



**ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR
ANNUAL GENERAL MEETING
JUNE 8, 2018**

2018 RESOLUTIONS

Resolution 1: Supporting a Safer Health System for Indigenous People in Newfoundland and Labrador.....	2
Resolution 2: Mechanism for ARNNL Members unable to attend ARNNL AGM in person to vote, move and second motions.....	5
Resolution 3: Complaints Process.....	6
Resolution 4: Requirements for Entry to Practice.....	8

RESOLUTION #1

ARNNL Annual General Meeting Motion 2018 SUPPORTING A SAFER HEALTH SYSTEM FOR INDIGENOUS PEOPLE IN NEWFOUNDLAND AND LABRADOR

In the 1949 the Terms of Union between Newfoundland and Canada made no mention of Aboriginal people. As a result, the *Indian Act* was not applied in Newfoundland and thus the province's Innu and Mi'kmaq were ineligible for the range of programs and services enjoyed by their counterparts in continental Canada.

¹

In 2011, 3% of Aboriginal people in Canada live in Newfoundland and Labrador. This province also had the largest Aboriginal population of all the Atlantic provinces. ²

In June 2015, the Truth and Reconciliation Commission (TRC) released its report based on hearing from thousands of residential school survivors. There are 94 Calls to Action including individual instructions to guide governments, communities and faith groups down the road to reconciliation. Of these seven are specific to the Health System. For a list of these seven see Appendix. ³

According to the TRC report and cited elsewhere⁴, systemic racism against Indigenous peoples, which includes personal biases and unintentional stereotyping, continues to be a problem in today's health settings.

Registered Nurses have the power to be a strong partner in the TRC Calls to Action. Awareness is a first step for RNs to learn about the damaging policies such as residential schools in this province as well as the intergenerational trauma, and loss of culture and voice in many communities throughout the province.

It is also important also for RNs to learn about and acknowledge the state of Indigenous health and rights as identified in international law⁵, constitutional law and under treaties. Equipped with this knowledge RNs can collectively work with Indigenous leaders and others to make the cultural shift needed to create conditions to improve Indigenous peoples' health outcomes. ⁶

¹ Mackenzie, D. (2010). The Indian Act and the Aboriginal Peoples of Newfoundland at the Time of Confederation. Newfoundland and Labrador Studies, Ryerson University. Retrieved April 25, 2018 from <https://journals.lib.unb.ca/index.php/nflds/article/view/18351/19794>

² Statistics Canada (2016). Aboriginal Fact Sheet for Newfoundland and Labrador. Retrieved April 20, 2018 from <http://www.statcan.gc.ca/pub/89-656-x/89-656-x2016002-eng.htm>

³ Truth and Reconciliation Commission of Canada: Call to Action. Retrieved June 19, 2017 from [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls to Action_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls%20to%20Action_English2.pdf)

⁴ The College of Family Physicians. (2016). Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada. Retrieved April 30, 2018 from http://www.cfpc.ca/uploadedFiles/Resources/PDFs/SystemicRacism_ENG.pdf

⁵ United Nations Declaration on the Rights of Indigenous Peoples (March 2008). Retrieved April 30, 2018 from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

⁶ Truth and Reconciliation Commission of Canada: Call to Action. Retrieved June 19, 2017 from [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls to Action_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls%20to%20Action_English2.pdf)

Whereas: Indigenous people in Canada are diverse populations whose health is affected by all social determinants of health, as well as a complex history of colonialism, racism, and residential schools.

Whereas: Social determinants have a significant impact on disease and recovery experiences within many Indigenous communities.

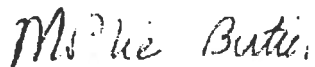
Whereas: The Truth and Reconciliation Commission has helped Canadians to gain a better understanding how the health status of Canada's Indigenous Peoples has been compromised by years of disenfranchisement and abuse and provides opportunities for ongoing dialogue and solutions-oriented responses.

Whereas: Registered Nurses who are often the most frequent point of contact into the healthcare system for many Indigenous peoples are well positioned to ensure that the Calls to Action are upheld, and that they remain on the political and health care agendas.

Be it Resolved that the Association of Registered Nurses of Newfoundland and Labrador:

1. Undertake an environmental scan to identify how other nursing and other health professional regulatory bodies are answering the TRC Calls to Action.
2. Collaborate with Indigenous RN leaders and their agencies and where relevant other health professional bodies, provincial ministries to develop an action plan to address the relevant Calls to Action in this province.
3. Report progress to members through newsletters and other forms of communication tools.

Moved By: Mollie Butler, RN, PhD

A handwritten signature in cursive script that reads "Mollie Butler".

Seconded By: Dennis Benoit, RN, BN

Appendix: Truth and Reconciliation Commission Calls to Action for Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcome between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal Peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal peoples.

23. We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all healthcare professionals

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism

RESOLUTION #2

ASSOCIATION OF REGISTERED NRSES OF NEWFOUNDLAND & LABRADOR

RESOLUTION FOR SUBMISSION TO ARNNL ANNUAL MEETING

Mount Peyton Hotel, Grand Falls – Windsor, Friday, June 8, 2018

ARNNL Annual General Meeting Motion 2018

WHEREAS Many Registered Nurses are unable to attend the ARNNL AGM in person,

WHEREAS Many Registered Nurses may be interested in attending the AGM via teleconference or an electronic platform,

WHEREAS Many Registered Nurses may be interested in voting during the AGM, or in moving and seconding resolutions that are submitted to ARNNL.

BE IT RESOLVED THAT,

ARNNL explore and adopt a mechanism that allows for ARNNL members who are unable to attend the ARNNL AGM in person to participate in voting and moving and seconding resolutions via an alternative method in real time.

ANTICIPATED ACTION AND COSTS

The anticipated cost to ARNNL is related mainly to the adoption of technology that will facilitate member involvement for voting, or moving or seconding resolutions at an AGM. If ARNNL has in-house IT support that can explore this technology, the cost will only be related to the payment of any license fees that are required to purchase software.

EXPLANATORY NOTES

The ARNNL currently requires that members must be present in person in order to participate in voting held at its Annual General Meeting (AGM) or to move or second a resolution submission. Currently, there is no mechanism in place for a member who is attending the AGM via electronic means or teleconferencing to vote or to move or second a resolution submission during the AGM.

MOVER/Submitter: Carla Wells

Address:

Phone:

Email:

Seconder: Alice Gaudine

Address:

Phone:

Email:



ARNNL Registration No: 9719



ARNNL Registration No: 11815

RESOLUTION #3

ARNNL Annual General Meeting Motion 2018 Complaints process

Preamble The ARNNL has the mandate for protecting the public and as part of this mandate the Registered Nurses Act (2008) provides the legislative authority for a process where members of the public or Registered Nurses can submit a complaint or allegation against its members. Specifically, Article 21 of the Registered Nurses Act (2008) states:

“21. (1) An allegation shall be in writing and signed by the complainant or his or her solicitor, and filed with the Director of Professional Conduct Review.

(2) The Director of Professional Conduct Review may on his or her own motion make an allegation and file it, and the allegation shall have the same effect as an allegation referred to in subsection (1)...”

Article 22 of the Registered Nurses Act (2008) states:

“22. (1) Where it appears to the Director of Professional Conduct Review after notifying the respondent of the allegation that the allegation may be resolved satisfactorily and where the complainant and the respondent consent, the Director of Professional Conduct Review may attempt to resolve the matter.”

The Act does not specify guidelines for dismissing a complaint at the time of intake.

Whereas Many Registered Nurses (and Nurse Practitioners) work for health care authorities or other organizations that have complaints procedures for complaints from the public and other nurses or health care professionals,

Whereas Many Registered Nurses (and Nurse Practitioners) work for health care authorities or other organizations that have unions that have grievance procedures for reviewing complaints,

Whereas Nursing Students in the BN (Collaborative) program can lodge complaints about faculty members following Memorial University of Newfoundland’s Academic Appeals process, and can lodge non academic complaints about nursing faculty using the non academic complaint process at their site (Eastern Health, Memorial University of Newfoundland, and Western Health),

Whereas Complaints submitted to the ARNNL may be related to Human Resource or Administrative issues and not related to the protection of the public,

Whereas Complaints submitted to the ARNNL may have been already thoroughly investigated by the regional health authorities, other health authorities, university, unions, or organizations such as The Human Rights Commission,

Whereas Other complaint processes may include guidelines for dismissal on intake, which may include contacting the chief nurse of the organization or an administrator for information,

Whereas The current ARNNL process for dismissing complaints takes several months,

Be it resolved that the ARNNL survey other complaint processes in other jurisdictions and of other organizations such as the Human Rights Commission, for guidelines for dismissing complaints on intake and for identifying if the complaint is within the mandate of public protection, and consider developing their guidelines for dismissing a complaint on intake and recommending a change in The Nurses Act (2008) if required.

Moved by:

April Manuel

 Recoverable Signature

 April Manuel

AprilManuel

Signed by: Manuel, April

Registration Number 15259

Seconded by:

Mollie Butler



Mollie Butler

Registration Number: 5611

RESOLUTION #4

RESOLUTION FOR SUBMISSION TO ARNNL ANNUAL MEETING Mount Peyton Hotel, Grand Falls – Windsor, Friday, June 8, 2018

Requirements for Entry to Practice

Preamble

In pursuit of its mission, ARNNL is accountable for self-regulation of the nursing profession in the public interest, and regulatory processes are transparent, accessible, and fair. The ARNNL must ensure that a transparent and fair regulatory process is in place to assess entry to practice competency in new graduates.

- Whereas** The validity of the NCLEX-RN © examination has not been established in the Canadian context and the validity of an exam, instrument or measure in one country does not mean it is valid in another country,
- Whereas** There is growing evidence that the assumptions underlying the application of the NCLEX-RN © examination to the Canadian context is flawed,
- Whereas** The success rate of French speaking graduates and international graduates in Canada is low and there are concerns that indigenous graduates are disadvantaged,
- Whereas** Low pass rates on the NCLEX-RN © may ultimately eliminate qualified BN graduates from registering to practice, and may contribute to nursing shortages over the next decade,
- Whereas** There is a shortage of nurses in the United States and in areas of Canada that have a high failure rate on the NCLEX-RN © examination,
- Whereas** Newfoundland graduates are being offered full-time permanent employment in other Canadian provinces and the United States, and writing the NCLEX-RN © examination expedites their migration to the United States, thereby increasing the shortage of nurses in Canada,
- Whereas** The NCLEX-RN © examination requires the development of testmanship skills and most American and Canadian schools require students to develop and practice their testmanship skills (not their knowledge) through purchasing test materials, and these cost our students approximately \$600 US dollars, and many students also spend several hundred dollars buying other NCLEX-RN © test-taking skill resources,
- Whereas** The cost of the NCLEX-RN © examination is \$360 each time it is written and it is offered in Corner Brook only one time a year,

Whereas In Canada, there is reciprocity in registration in one province or jurisdiction and therefore provinces do not need to use the same procedures (or examination) for nurses to move to other provinces or jurisdictions,

Whereas The decision to move to the NCLEX-RN © examination without consultation with nurse educators or registered nurses teaching in baccalaureate nursing programs has led to a divide between nurse educators, nursing students, and a growing number of nurse graduates, and regulatory bodies in Canada including the ARNNL,

Whereas The Canadian Association of Schools of Nursing is currently leading an initiative to develop a Canadian Baccalaureate exit exam,

Be it resolved that:

The ARNNL explore the option of not renewing their contract with the National Council of State Boards of Nursing for the NCLEX-RN © exam, or if necessary, explore the option of renewing the contract for a shorter period of time until another exam option is found.

Be it further resolved that:

The ARNNL explore the Canadian exit exam being developed by CASN as an option to the NCLEX-RN © exam.

Be it further resolved that:

The ARNNL ensure a fair regulatory process is in place and advocate for a Canadian exam in consultation with the Canadian Nurses Association and the Canadian Council of Registered Nurse Regulators.

Moved by: Daphne Kennedy ARNNL# 21188

Daphne Kennedy ARNNL

Seconded by: Carla Wells ARNNL# 9719

Carla Wells

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