadian and New Brunswick reality. Media reports continue to bring into question the ability of regulatory systems to effectively protect the public. Regulators and professionals alike are called to demonstrate effective programs that support continuing competence and professional discipline processes.

Our profession, nursing, is built on a heritage of service that is competent, respectful and responsive to the public need. The legacy of this competent, ethical service has garnered our profession significant public trust and respect, thereby enhancing the credibility of our profession and the rewards both financial and personal that we are afforded as its members.

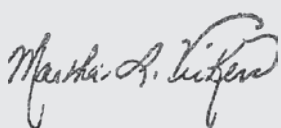
The Pew Commission report highlighted a number of areas for action to enhance regulation and the public interest. They included: standardizing entry-to-practice requirements; removal of barriers to the full use of the skills and knowledge of competent health professionals; redesign of governance structures; enhancement of public representation and transparency; processes to support the continuing competence of practitioners; and the reform of disciplinary process and review of their effectiveness. This Annual Report highlights the Nurses Association of New Brunswick activities during 2010 that focus on meeting our regulatory mandate and advancing the contribution registered nurses and nurse practitioners are making to our health system and most importantly the health of the people of New Brunswick. As recommended by the Commission you will note throughout the report how the Association with you our members, is continuing to advance and transform our regulatory work, resources and tools and nursing practice in the public interest. Together we will continue to demonstrate our recognition of this privilege as a self-regulated profession and our commitment to the public's safety and the quality of nursing and health services in our province as we meet the challenges of the coming years.

Regulating Registered Nurses in the Public Interest

Health care delivery and financing are undergoing transformations.

Market forces are shaping integrated delivery models, cost constraints and practice accountability for providers.

Primary care, prevention and population-based practice, interdisciplinary teamwork and clinical effectiveness research are gaining greater and greater emphasis.



Martha Vickers,
President



Roxanne Tarjan,
Executive Director

Highlights

From 2010

Protection of the Public

National Advisory Committee on Nurse Fatigue and Patient Safety Project

NANB was one of two nursing jurisdictions in Canada invited to participate on the Advisory Committee for the nurse fatigue and patient safety project, currently underway and lead collaboratively by the Canadian Nurses Association (CNA) and the Registered Nurses Association of Ontario (RNAO). Nurse fatigue and patient safety supports integrated health human resource planning in Canada and work environments that support nursing practice in the interest of public safety.

The Committee has completed its work and a discussion paper on Nurse Fatigue and Patient Safety was released in May 2010. CNA developed a position paper *Taking Action on Nurse Fatigue* which was released in October 2010.

Promoting the Awareness of Elder Abuse in Long-Term Care Homes: A National Project

Promoting the Awareness of Elder Abuse in Long-Term Care Homes is a two-year national project funded through New Horizons for Seniors Program, and Human Resources and Skills Development Canada (HRSDC).

The Canadian Nurses Association (CNA) is partnering with the Registered Nurses Association of Ontario (RNAO) on this national initiative and NANB is one of two jurisdictions selected to be a member of the Advisory Committee.

The goals of this project are to increase awareness and understanding of elder abuse among nurses who come into contact with seniors on a regular basis, and enhance their capacity to respond to situations of abuse and to make service providers aware of the laws and regulations related to elder abuse within their province/territory. The Committee developed an educational curriculum for all nurses.

The Committee developed a request for proposal which was sent nationwide to long-term care homes in anticipation of selecting five nursing homes to work with on a pilot basis. Twenty proposals were received from across Canada, two of which were from NB (York Manor and the Veterans Unit, both in Fredericton, NB). Both homes were selected to participate. The training of RN coordinators will begin in January 2011.

National Nursing Assessment Service

NANB has participated and is a member of the Steering Committee in a two part project funded by Health Canada focusing on enhancing the efficiency, uniformity and timeliness of the assessment of Internationally Educated Nurses (IEN). The regulatory bodies central to this project represent the three



NANB Board Meeting,
October 15, 2010

regulated nursing groups in Canada: registered nurses, licensed practical nurses and registered psychiatric nurses.

Part one of the project focused on preliminary research, data collection and analysis of information relating to harmonization of requirements in the assessment of IENs seeking registration in Canada, and the means by which the IEN must demonstrate these requirements are met.

Part two of the project focused on gathering information to inform the design of a database of international nursing education programs as well as a business model for a national nursing assessment service. Regulators were consulted to determine the appropriate business model to inform the Request for Proposal (RFP) phase which will be submitted early in 2011.

Annual General Meeting Invitational Consultation Forum

NANB organized an invitational forum in conjunction with its June 2010 AGM. The purpose of the consultation forum was to sensitize and engage membership and key stakeholders concerning problematic substance use in the nursing profession and NANB's role when dealing with complaints of problematic substance use. The Consultation Forum brought together 97 nurses, nurse managers, staff health nurses, staff education nurses, human resource directors, government officials and other stakeholders. Feedback gathered informed the revision of NANB's document *The Recognition and Management of Substance Abuse in the Nursing Profession*.

Supporting Professional Practice

During the past 12 months, NANB provided 36 presentations on a variety of issues, 17 of which were presented in hospital settings, eight at Universities, nine in Nursing Homes, one at the Nurses Union AGM and one at our 2010 AGM. A total of 1,316 participants were reached, consisting of 954 RNs and 362 nursing students. Topics presented were: collaborative practice between



NANB Supports Practice
Brochure available at
www.nanb.nb.ca.

RNs and LPNs, documentation standards, problematic substance use in the nursing profession, standards for the nurse-client relationship, medication standards, the role of the nurse and evidence-based practice in nursing.

Practice Consultation Calls

In 2010, 1062 queries were received (990 queries in 2009), with 83% (881 queries) of these from registered nurses, and 17% (181 queries) from non-nurses. Queries to the service are received by telephone, letter or email. The service continues to be highly valued by members and non-members.

The majority of the calls were from nurses providing direct care (33%), followed by nurse administrators (25%). Nurse educators and researchers accounted for 10% of calls and nurse practitioners for 7%. Approximately 25% of the queries came from self-employed nurses and from nurses who work in other practice settings such as industry, government, and so forth.

The most frequent topics for which NANB was consulted were: professional practice (34%), scope of practice (18%), and general information (33%). Legal/liability concerns (4%), workplace issues (6%) and request for presentations (5%) rounded off the major topics.

Thirty-three (33%) percent of calls received in 2010 were for general information. Forty one percent (41%) of calls required follow-up, which may include a combination of call backs, research, expert consultation, mail out, referral, written opinion and presentations. Examples of topical issues include immunization, documentation, professional practice problems, delegation of procedures, self-employment, directives, medication administration, working with licensed practical nurses, unregulated care providers and nurse practitioner practice.

FIGURE 1
Practice Consultations

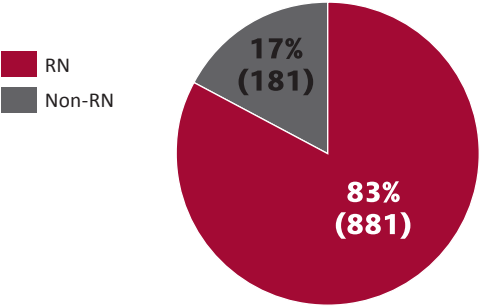


FIGURE 2
Practice Consultations:
Calls Received

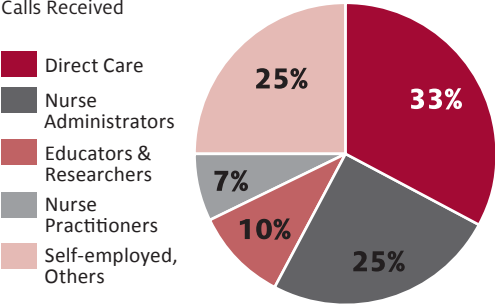


FIGURE 3
Practice Consultations:
Trends

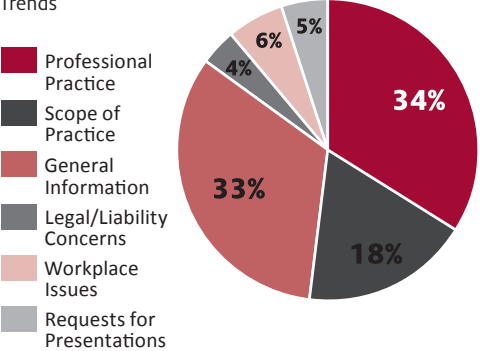
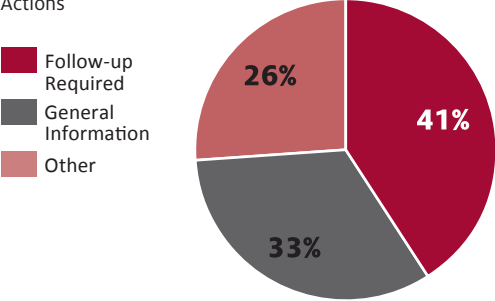


FIGURE 4
Practice Consultations:
Actions





Advanced Care Paramedics

The NB Trauma System Report released in February 2010 contained several recommendations pertaining to the introduction of Advanced Care Paramedics (ACP) to support trauma response in the NB health care system. The Minister of Health requested a working group of stakeholders that included NANB, to review how the ACPs would work in a fully integrated system. Recommendations were forwarded to the Minister of Health for consideration. Currently ACPs are employed by AirCare in NB.

Internationally Educated Health Professionals Atlantic Connection

Health Canada committed \$75 million between 2005 and 2010 to support provincial /territorial activities which promote the integration of Internationally Educated Health Professionals (IEHP) into the Canadian workforce. The IEHP Atlantic Connection, which has representatives from the Departments of Health of the four Atlantic Provinces, was created in 2005 to attract, integrate and retain Internationally educated health professionals to Atlantic Canada. Over the past five years Health Canada has funded a number of IEHP projects including an Assessment Centre and Bridging Program for Internationally educated nurses (IENs) which is administered through the Registered Nurses Professional development Centre (RNPDC) in Nova Scotia. NANB had highlighted to appropriate provincial stakeholders the current gaps in capacity and resources to meet developing best-practices in the assessment and integration of IENs in New Brunswick. These efforts eventually resulted in an opportunity to develop an initial project for funding consideration through the Atlantic Connection.

NANB submitted a proposal to the Atlantic Connection in May 2010 focusing on the development of a New Brunswick pathway for IEN assessment and bridging in both official languages. NANB received confirmation in July 2010 of funding in the amount of \$126,000 to complete the project. Project completion date is March 31, 2011.

In September 2010 NANB submitted an Expression of Interest (EOI) to the IEHP Atlantic Connection for project funding for the years 2011-2016 which was accepted and resulted in another submission of a funding proposal to HRSDC in November 2010 to further develop the foundational work being undertaken in the current project. Word of whether the proposal will be supported by HRSDC is anticipated early 2011.

Professional Self-Regulation

Registered Nurse Entry-Level Competencies

In 2010, NANB participated in a national work group which initiated the planning for the next review and revision of the Registered Nurse Entry-level Competencies document. The revision of the document, to be completed by the end of 2012, will coincide with CNA's review of competencies to be used in the next cycle in the development of the Canadian Registered Nurse Exam.

National Nurse Practitioner (NP) Competencies

NANB has been an active participant in a national project, coordinated by the Canadian Nurses Association and Assessment Strategies Inc. (ASI), to revise the national NP Competencies. The final draft was endorsed by the Executive Directors in May 2010 and was approved by NANB Board of Directors at their June 2010 meeting. These competencies continue to inform curriculum development and entrance to practice exams.

Ensuring Adequate Nursing Human Resources

In 2010, the total number of students admitted to Baccalaureate nursing education programs in New Brunswick was 412. A total of 465 seats are allocated for funding. The Université de Moncton admitted 142 students and was short of their 184 funded seats by 42. UNB admitted a total of 270 students and was short of their 281 funded seats by 11.

In September 2010, the Université de Moncton reported 23 nurses in their Master's Program and 33 in the Nurse Practitioner Program. The University of New Brunswick reported 33 in the Master's Program (13 in the thesis stream and 20 in the educator stream) and 10 in the Nurse Practitioner Program.

Validating Entrance Competencies of Nursing Providers

Registration Examinations

The Canadian Registered Nurse Examination (CRNE) was administered in February, June and October 2010. In total there were 264 English and 142 French writers. The Canadian Nurse Practitioner Exam (CNPE) was administered in May and October 2010 with a total of 14 writers, 8 English and 6 French. These numbers include both first time writers, repeat writers and internationally educated writers.

Registration Exam Councils

The CRNE and the CNPE Exam Councils met in Ottawa in November 2010. These Committees oversee the development, maintenance and administration of the registration exams in collaboration with the Canadian Nurses Association (CNA) and its examination company, Assessment Strategies Inc. (ASI). Additionally, the Exam Executive Committee oversees this process and considers recommendations forwarded by the respective exam committees. NANB is represented on both committees.

Nursing Education Program Approvals

NANB has the legislated authority under the *Nurses Act* to develop, establish, maintain and administer standards for nursing education. The purpose of the NANB nursing education approval process is to ensure that the NANB *Standards for Nursing Education* are being met.

The Nurse Practitioner Program of both the University of New Brunswick and the Université de Moncton underwent an approval process in the fall

of 2009. In February 2010, the UNB Nurse Practitioner Program was granted approval status for a period of three years and the UdeM Nurse Practitioner Program approval was deferred for a period of one year. Monitoring is on-going with respect to issues identified as a result of both approval processes.

The Nurse Refresher Program delivered by MacEwan University was granted a five year program approval in October 2010.

Preparations are currently underway for an approval process of the Université de Moncton Baccalaureate of Nursing Program scheduled for the fall of 2011.

Nurse Practitioner Program Approval Working Group

A national working group of representatives from provincial/territorial regulatory bodies including New Brunswick, reached consensus on a broad set of nurse practitioner (NP) program assessment criteria. The purpose of this work was to reduce the duplication of program assessment that occurs when jurisdictions assess other's programs as part of the validation of non-jurisdictional applicants for registration. A document developed by the working group entitled the *Canadian Nurse Practitioner Program Approval Framework* will be used to inform review and revisions within each provincial/territorial jurisdiction.

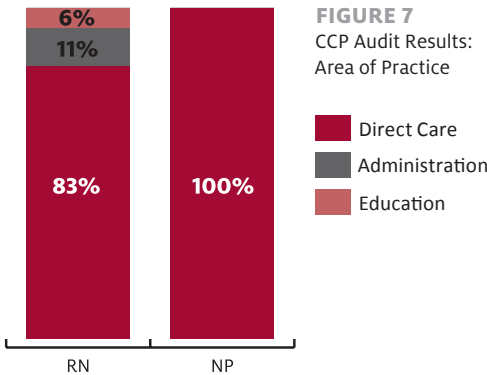
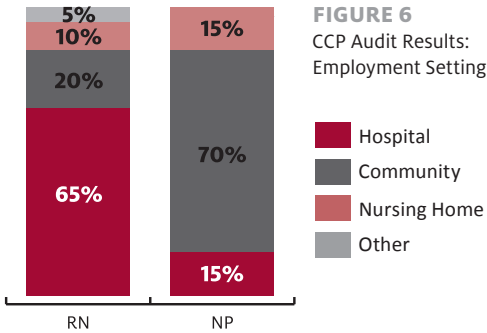
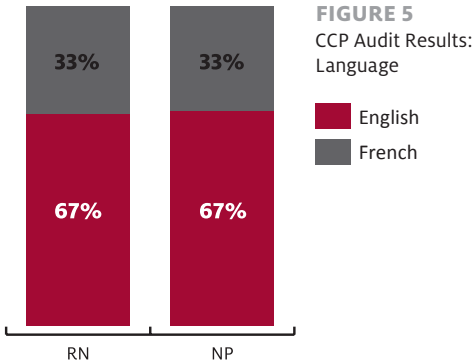
Continuing Competence Program (CCP): Compliance and Audit

All New Brunswick nurses answer a compulsory question on their registration renewal form to indicate they have met the CCP requirements.

In accordance with the By-Laws, the CCP Audit process was developed and implemented in 2009 to monitor members' compliance with the CCP. In 2010, 175 registered nurses and six nurse practitioners were randomly selected as part of the annual CCP Audit. Members were asked to complete an online questionnaire related to their CCP for the 2009 practice year. A total of 137 members completed the online questionnaire while the other 38 members completed a paper copy.

NANB received 175 completed questionnaires. Six of the randomly selected RNs were exempted from completing the Audit Questionnaire. These RNs had either been on maternity leave, long-term disability or had only worked a small number of hours in 2009, and therefore were not required to meet the CCP requirements for the 2009 practice year.

As a result of the Audit, five RNs required a follow-up call from the Nursing Practice Advisor to provide clarifications on the information they submitted. It was determined that all 175 audited members had met their CCP requirements for the 2009 practice year. NANB



remains committed to support and coach members in meeting this mandatory requirement.

Nurse Refresher Program

Enrollments to the New Brunswick Nurse Refresher Program remained stable in 2010 as illustrated in the table below. Former registered nurses who do not currently meet the requirements for registration and wish to return to nursing practice are required to complete the Nurse Refresher Program which includes a clinical placement. The Program is provided to New Brunswick candidates through a contractual agreement with MacEwan University, Alberta.

TABLE 1 *Enrollments in NB Nurse Refresher Program in 2010*

	'04	'05	'06	'07	'08	'09	'10
Enrollments	25	18	9	11	17	16	20
Completed	15	7	9	5	7	9	7
Did not complete	1	0	0	4	5	1	2



Standards of Practice for Primary Health Care Nurse Practitioners (PHC NPs)

The *NP Standards of Practice* were revised to reflect the *NP Competencies* and were approved by the NANB Board of Directors in June 2010.

The revised NP Schedules for Ordering document, Nurse Practitioner Competencies document, and the NP Standards of Practice document were distributed electronically to registered NPs and key stakeholders after their publication in July 2010.

Nurse Practitioner Therapeutics Committee (NPTC)—Schedules

The Nurse Practitioner Therapeutics Committee is an advisory committee to the NANB Board of Directors that develops and reviews the *Rules Respecting Nurse Practitioners—Schedules for Ordering*. In February 2010, the NPTC agreed on a revised Schedules for Ordering document which was approved by the NANB's Board of Directors in June 2010. The revised document was approved by the Minister of Health and published in July 2010. This most recent revision removed restrictive lists, enabling nurse practitioners (NPs) to have greater prescriptive authority, thus enhancing their ability to provide the best possible care to New Brunswickers.

Controlled Drugs and Substances Act

NANB has worked with CNA and the other jurisdictions over the past several years to enable new regulations within the legislation of the *Controlled Drugs and Substances Act*. Draft regulations under the *Controlled Drugs and Substances Act* (CDSA) were pre-published in the Canada Gazette in mid-June, 2007. The revised draft regulations are to be re-published in the Canada Gazette in 2011. These new regulations will provide nurse practitioners with the much needed authority to better serve the needs of their client populations.



National Language Fluency Workgroup

In November 2007, the registration counterpart group identified that collaboration was required to enhance consistency in language fluency requirements across the country in order to support the successful integration of IENs and enhance registered nurse mobility. As a result, a national workgroup was established to investigate current fluency requirements and the potential for achieving regulatory consensus across the country in relation to language fluency standards and assessment methods for IEN applicants. Work of the group included investigating various fluency tests with the assistance of content experts and the establishment of standardized scores through a national standard setting exercise in both French and English. A report and recommendations was approved by the Executive Directors Counterparts Group in November 2010 and will inform a revision of NANB requirements in early 2011. Evidence and experience continues to indicate the significant correlation between language proficiency and candidate success in entrance exams as well as workplace integration.

National Nursing Standards

In 2008, a national working group developed a framework for national nursing standards and the drafting of core content for National Professional Standards was completed in 2010. This framework will inform the revision of the NANB Standards of Practice for Registered Nurses (2005) in 2011.

Nursing Certification

Since 2005, there has been a steady increase in the number of New Brunswick RNs maintaining a valid CNA Certification. As of July 2010, there were 701 RNs in NB with a CNA Certification (n=681 in 2009) in 19 different specialties/areas of nursing practice (Table 2).

TABLE 2

Number of valid CNA certifications and certification renewals by specialty for New Brunswick

Number of valid CNA certifications	Specialty
59	Cardiovascular
11	Community Health
49	Critical Care
0	Critical Care-Pediatrics
102	Emergency
*	Enterostomal Therapy
8	Gastroenterology
69	Gerontology
34	Hospice Palliative Care
9	Medical-Surgical
35	Nephrology
24	Neuroscience
20	Occupational Health
48	Oncology
28	Orthopaedic
58	Perinatal
73	Perioperative
63	Psychiatric-Mental health
11	Rehabilitation
701	Total

For the period of January–July 2010.

Government of New Brunswick (GNB) Primary Health Care Steering Committee

The Provincial Primary Health Care Advisory Committee (PHCAC) changed its name to the Provincial Primary Health Care Steering Committee (PHCSC) to more accurately reflect its mandate which is to strengthen primary health care initiatives in New Brunswick. The Committee met three times in person and had four teleconferences in 2010 to finalize a draft document on PHC in NB. A consultation period with regulatory bodies of primary health care providers began in 2010 and will continue in 2011 to look at the draft document. A Sub-working Committee, of which NANB is a member, was formed from this group to look at the planning aspects of hosting a Provincial Primary Health Care Summit in 2011.

Supporting Quality Patient Care and System Effectiveness: GNB One Patient One Record Committee

In October 2007, the Department of Health launched the One Patient One Record (OPOR) Project. A project with the vision that all New Brunswickers would have a complete electronic health record to serve as a repository for relevant health information including: clinical documents; laboratory results; radiology reports; allergies; and active / past medication history. The OPOR will enable the sharing of relevant patient information between various health care services and providers and avoid costly duplication of diagnostic examinations / tests.

Since its inception in February 2008, NANB has participated on the OPOR Project Steering Committee. Training of nurses and physicians began in November 2010.

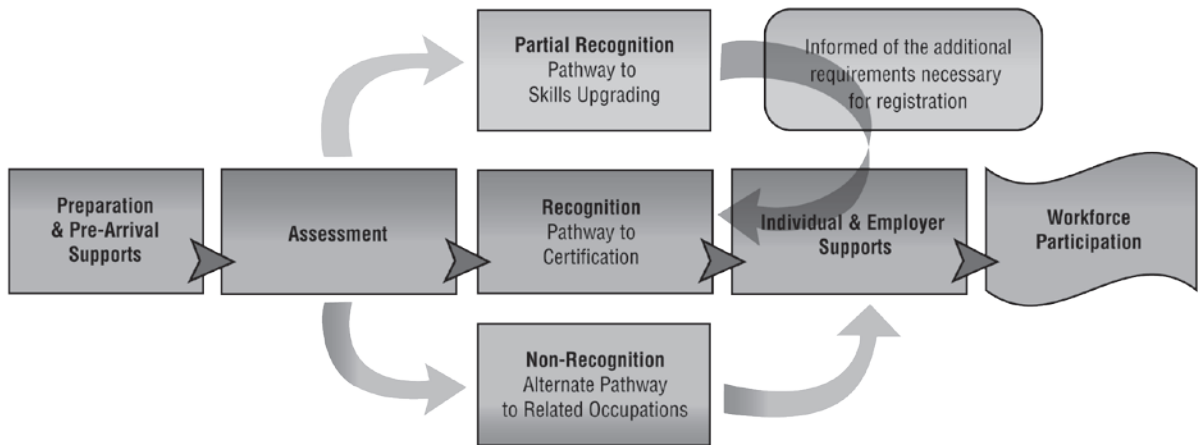
Health System Provider Index: Nurse Practitioner

One of the components of the OPOR initiative is the development of a Provider Index. The Provider Index is a system where information such as the name, business address and registration status of an authorized provider is securely stored, maintained and made available to authorized users that interact with the OPOR system. The purpose of the system is: to validate the provider's registration status for electronic prescribing of medication; to provide a trustworthy, reliable and secure source of provider data that is shared amongst authorized stakeholders; and to provide a central repository to view provider information. NANB worked with the Department of Health to identify the minimum data set for nurse practitioners who will be on the Provider Index. Implementation of the Provider Index is anticipated early 2011.

Pan-Canadian Framework for the Assessment of Internationally Educated Nurses

The Pan-Canadian Framework for the Assessment and Recognition of the Qualifications of Internationally-Trained Workers was drafted under the direction of the Forum of Labour Market Ministers (FLMM) to improve the integration of internationally trained workers into the Canadian labour market by ensuring that the assessment and recognition of foreign qualifications is fair, transparent, timely and consistent across Canada. NANB participated in an initial consultation on the Framework in September 2009 and was invited to a one-day workshop on May 3, 2010 in Toronto to discuss the implications of the principles on regulators and other stakeholders and to identify potential pan-Canadian projects that could help qualified international applicants enter their professions. A key requirement of this Framework is

PATHWAYS TO RECOGNITION IN CANADA



a one-year commitment to timely service which refers to the length of time it takes to conduct an assessment of foreign qualifications and to communicate the outcome to an individual. NANB's process meets this requirement. Enhancements to IEN assessment and bridging programs, as noted earlier in this report, will also support compliance with the new pan-Canadian framework.

New Brunswick Council on Articulation and Transfer (NBCAT)

The New Brunswick Council on Articulation and Transfer (NBCAT) was implemented in October 2009 as an initiative of the NB Department of Post Secondary Education, Training and Labour. The mandate of the NBCAT is to provide advisory direction in the improvement and enlargement of educational opportunities for learners through inter-institutional transfer.

NANB has participated as a member of the NBCAT Sub-committee for the LPN-BN Articulation or Credit Recognition, which was established in February 2010. The mandate of the Sub-committee is to explore the possibility of articulation or credit transfer agreements between the NB Community Colleges and Universities. Committee members of the nursing specific Sub-committee work in collaboration to enhance future learning opportunities for licensed practical nurses (LPN) who may opt to enter a Bachelor of Nursing (BN) program.

Committee work focused on conducting a gap analysis between the Practical Nurse Program delivered by the New Brunswick Community College (NBCC) and the first two years of the UNB Bachelor of Nursing Program. A gap analysis has been conducted between the Francophone Practical Nurse Program delivered by the Collège Communautaire du Nouveau-Brunswick (CCNB) and the first two years of the UdeM Bachelor of Science in Nursing program. Licensed practical nurses in the province have been surveyed on their interest in applying for an LPN to BN transition program if it were to be offered in the province demonstrating significant interest and future demand for a bridging program.

Final reports on both gap analysis will be presented to the NBCAT Sub-

committee for the LPN-BN Articulation and Credit Recognition by February 2011. The Sub-committee will then present a report with recommended actions to NBCAT. Further directions, to be determined by NBCAT, are expected in the spring of 2011.

GNB Personal Health Information Privacy and Access Legislation

NANB has provided feedback throughout the government's development of legislation on personal health information privacy and access. In June 2009, legislation received Royal Assent. The *Personal Health Information Privacy and Access Act* was proclaimed in September 2010.

CNA Nursing Informatics

The purpose of this group is to provide national nursing leadership, engagement, expertise and input to inform informatics investments and strategy as they support the development of nursing informatics and support efforts to accelerate nurses' adoption and endorsement of the benefits of the realization of an electronic health record. Members of the group act as liaisons and promote a coordinated approach to informatics provincially and within Canada. NANB participates in quarterly group teleconferences, the most recent having occurred on September 21, 2010.

New & Revised NANB Publications

Retired Documents

- *Implementing the Legislative Amendment Allowing Nurses to Order Physical Restraints in Nursing Homes* (October 2010)
- *Position Statement: Scope of Practice* (October 2010)
- *Employment Guidelines for Nurses* (October 2010)
- *Position Statement: The Nurse as Discharge Planner* (February 2010)

Endorsed CNA Documents

- *Nursing Leadership* (February 2010)
- *Financing Canada's Health System* (February 2010)
- *Determinants of Health* (February 2010)
- *Spirituality, Health and Nursing Practice* (October 2010)

Revised Documents

- *Position Statement: Midwifery* (June 2010)
- *Practice Standard: Documentation* (June 2010)
- *Nurse Practitioner Schedules for Ordering* (June 2010)
- *Guidelines for NANB's Special Interest Group* (June 2010)
- *Standards of Practice for Primary Health Care Nurse Practitioners* (June 2010)
- *Core Competencies for Nurse Practitioner Practice* (June 2010)

New Documents

- *Practice Guideline: Professional Accountability During a Job Action* (February 2010)

TABLE 3 Membership Highlights

Number of Members	Year 2010	Year 2009	Year 2008
Registered	8962	8785	8664
Non-practising	344	375	377
Life	18	18	18
Total	9324	9178	9059
Number of New Registrants	Year 2010	Year 2009	Year 2008
N.B. graduates	326	270	245
Graduates from other provinces/territories	88	94	95
Graduates from outside Canada	16	14	8
Total	430	378	348
Number of Employed Nurses	Year 2010	Year 2009	Year 2008
Full time	5254 (62%)	5094 (62%)	4939 (60%)
Part time	2126 (25%)	2080 (25%)	2177 (27%)
Casual	655 (8%)	611 (7%)	575 (7%)
Other*	420 (5%)	471 (6%)	517 (6%)
Total	8455	8256	8208

* Includes employed nurses on temporary leave (ex. Maternity, educational, disability leave, etc.)

Place of Employment	Year 2010	Year 2009	Year 2008
Hospital	5506 (65%)	5370 (65%)	5384 (66%)
Community	618 (7%)	604 (7%)	616 (8%)
Nursing Home	787 (9%)	786 (10%)	783 (10%)
Extra Mural Program	475 (6%)	465 (6%)	439 (5%)
Other*	1069 (13%)	1031 (13%)	986 (12%)
Total	8455	8256	8208

* Includes physician offices, industry, educational institutions, self-employed, association, government, correctional facilities (provincial/federal), addiction centres, armed forces.

Age Distribution (employed nurses)	Year 2010	Year 2009	Year 2008
under 25	182 (2%)	178 (2%)	172 (2%)
25–29	784 (9%)	738 (9%)	722 (9%)
30–34	786 (9%)	740 (9%)	765 (9%)
35–39	892 (11%)	911 (11%)	969 (12%)
40–44	1211 (14%)	1303 (16%)	1354 (17%)
45–49	1403 (17%)	1393 (17%)	1327 (16%)
50–54	1307 (16%)	1255 (15%)	1288 (16%)
55 +	1890 (22%)	1739 (21%)	1611 (20%)

TABLE 3 Membership Highlights Continued

Gender Distribution (employed nurses)	*Year 2010	Year 2009	Year 2008
Female	8074 (95%)	7892 (96%)	7861 (96%)
Male	381 (5%)	365 (4%)	347 (4%)

Internationally Educated Nurse (IEN) Applicants

	2010	2009	2008	2007	2006	2005	2004	2003
* United States	23	12	13	7	12	10	17	7
Philippines	61	44	19	3	5	3	1	1
United Kingdom	1	3	2	2	3	6	1	5
Nigeria	9	13	9	2	—	—	3	2
France	—	—	—	2	2	1	—	1
India	50	7	1	1	2	—	1	1
**Other	11	15	10	11	5	12	7	7
Total	155	94	54	28	29	32	30	24

* Includes Canadians educated in the US; ** Other includes applicants from Belgium, Brazil, China, Columbia, Congo, Germany, Hong Kong, Iran, Israel, Jamaica, Lebanon, Nepal, Nigeria, Pakistan, Romania, Senegal, South Africa, United Arab Emirates

Professional Conduct Review Statistics

Complaints Received	Year 2010	Year 2009	Year 2008
Complaints carried forward from previous year	2	1	1
New complaints received in current year	12	17	6
Referred to Review Committee	5	8	2
Referred to Discipline Committee	5	3	1
Dismissed	3	5	4
Carried forward to next year	1	2	1
Discipline and Review Committee Hearings	Year 2010	Year 2009	Year 2008
Cases carried over from previous year(s)	10	2	7
Cases received in current year	12	16	6
Discipline Hearings	4	4	7
Review Hearings	11*	5	4
Dismissed	1	0	0
Carried forward to next year	7	9	2

Detailed reports of both the Complaints and Discipline and Review Committees are included elsewhere in this report; *One hearing was not completed and was carried forward to the next year



Standing & Legislated Committee Reports

Therapeutics Committee (NPTC)

The Nurse Practitioner Therapeutics Committee is an advisory committee to the NANB Board of Directors. The Committee develops and reviews Schedules “A,” “B,” “C” and “D” of the *Rules Respecting Nurse Practitioners* and makes recommendations with respect to the:

- screening and diagnostic tests that may be ordered and interpreted;
- drugs that may be selected or prescribed; and
- forms of energy that may be ordered and the circumstances under which they may be ordered, by a nurse practitioner.

NPTC Report

By Kate Burkholder, NP, Chairperson

The Committee met in January and February to discuss and create broader, more enabling *Nurse Practitioner Schedules for Ordering*. The final draft was approved by

the committee via electronic consensus. Susanne Priest facilitated the electronic communications. Concurrent work on the revision of the national *NP Core Competencies* and NANB *NP Standards of Practice* supported the move to a more enabling NP regulatory framework. The revised schedules, competencies and standards of practice were presented to the Board of Directors for approval at the June 2010 meeting. Following approval by the Minister of Health, the *Nurse Practitioner Schedules for Ordering* was updated in July 2010.

Committee members in 2010 were: Kate Burkholder, NP (Chair); Carolle Nazair-Savoie, NP; Ayub Chisthi, Pharmacist; Jacqueline Mouris, Pharmacist; Tim Snell, Physician and Patricia Ramsey, Physician.

Resolutions Committee

Since 1999, members have been submitting resolutions to NANB's attention year round. In accordance with the policy of the Resolutions Committee, resolutions from practising members or chapters must be submitted no later than six weeks before a regular Board of Directors meeting or twelve weeks for presentation at an annual

meeting.

Resolutions must be submitted in writing to the Resolutions Committee, signed by at least two practising members and state whether it is sponsored by individual(s), a group of nurses or a chapter. The Resolutions Committee receives and screens resolutions and decides whether to refer a resolution to the Board of Directors, to NANB staff or to present it to an annual meeting. Committee members edit resolutions for clarity and make suggestions to the sponsors for corrections and clarification, where necessary. Committee members determine the order in which the resolutions will be presented at an annual meeting.

Resolutions Committee Report

By Patricia Scott, RN, BN, Chairperson

The following York-Sunbury Chapter members are currently serving on the NANB Resolutions Committee for a two-year term (2010–2012): Patricia Scott (Chairperson), and Tracey Smith. Sharon Hall-Kay served on the Committee for 2010. The Resolutions Committee received no resolutions in 2010.

Complaints Committee Report

By Marise Auffrey, RN, Chairperson

This report outlines the activities of the Complaints Committee in 2010. It should be noted that the formal complaint process under the *Nurses Act* is generally a measure of last resort. The overwhelming majority of concerns and issues related to the practice of nurses are resolved at the agency or institution level. Staff of the Association provides consultative services to members, the public and employers on how best to address concerns related to a nurse's practice or conduct.

In 2010, the Complaints Committee considered 13 complaints: 11 received in 2010 and two carried over from 2009. One of the complaints was made by a client. Two complaints were made by a health professional. Ten of the complaints were lodged by a supervisor or representative of the employer. It should be noted that in many cases, complaints lodged by employers relate to problems originally identified by patients and/or co-workers. One complaint was received late in the year and carried over to 2011 (See Table 4).

I want to extend my gratitude to the nurses and members of the public who serve on this Committee for their leadership and integrity. If you would like more information about the professional conduct review process, or if you are interested in serving on the Complaints Committee, please contact the Regulatory Consultant—Professional Conduct Review.

Committee members: Marise Auffrey, Margaret Corrigan, Edith Côté Leger, Alice Firth, Sylvie Friolet, Jacqueline Gordon, Ruth Riordon, Rhonda Shaddick, Carol Ann Theriault, Edouard Allain, Anne-Marie LeBlanc, Brian Stewart and Edith Tribe.

Discipline and Review Committees Report

By Nancy Arseneau, RN, Chairperson

Under the *Nurses Act*, the Association is legally required to maintain a formal process for dealing with complaints against nurses which relate to professional conduct. The Discipline and Review Committees consider complaints referred to them by the Complaints Committee of the Association. The Discipline and Review Committees perform the second step of a two-step professional conduct review process. Health-related problems which prevent a nurse from practising safely are considered by the Review Committee,

TABLE 4 *Complaints Committee Report*

Allegation	Setting	Outcome
Physical / mental health	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Medication administration and / or documentation error	Correctional Facility	Referred to Discipline Committee.
Medication administration error; failure to intervene/take appropriate action	Hospital	Referred to Review Committee. Suspension pending outcome of hearing
Theft of money or property	Nursing Home	Referred to Discipline Committee.
Theft of narcotics; falsified records	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Unethical and unprofessional behaviour	Nursing Home	Dismissed
Unethical and unprofessional behaviour	Nursing Home	Dismissed
Theft of narcotics; misappropriation of narcotics	Hospital	Referred to Discipline Committee. Suspension pending outcome of hearing.
Failure to intervene / take appropriate action	Hospital	Dismissed
Theft of narcotics; substance abuse	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.
Abuse: physical	Nursing Home	Referred to Discipline Committee
Unethical and unprofessional behaviour; administration of unauthorized treatments	Nursing Home	Referred to Discipline Committee. Suspension pending outcome of hearing.
Administration of unauthorized treatments; misappropriation of narcotics	Hospital	Referred to Review Committee. Suspension pending outcome of hearing.

The Discipline and Review Committees held 16 hearings in 2010.

while all other complaints are handled by the Discipline Committee.

CASE #1—The Review Committee met to consider a complaint referred by the Complaints Committee concerning a nurse from the hospital sector who was reported for theft of narcotics and substance abuse. The member chose not to attend the hearing, but provided the Review Committee with a written submission. The Review Committee found that the member was suffering from ailments or conditions rendering her unfit and unsafe to practise nursing, and that the member demonstrated dishonesty, conduct unbecom-

ing a member as shown by her two criminal convictions and subsequent sentencing, and conduct adversely affecting the standing and good name of the practice of nursing and the nursing profession. The Committee also found that the member demonstrated professional misconduct and a disregard for the welfare and safety of patients by continuing to practise nursing while incapacitated by her ailments or conditions. The member's registration was revoked for a minimum period of three years and reinstatement will not be considered until sufficient evidence is submitted that satisfies the Committee that she is fit to return to the practice of nursing in a safe manner. The member was ordered to pay costs in the amount of \$2,000.

CASE #2—The Review Committee met to consider a complaint referred by the Complaints Committee concerning a nurse from the hospital sector who was

reported for theft of and tampering with narcotics, and substance abuse. The Review Committee granted a request for an adjournment of the hearing due to the member's health status. The suspension on the member's registration was continued until the member request a hearing before the Review Committee and sufficient evidence is submitted confirming that the member is fit to return to the practice of nursing in a safe manner.

CASE #3—The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for theft and misappropriation of client medication. The Review Committee found that the member demonstrated professional misconduct and a disregard for the safety of patients by continuing to practise nursing while unfit or incapacitated. The Committee also found that the member demonstrated conduct unbecoming a member as shown by one criminal conviction and subsequent sentencing, and conduct adversely affecting the good name of the practice of nursing and the nursing profession. The member's registration was revoked and reinstatement will not be considered until sufficient evidence is submitted that satisfies the Committee that she is fit to return to the practice of nursing in a safe manner. The member was ordered to pay costs in the amount of \$3,000.

CASE #4—The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence and incapacity. The member chose not to attend the hearing, but provided the Review Committee with a written submission. The Review Committee found that the member was suffering from ailments or conditions rendering her unfit, incapable and unsafe to practise nursing. The member's registration was revoked and reinstatement will not be considered until sufficient evidence is submitted that satisfies the Committee that she is fit and capable to return to the practice of nursing in a safe manner.

CASE #5—The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the correctional sector who was reported for incompetence. The member provided the Discipline Committee with a written submission indicating that she will not in the future apply for registration as a nurse or for reinstatement of her registration. The Committee ordered that the member not be eligible to apply for registration or reinstatement, unless and until the complaint has been fully heard and determined by the Committee. The Committee also ordered that the register of the Association reflect that

the member is not eligible for registration or reinstatement.

CASE #6—The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the nursing home sector who was reported for incompetence and abandonment. The Discipline Committee found that the member was suffering from an ailment or condition, rendering her unfit, incapable and unsafe to practise nursing. The Discipline Committee also found that the member's conduct, acts and omissions in her nursing practice demonstrated a lack of knowledge, skill and judgement as well as a disregard for the welfare and safety of patients. The suspension on the member's registration was continued for a minimum period of one year and until such time as sufficient evidence is submitted confirming that she is fit to return to the practice of nursing in a safe manner. Once this condition is met, the member will be eligible to apply for a non-practising status for the purpose of undertaking two modules of the Nurse Refresher Program recognized by the Association, one on pharmacology in nursing and the other on professional responsibilities. Upon successful completion of the two modules, the member will be eligible to apply for a conditional registration.

CASE #7—The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the nursing home sector who was reported for substance abuse. The member chose not to attend the hearing, but provided the Review Committee with a written submission. The Review Committee found that the member was suffering from ailments or conditions rendering her unfit and unsafe to practise nursing. The member's registration was revoked for a minimum period of two years and reinstatement will not be considered until sufficient evidence is submitted that satisfies the Committee that she is fit to return to the practice of nursing in a safe manner. The member was ordered to pay costs in the amount of \$2,500.

CASE #8—The Discipline Committee held a reinstatement hearing at the request of a member whose registration had been revoked in January 2008 as a result of a complaint with respect to the theft of narcotics and the falsification of health records. The Discipline Committee granted reinstatement of the member's registration. The member was permitted to apply for a non-practising status for the purpose of undertaking two modules of the Nurse Refresher Program recognized by the Association, one on pharmacology in nursing and the other on professional responsibilities. Upon successful completion of the two modules, the member will be eligible to apply for a conditional registration.

CASE #9—The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the community sector who was reported for unethical and unprofessional behaviour. The Discipline Committee found that the complaint was not established by the evidence presented, and therefore dismissed the complaint.

CASE #10—The Review Committee held a reinstatement hearing at the request of a member whose registration had been revoked in June 2006 as a result of the member suffering from ailments or conditions rendering her unfit and unsafe to practise nursing. The Review Committee granted reinstatement of the member's registration. The member was permitted to apply for a non-practising status to complete the Nurse Refresher Program, including the clinical component. Upon successful completion of the Nurse Refresher Program, the member will be eligible to apply for a conditional registration.

CASE #11—The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for theft of narcotics. The Review Committee found that the member was suffering from an ailment or condition, rendering her unfit and unsafe to practise nursing, and that the member's conduct demonstrated professional misconduct and a disregard for the welfare of patients. The suspension on the member's registration was continued for a minimum period of one year and until sufficient evidence is submitted that satisfies the Committee that she is fit and capable to return to the practice of nursing in a safe manner, at which time the member will be eligible to apply for a conditional registration. The member was ordered to pay costs in the amount of \$3,000.

CASE #12—The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for incapacity. The Review Committee found that the member was suffering from conditions or ailments rendering her unfit, incapable and unsafe to practise nursing. The Review Committee also found that the member's conduct constituted professional misconduct, a lack of judgement and a disregard for the welfare and safety of patients by practising nursing while incapacitated by her ailments or conditions, and that all of the member's ailments or conditions had not been resolved. The member's registration was revoked for a minimum period of one year and reinstatement will not be considered until sufficient evidence is submitted that satisfies the Committee that she is fit and capable to return to the practice of nursing in a safe manner. The member was ordered to pay costs in the amount of \$2,000.

CASE #13—The Review Committee met to consider a member's failure to meet the conditions imposed on her registration in 2009 subsequent to a complaint related to substance abuse. The member chose not to attend the hearing, but provided the Committee with a written submission. The Review Committee found that the member was suffering from ailments or conditions rendering her unfit, incapable and unsafe to practise nursing. The Review Committee also found that the member's conduct demonstrated professional misconduct, a lack of judgement, dishonesty and a disregard for the welfare and safety of patients by continuing to practise nursing while incapacitated. The member's registration was revoked for a minimum period of three years and reinstatement will not be considered until sufficient evidence is submitted that satisfies the Committee that she is fit to return to the practice of nursing in a safe manner.

CASE #14—The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the nursing home sector who was reported for theft of money and property. The Discipline Committee found that the member demonstrated professional misconduct, dishonesty and conduct unbecoming a member as shown by the removal of money and inventory from her place of employment on more than one occasion, to the detriment of residents. The Discipline Committee also found that the member failed to adhere to established and recognized nursing standards of practice. The member's registration was revoked for a minimum period of three years and until the member pays a fine in the amount of \$1,000, as well as costs in the amount of \$7,000.

CASE #15—The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence. The member chose not to attend the hearing. The Review Committee found that the member's actions and omissions constituted incompetence, a lack of judgement and a disregard for the welfare and safety of patients, and ordered that the suspension on the member's registration be continued. The member may request a hearing before the Review Committee within 12 months of the date of the order; otherwise the member's registration will be revoked.

CASE #16—The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for theft of narcotics and substance abuse. The Review Committee found that the member was suffering from an ailment or condition rendering her unfit and unsafe to practise nursing, and that the member's conduct demonstrated professional miscon-

duct, conduct unbecoming a member, dishonesty and a disregard for the welfare and safety of patients by continuing to practise while incapacitated. The suspension on the member's registration was continued for a minimum period of nine months and until sufficient evidence is submitted that satisfies the Committee that she is fit to return to the practice of nursing in a safe manner, at which time the member will be eligible to apply for a conditional registration. The member was ordered to pay costs in the amount of \$2,500.

Six cases were carried over to 2011. One hearing was not completed and was also carried over.

Acknowledgements

I would like to extend a special thank-you to Vice Chairperson, Nancy Sheehan, for sharing this responsibility with me. I would also like to acknowledge the contribution of those nurses and members of the public who have given so selflessly of their time, expertise and caring to ensure that the process of self-regulation remains a fair and just process for all. Their task is a difficult one, and no decision is ever made lightly. The integrity of our professional conduct review process is a reflection of the commitment of the people involved. I would encourage any member who is interested in becoming involved with the Discipline and Review Committees to contact the Regulatory Consultant – Professional Conduct Review. It is a challenging and humbling experience to serve my profession in this capacity and I would not hesitate to recommend it to anyone.

Committee members: Nancy Arseneau, Nancy Sheehan, Shirley Avoine, Eric Chamberlain, Claire Cyr, Mariette Damboise, June Kerry, Terry-Lynne King, Erin Musgrave, Nannette Noel, Sandra Pitre, Jacqueline Savoie, Sharon Smyth-Okana, Olive Steeves-Babineau, Nancy Waite, Dawn Torpe, Elisabeth Goguen, Solange Haché, Albert Martin, Jack MacKay, Louisel Pelletier-Robichaud and Wayne Trail.

Nursing Education Advisory Committee

The purpose of the Nursing Education Advisory Committee is to assist the Board of Directors in fulfilling its responsibilities for developing, establishing, maintaining and administering standards for university nursing education, nurse refresher programs and continuing nursing education. The Committee also tracks trends in health care which impact nursing education and recommends issues and matters to the Board which may require further study.

Nursing Education Advisory Committee Report

By Kimberly Greechan, RN, Chairperson

In 2010, the Nursing Education Advisory Committee held a one-day meeting at NANB's offices and three meetings by teleconference.

The University of New Brunswick Nurse Practitioner Program received an approval visit in November 2009. Based on the approval team's report, the Committee recommended to the Board a three year approval of the program, as well as the submission of two satisfactory annual progress reports to address specific recommendations made by the approval team. In February 2010, the program was granted approval status for a period of three years.

The Université de Moncton Nurse Practitioner Program received an approval visit in November 2009. Based on the approval team's report, the Committee recommended to the Board that the program approval be deferred for one year. The Committee also recommended the submission of a strategic plan addressing all recommendations made by the approval team within four months, as well as two satisfactory annual progress reports to address these recommendations. In February 2010, the program was granted a deferred approval status. Graduates from a program which receives a deferred approval status are considered graduates of an approved program for the purposes of registration with the Association.

In October 2010, the Board approved a recommendation from the Committee to accept the strategic plan submitted by the Université de Moncton Nurse Practitioner Program which included actions to address all recommendations made by the approval team from the November 2009 approval review.

The Université de Moncton Baccalaureate Program submitted a second interim report as required by the 2006 program approval review. The Committee recommended to the Board that the interim report be accepted; this recommendation was approved in May 2010. Furthermore, the Committee selected approval team members to conduct the upcoming approval review of the program scheduled in 2011.

The Nurse Refresher Program delivered by MacEwan University underwent an approval review in May 2010. Selection of the approval team members was conducted by the Committee and approved by the Board. Based on the approval team's report, the Committee recommended to the Board a five year approval of the program, which was granted in October 2010.

Committee members: Kimberly Greechan (chairperson), Arthur Carr, Suzanne Harrison, Cathy O'Brien-Larivee, Cynthia Roy Legacy, Patricia Seaman, Mary Lue Springer and Sherry Williston.

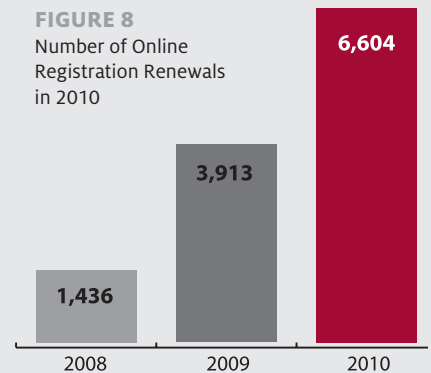


Enhancing NANB Services

Online Registration Renewal

A total of 6,604 members renewed online in the fall of 2010 which represents 81% of practising members. This compares to 3,913 members in the fall of 2009 and 1,436 in 2008. The availability of online registration renewal provides a significant opportunity to enhance member service and improve the efficiency of the renewal process and the quality / accuracy of renewal data collection.

FIGURE 8
Number of Online
Registration Renewals
in 2010



Election to the NANB Board

The NANB Board of Directors had four Director positions from regions 1, 3, 5 and 7 for election in 2010: All Directors were elected by acclamation so no mail ballot was required.

Results of the election will be announced at the Annual General Meeting on June 8, 2011.

E-bulletin – The Virtual Flame

2010 marked the second anniversary of NANB's e-bulletin (the Virtual Flame) distribution to approximately 75% of members, four times annually. Open rates continue to remain high at approximately 35%. This added communications tool further supports members through direct contact providing important and timely information while continuing to support the Association's environmental responsibility.

Communications

Government Relations

Prior to the September 2010 provincial election, the NANB President, Executive Director and Manager of Communications met with all five party leaders and policy staff to share the Association's priorities for New Brunswick which was informed by the NANB Strategic Plan 2010-2013 and the Ends of the NANB Board of Directors. A document, *RNs Contributing to the Future of Healthcare*, was prepared and distributed to all parties and the media.

A section of the website was dedicated to inform member's of NANB's priorities and included the document 'RNs Contributing to the Future of Healthcare' as well as methods to engage candidates, a detailed all candidate listing including a link to the Elections NB webpage and all party platforms as they were launched publicly.

Media Relations

NANB participated in ten media interviews including: several in response to the release of NANB's provincial election document in print and radio; as well as topics relating to access to care and the role of the NP in both print and television; others surrounding the decision to move towards collaborative care clinics; and an editorial in the Telegraph Journal to accompany the NB Healthcare at Work insert.

National Nursing Week 2010

The theme for Nursing Week 2010 was 'Nursing...you can't live without it!'. NANB revised the 2009 poster which was distributed province-wide the week before NNW via workplace representatives, chapters, board

and staff.

In addition, NANB participated for a third year in a signing and photo opportunity with the Premier to declare May 10-16 National Nursing Week. This declaration appeared in provincial daily newspapers during NNW.

Website

Continuous improvements and developments continued through 2010. Website revisions and updates are now managed internally through the Department of Communications. This site features improved functionality with intuitive navigation and technology that will support interactive tutorials/webinars.

Workplace Communications Network

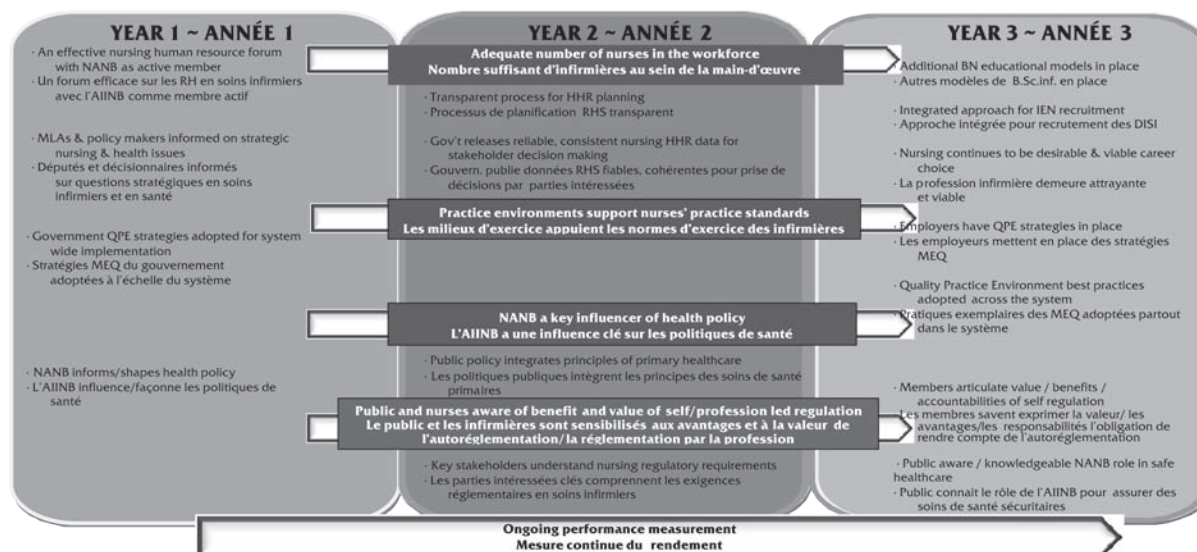
The Workplace Communications Network represents approximately 240 workplaces and continues to provide an essential link to members in their work environment. Nurse volunteers are a key success component of the program.

More than two-thirds of the network volunteers receive information via email which enhances the timeliness of communication activities.

Strategic Plan

Implementation of the 2010-2013 Strategic Plan began in 2010. A monitoring framework for the 2010-2013 Strategic Plan was developed and the first monitoring report which focuses on directions identified for Year 1 of the plan will be provided to the Board of Directors in February 2011.

NANB Strategic Plan 2010 - 2013 / Plan stratégique de l'AIINB 2010-2013



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AUDITOR'S REPORT

To the Executive
Nurses Association of New Brunswick

We have audited the accompanying financial statements of the Nurses Association of New Brunswick, which comprise the statement of financial position as at December 31, 2010 and the statements of changes in fund balances, operations, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, 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.

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we 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 judgement, 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 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.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Nurses Association of New Brunswick as at December 31, 2010, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Fredericton, NB
February 14, 2011


Chartered Accountants

**Nurses Association Of New Brunswick
Statement Of Financial Position
December 31, 2010**

	General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund
Current assets			
Cash (Note 2 (a))	\$ 467,002	\$ 1	\$ 1
Investments (Note 2 (a) and 3)	775,000	-	36,000
Accounts receivable	38,011	-	-
Prepaid expenses	17,452	-	-
Accrued interest receivable	5,236	-	905
Due from General Fund (Note 6)	-	-	-
Due from Employee Benefit Fund (Note 6)	49,215	-	-
	<u>1,351,916</u>	<u>1</u>	<u>36,906</u>
Long-term assets			
Accrued interest receivable	-	18,897	2,908
Investments (Note 3)	2,893,311	180,170	178,588
	<u>2,893,311</u>	<u>199,067</u>	<u>181,496</u>
Capital assets - net of amortization (Notes 2(b) and 4)	<u>1,432,698</u>	-	-
	<u>\$ 5,677,925</u>	<u>\$ 199,068</u>	<u>\$ 218,402</u>
Current liabilities			
Accounts payable	\$ 550,293	\$ -	\$ -
Future revenue	3,231,384	-	-
Obligation under capital leases (Note 5)	2,671	-	-
Due to Employee Benefit Fund (Note 6)	-	-	-
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	-	-	-
Due to General Fund (Note 6)	-	-	49,215
	<u>3,784,348</u>	<u>-</u>	<u>49,215</u>
Long-term debts			
Obligation under capital leases (Note 5)	3,240	-	-
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	-	-	169,187
	<u>3,240</u>	<u>-</u>	<u>169,187</u>
Fund balances			
Internally restricted	-	199,068	-
Invested in capital assets	1,426,787	-	-
Unrestricted	463,550	-	-
	<u>1,890,337</u>	<u>199,068</u>	<u>-</u>
	<u>\$ 5,677,925</u>	<u>\$ 199,068</u>	<u>\$ 218,402</u>

Approved by Executive Director

See accompanying notes to the financial statements

<u>Discipline Fund</u>	<u>Capital Fund</u>	<u>Interfund Deletions</u>	<u>Total 2010</u>	<u>Total 2009</u>
\$ -	\$ -	\$ -	\$ 467,004	\$ 109,455
-	-	-	811,000	1,279,000
-	-	-	38,011	10,376
-	-	-	17,452	11,790
2,191	-	-	8,332	6,799
-	-	-	-	-
-	-	(49,215)	-	-
<u>2,191</u>	<u>-</u>	<u>(49,215)</u>	<u>1,341,799</u>	<u>1,417,420</u>
-	860	-	22,665	10,307
<u>127,610</u>	<u>150,950</u>	-	<u>3,530,629</u>	<u>2,916,163</u>
<u>127,610</u>	<u>151,810</u>	-	<u>3,553,294</u>	<u>2,926,470</u>
			<u>1,432,698</u>	<u>1,467,270</u>
\$ <u>129,801</u>	\$ <u>151,810</u>	\$ <u>(49,215)</u>	\$ <u>6,327,791</u>	\$ <u>5,811,160</u>
\$ -	\$ -	\$ -	\$ 550,293	\$ 414,199
-	-	-	3,231,384	2,975,117
-	-	-	2,671	2,203
-	-	-	-	-
-	-	-	-	40,284
-	-	(49,215)	-	-
-	-	(49,215)	<u>3,784,348</u>	<u>3,431,803</u>
-	-	-	3,240	5,911
-	-	-	<u>169,187</u>	<u>172,163</u>
-	-	-	<u>172,427</u>	<u>178,074</u>
129,801	151,810	-	480,679	367,820
-	-	-	1,426,787	1,459,156
-	-	-	<u>463,550</u>	<u>374,307</u>
<u>129,801</u>	<u>151,810</u>	-	<u>2,371,016</u>	<u>2,201,283</u>
\$ <u>129,801</u>	\$ <u>151,810</u>	\$ <u>(49,215)</u>	\$ <u>6,327,791</u>	\$ <u>5,811,160</u>

**Nurses Association Of New Brunswick
Statement Of Changes In Fund Balances
For The Year Ended December 31, 2010**

Internally Restricted

	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund	Discipline Fund	Capital Fund
Balance, beginning of year	\$ 189,573	\$ -	\$ 127,497	\$ 50,750
Excess of revenue (expenses) for year	9,495	(10,037)	2,304	1,060
Interfund transfers (Note 6)	-	10,037	-	100,000
Purchase of capital assets	-	-	-	-
Payment on obligation under capital leases	-	-	-	-
Balance, end of year	<u>\$ 199,068</u>	<u>\$ -</u>	<u>\$ 129,801</u>	<u>\$ 151,810</u>

See accompanying notes to the financial statements

<u>Total</u>	<u>Invested In Capital Assets</u>	<u>Unrestricted</u>	<u>Total 2010</u>	<u>Total 2009</u>
\$ 367,820	\$ 1,459,156	\$ 374,307	\$ 2,201,283	\$ 2,371,786
2,822	(75,122)	242,033	169,733	(170,503)
110,037	-	(110,037)	-	-
-	40,550	(40,550)	-	-
<u>-</u>	<u>2,203</u>	<u>(2,203)</u>	<u>-</u>	<u>-</u>
\$ <u>480,679</u>	\$ <u>1,426,787</u>	\$ <u>463,550</u>	\$ <u>2,371,016</u>	\$ <u>2,201,283</u>

**Nurses Association Of New Brunswick
Statement Of Operation
For The Year Ended December 31, 2010**

	General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund
Revenues			
Advertising and publications	\$ 13,610	\$ -	\$ -
Annual meeting	-	-	-
CNA fees and exams	643,001	-	-
Investment income	26,072	9,495	5,955
Membership fees	2,654,863	-	-
NANB exam fees	42,548	-	-
Rental income	65,879	-	-
Other income	40,470	-	-
IEHP initiative	<u>43,904</u>	<u>-</u>	<u>-</u>
	<u>3,530,347</u>	<u>9,495</u>	<u>5,955</u>
Expenses			
Annual meeting	7,894	-	-
Awards	26,250	-	-
Chapter grants and funds	13,182	-	-
CNA board & biennium	18,899	-	-
CNA, CNPS and CRNE fees	747,313	-	-
Committees, projects and other activities	90,802	-	-
Liaison - members/counterparts/ stakeholders/corporate	39,145	-	-
Employee wages and benefits (Note 7)	1,503,340	-	15,992
Information systems	7,869	-	-
Communications and public relations	115,907	-	-
Lease and bank charges	38,932	-	-
NANB board and executive	52,235	-	-
Office expenses	175,053	-	-
Personnel development	15,090	-	-
Premises expenses	132,441	-	-
Professional and consultant fees	260,058	-	-
IEHP initiative	<u>43,904</u>	<u>-</u>	<u>-</u>
	<u>3,288,314</u>	<u>-</u>	<u>15,992</u>
Excess of revenue (expenses) before loss on disposal and amortization of capital assets	<u>242,033</u>	<u>9,495</u>	<u>(10,037)</u>
Loss on disposal of capital assets	8,215	-	-
Amortization of capital assets	<u>66,907</u>	<u>-</u>	<u>-</u>
	<u>75,122</u>	<u>-</u>	<u>-</u>
Excess of revenue (expenses) for year	<u>\$ 166,911</u>	<u>\$ 9,495</u>	<u>\$ (10,037)</u>

<u>Discipline Fund</u>	<u>Capital Fund</u>	<u>Total 2010</u>	<u>Total 2009</u>
\$ -	\$ -	\$ 13,610	\$ 5,869
-	-	-	10,000
-	-	643,001	591,515
2,304	1,060	44,886	56,406
-	-	2,654,863	2,464,440
-	-	42,548	34,801
-	-	65,879	46,713
-	-	40,470	24,105
-	-	43,904	-
<u>2,304</u>	<u>1,060</u>	<u>3,549,161</u>	<u>3,233,849</u>
-	-	7,894	62,144
-	-	26,250	26,250
-	-	13,182	13,062
-	-	18,899	10,080
-	-	747,313	696,028
-	-	90,802	127,328
-	-	39,145	42,750
-	-	1,519,332	1,552,669
-	-	7,869	12,088
-	-	115,907	135,461
-	-	38,932	34,137
-	-	52,235	106,761
-	-	175,053	157,030
-	-	15,090	13,285
-	-	132,441	143,772
-	-	260,058	202,488
-	-	43,904	-
-	-	<u>3,304,306</u>	<u>3,335,333</u>
<u>2,304</u>	<u>1,060</u>	<u>244,855</u>	<u>(101,484)</u>
-	-	8,215	1,590
-	-	<u>66,907</u>	<u>67,429</u>
-	-	<u>75,122</u>	<u>69,019</u>
\$ <u>2,304</u>	\$ <u>1,060</u>	\$ <u>169,733</u>	\$ <u>(170,503)</u>

**Nurses Association Of New Brunswick
Statement Of Cash Flows
For The Year Ended December 31, 2010**

	<u>2010</u>	<u>2009</u>
Cash flows from operating activities		
Excess of revenues (expenses)	\$ 169,733	\$ (170,503)
Add back non-cash items		
Accrued employee retirement/resignation benefits	15,992	31,800
Amortization of capital assets	66,907	67,429
Loss on sale of capital assets	8,215	1,590
Investment income reinvested	(9,205)	(859)
Changes in cash relating to operations		
Accounts receivable	(27,635)	(3,222)
Prepaid expenses	(5,662)	(1,048)
Accrued interest receivable	(13,891)	(3,742)
Accounts payable	136,094	(116,292)
Future revenue	<u>256,267</u>	<u>239,557</u>
	<u>596,815</u>	<u>44,710</u>
Cash flows from investing activities		
Transfer of long term investments to current	36,000	36,000
Purchase of long-term investments	(1,057,147)	(2,749,133)
Purchase of capital assets	(40,550)	(12,902)
Disposal of long-term investments	<u>415,886</u>	<u>-</u>
	<u>(645,811)</u>	<u>(2,726,035)</u>
Cash flows from financing activities		
Obligation under capital lease payments	(2,203)	(1,816)
Payments of employee retirement/resignation benefits obligation	<u>(59,252)</u>	<u>-</u>
	<u>(61,455)</u>	<u>(1,816)</u>
Net increase (decrease) in cash and investments	(110,451)	(2,683,141)
Cash and investments, beginning of year	<u>1,388,455</u>	<u>4,071,596</u>
Cash and investments, end of year	\$ <u>1,278,004</u>	\$ <u>1,388,455</u>
Represented by:		
Cash	\$ 467,004	\$ 109,455
Short term investments	<u>811,000</u>	<u>1,279,000</u>
	\$ <u>1,278,004</u>	\$ <u>1,388,455</u>

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2010**

1. Purpose of the Association

The Nurses Association of New Brunswick was incorporated under "An Act Respecting the Nurses Association of New Brunswick" in the Province of New Brunswick on June 20, 1984.

The Association is a self-governing body established to advance and maintain the standard of nursing in the Province of New Brunswick, for governing and regulating those offering nursing care, and for providing for the welfare of members of the public and the profession.

The Association is registered as a not-for-profit organization under the Income Tax Act, and as such, is exempt from income taxes.

2. Significant accounting policies

(a) **Financial instruments**

The Association classifies its financial instruments into one of the following categories based on the purpose for which the asset was acquired or liability incurred. The Association's accounting policy for each category is as follows:

Assets held-for-trading

Financial instruments classified as assets held-for-trading are reported at fair value at each balance sheet date, and any change in fair value is recognized in net income (loss) in the period during which the change occurs. Transaction costs are expensed when incurred. In these financial statements, cash, cash equivalents and investments have been classified as held-for-trading.

Loans and receivable and other financial liabilities

Financial instruments classified as loans and receivable and other financial liabilities are carried at amortized cost using the effective interest method. Transaction costs are expensed when incurred.

In these financial statements, accounts receivable have been classified as loans and receivables and accounts payable, future revenue, obligation under capital lease and accrued employee retirement/resignation benefits obligation have been classified as other financial liabilities.

(b) **Capital assets and amortization**

Capital assets are recorded at cost less accumulated amortization. Amortization is recorded annually on a straight-line basis as follows:

Paving and fencing	5%
Building	2.5%
Computer and photocopy equipment	33.3%
Office furniture and equipment	6.67%

(c) **Fund accounting and revenue recognition**

The Association follows the restricted fund method of accounting and revenues are recorded when earned.

Unrestricted revenues and expenses relating to administration and program activities are reported in the General Fund.

Revenue and expenses relating to CNA Biennium scheduled to be held in New Brunswick in 2016 are reported in the CNA Biennium Fund.

Revenue and expenses relating to employee retirement/resignation are reported in the Employee Benefit Fund. This fund is being maintained at an amount equal to management's best estimate of its future obligation to its employees at December 31, 2010 in accordance with its personnel policies.

Revenue and expenses relating to costs incurred in carrying out Nurses Association of New Brunswick's mandate in the discipline function area, which are unforeseen and above the annual budgeted amount, are reported in the Discipline Fund.

(d) **Contributed services**

No amount has been included in these financial statements for contributed services.

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2010**

Note #2 (c). Continued

(e) **Use of estimates**

The preparation of the financial statements in accordance with generally accepted accounting principles requires Management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reported period. Actual results could differ from Management's best estimates, as additional information becomes available in the future.

(f) **Financial Instruments**

Risk Management Policy

The organization is exposed to various risks through its financial instruments. The following analysis provides a measure of the risks at December 31, 2010.

Market risk

The organization is exposed to interest rate risk on its fixed rate financial instruments. Fixed interest instruments subject the association to a fair value risk.

Liquidity risk

The organization considers that it has sufficient resources to ensure funds are available to meet its current and long term financial needs, at a reasonable cost.

Credit risk

The organization's credit risk is mainly due to its account receivable. The organization believes that its accounts receivable credit risk is limited because:

- in the last three fiscal years the organization has not recognized an expense for doubtful accounts.

(g) **Revenue recognition**

The organization recognizes revenue in the period that it is earned.

3. **Investments**

Investments, which are recorded at fair value, consist of the following:

General Fund

Investments - current

GIC Royal Bank of Canada due October 13, 2011 with interest at 1.5%, payable at maturity.	\$ 100,000
GIC RBC Mortgage Corp due October 13, 2011 with interest at 1.5%, payable at maturity.	100,000
GIC Royal Trust Company due October 13, 2011 with interest at 1.5%, payable at maturity.	61,000
GIC AGF Trust due October 13, 2011 with interest at 1.66%, payable at maturity.	64,000
GIC Equitable Trust due October 13, 2011 with interest at 1.73%, payable at maturity.	100,000
GIC Korea Exchange Bank due October 13, 2011 with interest at 1.75%, payable at maturity.	100,000
GIC Manulife Bank due October 13, 2011 with interest at 1.55%, payable at maturity.	100,000

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2010**

Note #3. Continued

GIC TD Pacific Mortgage Corp, due October 13, 2011 with interest at 1.6%, payable at maturity.	50,000
GIC Vancity Credit Union, due October 13, 2011 with interest at 1.6%, payable at maturity.	100,000

\$ 775,000

Investments - Long term

GIC Montreal Trust CDA, due October 13, 2012 with interest at 2.05%, paid annually.	\$ 100,000
GIC HSBC Bank, due October 15, 2012 with interest at 2.05%, paid annually.	100,000
GIC Homequity Bank, due October 15, 2012 with interest at 2%, paid annually.	100,000
GIC Home Trust Company, due October 15, 2012 with interest at 2%, paid annually.	100,000
GIC Manulife Trust, due October 15, 2012 with interest at 2.05%, paid annually.	100,000
GIC Resmor Trust Company, due October 15, 2012 with interest at 2.05%, paid annually.	100,000
RBC investment savings acct Series A (2001)	<u>2,293,311</u>

\$ 2,893,311

Cost of the above investments approximate their fair market value.

CNA Biennium/ NANB Centennial Fund

Investments - Long term

GIC Bank of Nova Scotia due June 24, 2013 with interest at 4.75%, payable at maturity.	\$ 65,085
GIC TD Mortgage Corp. due June 24, 2013 with interest at 4.75%, payable at maturity.	65,085
GIC TD Pacific Mortgage Corp. due March 18, 2014 with interest at 3.65%, payable at maturity.	50,000

\$ 180,170

Cost of the above investments approximate their fair market value.

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2010**

Note #3. Continued

Employee Benefit Fund

Investments - Current

GIC AGF Trust, due June 29, 2011 with interest at 4.96%, paid annually.	\$ <u>36,000</u>
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Investments - long-term

GIC TD Mortgage Corp., due April 20, 2012 with interest at 2.46%, payable at maturity.	\$ 89,619
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GIC ING Bank of Canada, due July 2, 2013 with interest at 3.05%, payable at maturity.	88,969
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	\$ <u>178,588</u>
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Cost of the above investments approximate their fair market value.

Capital Fund

Investment - long-term

GIC Bank of Nova Scotia, due March 30, 2012 with interest at 2.05%, payable at maturity.	\$ 50,950
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GIC Manulife Bank, due December 23, 2015 with interest at 3.2%, payable at maturity.	100,000
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	\$ <u>150,950</u>
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Cost of the above investment approximate their fair market value.

Discipline Fund

Investment - long-term

GIC Laurention Bank, due January 26, 2012 with interest at 1.85%, paid annually.	\$ 63,805
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GIC LBC Trust, due January 26, 2012 with interest at 1.85% , paid annually.	63,805
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	\$ <u>127,610</u>
--	-------------------

Cost of the above investments approximate their fair market value.

**Nurses Association Of New Brunswick
Notes To The Financial Statements
For The Year Ended December 31, 2010**

4. Capital assets

	<u>2010</u>			<u>2009</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net</u>	<u>Net</u>
Land	\$ 301,893	\$ -	\$ 301,893	\$ 301,893
Paving and fencing	13,129	8,238	4,891	5,547
Building	1,759,941	741,574	1,018,367	1,045,953
Computer and photocopy equipment	90,610	82,828	7,782	7,310
Office furniture and equipment	264,515	174,043	90,472	96,429
Office and computer equipment - capital lease	<u>26,017</u>	<u>16,724</u>	<u>9,293</u>	<u>10,138</u>
	<u>\$ 2,456,105</u>	<u>\$ 1,023,407</u>	<u>\$ 1,432,698</u>	<u>\$ 1,467,270</u>

5. Obligation under capital leases

During 2007 a mailing system was leased for a term of 66 months starting August 1, 2007 with no option to purchase. This lease has an imputed charge rate of 17.77%.

Future obligation under this lease are as follows:

	<u>Principal</u>	<u>Lease Charges</u>	<u>Total</u>
2011	\$ 2,671	\$ 978	\$ 3,649
2012	<u>3,240</u>	<u>410</u>	<u>3,650</u>
	<u>\$ 5,911</u>	<u>\$ 1,388</u>	<u>\$ 7,299</u>

6. Interfund transfers and internally restricted fund balances

On December 31, 2010, the Employee Benefits Fund owed the General Fund \$49,215 which is payable on demand without interest.

7. Registered retirement savings plan

During the year 2010, as required by the Association's personnel policies, \$107,799 (2009 - \$107,726) was contributed to employees' individual registered retirement savings plans.

8. Commitments

During 2007 a photocopier was leased for a term of 48 months.

Future payment is as follows:

	<u>Payment</u>
2011	\$ 12,997



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