Licensed Practical Nurse
Supply Report
2005/06 to 2012/13
Newfoundland and Labrador

February 2014

College of Licensed Practical Nurses of Newfoundland & Labrador

Newfoundland Labrador

Acknowledgements

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- Canadian Institute for Health Information
- Centre for Nursing Studies
- College of Licensed Practical Nurses of Newfoundland and Labrador
- College of the North Atlantic
- Regional Health Authorities

Executive Summary

The licensed practical nurse (LPN) workforce in Newfoundland and Labrador (NL) is comprised of 2,421 individuals. The total number of LPNs has fluctuated over the last 21 years, and has been decreasing for the last few years. Despite declining LPN workforce counts in NL, this province still has the highest ratio of LPNs per population in Canada at 4.4 per 1,000 population, the same as Prince Edward Island (PE). This is almost twice as high as the Canadian average (2.5 per cent).

The average age of LPNs in NL is 42.9 years, which is comparable to the national average (42.6 years). The percentage of LPNs in Canada aged 40 years and older (57.8 per cent) is lower than the percentage of LPNs in NL aged 40 years and older (64.9 per cent).

There are currently 121 LPNs in the province that are older than the assumed retirement age of 58 years, or 5.0 per cent of the LPN workforce. This age group may be preparing for retirement in the near future. Cumulatively, 737 LPNs are due to reach the assumed age of retirement within the next 10 years, or approximately 30.4 per cent of the current LPN workforce.

The Practical Nursing (PN) Program in NL is a four-semester (16-month) diploma program which includes a preceptorship clinical experience. The Centre for Nursing Studies (CNS), the designated parent institution for the PN Program, offers the program directly and brokers the program to the College of the North Atlantic (CNA). In 2012/13, the PN Program was offered in St. John's (CNS), Clarenville (CNA), Grand Falls-Windsor (CNA), and Corner Brook (CNA). The average number of graduates in the last 10 years is 102 per year, with a range of 68 to 176 graduates per year.

As of April 1, 2012, licensure requirements for LPNs include health assessment and medication administration courses. Nationally, most jurisdictions have included, or are in the process of including, selected health assessment and medical administration competencies for LPN licensure. The provincial government provided $1.6 million to RHAs to support the cost of LPNs completing the required health assessment and medical administration courses. CNS worked closely with RHAs and the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL) to ensure these education courses were offered to meet the demand of current LPNs who required the courses.

NL currently has the third highest percentage (63.9 per cent) of LPNs employed full-time behind the Territories. More than half of LPNs work in long-term care or nursing home settings. Staff mix changes for long-term care facilities in NL have been ongoing since 2006 and are consistent with changes occurring across the country. During the reporting period for this report, NL had the second highest percentage of LPNs in long-term care settings amongst Canadian provinces except the Yukon.

In 2012/13, sick leave accounted for 6.1 per cent of all LPN earned hours, and lost time due to workplace injury accounted for a further 4.5 per cent. The highest rates of lost-time incidents among LPNs are in long term care. A Provincial Injury Prevention Pilot Project in long-term care in the RHAs is currently being implemented. The main objective of this project is to reduce lost-time incidents associated with resident handling by RNs, LPNs and PCAs in 10 selected pilot sites.

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1.0 Introduction

1.1 Background

This document is the fourth version of a report originally released in December 2001; the last report was released in 2004/05. This report includes updated information for years 2005/06 to 2012/13, and includes some point-in-time information for 2013/14. Information was acquired from the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL), the Canadian Institute for Health Information (CIHI), regional health authorities (RHAs), and other regulating bodies and applicable reports.

1.2 Limitations

The Canadian Institute for Health Information (CIHI) is a government-funded corporation that provides essential information on Canada's health system and the health of Canadians. CIHI collects and summarizes licensure data provided by the licensed practical nurse (LPN) regulatory bodies in Canada to produce annual reports. The target population is total LPNs having active practicing licenses in a Canadian jurisdiction in the first six months of the licensure year. The 12-month licensure period differs among jurisdictions; however, a staggered six-month mark ensures comparability of data at the expense of not capturing those LPNs who obtain licensure in months seven to 12 of their licensure year. Provincial regulatory bodies report data based on licensure year-end in their own reports. As a result, CIHI data from the first six months of licensure captures 95 to 99 per cent of all provincial records. Although the impact of collecting data at the six-month mark is minor (one to five per cent), the figures released by CIHI are slightly less than provincial/territorial figures. CIHI data is denoted using calendar year terminology (i.e. 2012), while CLPNNL data is denoted using fiscal/licensure year terminology (i.e. 2012/13). Nunavut and Northwest Territories are combined in the CIHI data collection process.

Readers are cautioned that certain tables reflect varying data collection periods. For example, Retirements, Section 2.4 contains point-in-time data obtained in July 2013.

Finally, there are limitations associated with interpreting professional per population ratios in Section 2.2 Licensed Practical Nurse to Population Ratios. The population (denominator) only reflects gross numbers and not the age/gender distribution. Additionally, population numbers do not reflect health status, population density, or patterns of utilization of health services. The number of professionals (numerator) does not reflect scope of practice, utilization, skill mix, casualization, distribution of personnel, or the sector to which they belong (i.e. public versus private sector LPNs). Core staffing requirements in rural and remote locations are a significant factor in determining the required number of health professionals. Professional per population ratios should be viewed with caution particularly in a sparsely distributed population, as is the case in Newfoundland and Labrador (NL).

2.0 Workforce Attributes

2.1 Total Number of Licensed Practical Nurses

Workforce counts have decreased over the past decade, with approximately 2,421 LPNs licensed in NL in 2012/13; this amount is down 17.6 per cent from the highest number of 2,940 in 2002/03. The total number of LPNs in the province from 1988/89 to 2012/13 is given in Table 1.

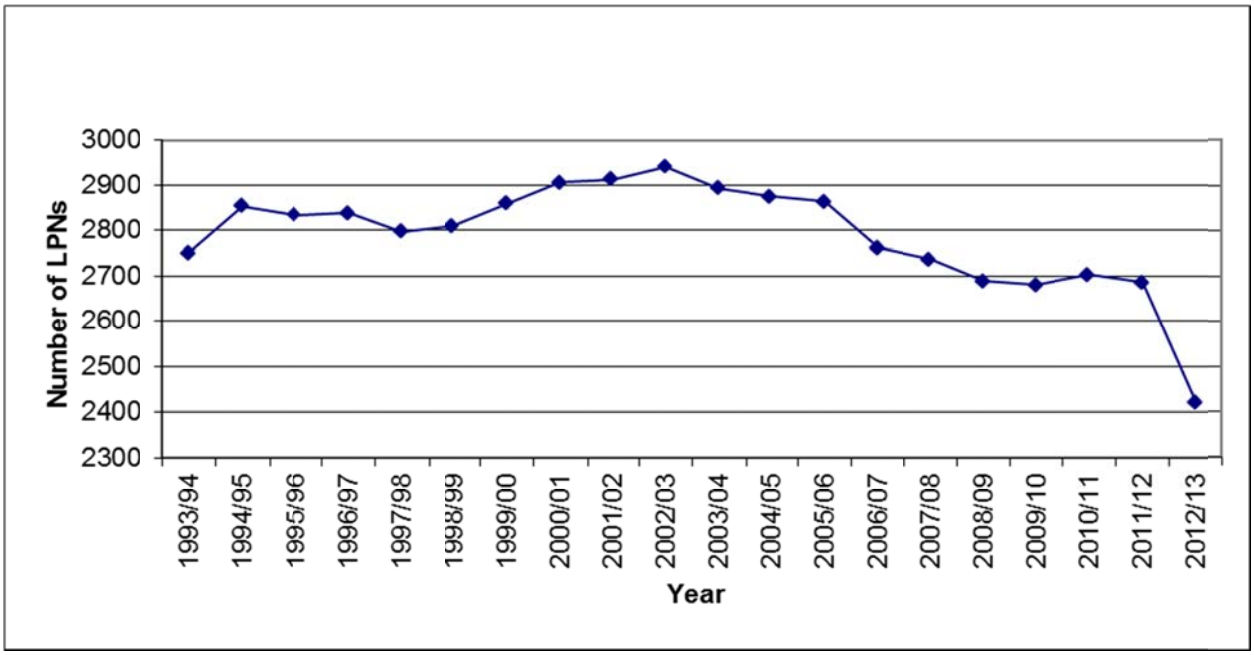
Table 1. Total LPNs in NL, 1988/89 to 2012/13.

Fiscal Year	Number of LPNs
1988/89	2,566
1989/90	2,659
1990/91	2,848
1991/92	2,810
1992/93	2,817
1993/94	2,751
1994/95	2,853
1995/96	2,833
1996/97	2,838
1997/98	2,797
1998/99	2,809
1999/00	2,859
2000/01	2,905
2001/02	2,912
2002/03	2,940
2003/04	2,893
2004/05	2,875
2005/06	2,863
2006/07	2,762
2007/08	2,737
2008/09	2,689
2009/10	2,680
2010/11	2,703
2011/12	2,685
2012/13	2,421

Source: College of the Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, 1988/89 to 2012/13.

Trends are shown graphically in Figure 1.

Figure 1. Total LPNs in NL, 1988/89 to 2012/13.



Source: College of the Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, 1988/89 to 2012/13.

As of April 2012, in order to continue practicing as an LPN, two mandatory courses were required: medication administration and health assessment. LPNs that did not fulfill this requirement may have chosen to convert to a personal care attendant (PCA) position or retire, resulting in a significant decrease in the number of LPNs in NL.

2.2 Licensed Practical Nurse to Population Ratios

The number of LPNs per 1,000 population compared to registered nurses (RNs) per 1,000 population for all Canadian jurisdictions is given in Table 2.

Table 2. Practicing LPNs and RNs per 1,000 Population Ratios, 2012.

Jurisdiction[1]	Number of Practicing LPNs	LPNs per 1,000 Population	Number of Practicing RNs	RNs per 1,000 Population	LPNs per 10 RNs
NL	2,230	4.4	6,114	11.9	3.6
PE	639	4.4	1,555	10.6	4.1
NB	2,927	3.9	8,294	11.0	3.5
NS	3,652	3.9	9,252	9.8	3.9
QC	22,633	2.8	67,424	8.4	3.4
SK	2,816	2.6	9,918	9.2	2.8
AB	8,342	2.6	31,135	10.4	2.7
ON	32,839	2.4	94,467	7.0	3.5
MB	2,935	2.3	12,140	9.6	2.4
YK	92	2.2	374	8.0	2.5
BC	9,015	2.1	30,050	14.1	3.0
NT/NU	91	2.0	1,084	6.5	0.8
Canada	**88,211**	**2.5**	**271,807**	**7.8**	**3.2**

Source: Canadian Institute for Health Information. Regulated Nurses: Canadian Trends, 2008-2012. (2013).

Despite declining LPN workforce counts in NL, this province still has the highest ratio of LPNs per population in Canada at 4.4 per 1,000 population, the same as Prince Edward Island (PE). This is almost twice as high as the Canadian average (2.5 per cent).

NL had the third highest ratio of LPNs per RNs at 3.6 LPNs per 10 RNs; PE had the highest ratio at 4.1 LPNs per 10 RNs. One possible explanation is that other jurisdictions use more unregulated workers. Other factors that must be considered when analyzing these ratios include core staffing levels, staffing mix, beds per population, numbers and types of services being offered, geography and population health. Additional information is contained in Limitations, Section 1.2.

2.3 Demographics

Provincial LPN workforce estimates as of 2012 indicate 89.3 per cent of LPNs in NL are female and 10.7 per cent of LPNs are male.[1] National demographics show 92.0 per cent of LPNs are female and 8.0 per cent are male.[1]

Table 3 shows an increase in the number of LPNs over the age of 45 from 15.5 per cent in 1988/89 to a peak of 57.2 per cent in 2009/10. Since 2009/10, it dropped to 45.9 per cent in 2012/13.

Table 3. LPN Count by Age Group for NL, 1988/89 to 2012/13.

Fiscal Year	Age <25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Per Cent 45+	Per Cent 55+
1988/89	154	434	465	549	567	217	116	49	10	5	**15.5%**	**2.5%**
1989/90	144	440	464	496	651	268	136	50	7	3	**17.5**	**2.3**
1990/91	226	405	494	483	688	339	144	58	11	0	**19.4**	**2.4**
1991/92	246	360	477	458	650	383	164	58	13	1	**22.0**	**2.6**
1992/93	215	351	466	474	623	454	156	59	19	0	**24.4**	**2.8**
1993/94	150	356	447	474	530	518	186	71	16	3	**28.9**	**3.3**
1994/95	115	334	482	491	503	598	228	83	17	2	**32.5**	**3.6**
1995/96	85	334	435	514	489	596	280	81	18	1	**34.5**	**3.5**
1996/97	65	334	407	530	478	579	335	89	18	3	**36.1**	**3.9**
1997/98	47	264	383	495	468	545	389	98	20	1	**38.9**	**4.3**
1998/99	58	216	398	495	491	493	461	115	26	1	**39.8**	**5.0**
1999/00	72	192	365	526	498	475	507	156	31	1	**41.4**	**6.5**
2000/01	94	187	364	477	536	483	538	142	29	5	**42.9**	**6.1**
2001/02	77	167	313	431	524	495	507	345	48	5	**48.0**	**13.7**
2002/03	81	177	287	432	516	509	476	388	71	3	**49.2**	**15.7**
2003/04	71	184	255	389	536	507	448	415	86	2	**50.4**	**17.4**
2004/05	51	200	230	387	485	525	456	425	111	5	**53.0**	**18.8**
2005/06	62	201	221	386	453	525	459	408	142	6	**53.8**	**19.5**
2006/07	57	216	228	370	431	526	448	345	135	3	**52.8**	**17.5**
2007/08	41	184	226	312	436	494	465	336	207	7	**55.3**	**20.1**
2008/09	79	154	250	283	396	514	469	334	191	19	**53.3**	**28.2**
2009/10	61	157	274	277	379	465	485	354	198	30	**57.2**	**21.7**
2010/11	88	178	282	277	398	439	473	340	183	45	**56.7**	**21.0**
2011/12	105	196	294	272	398	430	444	342	177	27	**52.9**	**20.3**
2012/13	144	198	299	287	381	422	394	233	59	4	**45.9**	**12.2**

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, 1988/89 to 2012/13.

Due to regulatory changes as of April 2012, medication administration and health assessment courses became mandatory in order for LPNs to renew their license. Some LPNs did not undertake upgrading, and as a result they chose to not renew their license; some LPNs assumed positions of PCAs while others retired. If a LPN was close to retirement at the time the new regulations were enforced, they may have chosen to retire or accept employment in another occupation.

The national figures for the age distribution of LPNs in Canada and NL are given in Table 4.

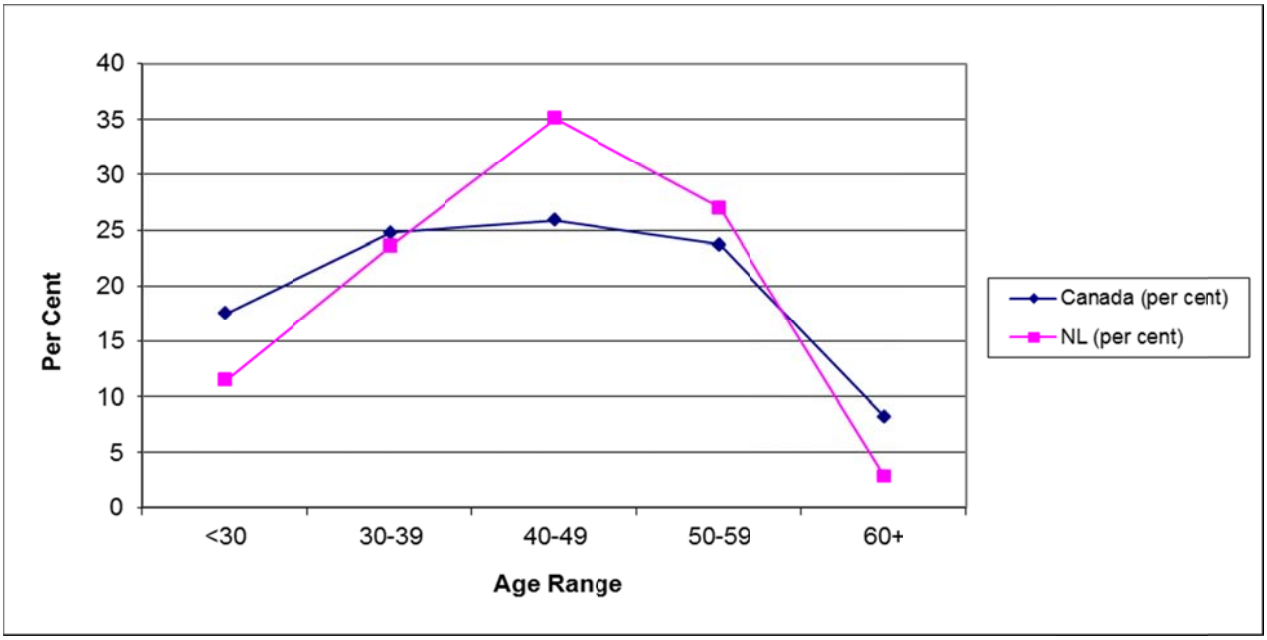
Table 4. Age Distribution of Practicing LPNs in Canada and NL, 2012.

Age Range	Canada (number)	Canada (per cent)	NL (number)	NL (per cent)
<30	15,401	17.5%	256	11.5%
30-39	21,847	24.8	526	23.6
40-49	22,846	25.9	789	35.4
50-59	20,866	23.7	603	27.0
60+	7,251	8.2	56	2.5
Total	**88,211**	**100.0**	**2,230**	**100.0**
40+	50,963	57.8	1,448	64.9

Source: Canadian Institute for Health Information. Regulated Nurses: Canadian Trends, 2008-2012. (2013).

The average age of LPNs in NL is 42.9 years, which is comparable to the national average (42.6 years).[1] The percentage of LPNs in Canada aged 40 years and older (57.8 per cent) is lower than the percentage of LPNs in NL aged 40 years and older (64.9 per cent). Graphically, the age distribution of LPNs in NL and Canada is shown in Figure 2.

Figure 2. Age Distribution of LPNs in Canada and NL, 2012.



Source: Canadian Institute for Health Information. Regulated Nurses: Canadian Trends. 2008-2012. (2013).

2.4 Retirements

2.4.1 Age Data

This section includes estimates of LPN retirements based on retirement at age 58. The age 58 assumption is based on the average age of retirement in the NL public service, pension eligibility, and LPN age distribution.

Table 5 shows the number of practicing LPNs who, based on the current workforce:

- reached the age of 58 before 2013
- will reach the age of 58 between 2013 and 2022
- will reach the age of 58 after 2022

Table 5. Number of LPNs Reaching Age 58 by Calendar Year in NL, July 2013.

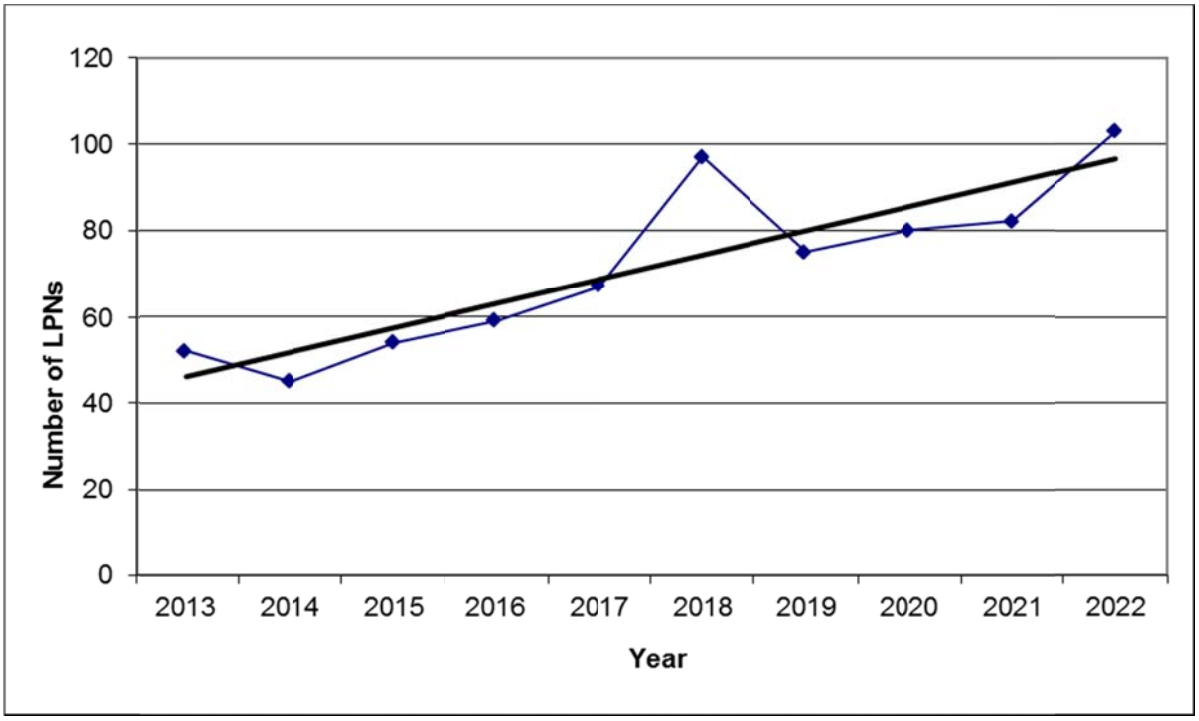
Year Reaching Age 58	Eastern Health	Central Health	Western Health	Labrador-Grenfell Health	RHA Total	Private / Other	Total
<2013	64	22	23	7	**116**	5	**121**
2013	23	15	9	5	**52**	4	**56**
2014	19	9	15	2	**45**	3	**48**
2015	20	18	12	4	**54**	2	**56**
2016	31	15	9	4	**59**	0	**59**
2017	33	16	14	4	**67**	2	**69**
2018	58	22	13	4	**97**	4	**101**
2019	45	12	17	1	**75**	1	**76**
2020	45	19	11	5	**80**	3	**83**
2021	50	13	14	5	**82**	2	**84**
2022	70	14	14	5	**103**	2	**105**
>2022	728	294	292	117	**1,431**	132	**1,563**
Total	**1186**	**469**	**443**	**163**	**2,261**	**160**	**2,421**

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Licensure Year 2012/13, (As of July 12, 2013).

For the provincial LPN workforce, there are currently 121 LPNs that are older than the assumed retirement age of 58 years, or 5.0 per cent of the LPN workforce. This age group may be preparing for retirement in the near future. Within the next 10 years, one might expect that there will always be a cohort in this category, although it may vary in size. The assumption is made, therefore, that this group represents a permanent "wave" of LPNs that will turnover but likely remain constant in quantity.

For the RHA LPN workforce, there are currently 116 LPNs that are older than the assumed retirement age of 58 years, or 5.0 per cent of the LPN workforce. Figure 3 plots the expected LPN retirements in RHAs in each year to 2022 (non-cumulative).

Figure 3. Number of LPNs Reaching Age 58 by Calendar Year in RHAs, July 2013.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Licensure Year 2012/13, (As of July 12, 2013).

The number of LPNs in RHAs reaching age 58 maintains a linear pattern between 2013 and 2017, with peaks to 97 in 2018 and 103 in 2022. The linear trend shows that approximately six more LPNs will retire in each consecutive year.

Table 6 shows the number of LPNs reaching age 58 between 2013 and 2022 as a percentage of the LPN workforce.

Table 6. Number of LPNs Reaching Age 58 Between 2013 and 2022, July 2013.

RHA	Number of LPNs Reaching Age 58 Between 2013 and 2022	Number of LPNs	As a Percentage of Total LPNs
Eastern Health	394	1,186	33.2%
Central Health	153	469	32.6
Western Health	128	443	28.9
Labrador-Grenfell Health	39	163	23.9
Private/Other	23	160	14.4
Total	**737**	**2,421**	**30.4**

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Licensure Year 2012/13, (As of July 12, 2013).

30.4 per cent of the current LPN workforce will retire between 2013 and 2022, using the assumed retirement age of 58. Eastern Health is expected to lose the highest percentage of LPNs to retirement between 2013 and 2022 at 33.2 per cent.

LPN groups with specialized skill training show distinctive retirement patterns in Table 7, cumulative over the next 10 years.

Table 7. Number of LPNs Reaching Age 58 Between 2013 and 2022 with Specialized Skill Training, July 2013.

Specialized Skill Training[1]	Number of LPNs Reaching Age 58 Between 2013 and 2022	Total Number of LPNs	As a Percentage of LPNs
Gerontology	100	148	67.6%
Mental Health	92	155	59.4
OR Technician	20	43	46.5
Urology	1	5	20.0
Intramuscular Injections	796	2,227	35.7
Health Assessment	858	2,421	35.4
Intravenous Therapy	858	2,421	35.4
Medication Administration	858	2,421	35.4
SC Injections	858	2,421	35.4
Immunizations	433	1,343	32.2
ID Injections	508	1,580	32.2
Foot Care	190	1,273	14.9

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Licensure Year 2012/13 (As of July 12, 2013).

Notes:

1. See Section 3.2 Continuing Education for descriptions of programs
2. The majority of LPNs retiring before 2015 with medication administration received this education as a post-basic continuing education course from the Centre for Nursing Studies (CNS). Medication administration, as a core component of a PN Program, was not introduced until 1996, and few graduates from the 1996 program and later programs are anticipated to retire before 2015. LPNs that obtained education in medication administration as part of their core curriculum or as a post-basic course in an out-of-province location are minimum.
3. All LPNs were required to have successfully completed approved courses in medication administration and health assessment to be eligible for licensure effective April 1, 2012.

Table 8 shows the percentage of LPNs reaching age 58 between 2013 and 2022, by place of employment.

Table 8. Number of LPNs Reaching Age 58 Between 2013 and 2022 by Place of Employment, July 2013.

Place of Employment	Number of LPNs Reaching Age 58 Between 2013 and 2022	Number of LPNs	As a Percentage of Total LPNs
Nursing Home / Long-Term Care	350	1,228	50.7%
Hospital	321	913	37.7
Community Health / Health Centre	50	216	8.9
Other	16	64	2.6
Total	**737**	**2,421**	**100%**

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Licensure Year 2012/13 (As of July 12, 2013).

50.7 per cent of LPNs working in nursing home/long-term care and 37.7 per cent of LPNs working in hospitals will reach the age of 58 between 2013 and 2022.

3.0 Education

"The mission of the Practical Nursing (PN) Program is to prepare caring and professional practical nurses to practice in a wellness-oriented, client-focused and consumer sensitive health care system."[5] In September 2004, the program was extended from 12 months to 16 months, which provided additional clinical time to achieve proficiency in medication administration, as well as practice other clinical skills taught throughout the program.[5]

The PN program is offered through the Centre for Nursing Studies (CNS) as the parent institution, and brokered by CNS to different College of the North Atlantic (CNA) sites throughout the province based on established human resource need and approval from the CLPNNL. The CNS monitors offerings of the PN Program to ensure delivery is in accordance with established standards and criteria of the CLPNNL.

All graduates of PN Programs in Canada (with the exception of Quebec graduates) are required to write the national Canadian Practical Nurses Registration Examination (CPNRE). Due to program changes over the last 15 years, there are considerable differences in competency levels within the current LPN workforce. These differences create challenges in implementing scope of practice initiatives aimed at giving LPNs additional responsibility.

3.1 Applicants, Enrolments, and Graduates.

Students who enrolled in the program in September 2012 graduated in December 2013. A summary of PN graduates since 1988/89 is given in Table 9.

Table 9. Summary of PN Graduates in NL, 1988/89 to 2012/13.

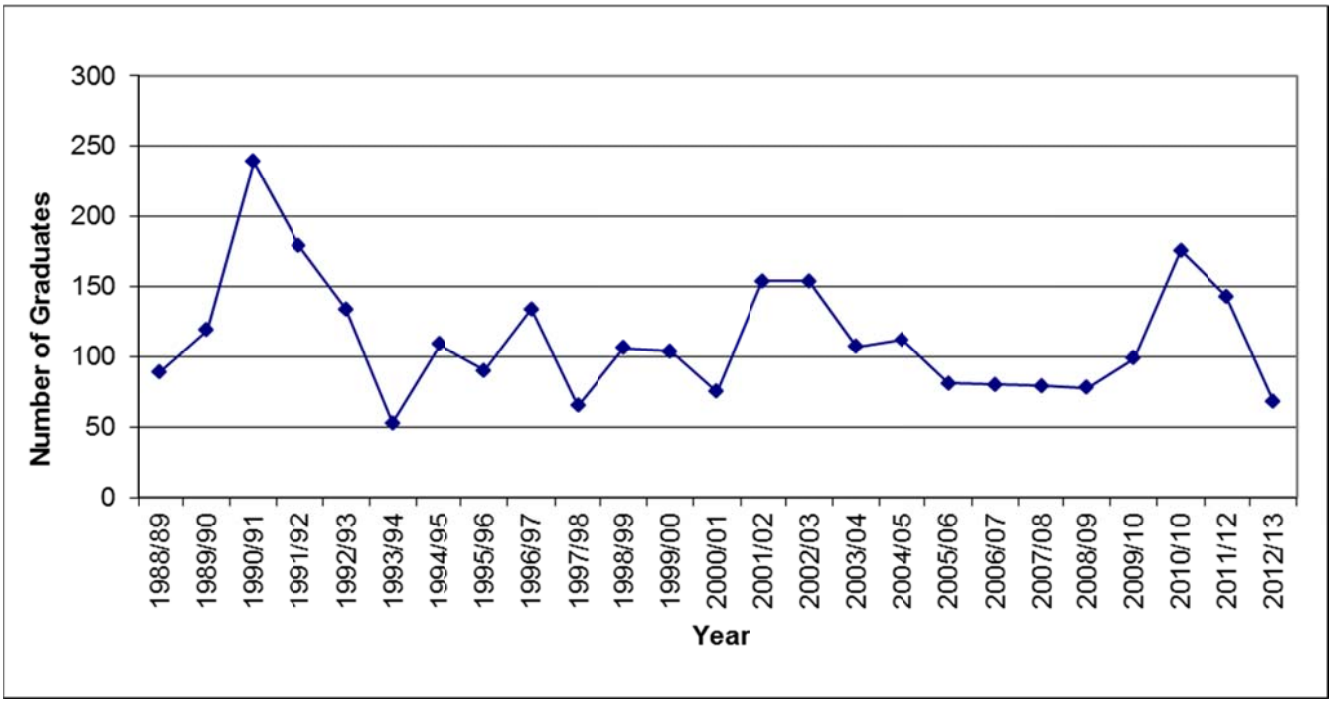
Fiscal Year of Enrollment	St. John's (CNA)[1]	St. John's (CNS)	Carbonear (CNA)	Burin (CNA)	Bonavista (CNA)	Placentia (CNA)	Springdale (CNA)	Grand Falls (CNA)	Gander (CNA)	Baie Verte (CNA)	Corner Brook (CNA)	Corner Brook (WRSON)[2]	Stephenville (CNA)	Goose Bay (CNA)	St. Anthony (CNA)	Clarenville	Bay St. George	Total Graduates
1988/89	63												26					**89**
1989/90	66		19		13								21					**119**
1990/91	128		20			20	17		17		19				18			**239**
1991/92	112				14				18		18				17			**179**
1992/93	68			47											19			**134**
1993/94	35														18			**53**
1994/95	89									20								**109**
1995/96	63														27			**90**
1996/97	71						24		17		22							**134**
1997/98		46									19							**65**
1998/99		55						23				28						**106**
1999/00		51							24			29						**104**
2000/01		53						22										**75**
2001/02		54						20	36			29		15				**154**
2002/03		66						21	24		29			14				**154**
2003/04		54						24			29							**107**
2004/05		61						21			30							**112**
2005/06		30						21			30							**81**
2006/07		30						23			27							**80**
2007/08		33						19			27							**79**
2008/09		30						23			25							**78**
2009/10		46						20			33							**99**
2010/11		46		13				26			32		25	13		21		**176**
2011/12		39		12				22			26			12	15	10	**7**	**143**
2012/13		38						14			11					5		**68**
Average	**77.2**	**45.8**	**19.5**	**24.0**	**13.5**	**20.0**	**20.5**	**21.4**	**22.7**	**20.0**	**25.1**	**28.7**	**24.0**	**13.5**	**19.0**	**15.5**	**7.0**	**113.0**

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, 1988/89 to 2012/13.

Notes:
1. CNA – College of the North Atlantic is indicated after several locations; however, the name of the institution was different for earlier offerings of the program.
2. WRSON – Western Regional School of Nursing.

The average number of graduates over the last 10 years is 102 per year, with a range of 68 to 176. The number of graduates is shown graphically in Figure 4.

Figure 4. Summary of PN Graduates in NL 1988/89 to 2012/13.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, 1988/89 to 2012/13.

The PN Program normally has more applicants than available seats overall; however, rural sites may have problems filling seats with qualified applicants. The number of enrolments, graduates, and attrition from 2005/06 to 2012/13 are shown in Table 10.

Table 10. Count of Enrolments, Graduates and Attrition from NL Schools, 2005/06 to 2012/13.

Year	Enrolments			Graduates			Attrition			Attrition Rate (Attrition ÷ Enrolments)		
	CNS	CNA	Total	CNS	CNA	Total	CNS	CNA	Total	CNS	CNA	Total
2005/06	40	61	**101**	30	51	**81**	10	10	**20**	25%	16%	**20%**
2006/07	41	60	**101**	30	50	**80**	11	10	**21**	27	17	**21**
2007/08	40	60	**100**	33	46	**79**	7	14	**21**	18	23	**21**
2008/09	43	58	**101**	30	48	**78**	13	10	**23**	30	17	**23**
2009/10	56	68	**124**	46	53	**99**	10	15	**25**	18	22	**20**
2010/11	59	140	**199**	46	130	**176**	13	10	**23**	22	7	**12**
2011/12	52	165	**217**	39	104	**143**	13	61	**74**	25	37	**34**
2012/13	45	65	**110**	38	30	**68**	7	35	**42**	16	54	**38**
Average	**47**	**85**	**132**	**36**	**64**	**101**	**11**	**21**	**31**	**22%**	**24%**	**24%**

Source: Centre for Nursing Studies, Licensure Database, (2013); College of the North Atlantic, Licensure Database, (2013).

The average attrition rate between 2005/06 to 2012/13 is 24 per cent.

There are 3.5 full time equivalent positions at CNS including the program coordinator, classroom faculty, laboratory faculty and clinical instructors. Additional faculty are hired as needed to teach lab and clinical experiences. This varies with the number of students. Faculty members at the CNS

teach the PN Program, continuing education, and Bachelor of Nursing (BN) Collaborative Program courses, and faculty members alternate between classroom and laboratory faculty in different semesters. CNA brokered sites have a combined total of 36 faculty positions dedicated to the PN Program. All CNA brokered sites provide PN students with access to all CNA services including: Student Development Officers, Guidance Counselors, Coordinators of Disability Services and Learner Services Offices, and other general services.

3.2 Continuing Education

Continuing education programs allow LPNs to increase their knowledge and skills to advance overall job performance and meet employer requirements. CNS offers LPNs a variety of continuing education opportunities. Most LPNs choose to study at CNS but others may avail of similar programs from educational institutions outside NL that are approved by the CLPNNL. Prior to the development of CNS programs, some employers offered continuing education courses based on workplace demand. For example, continuing education in mental health was accessible at the Waterford Hospital, a mental health facility, for many years before the current CNS program Post Basic Mental Health Program was developed. The General Hospital Corporation offered courses in gerontology, urology, and operating room technician as well as others. These programs are now available through CNS.

In order to identify and meet the continuing education needs of LPNs and employers, CNS administers an employer needs assessment every five years, with the most recent taking place in fall 2012. (Sharon Fitzgerald, CNS, personal communication, July 2013). Through these assessments, employers examine existing educational programs, prospective program offerings are examined, and recommendations are made to CNS. The 2012 assessment noted that 11.8 per cent of LPNs who responded were unaware that CNS offers a variety of continuing education courses for RNs and LPNs; 40 per cent of respondents were unaware that all of the continuing education courses offered by CNS are available using distance education.

As of April 1, 2012, licensure requirements for LPNs include health assessment and medication administration courses. Nationally, most jurisdictions have included, or are in the process of including, selected health assessment and medical administration competencies for LPN licensure. There were many LPNs in NL that did not have this education, as medication administration was only incorporated into the curriculum of the PN program in 1996/97 and health assessment in 2001/02.

The provincial government provided $1.6 million to RHAs to support the cost of LPNs completing the required health assessment and medical administration courses. CNS worked closely with RHAs and CLPNNL to ensure these education courses were offered to meet the demand of LPNs that required the courses. LPNs employed in RHAs that were not eligible for licensure as a LPN after April 1, 2012 were required to work in another capacity, such as a personal care attendant (PCA), if they chose to continue working in RHAs.

Table 11 shows details of the continuing education programs and course offerings and is followed by general descriptions of each.

Table 11. Continuing Educational Programs and Courses Offered by CNS.

Program	Started	Duration	Location	Total Graduates to Date	Capacity
Re-Entry Program	1998	Max. 1 year	CNS- Distance Program	118	On Demand
Medication Administration	2000	16-18 weeks	All RHAs	983	On Demand
Health Assessment	2005	13 weeks	CNS- Distance Program	1,322	On Demand
Post-Basic Gerontology	2002	1 year	CNS- Distance Program	66	On Demand
Post-Basic Mental Health	2002	1 year	CNS- Distance Program	97	On Demand
Perioperative Nursing Course	2003	1 year	CNS- Distance Program	38	10
Advanced Foot Care for Nurses	1997	2 days	CNS	179	10
Competency Module: IV Therapy Blood & Blood Products	2001	1 month	All RHAs	40	On Demand
Competency Module: Immunizations	2008	1 month	All RHAs	156	On Demand
Competency Module: Intramuscular Injections	2002	1 month	All RHAs	216	On Demand
Competency Module: Intradermal Injections	2006	1 month	All RHAs	255	On Demand
Competency Module: Intravenous Medication Administration	2012	1 month	All RHAs	89	On Demand
Competency Module: Intravenous Initiation	2012	1 month	All RHAs	35	On Demand
Competency Module: Hypodermoclysis	2012	1 month	All RHAs	0	On Demand
Competency Module: Central Venous Access Device (CVAD)	2012	1 month	All RHAs	0	On Demand
Competency Module: Male/ Female Catheterization	2001	1-2 weeks	All RHAs	105	On Demand
Competency Module: Blood Glucose Monitoring	2001	1-2 weeks	All RHAs	34	On Demand
Competency Module: Gastrointestinal Tube Feeding and Nasogastric Suctioning	2001	1-2 weeks	All RHAs	238	On Demand
Competency Module: Oxygen Therapy and Oral Suctioning	2001	1-2 weeks	All RHAs	213	On Demand
Competency Module: Wound Care	2001	1-2 weeks	All RHAs	99	On Demand
LPN to BN Bridging Program	2008	6 weeks	MUN/CNS	79	16

Source: Centre for Nursing Studies, CNS Continuing Education Course Offerings, 2013.

Re-Entry Program

The Re-Entry Program is designed to allow the PNs who have not worked in the last five years the opportunity to re-apply for licensure. Students can complete the program at their own pace over a maximum one-year period.[3] The LPN Re-Entry Program was developed by CNS and consists of 11 self-paced theoretical modules, a 2-day clinical skills lab and 156 hours of preceptored clinical practice. The theoretical component of the program is offered using print-based materials via distance delivery. The clinical skills lab component must be completed on site at CNS.

Medication Administration

The Medication Administration Course was developed to enhance performance and competency of graduates, resulting in comparable competencies across provincial and national benchmarks. Students in the 1997 class were the first graduates in NL to obtain this competency in theory at the "Performed" level. The term "Performed" means "the competency has been taught at the theory, laboratory and clinical levels. The learner demonstrated knowledge of the skill and performed it satisfactorily with supervision."[11] Although, graduates were able to practice at the "Performed" level, they had not received the clinical experience needed to practice at the "Proficient" level due to the difficulties of employers in meeting teaching requirements. The term "Proficient" means "the learner has demonstrated knowledge of the competency and performed it satisfactorily without supervision."[11] As a result, in 2005, the PN Program was expanded to 16 months in total, allowing students to gain the experience in medication administration needed to practice proficiently in the workplace upon graduation.

Presently, the Medication Administration Course consists of twenty self-learning theoretical components, a five-day lab, and five days of clinical experience. As per the PN Program, the clinical component of the Medical Administration Course has been increased to enable LPNs completing the course to be brought to the "Proficient" level. Laboratory exercises and clinical experience are completed in a preceptored environment within each RHA; the responsibility is on RHAs to bring their LPNs to proficiency and a certificate cannot be awarded until proficiency requirements are met.[3] Preceptorship is used effectively in many of the CNS educational programs. Since 2000, there have been 983 graduates in total.

Health Assessment

The Health Assessment Course, which began in September of 2005, delivers the necessary knowledge and skills to LPNs to allow them to assess adult clients using appropriate health assessment skills. This 13-week distance education course consists of 10 self-learning modules, three lab sessions, as well as a clinical component. Learners are encouraged to have contact with course facilitators to increase chances of success with this course. This program is offered in September and January; 1,322 LPNs have graduated to date.

Post-Basic Gerontology

The Post-Basic Gerontology Course is designed to enable LPNs to increase their knowledge and practice expertise to care for older persons in all health and health care environments. This program consists of five distance education self-learning modules and a clinical component, which is based on

the experience level of each individual learner. Learners can pace their study over a maximum one-year period.[3] Since the start of this course in October of 2002, 66 students have completed the course.

Post-Basic Mental Health

The Post-Basic Mental Health Course is designed to provide LPNs the necessary knowledge and practice expertise to care for clients who have mental health and psychiatric problems in a variety of health care settings. This is a distance education program, offered on the basis of demand. It involves nine self-learning modules and a clinical component based on the learner's experience level. Learners can complete the program at their own pace over a one-year period.[3] The program, which began in September of 2002, has had 97 graduates.

Perioperative Nursing

The Perioperative Nursing Course is also known as the Operating Room Technician Program. The program, which began in October of 2003, was designed to allow LPNs the opportunity to gain the knowledge and skills necessary to care for patients in the operating room setting. The program is offered based on employer demand and allows the learner to complete it over a maximum one-year period**.**[3] It involves self-learning modules, lab components and a clinical experience in a perioperative setting. To date, this workshop has been successfully completed by 38 students.

Advanced Foot Care for Nurses

The Foot Care Workshop is a two day workshop that was introduced in 1997 to train LPNs to perform basic non-invasive foot care techniques. This program involves several self-learning modules as well as hands on demonstrations.[3] To date, this workshop has been successfully completed by 179 students.

Competency Modules

Self-learning competency modules have been developed to enhance LPN scope of practice in response to RHA needs. RHAs purchase modules for LPNs who graduated from programs that did not contain these competencies. Furthermore, RHAs are responsible for supervising and testing of learner competencies.

LPN Bridging to BN Bridging Program

The LPN Bridging Program allows LPNs to enter into Year 2 of the Bachelor of Nursing (BN) Collaborative Program. It grants 25 unspecified nursing credit hours from previous experience and for successfully completing a Bridging Semester. The Bridging Semester also includes non-nursing credits that are a prerequisite for Year 2 of the BN (Collaborative) Program.[3]

As previously stated, CNS is the principal source of continuing education programs for LPNs in NL, though LPNs may obtain continuing education programs from other sources or from their core PN Program. To date, 79 students have successfully completed this program.

4.0 Employment Trends

4.1 Employment Status

Present employment status is indicated on the CLPNNL licensure form as follows:

1. Permanent Full-Time (PFT) – typically 75 hours biweekly
2. Permanent Part-Time (PPT) – typically 37.5 hours biweekly
3. Temporary Full-Time (TFT) – for example, maternity leave replacement positions
4. Temporary Part-Time (TPT)

Categories 3 and 4 above include scheduled and unscheduled employment such as day-to-day recall; blocked-in temporary work (e.g. one-month sick leave replacement); and applying and accepting a position for a specified period of time (e.g. maternity leave). Employees under the temporary designation cannot partake in the RHA group insurance plan unless a four-month consecutive work period is anticipated in the immediate future. Temporary employees collect earned benefits such as annual leave and sick leave on a prorated basis. LPN employment status trends are shown in Table 12.

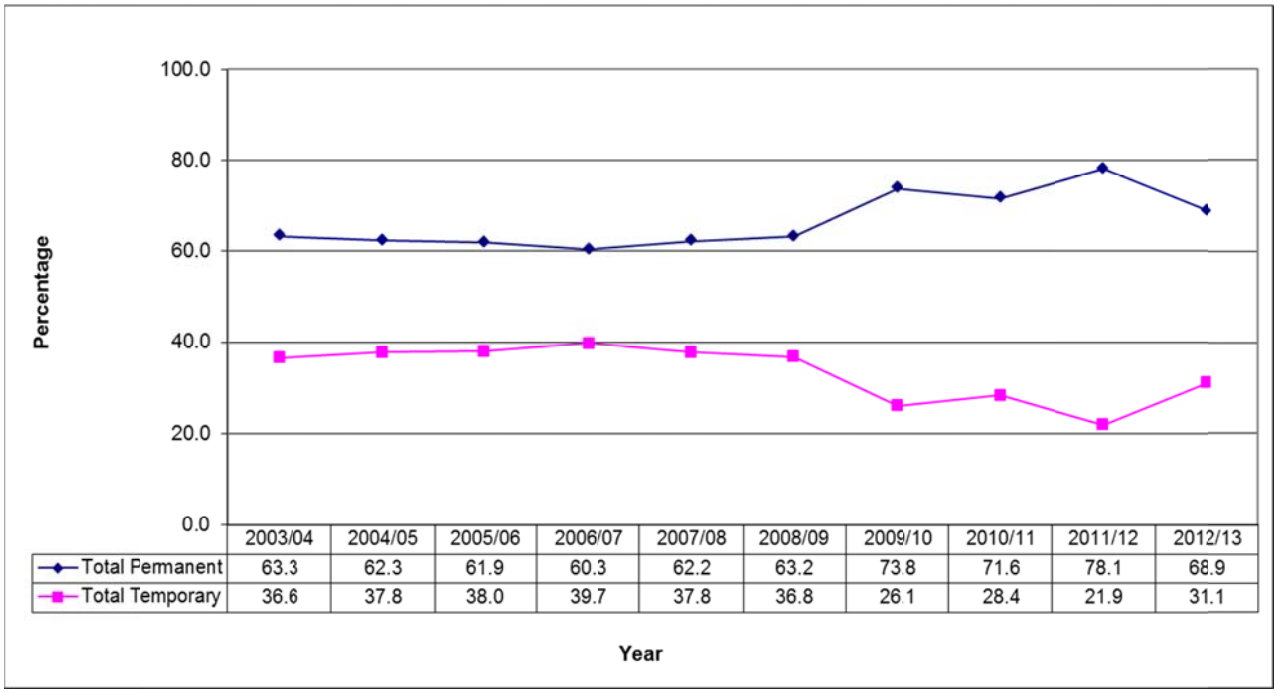
Table 12. Practicing LPNs by Employment Status in NL, 1988/89 to 2012/13.

Fiscal Year	Total # LPNs Registered	Total # Practicing LPNs	Practicing LPNs							
			PFT		PPT		TFT		TPT	
			#	%[1]	#	%	#	%	#	%
1988/89	2,566	2,402	1,621	**67.5%**	126	**5.2%**	221	**9.2%**	434	**18.1%**
1989/90	2,659	2,476	1,739	**70.2**	113	**4.6**	218	**8.8**	406	**16.4**
1990/91	2,848	2,607	1,732	**66.4**	117	**4.5**	273	**10.5**	485	**18.6**
1991/92	2,810	2,449	1,558	**63.6**	108	**4.4**	255	**10.4**	528	**21.6**
1992/93	2,817	2,504	1,531	**61.1**	114	**4.6**	234	**9.3**	625	**25.0**
1993/94	2,751	2,511	1,530	**60.9**	103	**4.1**	210	**8.4**	668	**26.6**
1994/95	2,853	2,634	1,611	**61.2**	118	**4.5**	252	**9.6**	653	**24.8**
1995/96	2,833	2,627	1,598	**60.8**	109	**4.1**	265	**10.1**	655	**24.9**
1996/97	2,838	2,611	1,540	**59.0**	106	**4.1**	245	**9.4**	720	**27.6**
1997/98	2,797	2,620	1,503	**57.4**	114	**4.4**	239	**9.1**	764	**29.2**
1998/99	2,809	2,692	1,561	**58.0**	107	**4.0**	286	**10.6**	738	**27.4**
1999/00	2,859	2,780	1,589	**57.2**	104	**3.7**	305	**11.0**	782	**28.1**
2000/01	2,905	2,869	1,624	**56.6**	140	**4.9**	322	**11.2**	783	**27.3**
2001/02	2,912	2,832	1,745	**61.6**	85	**3.0**	781	**27.6**	221	**7.8**
2002/03	2,940	2,847	1,671	**58.7**	149	**5.2**	673	**23.6**	354	**12.4**
2003/04	2,893	2,814	1,625	**57.7**	158	**5.6**	592	**21.0**	439	**15.6**
2004/05	2,875	2,763	1,558	**56.4**	163	**5.9**	568	**20.6**	474	**17.2**
2005/06	2,863	2,735	1,512	**55.3**	181	**6.6**	521	**19.0**	521	**19.0**
2006/07	2,762	2,668	1,437	**53.9**	172	**6.4**	483	**18.1**	576	**21.6**
2007/08	2,737	2,554	1,436	**56.2**	152	**6.0**	426	**16.7**	540	**21.1**
2008/09	2,689	2,640	1,516	**57.4**	153	**5.8**	503	**19.1**	468	**17.7**
2009/10	2,680	2,419	1,669	**69.0**	117	**4.8**	366	**15.1**	267	**11.0**
2010/11	2,703	2,657	1,778	**66.9**	124	**4.7**	429	**16.1**	326	**12.3**
2011/12	2,685	2,334	1,702	**72.9**	121	**5.2**	430	**18.4**	81	**3.5**
2012/13	2,421	2,336	1,509	**64.6**	101	**4.3**	366	**15.7**	360	**15.4**

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Licensure Year, 1988/89 to 2012/13.

Since 1988/89, the percentage of permanent full-time LPNs has declined by 2.9 per cent, while the percentage of temporary full-time LPNs has increased by 6.5 per cent. Data since 2007/08 shows that the number of LPNs with temporary employment is decreasing and the level of permanent employment is increasing, although not consistent from year to year. Permanent and temporary trends in LPN employment over the past 10 years are illustrated in Figure 5.

Figure 5. Practicing LPNs by Employment Status in NL, 2003/04 to 2012/13.



	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Total Permanent	63.3	62.3	61.9	60.3	62.2	63.2	73.8	71.6	78.1	68.9
Total Temporary	36.6	37.8	38.0	39.7	37.8	36.8	26.1	28.4	21.9	31.1

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Licensure Year, 2003/04 to 2012/13.

Table 13 shows the percentage of practicing LPNs by employment hours in Canadian jurisdictions. Caution should be used when interpreting the table as definitions for full-time and part-time may vary across jurisdictions.

Table 13. Practicing LPNs by Employment Hours in Canada, 2012.

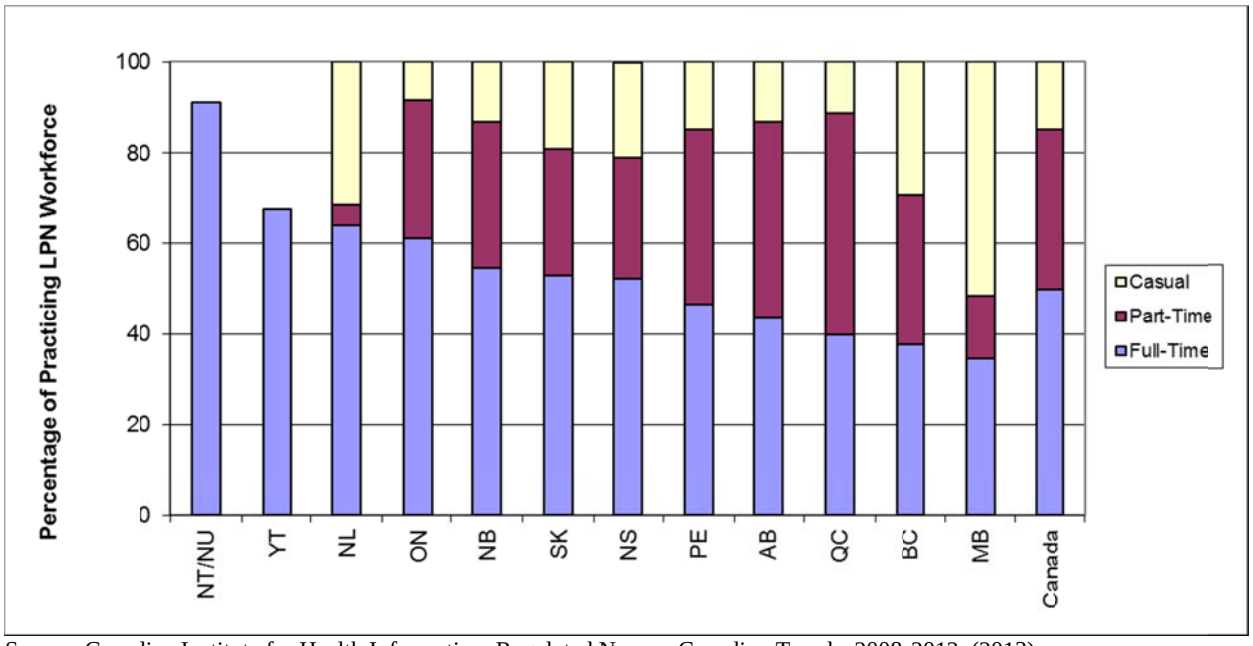
Jurisdiction	Full-Time	Part-Time	Casual[1]
NT/NU	91.2%	*	*
YT	67.4	*	*
NL	63.9	4.5%	31.6%
ON	61.0	30.7	8.3
NB	54.5	32.3	13.2
SK	52.8	28.0	19.2
NS	52.2	26.7	21.0
PE	46.5	38.7	14.9
AB	43.5	43.3	13.2
QC	39.8	48.9	11.3
BC	37.7	33.0	29.3
MB	34.5	13.8	51.8
Canada	**49.8**	**35.4**	**14.8**

Source: Canadian Institute for Health Information. Regulated Nurses: Canadian Trends, 2008-2012. (2013).

Notes:
1. "Casual" is defined as "temporary" in NL collective agreements.
2. * Value suppressed by CIHI to ensure confidentiality.

The table shows that NL currently has the third highest percentage (63.9 per cent) of LPNs employed full-time behind the Territories. The national picture is shown graphically in Figure 6.

Figure 6. Practicing LPNs by Employment Status in Canada, 2012



Source: Canadian Institute for Health Information. Regulated Nurses: Canadian Trends, 2008-2012. (2013).

Notes:
1. "Casual" is defined as "temporary" in our collective agreements.

LPNs employed on a casual (temporary) or part-time basis represent a considerable resource that could be accessed in times of elevated demand.

4.2 Employer Types

In 2001/02, CLPNNL changed the categories of place of employment to be consistent with CIHI data. Rehabilitation data is now included in long-term care and nursing home data; hospital and mental health statistics are also combined. All remaining organizations are contained under the group heading "Other." Data summarized by place of employment is shown in Table 14.

Table 14. Practicing LPNs by Place of Employment in NL, 1988/89 to 2012/13.

Fiscal Year	Long-Term Care / Nursing Home	Hospitals	Other
1988/89	41.4%	54.8%	3.8%
1989/90	42.6	53.9	3.5
1990/91	45.3	50.7	4.0
1991/92	46.9	48.9	4.2
1992/93	48.5	47.2	4.3
1993/94	50.0	45.0	5.0
1994/95	50.2	45.1	4.7
1995/96	51.2	44.0	4.8
1996/97	52.0	43.4	4.6
1997/98	52.5	43.3	4.2
1998/99	52.1	44.3	3.6
1999/00	51.8	45.2	3.0
2000/01	51.4	45.7	2.9
2001/02	51.9	45.5	2.6
2002/03	52.6	44.1	3.3
2003/04	53.7	42.9	3.4
2004/05	54.2	42.2	3.6
2005/06	55.0	41.8	3.0
2006/07	52.5	41.2	6.3
2007/08	51.1	42.9	6.0
2008/09	53.0	40.4	6.6
2009/10	51.0	42.1	6.9
2010/11	50.0	42.0	5.0
2011/12	49.5	39.9	10.6
2012/13	50.7	37.7	11.6
Change Since 1988/89	**9.3**	**-17.1**	**7.8**

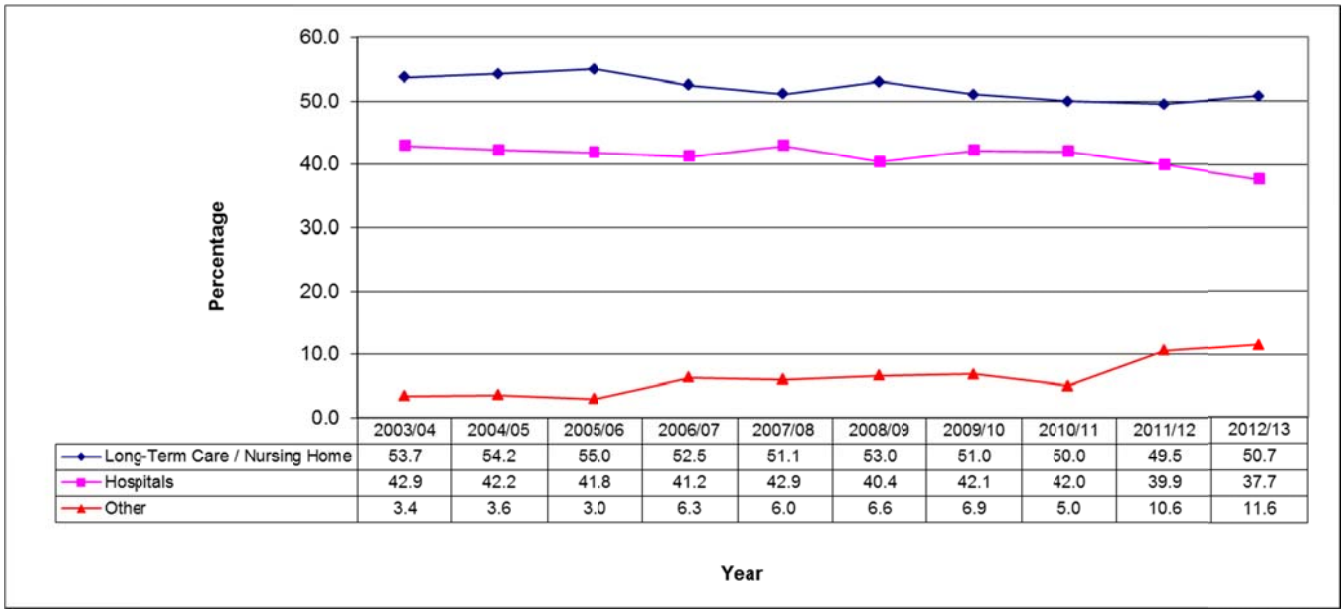
Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, 1988/89 to 2012/13.

In the NL health system, many hospitals have "long-term care" or "nursing home" units. Place of employment data is self-reported, and it is uncertain whether LPNs employed in these units report working in a hospital, long-term care or nursing home setting. For this reason, caution should be noted when interpreting the data.

The largest percentage distribution of LPNs by place of employment is long-term care/nursing homes at 50.7 per cent. 9.3 per cent more of the LPN workforce is working in long-term care/nursing homes in 2012/13 than was working in long-term care/nursing homes 25 years ago; 17.1 per cent less are working in hospitals.

Graphically, the trends for hospital, long-term care or nursing home, and other places of employment are shown in Figure 7.

Figure 7. Practicing LPNs by Place of Employment in NL, 2003/04 to 2012/13.



	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Long-Term Care / Nursing Home	53.7	54.2	55.0	52.5	51.1	53.0	51.0	50.0	49.5	50.7
Hospitals	42.9	42.2	41.8	41.2	42.9	40.4	42.1	42.0	39.9	37.7
Other	3.4	3.6	3.0	6.3	6.0	6.6	6.9	5.0	10.6	11.6

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, 2003/04 to 2012/13.

Between 2003/04 and 2012/13, the distribution of LPNs working in hospitals declined 5.2 per cent while the distribution of LPNs in long-term care or nursing homes decreased by 3.0 per cent. Trends show that, since 2003/04, more LPNs work in long-term care or nursing home settings than hospital settings.

Table 15. Practicing LPNs by Place of Employment in Canada, 2012.

	Place of Employment			
Jurisdiction	**Long-Term Care**	**Hospital**	**Community Health**	**Other**
YT	56.8	*	*	*
NL	52.3	42.1	3.8	1.9
BC	42.9	43.1	6.6	7.4
MB	42.4	38.7	12.1	6.8
NT/NU	39.6	*	*	*
NB	39.5	54.1	3.8	2.6
ON	38.1	42.5	11.3	8.1
QC	36.8	46.9	2.2	14.0
NS	35.4	48.7	13.0	2.9
PE	33.2	49.2	8.5	9.0
AB	24.7	42.1	23.6	9.5
SK	17.2	59.9	21.2	1.8
Canada	**36.7**	**44.8**	**9.6**	**8.9**

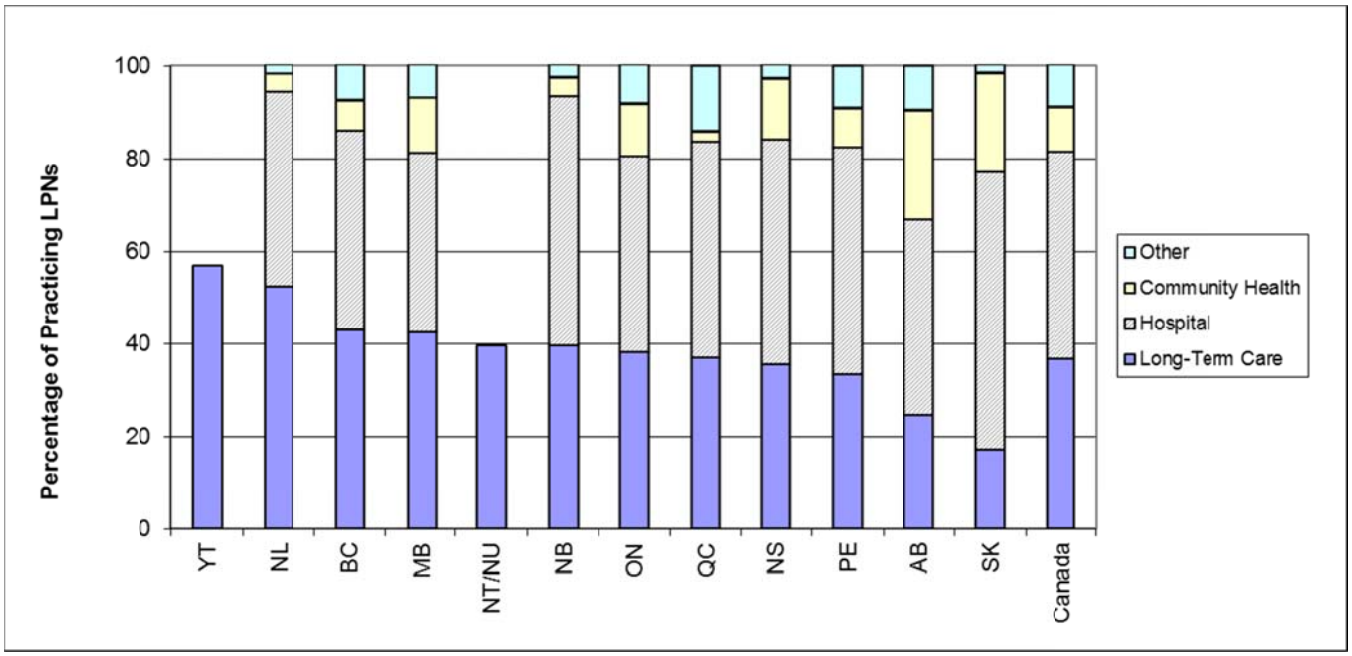
Source: Canadian Institute for Health Information. Regulated Nurses: Canadian Trends, 2008-2012. (2013).

Notes:

1. * Value suppressed by CIHI to ensure confidentiality.

The distribution of practicing LPNs by place of employment in Canada is as follows: long-term care (36.7 per cent); hospital (44.8 per cent); community health (9.6 per cent); and other (8.9 per cent). When compared to other Canadian jurisdictions, at 52.3 per cent, NL has the second highest percentage of practicing LPNs working in long-term care. Graphically, this data is shown in Figure 8 below.

Figure 8. Practicing LPNs by Place of Employment in Canada, 2012.



Source: Canadian Institute for Health Information. Regulated Nurses: Canadian Trends, 2008-2012. (2013).

Staff mix changes for long-term care facilities in NL have been ongoing since 2006 and are consistent with changes occurring across the country. RHAs are in various stages of implementing the recommended staff ratios to ensure patients receive high quality care while enabling staff to work to their full scope of practice. New staff mix ratios would result in more personal care attendants in long-term care settings and fewer RNs and LPNs. During the reporting period for this report, NL had one of the highest percentages of LPNs in long-term care settings amongst Canadian provinces.

Before the collection of CIHI data, the CLPNNL collected LPN primary area of responsibility data using eight categories. Table 16 contains the trends in LPN primary area of responsibility in NL using the eight categories used prior to CIHI data collection.

Table 16. Practicing LPNs by Prime Area of Responsibility in NL, 1988/89 to 2012/13.

Fiscal Year	Medicine	Surgery	Obstetrics	Paediatrics	Geriatrics	Psychiatry	Nursery	Other
1988/89	9.2%	7.2%	1.5%	3.3%	47.4%	7.5%	0.6%	22.9%
1989/90	9.7	6.8	1.2	2.8	48.4	6.8	0.5	23.4
1990/91	8.8	6.4	1.1	2.7	50.6	5.5	0.5	24.0
1991/92	8.5	6.3	0.9	2.7	52.6	5.1	0.5	22.9
1992/93	7.9	6.3	1.2	2.1	54.1	5.1	0.3	22.6
1993/94	7.5	6.1	1.1	1.9	55.5	4.8	0.3	22.5
1994/95	6.9	5.3	1.0	2.0	56.2	7.2	0.1	20.8
1995/96	6.2	4.8	0.9	1.9	57.5	7.2	0.0	21.1
1996/97	5.7	4.6	0.8	1.8	59.3	7.0	0.0	20.5
1997/98	5.6	4.5	0.5	1.7	59.0	7.0	0.0	21.2
1998/99	5.9	4.8	0.4	1.8	58.9	6.8	0.0	20.9
1999/00	6.1	4.9	0.5	1.7	62.5	7.2	0.0	16.7
2000/01	6.3	4.5	0.4	1.6	61.9	7.0	0.0	17.9
2001/02	9.6		0.0	0.0	55.9	6.2	0.3	28.0
2002/03	8.5		0.0	0.1	56.0	5.9	0.4	29.1
2003/04	8.6		0.0	0.0	57.3	5.9	0.4	27.8
2004/05	9.1		0.4	0.0	63.0	6.0	0.0	21.6
2005/06	8.7		0.3	0.0	63.3	5.9	0.0	21.8
2006/07	8.6		0.0	1.0	58.6	5.6	0.0	26.2
2007/08	9.2		0.4	0.0	57.5	5.6	0.0	27.3
2008/09	11.0		0.0	0.0	57.9	5.5	0.0	25.6
2009/10	1.7		0.0	0.0	58.3	6.1	0.0	26.9
2010/11	13.0		0.0	0.0	57.0	5.0	0.0	20.0
2011/12	13.1		0.7	0.7	56.7	5.6	0.0	23.2
2012/13	13.7		0.6	0.5	56.3	5.7	0.0	23.2
Change Since 1988/89	**-4.5**		**-0.9**	**-2.8**	**8.9**	**-1.8**	**-0.6**	**0.3**

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, 1988/89 to 2012/13.

Since 2000, CIHI instituted a new categorization method for collecting LPN data on area of responsibility. Therefore, mapping the prior CLPNNL categories into the new CIHI categories is complicated.

As of 2012, the percentage of LPNs working in "Direct Care" differed by jurisdiction with a national average of 97.5 per cent. NL had 99.5 per cent of its LPNs working in "Direct Care."[1]

Table 17 uses the new CIHI categories to show the NL LPN workforce in contrast to other jurisdictions by "Direct Care" area of responsibility.

Table 17. Practicing LPNs by Direct Care Area of Responsibility in Canada, 2012.

Jurisdiction	Geriatrics/ Long-Term Care	Medicine/Surgery	Psychiatry/Mental Health	Other Direct Care
NL	59.4%	13.3%	6.1%	21.2%
NT	56.0	9.9	*	*
YT	55.8	16.9	0.0	27.3
MB	52.1	18.3	1.2	28.4
QC	47.2	12.0	2.4	38.4
BC	43.6	31.7	*	*
ON	42.5	11.3	8.0	38.2
NS	42.4	26.3	6.2	25.1
NB	42.3	19.6	2.4	35.7
PE	34.4	22.0	10.6	33.0
SK	26.7	29.9	1.3	42.1
AB	24.9	19.3	2.6	53.2
Canada	**42.4**	**16.1**	**4.7**	**36.8**

Source: Canadian Institute for Health Information. Regulated Nurses: Canadian Trends, 2008-2012. (2013).

Notes:
1. * Value suppressed to ensure confidentiality by CIHI.

The majority of LPNs work in the geriatrics/long-term care and medicine/surgery areas of "Direct Care." NL has the highest number of "Direct Care" LPNs working in geriatrics/long-term care at 59.4 per cent, which is 17.0 per cent more than the Canadian average.

4.3 Wellness of Licensed Practical Nurses

There are numerous factors that determine LPN wellness, including sick leave and workplace injury leave. All lost-time hours are measured in terms of full-time equivalents (FTEs). A FTE is defined as the total earned hours divided by the "normal" hours in the same period (1950 annually). The total number of earned hours is the sum of worked hours and benefit hours.

Provincially, in fiscal 2012/13, the total number of FTEs lost due to illness and injury was 196 (112 for sick leave and 84 for injury leave). Injury leave is normally work-related injury. The Workplace Health, Safety and Compensation Commission of Newfoundland and Labrador (WHSCC) compensates employees for injuries obtained at the worksite under specific guidelines.

4.3.1 Sick Leave

In 2012/13, total sick leave for LPNs employed in RHAs was 112 FTEs or an average of 97 hours per LPN. Sick leave FTEs translate into 6.1 per cent of all LPN earned hours. LPN sick leave by RHA as a percentage of total FTEs is shown in Table 18.

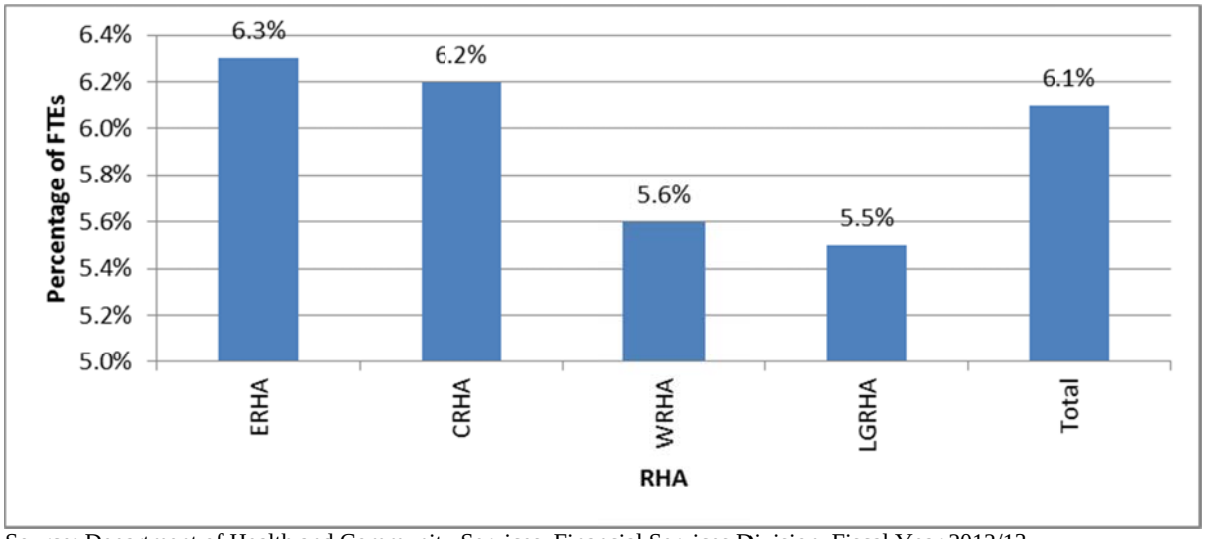
Table 18. LPN Sick Leave as a Percentage of LPN FTEs by RHA, 2012/13.

RHA	Sick Leave FTEs	Total FTEs	Sick Leave as a Percentage of Total FTEs
Eastern Health	61	976	6.3%
Central Health	24	388	6.2
Western Health	19	341	5.6
Labrador-Grenfell Health	8	145	5.5
Total	**112**	**1,850**	**6.1%**

Source: Department of Health and Community Services, Financial Services Division, Fiscal Year 2012/13.

Figure 9 shows sick leave for LPNs by RHA as a percentage of FTEs.

Figure 9. LPN Sick Leave as a Percentage of LPN FTEs by RHA, 2012/13.



Source: Department of Health and Community Services, Financial Services Division, Fiscal Year 2012/13.

4.3.2 Workplace Injury Leave

Workplace injury lost hour rates are higher in the LPN groups than any other health professional group. In 2012/13, total workplace injury leave for LPNs employed in RHAs was 84 FTEs or an average of 72 hours per LPN. Workplace injury leave FTEs translate into 4.5 per cent of all LPN earned hours. LPN injury leave by RHA as a percentage of total FTEs is presented in Table 19.

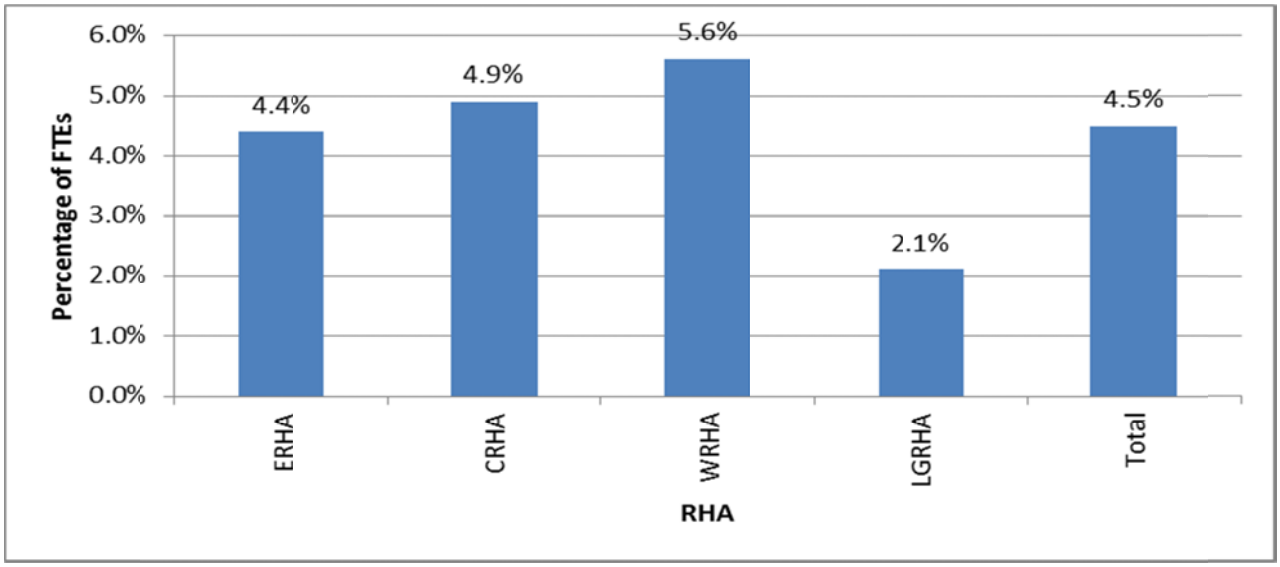
Table 19. LPN Injury Leave as a Percentage of LPN FTEs by RHA, 2012/13.

RHA	Injury Leave FTEs	Total FTEs	Injury Leave as a Percentage of Total FTEs
Eastern Health	43	976	4.4%
Central Health	19	388	4.9
Western Health	19	341	5.6
Labrador-Grenfell Health	3	145	2.1
Total	**84**	**1,850**	**4.5%**

Source: Department of Health and Community Services, Financial Services Division, Fiscal Year 2012/13.

Figure 10 shows injury leave for LPNs by RHA as a percentage of FTEs.

Figure 10. LPN Injury Leave as a Percentage of LPN FTEs by RHA, 2012/13.



Source: Department of Health and Community Services, Financial Services Division, Fiscal Year 2012/13.

A Provincial Injury Prevention Pilot Project in long-term care in RHAs is currently being implemented. The main objective of this project is to reduce lost-time incidents associated with resident handling by RNs, LPNs and PCAs in long term care, for 10 selected pilot sites. The highest rates of lost-time incidents in RHAs are in long term care, among these occupations.

5.0 Mobility of Licensed Practical Nurses

5.1 Migration

Data on inter-provincial and international migration is difficult to assess. Currently, the only indicator of migration is the number of verifications sent to other jurisdictions from CLPNNL, although a request for verification does not necessarily mean that an LPN will leave the province and may not be the only verification requested by that individual. When an LPN applies for licensure in another jurisdiction, the CLPNNL sends verifications to that jurisdiction at the LPN's request. Verifications confirm that an LPN is eligible for licensure in a jurisdiction, and has successfully completed the licensing exam. Graduates of the PN Program are eligible to obtain a temporary license to work until they receive their

outcome from the Canadian Practical Nurses Registration Exam. This period is usually mid-December until mid-February. Successful candidates are then eligible to obtain a permanent license to practice in the province. The number of verifications sent from the CLPNNL is given by jurisdiction in Table 20.

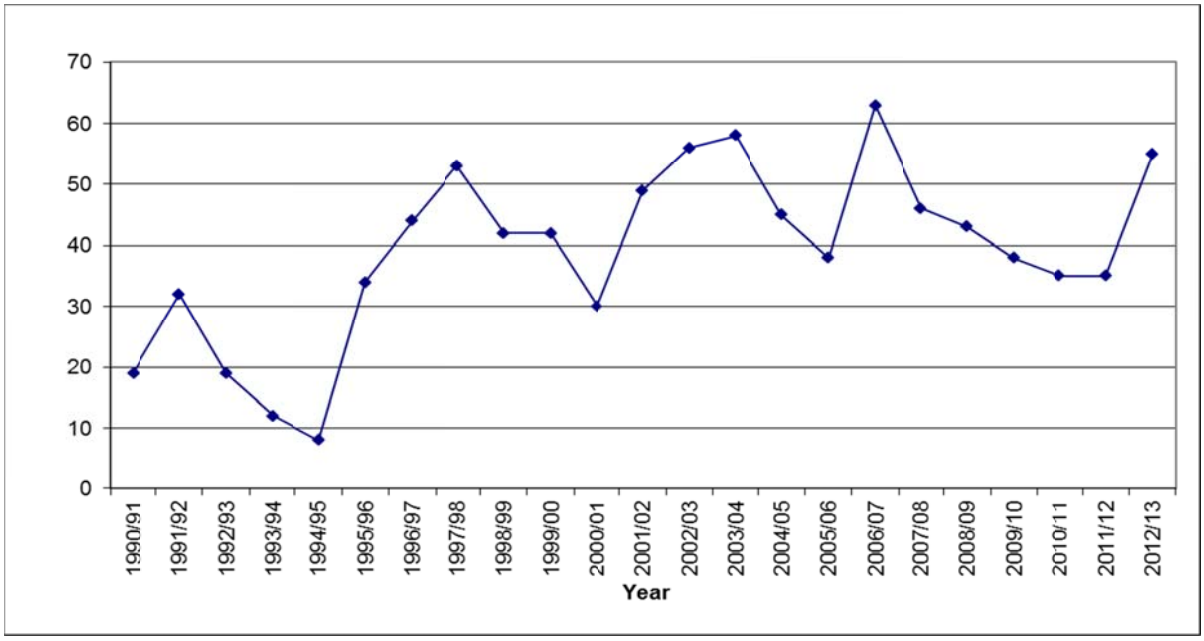
Table 20. Verifications Issued by CLPNNL to Other Jurisdictions, 1990/91 to 2012/13.

Fiscal Year	AB	ON	NS	BC	YT/NT	NB	SK	MB	PE	Other	Total
1990/91	4	13	-	-	-	-	-	1	-	1	**19**
1991/92	3	25	-	-	1	-	1	1	-	1	**32**
1992/93	5	8	3	1	1	-	1	-	-	-	**19**
1993/94	3	4	4	1	-	-	-	-	-	-	**12**
1994/95	4	2	1	1	-	-	-	-	-	-	**8**
1995/96	5	11	8	8	1	-	-	-	-	1	**34**
1996/97	9	11	10	6	3	3	1	-	1	-	**44**
1997/98	19	9	7	6	9	2	-	1	-	-	**53**
1998/99	16	11	4	6	2	-	1	1	1	-	**42**
1999/00	5	11	5	9	3	2	5	-	2	-	**42**
2000/01	7	7	7	3	1	3	1	1	-	-	**30**
2001/02	22	9	9	5	4	-	-	-	-	-	**49**
2002/03	9	13	13	9	3	4	1	-	2	2	**56**
2003/04	7	26	10	3	3	3	2	3	-	1	**58**
2004/05	12	16	10	1	3	1	-	1	-	1	**45**
2005/06	19	8	2	-	3	2	1	-	-	3	**38**
2006/07	41	2	6	6	6	2	-	-	-	-	**63**
2007/08	20	5	6	5	4	2	-	2	-	2	**46**
2008/09	14	6	13	2	4	2	-	2	-	-	**43**
2009/10	11	7	6	1	8	2	-	3	-	-	**38**
2010/11	18	4	5	-	1	1	-	1	-	5	**35**
2011/12	19	0	9	0	3	1	1	2	0	0	**35**
2012/13	15	10	6	1	15	4	1	3	0	0	**55**
Total	**287**	**218**	**144**	**74**	**78**	**34**	**16**	**22**	**6**	**17**	**896**
Average	**12.5**	**9.5**	**6.3**	**3.2**	**3.4**	**1.5**	**0.7**	**1.0**	**0.3**	**0.7**	**39.0**

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Licensure Year 2012/13 (2013)

Alberta, Ontario and Nova Scotia have the highest average number of verification requests, and collectively comprise 72.4 per cent of the total. Verifications are shown graphically in Figure 11.

Figure 11. Verifications Issued by CLPNNL, 1990/91 to 2012/13



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Licensure Year 2012/13 (2013).

The average number of verifications over the last two decades is 39.0 per year.

Starting in 2001/02, an annual lapsed membership survey was administered to LPNs who failed to renew their license. Survey results indicate the number of LPNs who did not renew their license, their reason for non-renewal, and their satisfaction with their employer and the CLPNNL.[9] Survey results from 2001/02 to 2012/13 are shown in Table 21.

Table 21. Results of Lapsed Membership Survey, 2001/02 to 2012/13.

Fiscal Year	Reason for Non-Renewal (Per Cent of Responses)						Total Returned / Indicated	Total Returned / Did Not Indicate	Did Not Return / Undeliverable	Total Number of Surveys Distributed
	Moved	Long-Term Sick Leave	Retired	Maternity Leave	New Job Not Requiring License	Other				
2001/02	28.8%	33.9%	15.3%	6.8%	6.8%	8.5%	**59**	42	62	163
2002/03	29.3	15.4	35.0	6.5	5.7	8.1	**123**	0	77	200
2003/04	29.0	15.1	31.2	4.3	7.5	12.9	**93**	0	82	175
2004/05	28.1	4.2	47.9	3.1	8.3	8.3	**96**	0	71	167
2005/06[1]	-	-	-	-	-	-	-	-	-	-
2006/07[1]	-	-	-	-	-	-	-	-	-	-
2007/08	10	9	37	9	2	4	**71**	**See note 2**		
2008/09	9	13	30	5	7	7	**71**			
2009/10	8	7	46	3	11	9	**84**			
2010/11	10	8	45	4	12	10	**89**	2	91	182
2011/12	20	4	26	3	5	320 [3]	**378**	3	46	427
2012/13	14	9	21	10	13	15	**82**	7	70	159

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Lapsed Membership Survey, 2001/02 to 2012/13.

Notes:

1. No surveys were conducted for 2005/06 and 2006/07.
2. The total number of surveys distributed was not recorded for the years 2007/08 to 2009/10.
3. As of April 2012, in order to continue practicing as an LPN in NL, two mandatory courses were required: medication administration and health assessment. LPNs that did not fulfill this requirement may have chosen to convert to a PCA position or retire, resulting in a significant increase in the number of lapsed LPN licenses in 2011-12.

It is difficult to determine if these trends are representative of the entire group of non-renewals. An LPN must work a minimum number of hours as an LPN to renew a license to practice. Without these hours, their license will expire and the LPN must complete a re-entry program. It is unknown whether LPNs whose licenses have lapsed for this reason will indicate "Other" as the reason for non-renewal, or simply not indicate an answer to the question.

CLPNNL has been collaborating with other regulating authorities across Canada for LPNs to achieve improved labour mobility. Jurisdictions have increased their understanding of the ways in which the occupation varies across the country, identifying barriers to worker mobility, and taking significant steps toward eliminating these barriers to accommodate each other's members. This agreement has established the conditions under which an LPN in one Canadian jurisdiction will have their qualifications recognized in another Canadian jurisdiction that is a party to the agreement. This is a requirement of the Labour Mobility Chapter of the Agreement on Internal Trade for all regulated professions.[12] The Mutual Recognition Agreement was completed in July 2001.

6.0 Conclusion

This report has analyzed a number of statistics regarding the LPN workforce in this province. It is key to note that this report only addresses demographics and supply information. It does not consider several other crucial factors that will have a significant impact on the future need for LPNs.

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