



**Nurses Association**  
OF NEW BRUNSWICK



**2012 Annual Report**

# NANB BOARD OF DIRECTORS

## CONSEIL D'ADMINISTRATION DE L'AIINB



**Linda LePage-LeClair**  
Director, Region 5  
Administratrice, Région 5

**Marius Chiasson**  
Director, Region 6  
Administrateur, Région 6

**Deborah Walls**  
Director, Region 7  
Administratrice, Région 7

**Lucie-Anne Landry**  
Director, Region 1  
Administratrice, Région 1

**Noëlline LeBel**  
Director, Region 4  
Administratrice, Région 4

**Terry-Lynne King**  
Director, Region 2  
Administratrice, Région 2

**Dawn Torpe**  
Director, Region 3  
Administratrice, Région 3

**Roland Losier**  
Public Director  
Administrateur  
représentant le public

**Aline Saintonge**  
Public Director  
Administratrice  
représentant le public

**Robert Thériault**  
Public Director  
Administrateur  
représentant le public

**France Marquis**  
President  
Présidente

**Darline Cogswell**  
President-Elect  
Présidente désignée

# 2012 Annual Report



|           |       |  |
|-----------|-------|--|
| <b>4</b>  | ..... | Board of Directors / NANB Personnel        |
| <b>5</b>  | ..... | President and Executive Director’s Message |
| <b>6</b>  | ..... | Highlights from 2012                       |
| <b>6</b>  | ..... | Protection of the Public                   |
| <b>10</b> | ..... | Professional Self-Regulation               |
| <b>15</b> | ..... | Healthy Public Policy                      |
| <b>19</b> | ..... | New & Revised NANB Publications            |
| <b>20</b> | ..... | Membership Highlights                      |
| <b>22</b> | ..... | Standing & Legislated Committee Reports    |
| <b>27</b> | ..... | Enhancing NANB Services                    |
| <b>31</b> | ..... | Financial Statements                       |

## 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 promoting 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;
- Professional Self-Regulation; and
- Healthy Public Policy.

**Board of Directors  
2012–2013**

France Marquis, RN  
*President*

Darline Cogswell, RN  
*President-Elect*

**Region Directors**

Lucie-Anne Landry, RN  
*(Region 1, January–August 2012)*

Chantal Saumure, RN  
*(Region 1, September–December 2012)*

Terry-Lynne King, RN  
*(Region 2)*

Dawn Torpe, RN  
*(Region 3)*

Noëlline LeBel, RN  
*(Region 4)*

Linda LePage-LeClair, RN  
*(Region 5)*

Marius Chiasson, RN  
*(Region 6)*

Deborah Walls, RN  
*(Region 7, January–August 2012)*

Rhonda Shaddick, RN  
*(Region 7, September–December 2012)*

**Public Directors**

Robert Thériault

Aline Saintonge

Roland Losier

**NANB  
Personnel**

**Executive Office**

Roxanne Tarjan, RN  
*Executive Director*

Paulette Poirier  
*Executive Assistant-Corporate Secretary*

**Regulatory Services**

Lynda Finley, RN  
*Director of Regulatory Services /  
Registrar*

Denise LeBlanc-Kwaw, RN  
*Regulatory Consultant: Registration*

Odette Comeau Lavoie, RN  
*Senior Regulatory Consultant*

Lorraine Breau, RN  
*Regulatory Consultant:  
Professional Conduct Review*

Jocelyne Lessard, RN  
*Regulatory Consultant: Registration*

Louise Smith, RN  
*Regulatory Consultant: Registration*

Stacey Vail  
*Administrative Assistant: Registration*

Erika Bishop  
*Administrative Assistant: Registration*

Angela Bourque  
*Administrative Assistant:  
Regulatory Services*

Tamara Neadow  
*Administrative Assistant: Registration*

**Practice**

Liette Clément, RN  
*Director of Practice*

Virgil Guitard, RN  
*Nursing Practice Consultant*

Shauna Figler, RN  
*Nursing Practice Consultant*

Susanne Priest, RN  
*Nursing Practice Consultant*

Julie Martin  
*Administrative Assistant: Practice*

**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*



# While the Challenge is Evident the Opportunities are Unlimited

This year has been productive and challenging, beginning with the announcement in December 2011 by registered nurse regulators across Canada (excluding Quebec) of the selection of a new entry-to-practice exam provider, effective January, 2015. Until 2015, the NANB will continue to use the Canadian Registered Nurse Exam. The transition to the NCLEX-RN™ will see the implementation of a computer delivered exam with computer supported adaptive technology which will enhance the assessment of entry-to-practice competence as well as improve levels of security related to protection of the exam. This transition is well underway and on time. Additional information is included in this report as well as through our NANB website and other communication tools.

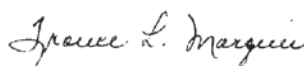
Our multi-year project to enhance the assessment of internationally educated nurse (IEN) applicants seeking recognition and registration as registered nurses has progressed successfully. IENs are now offered a multi-faceted assessment process, bridging education as required and integration support. This work has been accomplished with nurse regulator partners in Nova Scotia, Prince Edward Island and Newfoundland and Labrador through the Atlantic Connection and both provincial and federal government financial support. These enhancements to our NANB services have improved the tools available to NANB staff to assist them in fulfilling our regulatory responsibilities as well as improving support to IENs in their goal to achieve recognition and registration in New Brunswick. Finally, this work also supports the mobility and recognition of these individuals across Canada as required by the Agreement on Internal Trade.

Following approval of the current Long-Range Fiscal Plan, 2012 saw the enhancement of tools to support your nursing practice through the development and delivery

of e-learning modules, webinars and virtual discussions. These tools are enhancing our ability to fulfill our mandate, supporting nursing practice as well as optimizing our ability to connect with you, the NANB member. Please take advantage of these resources. We also encourage you to forward us suggestions for future projects that will assist you in continuing to deliver safe, competent and ethical nursing care to your patients/clients.

In August of 2012, the Minister of Health released a Primary Health Care Framework for our province. The NANB has been advancing the need for a primary health care focus in the design, delivery and evaluation of health services in our province for over 20 years. Since that announcement, we have been actively engaged with provincial stakeholders and government in the development of operational policies for the implementation of this Framework as well as the identification of key indicators to support the ongoing evaluation of outcomes. Along with you, we continue to believe primary health care principles that support the social, environmental and financial determinants of health and well-being are essential to address the health needs of all citizens as well as the sustainability of our health system today and into the future if we are to realize our vision of a healthy New Brunswick.

Finally, thank you for your daily commitment in every domain of our profession to quality nursing services. This professional obligation will continue to challenge each of us, including the NANB, as we continue to advance nursing in the public interest. While the challenge is evident the opportunities are unlimited and we will continue to work together to create that preferred future for the people of New Brunswick and our profession.



France Marquis,  
President



Roxanne Tarjan,  
Executive Director



# Highlights From 2012

## Protection of the Public

### Ensuring Adequate Nursing Human Resources

#### Basic Nursing Education

In 2012, the total number of students admitted to basic nursing education programs in New Brunswick was 416. A total of 465 seats are allocated for funding. The Université de Moncton admitted 181 students and is short of their 184 funded seats by 3. UNB admitted a total of 235 students and is short of their 281 funded seats by 46.

#### Master's of Nursing

In 2012, the Université de Moncton reported 54 nurses in their master's program, 30 of which are in the nurse

practitioner program. The University of New Brunswick reported 40 in the master's program, 22 in the thesis stream, 10 in the educator stream and eight in the nurse practitioner program.

### National Nursing Assessment Service (NNAS)

The National Nursing Assessment Service (NNAS) is a project funded by Health Canada to enhance the efficiency, uniformity and timeliness of the assessment of Internationally Educated Nurses (IENs). The project is a joint initiative of the regulatory bodies of registered nurses, licensed practical nurses and registered psychiatric nurses. The CGFNS International was selected through a Request for Proposal process to be the vendor to provide services to the NNAS. Confirmation of government funding for the implementation of the service was recently received and it is anticipated that the service will become operational in 2014.

### Supporting Professional Practice

Between January and December 2012, 40 presentations were delivered to a total of 1,541 attendees (810 RNs, 691 nursing students and 40 others). The topics were:

problematic substance use; professionalism in nursing; nurse-client relationship; social media and nursing; the role of the nurse in changing times; documentation standards; working collaboratively with others focusing on RN and LPN roles; and RN registration information for nursing students.

## 2012 Invitational Forum

NANB organized an Invitational Forum in conjunction with the Annual General Meeting in June. The purpose of the Forum was to engage membership and key stakeholders in discussing the use of social media in the nursing profession. The Forum brought together 103 nurses, nurse managers, privacy officers, nurse educators, government officials and other stakeholders. Guest speakers included: Lorelie Newton (*Social Media: The promises, the Perils and the Patient 2.0*), Chantal Léonard (*Social Media: A Legal Perspective*) and Anne Bertrand (*Social Media and Privacy Breaches*).



### Virtual Discussions

Virtual discussion is a means to engage discussion on a specific subject matter between RNs and a content expert, via NANB's website. A discussion on workplace bullying was launched in March 2012 for a three-week period and a second virtual discussion on professional presence was launched in December 2012 for a four-week period.



### E-Learning Modules & Webinars

To enhance NANB's tools and approaches to support good practice, NANB launched two e-learning modules during 2012. The topics of *Problematic Substance Use in the Nursing Profession* and *The Therapeutic Nurse-Client Relationship* were identified as key themes that directly impact the nursing profession and support continued competence.



A first ever webinar was offered in December 2012 around leadership in the nursing profession.

These tools are available to NANB members and NB nursing students at NANB's website [www.nanb.nb.ca](http://www.nanb.nb.ca).

## Internationally Educated Nurses—Assessment and Bridging Project

In 2011, NANB received funding for a four year period from Health Canada to develop a process for the assessment and integration of Internationally Educated Nurses (IENs): Phase 1 (2011-2012), \$350,000 to establish accessible competency assessment and bridging programs for Anglophone and Francophone IENs and to enhance the NANB website to support the IEN pathway to registration; Phase 2 (2012-2013), \$200,000 to develop a competency based pre-arrival self-assessment tool for IENs and a Canadian Registered Nurse Examination (CRNE) preparation workshop; Phase 3 (2013-2014), \$107,000 to develop tools to support the successful integration of IENs to the workforce; and Phase 4 (2014-2015), \$18,000 to develop a minimum data set for the collection and reporting of IEN statistics across Atlantic Canada.

To further support nursing practice, NANB developed a do's and don'ts of Ethical and Responsible Use of Social Media Technologies.



NANB launched webinar presentations in December 2012.

### Outcomes of Phase 1 (2011–2012) of the project to date include:

- Revision and translation into French of the Competence Assessment and Bridging Program developed by the Registered Nurses-Professional Development Centre (RN-PDC) in Halifax, Nova Scotia. Eight IENs have undergone a competence assessment in English at RN-PDC in 2012. One Francophone applicant is expected to undergo an assessment at the NB Satellite in Edmundston in the spring of 2013.
- A bilingual nurse educator has been hired on contract as the RN-PDC New Brunswick Satellite Coordinator until March 31, 2013. NANB submitted a proposal to the Population Growth (Division) of the New Brunswick Department of Post-Secondary Education, Training and Labour and received \$169,500 through the Foreign Qualification Recognition Program and the Francophone Immigration Settlement Support Funding Program for this position for 2011-2013.
- Bilingual web-based tools and resources have been developed and posted on the NANB website to increase IEN applicants' pre-arrival accessibility to comprehensive information about the requirements for registration in New Brunswick and include: registration application/information; an online tool to assess readiness for application; an online application status tracking tool and online links to other key support organizations.

### Outcomes of Phase 2 (2012–2013)

- The development of a competency self-assessment tool began in the summer of 2012 and will be completed by March 31, 2013. This tool will be on the NANB website and will help IENs to determine if they have the entry-level competencies required to practice in New Brunswick.

## Practice Consultation Calls

The Practice Department of the Nurses Association of New Brunswick (NANB) supports professional nursing practice by providing confidential consultation services to individuals or groups of registered nurses in all practice areas and to the general public who may have questions about nursing practice. A practice consultation is an interaction to provide expert advice related to a professional practice issue. It may also include referral to other appropriate resources or outside agencies (e.g., Canadian Nurses Protective Society). A practice consultation can be a one-on-one or group conversation by phone or in person and may or may not include a site visit. Consultation service is offered on a wide variety of issues, such as: 1) interpretation of NANB's documents and government legislation (e.g., standards, *Nurses Act*); and 2) advice on ethical behavior, issues of patient safety

and appropriate action, conflict resolution, and the management of procedural and practice issues. The consultation service is captured in a confidential manner using a computer program that creates emergent trends that are used to guide the planning of activities of the Practice Department.

For the purpose of this report, all enquiries by telephone, letter or email may be referred to as "calls".

### Total Calls

In 2012, the Practice Department received 773 calls either from registered nurses or non-nurses compared to 994 in 2011 (see Figure 1).

### Type of Callers

Callers using the consultation service are identified as: 1) registered nurses, or 2) non-nurses. Registered nurses made up the majority of callers with 675 calls (87%) and non-nurses totaled 98 calls (13%). The non-nurses category is divided into three other sub-categories; 1) "other health professionals" that made up 18% of non-nurses, 2) "student nurses" that made 7% of the non-nurses inquiry, and 3) "others" that made for 75% of the non-nurses category (see Figures 2 and 3).

Registered nurse callers are then further identified according to their areas of practice: direct care; administration; education; nurse practitioner; clinical nurse specialist and research and NANB/ National Counterparts. A fifth category, called "other", captures registered nurses who work, for example, as consultants, workload management coordinators and quality and risk managers.

In 2012, registered nurses providing direct care represented 31% of all registered nurse callers, registered nurse administrators represented 26% and nurse practitioners represented 14%. Clinical nurse specialists, educators and researchers comprised 14% of all callers. NANB professional staff and National Counterparts made up for 7%. Finally, "other" registered nurses made up 8% (see Figure 4).

### Practice setting

The various sectors where registered nurses work were also captured and placed in the following categories: hospitals, community (public health, mental health, community health centers, extra-mural), long-term care, educational institutions and others. In 2012, 38% of calls received from registered nurses (n = 255) originated from the hospital sector, followed by community care RNs and others, both at 21%. Eleven percent (11%) were from registered nurses in long-term care and finally, 8% of calls received from registered nurses were from educational institutions.

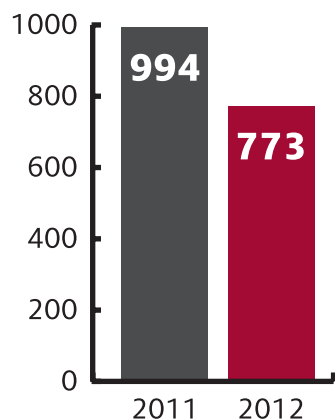
### Practice issues

When calls are received, the practice issues are documented. While these records are held confidential (as is



**Figure 1**

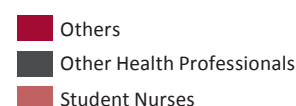
Total Calls Received

**Figure 2**

Type of Callers

**Figure 3**

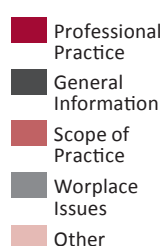
Type of Callers (Non Nurses)

**Figure 4**

Type of Callers (RNs)

**Figure 5**

Practice Issues



the service), they are kept long enough to assess adequacy of the practice consultation service, and to identify trending information for departmental or organizational work. In 2012, 31% of callers sought advice about professional practice issues (e.g., standards of practice, ethical dilemma, legal issues, Continuing Competency Program, independent practice), 29% sought general information, 25% sought advice about scope of practice issues and 7% were looking for guidance or information regarding workplace issues (see Figure 5).

### Responding to calls, follow-ups and presentations

The complexity of the call is captured in part by how the query is followed-up. Follow-up may include any combination of the following:

- Research/expert consultation
- Referral
- Meeting
- Presentation, or

- Mail-out of a written professional opinion or an NANB document.

In 2012, sixty-one percent (61%) of queries required some kind of follow-up. A call may have required more than one type of follow-up. Thirty-nine percent (39%) of calls in 2012 required no follow-up, meaning either the query was resolved right away or the call was referred right away to a more appropriate resource. Other follow up interventions can also include a series of telephone consultations, with the permission of the original caller, or as an informal mediation step where direct communication between two parties was the best way to resolve an issue.

Certain presentations in response to assessed needs were offered as a follow-up activity on the following topics: Professionalism in Nursing, Working Together-Role of the RN, Leadership in Nursing, Social Media and its Implication for Nurses, Documentation Standards and Problematic Substance Use in Nursing.

# Professional Self-Regulation

## Registered Nurse Entry-Level Competencies

A Jurisdictional Collaborative Project to revise *Entry-Level Registered Nurse Competencies* was completed in December 2012. The jurisdictional group’s work focused on an environmental scan and a review of the current literature, as well as the collation and analysis of data obtained from jurisdictional consultations on the current entry-level competencies. The jurisdictional document will inform the revision of the NANB’s entry-level competencies document which will be presented to the Board of Directors in 2013.

## Validating Nursing Providers Entrance Competencies

### Registration Examinations

The CRNE and the CNPE Exam Councils met in Ottawa in November 2012. These Committees oversee the development and administration of the registration exams in collaboration with the Canadian Nurses Association (CNA) and its examination company, Assessment Strategies Inc. (ASI).

The Canadian Registered Nurse Examination (CRNE) was administered in February, June and October 2012. In total there were 262 English and 151 French writers. The Canadian Nurse Practitioner Exam (CNPE) was administered in May and October 2012 with a total of 23 writers, 10 English and 13 French. These numbers include both first time writers, repeat writers and internationally educated writers. A report on these examinations is prepared for the February meeting of the Board of Directors.

## Nurse Refresher Program

Enrollments to the New Brunswick Nurse Refresher Program show a slight decrease in 2012 as illustrated in Table 1. Enrollment numbers include five new enrollments during the 2012 year.

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 McEwan University, Alberta.

## Canadian Council of Registered Nurse Regulators (CCRNRR)

The CCRNR, composed of the provincial/territorial registered nurse regulatory bodies, was established in 2011 to promote excellence in registered nurse regulation and to serve as a forum and voice for provincial, national and international regulatory matters. In 2012, monthly teleconferences were held and a face-to-face planning meeting took place in November.

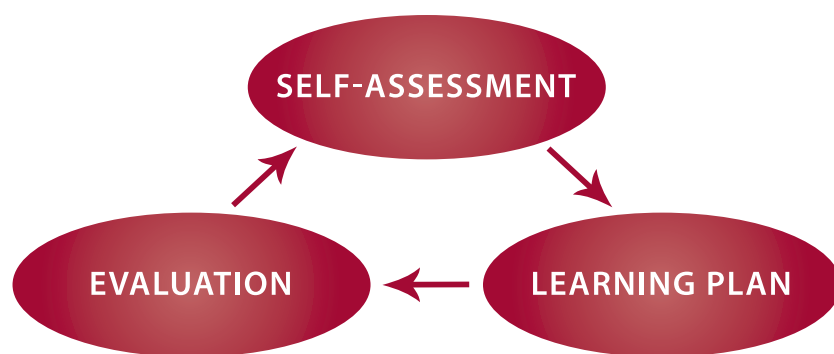
## NCLEX-RN

In January 2012, the NANB Board of Directors passed a motion to enter into negotiations with the National Council of State Boards of Nursing (NCSBN) to provide an entry-to-practice computer adaptive exam for nursing graduates effective January 2015. NANB’s Executive Director is on the Transition Team which has been established to oversee the work required to move to the NCLEX exam. Information about the transition work will be placed on the NANB website as it becomes available. NANB supported CCRNR to deliver an English and French webinar for educators in December 2012. An educational conference to provide Canadian nursing educators with the most current information on the NCLEX will take place in Toronto in April 2013.

The NCSBN develops the NCLEX-RN to measure the competencies needed to perform safely and effectively as an entry-level registered nurse. The development of the NCLEX examination depends on qualified registered nurse volunteers from all jurisdictions that use the NCLEX for entry-to-practice. Canadian nurses have the opportunity to become part of this process by volunteering for the NCLEX Item Development Program and contributing to the NCLEX-RN exam bank prior to the exam being offered in Canada by January 2015.

TABLE 1      *Enrollments in NB Nurse Refresher Program in 2012*

|                  | '06 | '07 | '08 | '09 | '10 | '11 | '12 |
|------------------|-----|-----|-----|-----|-----|-----|-----|
| Enrollments      | 9   | 11  | 17  | 16  | 20  | 28  | 21  |
| Completed        | 9   | 5   | 7   | 9   | 7   | 10  | 8   |
| Did not complete | 0   | 4   | 5   | 1   | 2   | 2   | 2   |



## CCP Audit Results

**170** Members Audited

TABLE 2A *Language*

|         | <b>RN</b> | <b>NP</b> |
|---------|-----------|-----------|
| English | 109       | 5         |
| French  | 53        | 3         |

TABLE 2B *Areas of practice*

|                | <b>RN</b> | <b>NP</b> |
|----------------|-----------|-----------|
| Direct care    | 128       | 8         |
| Administration | 18        | —         |
| Education      | 14        | —         |
| Research       | 1         | —         |
| Other          | 1         | —         |

TABLE 2C *Employment setting*

|              | <b>RN</b> | <b>NP</b> |
|--------------|-----------|-----------|
| Hospital     | 112       | —         |
| Community    | 31        | 7         |
| Nursing home | 9         | 1         |
| Other        | 10        | —         |

### Continuing Competence Program (CCP) Compliance and Audit

All registered nurses in New Brunswick must meet the Continuing Competence Program (CCP) requirements in order to renew registration. RNs must 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 to monitor members' compliance with the CCP. In 2012, 169 registered nurses and eight 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 2011 practice year. A total of 170 questionnaires were received, of which 129 were completed online and 41 were completed on paper.

A total of six, of the randomly selected RNs, were exempted from completing the Audit questionnaire. Five of these RNs had either been on maternity leave or sick leave, or had only worked a small number of hours

in 2011, and therefore were not required to meet the CCP requirements for that practice year. Another RN had retired earlier in 2012 and was not applying for active registration. One RN did not complete the Audit questionnaire, did not respond to our numerous attempts to communicate with her and has not applied to renew her registration.

As a result of the Audit, five RNs and one NP required a follow-up call with a Regulatory Consultant to provide clarifications on the information they had submitted on their Audit questionnaire. It was determined that all 170 audited members had met the CCP requirements for the 2011 practice year.

### Nurse Practitioner Labour Mobility and Market Integration Proposal

A working group of staff from CRNBC, CARNA, CRNM, CNO, CRNNS and NANB worked on a project funding proposal entitled NP Labour Mobility and Market

Integration to be submitted to Human Resources and Skills Development Canada (HRSDC) in 2013. The purpose of the proposed project is to document the knowledge, skills and abilities of entry-level NPs in the three streams of NP practice (family/all ages, adult, pediatric) across Canada to support labour mobility and labour market integration and lay the foundation for the development of national NP entry-level examinations.

### CNA-NANB Partnership: Advancing Nursing Regulation and Practice in Developing Countries

In January 2012, NANB traveled to Senegal to facilitate a four-day work session and meeting with Department of Health officials around the writing of legislation to regulate nursing practice, and to Burkina Faso (BF) for a two-day work session with the Board of Directors of the BF Nursing Association, to validate a standards document and to develop a plan to promote the standards. These two missions were the last missions as part of CNA's Strengthening Nurses, Nursing Networks and Associations Program (SNNAPP) as federal funding is no longer available through the Canadian International Development Agency (CIDA).

In November 2012, NANB received a visit from a three-person delegation from Mali. Mali is working towards legislated regulation of nursing in their country. The focus of the visit was on registration requirements and NANB's database, professional conduct review, Standards of Education, Review/Approval of education programs and Standards for Nursing Practice. The project is headed up by the Institute of

Public Administration of Canada with funding from the Government of Canada and is administered by the Centre hospitalier universitaire Dr-Georges-L.-Dumont.

### Nursing Education Program Approvals

The 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 Université de Moncton (UdeM) nurse practitioner program underwent an approval process in the fall of 2009 which resulted in a deferral of program approval for a period of one year. In June 2011, upon receipt of the first of two progress reports, the program was granted approval. In May 2012, the second progress report was approved by the Board of Directors.

The University of New Brunswick (UNB) nurse practitioner program also 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. In May 2012, the Board of Directors approved the second interim progress report as a result of the 2009 approval review.

The UNB nurse practitioner program approval review visit was conducted from November 26–29, 2012, and the UdeM nurse practitioner program was conducted from December 3–6, 2012. The approval review findings and recommendations will be presented to the Nursing Education Advisory Committee in February 2013. Following review and decision by the Nursing Education Advisory Committee, the Board will be presented

---

In November of 2012, a three-person delegation from Mali visited New Brunswick as part of a partnership with the Dr. Georges L.-Dumont University Hospital Centre and the Institute of Public Administration of Canada (IPAC) with funding from the Government of Canada. NANB was invited to support this project by sharing information around registration requirements and NANB's database, professional conduct review/approval of education programs and Standards of Nursing Practice.







In early 2012, NANB was invited to collaborate with the Canadian Nurses Association (CNA) in the *Strengthening Nurses, Nursing Networks and Associations Program (SNNAP)* and provide expertise to the Association Nationale d'Infirmières et d'Infirmiers Diplômés d'État du Sénégal (ANIIDES) with a brief visit to Ouagadougou, Burkina Faso, to further support colleagues at the Association Professionnelle des Infirmiers et Infirmières du Burkina Faso (APIIB).

with recommendations for their consideration at the February 2013 Board of Directors' meeting.

The UdeM baccalaureate in nursing program approval review was conducted from November 14-18, 2011. In February 2012, the program was granted approval status for a period of five years, during which time one progress report is to be submitted to NANB in 2014.

The UNB baccalaureate in nursing program approval review is scheduled for February 11-15, 2013.



### Standards of Practice for Registered Nurses: Collaborative Working Group

A working group made up of the Association of Registered Nurses of Prince Edward Island, the Association of Registered Nurses of Newfoundland and Labrador, the Registered Nurses Association of Northwest Territories and Nunavut, the Yukon Registered Nurses Association and the Nurses Association of New Brunswick, started the revision of the Standards for the Practice of Registered Nurses in 2011. After extensive internal and external consultation within each jurisdiction, NANB's Board approved the revised document at its October 2012 meeting.

### Standards for Nursing Education in New Brunswick

A revision of the NANB Standards for Nursing Education in New Brunswick was conducted in 2012. A jurisdictional review of nursing education standards along with a review of the current literature was completed and proposed changes to the Standards were presented to the Nursing Education Advisory Committee in May 2012. Feedback received on a draft Standards document was examined and a final version of the standards document was presented to the Nursing Education Advisory Committee in December 2012. A recommendation to approve the revised document will be presented to the Board of Directors at the February 2013 meeting.

## Provider Index

One of the components of the province of New Brunswick's One Patient One Record (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 has been delayed due to technical issues and it is now anticipated to be functional in 2013.

## Controlled Drugs and Substances Act

NANB has worked with CNA and the other jurisdictions for the past several years to enable new regulations within the legislation of the *Controlled Drugs and Substances Act* (CDSA). Draft regulations under the *Controlled Drugs and Substances Act* were pre-published in the *Canada Gazette* in mid-June 2007 and the revised draft regulations were re-published in the *Canada Gazette* in 2011. On November 21, 2012, Health Canada published new regulations with more prescribing authority for

nurse practitioners, midwives and podiatrists. These new regulations will allow NPs in all jurisdictions (except the Yukon) to prescribe controlled substances under the federal *Controlled Drug and Substances Act*, which will enable them to provide more timely and comprehensive care to patients. Although these regulatory changes have been approved at the federal level, NPs are not yet authorized to prescribe controlled drugs and substances in New Brunswick.

The Canadian Council of RN Regulators (CCRRN) had discussed the feasibility of a cross-jurisdictional collaborative work project in regard to current NPs' learning needs, subsequent to the CDSA amendments. The first teleconference of the work group took place in February 2012 and a two-day face-to-face work session occurred on June 28 and 29, 2012, at which time a proposed national approach and work plan were developed for consideration by the CCRRN.

The working group is developing a regulatory framework to ensure that NPs meet the educational and regulatory requirements to prescribe controlled drugs and substances. Over the next several months, NANB will consult and communicate with NPs and other relevant stakeholders.

## Canadian Nurses Association (CNA) Certification

As of July 2012, there were 703 RNs in NB with a CNA certification (n=727 in 2011) in 19 different specialties/areas of nursing practice.



TABLE 3 *Number of valid CNA certifications and certification renewals by specialty for New Brunswick for the period January–July 2012*

|            |                          |    |                           |
|------------|--------------------------|----|---------------------------|
| 60         | Cardiovascular           | 35 | Nephrology                |
| **         | Community Health         | 33 | Neuroscience              |
| 46         | Critical Care            | 15 | Occupational Health       |
| 0          | Critical Care-Pediatrics | 57 | Oncology                  |
| 83         | Emergency                | 26 | Orthopaedic               |
| *          | Enterostomal Therapy     | 53 | Perinatal                 |
| 10         | Gastroenterology         | 64 | Perioperative             |
| 72         | Gerontology              | 63 | Psychiatric-Mental Health |
| 41         | Hospice Palliative Care  | 12 | Rehabilitation            |
| 18         | Medical-Surgical         |    |                           |
| Total: 703 |                          |    |                           |

\*Information suppressed to protect privacy (1 to 4 records)

\*\*Information suppressed to protect privacy (five or more candidates)



NANB participated in the Minister of Health's announcement of a Primary Health Care Framework in August 2012. The panel included: Dr. Robert Rae, NBMS President; France Marquis, NANB President; the Honourable Madeleine Dubé, Minister of Health; Dr. Aurel Schofield, co-Chair of the PHC Steering Committee; Dr. Robert Boulay, Committee member and Family Physician; and Doreen Legere, Committee member and Director of Therapeutic Services, Horizon Health Network.

## Healthy Public Policy

### Best Practice: Least Restraint

The Registered Nurses Association of Ontario (RNAO) developed a best practice addressing restraint use—*Promoting Safety: Alternative Approaches to Use of Restraints*—which was released March 12, 2012. An NANB staff member acted as a clinical reviewer for the document.

### Government of New Brunswick (GNB) Primary Health Care

NANB has been an active member of the Primary Health Care Steering Committee (PHCSC) in 2012.

The Committee developed a draft document based on feedback received from key stakeholders at the Primary Health Care Summit in July 2011. The Primary Health Care Knowledge Exchange Session was held on February 2, 2012, to discuss the document. Stakeholders suggested major changes to the document to be more inclusive of all healthcare providers. The Steering Committee continued throughout the spring of 2012 to incorporate feedback and evidence into the document. *A Framework for Primary Health Care Delivery* in NB was released in August 2012.

In September 2012, a sub-Committee of the PHCSC was formed, the Operation Services Committee. It consists of various stakeholders, including NANB. The Committee is tasked with developing an operational guide from the framework that can be used to estab-

lish primary healthcare teams in NB. The guideline is expected to be completed by May 2013. Meetings were held in October, November and December 2012.

### 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 was 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) partnered with the Registered Nurses Association of Ontario (RNAO) on this national initiative, with CNA as the project sponsor and administrator, and RNAO providing project management and implementation services. NANB was one of two jurisdictions selected to be a member of the Advisory Committee.

The goals of this project were to increase awareness and understanding of elder abuse among nurses who come into contact with seniors on a regular basis, and to 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 drew on baseline elder abuse research information materials supplied by HRSDC, provincial/territorial governments or other appropriate sources, to develop an educational curriculum for long-term care nursing staff.

Ten long-term care facilities across Canada were selected to be pilot sites for the program, two of which are from New Brunswick: the DVA unit and York Care Center both of Fredericton. Five educational modules



have been finalized and are being delivered to staff in each facility by an RN coordinator who received training in instructing the program.

Promotional material is available and was promoted in New Brunswick during the York Care Center Annual Symposium on Aging. In addition, outreach to other long term care facilities in the province and community groups is ongoing. The Committee met on April 20, 2012, to provide feedback on the project and do an evaluation of the program.

The evaluation of the project showed it increased direct care providers' knowledge, skills and attitudes about elder abuse, resulted in updated workplace policies that reflect best evidence regarding elder abuse awareness, received support of senior management, and improved awareness that a healthy work environment creates a culture of dignity and respect.

RNs can access the education program and other resources from the project through the new NurseONE Knowledge Feature, Elder Abuse: Recognize, Reveal and Deal.

### Health Canada Consultation

On December 22, 2012, Health Canada published in *Canada Gazette*—Part I, proposed amendments to the Food and Drug Regulations. The proposed Regulations Amending Certain Regulations concerning Prescription Drugs (Repeal of Schedule F to the Food and Drug Regulations) will repeal Schedule F and incorporate by reference a list of prescription drugs. The proposed amendments also provide the scientific criteria the Minister must consider when determining whether a drug or class of drugs should be sold by prescription. To

support the proposed amendments, a draft guidance document and draft of the Prescription Drug List have also been developed.

### Department of Social Development

In the fall of 2012, representatives from the Department of Social Development met with the Executive Director and Practice Department to discuss upcoming changes to two of their social benefits: the Dietary Supplement and Diabetic Supplies. NANB provided feedback on the application form to include NPs as recognized prescribers of these benefits.

### Public Health: Consultation meeting regarding Healthy Toddlers: 18 Month-old child assessment

NANB's Practice Department participated in a teleconference on June 18, 2012, with the Department of Health, Public Health Branch, in relation to changes to the 3.5-year-old toddler assessment being changed to happen at 18 months of age. This meeting was to explain the new program and any possible impact it may have on NPs referring children for this assessment. Three NPs also took part in this teleconference.

### Methadone Distribution Guidelines Review Taskforce

NANB was invited to be a participant in the Methadone Task Force by the NB Pharmaceutical Society, which was tasked with reviewing the provincial guidelines for



Methadone Administration. Other Committee members included representatives from the Medical Society, Social Development, various pharmacists currently involved in methadone clinics, and the New Brunswick Pharmacists' Association. The document was reviewed and updated and presented to the NB Pharmaceutical Society Board of Directors in September 2012. The major change affecting NANB was the change to include NPs as prescribers pending the change to the CDSA as the old document was directed at physicians only.

## NB2026

NB2026 was inaugurated in early 2009 as a forum to promote engagement and to develop broad consensus around the province's long-term self-sufficiency objectives, priorities, and strategies.

The Roundtable is intended to function with a longer-term frame of reference (hence 2026) to sustain a thrust for advancement and greater auto-reliance over the lifetime of successive governmental administrations. New Brunswickers increasingly appreciate the importance of such a goal, and need to think of it as their project, a true 'projet de société', and not just the project of government.

## Participants

The Roundtable is comprised of thirty-five participants. Individual members are drawn from sectors and regions to be broadly representative of, but not representatives for, a variety of backgrounds. Members are opinion leaders with a demonstrated ability to reach out to others. In addition, the Provincial Government, the Official Opposition, and the Federal Government each name a representative.

## Vision

Create a stronger province where people are better able to take care of themselves and each other.

In June 2010, the Roundtable NB2026 announced an extensive public engagement initiative called Learning: Everybody's Project and on November 10, 2010, a citizen engagement initiative on learning was launched. The objective of the process is to engage New Brunswickers in understanding our culture of learning, and to develop an action plan that articulates a clear vision for learning and the specific actions that will position New Brunswickers for success in the 21<sup>st</sup> century.

The public consultation was completed in spring 2012. These outcomes from the consultation identified priorities to move the learning agenda forward.

As a member of the NB2026 Roundtable, NANB is able to bring the voice and expertise of registered nurses to this dialogue with a unique perspective focused on the social determinants of health and the role they play in the success of our province. The roundtable meets quarterly, with a provincial forum being held on

November 5 and 6, 2012.

## 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 participates as a member of the NBCAT Sub-Committee for the LPN-BN Articulation or Credit Recognition, 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 are working in collaboration to enhance future learning opportunities for Licensed Practical Nurses (LPN) who may wish to enter a Baccalaureate in Nursing (BN) program.

Committee work has focused on conducting a gap analysis between the New Brunswick Community College (NBCC) Practical Nurse Program and the first two years of the UNB Baccalaureate in Nursing program and between the Collège Communautaire du Nouveau-Brunswick (CCNB) Practical Nurse Program and 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.

The LPN-BN Sub-Committee is currently working to develop a viable implementation plan for an English program between UNB and NBCC. Licensed Practical Nurses would apply for admission to the LPN-BN transition program and upon successful completion of the program, the LPN would apply for admission to the third year of the university baccalaureate program. Additional time and further analysis will be required before work can begin on an implementation plan with regards to a French LPN-BN program, as the UdeM School of Nursing Network is implementing a new curriculum.

The Department of Post-Secondary Education, Training and Labour (PETL), NBCC and UNB are in the process of finalizing a proposal, including a feasibility plan, for an LPN-BN transition program. Government funding has not been confirmed to date and therefore the target date to offer the bridging program has been delayed.

## 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. The Population Growth Division (PGD) of the Department of Post-Secondary Education, Training and Labour is responsible for the implementation of the Framework in New Brunswick. NANB submitted a proposal for funding to the PGD Foreign Qualification Recognition Program to provide resource support for a bilingual nurse educator and clinical instructors required to implement the Assessment and Bridging Programs for Internationally Educated Nurses and was successful in receiving \$39,500 for 2011-2012 and \$130,000 for 2012-2013.

## Agreement on Internal Trade

Amendments to Chapter 7 (Labour Mobility) of the Agreement on Internal Trade came into effect in August 2009, to further eliminate or reduce measures that restrict or impair labour mobility within regulated occupations in Canada. Implementation of Chapter 7 is overseen by the Labour Mobility Coordinating Group (LMCG), which reports to the Forum of Labour Market Ministers (FLMM). The LMCG annually produces a report on the operation of Chapter 7 for submission to the FLMM. NANB provides information/data to the New Brunswick Labour Mobility Coordinator on the mobility of nurses into and out of New Brunswick, the time it takes to process applications and barriers to mobility.

## New Brunswick Nursing Resources Collaborative

In December 2012, the NB Chief Nursing Officer/ Nursing Resource Advisor announced the creation of the New Brunswick Nursing Resources Collaborative (NBNRC). The purpose of the committee is to provide informed and expert advice to the Department of Health on priority nursing strategies and policies that affect nursing and health care in New Brunswick. The NBNRC will replace the Nursing Education Stakeholder Group and the Nursing Resources Advisory Committee and will have representation from all sectors of nursing in the province. The NANB Executive Director has been invited to participate. The first meeting is scheduled to take place in February 2013.

## Canadian Institute for Health Information

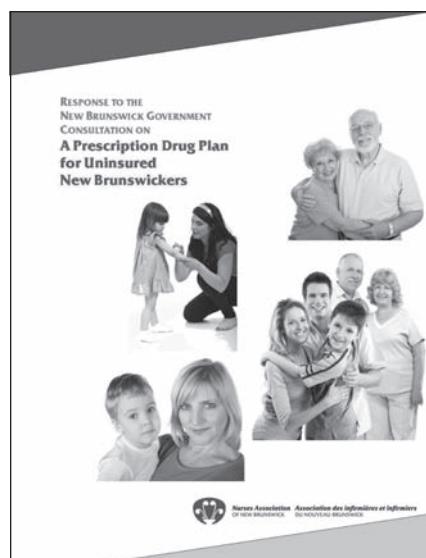
NANB provides registration data on a contractual basis to the Canadian Institute for Health Information (CIHI) for the purpose of Health Human Resource planning. The annual CIHI meeting with the jurisdictional regulatory bodies took place in November 2012, in Ottawa. Agenda items included: Nursing Report Trends for RNs and NPs; the future of the CIHI Nursing Database; the

Unique Identifier project; Electronic Data Submission (EDSS) and Data Dissemination Tool (DDT).

## NB Government Consultation on a Prescription Drug Plan for Uninsured New Brunswickers

On March 23, 2012, NANB submitted a brief entitled "Response to the New Brunswick Government Consultation on a Prescription Drug Plan for Uninsured New Brunswickers" to the provincial government's Advisory Committee on Health Benefits. The CNA Social Justice Screen was used to inform the principles adopted in NANB's response. The submission was posted on the Department of Health Website as a submission to this consultation process and was also posted on the NANB website.

The provincial government received the report, *An Insurance Plan for Prescription Drugs for Uninsured New Brunswickers*, from the Advisory Committee on Health Benefits in December 2012. Prior to the tabling of the Report in the Legislature, NANB and other key stakeholders, were invited to attend an information session on the content of the Report. The Report makes recommendations to the government for action on this issue.



NANB presented a brief to the provincial government's Advisory Committee on Health Benefits in March 2012. The presentation is available on NANB's website [www.nanb.nb.ca](http://www.nanb.nb.ca) under publications & resources/ briefs and webinars.

# New & Revised NANB Documents

## Documents Retired

- *Position Statement: Nurse Practitioner (2007)*
- *Position Statement: Clinical Nurse Specialist (2007)*

## Documents Revised

- *Standards of Practice for Registered Nurses (Oct. 2012)*

## Documents Created

- *Managing Registered Nurses with Significant Practice Problems: Practice Guideline (May 2012)*
- *Advanced Nursing Practice: Position Statement (May 2012)*
- *Graduate Nurse Scope of Practice: Practice Guideline (May 2012)*
- *Ethical and Responsible Use of Social Media: Practice Guideline (Oct. 2012)*

## Documents Under Review

- *Working Understaffed (NANB/NBNU 2007 joint document)*
- *Decision-Making: Examining Request for New Nursing Procedures (2008)*

## Endorsement of CNA Documents

- *Joint CNA and stakeholders' position statement: The Role of Health Professionals in Tobacco Cessation (February 2012)*
- *CNA/CMA document: Principles to Guide Health Care Transformation in Canada (February 2012)*
- *Staff Mix Decision-making Framework for Quality Nursing Care (May 2012)*

## Review of Documents From Other Jurisdictions/Associations

- *Blood-borne Pathogens: Registered Nurses and their Ethical Obligations (CNA)*
- *Primary Health Care: Position Statement (CNA)*
- *Harm Reduction (CNA)*
- *Key Concepts for a Position Statement on Influenza Immunization of Registered Nurses (CNA)*
- *Social Justice e-Learning Module (CNA)*
- *Scope of Nursing Practice (ICN)*
- *Independent Practice (CNO)*
- *Standards of Practice (CRNM)*
- *Travel Health Capacity Building Recommendations (Public Health Agency of Canada)*



All NANB documents and position statements are available on the NANB website [www.nanb.nb.ca](http://www.nanb.nb.ca).

TABLE 4 *Membership Highlights*

| Number of Members                          | Year 2012   | Year 2011   | Year 2010   |
|--|-------------|-------------|-------------|
| Registered                                 | 9028        | 9067        | 8962        |
| Non-practising                             | 326         | 338         | 344         |
| Life                                       | 17          | 19          | 18          |
| <b>Total</b>                               | <b>9371</b> | <b>9424</b> | <b>9324</b> |
| Number of New Registrants                  | Year 2012   | Year 2011   | Year 2010   |
| NB Graduates                               | 323         | 297         | 326         |
| Graduates from other provinces/territories | 42          | 73          | 88          |
| Graduates from outside Canada              | 8           | 23          | 16          |
| <b>Total</b>                               | <b>373</b>  | <b>393</b>  | <b>430</b>  |
| Number of Employed Nurses                  | **Year 2012 | Year 2011   | Year 2010   |
| Full-time                                  | 5452 (63%)  | 5411 (63%)  | 5254 (62%)  |
| Part-time                                  | 2132 (25%)  | 2112 (25%)  | 2126 (25%)  |
| Casual                                     | 650 (8%)    | 626 (7%)    | 655 (8%)    |
| Other*                                     | 378 (4%)    | 426 (5%)    | 420 (5%)    |
| <b>Total</b>                               | <b>8612</b> | <b>8575</b> | <b>8455</b> |

\*Includes employed nurses on temporary leave (ex., maternity, educational, disability leave, etc.); \*\*Preliminary Report, Registered Nurses, Department of Health, 2012.

| Place of Employment | **Year 2012 | Year 2011   | Year 2010   |
|---------------------|-------------|-------------|-------------|
| Hospital            | 5602 (65%)  | 5594 (65%)  | 5506 (65%)  |
| Community           | 609 (7%)    | 625 (7%)    | 618 (7%)    |
| Nursing Home        | 827 (10%)   | 800 (9%)    | 787 (9%)    |
| Extra Mural Program | 471 (6%)    | 470 (6%)    | 475 (6%)    |
| Other*              | 1103 (13%)  | 1086 (13%)  | 1069 (13%)  |
| <b>Total</b>        | <b>8612</b> | <b>8575</b> | <b>8455</b> |

\*Includes physician offices, industry, educational institutions, self-employed, association, government, correctional facilities (provincial/federal), addiction centres, armed forces; \*\*Preliminary Report, Registered Nurses, Department of Health, 2012.

| Age Distribution (employed nurses) | **Year 2012 | Year 2011  | Year 2010  |
|------------------------------------|-------------|------------|------------|
| under 25                           | 206 (2%)    | 210 (2%)   | 182 (2%)   |
| 25–29                              | 817 (10%)   | 832 (10%)  | 784 (9%)   |
| 30–34                              | 902 (11%)   | 848 (10%)  | 786 (9%)   |
| 35–39                              | 871 (10%)   | 858 (10%)  | 892 (11%)  |
| 40–44                              | 1071 (12%)  | 1154 (14%) | 1211 (14%) |
| 45–49                              | 1389 (16%)  | 1385 (16%) | 1403 (17%) |
| 50–54                              | 1297 (15%)  | 1305 (15%) | 1307 (16%) |
| 55 +                               | 2059 (24%)  | 1983 (23%) | 1890 (22%) |

\*\*Preliminary Report, Registered Nurses, Department of Health, 2012



TABLE 4 Membership Highlights Continued

| Gender Distribution (employed nurses) | **Year 2012 | Year 2011  | Year 2010  |
|---------------------------------------|-------------|------------|------------|
| Female                                | 8200 (95%)  | 8181 (95%) | 8074 (95%) |
| Male                                  | 412 (5%)    | 394 (5%)   | 381 (5%)   |

\*\*Preliminary Report, Registered Nurses, Department of Health, 2012

| Internationally Educated Nurse (IEN) Applicants |           |           |            |           |           |           |           |           |
|---|-----------|-----------|------------|-----------|-----------|-----------|-----------|-----------|
|   | 2012      | 2011      | 2010       | 2009      | 2008      | 2007      | 2006      | 2005      |
| * United States                                 | 4         | 9         | 24         | 12        | 13        | 7         | 12        | 10        |
| Philippines                                     | 4         | 16        | 61         | 44        | 19        | 3         | 5         | 3         |
| United Kingdom                                  | 1         | 1         | 1          | 3         | 2         | 2         | 3         | 6         |
| Nigeria   | 3         | 4         | 9          | 13        | 9         | 2         | —         | —         |
| France  | —         | —         | —          | —         | —         | 2         | 2         | 1         |
| India   | 1         | 27        | 50         | 7         | 1         | 1         | 2         | —         |
| **Other   | 3         | 9         | 16         | 15        | 10        | 11        | 5         | 12        |
| <b>Total</b>                                    | <b>16</b> | <b>66</b> | <b>161</b> | <b>94</b> | <b>54</b> | <b>28</b> | <b>29</b> | <b>32</b> |

\* Includes Canadians educated in the US; \*\* Other includes applicants from Tunisia, Israel, and Belgium.

| Professional Conduct Review Statistics        |           |           |           |
|---|-----------|-----------|-----------|
| Complaints Received                           | Year 2012 | Year 2011 | Year 2010 |
| Complaints carried forward from previous year | 2         | 1         | 2         |
| New complaints received in current year       | 10        | 10        | 12        |
| Referred to Review Committee                  | 4         | 3         | 5         |
| Referred to Discipline Committee              | 5         | 6         | 5         |
| Dismissed                                     | 2         | 0         | 3         |
| Carried forward to next year                  | 1         | 2         | 1         |
| Discipline and Review Committee Hearings      | Year 2012 | Year 2011 | Year 2010 |
| Cases carried over from previous year(s)      | 10        | 7         | 10        |
| Cases received in current year                | 11        | 10        | 12        |
| Discipline Hearings                           | 6         | 5*        | 4         |
| Review Hearings                               | 4         | 4**       | 11***     |
| Dismissed                                     | 0         | 1         | 1         |
| Carried forward to next year                  | 12        | 10        | 7         |

Detailed reports of both the Complaints and Discipline and Review Committees are included elsewhere in this report; \*One hearing was to suspend the registration and a second to revoke the registration for the same member; \*\*One hearing was to adjourn to a later date; \*\*\*One hearing was not completed and was carried forward to the next year

# Standing & Legislated Committee Reports

## Nurse Practitioner 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 on November 23 and December 14, 2012. Both meetings consisted of discussions regarding the NPs role in New Brunswick as it relates to NP prescribing controlled substances and the legislative changes, as published in the *Canada Gazette* in November 2012, were explored.

Proposed changes to Schedule C of the *NP Schedules for Ordering* were discussed in great detail and a draft was drawn up. The NPTC is planning to bring this revised Schedule to the Board of Directors in May.

Committee members: Kate Burkholder, Nurse Practitioner (Chair), Lynn Theriault-Sehgal, Nurse Practitioner; Janet MacDonnell, Pharmacist; Ayub Chisti, Pharmacist; Katherine Woods, Physician and Patricia Ramsey, Physician.

## Resolutions Committee

Resolutions must be submitted in writing to the Resolutions Committee, be signed by at least two practising members and state whether they are sponsored by an individual member, a group of nurses or a chapter. Resolutions must be submitted at least six weeks before a regular Board of Directors’ meeting and twelve weeks before an annual meeting.

The Resolutions Committee screens resolutions to

determine whether to refer a resolution to the Board of Directors, to NANB staff or to present it at an annual meeting. Committee members edit resolutions for clarity and make suggestions to the sponsors for corrections and clarification, where necessary.

### Resolutions Committee Report

*By Jillian Lawson, RN, Chairperson*

The Resolutions Committee received one resolution from the floor during the 2012 Annual General Meeting which was presented to the Assembly and accepted by voting members. No other resolutions were received by the committee in 2012.

The following Saint John Chapter members are currently serving on the Resolutions Committee for a two-year term (2012–2014): Jillian Lawson (Chairperson); Sarah Balcom and Bridget Stack.

### Complaints Committee Report

*By Monique Cormier-Daigle, RN, Chairperson*

This report outlines the activities of the NANB Complaints Committee in 2012. The Complaints Committee screens written complaints about the conduct of members and former members of the Nurses Association in accordance with the *Nurses Act*. It is the first level of a formal two-step process for dealing with such complaints. The Committee screens out complaints that do not relate to professional conduct or do not require further consideration. Serious matters are referred by the Complaints Committee to either the Discipline Committee or the Review Committee for further consideration and investigation.

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 Nurses Association provides consultative services to members, the public and employers on how to best address concerns related to a nurse’s practice or conduct.

In 2012, the Complaints Committee considered 11 complaints: nine received in 2012, and two carried over from 2011. Ten of the complaints were lodged by a supervisor or representative of the employer and one

TABLE 5 *Complaints Committee Report*

| <b>Allegation</b>   | <b>Setting</b>        | <b>Outcome</b>  |
|---|-----------------------|---|
| Medication administration and/or documentation error , lack of judgement, critical thinking and skills          | Hospital              | Referred to Review Committee—<br>Suspension pending outcome of hearing  |
| Prescribing unauthorized medication (NP)  | Community             | Dismissed   |
| Unethical and unprofessional behaviour  | Hospital              | Referred to Discipline Committee—<br>Suspension pending outcome of hearing  |
| Criminal convictions, sentence, fines, probation and failure to report criminal charges on registration renewal | Hospital              | (Removed from register by Registrar),<br>Referred to Discipline Committee—<br>removal from register maintained pending outcome of hearing |
| Medication administration and/or documentation error, patient abandonment                                       | Nursing Home          | Referred to Discipline Committee  |
| Breach of confidentiality, unprofessional behaviour   | Correctional Facility | Dismissed   |
| Theft of narcotics, substance abuse   | Hospital              | Referred to Review Committee—<br>Suspension pending outcome of hearing  |
| Medication administration and/or documentation error, lack of knowledge, skills and critical thinking           | Hospital              | Referred to Discipline Committee—<br>Suspension pending outcome of hearing  |
| Medication administration and/or documentation error, lack of knowledge, skills and judgement                   | Hospital              | Referred to Review Committee—<br>Suspension pending outcome of hearing  |
| Medication, administration and/or documentation error, unethical and unprofessional behaviour                   | Hospital              | Referred to Discipline Committee—<br>Suspension pending outcome of hearing  |

was lodged by a health care worker. 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 received late in the year was carried over to 2013.

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 Nurses Association and ask to speak with the Regulatory Consultant – Professional Conduct Review.

Committee members: Monique Cormier-Daigle (Chairperson), Margaret Corrigan, Edith Côté Leger, Sylvie Friolet, Paula Prosser, Ruth Riordon, Anne Roussel, Kathleen Sheppard, Carol Ann Theriault, Bernard Aube, Anne-Marie LeBlanc, Jeannita Sonier, Brian Stewart.

## Discipline and Review Committee

*By Nancy Sheehan, RN, Chairperson*

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

The Discipline and Review Committee held 10 hearings in 2012.

**Case #1**—The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who demonstrated professional misconduct and incompetence in that she did not follow orders, missed tasks, omitted or had substandard documentation and demonstrated a lack of regard for the welfare and safety of patients to an extent as to render her unsafe to practise nursing. The Discipline Committee found the member demonstrated professional misconduct by not being accountable for her conduct, acts and omissions by not acknowledging issues in her nursing practice or taking advantage of opportunities to address those issues. 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 a panel of the Committee that she is fit to return to the practice of nursing in a safe manner. The member was ordered to pay a portion of the costs respecting the Complaint to

the Association in the amount of \$3500 within a period of 12 months of first returning to the active practice of nursing.

**Case #2**—The Discipline 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 and provided the Discipline Committee with a written submission indicating that she is not able to safely and competently practice at this time. She also indicated that she has no intention of practicing nursing at this time. The Committee ordered that the member's registration be revoked and that she pay a portion of the costs respecting the Complaint in the amount of \$3000 within 12 months of the order. The member shall not be eligible to apply for reinstatement of registration and membership for a minimum period of one year and until the costs are paid.

**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 of narcotics from his place of employment. The Review Committee found the member to be suffering from an ailment or condition, rendering him unfit and unsafe to practise nursing. The Committee found that notwithstanding his ailment or condition, the member is responsible for his conduct and actions, and demonstrated professional misconduct, conduct unbecoming a member of the Association and dishonesty in that he forged nurse colleagues' signatures, falsified narcotic control records respecting patients on numerous occasions and did not adhere to documentation and narcotic control policies and procedures. The Review Committee also found the member demonstrated professional misconduct and a disregard for the welfare and safety of patients by continuing to practise while incapacitated by his ailment or condition. The Review Committee ordered that the suspension on the member's registration be continued for a minimum period of 12 months and until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The member was ordered to pay a portion of the costs in the amount of \$2000 within 12 months of returning to the active practice of nursing.

**Case #4**—The Discipline 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 Discipline Committee found that the member demonstrated a lack of knowledge and judgement and that she did not meet the standards of nursing practice in the preparation, administration and documentation of medication and patient documentation. The Committee also found that she demonstrated professional misconduct, incompetence and a disregard for the welfare and safety of patients.

The Discipline Committee ordered that the suspen-



sion on the member's registration be lifted to allow her to apply for a non-practising status for the sole purpose of undertaking two modules of the Nurse Refresher Program recognized by the Association, one on pharmacology and the other on professional responsibilities, as well as the Canadian Nurses Association Code of Ethics modules. Upon successful completion of the modules, the member will be eligible to apply for a conditional registration. The member was ordered to pay a portion of the costs in the amount of \$1000 within 12 months of returning to the active practice of nursing.

**Case #5**—The Discipline Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for intervening in the care of a patient to whom he was not assigned and administering unauthorized treatments. The Discipline Committee found the member demonstrated professional misconduct, conduct unbecoming a member and a lack of judgement by intervening in the care of a patient to whom he was not assigned and who was a friend, and in giving treatments without physicians' orders. The Committee also found that the member's acts and omissions demonstrate that he did not meet the standards of nursing practice regarding medication administration, documentation, communication and therapeutic nurse-client relationship.

The Discipline Committee reprimanded the member for his lack of judgement in intervening in the care of a patient to whom he was not assigned and in giving treatments without physicians' orders. The member was ordered to complete the Canadian Nurses Association Code of Ethics modules within 60 days. The Discipline Committee ordered the member is eligible for a conditional registration.

The member was ordered to pay a portion of the costs in the amount of \$1500 within 12 months of returning to the active practice of nursing.

**Case #6**—The Review Committee met to consider a request from a member's legal counsel to adjourn the scheduled hearing to a later date as a result of the member's mental health status. The Review Committee granted the request for adjournment and the suspension on the member's registration is continued. She is prohibited from practising nursing until the Committee holds a hearing to consider the complaint and the member's fitness to practise.

**Case #7**—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 Review Committee found the member to be suffering from an ailment or condition, rendering him unfit and unsafe to practise nursing while his ailment or condition was not ade-

quately treated and controlled. The Committee found that notwithstanding his ailment or condition, the member demonstrated professional misconduct, a lack of judgement and professional ethics, and did not meet the standards of nursing practice in the administration and documentation of medication and patient documentation. The Committee also found that the member demonstrated a disregard for the welfare and safety of patients by not disclosing his ailment or condition to his employer while practicing nursing and when his capacity was affected by his ailment or condition.

The Review Committee ordered that the suspension on the member's registration be continued for a minimum period of three months and until conditions are met. At that time, the member will be eligible to apply for a conditional registration.

**Case #8**—The Review Committee held a reinstatement hearing at the request of a member whose registration had been revoked in October 2010, 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. As ordered by the Review Committee in 2010, the member must pay a portion of the costs in the amount of \$2000 within 12 months of returning to the active practice of nursing.

**Case #9**—The Discipline 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 a lack of judgement, integrity, communication, decision making and professional ethics and responsibilities. The Discipline Committee found that the member's acts and omissions constitute incompetence, a lack of judgement and integrity and that he did not meet the Code of Ethics and the standards of nursing practice in medication administration, documentation, communication, decision making, prioritizing patient care and professional responsibilities. The Committee also found the member demonstrated professional misconduct, conduct unbecoming a member, incompetence and a lack of judgement and professional ethics in not intervening appropriately and within a reasonable period of time for a patient in distress.

The Discipline Committee revoked the member's registration and reinstatement of the member's registration and membership will not be considered for a minimum of one year and until sufficient evidence is submitted that satisfies a panel of the Committee that he is fit to return to the practice of nursing in a competent, safe and ethical manner. The member was ordered to pay a

portion of the costs in the amount of \$5000 within 12 months of returning to the active practice of nursing.

**Case #10**—The Discipline 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 Discipline Committee found the member is responsible for her conduct, acts and omissions in her nursing practice and that she demonstrated professional misconduct and incompetence including medication errors, near misses, delayed patient treatments and a lack of regard for the safety and welfare of patients to an extent as to render her unsafe to practise nursing at this time. The Discipline Committee also found the member demonstrated professional misconduct by not being accountable and responsible for her conduct, acts and omissions by not acknowledging the serious deficiencies in her nursing practice and consequences of her actions on patient safety and conduct unbecoming a member by not being honest and forthright with a potential employer regarding the termination of her prior employment due to competency issues. The Discipline Committee ordered that the suspension on the member's registration be continued for a minimum period of three months and until conditions are met. At that time, the member will be eligible to apply for a conditional registration.

\* Twelve cases were carried over to 2013.

## Acknowledgements

I would like to extend a special thank you to vice chairperson, Luc Drisdelle, 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 fair and just 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 Committee to contact the Regulatory Consultant – Professional Conduct Review at the Nurses Association. 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 Sheehan, Luc Drisdelle, Shirley Avoine, Eric Chamberlain, Marie Chase, Cindy Crossman, Claire Cyr, Mariette Damboise, Heather Hamilton, Dixie LaPage, Monique Mallet-Boucher, Erin Musgrave, Nannette Noel, Paul Rousselle, Nancy Sirois Walsh, Olive Steeves-Babineau, Charles Flewelling, Huguette Frenette, Jack MacKay, Jo-Anne Nadeau, Thérèse Roy and Etienne Theriault.

## Nursing Education Advisory Committee

The purpose of the Nursing Education Advisory Committee is to assist the NANB Board of Directors in fulfilling its responsibilities for to develop, establish, maintain and administer standards for nursing education programs, nurse refresher programs and continuing nursing education.

### Nursing Education Advisory Committee Report

*By Cathy O'Brien-Larivee, RN, Chairperson*

In 2012, the Nursing Education Advisory Committee held three meetings by teleconference and one at NANB's offices.


In January 2012, the Committee met to consider the November 2011 report of the Université de Moncton baccalaureate of nursing program approval review visit. Based on the report of the approval review team, the Committee recommended to the NANB Board of Directors a five-year approval of the program as well as the submission of one interim report to address specific recommendations made by the approval review team. In February 2012, the Board of Directors approved the Committee's recommendations and the program was granted an approval status for a period of five years.

In May 2012, the Committee met to examine interim reports from the Nurse Practitioner Programs at the University of New Brunswick and the Université de Moncton which were required by the 2009 program approval reviews. The Committee recommended to the Board that the interim reports be accepted and the Board approved the Committee's recommendation at their May 2012 meeting.

The Committee also made recommendations to the Board of Directors regarding the appointment of members to three program approval review teams. Two program approval review visits were conducted in November and December 2012 on the Nurse Practitioner Programs at the University of New Brunswick and the Université de Moncton. The third program approval review team was selected for the University of New Brunswick baccalaureate of nursing program approval review visit in 2013.

A review and revision of the Standards of Nursing Education in New Brunswick was conducted in 2012. In December 2012, the Committee met to finalize the revision of the document and made a recommendation to the Board of Directors to approve the revised standards document. The Board of Directors will consider the recommendation at their February 2013 meeting.

Committee members: Cathy O'Brien-Larivee (Chairperson), Joanne Barry, Lynn Comerford, Marjolaine Dionne Merlin, Marie-Pier Jones, Cynthia Roy Legacy, Patricia Seaman, and Mary Lue Springer.



Stacey Vail and Erika Bishop  
Administrative Assistants  
supporting NANB's  
Registration Department.

## Enhancing NANB Services

### Registration Renewal

Registration and annual registration renewal is mandatory for all nurses wishing to practise in the province. The purpose of mandatory registration is to ensure initial and continued competence to practise in order to protect the public. Registration renewal in the fall of 2012 resulted in 97% of members renewing online. For the first time, registration certificates and receipts were not mailed to members. Instead, members were able to print their certificate and receipt from a secure section on the NANB website called "My Profile".

### Election to the NANB Board

The NANB Board of Directors had four positions for election in 2012. An election by mail ballot was held for the Director position in Region 1. Candidates for election in Regions 3, 5 and 7 were elected by acclamation.

### E-bulletin: *The Virtual Flame*

NANB's e-bulletin (*The Virtual Flame*) is distributed to approximately 82% of members, four times annually. Open rates continue to remain high at approximately 42%. This added communications tool further supports members through direct contact providing important and timely information while continuing to support the Association's environmental responsibility.



NANB hosted an MLA breakfast coinciding with the 96<sup>th</sup> AGM, providing an opportunity to further enhance the knowledge of our regulatory role mandated by the *Nurses Act*.



## Government Relations

To further support NANB's strategic plan, NANB Board of Directors and professional staff hosted an MLA Breakfast on May 29, 2012, to coincide with the Association's Annual General Meeting. Approximately 25 Members of the Legislative Assembly (MLAs) attended the breakfast providing NANB an opportunity to enhance the knowledge of its regulatory role mandated by the *Nurses Act*, recognizing the value self-regulation brings to the province and people of New Brunswick; and to further understand NANB's role in promoting healthy public policy in the public interest. A welcomed event by guests, the Board recognized the impact of this initiative to promote and engage government representatives on the role of the Association.

## Media Relations

The NANB participated in 10 media interviews over the course of 2012, including print, radio and television co-

vering topics such as: National Nursing Week; optimizing the role of NPs and RNs within collaborative care clinics; responding to the CIHI report; details around our complaints and discipline process; highlighting our role as the regulator; the role nurses play in mental health; and the *Primary Health Care Framework* announcement.

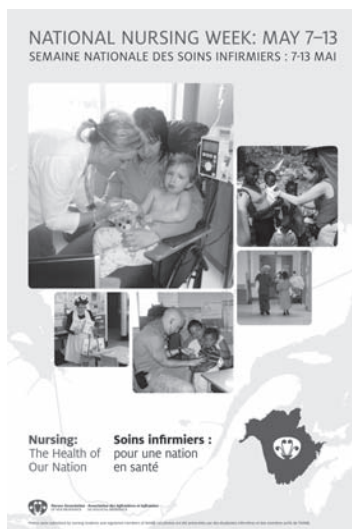
Additionally, the Canadian Nurses Association journal, *Canadian Nurse*, June issue profiled nursing in New Brunswick with NANB contributing a feature article on the role of the regulator and the Association's responsibility to promote healthy public policy in the public interest.





Above: Joining Premier Alward for the National Nursing Week declaration signing was France Marquis, President and Darline Cogswell, President-elect of NANB.

Below: NANB's 2012 revised unique National Nursing Week poster celebrating NB nurses' working at various levels of primary health care supporting the social determinants of health.



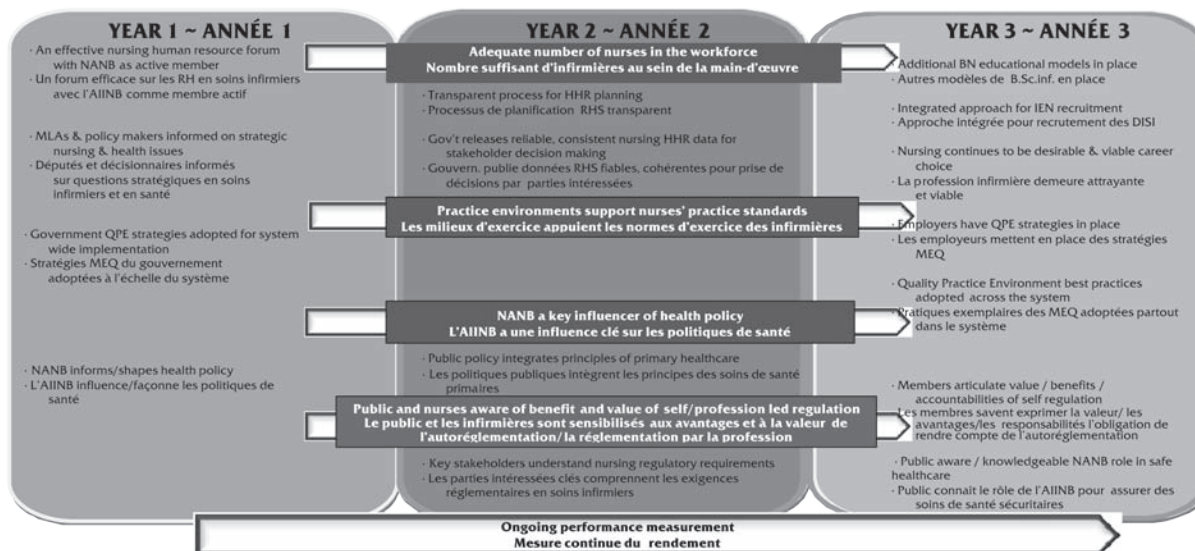
## National Nursing Week 2012

For a second consecutive year, National Nursing Week promoted the theme *Nursing: the health of our nation* across the country. In addition to circulating the NNW poster to the Workplace Representatives, Board of Directors, Chapter Presidents, Universities and various stakeholders, NANB participated for a fifth year in a declaration signing of National Nursing Week May 7-13 in New Brunswick with Premier Alward, France Marquis, President and Darline Cogswell, President-Elect. This advertisement appeared in NNW supplements of NB daily newspapers. Additionally, the Christmas message was edited to include a message regarding NNW and promoted via Global Television as well as Radio-Canada. Finally, the Association profiled National Nursing Week events coordinated by Chapters using the website and provided members the opportunity to download the Premier's declaration as well as NANB's unique NNW poster.

## Website

Continuous improvements and developments continued through 2012 to include such areas as: a revised IEN section; webinars; RN job postings; secure Board of Directors section; online presentation request form, etc. The website content is reviewed annually and managed internally through the Department of Communications.

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



### 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 second monitoring report which focuses on directions identified for year three of the plan will be provided to the Board of Directors in February 2013.

### 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.

### Queen Elizabeth II Diamond Jubilee Medal

To mark the 2012 celebrations of the 60<sup>th</sup> anniversary of Her Majesty Queen Elizabeth II's accession to the Throne as Queen of Canada, a one-time commemorative medal was created. The Canadian Nurses Association was granted 30 medals to distribute to recognize outstanding nurses, of which two were to be awarded in New Brunswick. The call for nominations resulted in 11 submissions. A selection committee of the NANB Board reviewed the nominations and presented the names of Lisa Guidry, RN, NP-PHC, and Natalie Haché Losier, RN, for the Queen Elizabeth II Diamond Jubilee Medals.

Ms. Lisa Guidry currently holds a position with Horizon Health Network as a Nurse Practitioner in Gerontology. Mme Natalie Haché Losier is working full-time in the Oncology unit at the Dr. Georges-L.-Dumont University Hospital Centre as a Nursing Consultant.



Congratulations to two New Brunswick nurses who received the Queen Elizabeth II Diamond Jubilee Medal:  
Ms. Lisa Guidry, RN, NP-PHC  
and Natalie Haché-Losier, RN.

**Nicholson & Beaumont**  
Chartered Accountants

328 King Street  
PO Box 1051  
Fredericton, NB  
E3B 5C2

Phone (506) 458-9815  
(506) 458-1599  
Fax (506) 459-7575

**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, 2012, December 31, 2011 and January 1, 2011 and the statements of operations, changes in net assets and cash flows for the years ended December 31, 2012 and December 31, 2011, 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**

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 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.

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

**Opinion**

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Nurses Association of New Brunswick, Inc. as at December 31, 2012, December 31, 2011 and January 1, 2011, and the results of its operations and its cash flows for the years ended December 31, 2012 and December 31, 2011 in accordance with Canadian accounting standards for not-for-profit organizations.

Fredericton,  
February 19, 2013

  
Chartered Accountants

Nurses Association of New Brunswick  
Statement of Financial Position  
December 31, 2012

|   | General<br>Fund     | CNA<br>Biennium/<br>NANB Centennial<br>Fund | Employee<br>Benefit<br>Fund |
|---|---------------------|---|-----------------------------|
| Current assets  |                     |   |                             |
| Cash (Note 2 (a))   | \$ 475,581          | \$ 1  | \$ -                        |
| Investments (Note 2 (a) and 3)  | 1,100,000           | 130,170                                     | 88,969                      |
| Accounts receivable   | 5,689               | -   | -                           |
| Prepaid expenses  | 4,381               | -   | -                           |
| Accrued interest receivable   | 2,936               | -   | 6,951                       |
| Due from Employee Benefit Fund (Note 5)                                     | <u>1,183</u>        | <u>-</u>                                    | <u>-</u>                    |
|   | <u>1,589,770</u>    | <u>130,171</u>                              | <u>95,920</u>               |
| Long-term assets  |                     |   |                             |
| Accrued interest receivable   | 3,938               | 36,344                                      | 2,733                       |
| Investments (Note 3)  | <u>3,303,316</u>    | <u>50,000</u>                               | <u>131,869</u>              |
|   | <u>3,307,254</u>    | <u>86,344</u>                               | <u>134,602</u>              |
| Capital assets - net of amortization (Notes 2(b) and 4)                     | <u>1,339,680</u>    | <u>-</u>                                    | <u>-</u>                    |
|   | <u>\$ 6,236,704</u> | <u>\$ 216,515</u>                           | <u>\$ 230,522</u>           |
| Current liabilities   |                     |   |                             |
| Accounts payable (Note 8)   | \$ 295,259          | \$ -  | \$ -                        |
| Future revenue  | 3,773,638           | -   | -                           |
| Obligation under capital leases   | -                   | -   | -                           |
| Due to General Fund (Note 5)  | <u>-</u>            | <u>-</u>                                    | <u>1,183</u>                |
|   | <u>4,068,897</u>    | <u>-</u>                                    | <u>1,183</u>                |
| Long-term debts   |                     |   |                             |
| Obligation under capital leases   | -                   | -   | -                           |
| Accrued employee retirement/resignation<br>benefits obligation (Note 2 (c)) | <u>-</u>            | <u>-</u>                                    | <u>229,339</u>              |
|   | <u>-</u>            | <u>-</u>                                    | <u>229,339</u>              |
| Fund balances   |                     |   |                             |
| Internally restricted   | -                   | 216,515                                     | -                           |
| Invested in capital assets  | 1,339,680           | -   | -                           |
| Unrestricted  | <u>828,127</u>      | <u>-</u>                                    | <u>-</u>                    |
|   | <u>2,167,807</u>    | <u>216,515</u>                              | <u>-</u>                    |
|   | <u>\$ 6,236,704</u> | <u>\$ 216,515</u>                           | <u>\$ 230,522</u>           |

Approved by Executive Director





| Discipline<br>Fund | Capital<br>Fund | Interfund<br>Deletions | December 31,<br>2012 | December 31,<br>2011 | January 1,<br>2011 |
|--------------------|-----------------|------------------------|----------------------|----------------------|--------------------|
| \$ 12              | \$ -            | \$ -                   | \$ 475,594           | \$ 848,216           | \$ 467,004         |
| -                  | 150,000         | -                      | 1,469,139            | 870,564              | 811,000            |
| -                  | -               | -                      | 5,689                | 17,135               | 38,011             |
| -                  | -               | -                      | 4,381                | 5,099                | 17,452             |
| -                  | 8               | -                      | 9,895                | 12,491               | 8,332              |
| -                  | -               | (1,183)                | -                    | -                    | -                  |
| 12                 | 150,008         | (1,183)                | 1,964,698            | 1,753,505            | 1,341,799          |
| 2,377              | 7,469           | -                      | 52,861               | 36,166               | 22,665             |
| 132,372            | 306,150         | -                      | 3,923,707            | 3,660,907            | 3,530,629          |
| 134,749            | 313,619         | -                      | 3,976,568            | 3,697,073            | 3,553,294          |
|                    |                 |                        | 1,339,680            | 1,382,703            | 1,432,698          |
| \$ 134,761         | \$ 463,627      | \$ (1,183)             | \$ 7,280,946         | \$ 6,833,281         | \$ 6,327,791       |
| \$ -               | \$ -            | \$ -                   | \$ 295,259           | \$ 545,166           | \$ 550,293         |
| -                  | -               | -                      | 3,773,638            | 3,489,324            | 3,231,384          |
| -                  | -               | -                      | -                    | 3,238                | 2,671              |
| -                  | -               | (1,183)                | -                    | -                    | -                  |
|                    | -               | (1,183)                | 4,068,897            | 4,037,728            | 3,784,348          |
| -                  | -               | -                      | -                    | -                    | 3,240              |
| -                  | -               | -                      | 229,339              | 204,453              | 169,187            |
| -                  | -               | -                      | 229,339              | 204,453              | 172,427            |
| 134,761            | 463,627         | -                      | 814,903              | 646,752              | 480,679            |
| -                  | -               | -                      | 1,339,680            | 1,379,465            | 1,426,787          |
| -                  | -               | -                      | 828,127              | 564,883              | 463,550            |
| 134,761            | 463,627         | -                      | 2,982,710            | 2,591,100            | 2,371,016          |
| \$ 134,761         | \$ 463,627      | \$ (1,183)             | \$ 7,280,946         | \$ 6,833,281         | \$ 6,327,791       |

Nurses Association of New Brunswick  
Statement of Changes in Fund Balances  
For the Year Ended December 31, 2012

Internally Restricted

|  | CNA<br>Biennium/<br>NANB Centennial<br><u>Fund</u> | Employee<br>Benefit<br><u>Fund</u> | Discipline<br><u>Fund</u> | Capital<br><u>Fund</u> |
|--|--|------------------------------------|---------------------------|------------------------|
| Balance, beginning of year                 | \$ 208,507   | \$ -                               | \$ 132,179                | \$ 306,066             |
| Excess of revenue (expenses) for year      | 8,008  | (18,184)                           | 2,582                     | 7,561                  |
| Interfund transfers (Note 5)               | -  | 18,184                             | -                         | 150,000                |
| Purchase of capital assets                 | -  | -                                  | -                         | -                      |
| Payment on obligation under capital leases | -  | -                                  | -                         | -                      |
| Balance, end of year                       | \$ <u>216,515</u>                                  | \$ <u>-</u>                        | \$ <u>134,761</u>         | \$ <u>463,627</u>      |

| <u>Total</u>      | <u>Invested<br/>In Capital<br/>Assets</u> | <u>Unrestricted</u> | <u>December 31,<br/>2012</u> | <u>December 31,<br/>2011</u> | <u>January 1,<br/>2011</u> |
|-------------------|---|---------------------|------------------------------|------------------------------|----------------------------|
| \$ 646,752        | \$ 1,379,465                              | \$ 564,883          | \$ 2,591,100                 | \$ 2,371,016                 | \$ 2,201,283               |
| (33)              | (66,513)                                  | 458,156             | 391,610                      | 220,084                      | 169,733                    |
| 168,184           | -   | (168,184)           | -                            | -                            | -                          |
| -                 | 23,488                                    | (23,488)            | -                            | -                            | -                          |
| <u>-</u>          | <u>3,240</u>                              | <u>(3,240)</u>      | <u>-</u>                     | <u>-</u>                     | <u>-</u>                   |
| \$ <u>814,903</u> | \$ <u>1,339,680</u>                       | \$ <u>828,127</u>   | \$ <u>2,982,710</u>          | \$ <u>2,591,100</u>          | \$ <u>2,371,016</u>        |

Nurses Association of New Brunswick  
Statement of Operation  
For the Year Ended December 31, 2012

|  | General<br>Fund   | CNA<br>Biennium/<br>NANB Centennial<br>Fund | Employee<br>Benefit<br>Fund |
|--|-------------------|---|-----------------------------|
| Revenues   |                   |   |                             |
| Advertising and publications   | \$ 12,275         | \$ -  | \$ -                        |
| Annual meeting   | -                 | -   | -                           |
| CNA fees and exams   | 675,624           | -   | -                           |
| Investment income  | 50,840            | 8,008                                       | 6,703                       |
| Membership fees  | 3,081,086         | -   | -                           |
| NANB exam fees   | 44,275            | -   | -                           |
| Rental income  | 73,196            | -   | -                           |
| Other income   | 167,484           | -   | -                           |
| IEHP initiative  | <u>264,822</u>    | <u>-</u>                                    | <u>-</u>                    |
|  | <u>4,369,602</u>  | <u>8,008</u>                                | <u>6,703</u>                |
| Expenses   |                   |   |                             |
| Annual meeting   | 20,546            | -   | -                           |
| Awards   | 21,750            | -   | -                           |
| Chapter grants and funds   | 9,721             | -   | -                           |
| CNA board & biennium   | 9,206             | -   | -                           |
| CNA, CNPS and CRNE fees  | 831,683           | -   | -                           |
| Committees, projects and other activities  | 130,274           | -   | -                           |
| Liaison - members/counterparts/<br>stakeholders/corporate                                  | 27,741            | -   | -                           |
| Employee wages and benefits (Note 6)   | 1,558,164         | -   | 24,887                      |
| Information systems  | 7,161             | -   | -                           |
| Communications and public relations  | 184,887           | -   | -                           |
| Lease and bank charges   | 49,431            | -   | -                           |
| NANB board and executive   | 70,878            | -   | -                           |
| Office expenses  | 139,104           | -   | -                           |
| Personnel development  | 18,465            | -   | -                           |
| Premises expenses  | 146,626           | -   | -                           |
| Professional and consultant fees   | 293,037           | -   | -                           |
| IEHP initiative  | <u>392,772</u>    | <u>-</u>                                    | <u>-</u>                    |
|  | <u>3,911,446</u>  | <u>-</u>                                    | <u>24,887</u>               |
| Excess of revenue (expenses) before loss<br>on disposal and amortization of capital assets | <u>458,156</u>    | <u>8,008</u>                                | <u>(18,184)</u>             |
| Loss on disposal of capital assets   | 1,539             | -   | -                           |
| Amortization of capital assets   | <u>64,974</u>     | <u>-</u>                                    | <u>-</u>                    |
|  | <u>66,513</u>     | <u>-</u>                                    | <u>-</u>                    |
| Excess of revenue for year   | \$ <u>391,643</u> | \$ <u>8,008</u>                             | \$ <u>(18,184)</u>          |



| <u>Discipline<br/>Fund</u> | <u>Capital<br/>Fund</u> | <u>Total<br/>2012</u> | <u>Total<br/>2011</u> |
|----------------------------|-------------------------|-----------------------|-----------------------|
| \$ -                       | \$ -                    | \$ 12,275             | \$ 8,735              |
| -                          | -                       | -                     | 6,646                 |
| -                          | -                       | 675,624               | 665,902               |
| 2,582                      | 7,561                   | 75,694                | 61,828                |
| -                          | -                       | 3,081,086             | 2,820,560             |
| -                          | -                       | 44,275                | 42,649                |
| -                          | -                       | 73,196                | 73,223                |
| -                          | -                       | 167,484               | 73,546                |
| -                          | -                       | <u>264,822</u>        | <u>185,522</u>        |
| <u>2,582</u>               | <u>7,561</u>            | <u>4,394,456</u>      | <u>3,938,611</u>      |
| -                          | -                       | 20,546                | 62,799                |
| -                          | -                       | 21,750                | 35,250                |
| -                          | -                       | 9,721                 | 9,232                 |
| -                          | -                       | 9,206                 | 10,028                |
| -                          | -                       | 831,683               | 772,855               |
| -                          | -                       | 130,274               | 98,937                |
| -                          | -                       | 27,741                | 19,296                |
| -                          | -                       | 1,583,051             | 1,583,943             |
| -                          | -                       | 7,161                 | 4,997                 |
| -                          | -                       | 184,887               | 132,167               |
| -                          | -                       | 49,431                | 55,322                |
| -                          | -                       | 70,878                | 63,324                |
| -                          | -                       | 139,104               | 152,711               |
| -                          | -                       | 18,465                | 18,042                |
| -                          | -                       | 146,626               | 148,815               |
| -                          | -                       | 293,037               | 291,105               |
| -                          | -                       | <u>392,772</u>        | <u>181,958</u>        |
| -                          | -                       | <u>3,936,333</u>      | <u>3,640,781</u>      |
| <u>2,582</u>               | <u>7,561</u>            | <u>458,123</u>        | <u>297,830</u>        |
| -                          | -                       | 1,539                 | 15,350                |
| -                          | -                       | <u>64,974</u>         | <u>62,396</u>         |
| -                          | -                       | <u>66,513</u>         | <u>77,746</u>         |
| \$ <u>2,582</u>            | \$ <u>7,561</u>         | \$ <u>391,610</u>     | \$ <u>220,084</u>     |

**Nurses Association of New Brunswick  
Statement of Cash Flows  
For the Year Ended December 31, 2012**

|  | <u>2012</u>         | <u>2011</u>         |
|--|---------------------|---------------------|
| Cash flows from operating activities             |                     |                     |
| Excess of revenues                               | \$ 391,610          | \$ 220,084          |
| Add back non-cash items                          |                     |                     |
| Accrued employee retirement/resignation benefits | 24,887              | 35,266              |
| Amortization of capital assets                   | 64,974              | 62,396              |
| Loss on sale of capital assets                   | 1,539               | 15,350              |
| Investment income reinvested                     | (22,343)            | (4,760)             |
| Changes in cash relating to operations           |                     |                     |
| Accounts receivable                              | 11,446              | 20,876              |
| Prepaid expenses                                 | 718                 | 12,353              |
| Accrued interest receivable                      | (14,099)            | (17,660)            |
| Accounts payable                                 | (249,907)           | (5,127)             |
| Future revenue                                   | <u>284,314</u>      | <u>257,943</u>      |
|  | <u>493,139</u>      | <u>596,721</u>      |
| Cash flows from investing activities             |                     |                     |
| Transfer of long-term investments to current     | 1,038,969           | 870,564             |
| Purchase of long-term investments                | (3,682,605)         | (3,823,737)         |
| Purchase of capital assets                       | (23,489)            | (27,753)            |
| Disposal of long-term investments                | <u>2,273,009</u>    | <u>2,827,655</u>    |
|  | <u>(394,116)</u>    | <u>(153,271)</u>    |
| Cash flows from financing activities             |                     |                     |
| Obligation under capital lease payments          | <u>(3,240)</u>      | <u>(2,674)</u>      |
| Net increase in cash and investments             | 95,783              | 440,776             |
| Cash and investments, beginning of year          | <u>1,718,780</u>    | <u>1,278,004</u>    |
| Cash and investments, end of year                | \$ <u>1,814,563</u> | \$ <u>1,718,780</u> |
| <br>Represented by:                              |                     |                     |
| Cash   | \$ 475,594          | \$ 848,216          |
| Short term investments                           | <u>1,338,969</u>    | <u>870,564</u>      |
|  | \$ <u>1,814,563</u> | \$ <u>1,718,780</u> |

**Nurses Association of New Brunswick  
Notes to the Financial Statements  
For the Year Ended December 31, 2012**

**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/ NANB Centennial Fund scheduled to be held in New Brunswick in 2016 are reported in the CNA Biennium/ NANB Centennial 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, 2012 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, 2012**

**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) 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, 2012.

**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 Ici Bank Canada, due December 13, 2013 with interest at 1.60%, paid annually. | \$ 100,000 |
|---|------------|

|   |         |
|---|---------|
| GIC National Bank of Canada, due December 31, 2013 with interest at 1.45%, paid annually. | 100,000 |
|---|---------|

|   |         |
|---|---------|
| GIC Vancity Credit Union, due December 31, 2013 with interest at 1.5%, paid annually. | 100,000 |
|---|---------|

|  |         |
|--|---------|
| GIC Royal Bank of Canada due October 21, 2013 with interest at 1.89%, paid annually. | 100,000 |
|--|---------|

|   |         |
|---|---------|
| GIC RBC Mortgage Corp due October 21, 2013 with interest at 1.89%, paid annually. | 100,000 |
|---|---------|

|   |         |
|---|---------|
| GIC Royal Trust Company due October 21, 2013 with interest at 1.89%, paid annually. | 100,000 |
|---|---------|

|   |         |
|---|---------|
| GIC B2B Trust due October 19, 2013 with interest at 1.85%, paid annually. | 100,000 |
|---|---------|

**Investments - current**

|   |         |
|---|---------|
| GIC Equitable Trust due October 21, 2013 with interest at 1.85%, paid annually. | 100,000 |
|---|---------|

|  |         |
|--|---------|
| GIC Royal Trust Corp due October 21, 2013 with interest at 1.89%, paid annually. | 100,000 |
|--|---------|

|   |         |
|---|---------|
| GIC Pacific and Western due October 20, 2013 with interest at 1.80%, paid annually. | 100,000 |
|---|---------|

**Nurses Association of New Brunswick  
Notes to The Financial Statements  
For the Year Ended December 31, 2012**

**Note #3. Continued**

|   |                     |
|---|---------------------|
| GIC CDN Western Bank, due October 19, 2013 with interest at 1.85%, paid annually.     | 100,000             |
|   | <u>\$ 1,100,000</u> |
| <b>Investments - long term</b>  |                     |
| GIC AGF Trust due September 25, 2014 with interest at 2.1%, paid annually.            | \$ 47,000           |
| GIC Canadian Tire Bank due September 25, 2014 with interest at 2.15%, paid annually.  | 100,000             |
| GIC Korean Exchange Bank due September 25, 2014 with interest at 1.8%, paid annually. | 100,000             |
| GIC Peoples Trust due September 25, 2014 with interest at 2.1%, paid annually.        | 100,000             |
| GIC HSBC Bank due October 15, 2014 with interest at 1.95%, paid annually.             | 100,000             |
| GIC Home Equity Bank due October 15, 2014 with interest at 1.95%, paid annually.      | 100,000             |
| GIC Home Trust Company due October 15, 2014 with interest at 2.15%, paid annually.    | 100,000             |
| GIC Manulife Trust, due October 15, 2014 with interest at 1.85%, paid annually.       | 100,000             |
| GIC Montreal Trust, due October 15, 2014 with interest at 2.05%, paid annually.       | 100,000             |
| GIC Resmor Trust, due October 15, 2014 with interest at 2.05%, payable annually.      | 100,000             |
| RBC investment savings acct Series A (2010)   | <u>2,356,316</u>    |
|   | <u>\$ 3,303,316</u> |

Cost of the above investments approximate their fair market value.

**CNA Biennium/ NANB Centennial Fund**

|   |                   |
|---|-------------------|
| <b>Investments - current</b>  |                   |
| 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            |
|   | <u>\$ 130,170</u> |
| <b>Investments - long term</b>  |                   |
| GIC TD Pacific Mortgage Corp. due March 18, 2014 with interest at 3.65%, payable at maturity. | <u>\$ 50,000</u>  |

Cost of the above investments approximate their fair market value.

**Employee Benefit Fund**

|   |                  |
|---|------------------|
| <b>Investments - current</b>  |                  |
| GIC ING Bank of Canada, due July 2, 2013 with interest at 3.05%, payable at maturity. | <u>\$ 88,969</u> |



**Nurses Association of New Brunswick  
Notes to the Financial Statements  
For the Year Ended December 31, 2012**

**Note #3. Continued**

**Investments - long-term**

|  |                   |
|--|-------------------|
| GIC Bank of Nova Scotia due June 30, 2014 with interest at 2.35%, payable at maturity. | \$ 37,786         |
| GIC BMO Advisors due April 23, 2015 with interest at 2.15%, payable at maturity.       | 94,083            |
|  | <u>\$ 131,869</u> |

Cost of the above investments approximate their fair market value.

**Capital Fund**

**Investment - current**

|  |                   |
|--|-------------------|
| GIC Montreal Trust, due December 29, 2013 with interest at 2.06 % paid annually.     | \$ 100,000        |
| GIC Bank of Nova Scotia, due December 29, 2013 with interest at 2.06% paid annually. | 50,000            |
|  | <u>\$ 150,000</u> |

**Investment - long-term**

|  |                   |
|--|-------------------|
| GIC AGF Trust, due April 6, 2015 with interest at 2.1 % payable at maturity.                 | \$ 53,060         |
| GIC Laurentian Bank, due December 31, 2014 with interest at 2.0% paid annually.              | 53,090            |
| GIC Manulife Bank, due December 23, 2015 with interest at 3.2%, payable at maturity.         | 100,000           |
| GIC Natcan Trust Company, due December 29, 2014 with interest at 1.75%, payable at maturity. | 100,000           |
|  | <u>\$ 306,150</u> |

Cost of the above investment approximate their fair market value.

**Discipline Fund**

**Investment - long term**

|   |                   |
|---|-------------------|
| GIC Laurention Bank, due March 21, 2015 with interest at 2.3%, payable at maturity. | \$ 66,186         |
| GIC LBC Trust, due March 21, 2015 with interest at 2.3% , payable at maturity.      | 66,186            |
|   | <u>\$ 132,372</u> |

Cost of the above investments approximate their fair market value.

**4. Capital assets**

|                                  | <u>2012</u> |                                 |            | 2011       |
|----------------------------------|-------------|---------------------------------|------------|------------|
|                                  | <u>Cost</u> | <u>Accumulated Amortization</u> | <u>Net</u> | <u>Net</u> |
| Land                             | \$ 301,893  | \$ -                            | \$ 301,893 | \$ 301,893 |
| Paving and fencing               | 18,680      | 9,828                           | 8,852      | 4,235      |
| Building                         | 1,766,459   | 825,382                         | 941,077    | 980,449    |
| Computer and photocopy equipment | 96,899      | 88,460                          | 8,439      | 7,483      |
| Office furniture and equipment   | 252,094     | 180,278                         | 71,816     | 80,196     |

**Nurses Association of New Brunswick  
Notes to the Financial Statements  
For the Year Ended December 31, 2012**

|  |                     |                     |                     |                     |
|--|---------------------|---------------------|---------------------|---------------------|
| Office and computer equipment<br>- capital lease | <u>12,672</u>       | <u>5,069</u>        | <u>7,603</u>        | <u>8,447</u>        |
|  | <u>\$ 2,448,697</u> | <u>\$ 1,109,017</u> | <u>\$ 1,339,680</u> | <u>\$ 1,382,703</u> |

**5. Interfund transfers and internally restricted fund balances**

On December 31, 2012, the Employee Benefits Fund owed the General Fund \$1,183 which is payable on demand without interest.

**6. Registered retirement savings plan**

During the year 2012, as required by the Association's personnel policies, \$116,841 (2011 - \$120,763) was contributed to employees' individual registered retirement savings plans.

**7. Commitments**

During 2011 a photocopier was leased for a term of 48 months.

Future payments are as follows:

|      | <u>Payment</u> |
|------|----------------|
| 2013 | \$ 14,000      |
| 2014 | 14,000         |
| 2015 | 14,000         |

During 2012 a mailing system was leased for a term of 66 months.

Future payments are as follows:

|      | <u>Payment</u> |
|------|----------------|
| 2013 | \$ 5,848       |
| 2014 | 5,848          |
| 2015 | 5,848          |
| 2016 | 5,848          |
| 2017 | 4,386          |

**8. Accounts payable**

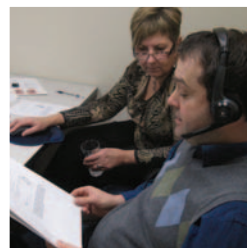
Included in accounts payable is \$107,246 (2011 \$414,243) of government remittance payable.

**9. Impact of change in basis of accounting**

The company has elected to apply the Canadian accounting standards for-not-profit organizations of Part III of the CICA Accounting Handbook.

These financial statements are the first financial statements for which the entity has applied Canadian accounting standards for-not-profit organizations hereafter referred to as ASNFPO and were prepared in accordance with the standards under the section 1501. "First-Time Adoption"

The impact of adopting these standards has not resulted in any material changes to the opening financial statements for the current or previous year end.



**Nurses Association**  
OF NEW BRUNSWICK

165 Regent Street  
Fredericton NB E3B 7B4  
Canada

1-800-442-4417  
nanb@nanb.nb.ca  
www.nanb.nb.ca