

Licensed Practical Nurse Supply Report 2004/05 Newfoundland and Labrador

June 2006



**College of
Licensed
Practical
Nurses**
of Newfoundland
& Labrador



**GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR**
Department of Health and Community Services

Licensed Practical Nurse Supply Report 2004/05 Newfoundland and Labrador Prepared by:
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Executive Summary

The Licensed Practical Nurse (LPN) workforce in Newfoundland and Labrador (NL) is comprised of approximately 2875 individuals. The total number of LPNs has slowly increased over the last 15 years. NL has the highest proportion of LPNs per population (5.2 LPNs per 1000 population) and the highest proportion of LPNs to registered nurses (RNs) (5.0 LPNs per 10 RNs) in Canada.

In the last 10 years, there has been a dramatic increase in the number of LPNs age 40 years and older. At present, 69.8 per cent of the LPN population is at least 40 years old. The number of LPNs reaching age 58 annually (non-cumulative) decreases slightly between 2006 and 2011, but peaks rapidly at 108 LPNs in 2013. Cumulatively, 893 LPNs in regional health authorities (RHAs) are expected to reach the assumed age of retirement within the next 10 years, or approximately 33.1 per cent of the current RHA LPN workforce. Certain LPN groups, including operating room technicians and LPNs with mental health and gerontology post-basic education, are expected to turnover approximately 69.4 per cent, 37.4 per cent, and 37.1 per cent of their workforce respectively between 2006 and 2015.

The Practical Nursing (PN) Program in NL is a four-semester (16-month) diploma program including a consolidated clinical for proficiency in medication administration. In 2004/05, the Centre for Nursing Studies (CNS), as the designated parent institution for the PN Program, brokered the program to College of the North Atlantic sites in Corner Brook and Grand Falls – Windsor. The number of graduates per year varies in accordance with the number of brokered sites. In 2004/05, 113 students graduated from the PN Program in NL. The average number of graduates in the last five years is 117 per year, but graduate variability trends suggest a variation of plus or minus 30 graduates per year can be expected.

There has been a steady rise in the size of the temporary and casual workforce, from 26.4 per cent in 1988/89 to 36.2 per cent in 2004/05, an increase of 9.8 per cent. NL has the third highest proportion of full-time LPNs in Canada. The majority of LPNs, 54.2 per cent, work in long-term care or nursing home settings; approximately 42.2 per cent report employment in hospital settings.

Work patterns for LPNs show higher rates of absenteeism than other health professionals. In 2002/03, sick leave accounted for 7.2 per cent of all paid hours, while lost time due to workplace injury accounted for a further 4.9 per cent. Almost 280 FTEs were lost to illness and injury in 2002/03.

The net change in practicing LPNs depends on several factors including new graduate retention, out-of-province LPNs obtaining licensure for the first time in NL, and LPNs completing the Re-Entry Program. As well, LPNs leave the workforce for different reasons. The number of verifications provides some indication of the number of LPNs leaving the province, but the number is extremely variable. In 2004/05, 119 LPNs did not renew their licenses from the previous licensure year.

It is difficult to predict, with any certainty, future shortfalls (or surpluses) in the supply of LPNs due to the variability in the annual number of graduates and the net change in practicing licenses. Changes in the demand for LPNs, stemming from population needs and strategic plans for the delivery of health services, have not been considered in this report, but it is recognized that they may be substantial. Additionally, the role of unregulated workers in the delivery of health services has not been considered in this report.

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1.0 Introduction

1.1 Background

This document is the third iteration of a report initially released in December 2001. It was first updated in March 2003. This document provides data for fiscal years 2003/04 and 2004/05, derived from the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNL), the Canadian Institute for Health Information (CIHI), regional health authorities (RHA), and other regulating bodies and relevant reports.

1.2 Limitations

CIHI summarizes licensure data provided by the licensed practical nurse (LPN) regulatory bodies in Canada and produces 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. 2004), while CLPNL data is denoted using fiscal/licensure year terminology (i.e. 2004/05). Nunavut did not participate in the CIHI data collection process for 2004.

Readers are cautioned that certain tables reflect varying data collection periods. Retirements, Section 2.4 and Continuing Education, Section 3.2 contain point-in-time data obtained in January 2006, while Wellness of Licensed Practical Nurses, Section 4.3 contains data for 2002/03.

Finally, there are limitations associated with interpreting professional per population ratios in Licensed Practical Nurse to Population Ratios, Section 2.2. 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). Other workforce analyses should also be used to augment this data.

2.0 Workforce Attributes

2.1 Total Number of Licensed Practical Nurses

Workforce counts decrease slightly in 2004/05, with approximately 2875 LPNs licensed in NL. The total remained above 2900 LPNs from 2000/01 to 2002/03, but has decreased by 2.2 per cent in the last two years. The total number of LPNs in the province from 1988/89 to 2004/05 is given in Table 1.

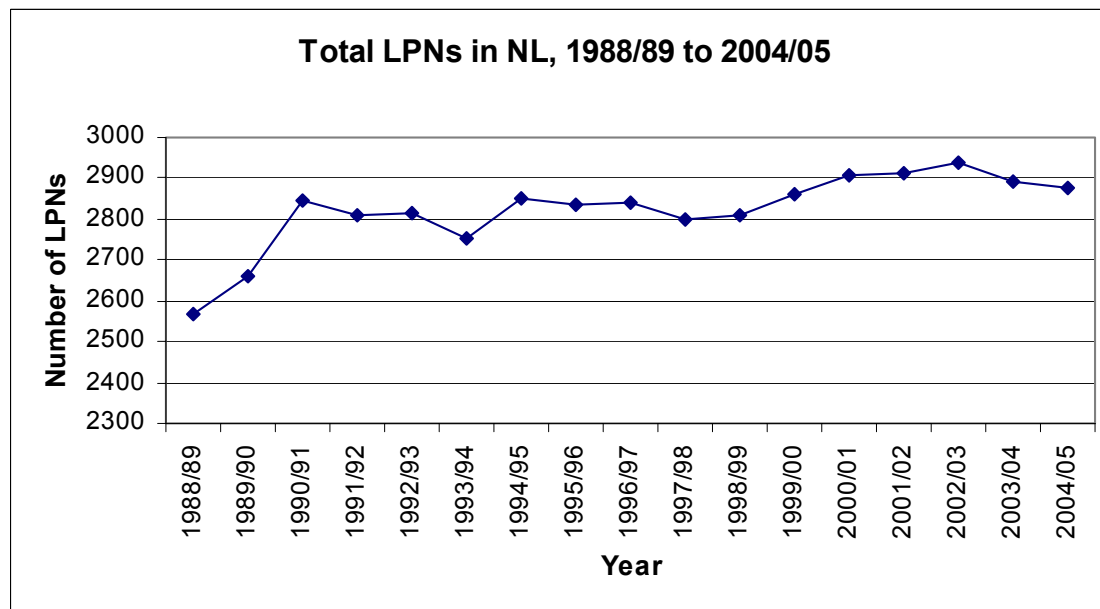
Table 1. Total LPNs in NL, 1988/89 to 2004/05.

Fiscal Year	Number of LPNs
1988/89	2566
1989/90	2659
1990/91	2848
1991/92	2810
1992/93	2817
1993/94	2751
1994/95	2853
1995/96	2833
1996/97	2838
1997/98	2797
1998/99	2809
1999/00	2859
2000/01	2905
2001/02	2912
2002/03	2940
2003/04	2893
2004/05	2875

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

Trends are shown graphically in Figure 1.

Figure 1. Total LPNs in NL, 1988/89 to 2004/05.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

The total number of LPNs increased by 15 percent between 1988/89 and 2002/03, but has since decreased to almost the same number of LPNs as were licensed 14 years ago in 1990/91.

2.2 Licensed Practical Nurse to Population Ratios

The number of LPNs per 1000 population compared to registered nurses (RNs) per 1000 population for all Canadian jurisdictions is given in Table 2.

Table 2. Practicing LPNs and RNs per 1000 Population Ratios, 2004.

Jurisdiction ¹	Number of Practicing LPNs	LPNs per 1000 Population ²	Number of Practicing RNs	RNs per 1000 Population	LPNs per 10 RNs
NL	2,710	5.2	5,452	10.5	5.0
PE	628	4.6	1,377	10.0	4.6
NB	2,556	3.4	7,361	9.8	3.5
NS	3,058	3.3	8,602	9.2	3.6
SK	2,131	2.1	8,499	8.5	2.5
NT	91	2.1	930	12.9	n/a ³
MB	2,415	2.1	10,628	9.1	2.3
QC	15,472	2.0	63,455	8.4	2.4
ON	24,467	2.0	86,099	6.9	2.8
YK	53	1.7	283	9.2	1.9
AB	5,051	1.6	25,600	8.0	2.0
BC	4,811	1.1	28,289	6.7	1.7
Total	63,443	2.0	246,575	7.7	2.6

Sources: Canadian Institute for Health Information, *Workforce Trends of Licensed Practical Nurses in Canada 2004*, (2005); Canadian Institute for Health Information, *Workforce Trends of Registered Nurses in Canada 2004*, (2005); Statistics Canada, *Demographic Statistics*, Retrieved December 21, 2005 from www.statcan.ca.

Notes:

1. Nunavut data not available for 2004.
2. Prior to 2003, CIHI reported population ratios using the number of LPNs per jurisdiction divided by a population estimate provided by Statistics Canada. In 2003 and 2004, CIHI did not report population ratios. Population ratios for 2003 and 2004 were manually derived by taking the number of LPNs and RNs per jurisdiction provided by CIHI and dividing by the most recent population estimates provided by Statistics Canada.
3. Although LPN data for Northwest Territories is available for 2004, RN data is only available as a combined total for Northwest Territories and Nunavut. Therefore, the number of LPNs and RNs in Northwest Territories exclusively is not comparable in 2004, and the number of LPNs per 10 RNs is not quantifiable.

NL has the highest proportion of LPNs per population, and the highest proportion of LPNs to 10 RNs. An increase in the number of LPNs coupled with a declining provincial population has resulted in higher LPN to population ratios over the last decade. There is a large range in the ratios, with NL having the most LPNs per 1000 population, over twice the figure for Ontario and Quebec. One possible explanation is that other provinces have a higher utilization of unregulated workers. Other contributing factors that must be considered when analyzing the LPN to population ratio include core staffing levels, staffing mix, beds per population, numbers and types of services being offered, geography, and population health. Further discussion is contained in *Limitations*, Section 1.2.

2.3 Demographics

Current provincial LPN workforce estimates indicate 86.1 per cent of LPNs in NL are female and 13.9 per cent are male.¹⁵ National demographics show 93.1 per cent are female and 6.9 per cent are male.³ Table 3 shows a dramatic increase in the number of LPNs over the age of 40 since 1988/89.

Table 3. LPN Count by Age Group for NL, 1988/89 to 2004/05.

Fiscal Year	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Per cent 40 or older
1988/89	154	434	465	549	567	217	116	49	10	5	37.6%
1989/90	144	440	464	496	651	268	136	50	7	3	41.9
1990/91	226	405	494	483	688	339	144	58	11	0	43.5
1991/92	246	360	477	458	650	383	164	58	13	1	45.2
1992/93	215	351	466	474	623	454	156	59	19	0	46.5
1993/94	150	356	447	474	530	518	186	71	16	3	48.1
1994/95	115	334	482	491	503	598	228	83	17	2	50.2
1995/96	85	334	435	514	489	596	280	81	18	1	51.7
1996/97	65	334	407	530	478	579	335	89	18	3	52.9
1997/98	62	288	394	505	480	553	393	100	21	1	55.3
1998/99	66	232	405	506	496	495	466	115	27	1	57.0
1999/00	84	198	370	530	500	478	509	156	33	1	58.7
2000/01	94	187	364	477	536	483	538	192	29	5	61.4
2001/02	77	167	313	431	524	495	507	345	48	5	66.1
2002/03	81	177	287	432	516	509	476	388	71	3	66.8
2003/04	71	184	255	389	536	507	448	415	86	2	68.9
2004/05	51	200	230	387	485	525	456	425	111	5	69.8

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

In the past 10 years, the number of practicing LPNs over the age of 40 increased by 18.1 per cent, from 51.7 per cent in 1995/96 to 69.8 per cent in 2004/05. The national figures for the age distribution of LPNs in Canada and NL are given in Table 4.

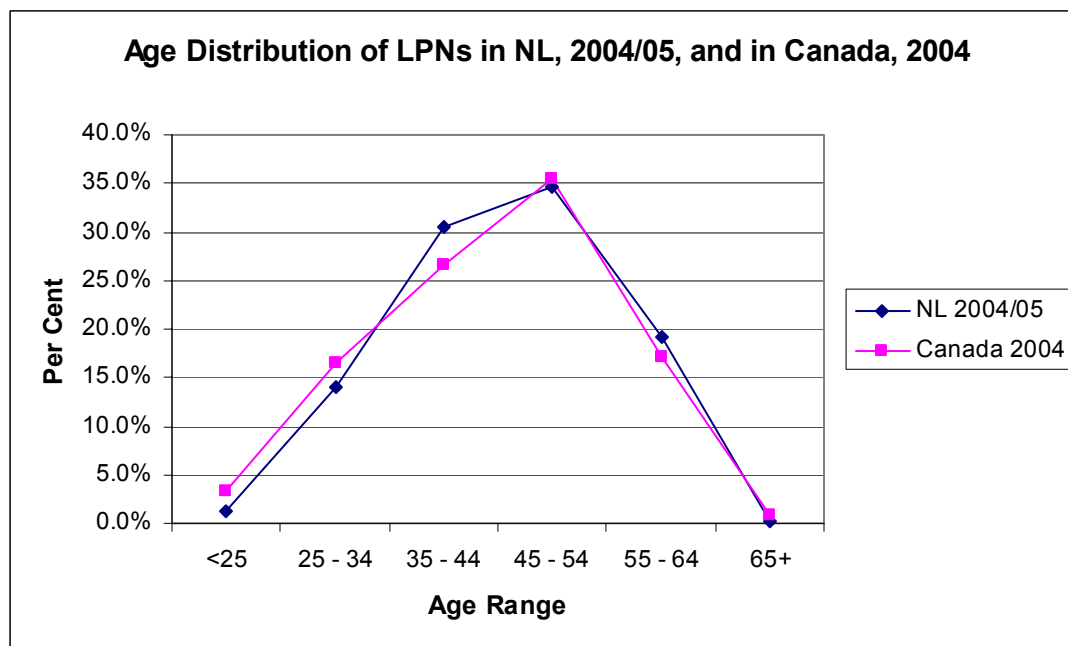
Table 4. Age Distribution of Practicing LPNs in Canada 2004 and NL 2004/05.

Age Range	Canada (number)	Canada (per cent)	NL (number)	NL (per cent)
<25	2,079	3.3%	37	1.3%
25 - 34	10,511	16.6	389	14.1
35 - 44	16,884	26.6	845	30.6
45 - 54	22,538	35.5	956	34.6
55 - 64	10,910	17.2	531	19.2
65+	521	0.8	5	0.2
Total	63,443	100.0	2763	100.0
45+	33,969	53.5	1492	54.0

Source: Canadian Institute for Health Information, Workforce Trends of Licensed Practical Nurses in Canada, 2004, (2005); College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

The average age of LPNs in NL is 44.2 years, almost identical to the national average (44.4 years).^{3,15} The percentage of LPNs in Canada aged 45 years and older (53.5 per cent) is slightly lower than the percentage of LPNs in NL aged 45 years and older (54.0 per cent). Graphically, the age distribution of LPNs in NL and Canada is shown in Figure 2.

Figure 2. Age Distribution of LPNs in NL, 2004/05, and in Canada, 2004.



Source: Canadian Institute for Health Information, Workforce Trends of Licensed Practical Nurses in Canada, 2004, (2005); College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (2004/05).

2.4 Retirements

2.4.1 Age Data

This section contains estimates of LPN retirements based on retirement at age 58 as a point-in-time estimate as of January 16, 2006. The age 58 assumption is based on anecdotal evidence, pension eligibility, and LPN age distribution. Table 5 shows the number of LPNs who reached age 58 years before 2006 and still have a license, will reach age 58 years in each of the next 10 years, and will reach age 58 years after 2015, based on the current workforce.

Table 5. Number of LPNs Reaching Age 58 by Calendar Year in NL, January 2006.

Year Reaching Age 58	ERHA ¹	CRHA	WRHA	LGRHA	RHA Total	Private Employer / Other	No Employer Listed	Total
<2006	150	50	39	21	260	2	4	266
2006	49	21	12	4	86	0	1	87
2007	57	20	14	4	95	2	2	99
2008	44	22	15	4	85	2	2	89
2009	49	22	12	6	89	0	1	90
2010	31	24	20	8	83	1	1	85
2011	27	16	24	5	72	4	1	77
2012	46	27	15	5	93	3	0	96
2013	44	31	21	6	102	3	3	108
2014	35	33	21	3	92	3	3	98
2015	42	27	20	7	96	1	4	101
>2015	906	302	262	78	1548	36	95	1679
Total	1480	595	475	151	2701	57	117	2875

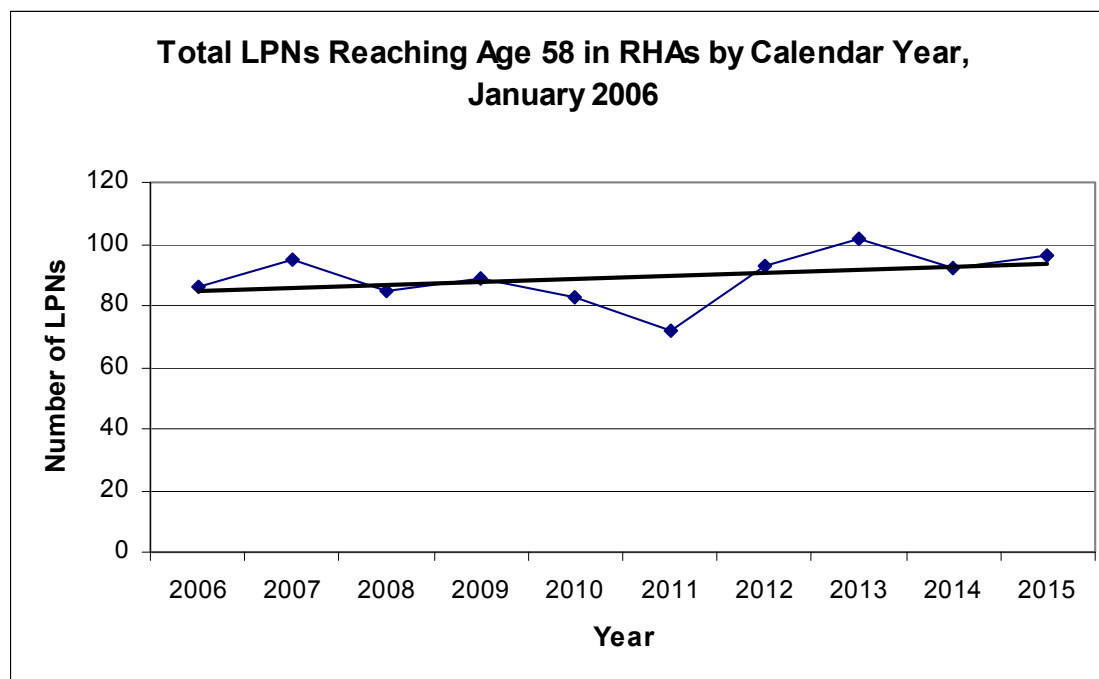
Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (As of January 16, 2006).

Notes:

- The following abbreviations are used for regional health authorities:
 ERHA – Eastern Regional Health Authority
 CRHA - Central Regional Health Authority
 WRHA – Western Regional Health Authority
 LGRHA – Labrador – Grenfell Regional Health Authority

Note that there are 266 LPNs that are currently beyond the assumed retirement age. 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. Figure 3 indicates the expected LPN retirements in each year to 2015 (non-cumulative).

Figure 3. Total LPNs Reaching Age 58 in RHAs by Calendar Year, January 2006.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (As of January 16, 2006).

The number of LPNs reaching age 58 annually decreases slightly between 2006 and 2011, but peaks rapidly at 108 LPNs in 2013. Trends show that approximately one additional LPN will retire in each successive year.

Table 6 shows the number of LPNs in RHAs reaching age 58 between 2006 and 2015 inclusive as a percentage of the LPN workforce.

Table 6. Number of LPNs Reaching Age 58 Between 2006 and 2015 by RHA as a Percentage of the LPN Workforce in NL, January 2006.

RHA	Number of LPNs Reaching Age 58 Between 2006 and 2015	Number of LPNs	As a Percentage of Total LPNs
CRHA	243	595	40.8%
WRHA	174	475	36.6
LGRHA	52	151	34.4
ERHA	424	1480	28.6
Total	893	2701	33.1

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (As of January 16, 2006).

Approximately 33.1 per cent of the current LPN workforce in RHAs will retire between 2006 and 2015. CRHA is expected to lose the highest percentage of LPNs to retirement between 2006 and 2015 at 40.8 per cent.

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

Table 7. Total LPNs Reaching Age 58 Between 2006 and 2015 with Specialized Skill Training as a Percentage of the LPN Workforce in NL, January 2006.

Groups	Number of LPNs Reaching Age 58 Between 2006 and 2015	Number of LPNs	As a Percentage of LPNs
Operating Room Technician	34	49	69.4%
Mental Health	70	178	37.4
Gerontology	66	187	37.1
Urology	4	11	36.4
Medication Administration ¹	199	1141	17.4
IV Therapy	190	1097	17.3
Health Assessment	17	295	5.8

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (As of January 16, 2006).

Notes:

1. 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, was not introduced to the PN Program until 1996, and few graduates from that program and later programs are expected to retire before 2015. LPNs who obtained education in medication administration as part of their core curriculum or as a post-basic course in an out-of-province setting are minimal.

Approximately 69.4 per cent of operating room technicians and more than one-third of LPNs with post-basic education in mental health and gerontology will turn age 58 years between 2006 and 2015. It is important to recognize that some LPNs have more than one certificate and would be represented in more than one category in Table 7. The percentage of LPNs reaching age 58 between 2006 and 2015 is given by place of employment in Table 8.

Table 8. Number of LPNs Reaching Age 58 Between 2006 and 2015 by Place of Employment as a Percentage of the LPN Workforce in NL, January 2006.

Place of Employment	Number of LPNs Reaching Age 58 Between 2006 and 2015	Number of LPNs	As a Percentage of Total LPNs
Hospital	433	1163	37.2%
Nursing Home / Long-Term Care	431	1447	29.8
Community Health / Health Centre	10	41	24.4
Other	56	224	25.0

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (As of January 16, 2006).

Approximately 37.2 per cent of LPNs working in hospitals and 29.8 per cent working in nursing home / long-term care sectors will reach age 58 years between 2006 and 2015. Although an aging LPN workforce means a greater number of experienced LPNs are employed in the health system, many current LPNs will be eligible for retirement within the next decade. This will result in experience gaps between seasoned LPNs and new LPNs.

2.4.2 Pension Eligibility

In the NL Public Service Pension Plan (PSPP), normal retirement with an unreduced pension occurs at age 65 with a minimum of five years pensionable service. Early retirement with an unreduced pension can occur at age 55 with a minimum of 30 years pensionable service or age 60 with a minimum of five years pensionable service.²⁶ Using dates for normal and early retirements may underestimate total retirement estimates; many LPNs may retire with a reduced pension. Note that casual employees participate in the Government Money Purchase Pension Plan (GMPP) as they are ineligible for participation in the PSPP. These employees do not accumulate pensionable service and are excluded from the retirement figures shown in Table 9.²⁶

Table 9. Comparison of Age Analysis Versus Pension Eligibility for LPNs in NL, January 2006.

Year	Age 58 ¹	Early Retirement ²	Normal Retirement ³
<2006	266	207	5
2006	87	71	9
2007	99	68	12
2008	89	79	23
2009	90	85	30
2010	85	63	32
2011	77	63	54
2012	96	73	66
2013	108	60	88
2014	98	63	88
2015	101	68	61
>2015	1679	783	1215

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (As of January 16, 2006); Human Resource Planning Unit, Retirement Analysis, (2003).

Notes:

1. The number of LPNs reaching age 58 in a given year.
2. The number of LPNs eligible for early retirement in a given year. Early retirement with an unreduced pension can occur at age 55 with a minimum of 30 years pensionable service or age 60 with a minimum of five years of pensionable service.²⁶
3. The number of LPNs eligible for normal retirement in a given year. Normal retirement with an unreduced pension occurs at age 65 with a minimum of five years of pensionable service.²⁶

An analysis of data on eligibility for an unreduced pension shows significant numbers of LPNs will turn age 58 without having been eligible for an unreduced pension. Pension eligibility may therefore be a poor indicator of retirements and should be used with caution.

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.”⁹ In 2005, the PN Program expanded from a 12-month program to a four-semester (16-month) program including a consolidated clinical to allow students to gain experience in medication administration needed to practice proficiently in the workplace upon graduation.

The PN program is offered through the Centre for Nursing Studies (CNS) as the parent institution, and brokered by the CNS to various College of the North Atlantic (CNA) sites throughout the province based on demonstrated human resource need and approval from the CLPNNL. The CNS is responsible to monitor offerings of the PN Program to ensure delivery is in accordance with established standards and criteria of the CLPNNL. In 2004/05, CNS brokered the PN Program to CNA sites in Corner Brook and Grand Falls – Windsor.

Prior to December 1997, all LPNs in the province were designated as Nursing Assistants (NA). At that time, the designation was changed to PN. All graduates of PN Programs in Canada (except Quebec graduates) are required to write the national Canadian Practical Nurses Registration Examination (CPNRE). Prior to 1996, the exam had one core component. Some provinces required instruction in two further components (medications and intravenous therapy) before an LPN could be eligible to practice, leading to an effort to upgrade the national exam. In 1996 these two components were added to the national exam.

Upon transfer of the program to the CNS in 1996, the program included all three components, the core examination, medications, and intravenous therapy, and the 1997 class was the first to write all parts of the national exam. In September 2001, instruction in health assessment and intramuscular injections were added to the PN Program, and in September 2002 students wrote all components of the revised CPNRE.

Due to program changes over the past 15 years, there exist significant differences in graduate competencies in the present LPN workforce. These differences create challenges in implementing scope of practice initiatives aimed at giving LPNs more responsibility.

3.1 Applicants, Enrolments, and Graduates

A summary of PN graduates since 1988/89 is given in Table 10.

Table 10. Summary of PN Graduates in NL, 1988/89 to 2004/05.

Fiscal Year	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)	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										28				83
1999/00		51							24			29				104
2000/01 ³		53						22								75
2001/02		54							36			29		15		134
2002/03		66						21	24		29			14		154
2003/04		55						24			29					108
2004/05		62						21			30					113
Total	695	442	39	47	27	20	41	88	136	20	166	86	47	29	99	1982

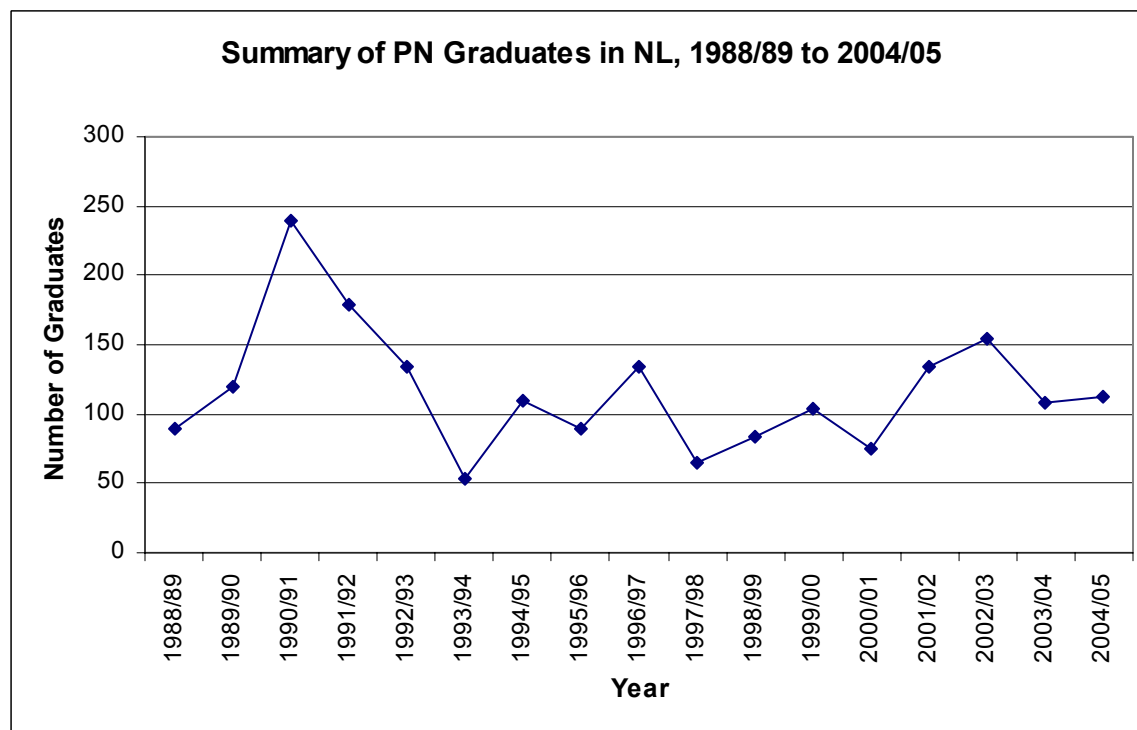
Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

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.
3. Moving the PN program from WRSON to CNA resulted in no graduates in Corner Brook in 2000/01.

The average number of graduates in the last five years is 117 per year, but graduate variability trends for that same period suggest a range of plus or minus 30 per year can be expected. Since 1988/89, the average number of graduates has also been 117 per year, with potential variation of plus or minus 45 per year. The number of graduates is shown graphically in Figure 4.

Figure 4. Summary of PN Graduates in NL, 1988/89 to 2004/05.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

The PN Program typically has many more applicants than available seats. The number of applicants, enrolments, graduates, and attrition from 2002/03 to 2004/05 are shown in Table 11.

Table 11. Count of Applicants, Enrolments, Graduates, and Attrition from NL Schools, 2002/03 to 2004/05.

Year	Applicants			Enrolments			Graduates			Attrition			Attrition Rate		
	CNS	CNA	Total	CNS	CNA	Total	CNS	CNA	Total	CNS	CNA	Total	CNS	CNA	Total
2002/03	476	475	947	77	101	178	66	88	154	11	13	24	14.3%	12.9%	13.5%
2003/04	362	271	633	66	61	127	55	53	108	11	8	19	16.7	13.1	15.0
2004/05	305	217	522	71	62	133	62	51	113	9	11	20	12.7	17.7	15.0

Source: Centre for Nursing Studies, Registration Database, (2005); College of the North Atlantic, Registration Database, (2005); College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (2002/03 to 2004/05).

It is possible that applicants applied to more than one PN Program in the province. Therefore, caution should be taken when reviewing the number of applicants to CNS and CNA programs. The attrition rate for the graduating class of 2004/05 was 15.0 per cent.

Twenty individual faculty members are involved with varying degrees in the PN Program at the CNS, including classroom faculty, laboratory faculty and clinical instructors. Faculty 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 nine faculty positions dedicated to the PN Program. All brokered sites have a variable number of supervisory clinical instructors.

3.2 Continuing Education

Continuing education programs allow LPNs to expand their knowledge and competencies to improve overall job performance and meet employer needs. LPNs may avail of similar programs from educational institutions outside NL that are approved by the CLPNNL, or choose to study at the CNS in the province. Prior to the CNS programs, some employers offered continuing education courses based on workplace need. For example, continuing education in mental health was offered at the Waterford Hospital, a mental health facility, for many years before the current CNS program was developed. Similarly, the General Hospital Corporation offered courses in gerontology, urology, and operating room technician as well as others. Finally, LPNs from other jurisdictions may have already completed programs before entering the province.

The CNS offers LPNs various continuing education opportunities. Employer needs assessments are conducted every five to seven years, and the next assessment is scheduled in Spring-Summer 2006 (Sharon Fitzgerald, CNS, personal communication, January 2006). Current educational programs and potential program offerings are evaluated and recommendations are made to educational institutions. Student financial assistance is not obligatory by RHAs, although the majority offer some support. Table 12 provides basic details of the continuing education program and course offerings and is followed by more general descriptions of each.

Table 12. Continuing Educational Programs and Courses Offered by CNS.

Program	Started	Duration	Location	Total Graduates to Date	Capacity
Re-Entry	Feb-98	Max. 1 year	CNS - Distance Program	130	Unlimited
Medication Administration ¹	Jan-00 pilot - Feb-00 start	16-18 weeks	All RHAs	656	50 per instructor
Health Assessment	Sept-05	13 weeks	CNS – Distance Program	11	Unlimited
Gerontology	Oct-02	1 year	CNS - Distance Program	7	Unlimited
Mental Health	Sept-02	1 year	CNS - Distance Program	58	Unlimited
Operating Room Technician	Oct-03	26 weeks	CNS - Distance Program	15	10 students
Competency Module: Male / Female Catheterization	Jul-01	1-2 weeks	All RHAs	53	Unlimited
Competency Module: Blood Glucose Monitoring	Jul-01	1-2 weeks	All RHAs	18	Unlimited
Competency Module: Gastrointestinal Tube Feeding and Nasogastric Suctioning	Jul-01	1-2 weeks	All RHAs	165	Unlimited
Competency Module: Oxygen Therapy and Oral Suctioning	Jul-01	1-2 weeks	All RHAs	415	Unlimited
Competency Module: Wound Care	Jul-01	1-2 weeks	All RHAs	47	Unlimited
LPN Bridging Program	-	1 semester	-	-	-

Source: Centre for Nursing Studies, CNS Continuing Education Course Offerings, (2006).

Notes:

1. The Medication Administration Program also has a separate “intramuscular” module, which has had 49 graduates since March 2002.

Re-Entry Program

The Re-Entry Program is designed for PNs in the province who have not practiced in the last five years to allow them to re-apply for licensure. Theoretical components are offered through distance education with a 156-hour clinical preceptorship component. Students can pace their study over a maximum one-year period.⁷

Post-Basic Medication Administration Course

The Medication Administration Course was developed to increase 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 competency and performed it satisfactorily with supervision.”¹⁸ Although, these 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 constraints on employers to meet teaching requirements. The term “Proficient” means “the learner has demonstrated knowledge of the competency and performed it satisfactorily without supervision.”¹⁸ 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.

Currently, the Post-Basic Medication Administration Course consists of twenty self-learning theoretical components, a five-day lab, and five days of clinical experience. Similar to the basic PN Program, the clinical component of the Post-Basic Medical Administration Course has been increased to enable LPNs enrolled in the course to be brought to the “Proficient” level. Lab exercises and clinical experience are completed in a preceptored environment within each RHA; the onus is on RHAs to bring their LPNs to proficiency and a certificate cannot be awarded until proficiency requirements are met.⁷ Preceptorship is used effectively in many of the CNS educational programs and has proved to be cost effective. This approach will be used in Central Regional Health Authority (CRHA) for the next course offering. Since 2000/01, there have been 656 graduates in total.

Health Assessment Course

The Health Assessment Course was developed to increase LPN knowledge and skill in performing adult health assessment to meet national competency benchmarks. Ten self-learning modules are delivered by distance using print-based materials, and learners must complete three lab sessions and a clinical component. Communication between learner and course facilitator is greatly promoted. Students in the 2004 class were the first graduates from the PN Program in NL to obtain this competency.⁷ In September 2005, this program was delivered for the first time to LPNs who graduated before 2005 and did not complete this course in their basic program. To date there have been 11 graduates from Labrador-Grenfell Regional Health Authority (LGRHA), and there are currently 12 learners enrolled from Eastern Regional Health Authority (ERHA).

Post-Basic Gerontology Course

The Post-Basic Gerontology Course is designed to increase LPN competency in responding to the specialized needs of older persons in a health care environment. It consists of 13 distance education modules and, depending on learner experience, the clinical component may consist of a preceptorship or completion of clinical assignments. Learners can pace their study over a maximum one-year period.⁷ Eight people enrolled in the 2004/05 offering.

Post-Basic Mental Health Course

The Post-Basic Mental Health Course is designed to prepare LPNs for work in mental health and psychiatric settings. Theory is composed of nine self-learning modules, and a six-week preceptored clinical experience to be completed within one year. Additionally, learning is enhanced by several comprehensive activities and educational packages.⁷ This program is offered based on health system need. There is currently nobody enrolled in this program, however 58 LPNs have graduated to date.

Operating Room Technician Course

In October 2003, the CNS brokered the Operating Room Technician Course for LPNs from Grant MacEwan Community College in Alberta. Applicants must have completed the Medication Administration Course prior to registering and have completed one year of clinical experience.⁷ To date, 15 LPNs have graduated and four LPNs are currently enrolled. The CNS believes that offering this course over the last two years has met the human resource requirement provincially. Once the current offering is completed, additional courses will be offered based on identified health system needs (Sharon Fitzgerald, CNS, personal communication, January 2006).

This course is divided into two components: operating room theory and operating room experience. The former consists of distance education theoretical components and a two-week on-site laboratory practice. Students have three months to complete this component. The operating room experience component is a three-month clinical preceptorship located close to the learner's geographic region, if possible.⁷

Competency Modules

In 2001, five self-learning competency modules were developed to increase LPN scope of practice in response to needs identified by RHAs. RHAs purchase modules for LPNs who graduated from programs that did not include these competencies. Furthermore, RHAs are responsible for supervising and testing learner competencies. Modules include Male and Female Catheterization, Blood Glucose Monitoring, Gastrointestinal Tube Feeding and Nasogastric Suctioning, Oxygen Therapy and Oral Suctioning, and Wound Care.⁷

LPN Bridging Program (Proposed)

The CNS, Memorial University School of Nursing (MUNSON), and Western Regional School of Nursing (WRSON) have collaborated to develop an LPN Bridging Program that will enable graduates of PN Programs to enter the second year of the Bachelor of Nursing (BN) (Collaborative) Program. Qualified LPNs could take the Bridging Semester, consisting of two bridging nursing courses, and other required non-nursing courses. It will be difficult to introduce the LPN Bridging Program without increasing the overall enrolment in the BN (Collaborative) Program however, as there are no attrition seats generally available for these students in year two. Policy approval and government funding for the LPN Bridging Program is currently undecided (Sharon Fitzgerald, CNS, personal communication, January 2006).

As stated earlier, the CNS is the primary source of continuing education programs for LPNs in NL, however LPNs may obtain continuing education programs from other sources or from their core PN Program. Table 13 shows the total number of LPNs having completed specialized skill training from the CNS, as part of the core PN Program, and from other educational sources by RHA.

Table 13. Number of LPNs with Specialized Skill Training by RHA, January 2006.

Course	ERHA	CRHA	WRHA	LGRHA	RHA Total	Private Employer / Other	No Employer Listed	Total
Medication Administration	546	231	191	42	1010	36	95	1141
IV Therapy	533	224	178	40	975	34	88	1097
Health Assessment	106	44	50	9	209	14	72	295
Mental Health	163	10	4	6	183	3	1	187
Gerontology	98	27	35	10	170	2	6	178
Operating Room Technician	17	17	12	3	49	0	0	49
Urology	8	2	1	0	11	0	0	11

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (As of January 16, 2006).

Due to data collection methods, it is not possible to distinguish where LPNs obtained specialized skill training. However, based on administrative data, it is estimated that 57.4 per cent of LPNs with medication administration completed the post-basic course offered at the CNS. The number of graduates from the CNS course is expected to decrease over the next 10 years as PN Program graduates having already completed this education will enter the system and replace retiring LPNs.

Caution should be noted when interpreting these figures. An LPN may have completed multiple specialized skill training, and will be counted in each of the appropriate categories. For example, an LPN at ERHA may have both medication administration and mental health education, and be counted twice or once in each category.

Table 14 compares the total number of LPNs per RHA with the total number that have completed health assessment education and medication administration courses.

Table 14. Number and Percentage of LPNs with Health Assessment and Medication Administration Education by RHA, January 2006.

Year	ERHA		CRHA		WRHA		LGRHA		Total	
	#	%	#	%	#	%	#	%	#	%
Health Assessment										
November 2003	72	4.7%	25	4.2%	35	7.5%	10	6.8	142	5.0%
January 2006	105	7.1	44	7.4	51	10.7	9	6.0	209	10.3
Medication Administration										
November 2003	385	25.4%	201	33.8%	180	38.4%	42	28.4	808	30.0%
January 2006	545	36.8	231	38.8	192	40.4	42	27.8	1010	39.7

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (As of January 16, 2006).

In the last two years, the number of LPNs with health assessment education has increased by over five percent to 10.3 per cent of the LPN workforce in RHAs; the number of LPNs with medication administration has increased by almost 10 per cent. Caution should be noted when interpreting these figures as some RHAs have significantly more LPNs than others. This will affect the percentage of LPNs with medication administration and health assessment education. For example, WRHA has 40.4 per cent of LPNs with medication administration education, but only employs 475 LPNs; ERHA has 36.8 per cent of LPNs with medication administration education, but employs 1480 LPNs.

4.0 Employment Trends

4.1 Employment Status

Present employment status is indicated on the CLPNNL registration 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) and Casual Full-Time - for example, maternity leave replacement positions.
4. Temporary Part-Time (TPT) and Casual Part-Time.¹⁵

Employees under the casual designation cannot participate in the group insurance plan unless a four-month continuous period of work is anticipated in the immediate future. Casual employees receive earned benefits such as annual leave and sick leave on a prorated basis.

Categories three and four above combine temporary and casual employment types. The two major unions representing LPNs in NL, the Newfoundland and Labrador Association of Public and Private Employees (NAPE) and the Canadian Union of Public Employees (CUPE), do not recognize the “casual” designation; it is assumed that these positions are officially designated as “temporary.” To maintain consistency with NAPE and CUPE language, the CLPNNL combined temporary and casual employment starting in 2001/02 (Paul Fisher, CLPNNL, personal communication, November 2003). Trends in employment status for LPNs are shown in Table 15.

Table 15. Count and Percentage of Practicing LPNs by Employment Status in NL, 1988/89 to 2004/05.

Fiscal Year	Number of LPNs	Practicing LPNs ¹							
		PFT		PPT		TFT		TPT	
		#	%	#	%	#	%	#	%
1988/89	2479	1621	65%	126	5%	221	9%	434	18%
1989/90	2569	1739	68	113	4	218	9	406	16
1990/91	2728	1732	64	117	4	273	10	486	18
1991/92	2628	1558	59	108	4	255	10	528	20
1992/93	2658	1531	58	114	4	234	9	625	24
1993/94	2629	1530	58	103	4	210	8	668	25
1994/95	2745	1611	59	118	4	253	9	653	24
1995/96	2731	1598	59	109	4	265	10	655	24
1996/97	2725	1540	57	106	4	245	9	719	26
1997/98	2709	1503	56	114	4	238	9	764	28
1998/99	2753	1561	57	107	4	286	10	738	27
1999/00	2822	1589	56	104	4	305	11	782	28
2000/01	2869	1604	56	138	5	316	11	769	27
2001/02	2912	1745	60	85	3	781	27	221	8
2002/03	2940	1671	57	149	5	673	23	354	12
2003/04	2893	1625	56	158	5	592	20	439	15
2004/05	2875	1558	54	163	6	568	20	474	16
Change Since 1988/89	+396	-63	-11	+37	+1	+347	+11	+40	-2

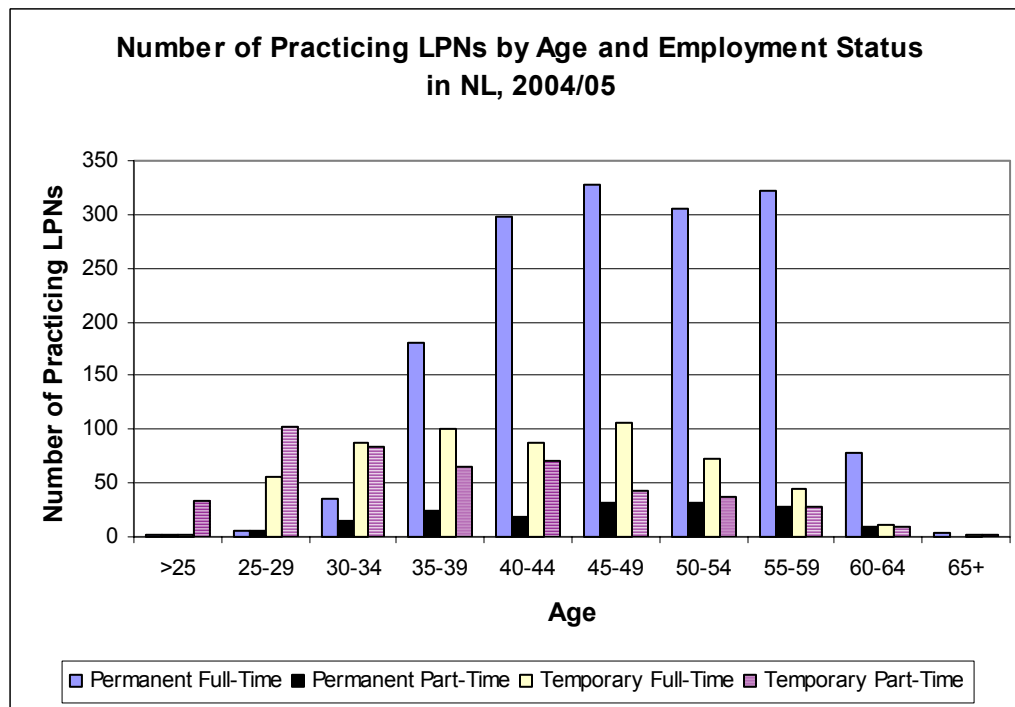
Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

Notes:

1. Not all LPNs are practicing. Therefore, percentages for each year do not equal 100 per cent and the number of LPNs per year does not equal the total practicing LPNs.

Since 1988/89, the percentage of permanent full-time LPNs has decreased by 11 per cent, while the percentage of temporary full-time LPNs has increased by 11 per cent. Employment status by age is provided in Figure 5.

Figure 5. Number of Practicing LPNs by Age and Employment Status in NL, 2004/05.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

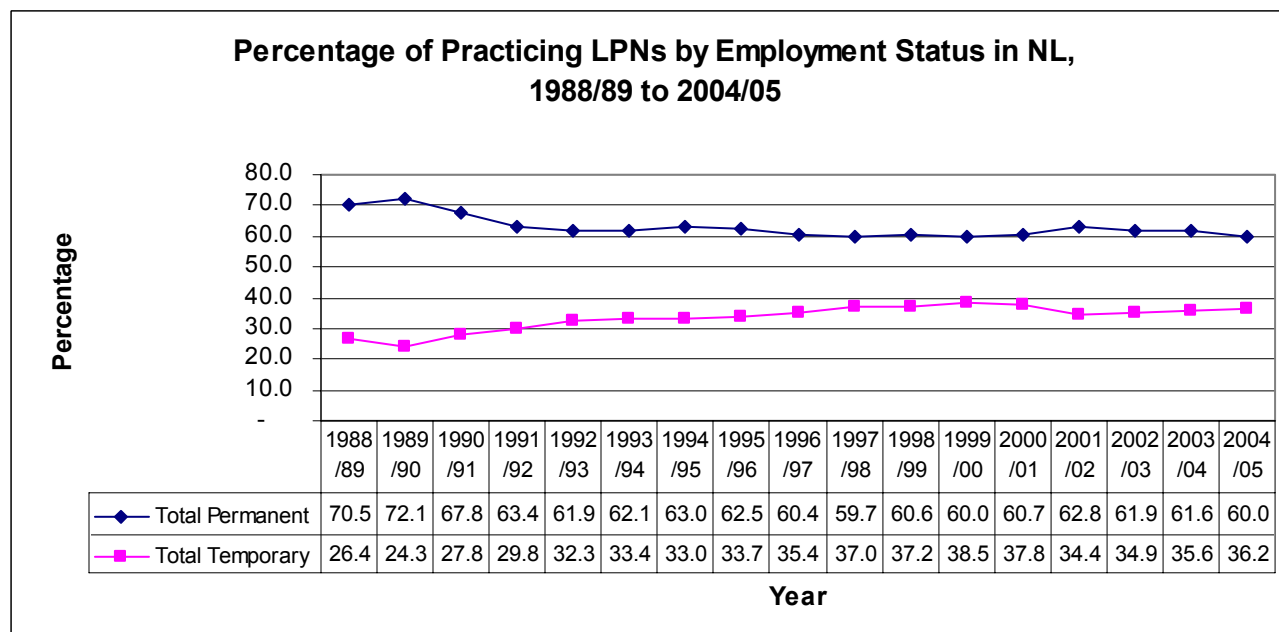
Notes:

1. Not all licensed LPNs are practicing. Therefore, percentages for each year do not equal 100 per cent and the number of LPNs per year does not equal the total practicing LPNs.

Above age 35, permanent full-time LPNs dominate the workforce.

Permanent and temporary trends in LPN employment are illustrated in Figure 6.

Figure 6. Percentage of Practicing LPNs by Employment Status in NL, 1988/89 to 2004/05.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

Since 1988/89, permanent staff has decreased by 10.5 per cent and temporary staff has increased by 9.8 per cent, noting again that temporary and casual designations were combined starting in 2001/02. These changes have been gradual over this time frame.

Table 16 shows the percentage for employment hours in Canadian jurisdictions. Caution should be used when interpreting the table as definitions for full-time and part-time may differ across jurisdictions.

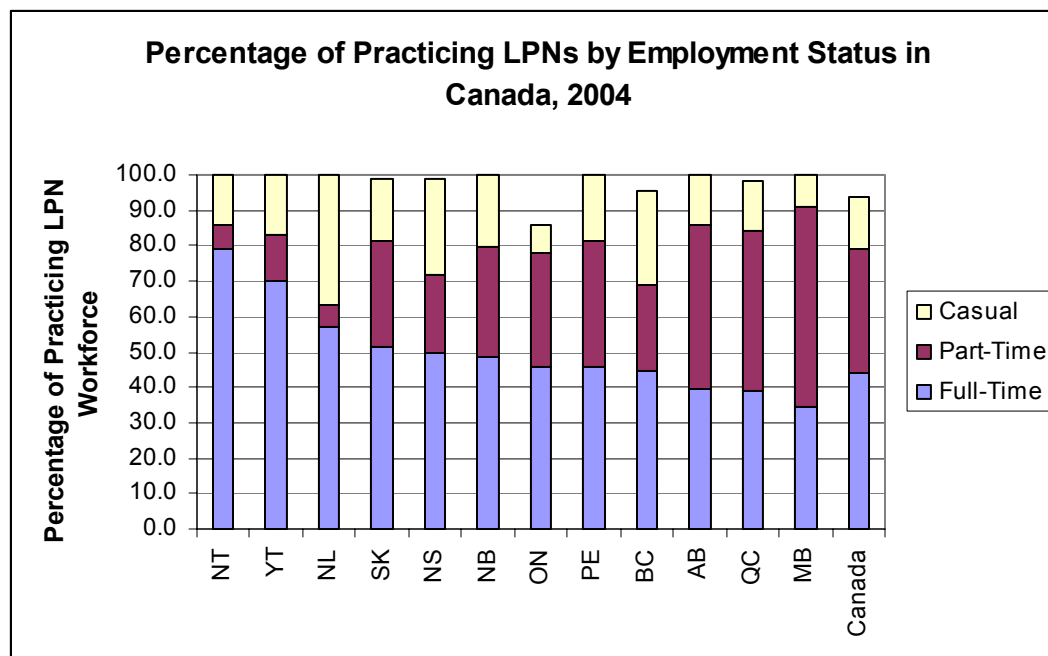
Table 16. Percentage of Practicing LPNs by Employment Hours in Canada, 2004.

Jurisdiction	Full-Time	Part-Time	Casual
NT	79.1	6.6	14.3
YT	69.8	13.2	17.0
NL	57.3	6.0	36.8
SK	51.2	29.9	17.6
NS	49.8	22.0	26.8
NB	48.7	30.7	20.6
ON	45.8	32.1	7.8
PE	45.7	35.5	18.8
BC	44.4	24.3	26.9
AB	39.3	46.7	14.0
QC	38.8	45.4	14.1
MB	34.5	56.6	8.9
Canada	44.1	35.1	14.4

Source: Canadian Institute for Health Information, Workforce Trends of Licensed Practical Nurses in Canada, 2004, (2005).

The data shows that NL currently has the third highest proportion (57.3 per cent) of LPNs employed on a full-time basis. Eight jurisdictions report less than one-half of the LPN workforce are full-time. The 2004 national picture is shown graphically in Figure 7.

Figure 7. Percentage of Practicing LPNs by Employment Status in Canada, 2004.



Source: Canadian Institute for Health Information, Workforce Trends of Licensed Practical Nurses in Canada, 2004, (2005).

Although, NL has the third-highest proportion of LPNs employed on a full-time basis, those employed on a casual or part-time basis represent a substantial resource that could be accessed in times of higher demand.

4.2 Employer Types

Place of employment categories were changed in 2001/02 by CLPNNL to maintain consistency with CIHI statistics. Long-term care and nursing home data now includes rehabilitation statistics; hospital and mental health statistics are also combined. All remaining organizations are grouped together under the heading of “Other”. Data summarized by place of employment is shown in Table 17.

Table 17. Percentage Distribution of LPNs by Place of Employment in NL, 1988/89 to 2004/05.

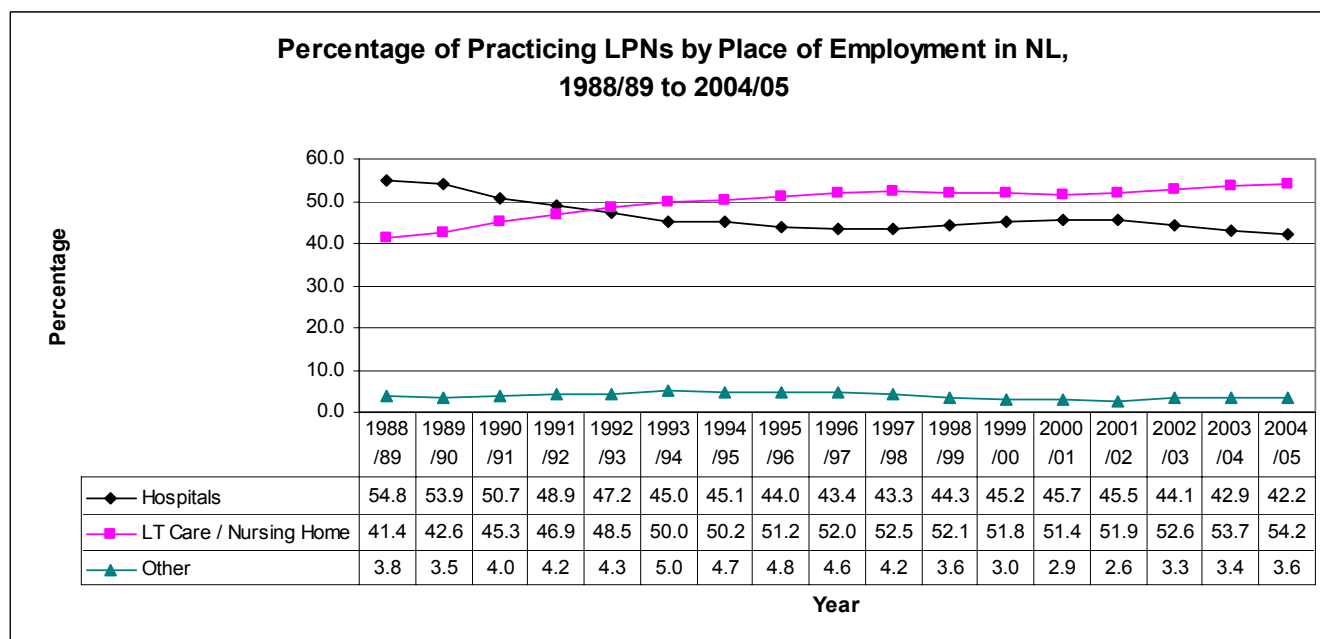
Fiscal Year	Long-Term Care / Nursing Home	Hospitals	Other
1988/89	41.4%	54.8%	3.8%
1989/90	42.6	53.9	3.5
1990/91	45.3	50.7	4.0
1991/92	46.9	48.9	4.2
1992/93	48.5	47.2	4.3
1993/94	50.0	45.0	5.0
1994/95	50.2	45.1	4.7
1995/96	51.2	44.0	4.8
1996/97	52.0	43.4	4.6
1997/98	52.5	43.3	4.2
1998/99	52.1	44.3	3.6
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
Change Since 1988/89	+12.8	-12.6	-0.2

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, *Annual Reports*, (1988/89 to 2004/05).

In the NL health system, hospitals have “long-term care” or “nursing home” units. Place of employment statistics are self-reported, and it is unsure 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.

Graphically, the trends for hospital, long-term care or nursing home, and other places of employment is shown in Figure 8.

Figure 8. Percentage of Practicing LPNs by Place of Employment in NL, 1988/89 to 2004/05.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2004/05).

The distribution of LPNs in hospitals decreased by 12.6 per cent between 1988/89 and 2004/05 while the distribution of LPNs in long-term care or nursing homes increased by 12.8 per cent during the same period. Trends intersected in 1992/93 with more LPNs working in long-term care or nursing home settings, whereas in previous years, the majority of LPNs worked in hospitals. When compared to other Canadian jurisdictions in Table 18, NL has the third highest proportion of LPNs (52.1 per cent) in long-term care settings.

Table 18. Percentage of Practicing LPNs by Place of Employment in Canada, 2004.

Jurisdiction	Place of Employment			
	Long-Term Care	Hospital	Community Health	Other
YT	56.6%	32.1%	0.0%	11.3%
QC	53.4	38.0	1.2	7.3
NL	52.1	43.8	2.0	2.0
MB	43.6	40.1	8.6	7.7
NB	42.3	52.0	2.0	3.7
PE	37.9	50.3	* ¹	*
NS	36.1	45.7	9.5	8.7
BC	34.5	52.4	5.2	7.9
ON	29.3	43.6	8.7	18.4
AB	26.0	58.1	9.0	6.9
NWT	25.3	58.2	*	*
SK	18.4	67.7	8.5	5.4
Canada	37.4	45.3	6.1	11.3

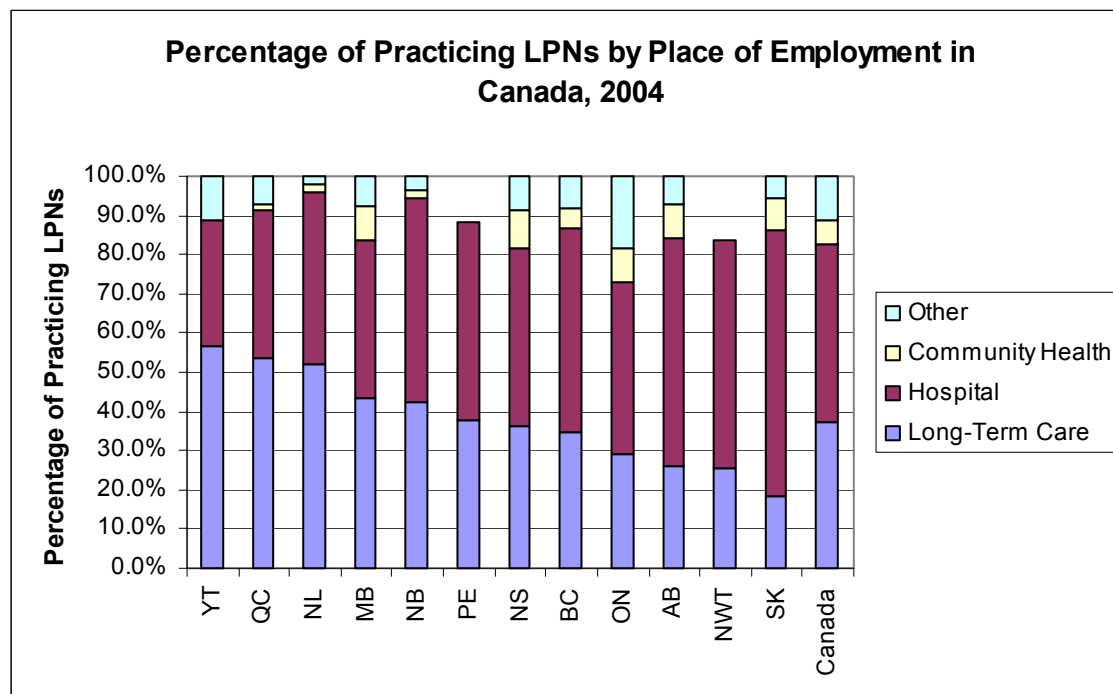
Source: Canadian Institute for Health Information, Workforce Trends of Licensed Practical Nurses in Canada, 2004, (2005).

Notes:

- * Value suppressed by CIHI to ensure confidentiality.

Graphically, this data is shown in Figure 9 below.

Figure 9. Percentage of Practicing LPNs by Place of Employment in Canada, 2004.



Source: Canadian Institute for Health Information, Workforce Trends of Licensed Practical Nurses in Canada, 2004 (2005).

Prior to the collection of CIHI data, the CLPNNL collected LPN prime area of responsibility data using eight categories. Trends in LPN prime area of responsibility in NL prior to CIHI data collection are summarized in Table 19.

Table 19. Percentage Distribution of LPNs by Prime Area of Responsibility in NL, 1988/89 to 2000/01.

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
Change Since 1988/89	-2.9	-2.7	-1.1	-1.7	+14.5	-0.5	-0.6	-5.0

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Annual Reports, (1988/89 to 2000/01).

Since 2000, CIHI instituted a new categorization scheme for collecting LPN data on area of responsibility. Consequently, mapping the previous CLPNNL categories into the new CIHI categories proved to be difficult.

In 2004, the percentage of LPNs working in “Direct Care” varied across jurisdictions with an average of 93.0 per cent at the national level. NL had 97.1 per cent of its LPNs working in “Direct Care.”³ Table 20 compares the NL LPN workforce to other jurisdictions by “Direct Care” area of responsibility according to the new CIHI categories.

Table 20. National Percentage Distribution of LPNs by Direct Care Area of Responsibility, 2004.

Jurisdiction	Direct Care Area of Responsibility				
	Geriatrics / Long-Term Care	Medicine / Surgery	Psychiatry / Mental Health	Other Direct Care	Other / Not Stated
NL	59.2	8.9	5.9	23.1	* ¹
QC	58.9	20.7	4.7	12.2	3.5
YT	54.7	30.2	0.0	15.1	0.0
MB	54.2	14.2	*	28.5 ²	1.9
NB	43.5	18.8	2.3	32.0	3.4
NS	42.0	26.2	6.1	21.4	4.3
ON	39.1	14.0	7.7	25.5	13.7
BC	38.0	35.1	1.1	24.5	1.3
NT	35.2	9.9	*	40.7 ³	0.0
PE	34.4	12.3	10.0	41.9	*
AB	24.9	28.2	2.1	43.2	1.6
SK	22.5	28.5	1.1	46.3	1.6
Canada	43.9	19.4	5.2	24.5	7.0

Source: Canadian Institute for Health Information, Workforce Trends of Licensed Practical Nurses in Canada, 2004, (2005).

Notes:

1. * Value suppressed to ensure confidentiality by CIHI.
2. Due to the suppression of CIHI data for Psychiatry / Mental Health for Manitoba, “Other Direct Care” is approximated.
3. Due to the suppression of CIHI data for Psychiatry / Mental Health for Northwest Territories, “Other Direct Care” is approximated.

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 59.2 per cent, approximately 15.3 per cent higher than the Canadian average.

4.3 Wellness of Licensed Practical Nurses

There are a number of indicators that assist in the examination of 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.²²

Provincially, in fiscal 2002/03, the total number of FTEs lost due to illness and injury was 279.7 (166.6 for sick leave and 113.1 for injury leave). Injury leave is normally work injury related. 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 fiscal year 2002/03, total sick leave for LPNs employed in RHAs was 166.6 FTEs, or 140.4 hours per FTE, or 120.3 hours per LPN.²² Sick leave FTEs translate into 7.2 per cent of all LPN earned hours. LPN sick leave by RHA as a percentage of total FTEs is presented in Table 21.

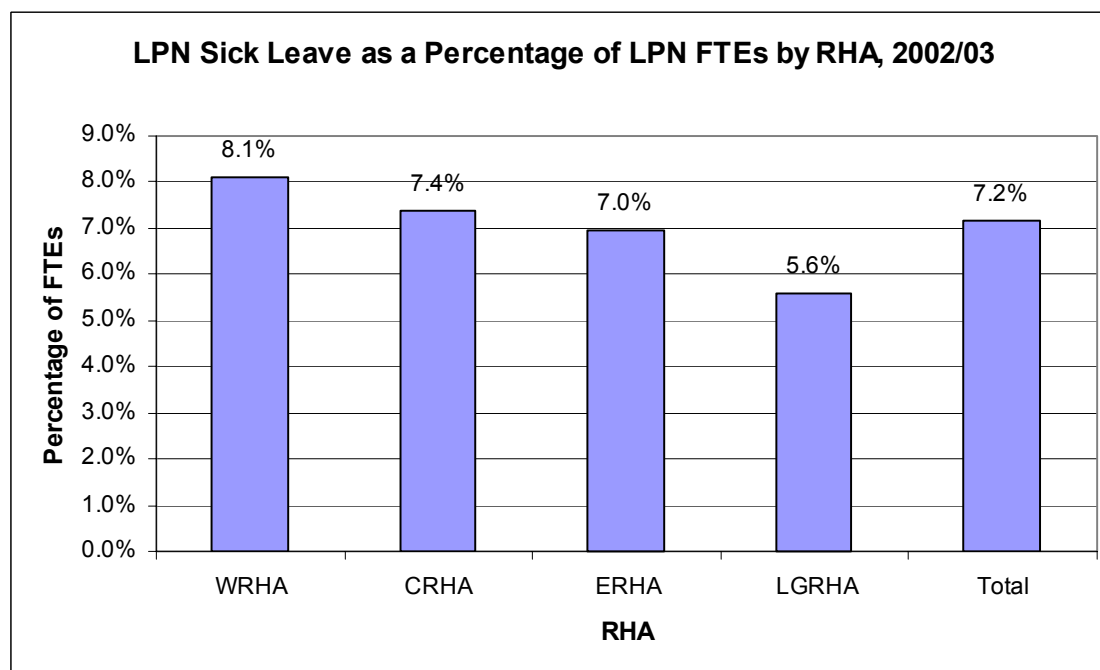
Table 21. LPN Sick Leave as a Percentage of LPN FTEs by RHA, 2002/03.

RHA	Sick Leave FTEs	Total FTEs	Sick Leave as a Percentage of Total FTEs
WRHA	32.8	404.9	8.1%
CRHA	33.7	456.1	7.4
ERHA	93.0	1338.2	7.0
LGRHA	7.0	125.9	5.6
Total	166.6	2325.1	7.2

Source: Human Resource Planning Unit, Newfoundland and Labrador Health Human Resources Indicator Report 1999 to 2003, (2004).

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

Figure 10. LPN Sick Leave as a Percentage of LPN FTEs by RHA, 2002/03.



Source: Human Resource Planning Unit, Newfoundland and Labrador Health Human Resources Indicator Report 1999 to 2003, (2004).

4.3.2 Workplace Injury Leave

Workplace injury lost hour rates are higher in the LPN groups than any other health professional group. In fiscal year 2002/03, total workplace injury leave for LPNs employed in RHAs was 113.1 FTEs, or 95.6 hours per FTE, or 81.7 hours per LPN.²² Workplace injury leave FTEs translate into 4.9 per cent of all LPN earned hours. LPN injury leave by RHA as a percentage of total FTEs is presented in Table 22.

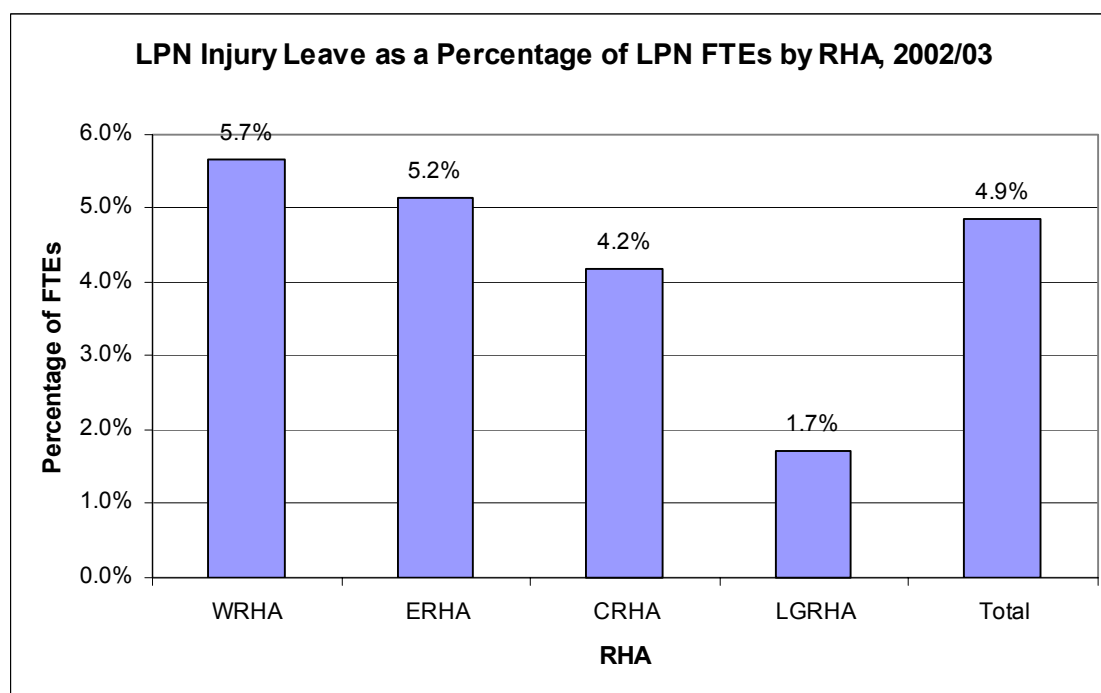
Table 22. LPN Injury Leave as a Percentage of LPN FTEs by RHA, 2002/03.

RHA	Injury Leave FTEs	Total FTEs	Injury Leave as a Percentage of Total FTEs
WRHA	23.0	404.9	5.7%
ERHA	69.0	1338.2	5.2
CRHA	19.0	456.1	4.2
LGRHA	2.2	125.9	1.7
Total	113.1	2325.1	4.9

Source: Human Resource Planning Unit, Newfoundland and Labrador Health Human Resources Indicator Report 1999 to 2003, (2004).

Figure 11 shows injury leave for LPNs by RHA as a percentage of FTEs.

Figure 11. LPN Injury Leave as a Percentage of LPN FTEs by RHA, 2002/03.



Source: Human Resource Planning Unit, Newfoundland and Labrador Health Human Resources Indicator Report 1999 to 2003, (2004).

LPNs show concerning statistics for workplace injuries. Workplace injuries for LPNs consist mainly of “sprains, strains, or tears” of the “back, spine, or trunk” due to “overextension in lifting.”²³ Provincial data shows that in fiscal year 2002/03, LPNs were injured at a rate of nearly one in 11 LPNs, when expressed as an average for all LPNs (not just those injured); RNs were injured at a rate of one in 22 RNs.²² This data reflects incidents only occurring in 2002/03. Not all injuries reported lead to WHSCC claims or lost time.

5.0 Mobility of Licensed Practical Nurses

5.1 Migration

Data on inter-provincial and international migration is difficult to obtain. Currently, the only indication of migration is the number of verifications sent to other jurisdictions from CLPNNL, although a request for verification does not guarantee that an LPN is moving and may not be the only verification requested. When a PN applies for licensure in another jurisdiction, the CLPNNL sends verifications to that jurisdiction at the PN's request. Verifications confirm that a PN who has graduated from an approved PN Program, is eligible for licensure in a jurisdiction, and has written the licensing exam. Some jurisdictions require graduates to establish initial licensure in their graduation jurisdiction before applying for licensure in another jurisdiction.

It is also important to note that licensure with CLPNNL is mandatory for graduates of the PN Program wishing to work in this province after graduation. The number of verifications sent from the CLPNNL is given by jurisdiction in Table 23.

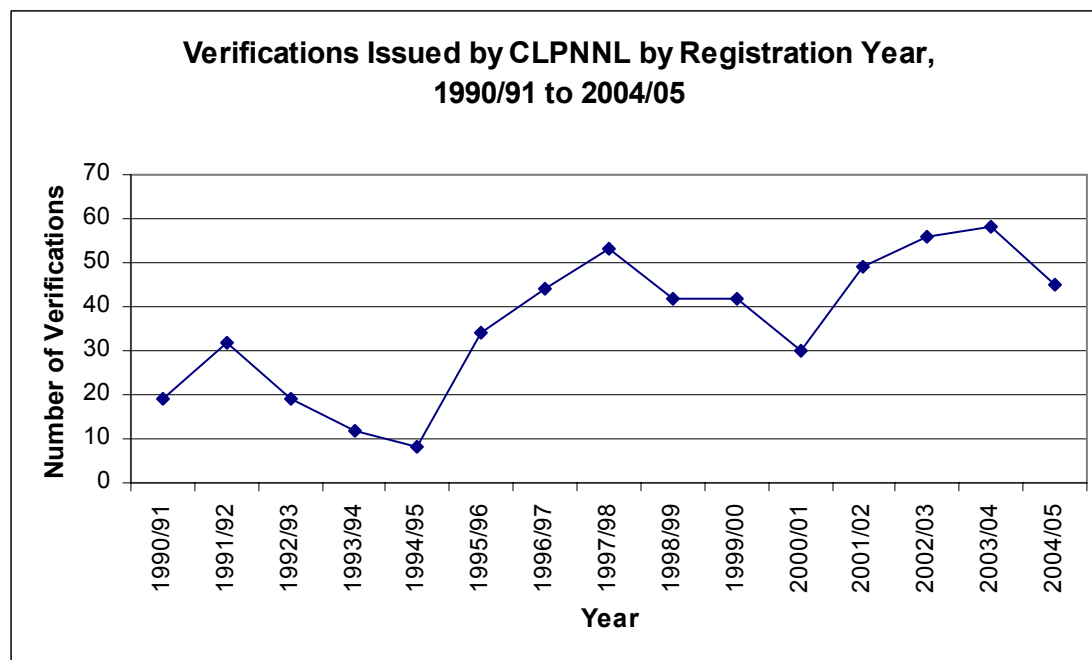
Table 23. Total Verifications Sent From CLPNNL to Other Jurisdictions, 1990/91 to 2004/05.

Fiscal Year	ON	AB	NS	BC	YT/NT	NB	SK	MB	PE	Other	Total
1990/91	13	4						1		1	19
1991/92	25	3			1		1	1		1	32
1992/93	8	5	3	1	1		1				19
1993/94	4	3	4	1							12
1994/95	2	4	1	1							8
1995/96	11	5	8	8	1					1	34
1996/97	11	9	10	6	3	3	1		1		44
1997/98	9	19	7	6	9	2		1			53
1998/99	11	16	4	6	2		1	1	1		42
1999/00	11	5	5	9	3	2	5		2		42
2000/01	7	7	7	3	1	3	1	1			30
2001/02	9	22	9	5	4						49
2002/03	13	9	13	9	3	4	1		2	2	56
2003/04	26	7	10	3	3	3	2	3		1	58
2004/05	16	12	10	1	3	1		1		1	45
Total	176	130	91	59	34	18	13	9	6	7	543

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, *Database for Registration Year 2004/05*, (2005).

Ontario, Alberta, and Nova Scotia dominate requests for verifications, and collectively constitute 73.1 per cent of the total. The total number of verifications from 1990/91 to 2004/05 is shown graphically in Figure 12.

Figure 12. Verifications Issued by CLPNNL by Registration Year, 1990/91 to 2004/05.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (2005).

The average number of verifications over the last decade is 45 per year, with an expected variation of plus or minus nine verifications each year. Considering workforce gains other than graduates of the NL PN Program, anecdotal evidence suggests an average of seven LPNs from other jurisdictions enter the province and obtain licensure annually.

A lapsed membership survey was administered to LPNs who failed to renew their license starting in 2001/02. Survey results indicate the number of LPNs failing to renew their licenses, their reasons for non-renewal, and their satisfaction on several aspects of their employer and the CLPNNL.¹⁷ The average annual response rate is 58.8 per cent. Survey results from 2001/02 to 2004/05 are shown in Table 24.

Table 24. Results of Lapsed Membership Survey, 2001/02 to 2004/05.

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	164

Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Lapsed Membership Survey, (2001/02 to 2004/05).

It is difficult to determine whether these trends validly represent the entire pool 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 PN must complete a re-entry program to regain their license. It is unsure whether PNs 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 working with other regulating authorities across Canada for LPNs to achieve the common goal of improved labour mobility. Jurisdictions have increased their understanding of the ways in which the occupation is similar or different 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 a 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.²⁵ The Mutual Recognition Agreement was completed in July 2001.

5.2 Net Change in Licensed Practical Nurses

The net change in practicing LPNs depends on several factors. Workforce gains include:

1. New graduates from the PN Program and the retention of new graduates. New graduates are required to obtain licensure in NL at the time of graduation if they intend to practice in this province, however, 90.3 per cent of the 2003/04 graduating class were still licensed with the CLPNNL in 2004/05.¹⁵
2. An estimated five to 10 LPNs from other jurisdictions obtaining licensure in NL for the first time.¹⁵
3. LPNs completing the Re-Entry Program.

It is possible to calculate the overall numbers of LPNs failing to renew licenses for each year. Data are provided in Table 25.

Table 25. Net Change in LPN License Renewals, 1988/89 to 2004/05.

Fiscal Year	Total Registrants	Gains		Losses	Net Change (D)
		New Registrants (A) ¹	Re-Entry (B) ²	Non-Renewing (C) ³	
1988/89	2566	-	-	-	-
1989/90	2659	203	39	149	93
1990/91	2848	248	19	78	189
1991/92	2810	196	10	244	-38
1992/93	2817	127	6	126	7
1993/94	2751	79	0	145	-66
1994/95	2853	134	19	51	102
1995/96	2833	124	14	158	-20
1996/97	2838	142	27	164	5
1997/98	2797	85	0	126	-41
1998/99	2809	100	13	101	12
1999/00	2859	121	19	90	50
2000/01	2905	120	26	100	46
2001/02	2912	109	27	129	7
2002/03	2940	149	20	141	28
2003/04	2893	101	14	162	-47
2004/05	2875	97	4	119	-18

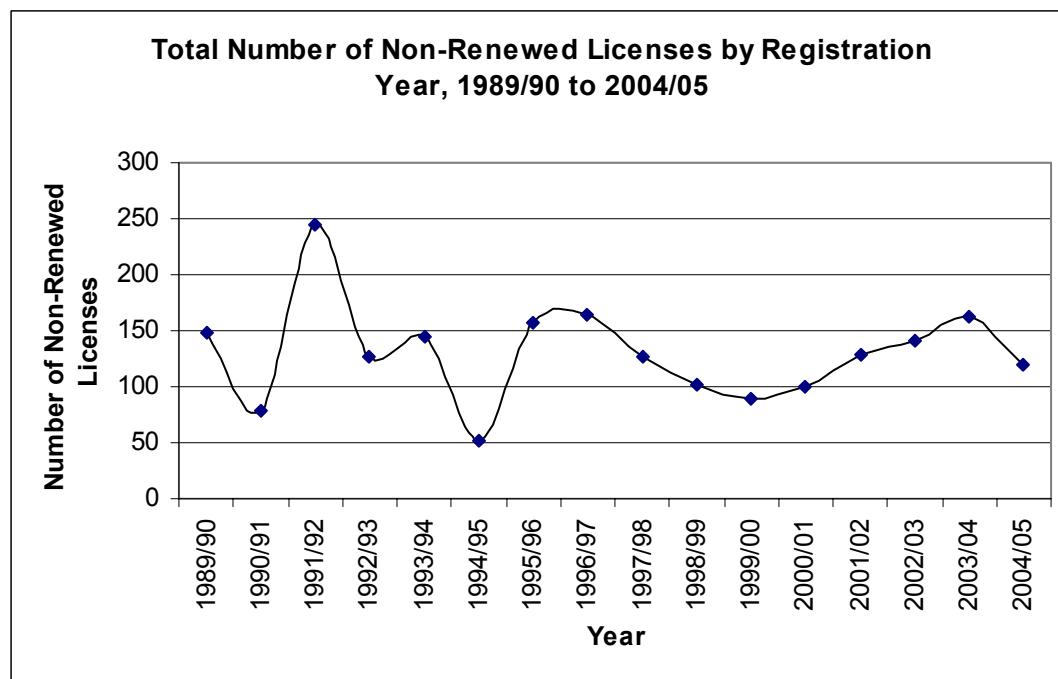
Source: College of Licensed Practical Nurses of Newfoundland and Labrador, Database for Registration Year 2004/05, (2005).

Notes:

1. Data were derived directly from CLPNNL registration numbers, assigned consecutively to those obtaining licensure with CLPNNL, including new graduates and first-time registrants from out-of-province. New Registrations (A) does not include Re-Entry (B).
2. Data were derived directly from Re-Entry Program statistics. The majority of these LPNs had previous registration numbers (licensure was introduced in 1984) and do not get assigned new numbers. If a number was assigned in the past, it is reactivated.
3. Data are derived from CLPNNL registration numbers. Workforce losses are not so easily detailed as it includes all LPNs who fail to renew a license for any reason. These reasons are many and varied, and change from year to year.

Calculations above are best illustrated with an example: In fiscal year 2003/04, there were 2893 LPNs. In 2004/05, there were 97 new licenses, four re-entries, and 119 non-renewing or exiting, for a net change of 18 LPNs from the previous year. In general terms: $D = A + B - C$. Graphically, the number of LPNs failing to renew licenses is shown in Figure 13.

Figure 13. Total Number of Non-Renewed Licenses by Registration Year, 1989/90 to 2004/05.



Source: College of Licensed Practical Nurses of Newfoundland and Labrador, *Database for Registration Year 2004/05*, (2005).

There is no apparent pattern to predict the net change in renewals. LPNs allow their licenses to lapse or re-enter the health system for many and varied reasons. Planning is further challenged by the fact that these statistics reflect individual licenses only, and do not reflect labour force participation.

The number of verifications is some indication of the movement of LPNs out of the province, but in different years may account for nearly half of the non-renewals (42 verifications out of 90 non-renewals in 1999/00) or as little as eight per cent (12 verifications out of 145 non-renewals in 1993/94). The net change in renewals is the most reasonable approach for estimating movement into and out of the LPN workforce.

6.0 Conclusion

This report has highlighted a number of important statistics regarding LPN human resources in this province. Although the current workforce is slowly growing and statistics show that NL has the highest proportion of LPNs per 1000 population in Canada, provincial planners can anticipate a steady requirement for more LPNs in the future to fill existing positions. Almost one-third of the LPN population is expected to retire between 2006 and 2015. Special attention should be directed towards operating room technicians, and LPNs with post-basic education in mental health and gerontology, who show sizable retirements by the year 2015.

The future role of LPNs will evolve as more LPNs assume medication administration responsibilities in the health system. This has been a slow area of growth because many LPNs in the present health system do not have this education. However, graduates of the PN Program in 2005 will be the first in NL to have proficiency in medication administration at graduation, and the CNS offers a post-basic continuing education course in medication administration to current LPNs in the health system. These efforts are expected to accelerate growth in this area.

Gradual changes in the employment status of LPNs show a decrease in the number of permanent positions since 1988/89. The majority of NL LPNs work in geriatric / long-term care and medical / surgical areas of "Direct Care." Finally, LPNs show higher rates of absenteeism in NL than other health professionals. Wellness statistics show a concerning number of LPN hours lost annually due to sick leave and workplace injury leave.

Out-migration trends demonstrate a loss of several LPNs each year to other jurisdictions. Verification trends show some indication of the movement of LPNs out of province, but only count as a percentage of the non-renewals each year. It is important to note that this report only addresses the supply side of the forecasting equation. It does not consider several other important factors that will have a significant impact on the future need for LPNs.

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