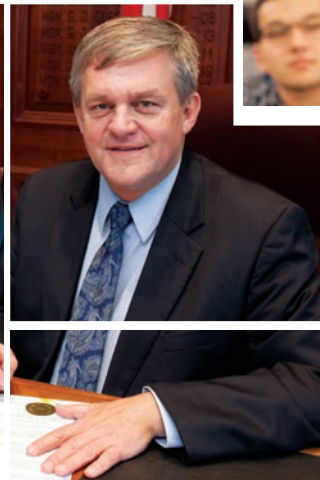




Nurses Association
OF NEW BRUNSWICK



2014 ANNUAL REPORT



NANB BOARD OF DIRECTORS

CONSEIL D'ADMINISTRATION DE L'AIINB

Thérèse Thompson
Director, Region 5
Administratrice, Région 5

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Administratrice, Région 6

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Jillian Ring
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Administratrice, Région 2



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représentant le public



Darline Cogswell
President
Présidente



Brenda Kinney
President-Elect
Présidente désignée

2014 Annual Report



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Vision

Nurses shaping nursing for healthy New Brunswickers.

Mission

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

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Darline Cogswell, RN

President-Elect

Brenda Kinney, RN

Region Directors

Chantal Saumure, RN

Region 1, January–August 2014

Joanne LeBlanc-Chiasson, RN

Region 1, September–December 2014

Jillian Ring, RN

Region 2

Amy McLeod, RN

Region 3

Josée Soucy, RN

Region 4

Linda LePage-LeClair, RN

Region 5, January–August 2014

Thérèse Thompson, NP

Region 5, September–December 2014

Annie Boudreau, RN

Region 6

Rhonda Shaddick, RN

Region 7, January–August 2014

Lisa Keirstead Johnson, RN

Region 7, September–December 2014

Public Directors

Fernande Chouinard

Edward Dubé

Wayne Trail

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

Odette Comeau Lavoie, RN

Senior Regulatory Consultant

Denise LeBlanc-Kwaw, RN

Regulatory Consultant: Registration

Lorraine Breau, RN

Regulatory Consultant: Professional

Conduct Review

Louise Smith, RN

Regulatory Consultant: Registration

Stacey Vail

Administrative Assistant: Registration

Erika Bishop

Administrative Assistant: Registration

Angela Bourque

Administrative Assistant:

Regulatory Services

Practice

Liette Clément, RN

Director of Practice

Virgil Guitard, RN

Nursing Practice Consultant

Susanne Priest, RN

Nursing Practice Consultant

Dawn Torpe, 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

A Continued Commitment to Self-regulation in the Public Interest

Across the province registered nurses and nurse practitioners are providing caring, competent and ethical nursing health services to the people of New Brunswick. Nurses are delivering education programs; directing and participating in health research; filling key administrative roles within and outside the traditional health system; and contributing to health policy in a variety of settings: whether in hospitals, government or industry where nursing knowledge, expertise and skill is making a difference every day.

The regulation of registered nurses and nurse practitioners is a privilege and a responsibility the Nurses Association of New Brunswick (NANB) is proud to deliver in the interest of the public. During 2014, the NANB continued to expand engagement opportunities with nurses across the province recognizing face-to-face interaction remains a valued method of exchange for members. Additionally, we have also enhanced technology through virtual support services, allowing members to stay connected and access NANB resources both in real-time and asynchronously providing flexibility and 24/7 access.

Following are some of the 2014 highlights further detailed in this Report:

- The launch of the National Nursing Assessment Service to support the assessment of international applicants including those seeking recognition as registered nurses, licensed practical nurses and registered psychiatric nurses (in BC, AB, SK, MB and the Yukon).
- Completion of a three year transition plan realizing the implementation of the NCLEX-RN in January 2015 as the

mandatory entry-to-practice exam for registered nursing in all Canadian jurisdictions with the exemption of Quebec.

- The NANB was accepted as an Associate Member of the National Council of State Boards of Nursing (NCSBN).
- Nurse Practitioners completed requirements to prescribe controlled drugs and substances as outlined in the NANB schedules following the approval of new federal legislation removing the barriers to this authority in the *Controlled Drugs and Substances Act* (CDSA).

The milestones noted above were primarily achieved through collaboration of both national and international levels; reflecting the reality of globalization and the opportunities it presents. The NANB welcomes these opportunities by optimizing new partnerships with the knowledge and expertise they provide to advance quality nursing regulation in the public interest.

The fall of 2014 saw New Brunswick voters elect a new Liberal government to lead our province. The NANB remains committed to working collaboratively with government to ensure sustainable, equitable, quality health services for all New Brunswickers that optimizes the contribution of registered nurses and nurse practitioners as members of a collaborative health care team advancing a primary health care framework.

Finally, thank you to NANB members and our provincial, national and international colleagues for your collaboration and commitment to NANB's shared vision and goals.



Darline Cogswell,
President



Roxanne Tarjan,
Executive Director



• **H I G H L I G H T S F R O M 2 0 1 4** •



Protection of the Public

Ensuring Adequate Nursing Human Resources

Basic Nursing Education

In 2014, the total number of students admitted to basic nursing education programs in New Brunswick was 311. A total of 465 seats were allocated for funding by the Department of Post-Secondary Education and Training. The Université de Moncton (UdeM) admitted 130 students to its Moncton, Edmundston and Shippagan/Bathurst sites and was short of its 184 funded seats by 54. The University of New Brunswick (UNB) admitted a total of 181 students in Fredericton, Moncton, Bathurst and Saint John and was short of their 281 funded seats by 100.

LPN-BN BRIDGING

Additionally, UNB Saint John admitted 15 students to the second cohort (2014–2015) of the “Licensed Practical Nursing Bridge” program. All 22 students from the 2013–2014 cohort successfully completed the bridging program and were admitted to third year of the baccalaureate of nursing program.

Master’s of Nursing

In 2014, the Université de Moncton reported 57 nurses in their master’s program, 24 of whom are enrolled in the nurse practitioner program. The University of New Brunswick reported 38 students in their master’s program; 13 in the thesis stream, 12 in the educator stream and 13 in the nurse practitioner stream.

National Nursing Assessment Service (NNAS)

The National Nursing Assessment Service (NNAS) project was funded by Health Canada to enhance the efficiency, uniformity and timeliness of the assessment of internationally educated nurses (IENs). The project was a joint initiative of the regulatory bodies of registered nurses (RNs), licensed practical nurses (LPNs) and registered psychiatric nurses (RPNs) in all provinces/territories, except Quebec. The NNAS has a 12 member Board of Directors with representation from the three nursing groups. The

NANB Executive Director is currently a member of the Board of Directors. The vision of the NNAS is to provide a single portal of entry for applications for registration from internationally educated nurses (IENs) and to harmonize the application process by centralizing document collection and assessment of applicant files.

The NNAS became operational on August 12, 2014. All international applicants seeking registration as an RN, LPN or RPN in Canada will have to complete a uniform application and document assessment process through NNAS prior to applying to the province in which they want to become registered. The service has been designed to be a not-for-profit entity. Ongoing development will look to further potential harmonization of required regulatory processes and ongoing harmonization of current competency assessment and bridging educational programs.

Supporting Professional Practice

Presentations

Between January and December 2014, 31 presentations were delivered in person and four via Webinar, for a total of 1149 attendees (536 RNs, 487 nursing students and 126 other participants). Presentation topics included: I am Your RN: Professionalism Matters; Documentation; The Therapeutic Nurse-Client Relationship; NCLEX; The Role of the RN in Changing Times; and the Complaints and Discipline Process. NANB recognizes that webinar offerings are often viewed by groups of nurses thereby increasing the reach of these programs and these numbers are not always captured in registration and attendance statistics.

Virtual Forum

The Virtual Forum web-based initiative is a means to engage in discussion on a specific subject between RNs and a content expert, delivered via NANB’s website. NANB launched a fourth virtual forum titled ‘Leaders: Nursing Voices for Change’ hosted by Shari Graydon, founder and catalyst of *Informed Opinions*. The Forum was scheduled to coincide with the provincial election. Ms. Graydon published a summary article of comments received from NANB members in the December 2014 *Info Nursing* journal.

Webinars & E-Learning Modules

E-learning is an alternate approach to the delivery of educational sessions





Practice Consultation Calls

The Nurses Association of New Brunswick is a professional regulatory organization that exists to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by promoting healthy public policy. As part of its mandate, NANB offers a confidential consultation service to its members to support and promote good nursing practice.

The confidential consultation service may be provided to individuals or groups of registered nurses in all practice areas and to the general public who may have questions about nursing practice. Consultations can be a one-on-one or group conversation by phone, in-person and/or as part of a site visit. A practice consultation is an interaction aimed at providing 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). 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 behaviors, 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".

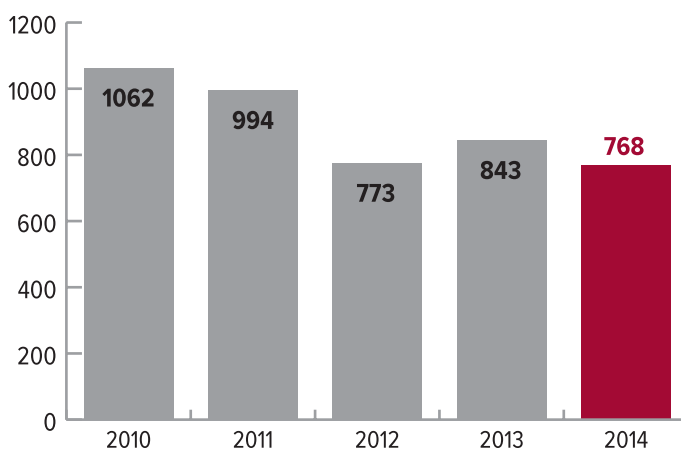
which gives registered nurses the opportunity to access learning modules at their convenience. In 2014, NANB launched two e-learning modules entitled: *Committed to Professionalism*, *Committed to Care* and *Cultural Awareness for Preceptors and Mentors of Internationally Educated Nurses (IENs)*.

Webinars also provide members with another alternate approach to learn and exchange information virtually. In 2014, NANB offered four webinars:

- Feb. 2014—*Collaboration: Shared Goals, Different Roles* (French and English)
- Sept. 2014—*When Meeting Standards Becomes a Challenge: Working with Limited Resources and Resolving Professional Practice Problems* (French and English)
- Oct. 2014—*FAQs from RNs Working in Nursing Homes* (French and English)
- Dec. 2014—*Problematic Substance Use: Still an Important Issue* (English)

Webinars, conferences and annual meetings are recorded and archived on the NANB website allowing nurses to access the materials asynchronously depending on their individual schedules thus further enhancing the support to nursing practice across the province.

Figure 1: Total calls received in 2014



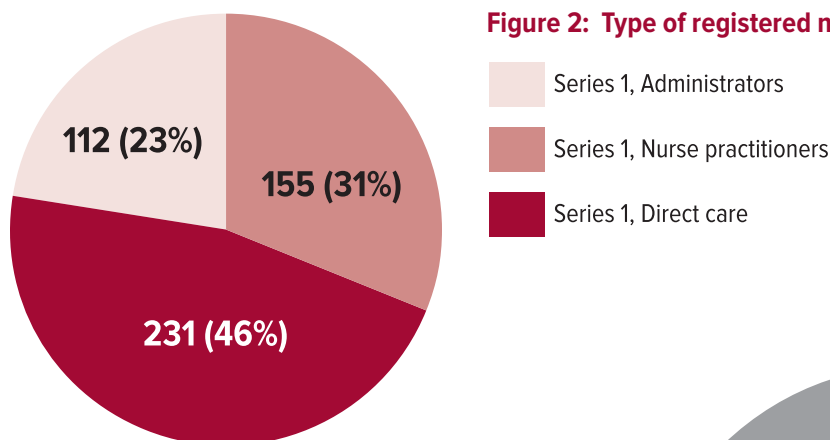
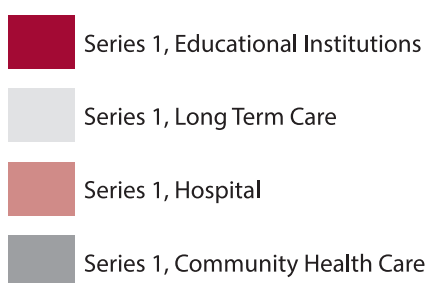


Figure 3: Practice settings



Total Calls Received

In 2014, the Practice Department received 768 calls, compared to 843 in 2013 (Figure 1). Registered nurses (i.e. RNs working in direct care, administration, education, nurse practitioner, clinical nurse specialists and NANB/national counterparts) made up the majority of callers with 631 calls (82%) and non-nurses (i.e. public members, nursing students, and government officials) totaled 137 calls (18%). Two hundred and thirty-one (46%) callers were registered nurses providing direct care, 112 (23%) worked as administrators and 155 (31%) were nurse practitioners (Figure 2).

Practice Setting

The caller's practice setting is also captured as part of NANB's trending analysis. In 2014, 167 (39%) calls originated from community health care sector, followed by hospital RNs at 158 (36%). Sixty-three (15%) practice calls originated from registered nurses in long-term care.

Additionally, NANB received 44 (10%) practice calls from registered nurses from educational institutions (Figure 3).

Responding to Calls and Follow-Up

The majority of practice consultation calls are answered in real time as part of a telephone conversation but depending on the complexity of the call, the query may require additional research/expert consultation, a referral, an in-person meeting, a formal presentation, a written professional opinion or an NANB document to name but a few. In 2014, thirty-eight percent (38%) of queries required follow-up.

2014 Invitational Forum

The 2014 Invitational Forum was organized in conjunction with NANB's May 2014 Annual General Meeting and featured special guest Shari Graydon, founder and cata-



Pictured above: Shari Graydon of Informed Opinions delivers a presentation at NANB's Invitational Forum on May 29th *Leaders: Nursing Voices for Change*.

Pictured below: Darline Cogswell, President of NANB with Marilyn Quinn, President of NBNU at the NBNU AGM on October 21st, 2014.

Pictured opposite: Darline Cogswell, President of NANB with Mary O'Keefe-Robak, Chief Nursing Officer with the Department of Health in recognition of her retirement in 2014.



lyst of *Informed Opinions*, who delivered an inspiring call to action for nurse leaders to speak up for change, demonstrating the effectiveness of nursing voices in leading the transformation of the health care delivery system. A four person-panel presentation consisting of Darline Cogswell, President, Roxanne Tarjan, Executive Director, Jennifer Whitehead, Manager of Communications and Government Relations and Shari Graydon, was delivered to highlight NANB's election priorities to candidates in September's provincial election. The invitational forum brought together 125 registered nurses, nurse practitioners and stakeholders. For a second consecutive year, the NANB invited two nursing students, selected by each of the NB university sites and campuses, to attend the AGM and Invitational Forum. Ten nursing students attended both activities.

NANB/NBNU Joint Communication Committee

The Executive Committees of NANB and the New Brunswick Nurses Union (NBNU) met in December 2014 at the NBNU Headquarters to discuss issues of mutual concern and share information relating to priorities and projects in each organization. NANB provided updates on subjects including: registration renewal; National Nursing Assessment Service; transition to the NCLEX-RN;

prescription of controlled drugs and substances by NPs; NP practice analysis; development of a jurisprudence educational program as a criteria for registration; planning for the 2015 NANB AGM/Invitational Forum and NANB's 2016 Centennial celebrations. NBNU provided updates on a number of subjects including: negotiations; uniform policy and concerns regarding RNs being asked to work 24 hour shifts.

Internationally Educated Nurses: Assessment and Bridging Project

In 2011, NANB received funding for a four year project from Health Canada to develop a process for the assessment and integration of internationally educated nurses (IENs): Phase 1 (2011–2012) resulted in the establishment of a competence assessment and bridging program for Anglophone and Francophone IENs through the Registered Nurse Professional Development Centre in Halifax, NS, and its New Brunswick satellite in Edmundston, NB. Phase 2 (2012–2013) resulted in the development of a competency based pre-arrival self-assessment tool for IENs, which is on the NANB website. In Phase 3 (2013–2014) an e-learning module and resource manual on cultural awareness for preceptors and mentors of internationally educated nurses was developed. The focus of Phase 4 (2014–2015) was the development of a minimum data set for the collection and reporting of IEN statistics across Atlantic Canada. Over the past four years NANB has received over \$850,000 of federal and provincial financial support to advance this work.

Building Partnerships: Supporting Health Research

The Nurses Association of New Brunswick supports health/policy research by providing feedback or facilitating contact between NB nurses and researchers. During 2014, NANB facilitated the following seven research projects:

- *Factors that support the successful integration and the retention of internationally educated*

nurses into the Canadian healthcare systems (Université du Québec en Outaouais)

- *Jobs demands, shiftwork, burnout and workplace safety* (Université de Moncton, campus de Moncton & Mount Allison University)
- *Medical Error in Primary Care—A Cultural Difference?* (Dalhousie University)
- *Nursing Competence Self-efficacy Scale (NCSES): An Instrument Development and Psychometric Assessment Study* (Cap Breton University)
- *Nurse Leaders' Ethical Dilemma and Resilience Experiences* (University of New Brunswick)
- *Pour un accès à des services de santé sécuritaires et de qualité: implantation d'un protocole d'intervention des formateurs, au NB francophone* (Université de Moncton, campus de Shippagan, site de Bathurst)
- *Adaptation and evaluation of a counselling intervention to promote healthy weight gain and healthy eating in pregnancy* (University of Alberta)



Professional Self-Regulation

Nurse Refresher/ Re-entry Program

To be eligible for registration or registration renewal, an applicant must have practised a minimum of 1125 hours within the preceding five calendar years. A nurse refresher program is designed to enable those individuals who do not meet the hours of practice requirement to become eligible for registration.

The refresher program approved by NANB, for use in New Brunswick, has been delivered by distance from MacEwan University (MU), Alberta. In October 2014, the Board approved the use of the Registered Nurses Professional Development Centre (RNPDC) Re-entry Program in Halifax, NS to replace the MacEwan University Nurse Refresher Program. NANB has collaborated with RNPDC since 2010 to put in place a Competence Assessment and Bridging/Re-Entry Program in both official languages.

Enrollment in the Refresher/Re-Entry Programs showed a slight decrease in 2014, as illustrated in the table below. Enrollment in 2014 includes eight new candidates (four MU and four RNPDC).

Validating Nursing Providers Entrance Competencies

Registration Examinations

The Canadian Registered Nurse Examination (CRNE) was administered in February, June and October 2014. In total, there were 261 English and 92 French writers. The Canadian Nurse Practitioner Exam (CNPE) was administered in May and October 2014 with a total of five writers,

two English and three French. These numbers include both first time writers, repeat writers and internationally educated writers. An Annual Report on these examinations was prepared for the February 2015 meeting of the Board of Directors.

Canadian Council of Registered Nurse Regulators (CCRNRR)

The Canadian Council of Registered Nurse Regulators (CCRNRR) 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. The CCRNRR holds monthly teleconferences and held its annual planning session in Toronto, ON during November 2014 hosted by the College of Nurses of Ontario. Ongoing work focused on the national NP Practice Analysis Project, authorization of NP Prescribing of Controlled Drugs and Substances and the transition to the NCLEX-RN in January 2015. Priorities for 2014-2015 include: Transition to the NCLEX-RN, Practice Analysis for Nurse Practitioners, Renewal of CNPE Contract with Assessment Strategies, Inc. and a Collaborative White Paper on Competencies with national RN, RPN/LPN and RNPsync regulators.

NCLEX-RN

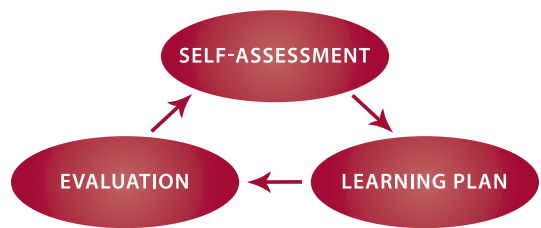
All Canadian RN regulators, with the exception of Quebec, transitioned to the National Council of State Boards of Nursing (NCSBN) NCLEX-RN entrance exam in January 2015. NANB's Executive Director is a member of the CCRNRR-NCSBN Transition Team which was established to oversee the work required to realize the successful implementation of the NCLEX-RN exam. Information about the transition work has been provided to educators, students, interested members and stakeholders through

Table 1: RN Refresher Program Enrollment for 2014

	2007	2008	2009	2010	2011	2012	2013	2014
Enrollments	11	17	16	20	28	21	19	17
Completed	5	7	9	7	10	8	7	3
Did not complete	4	5	1	2	2	2	1	5

a series of quarterly Communiqués which are posted on NANB’s website.

Stakeholder engagement and development is ongoing. A national conference was held in Calgary, AB, in April, 2014 and a Regional Workshop was held in Dartmouth, NS, in September 2014, which was co-hosted by NANB, the Association of Registered Nurses of Newfoundland and Labrador, the College of Registered Nurses of Nova Scotia and the Association of Registered Nurses of Prince Edward Island. The purpose of the workshop and conference was to provide nurse educators with opportunities to meet experts in exam development and to gain a comprehensive understanding of the processes used to develop the NCLEX-RN exam. These workshops and national conferences are ongoing and will be promoted directly through the NANB website, e-bulletin and other publications.



Continuing Competence Program (CCP): Compliance and Audit

In accordance with NANB By-Laws, the CCP Audit process was developed and implemented in 2009, to monitor members’ compliance with the CCP. In 2014, 412 registered nurses and 11 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 2013 practice year. A total of 351 members completed the online questionnaire while 53 members completed a paper copy.

As part of the Audit, 404 completed questionnaires were examined. A total of 19 randomly selected RNs were exempted from completing the Audit questionnaire. Nine of these RNs had either been on maternity leave or sick leave, or had worked a minimal number of hours in 2013, and therefore were not required to meet the CCP requirements for that practice year. Ten RNs had retired or moved out of province in 2014 and were not applying for active registration.

The Audit identified seventeen RNs and two NPs who

Table 2A: Language

	RN	NP
English	267	7
French	135	4

Table 2B: Areas of Practice

	RN	NP
Direct care	329	11
Administration	42	—
Education	31	—
Research	—	—
Other	—	—

Table 2C: Employment Setting

	RN	NP
Hospital	273	1
Community	75	10
Nursing home	34	—
Educational Institution	11	—
Other	9	—

required a follow-up call with an NANB consultant to provide clarification on the information they had submitted on their Audit questionnaire. It was determined that all but one audited member had met the CCP requirements for the 2013 practice year. The member who did not meet the CCP requirements, was provided education and support to comply with the mandatory requirement for the current practice year.

RN Practice Analysis

A cornerstone of the NCLEX-RN exam development is a practice analysis. This process, which is conducted every three years, helps test developers to get a clear understanding of current entry-level RN practice to ensure that the NCLEX-RN exam assesses the appropriate nursing content. The National Council of State Boards of Nursing (NCSBN) is responsible for the preparation of the NCLEX-RN examination. The periodic performance of practice analysis studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the registration examination. In March 2014,

NANB provided member data to NCSBN to support the April 2014 practice analysis which will inform the 2016 NCLEX-RN test plan.

NP Practice Analysis

The Canadian Council of Registered Nurse Regulators (CCRNRR) received funding from Human Resources and Skills Development Canada to complete a nurse practitioner (NP) practice analysis study.

The purpose of the study is to confirm the similarity of NP practice and competencies across Canada and to support the development of a national approach for NP entry-level examination(s). The NP Practice Analysis will provide an accurate description of NP practice and the knowledge, skills and abilities required by NPs in each of the three streams of practice (family/all ages, adult and pediatrics) across jurisdictions. The outcomes of the practice analysis will form the basis of one or more entry-level registration examinations for NPs in Canada.

Professional Examination Service (ProExam) was

selected as the vendor for the development of the practice analysis following a request for proposals. NANB is a member of a national working group that is coordinating the various phases of the project and acting as a liaison between CCRNR and the vendor.

The practice analysis survey took place in November 2014. The final report and recommendations are anticipated in May 2015.

Canadian Nurses Association (CNA) Certification



As of July 2014, there were 623 RNs in NB with a CNA certification in 20 different specialties/areas of nursing practice.

The following table shows a breakdown of the specialty areas in which New Brunswick registered nurses obtained CNA certification and certification renewal for the period of January-July 2014.

Table 3A: Number of valid CNA certifications and certification renewals by specialty for New Brunswick for the period January–July 2014

62	Cardiovascular	33	Nephrology
12	Community Health	25	Neuroscience
37	Critical Care	12	Occupational Health
0	Critical Care-Pediatrics	52	Oncology
61	Emergency	26	Orthopaedic
*	Enterostomal Therapy	*	Perianesthesia
6	Gastroenterology	43	Perinatal
56	Gerontology	52	Perioperative
40	Hospice Palliative Care	65	Psychiatric-Mental Health
24	Medical-Surgical	11	Rehabilitation
Total: 623			

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

Table 3B: Number of New Brunswick Registered Nurses Holding a CNA Certification Between 2010–14

2010	2011	2012	2013	2014
701	727	703	660	623



CNA Biennium was hosted by the College of Registered Nurses of Manitoba in Winnipeg on June 16-18, 2014.

Nursing Education Program Approvals

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

The Université de Moncton (UdeM) and University of New Brunswick (UNB) nurse practitioner programs underwent individual approval review processes in the fall of 2012 and in February 2013 the Board granted a three year program approval status to both UdeM and UNB. In May 2014, the first interim progress reports, required as a result of the 2012 approval reviews, were approved by the Board.

The UNB baccalaureate in nursing program approval review visit was conducted in February 2013 and in May 2013, the Board granted the program a five-year program approval status. In October 2014, the Board approved an interim progress report required as a result of the 2013 approval review.

The UdeM baccalaureate in nursing program approval

review visit was conducted in November 2011 and in February 2012, the Board granted the program a five-year approval. In October 2014, the Board approved the interim progress report required as a result of the 2011 approval review.

The purpose of these reports are to monitor the programs' progress toward achieving the recommendations put forth in the approval review reports.

Development of a Model of Nursing Jurisprudence

In an ongoing commitment to strengthen public accountability and promote safe, competent, and ethical nursing practice, the regulatory bodies for registered nurses across the country agreed to work toward adding jurisprudence competence as a requirement for registration in their respective provinces/territories. Jurisprudence has been defined as having an awareness of legislation, regulations, standards and policies that affect registered nurse practice. Late in the fall of 2013, NANB began the process of investigating the appropriate model to introduce juris-

prudence competence as a requirement for registration for all new applicants in New Brunswick starting in 2016. Current work is focusing on content development.

Nurse Practitioner Prescribing of Controlled Drugs and Substances

In November 2012, Health Canada approved amendments to the New Classes of Practitioners Regulations (NCPR) under the *Controlled Drugs and Substances Act*. These new regulations gave authority (upon the approval of the jurisdictional regulatory body) to nurse practitioners (NPs) to prescribe controlled drugs and substances (CDS) with the exception of heroin, opium, coca leaves and anabolic steroids (other than testosterone). NANB also added marijuana and methadone to the list of drugs that cannot be prescribed by NPs in New Brunswick.

In order to ensure that NPs are prepared to prescribe controlled drugs and substances safely and effectively, the NANB Board of Directors approved a Rule amendment in October 2013 which made completion of an education program on prescribing controlled drugs and substances a requirement for NP registration or registration renewal in New Brunswick.

The implementation date to begin prescribing CDS from the revised *NP Schedules for Ordering* was September 1, 2014 for those NPs who had successfully completed the mandatory e-learning program. Nurse practitioners, who

had not completed the education program by September 1, had a limitation placed on their registration indicating that they were not authorized to prescribe controlled drugs and substances.

All NPs seeking renewal of registration for 2015 must have completed the e-learning module.

Both New Brunswick universities delivering nurse practitioner graduate programs are currently integrating these educational requirements into their respective programs as the revised legislation now authorizes this practice and education programs preparing nurse practitioners need to ensure their competence in this area of practice.

Healthy Public Policy

Primary Health Care

The Nurses Association of New Brunswick believes that a health care delivery system grounded in the principles of Primary Health Care (PHC) will provide all New Brunswickers access to universal, comprehensive, accessible, portable, publically administered healthcare that is efficient, effective and sustainable. Furthermore, NANB believes that registered nurses (RNs) and nurse practitioners (NPs) have a key role in collaborating with other



Insert caption.

stakeholders to develop, deliver and maintain such a system.

A framework for Primary Health Care Delivery in NB was issued by government in August 2012. In 2013, the Operations Services Committee (OSC) of which NANB is a member, was tasked with developing an operational guideline for the implementation of family health teams and the development of an accountability framework to measure team outcomes. The OSC completed its mandate in January 2014. The PHC Steering Committee reviewed the final draft of the Operational Guidelines for Family Health Teams document in January 2014 and struck a new sub-committee: the PHC Implementation Committee of which NANB is also a member. The Implementation Committee was mandated to approve applications for setting up Family Health Teams, in the absence of an established Primary Health Care Network.

In May 2014, the Minister of Health announced the launch of Family Health Teams as NB's chosen model for the delivery of primary health care.

Provincial Nursing Collaborative

Under the leadership of the provincial Chief Nursing Officer, the Provincial Nursing Collaborative (PNC) provides 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 PNC replaces the Nursing Education Stakeholder Group and the Nursing Resources Advisory Committee and has representation from all sectors of nursing in the province. The NANB Executive Director is a member of this group.

The Provincial Nursing Collaborative meeting in May 2014, focused on an overview of nursing resources which was informed by the NB Health Human Resources Supply & Demand Update 2008–2015. While the update had predicted a shortfall of both RNs and LPNs, neither was realized. A variety of provincial initiatives to enhance recruitment and retention as well as the impact of collective bargaining agreements were felt to moderate the expected shortfall. The RN population is aging and the impact of the shared risk pension plan model is currently unknown; however, it may result in RNs remaining in the workforce for up to 18–24 additional months.

Additionally, the Collaborative planned a provincial Nurse Managers Forum for October 2014 which was postponed until April 2015. NANB is a key partner and will support the interpretation and registration functions for this session.

New & Revised NANB Documents

NANB documents are reviewed and revised on a regular basis and are informed by best practice. New documents are created from time to time to support changes in the profession or to reflect changes within the health care delivery system. During 2014, the following NANB documents were either revised or created.

Documents Revised

- Feb. 2014—Position Statement: *Registered Nurses Pronouncing Death*, a revision of the 2011 position statement
- Feb. 2014—Position Statement: *Primary Health Care*, a revision of the 2008 position statement
- Feb. 2014—*Resolving Professional Practice Problems* replaced the 2009 *Framework for Managing Professional Practice Problems* document
- Oct. 2014—*Standards for Infection Prevention and Control*, a revision of the 2009 *Practice Guideline: Infection Prevention and Control* document
- Oct. 2014—*Professional Accountability During a Job Action*, a revision of the 2010 *Practice Guideline: Professional Accountability During a Job Action* document
- Oct. 2014—*Professional Conduct Review: Complaints and Discipline Process*, a revision of the 2004 *Complaints and Discipline Process* document

Documents Created

- Feb. 2014—Position Statement: *The Contribution of Registered Nurses and Nurse Practitioners to Quality Patient Outcomes*
- Feb. 2014—*Becoming a Registered Nurse in New Brunswick: Requisite Skills and Abilities*
- Oct. 2014—Position Statement: *Cosmetic Medical Procedures*

NANB documents are accessible on the NANB Website and are distributed to key stakeholders.

NANB also reviewed and provided feedback on numerous documents from other nursing regulatory bodies, Federal and Provincial governments and stakeholders.

Table 4: Membership Highlights

Number of Members	Year 2014	Year 2013	Year 2012
Registered	8833	8958	9028
Non-practising	384	354	326
Life	15	17	17
Total	9232	9329	9371
Number of New Registrants	Year 2014	Year 2013	Year 2012
NB Graduates	300	351	323
Graduates from other provinces/territories	42	39	42
Graduates from outside Canada	4	13	8
Total	346	403	373
Number of Employed Nurses	**Year 2014	Year 2013	Year 2012
Full-time	5218 (62%)	5342 (63%)	5452 (63%)
Part-time	2078 (25%)	2089 (25%)	2132 (25%)
Casual	736 (9%)	674 (8%)	650 (8%)
Other*	444 (5%)	384 (5%)	378 (4%)
Total	8476	8489	8612
* Includes temporary, leave of absence and unknown **Preliminary Report, Registered Nurses, Department of Health, 2014 Totals may not sum to 100% due to rounding.			
Place of Employment	**Year 2014	Year 2013	Year 2012
Hospital	5430 (64%)	5460 (64%)	5602 (65%)
Community	605 (7%)	612 (7%)	609 (7%)
Nursing Home	866 (10%)	831 (10%)	827 (10%)
Extra Mural Program	458 (5%)	472 (6%)	471 (6%)
Other*	1117 (13%)	1114 (13%)	1103 (13%)
Total	8476	8489	8612
*Includes physician offices, industry, educational institutions, self-employed, association, government, correctional facilities, addiction centres, armed forces; **Preliminary Report, Registered Nurses, Department of Health, 2014. Totals may not sum to 100% due to rounding.			
Age Distribution (employed nurses)	**Year 2014	Year 2013	Year 2012
under 25	190 (2%)	186 (2%)	206 (2%)
25–29	821 (10%)	807 (10%)	817 (10%)
30–34	973 (12%)	912 (11%)	902 (11%)
35–39	821 (10%)	839 (10%)	871 (10%)
40–44	954 (11%)	1031 (12%)	1071 (12%)
45–49	1305 (15%)	1345 (16%)	1389 (16%)
50–54	1347(16%)	1290 (15%)	1297 (15%)
55 +	2065 (24%)	2079 (25%)	2059 (24%)
**Preliminary Report, Registered Nurses, Department of Health, 2014. Totals may not sum to 100% due to rounding.			

Table 4: Membership Highlights

Gender Distribution (employed nurses)			**Year 2014			Year 2013			Year 2012
Female			8038 (95%)			8079 (95%)			8200 (95%)
Male			438 (5%)			410 (5%)			412 (5%)
**Preliminary Report, Registered Nurses, Department of Health, 2014. Totals may not sum to 100% due to rounding.									
Internationally Educated Nurse (IEN) Applicants									
	2014	2013	2012	2011	2010	2009	2008	2007	
* United States	4	4	4	9	24	12	13	7	
Philippines	2	1	4	16	61	44	19	3	
United Kingdom	1	1	1	1	1	3	2	2	
Nigeria	—	2	3	4	9	13	9	2	
France	—	1	—	—	—	—	—	2	
India	1	—	1	27	50	7	1	1	
**Other	2	3	3	9	16	15	10	11	
Total	10	12	16	66	161	94	54	28	
* Includes Canadians educated in the US; ** Other includes applicants from Guyana and Uzbekistan.									
Professional Conduct Review Statistics									
Complaints Received			Year 2014		Year 2013		Year 2012		
Complaints carried forward from previous year			3		1		2		
New complaints received in current year			25		17		10		
Referred to Review Committee			4		6		4		
Referred to Discipline Committee			23		6		5		
Dismissed			0		3		2		
Carried forward to next year			1		3		1		
Discipline and Review Committee Hearings			Year 2014		Year 2013		Year 2012		
Cases carried over from previous year(s)			14		12		10		
Cases received in current year			29		13		11		
Discipline Hearings			3		5		6		
Review Hearings			10		5		4		
Dismissed			2		1		0		
Carried forward to next year			31		14		12		
Detailed reports of both the Complaints and Discipline and Review Committees are included elsewhere in this report.									



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. The 2015 online registration renewal opened October 1, 2014. Members were sent email reminders to renew their registration at regularly scheduled times during the renewal period. A secure section on the NANB website called *My Profile* allows members to login to their secured *My Profile* account using their username and password to access the online registration renewal module and print their registration certificate and receipt.

In 2014, 76 RNs were charged late fees for renewing registration after the December 31st deadline. Thirty-one of the 76 practised while not being registered which is an infringement of the *Nurses Act*. Infringements follow-up procedures were carried with all RNs and their employers.

Board Election

The NANB Board of Directors had four positions for election in 2014: Directors Region, 1, 3, 5 and 7. This was the first election to launch paperless online and telephone voting using a third party provider, Intelivote Systems Inc. Elections occurred in regions 1, 3, and 5. Region 7 was elected by acclamation.

The new process ran smoothly both internally and through voter participation. Positive feedback was received by the Chief Scrutineer. Lessons learned and best practices were applied to the rules and procedures in order to formalize the process.

Government Relations

NANB along with the New Brunswick Health Council was invited to present on the current state of healthcare at a public forum hosted on March 15 by the New Brunswick Liberal Party as part of their non-partisan policy process to engage the citizens of New Brunswick. Approximately 100 people participated in the Forum held at the Lions Community Centre in Moncton, NB.

On April 9th, NANB hosted a second biennial MLA

breakfast to further promote NANB's regulatory role and build relationships with elected officials responsible for public policy development. Approximately 40 MLA's, Board of Director's and staff attended this event.

A provincial election occurred on Monday, September 22nd resulting in a new government being elected under Liberal leader Brian Gallant. NANB's election strategy encouraged all members to become active 'Voices for Change'. NANB met with the NDP party leader as well as the Progressive Conservative Party leader and attended approximately 20 regional meetings to present NANB's Nursing Priorities supported by the Board.

Website

The website enables the Association to profile various departments, identify support and services available to members, and highlight ongoing projects and initiatives being carried out by the Association.

In 2014, NANB's web designer, Sam Royama of Royama Design, recommended a complete system upgrade of Expression Engine (Content Management Software) and re-designed website to better meet the expanding online needs of NANB. This new site will feature improved functionality with intuitive navigation and technology that supports online registration and payment options as well as additional self-management and tracking tools.

The website content is reviewed annually and managed internally through the Department of Communications.

E-bulletin: *The Virtual Flame*

NANB's e-bulletin (the Virtual Flame) is distributed to approximately 90% of members, four times annually. Open rates continue to remain high ranging from 37% to just over 50%. This added communications tool further supports members through direct contact providing important and timely information while continuing to support the Association's environmental responsibility.

Twitter

NANB's Twitter presence continues to grow as NANB now follows approximately 356 and is being followed by 297 interested Twitter account holders. This social media presence and monitoring tool provides an opportunity to promote to members, both existing and future, the Association's events, supports and services available, while increasing traffic to our existing website. A strategic calendar is under development in order to enhance and optimize NANB's Twitter presence.

Linkages with Members

NANB launched an RN/NP profile series in *Info Nursing* to respond to member's feedback received on a survey distributed in 2013 to see more front-line nurse's profiled in NANB's journal. The call for nurses to profile continues



NANB hosted an MLA Breakfast at the Crowne Plaza on April 9th, 2014.



NANB launched a youtube video invitation to CNA's Biennium Convention to be held in Saint John, NB June 20-22, 2016. Watch at www.youtube.com/watch?v=8kOC1aahB7U

to be promoted to members via various NANB communication tools.

As part of a three-year pilot to improve access, NANB provided live-streaming of both the AGM and Forum presentations. Twenty-six computers streamed the sessions- 16 English and 10 French.

NANB presented a CNA Biennial video invitation at CNA's Biennial in Winnipeg in June. The video highlighted nurses from around the province, showcasing various nurses in their work environments, and profiled three 'special guests' inviting other nurse colleagues to CNA's Biennial Convention hosted by NANB in Saint John, NB in 2016. The video will be used over the next two years to promote the 2016 Biennial.

NANB sent an electronic evaluation form to registrants who attended the 2014 AGM and Forum where a total of 87 surveys were distributed and 38 completed. The evaluations were positive with an average of 80% responses indicating above average to excellent ratings.

National Nursing Week 2014

NANB participated in various print interviews highlighting National Nursing Week May 12-18, 2014. In addition to circulating the unique NNW poster to the Workplace Representatives, Board of Directors, Chapter Presidents, Universities and various stakeholders, NANB participated for a seventh year in a declaration signing of National Nursing Week with Premier David Alward, Darline Cogswell, President and Brenda Kinney, President-Elect. This advertisement

appeared in NNW supplements of NB daily newspapers. To further promote NNW, a television campaign recognizing NNW appeared on Global Television as well as Radio-Canada.

Additionally, NANB produced a NNW message delivered by the President and Executive Director that was distributed to membership and stakeholders.

National Nursing Week May 12–18, 2014

NURSING

A Leading Force for Change

Nurses Association
OF NEW BRUNSWICK

Standing and 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,” and “C” 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 Martha Vickers, NP, Chairperson

The Committee met in November of 2014 for an update and review of NP prescribing practices in New Brunswick. An update on the number of nurse practitioners who had successfully completed the mandatory educational program for prescribing controlled drugs and substances was provided. The committee’s Terms of Reference were reviewed and preliminary discussion commenced regarding nurse practitioners being authorized to prescribe methadone.

Committee members: Martha Vickers, Nurse Practitioner (Chair), Lynn Theriault-Sehgal, Nurse Practitioner; Janet MacDonnell, Pharmacist, Ayub Chisti, Pharmacist, Katherine Woods, Physician and Dr. Yogi Sehgal, Physician.

Resolutions Committee

Resolutions must be submitted in writing to the Resolutions Committee, be signed by at least two practising members and state whether it is 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 to 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 Teresa Harris, RN, Chairperson

The Resolutions Committee received one resolution during the year which was presented to the Assembly at the 2014 Annual General Meeting and accepted by voting members. No other resolutions were received by the committee in 2014.

The following Carleton-Victoria Chapter members are currently serving on the Resolutions Committee for a two year term (2014–2016): Teresa Harris (Chairperson); Susan McCarron and Karen Allison.

Complaints Committee Report

By Monique Cormier-Daigle, RN, Chairperson

This report outlines the activities of the NANB Complaints Committee in 2014. 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 best to address concerns related to a nurse’s practice or conduct.

In 2014, the Complaints Committee considered 27 complaints: twenty-five were received in 2014 and three were carried over from 2013. Twenty-six of the complaints were lodged by a supervisor or representative of the

Table 5: Complaints Committee Report

Allegation	Setting	Outcome
Failure to maintain standards of practice; lack of critical thinking, communication, organization and substandard documentation	Hospital	Referred to Discipline Committee— Suspension pending outcome of hearing
Unauthorized removal of narcotics, problematic substance use	Hospital	Referred to Review Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; medication administration error, substandard documentation, breach of privacy, lack of judgement, accountability and professional ethics	Community	Referred to Review Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; breach of privacy and confidentiality resulted in 19 complaints	Hospital	Referred to Discipline Committee
Failure to maintain standards of practice; medication administration error, substandard documentation, lack of communication, critical thinking, prioritization, organization and professionalism	Hospital	Referred to Review Committee— Suspension pending outcome of hearing
Unauthorized removal of narcotics, problematic substance use	Hospital	Referred to Review Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; lack of professional ethics	Hospital	Adjourned
Failure to maintain standards of practice; medication administration error, substandard documentation, lack of judgement, critical thinking, decision making and communication	Hospital	Referred to Discipline Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; lack of judgement, communication and professional ethics	Hospital	Referred to Discipline Committee— Suspension pending outcome of hearing
Failure to maintain standards of practice; substandard documentation, lack of judgement, communication and professional ethics	Nursing Home	Referred to Discipline Committee— Suspension pending outcome of hearing

employer and one was lodged by a member of the public. 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 has been adjourned and carried over to 2015.

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), Solange Arseneau, Erin Corrigan, Michelle Cronin, Gail Hamilton Dupéré, Marie-Hélène Perron, Paula Prosser, Kathleen Sheppard, Acholia Theriault, Roland Losier, Albert Martin, Aline Saintonge, Jeannita Sonier.

Discipline and Review Committees Report

By Shirley Avoine, 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 Committees consider complaints referred to them by the Complaints Committee of the Association. The Discipline and Review Committees 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 Committees held 15 hearings in 2014.

Case 1

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 unauthorized removal and use of medication from her place of employment. The Review Committee found the member to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing at the time of the complaint. The Committee found that the member demonstrated professional misconduct, conduct unbecoming a member of the Association, dishonesty and a disregard for the welfare and safety of patients by continuing to practice while incapacitated by her ailments or conditions. The Review Committee ordered that the suspension imposed on the member's registration be lifted immediately and the member be eligible for a conditional registration. The Committee also ordered that she pay a portion of the costs respecting the Complaint in the amount of \$2,000 within 12 months of her return to the active practice of nursing.

Case 2

The Review Committee met to consider the request from the member's legal counsel to adjourn the scheduled hearing to a later date as a result of a change in legal counsel and to allow time to obtain expert evidence respecting the complaint. 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 3

The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the nursing home sector who was reported for professional misconduct and incompetence. The Committee found that the member is responsible for her conduct, acts and omissions and that she demonstrated professional misconduct, incompetence, a lack of judgement, critical thinking and communication. The Committee also found that the member failed to adhere to the standards of nursing practice and the *Code of Ethics* and demonstrated a disregard for the safety and welfare of patients. The Review Committee ordered that the suspension on the member's registration be continued until conditions are met. At that time, the member will be eligible to apply for a conditional registration. The Committee also ordered that within 12 months of her return to the

active practice of nursing, the member pay a portion of the costs of the proceedings in the amount of \$1,000.

Case 4

The Review Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence. The Review Committee found that the member failed to meet the standards of nursing practice, that she demonstrated incompetence, professional misconduct, conduct unbecoming a member, dishonesty, a lack of judgement and critical thinking and a disregard for the welfare and safety of patients.

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 \$1,500 within 12 months of the date 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 costs are paid.

Case 5

The Review Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the nursing home sector who was reported for unauthorized removal and use of medication from her place of employment. The Review Committee found that the member to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing and that the member demonstrated dishonesty, professional misconduct, conduct unbecoming a member of the Association and a disregard for the welfare and safety of patients by continuing to practice while incapacitated by her ailments or conditions.

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 \$2,000 within 12 months of her return to the active practice of nursing. The member shall not be eligible to apply for reinstatement of registration and membership for a minimum period of one year.

Case 6

The Review Committee met to consider the request from the 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. The member 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 Discipline Review met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for unauthorized removal and use of medication from her place of employment. The Review Committee found the member to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing at the time of the complaint. The Committee found that the member demonstrated professional misconduct, conduct unbecoming a member of the Association, dishonesty and a disregard for the welfare and safety of patients by continuing to practice while incapacitated by her ailments or conditions. The Review Committee ordered that the suspension on the member's registration be lifted and that she is eligible to apply for a conditional registration. The Committee also ordered that the member pay a portion of the costs respecting the Complaint in the amount of \$2,000 within 12 months of her return to the active practice of nursing.

Case 8

The Review Committee met to consider a complaint referred to it by the Complaints Committee concerning a nurse from the hospital sector who was reported for incompetence. The member chose not to attend the hearing and provided the Review Committee with a written submission in which she indicates that she will not in the future apply for registration or reinstatement of her registration.

The Review 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 \$1,000. The member shall not be eligible to apply for reinstatement of registration and membership for a minimum period of one year and until costs are paid.

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 unsafe practice while working as a nurse. The Discipline Committee found that the evidence presented did not support the allegations therefore the complaint was dismissed.

Case 10

The Discipline Committee held a reinstatement hearing at the request of a member whose registration had been revoked in December 2012 as a result of a Complaint related to incompetence, a lack of judgement and integrity and failure to adhere to the *Code of Ethics* and to the standards of nursing practice. The Discipline Committee

found that the evidence presented and the testimonies heard were not sufficient for the Committee to conclude that the member was fit to return to the practice of nursing in a competent, safe and ethical manner. The Discipline Committee dismissed the request of reinstatement of the member's registration.

Case 11

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 unsafe practice while working as a nurse. The Discipline Committee found that the evidence presented did not support the allegations therefore the complaint was dismissed.

Case 12

The Review Committee met to consider the request from the 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. The member is prohibited from practising nursing until the Committee holds a hearing to consider the complaint and the member's fitness to practise.

Case 13

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 professional misconduct. The Discipline Committee reprimanded the member for her professional misconduct and conduct unbecoming a member. The Committee ordered that the member must meet conditions within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs respecting the Complaint in the amount of \$1,500 within 12 months of the date of the Order.

Case 14

The Review Committee met to consider a complaint referred from the Complaints Committee concerning a nurse from the hospital sector who was reported for unauthorized removal and use of medication from her place of employment. The Review Committee found the member to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing at the time of the complaint. The Committee found that the member demonstrated professional misconduct, conduct unbecoming a member of the Association, dishonesty and a disregard for the welfare and safety of patients by continuing to

practice while incapacitated by her ailments or conditions.

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 \$3,000 within 12 months of her return to the active practice of nursing. The member shall not be eligible to apply for reinstatement of registration and membership for a minimum period of one year.

Case 15

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 professional misconduct. The Discipline Committee reprimanded the member for her professional misconduct, conduct unbecoming a member and dishonesty. The Committee ordered that the member must meet conditions and pay a fine in the amount of \$500 within 60 days of the date of the Order. The Discipline Committee also ordered that the member pay a portion of the costs respecting the Complaint in the amount of \$1,000 within 12 months of the date of the Order.

**Thirty cases were carried over to 2015.*

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 a fair and just process for all. Their task is a difficult one, and no decision is ever made lightly. The integrity of our professional conduct review process is a reflection of the commitment of the people involved. I would encourage any member who is interested in becoming involved with the Discipline and Review Committees to contact the Regulatory Consultant - Professional Conduct Review 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: Shirley Avoine, Luc Drisdelle, Odette Arseneau, Diane Bélanger Nadeau, Marie Chase, Cindy Crossman, Heather Hamilton, Dixie LaPage, Monique Mallet-Boucher, Heidi Mew, Paul Rousselle, Jacqueline Savoie, Nancy Sirois Walsh, Sharon Smyth Okana, Carolyn Steeves, Jenny Toussaint, Charles Flewelling, Huguette Frenette, Elisabeth Goguen, 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 developing, establishing, maintaining and administering standards for nursing education programs, nurse refresher programs and continuing nursing education.

Nursing Education Advisory Committee Report

By Marjolaine Dionne Merlin, RN, Chairperson

In 2014, the Nursing Education Advisory Committee held three meetings.

In January 2014, the Committee met to consider a new document *Becoming a Registered Nurse in New Brunswick: Requisite Skills and Abilities*. The Committee made a recommendation to the Board of Directors to approve the new document on requisite skills and abilities with respect to nursing students achieving entry-level competencies and gaining initial entry to the nursing profession. At their February 2014 meeting, the Board of Directors approved the Committee's recommendation and adopted the new document.

In May 2014, 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 2012 program approval reviews. The Committee recommended to the Board that the interim reports be accepted and the Board approved the Committee's recommendations at their May 2014 meeting.

In October 2014, the Committee examined two interim reports. The University of New Brunswick baccalaureate of nursing program submitted an interim report as required by the 2013 program approval review. The Université de Moncton baccalaureate of nursing program submitted an interim report as required by the 2011 program approval review. The Committee recommended to the Board that the interim reports be accepted and the Board approved the Committee's recommendations at their October 2014 meeting.

Committee members: Marjolaine Dionne Merlin (Chairperson), Joanne Barry, France Chasse, Lynn Comerford, Dawn Haddad, Marie-Pier Jones, Claudia McCloskey, Kathleen Mawhinney.

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AUDITOR'S REPORT

To the Executive
Nurses Association of New Brunswick

We have audited the accompanying financial statements of Nurses Association of New Brunswick, which comprise the statement of financial position as at December 31, 2014 and the statements of operations, changes in net assets and cash flows for the year then ended 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.

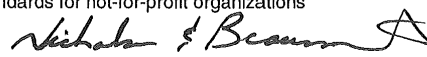
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or 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, as at December 31, 2014 and the results of its operations and its cash flows for the year ended December 31, 2014 in accordance with Canadian accounting standards for not-for-profit organizations

Fredericton,
February 17, 2015


Chartered Professional Accountants

**Nurses Association of New Brunswick
Statement of Financial Position
As at December 31, 2014**


Assets

	<u>General Fund</u>	<u>CNA Biennium/ NANB Centennial Fund</u>	<u>Employee Benefit Fund</u>
Current assets			
Cash (Note 2 (a))	\$ 538,704	\$ -	\$ -
Investments (Note 2 (a) and 3)	1,000,000	-	94,083
Accounts receivable	12,793	-	-
Prepaid expenses	2,793	-	-
Accrued interest receivable	3,371	-	5,540
Due from General Fund (Note 5)	<u>-</u>	<u>-</u>	<u>15,325</u>
	<u>1,557,661</u>	<u>-</u>	<u>114,948</u>
Long-term assets			
Accrued interest receivable	5,199	5,338	1,309
Investments (Note 3)	<u>2,694,768</u>	<u>326,095</u>	<u>140,137</u>
	<u>2,699,967</u>	<u>331,433</u>	<u>141,446</u>
Capital assets – net of amortization (Notes 2(b) and 4)	<u>2,156,187</u>	<u>-</u>	<u>-</u>
	\$ <u>6,413,815</u>	\$ <u>331,433</u>	\$ <u>256,394</u>

Liabilities and Fund Balances

Current liabilities			
Accounts payable (Note 8)	\$ 387,502	\$ -	\$ -
Future revenue	3,828,495	-	-
Due to Employee Benefit Fund (Note 5)	<u>15,325</u>	<u>-</u>	<u>-</u>
	<u>4,231,322</u>	<u>-</u>	<u>-</u>
Long-term liabilities			
Accrued employee retirement/resignation benefits obligation (Note 2 (c))	<u>-</u>	<u>-</u>	<u>256,394</u>
Fund balances			
Internally restricted	-	331,433	-
Invested in capital assets	2,156,187	-	-
Unrestricted	<u>26,306</u>	<u>-</u>	<u>-</u>
	<u>2,182,493</u>	<u>331,433</u>	<u>-</u>
	\$ <u>6,413,815</u>	\$ <u>331,433</u>	\$ <u>256,394</u>

Approved by Executive Director _____


2014.02.17

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Statement of Financial Position
As at December 31, 2014**

Assets

<u>Contingency Fund</u>	<u>Capital Fund</u>	<u>Interfund Deletions</u>	<u>2014 Total</u>	<u>2013 Total</u>
\$ -	\$ 156,156	\$ -	\$ 694,860	\$ 1,108,058
132,372	153,060	-	1,379,515	1,287,876
-	-	-	12,793	17,694
-	-	-	2,793	4,691
8,647	16,203	-	33,761	16,485
-	-	(15,325)	-	-
<u>141,019</u>	<u>325,419</u>	<u>(15,325)</u>	<u>2,123,722</u>	<u>2,434,804</u>
2,768	-	-	14,614	30,971
<u>592,788</u>	<u>100,000</u>	-	<u>3,853,788</u>	<u>3,731,235</u>
<u>595,556</u>	<u>100,000</u>	-	<u>3,868,402</u>	<u>3,762,206</u>
-	-	-	<u>2,156,187</u>	<u>1,346,743</u>
<u>\$ 736,575</u>	<u>\$ 425,419</u>	<u>\$ (15,325)</u>	<u>\$ 8,148,311</u>	<u>\$ 7,543,753</u>
<u>IS</u>				
\$ -	\$ -	\$ -	\$ 387,502	\$ 341,114
-	-	-	3,828,495	3,833,346
-	-	(15,325)	-	-
-	-	(15,325)	<u>4,215,997</u>	<u>4,174,460</u>
-	-	-	<u>256,394</u>	<u>243,708</u>
736,575	425,419	-	1,493,427	1,771,166
-	-	-	2,156,187	1,346,743
-	-	-	<u>26,306</u>	<u>7,676</u>
<u>736,575</u>	<u>425,419</u>	-	<u>3,675,920</u>	<u>3,125,585</u>
<u>\$ 736,575</u>	<u>\$ 425,419</u>	<u>\$ (15,325)</u>	<u>\$ 8,148,311</u>	<u>\$ 7,543,753</u>

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Statement of Changes in Fund Balance
As at December 31, 2014**

	CNA Biennium/ NANB Centennial <u>Fund</u>	Employee Benefit <u>Fund</u>	<u>Internally Restricted</u>	
			Contingency <u>Fund</u>	Capital <u>Fund</u>
Balance, beginning of year	\$ 327,188	\$ -	\$ 718,756	\$ 725,222
Excess of revenue (expenses) for year	4,245	(7,630)	17,819	8,488
Interfund transfers (Note 5)	-	7,630	-	(308,291)
Purchase of capital assets	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Balance, end of year	\$ <u>331,433</u>	\$ <u>-</u>	\$ <u>736,575</u>	\$ <u>425,419</u>

See accompanying notes to the financial statements

**Nicholson & Beaumont
Chartered Accountants**

**Nurses Association of New Brunswick
Statement of Changes in Fund Balance
As at December 31, 2014**

<u>Total</u>	<u>Invested in Capital Assets</u>	<u>Unrestricted</u>	<u>2014 Total</u>	<u>2013 Total</u>
\$ 1,771,166	\$ 1,346,743	\$ 7,676	\$ 3,125,585	\$ 2,982,710
22,922	(103,712)	631,125	550,335	142,875
(300,661)	-	300,661	-	-
<u>-</u>	<u>913,156</u>	<u>(913,156)</u>	<u>-</u>	<u>-</u>
\$ <u>1,493,427</u>	\$ <u>2,156,187</u>	\$ <u>26,306</u>	\$ <u>3,675,920</u>	\$ <u>3,125,585</u>

See accompanying notes to the financial statements

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Statement of Operations
As at December 31, 2014**

	General General Fund	CNA Biennium/ NANB Centennial Fund	Employee Benefit Fund
Revenue			
Advertising and publication	\$ 7,975	\$ -	\$ -
Annual meeting	-	-	-
CNA fees and exams	626,300	-	-
Investments income	45,152	4,245	5,055
Membership fees	3,435,736	-	-
NANB exam fees	36,156	-	-
Rental income	59,875	-	-
Other income	44,233	-	-
IEHP initiative	<u>244,266</u>	<u>-</u>	<u>-</u>
	<u>4,499,693</u>	<u>4,245</u>	<u>5,055</u>
Expenses			
Annual meeting	36,823	-	-
Awards	21,750	-	-
Chapter grants and funds	8,996	-	-
CNA board & biennium	8,391	-	-
CNA, CNPS, and CRNE fees	895,564	-	-
Committees, project and other activities	84,281	-	-
Liaison – membership/counterparts/ stakeholders/corporate	39,250	-	-
Employee wages and benefits (Note 6)	1,703,256	-	12,685
Information systems	11,271	-	-
Communications and public relations	147,365	-	-
Lease and bank charges	54,534	-	-
NANB board and executive	88,036	-	-
Office expenses	125,587	-	-
Personnel development	22,538	-	-
Premises expenses	156,122	-	-
Professional expenses	275,538	-	-
IEHP initiative	189,266	-	-
Contribution to museum	<u>-</u>	<u>-</u>	<u>-</u>
	<u>3,868,568</u>	<u>-</u>	<u>12,685</u>
Excess of revenue (expenses) before loss on disposal and amortization of capital assets	<u>631,125</u>	<u>4,245</u>	<u>(7,630)</u>
Loss on disposal of capital assets	8,113	-	-
Amortization of capital assets	<u>95,599</u>	<u>-</u>	<u>-</u>
	<u>103,712</u>	<u>-</u>	<u>-</u>
Excess of revenue (expenses) for year	\$ <u>527,413</u>	\$ <u>4,245</u>	\$ <u>(7,630)</u>

See accompanying notes to the financial statements

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Statement of Operations
As at December 31, 2014**

Contingency Fund	Capital Fund	Total 2014	Total 2013
\$ -	\$ -	\$ 7,975	\$ 6,640
-	-	-	2,628
-	-	626,300	669,241
17,819	8,488	80,759	87,328
-	-	3,435,736	3,310,147
-	-	36,156	45,110
-	-	59,875	73,478
-	-	44,233	35,083
-	-	<u>244,266</u>	<u>280,468</u>
<u>17,819</u>	<u>8,488</u>	<u>4,535,300</u>	<u>4,510,123</u>
-	-	36,823	96,015
-	-	21,750	32,750
-	-	8,996	9,049
-	-	8,391	3,876
-	-	895,564	900,054
-	-	84,281	114,021
-	-	39,250	36,897
-	-	1,715,941	1,801,407
-	-	11,271	17,192
-	-	147,365	174,966
-	-	54,534	54,139
-	-	88,036	84,230
-	-	125,587	135,998
-	-	22,538	17,371
-	-	156,122	137,564
-	-	275,538	293,247
-	-	189,266	333,868
-	-	-	<u>50,000</u>
-	-	<u>3,881,253</u>	<u>4,292,644</u>
<u>17,819</u>	<u>8,488</u>	<u>654,047</u>	<u>217,479</u>
-	-	8,113	2,099
-	-	<u>95,599</u>	<u>72,505</u>
-	-	<u>103,712</u>	<u>74,604</u>
\$ <u>17,819</u>	\$ <u>8,488</u>	\$ <u>550,335</u>	\$ <u>142,875</u>

See accompanying notes to the financial statements

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Statement of Cash Flows
As at December 31, 2014**

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities		
Excess of revenue for year	\$ 550,335	\$ 142,875
Add back non-cash items		
Accrued employee retirement/resignation benefits	12,685	14,369
Amortization of capital assets	95,599	72,505
Loss on sale of capital assets	8,113	2,099
Investment income reinvested	(11,242)	(16,043)
Changes in cash relating to operations		
Accounts receivable	4,901	(12,005)
Prepaid expenses	1,898	(310)
Accrued interest receivable	(919)	15,300
Accounts payable	46,388	45,855
Future revenue	(4,851)	59,708
	<u>702,907</u>	<u>324,353</u>
Cash flows from investing activities		
Transfer of long-term investments to current	1,379,515	1,287,876
Purchase of long-term investments	(3,158,056)	(4,371,857)
Purchase of capital assets	(913,156)	(81,667)
Disposal of long-term investments	<u>1,667,231</u>	<u>3,292,496</u>
	<u>(1,024,466)</u>	<u>126,848</u>
Net increase in cash and investments	(321,559)	451,201
Cash resources, beginning of year	<u>2,395,934</u>	<u>1,944,733</u>
Cash resources, end of year	\$ <u>2,074,375</u>	\$ <u>2,395,934</u>
<u>Represented by</u>		
Cash	\$ 694,860	\$ 1,108,058
Short term investments	<u>1,379,515</u>	<u>1,287,876</u>
	\$ <u>2,074,375</u>	\$ <u>2,395,934</u>

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2014**

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, 2014 in accordance with its personnel policies.

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2014**

Note 2 (c) Continued

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 Contingency Fund.

(d) Contributed services

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

(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, 2014.

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

Ten GIC's with interest ranging from 1.7% to 1.9% paid annually.	\$ <u>1,000,000</u>
--	---------------------

Investments - long term

Five GIC's all due in 2016 with interest ranging from 1.74% to 2.05%, paid annually.	\$ 700,000
--	------------

RBC investment savings acct Series A (2010)	<u>1,994,768</u>
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	<u>\$ 2,694,768</u>
--	---------------------

Cost of the above investments approximate their fair market value.

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2014**

Note #3. Continued

CNA Biennium/ NANB Centennial Fund

Investments – long-term

GIC Royal Bank of Canada due March 21, 2016 with interest at 1.95%, paid annually.	\$ 100,000
GIC Bank of Nova Scotia due June 24, 2016 with interest at 2.00%, payable at maturity.	82,083
GIC State Bank of India due August 22, 2016 with interest 2.2%, payable at maturity.	82,180
GIC Bank of Nova Scotia due April 9, 2016 with interest at 1.84%, payable at maturity.	<u>61,832</u>
	\$ <u>326,095</u>

Cost of the above investments approximate their fair market value.

Employee Benefit Fund

Investments – current

GIC BMO Advisors due April 23, 2015 with interest at 2.15%, payable at maturity.	\$ <u>94,083</u>
---	------------------

Investments – long-term

GIC Royal Bank of Canada due July 29, 2016 with interest at 1.76%, payable at maturity.	\$ 42,753
GIC National Bank of Canada due July 12, 2017 with interest at 2.3%, paid annually.	<u>97,384</u>
	\$ <u>140,137</u>

Cost of the above investments approximate their fair market value.

Capital Fund

Investment – current

AGF Trust, due January 6, 2015 with interest at 2.21 % payable at maturity.	\$ 53,060
Manulife Bank, due December 23, 2015 with interest at 3.2%, payable at maturity.	<u>100,000</u>
	\$ <u>153,060</u>

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2014**

Note #3. Continued

Investment - long-term

RBC investment savings account Series A. \$ 100,000

Cost of the above investment approximate their fair market value.

Contingency Fund

Investment – current

GIC Laurentian Bank, due March 31, 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

\$ 132,372

Investment - long-term

GIC Bank of Nova Scotia, due October 31, 2016 with interest
at 2.2%, paid annually. \$ 192,709

GIC Royal Bank of Canada, due October 23, 2017 with interest
at 2.5%, paid annually. 192,709

GIC BMO Advisors Advan, due October 23, 2018 with interest
at 2.9%, paid annually. 192,709

RBC investment savings account Series A 14,661

\$ 592,788

Cost of the above investment approximate their fair market value.

4. Capital Assets

	<u>Cost</u>	<u>2014 Accumulated Amortization</u>	<u>Net</u>	<u>2013 Net</u>
Land	\$ 301,893	\$ -	\$ 301,893	\$ 301,893
Paving and fencing	18,680	11,696	6,984	7,918
Building	2,642,416	936,106	1,706,310	916,506
Computer and photocopy equipment	107,241	92,588	14,653	20,708
Office furniture and equipment	257,042	136,609	120,433	92,960
Office and computer equipment – Capital lease	<u>12,672</u>	<u>6,758</u>	<u>5,914</u>	<u>6,758</u>
	<u>\$ 3,339,944</u>	<u>\$ 1,183,757</u>	<u>\$ 2,156,187</u>	<u>\$ 1,346,743</u>

Nicholson & Beaumont
Chartered Accountants

**Nurses Association of New Brunswick
Notes to the Financial Statements
For the Year Ended December 31, 2014**

5. Interfund transfers and internally restricted fund balances

On December 31, 2014, the General Fund owed the Employee Benefit Fund \$15,325 which is payable on demand without interest.

6. Registered retirement savings plan

During the year 2014, as required by the Association's personnel policies, \$123,632 (2013 - \$132,724) 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>
2015	\$ 14,000

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

Future payments are as follows:

	<u>Payment</u>
2015	\$ 5,848
2016	5,848
2017	4,386

8. Accounts payable

Included in accounts payable is \$72,635 (2013 \$110,390) of government remittance payable.

Nicholson & Beaumont
Chartered Accountants



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