

Annual Report 2012



Singapore Nursing Board

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ANNUAL REPORT 2012

In the opinion of the Board, the annual report of the SINGAPORE NURSING BOARD are drawn up so as to present fairly the state of affairs of the SINGAPORE NURSING BOARD as at 31 March 2013.

On behalf of the Board,



Ms Low Beng Hoi
Chairman

31 August 2013



Dr Pauline Tan Cheng Jee
Registrar

31 August 2013

ORGANISATION DETAILS

Official Address	16 College Road, #01-01 College of Medicine Building, Singapore 169854
Operating Office	81 Kim Keat Road #08-00 Singapore 328836
Telephone	6478 5416
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SINGAPORE NURSING BOARD

VISION

World-Class Nursing for a Healthy Nation

MISSION

To uphold professional nursing standards and honour the public trust

FOREWORD

I am honoured to be appointed as Chairman of the Singapore Nursing Board (SNB) from 1 May 2012. And on behalf of SNB, I would like to thank Mrs Nellie Tang, immediate past Chairman and the previous members of the Board for their valuable contribution and commitment to the nursing profession.

SNB is continually looking at better ways to enhance our regulatory system and processes to protect public trust. 2012 has been yet another active year for SNB.

Executive Secretary and two SNB Managers made regulatory study trip to USA and attended the National Council of State Boards of Nursing (NCSBN) Scientific symposium, USA. The trip provided an excellent platform for SNB staff to learn new insights into the function and role of regulatory bodies, nursing registration, education and complaints. It also provided an opportunity to network with renowned regulatory experts. Useful lessons will be adapted and implemented locally.

SNB was honoured to host the Registrar of Seychelles Nursing and Midwifery Council, Mrs Winifred Agricole for 3 days in July 2012. Mrs Agricole was given an overview of the various SNB registration functions, accreditation of nursing education and managing complaints.

Towards the end of 2012, SNB conducted a series of roadshows to inform nurses on the release of two new documents: 'Standards for Clinical Nursing', and the 'Core Competencies and Generics Skills for Registered Nurse and Enrolled Nurse'. Participation at the roadshows had been overwhelming from both public and private sectors, and from acute to intermediate long term care settings. These sessions equipped participants with updated knowledge on the new standards and for them to take back useful lessons to share at their respective institutions.

Ms Low Beng Hoi

Chairman

BOARD MEMBERS

Appointed till 30 April 2012

Position	Name	Designation
Chairman	Mrs Nellie Tang Muay Kiah	Chief Executive Officer Parkway College
Registrar	Dr Pauline Tan Cheng Jee	Chief Nursing Officer Ministry of Health
Ex-officio Members	Dr Lau Hong Choon	Director Manpower Standards & Development Ministry of Health
	Mrs Dolly Ong Kim Leng	Principal Zhonghua Secondary School
Members	Mr David Ang Chee Chim	Executive Director Singapore Human Resources Institute
	Ms Jessy Chang Yut Keng	Nursing Administrator Mount Elizabeth Hospital
	Ms Chen Yee Chui	Director Nursing National Healthcare Group Polyclinics
	Dr Choo Li Nah	Director, Communications & Corporate Relations Department Agri-Food & Veterinary Authority of Singapore
	A/Prof Terry S H Kaan	Lecturer Faculty of Law National University of Singapore
	Ms Clair Khoo Siok Hiang	Deputy Manager (Academic 2) School of Health Sciences Nanyang Polytechnic
	Ms Paulin Koh	Deputy Director Nursing KK Women's & Children's Hospital
	A/Prof Lim Swee Hia	Senior Director Nursing Singhealth Alice Lee Institute of Advanced Nursing Singapore General Hospital
	Ms Lina Ma Yee Sheung	Deputy Executive Director Lions Home for the Elders
	Ms Low Beng Hoi	Director Nursing Khoo Teck Puat Hospital (Alexandra Health)
	Mr Tay Wei Sern	Deputy Director (Health Sciences) School of Applied & Health Sciences ITE College East
	Ms Wong Luan Wah	Director School of Health Sciences (Nursing) Nanyang Polytechnic
	Mr Yong Keng Kwang	Director Nursing Tan Tock Seng Hospital

NEW BOARD MEMBERS

Appointed from 1 May 2012 to 30 April 2015

Position	Name	Designation
Chairman	Ms Low Beng Hoi	Director Nursing Khoo Teck Puat Hospital (Alexandra Health)
Registrar	Dr Pauline Tan Cheng Jee	Chief Nursing Officer Ministry of Health
Ex-officio Members	Dr Jeffery Lawrence Cutter	Director Communicable Diseases Division Ministry of Health
	Mrs Tan Cheng Neo Marion	Principal St Margaret's Secondary School
Members	Mr Ang David Chee Chim	Executive Director (till June 2013) Singapore Human Resources Institute
	Mdm Tan Lay Geok	Director, Inpatient Operations Raffles Hospital
	Ms Chen Yee Chui	Director Nursing National Healthcare Group Polyclinics
	Dr Choo Li Nah	Director, Communications & Corporate Relations Department Agri-Food & Veterinary Authority of Singapore
	Ms Karen Koh Wei Lin	Advanced Practice Nurse Assistant Director Nursing National University Hospital
	Ms Paulin Koh	Deputy Director Nursing KK Women's and Children's Hospital
	Ms Lina Ma Yee Sheung	Deputy Executive Director Lions Home for the Elders
	A/P Terry S H Kaan	Lecturer Faculty of Law National University of Singapore
	Ms Koh Sioh Eng	Deputy Director Nursing Institute of Mental Health
	Dr Janet Choo Kim Lan	Deputy Director Nursing Changi General Hospital
	Mr Tay Wei Sern	Deputy Director (Health Sciences) School of Applied & Health Sciences ITE College East
	Ms Wong Luan Wah	Director School of Health Sciences (Nursing) Nanyang Polytechnic
	Mr Yong Keng Kwang	Director Nursing Tan Tock Seng Hospital

KEY MANAGEMENT PERSONNEL

Designation	Name
Registrar	Dr Pauline Tan Cheng Jee
Executive Secretary	Mdm Kwek Puay Ee
Assistant Executive Secretary	Mrs Esther Lim

KEY HIGHLIGHTS

Appointment of a new Board

The new Board was appointed from 1 May 2012 to 30 April 2015 by Minister for Health for a period of 3 years chaired by Ms Low Beng Hoi.



Sitting from left: A/P Terry S H Kaan, Mrs Tan Cheng Neo Marion, Ms Wong Luan Wah, Dr Pauline Tan Cheng Jee (Registrar), Ms Low Beng Hoi (Chairman), Mdm Tan Lay Geok, Dr Choo Li Nah and Dr Jeffery Lawrence Cutter

Standing behind from left: Dr Janet Choo Kim Lan, Ms Koh Sioh Eng, Mr Tay Wei Sern, Mr Yong Keng Kwang, Mr Ang David Chee Chim, Ms Karen Koh Wei Lin, Ms Chen Yee Chui and Ms Lina Ma Yee Sheung

Not in the picture: Ms Paulin Koh

Study Trip cum Attending 2nd Annual Developing the Nurse Practitioner (NP) Conference in Melbourne, Australia from 24 to 30 March 2012

Ms Chan Huay Lian joined Dr Pauline Tan and Ms Mylene Koh from Ministry of Health to attend the NP conference followed by a visit to the Australian Health Practitioner Regulation Agency and other healthcare institutions to learn about the scope, development and regulatory frameworks for NPs in Australia. Insights gained were used to strengthen the development of APNs nationally.

Regulatory Study Visit to the USA

Singapore Nursing Board's nursing professionals, Ms Kwek Puay Ee, Ms Ow Jee Hia and Ms Rita Gan participated in the annual National Council for State Boards of Nursing (NCSBN) Scientific Symposium in September 2012. This was the first time that SNB participated in a regulatory related symposium conducted by NCSBN. The Symposium focused on 3 aspects of nursing: practice, education and regulation.

The main highlights of the study trip was the visit to NCSBN where the team learnt about how NCSBN worked with the state Boards of Nursing and collaborate with them to ensure agreement and harmonisation of regulatory policies and process. The team was particularly impressed with the robustness of the NCLEX Licensing Exam and the various regulatory initiatives to improve public safety such as Transition to Practice programmes.

The team also visited the District of Columbia (DC) Board of Nursing to have mutual exchange on regulation, licensing, criminal background checks, impaired practitioners and continuing education requirements.

Overall, the team gained a better understanding of regulation and innovative initiatives including accreditation of nursing programmes, transition to practice programmes, certification of nursing programmes and how a board of nursing should deal with common issues such as complaints against nurses/midwives. The process will be reviewed and incorporated into SNB's work streams moving forward.



At the NCSBN Office, Chicago, seated: Ms Ow Jee Hia, Ms Kathy Apple, CEO of NCSBN, Ms Kwek Puay Ee and Ms Rita Gan
Standing behind: Staff of NCSBN

Standards for Clinical Nursing Education

The SNB Education Committee (2009 to 2012) developed the Standards for Clinical Nursing Education and approved by SNB to accredit clinical areas that facilitate holistic clinical education. The Standards for Clinical Nursing Education complements the Standards for Nursing Education and are available on SNB's website.

Core Competencies and Generic Skills for Registered Nurse (RN) and Enrolled Nurses (EN)

SNB's Education Committee developed the Core Competencies and Generic Skills for RNs and ENs in collaboration with a clinical workgroup comprising practising nurses from acute public and private hospitals, the intermediate and long term care institutions as well as polyclinics).

The Core Competencies is a set of broad guidelines that defines the requirements for entry to practice as a RN/an EN, that is, what qualities/attributes and skills should nurses have before they can be registered as RN and/or EN.

The Competencies and Skills were approved by the Board in July 2012 and launched in November 2012 through a series of Road shows. The Core Competencies and Generic Skills are posted on SNB's website.

SNB Roadshows

In November 2012, SNB conducted a total of 6 road shows for key nursing personnel in various healthcare and education institutions. These road shows were aimed at providing an overview on the key elements of the new Standards for Clinical Nursing Education as well as the Core Competencies and Generic Skills for the Registered Nurse and Enrolled Nurses. The road shows were well-received and attracted more than 470 nurses.

Overseas Visitors

Representatives from the Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital and Brunei Nursing Board on 10 May 2012

The Brunei Nursing Board delegate's visit to Singapore was to gain a better understanding of the integration of nursing education and clinical education within the healthcare services in Singapore and the role of the Singapore Nursing Board. The visit was hosted by the Health Science Department of ITE College East, School of Applied & Health Sciences.

Indonesia delegates on 10 July 2012

On 10 July 2012, SNB hosted 5 delegates from the Ministry of Health of the Republic of Indonesia. The team was led by Drg. Tritarayati, SH, Director of the Health Human Resources Management and Planning Center, Ministry of Health of the Republic of Indonesia and accompanied by Mr Arianto Surojo, First Secretary of Economic Affairs, Embassy of the Republic of Indonesia in Singapore. The purpose of their visit was to learn more about the regulatory processes of SNB, including the registration/enrolment of nurses and midwives as well as the certification of Advanced Practice Nurses.

Registrar from Sychelles Nursing and Midwifery Council from 1 to 3 July 2012

SNB hosted a visit by Mrs Winifred Agricole, Registrar of Sychelles Nursing and Midwifery Council. Besides learning the various functions of the Board, Ms Agricole was taken on a visit to Tan Tock Seng Hospital to have a perspective of one of Spore's public healthcare institution.



From left to right: Top: Ms Cheng Yan Choo, Mrs Esther Lim, Ms Chan Huay Lian, Ms Rita Gan and Ms Ow Jee Hia
Bottom: Mrs Agricole & Ms Kwek Puay Ee

REGISTRATION

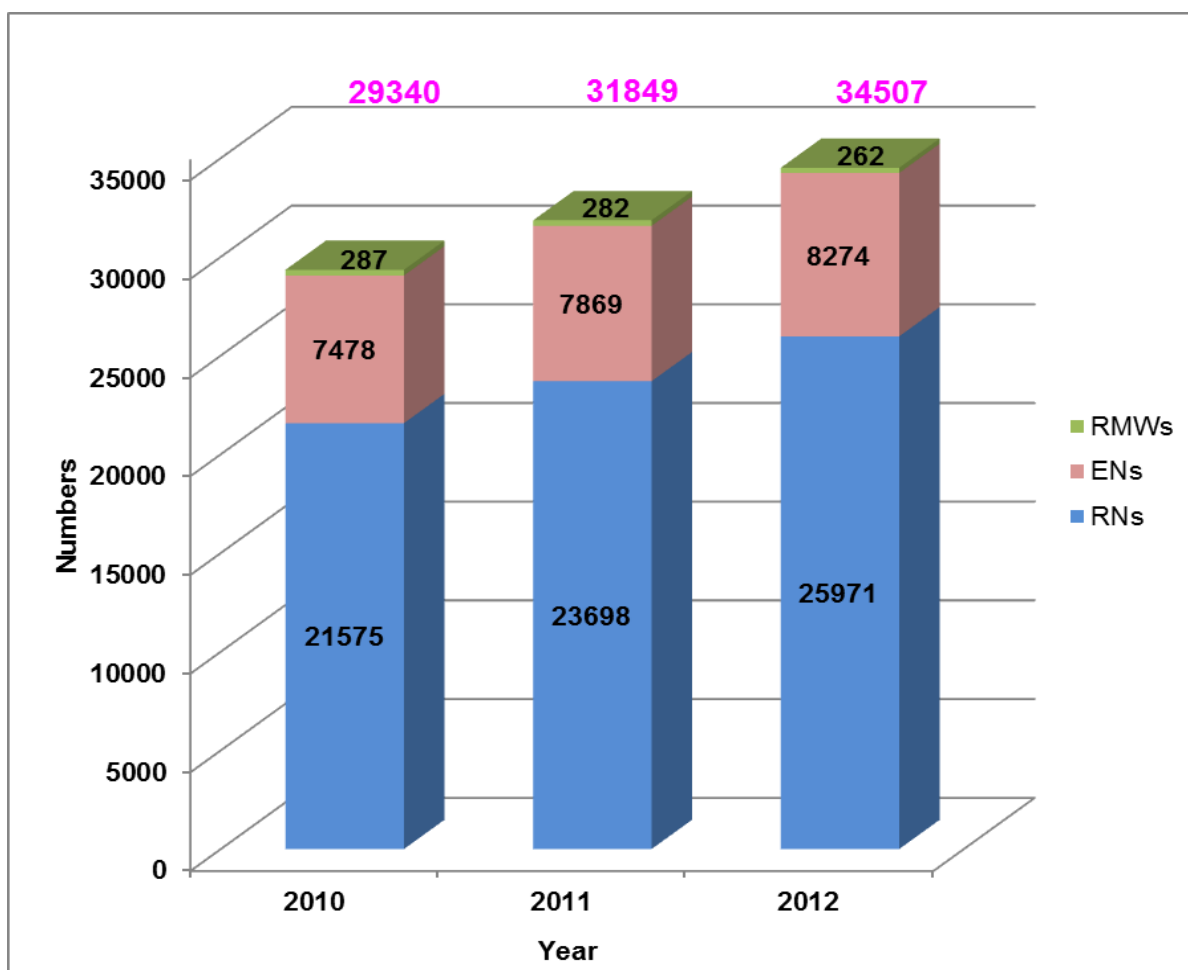
I) Total Number of Nurses and Registered Midwives

By the end of 2012, there were a total of 34,507 Nurses and Registered Midwives on the Register and Roll. These numbers increased by 8.7% over the preceding year.

Of the 34,507 Nurses and Registered Midwives, 25971 were Registered Nurses (RNs), 8274 were Enrolled Nurses (ENs) and 262* were Registered Midwives (RMWs) as illustrated in the chart below.

Selected characteristics of RNs, ENs and RMWs are available at Figures (A), (B) and (C) on pages 37 to 39.

Chart 1: Total Number of Nurses and Registered Midwives*



(*Please note that the number of RMWs in this Chart refers to those who are not concurrently registered in another Register/Roll of Nurses (Single Register).)

II) New Registrations/Enrolments

In 2012, a total of 3778 new nurses/midwives were registered/enrolled, which is higher than the 2658 new registrations in 2011.

Table 1: Number of New Registrations/Enrolments for 2012

	Local*	Foreign	Total
Registered Nurse	919	1863	2782
Enrolled Nurse	379	615	994
Registered Midwife	0	2	2
Total	1298	2480	3778

* Singaporeans and PRs

III) Number of Registered Midwives

In 2012, there were a total number of 1507 midwives on the register of midwives (RMWs). A total of 262 RMWs were registered as RMWs only (Single Register), with the remaining 1245 RMWs concurrently registered on at least one other register. To streamline the reporting of statistics, the 1245 RMWs are counted as nurses instead (as reported in section (I) above).

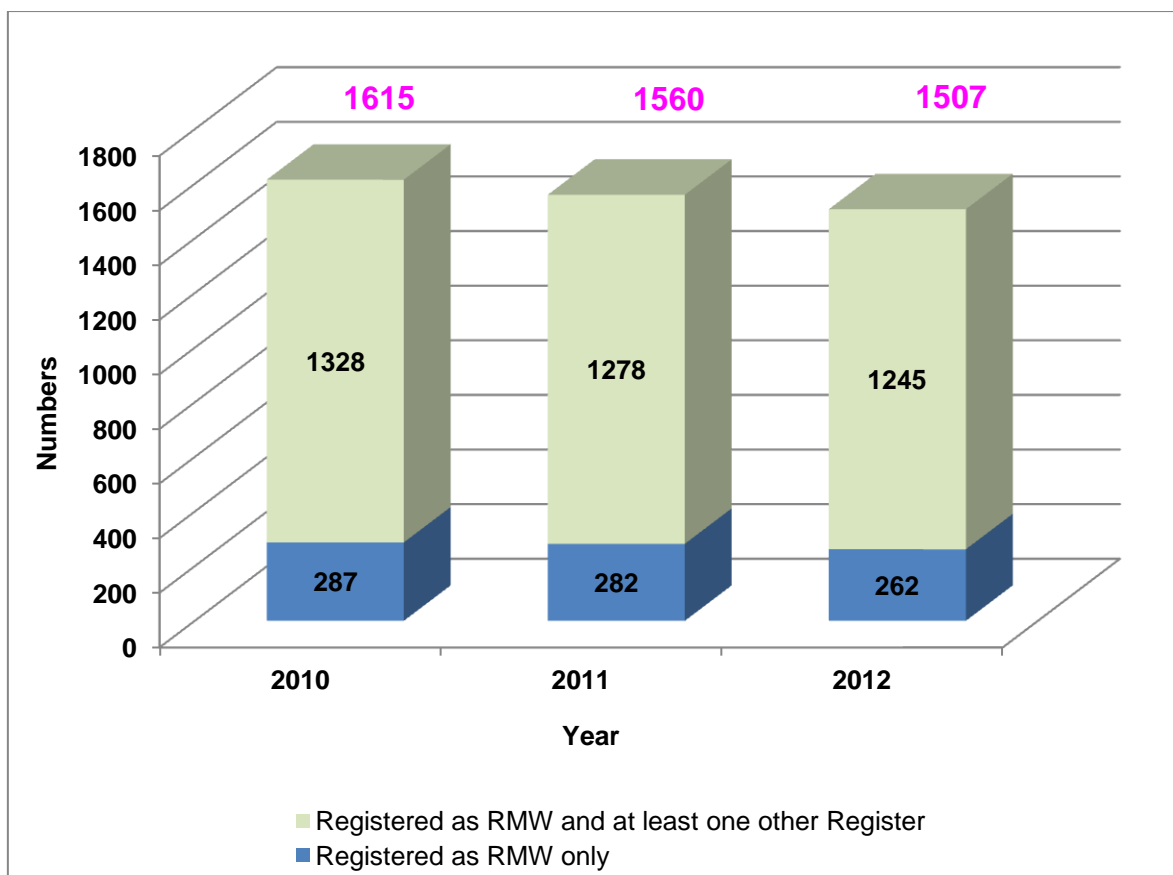
When RMWs were also concurrently registered as RNs (for example), it means that they can practise in both the scope of RN and RMW.

Selected characteristics of all 1507 RMWs are available at Figure (D) on page 40.

Table 2: Number of Registered Midwives

	2010	2011	2012
Registered as RMW only	287	282	262
Registered as RMW and at least one other Register	1328	1278	1245
Total Number of RMWs	1615	1560	1507

Chart 2: Total Number of Registered Midwives



IV) Number of Registered Nurse (Psychiatric)

In 2012, there were a total of 559 on the psychiatric part of the register of Registered Nurses (RNP). A total of 25 RNPs were registered as RNPs only with the remaining 534 RNPs concurrently registered on at least one other register.

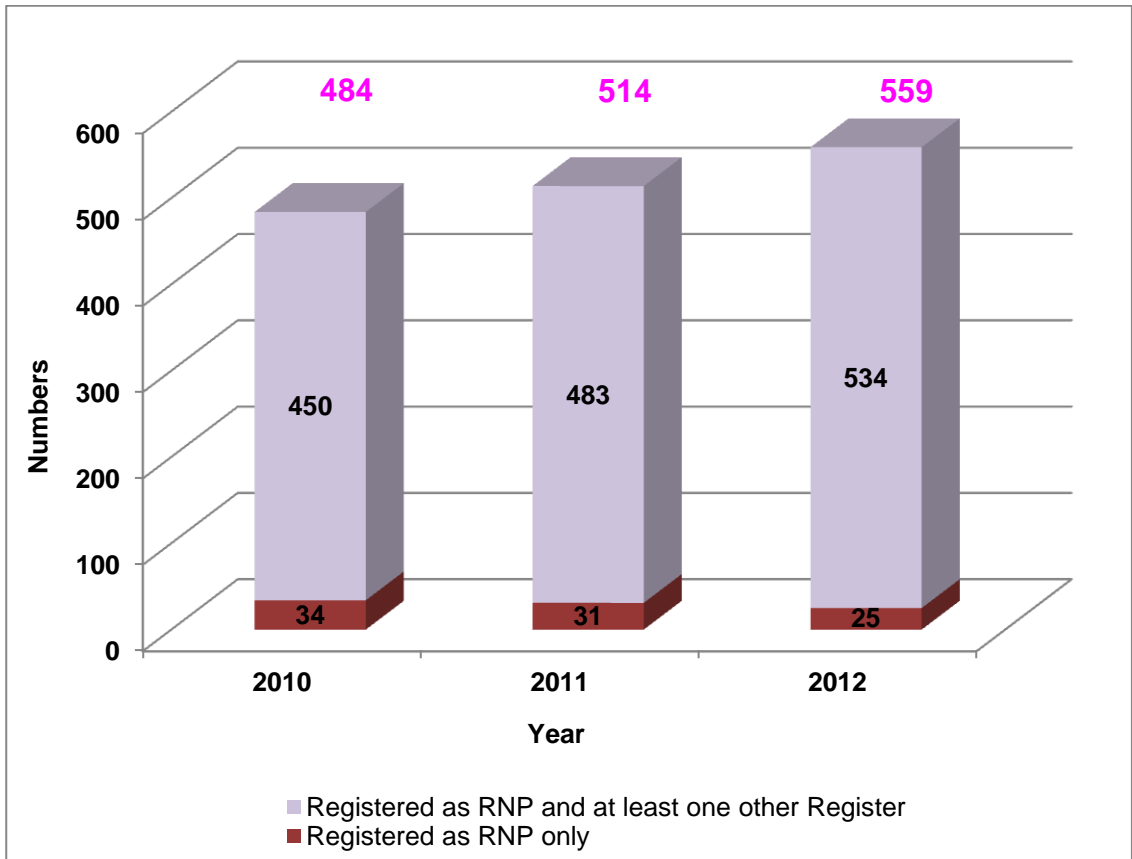
When a RNP is also concurrently registered as a RN (for example), it means that they can practise in both the scope of RN and RNP.

Selected characteristics of all 559 RNPs are available at Figure (E) on page 41.

Table 3: Number of Registered Nurse (Psychiatric)

	2010	2011	2012
Registered as RNP only	34	31	25
Registered as RNP and at least one other Register	450	483	534
Total Number of RNP	484	514	559

Chart 3: Total Number of Registered Nurse (Psychiatric)

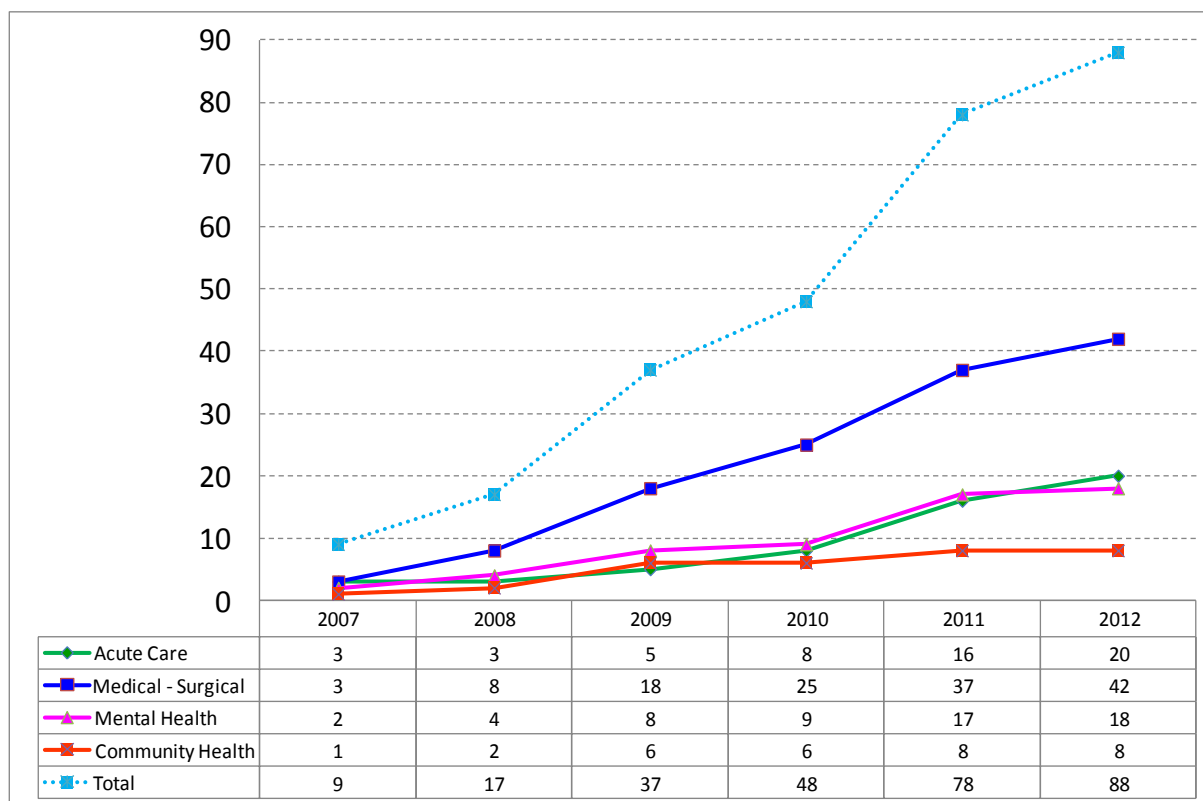


ADVANCED PRACTICE NURSE (APN) CERTIFICATION

With 10 additional APNs certified in 2012, there were 88 fully certified APNs under the 4 Specialised Branches of Nursing namely Acute Care, Community, Medical/Surgical and Mental Health.

Selected characteristics of all 88 APNs are available at Figure (F) on page 42.

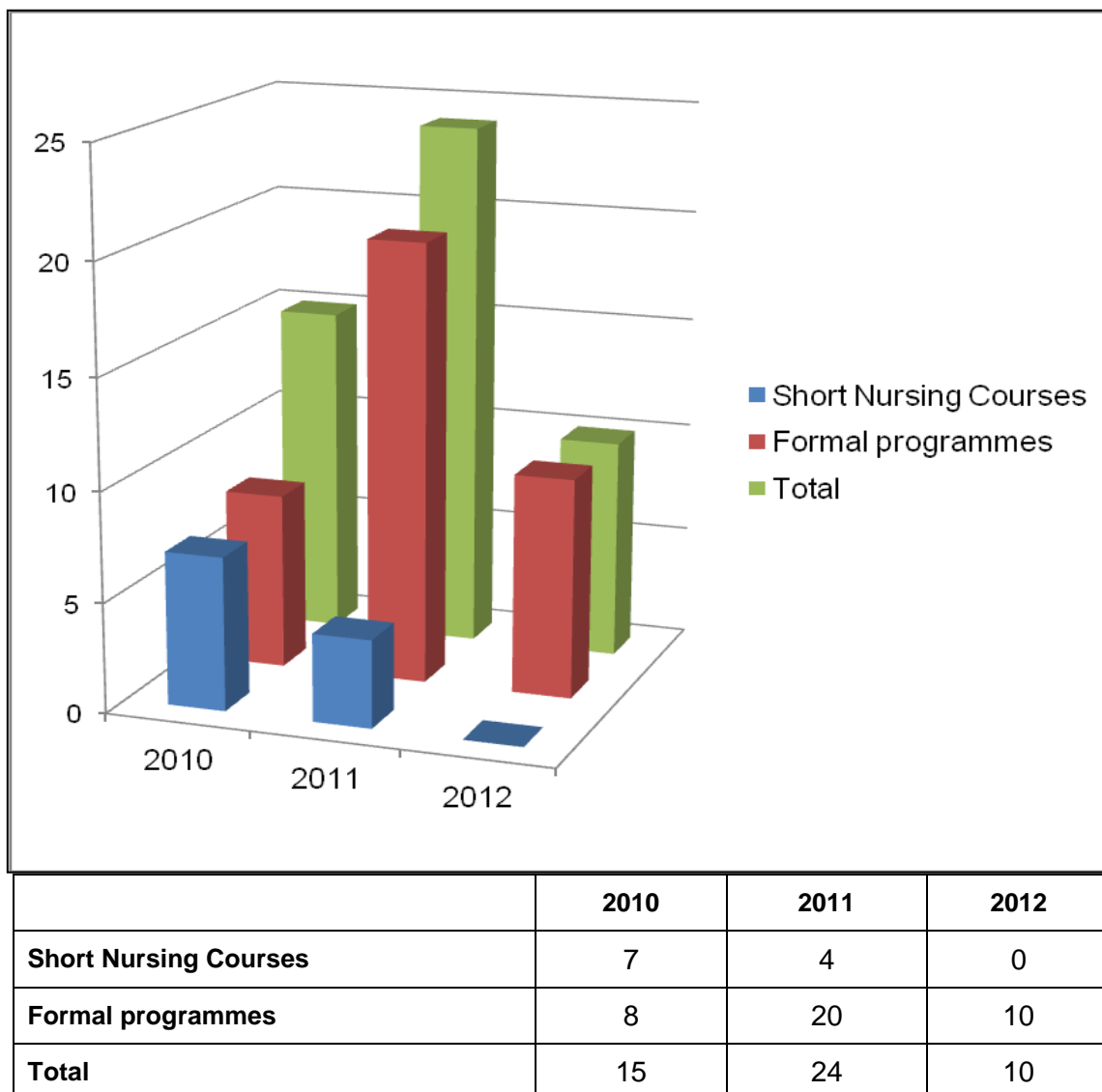
Chart 4: Total Number of APNs



EDUCATION

A total of 10 nursing programmes were accredited or re-accredited in 2012.

Chart 5: Total Number of Nursing Programmes Accredited/Re-accredited



SNB introduced post-accreditation site visits to monitor the quality and compliance of accredited formal nursing programmes with SNB's Standards for Nursing Education. A total of 15 post-accreditation monitoring site visits were carried out in 2012.

The Education Committee continued its core work of accrediting and re-accrediting clinical areas as suitable clinical practice areas for pre-registration, pre-enrolment and post-registration programmes. A total of 14 clinical areas were re-accredited in 2012. Another 2 new clinical areas were accredited: Ren Ci Long Term Care and Ren Ci Nursing Home.

Table 4: Programmes Accredited or Re-accredited in 2012

Programme Title		Institution	Period
Diploma			
1	Diploma in Nursing	Parkway College	Feb 2012 to Feb 2017
2	Diploma in Health Sciences (Nursing)	Ngee Ann Polytechnic	Aug 2012 to Aug 2015
Advanced Diploma/ Specialist Diploma			
3	Specialist Diploma in Palliative Care Nursing (New)	Ngee Ann Polytechnic	Aug 2012 to Aug 2015
4	Advanced Diploma in Critical Care Nursing	Ngee Ann Polytechnic	Jan 2012 to Jan 2015
5	Advanced Diploma in Perioperative Nursing	Ngee Ann Polytechnic	Aug 2012 to Aug 2015
6	Advanced Diploma in Chronic Disease Management	Ngee Ann Polytechnic	Sep 2012 to Sep 2015
7	Specialist Diploma in Nursing: Diabetes Management & Education	Nanyang Polytechnic	Feb 2012 to Feb 2015
8	Advanced Diploma in Nursing: Perioperative Nursing	Parkway College	May 2012 to May 2015
9	Advanced Diploma in Nursing: Critical Care Nursing	Parkway College	May 2012 to May 2015
Post-registration Programmes (Bachelor)			
10	Bachelor of Science Degree in Professional Practice Nursing	Queen Margaret University, UK	May 2012 to May 2014

COMPLAINTS

In 2012, Inquiry was conducted into seven cases.

Case 1

An Enrolled Nurse was found to have wrongfully tampered with a prescription form without the due authorisation and knowledge of her doctor. The Board decided to suspend her enrolment for a period of 18 months.

Case 2

A Registered Nurse was convicted of cheating and theft charges. She was sentenced to six weeks imprisonment and fined \$500 respectively. In addition to her criminal conviction, the Complaints Committee also considered her fitness to practice nursing in relation to her drug addiction. The Board suspended the nurse for 2 years, and required that she continued with follow-up treatment and to submit periodic medical reports to SNB.

Case 3

An Enrolled Nurse was found to have roughly transferred a patient onto a ward bed. The Complaints Committee recommended that a financial penalty and a censure be imposed on her and the Board approved the proposed sanctions.

Case 4

A Registered Nurse had handled a patient by roughly pushing him into a lying position and covering his head with a pillow. The Board approved the Complaints Committee's proposed sanction of a 2-year suspension and that the nurse's registration be conditional on her submitting a written undertaking that she will not repeat the offending conduct in future.

Case 5

A Registered Nurse took and retained drugs in her handbag over a prolonged period of time without doctor's prescription and authorisation. The Complaints Committee was of the view that nurse's conduct constituted professional misconduct of a very serious nature and the Board approved the recommendations that her registration be cancelled.

Case 6

A Registered Nurse was sentenced to 13 months imprisonment and ordered to pay compensation for cheating charges. The Board approved the Complaint Committee's recommendations that the nurse be suspended for a period of 12 months.

Case 7

A Registered Nurse had wrongfully tampered with medical prescriptions by altering the duration of the prescription and forging doctor's signature. She then procured the medication for individuals who were not the patients stated in the relevant prescriptions. With the Complaint Committee's recommendation, the Board approved to suspend her registration for a period of 1 year.

FINANCIAL REPORT

STATEMENT BY THE BOARD'S MANAGEMENT

In our opinion,

- (a) the financial statements set out on pages 18 to 32 are properly drawn up so as to give a true and fair view of the state of affairs of Singapore Nursing Board as at 31 March 2013 and of the results, changes in accumulated surplus and cash flows of the Board for the year then ended in accordance with the provisions of the Nurses and Midwives Act (Chapter 209) (the "Act") and Singapore Statutory Board Financial Reporting Standards.
- (b) and at the date of this statement, there are reasonable grounds to believe that the board will be able to pay its debts as and when they fall due.

The Board's management has, on the date of this statement, authorised these financial statements for issue.

On behalf of the Board,



Ms Low Beng Hoi
Chairman



Dr Pauline Tan Cheng Jee
Registrar

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF SINGAPORE NURSING BOARD

We have audited the accompanying financial statements of Singapore Nursing Board (the "Board") set out on pages 18 to 32, which comprise the statement of financial position as at 31 March 2013, and the statement of comprehensive income, statement of changes in accumulated surplus and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provision of Nurses and Midwives Act (Chapter 209) (the "Act") and Singapore Statutory Board Financial Reporting Standards prescribed by the Accountant-General, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguard against loss from unauthorized use or disposition; and transactions are properly authorized and that they are recorded as necessary to permit the preparation of true and fair profit and loss accounts and statement of financial position and to maintain accountability of assets.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Singapore Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's and fair presentation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board's Management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF
SINGAPORE NURSING BOARD**

(continued)

Opinion

In our opinion,

- (a) the financial statements are properly drawn up in accordance with the Act and the Singapore Statutory Board Financial Reporting Standards so as to give a true and fair view of the state of affairs of the Board as at 31 March 2013 and the results, changes in accumulated surplus and cash flows of the Board for the year ended on that date;
- (b) the accounting and other records, and the registers required by the Act to be kept by the Board have been properly kept in accordance with the provisions of the Act; and
- (c) the receipt, expenditure and investments of monies and the acquisition and disposal of assets by the Board during the year are in accordance with the provisions of the Act.

PAUL HOOI & CO.

*Public Accountants and
Chartered Accountants*

Singapore,

STATEMENTS OF FINANCIAL POSITION AS AT 31 MARCH 2013

	<u>Note</u>	<u>2013</u> <u>S\$</u>	<u>2012</u> <u>S\$</u>
<u>ACCUMULATED SURPLUS</u>		<u>2,118,782</u>	<u>2,503,597</u>
REPRESENTED BY:			
<u>NON-CURRENT ASSETS</u>			
Property, Plant and Equipment	4	137,162	178,498
<u>CURRENT ASSETS</u>			
Fees receivable		11,761	27,820
Other receivables	5	65,509	73,107
Fixed deposits with financial institution	6,7	2,060,461	2,049,951
Cash and bank balances	7	1,468,360	1,263,438
		3,606,091	3,414,316
<u>CURRENT LIABILITIES</u>			
Other payables	8	493,530	171,713
Advance practising certificate fees received		1,130,941	917,504
		1,624,471	1,089,217
<u>NET CURRENT ASSETS</u>		<u>1,981,620</u>	<u>2,325,099</u>
<u>TOTAL NET ASSETS</u>		<u>2,118,782</u>	<u>2,503,597</u>

The accompanying notes form an integral part of these financial statements.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2013

	<u>Note</u>	<u>2013</u> <u>S\$</u>	<u>2012</u> <u>S\$</u>
REVENUES			
Application fees		183,710	145,390
Enrolment income		35,750	25,360
Interest on fixed deposit		8,656	11,437
Late payment fees		46,120	28,330
Other income		2,871	1,336
Practising certificate fees		1,375,792	1,208,716
Registration fees		84,800	96,510
Replacement charges		24,850	19,550
Re-registration fees		420	400
Service charges	9	86,959	81,842
		<u>1,849,928</u>	<u>1,618,871</u>
EXPENDITURES			
Audit fees		6,304	4,000
Committee expenses		452	349
Computer operations		184,285	175,442
Depreciation on property, plant and equipment	4	41,336	41,336
Legal fees		160,528	84,445
Interboard charges	10		
Staff cost		1,140,717	927,483
HR and registry costs		26,562	26,218
Medical expense		4,646	1,504
Temporary staff		13,601	18,727
Allowance for unutilised leave		(4,222)	(70)
Miscellaneous expenses		22,485	19,251
Nursing Regulatory Conference		20,941	-
Office equipment rental/ maintenance		8,957	9,837
Office rental		164,202	164,844
Postage and courier		23,706	36,049
Printing and stationery		32,108	40,523
Professional fee		856	-
Refreshment		207	225
Seconded staff costs		345,661	106,201
Staff welfare		4,214	3,598
Subscription fee		1,877	1,987
Telephone and utilities		25,268	26,274
Training and development		7,573	15,820
Transport expenses		2,479	1,825
		<u>2,234,743</u>	<u>1,705,868</u>
Deficit before contribution to consolidated fund		<u>(384,815)</u>	<u>(86,997)</u>
Contribution to consolidated fund		-	-
Total comprehensive loss for the year		<u>(384,815)</u>	<u>(86,997)</u>

The accompanying notes form an integral part of these financial statements.

**STATEMENT OF CHANGES IN ACCUMULATED SURPLUS FOR THE YEAR ENDED 31
MARCH 2013**

	Accumulated <u>surplus</u> S\$
Balance as at 1 April 2011	2,590,594
Total comprehensive loss for the financial year	<u>(86,997)</u>
Balance as at 31 March 2012	2,503,597
Total comprehensive loss for the financial year	<u>(384,815)</u>
Balance as at 31 March 2013	<u><u>2,118,782</u></u>

The accompanying notes form an integral part of these financial statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2013

	<u>Note</u>	<u>2013 S\$</u>	<u>2012 S\$</u>
CASH FLOWS FROM OPERATING ACTIVITIES			
Deficit before contribution to consolidated fund		(384,815)	(86,997)
Adjustments for:			
Depreciation on property, plant and equipment	4	41,336	41,336
(Gain) on disposal of property, plant and equipment		(81)	-
Interest income		(8,656)	(11,437)
Operating surplus before working capital changes		<u>(352,216)</u>	<u>(57,098)</u>
Decrease in receivables		23,657	1,320
Increase in payables		321,817	123,652
Increase in advance practising certificate fees received		<u>213,437</u>	<u>83,844</u>
Cash flows from operations		558,911	208,816
Interest received		<u>8,656</u>	<u>12,658</u>
Net cash flows from operating activities		<u>215,351</u>	<u>164,376</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from disposal of property, plant and equipment		<u>81</u>	<u>-</u>
Net cash flows from investing activities		<u>81</u>	<u>-</u>
Net increase in cash and cash equivalents		215,432	164,376
Cash and cash equivalents at beginning of the year		<u>3,313,389</u>	<u>3,149,013</u>
Cash and cash equivalents at end of the year	7	<u><u>3,528,821</u></u>	<u><u>3,313,389</u></u>

The accompanying notes form an integral part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED TO 31 MARCH 2013

1. GENERAL INFORMATION

The Singapore Nursing Board (the "Board") is domiciled and set up in the Republic of Singapore under the Nurses and Midwives Act (Chapter 209). Its registered address is located at 16 College Road, #01-01 College of Medicine Building, Singapore 169854 and its operation office is located at 81 Kim Keat Road, #08-00, Singapore 328836.

The principal activities of the Board are as listed in Section 8 of The Nurses and Midwives Act (Chapter 209).

2. SIGNIFICANT ACCOUNTING POLICIES

2.1 Basis of Preparation

The financial statements have been prepared in accordance with Statutory Board Financial Reporting Standards (SB-FRS). The financial statements have been prepared on the historical cost basis except as disclosed in the accounting policies below.

The financial statements are presented in Singapore Dollars (SGD or S\$) and all values are rounded to the nearest one dollar.

2.2 Changes in accounting policies

The accounting policies have been consistently applied by the Board and are consistent with those used in the previous financial year, except that during the year the Board has adopted the new and revised SB-FRS that are mandatory from the effective date in the relevant SB-FRS.

At the reporting date, the Board has not adopted the following SB-FRSs that have been issued but not yet effective.

	<u>Effective for annual period beginning on or after</u>
SB-FRS 19 – Employee Benefits	1 January 2013
SB-FRS 107 - Offsetting of Financial Assets and Financial Liabilities	1 January 2013
SB-FRS 113 – Fair Value Measurement	1 January 2013

2 SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

2.3 Property, Plant and Equipment

All items of property, plant and equipment are initially recorded at cost. The cost of an item of property, plant and equipment is recognised as an asset if, and only if, it is probable that future economic benefits associated with the item will flow to the Board and the cost of the item can be measured reliably.

Property, plant and equipment are stated at cost less accumulated depreciation and impairment loss, if any.

Depreciation is calculated on the straight line basis so as to write off the cost, less the residual value, of the assets over their estimated useful lives. The estimated useful lives are as follows:

Furniture, fixtures and fitting	8 years
Office equipment	5 years
Computer systems	3 years
Computer and communication systems	5 years

Fully depreciated assets are retained in the financial statements until they are no longer in use.

The residual values, useful lives and depreciation methods of property, plant and equipment are reviewed at each financial year-end. The effect of any revision is recognized in profit and loss when the change arises.

An item of property, plant and equipment is derecognized upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss arising on derecognition of the assets is included in profit or loss in the year the asset is derecognized.

2.4 Receivables

Receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less allowance for impairment. Short-term receivables are not discounted.

The Board assesses at each reporting date whether there is any objective evidence that financial asset is impaired.

When there is objective evidence that the Board will not be able to collect all amounts due according to the original terms of the receivables, an impairment loss is recognised. The amount of the impairment loss is measured as the difference between the carrying value of the receivable and the present value of the estimated future cash flows discounted at the original effective interest rate. The carrying value of the receivable is reduced through the use of an allowance account. The amount of the loss is recognised in profit or loss.

When the receivable becomes uncollectible, the carrying value of the impaired receivable is reduced directly or if an amount was charged to the allowance account, the amount charged to the allowance account are written off against the carrying value of the receivable.

2 SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

2.4 Receivables (Cont'd)

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss shall be reversed to the extent that the carrying value of the asset does not exceed its amortised cost at the reversal date. The amount of reversal is recognized in the profit and loss.

2.5 Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand, cash at bank and short-term highly liquid investments that are readily convertible to known amounts of cash and which are subject to insignificant risks of changes in value.

2.6 Other Payables

Payables are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method. Short-term payables are not discounted.

2.7 Income Tax

The income of the Board is exempted from income tax under Section 13(1)(e) of the Singapore Income Tax Act.

2.8 Revenue Recognition

Revenue is recognized to the extent that it is probable that the economic benefit will flow to the Board and the revenue can be reliably measured. The following specific revenue recognition criteria must also be met before revenue is recognized:

Rendering of Service

Revenue from practising fees, which is levied yearly on nurses and midwives, is recognised in the financial statements on accrual basis. Other types of income are recognised on cash basis.

Interest Income

Interest income is accrued on a time basis, by reference to the principal outstanding and at the effective interest rate applicable.

2 SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

2. 9 Employee Benefits

Defined Contribution Plans

The Board makes contributions to the state provident fund (Central Provident Fund). Such contributions are recognised as compensation expenses in the same period as the employment that gave rise to the contributions.

Short-term Compensated Absences

Employee entitlements to annual leave are recognized when they accrue to employees. A provision is made for the estimated liability for employee entitlements to annual leave as a result of services rendered by employees up to the balance sheet date.

2. 10 Impairment of Non-Financial Assets

The carrying amounts of the Board's non-financial assets subject to impairment are reviewed at each reporting date to determine whether there is any indication of impairment. If such indication exists, the asset's recoverable amount is estimated. An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable amount. The recoverable amount is the higher of the asset's fair value less cost to sell and its value in use. The value in use is the present value of estimated future cash flows expected to be generated from the continuing use of the asset and from its disposal at the end of its useful life.

An impairment loss on a non-revalued asset is recognised in profit or loss. An impairment loss on revalued asset is recognised in other comprehensive income to the extent that the impairment loss does not exceed the amount in the previous revaluation. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount or when there is an indication that the impairment loss recognised for the asset no longer exists or decreases. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined if no impairment loss had been recognised.

2. 11 Provisions

Provisions are recognised when the Board has a present legal or constructive obligation, where as a result of past events, it is probable that an outflow of resources embodying economic benefits will be required to settled the obligation, and a reliable estimate of the amount of obligation can be made.

2. 12 Operating Leases

Leases whereby the lessor effectively retains substantially all the risks and benefits of ownership of the leased item are classified as operating leases. Operating leases payments are recognised as an expense in the statement of comprehensive income on a straight line basis over the lease term.

3. SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES

The preparation of the financial statements in conformity with SB-FRSs requires management to exercise judgements and requires the use of estimates and assumptions. These judgements affect the application of Board's accounting policies. The use of estimates and assumptions affect the reported amounts of assets, liabilities, income and expenses and disclosures made. They are assessed on an on-going basis and are based on experience and other relevant factors, including expectations of future events that are believed to be reasonable under the circumstances.

3.1 Key Sources of Estimation Uncertainty

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Impairment of non-financial assets

The Board assesses whether there are any indicators of impairment for all non-financial assets at each reporting date. Other non-financial assets are tested for impairment when there are indicators that the carrying amounts may not be recoverable.

When value in use calculations are undertaken, management must estimate the expected future cash flows from the asset or cash-generating unit and choose a suitable discount rate in order to calculate the present value of those cash flows.

Impairment of receivables

The Board assesses at each reporting date whether there is any objective evidence that a financial asset is impaired. To determine whether there is objective evidence of impairment, the Board considers factors such as the probability of insolvency or significant financial difficulties of the debtor and default or significant delay in payments.

Where there is objective evidence of impairment, the amount and timing of future cash flows are estimated based on historical loss experience for assets with similar credit risk characteristics.

4. PROPERTY, PLANT AND EQUIPMENT

	Furniture, Fixtures and Fitting S\$	Office Equipment S\$	Computer Systems S\$	Computer and Communication Systems S\$	Total S\$
Cost					
At 1 April 2011	220,967	9,750	65,136	53,526	349,379
Additions	-	-	-	-	-
At 31 March 2012	220,967	9,750	65,136	53,526	349,379
Additions	-	-	-	-	-
Write-off	-	(3,181)	(19,568)	-	(22,749)
At 31 March 2013	220,967	6,569	45,568	53,526	326,630
Accumulated Depreciation					
At 1 April 2011	50,607	8,340	58,001	12,597	129,545
Charge for the year	27,483	445	2,703	10,705	41,336
At 31 March 2012	78,090	8,785	60,704	23,302	170,881
Charge for the year	27,483	445	2,703	10,705	41,336
Write-off	-	(3,181)	(19,568)	-	(22,749)
At 31 March 2013	105,573	6,049	43,839	34,007	189,468
Carrying amount					
At 31 March 2013	115,394	520	1,729	19,519	137,162
At 31 March 2012	142,877	965	4,432	30,224	178,498

5. OTHER RECEIVABLE

	2013 S\$	2012 S\$
Sundry receivables	11,349	20,664
Interest receivable	5,181	7,036
Deposit	38,890	38,890
Prepayments	10,089	6,517
	65,509	73,107

Receivables are unsecured, non-interest bearing and are normally settled within 30 days or on demand.

Sundry receivables represent IT service charges shared with Singapore Pharmacy Council, Singapore Dental Council, Traditional Chinese Medicine Practitioners Board, and Singapore Medical Council.

6. FIXED DEPOSITS WITH FINANCIAL INSTITUTIONS

All fixed deposits mature within one year and earn interest at rates ranging from 0.3900% to 0.4100% (2012: 0.4300% to 0.5900%) per annum.

7. CASH AND CASH EQUIVALENTS

	2013	2012
	S\$	S\$
Fixed deposits (Note 6)	2,060,461	2,049,951
Cash and bank balances	1,468,360	1,263,438
	<u>3,528,821</u>	<u>3,313,389</u>

8. OTHER PAYABLES

	2013	2012
	S\$	S\$
Allowance for unutilised leave	3,374	7,597
Sundry payables	451,420	120,182
Accruals	38,736	43,934
	<u>493,530</u>	<u>171,713</u>

Payables are unsecured, non-interest bearing and are normally settled within 30 days or on demand.

Included under sundry payables are the staff costs and performance bonus for the year ended 31 March 2013 amounting to S\$296,821 (2012: \$88,211). This amount was recharged by Singapore Medical Council and was reported under inter-board charges in the statement of comprehensive income. Other components of sundry payables are outstanding invoices of \$69,037 (2012: \$35,545) from the Board's solicitor for the legal cases handled during the year and seconded staff costs of \$78,200 (2012: Nil)

9. SERVICE CHARGES

	2013	2012
	S\$	S\$
Application for transcript of nursing course	2,255	2,405
Express mail for transcripts	861	1,225
Application for transfer of conditional registration/ enrolment	26,860	16,800
Application for verification of registration/ enrolment	11,580	12,870
Application for accreditation of courses	2,800	400
Certified true copies of certificates	20	300
Nurses' badge	1,211	2,352
SNB publications	240	20
Miscellaneous income	500	40
Licensure exam fee (local)	20,520	36,990
Failed GIRO surcharge	716	556
Non e-payment surcharge	4,336	5,184
Application for accreditation of short courses	1,400	-
Application for re-accreditation of a course	1,500	2,700
Licensure exam fee (overseas)	12,160	-
	<u>86,959</u>	<u>81,842</u>

10. INTERBOARD CHARGES

On 1 April 2011, the function of Finance, Information Technology and Human Resource of Singapore Nursing Board, Singapore Dental Council, Singapore Pharmacy Council, Singapore Medical Council (SMC) and Traditional Chinese Medical Practitioners Board were amalgamated with a shared support service team managed by SMC. SMC recharged to the Board on a monthly basis the share service for Human Resource at a monthly cost of \$2,040.38 (2012:\$1,801.50) and dispatch services at monthly costs of \$173.11 (2012: \$170.14). These charges are subject to review on a yearly basis.

11. OPERATING LEASE EXPENSES AND COMMITMENTS

- (a) Operating lease expenses incurred during the year amounted to \$164,202 (2012: \$164,844).
- (b) As at the financial position date, the Board has the following commitments under cancellable operating leases where the Board is the lessee:

	<u>2013</u> <u>S\$</u>	<u>2012</u> <u>S\$</u>
Payable within 1 year	149,556	149,556
Payable after 1 year but not later than 5 years	162,019	311,581
	<u>311,575</u>	<u>461,137</u>

The above operating lease commitments are based on known rates as at the date of this report and do not include any revision in rates which may be determined by the lessor.

12. FINANCIAL RISK MANAGEMENT

The Board is exposed to minimal financial risks arising from its operations and the use of financial instruments. The key financial risks are credit risk, liquidity risk and interest rate risk. Management reviews and agrees on policies for managing each of these risks and they are summarised below:

Credit risk

Credit risk is the potential risk of financial loss resulting from the failure of counterparties to settle their financial and contractual obligations to the Board when they fall due. The Board's exposure to credit risk arises primarily from its financial assets which consist of cash and cash equivalents and fees receivable.

Management regularly monitors the Board's exposure to credit risks on an ongoing basis. The Board minimizes credit risks by dealing exclusively with counter party which high credit ratings. Cash and cash equivalents are placed with a financial institution which are regulated and with good credit ratings.

As at the reporting date, there was no significant concentration of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position.

There are no financial assets that are past due or impaired as at the statement of financial position date.

12. FINANCIAL RISK MANAGEMENT(CONT'D)

Liquidity risk

Liquidity risk is the risk that the Board will encounter difficulty in meeting financial obligations as they fall due.

The Board monitors its liquidity risk and maintains a level of cash and cash equivalents deemed adequate to finance the Board's operations and to mitigate the effects of fluctuations in cash flows.

All of the financial liabilities of the Board are either payable on demand or mature within one year from the statement of financial position date.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of the Board's financial instruments will fluctuate because of the changes in market interest rates. The Board's exposure to interest rate risk arises primarily from fixed deposits placed with a financial institution.

The Board manages its interest rates risks by placing such fixed deposits over different maturity periods with optimal rates of return.

13. FAIR VALUE OF FINANCIAL ASSETS AND LIABILITIES

The fair value of a financial instrument is the amount at which the instrument could be exchanged or settled between knowledgeable and willing parties in an arm's length transaction, other than in a forced or liquidation sale.

The following methods and assumptions are used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value.

Cash and cash equivalents, receivables and payables.

The carrying amounts of these balances approximate their fair values due to the short-term nature of these balances.

14. CLASSIFICATION OF FINANCIAL INSTRUMENTS

<u>2013</u>	Loans and receivables S\$	Financial liabilities at amortised cost S\$	Total S\$
Assets			
Fees receivable	11,761	-	11,761
Other receivables	55,420	-	55,420
Fixed deposits with financial institution	2,060,461	-	2,060,461
Cash and bank balances	1,468,360	-	1,468,360
Total financial assets	<u>3,596,002</u>	-	<u>3,596,002</u>
Total non-financial assets	-	-	<u>147,251</u>
Total assets	<u><u>3,596,002</u></u>	<u><u>-</u></u>	<u><u>3,743,253</u></u>
Liabilities			
Other payables	-	493,530	493,530
Total financial liabilities	-	493,530	493,530
Total non-financial liabilities	-	-	1,130,941
Total liabilities	<u>-</u>	<u>493,530</u>	<u>1,624,471</u>
<u>2012</u>	Loans and receivables S\$	Financial liabilities at amortised cost S\$	Total S\$
Assets			
Fees receivable	27,820	-	27,820
Other receivables	66,590	-	66,590
Fixed deposits with financial institution	2,049,951	-	2,049,951
Cash and bank balances	1,263,438	-	1,263,438
Total financial assets	<u>3,407,799</u>	-	<u>3,407,799</u>
Total non-financial assets	-	-	<u>185,015</u>
Total assets	<u><u>3,407,799</u></u>	<u><u>-</u></u>	<u><u>3,592,814</u></u>
Liabilities			
Other payables	-	171,713	171,713
Total financial liabilities	-	171,713	171,713
Total non-financial liabilities	-	-	917,504
Total liabilities	<u>-</u>	<u>171,713</u>	<u>1,089,217</u>

15. RESERVE MANAGEMENT

The primary objective in the management of the Board's reserve is to ensure that it maintains a strong and healthy accumulated surplus so as to enable and support the Board in carrying out its statutory duties under the Nurses and Midwives Act.

The Board monitors its cash flow and overall liquidity position on a continuous basis, taking into consideration the prevailing and projected operating income and expenditure, and other financial obligations, including projected capital expenditure.

The Board is not subject to externally imposed reserve requirements and there were no changes to the Board's approach to reserve management during the year.

16. AUTHORISATION OF FINANCIAL STATEMENTS

The financial statements of the Board for the year ended 31 March 2013 were authorized for issue in accordance with a Board member's resolution dated 21 August 2013.

**SELECTED CHARACTERISTICS OF
NURSES AND REGISTERED MIDWIVES**

FIGURE A: SELECTED CHARACTERISTICS OF REGISTERED NURSES

		2010	2011	2012
	TOTAL	21575	23598	25971
SEX				
	Male	1763	2007	2292
	Female	19812	21591	23679
ETHNIC GROUP				
	Chinese	12889	13513	14284
	Malay	2407	2622	2921
	Indian	2338	2627	2979
	Others	3941	4836	5787
ACTIVITY STATUS				
	Working Full-time	17291	19305	21382
	Working Part-time	843	849	899
	Not Working/Unknown	2499	2463	2665
	Doing Non-nursing work	942	981	1025
EMPLOYMENT				
	Public Sector	12994	14494	15916
	Private Sector	5140	5661	6365
CITIZENSHIP				
	Singaporean/Permanent Resident	18176	19020	19912
	Malaysian	468	737	1125
	Chinese (PRC)	578	611	763
	Filipino	1760	2423	3108
	Indian	220	289	359
	Myanmar	165	272	429
	Others	208	246	275
MARITAL STATUS				
	Single	10850	12574	14633
	Married	10281	10569	10856
	Others	444	455	482
AGE				
	Median Age (years)	35	34	34
	Average Age (years)	38	37	37
	Under 25 yrs	3213	3550	3848
	25 - 34 yrs	7798	8651	9871
	35 - 44 yrs	4673	5241	5823
	45 - 54 yrs	2925	2914	2897
	55 - 59 yrs	1233	1407	1591
	Above 60 yrs	1733	1835	1941

FIGURE B: SELECTED CHARACTERISTICS OF ENROLLED NURSES

		2010	2011	2012
TOTAL		7478	7869	8274
SEX				
	Male	514	609	666
	Female	6964	7260	7608
ETHNIC GROUP				
	Chinese	1992	2028	2036
	Malay	1806	1968	2041
	Indian	1595	1619	1643
	Others	2085	2254	2554
ACTIVITY STATUS				
	Working Full-time	6085	6427	6799
	Working Part-time	197	211	224
	Not Working/Unknown	984	223	999
	Doing Non-nursing work	212	1008	252
EMPLOYMENT				
	Public Sector	4525	4661	4995
	Private Sector	1757	1979	2028
CITIZENSHIP				
	Singaporean/Permanent Resident	5025	5148	5223
	Malaysian	40	35	42
	Chinese (PRC)	256	310	329
	Filipino	1188	1287	1579
	Indian	564	564	543
	Myanmar	385	503	539
	Others	20	22	19
MARITAL STATUS				
	Single	4389	4807	5238
	Married	2936	2897	2872
	Others	153	165	164
AGE				
	Median Age (years)	30	29	29
	Average Age (years)	35	34	34
	Under 25 yrs	1622	1634	1679
	25 - 34 yrs	2926	3284	3608
	35 - 44 yrs	1441	1375	1300
	45 - 54 yrs	846	909	968
	55 - 59 yrs	191	222	281
	Above 60 yrs	452	445	438

FIGURE C: SELECTED CHARACTERISTICS OF REGISTERED MIDWIVES (SINGLE REGISTER)

		2010	2011	2012
	TOTAL	287	282	262
SEX				
	Male	-	-	-
	Female	287	282	262
ETHNIC GROUP				
	Chinese	222	214	198
	Malay	23	23	22
	Indian	17	18	16
	Others	25	27	26
ACTIVITY STATUS				
	Working Full-time	132	134	127
	Working Part-time	30	30	27
	Not Working/Unknown	111	13	93
	Doing Non-nursing work	14	105	15
EMPLOYMENT				
	Public Sector	94	95	89
	Private Sector	68	69	65
CITIZENSHIP				
	Singaporean/Permanent Resident	281	274	252
	Malaysian	0	1	1
	Chinese (PRC)	0	0	0
	Filipino	3	3	4
	Indian	0	0	0
	Myanmar	0	0	0
	Others	3	4	5
MARITAL STATUS				
	Single	48	48	45
	Married	224	219	202
	Others	15	15	15
AGE				
	Median Age (years)	64	60	61
	Average Age (years)	62	59	60
	Under 25 yrs	0	0	0
	25 - 34 yrs	9	7	7
	35 - 44 yrs	11	15	15
	45 - 54 yrs	20	14	4
	55 - 59 yrs	60	59	59
	Above 60 yrs	187	187	177

* Please note that the number of Registered Midwives refers to those who are not concurrently registered in another Register/Roll of Nurses.

FIGURE D: SELECTED CHARACTERISTICS OF ALL REGISTERED MIDWIVES

		2010	2011	2012
	TOTAL	1615	1560	1507
SEX				
	Male	-	-	-
	Female	1615	1560	1507
ETHNIC GROUP				
	Chinese	1316	1262	1212
	Malay	123	120	125
	Indian	125	121	117
	Others	51	57	53
ACTIVITY STATUS				
	Working Full-time	922	897	895
	Working Part-time	202	190	177
	Not Working/Unknown	406	389	354
	Doing Non-nursing work	85	84	81
EMPLOYMENT				
	Public Sector	647	630	626
	Private Sector	479	459	445
CITIZENSHIP				
	Singaporean/Permanent Resident	1521	1528	1476
	Malaysian	18	17	18
	Chinese (PRC)	1	1	1
	Filipino	5	6	6
	Indian	0	0	0
	Myanmar	0	0	0
	Others	7	8	6
MARITAL STATUS				
	Single	394	377	368
	Married	1144	1109	1067
	Others	77	74	72
AGE				
	Median Age (years)	60	60	61
	Average Age (years)	58	59	60
	Under 25 yrs	4	4	1
	25 - 34 yrs	58	56	57
	35 - 44 yrs	90	85	83
	45 - 54 yrs	269	210	156
	55 - 59 yrs	365	367	366
	60 Yrs and Above	829	838	844

**FIGURE E: SELECTED CHARACTERISTICS OF ALL REGISTERED NURSES
(PSYCHIATRIC)**

		2010	2011	2012
	TOTAL	484	514	559
SEX				
	Male	203	213	233
	Female	281	301	326
ETHNIC GROUP				
	Chinese	313	329	341
	Malay	74	73	79
	Indian	67	73	80
	Others	30	39	59
ACTIVITY STATUS				
	Working Full-time	389	423	472
	Working Part-time	24	24	24
	Not Working/Unknown	55	51	48
	Doing Non-nursing work	16	16	15
EMPLOYMENT				
	Public Sector	347	385	429
	Private Sector	67	63	67
CITIZENSHIP				
	Singaporean/Permanent Resident	505	505	551
	Malaysian	2	2	1
	Chinese (PRC)	0	1	1
	Filipino	1	1	1
	Indian	0	0	0
	Myanmar	0	0	0
	Others	4	5	5
MARITAL STATUS				
	Single	116	142	161
	Married	349	351	378
	Others	19	21	20
AGE				
	Median Age (years)	54	54	52
	Average Age (years)	51	50	49
	Under 25 yrs	2	3	3
	25 - 34 yrs	83	100	110
	35 - 44 yrs	47	62	96
	45 - 54 yrs	117	107	100
	55 - 59 yrs	88	89	91
	60 yrs and Above	147	153	159

FIGURE F: SELECTED CHARACTERISTICS OF ADVANCED PRACTICE NURSES

		2010	2011	2012
	TOTAL	48	78	88
SEX				
	Male	2	8	9
	Female	46	70	79
ETHNIC GROUP				
	Chinese	40	65	74
	Malay	4	4	5
	Indian	3	6	6
	Others	1	3	3
ACTIVITY STATUS				
	Working Full-time	48	78	85
	Working Part-time	0	0	2
	Not Working/Unknown	0	0	1
	Doing Non-nursing work	0	0	0
EMPLOYMENT				
	Public Sector	46	74	82
	Private Sector	2	4	5
CITIZENSHIP				
	Singaporean/Permanent Resident	47	77	87
	Others	1	1	1
MARITAL STATUS				
	Single	21	34	41
	Married	26	42	45
	Others	1	2	2
AGE				
	Median Age (years)	40	38	39
	Average Age (years)	41	40	40
	Under 25 yrs	0	0	0
	25 - 34 yrs	11	22	20
	35 - 44 yrs	23	36	46
	45 - 54 yrs	12	18	19
	55 - 59 yrs	2	2	3
	Above 60 yrs	0	0	0