

## Action Plan: College of Licensed Practical Nurses of Manitoba

In response to the Fairness Commissioner's recommendation in the 2016-17 Registration Review, CLPNM proposed the following action:

Progress Opportunities	Action Plan	Anticipated Completion Date	Status as of February 2018	Update
<p>1. A leadership role for CLPNM ensuring the development of additional ways for IENs to receive professional orientation and address gaps.</p>	<p>1. <u>Professional Orientation</u> The CLPNM will continue to provide the Professional Practical Seminars (PPS) for IENs seeking registration as licensed practical nurses in Manitoba. (2 intakes of the PPS have already been held.) The CLPNM hopes to provide two intakes per year or on an as needed basis, first priority going to those IENs who may be on wait lists for either the CCA or PNQR.</p> <p>2. <u>Address Gaps</u> Please see the response below to #2b.</p>	Ongoing	Ongoing	<p>The CLPNM was prepared to hold another series of the Professional Practice Seminars (PPS) September-October, 2017, but unfortunately there was not enough interest.</p> <p>Previously, IENs taking the seminar have provided positive feedback. CLPNM will explore future seminars in the circumstance of sufficient demand.</p>
<p>2. Co-operating and collaborating with stakeholders and partners to improve the IEN licensure process, including:</p> <ul style="list-style-type: none"> <li>• Work with NNAS to provide IENs access to full Advisory Report assessment details;</li> <li>• Work with Manitoba Health, Seniors and Active Living, Employers and Assiniboine Community College to continue to improve delivery options for the PNQR</li> </ul>	<p>The CLPNM consistently cooperates and collaborates with multiple stakeholders in order to continuously make improvements to the registration process for IENs.</p> <p>CLPNM's Credential Assessment Consultant (CAC) has been heavily involved with NNAS on various monitoring and improvement committees in order to improve the product and the service. The CAC has been involved with 7 committees prior to and since the launch of NNAS, August 12, 2014. Currently, the CAC is involved with 3 groups in order to improve/revise policies, to improve quality assurance, and to improve the</p>			

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<p>Program;</p> <ul style="list-style-type: none"> <li>Work with CRNM to reduce inefficiencies and duplications for IENs in the RN and LPN licensure pathways.</li> </ul>	<p>assessment tool.</p> <p><u>a. Advisory Reports:</u></p> <p>The nursing regulatory bodies (RB) across Canada receive a more detailed and complex Advisory Report than the version received by the IEN applicant. The difference between the reports is that the RBs receive a list of attributes (competencies) that could not be found in the IEN applicant's course syllabi. This is not to say that the IEN applicant does not possess these competencies; it is only to say that it was either missing from the nursing program or missing from the course syllabi. This is one reason why the NNAS does not provide this level of detailed information to the IEN applicant—in order to avoid confusion. In addition, the NNAS holds ownership of the Advisory Reports; they are not owned by the individual RBs. Therefore, the RBs cannot release these versions of the reports to the IEN. The CLPNM will continue to work with NNAS to enhance transparency wherever reasonable and possible.</p> <p>The CLPNM will revise their current Guide for IENs in order to advise applicants that if they wish to contact the CAC by email in order to book an appointment with the CAC to review their Advisory Report (the RB's version) they may do so.</p> <p><u>b. Delivery Options for PNQR:</u></p> <p>The CLPNM continuously works with Manitoba</p>	<p>a. June 2017</p>	<p>Complete</p>	<p>The Credential Assessment Application Guide for IENs was revised February 2017 in order to advise applicants that if they wanted to review their Advisory Reports sent to the CLPNM, they could e-mail the Credential Assessment Consultant (CAC) in order to book an appointment.</p> <p>Between February 2017 and the present date (February 21, 2018) only 1 applicant arranged an appointment and met with the CAC to go over their Advisory Report issued to the CLPNM.</p>

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	<p>Health, Seniors and Active Living (MHSAL) and Assiniboine Community College (ACC) in order to improve processes and make improvements to the PNQR program for IENs. While the PNQR program was still a Pilot, which ended March 31, 2016, the CLPNM was a member of the IEHPI Project 2.B PN QR Pilot—Working Group/Advisory Committee. This group met quarterly and consisted of CLPNM, MHSAL and ACC. Occasionally guests were invited, such as the OMFC. Once the Pilot ended, these group members continued to meet and still do so. (Note: employers will be invited to the table once post-Pilot processes for the PNQR have been developed and finalized.)</p> <p>The PNQR program consists of the following 4 courses, 2 practicums and CPNRE prep:</p> <ul style="list-style-type: none"> <li>• Canadian Healthcare Workplace</li> <li>• Nursing Skills Review</li> <li>• Pharmacology Review</li> <li>• Physical Health Assessment</li> <li>• Long Term Care</li> <li>• Acute Care</li> <li>• CPNRE Prep</li> </ul> <p>IENs are referred to education depending on their individual/unique needs:</p> <ul style="list-style-type: none"> <li>• <u>Full PNQR &amp; Part Practical Nursing Refresher (PNR) program</u>—this includes all 4 PNQR courses, 2 PNQR practicums,</li> </ul>	b. Sept 2017		<p>The PNQR program is still operating in the same fashion; all variations of education previously listed are still available options.</p> <p>Wait times for IENs to receive a CCA and to enter the PNQR program have significantly shortened over the last few years.</p> <p>The CLPNM has posed the suggestion that the long term care and acute care practicums also be offered through Continuing Education at ACC for eligible applicants. This initiative has not yet occurred. (Note: the CLPNM has not yet had any applicants in which this would be their appropriate path.)</p> <p>There have been no rural intakes of the PNQR program, and at this time there are no plans for a rural intake as there is not enough funding and not enough people in rural areas have come forward to express an interest. However, it is important to note that going forward (beginning with the May 2017 PNQR cohort), 20 students will be accepted into each cohort (as opposed to the previous 15).</p>

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	<p>1-6 PNR courses and CPNRE Prep</p> <ul style="list-style-type: none"> <li>• <u>Full PNQR</u>—this includes all 4 PNQR courses, 2 PNQR practicums, and CPNRE Prep</li> <li>• <u>Part PNQR</u>—this includes 1 to 3 PNQR courses, 2 PNQR practicums and CPNRE Prep</li> <li>• <u>Part PNQR, PNR program and Gap Training</u>—this includes 1 to 3 PNQR courses, 1-2 PNR courses, 2 PNQR practicums, 1 day of individualized gap training and CPNRE prep</li> <li>• <u>Part PNQR and Gap Training</u>—this includes 1 to 3 PNQR courses, 2 PNQR practicums, 1 day of individualized gap training and CPNRE prep</li> <li>• <u>Culture Healthcare Workplace (CHW) course, Gap Training and Practicum</u>—this includes the CHW course, 1 day of individualized gap training, 2 PNQR practicums and CPNRE prep</li> <li>• <u>Culture Healthcare Workplace (CHW) course and Gap Training</u>—this includes the CHW course, 1 day of individualized gap training and CPNRE prep</li> <li>• <u>Culture Healthcare Workplace (CHW) course and Practicum</u>—this includes the CHW course, 2 PNQR practicums and</li> </ul>			

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	<p>CPNRE prep</p> <p>Please note that the Culture Healthcare Workplace course is now available through ACC's Continuing Education throughout the year. The CLPNM is also working with ACC to offer both practicums (Long Term care and Acute Care) through Continuing Education, which would also potentially be offered throughout the year. This will provide more opportunities and may decrease the registration process for some IENs.</p> <p>The CLPNM, MHSAL and ACC are also discussing the feasibility of developing rural intakes. The CLPNM expects to hear more from MHSAL regarding next steps in January 2017.</p> <p>c. <u>Working with CRNM</u></p> <p>The CLPNM has joined the Manitoba IEN Stakeholder Table (MIST). (A similar group used to be chaired by MB Health, but has been dormant since the fall of 2011.) The group convened for the first time in early October 2016, and intends to meet 3 times per year, or as needed. Members include: CLPNM, CRNM, CRPNM, MHSAL, nursing educators and employers. The operational focus for the group is for information sharing and discussion, issue identification, and collaborative problem solving related to qualification recognition, recruitment and workplace integration of IENs.</p> <p>The CLPNM will utilize this opportunity to better understand and articulate the differences</p>	c. Ongoing		<p>There was a MIST meeting scheduled for March 2, 2017, but it was cancelled. On May 24, 2017 the CLPNM met with MHSAL, CRNM, RRC, U of MB and ACC to discuss IEN pathways. It was proposed that IENs pay for their CCAs without reimbursement. (IENs pursuing the LPN pathway may begin paying as soon as April 1, 2018.) The reason discussed for this change is in the hope that applicants will receive full funding for their education. This may in turn decrease the "double dipping" and applicants making quick decisions instead of informed decisions. Having a cost attached to the CCA may be cause for reflection and informed decision making. (Information on the CLPNM's website and in the Credential Assessment Application Guide for IENs helps applicants to make informed decisions.)</p>

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	<p>between our processes and those of the CRNM. However, a dual assessment for LPNs/RNs would require buy-in from multiple stakeholders, and an undertaking of this magnitude would be cost prohibitive for the CLPNM because of the resources, research and development required.</p>			
<p>3. Research into communication issues in the workplace will help ensure the right language proficiency policies are adopted.</p>	<p>The CLPNM remains committed to maintaining understanding/expertise in relation to language proficiency by ensuring the Credential Assessment Consultant (CAC) stays involved in national language working groups, updating her knowledge through ongoing professional development.</p> <p>The CAC is a member of NNAS' English Language Proficiency Test Group. This groups' sole focus is to revise the "triggers" for an applicant to be required to submit a language proficiency test, and ultimately to revise the language policy. This group convenes via teleconference on a monthly basis, and will continue to do so until the policy has been revised, approved and adopted.</p> <p>Please note that while NNAS' language policy states that an applicant's language test results can be no more than 6 months old when submitted to NNAS, the CLPNM will accept a test older than 6 months as long as it is no more than 2 years old when the applicant opens a credential assessment file with the CLPNM. This information will be provided in the Guide for IENS on CLPNM's website.</p>	<p>Most is Ongoing, but the revision to the Guide is June 2017</p>		<p>CLPNM's Credential Assessment Application Guide for IENS was revised January 2017 in order to advise applicants that the CLPNM would accept an applicant's language test older than 6 months but less than 2 years. While there has been hesitancy from NNAS to accept this deviation from the agreed-upon harmonized process across the country, to date CLPNM has contacted NNAS on behalf of at least 10 applicants in order for their language tests (older than 6 months old, but less than 2 years) to be accepted, and they have been accepted. However, an NNAS in-person workshop took place February 8, 2018 in Toronto to discuss the need to re-group and re-focus on agreed-upon processes. Nothing concrete has been determined as of yet, but NNAS hired a contractor to conduct consultations, workshops and information gathering sessions in order to prepare a report for NNAS with recommended solutions to support harmonization of steps 1-4 across the country. NNAS advises that the deadline for the final report submission is March 30, 2018. (Please note that at this point the CLPNM has no intention of changing policies related to the accepted language test expiry date.)</p> <p>CNAR's language proficiency group only met once early in 2017 to discuss a work plan for the year, but no other meetings have been organized; it appears this group has</p>

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	<p>The CAC is also a member of the Canadian Network of Agencies for Regulation's Language Proficiency Group. This group meets via teleconference on a quarterly basis. The groups' focus is to discuss best practices in language proficiency. Currently, the groups' main focus is on communicative competence, and how it should play a role in the licensure process.</p> <p>As the requirements surrounding language proficiency requirements is harmonized across all nursing regulators across the country, any changes to language proficiency policies would require buy-in and support from all stakeholders.</p> <p>The CLPNM is committed to staying involved in the issue of language proficiency by continuing to participate in National working groups for language.</p> <p>The CLPNM will also explore the idea of incorporating a communication course into the PNQR and through continuing education (which would require both a content and an EAL expert), so that applicants can work on building their communicative competence to prepare them for the workplace.</p>			<p>been dissolved.</p> <p>NNAS' English Language Proficiency Test Group was placed on hold indefinitely April 2017. However, in its place the CAC has recently joined a working group of the Canadian Nurse Regulator's Forum to review English language benchmarks, testing and processes for nurse regulators across Canada. The first meeting has not yet occurred.</p> <p>The CLPNM is still collaborating with MHSAL and ACC to develop agreed-upon processes for the PNQR program (post-pilot); therefore, there has been no thorough discussion about adding a communication course to the program. This will be tabled until the PNQR program goes under a full program evaluation; the estimated evaluation timeframe is 2020. (Please note that the Canadian Healthcare Workplace course does include communication necessary for the Canadian nursing work environment. In addition, objectives for clinical practicums in the PNQR program also include the application of professional and therapeutic communication.)</p>
<p>4. Work towards developing a robust and comprehensive data base of registration processes and outcomes to better inform actions.</p>	<p>The CLPNM is committed to continue to work with OMFC in order to implement processes, as resources allow, for the purposes of improving data collection.</p>	<p>Ongoing</p>	<p>Ongoing</p>	

### CLPNM Comments

The CLPNM's priority is our mandate to carry out our business in the public interest. We believe it serves the public to ensure that the required number of safe, competent and ethical LPNs are available to the health care system. The CLPNM remains committed to working collaboratively with all of our stakeholders to improve registration processes and timelines for all IENs deemed eligible to undergo the assessment process.