

2008 Annual Report



THE COLLEGE OF

REGISTERED PSYCHIATRIC NURSES of MANITOBA



Dawn Bollman
RPN, BScMH
President



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RPN
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RPN, B.Ed (A.D.) M.Ed (Coun)



Annette Osted
RPN
Executive Director



Laura Panteluk
RPN, ADPN
Practice Consultant/
Deputy Registrar



Barb Palz
Accountant



Laurie Cenerini
Administrative
Assistant

THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA

The mission statement of the College of Registered Psychiatric Nurses of Manitoba is to ensure that the public of Manitoba receives safe, effective psychiatric nursing services. This is done through three main goals:

1. The CRPNM administers *The Registered Psychiatric Nurses Act*, its regulations and the CRPNM by-laws effectively.
2. The CRPNM provides support to Registered Psychiatric Nurses for safe, effective practice.
3. Registered Psychiatric Nurses are full participants in the development, implementation, provision and evaluation of mental health services.

Under each of those goals are Core Functions and Strategies used to actualize the mission statement. The human resources used to put this into action include a Board of Directors, one-third of whom are public representatives; standing and ad hoc committees and a small staff complement.

The standing or legislated committees are: the Appointments Committee; the Discipline Committee; the Investigation Committee and the Psychiatric Nursing Education Approval Committee. Each of these committees also includes a membership of which one-third are public representatives.

The CRPNM has a complement of 3 full-time and one part-time staff positions. The full-time positions are that of Executive Director, Practice Consultant/Deputy Registrar and Administrative Assistant. The Accountant/Business Services Manager position is one of 15 hours per week.

A group of other volunteers ensures that the profession and/or the College is represented at various activities that may be held at local, regional, provincial, national and international levels.

Report of the President Dawn Bollman, RPN, BScMH

Stigma whose problem is it?

Globally -- the World Health Organization (WHO) and the World Federation of Mental Health (WFMH) have identified stigma as a barrier to be overcome in the developing of mental health services. WHO describe stigma as a "hidden burden."¹ The WFMH "envision[s] a world in which mental health is a priority for all people. Public policies and programs reflect the crucial importance of mental health in the lives of individuals."²

Nationally -- the Public Health Agency of Canada published "A Report on Mental Illnesses in Canada" (2002) which identified "the stigma attached to mental illnesses presents a serious barrier not only to diagnosis and treatment but also to acceptance in the community."³ The Government of Canada established the Mental Health Commission of Canada (MHCC). The Commission, amongst other things, is to help to increase public awareness and address the stigma attached with mental illness and addictions. In the fall of 2007 the MHCC held meetings across the nation seeking input on its first three priorities: reducing stigma, a national strategy and knowledge exchange. The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) with Health Canada funding studied mental health literacy. Mental health literacy has been defined as what people know and believe about mental illness and mental health. "The mental health literacy project is the first in Canada to investigate the knowledge, beliefs and understanding that Canadians have about mental illness and mental health."⁴

Provincially -- in 2001 Manitoba Health embarked on the commitment of funds and programming towards mental health renewal for the province. One of the themes on which the goals for mental health renewal were based is mental health promotion/illness prevention and stigma reduction. "Good mental health is as important as good physical health.....as a society we have learned a great deal about mental health, yet fear, uncertainty and misunderstanding still surround mental health issues. Providing accurate knowledge about mental illness and raising awareness about mental wellness are core activities required in mental health promotion, mental illness prevention and stigma reduction."⁵ The current provincial government has identified mental health stigma as an area of importance and supported the development of teaching resources for schools.

Regionally – the Winnipeg Regional Health Authority’s (WRHA) position statement on mental health promotion and prevention identifies “Stigma, discrimination and misunderstanding that surround mental health and mental illness are pervasive, including how mental health is portrayed in the media and the language used in everyday life. Improving public understanding and challenging prejudicial attitudes and behaviours is an important component of mental health promotion.”⁶

Locally -- the College of Registered Psychiatric Nurses of Manitoba (CRPNM) strategic plan includes “work with government, public, private and self-help groups to promote the social and economic advantages of optimal mental health.” The CRPNM ensures that mental health is included in the promotion of health and in the planning and implementation of health services. In a meeting with Kerri Irvin Ross, Minister of Healthy Living, the CRPNM put forward their support for the development and implementation of a provincial Action Plan for Mental Health. Such a plan would address the full continuum of programs and services for a comprehensive system, including prevention and promotion strategies. In October 2007 the CRPNM was invited to present before the Mental Health Commission of Canada. The College called for a Canada-wide campaign, within three years, to attack stigma and increase awareness of mental health issues. The CRPNM committed itself to provide input into the issues needing to be addressed in stigma reduction and act as a sounding board for the programs which the Commission might recommend. We also committed ourselves to addressing the issue of stigma with our own registrants and participating in any campaign led by the Commission.

Commissions, non-government organizations (NGOs) and agencies can advocate, research and present reports. Federal governments can pass legislation that would make real change. Provincial governments have the ability to be leaders to make changes in legislation and funding of programs to support mental health in all areas of our lives and significantly reduce stigma. The regional health authorities can make a change by developing and implementing policies and providing the resources needed to support mental health promotion, prevention and stigma reduction.

Personally -- what can we as Registered Psychiatric Nurses do to decrease stigma? In our personal lives we can speak up when derogatory language is used to describe someone with a mental illness; we can demand programs addressing mental health and mental illness in our children’s schools; we can volunteer to be part of community and municipal organizations, bringing to those groups our knowledge and understanding of mental health and mental illness, ensuring stigma, wherever it exists, is addressed. In our professional lives we often see people when they are the most ill, the most vulnerable, and sometimes the least recognizable. Very often the illness masks their true personality. What do we see? Do we remember to see the person behind the illness? Do we ask family members or significant others who the person is, what their talents are, what they have accomplished? Or do we take the illness at face value and forget the person? It is so easy to do that when we are short-staffed; when there are so many demands on our time; when we have to worry about safety in inappropriate physical environments.

Stigmawhose problem is it? Everyone’s!

¹ Funk, M., Drew, N., Saraceno, B. Global perspective on mental health policy and service development issues: the WHO angle. See: http://www.euro.who.int/Document/E89814_Ch18.pdf

² Vision Statement, World Federation for Mental Health. See: <http://www.wfmh.org/00about.htm>

³ A Report on Mental Illnesses in Canada (2002). The Public Health Agency of Canada. See: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/>

⁴ Mental Health Literacy in Canada: Phase One Report (May 2007) Canadian Alliance on Mental Illness & Mental Health. See: http://www.camimh.ca/files/literacy/MHL_REPORT_Phase_One.pdf

⁵ Chomiak, David (2001). Manitoba Government News Release. See: <http://www.gov.mb.ca/chc/press/top/2001/05/2001-05-07-03.html>

⁶ Position Statement on Mental Health Promotion and Prevention (March 2004) Winnipeg Regional Health Authority. See: http://www.wrha.mb.ca/community/mentalhealth/files/PS_MentalHealth.pdf

Report of the Executive Director Annette Osted, RPN

The Mission Statement of the College of Registered Psychiatric Nurses of Manitoba (CRPNM) is to ensure *that the public of Manitoba receives safe, effective psychiatric nursing services*. The CRPNM does this through three goals. Each of the goals has specific strategies upon which an action plan can be implemented.

Goal 1. The CRPNM administers *The Registered Psychiatric Nurses Act*, its regulations and the CRPNM by-laws effectively.

We continue to be involved in reviewing issues related to the Health Professions' Regulatory Reform Initiative (HPRRI). This initiative is at the government's direction and will lead to omnibus legislation for regulated health professions in Manitoba. Under that omnibus legislation, each profession would have separate and distinct regulations. This is similar to initiatives that took place in Ontario, British Columbia and Alberta. The omnibus legislation will identify actions that are reserved; that is, that can only be performed by a regulated health professional. Reserved acts that are specific to a profession will be identified in the regulations specific to that profession.

The majority of complaints about the practice and/or behaviour of Registered Psychiatric Nurses centre around health issues and relationship issues. The health issues include addictions, stress and other mental health issues. The College does not offer therapeutic interventions for registrants but will work with the registrant and his/her employer in terms of assisting in back to work programs. The relationship issues include communication problems as well as serious boundary violations. The 2001 legislation provides the Investigation Committee with many more options for resolving a matter. This has proven to reduce both the stress and the costs associated with disciplinary hearing for the registrant as well as for the College. Two matters are awaiting a disciplinary hearing as this report is being written.

The College is attempting to improve its communication with registrants, with students and with employers. The newsletter has therefore been revised so that it more closely resembles a journal. We will be soliciting articles of one to three pages from RPNs to highlight the different roles that RPNs have; the programs in which they are involved and other information that will help inform the public about the practice of RPNs. The new format is attracting advertisers and that will offset extra costs.

Goal 2. The CRPNM provides support to Registered Psychiatric Nurses for safe, effective practice.

The national document on a Code of Ethics, Standards of Psychiatric Nursing Practice and Entry-level Competencies is ready for validation. We encourage as many registrants as possible to participate in the validation process for these foundational documents for the profession of psychiatric nursing.

The Competency Profile for the Profession continues to be updated. Meanwhile, we have had more copies printed for use by registrants and employers. The national guidelines for RPNs in Independent Practice will be ready for approval by the RPNC Board of Directors this spring.

The 2008 Annual General Meeting will include an education session put on by the Ombudsman's Office. They will focus on the many pieces of legislation that affect practice with persons who have mental health problems and the relationship between those acts. There will be opportunity for questions and discussion on issues. One issue that will be addressed is communication with family members when a client has indicated that he or she does not want personal health information shared with family; the issue that confidentiality does not mean secrecy. We are exploring a collaborative approach to a fall seminar or workshop on mental health literacy and promotion.

The Professional Practice Committee is working on the development of a document on boundaries and how the violation of boundary issues is a form of abuse. The research that is involved in this process is significant and it is hoped that this document will assist RPNs in their decision-making processes.

The issue of assisting RPNs to develop capacity in their workplace is still an outstanding one. We hope that we will be able to participate in promoting that approach during the coming year. It is often difficult to have RPNs give up more time to such an effort when they are short-staffed and already have difficulty finding time for extra activities.

Goal 3. Registered Psychiatric Nurses are full participants in the development, implementation, provision and evaluation of mental health services.

There is still some difficulty in ensuring that Registered Psychiatric Nurses are included in health human resource or nursing staffing plans. This has significantly improved over the last few years but it is still an issue and is certainly related to planning for mental health and mental illness issues. We continue to promote better planning for human resources in the area of mental health and mental illness.

The number of RPNs had decreased by 10% over the last 20 years and that is directly related to the number of graduates produced by the education program(s). The number of registrants has now stabilized somewhat and that is due to the slow increase in seats in the Bachelor of Science in Psychiatric Nursing (BScPN) program and the full accessibility of the program in Winnipeg. However, as you will see from the Report on Registration, we are beginning to feel the effects of our aging group. There continue to be serious shortages of RPNs, especially in areas other than Brandon and Winnipeg. However, the shortages in other areas can have a significant effect on Brandon and Winnipeg systems. For example, the closure of beds due to lack of staff in a rural area may well mean that beds are occupied in Winnipeg, thereby affecting waiting lists in Winnipeg.

There has been a significant shift, at the national level, in the recognition of Registered Psychiatric Nurses as partners in the delivery of mental health services. There is still a problem with the development of the profession at a higher academic level. There is a drastic shortage of research in the area of therapeutic interventions. Most of the research in the “mental health and addictions” area is concentrated on the biology and chemistry of the brain. This produces valuable information but still leaves a very large gap in research in clinical interventions.

In order to assist in the ongoing development of the profession, the College makes a modest donation to the Registered Psychiatric Nurses Foundation upon learning of the death of a current or former RPN. Such donations honour the memory of current and former registrants while contributing to the future of the profession.

Partnerships are critical to a good mental health services delivery system. The Canadian Collaborative Mental Health Initiative (www.ccmhi.ca) has produced several documents, including toolkits, that will prove useful to promoting collaborative practice in the mental health field. The guiding principles of collaborative practice were enunciated in a Charter that was signed by all the organizations involved in its development, including the Registered Psychiatric Nurses of Canada.

The College’s participation in the Registered Psychiatric Nurses of Canada has been significant during the last few years, especially in terms of staff time dedicated to representing the profession of Psychiatric Nursing at the federal level. This means that the profession now receives more invitations to be involved in national projects/activities and we are starting to have more volunteers involved in these projects. Major activity continues in the area of developing an inter-provincial, virtual Master’s program in psychiatric nursing for RPNs.

Annual Report of the Psychiatric Nursing Education Approval Committee

This Committee was reconstituted in late 2007 and is now in the process of developing a work plan to address two major issues: the next approval process and the comprehensive review of the Standards for Approval of Psychiatric Nursing Education Programs, a Regulation under *The Registered Psychiatric Nurses Act*.

The Bachelor of Science in Psychiatric Nursing program has addressed the recommendations made as a result of the last approval process. This resulted in the establishment of a BScPN Program Advisory Committee that is Co-Chaired by Patrick Griffith, RPN, RN, BN, MPH and Karen Clements, RPN, BA, MA (faculty member).

The Committee is now Chaired by Atlanta Sloane-Seale, PhD and also includes:
Mary Beth Dunning, RPN, BHS(Psych.Nsg.) Doreen Fey, RPN, BA, MHA
Patrick Griffith, RPN,RN,BN,MPH Isabelle Jarrin, RPN, BScPN
and Margaret MacKinnon, the Ministerial appointee.

Report from the Treasurer Debbie Frechette, RPN, BScMH

The Audit

The main parts of the audited financial statements for the CRPNM for the fiscal year ending December 31, 2007 are printed in this annual report. The full audit will be available for members in attendance at the Annual Meeting in April.

We are reporting a deficit of \$1,358 for 2007. Revenues appear to have been less than our forecast by more than \$13,000. The two main contributing factors for the decrease are rent revenue and seminar income. Our tenant space was vacant for five months as the lease was not renewed with the former tenant. We are pleased to advise that we have entered into a lease agreement with a new tenant for a five year term which will see the rent revenue increase from \$1,000 to \$1,500 per month by 2011. The seminar revenue was budgeted at \$6,000 however it was decided that this event would not be held in 2007. These two items account for 75% of the deficit in revenue.

Administration expenses were higher than projected in 2007. Contributing to the \$16,000 difference between 2006 and 2007 were increased salary expense due to staff turnover, increased costs for web site development and maintenance, and a change to a more realistic depreciation model for equipment. Building expenses were also slightly elevated due to higher snow clearing and removal costs as well as an insurance deductible expense for a flood damage claim. Additionally, corporate function expenses were higher than projected due to costs associated with the 2007 Annual Report and the 2007 Annual General Meeting. Finance costs were also higher in 2007 due in part to the merchant fees associated with increased use of credit and debit cards for payment of registration fees.

Statutory functions were significantly under budget again this year because of the lack of discipline hearings; however the CRPNM has incurred costs for investigations of \$10,500.

Professional functions were very close to the budget, however there was an overall decrease in costs due to less staff time being spent on national projects than was the case in 2006.

To summarize, despite a decrease in expected overall revenue, expenditures were also down slightly resulting in a small deficit. The actual variance from what had been budgeted for 2007 was \$4,358.

The Budget

The 2008 budget has been approved by the Board of Directors and it will be a balanced budget. However, during the process of reviewing the 2007 audit and preparing the 2008 budget we reviewed anticipated expenses for 2009. These include the conducting of an approval process for the psychiatric nursing education program and provision for disciplinary hearings. Based on all the information that we have gathered and reviewed, we are proposing a small fee increase for the 2009 registration year.

Debbie Frechette, RPN, BScMH
Treasurer

The 2008 CRPNM Awards Dinner and Annual Conference will be held at the Victoria Inn, 1808 Wellington Avenue in Winnipeg on Thursday and Friday, April 17th & 18th.

Thursday, April 17th

5:30 PM

Reception

6:00 PM

Presentation on the History of Psychiatric Nursing
by Beverley Hicks, RPN, PhD (c)

6:30 PM

Awards Dinner

Friday, April 18th

8:00 AM

Continental Breakfast

9:00 – 11:30 AM

Education session (Office of the Manitoba Ombudsman)

11:30 AM – 1:30 PM

Annual General Meeting & Lunch

1:30 – 4:00 PM

Education session continues



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AUDITOR'S REPORT TO THE MEMBERS

I have audited the statement of financial position of **The College of Registered Psychiatric Nurses of Manitoba** at 31 December 2007 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the College's management. My responsibility is to express an opinion in these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether these financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the College as at 31 December 2007 and the results of its operations and changes in financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

My audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The current year's supplementary information included in Schedule A is presented for the purposes of additional analysis and is not a required part of the basic financial statements. Such supplementary information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in my opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Winnipeg, Manitoba
 21 February 2008

CHARTERED ACCOUNTANT

THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA

AUDITED FINANCIAL STATEMENTS

31 DECEMBER 2007



THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA

STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2007

	<u>2007</u>	<u>2006</u>
ASSETS		
GENERAL FUND		
CURRENT		
Cash	\$ 82,294	\$ 126,387
Short-term Investments, notes 1 and 3	39,813	3,419
Accounts receivable	8,419	3,099
Due from the RPN Foundation Inc.	-	2,017
Inventory	3,736	4,158
Prepaid expenses	<u>15,395</u>	<u>10,189</u>
	149,657	149,269
INVESTMENTS, notes 1 and 3	415,292	439,065
CAPITAL ASSETS, notes 2 and 4	<u>169,226</u>	<u>140,643</u>
	<u>\$ 734,175</u>	<u>\$ 728,977</u>

LIABILITIES

GENERAL FUND		
CURRENT		
Accounts payable and accrued liabilities	\$ 47,275	\$ 39,000
Goods and services tax payable	15,510	20,406
Unearned rent	2,412	972
Prepaid membership fees	370,660	364,371
Deferred interest income, note 3	30,230	34,832
Due to the RPN Foundation Inc.	<u>50</u>	<u>-</u>
	466,137	459,581

NET ASSETS

BUILDING AND EQUIPMENT FUND - note 5	51,124	79,708
GENERAL FUND	<u>216,914</u>	<u>189,688</u>
	268,038	269,396
Approved by the Board:	<u>\$ 734,175</u>	<u>\$ 728,977</u>

Director

Director

DRJ DEAN R. JENKINS
CHARTERED ACCOUNTANT LTD.

THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
FOR THE YEAR ENDED 31 DECEMBER 2007

	<u>2007</u>	<u>2006</u>
REVENUE		
Membership fees	\$ 372,501	\$ 357,816
Active	3,386	3,236
Associate	3,292	1,263
Late fees and penalties	17,277	17,177
Interest	6,860	11,664
Rent	650	556
Annual conference recoveries	6,108	7,866
Examinations	-	21,603
Seminar / Workshops	<u>1,385</u>	<u>3,254</u>
Other	411,459	424,435

EXPENSES

Statutory functions - schedule A	74,667	75,503
Corporate functions - schedule A	66,889	53,123
Professional functions - schedule A	138,524	170,733
Administration - schedule A	99,500	83,165
Building - schedule A	33,237	30,611
Air quality issue costs	<u>-</u>	<u>4,294</u>
	412,817	417,429

**EXCESS (DEFICIENCY) OF REVENUE
OVER EXPENSES FOR THE YEAR**

	(1,358)	7,006
GENERAL FUND, beginning of year	189,688	192,666
Utilization of restricted reserve	47,877	6,381
Transfer to restricted reserve	<u>(19,293)</u>	<u>(16,365)</u>
GENERAL FUND, END OF YEAR	<u>\$ 216,914</u>	<u>\$ 189,688</u>

DRJ DEAN R. JENKINS
CHARTERED ACCOUNTANT LTD.

**Report from the Deputy Registrar
Laura Panteluk, RPN**

The CRPNM establishes registration policies and processes to ensure the consistent application of the *Registered Psychiatric Nurses Act* and its attendant regulation. The College continues to refine the registration application and the renewal processes to meet all of the statutory requirements of the legislation. In 2007, changes to the CRPNM by-laws implemented new registration renewal deadlines, late fees and fees for unauthorized practice. These changes assist the College in meeting its public protection mandate by ensuring valid and timely registration and by preventing unauthorized practice.

The CRPNM online registration verification system has been available since 2004 to assist employers in meeting their obligations under the *Registered Psychiatric Nurses Act*. This verification site is used extensively by employers as it allows employers to confirm the registration status of their RPN employees during the registration renewal period and throughout the year.

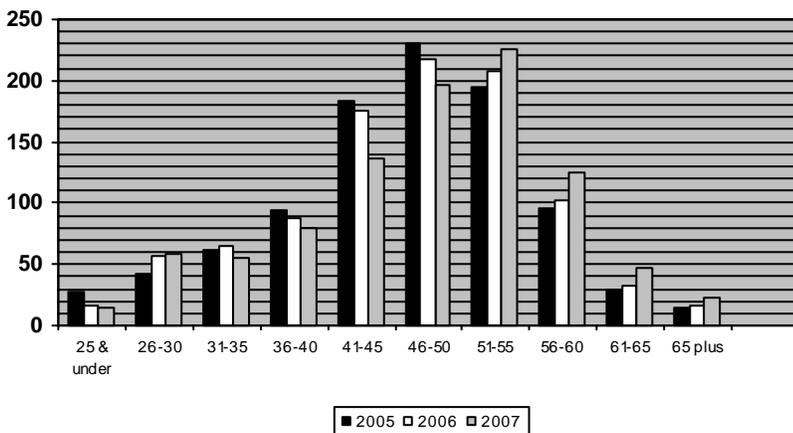
Complete employment information is a requirement of the *Registered Psychiatric Nurses Act* but is also essential for accurate psychiatric nurse data and for health human resource planning. On an annual basis, the CRPNM submits registration data, in aggregate form, to Manitoba Health, Workforce Policy and Planning and the Canadian Institute for Health Information for the purposes of health human resource planning. The CRPNM does not share personal member information with other persons or agents except where required by law.

It is important to recognize that the RPN data captured in this report is the data at December 31, 2007. That is, this report represents the data as it was captured at a particular point in time. The CRPNM wishes to thank RPNs for their continued efforts to ensure accurate, consistent and timely self-reported registration data both at registration renewal time and throughout the registration year.

Laura Panteluk, RPN
Deputy Registrar

Some Demographics

3 year comparision of age groupings- Practising status



An Aging Group

44% of RPN's in Manitoba are 51 years of age and older. Another 20.4% are in the 46-50 age group. In 2007, almost half (45%) of the RPN's in Manitoba were between the ages of 46 and 55.

Registration Statistics

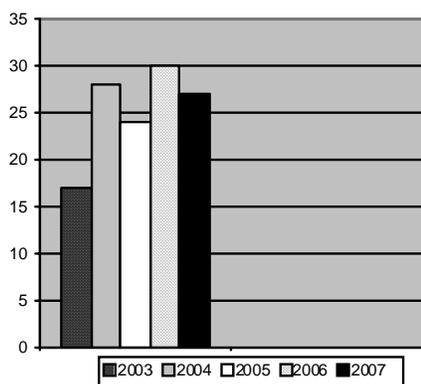
	December 31, 2005	December 31, 2006	December 31, 2007
Practising Members	976	978	963
Non-Practising Members	87	68	73

The number of Practising registrants has decreased from 2006-2007 in spite of there being twenty seven (27) graduates who were new registrants in 2007. The RPN profession in Manitoba is now experiencing some of the impact that relates to the demographics of our registrants.

There was a loss of twenty (20) Practising registrants in 2007 related to retirement or death. 40% of these registrants did not renew (cancelled) their registration for 2007 because they had retired. 25% of this group died in 2007. 35% moved from the Practising to the Non-Practising registers in 2007 citing the reason as retired.

In 2007, six (6) Non-Practising members had cancelled their Non-Practising registration citing the reason as retirement. In spite of this the number of Non-Practising registrants has increased slightly. A total of thirty five (35) RPNs had moved to the Non-Practising register in 2007. The main reason for the move to the Non-Practising register is maternity/paternity or medical leaves. Most often these RPN's are only temporarily unavailable to the workforce.

New Registrants who were New Graduates 2003-2007



Not all new registrants are new graduates and not all new graduates register with the CRPNM. In 2007, there were 29 new registrants who had graduated from the psychiatric nursing education program in 2006 or 2007.

Registration Exams

While the best source of information about the number of new psychiatric nursing graduates is the educational program, the CRPNM does have data on the number of graduates who wrote the registration examination.

YEAR	TOTAL NUMBER OF GRADUATES WHO WROTE THE REGISTRATION EXAM	PERCENT WHO DID NOT REGISTER	REASON
2007	33	18%	2 transfer to SK; 2 transfer to AB; 1 transfer to BC; 1 unknown
2006	43	23%	2 transfer to SK; 2 transfer to AB; 5 transfer to BC; 1 unknown
2005	34	17%	2 unknown; 1 maternity leave; 3 transfer to SK
2004	37	5%	1 unsuccessful; 1 transfer to AB
2003	23	4%	1 unsuccessful
2002	24	4%	1 unknown

In 2007, three (3) graduates wrote the registration examination in November and subsequently chose not to register with the CRPNM until 2008. Two of the five new graduates who moved to another province after successfully completing the registration examination were returning to their home province. Forty four (44) BScPN students have informed the CRPNM of their intention to write the CRPNM registration exam in May or November of 2008.

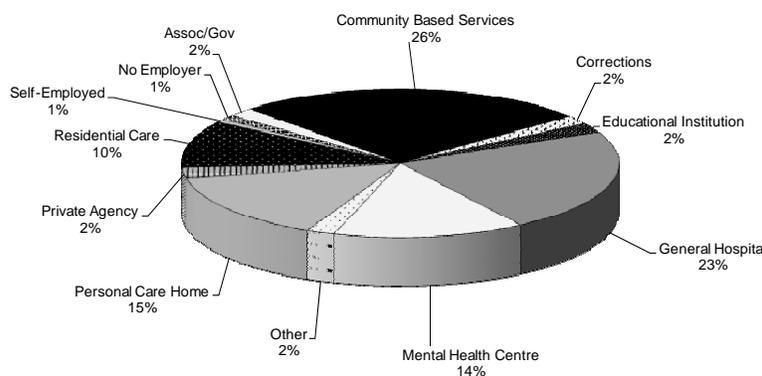
Migration Report (December 2007)

<i>Transfer Region</i>	<i>Transferred In</i>	<i>Transferred Out</i>
Alberta	1	4
British Columbia	4	4
Other Country	2	0
Other Province	0	0
Saskatchewan	0	4
Total	7	12

The RPN mutual endorsement agreement allows for mobility of RPNs between the four western provinces in Canada that regulate the psychiatric nursing profession. It also allows for the mobility of new graduates who have successfully completed the registration exam. Although there are many reasons that RPNs may chose to move to another province in Western Canada; wages and recruitment incentives are often factors in the decision. Immigration, whether from foreign or Canadian sources, has not had any significant impact on the RPN population in Manitoba for at least 25 years.

The “transferred in” numbers are actual numbers. Frequently, the RPNs transferring in are former Manitobans. The “transferred out” data is collected when a RPN has requested that the CRPNM confirm their registration to another psychiatric nursing jurisdiction. This is one of the requirements under the endorsement agreement. Although this confirmation is provided it does not always mean the member left the province. However, in most cases it does. As of December 31, 2007 the CRPNM was aware that 6 RPN’s had transferred to another psychiatric nursing jurisdiction. A further three did not renew their registration with the CRPNM for 2008.

Practising Members - Place of Work



Place of work is reported on the annual registration renewal application. Community based services includes community mental health, family services and home care. Due to small numbers for business/industry and unknown, these have been collapsed and are represented in the “other” category.

**Report from the Chair of the Professional Practice Committee
Debbie Frechette, RPN, BScMH**

The Professional Practice Committee was established in 2006. As with any new committee it has taken some time for us to examine, clarify and further define our initial vision. In 2007, the CRPNM Board of Directors approved our revised Terms of Reference and we continued in our work in developing statements and documents that address the professional practice issues that RPNs frequently come across in their practice. The goal of the committee is to develop position statements, interpretive documents and practice guidelines that are based on current literature, research and/or expert opinion where little research exists. The idea is that RPNs will use these documents as resources for decision making and problem solving in their practice. The committee is working on three substantive documents on the topics of boundaries, abuse and duty to report. It is anticipated that the Boundaries documents will be ready in 2008. Thank you to the committee members: Tina Curtis, Kathy Flemington, Jane Karpa, Maureen McVety and Tracy Young.

Report from the Practice Consultant Laura Panteluk, RPN

Practice Consultation and Support

Providing practice consultation and support to Registered Psychiatric Nurses for safe, ethical practice is one of the ways that the CRPNM actualizes the mission of the College. The CRPNM is pleased to provide such consultation to Manitoba RPNs and their employers. The CRPNM provides presentations on professional practice issues at workplaces and provides consultation to individual RPNs on various legal, ethical and practice issues. Additionally, the Practice Consultant is working closely with the Professional Practice Committee to develop practice guidelines, based on the best available evidence in the literature, to assist RPN's decision making in practice.

This year the CRPNM is pleased that the Manitoba Ombudsman, Irene Hamilton, and her staff have agreed to present at the education day being held in conjunction with the CRPNM Annual General Meeting in April. We have worked with the Ombudsman's office to identify content that would be of interest to RPNs in various practice roles. We look forward to learning about the role of the Ombudsman and the privacy principles and obligations contained within the various pieces of legislation that guide psychiatric nursing practice. The Manitoba Ombudsman will also offer suggestions and resources so that RPNs can ensure that the appropriate privacy safeguards are in place and can respond appropriately when a privacy breach occurs.

Continuing Competence Program Audit

The CRPNM Continuing Competence Program is another way that the CRPNM supports the professional practice of RPN's while meeting the obligations under the *Registered Psychiatric Nurses Act* and its attendant regulations. The Continuing Competence Program was fully implemented in 2005 and the audit process began in 2006.

On an annual basis the CRPNM randomly selects 20% of the Practising registrants for a Continuing Competence Audit. In 2007, one hundred and forty six (146) RPNs were selected. The purpose of the audit is to ensure that RPNs are engaged in the Continuing Competence Program and are meeting the annual requirements of self assessment; the development, implementation and evaluation of a learning plan; and the maintenance of a professional portfolio. Over a five year period all of the Practising registrants will have been audited.

RPNs selected for the audit are asked to complete a questionnaire and to document how their continuing competence activity has impacted their psychiatric nursing practice. Ten RPN auditors, from diverse practice roles and settings, work in pairs to apply the audit criteria established by the Continuing Competence Committee. The audit criteria reflect the requirements of the Continuing Competence Program. The auditors review the anonymous documents then make a recommendation of "complete" or "referred" to the CRPNM Practice Consultant.

Following up on recommendations after the first year of the audit, the College made some changes to the audit instructions by providing more examples to assist RPNs in answering the reflective practice question. Additionally, changes were made to the timing of the audit selection and the deadlines. These changes seemed to have a positive effect as there were more audits returned by the deadline and less follow up required for the reflective practice question.

By November 2007, 81% of the audited registrants had completed the audit process. The most frequent reason for incomplete audits and the need for follow up was related to the reflective practice question. In other cases, RPNs have been reminded that they are to keep documentation of a self-assessment, a learning plan and a record of continuing competence activities. During the audit process any RPNs who were having difficulties were assisted by the College's Practice Consultant.

Participation in the Continuing Competence Audit is a mandatory requirement for registration renewal. All members who were audited responded, as required, by December 31, 2007 so there was no impact on anyone's ability to renew their registration.

RPNs are invited to contact the CRPNM throughout the year for assistance in meeting the CRPNM Continuing Competence requirements. In 2008, the College will be exploring further ways to assist RPNs in the reflective practice component of the Continuing Competence Program.

Annual Report on the Investigation Committee

The Investigation Committee of the College of Registered Psychiatric Nurses of Manitoba reviews all complaints received about the conduct and or practice of Registered Psychiatric Nurses. This may include reports of suspensions and/or termination of employment which is required from employers; and concerns/complaints from clients/patients, family members, colleagues or members of the public at large.

The majority of the complaints reviewed by the Investigation Committee are received from employers who have suspended a RPN. These suspensions are often related to the lack of adherence to agency policies; many of which are related to Standards of Psychiatric Nursing Practice and/or expected competencies. The following table identifies the issues addressed in 2007.

ID Number	Complaint	Disposition
2006-1 2007 -5	Poor documentation – boundaries questionable- can not keep up with work * Another complaint received in December 2007 re practice.	Agreement had been developed for supervision. Following second complaint, sent to investigation and registration suspended pending the outcome of the investigation.
2006-2	Poor relationships with other staff – Serious medication errors * Another complaint received- stealing narcotics from employer for personal use.	Immediate suspension pending the gathering of further information Following second complaint, registrant voluntarily withdrew from the profession.
2006-4	Away from work - Suspected addiction issues	Unable to contact. Did not renew registration. Disposition outstanding.
2006-11	Health concerns affecting judgment. *Second complaint received	Agreement – must demonstrate progress on health issues – reports from employer Progress being made – follow-up with resources.
2006-12	Inappropriate relationship with client	Suspension pending further information. Investigation complete – to Disciplinary Hearing.
2006-15	Incompetence	To Investigation. Various assessments done- Strict restrictions on practice
2007-1	Poor leadership	Agreement to have complaint on file for a year.
2007-2	Inappropriate interactions with clients & staff	Registrant voluntarily withdrew from the profession.
2007-3	Poor practice issues	To Investigation
2007-4	Poor practice issues	To investigation
2007-5	See 2006-1 above	

In each of 2004 and 2005, the Investigation Committee received 9 complaints. In 2006, the Committee reviewed 22 complaints. Four of those were second complaints about registrants, within the same year. In 2007, the Committee reviewed four new complaints and one against a registrant with whom there already existed an agreement following a complaint. What was different in 2007, was the amount of time spent in addressing previous complaints in terms of appeals of previous decisions; reviewing investigation reports; asking for more information, etc... Special assessments were required in a couple of instances and these took a fair amount of staff time to organize and negotiate with both the registrant and the assessment setting(s).

The members of the Investigation Committee are: Christine Prociuk, RPN, BA , Chair
 Brian Bjorklund, BA
 Myrna Mitchell, MA
 Arlene MacLennan, RPN, RN
 Lynda Stiles, RPN,BScMH

A Report on the Registered Psychiatric Nurses of Canada

The profession of Psychiatric Nursing is slowly gaining recognition at the national level. The profession continues to be involved in the Canadian Collaborative Mental Health Initiative's attempts at implementation of its principles.

The profession is also very involved in the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), a coalition of consumer, family, professional and community groups that initially banded together in 1998 with the goal of achieving a national action plan on mental illness and mental health. CAMIMH was an important player in advocating for the Mental Health Commission of Canada. CAMIMH has two major activities: Mental Illness Awareness Week during the first week of October (www.miaaw.ca) and the Mental Health Literacy project. The Mental Health Literacy project is internationally known and the report can be reviewed on the CAMIMH website (www.camimh.ca).

It appears that some support may be available to the profession in terms of mobility to Eastern provinces after governments have assured compliance with the Agreement on Internal Trade by those occupations moving to another jurisdiction where there are already regulatory mechanisms in place for that specific occupation. Since there are regulatory mechanisms for RPNs in only some Canadian jurisdictions, it is anticipated that we will enter the federal/provincial/territorial agenda only after April 2009. Meanwhile, we continue to work with the Government of Nunavut in terms of our agreement with them facilitating the practice of RPNs in various regions of Nunavut. We are also working with the Government of the Yukon who are in the process of establishing a regulatory mechanism for RPNs. We are also exploring the Northwest Territories where at least one RPN is already employed as a RPN in that jurisdiction.

We continue to be involved in the revision of content about Registered Psychiatric Nurses that is on various Federal Government websites. This continues to be a challenging process. Meanwhile, we keep slowly increasing our network of supporters and allies at the federal level.

The RPNC also facilitates inter-provincial activity such as the Guidelines for RPNs in Independent Practice and the document on Code of Ethics, Standards of Psychiatric Nursing Practice and Entry-Level Competencies. This latter document will be validated with Registered Psychiatric Nurses in all relevant jurisdictions during 2008.

The RPNC also sponsors the World Congress for Psychiatric Nurses which is held every two years. This Congress began in British Columbia in 2002, was in Manitoba in 2004, Alberta in 2006 and will be held May 22nd to 24th this year in Regina, Saskatchewan. This rotation will continue with the 2010 Congress to be held in British Columbia following what we know will be a successful Olympics.



2008
Regina

RPNC World Congress
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May 22 – 24, 2008
Regina, Saskatchewan

<http://worldcongress.rpnc.ca>

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