Registered nurses regulating their profession to promote excellence in nursing practice.
message from the PRESIDENT
and EXECUTIVE DIRECTOR

Regulatory excellence: Building a foundation for nursing excellence

Self-regulation is a privilege grounded in the premise of public protection. When practised at its optimum level, it is also the one thread that weaves through and supports the art, science and profession of nursing.

Collectively, the five themes chosen to report on the work of the College’s Council, committees and staff in 2012 reflect both what is done on an ongoing basis to protect the public and advance the practice of nursing, and the strong foundation we are building for the future of nursing and nursing regulation.

We began the year with Council’s new 2012-2014 strategic Ends … and more targeted achievement statements to better guide our initiatives. At the same time, Council focused attention on strengthening its governance role by improving its processes to monitor our progress towards meeting the Ends.

We also started the year determined to pursue new and innovative ways in which to fulfill our regulatory commitment while being more responsive to the challenges facing registered nurses. To instill confidence in the profession, we finalized plans for a jurisprudence exam and began discussions on how to strengthen nurses’ commitment to continuing competence. We also collaborated with other nursing regulatory bodies for national consensus on a revised set of competencies for new graduates entering the profession.

To increase nurses’ capacity to meet the demands in their current practice and shape that of their future, we began work on a program to help new graduates transition into the profession and went ‘on the road’ with an improved leadership workshop for nurse managers. In response to members’ input, we also launched an exciting three-year initiative to engage registered nurses in planning the future of nursing in Nova Scotia.

Throughout this report you will also see examples of the College’s leadership in fostering collaborative efforts with key stakeholders to optimize the scopes of practice of RNs and NPs, develop effective and relevant policies, and advance both nursing and interprofessional regulatory excellence.

As a member of the Canadian Council of RN Regulators, we were integrally involved in a number of initiatives last year aimed at advancing excellence in nursing regulation at a national level.

And in December, we were proud to be at the table when the Nova Scotia Legislative House of Assembly passed the Regulated Health Professions Network Act; an innovative piece of legislation enabling collaborative self-regulation.

Excelling in self-regulation requires strong leadership, strategic partnerships, robust processes and ongoing innovation. It also requires that we remain committed to helping more nurses understand how regulatory excellence supports nursing excellence. As you read this report, we hope you will agree that the College is forging a path of regulatory excellence with a more balanced approach toward public accountability and professional integrity.

We would like to thank all the practising RNs and NPs, Council members, and staff, who contributed to our work and accomplishments in 2012, and look forward to working with even more of you in 2013. As health care in Nova Scotia enters a new era, we are confident that the nursing profession will have a leadership role in this transition.

Peter MacDougall, BScN, RN
President

Donna Denney, MN, RN
Executive Director

The great thing in this world is not so much where we stand, as in what direction we are moving.

- Oliver Wendell Holmes
COUNCIL
2012-2013

January to June
Judith Bailey, President
Peter MacDougall, President-Elect
Paulette Anderson, Public Representative
Marie Arnott, Highland District Councillor
Rosalind Benoit, Councillor-at-Large
Jennifer Best/Tim Guest,
Annapolis District Councillor
Barbara Broom, Atlantic District Councillor
Dianne Calvert-Simms, Cape Breton
District Councillor
David Samson, Public Representative
Pamela Currie, Atlantic District Councillor
Bruce Holmes, Public Representative
John Hudec, Public Representative
Nancy Jones, Public Representative
Lena MacDonald, Councillor-at-Large
Vincent MacLean, Public Representative
Cyndee MacPhee, Cape Breton District Councillor
Darlene O’Reilly, Cobequid District Councillor
Pamela Robichaud, Western District Councillor
Cameron Boys, Student Nurse (non-voting)

July to December
Peter MacDougall, President
Jacquelyn Garden-Jayasinghe, President-Elect
Paulette Anderson, Public Representative
Marie Arnott, Highland District Councillor
Rosalind Benoit, Councillor-at-Large
Dianne Calvert-Simms, Cape Breton
District Councillor (until August 2012)
Edna Carloss, Atlantic District Councillor
Clare Currie, Cape Breton District Councillor
(as of December 2012)
Rebecca Dorey, Western District Councillor
Timothy Guest, Annapolis District Councillor
Bruce Holmes, Public Representative
John Hudec, Public Representative
Nancy Jones, Public Representative
Kelly Ann Lackie, Atlantic District Councillor
Lena MacDonald, Councillor-at-Large
Vincent MacLean, Public Representative
Cyndee MacPhee, Cape Breton District Councillor
Darlene O’Reilly, Cobequid District Councillor
David Samson, Public Representative
Cameron Boys, Student Nurse (non-voting)
The College’s Council, which operates on the basis of the Policy Governance® model, sets the strategic direction (Ends) for the College and governs the regulation of nursing practice (RN and NP) in the public interest.

The interpretation and achievement of Council’s Ends are delegated to the Executive Director. Accordingly, the Executive Director has the authority to make decisions deemed appropriate to meet the Ends and run the day-to-day operations of the College; as long as interpretations are reasonable and decisions are within the policy boundaries set by Council and in the best interest of the public. Progress towards the achievement of the Ends is monitored by Council on a set schedule, with evidence being provided through reports provided by the Executive Director.

**ENDS MONITORING in 2012**, the first year of Council’s 2012-2014 strategic plan, included data from a number of surveys conducted by the College over the year (e.g., public, members, employers). These data were accepted by Council as evidence of reasonable progress toward meeting each of the Ends. Examples of these data are noted below:

<table>
<thead>
<tr>
<th>Strategic End</th>
<th>Survey Data</th>
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<tbody>
<tr>
<td><strong>End A</strong></td>
<td>Public&lt;br&gt;• overall mean rating of satisfaction with care received from an RN/NP = 8.9 (out of 10)&lt;br&gt;• 89% rated care received as compassionate to extremely compassionate&lt;br&gt;• 95% rated RN/NP as competent to extremely competent&lt;br&gt;&lt;br&gt;<strong>RNs &amp; NPs</strong>&lt;br&gt;• 99% of RNs and 98% of NPs rated confidence in their ability to provide safe, competent, compassionate and ethical care at 7 or higher (on a scale of 1 to 10)&lt;br&gt;&lt;br&gt;<strong>New Grad Employers</strong>&lt;br&gt;• 90% indicated new grads have the competencies to practise safely, compassionately and ethically</td>
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<td><strong>End B</strong></td>
<td>RNs &amp; NPs&lt;br&gt;• 74% of RNs and 83% of NPs think they are currently working to their optimal scope of practice&lt;br&gt;&lt;br&gt;<strong>Employers of RNs &amp; NPs</strong>&lt;br&gt;• 76% of RN employers agree that RNs are working to their optimal scope&lt;br&gt;• 90% of NP employers agree that NPs who report to them are working to their optimal scope</td>
</tr>
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<td><strong>End C</strong></td>
<td>Public&lt;br&gt;• 70% saw RNs/NPs working with other members of the healthcare team during their most recent experience&lt;br&gt;&lt;br&gt;<strong>RNs &amp; NPs</strong>&lt;br&gt;• 94% of RNs and 97% of NPs are confident they function effectively as a member of the intraprofessional team&lt;br&gt;• 95% of RNs and 96% of NPs are confident they function effectively as a member of the interprofessional team</td>
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<td><strong>End D</strong></td>
<td>RNs &amp; NPs&lt;br&gt;• 87% of RNs and 94% of NPs will take steps to resolve professional practice issues in their practice settings&lt;br&gt;• 85% of RNs and 91% of NPs are likely to report incompetence, incapacity, professional misconduct or conduct unbecoming of another RN or NP&lt;br&gt;• 84% of RNs and 93% of NPs are likely to report incompetence, incapacity, professional misconduct or conduct unbecoming of another health professional</td>
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With the exception of the survey of employers of new graduates, the College commissioned MQO Research to conduct its surveys in 2012. The survey samples were: Public = 400 Nova Scotians, 18 years or older; RNs = 646; Employers of RNs = 274; NPs = 60; Employers of NPs = 31; New Grad Employers = 40.
GOVERNANCE COACHING was a new initiative for Council in 2012. The Council began working with a governance coach to further develop its leadership potential and strengthen its accountability to its owners (the public). The overall role of the coach is to provide regular feedback and direction to Council on its performance in relation to the application of the principles of Policy Governance.

Work with the governance coach formally began in February, with a day-long workshop during which Council was guided in the review and revision of the four policy categories that define its role and work:

- Ends policies
- Executive Limitations policies
- Governance Process policies
- Council-Management Delegation policies

Throughout 2012, at each of Council’s quarterly meetings, the governance coach provided Council with reports on its performance and suggestions for improvements. While attention was focused on each of the 10 principles of Policy Governance, Council also invested a significant amount of time and energy in further clarifying what activities fall within their governance role and what are operational (i.e., delegated to the Executive Director). As trustees of the public, another priority of Council is to determine how best to approach their ownership linkages; to most effectively address the perspectives, values and needs of the public.

OURBOARDROOM™, a revolutionary new information technology tool, was introduced at Council’s April meeting to further enhance its efficiency and performance. This system, which is based on an advanced and secure Internet platform, enables Council members to access critical information related to their governance commitments (e.g., policies, monitoring reports, announcements) online rather than through large and cumbersome print packages. In addition to improving access to this information, the workflow management features in OurBoardroom provide efficiencies for Council.

RISK MANAGEMENT, according to Council’s Executive Limitations, means that the Executive Director cannot cause or allow in the organization any practice, activity, decision or circumstance which is either imprudent, unethical, unlawful, or in violation of the current Registered Nurses Act, Regulations and By-Laws. This includes not allowing any plans within the College to omit regular analysis of strengths, weaknesses, opportunities, and threats, including external environmental issues, which may impact the College’s short and long-term future.

In 2012, in relation to these Executive Limitations, the College’s newly formed Risk Management Committee adopted the risk management framework used by our insurer, Healthcare Insurance Reciprocal of Canada (HIROC). This comprehensive framework consists of modules to assess and manage risk in relation to security, governance and management, registration and licensure, finance, human resources, quality assurance, and complaints and resolution.

It is now the mandate of this committee to use the HIROC modules to assess all levels of risk for the College (i.e., critical, high, medium and low), consult with staff to incorporate the results of this analysis in all aspects of the organization’s activities, and develop a process for annually reviewing the identification of risks.

COUNCIL ELECTION 2012 was launched in March, when a total of 9,283 e-ballots were sent to all active-practising registered nurses with email addresses in the College’s database. An additional 234 paper ballots were mailed to those without email addresses.

The deadline for voting was 3 p.m., April 5, 2012. A total of 524 electronic and 23 paper ballots were cast for the President-Elect position. An additional 519 electronic and 24 paper ballots were cast for the Councillor-at-Large position. The District Councillor positions were filled by acclamation.
The successful candidates in the 2012 election were:
- Jacquelyn Garden-Jayasinghe, President-Elect
- Rosalind Benoit, Councillor-at-Large
- Timothy Guest, District Councillor, Annapolis
- Edna Carloss, District Councillor, Atlantic
- Kelly Ann Lackie, District Councillor, Atlantic
- Rebecca Dorey, District Councillor, Western

THE ORDER OF EXCELLENCE, awarded by Excellence Canada to organizations that have demonstrated excellence in the areas of quality and healthy workplace, was awarded to the College in 2012.

Based on the College’s Regulatory Excellence Framework, quality assurance is embedded in all the College’s key functions, and objective data are used to continuously analyze and improve its programs and services. The College also goes beyond all legislated requirements to create a healthy and safe workplace; nurturing a healthy, supportive work environment as well as personal health and lifestyle practices.

To be eligible for the Order of Excellence, organizations must already have received the Canada Award for Excellence Gold Quality Award and the Gold Healthy Workplace Award. The College received these awards in 2007 and 2009, respectively.

QEII Diamond Jubilee Medal
In 2012, the Canadian Nurses Association (CNA) announced that Heather Jewers (Antigonish) and Mary Morris (Halifax) were among 30 registered nurses in Canada to be awarded commemorative Queen Elizabeth II Diamond Jubilee medals. Heather was recognized for her outstanding contributions to palliative care nursing, and Mary was recognized for her outstanding contributions to occupational health nursing.
COUNCIL AWARD RECIPIENTS

Excellence in Nursing: Clinical Practice

Judy DeWolfe
Vanessa Donnelly
Johnena Lee
Laureen Morley
Marsha Wood
Karen Woodworth

Excellence in Nursing: Education

Martha Nutbrown
Janet Purvis
Ruth Whelan

Excellence in Nursing: Administration

Stephanie Harvey
Linda Hutchins
Public confidence is a vital component of self-regulation. Over the years, surveys conducted by the College have consistently demonstrated that public confidence in the College's ability to fulfill its regulatory mandate is influenced, in large part, by individuals' experiences and interactions with registered nurses (RNs) and nurse practitioners (NPs).

RNs and NPs instill confidence in the profession by practising in accordance with their professional standards and through their commitment to ensure Nova Scotians receive quality health care.

In addition to establishing the requirements to enter the nursing profession in Nova Scotia, the College sets the standards for nursing practice and the criteria to acquire and maintain a licence to practise as an RN or NP. Among the requirements to maintain a licence, RNs and NPs must confirm that they have taken measures to continually maintain their competence.

REGISTRATION/LICENSURE STATISTICS are tracked by the College on an ongoing basis and published annually, along with other (aggregate) member demographics, on its website at www.crnns.ca. The status of all active-practising registered nurses, including nurse practitioners, can also be publicly accessed on the College's website.

The College's licensing year runs from November 1 to October 31. The statistics noted in the following tables, for the years 2011 and 2012, are accurate as of October 31, 2010, and October 31, 2011, respectively.

### Active-Practising Licences Issued

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
</tr>
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<tbody>
<tr>
<td>Registered nurses</td>
<td>10,099</td>
<td>10,028</td>
</tr>
<tr>
<td>Nurse practitioners</td>
<td>127</td>
<td>143</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,226</strong></td>
<td><strong>10,171</strong></td>
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</table>

A total of 21 initial NP licences were issued in 2012, to nurse practitioners qualified to practise in the following three categories:
- Family/All Ages - 17
- Adult - 3
- Pediatric - 1

### Initial RN Licences Issued by Geographic Origin

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<tr>
<th></th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Nova Scotia graduates</td>
<td>224</td>
<td>228</td>
</tr>
<tr>
<td>Graduates from other provinces</td>
<td>152</td>
<td>141</td>
</tr>
<tr>
<td>International graduates</td>
<td>111</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>487</strong></td>
<td><strong>400</strong></td>
</tr>
</tbody>
</table>

The number of internationally educated nurses (IENs) applying to the College for registration and/or an active-practising licence peaked at 666 in 2010. However, most of these individuals did not seek employment in the province once they were registered or licensed. Subsequent to changes in College policy related to the assessment of IENs, and a decrease in IEN applications across the country, the number of IENs applying to the College declined significantly in 2011 and 2012.

(see p.27 for other member demographics)

ENTRY-LEVEL COMPETENCIES guide curriculum development and inform the public and employers as to what they can expect of entry-level registered nurses.

The first national entry-level competencies, entitled Competencies in the Context of Entry-Level Registered Nurse Practice, were released in 2008 following the establishment of the Jurisdictional Collaborative Process (JCP) by 10 of the RN regulators in Canada (Quebec and the Yukon not included).
Based on a five-year review cycle set by the JCP, staff from the regulatory bodies met again in February 2012 to review stakeholder feedback on these competencies and develop a process to revise them. Given that these competencies will continue to be the basis for program approval and initial registration in all 10 jurisdictions, the recently-formed Canadian Council of RN Regulators (CCRNR) received regular progress reports from the JCP.

To set the stage for their work in 2012, each of the jurisdictions consulted with key stakeholders to identify any major gaps or issues in the competencies with respect to the expectations for entry-level registered nurses in today’s healthcare environments and future healthcare trends/issues. The College gathered this feedback in May 2011 through a survey of more than 200 key stakeholders in clinical practice, education, research, administration and government.

To augment the feedback collected through the jurisdictions’ stakeholder consultations, and to ensure there was sound evidence upon which to base revisions to the competencies, a working group of the JCP also conducted a comprehensive literature review and environmental scan.

By December 2012, the JCP had completed its work and forwarded a revised set of entry-level competencies for registered nurses to CCRNR. Key changes in the new document include:
- reduced number of competencies (down from 123 to 104): made possible by combining or collapsing competencies that used the same stem, were repetitious of others, or addressed the similar concepts
- addition of two new competencies related to vulnerable populations and professional interactions
- changes in the level of competencies to better reflect entry-level practice
- updated examples: to reflect current health concerns and issues (e.g., palliative and end-of-life care, infection control, high risk behaviours, social media)
- addition of new definitions in glossary (e.g., compassionate, health disparities, health inequities, humanities, interprofessional collaboration, population health)
- updated references.

In 2013, the College will revise the entry-level competencies for Nova Scotia taking into account the new document developed through the JCP. Key stakeholders, including the schools of nursing and the RN re-entry program, will be consulted on the revisions.

JURISPRUDENCE EXAMS are being introduced as a prerequisite for registered nurses and nurse practitioners registering and/or licensing for the first time with the College, beginning with those applying for the 2014 licensing year (November 1, 2013 – October 31, 2014). These exams, which will test individuals’ knowledge about legislation and standards relevant to the practice of nursing in Nova Scotia, are also a demonstration of the College’s ongoing commitment to strengthen its regulatory processes in the public interest.

In January 2012, the College’s Jurisprudence Stakeholder Workgroup reviewed and revised the exam frameworks that had been developed by the end of 2011. Later in the year, learning objectives were developed to guide the item writing and a draft of the RN and NP jurisprudence exam questions were distributed to stakeholders for review.

Council approved the RN and NP jurisprudence exams in December 2012, and a request for proposals was issued online for an exam vendor. The Jurisprudence Stakeholder Workgroup has scheduled a meeting in January 2013 to complete a final review of all jurisprudence exam questions.

Throughout the development of these exams, the working group maintained ongoing communications with key stakeholders, including the directors of the schools of nursing and members of the Education Advisory, Nurse Practitioner, and Interdisciplinary NP Review committees.

CONTINUING COMPETENCE programs vary across the country and around the world both in terms of format and rigor. However, in Canada, having a continuing competence program for
registered nurses is considered to be best regulatory practice.

The College introduced a mandatory continuing competence program for licensure in 2002, based on the completion of a self-reflective tool. In 2008, a provincial working group recommended minor revisions to the formatting of the program documents, however, no substantive changes were made to the components of the program itself.

Recognizing that rigorous and meaningful continuing competence programs enhance public protection, the College established a working group to evaluate the College’s current continuing competence program and make recommendations for improvement. Following a comprehensive literature review, as well a pan-Canadian and international review of approaches used by other health regulators, the working group prepared a report to be submitted to Council in early 2013.

**ACCORDING TO A PUBLIC SURVEY** conducted by MQO Research on behalf of the College, in May 2012, with 400 Nova Scotians 18 years or older, most people are aware of the College and confident in its ability to fulfill its regulatory responsibilities. They also satisfied with and feel safe in the care provided by registered nurses and nurse practitioners.

What we learned …

- 62% (n=248) are aware of the College (the ‘informed public’)
- Among the informed public:
  - 83% aware that the College issues nursing licences
  - 79% aware it establishes a code of ethics
  - 76% aware it sets practice standards
  - 74% aware it sets education standards
  - 54% aware it addresses practice complaints
  - 92% have confidence in the College to fulfill its regulatory responsibilities
- Overall mean rating of satisfaction with care received from an RN or NP was 8.9 (out of 10).
- Less than half who had met/interacted with an RN (n=379) said these individuals introduced themselves with their title.
- 61% of those who had met/interacted with an NP (n=87) said these individuals introduced themselves with their title.

**NEW REGISTRATION PORTAL**

After several years of depending on an aged and rapidly deteriorating platform to process online licence applications, the College’s IT staff started 2012 with the establishment of a Registration Portal Team and a plan to build (from scratch) a brand new online ‘one-stop-shop’ for everything needed to register and/or license with the College.

Working closely with staff in Registration Services, and with the support of an external IT consultant, the team was able to launch the first phase of this new online portal in July, and by November 1st a total of 9,259 licence applications had been processed.

In addition to applying for or renewing an active-practising licence, the new portal allows individuals to:
- update their contact information
- request a name change
- change their password
- print a receipt for their licensing fee.

In the second phase of this project, applicants will be able to apply for registration assessments, apply to write the entry-to-practice exam, track the progress of their applications and request relevant documents. Nurse practitioners will also be able to update information on their collaborative practice relationships.
Registered nurses and nurse practitioners can hold many roles – including clinical practitioner, administrator, educator or researcher – and practise in many different settings – such as hospitals, long-term care facilities, patients’ homes, clinics, industry or classrooms. They can also care for people at all stages of the life cycle and in all states of health.

Regardless of the roles they hold or the settings in which they practise, RNs and NPs share a commitment to uphold their practice standards and preserve the integrity of their profession.

To help support and guide RNs and NPs in today’s challenging and complex healthcare environment, and to enhance their roles and professional development, the College provides a range of member programs and services.

CONFIDENTIAL PRACTICE CONSULTATIONS are one of the key mechanisms through which the College provides expert advice to registered nurses and nurse practitioners to help them resolve issues impacting their ability to meet their practice standards and deliver quality care.

In 2012, nursing practice consultants at the College responded to a total of 915 requests for advice/information, compared to 877 in 2011. Of the requests received in 2012, 618 were from registered nurses, 135 from nurse practitioners, and 162 were from other stakeholders (e.g., public, nursing students, other nursing regulators, government officials, non-RN employers, other health professionals). This represents a 38 per cent increase in the consults from RNs and a 17 per cent increase in those from NPs over the previous year. At the same time, the number of consults from other stakeholders decreased by 38 per cent.

Practice consultations are reviewed annually to identify trends and issues and guide College staff in the development of relevant policies and practice resources. As in previous years, the top three themes reflected in the consultations with RNs and NPs in 2012 were professional practice issues, policy (legislation, regulation, licensure), and scope of practice. Close to 50% of the consultations with RNs related to professional practice issues (e.g., accountability, agency policies, and orientation).

To further support RNs and NPs in their day-to-day practice, an ‘Ask a Practice Consultant’ column was a regular feature in College newsletters over the past year and added as a new feature on the College website in February. Through these tools, the College responds to frequently asked questions on topics such as legislation, scope of practice and standards. The new web feature also allows RNs and NPs to submit questions directly to a nursing practice consultant*, at askapracticeconsultant@crnns.ca. By the end of 2012, the Ask a Practice Consultant webpage had been viewed 1,273 times, with 996 unique views (i.e., individual IP addresses).

* The number of consultation requests from RNs and NPs includes questions submitted via the Ask a Practice Consultant webpage.

CONTINUING NURSING EDUCATION (CNE Telehealth) sessions have been offered by the College, in partnership with the Department of Health and Wellness, since 1998 to support registered nurses and nurse practitioners in maintaining and enhancing their competencies. These sessions, which are based on learning needs identified by nurses, are accessed ‘live’ via the Nova Scotia Telehealth Network at 18 sites throughout the province or viewed 24/7 through recordings on the College website. Since 2011, the CNE Telehealth sessions have been broadcast directly from the College’s office.
More than 1,500 nurses (1,485 RNs, 140 NPs) accessed the 77 ‘live’ CNE Telehealth sessions offered in 2012, and the vast majority reported that the sessions were relevant to their practice and enhanced their learning (91% and 89%, respectively).

**e-leaRNing SESSIONS**, available 24/7 via the College website, were accessed by 1,491 registered nurses in 2012. Of the 1,416 participants who provided the College with feedback:

- 92.0% described themselves as staff nurses, 2.0% as managers, 4.0% as educators and 2.0% as ‘other’
- 75.0% said they practised in acute care, 15.0% in LTC, 0.5% in public health, 4.0% in community, and 5.5% in ‘other’ settings.

The overall response to these sessions has been very positive, and a pilot project was launched in October 2012 to provide fourth year nursing students with access to the sessions. This project will be evaluated by the College and the schools of nursing in April 2013.

**TRANSITIONING TO PROFESSIONAL PRACTICE** is a program designed to support new graduates in their first year of practice, as they transition from the role of students to that of active-practising registered nurses.

In 2012, the College began the development of an online resource intended to help new graduates become familiar with programs and services offered by the College as well as legislation and standards relevant to the practice of nursing in Nova Scotia. New graduates will receive a link to this new resource prior to their graduation and registration in 2013.

The College is also working on other complementary mechanisms to increase College interactions with nursing students at various points in their education programs, as well as in the time leading up to their registration, throughout their registration/licensing process, and during their first year in practice.

**NURSE MANAGER WORKSHOPS** have been conducted by the College, in one format or another, for the past six years with consistently positive feedback. Three workshops were held in 2012, in Halifax, Antigonish and Sydney, with a total of 180 nurse managers/leaders participating.

Based on a survey conducted in the summer of 2012, 24 nurse managers/leaders said the workshops:

- increased their knowledge on the standards of nursing practice
- helped them recognize they have a personal accountability to uphold the standards, in addition to supporting nurses to adhere to them
- prompted many of them to refer to the standards in everyday communications with staff, not just in ongoing performance management
- prompted many of them to change their leadership style to a more positive approach when dealing with difficult conversations
- helped them learn about generational differences and how their leadership style can positively impact intergenerational teams
- improved their ability to identify how the practice of RNs is unique
- raised awareness of the importance of RNs identifying themselves to the public as registered nurses
- made many of them realize how proud RNs should be of their profession and how they need to be able to articulate what it is that makes them unique.

**OPTIMIZING SCOPES OF PRACTICE**, to enable individual practitioners (RNs and NPs) to perform at the highest level of their competencies and, thereby, make their greatest contributions to client outcomes, was central to a number of initiatives in which the College was involved in 2012, including:

- Building Your Profile™
- Code of Ethics
- Documentation Guidelines
- Emergency Preparedness
- Problematic Substance Use
- RN Scope of Practice
- Self-Regulation
- Violence in the Workplace
- Assignment & Delegation (new – 2012)
- Effective Utilization of RNs and LPNs (new – 2012)
- Professional Boundaries (new – 2012)
- Standards of Practice for RNs (new – 2012)
- Social Media
REGISTERED NURSES

• Collaborative Emergency Centres

Collaborative emergency centres (CECs), which were recognized by the Council of the Federation of Premiers in 2012 as a leading practice in healthcare innovation, were introduced in Nova Scotia in 2011 to make access to emergency care a seamless part of primary health care.

While the staffing models for CECs are determined by the Department of Health and Wellness (DHW) in collaboration with the respective district health authorities (DHAs), the College consulted extensively with these stakeholder groups, as well as registered nurses and nursing leaders, to identify the supports, resources and policies needed to enable registered nurses to practise safely, competently and ethically in these unique care settings.

For example, based on recommendations from the College, the DHW provided funding for registered nurses practising in CECs to complete the following required education programs: Advanced Cardiac Life Support (ACLS), Canadian Triage and Acuity Scale (CTAS), and Pediatric Advanced Life Support (PALS).

In addition, at the request of the DHW, the College worked with employers, other regulatory bodies, unions and the province’s Emergency Health Services, to develop a decision-making framework to help DHAs make consistent decisions in the selection of nighttime staffing models in the CECs. This collaborative project was also intended to support communications, build a common understanding of the roles of various providers in the CECs at night, and identify common opportunities for role optimization.

The College also supported RNs in the CECs through ongoing consultations (e.g., phone, email, on-site visits), and developed a resource, entitled Registered Nurses Working in Collaborative Emergency Centres, to answer the types of questions posed frequently by registered nurses and other key stakeholders involved in the CECs. This document, which is posted on the College website, was revised as new CECs opened, new issues arose, and in response to feedback requested from the Canadian Nurses Protective Society.

• Collaborative Care Guidelines for Perioperative Nurses

In early 2012, the College was invited to join a working group established by the province’s Model of Care Initiative to provide guidance on the effective utilization of RNs and LPNs in perioperative care settings (i.e., pre-, intra- and, post-operative) throughout the province.

Through this collaborative project, the College contributed to the development of a document, entitled Collaborative Care Guidelines for Perioperative Nurses (RN & LPN) which should be available on the Department of Health & Wellness website by March 2013.

NURSE PRACTITIONERS

• Timely Medical Certificates Act

The Timely Medical Certificates Act, which was passed by the Nova Scotia Legislature in December 2011, authorizes nurse practitioners to pronounce death and complete medical certificates of death. In 2012, the College played an integral role in the development of the Regulations for this Act, outlining the specific circumstances in which nurse practitioners will be authorized to fulfill this responsibility. These regulations were submitted to the Registry of Regulations in 2012 and were pending Cabinet approval at the end of the year.

The College also worked closely with Vital Statistics Nova Scotia, the Medical Examiner’s Office, and Doctors Nova Scotia in the development of an education program that will be mandatory for nurse practitioners to complete before being authorized to certify death. In addition, nurse practitioners will also be required to register with Vital Statistics, with evidence that they have:

• a current licence to practise in Nova Scotia
• a current collaborative practice relationship
• completed the mandatory education program.
Controlled Drugs and Substances Act

The New Classes of Practitioners Regulations (NCPR), made under the federal Controlled Drugs and Substances Act, came into force in December 2012; establishing the authority for nurse practitioners and midwives to prescribe narcotics and other controlled substances once provincial supports are fully in place.

In anticipation of these new regulations, the College established the Controlled Drugs and Substances Advisory Committee, with representation from nurse practitioners and their employers, as well as the College of Pharmacists, College of Physicians and Surgeons, Midwifery Regulatory Council, and the Department of Health and Wellness.

The goal of this advisory committee was set to develop a framework to support, monitor and evaluate the implementation of the NCPR in Nova Scotia, including recommendations on the development of standards, competencies, and education to ensure that nurse practitioners have the knowledge, skills and abilities to safely and competently prescribe controlled drugs and substances to clients in various care settings throughout the province.

To promote public protection and ensure compliance with the federal New Classes of Practitioner Regulations, the Canadian Council of RN Regulators has established a national working group to develop consistent policies and standards of practice for nurse practitioners in the prescribing of controlled drugs and substances in each province/territory. The specific objectives of this working group include to:

- document unique entry-level competencies and indicators associated with prescribing controlled drugs and substances
- incorporate identified competencies into jurisdictional NP program approval mechanisms
- determine educational competencies required for the safe prescribing and monitoring of controlled drugs and substances from a public safety perspective (e.g., safe storage in homes, drug seeking, drug diversion)
- review Canadian education programs and other resources currently available to prepare NPs for this new authority, to determine the most appropriate programs and resources for individual provinces/territories.

To keep nurses practitioners in Nova Scotia up-to-date on issues and expectations related to this expanded scope of practice, the College launched a new NP Bulletin newsletter in November.

NEW CONVERSATIONS on how registered nurses, individually and collectively, can shape the future of their profession in Nova Scotia were formally launched by the College in 2012, as part of an exciting three-year strategy to address the following motion passed at the 2011 AGM:

Be it resolved that CRNNS establish an ad hoc advisory committee to explore how best to protect the public interest regarding quality professional nursing practice, while also preserving the integrity of the nursing profession. The purpose of the committee is to create clear messages that support the work of RNs in advancing evidenced-based policy and decision-making, as they pertain to the design of nursing care delivery models and staff mix.

The first phase of this strategy began in January, with a highly successful ‘Thought Leaders’ workshop; followed by an amazing New Conversations forum in May, with close to 100 RNs in attendance.

A working group established by the College analyzed the information gathered from these two sessions and identified three central themes proposed by RNs to help shape their future:

- Lead with a solution-focused approach
- Re-ignite pride in the profession
- Be decision makers in health system change

- close to 90% of RNs and NPs are willing to change their practice to meet the demands of our changing healthcare system

(2012 member surveys)
The next phase of this strategy will encompass the following motion passed at the 2012 AGM as its intent closely reflects that of the motion passed in 2011:

*Be it resolved that the College establish a working group, one that includes 50% of front-line staff, which is representative of various nursing practices and geographic areas, to provide consultation to the CRNNS, to identify scope of practice issues and clarify the role of RNs, with the purpose of protecting the public in preserving the integrity of the nursing profession. This strategy will encourage and promote a professional quality workplace environment as it pertains to the changing healthcare system.*

The College’s working group will proceed with the establishment of an advisory committee in 2013 and, subsequently, develop a plan to engage registered nurses across the province in the next phase of this strategy, which will be entitled ‘Real eNgagement’.

**New Conversations Session - May 2, 2012**
While regulation has a simple premise – public protection – its implementation is becoming increasingly complex.

Nursing regulators, like those in other fields, must always have their finger on the pulse of what is happening within the profession, not to mention the healthcare system and society as a whole. However, to excel in regulation, in the public interest, they must also keep their sights on the future, anticipate all levels of risk to effective regulation and take timely action to mitigate these risks.

To advance regulatory excellence in the midst of healthcare reforms, an expanding global market, and unpredictable political, economic and societal climates, nursing regulators in Canada recognize the importance of establishing and fostering strategic partnerships at both the provincial and national level.

The CANADIAN COUNCIL OF RN REGULATORS (CCRN) was created in 2011 as a forum for the 12 provincial/territorial RN regulators to work together to advance excellence in nursing regulation through the exchange of information, promotion of best regulatory practices, and development of harmonized regulatory approaches at the national level.

CCRN was officially incorporated in February 2012, with the election of Ann Coghlan, Executive Director of the College of Nurses of Ontario, as President, and Karen Eisler, Executive Director of the Saskatchewan Registered Nurses Association, as Vice-President.

In 2012, CCRN focused on the following three regulatory priorities:
- NCLEX-RN® exam
- Nurse Practitioner Exam
- National Nurse Practitioner Practice Analysis

**NCLEX Exam**

The College's Council gave its endorsement to a final contract with the National Council of State Boards of Nursing (NCSBN) in May 2012, to provide the NCLEX-RN as the entry-to-practice exam in Nova Scotia by 2015. This endorsement was based on Council's prior approval of specific criteria developed by the College and submitted to an interprovincial transition team charged with the development of the final contract.

The NCLEX-RN, a psychometrically sound and legally defensible computer-adaptive exam, will be the entry-to-practice exam used across Canada (with the exception of Quebec and the Yukon) by 2015.

Following the contract signing by all exam buyers, the Canadian Council of RN Regulators (CCRN) established a CCRN-NCSBN Transition Team to manage the work required to successfully develop and, ultimately, administer this exam, including:
- analysis of RN practice in Canada
- recruitment of Canadian nurses, including new graduates, educators, and clinicians, to participate as subject matter experts in all aspects of exam development
- recruitment of Canadian nurses to form expert panels to conduct sensitivity and translation reviews
- promotion of opportunities for nurse educators and students to learn about the exam format well in advance of its introduction.

In December 2012, this transition team worked with the provincial/territorial RN regulators to recruit volunteers to take part in the NCLEX® Item Development Program. This call was targeted specifically at master-prepared RNs as item writers and practising RNs as item reviewers.
The NCSBN also conducted a live webinar for educators in December, with information on how to prepare students for computer-adaptive exams and an opportunity to ask questions about the NCLEX-RN. It is anticipated that a recorded version of this webinar, along with answers to questions posed at the time, will be posted on the College website in early 2013.

Plans are also in the works for CCRNR and NCSBN to launch a stakeholders’ newsletter and conduct a conference for nurse educators and regulators - to provide them with an opportunity to meet the experts, gain an in-depth understanding of the processes used to develop the NCLEX-RN, ask questions about the NCLEX program, and interact with colleagues from across the country. Regional workshops are also being planned.

To strengthen its relationship with the schools of nursing in Nova Scotia, and ensure that they are integrally involved in the transition process, the College established a Liaison Committee in 2012 to connect and communicate on a regular basis with the directors of the schools of nursing.

- **Nurse Practitioner Examinations**

  Nurse practitioner candidates in several provinces, including Nova Scotia, must currently pass an exam provided by the American Nurses Credentialing Center (ANCC) to be eligible to enter either the ‘adult’ or ‘pediatric’ streams of practice. While these exams are administered by the respective RN regulators (e.g., the College), the contract with ANCC for the development of these exams has, to date, been brokered by the Canadian Nurses Association (CNA).

  Recognizing the need to establish direct relationships between RN regulators and the providers of any entry-level exam, the Canadian Council of RN Regulators (CCRN) began contract negotiations with the ANCC in 2012 to continue to provide these exams to nurse practitioner candidates in Canada after their contract with CNA ends in September 2013.

  To inform subsequent decisions, CCRNR has established an ad hoc exam committee to complete an analysis of short- and long-term options for the delivery of future nurse practitioner exams in Canada. The work of this committee will include a risk assessment for each of the options and a high-level action plan.

- **National Nurse Practitioner Practice Analysis**

  In early 2012, with funding from the government of British Columbia, the Canadian Council of RN Regulators (CCRN) hired a consultant to develop a proposal for funding from Human Resources and Skills Development Canada (HRSDC), for a steering committee to: 1) conduct a comparative analysis of nurse practitioner practice in Canada, and 2) develop recommendations to align nurse practitioners’ scope of practice across the country.

  Over the past year, CCRNR revised this proposal and the overall purpose of the project based on feedback from the HRSDC as well as its own goal to develop a long-term plan for the assessment of entry-level nurse practitioner competencies (e.g., a new nurse practitioner exam).

  In December 2012, CCRNR re-submitted a funding proposal to HRSDC for the Nurse Practitioner Practice Analysis/ Labour Mobility Project. This project will include a comprehensive analysis of nurse practitioner practice in Canada and identification of the best methodologies to examine entry-level nurse practitioner competencies in three streams of practice (i.e., family/all ages, adult, and pediatric).

  This project will support full labour mobility and market integration of both Canadian and internationally-educated nurse practitioners. It will also contribute to CCRNR’s goal to have a new, national testing process for nurse practitioners implemented by 2016, with methodologies that may include written, oral and/or objectively structured clinical examinations (OSCE).

  The **NATIONAL NURSING ASSESSMENT SERVICE** was incorporated in June 2012, after years of planning.

  Over the past decade, all provincial/territorial nurse regulators have been faced with the challenge
of how to fairly and consistently assess the qualifications of internationally educated nurses (IENs) applying for registration and/or licensure in their respective jurisdictions.

In 2010, all the regulatory bodies for registered nurses, licensed practical nurses, and registered psychiatric nurses in Canada collectively endorsed a new business model to assess IENs applying to practise in Canada. The vision for this project, which was first recommended in a 2005 report entitled ‘Navigating to Become a Nurse in Canada’, is to have all IENs assessed through one central service, with harmonized application requirements, and a single application package accessible via an online portal.

In June 2012, the National Nursing Assessment Service (NNAS) was incorporated, with the Commission on Graduates of Foreign Nursing Schools (CGFNS) International selected as the vendor to validate the authenticity of IENs’ documents, determine the comparability of their nursing education with Canadian nursing programs, and submit advisory reports to help the regulators determine IENs’ eligibility for licensure in their respective jurisdictions.

The unique business model endorsed by NNAS is built on the premise that it will be financially self-sufficient. Grants have been provided by Human Resources and Skills Development Canada, with supplemental funding being provided by the provinces/territories involved. In Nova Scotia, supplemental funding has been being provided by the Department of Health and Wellness.

The NNAS, which is part of a larger Pan-Canadian strategy to improve the assessment and recognition of foreign qualifications in regulated occupations in Canada, will be introduced in three phases over the course of two to three years.

**COLLABORATIVE SELF-REGULATION** is a timely concept given the emergence of collaborative interprofessional practice in the delivery of quality health care.

In 2012, working with other members of the Nova Scotia Regulatory Health Professions Network (the Network) and the Department of Health and Wellness, the College played a leading role in facilitating the introduction of innovative legislation aimed at enabling collaborative self-regulation. The College was also instrumental in garnering support for this new legislation through the coordination of consultations with key stakeholders such as the Nova Scotia Nurses’ Union, Nova Scotia Government & General Employees Union, Canadian Medical Protective Society, and Doctors Nova Scotia.

This legislation was introduced in the Nova Scotia Legislature in November and received Royal Assent on December 6, 2012, as the *Regulated Health Professions Network Act*. Proclamation of the Act is anticipated in early 2013 with the approval of the detailed Regulations.

The first legislation of its kind in Canada, this new act will provide the foundation for regulated health professions to work together more efficiently and effectively in the public interest, while preserving their respective statutes. Building on the excellent regulatory systems already in place, it will authorize regulated health professions to collaborate, on a voluntary basis, in regulatory processes related to the investigation of complaints, interpretation and/or modification of scopes of practice, and review of registration appeals. It will also enable regulators to speak as one voice to government and other stakeholders on issues of public interest.

As members of the healthcare professions are expected to meet the expanding demands of collaborative practice, it makes sense that the organizations that regulate these professions also have processes in place that will foster and enable them to collaborate when it is in the best interests of the public.

The Network, which will be incorporated under this new act, was established by a handful of regulated health professions in 2007 as a structured, yet informal, mechanism through which they could more effectively share information and promote best regulatory practices. Today, the Network is comprised of representatives from all 21 regulated health professions in the province.
balancing public ACCOUNTABILITY and professional INTEGRITY

According to the Registered Nurses Act, the objects of the College are to:

- serve and protect the public interest
- preserve the integrity of the nursing profession
- maintain public confidence in the ability of the nursing profession to regulate itself.

These objects serve as the basis for all of the College’s regulatory processes as well as its member services and programs. To carry out the statutory responsibilities associated with self-regulation, the legislation specifically requires that the College’s Council establish the following committees:

- Education Advisory Committee
- Nurse Practitioner Committee
- Interdisciplinary Nurse Practitioner Practice Review Committee
- Complaints Committee
- Professional Conduct Committee
- Fitness to Practise Committee
- Registration Appeal Committee
- Reinstatement Committee

In accordance with the monitoring policies of the College, it has been determined that each of the statutory committees met the outcomes defined for them within legislation and their respective terms of reference. There were no requests for either the Reinstatement Committee or the Registration Appeal Committee to meet in 2012.

EDUCATION ADVISORY COMMITTEE

Undergraduate nursing programs preparing individuals to practise as registered nurses must be reviewed by the Education Advisory Committee (EAC) and approved by the College’s Council. Historically, these programs have also sought accreditation from the Canadian Association of Schools of Nursing (CASN). Since 2008, the College and CASN have conducted a joint approval/accreditation process of undergraduate nursing education programs. In terms of nurse practitioner and nursing re-entry programs, recommendations for approval are submitted to the Council by the EAC only: CASN does not review these programs for the purpose of accreditation.

In July, based on recommendations from the EAC, Council decided to:

- extend the length of program approval for the St. Francis Xavier University baccalaureate nursing programs to seven years (until September 2017)
- maintain a five-year program approval (until April 2016) to the Dalhousie University baccalaureate nursing programs.

According to schedule, the baccalaureate program offered through Cape Breton University will be reviewed in 2014.

The EAC also reviewed annual progress reports from the following programs, which were previously approved by Council with recommendations to be addressed:

- Cape Breton University: Bachelor of Science in Nursing
- St. Francis Xavier University: Baccalaureate Nursing
- Dalhousie University: Baccalaureate Nursing
- Dalhousie University: Nurse Practitioner
- RN-Professional Development Centre: RN Bridging/Re-Entry
- Grant MacEwan: RN Refresher Nursing

NURSE PRACTITIONER COMMITTEE

Within its mandate, this committee is authorized to conduct competence assessments of nurse practitioners, or applicants for a nurse practitioner’s licence, when:

- a nurse practitioner changes practice settings or client populations
• an assessment is otherwise required by the Registered Nurses Act or Registered Nurses Regulations.

In 2012, this committee conducted 10 competence assessments of nurse practitioners considering a change in their patient populations and/or practice settings. Six of these individuals met the required competencies without having to complete a clinical practicum or case studies; two withdrew from the process; and two successfully completed a competence assessment that included a clinical practicum and documented case studies for review by assessors.

In an evaluation of the Nurse Practitioner Competence Assessment Program (NP-CAP), with 8 of the 10 nurse practitioners responding:
• 7 agreed that the instructions provided to complete the NP-CAP were clear
• 7 agreed that they knew what was expected of them throughout the process
• 8 agreed that they were supported by the College when they had any questions or concerns about the NP-CAP
• 5 agreed that the timelines set to complete the NP-CAP were reasonable.

Of the two NPs who successfully completed supervised clinical practicums, one ‘strongly agreed’ that s/he clearly understood the level of detail and expectations for organizing and developing the case studies (e.g., the requirement for supporting case studies with references to clinical guidelines and best practices). The other NP ‘strongly disagreed’ with this statement.

Based on these responses, the committee reviewed the instructions and timelines required to complete the NP-CAP, and determined that additional communications are required to increase awareness of the legislative requirements and committee processes involved.

INTERDISCIPLINARY NURSE PRACTITIONER PRACTICE REVIEW COMMITTEE

The mandate of this committee (IDPRC) is to assess and support the practice of nurse practitioners through the administration of the Nurse Practitioner–Quality Monitoring and Improvement Program (NP-QMP). Nurse practitioners in Nova Scotia are required to participate in the NP-QMP every five years after they have been practising for a minimum of two years full-time or three years part-time.

The final average score for all 16 nurse practitioners participating in the NP-QMP in 2012 from nurse practitioners’ colleagues was 1.5 out of a possible 2.0. The client score was 1.9 out of 2.0. In addition, 99% of the colleagues and clients providing feedback indicated they were confident in the nurse practitioners’ clinical knowledge and decision-making, and would refer their own family members or friends to the nurse practitioner for health care.

In terms of factors that have facilitated or been barriers to their practice, all respondents agreed that there are systems in place to support their practice. However, only half ‘completely agreed’ with this statement. The vast majority (87%) agreed that a formal performance evaluation process is in place at their place of employment.

There were marked improvements in various aspects of NPs’ practice in 2012 (e.g., 75% ‘completely agreed’ they received diagnostic and laboratory reports most of the time in 2012, compared to 35% in 2011; and 75% ‘completely agreed’ that specialists accepted their referrals in 2012, compared to only 58% in 2009). However, a lack of administrative support personnel continued to be an issue for 12% of the participating nurse practitioners in the past year.

In 2012, three nurse practitioners were contacted by the College for clarification of exceptions resulting from their primary practice reviews; however, none were required to undergo a secondary review.
COMPLAINTS COMMITTEE

In 2012, the College received 73 complaints. This is consistent with the number received in 2011, however, 10 more than in 2010.

Basis of Complaints Received in 2012

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe nursing practice</td>
<td>19</td>
</tr>
<tr>
<td>Unprofessional conduct</td>
<td>35</td>
</tr>
<tr>
<td>Incapacity</td>
<td>1</td>
</tr>
<tr>
<td>Conduct unbecoming</td>
<td>1</td>
</tr>
<tr>
<td>Unsafe nursing practice and unprofessional conduct</td>
<td>4</td>
</tr>
<tr>
<td>Problematic substance use</td>
<td>1</td>
</tr>
<tr>
<td>Practising without a licence</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
</tr>
</tbody>
</table>

Disposition of Complaints

In accordance with Section 6(2) of the Registered Nurses Act, the Director of Professional Conduct Services dismissed eight of the complaints received, forwarded 64 for investigation, and withdrew one.

Of the eight complaints dismissed, one was determined to be an employment issue and the other seven were unsubstantiated. One complainant appealed the dismissal of a complaint; however, the Complaints Committee upheld the decision.

Of the 64 complaints forwarded for investigation, 32 were resolved within the year; 19 by the Complaints Committee and 13 by the Director of Professional Conduct Services. Of those addressed by the Director, 11 involved nurses allegedly practising without a licence (e.g., not renewing their licences for 2013 by November 1, 2012). Warning letters were issued in all of these cases as this was the first offence for each nurse involved.

At the end of the year, 32 complaints remained under investigation.

Dispositions by Complaints Committee

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismissed</td>
<td>4</td>
</tr>
<tr>
<td>Counsel</td>
<td>1</td>
</tr>
<tr>
<td>Caution</td>
<td>3</td>
</tr>
<tr>
<td>Counsel &amp; Caution</td>
<td>1</td>
</tr>
<tr>
<td>Reprimand with consent</td>
<td>2</td>
</tr>
<tr>
<td>Reprimand with consent and condition(s) on licence</td>
<td>5</td>
</tr>
<tr>
<td>Mandated assessment</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

Dispositions by Director of Professional Conduct Services

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of warning (no fine)</td>
<td>11</td>
</tr>
<tr>
<td>Informal resolution</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

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20
PROFESSIONAL CONDUCT COMMITTEE
Over the past year, the Professional Conduct Committee dealt with a total of five cases arising from complaints heard by the Complaints Committee in 2010 and 2011. Of these, two were resolved through consent revocations and three through settlement proposals (i.e., licence suspensions, with conditions).

FITNESS TO PRACTISE COMMITTEE
The existence of this committee enables registered nurses with issues of incapacity to have their cases dealt with through means other than formal professional conduct processes. When registered nurses with incapacity are deemed eligible to access the Fitness to Practise process, they usually surrender their nursing licences and agree to terms and conditions to address or remediate their issues of incapacity.

Once the terms and conditions of an agreement are met, nurses can apply to the Fitness to Practise Committee to have their licences returned. In the event that the committee agrees to return a nurse's licence, another agreement would be developed with terms and conditions to assist both the individual's return to employment as a registered nurse and continued recovery.

The Fitness to Practise Committee met three times in 2012; once to approve the terms and conditions of an initial agreement, and twice to review the cases of two registered nurses returning to practice having met the terms and conditions of existing agreements (including one who self-reported an issue with problematic substance use in 2011).

During the past year, six registered nurses were also required to undergo random urine monitoring for the presence of drugs. This testing is conducted by East Coast Mobile Medical Inc., with the results being forwarded to the College. In the event of a positive urine test, an immediate suspension would be imposed on the involved nurse's licence and the matter would be forwarded to the appropriate committee for resolution. There were no reports of positive urine tests in 2012.
STATUTORY COMMITTEES

Education Advisory Committee
Cyndee MacPhee, RN (Chair)
Duana d’Entremont, RN-NP
Anita Ferguson, RN
Cherie Gilbert, RN
John Hudec, PR
Elsa Jensen, RN
Debbie Jessome, RN
Julie Johnson, RN-NP
Ronald MacPherson, PR
Ruth Martin-Misener, RN-NP
Sandra Musgrave, RN
Ruth Whelan, RN
(as of December 2012)

Nurse Practitioner Committee
Ruth Martin-Misener, RN-NP (Chair)
Renate Bennett, RN-NP
Debbie Dicks, RN-NP
Nancy Edgecombe, RN-NP
Geralynn Hirsch, RN-NP
Lynn Miller, RN-NP

Interdisciplinary Nurse Practitioner Practice Review
Keith Cockersell, NP (Chair)
Paulette Anderson, PR
Shelagh Campbell-Palmer,
Nova Scotia College of Pharmacists
Marsha Campbell-Yeo, NP
Barbara Currie, NP
Sandra Duke, NP
Nancy Edgecombe, NP Educator
Douglas (Gus) Grant,
College of Physicians and Surgeons
Darla MacPherson, NP Employer
Lynn Miller, NP Educator
Cindy Planetta, NP
Connie Venedam-Marchand, NP

Complaints Committee
Lorna Khan, RN (Chair)
Charlene Murphy, RN (Vice-Chair)
Fred Beaton, PR
Garland Brooks, PR
Douglas Bungay, RN
Daphne Connolly, RN
Valerie Eden, RN
Kim Fleming, RN
Caroline Fowler, PR
Ethel Gunn, RN
Lorraine Jarvie, RN
Kristine Kempton, RN
Bill Lawlor, PR
Emerson MacDonald, PR
Cyndee MacPhee, RN
Catherine (Cate) McCormick, RN
Jill Morse, RN
Eileen Pelham, PR
James Pritchett, RN
Karen Rafuse, RN
Lora Roberts, RN
Suzanne Sheppard-Jackman, RN
Karen Sigouin, RN
Michelle Steele, RN
Lloyd Tattrie, PR
Catherine Thibeault, RN
Mary Elizabeth Thibeault, RN
Heather Wood, RN

Professional Conduct Committee
W. Brian Smith, QC, PR (Chair)
Sandra MacPherson-Duncan, PR (Vice-Chair)
Paulette Anderson, PR
Camilla Benoit, RN
Kenneth Bowes, RN
Barb Campbell, RN
Ramon Cansanay, RN
Glenda Carson, RN
Sharon Chafe, RN
Jacklyn Clark, RN
Jeannette Combes, RN
Susan Gouthro, RN
Agnieszka Grabowska-Comeau, RN
Linda (Lyn) Hale, RN
Christine Hines, RN
William Hodder, PR
Evelyn Kennedy, RN
James Maclean, RN
Maria Marshall, RN
Wendy Miles, RN
Deidre Mombourquette, RN
Darlene Mott, RN
Elaine Rivers, PR
Jennifer Ross, PR
Erin Sarrazin, RN
Paula Wadden, RN
Cathy Walls, RN
Joanne Zevenhuizen, RN

Fitness To Practise Committee
Cindy Cruickshank, RN (Chair)
Michele Steele, RN (Vice-Chair)
Fred Beaton, PR
Lindsay Burke, RN
William Hodder, PR
Carol MacEachern, RN
Heather Spencer-Benoit, RN
Christina Vardy, RN

Registration Appeal Committee
Elizabeth Cooper, RN (Chair)
Rosalind Benoit, NP
Agnieszka Grabowska-Comeau, RN
Nancy Jones, PR
Amy MacDearmmid, RN

Reinstatement Committee
Paulette Anderson, PR
Cyndee MacPhee, RN
Darlene O’Reilly, RN

STANDING COMMITTEES

Nominations Committee
Judith Bailey, RN (Chair)
Darlene Mott, RN
Braden Davie, RN

Committee on Appointments
Vincent MacLean, PR (Chair)
Marie Arnott, RN
Lena MacDonald, RN

Awards Selections Committee
Bruce Holmes, PR (Chair)
Edna Carloss, RN
Kelly Ann Lackie, RN
Darlene O’Reilly, RN
Cyndee MacPhee, RN

The College extends its appreciation to the following committee members who assisted the Council in meeting a high standard of excellence in governance and accountability.
PR = Public Representative
2012 Financial Statements

Independent Auditor’s Report

To the Members of
College of Registered Nurses of Nova Scotia:

We have audited the accompanying financial statements, which comprise the statement of financial position of the College of Registered Nurses of Nova Scotia (“the College”) as at December 31, 2012, December 31, 2011 and January 1, 2011 and the statement of changes in net assets, revenues and expenditures 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 the financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the College’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 College’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 College as at December 31, 2012, December 31, 2011 and January 1, 2011 and the results of its operations and cash flows for the years ended December 31, 2012 and December 31, 2011 in accordance with Canadian accounting standards for not-for-profit organizations.

Halifax, Nova Scotia
April 10, 2013

College of Registered Nurses of Nova Scotia
Statement of Financial Position
December 31, 2012

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Dec. 31</th>
<th>Dec. 31</th>
<th>Jan. 1</th>
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<tbody>
<tr>
<td>Current</td>
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<td>Cash</td>
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<td>$142,700</td>
<td>$107,356</td>
</tr>
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<td>Short term investments (note 4)</td>
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<td>5,149,184</td>
<td>3,252,904</td>
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<tr>
<td>Receivables</td>
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<td>23,784</td>
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<tr>
<td>Accrued Interest</td>
<td>27,164</td>
<td>45,909</td>
<td>64,695</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>27,672</td>
<td>19,151</td>
<td>37,238</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>8,632,899</td>
<td>5,389,974</td>
<td>4,885,977</td>
</tr>
<tr>
<td>Long term investments (note 4)</td>
<td>200,000</td>
<td>3,032,428</td>
<td>4,820,362</td>
</tr>
<tr>
<td>Property and equipment (note 5)</td>
<td>224,846</td>
<td>210,497</td>
<td>229,362</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$8,237,135</td>
<td>$8,632,899</td>
<td>$8,535,701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables and accruals (note 6)</td>
<td>$549,984</td>
<td>$472,889</td>
<td>$462,225</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>3,216,182</td>
<td>3,250,740</td>
<td>3,316,213</td>
</tr>
<tr>
<td>Deferred lease incentive, (net of accumulated amortization of $10,912; 2011 - $8,065; 2010 - $5,218)</td>
<td>3,766,166</td>
<td>3,723,629</td>
<td>3,778,438</td>
</tr>
<tr>
<td>Retirement benefits (note 7)</td>
<td>17,552</td>
<td>20,399</td>
<td>23,245</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>4,149,022</td>
<td>4,081,474</td>
<td>4,046,873</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net investment in property and equipment</td>
<td>224,846</td>
<td>210,497</td>
<td>229,362</td>
</tr>
<tr>
<td>Net investment in liquidity reserve</td>
<td>1,140,089</td>
<td>1,026,701</td>
<td>934,072</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>2,723,178</td>
<td>3,334,227</td>
<td>3,325,394</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>4,088,113</td>
<td>4,571,425</td>
<td>4,468,828</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>$8,237,135</td>
<td>$8,632,899</td>
<td>$8,535,701</td>
</tr>
</tbody>
</table>
College of Registered Nurses of Nova Scotia  
Statement of Changes in Net Assets  
Year Ended December 31, 2012

<table>
<thead>
<tr>
<th>Investment in Property and Equipment</th>
<th>Investment in Liquidity Reserve</th>
<th>Unrestricted</th>
<th>Total 2012</th>
<th>Total 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of year</td>
<td>$ 210,497</td>
<td>$ 1,026,701</td>
<td>$ 3,334,227</td>
<td>$ 4,571,425</td>
</tr>
<tr>
<td>Excess of revenue over expenditures</td>
<td>(77,705)</td>
<td>-</td>
<td>(405,607)</td>
<td>(483,312)</td>
</tr>
<tr>
<td>Purchase of property and equipment</td>
<td>92,054</td>
<td>-</td>
<td>(92,054)</td>
<td>-</td>
</tr>
<tr>
<td>Transfers to liquidity reserve</td>
<td>-</td>
<td>113,388</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance, end of year</td>
<td>$ 224,846</td>
<td>$ 1,140,089</td>
<td>$ 2,723,178</td>
<td>$ 4,088,113</td>
</tr>
</tbody>
</table>

College of Registered Nurses of Nova Scotia  
Statement of Changes in Net Assets  
Year Ended December 31, 2012

Revenue
- Membership
- Investment income
- Other

Expenses
- Administrative
- Interagency
- Legislated services
- Member services
- Premises
- Amortization of property and equipment
- Loss on disposal of property and equipment

Excess (deficiency) of revenue over expenditures

College of Registered Nurses of Nova Scotia  
Statement of Cash Flows  
Year Ended December 31, 2012

Operating Activities
- Net income (loss)
- Amortization
- Amortization of deferred lease incentive
- Loss on disposal of property and equipment

Investing Activities
- Purchase of
  - Leasehold improvements
  - Furniture and equipment
  - Computer equipment
  - Computer software
- Disposal (purchase) of investments and change in accrued interest
- Increase in retirement benefits liability

Increase in cash during year

Cash, beginning of year

Cash, end of year

On behalf of the Members

[Signatures]

President  Executive Director
1. Nature of operations
The College of Registered Nurses of Nova Scotia (the “College”) is the professional regulatory body for registered nurses and nurse practitioners licensed to practise in Nova Scotia. The College is a non-profit organization exempt from tax under paragraph 149(1)(L) of the Income Tax Act and, therefore, is not required to pay income taxes.

2. First-time adoption of accounting standards for not-for-profit organizations
These are the College’s first financial statements prepared in accordance with generally accepted accounting standards for not-for-profit organizations (ASNFPO). Accordingly, the transitional provisions of CICA Handbook Section 1501, First-time Adoption for Not-For-Profit Organizations have been applied. The College’s date of transition to these new standards was January 1, 2011.

The accounting policies set out in note 3 have been applied in preparing the financial statements for all periods presented.

Section 1501 requires retrospective application of the accounting standards with certain elective exemptions and limited retrospective exceptions. Upon transition, the College has applied the following mandatory exceptions and optional exemptions:

(a) The College has elected not to apply Section 1582, Business Combinations retroactively to business combinations that occurred before the date of transition.

(b) Under ASNFPO the College is required to measure equity investments quoted in an active market at fair value. To ensure consistency in the measurement of its portfolio investments the College has elected to measure all of its portfolio investments at fair value at the date of transition. The effect of this election is outlined in the reconciliation below.

(c) The College has elected not to restate assets and liabilities related to transactions with related parties when the transaction occurred prior to the date of transition.

The College issued financial statements for the year ended December 31, 2011 using generally accepted accounting principles prescribed by the CICA Handbook. Except for the effects of electing to measure its portfolio investments at fair value at the date of transition, the adoption of ASNFPO had no impact on the previously reported financial statements. The effect of adopting ASNFPO with this election is described below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Jan. 1 2011</th>
<th>Dec. 31 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted net assets, as reported in accordance with previous GAAP</td>
<td>$3,305,607</td>
<td>$3,334,227</td>
</tr>
<tr>
<td>Adjustment to state investments at fair value</td>
<td>19,787</td>
<td>-</td>
</tr>
<tr>
<td>Unrestricted net assets, as reported in accordance with ASNFPO</td>
<td>$3,325,394</td>
<td>$3,334,227</td>
</tr>
</tbody>
</table>

The changes in accounting resulting from the adoption of ASNFPO resulted in the following adjustments to the previously reported 2011 statement of revenues and expenditures:

<table>
<thead>
<tr>
<th>Category</th>
<th>Previous GAAP</th>
<th>Increase/(Decrease)</th>
<th>ASNFPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income</td>
<td>$176,945</td>
<td>($19,788)</td>
<td>$157,157</td>
</tr>
<tr>
<td>Excess of revenue over expenditures</td>
<td>$102,385</td>
<td>($19,788)</td>
<td>$82,597</td>
</tr>
</tbody>
</table>

The above changes resulted in no net impact to the previously reported 2011 statement of cash flows.

3. Significant accounting policies
The College has applied the following significant accounting policies:

(a) Basis of presentation
These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations; accordingly, these financial statements have been prepared in accordance with Canadian generally accepted accounting principles.

(b) Cash and cash equivalents
Cash and cash equivalents consists of cash on hand and balances with banks.

(c) Amortization
Amortization is calculated using the declining balance method, except for leasehold improvements which are being amortized using the straight-line method to the end of the lease term, at rates based on the estimated useful life of the assets, as indicated in note 5.

(d) Deferred lease incentive
The deferred lease incentive is amortized on a straight-line basis over the term of the lease.

(e) Revenue recognition
Revenues from membership fees are recognized on an accrual basis. Deferred revenue represents the portion of fees received related to the remaining term of the annual membership fees.

(f) Allocation of expenses
The College allocates its general and administrative expenses across administrative, legislative and member services. These allocations are determined annually based on the estimated amount of time the individuals within these support areas are working in each functional area. The amount allocated to each functional area is listed in note 11.

(g) Liquidity reserve
The liquidity reserve represents an estimate of three months of operating expenditures net of non-cash and externally funded expenditures allocated to fund a future wind-down or contingencies.

(h) Pension plan
The College is a member of the Nova Scotia Health Employees’ Pension Plan defined benefit pension plan. All contributions made to the plan during the year are expensed.

(i) Use of estimates
The preparation of the financial statements in conformity with Canadian accounting standards for not-for-profit organizations (ASNFPO) 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 reporting period. By their nature, these estimates are subject to measurement uncertainty and the effect on the financial statements of changes in such estimates in future periods could be significant.

(j) Comparative figures
Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year’s financial statements.

(k) Short and long term investments
The College’s short and long term investments are initially measured, and subsequently measured at fair value without adjustments for transaction costs that would be incurred on disposals. Changes in fair value are recognized in income in the period of change. Transaction costs associated with the acquisition of these investments are recognized in net income in the period incurred.

(l) Financial instruments
Other than the investments noted above, the College initially measures its financial assets and financial liabilities at fair value, adjusted by the amount of transaction costs directly attributable to the instrument. Other than the investments noted above, the College subsequently measures all of its financial assets and financial liabilities at amortized cost. Transaction costs are amortized on the straight-line basis over the term of the instrument.

4. Investments

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total investment</td>
<td>$7,773,014</td>
<td>$8,181,612</td>
</tr>
<tr>
<td>Less: Investments maturing within the next year</td>
<td>($7,573,014)</td>
<td>($5,149,184)</td>
</tr>
<tr>
<td>Long term investments</td>
<td>$200,000</td>
<td>$3,032,428</td>
</tr>
</tbody>
</table>
4. Investments (continued)

Interest rate risk
The College manages its portfolio investments based on its cash flow needs and with a view to optimizing its interest income. The investments held as of December 31, 2012 are invested in guaranteed investment certificates, treasury bills, and mutual funds with fixed interest rates ranging from 1.55% to 4.00% with maturity dates between January 2013 to October 2014.

5. Property and equipment

<table>
<thead>
<tr>
<th></th>
<th>Dec. 31</th>
<th>Dec. 31</th>
<th>Jan. 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>Leasinghold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>improvements</td>
<td>$485,337</td>
<td>$363,76</td>
<td>$121,96</td>
</tr>
<tr>
<td>Furnish and fixtures</td>
<td>20%</td>
<td>190,694</td>
<td>145,304</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>40%</td>
<td>190,694</td>
<td>145,304</td>
</tr>
<tr>
<td>Computer software</td>
<td>40%</td>
<td>190,694</td>
<td>145,304</td>
</tr>
<tr>
<td>Accumulated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate Cost Amortization$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Feb.</td>
<td>2019</td>
<td>2012</td>
<td>2012</td>
</tr>
<tr>
<td>Net Book Value</td>
<td>$50,443</td>
<td>$27,001</td>
<td>$30,726</td>
</tr>
<tr>
<td>Net Book Value</td>
<td>$50,443</td>
<td>$27,001</td>
<td>$30,726</td>
</tr>
<tr>
<td>Net Book Value</td>
<td>$50,443</td>
<td>$27,001</td>
<td>$30,726</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>18,091</td>
<td>11,039</td>
<td>7,052</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>18,091</td>
<td>11,039</td>
<td>7,052</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>18,091</td>
<td>11,039</td>
<td>7,052</td>
</tr>
<tr>
<td>Computer software</td>
<td>18,091</td>
<td>11,039</td>
<td>7,052</td>
</tr>
</tbody>
</table>

6. Payables and accruals

Included in payables and accruals as at December 31, 2012 are government remittances (other than income taxes) of $246,808 (December 31, 2011 - $198,199; January 1, 2011 - $245,765).

7. Retirement benefits

The Council provides certain retirement benefits to its employees as described below. In accordance with accounting standards for not-for-profit organizations, the College accurses the cost of these benefits as they are earned based on an actuarial valuation.

Retirement allowance
Employees retiring after the age of 60 and who have been employed by the College for a minimum of ten continuous years are eligible to receive a retirement allowance. The allowance is equal to one week's pay for each year of full-time service, to a maximum of 30 weeks. An employee dies while actively employed, the retiring allowance will be paid to the employee's beneficiary or estate. No allowance is paid to a member who terminates employment prior to eligibility for benefits.

Post-retirement health subsidy benefit
Employees are eligible for a post-retirement health subsidy program if the employee retires directly from active status after age 60, has been employed by the College for a minimum of ten continuous years and is enrolled in the Health Association of Nova Scotia retirement health plan. The subsidy ceases upon the retiree reaching age 65.

8. Pension plan

Employees of the College participate in the Nova Scotia Health Employees’ Pension Plan, a contributory defined benefit pension plan which provides pension benefits based on length of service and earnings. Contributions to the plan are required by both employees and the College. Total contributions made by the College during the year were $207,166 (2011 - $171,711) and are recognized as an expense in the period. The College is not obligated for any unfunded liability, nor does the College have entitlement to any surplus that may arise in the plan.

9. Net change in non-cash working capital balances related to operations

Increase (decrease) in cash from changes in:

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables</td>
<td>$7,410</td>
<td>$9,246</td>
</tr>
<tr>
<td>Accrued interest</td>
<td>18,745</td>
<td>18,785</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>8,520</td>
<td>18,087</td>
</tr>
<tr>
<td>Payables and accruals</td>
<td>77,096</td>
<td>10,682</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>34,558</td>
<td>65,474</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$145,353</strong></td>
<td><strong>227,186</strong></td>
</tr>
</tbody>
</table>

10. Commitments

The College has entered into various lease agreements for premises and equipment. Minimum payments required over the next five years for the base rent of the premises lease and equipment leases are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nova Scotia Department of Health - Nursing School Transcripts</td>
<td>$203,946</td>
<td>$218,477</td>
<td>$221,382</td>
<td>$218,566</td>
<td>$207,872</td>
</tr>
<tr>
<td>Nova Scotia Department of Health - Nova Scotia Telehealth</td>
<td>$87,304</td>
<td>$91,304</td>
<td>$91,304</td>
<td>$91,304</td>
<td>$91,304</td>
</tr>
<tr>
<td>Nova Scotia Department of Health - Interprofessional Collaborative Regulation</td>
<td>$220,276</td>
<td>$220,276</td>
<td>$220,276</td>
<td>$220,276</td>
<td>$220,276</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$545,626</strong></td>
<td><strong>$545,626</strong></td>
<td><strong>$545,626</strong></td>
<td><strong>$545,626</strong></td>
<td><strong>$545,626</strong></td>
</tr>
</tbody>
</table>

11. Allocation of administrative expenditure

<table>
<thead>
<tr>
<th>Member Services</th>
<th>Legislated Services</th>
<th>Administration</th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2012</strong></td>
<td><strong>2011</strong></td>
<td></td>
<td><strong>2012</strong></td>
</tr>
<tr>
<td>Finance</td>
<td>2012</td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>$119,329</td>
<td>$119,329</td>
<td>$119,329</td>
</tr>
<tr>
<td></td>
<td>$357,987</td>
<td>$297,456</td>
<td>245,544</td>
</tr>
<tr>
<td>Information</td>
<td>2012</td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>$14,400</td>
<td>$14,400</td>
<td>$14,400</td>
</tr>
<tr>
<td>Nova Scotia Department of Health - Nursing School Transcripts</td>
<td>$14,400</td>
<td>$14,400</td>
<td>$14,400</td>
</tr>
<tr>
<td>Nova Scotia Department of Health - Nova Scotia Telehealth</td>
<td>$72,000</td>
<td>$89,699</td>
<td>$72,000</td>
</tr>
<tr>
<td>Nova Scotia Department of Health - Interprofessional Collaborative Regulation</td>
<td>$71,446</td>
<td>$157,846</td>
<td>$229,292</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$220,276</strong></td>
<td><strong>$220,276</strong></td>
<td><strong>$220,276</strong></td>
</tr>
<tr>
<td><strong>Government contributions</strong></td>
<td><strong>$660,828</strong></td>
<td><strong>$543,000</strong></td>
<td><strong>$543,000</strong></td>
</tr>
</tbody>
</table>

12. Government contributions

During the year, the College received government contributions as follows:

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nova Scotia Department of Health - Nursing School Transcripts</td>
<td>$14,400</td>
<td>$14,400</td>
</tr>
<tr>
<td>Nova Scotia Department of Health - Nova Scotia Telehealth</td>
<td>$72,000</td>
<td>$89,699</td>
</tr>
<tr>
<td>Nova Scotia Department of Health - Interprofessional Collaborative Regulation</td>
<td>$71,446</td>
<td>$157,846</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$184,918</strong></td>
<td><strong>$119,197</strong></td>
</tr>
</tbody>
</table>

Of the total government contributions earned during the year, $87,304 (2011 - $65,195) is recognized in membership revenue while the remainder of $57,614 (2011 - $34,002) is recognized in other revenue.
The information provided by members through the completion of initial and annual (renewal) licence applications is a valuable means of tracking trends within the nursing profession in Nova Scotia. In addition to telling us how many RNs and NPs are licensed to practise in the province in any given year, this data builds a ‘group snapshot’ of important factors such as nurses’ educational preparation, employments status, age, and gender.

The College relies on this information, in combination with data from other sources, to develop new operational and regulatory processes, policies and programs. The provincial Department of Health and Wellness also uses aspects of the College’s data to inform its health human resource planning. At the national level, this information adds to a database managed by the Canadian Institute for Health Information (CIHI).

To protect members’ privacy, the College has strict policies on the release of information from its registration database.

EDUCATION
In 2012 the proportion of active-practising members holding a baccalaureate degree in nursing (as their highest level of education) surpassed the proportion holding a nursing diploma. The proportion prepared at the master’s or doctorate levels remained virtually the same or unchanged from the previous year.

**Highest Level of Education - 2012**

<table>
<thead>
<tr>
<th>Level</th>
<th>2012 Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baccalaureate in nursing</td>
<td>4900</td>
<td>(48.2%)</td>
</tr>
<tr>
<td>Nursing diploma</td>
<td>4819</td>
<td>(47.4%)</td>
</tr>
<tr>
<td>Master’s</td>
<td>410</td>
<td>(4.03%)</td>
</tr>
<tr>
<td>Doctorate</td>
<td>24</td>
<td>(0.23%)</td>
</tr>
</tbody>
</table>

**Enrolled in Post-RN Nursing Programs**

<table>
<thead>
<tr>
<th>Program Type</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time baccalaureate</td>
<td>41</td>
<td>16</td>
</tr>
<tr>
<td>Part-time baccalaureate</td>
<td>215</td>
<td>194</td>
</tr>
<tr>
<td>Full-time master</td>
<td>41</td>
<td>31</td>
</tr>
<tr>
<td>Part-time master</td>
<td>151</td>
<td>147</td>
</tr>
<tr>
<td>Full-time doctorate</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>Part-time doctorate</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>Certification</td>
<td>9</td>
<td>82</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>491</td>
<td>528</td>
</tr>
</tbody>
</table>

Although there were a total of 37 more nurses enrolled in a post-RN nursing program in 2012 than in 2011, the number enrolled full-time in a baccalaureate program was 60 per cent lower.

**EMPLOYMENT STATUS (% of total employed)**

<table>
<thead>
<tr>
<th>Employment Type</th>
<th>2011 RN</th>
<th>2012 RN</th>
<th>2011 NP</th>
<th>2012 NP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular full-time</td>
<td>64.3%</td>
<td>64.1%</td>
<td>86.8%</td>
<td>80.6%</td>
</tr>
<tr>
<td>Regular part-time</td>
<td>23.7%</td>
<td>23.8%</td>
<td>8.3%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Casual full-time</td>
<td>2.3%</td>
<td>2.3%</td>
<td>3.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Casual part-time</td>
<td>9.6%</td>
<td>9.7%</td>
<td>1.6%</td>
<td>7.2%</td>
</tr>
<tr>
<td><strong>Total Employed</strong></td>
<td>9550</td>
<td>9480</td>
<td>121</td>
<td>139</td>
</tr>
</tbody>
</table>

- 55% of new graduates in 2011 said they plan to advance their formal education in nursing within the next five years.
- 18% of new graduates in 2011 were employed outside a hospital environment (e.g., long-term care, community agencies)

*(Survey of 2011 New Grads, CRNNS April 2012)*
Employment Status of New NS Graduates (% of total employed)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular full-time</td>
<td>61.9%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Regular part-time</td>
<td>8.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Casual full-time</td>
<td>11.2%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Casual part-time</td>
<td>18.0%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Total Employed</td>
<td>205</td>
<td>191</td>
</tr>
</tbody>
</table>

An additional 31 new graduates were seeking nursing employment in 2012, compared to 19 in 2011.

FIVE-YEAR TREND IN AGING
Since 2008, the proportion of registered nurses under the age of 50 has decreased by 1.5 per cent, while the proportion over 50 has increased by 14.9 per cent.

The number of registered nurses under the age of 30 was virtually the same in 2012 as in 2011 (1265 in 2011; 1271 in 2012), however, this still represents a favorable trend in growth since 2008 (going from 943 in 2008, to 1271 in 2012).

GENDER
The percentage of women and men in the total number of active-practising registered nurses was virtually the same in 2012 as in 2011.
COLLEGE STAFF

Executive Office
Donna Denney, Executive Director
Marie Dauphinee-Booth, Communications Consultant
Shelley Farouse, Executive Assistant

Corporate Services
Colleen Arnold, Director
Colleen Burke, Communications Officer
Sheri MacLellan, Finance & Registration Clerk
Karen Mahoney, Multimedia Designer
Edith Mosher, Finance Officer
Song Peng, Technology Applications Specialist (contract)
Lee Whynot, Technology & Information Systems Officer
Jane Wilson, Communications Consultant
Jia Zhu, Records Management Analyst

Policy, Practice & Legislation Services
Michele Brennan, Director
Jennifer Best, Practice Consultant
Teri Crawford, Policy Consultant
Ann Duncan, Coordinator, Continuing Nursing Education
Terrina Fitzgerald, Administrative Assistant (part-time)
Anne Fraser, Practice Consultant (retired January)
Julie Gregg, Policy Consultant
Trent MacIsaac, Practice Consultant
Darlene Martin, Administrative Assistant
Paula Prendergast, Policy Consultant

Professional Conduct & Registration Services
Leona Telfer, Director
Karen Boutilier, Administrative Assistant
Ann Marie Cameron, Registration Officer
Dennis Holland, Professional Conduct Consultant
Suzanne Kennedy, Professional Conduct Consultant (resigned February)
Crystal Morgan, Registration Services Assistant (maternity leave, July)
Haley Young, Registration Services Assistant (term replacement)
Ann Rose, Investigations Consultant
Cathy Rose, Policy Consultant
Shelly Spears, Registration Services Assistant
Heather Totton, Professional Conduct Consultant