

Registered Psychiatric Nurses Association of Saskatchewan

2010-2011 Annual Report



*Sue
Myers*

RPN, Adv. DipPsychNurs, BSW, MVTEd
Program Head - Psychiatric Nursing Program

Pinning Ceremony

December 2010



*Mary K
Renwick, RPN
President
June 2009—June 2011*

Partnering With People

Table of Contents

Statement of Purpose	2
AGM Agenda	3
Rules of Order	4
Members of Council 2010 and 2011 RPNAS Staff	6
President's Report.....	8
Executive Director's Report.....	10
Registrar's Report	18
Membership Statistical Reports.....	20
Bylaws.....	
Reports	29
RPNAS Vision & Mission.....	33
Operating Budget	34
Audited Financial Statements	37

Statement of Purpose of Annual Meeting

In June 1984, the RPNAS Council passed a statement focusing the purposes of the Annual Meeting. These purposes are:

1. To provide a forum for the dissemination of information from Council to the membership;
2. To provide a vehicle for the membership to give guidance to Council through adoption of resolutions/motions; and
3. To afford an opportunity for members to raise issues of concern through an "Open Forum."

The agenda for the Annual Meeting has been prepared following legislated requirements and these purposes. The call for submissions of new business via the Open Forum was published in the Spring 2009 issue of the *RPNews*. The guidelines for the Open Forum allow for questions and new business arising from the floor. Time limits for discussion will be at the discretion of the Chair.

Please remember to bring your 2011 RPN License!

Bylaw III - Meetings of the Association Section 4 - Voting
Eligibility to vote at a meeting of the association shall be determined by presentation of a current practicing membership card.

**The 2011 Annual Meeting and Education Days
June 9 & 10, 2011
Travelodge in Prince Albert**

Agenda

Thursday, June 9, 2011

1100 Registration
1300 Introductions
1330 Guest Speaker, Debbie Palmer
1830 Banquet
2000 Awards followed by entertainment

Friday, June 10, 2011

0800 Registration & Breakfast
0900 Guest Speaker, Marlin Marynick
1200 Lunch
1300 Annual General Meeting



Rules of Order for Annual Meetings of the Registered Psychiatric Nurses Association of Saskatchewan

The President, or in his/her absence or at his/her request, a Chairperson shall preside over the Annual Meeting.

SUBJECT OF DISCUSSION

No question of a sectarian character shall be discussed at meetings.

RECOGNITION

When a member wishes to speak, he/she shall be recognized by the Chairperson, and shall give his/her name and the branch he/she represents, and shall confine his/her remarks to the question at issue.

CONDUCT OF MEETING PARTICIPANTS

A member shall not interrupt another except it be to call a point of order.

If a member is called to order, he/she shall at the request of the Chairperson, take his/her seat until the question of order has been decided.

Should a member persist in unparliamentary conduct, the Chairperson will be compelled to name him/her and submit his/her conduct to the judgment of the meeting. In such cases the member whose conduct is in question should explain and then withdraw, and the meeting will determine what course to pursue in the matter.

MOTIONS

All motions arising from the floor shall be written in duplicate and signed by the mover and seconder before being presented. Discussion will not commence until this process is complete.

DEBATE

Members who wish to speak to a question or make a motion shall use the microphone, address the Chairperson and give their name and position.

No member may speak more than once to the same question unless all others who wish to speak have done so. If the mover of the motion speaks a second time, debate shall be closed.

Time for debate may be extended by a two-thirds (2/3) vote of the members.

When a motion to Close Debate is made, no discussion or amendment of either motion is permitted. If the majority vote that the “questions now put” the original motion has to be put without debate. If the motion to put the question is defeated, discussion will continue of the original motion.

CALLING THE QUESTION

When a question is put, the Chairperson, after announcing the question, asks “Are you ready for the question?” If no member wishes to speak, the question will be put.

Questions may be decided by a show of hands, or a standing vote, but a roll call vote may be demanded by 30 per cent of the members present. In a roll call vote, each member shall be entitled to one vote.

A call for a vote on the question (“Call to Question”) requires a formal motion and approval by two-thirds (2/3) vote of the members.

APPEAL

The member may appeal the decision of the Chairperson. The Chairperson shall then put the question thus “Shall the decision of the Chair be sustained?” The question shall not be debatable, except that the Chairperson may make an explanation of his/her decision.

RECONSIDERATION OF A MOTION

A motion may be reconsidered provided that the mover of the motion to reconsider voted with the majority, and notice of motion is given for consideration at the next meeting, and said notice of motion is supported by two-thirds (2/3) of the members qualified to vote.

AUTHORITY

In all matters not regulated by these rules of order, Robert’s Rules of Order shall govern.

OBSERVERS

Observers may, at the call of the Chairperson, be invited to comment or ask questions on a particular issue once discussion by membership has been completed.

CLARIFICATION REGARDING ABSTENTIONS

The basic rule is that a motion requiring a majority vote is adopted if more members vote in favour of the motion than vote in opposition. Members who are entitled to vote but who abstain are not counted when determining a majority. In effect, they have relinquished their right to be a factor in the decision. (It is possible for example, to have 30 members in attendance at a meeting and when the votes are counted discover that there are seven votes in favour and five opposed. The motion would be adopted because a majority of those voting were in favour of the motion).

RPNAS Council 2011-2012

President: Mary K. Renwick, RPN, Swift Current

President-Elect: Shirley Bedford, RPN, North Battleford

Members-at-Large:

Brenda Francis, RPN, Saskatoon

Don Froese, RPN, Saskatoon

Marion Palidwor, RPN, North Battleford

Tamara Quine, RPN, Regina

Pam Watt, RPN, Saskatoon

Edmee Kosberg, RPN, Lanigan

Public Representative:

Louise Burridge, Melville

RPNAS 2011 Staff

Executive Director:

Robert Allen, RPN

Registrar:

Candace Alston, RPN

Executive Assistant:

Karen Zarowny

Administrative Assistant:

Kim Clory



RPNAS Council 2009-2010

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North Battleford



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Brenda Francis, RPN
Saskatoon



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Saskatoon



Edmee Korsberg, RPN
Lanigan



Marion Palidwor, RPN
North Battleford



Tamara Quine, RPN
Regina



Pam Watt, RPN
Saskatoon



President's Report

It is hard to believe that it is time for the annual report and my last one as president; the last two years have gone quickly. By the time you read this I hope the spring warmth is actually here. This is a winter that doesn't want to end. I am not sure if it is because I live on a farm or in Saskatchewan but I notice the weather. It seems much in our world right now begs notice; from the upheaval of governments in the Middle East; to major natural disasters; to provincial and federal elections here. And despite what is happening in the world around us events in our own lives continue, and sometimes creating uncertainty and trepidation too. However, regardless of how disconcerting times can be, opportunities can develop, giving us hope to continue.



In December the first class of the new psychiatric nursing program completed their studies and registration exams. Congratulations to the instructors and students for all your hard work and perseverance. I am sure at times it must have felt like you were in a fishbowl, so on behalf of the RPNAS thank you for staying the course. It will be wonderful to have new ideas and perspectives along with fresh faces in our workplaces. Welcome to the greatest profession!

Recently Bob Allen, Candace Alston, Karl Mack and I met with the Deputy Minister of Health, Dan Florizone, to discuss opportunities for RPNs in this province. We were told that the Hospital Standards Regulations (1980) if applied by Health Regions appropriately should not restrict RPNs from working in areas other than mental health. We were told that there is a need to clarify this within the Health Regions' Human Resource departments, which government departments promised to undertake. Further to this I suggest qualified RPNs bidding for nontraditional positions use all their resources to encourage our systems, in healthcare or otherwise, to stretch their boundaries to ensure the people in this province have access to the skill set of psychiatric nursing.

Persistence and positivity also fuel the hope that keeps us moving ahead. RPNAS, the Registered Psychiatric Nurse Practitioners (RPNP) committee and RPNs throughout the province have continued to forge towards the RPNP initiative. As such, the Deputy Minister agreed to partner with RPNAS to embark on a course of action to explore an advanced role for RPNs. This endeavor is in the early stages so at this point it is difficult to say how it will unfold in detail. However we are being asked to develop prototypes of advance roles for psychiatric nurses in what we envision as Registered Psychiatric Nurse Practitioners (RPNP), in a mix of different settings. I am excited because it will give decision makers the opportunity to see and experience how RPNPs can enhance accessibility to appropriate, effective and quality mental health care in several different settings. The RPNP committee will be working closely with the government in a leadership role to ensure positive outcomes. The RPNP initiative is an important step in the continued growth of our profession and in enhancing opportunities for us to serve Saskatchewan people in expanded roles.

As president of RPNAS I am also a board member of the Registered Psychiatric Nurses of Canada (RPNC). In January Bob Allen, Shirley Bedford, president-elect, and I attended a strategic planning meeting for RPNC. This was necessary because the roles of the regulatory bodies in the other provinces have shifted towards regulatory function and away from advocacy, as they are now Colleges and not Associations. At this point I have been told by government officials in this province that this change is not being considered here; however to speak with one voice RPNC needed to rework its vision, mission and goals. The RPNC website outlines the changes made. As an association we continue to be advocates for the people of Saskatchewan but the lines become blurry when our advocacy becomes self serving. Please think about it, discuss it with colleagues; advocacy is core to what we as psychiatric nurses do, how would a change like this affect us?

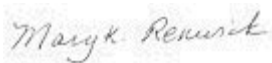
In March RPNs joined consumer organizations like the Canadian Mental Health Association, Alzheimer's Society of Saskatchewan, Schizophrenia Society, Family Council Saskatchewan Hospital North Battleford and

other groups to raise awareness of the needs for families and individuals living with mental illnesses and differing intellectual abilities. Although the event was not what we had hoped for in turnout or impact it did get noticed as it was reported by the media across the province. Recently I have heard psychiatric nurses speaking out in regards to Saskatchewan Hospital North Battleford and the lack of quality of services province wide. Your passion and commitment was noticed and greatly appreciated. When psychiatric nurses stand strong for the people we work with and speak with pride about what we do I feel hope for our future.

Last spring, on behalf of RPNAS, I attended a “Patient and Family Centered Care (PFCC)” conference with members of the government and SRNA. PFCC is not a “model of care” but an approach to the planning, delivery and evaluation of health care that is grounded in dignity and respect, information sharing, participation, and collaboration with mutually beneficial partnerships between healthcare providers and patients and families.

These key concepts are also core to psychiatric nursing and not foreign to us, however I think at times these basic concepts have been lost in our systems. PFCC asks us to examine these systems and reorient them to create profound change in organizational culture. This takes leadership (not management) at the micro-, meso- and macro levels, something for all RPNs to think about. Dr. Paul Batalden said “every system is perfectly designed to achieve exactly the results it gets” so let’s be careful about the systems we create. Again, this is a golden opportunity for psychiatric nurses to demonstrate the skills that we have always known, while emphasizing patient and family centered care.

As I reflect over the last four years I want to thank Bob and Candace, the office staff along with all the council members that I have served with and the many volunteers involved with the association’s work. All of you make our organization great. It has been an honor and a privilege working with and getting to know all of you. I found the learning curve steep but as true psychiatric nurses you were all very understanding, supportive and forgiving of me through the process. I truly believe we have the best profession but by no means are we fait accompli. Shirley Bedford takes over as president in June at our AGM in Prince Albert; she brings great wisdom, experience and knowledge and will provide us with strong leadership as we look ahead to our future. Finally, please consider becoming involved in the association as it is a wonderful way to grow professionally and meet many great Psychiatric Nurses. I hope to see you at the AGM in Prince Albert, I know the local branch members there will be great hosts.



Respectfully submitted by:
Mary K. Renwick, RPN
President

Executive Director's Report



Executive Director's Report

The past year has seen a focus provincially on patient centered care and improvements in wait times as a priority. For those of us that work in mental health it has again been time spent waiting for long overdue improvements in mental health. Wait times for child and youth in psychiatry are extensive and there is a lack of integration in care and services for all ages. This means many patient needs are unmet. Provincial spending on mental health remains among the lowest in the country.

The major response to requests for increased resources in education seats, community based services and upgraded institutions has been that we need to make an economic case for such change. Our response is that we cannot, as a society, continue to ignore the determinants of health and the overall costs that result from doing so. There has been a lot more focus on mental health with the establishment of the mental health commission, but the commission can not pay for service delivery. The discrimination which results from the stigma around mental illness continues to allow health jurisdictions to ignore mental health issues.

The association continues to work hard with committed volunteers, and I am very grateful for the hard work of those members who continue to contribute selflessly to our organization. They serve as council executive and members, committee chairs and Branch executives and volunteer as members at the local level.

In my report last year I stated "In hard economic times mental health is never a high priority in public policy and is often the first area to be passed by as budgets are developed. We will continue to advocate for improved mental health services and remain hopeful that things will improve". It bears repeating.

The Council committee on the RPNP (Registered Psychiatric Nurse Practitioner) has been very active completing the development and validation of the competencies and consulting with stakeholders. The legislation Committee has finalized the proposed bylaw revisions for 2010-2011 and they form part of this annual report.

At the National level there has been a great deal of work accomplished on issues such as mobility, a new National exam and work towards a national nursing assessment service for RPNs wishing to work in Canada.

The following is a report on progress toward the established ends of the association for the past year.

E1 The vision of the RPNAS is:

The distinct profession of Psychiatric Nursing is a valued partner in the continuum of health care with competent members who promote and support mental health, hope and recovery.

The first class from the new Psychiatric Nursing Program at SIAST graduated in December 2010. We are now welcoming new graduate members to the association. Our membership has grown this past year and we currently have 863 members. However CIHI reports that RPNs are the oldest nursing group in Canada, which means we will have more members reaching retirement age sooner than the other nursing professions.

Our association continues to support the development of a degree program in Psychiatric nursing. Graduates of the SIAST diploma program now will have access to degree completion in psychiatric nursing through Brandon University. We need a degree program in Saskatchewan.

RPNAS is a member of the Mental Health Coalition in Saskatchewan, and as such continues to collaborate and contribute to the activities. The focus is on advocacy and the promotion of improvements in the delivery of care

and services to those living with mental illness as well as the prevention of mental illness. Our members are active throughout the province in staff and management roles, contributing to the dialogue and developments at all levels of community.

We are pleased to welcome Louise Burridge from Yorkton to our Council as the new public representative and appreciate her valuable input. Jane Whyte continues her valuable role as public representative on the Professional Conduct Committee.

RPNAS is a partner in the Collaborative Project with the SRNA and SALPN and is encouraged by the spirit of collaboration that exists. Workshops were presented throughout the province over the past two years and a collaborative nursing document is under development. We anticipate having focus groups this spring to provide feedback prior to finalizing the document.

E2

Competent Registered Psychiatric Nurses and Graduate Psychiatric Nurses.

1. Education Programs in place that ensure graduates meet beginning practitioner competencies.

The new education program is currently undergoing the summative evaluation process and the site visit occurred in May. The education approval committee is reviewing the report and will provide feedback and recommendations for Council.

The psychiatric nursing re-entry program will undergo a review again this year.

2. RPNS have opportunities for career advancement.

The new diploma program will articulate to a degree in Psychiatric Nursing using distance education and other options that may become available.

The Council committee on the RPNP continues work on the development of this new category of practice.

Many RPNs work as , Managers, Directors and CEOs in various areas. This is reported on annually in the statistical section of this report.

2.1 Mobility.

The RPNAS has an endorsement agreement with the other western provinces and is involved in processes with the Yukon, NWT and Nunavut to ensure the ability of RPNs to work in those locations. Yukon regulations were approved by the Government there.

The Registrar's office continues to work collaboratively with the other provinces to ensure consistency and thoroughness of screening and approval of reciprocal and foreign graduates. We are currently working on the development of national processes to ensure consistency in assessments of IENs.

Work continues to address the mobility issue in terms of eastern Canada. Further meetings are planned to address the trade agreement issues with various stakeholders. We continue to work on the mobility issue and there are hopeful signs that this problem is being recognized at a national level.

3. Awarding of Bursaries and Scholarships by the Association.

This continues to be an important way to further this end. Provincial government bursaries reflect confidence in our profession and the need for RPNs.

The continued collaboration at a national level through RPNC (Registered Psychiatric Nurses of Canada) furthers our goals of improved adherence to National Standards and Processes.

The Council has adopted the new national code of ethics and standards of RPNC (Registered Psychiatric Nurses of Canada) and is seeking to have our bylaws amended to reflect this change.

4. Internationally registered Psychiatric Nurses (RPNs).

Our Registrar continues to be involved in the development of IEN processes at the national level. Work on the development of a NNAS (National Nursing Assessment Service) is ongoing.

E3

Public Policy that promotes and supports optimal mental health

RPNAS continued to be a participant in the following;

- Saskatchewan Mental Health Coalition
- CMHA
- NIRO
- Provincial Nursing Council
- NEPS Advisory Committee
- Psychiatric Nursing Program Advisory Committee
- University of Regina Senate
- University of Saskatchewan Senate
- Registered Psychiatric Nurses of Canada
- SRNA, SALPN, RPNAS collaborative working group
- Senior Nursing Leadership Forum
- Saskatchewan Institute of Health Leadership – University of Regina
- CAMIMH
- Nursing Education Strategy for Saskatchewan.
- collaborative nursing working group

The Executive has represented RPNAS at annual meetings of the other regulatory bodies, SRNA and SALPN as well as SUN, CMHA, SAHO and several nonprofit and not for profit organizations.

At a National level the Executive Director represented RPNC on the Board of CAMIMH and at the Mental Health Table interest group in Ottawa.

RPNAS meets quarterly with the other Provincial Executive Directors.

E4

Psychiatric Nursing is a self regulated profession

As a unique Profession within the Discipline of Nursing, the Registered Psychiatric Nurses Association of Saskatchewan works collaboratively with the SRNA, SALPN and the provincial government to further the development of collaborative nursing practice. In the interest of Patient safety and quality work environments the individual professions have a responsibility to promote teamwork and interdisciplinary collaboration.

The Continuing Professional Development process is regularly reviewed by the Education Committee. The portfolio system that was developed and information about it is available on the website or by contacting the Registrar. This has many individual benefits and can benefit the profession as a whole. Audits are conducted on a portion of members each year by the education committee.

There are currently seven cases under review by the Professional Conduct Committee. There were no Discipline Hearings held in the 2010-2011 year.

Public representation exists on the Disciplinary and Professional Conduct Committees, as well as on the Council.

The Council committee on the RPNP had been expanded to include representatives from the Ministry of Health, SRNA and CPSS. Consultations and competency validation were the focus of the work this past year.

The RPNAS White Paper is on our website and is a foundation document for the RPNP initiative. The Registrar also acts as practice advisor for the association and has been very busy this past year with issues in acute care, long term care and other practice environments. The RPNAS continues to contribute to issues in forensics, youth and adult corrections.

E5

Mental Health is a valued and integral part of the Health System

The quality of mental health services the public receives is affected by the qualifications of those delivering the services. RPNs, Psychologists and Psychiatrists are the three professionals with the preparation required to deliver adequate mental health care. RPNs are the largest group of mental health providers in western Canada.

There is a recognition that most professions are in need of increased education and competencies in the area of mental illness and mental health. There is a role for RPNs in the education of others as part of our professional responsibilities.

The supply of RPNs will be insufficient to meet demand. Education programs continue to be a top priority. RPNAS is very pleased with the establishment of the diploma program in Psychiatric Nursing at SIAST, which articulates to a degree.

We will continue to promote the development of a degree in Psychiatric Nursing for Saskatchewan as well as an increase in seats in the current program.

E6 The End “Promotion of Public Knowledge and Awareness of Mental Health Literacy” is interpreted to include, but not limited to:

1. Comprehension of mental health as not merely the absence of mental illness;
2. Human service providers and members of the public have an understanding of mental health literacy;
3. Destigmatization; and
4. Recovery.

* We have defined mental health literacy as the knowledge and skills that enable people to access, understand and apply information for mental health. (CAMIMH)

The costs and effects of stigma are being recognized as significant from an economic as well as human perspective. It is important to address the issue of social inclusion if we are going to deal with the stigma and discrimination that exists toward mental illness. The construction of a new Saskatchewan Hospital, which is a provincial resource is seen as fundamental to this issue.

The RPNAS celebrates Mental Health Week every year from May 1st to 7th.

World Mental Health Day is Oct 10th.

Mental Illness Awareness Week is held in October every year. Visit Mental Illness Awareness Week at www.miaaw.ca

RPNAS contributes to awareness through association and partnership with other organizations and by activities such as public presentations, education sessions, research and publications. Branches are encouraged to get involved and all the information including posters is available on the website.

E7

The End “Promoting a Distinct and Vibrant Professional Identity” is interpreted to include, but not limited to:

1. Engaging membership
 - 1.1 Networking
2. Celebrating professional pride
 - 2.1 Sharing accomplishments
 - 2.2 Acknowledging successes
 - 2.3 Role modelling professional pride
3. Maintaining and developing internal and external communication and marketing strategies.

This new End was developed by Council at the March 2010 Council meeting and is being incorporated into the activities of the organization.

RPNs work in many areas of healthcare, and are a vibrant and invaluable resource with much to offer employers and patients. The participation of RPNs in Patient First and initiatives such as releasing time to care has resulted in much positive feedback. The most commonly heard statement has been that we have always put the patient and family first, “it’s what we do”. The RPNAS has struggled with limited resources and a declining membership since 2001. We now are registering new graduates from within Saskatchewan and the numbers are beginning to increase.

The Council held two governance sessions this year and established new ends for the RPNAS. From these ends flow the policies that guide our association and the next year will involve a complete policy review.

The foundation has been established to move the RPNAS forward and ensure that RPNs are recognized as a distinct and vibrant profession with specific roles as partners in providing quality evidence informed care to individuals and families across the lifespan. Our motto is Partnering with people.

The new ENDS for the RPNAS as established in February 2011 are as follows:

Policy Name: Global Ends

Policy Type: Ends

Number: E-1

Date Approved: 29/01/99

Date Revised: 08/12/01

Date Revised: 07/09/02

Date Revised: 03/07/09

Date Revised: 04/02/11

The Registered Psychiatric Nurses Association of Saskatchewan exists so that the Distinct Profession of Psychiatric Nursing is a valued partner in the continuum of health care with competent members who promote and support mental health, hope and recovery at a use of resources that demonstrates good stewardship of member fees.

Policy Name: Competent RPNs and GPNs

Number: E-2

Policy Type: Ends

Date Approved: 29/01/99

Date Revised: 25/09/99

Date Revised: 04/02/11

The End, "**Competent Registered Psychiatric Nurses and Graduate Psychiatric Nurses**" is interpreted to include, but not limited to:

1. Education programs in place that ensure graduates meet beginning practitioner competencies.
2. RPNs adhere to standards of practice and code of ethics.
 - 2.1 RPNs working in Independent or Private Practice comply with the standards set out in the document, Guidelines for Registered Psychiatric Nurses in Independent Practice.
3. A credible measure of competence.
 - 3.1 Advanced education opportunities.
4. Criteria for registration and ongoing licensure.

Policy Name: Public Policy that Promotes/Supports
Optimal Mental Health.

Number: E-3

Policy Type: Ends

Date Approved: 29/01/99

Date Revised:
25/09/99

Date Revised:
04/02/11

The End "**Public Policy that Promotes/Supports Optimal Mental Health is Highly Valued**" is interpreted to include but not limited to:

1. RPNs are a reliable resource and are active in creating awareness of issues related to optimal mental health.
 - 1.1 RPNs are involved in carrying out research.
2. Government has credible sources when forming mental health policy.
3. Decision makers understand the importance of allocating research funds to mental health issues.
4. Policy makers understand that barrier free access to physical and mental health services is a priority.

Policy Name: Psychiatric Nursing is a Self-Regulated Profession

Number: E-4

Policy Type: Ends

Date Approved: 29/01/99
Date Revised

04/02/11

The End, "**Psychiatric Nursing is a Self-Regulated Profession**" is interpreted to include, but not limited to:

1. Members understand and support self-regulation.
2. Public and members receive fair and just hearing of concerns.
3. Public participation in regulation processes.
4. Members have pride in their profession.

Policy Name: Mental Health is a Valued and Integral Part of the Health System

Number: E-5

Policy Type: Ends

Date Approved: 29/01/99
Date Revised:
16/09/00
Date Revised:
24/02/11

The End "**Mental Health is a Valued and Integral Part of the Health System**" is interpreted to include, but not limited to:

1. Public receives competent mental health care.
2. RPNs are valued partners in a quality health care system.
 - 2.1 RPNs teach other human service providers concerning mental health.
 - 2.2 There is an adequate supply of RPNs in Saskatchewan.
 - 2.3 RPNs have equal opportunity for career advancement and mobility
3. Public and human service providers recognize registered psychiatric nursing as a distinct profession.

Policy Name: Public Knowledge and
Awareness of Mental Health Literacy

Number: E-6

Policy Type: Ends

Date Approved: 29/01/99

Date Revised:
06/12/08

Date Revised:
04/02/11

The End **Public Knowledge and Awareness of Mental Health Literacy** is interpreted to include, but not limited to:

1. Comprehension of mental health as not merely the absence of mental illness;
2. Human service providers have an understanding of mental health literacy;
3. Social inclusion;
4. Recovery.

*We have defined mental health literacy as the knowledge and skills that enable people to access, understand and apply information for mental health (CAMIMH)

Policy Name: A Distinct and Vibrant
Professional Identity

Number: E-7

Policy Type: Ends

Date Approved: 20/03/2010

Date Revised: 04/02/11

Date Revised: 04/02/11

The End “A Distinct and Vibrant Professional Identity” is interpreted to include, but not limited to:

1. An engaged membership

Members are engaged in peer and community networking
Sharing accomplishments
Acknowledging successes
Role modelling professional pride
Members celebrating professional pride
2. Continual development of a body of knowledge.

REGISTRAR'S REPORT 2011

The mandate of the Registered Psychiatric Nurses Association of Saskatchewan is to insure that our members deliver mental health services to the citizens of Saskatchewan do so in a safe and competent manner. It is expected that our members will comply with legislation, standards of practice, the code of ethics and the regulation processes. I would like to express my gratitude to Karen Zarowny who worked tirelessly to assist in the Registration Renewal process.



Before I begin to outline my areas of responsibility and activities I have undertaken during the year. I would like to extend a few congratulations.

I would like to congratulate the 2010 graduating class of the Psychiatric Nursing program and welcome them in to the profession. I know that there were challenges along the way, you overcame them all and now you can look forward to a rewarding career wherever your interests may take you.

I would also like to congratulate Shayna Murray on the birth of her daughter Molly in May and Carla Needham on the birth of her son Luke in June. Ladies, your presence has been missed around the office. I wish you all the best.

CLINICAL PRACTICE CONSULTANT

In this role my responsibilities include collaborating with employers and members to assist them to define the RPN role as it relates to our competencies. The RPNAS along with SRNA and SALPN are working on a document that will assist members of each regulated profession understand the roles and responsibilities of the others with a focus on collaboration.

PRIVACY OFFICER

In this capacity my responsibilities are to insure that our organization is in compliance with privacy legislation and answer member inquiries regarding the Health Information Protection Act.

INTERNAL COMMITTEES

Education Committee

As Registrar, I provide staff support to this committee. I fulfill this responsibility by organizing an annual review of: CPD audits and following up on any committee recommendations, review scholarships and bursaries annually and make recommendations to Council regarding changes as required.

Education Approval Committee

This committee is an Executive Directors committee that provides guidelines for the review of all Psychiatric Nursing Programs within the province. We have received the documents requested from SIAST to conduct our second formative review of the program and have recommended that the ED hire an external evaluator to conduct the process.

Nominations Committee

This committee seeks RPN's to allow their names to stand for RPNAS Council and oversees the election process. This year there was an election. In future, I would encourage our members to run for Council as a way of getting involved in the affairs of the Association.

RPN-P Committee

This is a Council committee that exists to further the initiative of a Registered Psychiatric Nurse Practitioner from its inception to fruition. To work with all stakeholders to insure the best practices in Mental Health once again begins in Saskatchewan.

EXTERNAL COMMITTEES

Network of Inter-Provincial Regulatory Organizations (NIRO)

This committee meets four times annually to discuss issues common to all and participate in an educational opportunity that furthers the goals of the committee. Membership includes provincial self regulatory organizations.

Mental Health Coalition

This is an interprovincial committee including over 30 agencies who meets quarterly to discuss the needs of mental health consumers and their families. Since this group principally consists of Community Based Organizations it can lobby government for changes that they feel are necessary to allow their consumer members an improved quality of life.

Orientation to Nursing in Canada for Internationally Educated Nurses

Program Advisory Committee—SIAS

Psychiatric Nurse Re-entry Program Advisory Committee—SIAS

These committees meet annually to provide a link between SIAS and the various sectors that they serve. They provide advice and guidance to assist in determining program quality, relevance and currency.

NATIONAL COMMITTEES

Registered Psychiatric Nurses of Canada

This group consists of the Presidents and Executive Directors from each province in which Psychiatric Nurses are regulated. They met twice a year to discuss matters of national concern. The working committees of this group are the Executive Directors Resource Group and the Inter-provincial Working Group.

Canadian Institute of Health Information

Our organization along with our inter-provincial colleagues continue to assist this group to ensure that the information gathered about our profession is accurate and complete.

National Nursing Assessment Service

This is a federally funded project which is in the process of examining the current processes for assessing Internationally Educated Nurses and harmonizing them where it is possible to do so.

Inter-provincial Working Group

This group made up of the Deputy Registrars of the other three provinces that regulate psychiatric nurses in Canada. Our meetings are held quarterly in conjunction with the meeting held by the Executive Directors group. Some of our projects include developing guidelines for the assessment of transcripts submitted by Internationally Educated Psychiatric Nurses. We also make recommendations to the Executive Directors regarding the Language Proficiency of the International Applicants. We are currently working on harmonizing our application forms and processes for all applicants. As well we are currently working on improving the National Exam.

Respectfully submitted,



Candace Alston, RPN
Registrar

Membership Statistical Reports

The following pages of tables outline the statistical membership information collected this year, as well as comparisons to previous years.

Notes to Statistical Charts

Figure 1 5 Year Comparison of Active Members

This table compares the number of active members from 2007 to March 31, 2011. As of March 31, 2011 there were also 76 Non-Active members.

Figure 2 March 31, 2011 Active Members by Age and Gender

As the graph indicates, the age group with the highest number of members (20%) is 46-50. It is also interesting to note that 15% of RPNAS Active membership is male.

Figures 3 a, b and c Members by Branch

These tables show the number of members (Active and Non-Active) by Branch for 2009, 2010 and as of March 31, 2011. The distribution of members has remained quite consistent over these years.

Figures 4 a and b New Registrations

These graphs compare the number of new registrations over the past four years, breaking down those numbers into new registrations by Examination and by Reciprocity. The smaller graph inset into graph 4(a) further breaks down the new members that came to our province via reciprocity. One member was an RPN that was previously registered in another province and six were students that had just completed their education and had written their exams in the province that they received their training.

Figure 5 Out Migration

This table shows the number of RPNs leaving our province and seeking registration in Alberta, Manitoba or British Columbia.

Figures 6 a and b Members by Primary Employing Agency

The primary employing agencies of members has changed very little since the previous year with the three main agencies employing RPNs being Hospitals, Personal/Long Term Care and Community Mental Health.

5 Year Comparison of Active Members

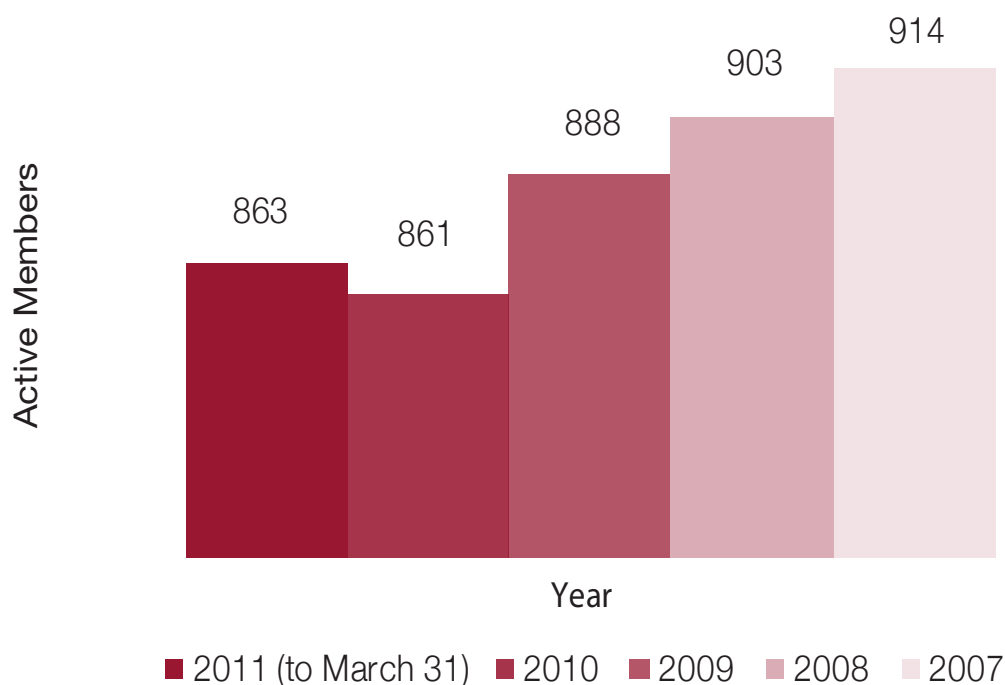


Figure 1

March 31, 2010 Active Members by Age and Gender

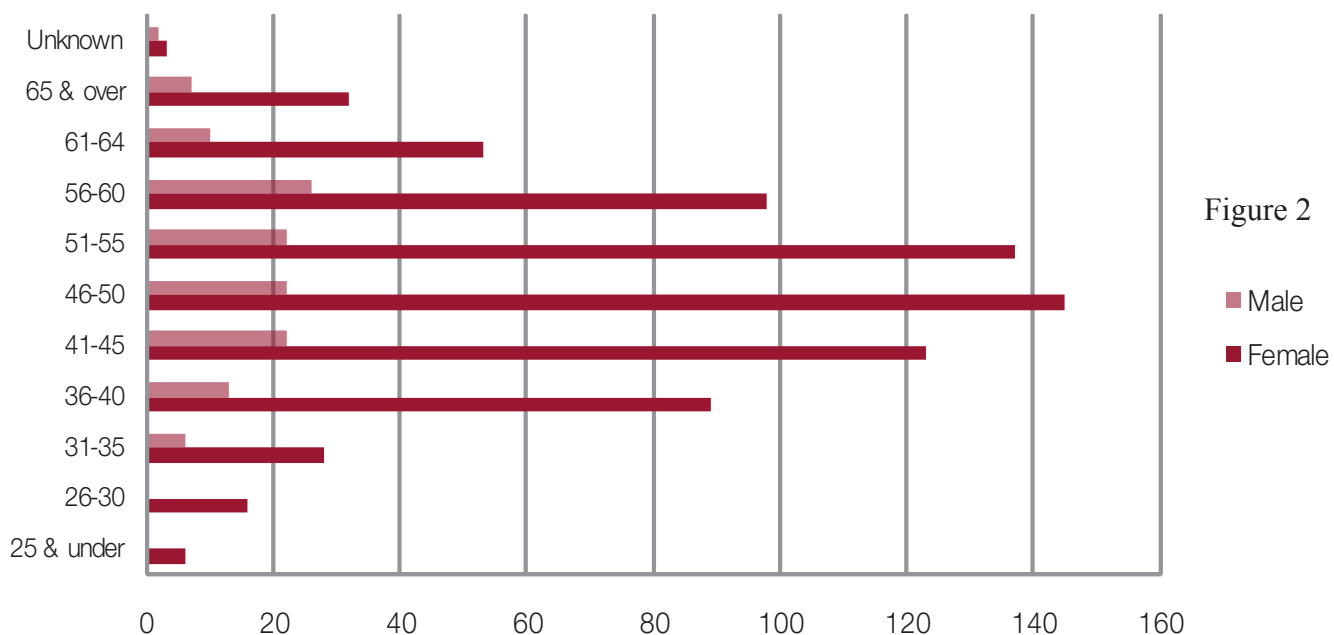
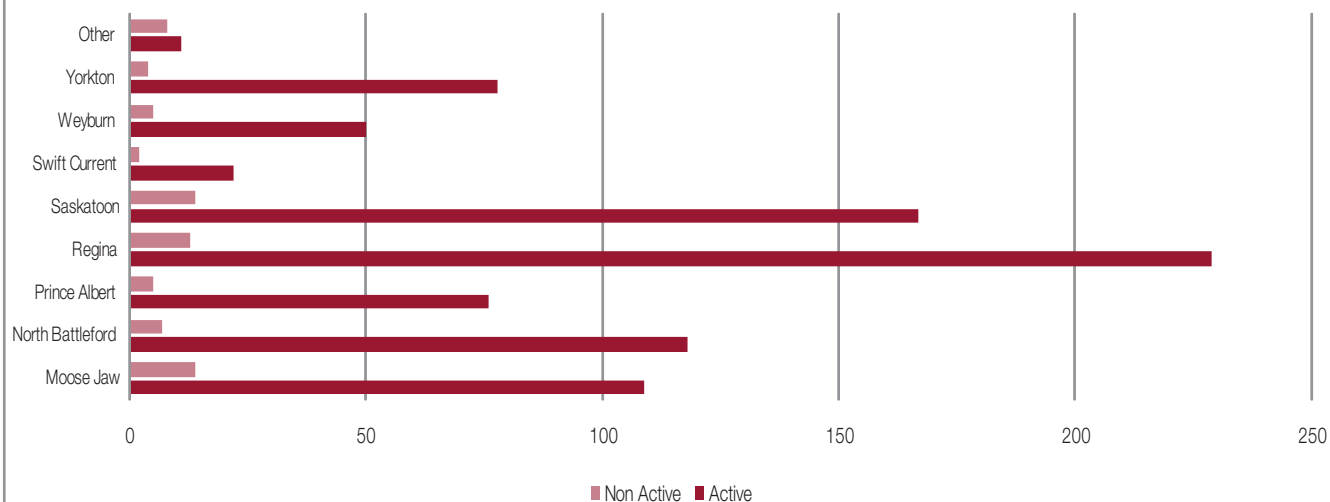


Figure 2

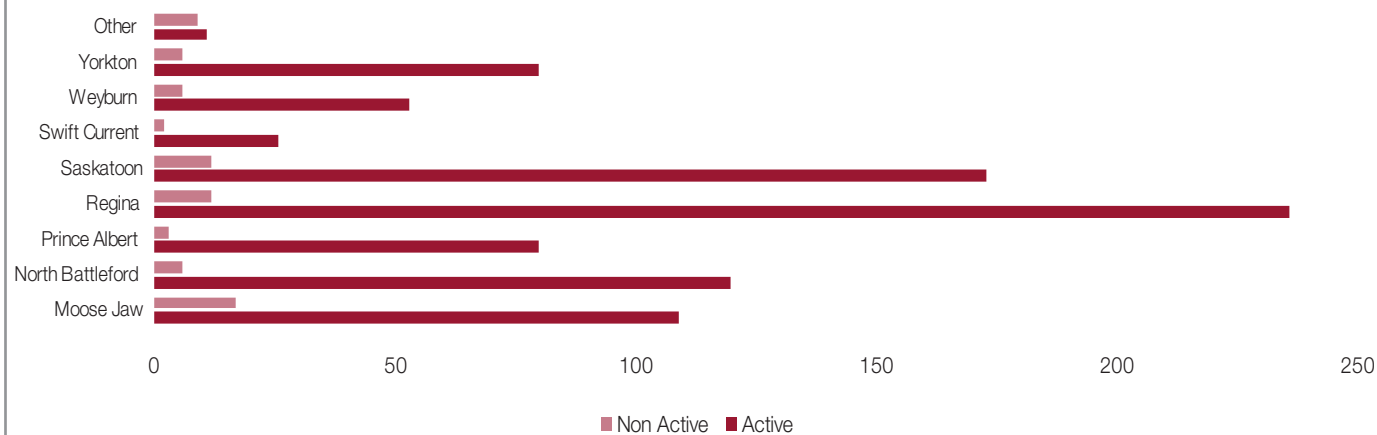
March 31 2011 Members by Branch

Figure 3 (a)



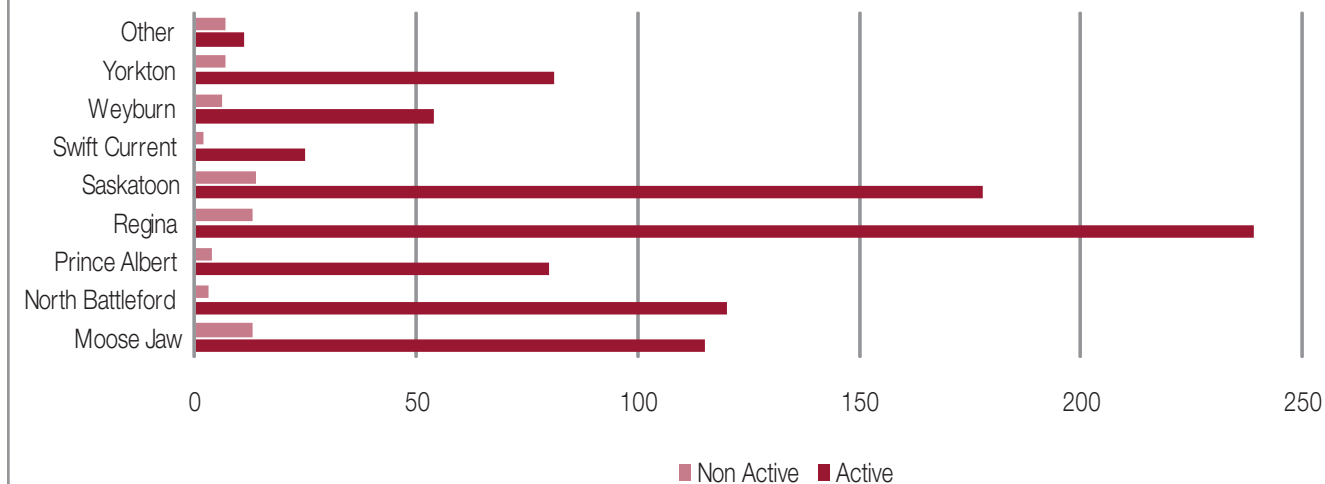
2010 Members by Branch

Figure 3 (b)



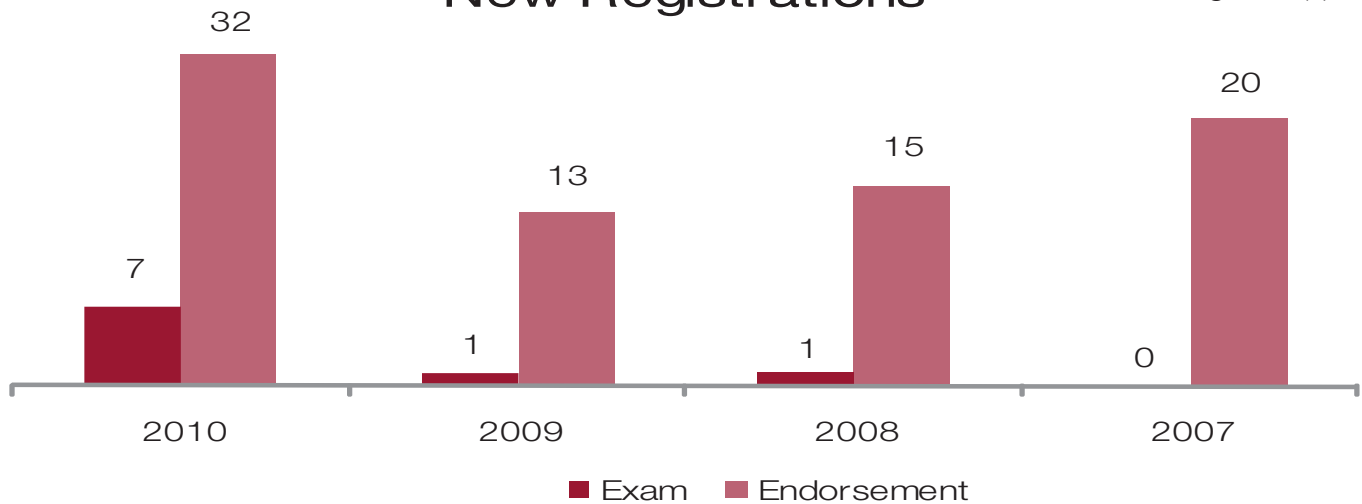
2009 Members by Branch

Figure 3 (c)



New Registrations

Figure 4 (a)



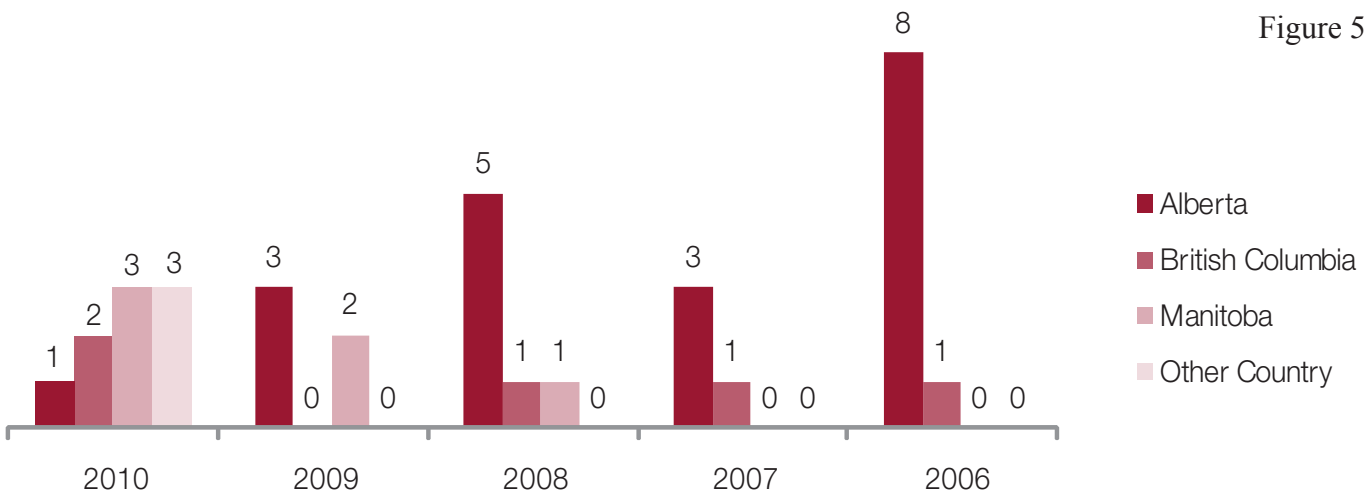
Endorsement Breakdown

Figure 4 (b)



Out Migration (Calendar Year)

Figure 5



March 31, 2011 Members by Primary Employing Agency

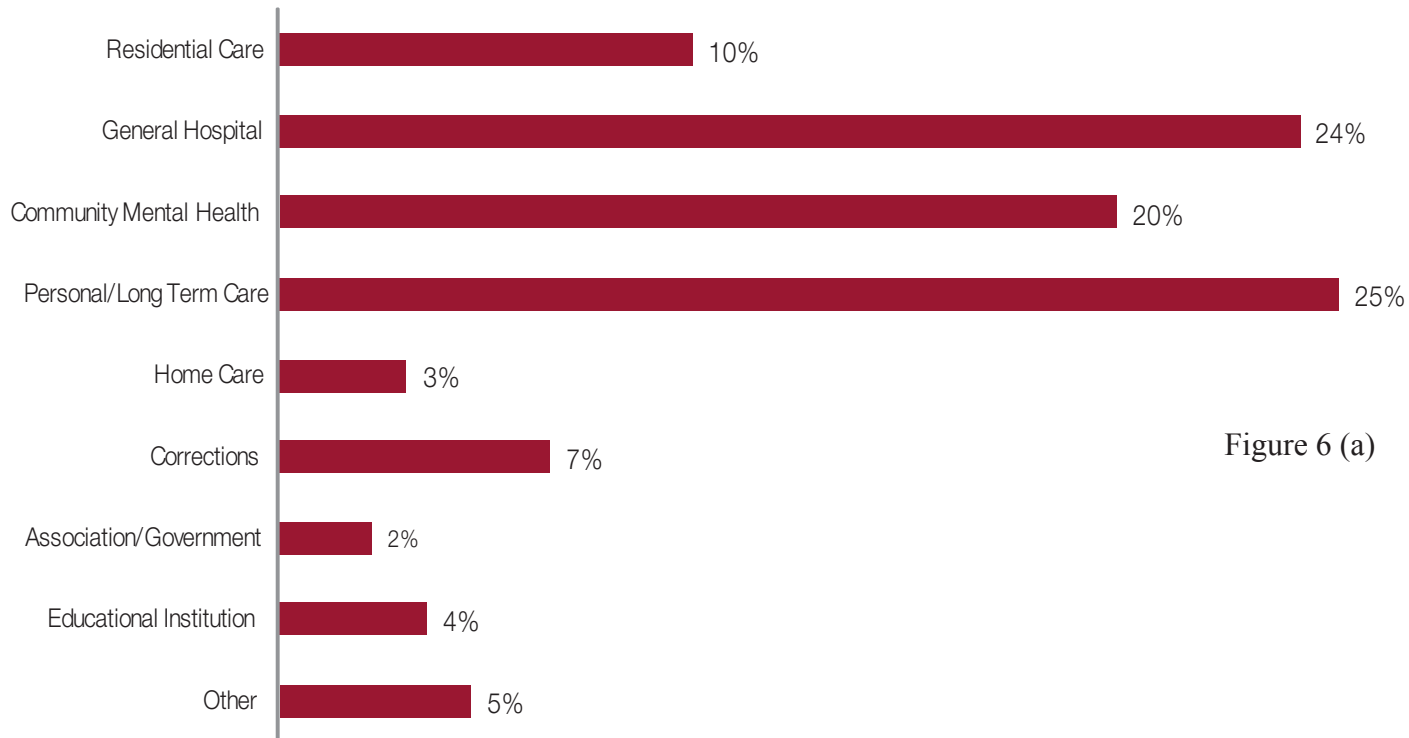


Figure 6 (a)

2010 Members by Primary Employing Agency

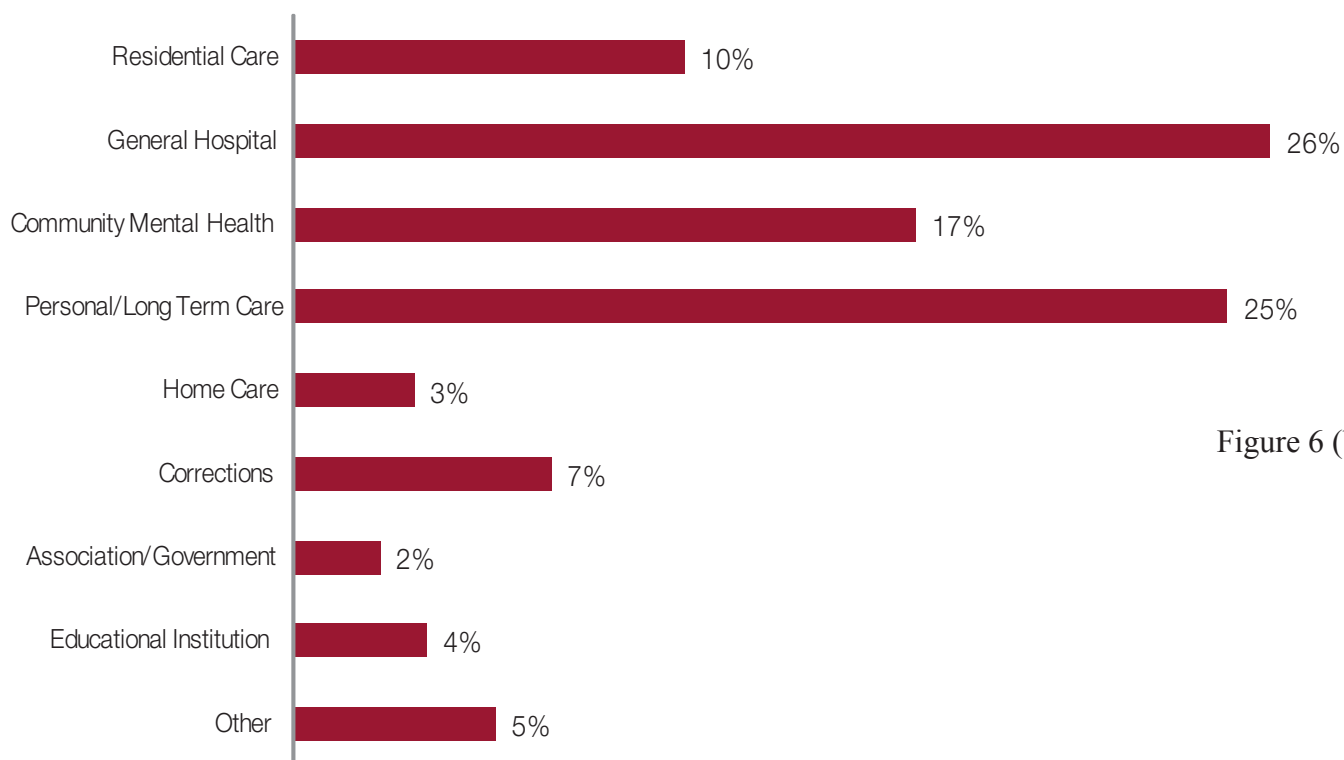
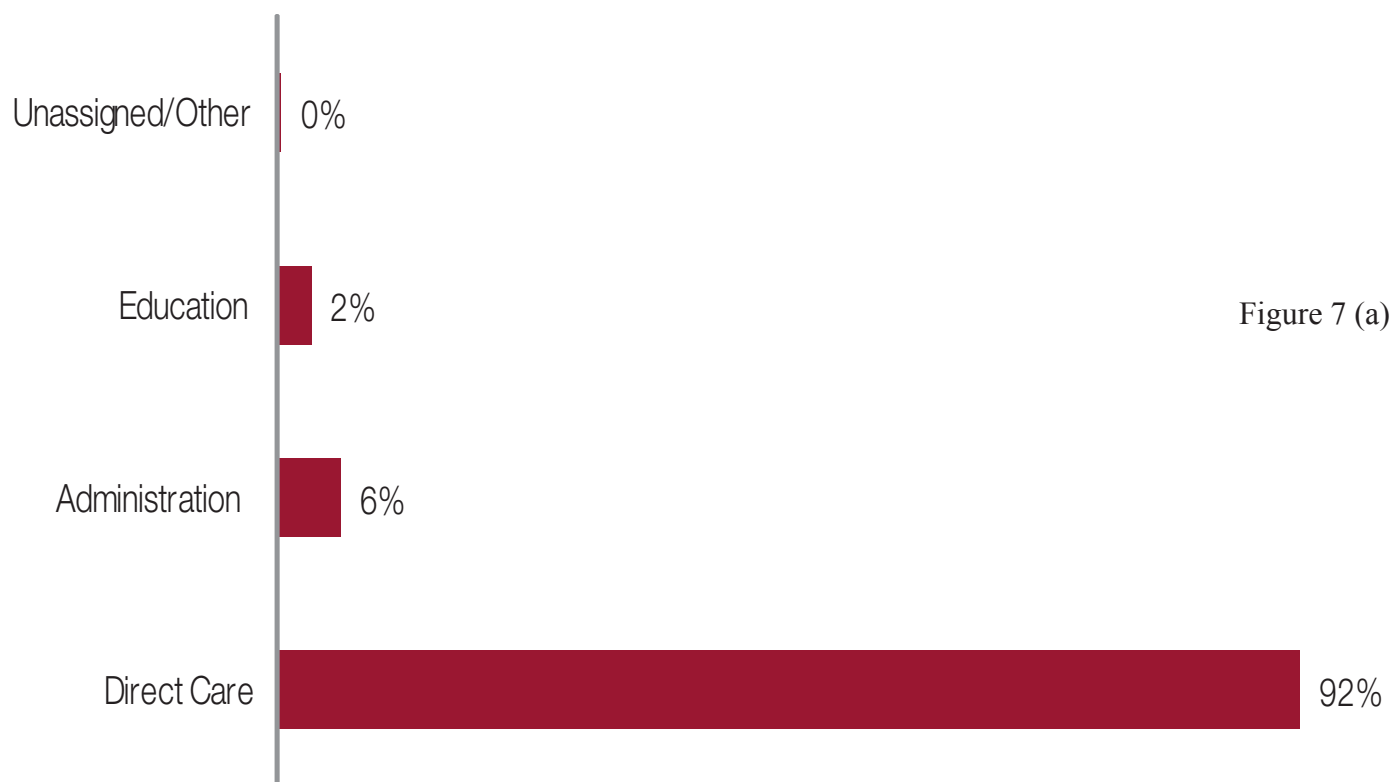
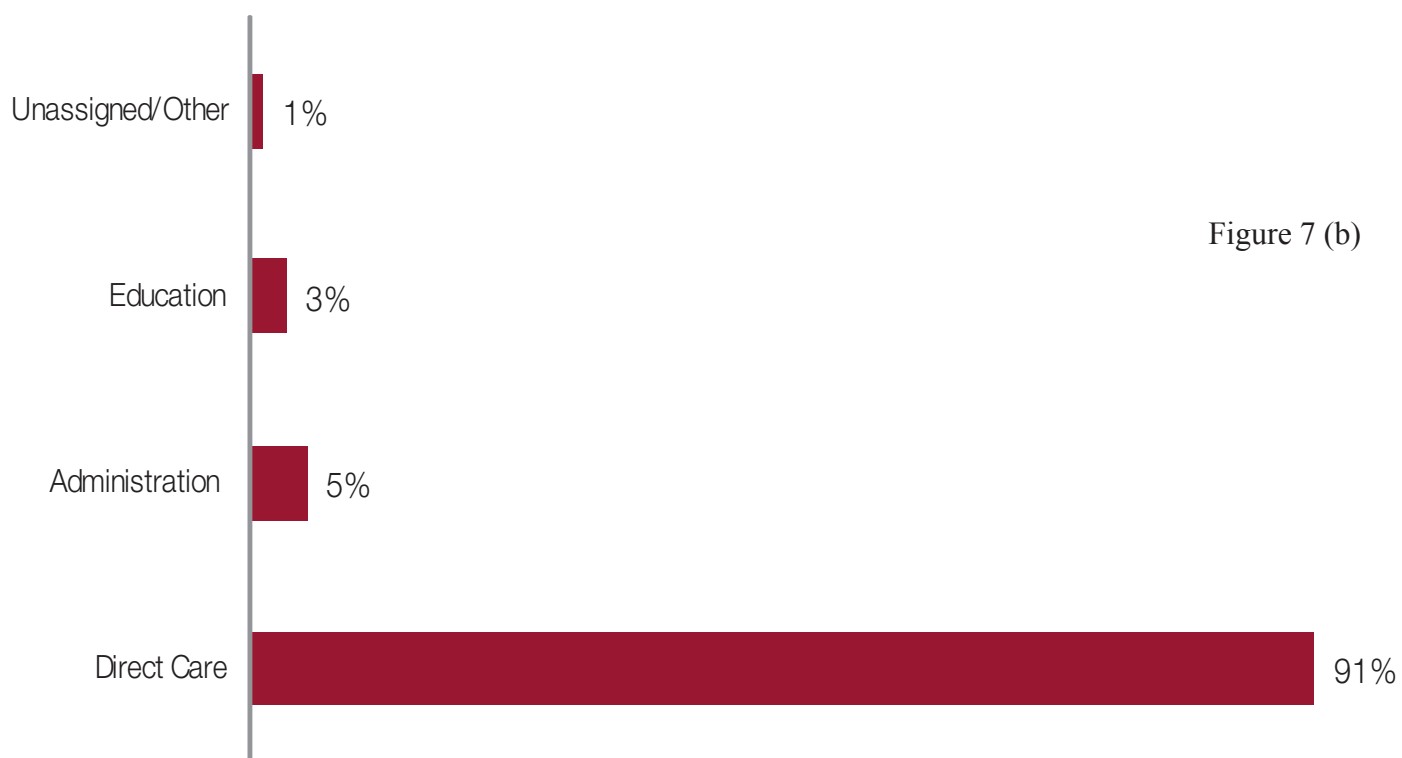


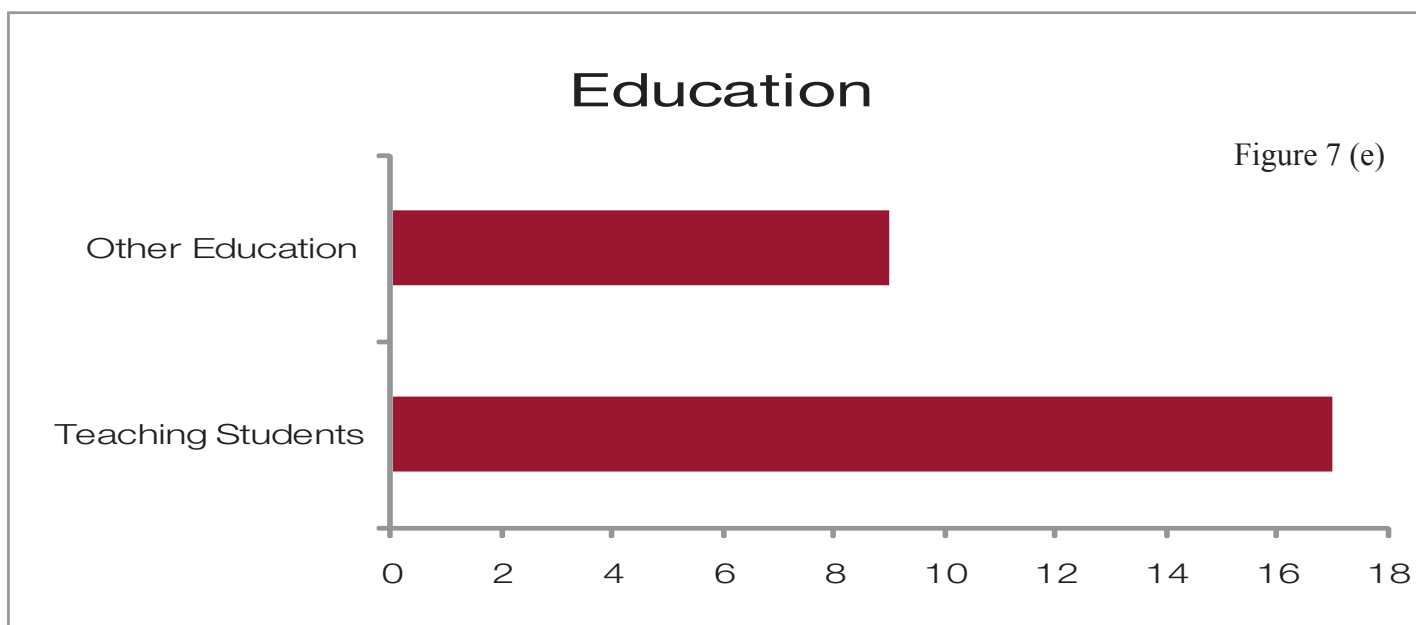
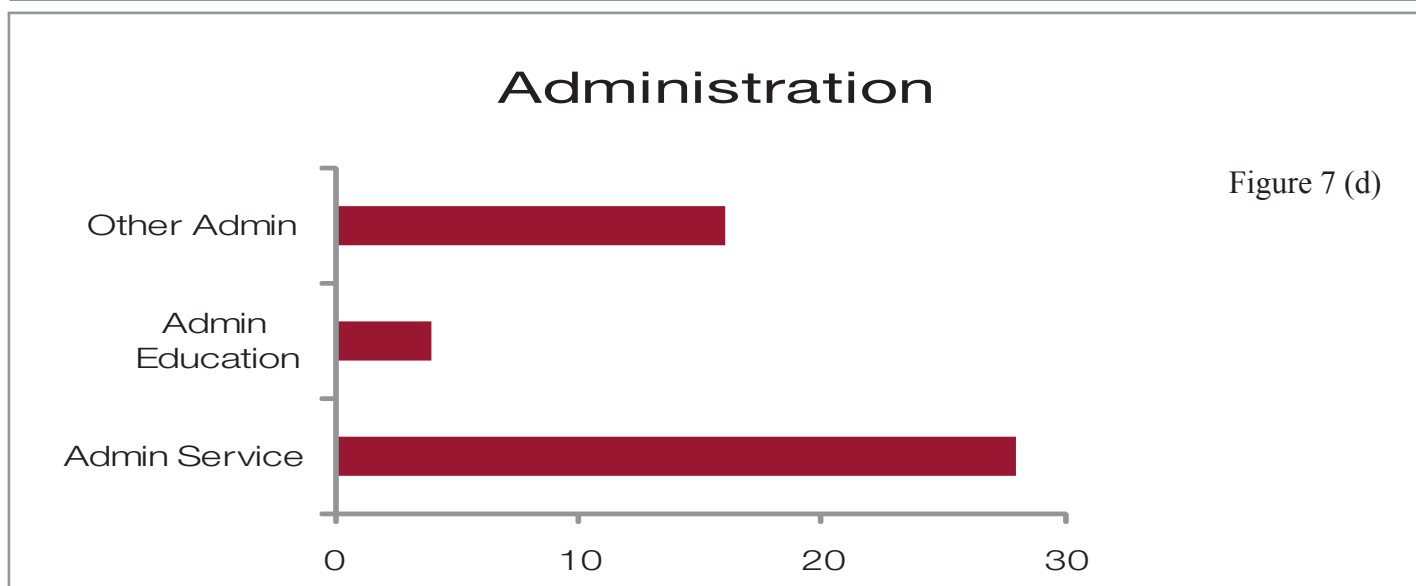
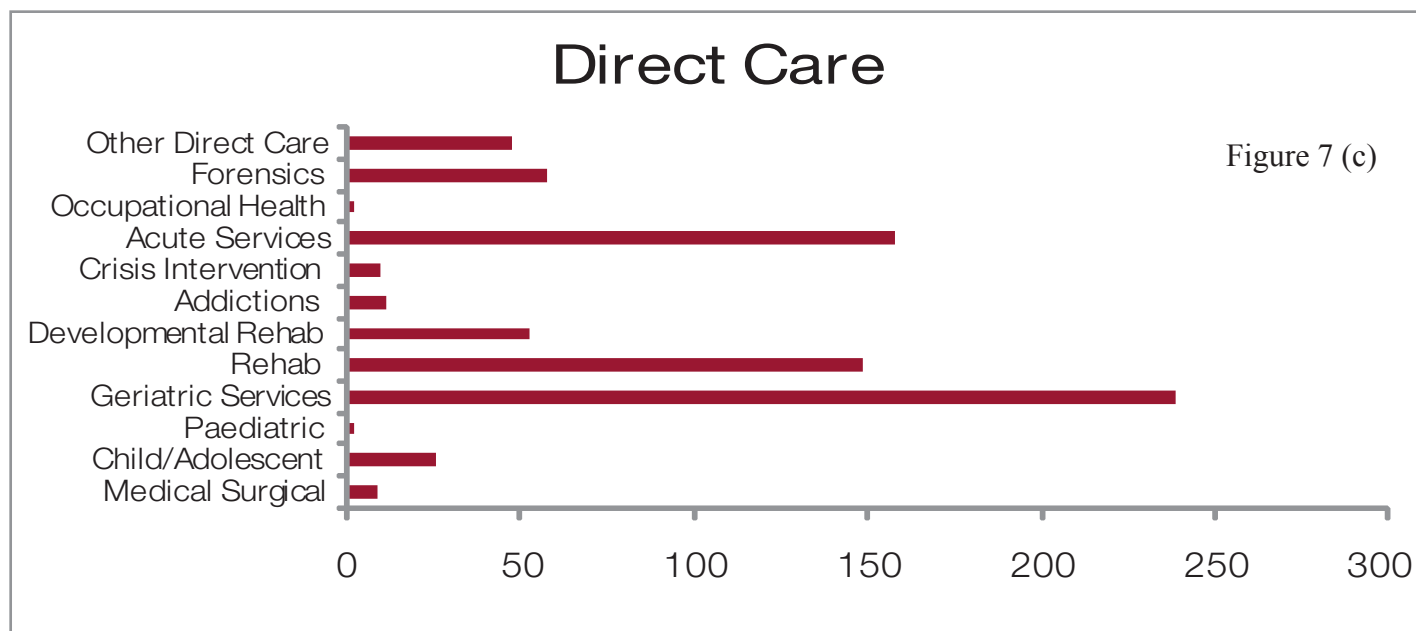
Figure 6 (b)

March 31, 2011 Members by Primary Practice Area



2010 Members by Primary Practice Area





March 31, 2011 Members by Primary Position

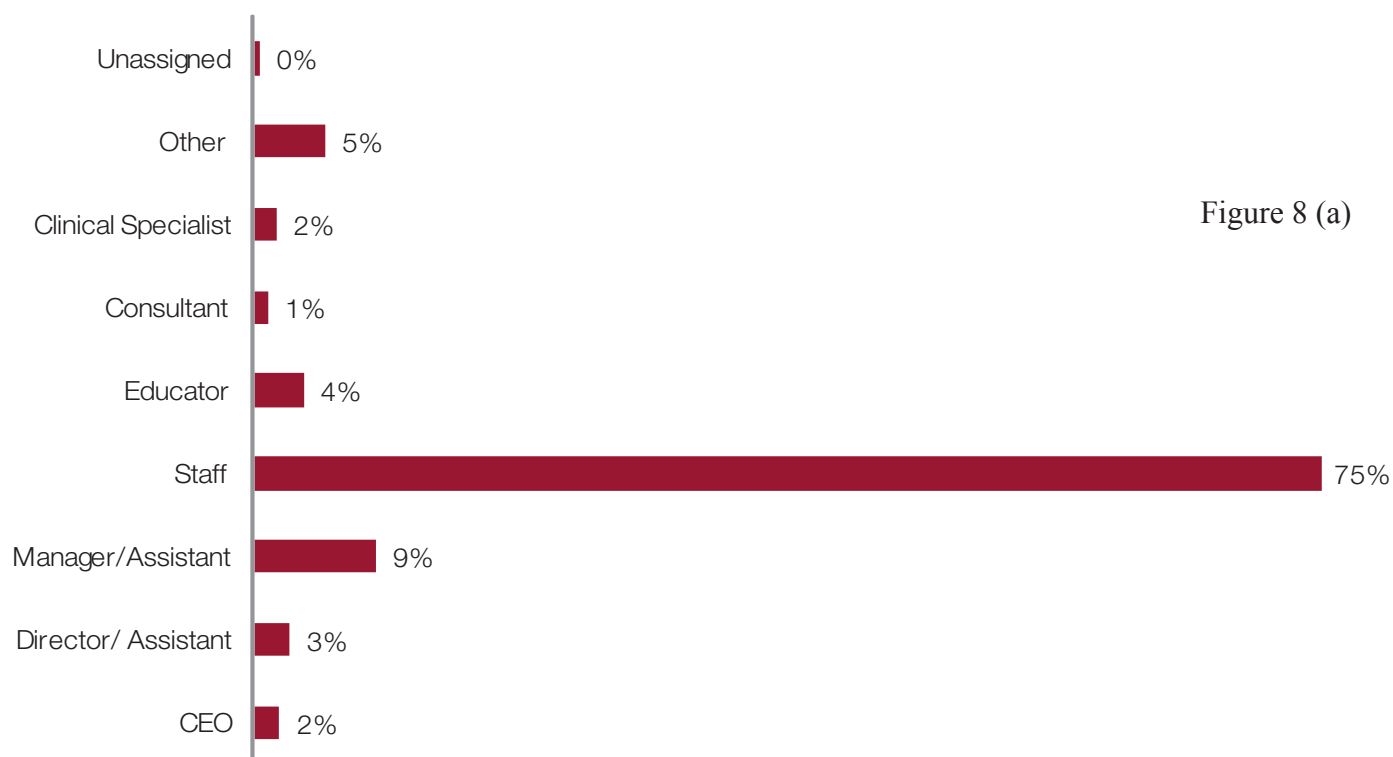


Figure 8 (a)

2010 Members by Primary Position

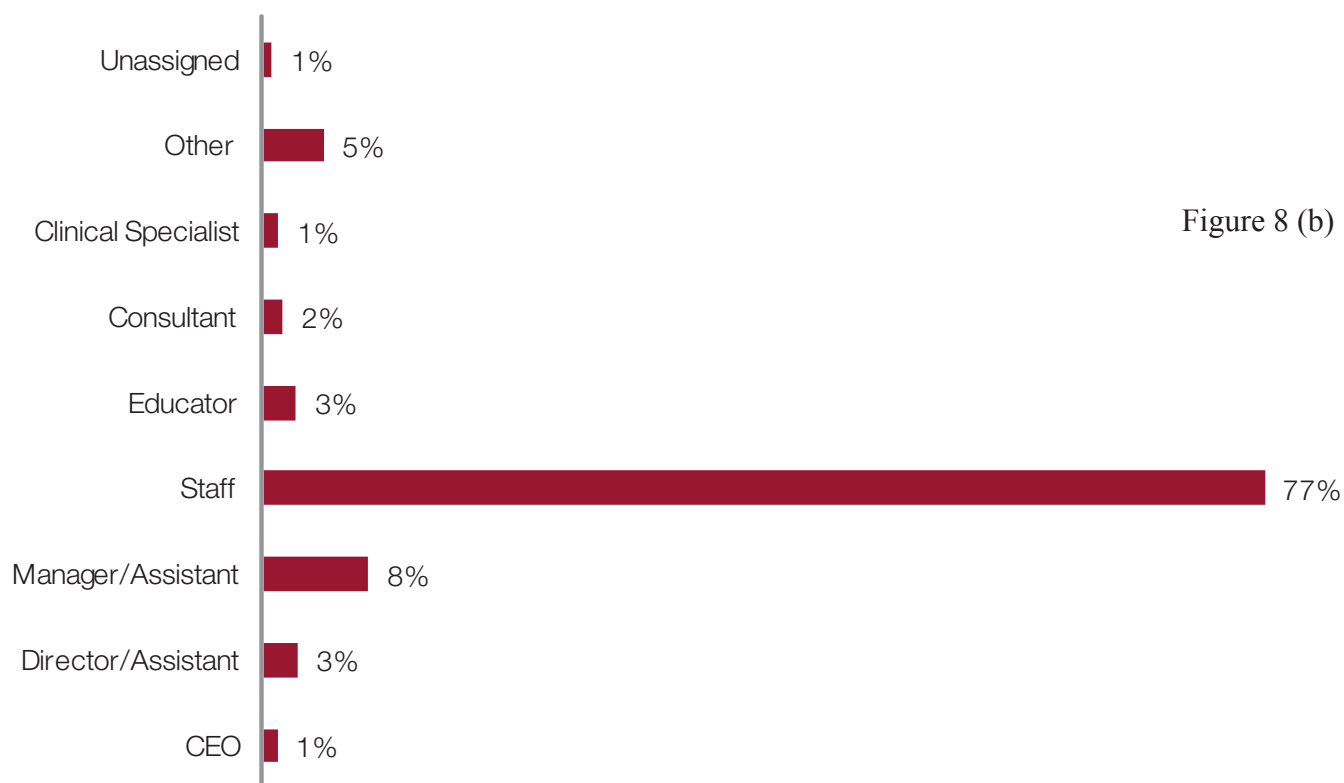
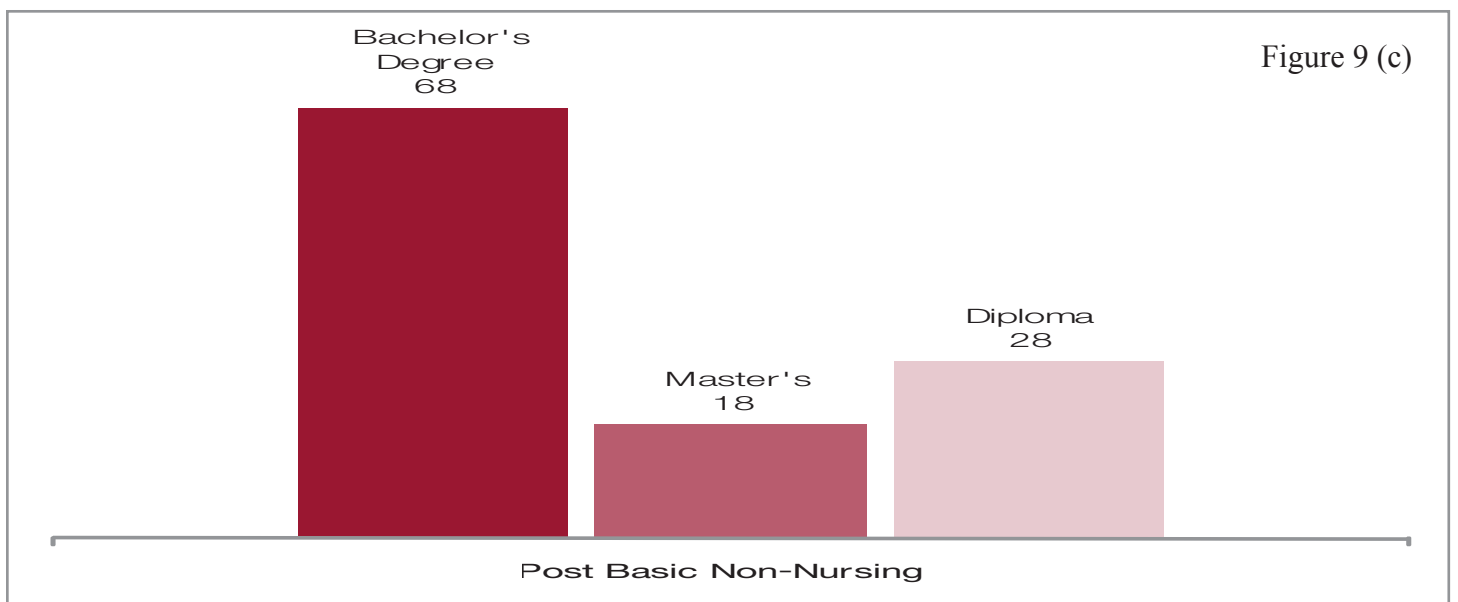
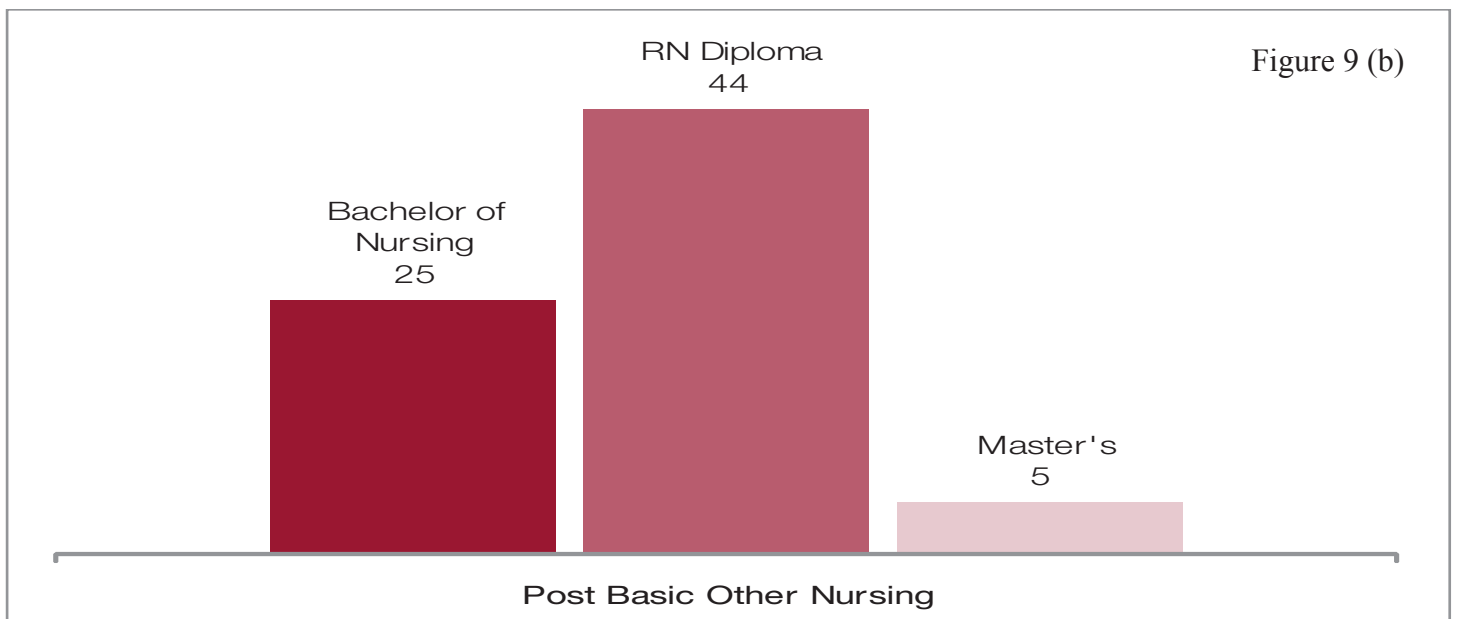
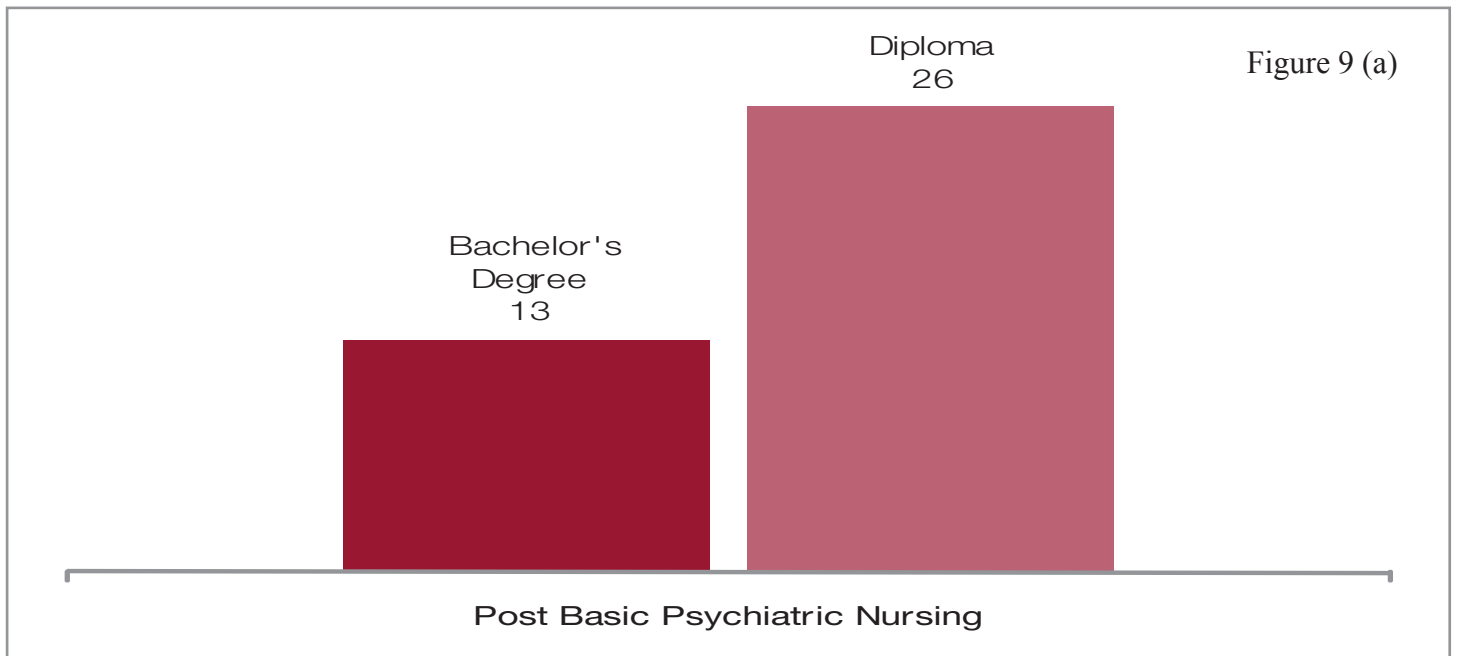


Figure 8 (b)

Post Basic Education (Highest Level)



Existing Bylaw

Changes

Bylaws IV Fees

Section 3 Annual Licensing

Fees

4 Members who have not paid the annual licensing fee and other fees prescribed by council by December 31 shall cease to be members of the association. Such applicants shall be licensed as practising members upon completing the prescribed forms and submission of the annual licensing fees and other fees prescribed by council provided the applicant has met the requirements of Bylaw X, section 3(1).

Bylaws IV Fees

Section 4 Temporary Licensing Fee

1 The temporary licensing fee to practice psychiatric nursing as a graduate psychiatric nurse shall be one third of the annual licensing fee.

Bylaw IX - Membership

Section 1 Categories of Membership

1 Membership in the association shall consist of the following categories:

- (a) practising membership;
- (b) graduate psychiatric nurse membership;
- (d) student membership;

Section 2 Practising Membership

1 Practising membership in the association shall be:

2 Practising membership entitles a person to the following privileges:

3 Practising membership carries obligations including but not limited to the following:

Bylaws IV Fees

Section 3 Annual Licensing

Fees

4 Members who have not paid the annual licensing fee and other fees prescribed by council by December 31 shall cease to be members of the association. Such applicants shall be licensed as practising members upon completing the prescribed forms and submission of the annual licensing fees and other fees prescribed by council provided the applicant has met the requirements of Bylaw X, section 3(1) or **section 5 (1)**.

Bylaws IV Fees

Section 4 Temporary Licensing Fee

1 The temporary licensing fee to practice psychiatric nursing as a graduate psychiatric nurse **or a graduate psychiatric nurse practitioner** shall be one third of the annual licensing fee.

Bylaw IX - Membership

Section 1 Categories of Membership

1 Membership in the association shall consist of the following categories:

- (a) practising **psychiatric nurse** membership;
- (b) practising psychiatric nurse **practitioner** membership;
- (d) graduate psychiatric nurse **practitioner** membership;

Section 2 Practising **Psychiatric Nurse Practitioner** Membership

1 Practising **psychiatric nurse** membership in the association shall be:

2 Practising **psychiatric nurse** membership entitles a person to the following privileges.

3 Practising **psychiatric nurse** membership carries obligations including but not limited to the following:

Section 3 Practising Psychiatric Nurse Practitioner Membership

1 Practising psychiatric nurse practitioner membership in the association shall be:

- (a)** limited to a person to whom a licence to practise psychiatric nursing at a practitioner level is issued by the association in accordance with the Act; and
- (b)** granted upon completion of the prescribed application form and payment of the fees set by the association.

2 Practising psychiatric nurse practitioner membership entitles a person to the following privileges:

- (a)** to practise psychiatric nursing at a practitioner level;
- (b)** to receive professional liability protection in the amount of two million dollars;
- (c)** to vote and hold office at the branch and provincial levels;
- (d)** to have voice and vote at the annual and special meetings of the association;
- (e)** to be appointed to committees at the branch and provincial levels;
- (f)** to use the consulting and counselling services of the association;
- (g)** to receive financial assistance for purposes specified in the policies of the association;
- (h)** to receive a copy of association documents designed for distribution to practising members;
- (i)** to receive the newsletter of the association; and
- (j)** to receive all privileges of membership in affiliated national and international associations.

3 Practising psychiatric nurse practitioner membership carries obligations including but not limited to the following:

- (a)** to adhere to the association's code of ethics; and
- (b)** to use established psychiatric nurse and psychiatric nurse practitioner standards as a guide for practise as a psychiatric nurse practitioner.

Section 3 Graduate Psychiatric Nurse Membership

1 Graduate psychiatric nurse member in the association shall be:

Section 4 Graduate Psychiatric Nurse Membership

1 Graduate psychiatric nurse membership in the association shall be;

Section 5 Graduate Psychiatric Nurse Practitioner Membership

1 Graduate psychiatric nurse practitioner membership in the association shall be:

(a) limited to a person to whom a temporary licence to practise psychiatric nursing at a practitioner level is issued by the association in accordance with the Act; and

(b) granted upon completion of the prescribed application form and payment of the fees set by the association.

2 Graduate psychiatric nurse practitioner membership entitles a person to the following privileges:

(a) to practise as a psychiatric nurse practitioner under the supervision of a Registered Psychiatric Nurse Practitioner or by a physician in good standing with the College of Physicians and Surgeons of Saskatchewan in accordance with association policies and for the period specified in a temporary licence;

(b) to receive professional liability protection in the amount of two million dollars;

(c) to vote and hold office at the branch and provincial levels;

(d) to have voice and vote at the annual and special meetings of the association;

(e) to be appointed to committees at the branch and provincial levels;

(f) to use the consulting and counselling services of the association;

(g) to receive financial assistance for the purposes specified in the policies of the association;

(h) to receive a copy of association documents designed for distribution to practising members;

(i) to receive the newsletter of the association; and

(j) to receive all privileges of membership in affiliated national and international associations.

3 Graduate psychiatric nurse practitioner membership carries obligations including but not limited to the following:
(a) to maintain registration as a practising psychiatric nurse member;
(b) to adhere to the association's code of ethics; and
(c) to use established psychiatric nurse and psychiatric nurse practitioner standards as a guide for practising as a psychiatric nurse practitioner.

Section 4 Non-practising Membership

2(c) to have voice, but no vote, at the annual **meeting** and special meetings of the association;

Section 5 Student Membership

1 Student membership in the association shall be:
(ii) whose enrollment is verified by the registrar of the program; and

Section 6 Life Membership

2 (c) to have a voice, but no vote, at the annual **meeting** and special meetings of the association; and

Section 6.1 Associate Membership

1 (b) granted **on** completion of the prescribed application form and payment of the fees set out by the association.

2 (a) to have a voice but no vote at branch, annual and special meetings of the association;

Section 7 Honorary Membership

1 Honorary membership shall be:
2 Honorary membership entitles a person to the following privileges:

Section 6 Non-practising Membership

2 (c) to have voice, but no vote, at the annual and special meetings of the association; **and**

Section 7 Student Membership

1 Student membership in the association shall be:
(ii) who enrollment is verified by the registrar of the program;

Section 8 Life Membership

2 (c) to have voice, but no vote, at the annual and special meetings of the association; and

Section 9 Associate Membership

1 (b) granted **upon** completion of the prescribed application form and payment of the fees set out by the association.

2(a) to have voice but no vote at branch, annual and special meetings of the association;

Section 10 Honorary Membership

1 Honorary membership **in the association** shall be:
2 Honorary membership entitles a person to the following privileges.

Bylaw X Registration

Section 2 Initial Registration as a Practising Member

1 All persons applying for registration as practising members of the association must:

3 A person applying for registration as a practising member, where the person previously resided in another jurisdiction, must, in addition to meeting the requirements of subsection 2(1):

Section 3 Maintaining Eligibility as a Practising Member

1 To maintain eligibility as a practising member, a psychiatric nurse must:

2 (d) where a person has not held an active practising member license in the ten-year period immediately preceding the date of application in which licensure is sought, meet the examination requirements for registration.

Bylaw X Registration

Section 2 Initial Registration as a Practising Psychiatric Nurse Member

1 All persons applying for registration as practising psychiatric nurse members of the association must:

3 A person applying for registration as a practising psychiatric nurse member, where the person previously resided in another jurisdiction, must, in addition to meeting the requirements of subsection 2(1):

Section 3 Maintaining Eligibility as a Practising Psychiatric Nurse Member

1 To maintain eligibility as a practising psychiatric nurse member, a psychiatric nurse must:

2 (d) where a person has not held an active practising psychiatric nurse member license in the ten-year period immediately preceding the date of application in which licensure is sought, meet the examination requirements for registration.

Section 4 Initial Registration as a Practising Psychiatric Nurse Practitioner Member

1 All Registered Psychiatric Nurses applying for registration as practising psychiatric nurse practitioner members must:

(a) meet the requirements for registration as defined in the Act;

(b) complete the prescribed application forms and pay the fees set by the association;

(c) be currently licensed as a Registered Psychiatric Nurse and be a member in good standing;

(d) provide references as required by the association; and

(e) provide a Criminal Record Check from the RCMP or local constabulary including a check as to whether the person has received a pardon for a sexual offence unless same has already been

provided to meet the requirements of section 2(1)(d).

2 A Registered Psychiatric Nurse who has satisfactorily completed a psychiatric nurse practitioner education program in Saskatchewan which has been approved by council must, in addition to meeting the requirements of section 4(1):
(a) provide documentation indicating successful completion of the program within a four year period immediately preceding the date of application for registration; and
(b) meet the examination requirements for registration.

3 A registered psychiatric nurse applying for registration as a practising psychiatric nurse practitioner member, where the registered psychiatric nurse previously resided in another jurisdiction, must, in addition to meeting the requirements of subsection 2(1):
(a) if employed as a registered psychiatric nurse practitioner in another jurisdiction that regulates the profession:
(i) provide evidence of registration and good standing in that jurisdiction;
(ii) provide proof of having worked in psychiatric nurse practitioner activities approved by the association for at least 1800 hours in the three year period immediately preceding the date of application for the year in which licensure is sought; and
(iii) meet the English language requirement set by the association.
(b) the Registrar shall determine, in accordance with association policy, whether the activities referred to in sub clause (a)(ii) constitute psychiatric nurse practitioner practice and whether they constitute 1800 hours in the three year period.

4 A registered psychiatric nurse who has satisfactorily completed a psychiatric nurse practitioner program outside of Canada must, in addition to meeting the requirements of sections 4(1) and 5(1):
(a) arrange to have forwarded by the director of the program to the registrar:
(i) a certified copy of records outlining the theory and clinical content of the program; and
(ii) a statement indicating successful completion of

the program;

(b) provide evidence of initial registration and good standing in the jurisdiction where the registered psychiatric nurse completed an approved psychiatric nurse practitioner education program;

(c) provide evidence of registration and good standing in the jurisdiction where and when the registered psychiatric nurse last practised as a psychiatric nurse practitioner;

(d) meet the English language requirement set by the association; and

(e) meet the examination requirement for registration.

5 On application and where council considers it appropriate, the council may waive the requirements of section 4(3)(a)(i) or section 2(4)(b).

6 A license to practise psychiatric nursing as a registered psychiatric nurse practitioner may be issued to registered psychiatric nurses who meet the requirements of Bylaw X, section 4(1) and 4(2), or section 4(3), or section 4(4).

Section 5 Maintaining Eligibility as a Practising Psychiatric Nurse Practitioner

Member

1 To maintain eligibility as a practicing psychiatric nurse practitioner member, a psychiatric nurse practitioner must:

(a) work in psychiatric nurse practitioner activities approved by the association for at least 1800 hours in the three year period immediately preceding the date of application for the year in which licensure is sought. Upon application, and where council considers it appropriate, the council may waive the requirements for this section.

(b) hold a practicing psychiatric nurse practitioner membership with the association or a regulatory body recognized by the association while working in approved psychiatric nurse practitioner activities for these hours to contribute to eligibility for licensure;

(c) complete the prescribed forms and submit with the annual licensing fee and other fees prescribed by council; and

(d) meet the continuing education requirements of ten continuing professional development credits as determined by council.

2 A person who has not maintained eligibility for registration in accordance with section 5 (1)(a), (b) and (d) must:

- (a) complete a re-entry program approved by council;
 - (b) arrange to have forwarded by the director of the program to the registrar:
 - (i) a certified copy of records outlining the theory and clinical content of the re-entry program;
 - (ii) a statement indicating successful completion of the re-entry program; and
 - (c) provide references as required by the association.
 - (d) where a person has not held an active practising license in the ten year period immediately preceding the date of application in which licensure is sought, meet the examination requirements for registration.
 - (e) complete the criminal record check required by the association including a check as to whether the person has received a pardon for a sexual offence.
- 3 A license to practise psychiatric nursing as a registered psychiatric nurse practitioner may be issued to registered psychiatric nurses who meet the requirements of Bylaw X, section 5(1) or section 5(2).

Section 4 Registration as a Graduate Psychiatric Nurse

1 Only persons who are currently not qualified for registration as a practising member may apply for registration as a graduate psychiatric nurse and for temporary license.

2(c) meet the English requirement of the association; and

Section 4 Registration as a Graduate Psychiatric Nurse

4 A temporary license to practise psychiatric nursing as a graduate psychiatric nurse may be issued for a four-month period to persons who meet the requirements of Bylaw V, section 4(1) and (2), and Bylaw V, section 4(3) or 4(5).

Section 4 Registration as a Graduate Psychiatric Nurse

5(b) demonstrate that effort has been made to meet requirements for registration as a practising member.

Section 6 Registration as a Graduate Psychiatric Nurse

1 Only persons who are currently not qualified for registration as a practising psychiatric nurse member may apply for registration as a graduate psychiatric nurse and for temporary license.

2(c) meet the English language requirement set by the association; and

Section 6 Registration as a Graduate Psychiatric Nurse

4 A temporary license to practise psychiatric nursing as a graduate psychiatric nurse may be issued for a four-month period to persons who meet the requirements of Bylaw X, section 6(1) and (2), and Bylaw X, section 6(3) or 6(5).

Section 6 Registration as a Graduate Psychiatric Nurse

5 (b) Demonstrate that effort has been made to meet requirements for registration as a practising psychiatric nurse member.

Section 7 Registration as a Graduate Psychiatric Nurse Practitioner

1 Only registered psychiatric nurses who are currently not qualified for registration as a practising psychiatric nurse practitioner member may apply for registration as a graduate psychiatric nurse practitioner and for temporary license.

2 To be eligible for registration as a graduate psychiatric nurse practitioner, the registered psychiatric nurse must:

- (a)** complete the prescribed application forms and pay the fees set by the association;
- (b)** be a graduate of a psychiatric nurse practitioner education program and arrange to have forwarded by the director of the program to the registrar:
 - (i)** a certified copy of records outlining the theory and the clinical content of the program;
 - (ii)** Documentation indicating successful completion of the program;
- (c)** meet the English language requirement set by the association; and
- (d)** provide references as required by the association.

3 Where the registered psychiatric nurse is awaiting examination or the results of examination, the registered psychiatric nurse must, in addition to meeting the requirements of section 7(1) and (2), provide evidence of application to write or of having written the examination required for registration.

4 A temporary license to practise psychiatric nursing as a graduate psychiatric nurse practitioner may be issued for a period up to 12 months to persons who meet the requirements of Bylaw X, section 7(1) and (2), and Bylaw X, section 7(3) or 7(5).

5 To be eligible for renewal of the temporary license for one further period of up to 12 months, the registered psychiatric nurse must:

- (a)** provide satisfactory references from the current nursing employer; and
- (b)** demonstrate that effort has been made to meet the requirements for registration as a practising psychiatric nurse practitioner.

6 A registered psychiatric nurse may be eligible for two (2) temporary licences, the total time for licensure not to exceed twenty-four (24) months.

Bylaw XII – Registered Psychiatric Nurse Practitioner

Section 1 Registered Psychiatric Nurse Practitioner

1 In the course of practise, a registered psychiatric nurse practitioner may perform the following:

(a) in accordance with the competencies and standards established by council, diagnose and treat common medical and psychiatric/mental health disorders;

(b) in accordance with the competencies and standards established by council, order, perform, receive and/or interpret reports of screening and diagnostic tests in the following areas:

- (i) psychology
- (ii) microbiology
- (iii) cytology
- (iv) biochemistry
- (v) immunology
- (vi) hematology
- (vii) forms of non-contrast radio graphic energy except MRI; and
- (viii) virology

(c) in accordance with the competencies and standards established by council and in accordance with federal legislation, prescribe and/or dispense:

- (i) drugs listed in schedules I, II and III of *The Drug Schedules Regulations, 1997*, as amended from time to time;
- (ii) drugs in the Health Canada Non-Insured Health Benefits list, as amended from time to time;
- (iii) products with a Drug Identification Number that may be sold without a prescription.

(d) in accordance with the competencies and standards established by council, perform minor surgical and invasive procedures in the following areas:

- (i) suturing
- (ii) irrigation
- (iii) incision and drainage
- (iv) excisions
- (v) intubation; and
- (vi) insertion

Bylaw XV – Code of Ethics and Standards of Practice

Section 1 Code of Ethics

1 The association adopts the Code of Ethics, March 2010, established by the Registered Psychiatric Nurses of Canada, as may be amended from time to time.

Section 2 Standards of Practice

1 The association adopts the Standards of Psychiatric Nursing Practice, March 2010, established by the Registered Psychiatric Nurses of Canada, as may be amended from time to time.

Reports

Council Committees

Professional Conduct Committee

The Professional Conduct Committee dealt with 7 complaints. Two were carried over from previous years, that being one from 2008 and one from 2009. Of these 7 complaints; cautionary letters were sent out to 3, and 4 complaints resulted in no further investigation needed. Currently, all complaints have been dealt with and there are no new complaints at this time.

Committee Chair: Delores Maduke, RPN

Discipline Committee

Legislative Committee

The legislative committee priorities focus to change Legislation to incorporate RPNP. These changes will be presented for membership approval at the AGM. Forward to the Minister of Health for approval.

Committee Chair: Mary K Renwick, RPN, Cabri. Committee members: Roberta Jors, RPN, Regina; Linda Rabyj, RPN, Saskatoon; Dan Fraser, RPN, Regina, Don Yates, RPN, North Battleford.

Staff Advisory Committee

Education Committee

The Education Committee met once in the past year. They reviewed and granted one scholarship. The committee discussed the possibility of adding another category of RPN Award for those people who champion Mental Health in the community and are not RPN's.

There was only one nomination for the RPN Award last year. It was awarded to the faculty of the Psychiatric Nursing program at SIAST. Each member of the team received a plaque.

There were no candidates for the LeFlar Award this year.

The annual CPD credit audit was completed. Twenty five audit requests were sent out to members and all but three respond. Follow up requests were sent to the non respondents. The remaining twenty two submissions were audited. Several letters for additional information were sent to those who did not provide the requested information.

Committee Chair: Roberta Jors, RPN, Regina. Committee Members: Dellina Hodson, RPN, Regina; Sydney Bolt, RPN, Moose Jaw; Lance Hoogeveen, RPN, Regina; Tania Huel, RPN, Weyburn; Geraldine Koban, RPN, Yorkton; Karen Muller, RPN, Regina; Linda Ozga-Bellamy, RPN, Regina.

BRANCHES

Moose Jaw Branch

No report was submitted from the Moose Jaw branch.

North Battleford Branch

Business

We have planned two activities for this year.

- 1) Mental Health Clinics
- 2) Champions of Mental Health Awards Banquet

We have held two – four Mental Health Clinics in our community where we have provided information about mental health issues. For the most part these have gone over well and we plan on continuing our efforts. The “Champions of Mental Health” Awards banquet is our 2nd annual. Most of our meetings have been towards the planning of this event, which is happening May 7th, 2011. This has been exciting for us when we approach people they have knowledge of our event and have made statements that “it is something that should have happened awhile ago. There are a lot of people doing good things out there and should be recognized.”

Professional:

Mental Health Clinics at our two malls alternatively. Displays included RPNAS banner as well as a variety of Mental Health information. If people had questions about specifics those persons manning the clinics provided the specific information.

For RPN day the branch provided each member with a resealable bag from Canada Post, including some small useable gifts.

Several branch members have also provided our local paper with stories/information on mental health issues.

Special Projects

We plan to continue with our Mental Health Clinics and change up some of how we are offering the information. We will again be planning for our 3rd annual Champions of Mental Health Awards banquet later in the year.

Areas of Concern

- RPNP
- Degree Option
- Provincial participation in branch – Membership attendance

Branch Executive: Marion Palidwor, RPN, President; Darcy McIntyre, RPN, Vice-President; Denise Huxley, RPN, Secretary; Yvonne Sawatsky, RPN, Treasurer.

Prince Albert Branch

No report was submitted from the Prince Albert Branch.

Regina Branch

Business

No formal branch meetings were held in the past year.

The overall goal is to reactivate the Branch as it would be a place where our students could learn about the activities of the Association and provide them with opportunities to volunteer as well.

Weyburn Branch

Business

The Weyburn Branch of the RPNAS held four meetings this year with an average attendance of five people. A supper meeting was held in February 2011 to encourage more participation in our local branch.

We did have a representative who attended last year's AGM and then gave a presentation about the meeting and the educational day. This was very informative.

A wreath was laid for Remembrance Day by three of our branch members.

Although we have poor attendance at our meetings the members who do attend are dedicated to our RPNAS local.

Educational

Four RPNs attended the World Congress in Regina. \$25 was given to each to assist in expenses. Sharon Mulhall presented on the Congress at a branch meeting. The branch also supported three students in the RPN program to attend the RPNAS education day. Several branch members also attended.

Fundraising

No fundraising was done this year but discussion was held on this subject.

Social

A wreath was laid for Remembrance Day at the Cenotaph by one of our Branch members.

Special Projects

The branch plans to hold a fundraising BBQ to support the Humane Society in memory of June Sorensen.

Areas of Concern

The branch is concerned about lack of RPN participation.

Branch Executive: Jenna Heaman, RPN, President; Linda Olson, RPN, Vice-President; Sharon Mulhall, RPN, Secretary; Ann Robillard, RPN, Treasurer.

YORKTON BRANCH

Business

Executive meeting to discuss future of branch.

Educational

Continue to offer a bursary of \$500.00 yearly. This bursary is offered to an eligible student enrolled in a psychiatric nursing program. There was no candidate in 2010.

Social

No social events this past year were held. We hope to plan a social gathering for our branch this year.

Fund Raising for Branch Activities

None.

We hope to have a social get together possibly combined with fund raising such as a steak night.

Areas of Concern

Member attendance and involvement.

RPNAS Vision and Mission

One of the functions of the Council of the Registered Psychiatric Nurses Association of Saskatchewan is the development and review of the Association's Ends. The first End, and one of the highest priority Ends, is the Vision and Mission of the Association. This Ends was recently updates and is as follows:

The **vision** of the Registered Psychiatric Nurses Association of Saskatchewan is:

The Distinct Profession of Psychiatric Nursing is a valued partner in the continuum of health care with competent members who promote and support mental health, hope and recovery.

The **mission** of the Registered Psychiatric Nurses Association of Saskatchewan is to provide Saskatchewan People with competent psychiatric nursing.

The mission involves the achievement of the following ends:

1. Ensuring the supply of competent Registered Psychiatric Nurses
2. Protecting the public through regulation
3. Continual development of a body of knowledge
4. Developing practice opportunities
5. Advocating for quality integrated mental health services and policy

2012/2013 Proposed Budget

REVENUE

Annual Fees Practicing	515,270
Annual Fees Non Practicing	3,000
Temporary Licence	2,200
Registration Fees	1,900
Interest Income	11,000
Liability Insurance	6,200
Miscellaneous	3,500
Registration Examinations	9,000
 Total Revenue	 552,070

EXPENDITURES PART A ADMINISTRATION

Insurance (office)	750
Salaries	260,000
Employee Benefits	60,000
Taxes	5,500
Telephones	4,000
Postage and Bank charges	8,000
Office Supplies	12,000
Legal fees and Audit	6,500
Reserve for Depreciation	10,000
Printing Costs	6,000
Executive Director Expenses	12,000
Staff development	1,500
Computer Support	3,000
Website	5,000
Utilities	12,000
TOTAL	406,250

STATUTORY FUNCTIONS

Council Meetings	10,000
Council Insurance	2,500
Council Honoraria	4,000
Council Development	2,000
Disciplinary Hearings	10,000
Professional Conduct Legal	10,000
PCC Chair Honoraria	500
Discipline Chair Honoraria	500
Registrar Travel	6,000

Election	1400
International Conference	10,000
TOTAL	56,900

REPRESENTATIVE ACTIVITIES/SERVICES

Special Ends Projects	10,000
Provincial Student Liason	1,000
Special Education Fund	3,000
Bursaries/Scholarships	8,000
Membership Fees	1,500
Delegate Expenses	1,500
Executive Travel	3,000
TOTAL	28,000

MEMBERSHIP SERVICES

Annual Membership Meeting	6,000
Liability Insurance	6,200
RPN News	8,600
Annual Report	7,500
Public Relations	6,000

TOTAL	34,300
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TOTAL EXPENDITURES PART A 525,450

EXPENDITURES PART B

Statutory Committees	5,500
Legislation	
Professional Conduct	
Discipline	
Nominations	
Staff Projects	
Education	
RPNC	
RPNP Initiative	
Program Approval	20,700

TOTAL EXPENDITURES PART B

26,620

TOTAL EXPENDITURES PART A and B

552,070

Registered Psychiatric Nurses Association
Financial Statements
March 31, 2011

To the Council of Registered Psychiatric Nurses Association of Saskatchewan:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian generally accepted accounting principles. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Council is composed entirely of Councillors who are neither management nor employees of the Association. The Council is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Council has the responsibility of meeting with management and external auditors to discuss the internal controls over the financial reporting process, auditing matters and financial reporting issues. The Council is also responsible for recommending the appointment of the Association's external auditors.

Meyers Norris Penny LLP, an independent firm of Chartered Accountants, is appointed by the council to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Council and management to discuss their audit findings.

May 7, 2011



Executive Director



MEYERS NORRIS PENNY LLP

Independent Auditors' Report

To the Members of Registered Psychiatric Nurses Association:

We have audited the accompanying financial statements of Registered Psychiatric Nurses Association, which comprise the statement of financial position as at March 31, 2011, and the statements of revenues and expenses, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about 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 auditors' 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 control relevant to the entity's preparation and fair presentation of the financial statements 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 control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by 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.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Registered Psychiatric Nurses Association as at March 31, 2011 and the results of its operations, changes in net assets and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Regina, Saskatchewan

May 7, 2011

Chartered Accountants

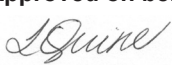



CHARTERED ACCOUNTANTS & BUSINESS ADVISORS
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Registered Psychiatric Nurses Association

Statement of Financial Position

As at March 31, 2011

	2011	2010
Assets		
Current		
Cash	25,529	52,916
Marketable securities (Note 3)	510,452	423,423
Accounts receivable	550	619
Prepaid expenses and promotional items	10,043	12,686
	546,574	489,644
Capital assets (Note 4)	86,260	93,241
Long-term investments (Note 5)	374,671	331,987
	1,007,505	914,872
Liabilities		
Current		
Accounts payable and accruals	22,249	27,633
Deferred revenue	395,537	376,852
	417,786	404,485
Net Assets		
Net assets	326,761	239,448
Net assets invested in capital assets	86,260	93,241
Contingency reserve	127,352	127,352
Bursary reserve	49,346	50,346
	589,719	510,387
	1,007,505	914,872
Approved on behalf of the Council		
		
Councilor	Councilor	

The accompanying notes are an integral part of these financial statements

Registered Psychiatric Nurses Association

Statement of Revenues and Expenses

For the year ended March 31, 2011

	2011	2010
Revenue		
Administration fees	720	370
Examination fees	9,308	576
Investment income	18,729	11,695
Licensing fees	490,302	472,656
Members' liability insurance	6,269	6,502
Miscellaneous	12,520	18,675
Non-active fees	3,438	3,200
Promotional	1,651	3,310
Registration fees	1,950	350
Temporary licence	2,276	360
	547,163	517,694
Expenses		
Amortization	8,831	8,871
Committees	36,070	47,143
Council and membership meetings	19,162	27,288
Discipline hearings and professional conduct	17,795	6,442
Donations	330	67
Elections	-	1,021
Employee benefits and superannuation	56,478	54,277
Insurance	677	677
International conference	-	18,008
Liability insurance	6,321	6,342
Membership development	13,176	3,092
Membership fees	3,757	997
Newsletter	8,591	10,651
Occupancy	13,649	12,314
Office supplies and postage	19,730	25,989
Printing	2,018	2,275
Professional services	8,005	9,550
Promotional	17,027	14,327
Property taxes	5,314	5,059
Salaries	202,425	214,754
Special projects	300	-
Student liaison activities	-	405
Telephone	3,576	3,263
Travel - executive	34,583	34,194
	477,815	507,006
Excess of revenues over expenses before other item	69,348	10,688
Other item		
Unrealized gains on investment	10,984	6,050
Excess of revenues over expenses	80,332	16,738

The accompanying notes are an integral part of these financial statements

Registered Psychiatric Nurses Association of Saskatchewan

Statement of Changes in Net Assets

For the year ended March 31, 2011

	<i>Investment in Capital Assets</i>	<i>Contingency Reserve</i>	<i>Bursary Reserve</i>	<i>Operating Surplus</i>	<i>2011</i>	<i>2010</i>
Balance – beginning of year	93,241	127,352	50,346	239,448	510,387	495,149
Excess of revenues over expenses for the year	-	-	-	80,332	80,332	16,738
Purchase of capital assets	1,850	-	-	(1,850)	-	-
Amortization of capital assets (Note 9)	(8,831)	-	-	8,831	-	-
Bursaries awarded during the year	-	-	(1,000)	-	(1,000)	(1,500)
Balance – end of year	86,260	127,352	49,346	326,761	589,719	510,387

The accompanying notes are an integral part of the financial statements

Registered Psychiatric Nurses Association
Statement of Cash Flows
For the year ended March 31, 2011

	2011	2010
Cash provided by (used for) the following activities		
Operating activities		
Cash received from members	547,185	516,259
Investment income	18,729	11,695
Cash paid to suppliers	(117,993)	(148,971)
Cash used for Council and Committee activities	(94,826)	(77,298)
Bursaries awarded	(1,000)	(1,500)
Cash paid to employees	(258,903)	(269,031)
	93,192	31,154
Investing activities		
Purchase of marketable securities	(302,029)	(200,922)
Proceeds on disposal of marketable securities	215,000	210,000
Purchase of capital assets	(1,850)	(6,667)
Purchase of long-term investments	(196,700)	(10,773)
Proceeds on disposal of long-term investments	165,000	-
	(120,579)	(8,362)
(Decrease) increase in cash resources	(27,387)	22,792
Cash resources, beginning of year	52,916	30,124
Cash resources, end of year	25,529	52,916

Registered Psychiatric Nurses Association

Notes to the Financial Statements

For the year ended March 31, 2011

1. Governing statutes and nature of operations

The Registered Psychiatric Nurses Association of Saskatchewan (the "Association") is the professional Association with regulatory authority for the registration and licensing of psychiatric nurses in Saskatchewan and is incorporated under a special act of Saskatchewan. The Association is exempt from income tax under paragraph 149(1)(1) of the Federal Income Tax Act.

2. Significant accounting policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

Capital assets

Capital assets, including building and furniture and equipment, are recorded at cost less accumulated amortization. Computer software is expensed in the year of acquisition.

Amortization of capital assets is provided using the straight-line method at the following rates:

	Method	Rate
Buildings	straight-line	20 years
Furniture and equipment	straight-line	3 - 5 years

Revenue recognition

Membership fees, both active and non-active, which are based on a calendar year, are recognized as revenue in the fiscal year that they are applicable to. Deferred revenue represents fees received during the year that relate to the next fiscal period. All other revenue is recognized when earned.

Reserves

Contingency reserve

The contingency reserve represents an amount established by the Governing Council for the purpose of providing for unexpected events. The interest earned on funds established for the contingency reserve remains as part of the general operation of the Association.

Bursary reserve

A bursary reserve was established by the Governing Council for the purpose of providing bursaries each year. Interest relating to the bursary reserve is allocated to the operating surplus, and bursary awards are charged to the reserve annually.

Fund accounting

In order to ensure observance of limitations and restrictions placed on the use of resources available to the Association, the accounts are maintained on a fund accounting basis. Accordingly, resources are classified for accounting and reporting purposes into funds. These funds are held in accordance with the objectives specified in accordance with the directives issued by the Board of Directors.

Two funds are maintained - Operating Surplus Fund and Investment in Capital Assets Fund.

The Operating Surplus Fund is used to account for all revenue and expenditure related to general and ancillary operations of the Association.

The Investment in Capital Assets Fund is used to account for all capital assets of the organization and to present the flow of funds related to their acquisition and disposal, unexpended capital resources and debt commitments.

Financial instruments

The Association has classified cash, short-term investments, long-term investments, and accounts payable and accrued liabilities as held for trading financial instruments; and accounts receivable as loans and receivable financial instrument

Held for trading financial assets and liabilities are financial instruments that are acquired or incurred principally for the purpose of selling or repurchasing the instrument in the near term or are initially designated as held for trading. These instruments are initially recognized at their fair value. Fair value is approximated by the instruments' initial cost in a transaction between unrelated parties. Held for trading financial instruments are carried at fair value with both realized and unrealized gains and losses included in the statement of revenue and expenses. Transactions to purchase or sell these items are recorded on the settlement date.

Transaction costs related to held for trading financial instruments are expensed as incurred. Transaction costs related to loans and receivables are netted against the carrying value of the asset and are recognized over the expected life of the instrument using the effective interest method.

The Association has classified accounts receivable as loans and receivables. These assets are initially recognized at their fair value. Fair value is approximated by the instrument's initial cost in a transaction between unrelated parties. Transactions to purchase or sell these items are recorded on the date. Loans and receivables are subsequently measured at their amortized cost, using the effective interest method. Under this method, estimated future cash receipts are exactly discounted over the asset's expected life, or other appropriate period, to its net carrying value. Amortized cost is the amount at which the financial asset is measured at initial recognition less principal repayments, plus or minus the cumulative amortization using the effective interest method of any difference between that initial amount and the maturity amount, and less any reduction for impairment or uncollectability. Gains and losses arising from changes in fair value are recognized in excess of revenues over expenses upon derecognition or impairment.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Amortization is based on the estimated useful lives of the capital assets. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in earnings in the periods in which they become known.

Recent Accounting Pronouncements

Canadian accounting standards for not-for-profit organizations

In October 2010, the Accounting Standards Board (AcSB) approved the accounting standards for private sector not-for-profit organizations (NFPOs) to be included in Part III of the CICA Handbook-Accounting ("Handbook"). Part III will comprise:

- The existing "4400 series" of standards dealing with the unique circumstances of NFPOs, currently in Part V of the Handbook; and
- The new accounting standards for private enterprises in Part III of the Handbook, to the extent that they would apply to NFPOs.

Effective for fiscal years beginning on or after January 1, 2012, private sector NFPOs will have the option to adopt either Part III of the Handbook or International Financial Reporting Standards (IFRS). Earlier adoption is permitted. The Association expects to adopt Part III of the Handbook as its new financial reporting standards. The Association has not yet determined the impact of the adoption of Part III of the Handbook on its financial statements.

Financial instruments deferral of section 3862 and 3863

In December 2006, the Canadian Institute of Chartered Accountants (CICA) issued Section 3862 Financial Instruments – Disclosures and Section 3863 Financial Instruments – Presentation to replace Section 3861 Financial Instruments – Disclosure and Presentation. The effective date for these new Sections was for interim and annual financial statements with fiscal years beginning on or after October 1, 2007, with earlier adoption permitted. However, in light of the uncertainty regarding the future direction in setting standards for not-for-profit organizations, the CICA released a decision to allow deferral of Sections 3862 and 3863 for this sector. As such, not-for-profit organizations should continue to apply Section 3861.

Registered Psychiatric Nurses Association
Notes to the Financial Statements
For the year ended March 31, 2011

3. Marketable securities

	2011	2010
Cash	49	49
Premium Treasury Bill mutual fund	502,311	415,304
Treasury Bill mutual fund	8,092	8,070
	510,452	423,423

4. Capital assets

	Cost	Accumulated amortization	2011 Net book value	2010 Net book value
Land	38,250	-	38,250	38,250
Buildings	129,945	83,673	46,272	51,513
Furniture and equipment	80,024	78,286	1,738	3,478
	248,219	161,959	86,260	93,241

5. Long-term investments

	2011	2010
Cash	10,225	6,802
Canadian Bonds maturing at dates ranging between June 2015 and June 2017 (2010 - April 2010 and December 2015), with interest rates at varying rates ranging from 5.20% to 6.75% (2010 - 3.80% to 6.30%)	364,446	325,185
	374,671	331,987

At year-end, the quoted market value of the long-term investments was \$374,671 (2010 - \$331,987) and the carrying value was \$366,530 (2010 - \$329,972).

6. Financial instruments

The Association as part of its operation carries a number of financial instruments, which include cash, marketable securities, accounts receivable, long-term investments, and accounts payable and accrued liabilities. It is management's opinion that the Association is not exposed to significant interest, currency or credit risks arising from these financial instruments except as otherwise disclosed.

Fair value

The carrying amount of the Association's financial instruments approximates their fair value due to their relatively short-term maturity, except for long-term investments which are recorded at their fair value, determined by reference to published bid price quotations in an active market.

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. Changes in market interest rates may have an effect on the cash flows associated with some financial assets and liabilities, known as cash flow risk, and on the fair value of other financial assets or liabilities, known as price risk. The Association is exposed to interest rate risk primarily relating to its marketable securities and long-term investments.

Registered Psychiatric Nurses Association

Notes to the Financial Statements

For the year ended March 31, 2011

7. Pension plan

Employees of the Registered Psychiatric Nurses Association of Saskatchewan participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP). The plan is a defined benefit plan and the pension benefits and assets are for all members of the plan and are not segregated by participating organization. Both the employer and employee contribute to the plan. The Association remits the contributions monthly, based on the contribution rate provided by SHEPP, which totalled \$11,226 for the year (2010 - \$12,770).

Effective March 31, 2011, contribution rates are as follows:

8.624% (2010 - 8.064%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
11.20% (2010 - 10.752%) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

8. Commitments

The Organization has entered into various lease agreements for office equipment with estimated minimum annual payments as follows:

2012	8,520
2013	8,520
2014	8,520
2015	8,520
2016	495
	<hr/>
	34,575

9. Inter-fund transfers

The Council approved a transfer of \$8,831 (2010 - \$8,871) from operating surplus to investment in capital assets to cover the amortization costs incurred for the year.

10. Capital management

The Board of Directors' objective when managing capital is to maintain a sufficient fund base to ensure they can continue to cover the significant expenditures relating to the Association. The Association receives funding from its members to cover the operating expenditures.

11. Comparative figures

Certain comparative figures have been reclassified to conform with current year presentation.

NOTES

[illegible]



**REGISTERED
PSYCHIATRIC
NURSES
ASSOCIATION OF
SASKATCHEWAN**

*Registered Psychiatric Nurses
Partnering with People*

This publication will also be made available on our website.

www.rpnas.com