



Proposed Act Consultation Feedback Review

Theme	Legislation	Quotes from Feedback	Action and/or recommendation
French name of College	Act 3(1)	<p><i>Reconsidérer le titre de l` organisme de réglementation - le rôle de l` organsime est de régler la pratique infirmière plutôt que les soins infirmiers (qui est un domaine beaucoup plus large que la pratique infirmière et qui concerne plusieurs autres intervenants (règlementés et non règlementés):</i> <i>Ordre de la pratique infirmière du N.-B. (N.B. College of Nurse or Nursing Practice); pour assurer une conformité entre les titres, le titre de la Loi mériterait également d` être reconsidérée: Loi sur la pratique infirmière / Nurse Practice Act</i></p> <p><i>Should the French title be ‘soins infirmiers’ and not d’infirmiers et infirmières, similar to the French ACT name?</i></p>	<p>A subset of NANB staff and Board members met to review and discuss. Options for the name of the Act and College were proposed. The Board decided on:</p> <p>Ordre de la pratique infirmière du Nouveau-Brunswick (OPINB)</p> <p>Loi sur les infirmières et infirmiers</p>
Board Composition	Act 5(1-9) Bylaws 5.2, 5.3	<i>Il n-est pas mentionné quelle sera la composition des autres membres du conseil. Actuellement il y a une représentation infirmière par zone, élue par les pairs. La loi doit clarifier ceci.</i>	As indicated in the Bylaws section 5.1-5.3 in initial Board will be the Board at the time of the Act coming into force and within 9 months after the Act in force the bylaws for composition and election/appointment will be developed and subsequent Board will be in effect at 12 months.

		<p><i>The criteria or representation of the BOD was not shared in the documents. What is the new intent of director representation.</i></p>	<p>In keeping with best practices in regulation the future board will be a competency-based Board.</p>
<p>Board Composition- Public representation</p>	<p>Act 5(2)</p>	<p><i>No more than 33% members from the public, keeping it in line with other provincial regulatory bodies.</i></p> <p><i>I do not feel that 49% of the board membership being public align with other professional regulatory bodies such as the College of Physicians and Surgeons.</i></p> <p><i>I feel the public should represent no more than 33%.</i></p> <p><i>49% du publique es irréaliste car ils n'ont aucune connaissance de no problématique actuelle.</i></p>	<p>Concern was noted that the percentage of public representation on the Board is too high.</p> <p>A board of 33-49% is in keeping with best practice, however, it maintains the majority of the balance is with the registrant (nurse) directors. Given that it is proposed as a range the Board can keep, should they wish, representation of public at 33%.</p>
<p>Required publication of nurse place of work and work phone number</p>	<p>Act 14(1) b) and 14(4)(1)</p>	<p><i>Will there be more consideration given to the amount of information made public about the contact information, place of work, etc. that could have a potential safety risk to the registrant? From Paula Doucet, President NBNU.</i></p> <p><i>Why are work addresses published?</i></p>	<p>In general, most regulators have the same level of information available as NANB does currently. In Atlantic Canada NSCN and CRNNL <u>do not</u> have place of employment publicly available and CRNPEI and NANB <u>do</u>. Many other NB regulators also have work address available.</p> <p>This content has been moved to the bylaws thus increasing flexibility. The proposed bylaws now require that NPs and any RN with an expanded scope should have address available. RNs without an expanded scope will not have their place of employment publicly available.</p> <p>In addition, the proposed bylaws read that should an RN or NP not want their place of work public NANB can refuse</p>

			publication if there are safety or other reasons for such refusal. In addition, NANB does not publish addresses if employment address is also home address.
Allowing the LPN to use the title nurse	Act 42 (5)	<p><i>LPNs are nurses. This archaic legislation not allowing LPNs to be called a nurse is discriminatory and outright bullying. NB is the only province that does this. This legislation needs to change.</i></p> <p><i>LPNs are nurses and should be able to call themselves nurses. This needs to be amended. New Brunswick is the only province in Canada that does not recognize LPNs as nurses.</i></p> <p><i>Assurer que les IAA du Nouveau-Brunswick peuvent se considerer comme étant des “infirmières” comme le dit clairement notre designation, nos études et nos taches de travail.</i></p>	Overwhelming feedback was received to remove the barrier to allowing an LPN to use the title “nurse”. NB is the only Canadian jurisdiction currently with this restriction and it generates tension within the NB nursing profession.
Terms Sexual Abuse and Sexual misconduct	Act part VI 98(1)	<p><i>How do you differentiate sexual abuse over misconduct?</i></p> <p><i>A nurse can “sexually abuse” an individual who is not a client, but you have named it “sexual misconduct”.</i></p> <p><i>Quelle est la difference entre abus sexuel et inconduite sexuelle? Les deux devraient être sur le même pied.</i></p>	<p>The proposed Act defines Sexual Abuse as nurse-client and Sexual Misconduct as nurse-other. The description of the conduct, whether abuse or misconduct, itself is the same.</p> <p>The source of the existing wording in the Nurses Act regarding sexual abuse was added to a number of health professions’ governing legislation by way of An Act Respecting Health Professionals, S.N.B. c. 82 in 1996: SNB 1996, c 82 An Act Respecting Health Professionals CanLII.</p>

			<p>The GNB policy for amendments to legislation for private health disciplines require a definition of sexual abuse, requirements to report sexual abuse, and mandatory reporting to the Minister.</p> <p>The proposed Nursing Act meets the above requirements and exceeds them. For example, we have added the requirement to report another health professional who the nurse has reasonable grounds to believe has sexually abused a patient.</p>
Currency of Practice	Bylaws 17 Currency of practice	<p><i>How does the 450 hours in 3 years compare to other jurisdictions?</i></p> <p><i>450 heures de pratique n'est pas beaucoup.</i></p>	<p>Atlantic Jurisdictions: NSCN: RN/NP 320/5year CRNNL: RN 1125/5years or 450/2 years NP 900/3years CRNMPEI: RN and NP 450/3years</p> <p>Bylaws propose 450/3 years for RN and NP, however additional options were added to allow for increased flexibility.</p> <p>Recommendation: RN 450/3 years or 1125/5 years. NP 300/1 year or 450/3 years in “clinical practice”. This adds increased flexibility, and the NP 300/1 year is in keeping with our current requirement.</p>
Mandatory membership to Professional Association	Not in the Act/bylaws	<p><i>Quelle sera la différence entre l'Ordre et l'Association? Est-ce qu'il faudra payer les deux? Est-ce que la nouvelle association sera optionnelle?</i></p> <p><i>We need a professional association with mandatory membership written</i></p>	<p>Feedback on this topic was variable. In keeping with best practice in regulation and aligning with our nursing regulatory counterparts, the Board decided that membership to a separate association would not be made mandatory and that nurses would have the ability to choose association membership.</p>

		<i>into the Act. This will protect nurses, the profession, and help advocacy.</i>	<p>NANB's Board of Directors has paid an initial investment of \$40,000 to develop a business plan and secure legal counsel for the group of interested founding nurses establishing an Association.</p> <p>NANB's Board of Directors set aside financial assistance towards operations of the newly established Association in the amount of \$250,000, while also committing additional support over the first five-years in operation.</p>
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