

2009 Annual Report



THE COLLEGE OF
REGISTERED PSYCHIATRIC NURSES of MANITOBA

Board of Directors of the CRPNM 2007-2009



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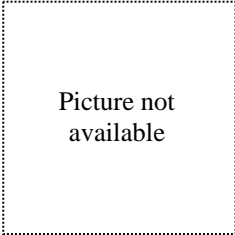
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Practice Consultant/
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Laurie Cenerini
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THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA

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 also has a Professional Practice Committee that addresses professional practice concerns. The CRPNM also takes part in inter-provincial committees on Code of Ethics and Standards; on registration examinations; and on developing a master's program in psychiatric nursing.

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 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.

Annual Report of the President, Dawn Bollman and Executive Director, Annette Osted

The Registered Psychiatric Nurses Act states that the college “must carry out its activities and govern its members in a manner that serves and protects the public interest”. The CRPNM does this by ensuring that the public of Manitoba receives safe, effective psychiatric nursing services. The board of directors has established three goals to work towards the mission statement. Those three goals will be used as the framework for this report.

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

We have continued to work with other regulated health professions and the Manitoba Government on the development of a **Health Professions’ Act** (HPA). This Act would standardize some of the regulatory processes for all regulated health professions while still offering each health profession its own regulations under the HPA. This means that each regulated health profession would continue to have its own college and its own board of directors/council.

There are some changes being proposed in the HPA, including increased responsibility for the colleges to regulate those of their registrants who are in independent practice. Another significant difference is the development of “reserved acts” under the HPA. The Health Professions Act will identify “acts” or activities that, for the safety of the public, can only be done by a person who is a member of a regulated health profession. Out of that broad scope of ‘reserved acts’, each profession will identify which of the ‘reserved acts’ applies to that profession.

The Board of Directors of the CRPNM is currently involved in reviewing different sections of the proposed HPA and we are preparing to provide feedback on the proposed legislation fairly quickly. For those of you who are interested, you can access a consultation paper on the proposed Health Professions’ legislation at: <http://www.gov.mb.ca/health/hprri/docs/hpra.pdf> . There are sections that will affect processes in the areas of registration, governance, complaints and investigations.

Other aspects of the proposed legislation will increase the operating costs of the college, especially in the area of complaints and investigations. At this time, the Investigation Committee has several options to take prior to sending a

matter for a full investigation or to a disciplinary hearing. The proposed HPA will require that all matters proceed to a full investigation prior to most decision options being taken. We have had some difficulty in finding enough trained investigators for complaints and this has meant significant delays. For that reason, two RPNs and a public representative who are or have been involved with investigations are going to take formal investigator training. Another RPN will be taking the advanced training offered by the Council on Licensure, Enforcement and Regulation.

The registration process has been streamlined so that the CRPNM can better meet the requirements of both the Act and the regulations. This meant a change of deadline dates for the 2008 registration year and again for 2009. The deadline date of November 15th will continue and there will be a grace period, with no penalty until December 1st of each year. We have included some data on registration elsewhere in this annual report. There are still some administrative issues with which we are struggling. Notable among them is the fact that there is an increase in the use of credit cards to pay for registration and other fees. While we want to ensure that processes are as convenient as possible for registrants, the College's costs are increasing because of the 4 to 8% charge for each credit card use.

The CRPNM has been involved in discussions with the Labour Mobility representatives of the Government of Manitoba about the Agreement on Internal Trade. The CRPNM had done a review of the Nursing Education Program of Saskatchewan (NEPS) soon after it was established in 1997. That program was supposed to prepare both RPNs and RNs in a four-year academic program. After reviewing the curriculum, the CRPNM decided not to accept graduates from that program under the Mutual Endorsement Agreement even if they had been registered with the RPNAS. For most of the program's existence, it did not have approval from the RPNAS. At this time, graduates from that program must complete two additional courses (psycho-pharmacology and abnormal psychology) as well as demonstrate that they have had 500 hours of clinical practice in a mental health setting before they can be registered with the RPNAS. The CRPNM insists that these graduates have a course in psychopharmacology and one in long-term and persistent mental illness, as well as the clinical component. Although very few persons are affected by this, the CRPNM had to file for a legitimate objective under Chapter 7 of the Agreement on Internal Trade. It is the board's position that the only way to ensure public safety is to ask that these graduates meet additional qualifications prior to being eligible for registration with the CRPNM.

We had hoped that the changes to the Agreement on Internal Trade would remove barriers to the mobility of RPNs in Eastern Canada. We have been told, however, that this is not the case and that the issue of regulatory processes for RPNs in Eastern Canada may be taken up as another mobility issue after April 2009.

During the past year, the board of directors reviewed the group malpractice insurance plan that the CRPNM purchases for its registrants. This is secondary insurance and would only apply if the primary coverage that is held by each employer would prove inadequate to cover a malpractice suit. The coverage is only two million dollars per year for all RPNs in western Canada (5500). Moreover, we have found that the insurance policy covers some of the costs that a RPN would incur in defending him/herself in a CRPNM disciplinary process. The board determined that this places the College in a conflict of interest position since the CRPNM's legislated mandate is to represent the public in the disciplinary processes. The board had previously determined that RPNs in private practice must each have a minimum \$2,000,000 malpractice insurance coverage. This could be obtained for a reasonable cost (about \$300/year) through the malpractice insurance that we had collectively. The board has determined that the CRPNM will get out of the business of brokering malpractice insurance, especially that which offers coverage for disciplinary processes. We are investigating what the implications will be for RPNs in private practice.

Other reports related to this goal are included elsewhere in this annual report.

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

This spring, some of our registrants will be receiving three surveys: one as part of the evaluation of the education program; one as part of the continuing competence program; and, one as part of the validation process for a new Code of Ethics and Standards of Psychiatric Nursing Practice. The validation of the Code and Standards is being done inter-provincially and the inter-provincial committee is being coordinated by Laura Panteluk in the CRPNM office. The members of the validation committee are Dr. Michel Tarko, RPN from British Columbia; Robert Lockhart, RPN, MA from Alberta; Linda Rabyj, RPN, MA from Saskatchewan and Dr. Renee Robinson, RPN from Manitoba. Once they have been validated by Registered Psychiatric Nurses and others, the revised Standards of Psychiatric Nursing Practice will be used to review the entry-level competencies. Entry-level competencies are what are used to guide the development of a blueprint for the registration examination.

There is a separate report on the Continuing Competence Program of the CRPNM. It is noteworthy that the former Chair of the Continuing Competence Committee, Karen Clements, RPN, MA, Jane Karpa, RPN, MMFT and Laura Panteluk, RPN, Adv.Dip.(Ps.Nsg) have presented on the CRPNM program and on reflective practice at some national conferences. Laura has also acted as a resource on this matter to other groups.

Workplace capacity to offer clinical support is still an issue. The telephone calls that we receive from RPNs who are trying to deal with either clinical issues or workplace issues sometimes are related to the dearth of clinical leadership in the area of mental health. Very few agencies or programs have the resources that are available through the Health Sciences Centre in Winnipeg as an example. One of the reasons that the CRPNM is involved in the promotion of an inter-provincial master's program in psychiatric nursing is to increase those clinical resources in the field of mental health and psychiatric nursing as well as to address the shortage of qualified RPN professors for psychiatric nursing education. We know that expanded career opportunities are important for the retention of Registered Psychiatric Nurses in the profession.

The Dean of the School of Health Studies at Brandon University is facilitating the development of a proposal for a master's program in psychiatric nursing. A letter of intent was sent to the Council on Post-Secondary Education (the funding body for university programs) after it was approved by various bodies at Brandon University, including the Senate and the Board of Governors. We are still working inter-provincially towards this goal. We believe that this will encourage RPNs to take higher education within the profession rather than having to leave the profession in order to gain higher education.

The Registered Psychiatric Nurses Association of Saskatchewan has been exploring the role of the Psychiatric Nurse Practitioner. The Colleges of Registered Psychiatric Nurses in British Columbia and Alberta have been asked, by their respective governments, to also explore this concept. The CRPNM will be starting to look at this issue so that the profession of Psychiatric Nursing's regulatory bodies can address this collaboratively.

The RPNC World Congress for Psychiatric Nurses has been held every two years to provide RPNs the opportunity to see what is happening in their field and to teach and learn from each other. The European Psychiatric Nursing Association is now beginning to meet annually and hold a large conference every two years. The presence of Canadian Registered Psychiatric Nurses at these international events has raised the profile of RPNs and what we do with international bodies such as the International Council of Nurses and the World Health Organization. The Registered Psychiatric Nurses of Canada has had a booth with materials on the profession at the last two European Congresses. Since the large European Congresses will now be held during even-numbered years, the RPNC World Congress will switch over to odd-numbered years. The next RPNC World Congress will be held in March 2010 in Vancouver. The Congress after that will be held in Winnipeg in 2013. A small group of RPNs has already volunteered to work on the Winnipeg Congress and to prepare some publicity for circulation at the Vancouver Congress next March.

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

The CRPNM has for some time been concerned about the quality of mental health services in Manitoba, especially in terms of professional mental health resources. The Government shares this concern and has therefore appointed a Psychiatric Nursing Planning Group to review issues around the recruitment and retention of RPNs. The Committee began its work in the late fall of 2008 and expects to have recommendations to the Ministers and the CRPNM by the end of June 2009. The Planning Group is chaired by Terry Goertzen, Assistant Deputy Minister who has workforce planning as one of his portfolios. The committee includes representatives from the Mental Health Branch, from employers, from people with a lived experience of mental illness, from family members, Brandon University and the Workforce Planning department. The CRPNM representatives are Dawn Bollman, Annette Osted and Laura Panteluk. The Psychiatric Nursing Planning Group is discussing ways of recruiting RPNs from overseas. The CRPNM has also established a partnership with the BScPN program in the School of Health Studies at Brandon University for the recruitment of students. The CRPNM still has the goal of having a complement of registrants that reflect the cultural reality of Manitoba.

We have also been working on some activities to address issues or barriers to the recognition of RPN competencies in other geographical areas and in some employment settings such as corrections. Some of these are done provincially and/or regionally and others are done nationally.

The concept of "mental health" is much broader than the formal system that delivers mental health services through the Regional Health Authorities or directly through Manitoba Health/Healthy Living. The social determinants of health are critical to the recovery process. These determinants include housing, employment, leisure activities, income; indeed all the factors that allow any of us to live a relatively good life. The more people have natural supports around them, the better chance of success they have. The CRPNM has prepared a document to present to the consultants who are developing a provincial strategy for mental health in Manitoba.

At this year's Annual Conference, we will be highlighting some of the diverse roles that RPNs play in the provision of mental health services. These services are provided in general hospitals, in mental health centres, in personal care homes, in school divisions, in correctional facilities and in many more settings. Registered Psychiatric Nurses have a rich

history of service to persons with mental health problems in Manitoba. Their roles have not only become more diverse but have also expanded.

The first legislation for Registered Psychiatric Nurses in Manitoba was proclaimed in 1960 so next year is the profession's 50th anniversary in this Province. We will want to celebrate the ongoing evolution of our profession over the years – in clinical practice, in education, in research and in leadership.

2009 is an election year and so there may be some changes in the composition of the board of directors. To all the board members who have served during this board's tenure, we thank you for your involvement and your support in the continued growth and development of Psychiatric Nursing in this province. We especially thank the public representatives who so freely donate their time and their serious consideration to the issues facing our profession and mental health in Manitoba.

Message from the President

This was my last term on the Board of Directors but I will remain involved with the College. I want to take the opportunity to thank the board members and all the CRPNM staff for their support and guidance. Serving in the capacity of President requires hard work but the benefits in terms of both personal and professional growth are incalculable.

Dawn Bollman, RPN, BScMH

Annual Report of the Psychiatric Nursing Education Approval Committee

The CRPNM established a process whereby the Standards for Psychiatric Nursing Education in Manitoba (a Schedule to the regulations under the Act) were reviewed. The Standards had been developed about 25 years ago and, although they have served relatively well, some updating of the language and some concepts were needed. This was done during the summer of 2008 and the new proposed Standards were approved by the Board of Directors to send to Manitoba Health as a proposal for a change to the Schedule under the regulations.

A review of the Bachelor of Science in Psychiatric Nursing program took place in March 2009 and we are waiting for the report from the external evaluator. The Psychiatric Nursing Education Approval Committee has been coordinating this activity with staff. The School of Health Studies at Brandon University and its Dean, Dr. D. Care, have been very cooperative during this process and they are to be commended for their work. One of the areas of serious concern to the ongoing health of the BScPN program is the lack of RPNs prepared at the master and doctoral levels.

There is one RPN vacancy on the Committee at this time.

Atlanta Sloane-Seale, Ed.D., Chair
Patrick Griffith, RPN, RN, BN, MPH
Sharon Taylor, MSW

Doreen Fey, RPN, BA, MHA
Isabelle Jarrin, RPN, BScPN

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

The Professional Practice Committee was established in 2006 with the goal of developing positions statements, interpretive documents and professional practice guidelines based on current literature and evidence. In 2008, the committee reviewed and revised the CRPNM's position statement on **Quality Mental Health Services**. This new statement was approved by the CRPNM Board of Directors in February 2009 and is included elsewhere in this report.

The committee continues to make the final revisions to a position statement and practice guideline on **Professional Boundaries in Psychiatric Nursing**. The committee will work on two substantive documents in 2009. Committee members have begun their research on the topics of duty to report and on using evidence in psychiatric nursing practice.

Thank you to the committee members: Tina Curtis, Kathy Flemmington, Mary Fuhr, Jane Karpa, Elizabeth Ozturk, Maureen McVety, and Tracy Young.

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, 2008 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 \$2,017 for 2008. Revenues were about \$4,000.00 less than our forecast. Registration fee revenue accounted for most of that shortfall. Our tenant space, empty for 8 months in 2007, was occupied for a full year in 2008 by Pinnacle Communications.

The increase in statutory functions expenses (from 2007 to 2008) was mostly due to more expenses associated with disciplinary hearings and to those associated with the revision of the Standards for Psychiatric Nursing Education. Corporate function expenses stayed relatively stable. The increase in the area of professional functions was mostly due to the new format of the CRPNM Advisor and to the sponsorship of RPN presenters at the World Congress as well as some sponsorship of CRPNM representatives to an international psychiatric nursing conference.

Administration costs went up by about \$5500.00 from 2007. This increase included an additional \$2600 for equipment depreciation (a non-cash item) due to the new way of depreciating electronic equipment; a \$4000.00 increase in legal fees due to the lawsuit in regard to our previous tenant; and smaller increases in telephone and IT expenses. The building expenses increased by less than \$1000.00 even though utility costs have increased by over \$1000.00. To summarize, despite a decrease of about \$4000.00 in expected overall revenue, expenditures were also down slightly (about \$2000.00) resulting in a deficit of \$2,017.00.

Budgets and bottom lines

When a budget is prepared, we try as much as possible to anticipate the expenses that we will face in the coming year and, on that basis, how to organize our revenues to cover those expenses. Any increase in registration fees must be presented to the Annual General Meeting prior to the year to which an increase would apply. We have therefore been reviewing the needs for the 2010 budget.

The pro-rating of fees on a quarterly basis is advantageous to the registrants but it is not advantageous to our operations. It affects our revenue and our bottom line. The use of the debit plan and of credit cards facilitates payment for registrants. However, it has added to the College's costs (at least \$2500.00 per year). Although we would wish that all expenses went up only by 3% or less, that is not the case. Utilities alone have gone up significantly. Our communication/internet costs are increasing as we try to keep up with the increasing expectations to respond more and more quickly to messages.

The following interesting information provides perspective on registration fees:

- In 1976, the fees were \$70.00; about 0.5% of an average RPN salary.
- In 2008 the fees were \$399.44, about 0.6% of an average salary (new RPN with 2 yrs' of experience=\$67,000); or 0.56% of the salary of a RPN with 4 yrs experience (\$71,387).
- The 2009 registration fee is \$411.43 (plus GST) (0.576 of \$71,387).
- The RPNAS (where there is a comparable number of registrants) fee is now \$562.00, about 0.88% of a new RPN's salary in Saskatchewan.

The 2009 budget has been approved by the Board of Directors as a deficit budget. Every effort will be made to decrease the projected deficit of about \$9,500.00. A major expense item in 2009 will be the approval process (of the education program) that is conducted every four years. The Board wants to have a balanced budget for 2010. For that reason, the Board of Directors will be presenting the following motion to the members at the annual meeting:

MOTION: That the 2010 CRPNM registration fees be increased by 5%.

Debbie Frechette, RPN, BScMH
Treasurer

Report of the Appointments Committee

The Appointments Committee will be presenting a slate of nominees to the annual meeting for the election of the board of directors. This will include recommendations for the appointment of public representatives to the board.

Bill Ashdown Rebecca Sourisseau, RPN, BScPN Marg Synyhyn, RPN, BHS(PN), Chair



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AUDITOR'S REPORT

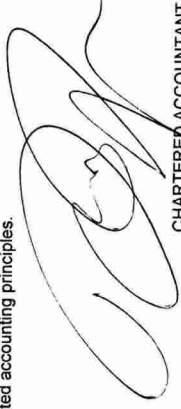
COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Financial Statements
Year Ended December 31, 2008

To the Members of College of Registered Psychiatric Nurses of Manitoba

I have audited the statement of financial position of College of Registered Psychiatric Nurses of Manitoba as at December 31, 2008 and the statements of revenues and expenditures, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the company's management. My responsibility is to express an opinion on 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 the 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 company as at December 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Winnipeg, Manitoba
 February 28, 2009

CHARTERED ACCOUNTANT



COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF MANITOBA
Statement of Revenues and Expenditures
Year Ended December 31, 2008

	2008	2007
REVENUE		
Membership Fees - Active	\$ 381,845	\$ 372,501
Membership fees - Associate	3,103	3,386
Late fees and penalties	5,672	3,292
Interest	16,548	17,277
Rent	12,200	6,860
Annual conference recoveries	4,165	650
Examinations	7,619	6,108
Other	3,118	1,386
	434,270	411,460
EXPENSES		
Statutory functions - schedule 1	101,561	74,667
Corporate functions - schedule 1	67,989	66,889
Professional functions - schedule 1	160,820	138,524
Administration - schedule 1	71,823	99,500
Building - schedule 1	34,094	33,237
	436,287	412,817
DEFICIENCY OF REVENUE OVER EXPENSES FOR THE YEAR	\$ (2,017)	\$ (1,357)

	2008	2007
ASSETS		
CURRENT		
Cash	\$ 88,105	\$ 82,293
Short-term Investments (Notes 2, 3)	24,698	39,814
Accounts receivable	8,508	8,419
Due from the RPN Foundation Inc.	797	-
Inventory	3,231	3,736
Prepaid expenses	13,132	15,395
	138,471	149,657
LONG TERM INVESTMENTS (Notes 2, 3)	468,617	415,292
CAPITAL ASSETS (Notes 2, 4)	157,192	169,226
	\$ 764,280	\$ 734,175
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	\$ 37,121	\$ 47,275
Goods and services tax payable	18,680	15,510
Unearned rent	2,412	2,412
Prepaid membership fees	388,210	370,660
Deferred interest income (Note 3)	51,836	30,230
Due to the RPN Foundation Inc.	-	50
	498,259	466,137
NET ASSETS		
GENERAL FUND	202,862	216,914
BUILDING AND EQUIPMENT RESERVE FUND (Note 5)	63,159	51,124
	266,021	268,038
	\$ 764,280	\$ 734,175

ON BEHALF OF THE BOARD

[Signature] Director

[Signature] Director

**Report from the Deputy Registrar
Laura Panteluk, RPN, Adv.Dip.(Psy.Nsg.)**

To meet its public protection mandate, the CRPNM ensures valid and timely registration and the prevention of unauthorized practice by implementing policies and processes for initial and continued registration. These policies and processes are consistent with requirements of the *Registered Psychiatric Nurses Act* and its attendant regulation.

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 them 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 to 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.

The CRPNM works to ensure the accuracy of the data and works with others, like Manitoba Health, to put the data in context for a comprehensive approach to health human resources planning. The CRPNM registration data is one source of data that is used for planning. The data in this report was captured at December 31, 2008. The following report identifies the demographics of the current RPN workforce; where the current supply of RPNs comes from; and, the utilization, in terms of place of work, of the current RPN workforce.

Registration Statistics

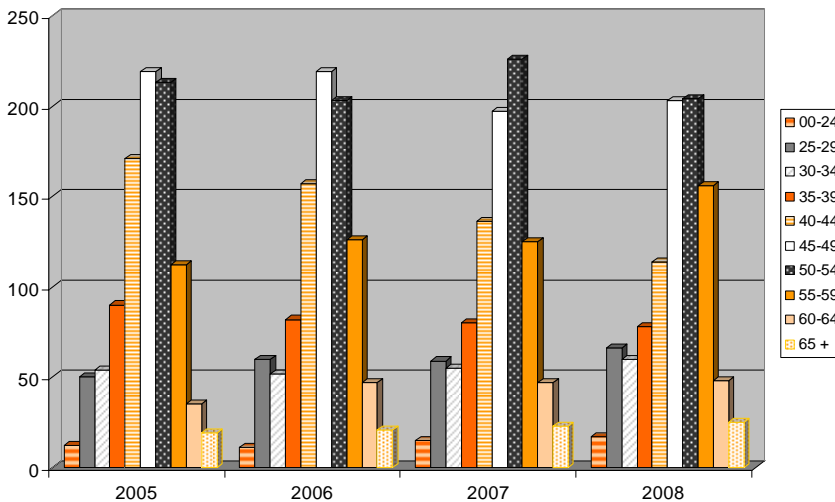
	December 31, 2006	December 31, 2007	December 31, 2008
Practising Registrants	978	963	971
Non-Practising	68	73	61

The number of Practising RPN's is slowly increasing even though thirty four (34) RPN's moved from the Practising to Non-Practising register in 2008. Most often, RPN's change their status to Non-Practising for maternity or medical leaves. This means that these RPN's are only temporarily unavailable to the workforce.

While there was a loss of 12 RPN's from the Practising register in 2008 related to retirement or non-renewal, thirty-nine (39) new registrants were entered onto the Practising register in 2008.

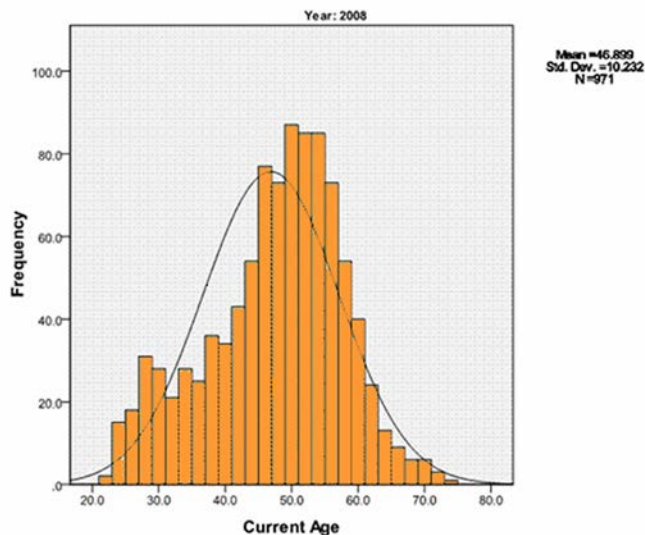
Demographics of the Current Supply

Age Groups Over Time



The demographics of the current RPN workforce shows that 44.6% of RPN's in Manitoba are 50 years of age or older. It also demonstrates that 42% of RPN's in Manitoba are between the ages of 45 and 54. When we compare the 2007 demographics to 2008, we notice an increase in the number of RPN's in the 55-59 year old age group. This may suggest that RPN's are staying in the workforce longer.

Age at Graduation (2008)



The current average age at graduation is also increasing. As the average age of the graduates increases so does the average age of the workforce. However, there is overall evidence of renewal; the number of graduates is increasing; 35% of Manitoba RPNs are 45 or younger; and, the 25-29 year old age group is stable and increasing. Compared to 2004, there are 59% more RPNs in the 25-29 year old age group in 2008.

Supply- New Graduates

The CRPNM keeps data on the number of graduates who wrote the registration examination and who subsequently register. The number of graduates in the calendar year is defined as those individuals who have met all the requirements for registration except for the successful completion of the CRPNM registration examination. These individuals have met all of the requirements for completion of the Bachelor of Science in Psychiatric Nursing (BScPN) education program.

New Graduates who wrote the exam but did not register:

YEAR	TOTAL NUMBER OF GRADUATES WHO WROTE THE REGISTRATION EXAM	# & PERCENT WHO DID NOT REGISTER	REASON
2008	40	7 (17%)	5 transfer to SK; 1 transfer to AB; 1 unknown
2007	33	6 (18%)	2 transfer to SK; 2 transfer to AB; 1 transfer to BC; 1 unknown
2006	43	10 (23%)	2 transfer to SK; 2 transfer to AB; 5 transfer to BC; 1 unknown
2005	34	6 (17%)	2 unknown; 1 maternity leave; 3 transfer to SK
2004	37	2 (5%)	1 unsuccessful; 1 transfer to AB

Forty (40) BScPN students have informed the CRPNM of their intention to write the CRPNM registration exam in May or November of 2009. On average, 96% of new graduates pass the registration exam on their first attempt.

New Graduates who were New Registrants

There were twenty-nine (29) new registrants who completed the BScPN in the 2008 calendar year. A new graduate may choose not to register in the year when they complete the psychiatric nursing education program. For example, half of the new graduates who wrote the CRPNM registration examination in November 2008 did not register until 2009. In the past five years, we have had an average 84% retention rate of new psychiatric nursing graduates.

Supply- Out-of-Province/Out-of-Country

Migration Report (January 1-December 31, 2008)

Transfer Region	Transferred In	Transferred Out
Alberta	0	1
British Columbia	3	3
Other Country	0	0
Other Province	0	0
Saskatchewan	2	3
Total	5	7

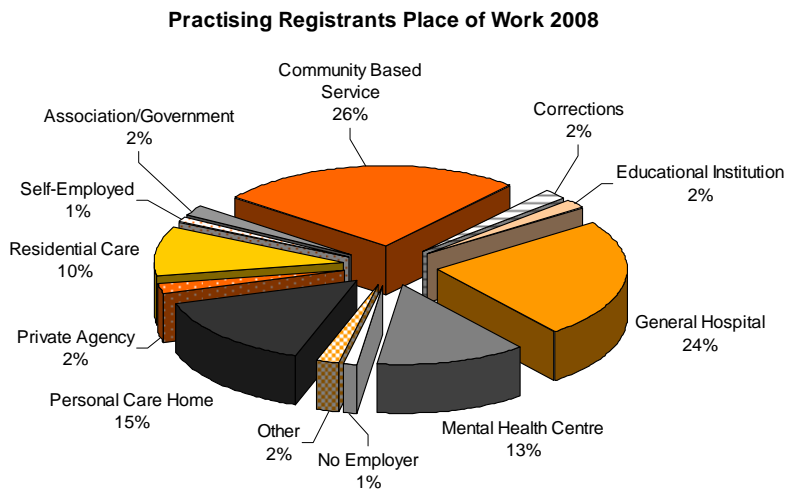
In 2008, four (4) internationally registered psychiatric nurses were approved to write the registration exam. One applicant wrote the exam and two are pending. The fourth applicant has decided to pursue registration in Alberta.

The *RPN Mutual Endorsement Agreement* allows for mobility of RPN's between the four western jurisdictions that regulate the psychiatric nursing profession in Canada. Although there are many reasons why RPNs may choose to move to another province, wages and recruitment incentives are often factors in the decision. The "transferred in" numbers are actual numbers of RPNs who have come to Manitoba.

It is unknown how much the province of Manitoba's recruitment efforts factor into the decision of RPNs who are choosing to come or return to Manitoba. According to Manitoba Health's *Nurses Recruitment and Retention Fund* data, from 1999 to December 31, 2007, twenty four (24) RPNs have received relocation assistance as one component of the province's "Come Home to Manitoba" campaign (Manitoba Health, 2009). Immigration, whether from foreign or Canadian sources, has not had any significant impact on the RPN supply for at least 25 years.

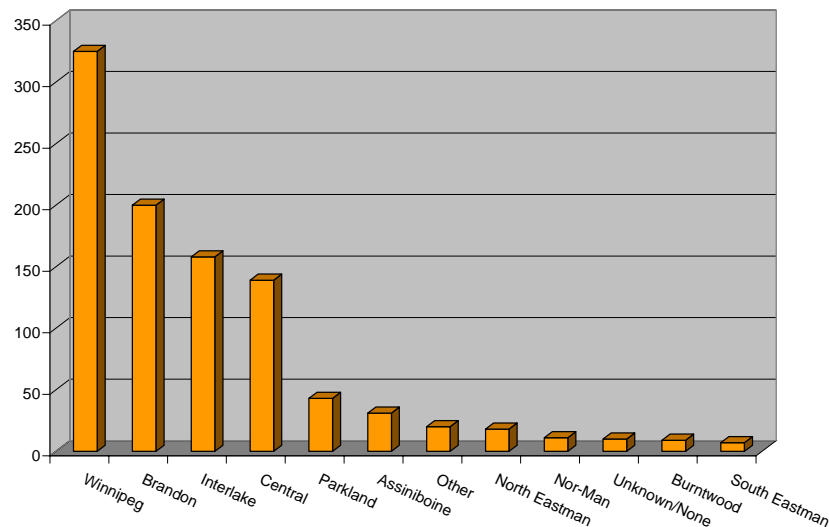
Note: The "transferred out" data is collected when a RPN has requested that the CRPNM confirm their registration to another psychiatric nursing jurisdiction. This is one of the requirements under the endorsement agreement. Although this confirmation is provided it does not always mean the member left the province. However, in most cases it does. As of December 31, 2008, the CRPNM was aware that 5 RPNs had transferred to another psychiatric nursing jurisdiction.

Utilization of the Current RPN Supply



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.

Practising Registrants by Region



Note: The primary employment data is categorized into region. Not all RPNs are employed by a regional health authority.

<p style="text-align: center;">Report from the Practice Consultant Laura Panteluk, RPN, Adv.Dip.(Psy.Nsg.)</p>
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Practice Consultation and Support

Providing practice consultation and support is one of the ways that the CRPNM supports RPNs and their employers. Supporting professional practice by assisting RPNs to understand and apply the *Standards of Psychiatric Nursing Practice* and the *CRPNM Code of Ethics* meets the CRPNM's public protection mandate by promoting good practice and preventing poor practice. The CRPNM Practice Consultant provides presentations to workplaces on a variety of professional practice issues and is available for consultation to individual RPNs and their employers.

The Practice Consultant provides staff support to the CRPNM Professional Practice Committee and participates in a variety of local, provincial and national activities that have the potential to impact RPNs in their practice. For example, attending such events as the International Council of Nurses (ICN) Advanced Practice Nursing Network conference adds to the provincial and national dialogue about advanced practice roles for RPNs, including potential roles for psychiatric nurse practitioners.

The CRPNM Practice Consultant also provides support to an interprovincial committee of RPNs with expertise and background in research as they prepare a survey instrument to validate new *Standards of Psychiatric Nursing Practice* and *Code of Ethics* document. In April 2009, RPNs across Canada will be asked to participate in this validation process by completing the survey tool. In Manitoba, we will randomly select 300 Practising registrants and selected stakeholders to participate.

Continuing Competence Program Audit

The CRPNM Continuing Competence Program is another way that the CRPNM promotes good practice and prevents poor practice. The requirements of the program are defined in the *Registered Psychiatric Nurses Act*. The Practice Consultant is responsible to administer the program and to ensure that RPNs on the Practising register are compliant with the program requirements. On an annual basis, approximately 20% of the Practising registrants are randomly selected to participate in the CRPNM Continuing Competence Audit. The purpose of the audit is to ensure that RPNs are engaged in, and compliant with, the requirements of the Continuing Competence Program.

In July 2008, one hundred and forty four (144) RPNs were randomly selected for the CRPNM Continuing Competence audit. This was the third year of a five year audit cycle. By the end of the fifth year, all of the RPNs on the Practising register will have been audited.

In September 2008, ten auditors worked in pairs to apply the audit criteria to 115 returned audits. The audit criteria reflect the requirements of the CRPNM Continuing Competence Program. The auditors reviewed the anonymous audit documents and provided recommendations to the CRPNM Practice Consultant.

As of September 2008, five (5) RPNs had requested, and were granted, an extension to the audit deadline due to personal circumstances; seven (7) audits were returned because they were incomplete; and, two (2) RPNs were removed from the audit selection as they had not practiced in the audit year. At the start of the registration renewal period in October 2008, there were fifteen (15) outstanding audits. These RPNs were reminded that participation in the Continuing Competence Program and the audit were a requirement for registration renewal. 99% of the audits were subsequently received prior to December 31, 2008.

To date, 90% of the audits have a status of complete. Six (6) RPNs did not complete the audit as they retired or moved to the Non-Practising register. Following the registration renewal period six (6) RPNs were reminded of the auditors' requests for further information. The Practice Consultant is following up with three (3) of those requests and two (2) RPNs who have entered into an agreement for follow up.

In 2008, Continuing Competence Program presentations have been provided to the BScPN students and to workplaces. The presentations include information designed to assist RPNs in answering the audit's reflective practice question. RPNs are invited to contact the CRPNM Practice Consultant throughout the year for assistance in meeting the Continuing Competence Program requirements or to request a presentation at their workplace.

Annual Report of the Investigation Committee

Four new complaints were received during 2008. Two were resolved informally and one was resolved through a written undertaking by the Registered Psychiatric Nurse. This undertaking included conditions on the RPN. One previous matter has been referred to a full disciplinary hearing. Another previous matter had been sent for investigation and is being assessed as to disposition. Two of the complaints received required significant follow-up. The decision of the Investigation Committee in one of the matters was appealed to the Board of Directors and the board upheld the decision of the Committee.

Here is a progress report on current complaints as well as those that had not been resolved by the end of 2007.

ID Number	Complaint	Disposition
2006-1 and 2007-5	Poor documentation- can not keep up with work- false documentation	Following the second complaint and a second investigation, the person's registration was suspended and the matter was referred to a disciplinary hearing.
2006-12	Inappropriate relationship with client.	Disciplinary hearing started and then was stayed when the person resigned from the profession.
2007-3	Poor practice issues	To investigation- report received. Decision pending.
2007-4	Poor practice issues	To investigation. RPN entered into agreement with the CRPNM. Follow-up in place.
2008-1	Not following agency policy.	Informal resolution.
2008-2	Lack of information given to client.	Informal resolution following review of documentation. The matter was appealed to the Board by the complainant. Board upheld the Committee's decision.
2008-3	Inappropriate interaction with volunteer at workplace	Informal resolution following investigation of documentation.
2008-4	Destroying documentation.	Conditions placed on practice.
2009-1	Not following policy & placing clients at risk.	Pending.

Number of complaints received per year:

Year →	2004	2005	2006	2007	2008
# complaints	9	9	22	6	4

Although there was a smaller number of complaints in 2008, we have noted that they seem to be more complex, taking more time and expert analysis before a decision can be made.

Christine Prociuk, RPN, BA, Chair on behalf of the Investigations Committee:

Brian Bjorklund, BA Arlene MacLennan, RPN, RN Myrna Mitchell, MA Lynda Stiles, RPN, BScMH

Report of the Discipline Committee

The Discipline Committee of the CRPNM met once during 2008 to begin a hearing. The hearing was then stayed when the psychiatric nurse who had been charged resigned voluntarily from the profession and signed a legal agreement to the effect that she would not re-apply for registration.

We understand that another matter is being referred to us.

Jeff Gunter, RPN, Chair
Irene Martineau, RPN
Barb Nixon, RPN
Kristen Kroeker

Debra Anderson, RPN
Jocelyn Meroniuk-Vezey, RPN
Debra Wikstrom, RPN
Kenneth Nairne

Randy Gretsinger, PN
Claudette Moquin, RPN
Beverly Barringer



Position Statement on the Provision of Quality Mental Health Services

Introduction

The College of Registered Psychiatric Nurses of Manitoba (CRPNM) has the legislated mandate to conduct its affairs and govern its members in the best interests of the public. The CRPNM ensures that Registered Psychiatric Nurses have the required competencies to provide quality mental health services. As recognized leaders and the single largest group of mental health professionals in Manitoba, Registered Psychiatric Nurses are committed to the provision of safe, competent and ethical mental health services.

The education program that prepares Registered Psychiatric Nurses has provided both support and leadership to the evolution of the education and practice of Registered Psychiatric Nurses. It has also positioned Registered Psychiatric Nurses to meet changing expectations and roles so that they can be responsive to a broad range of mental health needs for individuals, families, groups and communities.

As mental health issues and practices continue to evolve and as society's needs change, it is critical that there be a match between the knowledge and skills of the service provider and the services provided to meet needs. Registered Psychiatric Nurses collaborate with recipients of care, their natural supports and other professionals in the planning, facilitating and strengthening of mental health service delivery systems and programs.

CRPNM Position Statement

The College of Registered Psychiatric Nurses of Manitoba (CRPNM) believes that persons with mental health issues, with mental illness or in emotional distress have the right to quality health and mental health services. The CRPNM adamantly maintains that professionals providing mental health services must have relevant educational preparation that includes theory and clinical experiences specific to mental health issues and mental illness.

Approved by the CRPNM Board of Directors, February 2009

Adapted (with permission) from the College of Registered Psychiatric Nurses of Alberta *Position Statement on Appropriate Care Provider in Mental Health* (2007) and from the CRPNM *Position Statement on the Provision of Quality Mental Health Services* (1995).



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