Mobility and assessment of Canadian and internationally educated Registered Psychiatric Nurses

PROJECT REPORT

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

April 30, 2015

CONTENTS

1.0 INTRODUCTION

This is the final report of the activities of the *Mobility and Assessment of the Canadian and Internationally Educated Registered Psychiatric Nurses* project. The level of achievement in meeting the stated objectives and outcomes as specified in the agreement are outlined and the viability of the overall project process is reported. The project was cost-shared by Employment and Social Development Canada (ESDC) and the Registered Psychiatric Nurse Regulators of Canada (RPNRC) (formerly the Registered Psychiatric Nurses of Canada (RPNC). Substantial in-kind time was provided by a broad range of stakeholder groups who participated on the Project Management Committee, working groups, and in the data collection. Contribution Agreement 011786308 commenced December 11, 2012 and concluded 26 months later on February 28, 2015.

A measurement of the project's level of success in achieving its goal can be assessed by reviewing the activities of the 26 month agreement in relation to the stated objectives and outcomes. The quarterly reports submitted each quarter to ESDC are supporting documents highlighting the achievements of key milestones throughout the 26 months.

2.0 BACKGROUND

Registered Psychiatric Nurses were first regulated in Saskatchewan in 1948 in part response to the nurse shortage resulting from World War II. British Columbia followed in 1951, Alberta in 1955 and Manitoba in 1960. Regulation in the Yukon occurred in 1990 under their Health Professions Act resulting in Yukon becoming the first territory to register psychiatric nurses. The last few years have witnessed a trend towards omnibus health professions legislation, resulting in the regulation of psychiatric nurses under the Health Professions Act in British Columbia, Alberta and underway in Manitoba.

While requirements to practice as a Registered Psychiatric Nurse in Canada vary slightly among the jurisdictions, graduating from an approved psychiatric nursing education program, passing the Canadian Registration Examination for Registered Psychiatric Nurses and, registering with a provincial/territorial regulatory body are requirements common to all jurisdictions. Prior to applying to the regulatory authority, Internationally Educated Nurses (IEN) must first submit their application to the newly implemented National Nursing Assessment Service (NNAS). The NNAS evaluates and compares the applicant's education to current Canadian requirements for entry into practice, the applicant's registration/licensing, nursing practice, employment and results of any required language testing. An advisory report of the evaluation and comparison is provided to the regulatory authority the IEN is applying to and is one piece of information used to determine if the IEN is eligible to register, requires additional assessments or needs to take

additional courses. It is the regulatory authority that makes the final decision about registration or licensure.

Mobility of Registered Psychiatric Nurses outside of western Canada has been a long-standing issue. Registered Psychiatric Nurses are free to work anywhere in Canada, but not as Registered Psychiatric Nurses. Canadian or internationally educated Registered Psychiatric Nurses in non-regulated jurisdictions are often underemployed working in non-regulated nursing-related roles and are often prevented from applying their full scope of their knowledge and skills in the delivery of healthcare to Canadians. Many Registered Psychiatric Nurses believe that their mobility rights under Canada's Charter of Rights and Freedoms are infringed upon.

In light of this mobility issue and recognizing that Canadian and internationally educated psychiatric nurses are a part of Canada's response to meet the mental health needs of its citizens, the RPNRC launched the *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project.

2.1 The Registered Psychiatric Nurse

As one of Canada's three regulated nursing professions and accounting for 1.4% of Canada's regulated nurse workforce in 2013, Registered Psychiatric Nurses are concerned with the health, especially the mental health, of individuals, groups, families and communities. They work side by side with Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) in various practice settings in western Canada and Yukon. While they share some of the same theoretical preparation and basic competencies as RNs and LPNs, there are fundamental differences in the Registered Psychiatric Nurse's educational preparation in terms of the depth and breadth of the focus and core content.

General nursing knowledge is part of the psychiatric nursing curriculum, but the primary emphasis is highly developed skills and knowledge in mental health and addictions and advanced therapeutic relationships and communication. The breadth and depth in these areas distinguishes psychiatric nursing education from the other nursing programs. Currently six academic institutions offer diploma or degree programs that are approved and recognized by the Registered Psychiatric Nurse regulatory authorities who set the standards for psychiatric nursing education in their jurisdictions and jointly establish minimum accepted educational requirements for registered psychiatric nursing. Psychiatric nursing education continues to evolve. The RPNRC (formerly the Registered Psychiatric Nurses of Canada) foresee that a baccalaureate in psychiatric nursing will be the minimum requirement for entry to practice. To date, five academic institutions offer the baccalaureate psychiatric nursing program.

2.2 About RPNRC

The RPNRC is an incorporated and is a virtual organization whose members are the formal regulatory bodies for the profession of Registered Psychiatric Nurses in Canada. The members are: the College of Registered Psychiatric Nurses of Alberta; the College of Registered Psychiatric Nurses of British Columbia (CRPNBC); the College of Registered Psychiatric Nurses of Manitoba (CRPNM): and, the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS). The Board of Directors is formed of the Presidents/Chairs and Executive Directors/Registrars of the member organizations.

The RPNRC represents about 5,600 Registered Psychiatric Nurses in Canada. Registered Psychiatric Nurses form the largest single group of professional mental health service providers in Western Canada. They work in collaboration with clients and other health service personnel, providing holistic, client-centered services to individuals, families, groups and communities with a focus on mental health and mental illness within the context of the client's overall health needs.

3.0 PROJECT OBJECTIVES

The *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project sought to address the assessment and integration of internationally educated psychiatric nurses wishing to practice in Canada and the recognition of Registered Psychiatric Nurse qualifications in Canada by:

- defining the national entry-level competencies;
- mapping the national entry-level competencies to education;
- documenting the challenges and enablers to the recognition and mobility of the Registered Psychiatric Nurse profession in Canada;
- identifying the contributions of the Registered Psychiatric Nurse; and,
- bringing stakeholders together to discuss and establish options for the profession to move forward.

Meeting these objectives begins to reduce the barriers to labour mobility for Registered Psychiatric Nurses practicing in Canada and those internationally educated psychiatric nurses wishing to practice in Canada; lead to greater coordination and collaboration between nursing regulators across Canada; and, increase the availability of tools to support the foreign qualification recognition of internationally educated psychiatric nurses in Canada.

4.0 PROJECT ACTIVITIES

The following outlines the activities that were completed for the project.

4.1 Project management

- Retained project manager and management team through open and competitive bidding process.
- Established the Project Management Committee (PMC).
    - Terms of Reference drafted and approved by PMC.
    - Guiding Principles drafted and approved by PMC.
- Established competency development ad hoc expert committee.
    - Terms of Reference drafted and approved by PMC.
    - Competency working group consisting of members of the initial working group augmented by new content experts was established to revise the competency profile post validation.
- The roundtable working group consisting of members from the PMC. Responsible to plan and execute the three roundtable sessions.
- Retained consultant to develop the Registered Psychiatric Nurse entry level competency profile and the competency – education mapping tool through open and competitive bidding process.
- Retained editor, translator and desktop publisher.
- Retained facilitator to assist in roundtables.
- Managed financial requirements of project including cash flow and quarterly reports to ESDC.
- Planned and implemented the logistics for three stakeholder roundtables.

4.2 Project Management Committee and Task Force meetings

- Convened five in-person and four teleconference Project Management Committee meetings.
- Convened one four day in-person and two teleconference ad hoc expert committee meetings.
- Convened one two day in-person and one teleconference competency working group meetings.
- Convened four teleconference roundtable working group meetings.

4.3 Environmental scan research

- Completed data and literature review.
- Completed online survey of Registered Psychiatric Nurses.
- Completed three focus groups with Registered Psychiatric Nurses.
- Completed 28 key informant interviews with nurse and other healthcare provider regulatory authorities, education, provincial government, private and federal employers, and Registered Psychiatric Nurses.
- Documented barriers to recognition and mobility, options to consider to improve recognition and mobility and workforce and educational data and information.
- Prepared and approved final internal research report.

4.4 Registered Psychiatric Nurse entry level competency development

- Conducted ad hoc advisory committee four day workshop to develop draft national entry level competency document.
- Further refined draft competency document through regional focus groups.
- Validated revised entry level competency document through online survey of Registered Psychiatric Nurses and employers of psychiatric nurses.
- Conducted a two day competency working group workshop to revise competencies based on validation survey results.
- Finalized and approved Registered Psychiatric Nurse entry level competency document.
- Translated and desktop published English and French competencies.

4.5 Registered Psychiatric Nurse entry level competency – education mapping tool

- Prepared two options for tool platform.
- Developed mapping tool platform using fluid survey.
- Populated mapping tool with curriculum of approved psychiatric nursing programs.
- Distributed mapping tool to approved psychiatric nursing programs for completion.
- Collated results of mapping tool completions.

4.6 Stakeholder relations and communication

- Prepared and issued news release about the project.
- Prepared and issued news release about the Registered Psychiatric Nurse entry level competencies. News release coincided with presentation and release of competency profile at the Third European Festival of Psychiatric Nursing in Malta.
- Posted updates about the study on RPNRC website.

- Created designs for entry level competency profile and desktop published profile in English and French.
- Coordinated printing of competency profile and electronic version.
- Prepared stakeholder roundtable invitee lists and invitations and reminder messages.
- Prepare background document about the project and about the Registered Psychiatric Nurse.
- Prepared English PowerPoint presentation and speaking notes about the project and research findings.
- Coordinated and facilitated three roundtable sessions in Halifax, Nova Scotia, Ottawa, Ontario and Toronto, Ontario.
- Prepared bilingual summary of roundtable proceedings report.

4.7 Wrap up

- Prepared and submitted quarterly reports to ESDC.
- Drafted, finalized and submitted final ESDC project report.

5.0 IMPLEMENTATION, OUTPUTS, OUTCOMES

5.1 Implementation

A 12 member Project Management Committee (PMC) was formed to direct and support the project's activities and deliverables. Appendix A outlines the terms of reference for the committee and includes a list of the PMC members. The PMC's co-chairs liaised daily with the project management team addressing any issues or changes to the activities and timelines.

Two independent firms were retained through an open and competitive bidding process. Health HR Group (HHR Group) provided the overall project management support to the project being responsible for the achievement of the objectives and outputs and budget and timelines. HHR Group also conducted the research and prepared the internal environmental scan/research findings report. As well, the HHR Group managed the logistics and planning for the three roundtables. Assessment Strategies Inc. (ASI) developed and validated the entry level competencies and also the competency – education mapping tool. An ad-hoc competency expert committee supported ASI and assisted in developing the draft entry level competency profile that was validated. Appendix B provides the terms of reference for the committee.

Working groups and an ad-hoc competency expert committee together with the PMC were engaged to support the planning of the roundtable sessions and the development and validation of the entry level competencies. This process permitted the ongoing consultation with the PMC and their respective organizations. The final documents were approved by PMC. The

national Registered Psychiatric Nurse entry level competencies were approved and adopted by the four Registered Psychiatric Nurse regulatory authorities.

Independent contractors were retained to edit, translate and desktop publish the French and English entry level competencies. Given the small size of the contracts, the contractors were selected based on previous work completed in other projects. This was also the case for the facilitator who was retained to facilitate the three stakeholder roundtables.

Two news releases were issued. The first release was released November, 2013 and coincided with ESDC's Minister's announcement of funding provided for foreign credential recognition projects. Appendix C provides a copy of the announcement. A news release announcing the English and French national Registered Psychiatric Nurse entry level competencies was issued November, 2014 and coincided with the international release of the competency profile at the European Festival of Psychiatric Nursing in Malta. Appendix D provides a copy of the release and Appendix E contains the PowerPoint presentation prepared for the conference in Malta.

The process throughout the project was monitored and assessed on an ongoing basis. As part of its support and coordinating role, the project management team worked closely with the PMC's co-chairs to report back the results and modify operations and processes as necessary. Regular update reports were sent to the PMC and meetings either by teleconference or in person were scheduled with the four regulatory authorities' Executive Directors. This resulted in identifying early into the project the need to re-consider the stakeholder relations strategy initially proposed. Rather than inviting a broad representation of stakeholder groups to a national forum, the PMC agreed to convene three smaller events represented by key stakeholder groups who were decision/policy makers in their jurisdictions. This change resulted in forming strategic alliances with key stakeholder groups who are in a position to influence change in the respective regions. It also resulted in better communication and information exchange between stakeholders.

5.2 Outputs

Completing the activities resulted in the following outputs:

1. RFPs, the selection criteria and copies of contracts for consultants hired for the project
2. Project work plans for research and competency development
3. Communication and stakeholder relations strategy
4. English and French Registered Psychiatric Nurse entry level competency profile
5. Registered Psychiatric Nurse entry level competency – education mapping tool
6. Internal report – Registered Psychiatric Nurses: Exploring the enablers and barriers to labour mobility in Canada
7. Two news releases

8. English and French fact sheet about the project
9. Background material about the project and the Registered Psychiatric Nurse
10. PowerPoint Presentations about the project and findings
11. Summary report of the stakeholder roundtable proceedings
12. Quarterly reports and cash flows
13. Final assessment report

5.3 Outcomes

The contribution agreement identifies three outcomes and these were addressed by the project as follows.

1. ***Reduced barriers to labour mobility for Registered Psychiatric Nurses practicing in Canada and those internationally educated psychiatric nurses wishing to practice in Canada.***

   Reducing barriers to labour mobility will take time. RPNRC has commenced the process by documenting and validating the existing barriers and initiating dialogue across Canada. Consultative research was completed to document the enablers and barriers. The research combined primary and secondary research methods to collect the information and data. These methods included a literature and data review, online survey, key informant interviews and focus groups. The following enablers and barriers were identified and are further discussed in the internal research report presented in Appendix F:

   - Outside of the western provinces and Yukon, the Registered Psychiatric Nurse profession and scope is not defined in legislation and is a barrier to licensure and regulation of the profession.
     - Changing provincial and/or territorial legislation is a necessary first step to improve recognition and mobility.
     - But changing or adding to current provincial legislation is a lengthy and cumbersome process.
     - Collaborating with RN regulatory authorities seeking their support and alliance will strengthen the approach to government to consider regulation.
     - Building relationships with the provincial government authorities responsible for healthcare delivery such as the Principle Nursing Advisors in each province is also important.
     - Informing and educating about Registered Psychiatric Nurses will help raise the awareness of how the profession complements the nursing and health care team to deliver quality and optimal psychiatric nursing care to the public.

- The lack of understanding of the role of Registered Psychiatric Nurses and how they can complement and support other healthcare providers is the source of misunderstanding and incorrect perceptions.
    - Promoting and communicating the role, scope of practice, education, competencies and practice settings of the Registered Psychiatric Nurse will improve the general lack of understanding about the profession. Communication and knowledge transfer will inform and educate.
    - Seeking opportunities to communicate about Registered Psychiatric Nurses, benefits they bring to nursing care and how they complement the health care team will enable the psychiatric nursing community to address the lack of information, misinformation and misperceptions.
- The lack of regulation outside western Canada and the territories is a barrier to the Registered Psychiatric Nurses' mobility limiting the decision for internationally educated psychiatric nurses to where they can locate if interested in moving to Canada.
    - There are regulatory models that can be considered to enable mobility of Registered Psychiatric Nurses such as: establishing Memorandums of Understanding (MOUs) or agreements with Registered Psychiatric Nurse regulatory authorities to license and regulate Registered Psychiatric Nurses in non-regulated jurisdictions; linking with the Registered Nurse (RN) Colleges to license and recognize the Registered Psychiatric Nurse in their jurisdiction similar to the current regulation of RNs and Registered Practical Nurses in Ontario; and the RN regulatory authority establishing a "restrictive licence" category that would define scope of practice of the Registered Psychiatric Nurse in that jurisdiction.
    - Building on the sparse examples of a federal employer employing Registered Psychiatric Nurses in non-regulated jurisdictions is another enabler to address the regulation barrier.
    - Collaboration and building relationships is the foundation to improving mobility
    - Establishing relationships with provincial and territorial governments and RN regulatory authorities will commence the education process necessary to better understand the Registered Psychiatric Nurses' competencies, role, value to the health care team and impact on the bottom line.
    - Collaboration with other national and provincial/territorial associations will help to increase awareness and educate about Registered Psychiatric Nurses.
    - Seeking partnerships with nursing schools in Canada provides the opportunity to develop psychiatric nursing education programs outside western Canada. Lessons can be learned by collaborating with other health profession groups that face

similar issues or that are in the process or are considering establishing regulatory authorities and/or mechanisms, to license their profession.

Providing the right care at the right time by the right provider was a recurrent theme in the stakeholder roundtables. Stakeholders welcomed the opportunity to learn more about the competencies of the Registered Psychiatric Nurse and discuss how best to provide the much needed mental health and addiction services to Canadians.

2. ***Increased availability of tools to support the foreign qualification recognition of internationally educated psychiatric nurses in Canada.***

   The national entry level competencies of Registered Psychiatric Nurses developed as part of the project provides new knowledge to educators, regulators, and Canadian and internationally educated Registered Psychiatric Nurses. The national competencies contribute to raising the awareness of the knowledge and skill set Registered Psychiatric Nurses bring to clients and the healthcare team. This was evident across the three roundtables as stakeholder groups learned about psychiatric nurses and the myths about their knowledge and competencies. Stakeholders were interested in learning about the Registered Psychiatric Nurse's education, breadth and depth of knowledge, skills and competencies and how these currently support and complement the requirements of the workforce.

3. ***Greater coordination and collaboration between nursing regulators across Canada.***

   Three roundtables were convened in eastern Canada. The first was held in Halifax followed by Ottawa and Toronto. Both the Halifax and Toronto roundtables focused on jurisdictional issues and options while the Ottawa roundtable related to the national level and involved national stakeholder representatives including national employers. Appendix G provides the summary of the discussions including the stakeholders groups participating in each session. While the state of readiness varied among the three groups, all stakeholders were keen to continue the dialogue and involve others from the health care community. Stakeholder representatives in the Atlantic Canada roundtable recommended establishing and Atlantic Canada Advisory Committee that would be responsible to 1) assist in data collection to build the business case for Registered Psychiatric Nurses in Atlantic Canada (value proposition); 2) review data and information and determine regulatory models for Registered Psychiatric Nurses; and, 3) bring information back to the jurisdiction and move forward within own jurisdiction. Participants across all three roundtables identified the RPNRC as assuming the lead for further action. RPNRC will consider the options and relationships build as part of its next steps in advancing the initiative.

6.0 CONCLUSION

The RPNRC successfully completed a critical first step towards improving the recognition and mobility of Canadian and internationally educated Registered Psychiatric Nurses in Canada. Being recognized and able to work to one's full scope of practice anywhere in Canada has been a longstanding challenge for Registered Psychiatric Nurses. The development of national entry level competencies provide the understanding of the knowledge and skills expected of entry level psychiatric nurses and will help inform Canadian and internationally educated psychiatric nurses, Registered Nurses, Licensed/Registered Practical Nurses, nurse leaders, government authorities, educators and other health care providers about Registered Psychiatric Nurses and the competencies they bring to the care and well-being of clients and that complement the healthcare team.

The barriers and enablers challenging Registered Psychiatric Nurses' recognition and mobility were examined and were validated in the stakeholder roundtable sessions. These sessions commenced the dialogue among stakeholder groups in eastern Canada. Participants at all three roundtable sessions agreed that "the timing of this initiative is right," and that the current mental health and addiction system is not meeting the needs. Providing optimal mental health and addictions access and care to Canadians is the desired future state for all stakeholders.

The outputs of the project served to better inform stakeholders across Canada about the Registered Psychiatric Nurse, develop new relationships and strengthen existing ones with stakeholder groups in eastern Canada, continue dialogue about the current state of mental health and addiction services and develop recognition of the benefits of the skill set that Registered Psychiatric Nurses bring. RPNRC is in the position to build on this work and continue to chip away at the barriers to the profession's recognition and mobility in Canada.

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Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses

PROJECT MANAGEMENT COMMITTEE TERMS OF REFERENCE

Project context

Goal and outcomes

In the past two years, the number of applications by Internationally Educated Psychiatric Nurse (IEPNs) for registration in Canada has equalled, and in some cases has begun to exceed, the total number of applications from psychiatric nurses educated in Canada. While there is some variability between the provinces on how applicant data is collected and tracked, all of the Canadian psychiatric nursing regulatory bodies have noted an increase in the number of both inquiries and applications from internationally educated psychiatric nurses. The demand for the Registered Psychiatric Nurses of Canada Examination (RPNCE), for first-time Internationally Educated Psychiatric Nurse writers, has increased by 127% between 2005 and 2009.

Once internationally educated psychiatric nurses arrive and are registered in Canada, they experience the same restrictions as their Canadian-educated counterparts in terms of practicing in any of the provinces and territories of Canada. The Psychiatric Nursing profession is currently regulated in the provinces of Alberta, British Columbia, Manitoba, Saskatchewan and in the Yukon Territory. Formal regulatory structures do not currently exist in the other provinces and territories in Canada thereby restricting Registered Psychiatric Nurses (RPNs) from practising their profession in other parts of Canada.

The *Mobility and assessment of Canadian and internationally educated Registered Psychiatric Nurses* project seeks to address these challenges. The goal of the project is to advance the RPNs' profession and their qualifications in Canada. Achieving this goal will:

- reduce the barriers to labour mobility for RPNs practicing in Canada and those internationally educated psychiatric nurses wishing to practice in Canada;
- lead to greater coordination and collaboration between nursing regulators across Canada; and,
- increase the availability of tools to support the foreign qualification recognition of internationally educated psychiatric nurses in Canada.

The Registered Psychiatric Nursing profession is seeking financial support to address two significant issues: the assessment and integration of internationally educated psychiatric nurses wishing to practice in Canada and the restrictions on the mobility of Registered Psychiatric Nurses (RPNs) in Canada.

The project recognizes and is aligned with the significant inter-jurisdictional initiatives that are now guiding labour market developments in the area of internationally educated professionals wishing to practice any nursing profession in Canada: the Foreign Credential Recognition (FCR) program; the Pan- Canadian Framework for the Assessment and Recognition of Foreign Qualifications (2009); and the national project Moving Ahead: Assessment of Internationally Educated Nurses (referred to herein as the national nursing assessment services project or NNAS). In addition to supporting these initiatives, this project is designed to facilitate solutions to issues related to key changes in the labour market for RPNs.

Objectives

The objectives of the project are to:

1. document the barriers and existing regulatory structures related to the recognition of the RPN profession in Canada through an environmental scan;
2. provide stakeholders with a clear understanding of the psychiatric nursing profession by undertaking a competency development exercise; and,
3. establish options to move forward based on the outcomes of discussion at a stakeholder forum.

Deliverables

The following deliverables are expected:

- RPN entry-level competency matrix (i.e., national RPN entry-level competencies)
- RPN profile
- Entry-level competency – education mapping tool
- Competency development report outlining: approach and method to developing and validating the competency matrix and profile and the mapping tool
- Research tools
- PowerPoint presentation of process and final outputs.
- Stakeholder forum report
- Environmental scan interim and final reports

Scope

Two components constitute the project. The first involves diagnostic work to clearly document the barriers and potential solutions to the recognition of the RPN profession in Canada. The second component pertains to the development and validation of entry level competencies for RPNs. This also includes the development and validation of the RPN profile and the creation of the educational mapping tool for the national entry-level RPN competencies.

A communication and stakeholder relations strategy will be implemented by the project management team in an effort to engage the nursing community (i.e., RPNs, Licensed Practical Nurses, and the Registered Nurses), regulatory bodies of all three nursing groups, educators, employers, provincial and territorial governments and other healthcare professions to recognize and understand the RPN competencies and qualifications and the roles of RPNs in health care.

A central component of the strategy is the RPN Stakeholder Forum involving 50 stakeholder groups from across Canada to learn about the RPN competencies and profile, discuss the challenges to RPN mobility and assessment and identify options to address these challenges and promote mobility and RPN competencies and qualifications in Canada.

Project Management Committee

Mandate

The mandate is to guide the development of the project's deliverables.

Roles and Responsibilities

- Provide overall guidance to the project, research, development and validation.
- Advise and support the implementation of the communication strategy and the engagement of stakeholders.
- Identify and provide (where possible) available data sources and literature that may support the development of the deliverables.
- Provide direction on the work plans and strategies.
- Participate in or designate a representative to participate in ad-hoc working groups as required.
- Review and provide input on the data/information collection instruments (e.g., interview and focus group guides, surveys).
- Review and provide input on draft and final documents.
- Where feasible, participate in up to five (5) face-to-face meetings and in teleconferences.
- Advise and assist the project manager and Executive Committee address issues and challenges.

Membership

The Project Management Committee will consist of a diverse group of stakeholders that bring perspectives related to psychiatric nursing regulation, education and practice, employment, health policy and foreign credential recognition. The Committee will be co-chaired by the Executive Directors of the Colleges of Registered Psychiatric Nurses of Alberta and Manitoba. Appendix A lists the Committee members.

Decisions of the Project Management Committee are based on consensus. Consensus is defined as "can live with the decision".

Reporting

The Project Management Committee reports to the Executive Committee. The Executive Committee reports to the RPNC Board of Directors and the Board recommends approval of the final documents to the provincial RPN regulatory bodies. Records of all meetings will be kept and circulated to the Project Management Committee members for their approval. The project manager will act as the central point of contact.

Support

The following groups will support the Project Management Committee:

1. Executive Committee
2. Project management team
3. Independent consultant(s)
4. HRSDC staff

Length of term

The term of office will be the duration of the project beginning June, 2013 and ending, November 30, 2014. This term may be extended if the contribution agreement with HRSDC is extended and by agreement of the Project Management Committee members.

Financial Support

The mobility and assessment project is funded by the Government of Canada's Foreign Credentials Recognition program through the RPNC.

All travel, accommodation and meal expenses incurred by the Project Management Committee will be paid for by the project and are subject to Treasury Board Guidelines.

The RPNC will act as the funding recipient and is financially accountable for the project. On behalf of the RPNC, the College of RPNs of Alberta (CRPNA) will administer the contribution agreement with HRSDC that includes: managing the finances for the project, maintaining original documents, assisting in monitoring visits with HRSDC, assisting in financial audits, administering contracts, and other management responsibilities required to administer the agreement.

Date drafted:	16 May 2013
Revised 1:	19 July 2013
Date Approved:	23 August 2013

APPENDIX A: PROJECT MANAGEMENT COMMITTEE MEMBERS

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RPN ENTRY LEVEL COMPETENCIES PROFILE
AD-HOC EXPERT COMMITTEE TERMS OF REFERENCE

The RPN Competency Profile Ad-Hoc Expert Committee will provide content expertise in the production of the RPN Entry-Level Competencies, RPN Competency Profile and Education Mapping tool to the Project Management Committee.

Mandate

a) Provide content expertise throughout the development of the RPN entry-level competencies and RPN competency profile.

b) Review drafts of the RPN entry level competencies and RPN competency profile as required.

c) Develop final draft of RPN entry level competencies and competency profile.

Membership

a) Composition

The Ad-Hoc Expert Committee shall be composed of 8 members appointed by the Project Management and Executive Committees with direction from the Competency Development Consultants. Overall, the composition of the Ad-Hoc Expert Committee shall represent (where possible):

- All provinces involved in the project
- Education and regulation
- Psychiatric nurses in various roles in practice environments including community, institutional, correctional, private and public settings
- Recent graduates (i.e. less than 3 years since entry into practice)
- Experienced practitioners (i.e., more than 3 years since entry into practice)

b) Criteria for membership

- Familiar with commonly accepted standards of practice for the RPN
- Familiar with competency requirements for the RPN
- Previous experience in the development of competencies an asset
- Able to work well in groups
- Able to think critically

c) The Project manager shall be the coordinator of the Ad-Hoc Expert Committee and shall act as the liaison between the Project Management Committee, Executive Committee and the Ad-Hoc Expert Committee.

Term of Office

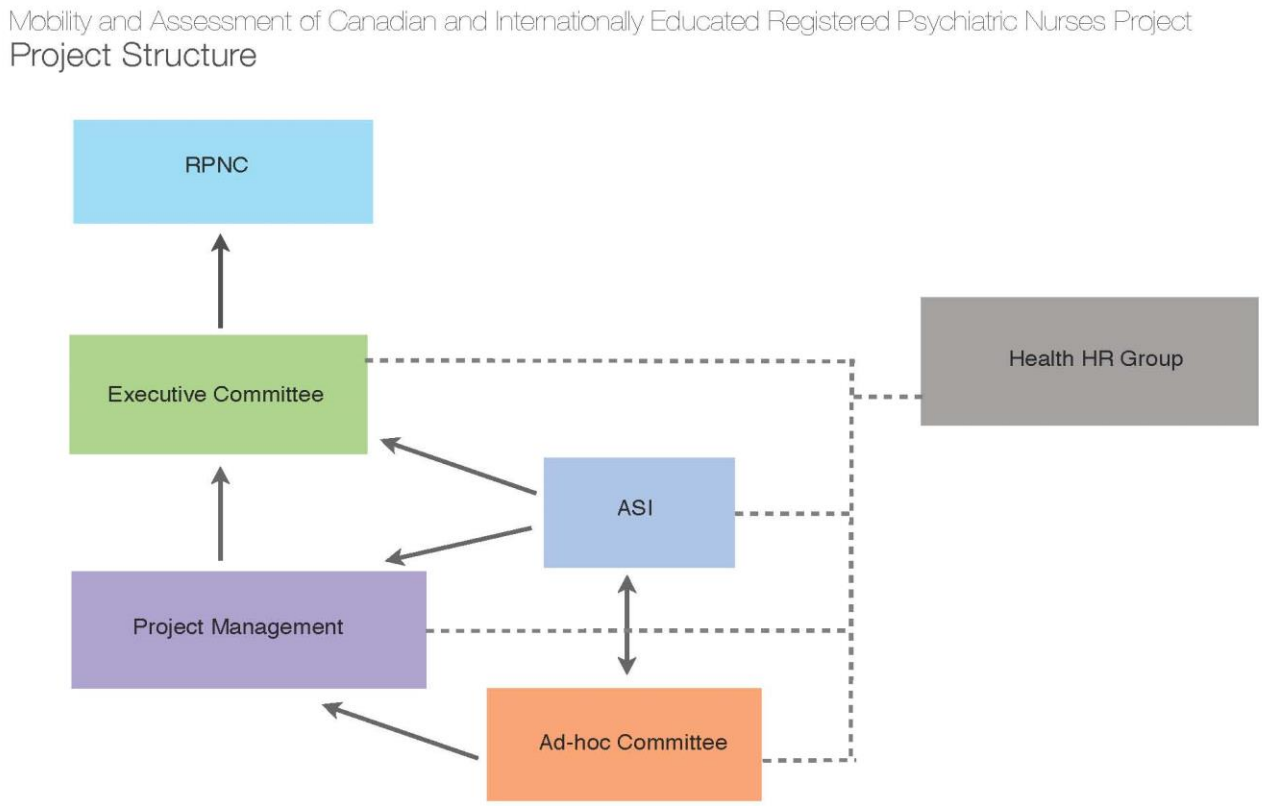
The term of office shall be until Ad-Hoc Expert Committee has completed its mandate.

Meetings

The Ad-Hoc Expert Committee shall meet for a 5-day competency development session December 16-20. Committee members will also be required to attend teleconference calls.

Reporting Requirements

The Ad-Hoc Expert Committee shall report to the Executive Committee. The diagram below outlines the structure of the project.



Expenses

Ad-Hoc Expert Committee members' are expected to contribute their time as in-kind to the project. All travel, accommodation, meals and incidental expenses to attend all in-person meetings related to the project will be reimbursed by the project.

APPENDIX A: PROJECT MANAGEMENT COMMITTEE MEMBERS

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Registered Psychiatric Nurse Regulators *of* Canada
ensuring excellence in registered psychiatric nursing regulation

November 6, 2014 – New Canadian Entry-Level Competencies for Registered Psychiatric Nurses released

Edmonton, AB –The new national entry-level competencies for Registered Psychiatric Nurses in Canada was released today by the Registered Psychiatric Nurse Regulators of Canada (RPNRC). Formerly known as the Registered Psychiatric Nurses of Canada, RPNRC underwent a governance review resulting in the name change to better reflect its mandate.

"It is exciting to present these national entry-level competencies to the psychiatric nursing and healthcare community. These competencies benefit our Canadian and internationally educated psychiatric nurses and our academic programs as they clearly and succinctly identify the knowledge, skills and abilities expected of entry-level psychiatric nurses," commented Barbara Lowe, Co-Chair of the *Mobility and Assessment* project and Executive Director and Registrar of the College of Registered Psychiatric Nurses of Alberta. "We are looking forward to sharing these competencies with the international community congregating at the European Festival of Psychiatric Nursing in Malta next week" said Ms. Lowe as she prepares to present the competencies at the Festival.

Funded in part by the Government of Canada's Foreign Credential Recognitions program and the RPNRC, the *Mobility and Assessment* project reached out to a broad range of stakeholder groups in Canada's healthcare system to share and gather new knowledge and evidence and to inform stakeholder groups about the competencies and role of the Registered Psychiatric Nurse. "The project complements and informs other nursing initiatives such as the *National Nursing Assessment Service* and informs other health care providers and the general public about Registered Psychiatric Nurses and their role in Canada's healthcare," commented Laura Panteluk, Co-Chair of the project and Executive Director and Registrar of the College of Registered Psychiatric Nurses of Manitoba.

"The development of the national entry-level competencies will increase the employer's awareness of the practice expectations of the entry-level Registered Psychiatric Nurse. Registered Psychiatric Nurses have a valuable role to play in addressing the mental health needs of Canadians and this common understanding of the practice expectations enhances our understanding and our ability to ensure that they are utilized to their fullest in meeting the needs of our population," added Lori Lamont, Vice-President, Interprofessional Practice and Chief Nursing Officer with the Winnipeg Regional Health Authority and President of the Academy of Canadian Nurse Executives. "National acceptance of these competencies will also improve mobility and enable employers in their recruitment efforts."

RPNRC looks forward to sharing these competencies with stakeholder representatives of employers, nursing and other healthcare profession regulatory bodies, and provincial and federal governments in a series of roundtable discussions that will be convened in early 2015. The discussions will focus on how the recognition and mobility of Registered Psychiatric Nurses can be improved in Canada. The national entry-level competencies for Registered Psychiatric Nurses are available at www.rpnrc.ca.

QUICK FACTS ABOUT REGISTERED PSYCHIATRIC NURSES

- Registered Psychiatric Nurses work in collaboration with clients and other health service personnel, providing holistic, client-centered services to individuals, families, groups and communities with a focus on mental health and mental illness within the context of the client's overall health needs.
- Registered Psychiatric Nurses are educated and regulated separately from other regulated nursing professionals in Manitoba, Saskatchewan, Alberta, and British Columbia. The Yukon government also regulates Registered Psychiatric Nurses.
- Registered Psychiatric Nurses must complete a psychiatric nursing program from one of the eight approved psychiatric nursing education programs in Canada or in the case of the Yukon, from a program that has been deemed equivalent to a psychiatric nursing education program in Canada. They then must pass the Registered Psychiatric Nurses of Canada Examination.
- Psychiatric nursing education programs are evolving and changing to meet the health and mental health needs of the populations they serve. This evolution is not dissimilar to the way in which other health professional education has evolved. Increasingly, baccalaureate education programs are the approved basic psychiatric nursing education programs in Canada and post basic baccalaureate education is now available in all of the regulating jurisdictions except for the Yukon. Since 2011, a Master's in Psychiatric Nursing has also been available.
- Currently, Registered Psychiatric Nurses graduate from a baccalaureate program or a three year equivalent diploma in psychiatric nursing.
- Canada's three regulated nursing professions share some of the same theoretical preparation and basic competencies but there are fundamental differences in their educational preparation in terms of their focus, the core content studies, and the depth and breadth of the theory. Psychiatric nursing education and practice places different demands for specific course requirements and clinical experiences for those entering the profession.

ABOUT THE RPNRC

The RPNRC strives to achieve its mission of excellence in psychiatric nursing regulation in Canada by collaborating provincially, territorially, nationally and globally on regulatory matters affecting Registered Psychiatric Nurses. Through its members who are the regulatory bodies for the profession, the RPNRC represents 5,600 Registered Psychiatric Nurses in Canada. They form the largest single group of professional mental health service providers in Western Canada.

For more information: www.rpnrc.ca.

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Registered Psychiatric Nurses *of* Canada
providing leadership for the profession of psychiatric nursing

FOR IMMEDIATE RELEASE

Minister announces funding to improve the mobility and assessment of Canadian and internationally educated psychiatric nurses

Edmonton, November 15, 2013 — The Honourable Jason Kenney, Minister of Employment and Social Development and Minister for Multiculturalism, announced the $4 million in funding for credential recognition projects designed to attract, retain and help Canadian and internationally-trained nurses get jobs in their field faster anywhere in Canada yesterday in Edmonton. "In addition to helping internationally trained nurses put their skills to use faster, these projects will improve labour mobility within Canada and make it easier for Canadian nurses to work in any province," said Minister Kenney alongside Barbara Lowe, Board member of the The Registered Psychiatric Nurses of Canada (RPNC).

Funded in part by the Government of Canada's Foreign Credential Recognitions program and the RPNC, the RPNC will receive $450,000 to reach out to a broad range of stakeholder groups in Canada's healthcare to share and gather new knowledge and evidence and to inform stakeholder groups about the competencies and role of the RPN. "The project complements and informs the *National Nursing Assessment Services* project and other nursing initiatives by providing clarity and evidence based information about RPNs and their role in Canada's healthcare," commented Barbara, Co-Chair of the project representing the College of Registered Psychiatric Nurses of Alberta. "The continued effort to articulate the competencies and knowledge areas of RPNs advances the opportunities for RPNs to work to their full scope of practice complementing the health care team."

Under the direction of a 12 member Project Management Committee, Assessment Strategies Inc. is retained to develop national RPN entry-level competencies and profile and to create the Entry-Level Competency – Education Mapping tool. Health Human Resources Group is providing the overall management service and support and is conducting the Environmental Scan to understand the challenges and enablers to the recognition of the profession in Canada. Data collection and validation will be gathered through a variety of consultations with a broad range of stakeholder groups over the next four months. In the fall of 2014, stakeholder groups from all facets of health care in Canada will come together at a Forum to determine the options to recognize the RPN profession across Canada.

"Identifying and understanding the skills, competencies and knowledge necessary for an entry level registered psychiatric nurse commences to address the inequity of the differing regulation in Canada. This will benefit Canadian and Internationally Educated RPNs as we advance towards greater mobility of skills, labour and knowledge across the jurisdictions," said Laura Panteluk, Co-Chair of the project and Board member of the RPNC representing the College of Registered Psychiatric Nurses of Manitoba. As Barbara commented at the Ministerial release, "As we look across our great nation and we look at the health of all Canadians, we cannot forget to look at the need and the determinants of health, as truly there is no true health in our country, and I would say across our world, without mental health."

FOR MORE INFORMATION: www.rpnc.ca

Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses

November 08, 2014

European Festival of Psychiatric Nursing - Malta

RPNRC

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

Canada

OUR OBJECTIVES

1. Entry-level competencies required of Registered Psychiatric Nurses in Canada
2. Psychiatric Nursing programs addressing the entry-level competencies in Canada
3. Role of the Psychiatric Nurses in Canada
4. Challenges and enablers to mobility of Registered Psychiatric Nurses in Canada

CANADIAN FEDERATION

RPN - 5,617 (western provinces only)

REGULATORY MODEL FOLLOWS THE FEDERATED MODEL

- Health and education are provincial responsibilities
- Regulation of health professions at the provincial level
- Three nursing professions with different scopes of practice and competency requirements
- 23 nursing regulators in Canada

ABOUT THE RPN

- Psychiatric Nursing Education is distinct and apart of other nursing education
- Distinct regulated health care profession in Canada
- Currently regulated separately in MB, SK, AB, BC and YK
- Practices in variety of settings: homes, workplace, education, acute care, correctional facilities and programs, community, and long term care facilities
- Works as: staff nurse, manager, counsellor, clinical specialist, team leader, supervisor, CEO, executive directors, faculty, researcher, case manager and consultant

RPN:ONE OF THREE NURSING PROFESSIONS

- RPN scope of practice based on integration of knowledge skills and judgement
- Entry level knowledge bases of RPN differs from RN and LPN in depth, breadth, and focus
- RPN basic nursing education programs differ from RN and LPN in focus, core content and depth and breadth of theory
- Psychiatric nursing education programs in Canada are evolving and changing to meet the needs of the population

ABOUT THE PROJECT

GOAL:
Improve the mobility, assessment and integration of psychiatric nursing in Canada

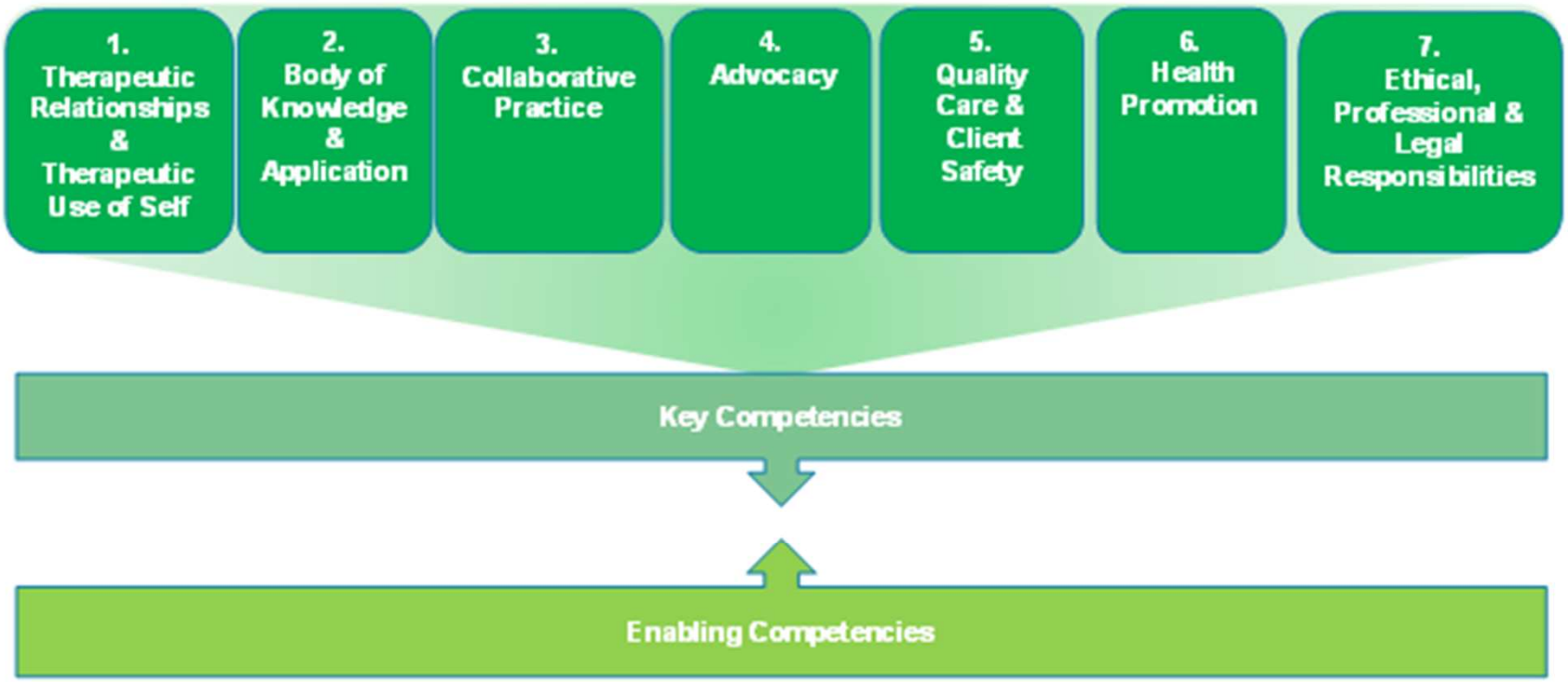
By:

1) Documenting the enablers and barriers to the mobility of RPNs
2) Raising the awareness and understanding of the psychiatric nursing profession and competencies
3) Establishing options to move forward in the labour market for RPNs

WHY IS THIS IMPORTANT?

- Canada has adopted its first national mental health strategy and the provinces and territories are following with the development of mental health strategies in their jurisdictions
- The mental health workforce is an important part of these strategies
- Consistency and harmonization in registration processes facilitates workforce mobility and the obligations of the Agreement on Internal Trade (AIT)
- Global nurse migration and Canada's National Nursing Assessment Service (NNAS)

ENTRY-LEVEL COMPETENCIES



PURPOSE OF ENTRY-LEVEL COMPETENCIES

- Framework for Psychiatric Nursing program approval
- Facilitate reciprocity of qualifications from within and outside Canada
- Increase movement, flexibility, adaptability and knowledge of RPNs
- Increased public and employer awareness
- Increase National collaboration and communication

STAKEHOLDER RELATIONS

Objectives:

- raise awareness of the initiative
- engage the stakeholder groups
- facilitate roundtable discussions and confirm options to address the recognition of RPNs
- continue the dialogue with the stakeholder groups

GOAL: **engage**, **inform** and **educate** to recognize and understand the RPN competencies and qualifications and identify steps to improve mobility .

ENABLERS AND BARRIERS TO MOBILITY

ENABLERS

- Current "tide" in Canada on the heels of the country's first mental health strategy
- Collaborative initiatives between three nursing professions
- National entry-level competencies
- Raise awareness, educate and inform about the RPN

BARRIERS

- Current legislation
- Current regulatory practices
- Lack of awareness and understanding of the RPN

DELIVERABLES

- Environmental scan report
- Series of Stakeholders' Roundtables
- Options to move forward in the labour market for RPNs

Funded in part by the Government of Canada's Foreign Credentials Recognition program and the RPNRC.

Registered Psychiatric Nurse Entry-Level Competencies

QUESTIONS?

Thank you

RPNRC

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

REGISTERED PSYCHIATRIC NURSES: EXPLORING THE ENABLERS AND BARRIERS TO LABOUR MOBILITY IN CANADA

HEALTH HR GROUP
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Ottawa, ON K2P 0G5

Mobility and Assessment of Canadian and
Internationally Educated Registered Psychiatric Nurses Project

EXECUTIVE SUMMARY

Mental health and addiction issues touch everyone. The human costs and costs to Canada's economy are substantial and threaten to become greater unless concerted efforts and actions are implemented to address the challenges. Canada has responded by releasing its first ever national mental health strategy in 2012. Provinces and territories for the most part, are responding by completing their own review of services and implementing their own mental health strategies for their jurisdiction. Canadian health consumers are at the heart of these strategies as are the people who provide and deliver the care. Mental health action plans and strategies will fail without the right care, in the right places, accessible to all Canadians. Registered Psychiatric Nurses are and should be a part of this equation in Canada.

The emergence of the Registered Psychiatric Nurse profession was marked by an interplay between social, economic and political factors in Canada. This influenced the emergence of two models with the division being at the Manitoba – Ontario border: a new psychiatric nursing profession in western Canada and general nursing in the east. Registered Psychiatric Nurses were first regulated in Saskatchewan in 1948 in part response to the nurse shortage resulting from World War II. British Columbia followed in 1951, Alberta in 1955 and Manitoba in 1960. Regulation in the Yukon occurred in 1990 under their *Health Professions Act* resulting in Yukon becoming the first territory to register psychiatric nurses. The last few years have witnessed a trend towards omnibus health professions legislation, resulting in the regulation of psychiatric nurses under the *Health Professions Act* in British Columbia, Alberta and underway in Manitoba.

While requirements to practice as a Registered Psychiatric Nurse in Canada vary slightly among the jurisdictions, graduating from an approved psychiatric nursing education program, passing the Canadian Registration Examination for Registered Psychiatric Nurses and, registering with a provincial/territorial regulatory body are requirements common to all jurisdictions. Prior to applying to the regulatory authority, Internationally Educated Nurses (IEN) must first submit their application to the newly implemented National Nursing Assessment Service (NNAS). The NNAS evaluates and compares the applicant's education to current Canadian requirements for entry into practice, the applicant's registration/licensing, nursing practice, employment and results of any required language testing. An advisory report of the evaluation and comparison is provided to the regulatory authority the IEN is applying to and is one piece of information used to determine if the IEN is eligible to register, requires additional assessments or needs to take additional courses. It is the regulatory authority that makes the final decision about registration or licensure.

As one of Canada's three regulated nursing professions and accounting for 1.4% of Canada's regulated nurse workforce in 2013, Registered Psychiatric Nurses are concerned with the health, especially the mental health, of individuals, groups, families and communities. They work side by side with Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) in various practice settings in western Canada and Yukon. While they share some of the same theoretical preparation and basic competencies as RNs and LPNs, there are fundamental differences in the Registered Psychiatric Nurse's educational preparation in terms of the depth and breadth of the focus and core content. General nursing knowledge is part of the psychiatric nursing curriculum,

but the primary emphasis is highly developed skills and knowledge in mental health and addictions and advanced therapeutic relationships and communication. The breadth and depth in these areas distinguishes psychiatric nursing education from the other nursing programs. Currently six academic institutions offer diploma or degree programs that are approved and recognized by the Registered Psychiatric Nurse regulatory authorities who set the standards for psychiatric nursing education in their jurisdictions and jointly establish minimum accepted educational requirements for registered psychiatric nursing. Psychiatric nursing education continues to evolve. The Registered Psychiatric Nurse Regulators of Canada (RPNRC) (formerly the Registered Psychiatric Nurses of Canada) foresee that a baccalaureate in psychiatric nursing will be the minimum requirement for entry to practice. To date, five academic institutions offer the baccalaureate psychiatric nursing program.

A total of 307 students graduated from a psychiatric nursing program in Canada in 2013 an increment of 5.9% from the previous year. The number of graduates from a psychiatric nursing degree program has been steadily increasing. In 2013, a total of 141 graduates successfully completed a psychiatric nursing *degree* program in Canada as compared to 131 in 2012. While the number of graduates from the *diploma* program has also been increasing since 2009, the percentage growth per year has been less than that of the growth in degree graduates with the exception of 2011.

Mobility of Registered Psychiatric Nurses outside of western Canada has been a long-standing issue. Registered Psychiatric Nurses are free to work anywhere in Canada, but not as Registered Psychiatric Nurses. Canadian or internationally educated Registered Psychiatric Nurses in non-regulated jurisdictions are often underemployed working in non-regulated nursing-related roles and are often prevented from applying their full scope of their knowledge and skills in the delivery of healthcare to Canadians. Many Registered Psychiatric Nurses believe that their mobility rights under Canada's Charter of Rights and Freedoms are infringed upon

In light of this mobility issue and recognizing that Canadian and internationally educated psychiatric nurses are a part of Canada's response to meet the mental health needs of its citizens, the RPNRC launched the *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project. The project seeks to address the assessment and integration of internationally educated psychiatric nurses wishing to practice in Canada and the recognition of Registered Psychiatric Nurse qualifications in Canada by:

1. defining the national entry-level competencies;
2. mapping the national entry-level competencies to education;
3. documenting the challenges and enablers to the recognition and mobility of the Registered Psychiatric Nurse profession in Canada;
4. identifying the contributions of the Registered Psychiatric Nurse; and,
5. bringing stakeholders together to discuss and establish options for the profession to move forward.

Meeting these objectives begins to reduce the barriers to labour mobility for Registered Psychiatric Nurses practicing in Canada and those internationally educated psychiatric nurses wishing to practice in Canada; lead to greater coordination and collaboration between nursing regulators across Canada; and, increase the availability of tools to support the foreign qualification recognition of internationally educated psychiatric nurses in Canada.

This report documents the findings and aims to raise awareness and educate decision-makers, Canadians and healthcare providers about Registered Psychiatric Nurses, their role in healthcare, and how they complement the healthcare team. A combination of research methods were used to gather new knowledge and evidence and included a literature, internet and data review, online survey, key informant interviews and focus groups. Registered Psychiatric Nurses, educators, provincial and territorial governments, private, provincial and federal employers, Registered Psychiatric Nurse, RN and LPN regulators, and professional associations were consulted to understand the current mobility and recognition issues and determine potential enablers to address these challenges. Four themes emerge: legislation, communication and knowledge transfer, regulation and collaboration – building relationships. It is hoped that the data and information presented lays the groundwork for action and activates discussion and understanding of Registered Psychiatric Nurses and their contribution to mental health and addiction care in Canada.

Legislative changes are necessary

Outside of the western provinces and Yukon, the Registered Psychiatric Nurse profession and scope is not defined in legislation and is a barrier to licensure and regulation of the profession. Changing provincial and/or territorial legislation is a necessary first step to improve recognition and mobility. Governments should define the knowledge and experience necessary to work in psychiatric facilities and the type of mental health services governments should provide in their jurisdiction. But changing or adding to current provincial legislation is a lengthy and cumbersome process. Collaborating with RN regulatory authorities seeking their support and alliance will strengthen the approach to government to consider regulation. Equally important is to build relationships with the provincial government authorities responsible for healthcare delivery such as the Principle Nursing Advisors in each province. Informing and educating about Registered Psychiatric Nurses will help raise the awareness of how the profession complements the nursing and health care team to deliver quality and optimal psychiatric nursing care to the public.

Communication and knowledge transfer will inform and educate

Promoting and communicating the role of the Registered Psychiatric Nurse and the Registered Psychiatric Nurse's scope of practice, education, competencies, and practice settings will improve the general lack of understanding about the profession that currently exists in Canada and within and external to the Registered Psychiatric Nurse community. Not understanding the role of Registered Psychiatric Nurses and how they can complement and support other healthcare providers is the source of misunderstanding and incorrect perceptions. Seeking

opportunities to communicate about Registered Psychiatric Nurses, benefits they bring to nursing care and how they complement the health care team will enable the psychiatric nursing community to address the lack of information, misinformation and misperceptions.

Exploring models to regulate Registered Psychiatric Nurses

Regulation is a barrier to the Registered Psychiatric Nurses' mobility outside western Canada and the territories. It limits the decision for internationally educated psychiatric nurses to where they can locate if interested in moving to Canada. Employers only employ healthcare providers that are regulated in the jurisdiction of employment although there are very few examples where a federal employer employed a Registered Psychiatric Nurse in a non-regulated jurisdiction. Those Registered Psychiatric Nurses maintain their license with one of the Registered Psychiatric Nurse regulatory authorities who are responsible to regulate the Registered Psychiatric Nurse in their practice setting. There are other regulatory models that can be considered to enable mobility of Registered Psychiatric Nurses. Establishing Memorandums of Understanding (MOUs) or agreements with Registered Psychiatric Nurse regulatory authorities to license and regulate Registered Psychiatric Nurses in non-regulated jurisdictions is one such model that currently exists between some of the Registered Psychiatric Nurse Colleges and the northern territories.

Linking with the RN Colleges to license and recognize the Registered Psychiatric Nurse in their jurisdiction similar to the current regulation of RNs and Registered Practical Nurses in Ontario is another model to consider. RN regulatory authorities may wish to establish a "restrictive license" restricting the Registered Psychiatric Nurse's scope of practice to mental health care only. A change in the provincial/territorial legislation in the legislation of the regulatory authorities will still be required. Building on the sparse examples of a federal employer employing Registered Psychiatric Nurses in non-regulated jurisdictions is another enabler to address the regulation barrier. This involves working with federal employers such as Correctional Service Canada, National Defence and First Nations and Inuit Branch, and Health Canada.

Stakeholders consulted proposed the creation of a single credential assessment office and align practice standards across the jurisdictions to improve the current regulation of Registered Psychiatric Nurses among the four regulatory authorities. A single office will create efficiencies among the regulatory authorities and will provide an established office to support the mobility of Registered Psychiatric Nurses across Canada.

Collaboration and building relationships is the foundation to improving mobility

Establishing relationships with provincial and territorial governments and RN regulatory authorities will help discussions about Registered Psychiatric Nurses and commence the education process necessary to better understand the Registered Psychiatric Nurses' competencies, role, value to the health care team and impact on the bottom line. Collaboration with other national and provincial/territorial associations will help to increase awareness and educate about Registered Psychiatric Nurses. Seeking partnerships with nursing schools in Canada provides the opportunity to develop psychiatric nursing education programs outside western Canada. Lessons can be learned by collaborating with other health profession groups

that face similar issues or that are in the process or are considering establishing regulatory authorities, to license their profession.

Canada's national mental health strategy has prompted attention from healthcare providers and provincial and territorial governments. Not acting to address the ever increasing human and economic costs of mental health and addiction problems and illnesses is not an option. Central to any action is human resources: ensuring that the right supply of knowledgeable and skilled healthcare providers are accessible. Registered Psychiatric Nurses are part of this solution. Western Canada and the territories have long since recognized the value and support Registered Psychiatric Nurses bring to nursing care and to healthcare teams. While the barriers to recognizing and improving mobility of Registered Psychiatric Nurses across Canada are great, they are not insurmountable. Several enablers and options are offered. The next steps reside with the Registered Psychiatric Nurse community to consider in their quest to complement the mental health and addictions team in Canada.

Table of Contents

1.0 INTRODUCTION

Mental health has been the focus of much attention in recent years. Mental health and addiction issues touch everyone. The human and economic costs are enormous and threaten to become greater unless concerted efforts are undertaken to address the challenges. Canada has responded by releasing in 2012 its first ever national mental health strategy. Provinces and territories, for the most part, are responding by completing their own review of services and delivery and implementing mental health strategies for their jurisdictions. Canadian health consumers are at the heart of these strategies, but so are the people who provide and deliver the care. Mental health action plans and strategies will fail without the right number of people and the right knowledge and skills in the right places, accessible to all Canadians. Registered Psychiatric Nurses (or RPNs) are and can be part of this equation in Canada. This report aims to raise awareness and educate decision-makers, the Canadian public and healthcare providers about Registered Psychiatric Nurses, their role in healthcare, and the value they bring to the healthcare team. The report also documents the mobility challenges Registered Psychiatric Nurses face and presents options or enablers to improve the recognition and mobility of Registered Psychiatric Nurses in Canada.

One of Canada's three regulated nursing professions, Registered Psychiatric Nurses are concerned with the health, especially the mental health, of individuals, groups, families and communities. The competencies required of the Registered Psychiatric Nurse to meet the changing and complex health challenges of Canadians and the demands of the health care delivery system, Registered Psychiatric Nurses have a high degree of educational and clinical competence. While Canada's three regulated nursing professions, Registered Psychiatric Nurses (RPNs), Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), share some of the same theoretical preparation and basic competencies, there are fundamental differences in their educational preparation in terms of their focus, the core content studies, and the depth and breadth of the theory.

The psychiatric nursing profession is currently only regulated in the four Western provinces of Canada and in the Yukon Territory. Although psychiatric nursing education programs prepare Registered Psychiatric Nurses to meet the health and mental health needs of all Canadians, the lack of recognition mechanisms for Registered Psychiatric Nurse qualifications in central and eastern jurisdictions impact the integration of Canadian and internationally educated psychiatric nurses wishing to practice in any part of Canada. As a result, Registered Psychiatric Nurses living in non-regulated jurisdictions are often underemployed, working in non-regulated nursing-related roles, and are often prevented from applying the full scope of their knowledge and skills in the delivery of healthcare to Canadians. It can be argued that this violates the Registered

Psychiatric Nurse's mobility rights under Canada's *Charter of Rights and Freedoms,* which states that:

> Every citizen of Canada and every person who has the status of a permanent resident of Canada has the right
>
> (*a*) to move to and take up residence in any province; and
>
> (*b*) to pursue the gaining of a livelihood in any province."[1]

It is clear that Canada will need to address the supply and utilization of its mental health human resources to meet the mental health needs of its people. Canadian and internationally educated psychiatric nurses should be a part of the comprehensive, overall health human resource strategy.

The Registered Psychiatric Nurse Regulators of Canada (RPNRC) launched the *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project to address the assessment and integration of internationally educated psychiatric nurses wishing to practice in Canada and to advance the recognition of Registered Psychiatric Nurse qualifications in Canada. The objectives of the project are to:

1. clearly document the existing regulatory structures and the challenges related to the recognition of the Registered Psychiatric Nurse profession in Canada;
2. define the entry-level competencies;
3. identify the contributions of the Registered Psychiatric Nurse;
4. map the national entry-level competencies to education; and,
5. bring stakeholders together to discuss and establish options for the profession to move forward.

Achieving these objectives will:

- reduce the barriers to labour mobility for Registered Psychiatric Nurses practicing in Canada and those internationally educated psychiatric nurses wishing to practice in Canada;
- lead to greater coordination and collaboration among nursing regulators across Canada; and,
- increase the availability of tools to support the foreign qualification recognition of internationally educated psychiatric nurses in Canada.

The project is aligned with the significant inter-jurisdictional initiatives that are now guiding labour market developments in the area of internationally educated professionals wishing to practice any nursing profession in Canada: the *Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications* (2009); and the national project *Moving Ahead: Assessment of Internationally Educated Nurses* (referred to as the National Nursing Assessment Services project, or NNAS). In addition to supporting these initiatives, the project will facilitate solutions to issues related to key changes in the labour market for Registered Psychiatric Nurses.

[1] Canadian Charter of Rights and Freedom. http://laws-lois.justice.gc.ca/eng/const/page-15.html.

Funded jointly by the Government of Canada's Foreign Credential Recognition Program and the RPNRC, the project has two components. The first pertains to the development and validation of national Registered Psychiatric Nurse entry level competencies and a Registered Psychiatric Nurse profile, and the creation of a tool that maps the entry level competencies to curriculum. The second is a report to document the enablers and challenges to the mobility of Registered Psychiatric Nurses in Canada. This goal will be achieved by:

- describing and documenting the regulatory structures that recognize the Registered Psychiatric Nurse profession in Canada;
- describing the Registered Psychiatric Nurse workforce and educational programs;
- understanding who is providing psychiatric nursing in jurisdictions where the Registered Psychiatric Nurse is not regulated;
- identifying and understanding the challenges to the mobility of the Registered Psychiatric Nurse profession in Canada;
- identifying and understanding the enablers to the mobility of the Registered Psychiatric Nurse profession in Canada; and,
- proposing options for leveraging the enablers and addressing the challenges to the mobility of the Registered Psychiatric Nurse profession in Canada.

This report presents the results of extensive consultations with Registered Psychiatric Nurses, employers, regulatory authorities of the three nursing groups, employers, governments, educators and other health care providers. Literature and website searches were conducted, including a review and analysis of the Canadian Institute for Health Information's (CIHI) nursing databases. The methods employed are explained in more detail in the next section of the report. The report then provides a broad overview of the impact of mental health and addictions problems and illnesses and a description of the mental health initiatives and strategies in Canada, identifying the human resource development element of each response. This is followed by a discussion of the challenges and enablers or options for improving the recognition and mobility of Registered Psychiatric Nurses in Canada. The closing sections of the report provide information about the regulation of Registered Psychiatric Nurses, their education and the psychiatric nursing labour force. Who is providing psychiatric nursing outside the western provinces and territories is also reviewed in a subsequent section. It is hoped that the data and information presented in this report lays the groundwork for action and activates discussion and understanding of Registered Psychiatric Nurses and their contribution to mental health and addiction care in Canada.

2.0 APPROACH and METHODS

The research was completed in two phases, combining primary and secondary research methods to collect the information and data. These methods included a literature and data review, online survey, key informant interviews and focus groups. A summary of each research method is provided below and details of each is found in Appendix A. Roundtable discussions with the Project Management Committee were convened to present and discuss research findings and solicit further input.

The first phase involved secondary research and explored the following research questions:

1. Who is the Registered Psychiatric Nurse workforce?
2. Who is providing mental health nursing in the rest of Canada?
3. What current entry-level education programs exist for Registered Psychiatric Nurses? How does the mental health content of the Registered Nurse (RN) entry-level program compare to the Registered Psychiatric Nurse entry-level program?
4. What does mental health and addictions cost Canada?
5. What is happening in Canada with respect to mental health and addiction strategies?
6. What regulatory structures in Canada recognize the Registered Psychiatric Nurse profession and how do these function?

Informal discussions with nurse administrators in Ontario were completed to assist in identifying data pertaining to the psychiatric nursing workforce in Ontario. The following searches were carried out:

- Canadian Institute for Health Information (CIHI) nursing databases[2];
- websites of national and provincial nursing assoications, health care agencies, federal, provincial and territorial governments and other organizations;
- unpublished documents; and,
- PubMed search using the following terms:
    - Psychiatric nursing
    - Workforce
    - Mental health nursing care
    - Economic burden
    - Cost of mental illness
    - Cost of addictions
    - Cost of mental health.

Phase 2 consisted of consultations with a range of stakeholder groups across Canada. Online survey, focus groups, and interviews were used to discuss the following research questions:

1. What are the challenges to recognizing the Registered Psychiatric Nurse profession in Canada?
2. What are the enablers/facilitators for recognizing the Registered Psychiatric Nurse profession in Canada?
3. How can the Registered Psychiatric Nurse profession be recognized in other regions of Canada that currently do not recognize the profession? What actions need to be considered?

[2] CIHI collects data on the supply, distribution and practice characteristics of RNs (including nurse practitioners), LPNs and Registered Psychiatric Nurses. Each regulatory authority has a contract with CIHI to submit standardized data collected from the registration forms that each regulated nurse completes as part of their annual registration. The Registered Psychiatric Nurse database has its own data dictionary that the data is supply data captured at a point in time. The RN data does not have the same data dictionary although the RN data is also supply data.

The **online survey** was distributed to 6,237 registrants of the Registered Psychiatric Nurse regulatory authorities. A 19.4% response rate was achieved (1,212 completed responses). A copy of the survey is found in Appendix B.

Three **focus groups** with Registered Psychiatric Nurses were conducted. A total of 17 Registered Psychiatric Nurses participated in a 1.5 hour session. The focus group guide is contained in Appendix C.

Key informant interviews were conducted predominately by telephone and completed with 28 participants across Canada. Participants represented employers, Registered Psychiatric Nurses, RN and LPN regulatory authorities, other health professions, federal and provincial governments and educators. Appendix D provides a list of the participating organizations. On average, the interviews took approximately 45 minutes. Appendices E and F provide the interview guides that were followed.

2.1 Limitations

There are limitations with the CIHI data as noted in CIHI's methodological guide[3]. The statistics reported by CIHI may differ from what is reported by the regulatory authority due to the population of reference, the collection period, exclusions from CIHI's data and CIHI's editing and processing methodologies. Comparison of data will have limitations because of data collection variations among the nursing groups and regulatory authorities.

A second limitation is the self-reporting nature of the data. Individual nurses self-identify their area of responsibility and location of work when completing their registration forms. This may not actually capture the formal place of work of the Registered Psychiatric Nurse.

Suppression of data where numbers are too small to report is another limitation restricting the ability to analyze and report some indicators. In addition, the 2013 summary report of regulated nurses does not report data for Registered Psychiatric Nurses in Yukon.

The special run of the CIHI RN database does not provide data on the number of RNs with the Canadian Nurses Association (CNA) certification in Psychiatric and Mental Health nursing to cross tabulate with place of work and responsibility area.

One of the limitations of the Registered Psychiatric Nurse online survey was the number of "other" responses for some of the questions despite being given a list of possible answers. Although effort was made to categorize the majority of these responses into one of the provided responses, some responses were ambigious and could not be categorized, resulting in a greater number of responses for the "other" category.

Efforts were made to identify and include Registered Psychiatric Nurses who moved to another province outside of western Canada for the focus groups. However, only three of the 17 Registered Psychiatric Nurses who participated in the focus groups had experienced a move

[3] CIHI's Regulated Nurses, 2012 – Methodological Guide reports the data sources and collection on pages 1 – 3.

outside of western Canada. Obtaining input from these nurses who in most cases are no longer registered with the Registered Psychiatric Nurse or any other regulatory authority is a challenge.

3.0 MENTAL HEALTH and ADDICTIONS STRATEGIES in CANADA

One in five persons in Canada, or 6.7 million people, are living with a mental illness.[4] This is in comparison to 2.2 million Canadians living with type 2 diabetes and 1.4 million living with heart disease. Twenty-eight percent of people experience a mental illness in a given year. One in two Canadians have, or will have had, a mental illness by the time they reach 40 years old.[5]

The economic impact of mental health problems and illnesses is significant. Canadian studies estimate annual direct and indirect costs to range between $46.8 billion and $51 billion per year.[6] This represents about 2.8% of Canada's 2011 gross domestic product and costs business more than $6 billion in lost productivity (absenteeism, turnover).[7] The Risk Analytica report estimated that cognitive impairments (including dementia) accounted for 47% of all direct costs or $19.7 billion.[8] The direct costs of the other mental illnesses studied amounted to $22.6 billion. Of this total amount:

There are significant human and economic costs to mental health problems and illnesses.

- community and social services accounted for 27% ($6.1 billion)
- income support 22.9% ($5.2 billion).
- hospital care 15.9% ($3.6 billion)
- prescription medication 15% ($3.4 billion)
- other services 10.6% ($2.4 billion)
- medical care services 8.6% ($1.9 billion).[9]

The total cost to Canada's economy over the next 30 years is estimated to exceed $2.5 trillion.[10] By 2041, the number of Canadians living with mental illness is expected to reach over 8.9 million prevalent cases, or 20.5% of the total population.

While prevalent in all age groups, young adults in their prime working years are among the hardest hit by mental health problems and illnesses. The Mental Health Commission of Canada (MHCC) reports that up to 70% of mental health problems and illnesses begin in childhood or adolescence, and as many as three in four children and youth with mental health problems and illnesses do not access services and treatments. Children who experience mental health

[4] Mental Health Commission of Canada. (2012). Making the case for investing in mental health in Canada. Author.
[5] Ibid.
[6] Ibid.
[7] Ibid.
[8] Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S., & Khan, M. (2011). The life and economic impact of major mental illnesses in Canada: 2011 to 2041. RiskAnalytica, on behalf of the Mental Health Commission of Canada.
[9] Deraspie, R. (2013). Current issues in mental health in Canada: the economic impact of mental illness. Publication No. 2013-87-E. Ottawa: Library of Parliament.
[10] Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S., & Khan, M. (2011). The life and economic impact of major mental illnesses in Canada: 2011 to 2041. RiskAnalytica, on behalf of the Mental Health Commission of Canada.

problems or illnesses are at much higher risk of experiencing them as adults, and are also more likely to have other complicating health and social problems.

Faced with these staggering statistics, Canada's first mental health strategy was published by the MHCC in 2012. *Changing Directions, Changing Lives* outlines a blueprint for change in mental health for Canada. Six strategic directions identifying priorities and actions aimed at improving mental health outcomes for Canadians are outlined. The strategy also proposes increasing the mental health component of public health care funding from 7% to 9% over 10 years and boosting the mental health portion of funding for social programs by 2% from the current levels.

> Canada is reacting but more can be done to address mental health and addiction issues in the country. Canada's first ever national mental health strategy prompted provinces and territories to review and develop their own strategy.

The national strategy prompted federal, provincial and territorial government attentionand action to the country's ongoing challenges in mental health. Several mental health and addictions strategies have been implemented or are being implemented across Canada provincially and federally. The 2006 *Out of the shadows at last: transforming mental health, mental illness and addiction services in Canada* identified the need to improve services and working conditions in the criminal justice field. The framework outlined in the MHCC's *Toward recovery & well-being: a framework for a mental health strategy for Canada* was instrumental in the creation of a mental health strategy for Corrections in 2012 based on a federal-provincial-territorial partnership.

British Columbia, Alberta, Manitoba, Ontario, Nova Scotia, New Brunswick and the Northwest Territories have developed a mental health and addictions strategy within the last three years. Quebec developed a mental health action plan for 2005–2010. In 2011, the Quebec government also committed to the development of a mental health action plan for 2012 to 2017 but this plan has yet to be released. Newfoundland and Labrador also developed a mental health services strategy in 2005. Some of these provinces released progress reports in the last two years, outlining successes and areas still remaining to be implemented.

Yukon and Saskatchewan's provincial governments announced in 2012 and 2013 respectively that they will be working on a mental health strategy. There was no indication of timelines in either announcement. Prince Edward Island (PEI) completed a review of mental health and addiction services and supports in the province and appointed a Chief Mental Health and Addictions Officer to oversee the development of a mental health and addictions strategy for PEI. To date no strategy has been released, although Health PEI refers to a "Mental Health Services Strategy." Recognizing suicide as a significant issue in Nunavut, that government released itsSuicide Prevention Strategy in 2010. Appendix G provides outlines the provincial, territorial and federal strategies for mental health and addictions.

3.1 Human resource development recognized in the mental health strategies

The Mental Health Commission of Canada's mental health strategy recognizes that people are the most important resource in the system. One of the strategic directions identified speaks about mobilizing leadership, improving knowledge, and fostering collaboration at all levels. Several priorities are identified to achieve this, including the need to strengthen mental health human resources. Two recommendations are proposed: 1) strengthen pan-Canadian mental health human resources planning capacity to guide the development of the workforce and, 2) develop a pan-Canadian mental health workforce development strategy, including core competencies for all mental health service providers. The strategy urges collaboration among jurisdictions to share in a mental health human resources strategy for Canada to address shortages of providers and meet future needs.

Most of the provincial/territorial and federal strategies recognize the importance of human resources. A few outline specific human resource development goals and priorities. Others mention workforce development as necessary to achieve targeted strategic priorities or goals. Appendix H summarizes the actions and/or strategies pertaining to human resource development found in the provincial, territorial and federal mental health strategies. Some actions are specific, outlining the knowledge and training areas required for certain health care providers. A number of the strategies recommend the development of a human resources plan.

4.0 IMPROVING the RECOGNITION and MOBILITY of the REGISTERED PSYCHIATRIC NURSE in CANADA: CHALLENGES and ENABLERS

Mobility of Registered Psychiatric Nurses outside of western Canada has been a long-standing issue. They are free to work anywhere in Canada but, for the most part, not as Registered Psychiatric Nurses. Registered Psychiatric Nurses are regulated and educated separately from the other regulated nursing professions in Manitoba, Saskatchewan, Alberta, and British Columbia. Registered Psychiatric Nurses are also regulated by the Yukon government but are educated in one of the western provinces. The barriers to mobility and how to improve the recognition and mobility of internationally and Canadian educated Registered Psychiatric Nurses was discussed with a broad representation of stakeholder groups across the country. Four general themes emerged from the stakeholder consultations:

> British Columbia, Alberta, Saskatchewan, Manitoba and the Yukon are the only jurisdictions to recognize and regulate Registered Psychiatric Nurses in Canada.

- legislation;
- communication and knowledge transfer;
- regulation; and,
- collaboration – building relationships.

Each enabler merits a further discussion of thestrength, weakness, opportunity, and threat that it presents. Such a discussion will inform the RPNRC and the Registered Psychiatric Nurse community to consider in moving forward to address the mobility and recognition challenges.

Legislative changes are necessary

The need to change provincial and/or territorial legislation as a necessary first step towards improving the recognition and mobility of Registered Psychiatric Nurses in Canada was cited by all stakeholders consulted. Provincial legislation was the number one challenge identified by all the participants consulted. Outside of the western provinces and Yukon, the profession and scope of Registered Psychiatric Nurses is not defined in legislation. This is a barrier to licensure and regulation of the profession. All regulatory authorities consulted agreed that changes to provincial legislation is lengthy and cumbersome, often involving a number of stakeholder groups in the region.

> Most Registered Psychiatric Nurses consulted commented that they have a right to work anywhere in Canada as a Registered Psychiatric Nurse is violated.

A good example is the Transitional Council of the College of Registered Psychotherapists of Ontario. Regulation of the profession in Ontario was prompted by Ontario's Health Professions Regulatory Advisory Council (HPRAC) in 2005. There are many practitioners of psychotherapy in Ontario who are not regulated. A risk analysis completed by HPRAC concluded that there was a need to regulate this profession in Ontario. However the process has taken a number of years and, currently, the Transitional Council is still waiting for legislation to be proclaimed. Regulation of Nurse Practitioners was also identified as an example of the cumbersome and lengthy process to legislate a profession. Stakeholders consulted agreed that provincial governments have no appetite to regulate "another" health profession unless there is a population need or a demonstrated risk to the public for a profession not to be regulated. The small number of Registered Psychiatric Nurses in Canada accounting for a small percentage of the total nursing workforce weakens the interest for provincial governments to consider regulating and minimizes the "voice" of the profession at a national level, as was pointed out by several stakeholders consulted.

> "You need to change or amend current legislation if you want to license the Registered Psychiatric Nurse outside of western Canada", quote from majority of stakeholders interviewed.

Building relationships with RN regulatory authorities is essential and important for raising awareness and dispelling misinformation about Registered Psychiatric Nurses. Meeting with RN regulatory authorities will help to broaden the knowledge and understanding of how the Registered Psychiatric Nurse can add value to the nursing and overall health care team, and will help foster the support and alliance needed to approach governments to consider regulating the Registered Psychiatric Nurse profession.

Equally important is to build relationships with the provincial government authorities responsible for healthcare delivery. This includes the Principle Nursing Advisors in each province. Demonstrating the value that the Registered Psychiatric Nurse brings to the health care team and to the nursing care of clients is necessary to raise the awareness and knowledge levels of governments about the role of Registered Psychiatric Nurses in health care. Collaborating with governments will be necessary to create new agreements and/or institute legislative changes that will recognize the Registered Psychiatric Nurse. Focus group participants discussed the need to pressure governments to change legislation to define the knowledge and experience necessary to work in psychiatric facilities and the type of mental health services governments should provide.

Communication and knowledge transfer will inform and educate

The need to promote and communicate the role of Registered Psychiatric Nurses and their scope of practice, education, competencies, and practice settings was repeatedly voiced by stakeholders. Promotion of the profession is needed both within and external to the Registered Psychiatric Nurse community. Interestingly, Registered Psychiatric Nurses consulted in the focus groups and interviews cited lack of understanding as an issue in western Canada as well, with other health care providers in those provinces Registered Psychiatric Nurses were under-appreciated in some practice settings due to not knowing or understanding the Registered Psychiatric Nurse's role and scope of practice by other health care providers in western Canada. Some Registered Psychiatric Nurses consulted identified themselves as "victims of the medical model," believing that the majority of physicians perceive Registered Psychiatric Nurses as capable of providing care in mental health only and not realizing there are other services that they can provide. Union support for psychiatric nursing was also considered to be fragmented due to lack of understanding and the small number of Registered Psychiatric Nurses. Communication about the the profession is needed both in jurisdictions where psychiatric nurses currently practice and where there are no psychiatric nurses.

> Registered Psychiatric Nurses noted that there is a need to educate in western as well as in eastern Canada.

Lack of understanding of the value that Registered Psychiatric Nurses bring to the healthcare team, to the delivery of care, and to the bottom line of employers' and governments' budgets was identified as a barrier to recognition. Stakeholders consulted pointed out that not understanding the role of the Registered Psychiatric Nurses and how they can complement and support other healthcare providers was a source of misunderstanding and incorrect perceptions about Registered Psychiatric Nurses.

> Demonstrating the impact to the bottom line and the difference in quality of care the Registered Psychiatric Nurse can provide from the current status quo is important information to communicate.

Stakeholders interviewed who were not familiar with Registered Psychiatric Nurses considered them to be a RN specialty. That is, they viewed the Registered Psychiatric Nurse's role as limited to caring for a client's mental health needs only. For some, the abbreviation "RPN" was mistaken for Regulated Practical Nurses, adding further to the confusion about the profession. Some stakeholders consulted commented that involving yet another nursing group in the healthcare team will infringe on the RN's scope of practice and "take away" the casual and part-time employment in mental health that some RNs work to augment their paid time.

The majority of the stakeholders consulted who were not familiar with, or had never worked with, Registered Psychiatric Nurses lacked any knowledge of the their education and competencies. Registered Psychiatric Nurses were perceived to lack the training to care for clients with concurrent disorders or with "needs other than mental health." Some questioned the difference between an RN with five years' experience in mental health and a Registered Psychiatric Nurse with five years' experience. Stakeholders not familiar with Registered Psychiatric Nurses failed to see any difference with RNs who are CNA certified in Psychiatric and Mental Health.

Duo credentials that currently exist for Registered Psychiatric Nurses (i.e., diploma and degree) add to the confusion about their educational background. Registered Psychiatric Nurse focus group participants cited the concern that mobility of "seasoned" Registered Psychiatric Nurses who do not possess a degree would be restricted should mobility of the profession in other parts of Canada be realized. While this shows a lack of understanding of the mobility issue, nevertheless the majority of Registered Psychiatric Nurses consulted agreed that either a degree or diploma should be recognized and accepted but not both. This will help stakeholders understand Registered Psychiatric Nurses' credentials as well as improve the recognition and mobility of Registered Psychiatric Nurses in the rest of Canada.

The issue of stigma is one of the major challenges to progress in the field of mental health care and was also identified as a challenge to improving the recognition of Registered Psychiatric Nurses. While there have been significant changes in attitudes towards people with mental illness, there is still a need for more change. Stigma is shared among the general population and health professions: "as a group, health professionals are no less susceptible to discriminatory beliefs than the general population". Several stakeholders consulted commented that there is a "fear" of mental health nursing care among RNs and LPNs, in large part due to the lack of knowledge of and education in mental health. One of the largest systemic efforts in Canadian history to combat stigma is the Opening Minds initiative. Established in 2009 by the MHCC, Opening Minds aims to change Canadians' behaviours and attitudes toward people living with mental illness. Stigma is addressed within four main target groups, one of which is health care providers.

Several options to promote and communicate the role of a Registered Psychiatric Nurse and address the barriers to their recognition were identified by stakeholders. These are presented as follows.

Clarify the role, competencies and scope of practice	Role clarity and defining the competencies and scope of practice of the Registered Psychiatric Nurse is necessary to dispel the misunderstanding and information about the Registered Psychiatric Nurse. Defining the role of the Registered Psychiatric Nurse will help demonstrate how Registered Psychiatric Nurses work alongside RNs and LPNs and other healthcare providers providing support and knowledge to the team. The national entry-level competencies for Registered Psychiatric Nurses and the overview of Registered Psychiatric Nurses developed as part of the RPNRC's *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project will start to inform stakeholders about Registered Psychiatric Nurses as these documents will clearly delineate the role of the Registered Psychiatric Nurse. Identifying the educational programs mapped to the national entry-level competencies resulting from the project will further add to the understanding of the learning and knowledge expected of Registered Psychiatric Nurses.
Demonstrate the value-add or benefits of Registered Psychiatric Nurses to healthcare	The need to demonstrate the value-add or benefits that Registered Psychiatric Nurses bring to the nursing care of clients, the health care team, and to the "bottom line" was stressed by participants consulted. The latter is most important to governments and decision-makers particularly showing the economic benefits of the profession to healthcare. Critical to the discussion is responding to the questions "what are the needs" and "who can provide the optimal care or respond to these needs". Further research is necessary to explore these issues. Governments and decision-makers need to understand what and how Registered Psychiatric Nurses can improve or optimize the services provided for mental health and addictions, how they can advance the mental health and addictions strategy and need to realize that Registered Psychiatric Nurses are an integral part, rather than a replacement, of any team member.
Identify and empower champions	There are a number of professionals both Registered Psychiatric Nurses and other health care providers who understand and value what the Registered Psychiatric Nurse brings to nursing care and to the health care team. These individuals can be champions for Registered Psychiatric Nurses and can work to promote and educate health care leaders about Registered Psychiatric Nurses. Examples of such champions include nurse leaders in mental health and addiction practices, and RNs who are employed with Registered Psychiatric Nurses.

Seek opportunities to communicate	Participants identified various events that the RPNRC can consider to exchange knowledge and information. Such venues include job fairs, conferences, symposia, workshops, and provincial/territorial government fora. Brochures and information about the Registered Psychiatric Nurse can be distributed to RNs and other healthcare providers during Nurses' Week that is hosted annually in Canada. One of the first steps will require the development of a communication plan that identifies the venues the RPNRC can consider being involved in the next one to three years. Permitting students to complete practicums in other provinces outside western Canada was suggested to educate and inform other health care providers in other locations of the role of a Registered Psychiatric Nurse. While there are evident benefits to this option, there are several issues. Local practicums not only provide the clinical training but also encourage the student to remain local upon graduation. Mentoring and preceptorship are part of the practicum experience and may be lacking in locations where Registered Psychiatric Nurses are not regulated. Finding practicums for psychiatric nursing students from another province may pose a challenge as practice settings may choose to recruit local nursing students first.
Establish one-stop website of Registered Psychiatric Nurse information	The current RPNRC website can be expanded to include a one-stop portal of Registered Psychiatric Nurse information such as the national entry-level competency profile of Registered Psychiatric Nurses, educational programs, steps to become a Registered Psychiatric Nurse in Canada, type of employment Registered Psychiatric Nurses can expect and the benefits the Registered Psychiatric Nurse brings to the healthcare team. Many of the stakeholders consulted were not aware of the RPNRC website clearly highlighting the need for better communication. A number of Registered Psychiatric Nurses consulted suggested creating a national job bank. While such an initiative benefits both Canadian and internationally trained Registered Psychiatric Nurses, it does raise questions in regards sustainability costs.

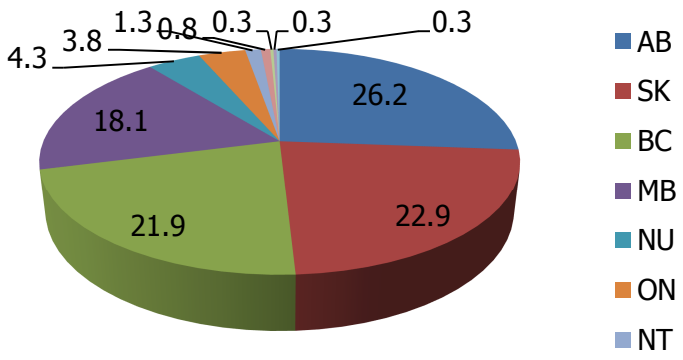
Exploring models to regulate Registered Psychiatric Nurses

Regulation is a barrier to Registered Psychiatric Nurses who want to move to a province outside western Canada and the territories and continue to practice to their scope of practice to provide the services that they have been educated to provide. Internationally educated psychiatric nurses are limited to where they can locate if interested in moving to Canada. Employers will only recruit healthcare providers that are regulated in the jurisdiction of employment, although there were a couple of cases cited by stakeholder groups where a federal employer employed a Registered Psychiatric Nurse in a jurisdiction that does not regulate Registered Psychiatric Nurses. In those cases, the Registered Psychiatric Nurse maintains their registration with one of

the existing Registered Psychiatric Nurse regulatory authorities outside the province where they work. Such examples, though, are few.

Twenty-five percent of the Registered Psychiatric Nurses who completed the online survey indicated that they had worked in another location where they used their psychiatric nursing skills and education. However, over 93% of these Registered Psychiatric Nurses moved to and worked in another province in western Canada or the territories as illustrated in Figure 1.

FIGURE 1: Percentage of Registered Psychiatric Nurses who worked in another province/territory in Canada where they used psychiatric nursing skills or education



Source: Registered Psychiatric Nurse Regulators of Canada. (2014). Registered Psychiatric Nurses: exploring the enablers and barriers to labour mobility in Canada..

Less than 4% worked in Ontario, Quebec or Atlantic Canada. Moving to a territory is not surprising as agreements are in place with the Northwest Territories and Nunavut, permitting Registered Psychiatric Nurses to work in these locations while registered in one of the western provinces.

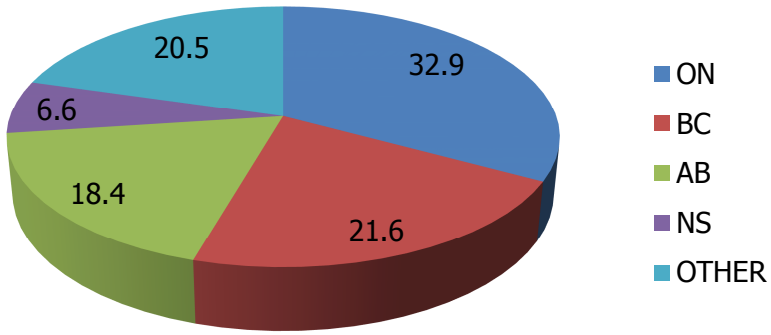
About 34% of the Registered Psychiatric Nurses who moved to another location indicated that their Registered Psychiatric Nurse credentials were not accepted and 19.6% that they were not able to work to their full scope of practice. These nurses reported that they were treated as internationally educated nurses applying for licensing in that province.

Twenty-nine percent of the Registered Psychiatric Nurses who moved found employment in mental health in another role, while 11% worked in health care in another role. Less than 2.5% of the Registered Psychiatric Nurses obtained their credentials to work as RN and/or LPN. The rest and majority of the Registered Psychiatric Nurses who moved listed other reasons that varied from "found employment in an alternative profession" to "did not seek employment."

Sixty-two percent of Registered Psychiatric Nurses surveyed considered moving to another location at some point in their careers. Figure 2 shows that the majority of these Registered Psychiatric Nurses considered moving to another province in Western Canada while 33%

identified Ontario as their choice of relocation. A further 12% considered moving to Atlantic Canada.

FIGURE 2: Location of choice as percentage of Registered Psychiatric Nurses who considered moving



Source: Registered Psychiatric Nurse Regulators of Canada. (2014). Registered Psychiatric Nurses: exploring the enablers and barriers to labour mobility in Canada.

Non acceptance of Registered Psychiatric Nurse credentials was the main reason for 47% of the Registered Psychiatric Nurses who once considered moving to decide against it. This was cited by all of the Registered Psychiatric Nurses who participated in the focus groups. Family reasons were cited by 34% of Registered Psychiatric Nurses surveyed and less than 10% identified no job openings.

"Regulation from a distance" was perceived as problematic by some of the stakeholders consulted. Despite the success exemplified by the current agreements in place between Manitoba and Nunavut to permit Registered Psychiatric Nurses to work to their scope of practice in Nunavut while regulated by the College of Registered Psychiatric Nurses of Manitoba, stakeholders were skeptical in the management of complaints, upholding and support of standards of practice, and, willingness and support of provincial governments to regulate from a distance. With respect to the latter, stakeholders consulted believed that a change in provincial legislation would be necessary to recognize these types of agreements.

Managing regulatory issues, including improving current regulation of Registered Psychiatric Nurses was discussed by stakeholders consulted in the interviews, focus groups and survey. Several options were presented.

Create a **single credential assessment** office and align practice standards across the jurisdictions that regulate Registered Psychiatric Nurses to improve the current regulation of Registered Psychiatric Nurses among the four regulatory authorities. A single office will create

efficiencies among the regulatory authorities and will provide an established office to support the mobility of Registered Psychiatric Nurses across Canada.

Work with federal employers such as Correctional Service Canada, National Defence and First Nations and Inuit Branch, Health Canada to employ Registered Psychiatric Nurses regardless of location of practice to provide psychiatric nursing care. Currently there are examples of Registered Psychiatric Nurses employed in corrections facilities and jurisdictions where there is no Registered Psychiatric Nurse regulatory authority. However this is not widespread. Employers consulted for this report were not opposed to this option but noted that provincial legislation is a barrier. It was also noted that employment of Registered Psychiatric Nurses in regions where they are not regulated will assist in raising the understanding and recognition of Registered Psychiatric Nurses and their value to the health care team.

Explore **other regulatory models as possible options to regulate** Registered Psychiatric Nurses in other provinces. Several options may need to be considered, as what might work for one jurisdiction may not work for another. Examples of models identified in the consultations include:

- establish Memorandums of Understanding (MOUs) or agreements with existing Registered Psychiatric Nurse regulatory authorities to license and regulate Registered Psychiatric Nurses in jurisdictions where regulation does not exist. Such an MOU was suggested for Atlantic Canada rather than four separate MOUs. This will still require a change in the provincial/territorial legislation as noted by several participants consulted. The issue of conducting investigations and issuing disciplinary action, as well as costs and processes, were concerns raised by several participants interviewed. Another issue that will need consideration is whether current legislation permits an existing psychiatric nursing regulatory body to regulate outside its jurisdiction.
- create one regulatory authority for Registered Psychiatric Nurses rather than the current four and establish MOUs and/or agreements with other jurisdictions where Registered Psychiatric Nurses are not currently regulated. This option recognizes that changes to legislation with the current four Registered Psychiatric Nurse regulated and other non-Registered Psychiatric Nurse regulated jurisdictions are required.
- create one regulatory authority for Registered Psychiatric Nurses in Atlantic Canada. Once again, this will require changes to legislation in the four Atlantic provinces to recognize Registered Psychiatric Nurses and recognize the regulatory authority.
- link with the RN Colleges to license and recognize the Registered Psychiatric Nurse in their jurisdictionas a new class of registrant, similar to the current regulation of RNs and Registered Practical Nurses in Ontario by the College of Nurses of Ontario (CNO). RN regulatory authorities may consider establishing a "restrictive license" recognizing the Registered Psychiatric Nurse as a profession and member of the health care team, but restricting the Registered Psychiatric Nurse's scope of practice to mental health care only.
- establish an equivalent structure such as the Nurse Licensure Compact that is administered by the National Council of State Boards of Nursing in the United

States. In order to be eligible, each state must pass the model legislation without any material differences. This option requires the collaboration of states to recognize a nurse licensed in another state. It presents a collaborative opportunity for all nurse regulators in Canada to consider and improve mobility of nurses across provinces and territories.

Collaboration and building relationships is the foundation to improving mobility

The need to collaborate and build relationships underlies most of the options proposed for RPNRC's consideration. Establishing relationships with provincial and territorial governments and RN regulatory authorities will help open up discussions about Registered Psychiatric Nurses and commence the education process necessary for a better understanding of the Registered Psychiatric Nurses' competencies, role, value to the health care team and impact on the bottom line. Communicating with governments will bring awareness to mental health and possibly lead to more funding for the delivery of services and care.

Collaboration with other national and provincial/territorial associations that can help to increase awareness about Registered Psychiatric Nurses should also be considered. For example, RPNRC may want to approach the Academy of Canadian Executive Nurses (ACEN) to be part of ACEN's Cross Country Check Up series. A Cross Country Check Up would provide a virtual venue for RPNRC to educate nurse leaders about Registered Psychiatric Nurses, describe the challenges to recognition and mobility and discuss strategies to address these challenges. Another example provided was to collaborate with the Canadian Federation of Mental Health Nurses to help educate nurses and the public about psychiatric nursing and Registered Psychiatric Nurses.

Collaboration with nursing schools in Canada should also be considered. Lack of psychiatric nursing programs outside the four western provinces was identified as a challenge to establishing a Registered Psychiatric Nurse regulatory body in another province. New, or the expansion of, nursing programs is costly and in the case of New Brunswick would have to be provided in both French and English. Seeking partnerships with existing schools may help defray some of the costs.

Consideration should be given to collaboration with other health profession groups that face similar issues, or that are in the process or are considering establishing regulatory authorities to license their profession. One example is the Transitional Council of the College of Registered Psychotherapists of Ontario.

5.0 THE REGISTERED PSYCHIATRIC NURSE

This section of the report provides information about the regulation of Registered Psychiatric Nurses, their education and the current labour force.

5.1 History of psychiatric nursing in Canada

The limited historical research available about psychiatrc nursing has focused on asylum care, psychiatry, attendants and patients.[11] Nursing became an essential part of psychiatry's attempt to provide scientific care for the insane in the early part of the 20th century. The interplay of social, political and economic factors shaped the development of psychiatric nursing and influenced the emergence of two models – a new psychiatric nursing profession in western Canada and general nursing in the east. Added to this were the forces within nursing such as the consequences of specific strategic decisions by nursing leaders and the nurses' resistance to the authority expressed by the medical profession. The result was a struggle for control over the education for mental hospital nursing.

At the turn of the 20th century, care of the insane was custodial. The Ontario government started to provide new methods of care in a more hospital like setting than an asylum late in the first decade. However, even with this movement towards "psychiatric care," a general hospital trained nurse did not commonly provide the care. The bulk of the care was provided by untrained attendants with a "trained nurse" or "infirmary nurse" on staff caring for the insane patients who experienced physical health problems. The first mental hospital training school west of Ontario was at the Brandon Hospital for Mental Diseases in Manitoba and was established in response to the need for nurses to care for mentally ill World War II veterans.[12] The Selkirk Hospital for Mental Diseases was established shortly after. In contrast to Ontario, the two schools were institution-specific and developed according to their medical superintendents rather than standardized curriculum. Unlike Ontario, the Manitoba Association of Graduate Nurses (MAGN) chose in 1927 not to become involved with mental hospital nurse training. As a result, by the end of 1930 organized nursing had very little to no presence in mental hospital or psychiatric nursing.

Saskatchewan's mental hospitals offered no training until the 1930s.[13] By 1937, training was offered to male and female attendants. Similar to Manitoba, the provincial government had no direct involvement in the training. But unlike Manitoba and Ontario, Saskatchewan's Commissioner of Mental Health Services opposed the concept of Registered Nurses working in mental hospitals and supported apprenticeship-style training offered to both male and female attendants rather than just females. Furthermore, Saskatchewan's commissioner did not favour the traditional general hospital training model for the province's mental hospitals. The lack of nursing presence made RNs insignificant to Saskatchewan's mental hospitals.

World War II brought a national nursing shortage in Canada, which was acutely felt at the country's 36 mental institutions where nurses generally chose not to work.[14] Governments struggled to address the shortage. Saskatchewan sought to train and raise the status of hospital workers, both male and female, to semi-professional as the solution to the crisis of their severely understaffed mental hospitals. The staff training program was reorganized with a psychiatry

[11] Tipliski, V.M. (2004). Parting at the crossroads: the emergence of education for psychiatric nurses in three Canadian provinces, 1909-1955. Canadian Bulletin of Medical History. 21(2): 253:279.
[12] Ibid.
[13] Ibid.
[14] Ibid.

rather than nursing focus. It was a few male graduates of the new program who requested professional designation as a psychiatric nurse; this led to the government passing the *Psychiatry Nurses Act* in 1948. Facing similar shortages and strained relations between RNs and non-registered mental hospital nurses, British Columbia and Alberta eventually joined Saskatchewan, passing legislation in 1951 and 1955 respectively. In the 1940s and early '50s, Manitoba followed the eastern model, offering a combined program to female students. But by 1954 the program was collapsing. Manitoba's opportunity to follow the eastern model was lost when the Manitoba Association of Registered Nurses (MARN) refused to ensure that all general nursing students would affiliate in a psychiatric setting.[15]

A new nursing profession was realized . By the mid-1950s, psychiatric nursing was divided into two models, the division being at the Manitoba – Ontario border. West of Ontario, Registered Psychiatric Nursing was a distinct profession from general nursing, while east of Manitoba psychiatric nursing was a specialty within general or Registered Nursing. The struggles and variations among the provinces brought the issue to the attention of the Canadian Nurses Association (CNA) and the federal government.The Canadian Nurses Association (CNA) convention in 1954 in Banff brought the issue of the two models to a head. The medical superintendents of western Canada sought to create a distinct profession across Canada, while the CNA favoured establishing a program combining mental and general nursing and creating the opportunity for western psychiatric nurses to become RNs with a psychiatric specialty. Both efforts failed and as Tipliski noted in her 2004 article about the history of psychiatric nursing, this "signified a parting at the crossroads in Canadian education for psychiatric nursing".[16]

5.2 Regulation

Registered Psychiatric Nurses were first regulated in Saskatchewan in 1948 followed by British Columbia in 1951, Alberta in 1955 and Manitoba in 1960. Regulation in the Yukon occurred in 1990 under their *Health Professions Act* resulting in Yukon becoming the first territory to register psychiatric nurses. The last few years have witnessed a trend towards omnibus health professions legislation, resulting in the regulation of psychiatric nurses under the *Health Professions Act* in British Columbia, Alberta and Manitoba.

To become a Registered Psychiatric Nurse, graduates must complete a psychiatric nursing program from one of the approved psychiatric nursing education programs in Canada or in the case of the Yukon, from a program that has been deemed equivalent to a psychiatric nursing education program in Canada. They then must pass the Registered Psychiatric Nurses of Canada Examination (RPNCE) which is offered three times per year (January, May and October). Upon successful completion of the RPNCE, candidates apply for registration as a Registered Psychiatric Nurse with their respective regulatory authority in the Yukon, British Columbia, Alberta, Saskatchewan or Manitoba. While requirements to practice as a Registered Psychiatric Nurse in Canada vary slightly among the jurisdictions, the following requirements are common:

- graduate from an approved psychiatric nursing education program;
- pass the Canadian Registration Examination for Registered Psychiatric Nurses ; and,
- register with a provincial/territorial regulatory body.

[15] Ibid.
[16] Ibid, p. 269.

To facilitate inter-provincial mobility, the Registered Psychiatric Nurse regulatory bodies in the four western provinces entered into an Endorsement Agreement which permits persons registered or eligible for registration with one of the regulators to register with any of the other regulators in the Agreement. A request must first be made to have the endorsement evaluated.
A new and harmonized process for registration was implemented August, 2014 for internationally educated psychiatric nurses. The National Nursing Assessment Service (NNAS) is a partnership of Canadian nursing regulatory bodies with a mandate to streamline the initial application process for internationally educated nurses (IENs) who want to work in Canada.[17] The harmonized approach to the initial process for IENs provides greater transparency, timeliness and predictability across Canadian jurisdictions and creates efficiencies for the regulatory authorities. NNAS 1) verifies the credentials of IENs; 2) assesses for comparability to psychiatric nursing education in Canada; and, 3) provides a centralized electronic repository for the nurse's education and registration credentials. IENs must first apply directly to the NNAS which generates an advisory report of the evaluation and comparison of the applicant's education to current Canadian requirements for entry into practice, the applicant's registration/licensing, nursing practice, employment and results of any required language testing. [18] The regulatory authority the IEN is applying to has access to the IEN's NNAS file and the advisory report and uses this in addition to other information to determine if the IEN is eligible to register, requires additional assessments or needs to take additional courses. It is the regulatory authority that makes the final decision about registration or licensure.

Trends in regulation

While there have been a number of changes or shifts in regulation globally, self-regulation in Canada has for the most part remained unchanged.[19] Government's interest in moving beyond their traditional role as facilitators of self-regulation is growing, as witnessed by the movement to bring all regulated health professions under a common legislative framework in Ontario, Alberta, British Columbia, Manitoba and Nova Scotia. Healthcare professions in Quebec come under a similar framework but it applies more broadly to all self-regulating professions.

Professional mobility within Canada and between Canada and other countries continues to be of great importance. The Agreement on Internal Trade (AIT) negotiated in 1990 aimed to facilitate interprovincial mobility and left implementation of the agreement to the regulatory bodies. Recently, governments have agreed to more detailed rules and aggressive implementation.[20] Fairness Commissioners have been empowered in some jurisdictions[21] to

[17] National Nursing Assessment Service. 2014. National Nursing Assessment Service Applicant's Handbook. Available at http://my.nnas.ca/nnasweb/resources/nnas_applicant_handbook_english.pdf.
[18] National Nursing Assessment Service. 2014. National Nursing Assessment Service Applicant's Handbook. Available at http://my.nnas.ca/nnasweb/resources/nnas_applicant_handbook_english.pdf.
[19] Lahey, W. (2012). Self-regulation and unification discussions in Canada's accounting profession. Available at http://unification.cpacanada.ca/wp-content/uploads/2012/05/Self-Regulation-and-Unification-Discussions-Final_title.pdf.
[20] Lahey, W. (2012). Self-regulation and unification discussions in Canada's accounting profession. Available at http://unification.cpacanada.ca/wp-content/uploads/2012/05/Self-Regulation-and-Unification-Discussions-Final_title.pdf..

review the registration practices of self-regulated bodies, introducing the concept of a centralized oversight of the regulatory authority's processes and functions. Such an oversight has been widely adopted in other countries.

The internal governance of regulatory authorities has been changing in Canada. Separations in structure and function between governance and disciplinary and competency processes and between the investigative and adjudicative stages of the disciplinary process are being created. Participation of public representatives in governance and on the various committees that carry out core regulatory functions is exapnding. "In healthcare at least, these changes lead some to say that Canada has evolved from professional self-regulation to profession-led regulation."[22] Emphasis on and the role regulators have in ensuring continuing competency is growing both domestically and globally. Triggered by the rapid pace of technological change, there is a growing understanding of the challenges professionals face in maintaining and expanding their knowledge and skills after licensure. Canada has traditionally relied on individual responsibility and educational support, and evaluation independent of the licensing process. However, this is changing as some regulators, as for example in medicine, are becoming more demanding.

Movement towards unification of self-regulated professions is growing globally. In the United Kingdom, self-regulating health professions are now regulated through an arms-length government agency, the Council of Healthcare Regulatory Excellence. New Zealand established the Office of the Health and Disability Commissioner and mandated this office to investigate complaints against all regulated health professionals. A similar framework has been adopted in some of the Australian states. While this movement has not reached Canada's health care, Canada's accounting profession has put in place the building blocks to unify that profession, in response to a rapidly changing environment, close scrutiny due to the global financial crisis, pressure to become more effective and efficient, and the growing number of alliance agreements. As of March 2014, all of the 40 accounting bodies representing Chartered Accountants, Certified General Accountants and Certified Management Accountants, nationally and at the provincial and territorial level, have unified or were recommending unification, reducing the number of governing bodies to 14.

5.3 Education

The four provincial Registered Psychiatric Nurse regulatory authorities set the standards for psychiatric nursing education in their jurisdictions and jointly establish minimum accepted educational requirements for registered psychiatric nursing as outlined in Appendix I. Currently six academic institutions offer diploma or degree programs that are approved and recognized by the Manitoba, Saskatchewan, Alberta and British Columbia regulatory authorities. The Registered Psychiatric Nurse Regulators of Canada (RPNRC) (formerly the Registered Psychiatric Nurses of Canada) foresee that a baccalaureate in psychiatric nursing will be the minimum requirement for entry to practice. To date, five academic institutions offer the baccalaureate psychiatric nursing program.

[21] Manitoba, Ontario and Quebec have Fairness Commissioners. The Review officer of the Fair Registration Review Practices in Nova Scotia has more or less the same function as the Fairness Commissioners.
[22] Ibid, p. 15.

Table 2 provides a summary of the programs and their length in semesters or terms. The information outlined in the table is derived from personal communication with Deans or Associate Deans of the academic institutions and a review of their websites. It should be noted that the length and format of programs for some academic institutions is identified in "terms" and for others in "semesters". There is no clear definition of a semester or term. Each academic institution may define them differently. For example, universities in Manitoba define a "term" as a 13 week block of time (Fall; Winter; Spring/Summer). Some academic institutions may have three semesters in Fall/Winter terms (September to April). Many of the four western provinces offer, or are in the process of offering, post-basic education program(s) for practising Registered Psychiatric Nurses in addition to the basic psychiatric nursing education program(s) that lead to initial registration. These are mainly post-diploma degree completion programs. The post diploma degree is a path to eventually offering the degree as the approved entry program.

TABLE 2: Current entry and post basic education programs for Registered Psychiatric Nursing in Canada

	SCHOOL	DEGREE*	LENGTH/ FORMAT	PROGRAM DETAILS
BRITISH COLUMBIA	Douglas College	Psychiatric Nursing Diploma *(Entry)*	6 semesters	• Full time
		BSPN *(Entry)*	8 semesters	• Full time
		BSPN Degree Completion *(Post-basic)*	33 credits	• Online and part-time • Offered to: 1) graduates of diploma program; and, 2) diploma prepared practicing Registered Psychiatric Nurses who wish to complete the degree. • Must be completed within six years of enrollment into the first post-diploma course.
				• Douglas College also offers the Psychiatric Nursing Refresher Certificate Program to practising or former Registered Psychiatric Nurses who have not been practicing for at least five years and wish to update their knowledge and skills to reach competencies required of a beginning graduate in preparation for registration.
	Kwantlen Polytechnic University (KPU)	BPN Degree Completion *(Entry)*	8 semesters	• Degree Completion option is offered to Registered Psychiatric Nurses access to Semester 5 for completion of a BPN degree. It is also offered to Stenberg College Graduates of the Stenberg College Registered Diploma Psychiatric Nurses program access to semester 5 for completion of a BPN degree. • Complete the equivalent of four semesters of full-time study.

	Stenberg College	Regional Diploma in Psychiatric Nursing (RDPN) *(Entry)*	6 semesters (101 weeks)	• Program completed within 101 weeks (2 years). • Graduates of diploma program can enter semester 5 of KPU's BPN degree program. • Blended learning using distance learning, face to face and clinical practice. • Program one of its kind in British Columbia.
ALBERTA	Grant MacEwan University	Psychiatric Nursing Diploma *(Entry)*	7 terms	• Comprises of 89 credits • Over five 15-week terms plus two spring terms. • Three terms completed in each year 1 and 2. Term 7 is completed in year 3.
		BPN *(Post-basic)*	3 terms	• Launched in fall 2014. • Required to graduate from the diploma program. • Delivered through distance and on-line learning technologies. • Consists of 45 credits and can be completed through either full-time (can complete in 1.5 years) or part-time studies (to complete within five years of commencement).
SASKATCHEWAN	Saskatchewan Polytechnic	Psychiatric Nursing Diploma *(Entry)*	7 terms	• Over three years: three terms in each year 1 and 2 and final term in year 3.
		BPN Degree Completion for Diploma Graduates Prior to 2010 *(Post-Basic)*	8 terms	• Part-time and delivered via distance learning. • Over 2.5 years: three terms in year 1 and three in year 2. • Two pre-term 1 terms are completed in the first six months.
		BPN Degree Completion for Diploma Graduates of 2010 and beyond *(Post-Basic)*	6 terms	• Part-time and delivered via distance learning. • Over two years: three terms in year 1 and terms 4 – 6 in year 2.
MANITOBA	Brandon University	B.Sc.P.N. *(Entry)*	10 terms	• Over four years: first two terms in year 1, three terms in years two and three and two terms in year 4. • Completion of Pre Psychiatric Nursing courses required to register and admission to B.Sc.P.N. • A post-basic baccalaureate program for diploma-prepared Registered Psychiatric Nurses is also offered at Brandon University, as well as the Bachelor of Science in Mental Health. This full- or part-time program was

				first offered in 1986 and recognizes previous psychiatric nursing education and work experience. Students are prepared as generalists with an area of concentration in mental health/developmental habilitation.
		MPN++	3 terms	• Masters program offered in 2011. • Offers streams in leadership/administration, advanced clinical practice and education. • Full-time or part-time study. • Online with an annual two – three day on-campus session. • Up to six years to complete the program. Coursework must be completed within four years. • Full and permanent funding was received by the Government of Manitoba in 2012, making it the first psychiatric nursing master's program of its kind in Canada. The program is open to Registered Psychiatric Nurses and RNs with a strong foundation in psychiatric nursing. As of September 2014, a total of 40 students enrolled into the program. The first graduates to complete the program are expected in 2015.[23]

*Degrees include: Bachelor of Science in Psychiatric Nursing (B.Sc.P.N. or BSPN), Bachelor of Psychiatric Nursing (BPN), and Masters of Psychiatric Nursing (MPN).
**The last intake for the Diploma of Psychiatric Nursing is planned for January, 2015.[24]
+First cohort of students September, 2014.
++Course delivery began January, 2011.
Source: Registered Psychiatric Nurse Regulators of Canada. (2014). Registered Psychiatric Nurses: exploring the enablers and barriers to labour mobility in Canada.

A total of 307 students graduated from a psychiatric nursing program in Canada in 2013 as outlined in Table 3. This total increased by 5.9% from the previous year that witnessed 290 graduates. Graduate data for 2014 is not available as some academic institutions expect graduates later in the year or in 2015/16. In 2013, a total of 141 graduates successfully completed a psychiatric nursing *degree* program in Canada as compared to 131 in 2012. There has been a steady increase in the number of graduates from a psychiatric nursing degree program.

[23] Personal communication. Brandon University. September 17, 2014.
[24] Douglas College. Psychiatric Nursing Programs. Retrieved November 30, 2013 and June 27, 2014. http://www.douglas.bc.ca/calendar/programs/ppnd.html.

TABLE 3: Number of graduates of psychiatric nursing programs recognized by the regulatory bodies, by school of graduation, western Canada, 2009 to 2014

SCHOOL	2009	2010	2011	2012	2013	2014
BRANDON UNIVERSITY						
B.Sc.P.N.	34	41	36	42	42	55
DOUGLAS COLLEGE						
Diploma	48	24	24	29	18	24
BSPN	10	33	39	39	52	40
BSPN Degree Completion	16	11	16	17	22	20
GRANT MACEWAN UNIVERSITY						
Diploma	63	61	67	58	64	61
KWANTLEN POLYTECHNIC UNIVERSITY						
BPN	21	32	23	33	25	32*
SASKATCHEWAN POLYTECHNIC**						
Diploma		24	24	21	33	+
STENBERG COLLEGE						
Diploma	22	25	35	51	51	N/A
TOTALS	**214**	**251**	**264**	**290**	**307**	

Source: Registered Psychiatric Nurse. (2014). Mobility and Assessment of Canadian and Internationally Educated Psychiatric Nurses: Environmental Scan.
*KPU's BPN program graduates expected in November/December, 2014. There are currently 32 students completing their final clinical course and are expected to graduate.
**The BPN degree completion programs for graduates of 2010 and beyond and for graduates prior to 2010 were officially offered in September, 2013. First cohort of graduates expected in 2015/2016.
+SIAST Diploma program graduates expected December 2014.
Source: Registered Psychiatric Nurse Regulators of Canada. (2014). Registered Psychiatric Nurses: exploring the enablers and barriers to labour mobility in Canada.
N/A Data not available at time of report writing.

While the number of graduates from the *diploma* program has been increasing since 2009, the percentage growth per year has been less than that of the growth in degree graduates with the exception of 2011. Three fewer graduates graduated from the degree program in 2011. This trend is not surprising as each province and academic institution moves to a baccalaureate psychiatric nursing program. New graduates may choose to go directly to the baccalaureate program without first entering practice even in the provinces where the degree is post diploma. This is a natural evolution as the profession moves from diploma to degree and is not unlike the evolution of the RN education witnessed a few years ago. The dual degree and diploma programs were raised as a barrier to recognition by a number of Registered Psychiatric Nurses consulted in the focus groups and online survey, and, if not currently, will be a topic of further discussion by the Registered Psychiatric Nurse education and regulatory community.

Mental health and addictions curriculum - a comparison

One of the research questions sought to compare the mental health content of the general nursing program to the psychiatric nursing program. While a comprehensive review comparing

the mental health content of the nursing program to the psychiatric nursing program exceeds the scope and timelines of this report, a search of general literature and nursing degree programs of selected academic institutions was conducted. General nursing knowledge is part of the psychiatric nursing curriculum, although the primary emphasis is highly developed skills and knowledge in mental health and addictions and advanced therapeutic relationships and communication. The breadth and depth in these areas distinguishes psychiatric nursing education from the other nursing programs. A 2011 unpublished Douglas College document that compared the Registered Psychiatric Nurse and RN mental health education content for the programs in British Columbia found several differences between the two programs.[25] One fundamental difference was that the curriculum of the psychiatric nursing program was developed within the context of mental health, whereas the RN nursing program included one or two courses in mental health. As stakeholders interviewed for this report indicated, mental health was integrated throughout the psychiatric nursing program.

This was also a finding of a national environmental scan of undergraduate nursing programs in Canada completed by the Canadian Federation of Mental Health Nurses (CFMHN) in 2009.[26] Thirty schools responded to the questionnaire that asked if a stand-alone course in psychiatric mental health is offered and if the course required clinical experience in psychiatric mental health. Questions were also asked about the number of hours of clinical practice and of theory in psychiatric mental health nursing required in the programs. Results showed that 20% of the schools of nursing that completed the questionnaire did not offer a stand-alone course in psychiatric mental health nursing and did not offer any clinical experience in this area. Some of the schools of nursing that participated in the scan reported "threading" psychiatric mental health nursing theory throughout the curriculum.

The number of hours of theory and clinical experience in mental health also differed. The number of hours of theory and of clinical practice in a psychiatric mental health setting varied considerably among the 80% of schools that offered a stand-alone course. The number of hours of theory ranged from 1.5 to 7.5 hours a week for 12 weeks and the number of hours of clinical experience in psychiatric mental health varied from 25 to 330 hours over a 12 week period. In contrast, psychiatric nursing programs on average provided five to six semesters of clinical practice of 7 to 14 weeks in a variety of mental health settings. One of the issues identified by employers who were interviewed for the RPNRC mobility project was that RNs employed to provide psychiatric nursing care needed additional training since they lacked more in-depth mental health knowledge and experience. While this reality applies to all "specialized" nursing care, clinical experience was identified as an important determinant in changing fears about working with persons with a mental illness and gaining a more favourable view of psychiatric nursing.[27]

[25] Helewka, A. 2011. Appendix D: Comparison of RPN and RN mental health education. 2011. Unpublished.
[26] Tognazzini, P. et al. 2009. Core competencies in psychiatric mental health nursing for undergraduate nursing education. Position paper 2009.
[27] Happell, B. 2008. The importance of clinical experience for mental health nursing – part 2: relationships between undergraduate nursing students' attitudes, preparedness, and satisfaction. International Journal of Mental Health Nursing, 17(5), 333-340.

Although not an entry level educational program, mention of the Canadian Nurses Association's (CNA) Certification of Psychiatric and Mental Health Nursing is necessary since Registered Psychiatric Nurses are often confused with RNs with this designation. Launched in 1995, some RNs pursue the CNA's Certification of Psychiatric and Mental Health Nursing to recognize their experience in mental health. The certification is not a course but an exam-based credential open to RNs with at least two years of experience in psychiatric/mental health nursing. The CNA certification is valid for five years and to renew, the RN must earn a minimum of 2,925 hours of experience in psychiatric/mental health nursing. In 2013, there were 1,680 RNs who had a valid psychiatric and mental health CNA certification, accounting for 9.5% of the total valid CNA certifications in 2013. Of interest, the majority of the valid CNA certifications obtained in Ontario in 2013, were in the psychiatric and mental health specialty. The number of RNs who had a valid psychiatric and mental health CNA certification was less than 1% of the total RN workforce (including Nurse Practitioners) in 2013.

5.4 The Registered Psychiatric Nurse Labour Force

CIHI's nursing reports were used to obtain a picture of the Registered Psychiatric Nurse workforce in 2013. The data presented in this section is derived from CIHI's nursing reports of 2012 and 2013. As outlined in the methods section, the CIHI data reflects the supply of nurses and the nurses employed in the workforce according to the definitions agreed to by CIHI and the nursing regulatory authorities.

Supply of Registered Psychiatric Nurses growing since 2009

The number of Registered Psychiatric Nurses eligible to practice in Canada in 2013 was 5,617, a growth of 5.6% since 2009 and 7.8% over a 10 year period.[28] The supply of Registered Psychiatric Nurses has averaged a 1.4% growth rate since 2009, suggesting an increasing interest in this nursing profession. Anecdotally, most of the educators contacted for the study acknowledged that there is and has been a waiting list for their psychiatric nursing programs.

Registered Psychiatric Nurses accounted for 1.4% of Canada's regulated nurse workforce, which has continued to grow and outpace the growth of Canada's population and the Canadian labour force since 2009.[29] In 2013, a total of 408,093 nurses were eligible to practice in Canada; 296,029 were RNs (including Nurse Practitioners) and 106,447 were LPNs.

The inflows and outflows of Registered Psychiatric Nurses provide a better understanding of the changes in supply over time. CIHI defines *inflows* as "when a Registered Psychiatric Nurse registers to practice in a jurisdiction in which she/he did not register the previous year" and *outflows* as "when a Registered Psychiatric Nurse fails to renew her/his registration in a jurisdiction of the following year".

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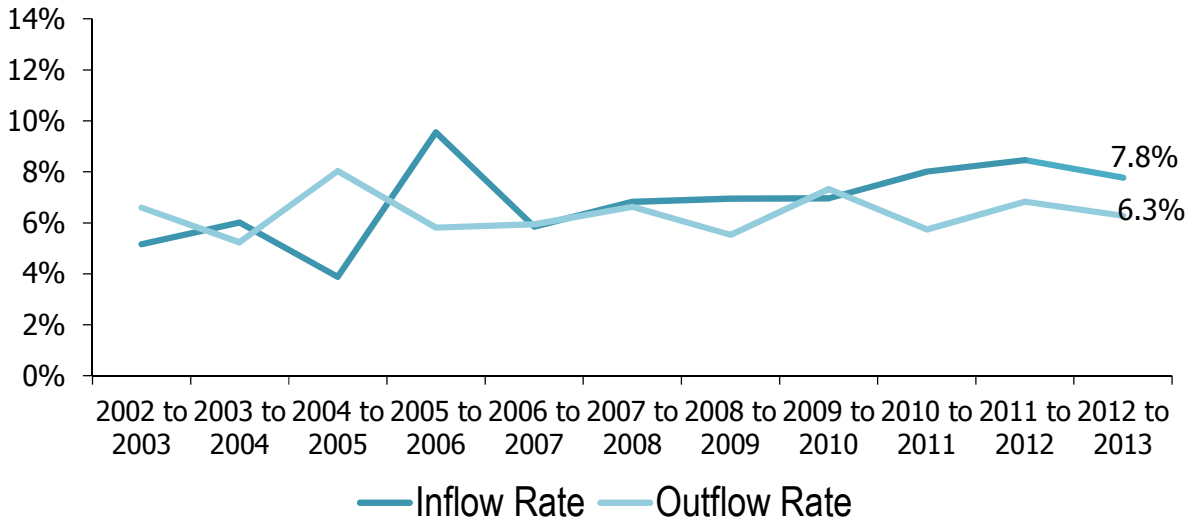
[28] Canadian Institute for Health Information. (2014). Regulated Nurses 2013 report. https://secure.cihi.ca/free_products/Nursing-Workforce-2013_EN.pdf. Accessed August 5, 2014. There are differences in data collection as well as definitions that should be considered if comparing data among the three nursing groups.

[29] Ibid

Registered Psychiatric Nurse inflow and outflow rates vary more than those of the RNs and LPNs because of the smaller total numbers of inflows and outflows. In the most recent year, the inflow and outflow rates for Registered Psychiatric Nurses declined as presented in Figure 3. This was also the case in the preceding year. In 2013, the number of inflows represented 8.2% of the total Registered Psychiatric Nurse supply for that year. This did not change much from 2012, at which time the total represented 8.5%. The same was true for the outflow.

FIGURE 3: Inflow and outflow rates for Registered Psychiatric Nurses, Canada, 2002-2013

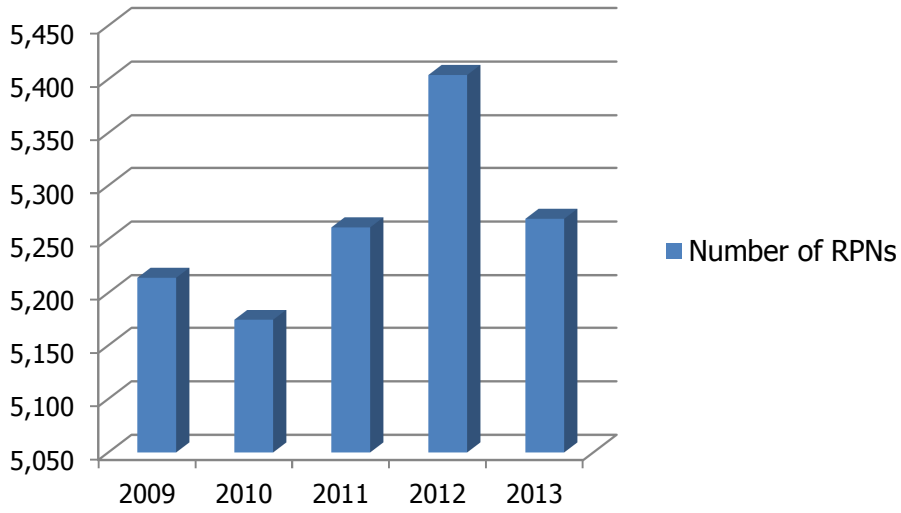


Of those Registered Psychiatric Nurses who did not renew their registration after 2012 (about 347 Registered Psychiatric Nurses), the majority (34.6%) were between 40 – 59 years. Surprisingly, 33.4% were younger than 40. This number of Registered Psychiatric Nurses younger than 40 who did not renew their registration has continued to increase since 2010, from 77 to 109 in 2011, to 116 in 2012. Reasons for the increment were not explored in this study and although the numbers are small, it would be of interest to investigate and determine if the inability to move outside the western provinces and practice as a Registered Psychiatric Nurse is one reason.

Full-time and part-time employment increasing

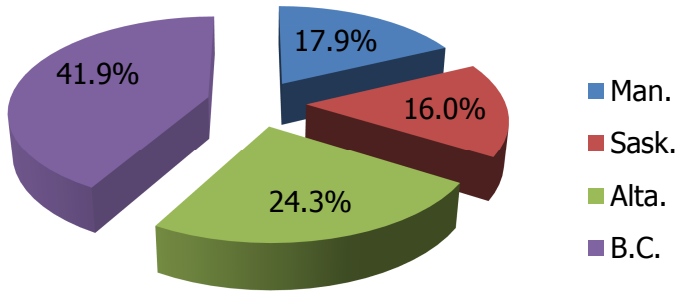
A total of 5,269 Registered Psychiatric Nurses were employed in 2013. This was a 2.5% decrease from the year before but an increase in numbers before 2012. As Figure 4 illustrates, the employment number of Registered Psychiatric Nurses has fluctuated since 2009, showing a slight decrease between 2009 and 2010 and again between 2012 and 2013. Employment greatly increased between 2011 and 2012. Although slight, reasons for the decrease in employment numbers from were not explored and can vary.

FIGURE 4: Total number of Registered Psychiatric Nurses employed for the years 2009 to 2013



British Columbia accounted for the majority of the Registered Psychiatric Nurses employed in 2013, while Alberta accounted for the second most, followed by Manitoba and Saskatchewan as shown in Figure 5. This trend did not change since 2009.

FIGURE 5: Registered Psychiatric Nurse employment by jurisdiction



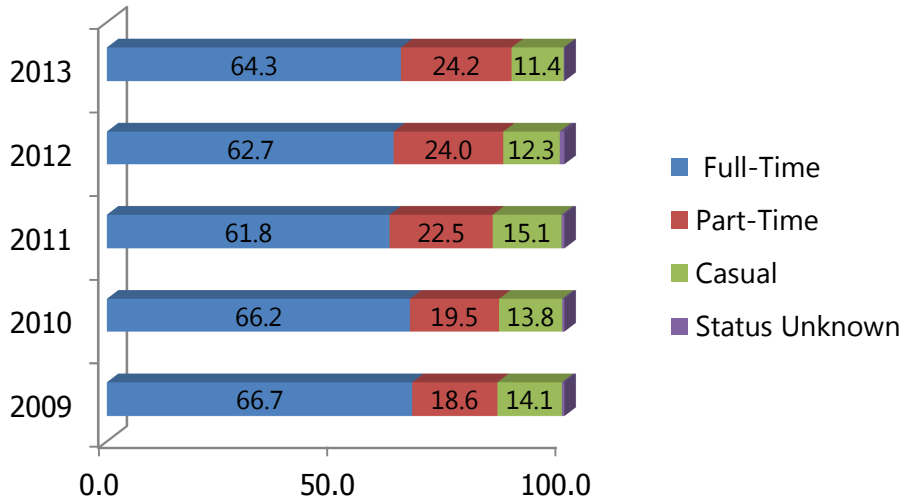
Source: Nursing Database, Canadian Institute for Health Information. 2014.

British Columbia and Manitoba's employment numbers dropped 5.8% and 1.7% respectively between 2012 - 2013. Saskatchewan and Alberta enjoyed slight increases of less than 2%. The majority of the 5,269 Registered Psychiatric Nurses were employed full-time in 2013 as illustrated in Figure 6. This is an improvement over 2011 and 2012.[30] Fifty-seven percent of

[30] CIHI defines full-time eimployment as the regulated nurse's official status with her/his primary employer regardless of their position, place of work or area of responsibility. As such, regulated nurses working in direct care, education, research and/or administration are included in this analysis.Full-time employment data as collected by CIHI does not reflect the number of hours worked (or number of positions held).

Registered Psychiatric Nurses obtained full-time employment three years after graduation. In 2013 Registered Psychiatric Nurses were, on average, reaching the rate of full-time employment six years post-graduation.[31] In comparison, RNs reached the average rate of full-time employment four years after graduation and LPNs typically seven years after graduation.

FIGURE 6: Employment status for Registered Psychiatric Nurses as percentage of total employed Registered Psychiatric Nurses, Canada, 2009-2013



Source: Nursing Database, Canadian Institute for Health Information. 2014.

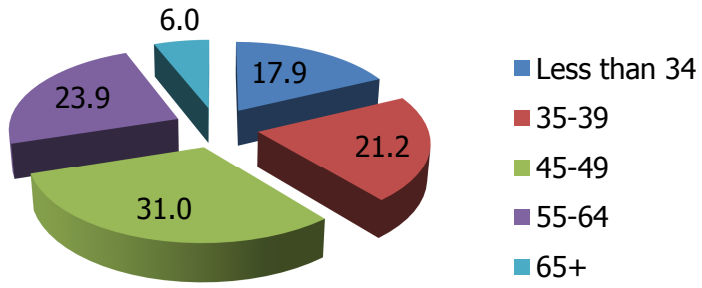
Part-time employment of Registered Psychiatric Nurses has continued to increase since 2009. The number of casually employed Registered Psychiatric Nurses has been decreasing since 2009 with the exception of 2011. There are more part-time Registered Psychiatric Nurses working in Alberta than the other western provinces. Alberta accounted for 35.5% of the total part-time employment of Registered Psychiatric Nurses in 2013.

Aging workforce

The average age of the Registered Psychiatric Nurse workforce in 2013 was 47.2 years, older than the average age of RNs (45.1 years) and LPNs (42.3 years). Figure 7 presents the age distribution of the Registered Psychiatric Nurse workforce in 2013.

[31] Canadian Institute for Health Information. (2014). Regulated Nurses 2013 report. https://secure.cihi.ca/free_products/Nursing-Workforce-2013_EN.pdf.

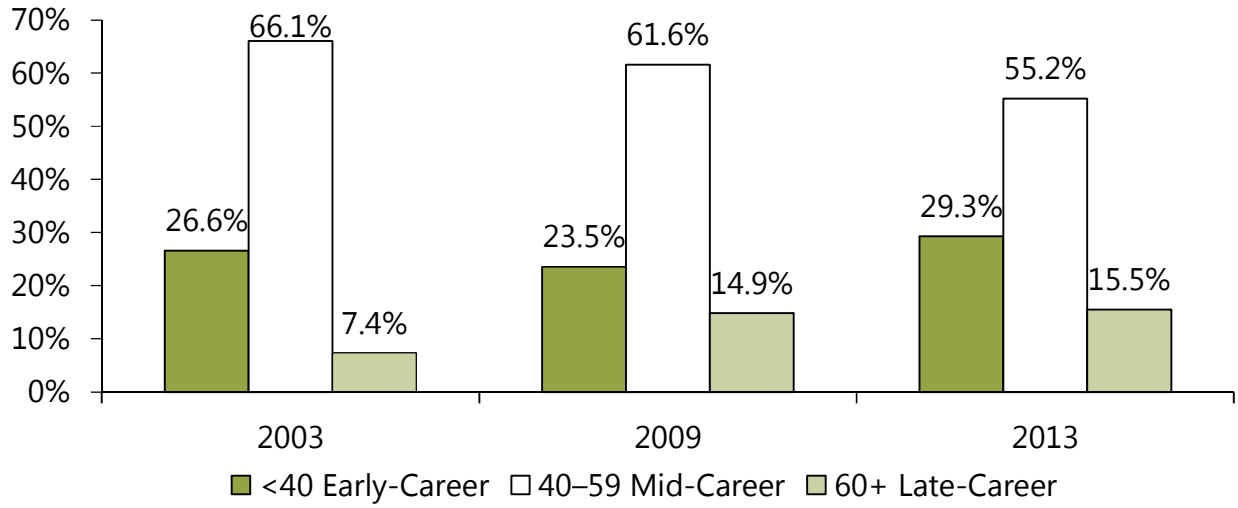
FIGURE 7: Registered Psychiatric Nurse workforce by age, 2013



Source: Nursing Database, Canadian Institute for Health Information. 2014.

Sixty percent of the Registered Psychiatric Nurse workforce was between 45 and 64 years. The number of Registered Psychiatric Nurses age 60 and older more than doubled between 2003 and 2013. In 2003, 378 Registered Psychiatric Nurses in Canada were age 60 and older; by 2013, that number had reached 871.[32] In contrast, the number of Registered Psychiatric Nurses in mid-career (40 – 59) declined between 2003 and 2013 as depicted in Figure 8.

FIGURE 8: Registered Psychiatric Nurses by Selected Age Groups for 2003, 2009 and 2013



Source: Canadian Institute for Health Information. 2014

No changes in gender representation

Female Registered Psychiatric Nurses continued to outnumber male Registered Psychiatric Nurses; in 2013, 78.3% of the Registered Psychiatric Nurse workforce was female. This trend has remained the same over the past five years. Registered Psychiatric Nurses continued to have the

[32] Canadian Institute for Health Information. (2014). Regulated Nurses 2013. Chartbook. Accessed September 10, 2014. https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2646&lang=en.

highest proportion of male nurses among the regulated nursing workforce; 21.6% of the Registered Psychiatric Nurse workforce was male compared to 8.3% of the LPN and 7.1% of the RN workforce in 2013.

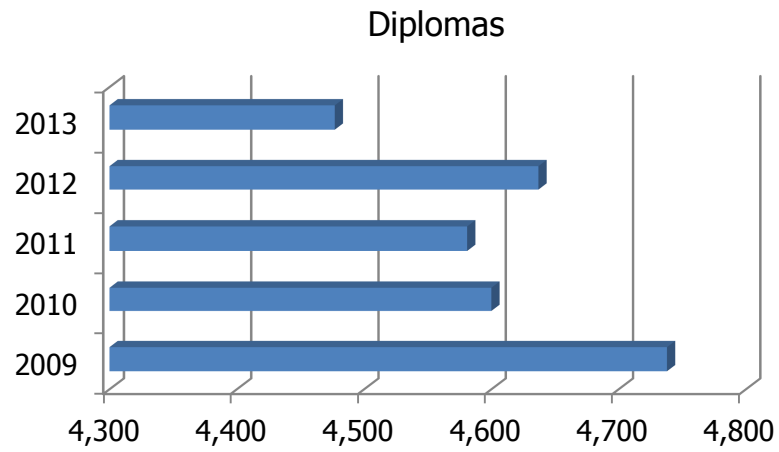
Increase in number of baccalaureates as highest level of education

Since 2009, the number of Registered Psychiatric Nurses in the workforce whose highest level of education in psychiatric nursing was a Baccalaureate increased by 67.3% as illustrated in Figure 9. There were more Registered Psychiatric Nurses with a degree education in psychiatric nursing 2013 than 2012, a 3.5% increment. The decrease in diploma educated and increase in degree educated Registered Psychiatric Nurses exemplifies the transitioning of the psychiatric nursing education. Less than 1% of the Registered Psychiatric Nurses had a Master's/Doctorate degree. While the total number of Registered Psychiatric Nurses with a Master's/Doctorate degree grew since 2009[33], the numbers remained more or less between 19 and 21 graduates since 2010.

Only 7.1% of Registered Psychiatric Nurses in the workforce[34] graduated from an international program. While slight, the total number of internationally educated graduates of a psychiatric program and working in the workforce decreased by 6% since 2012 and by 6.6% since 2009. In 2012, over 80% of the international graduates came from the United Kingdom.

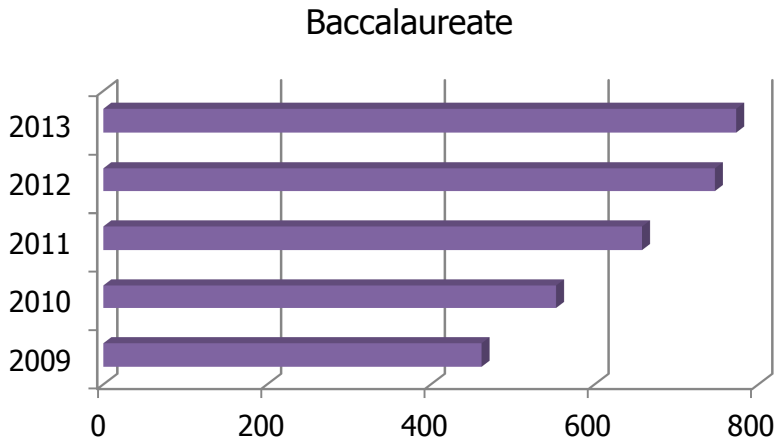
Source: Nursing Database, Canadian Institute for Health Information. 2014.

FIGURE 9: Registered Psychiatric Nurse workforce by highest level of education, 2009 – 2013



[33] This includes Registered Psychiatric Nurses in the workforce who have a masters/doctorate degree. It does not necessarily indicate that the degrees are in psychiatric nursing.

[34] The total number includes Canadian and international educated and does not include those Registered Psychiatric Nurses who did not state their location of graduation and place of registration.



Source: Nursing Database, Canadian Institute for Health Information. 2014.

Decreasing number of Registered Psychiatric Nurses in long-term care

The majority of Registered Psychiatric Nurses, 44.4%, were employed in hospitals in 2013, while 27.3% were employed in community health[35] and 16.3% in nursing home/long-term care. The rest worked in other places of employment in the following categories: educational institution, business/industry/occupational health office, private nursing agency or psychiatric nursing agency/private duty, self-employed/private practice, and correctional agency (refer to Table 4).

TABLE 4: Registered Psychiatric Nurse workforce, place of work, Western Canada, 2013

PLACE OF WORK	% OF TOTAL WORKFORCE
Hospital	44.4
Community Health	27.3
Nursing Home/LTC	16.3
Other Place of Work	12.0
TOTAL	100

Source: Nursing Database, Canadian Institute for Health Information. 2014.

[35] Includes a nursing station (outpost or clinic), home care agency, and community mental health agency/community health centre. The category "Mental Health Centre" does not exist for Registered Psychiatric Nurses as it does for RNs and LPNs. Although, Registered Psychiatric Nurses do not have Mental Health Centre as a Place of Work, they do have Community Mental Health Centre. Although the two centres may sound the same, the work that is done at both is different. RNs and LPNs identified that their roles and responsibilities were more clinical/hands on in nature when one is working at a Mental Health Centre, whereas Registered Psychiatric Nurses identified Community Mental Health Centre as centred more in counselling and psychological wellbeing, and is more comparable to Community Health nursing. Therefore the data found in Mental Health Centre for RNs and LPNs is more comparable to the data found under Hospital for Registered Psychiatric Nurses, rather than Community Mental Health Centre. The creation of these workplaces and their definitions were created jointly by CIHI and each nursing profession, while always trying to create comparable groupings between the professions.

Community health and the hospitals have experienced an incremental increase of Registered Psychiatric Nurses since 2009, 14.3% and 2.7% respectively. While nursing home/long-term care witnessed a very slight increase in the number of Registered Psychiatric Nurses between 2012 and 2013 (0.4%), the number of Registered Psychiatric Nurses working in this place of work decreased by 11.3% since 2009, at which time 971 Registered Psychiatric Nurses worked in this area as compared to 861 in 2013. This may be the result of how the workforce is utilized. Registered Psychiatric Nurses might be providing psychogeriatric services outside of the longterm care facilities. The number of RNs working in nursing home/long-term care dropped by 2.8%, while the LPN workforce in this area has increased by 3.5% since 2009.

Similarly, fewer Registered Psychiatric Nurses identified geriatric/long-term care as their 'area of responsibility' in direct care between 2009 and 2013, a 13% decrease. A special data run analyzing the place of work and area of responsibility (direct care) for Registered Psychiatric Nurses for the years 2010 to 2012 also showed a drop in the number of Registered Psychiatric Nurses working in a hospital and responsible for geriatric/long-term care (by more than 20% between 2010 and 2012). RNs also witnessed a 2.3% decrease in the number of RNs who identified geriatric/long-term care as their 'area of responsibility' while LPNs saw a 13.0% increase. Further research to explore the reasons for the decline in Registered Psychiatric Nurses and RNs given the aging population is warranted.

In 2013 more Registered Psychiatric Nurses, or 88.7% of the workforce, worked in direct care, an incremental increase of 1.4% since 2009. About 7.8% worked in administration and 3.6% in education and research, an increase of 24.7% and 16.1% respectively since 2009. Of those Registered Psychiatric Nurses working in direct care, 28.2% reported acute services as their 'area of responsibility' as summarized in Table 5.

TABLE 5: Registered Psychiatric Nurse workforce by area of responsibility in direct care, 2013

AREA OF RESPONSIBILITY	% OF TOTAL REGISTERED PSYCHIATRIC NURSES IN DIRECT CARE
Acute Services	28.2
Geriatric/long-term care	16.4
Other direct care	14.6
Rehabilitation	11.3
Forensic services	8.5
Children & adolescent services	6.2
Crisis/emergency services	5.1
Addiction services	4.8
Development habilitation/disabilities	2.8
Medical/surgical	1.3
Occupational health	0.3
Pediatric	0.1
Oncology	†
Palliative care	†
Total	99.6

† Digit suppressed in accordance with CIHI's privacy policy; digit is from 0 to 9.
Totals may not sum to the workforce as Not Stated values are excluded from this table.
Source: Nursing Database, Canadian Institute for Health Information, 2014.

Addiction services each saw an increase of 32.7% respectively between 2009 and 2013 from 168 to 223 Registered Psychiatric Nurses.

By comparison, the following five 'areas of responsibility' were the most identified by RNs:

AREA OF RESPONSIBILITY	% OF RNs IN DIRECT CARE
Medical/surgical	17.9
Other direct care	16.1
Geriatric/long-term care	10.5
Emergency care	7.8
Critical care	7.4

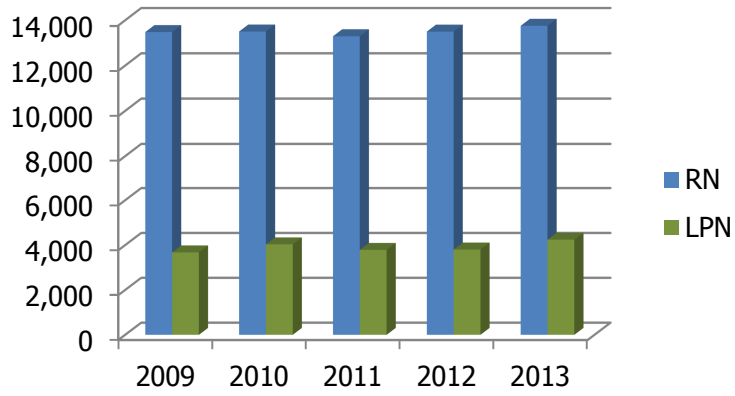
Psychiatric/mental health was identified by 5.8% of RNs working in direct care, an increase of 2.0% since 2009. LPNs also identified the same top three 'areas of responsibility' as the RNs, but geriatric/long-term care saw an increase of 13.0% since 2009 and was the top 'area of responsibility' employing LPNs. Psychiatric/mental health also grew by 13.0% since 2009 and was identified by 4.7% of the total LPNs in direct care.

6.0 PSYCHIATRIC NURSING in the REST of CANADA

Who is providing psychiatric nursing care in the jurisdictions where Registered Psychiatric Nurses are not recognized and therefore not employed? According to the stakeholders consulted in the key informant interviews, this care is being provided by RNs and LPNs. CIHI's Health Workforce Database 2014 was examined to identify the number of RNs and LPNs working in psychiatric/mental health direct care in Canada and in each jurisdiction. A special data run was also requested for the CIHI RN and LPN databases to further analyze RNs and LPNs working in psychiatric/mental health by place of work for the years 2010 to 2012. The place of work included: hospital[36], mental health centre, community health, nursing home/long-term care and other place of work. For the purposes of this report, data for the mental health centre place of work was examined only. Unfortunately, the CIHI special run data did not identify the RNs who received CNA Certification – Psychiatric/Mental Health, limiting the ability to explore how many of the RNs with this certification identified psychiatric/mental health as an area of responsibility or work in a mental health centre (place of work).

A total of 13,754 RNs and 4,240 LPNs indicated that they worked in psychiatric/mental health, direct care in 2013, representing 5.8% and 4.7% respectively of the total workforce in direct care. These 2013 employment numbers represent an increase for both RNs and LPNs since 2009 (by 2.1% and 15.4% respectively) and 2012 (by 1.9% and 11.5% respectively) as illustrated in Figure 11. Whether all practical nurse programs include a stand alone mental health course in their curriculum was not explored. At the very least, the concepts are woven throughout the programs to meet the practical nurses' entry to practice competencies for mental health which do not allow for autonoumous practice in mental health.

FIGURE 10: RN and LPN workforce in psychiatric/mental health area of responsibility, direct care, 2009-2013



Source: Nursing Database, Canadian Institute for Health Information. 2014.

[36] Hospital included data from hospital (general, maternal, pediatric, and psychiatric) as well as rehabilitation/convalescent centre.

Of the total 13,754 RNs who identified psychiatric/mental health as their area of responsibility in 2013, 40.6% were from Ontario, 26.1% from Quebec and 10.8% from British Columbia. Atlantic Canada accounted for 10.6% and the northern territories for less than 0.5%. About 22.5% of RNs working in direct care in western Canada identified psychiatric/mental health as their area of responsibility.

The special run data permits a more in-depth analysis of the RNs and LPNs working in psychiatric/mental health by place of work. The totals may not match those reported in CIHI's Health Workforce database due to suppressed figures. In 2012, 25.5% of RNs whose area of responsibility was psychiatric/mental health worked in a mental health centre. This was a slight increase of 1.8% from 2010. The majority of RNs in that same year and for that same area of responsibility worked in a hospital as outlined in Table 7.

TABLE 7: Number and percentage of RNs who's area of responsbility was psychiatric/mental health by places of work, Canada, 2012

	TOTAL COUNT	%
Hospital	7,685	57.2
Mental Health Centre	3,422	25.5
Community Health	1,076	8.0
Nursing Home/LTC	404	3.0
Other place of work*	842	6.3
TOTAL	**13,429**	**100.0**

Source: Nursing Database, Canadian Institute for Health Information, 2013

The reverse was true for LPNs; 46.9% of LPNs whose area of responsibility was psychiatric/mental health worked in a mental health centre, while 36.2% worked in a hospital (refer to Table 8).

TABLE 8: Number and percentage of LPNs who's area of responsbility was psychiatric/mental health by places of work, Canada, 2012

	TOTAL COUNT	%
Mental Health Centre	1,890	46.9
Hospital	1,458	36.2
Nursing Home/LTC	292	7.3
Community Health	249	6.2
Other place of work*	138	3.4
TOTAL	**4,027**	**100.0**

* Other place of work includes data from business/industry/occupational health office, private nursing agency/private duty, self-employed, educational institution, association/government and other.

Source: Nursing Database, Canadian Institute for Health Information, 2013

Employers who participated in the key informant interviews for this reportconfirmed that, for the most part, RNs provided psychiatric nursing care in various practice settings. LPNs together with other health care providers (such as social workers and unregulated providers) also provided some psychiatric nursing care. A major challenge cited was the entry-level RNs and LPNs' lack of in-depth knowledge and experience in mental health and addictions. Mental health experience was acquired over time. Stakeholders commented that few RN graduates moved into mental health practice upon graduation and that LPN graduates were not comfortable working in mental health immediately after graduation, citing that they needed more training. Employers provided orientation training in mental health to RNs and LPNs to address this challenge. This training varied in length, format, and content. Lack of standards and inconsistent training were issues raised by employer stakeholders interviewed. That is, the quality and success of the orientation training provided depended upon the instructor and therefore varied within the workplace.

In 2003, Nova Scotia established the RN Professional Development Centre (RN-PDC) to provide further training to RNs. The RN-PDC offers programs that can lead to one of the CNA's Specialty Certifications.[37] Full- and part-time programs are offered in mental health in three areas: psychiatric mental health nursing, suicide risk assessment and intervention interprofessional, and promoting recovery in mental health. Quebec created a Master's Nursing program in mental health in response to the lack of training for RNs to provide front-line psychiatric nursing. The Master's program is part of the Quebec government's restructuring of mental health services and the creation of multi-disciplinary teams.

7.0 CONCLUSION

Canada's national mental health strategy has prompted attention from healthcare providers and provincial and territorial governments to mental health and addictions. The ever increasing costs of mental health and addiction problems and illnesses are daunting, but not acting to address these human and economic costs is not an option. Central to any action is human resources: ensuring that the right supply of knowledgeable and skilled healthcare providers are accessible. Registered Psychiatric Nurses are part of this solution. Western Canada and the territories have long since recognized the value and support Registered Psychiatric Nurses bring to nursing care and to healthcare teams. While the barriers to recognizing and improving mobility of Registered Psychiatric Nurses across Canada are great, they are not insurmountable. Several enablers and options are offered. The next steps reside with the Registered Psychiatric Nurse community to consider in their quest to complement the mental health and addictions team in Canada.

[37] Registered Nurses Professional Development Centre. About RN-PDC. Retrieved August 14, 2014. http://rnpdc.nshealth.ca/.

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APPENDIX A: DETAILS ABOUT RESEARCH METHODS EMPLOYED

Focus Groups

Three separate focus groups were conducted by telephone with Registered Psychiatric Nurses. Participants self-identified to participate through the online survey. Some participants also sent emails to the project manager expressing an interest in participating in the focus groups. A total of 17 Registered Psychiatric Nurses participated; the majority were from British Columbia, followed by Alberta, Manitoba and Saskatchewan. The primary practice areas included clinician; corrections; management (policy, strategic planning, health authority); hospital; and child psychiatry.

Key Informant Interviews

Key informant interviews were conducted predominately by telephone and completed with 28 participants across Canada. Different questions were discussed with the Registered Psychiatric Nurse regulatory authorities.

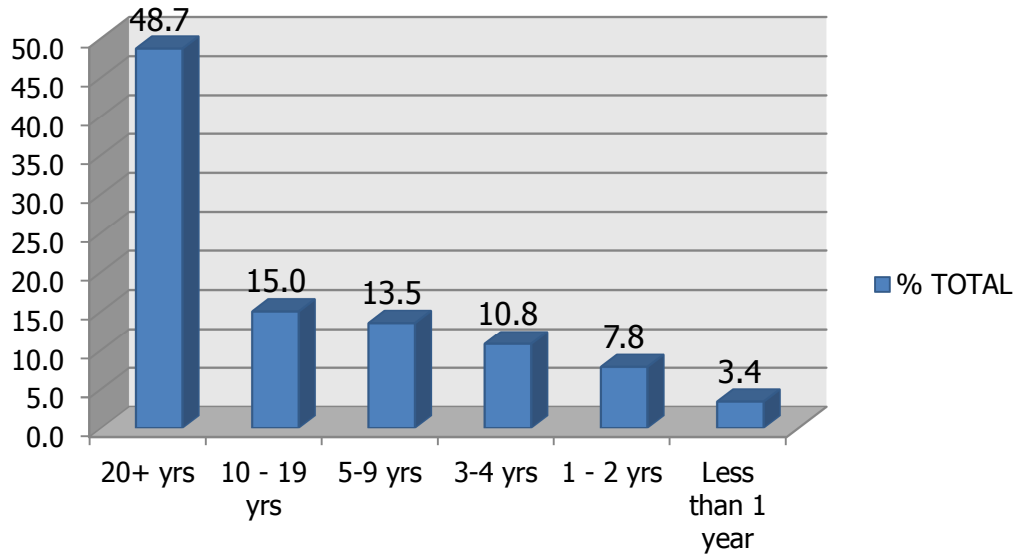
Online Survey

The majority of respondents were registered in Canada; few respondents were internationally educated. The response rate per province was consistent with the proportion of registrants. British Columbia represented the majority of the respondents (42.6%) with Alberta accounted for 25.4%, Saskatchewan 16.0%, Manitoba 15.9% and the Yukon less than 1%.

Characteristics of survey respondents

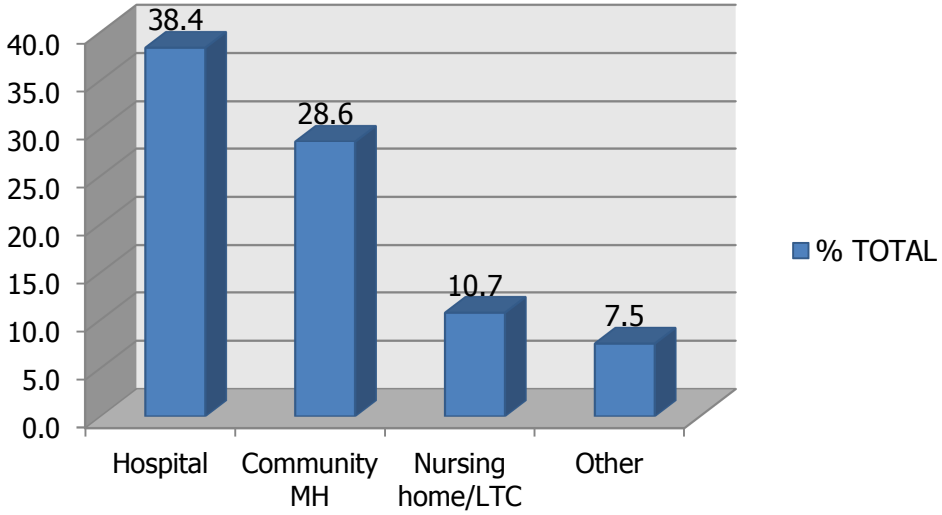
The majority of respondents practiced for 20 years or more as illustrated in Figure 12. About 38% of the total respondents' primary place of employment was in a hospital as highlighted in Figure 13. The other categories included education, corrections, residential care, associations/government, home care, self-employed, nursing stations, business/industry, private and physicians office. The primary area of practice for 25.4% of the Registered Psychiatric Nurses responding to the survey was in acute services. Geriatric/long-term care was cited by 15.9% as their primary practice area. Only 25% of respondents indicated they worked in another province/territory employing their psychiatric nursing skills and/or education. The majority of these respondents identified Alberta as the other province worked in (refer to Figure 14). Less than 5% worked outside the four western provinces. The majority of respondents who practiced in another province/territory (including western provinces) indicated that they were registered as an Registered Psychiatric Nurse. Less than 4% were registered as RNs and no respondents were registered as LPNs. Four percent of the respondents either did not register in that province/territory, were registered as both RN and Registered Psychiatric Nurse, or were working in another capacity in health care.

FIGURE 12: Number of years practising as a Registered Psychiatric Nurse



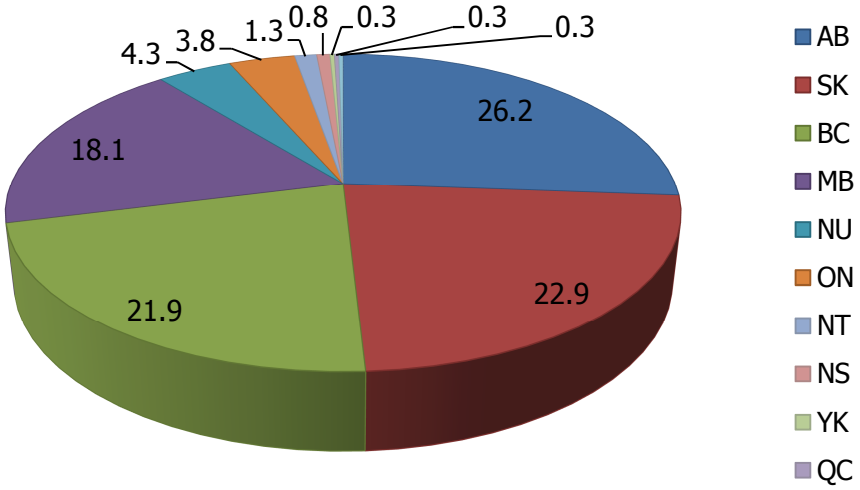
Source: Registered Psychiatric Nurse Regulators of Canada. (2014). Mobility and Assessment of Canadian and Internationally Educated Psychiatric Nurses: Environmental Scan.

FIGURE 13: Primary place of employment



Source: Registered Psychiatric Nurse Regulators of Canada. (2014). Mobility and Assessment of Canadian and Internationally Educated Psychiatric Nurses: Environmental Scan.

FIGURE 14: Other province/territory respondents worked in



Source: Registered Psychiatric Nurse Regulators of Canada. (2014). Mobility and Assessment of Canadian and Internationally Educated Psychiatric Nurses: Environmental Scan.

APPENDIX B

Registered Psychiatric Nurses Online Survey

Registered Psychiatric Nurses *of* Canada

providing leadership for the profession of psychiatric nursing

Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses

Thank you for your interest in completing the Registered Psychiatric Nurses (Registered Psychiatric Nurse) online survey. We are seeking your input to identify and understand the challenges and enablers impacting the mobility of Canadian and internationally educated Registered Psychiatric Nurses in Canada. The Registered Psychiatric Nurses of Canada launched a pan-Canadian initiative aimed to improve the mobility and assessment of Canadian and internationally educated Registered Psychiatric Nurses. A component of the project is an environmental scan of Registered Psychiatric Nurses in Canada. The Health HR Group has been contracted to complete the research for the scan. The Registered Psychiatric Nurse online survey is one research method we are using to collect data from a variety of stakeholder groups in nursing and healthcare.

Registered Psychiatric Nurses are a key stakeholder group that we want to hear from. Your responses will be anonymous and confidential. We will only report data on an aggregate level. The information resulting from the survey will be incorporated with other data and information collected and reported in a final environmental scan report. The survey will take you no more than five (5) minutes to complete.

Please complete the survey by February 28, 2014. If you have any problems accessing the survey, please contact Jody Layer at jody@hhrgroup.ca. Thank you for your time.

In what province or territory are you currently registered as a Registered Psychiatric Nurse? (select one)

- ○ Yukon
- ○ British Columbia
- ○ Alberta
- ○ Saskatchewan
- ○ Manitoba

In what province or territory have you previously been registered as a Registered Psychiatric Nurse? (select one)

- ○ Yukon
- ○ British Columbia
- ○ Alberta
- ○ Saskatchewan
- ○ Manitoba
- ○ Never was registered in another province

Where do you currently practice in Canada?

- ○ Northwest Territories
- ○ Yukon
- ○ Nunavut
- ○ British Columbia
- ○ Alberta
- ○ Saskatchewan
- ○ Manitoba
- ○ Ontario
- ○ Quebec
- ○ New Brunswick
- ○ Nova Scotia
- ○ Prince Edward Island
- ○ Newfoundland and Labrador

Were you registered as a Registered Psychiatric Nurse before coming to Canada?

- ○ Yes
- ○ No

What determined the province/territory you moved to in Canada? (select all that apply)

- ☐ Registered Psychiatric Nurses are regulated in my current location
- ☐ Employment opportunities for me
- ☐ My partner's employment
- ☐ Family already in this location
- ☐ Economic, cultural, and/or social factors
- ☐ No reason
- ☐ Don't know
- ☐ Other, please specify _____

Would you have moved to another province/territory if Registered Psychiatric Nurses were regulated in that province/territory?

- ○ Yes
- ○ No

Where would you have considered moving to?

- ○ Northwest Territories
- ○ Yukon
- ○ Nunavut
- ○ British Columbia
- ○ Alberta
- ○ Saskatchewan
- ○ Manitoba
- ○ Ontario
- ○ Quebec
- ○ New Brunswick
- ○ Nova Scotia
- ○ Prince Edward Island
- ○ Newfoundland and Labrador

How long have you practiced as a Registered Psychiatric Nurse in Canada? (select one)

- ○ Less than 1 year
- ○ 1-2 years
- ○ 3-4 years
- ○ 5-9 years
- ○ 10-19 years
- ○ 20+ years

Where is your primary place of employment (place where you work the most hours) in Canada?

- ○ Hospital (general, maternal, pediatric, psychiatric)
- ○ Community mental health agency/community health centre
- ○ Nursing station (outpost or clinic)
- ○ Home Care agency
- ○ Nursing Home/Long-term care facility
- ○ Residential care facility – care, treatment, training and community preparation to target persons with developmental handicap/disability
- ○ Business/Industry/Occupational Health Office
- ○ Private Nursing or Psychiatric Nursing Agency/Private Duty
- ○ Physician's Office/Family Practice Unit
- ○ Self-Employed/Private Practice
- ○ Educational Institution
- ○ Association/Government – dealing with policy development and/or the protection of the public
- ○ Correctional Agency
- ○ Other (please describe) _____

What is your primary area of practice of psychiatric nursing within the agency/facility of your primary employment? (select one)

- ○ Medicine/surgery
- ○ Children and adolescent services – clinical/crisis services to clients under the age of majority and to their families
- ○ Pediatric
- ○ Geriatric/long-term care
- ○ Rehabilitation
- ○ Developmental habilitation/disabilities
- ○ Addiction services
- ○ Crisis/Emergency services
- ○ Acute services
- ○ Occupational Health
- ○ Forensic services
- ○ Oncology
- ○ Palliative Care
- ○ Other direct care
- ○ Acute services
- ○ Administration nursing service
- ○ Education
- ○ Research
- ○ Other (please describe) _____

Have you ever worked in another province/territory in Canada where you used your psychiatric nursing skills or education?

- ○ Yes
- ○ No

In what other province/territory did you work in? (select all that apply)

- ☐ Northwest Territories
- ☐ Yukon
- ☐ Nunavut
- ☐ British Columbia
- ☐ Alberta
- ☐ Saskatchewan
- ☐ Manitoba
- ☐ Ontario
- ☐ Quebec
- ☐ New Brunswick
- ☐ Nova Scotia
- ☐ Prince Edward Island
- ☐ Newfoundland and Labrador

Were you registered to practice in that province or territory as a:

- ○ Registered Nurse (RN)
- ○ Licensed/Registered Practical Nurse (L/RPN)
- ○ Registered Psychiatric Nurse (RPN)
- ○ Other (please describe) _____

Did you face any challenges moving to another province/territory and finding work where you could use your qualifications as a Registered Psychiatric Nurse?

- ○ Yes
- ○ No

What challenge(s) did you face moving to another province/territory and finding work where you could use your qualifications as a Registered Psychiatric Nurse? (select all that apply)

- ☐ My Registered Psychiatric Nurse credentials were not accepted
- ☐ I could not work to my full scope of practice
- ☐ There was no job opening for a Registered Psychiatric Nurse
- ☐ Other (please describe) _____

How did you manage these challenges?

- ○ Obtained the necessary credentials to work as a Registered Nurse
- ○ Obtained the necessary credentials to work as a Licensed/Registered Practical Nurse
- ○ Found employment in mental health in another role other than a Registered Psychiatric Nurse
- ○ Found employment in healthcare in another role other than a Registered Psychiatric Nurse
- ○ Other (please describe) _____

Obtaining the necessary credentials to work as a Registered Nurse: (check as many as apply)

- ☐ Required that I take the full RN program as my psychiatric nursing education was not recognized
- ☐ Required that I take part of the RN program as some of my psychiatric nursing education was recognized
- ☐ Required that I take a few RN courses as most of my psychiatric nursing education was recognized
- ☐ Took less than one year
- ☐ Took more than one year but less than two years
- ☐ Took more than two years
- ☐ Presented a number of challenges such as: (Please describe) _____

Obtaining the necessary credentials to work as a Licensed/ Registered Practical Nurse: (select all that apply)

- ☐ Required that I take the full Licensed/Registered Practical Nurse program as my psychiatric nursing education was not recognized
- ☐ Required that I take part of the License/Registered Practical Nurse program as some of my psychiatric nursing education was recognized
- ☐ Required that I take a few License/Registered Practical Nurse courses as most of my psychiatric nursing education was recognized
- ☐ Took less than two years
- ☐ Took more than two years
- ☐ Presented a number of challenges such as: (Please describe) _____

Did you ever consider moving to another province/territory to work in psychiatric nursing?

- ○ Yes
- ○ No

Where did you consider moving to?

- ○ Northwest Territories
- ○ Yukon
- ○ Nunavut
- ○ British Columbia
- ○ Alberta
- ○ Saskatchewan
- ○ Manitoba
- ○ Ontario
- ○ Quebec
- ○ New Brunswick
- ○ Nova Scotia
- ○ Prince Edward Island
- ○ Newfoundland and Labrador

What prevented you from moving to another province/territory to work as a psychiatric nurse?

- ☐ My Registered Psychiatric Nurse credentials would not be accepted
- ☐ Family reasons
- ☐ No job openings
- ☐ Other (please describe) _____

List three (3) options of how you think the mobility of Registered Psychiatric Nurses can be improved in Canada.

Would you like to participate in a focus group of Registered Psychiatric Nurses? The focus groups will be held by teleconference in mid to late March 2014.

- ○ Yes
- ○ No

Please provide your name, telephone number and email address.

The focus groups will be two hour sessions convened by teleconference. We anticipate conducting the discussions mid- to late March. The purpose of the focus groups is to further explore the challenges Registered Psychiatric Nurses face when or if considering moving to another province or territory to work as a Registered Psychiatric Nurse.If you wish to provide written comments to the questions only, please provide us your name and email address.

Name

Daytime Telephone

Email Address

Thank you for completing the survey and providing your feedback.

APPENDIX C:
Focus Group Guide

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

1. Welcome and brief review of focus group objectives.

2. Introductions:
    a. name
    b. location of where you work (i.e., province/territory)
    c. location of your registration
    d. your practice
    e. where you moved to, or considered moving to

3. Describe the key challenges you faced when moving to another province/territory and being recognized as a Registered Psychiatric Nurse.
    a. If you did not move but contemplated moving, describe the challenges and/or obstacles you faced.

4. Discuss what factors if any helped you or could have helped you to relocate as a Registered Psychiatric Nurse in another province/territory.

5. Any other suggestions to improve the recognition and mobility of Registered Psychiatric Nurses in Canada?

6. Concluding comments and adjournment.

APPENDIX D:
Organizations Interviewed for Key Informant Interviews

Academy of Canadian Executive Nurses

Canadian Council of RN Regulators

Canadian Federation of Mental Health Nurses

Canadian Federation of Nurses Union

Canadian Mental Health Association

Canadian Nurses Association

Canadian Nurses Association

CARE for Nurses

Centre for Addiction and Mental Health

College of LPNs of Nova Scotia

College of Nurses of Ontario

College of Registered Psychiatric Nurse of BC

College of Registered Psychiatric Nurses of Alberta

College of Registered Psychiatric Nurses of Manitoba

College of Registered Psychotherapists of Ontario

College of RNs of Nova Scotia

Corrections – HOC FPT Working Group

Deputy Registrar of Health Professions, Government of Yukon

First Nations & Inuit Health Branch Health Canada - SK

Health Canada Alberta Region First Nations & Inuit Health

L'Ordre des infirmières et infirmiers du Québec

Principal Nursing Advisors (2)

Registered Psychiatric Nurses Association of Saskatchewan

RNs

RN Educator UNB

The Nurses Association of New Brunswick

The Royal–Mental Health Care

APPENDIX E:
Key Informant Interview Guide

1. Explore who is providing mental health services and psychiatric nursing care.
2. Are there shortages or surpluses of RNs with a psychiatric/mental health specialty?
3. Describe any challenges with the current services and care provided.
4. How are you managing these challenges?
5. What would you like to see changed to better manage these challenges and provide better care?
6. How would the current healthcare team benefit from a Registered Psychiatric Nurse?
7. What challenges do you see in involving a Registered Psychiatric Nurse on the healthcare team?
8. How can these challenges be overcome?
9. Do you have any other comments or thoughts you would like to share?

APPENDIX F:
Key Informant Interview Guide - Registered Psychiatric Nurse Regulatory Authorities

1. Is there a surplus or shortage of Registered Psychiatric Nurses currently? And in the next three years?

2. Do other RNs work in mental health and addictions services? Do these RNs and Registered Psychiatric Nurses work together as colleagues?

3. How are those Registered Psychiatric Nurses who move outside of the Western provinces or Yukon employed? Do they remain in healthcare?

4. What are the top two or three mobility issues for Registered Psychiatric Nurses educated in and outside of Canada?

5. How can mobility be improved for Canadian and International Registered Psychiatric Nurses?

APPENDIX G:
Mental Health and Addiction Strategies implemented (or being implemented) Across Canada and Federally

NORTHWEST TERRITORIES	
2012	*A Shared Path Towards Wellness – Mental Health and Addictions, 2012 – 2015, Northwest Territories Health and Social Services.*
NUNAVUT	
Mention of developing a mental health strategy in 2010 but not able to find a strategy.	
2010	Nunavut Suicide prevention strategy. Nunavut Government.
YUKON	
2012	"Yukon forms chapter of national mental health group. Health minister says Yukon working on mental health strategy". No strategy found.
BRITISH COLUMBIA	
2011	*Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use in British Columbia*- Monitoring Progress: First Annual Report, Ministry of Health.
2010	*Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*, Ministry of Health.
ALBERTA	
2011	*Creating Connections: Alberta's Addiction and Mental Health Strategy*, Alberta Health Services.
SASKATCHEWAN	
May, 2013	Announcement by the Health Minister that an inter-ministerial action plan will be developed to address the complex and connected issues of mental health and addictions. Sectors of government to be involved include Health, Social Services, Education, Corrections and Policing and Justice. Commissioner Dr. Fern Stockdale was appointed to lead the initiative.
MANITOBA	
2011	*Rising to the Challenge: A Strategic Plan for the Mental Health and Well-Being of Manitobans*, Manitoba Health.

ONTARIO	
2011	*Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*, Ontario Health.
QUEBEC	
2005	*Plan d'action en santé mentale 2005-2010 - La force des liens, Ministère de la Santé et des Services sociaux.*
NEW BRUNSWICK	
2011	*The Action Plan for Mental Health in New Brunswick 2011-2018*, New Brunswick Ministry of Health.
NOVA SCOTIA	
2012	*Together We Can: The Plan to Improve Mental Health and Addictions Care for Nova Scotians*, Government of Nova Scotia Mental Health and Additions Strategy.
NEWFOUNDLAND AND LABRADOR	
2003	*Working Together for Mental Health: A Proposed Mental Health Services Strategy for Newfoundland and Labrador,* Department of Health and Community Services.
PRINCE EDWARD ISLAND	
2013	PEI Department of Health and Wellness completed a review of the mental health and addictions services and supports in PEI.
2011	*Strengthening Collaboration and Partnerships between Addiction Services and Community and Correctional Services*, PEI Addictions and Community and Correctional Services Protocol Committee.
2009	*The Path Forward: Prince Edward Island Mental Health Services Strategy*, Health PEI.
2007	*A PEI Youth Substance Abuse and Addiction Strategy: Framework Document*, Department of Health.
NATIONAL	
2012	*Changing Directions, Changing Lives: The Mental Health Strategy for Canada.*
2012	*Mental Health Strategy for Corrections in Canada.*

APPENDIX H:
Analysis of human resource development actions/initiatives contained in provincial, territorial and federal mental health strategies

NORTHWEST TERRITORIES *A Shared Path Towards Wellness – Mental Health and Addictions, 2012 – 2015 (2012)*
Action plan outlines four goals, the fourth being to improve the effectiveness of services. Human resource development is one action area identified to achieve this goal and involves: • developing an online orientation for Community Counseling Program staff; • providing training to mental health and addictions staff around working with youth; • developing standards and guidelines with performance measures to reflect the development of healthy and supportive work environments; • developing and implementing mental health and substance use training modules; • supporting program staff in the application of new skills in prevention, intervention and/or aftercare; and, • working with Human Resources and Education, Culture and Employment to create attractive career choices and pathways in mental health and addictions services.
BRITISH COLUMBIA Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia (2010)
British Columbia's 10 year plan outlines human resources development to: • focus on physician development and support to enhance the role and effectiveness of primary health care; • develop and implement mental health and substance use training modules and support physicians in the application of the new skills, practices and tools for diagnosis, treatment and follow-up of adults and youth, to enhance the role and effectiveness of primary health care; • increase the capacity of clinicians to deliver evidence-based services using various levels of intensity and in a variety of settings to enhance the availability of evidence-based therapy; and, • improve provider training and supports to increase knowledge related to substance use and MH to enhance the capacity of community-based mental health and substance use services.

ALBERTA *Creating Connections: Alberta's Addiction and Mental Health Strategy (2011)*
One of the strategy's five goals is to improve the capacity of the workforce to effectively address addiction, mental health problems and mental illness.[38] Workforce development is one of seven key enablers necessary to realize the strategy and its goals. The key components include: • providing competency-based education to develop or enhance basic competencies and skills; • strengthening professional communities of practice to link health care professionals particularly those working in rural and more remote areas; • improving the level of understanding of addiction, mental health problems and mental illness within the primary health care environment to address stigma issues and knowledge of how, when and where to access appropriate services; • exploring the use of other service providers to improve coordination, the application of chronic disease management approaches, community liaison, and promotion and prevention; • establishing practice standards and guidelines for the type and level of care offered; • enhancing partnerships and training opportunities with non-government organizations and community support agencies by using competency-based models; and, • working collaboratively with universities and training institutions to conduct long-term workforce planning and to design appropriate curricula. A review of the funding and compensation models to optimize access to addiction and mental health services and supports and the use of resources as well as streamline processes is another key enabler identified in the strategy. Several initiatives for First Nation, Metis and Inuit (FNMI) people are embedded in the strategy. One such initiative includes FNMI and non-FNMI human resource capacity that focuses on establishing "cultural safety" for FNMI clients. This is achieved by hiring more FNMI staff, and by ensuring cultural competence among addiction and mental health care providers.

[38] Government of Alberta. (2011). Creating Connections: Alberta's Addictions and Mental Health Strategy. Accessed: http://www.health.alberta.ca/documents/Creating-Connections-2011-Strategy.pdf.

MANITOBA *Rising to the Challenge: A Strategic Plan for the Mental Health and Well-Being of Manitobans (2011)*
Workforce development is one of six goals in Manitoba's strategy.[39] The objectives of this goal are to: 1) enhance recovery-oriented service delivery competencies within the mental health workforce by collaborating with employers and educators; and, 2) collaborate with broader health, social and related workforce to develop policies and practices that support a recovery-oriented workforce for providers working in mental health and addictions. Two strategic actions aim to achieve the first objective: • develop a provincial workforce strategy to assess and guide recruitment, training and retention of the mental health services workforce; and, • enhance the competency of the mental health workforce with priority focus on cultural competency, co-occurring mental health problems and problematic substance use and gambling and trauma-informed care. The second objective will be achieved by: • developing a strategy to increase knowledge and use of recovery-based practices across systems; • developing a targeted anti-stigma campaign for service providers and educators; and, • strengthening the peer-support workforce. The summary report of the strategic plan's first year achievements was released in 2012. While a number of initiatives were implemented or were underway, including the establishment of six expert work groups for each goal, there was no report on the accomplishments of the workforce development goal. Since the 2012, there hasn't been another achievements report released.
ONTARIO *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy (2011)*
The Ontario government's 2011 mental health and addictions strategy embeds human resource development within several strategies and their corresponding initiatives. Enhancing capacity of first responders and strengthening family care will require: • assessing training programs and developing the necessary resources for referral and treatment to enhance capacity; and, • supporting training of family health care providers on early identification and the recovery approach aims to strengthen family care. Developing a competency-based workforce with standardized roles and responsibilities, and scope of practice is one of a number of initiatives identified to strengthen and integrate mental health and addictions services. Creating attractive career choices and pathways for providers working in mental health and addictions will also help move Ontario toward a better integrated, timely, quality-focused and person-directed system. The strategy's focus in the first three years is on children and youth. One of the initiatives proposed is to implement the Working Together for Kids' Mental Health to bring together educators, health care providers and community-based agencies to share training on early identification and collaboration on mental health assessments for youth and children. This fosters collaboration to ensure that mental health concerns are identified and children and youth are connected to appropriate services in a timely way.

[39] Government of Manitoba. 2011. Rising to the Challenge. A Strategic Plan for the Mental Health and Well-Being of Manitobans. file:///C:/Z/SkyDrive%20@%20Health%20HR%20Group/Z/a%20Projects%20-%20Active/RPNC/Environmental%20Scan/Literature/Prov%20strategies/MB%20Strategy.pdf.

QUEBEC *Plan d'action en santé mentale 2005-2010 - La force des liens, Ministère de la Santé et des Services sociaux (2005)*
Continuing development of the workforce is identified as essential to the implementation of Quebec's mental health strategy. Joint training between professionals is favoured. Several priority training areas are identified. Training was to focus on the following topics in the first two years of the plan: 1) suicide; primary care services (assessment and treatment of various mental disorders); and, treatments for mental illness in children and youth.
NEW BRUNSWICK *The Action Plan for Mental Health in New Brunswick 2011-2018 (2011)*
The Action Plan for Mental Health in New Brunswick: 2011 – 2018 identifies six goals. One goal is to enhance knowledge. Three commitments are outlined in the action plan to achieve this goal. The first focuses on enhancing the knowledge of health care providers by introducing curriculum on specific mental health subject matter areas and by providing compulsory ongoing training under clinical supervision. The second involves implementing an effective recruitment and retention strategy for mental-health-care professionals. Enhancing the knowledge of government and other service providers with respect to mental health issues is the third commitment made to achieving the overall goal of enhancing knowledge. This includes improving knowledge about mental health through education and on-the-job training.
NOVA SCOTIA *Together We Can: The Plan to Improve Mental Health and Addictions Care for Nova Scotians (2012)*
The plan proposes human resource development as actions to achieve the priority areas. The following actions are highlighted: • for first point of contact - enhance education for Emergency Health Services (EHS) paramedics to recognize and assist people displaying serious mental health and addictions problems which should result in more appropriate and timely access to health care. (Priority area: intervening and treating early for better results—with a focus on children and youth identifies) • for concurrent disorders - train care providers so they better serve people living with concurrent disorders having both a mental illness and addiction. (Priority area: shorter waits, better care) • increase mental health and addictions treatment services in First Nations communities, and offer cultural safety training to clinicians working with First Nations. (Priority area: aboriginal and diverse communities) • increase education for health care providers who work with seniors in long-term care facilities and in communities. (Priority area: aboriginal and diverse communities)
NEWFOUNDLAND AND LABRADOR *Working Together for Mental Health: A Proposed Mental Health Services Strategy for Newfoundland and Labrador (2005)*
Policy framework identifies a number of human resource issues that require attention. These include:1) retention of specialized addictions knowledge and skill as the mental health and addictions programs integrate; 20 challenges to retain and recruit professionals from core mental health disciplines especially psychologists and occupational therapists; and, 3) ongoing program development issues for example, provincial skill mix guidelines for new programs.
PRINCE EDWARD ISLAND *Review of the mental health and addictions services and supports in PEI (2013)*
Strengthening the mental health and addictions workforce was identified as a strategic priority area in the 2013 review. Since the review, the Mental Health Services Strategy has several projects in various stages of completion. Projects pertaining to human resources are in the planning stages.

NATIONAL *Mental Health Strategy for Corrections in Canada (2012)*
Improved human resource management is identified as a strategic priority. This entails the ongoing support, education, and training in mental health to enhance staff well-being, and the knowledge and skills to interact effectively with clients. Staff education and support was identified as a need in the consultations leading to the strategy. Specifically, training is required to recognize and respond to mental health problems and/or mental illnesses and also recognize and intervene when there are cues that indicate potential suicide risk.

APPENDIX I:

Guidelines for education requirements for Registered Psychiatric Nurses in Canada

The regulatory bodies for Registered Psychiatric Nurses in Canada have jointly established the following minimum accepted educational requirements for registered psychiatric nursing:

A. Theoretical Instruction Requirements

A minimum of 1000 hours of theoretical instruction is required. These must be actual hours of teacher-student contact, including "guided study," where your attendance at the location of teaching and learning was mandatory. These minimum hours do not include self-study, reading weeks or other forms of learning in an informal environment (though we acknowledge that these, too, are valuable forms of learning). The hours must be distributed as follows:

i) A minimum of 500 hours directly related to the development of psychiatric nursing competencies knowledge, skills, attitudes and judgment in content areas such as:

- therapeutic relationships/communications
- psychosocial interventions
- mental health and mental illness
- psychiatric medications
- psychiatric nursing ethics
- psychopharmacology

Regardless of the total number of program hours, all programs must cover this content at a minimum.

ii) A minimum of 225 hours related to the development of general nursing competencies - knowledge, skills, attitudes and judgment in content areas such as:

- foundational concepts for nursing
- fundamentals of nursing theory
- health assessment
- pathophysiology
- diagnostic methods
- treatment approaches
- medical/surgical nursing interventions
- care planning

Regardless of the total number of program hours, all programs must cover this content at a minimum. The 1000 hours theoretical instruction minimum may be met entirely by the content in areas listed in i) and ii) above. If not, we will also recognize up to 275 hours of theoretical content from applied equivalents and/or related courses.
These may include courses such as:

- life sciences/anatomy and physiology
- psychology
- sociology
- women's studies
- statistics

B. Clinical Practice Requirements

A minimum of 1000 clinical practice hours is required. These hours do not include periods of leave. For example, we do not count vacation, public holidays or sick time in these minimum hours. We define clinical practice as an organized, formal learning experience, where the student psychiatric nurse is under direct supervision of an instructor or is working with a preceptor. In the clinical practice components of the program, the student must be working towards achieving specifically identified competencies in psychiatric nursing.

Clinical practice hours must include:

i) A minimum of 775 clinical hours in psychiatric nursing
ii) A minimum of 225 clinical hours in general nursing. (The parameters of general nursing are described in A ii) above.)

Notes:

1) Laboratory (lab) hours: The descriptions of lab hours on program transcripts that Registered Psychiatric Nurse regulators receive vary widely. The main forms of lab recognized by the psychiatric nurse regulators in Canada are:
    i. labs which are designed to provide progressive learning towards practice in the clinical area
    ii. labs which are designed as a praxis experience, creating a learning experience in a lab which simulates, and reflects on, a clinical practice experience.

2) Credits: Your transcripts might indicate the number of credits you earned rather than the number of hours you completed in theory, lab, or practice. To assess your education, Registered Psychiatric Nurse regulators must be able to determine the number of hours you completed. Credit hours vary widely from jurisdiction to jurisdiction. In Canada, a 3-credit course generally includes 3 contact teaching hours per week over a full semester (14 weeks). We will use this model as the guide for completing assessments. We recommend that you ask your school to indicate in your transcript the value of a credit hour in your program based on this formula.

3) Language proficiency: English is the main language of communication in psychiatric nursing practice in Canada. You must be able to demonstrate that you can provide safe, competent and ethical psychiatric nursing care to clients, communicating in English.

STAKEHOLDER ROUNDTABLES

RPNRC

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

SUMMARY OF PROCEEDINGS

Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses Project

CONTENTS

HEALTH HR GROUP
331 Cooper Street, Suite 400
Ottawa, ON K2P 0G5

1. INTRODUCTION

Mental health and addiction issues touch everyone. The human costs and costs to Canada's economy are substantial and threaten to become greater unless concerted efforts and actions are implemented to address the challenges. Canada has responded by releasing its first ever national mental health strategy in 2012. Provinces and territories, for the most part, are responding by completing their own review of services and implementing their own mental health strategies for their jurisdictions. Canadian health consumers are at the heart of these strategies as are the people who provide and deliver the care. Mental health action plans and strategies will require collaboration to ensure that the right care is provided, in the right setting and at the right time based on the individual mental health needs of Canadians.

Registered Psychiatric Nurses are one of these providers. At the turn of the 20th century, Ontario started to provide new methods of care for the "insane" in a more hospital like setting. The first mental hospital training school west of Ontario was at the Brandon Hospital for Mental Diseases in Manitoba and was established in response to the need for nurses to care for mentally ill World War II veterans. Saskatchewan's mental hospitals started to offer training in the 1930s. Psychiatric nursing was being provided in the absence of formal legislation. The emergence of the Registered Psychiatric Nurse profession was marked by an interplay between social, economic and political factors in Canada influencing the emergence of two models with the division being at the Manitoba – Ontario border; west of Ontario, Registered Psychiatric Nursing was a distinct profession from general nursing, while east of Manitoba psychiatric nursing was a specialty within general or Registered Nursing.

Registered Psychiatric Nurses were first regulated in Saskatchewan in 1948 in partial response to the nurse shortage resulting from World War II. British Columbia followed in 1951, Alberta in 1955 and Manitoba in 1960. Regulation in the Yukon occurred in 1990 under their *Health Professions Act,* resulting in Yukon becoming the first territory to register psychiatric nurses. Currently six academic institutions offer diploma or degree programs that are approved and recognized by the Manitoba, Saskatchewan, Alberta and British Columbia regulatory authorities. The Registered Psychiatric Nurse Regulators of Canada (RPNRC) foresee that a baccalaureate in psychiatric nursing will be the minimum requirement for entry to practice. To date, five academic institutions offer the baccalaureate psychiatric nursing program and one institution offers a Master's in Psychiatric Nursing.

Mobility of Registered Psychiatric Nurses outside of western Canada has been a long-standing issue. Registered Psychiatric Nurses are free to work anywhere in Canada, but not as Registered Psychiatric Nurses. Lack of regulation east of Manitoba is a barrier to Registered Psychiatric Nurses who want to move to a province outside western Canada and the territories and continue to practice to their scope of practice and provide the services that they have been educated to provide. Canadian or internationally educated Registered Psychiatric Nurses in non-regulated jurisdictions are often underemployed, working in non-regulated nursing-related roles, and are often prevented from applying the full scope of their knowledge and skills in the delivery of care to Canadians.

In light of this mobility issue and recognizing that Canadian and internationally educated psychiatric nurses are a part of Canada's response to meeting the mental health needs of its citizens, the Registered Psychiatric Nurse Regulators of Canada (RPNRC) launched the *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project.

The project seeks to address the assessment and integration of internationally educated psychiatric nurses wishing to practice in Canada and the recognition of Registered Psychiatric Nurse qualifications in Canada by:

- defining the national entry-level competencies;
- mapping the national entry-level competencies to education;
- documenting the challenges to and enablers for the recognition and mobility of the Registered Psychiatric Nurse profession in Canada;
- identifying the contributions of the Registered Psychiatric Nurse; and,
- bringing stakeholders together to discuss and establish options for the profession to move forward.

National entry level competencies for Registered Psychiatric Nurses and a Competency – Education Mapping tool were developed and validated as two core activities of the project. Comprehensive research was undertaken to describe the regulation, education and workforce of the Registered Psychiatric Nurse profession and document the enablers for and barriers to recognition and mobility of the profession. These core activities formed the basis of the context setting and background to the stakeholder roundtables. Appendices A and B provide the background document distributed to participants prior to the roundtables and the PowerPoint presentation presented at the sessions respectively. The latter has been slightly modified to provide more context.

The RPNRC hosted a series of roundtable discussions aimed at improving the mobility of Registered Psychiatric Nurses as the project's final core activity. The primary purpose of the stakeholder roundtables was to build relationships for moving forward. A secondary goal was to validate and further document the enablers for and barriers to the mobility of Registered Psychiatric Nurses. Specifically, the discussions aimed to:

1. build awareness of the need/benefit of Registered Psychiatric Nurses;
2. identify issues related to accessing Registered Psychiatric Nurses;
3. determine interest to help move this issue forward; and,
4. determine the next steps.

Common themes emerged from all three sessions and are summarized as driving and restraining forces in this report. Options to consider moving forward and to address the restraining forces are identified in the final section.

2. APPROACH

The roundtables were held in Halifax, Nova Scotia and Ottawa and Toronto, Ontario on February 3, 5 and 6, 2015 respectively. Stakeholder groups representing employers of mental health and addiction service providers, regulatory authorities of Registered Nurses and Licensed (Registered) Practical Nurses, psychotherapists and psychologists, professional associations, and federal and provincial government policy makers attended the meetings. Appendix C lists the attendees at each roundtable.

The Halifax and Toronto roundtables consisted of provincial stakeholder representatives and focused mainly on provincial issues and landscape while the Ottawa roundtable involved representatives of national organizations, including federal employers, and focused on national issues. Appendix D provides the agendas for each roundtable. Dianne Brochu King, an independent facilitator, facilitated the three roundtables.

To facilitate the discussions at the roundtables, Kurt Lewin's Force Field Analysis model was utilized. This approach is based on Lewin's theory that every system is always seeking balance as illustrated in Figure 1. The first step is to describe the current situation. Step two focuses on describing the desired future state. In the left hand column are all of the driving or positive forces for change. This lists the compelling reasons why the desired future state is important or needed. The right hand column lists all of the obstacles to achieving the desired future state.

FIGURE 1: Force Field Analysis Model

Source: SlideModel.com. How to conduct a force field analysis? Retrieved April 14, 2015. http://slidemodel.com/conduct-force-field-analysis/

The focus of the roundtables was to identify and understand as many obstacles (restraining forces) as possible and to determine how to address these. This approach will provide the information necessary to develop strategies for addressing the restraining forces. Lewin's theory is that by addressing the restraining forces, movement will happen more quickly towards the desired future state than by simply continuing to focus on the driving forces and selling the idea of the desired future state.

3. DRIVING AND RESTRAINING FORCES

DRIVING FORCES

Participants at all three roundtable sessions agreed, "The timing of this initiative is right," and agreed that the current mental health and addiction system is not meeting Canadians' needs. There are gaps and challenges in the access and delivery of services. Providing optimal mental health and addictions access and care to Canadians was unanimously agreed to as the desired future state. The right care at the right time by the right provider was a recurrent driving force.

How best to provide the much needed services to Canadians was the underlying reason for stakeholders' interest in attending the roundtables. Employer representatives commented that they are struggling to meet the mental health needs of clients and that entry level RNs and LPNs are not adequately prepared, requiring resource intensive orientation training in mental health. Employers and the other participants were interested in learning about the Registered Psychiatric Nurse's education, breadth and depth of knowledge, skills and competencies and how these currently support and complement the requirements of the workforce. Participants welcomed the opportunity to dialogue on this important topic for Canada.

RESTRAINING FORCES

Much of the discussion focused on the restraining forces and how these can be addressed. While the dialogue varied in each roundtable, common themes were heard throughout. The restraining forces identified by participants are categorized into three themes: regulatory frameworks, sustainability, and resistance to change.

Regulatory Frameworks

Participants commented that the current regulatory framework in the eastern jurisdictions is a barrier to the mobility of Registered Psychiatric Nurses east of Manitoba. Some stakeholders felt that there is little appetite to regulate another health profession in their jurisdiction. Changes are necessary to the respective provincial and regulatory bodies' legislation and policies. Demonstrating the need for a new health profession, by way of identifying the population needs and gaps in the system and workforce and whether there is a risk to the public, may effect change. For example, the Health Professions Regulatory Advisory Council in Ontario explores these issues when advising the Health Minister about regulating a health profession.

Given the small number of Registered Psychiatric Nurses in western Canada, participants questioned how regulation for the profession can be sustained if the numbers are small in eastern Canada as well. Will there be enough interest to create the regulatory structure for the profession? Several participants raised the issue of the current supply of Registered Psychiatric nurses in western Canada and these nurses being lured to eastern Canada. Such a scenario will have implications for the western provinces should it materialize.

The lack of a recognized psychiatric nursing program east of Manitoba is a further concern. Creating and staffing new programs is costly and an issue in light of budget constraints and additional costs due to the need for bilingual programs in some jurisdictions (e.g., New Brunswick). Recruiting and retaining faculty was another challenge identified by some participants.

Resistance to change

Stakeholders commented that there is a resistance to change and a fear of losing employment by RNs and LPNs caused by misinformation and uncertainty. There is a lack of knowledge about the education, skills and scope of practice of the Registered Psychiatric Nurse. Stakeholders commented that there is a lack of understanding about the differences in competencies and scope of practice between a Clinical Nurse specialist, a RN with mental health specialty and a Masters- and/or degree- or diploma- prepared Registered Psychiatric Nurse. Participants were eager to learn more about the entry-level competencies and education of the psychiatric nurse. Although participants discussed the lack of nurse sensitive indicators in mental health, there was general agreement that such indicators are lacking for the specific nursing groups overall. Assessing such indicators for Registered Psychiatric Nurses is impossible given the collaborative practice between psychiatric nurses and RNs in western Canada.

Addressing the restraining forces

Several options were proposed in response to the restraining forces identified and included:

RESTRAINING FORCES	OPTIONS
Regulatory framework in jurisdictions	Explore regulatory models of health or other professions, including professions where an education program in the province of practice does not exist (e.g., regulation of dentists in New Brunswick and the current agreements between the Registered Psychiatric Nurse regulatory bodies and Nunavut). The Correctional Services Canada model of employing health care provider in non-regulated jurisdiction may be considered by other federal employers. Convene discussions with provincial governments (e.g., Health Professions Regulatory Advisory Council in Ontario). Quality and quantity the population needs and develop a business case presenting the value proposition of adding Registered Psychiatric Nurses to the workforce.
Sustainability	Adopt a pan-Canadian approach for the Registered Psychiatric Nurse to move to eastern Canada and work to full scope of practice by collaborating with governments and nursing regulatory authorities exploring strategies, building on current nursing education programs, and consulting with advanced education. Workforce planning for the delivery of mental health and addiction services to provide better care and access to Canadians. Build on current nurse education programs to include a psychiatric nurse program and/or collaborate and integrate this program with other disciplines.
Resistance to change	Review current staff mix and understand the distribution and utilization of the current workforce to ensure the right provider is practicing in the right setting. Explore the collaborative practice model so that scope silo does not come into play to ensure best practice. Ideal outcome is for the nurse to choose rather than "fall into" a practice. Educate and share knowledge with policy/decision makers. Educate and inform about the education and entry-level competencies of Registered Psychiatric Nurses.

4. OPTIONS MOVING FORWARD

Overall, participants were keen to continue the dialogue and maintaining momentum by involving other stakeholder groups such as other healthcare providers and the public or client. Participants across all three roundtables identified the RPNRC as assuming the lead for further action. The state of readiness differed across the three sessions. Stakeholders who participated in the Halifax session were keen to continue the dialogue and very interested in the work to date. They mapped out a pathway forward for Atlantic Canada. This included creating an Atlantic Canada Advisory Committee that consists of representation from the provincial body responsible for regulation of health professions Employment and Social Development Canada, Agreement on Internal Trade, education, and provincial health human resource (workforce) planners. Suggestions of the committee's mandate included:

1. assisting in data collection to qualify and quantify the population need and build the business case for Registered Psychiatric Nurses in Atlantic Canada (value proposition);
2. reviewing data and information to determine regulatory models for Registered Psychiatric Nurses; and,
3. bringing information back to the jurisdiction to explore how to prepare the system and move forward within their own jurisdiction.

Participants in the Ottawa and Toronto sessions were also interested in continuing the discussions given the current focus on mental health in Canada but were more conservative in moving forward. Stakeholders asked for more evidence based information, particularly nurse sensitive outcomes, quantifying the population need, and identifying the gaps in the mental health workforce. Toronto participants agreed that discussions with the Health Professions Regulatory Advisory Council in Ontario is necessary for any plans to move forward.

5. CONCLUSION AND NEXT STEPS

The roundtables served to develop new relationships and strengthen existing ones with stakeholder groups in eastern Canada. Stakeholders were better informed about Registered Psychiatric Nurses upon leaving the roundtable. There was great interest in discussing the current state of mental health and addiction services and all stakeholder groups expressed an interest in further dialogue. Stakeholders recognize the benefit of the skill set that Registered Psychiatric Nurses bring but called for more information and data, particularly outcomes based data necessary to build the case for the regulation of a third nursing profession. RPNRC will take the input collected from the roundtables and presented in the research findings report and will determine the actions that align with its mandate and that it can move forward with.

REFERENCES

SlideModel.com. How to conduct a force field analysis? Retrieved April 14, 2015. http://slidemodel.com/conduct-force-field-analysis/

Registered Psychiatric Nurse Regulators *of* Canada

moving forward to improve the mobility and assessment of Canadian and Internationally Educated Registered Psychiatric Nurses

About the project:

Registered Psychiatric Nurse Regulators of Canada (RPNRC) launched a pan-Canadian initiative aimed to improve the assessment and mobility of Canadian and internationally educated Registered Psychiatric Nurses. National entry to practice competencies were developed and validated. Roundtables in Halifax, Ottawa and Toronto are convening stakeholder groups from all facets of health care in Canada to collaborate with the RPNRC to determine the interest in and options for recognizing the Registered Psychiatric Nurse profession across Canada.

Funded in part by the Government of Canada's Foreign Credential Recognition Program and the RPNRC, the project's goals are to:

- define the national entry-level competencies for Registered Psychiatric Nurses;
- map the national entry-level competencies to education;
- document the enablers and challenges to the recognition and mobility of the Registered Psychiatric Nurse professional in Canada; and,
- establish options to move forward as a profession.

Three phases:

1. Development and validation of national entry-level competencies and competency to education mapping tool
2. Research documenting challenges to and enablers/options to improve the recognition and mobility of Registered Psychiatric Nurses.
3. Engagement of stakeholders to explore interest in and options for improving the recognition and mobility of Registered Psychiatric Nurses.

*Health care community and Canadians will **benefit** by having:*

- access to Registered Psychiatric Nurses;
- enhanced psychiatric nursing care;
- support to primary health care team in mental health; and,
- more tools available such as a competency to curriculum mapping tool to support the foreign qualification recognition of internationally educated psychiatric nurses in Canada.

RPNRC

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

Canada

Registered Psychiatric Nurse Entry-Level Competencies document <PDF>

For more information, please visit **www.rpnrc.ca**

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

MOBILITY AND ASSESSMENT OF INTERNATIONALLY AND CANADIAN EDUCATED REGISTERED PSYCHIATRIC NURSES

Mental health and addiction issues touch everyone. The human costs and costs to Canada's economy are substantial and threaten to become greater unless concerted efforts and actions are implemented to address the challenges. Canada has responded by releasing in 2012 its first ever national mental health strategy. Provinces and territories, for the most part, are responding by completing their own review of services and implementing their own mental health strategies for their jurisdiction. Canadian health consumers are at the heart of these strategies, as are the people who provide and deliver the care. Mental health action plans and strategies will fail without the right care, in the right places, accessible to all Canadians. Registered Psychiatric Nurses are and should be a part of this equation in Canada.

At the turn of the 20th century, care of the insane was custodial. Ontario started to provide new methods of care in a more hospital like setting. However, even with this movement towards "psychiatric care," the bulk of the care was provided by untrained attendants with a "trained nurse" or "infirmary nurse" on staff caring for the insane patients who experienced physical health problems. The first mental hospital training school west of Ontario was at the Brandon Hospital for Mental Diseases in Manitoba and was established in response to the need for nurses to care for mentally ill World War II veterans. Saskatchewan's mental hospitals started to offer training in the 1930s. The emergence of the Registered Psychiatric Nurse profession was marked by an interplay between social, economic and political factors in Canada.

This influenced the emergence of two models with the division being at the Manitoba – Ontario border; west of Ontario, Registered Psychiatric Nursing was a distinct profession from general nursing, while east of Manitoba psychiatric nursing was a specialty within general or Registered Nursing. Registered Psychiatric Nurses were first regulated in Saskatchewan in 1948 in partial response to the nurse shortage resulting from World War II. British Columbia followed in 1951, Alberta in 1955 and Manitoba in 1960. Regulation in the Yukon occurred in 1990 under their *Health Professions Act,* resulting in Yukon becoming the first territory to register psychiatric nurses. The last few years have witnessed a trend towards omnibus health professions legislation, resulting in the regulation of psychiatric nurses under the *Health Professions Act* in British Columbia and Alberta, and the same structure underway in Manitoba. As history shows, governments together with nursing and key medical stakeholders influenced the creation of the Registered Psychiatric Nurse profession. Governments and stakeholders in the health community have the ability today to influence the profession as it continues to evolve.

While there are slight variations among the jurisdictions in the requirements to practice as a Registered Psychiatric Nurse in Canada, requirements common to all jurisdictions are: graduating from an approved psychiatric nursing education program, passing the Canadian Registration Examination for Registered Psychiatric Nurses, and registering with a provincial/territorial regulatory body. Prior to applying to a regulatory authority, Internationally

Educated Nurses (IENs) must first submit their application to the newly implemented National Nursing Assessment Service (NNAS). The NNAS compares and evaluates the applicant's education to current Canadian requirements for entry into practice, and obtains information about the applicant's registration/licensing, nursing practice, employment and the results of any required language testing. An advisory report of the comparison and evaluation is provided to the regulatory authority the IEN is applying to and is one piece of information used to determine if the IEN is eligible to register, requires additional assessments or needs to take additional courses. It is the regulatory authority that makes the final decision about registration or licensure.

As one of Canada's three regulated nursing professions, accounting for 1.4% of Canada's regulated nurse workforce in 2013, Registered Psychiatric Nurses are concerned with the health, especially the mental health, of individuals, groups, families and communities. They work side by side with Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) in various practice settings in western Canada and Yukon. While they share some of the same theoretical preparation and basic competencies as RNs and LPNs, there are fundamental differences in the Registered Psychiatric Nurse's educational preparation in terms of the depth and breadth of the focus and core content. General nursing knowledge is part of the psychiatric nursing curriculum, but the primary emphasis is highly developed skills and knowledge in mental health and addictions and advanced therapeutic relationships and communication. The breadth and depth in these areas distinguishes psychiatric nursing education from the other nursing programs. Currently six academic institutions offer diploma or degree programs that are approved and recognized by the Registered Psychiatric Nurse regulatory authorities who set the standards for psychiatric nursing education in their jurisdictions and jointly establish minimum accepted educational requirements for registered psychiatric nursing. Psychiatric nursing education continues to evolve. The Registered Psychiatric Nurse Regulators of Canada (RPNRC) (formerly the Registered Psychiatric Nurses of Canada) foresee that a baccalaureate in psychiatric nursing will be the minimum requirement for entry to practice. To date, five academic institutions offer the baccalaureate psychiatric nursing program.

A total of 307 students graduated from a psychiatric nursing program in Canada in 2013 an increase of 5.9% from the previous year. The number of graduates from a psychiatric nursing degree program has been steadily increasing. In 2013, a total of 141 graduates successfully completed a psychiatric nursing *degree* program in Canada as compared to 131 in 2012. While the number of graduates from the *diploma* program has also been increasing since 2009, the percentage growth per year has been less than that of the growth in degree graduates, with the exception of 2011.

Mobility of Registered Psychiatric Nurses outside of western Canada has been a long-standing issue. Registered Psychiatric Nurses cannot work anywhere in Canada in their profession of choice, as Registered Psychiatric Nurses. Canadian or internationally educated Registered Psychiatric Nurses in non-regulated jurisdictions are often underemployed, working in non-regulated nursing-related roles, and are often prevented from applying the full scope of their knowledge and skills in the delivery of healthcare to Canadians.

In light of this mobility issue and recognizing that Canadian and internationally educated psychiatric nurses are a part of Canada's response to meet the mental health needs of its citizens, the RPNRC launched the *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project. The project seeks to address the assessment and integration of internationally educated psychiatric nurses wishing to practice in Canada and the recognition of Registered Psychiatric Nurse qualifications in Canada by:

1. defining the entry-level competencies;
2. mapping the national entry-level competencies to education;
3. documenting the challenges to and enablers for the recognition and mobility of the Registered Psychiatric Nurse profession in Canada;
4. identifying the contributions of the Registered Psychiatric Nurse; and,
5. bringing stakeholders together to discuss and establish options for the profession to move forward.

Meeting these objectives begins to reduce the barriers to labour mobility for Registered Psychiatric Nurses practicing in Canada and those internationally educated psychiatric nurses wishing to practice in Canada; leads to greater coordination and collaboration between nursing regulators across Canada; and, increases the availability of tools to support the foreign qualification recognition of internationally educated psychiatric nurses in Canada.

Research was completed in an effort to document the challenges to and enablers for the recognition and mobility of the profession, to document the education and regulation of psychiatric nurses, and to identify the workforce and contribution of Registered Psychiatric Nurses. New knowledge and evidence was gathered from consultations with Registered Psychiatric Nurses, educators, provincial and territorial governments, private, provincial and federal employers, Registered Psychiatric Nurse, RN and LPN regulators, and professional associations. Four themes pertaining to the profession's recognition and mobility plight emerged: legislation; communication and knowledge transfer; regulation; and collaboration – building relationships. It is hoped that the data and information presented lays the groundwork for action and activates discussion and understanding of Registered Psychiatric Nurses and their contribution to mental health and addiction care in Canada.

Legislative changes are necessary

Outside of the western provinces and Yukon, the Registered Psychiatric Nurse profession and scope of practice is not defined in legislation, preventing the recognition and employment of Registered Psychiatric Nurses outside these jurisdictions. Changing provincial and/or territorial legislation is a necessary first step to improve recognition and mobility. It will require collaboration and building relationships with governments and key stakeholder groups within and outside the nursing community. Informing and educating about the Registered Psychiatric Nurse is part of this effort to help raise the awareness of how the profession complements the nursing and health care team to deliver quality and optimal psychiatric nursing care to the public.

Communication and knowledge transfer will inform and educate

Promoting and communicating the role of the Registered Psychiatric Nurse and the Registered Psychiatric Nurse's scope of practice, education, competencies, and practice settings will improve the general lack of understanding about the profession that currently exists in Canada, within and external to the Registered Psychiatric Nurse community. Seeking opportunities to communicate about Registered Psychiatric Nurses, the benefits they bring to nursing care and how they complement the health care team will enable the psychiatric nursing community to address the lack of information, misinformation and misperceptions.

Exploring models to regulate Registered Psychiatric Nurses

The lack of regulation of the profession outside western Canada and the Yukon is a barrier to the Registered Psychiatric Nurses' mobility in Canada. It limits the decision for internationally educated psychiatric nurses regarding where they can locate if they move to Canada. Employers only employ healthcare providers who are regulated in the jurisdiction of employment although there are a very few examples of federal employers employing a Registered Psychiatric Nurse in a non-regulated jurisdiction. Current regulatory models available and/or a variation of these can be considered to enable the mobility of Registered Psychiatric Nurses. These include eastern jurisdictions establishing Memorandums of Understanding (MOUs) or agreements with Registered Psychiatric Nurse regulatory authorities, linking with Registered Nurse colleges in the east to license and recognize the Registered Psychiatric Nurse in that jurisdiction, and encouraging and supporting other federal employers to employ Registered Psychiatric Nurses in non-regulated jurisdictions. A change in the provincial/territorial legislation of the regulatory authorities will still be required.

Collaboration and building relationships is the foundation to improving mobility

Establishing relationships with provincial and territorial governments and Registered Nurse regulatory authorities will help discussions about Registered Psychiatric Nurses and commence the education process necessary for people to better understand the Registered Psychiatric Nurses' competencies, role, value to the health care team and impact on the bottom line. Collaboration with other national and provincial/territorial associations will help to increase awareness and educate about Registered Psychiatric Nurses. Lessons can be learned by collaborating with other health profession groups that face similar issues or that are in the process of, or are considering, establishing regulatory authorities to license their profession.

Canada's national mental health strategy has prompted attention from healthcare providers and provincial and territorial governments. Not acting to address the ever increasing human and economic costs of mental health and addiction problems and illnesses is not an option. Central to any action is human resources: ensuring that the right supply of knowledgeable and skilled healthcare providers are accessible. Registered Psychiatric Nurses are part of this solution. Western Canada and the territories have long since recognized the value and support Registered Psychiatric Nurses bring to nursing care and to healthcare teams. While the barriers to recognizing and improving mobility of Registered Psychiatric Nurses across Canada are great, they are not insurmountable.

REGISTERED PSYCHIATRIC NURSES

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

Stakeholder Roundtable Discussions

Halifax - Ottawa - Toronto

February 3, 5 & 6 2015

WE ARE HERE TODAY TO…

- ☑ raise awareness
- ☑ engage stakeholders
- ☑ facilitate stakeholder discussions
- ☑ continue the dialogue

GOAL

build relationships

for moving forward

RPNRC

WHY NOW?

- Initiative four years in planning
- Roundtables last phase to complete
- We want to:
  - ☑ listen
  - ☑ inform
  - ☑ dialogue
  - ☑ build relationships

FACTS

- $46.8 - $51 billion annual direct and indirect costs
- Total cost to economy to exceed $2.5 trillion
- 20.5% expected to live with mental illness by 2041
- 26.3% aged 15 years and older did not receive care needed
- Aging population = family caregivers = high levels of stress

- 1 in 5 persons (6.7 million) are living with mental illness
- 3,728 suicide deaths
- Young adults are among the hardest hit by mental illness

CANADA REACTS

- **2012 mental health strategy: *Changing Directions, Changing Lives***
- **Prompted review and implementation of strategies across Canada**
- **2012 mental health strategy for Correctional Services Canada**
- **Most strategies include workforce planning**

WHY IS THIS IMPORTANT?

"I am originally from the East Coast of Canada and my husband and I, who is also a RPN, often dream about moving back to the East Coast to be closer to family and friends. Do you think that in the future, RPN's can be regulated and licensed in every province?"

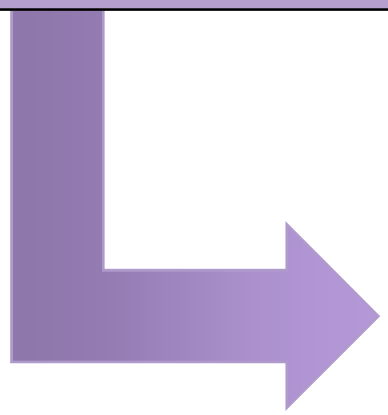
WHY THIS IS IMPORTANT

- Canada has adopted its first national mental health strategy and the provinces and territories are following with the development of mental health strategies in their jurisdictions
- The mental health workforce is an important part of the national and provincial and territorial strategies
- Consistency and harmonization in registration processes facilitates workforce mobility and the obligations of the Agreement on Internal Trade (AIT)
- Global nurse migration and Canada's National Nursing Assessment Service (NNAS)

TIMING IS RIGHT - INITIATIVE

GOAL

Improve the assessment, mobility, and integration



- **Documenting enablers and barriers**
- **Raising awareness**
- **Determining options to move forward**

APPROACH AND METHODS

3 phases:

1. COMPLETED national entry-level competencies and mapping tool
2. COMPLETED documenting barriers and enablers to recognition and mobility
3. Stakeholder engagement

Project Management Committee

- Registered Psychiatric Nurse regulators and practice consultants
- Education
- Government
- Federal employers

Research

- Literature, internet and database review
- Extensive consultations (survey, focus groups, interviews)
- Workshops (competency development)

DELIVERABLES

- National entry-level competencies
- Entry-level competency – education mapping tool
- Internal research report
- Series of Stakeholders' Roundtables
- Options and relationships

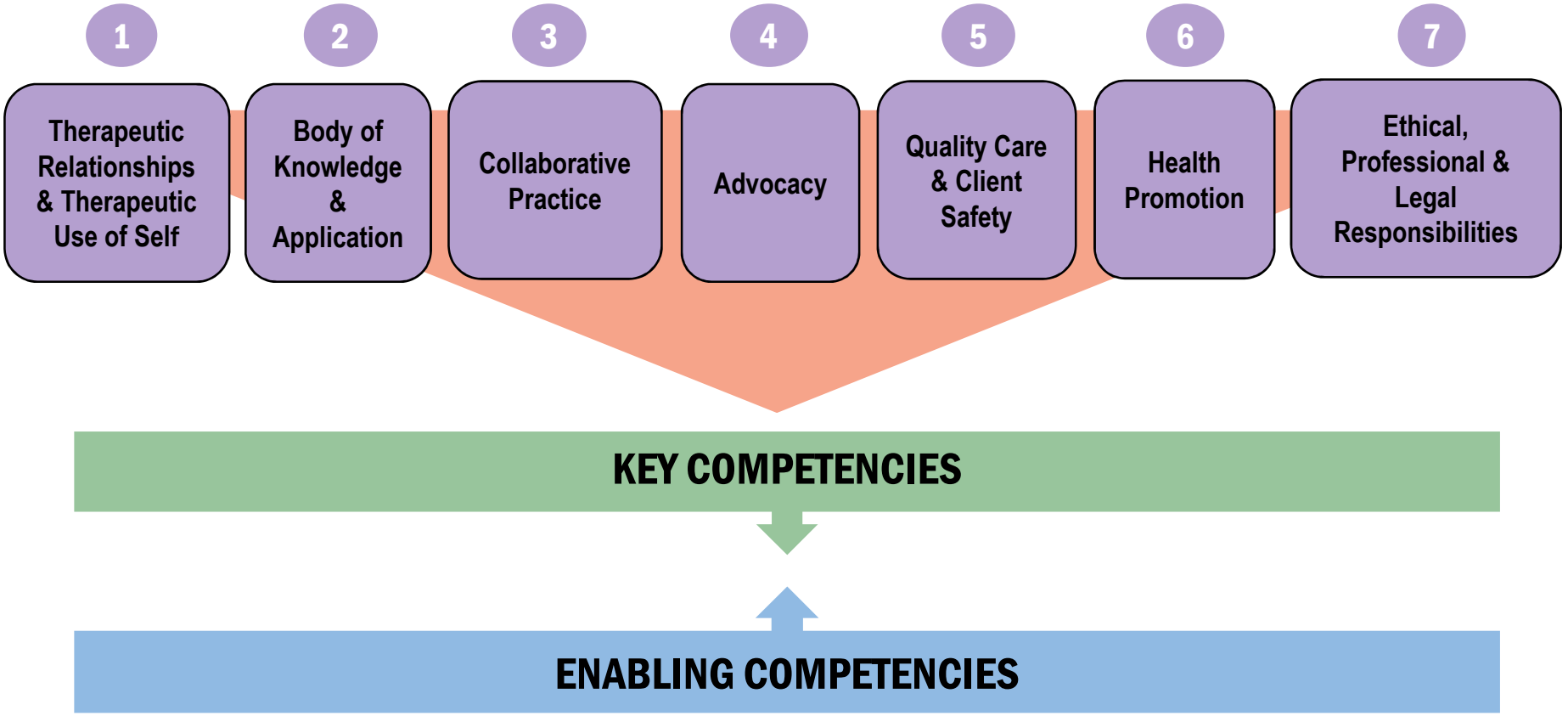
Funded in part by the Government of Canada's Foreign Credentials Recognition program and the RPNRC

THE REGISTERED PSYCHIATRIC NURSE

EDUCATION

- Programs are evolving and changing
  - Degree and diploma
- Provincial politics/needs
- Programs teach to entry-level competencies

ENTRY-LEVEL COMPETENCIES



MEDICAL & PSYCHIATRIC NURSING COMPETENCIES

"...Registered Psychiatric Nurses are able to care for clients with concurrent disorders or with needs other than mental health"

VARIETY OF PRACTICE SETTINGS

Practices in variety of settings

- Primary Care
- Psychiatric emergency services
- Tertiary Care
- Correction/Forensic Settings
- Long-Term care/Complex Care/Palliative Care
- Addictions Services
- Occupational Health

REGULATED IN WESTERN CANADA & YUKON

"You need to change or amend current legislation if you want to license the Registered Psychiatric Nurse outside of western Canada"

RPNs = 5,617 *(western provinces only)*

COMPLEMENTING HEALTH CARE TEAM

- Collaborative practice
- Share the same goals of meeting needs of population
- About complementing and not replacement

RPNRC

Registered Psychiatric Nurse Regulators *of* Canada

ensuring excellence in registered psychiatric nursing regulation

Thank you

LIST OF ROUNDTABLE ATTENDEES

HALIFAX

ASSOCIATION OF NEW BRUNSWICK LICENSED PRACTICAL NURSES
Jo Ann Graham, *Executive Director*

ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND AND LABRADOR
Lynn Power, *Executive Director*

CAPITAL HEALTH, NOVA SCOTIA
Mary Ellen Gurnham, *Chief Nursing Officer/Executive Director - Learning*

COLLEGE OF LICENSED PRATICAL NURSES OF NOVA SCOTIA
Karen Sigouin, *Director of Registration and Professional Conduct Services*

COLLEGE OF REGISTERED NURSES OF NOVA SCOTIA
Sue Smith, *Executive Director*
Teri Crawford, *Director Policy, Practice & Legislation Services*

DEPARTMENT OF HEALTH AND WELLNESS, PRINCE EDWARD ISLAND
Brenda Worth, *Chief Nursing Officer and Executive Director of Laboratory Services*
Rhonda Matters, *Chief Mental Health and Addictions Officer*
Heather Rix, Nurse Policy Analyst/Advisor

LEDGEHILL TREATMENT AND RECOVERY CENTRE
Bob Elliott, *Executive Director (teleconference)*

NEW BRUNSWICK DEPARTMENT OF HEALTH
Beth McGinnis, *Senior Health Human Resources Advisor*

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS
Cindy Cruickshank, *Chief Nursing Officer*
Ken Scott, *Director Mental Health*
Sheri Roach, *Senior Policy Analyst, Nursing*
Michelle MacDonald, *Legislative Policy Analyst*

THE NURSES ASSOCIATION OF NEW BRUNSWICK
Roxanne Tarjan, *Executive Director*

LIST OF ROUNDTABLE ATTENDEES

OTTAWA

ACADEMY OF CANADIAN EXECUTIVE NURSES
Rani Srivastava, *Regional Advisor Ontario*

CANADIAN CENTRE ON SUBSTANCE ABUSE
Rho Martin, *Deputy Chief Executive Officer*

CANADIAN COUNCIL OF PRACTICAL NURSE REGULATORS
Jennifer Breton, *Vice-Chair*

CANADIAN FEDERATION OF MENTAL HEALTH NURSES
Lorelei Faulkner-Gibson, *President*

CANADIAN MENTAL HEALTH ASSOCIATION
Mark Ferdinand, *National Director - Public Policy*

CANADIAN NURSES ASSOCIATION
Josette Roussel, *Senior Nurse Advisor*, *Practice and Policy Division*

CANADIAN PSYCHOLOGICAL ASSOCIATION
Melissa Tiessen, *Director, Education Directorate & Registrar, Accreditation*

CORRECTIONAL SERVICES CANADA
Kelley Blanchette, *Director General, Mental Health*
Henry DeSouza, *Director General, Clinical Services*
Jennifer Gravelle, *Regional Manager Community Mental Health*
Natalie Soroka, *Senior Project Officer, Mental Health Branch*

EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA
Isabelle Landry, *Director Labour Market Integration, Skills & Employment Branch*
Jonathan Wells, *Director Labour Market Integration, Skills & Employment Branch*
Andrew Staples, *Director, Policy and FPT Division*

HEALTH CANADA - STRATEGIC POLICY BRANCH
Barbara Foster, *Nurse Manager, Nurse Manager, Nursing Policy Unit*

VETERANS AFFAIRS CANADA
Donna Davis, *National Nursing Officer*

LIST OF ROUNDTABLE ATTENDEES

TORONTO

CANADIAN MENTAL HEALTH ASSOCIATION - ONTARIO
Zarsanga Popal, *Planning Analyst*

CARE FOR NURSES
Zubeida Ramji, *Executive Director*

CENTRE FOR ADDICTION AND MENTAL HEALTH
Rani Srivastava, *Chief of Nursing and Professional Practice*

COLLEGE OF NURSES OF ONTARIO
Anne Coghlan, *Executive Director & Chief Executive Officer*

COLLEGE OF REGISTERED PSYCHOTHERAPISTS OF ONTARIO
Joyce Rowlands, *Registrar, Transitional Council*

ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE, NURSING POLICY & INNOVATION BRANCH
Allison Henry, *Manager, Regulatory Programs Unit*
Colleen Lipskie, *Senior Policy Analyst*

ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES
Jennifer De Souza, *Clinical Practice Leader, Professional Practice*

REGISTERED NURSES ASSOCIATION OF ONTARIO
Sabrina Merali, *Program Manager, International Affairs and Best Practice Guidelines*

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REGISTERED PSYCHIATRIC NURSE PROJECT

ROUNDTABLE DISCUSSIONS

PARTICIPANT AGENDA

HALIFAX - OTTAWA - TORONTO: FEBRUARY 2015

DIANE BROCHU KING

Facilitator Bio

Diane is a dynamic, bilingual trainer, consultant, IAF-Certified Professional Facilitator, and skills coach. Diane's expertise is in her deep understanding of group and human dynamics as well as myriad processes. She ensures that people can discuss what they need to discuss in a respectful environment. Diane has facilitated in organizations and communities across Canada. Diane has extensive experience in group facilitation, design and delivery of stakeholder consultations and focus groups, design and facilitation of senior management meetings and retreats, team development, visioning, strategic and work planning, process mapping, change and transition management and learning and development. Most recently Diane has been working in northern Quebec Cree communities and Iqaluit.

In addition to being a Certified Professional Facilitator®, with the International Association of Facilitators, Diane has a Masters in Human Systems Intervention (organization development) from Concordia University and a BA (Social Communications) from the University of Ottawa. Diane also has her Advanced Mediation certificate from the University of Windsor.

AGENDA - HALIFAX

Purpose: To build relationships for moving forward

- To build awareness for the need/benefit of Registered Psychiatric Nurses
- To identify issues to accessing Registered Psychiatric Nurses
- To determine interest to help move this issue forward
- To determine next steps

TIME / RESPONSIBLE

09h30
Barbara Lowe/Laura Panteluk

Words of welcome, thank you

- Why we are here today
- What we hope to achieve

Diane Brochu King

Administrivia - housekeeping issues

- Housekeeping items
- Overview of agenda
- Engagement Guidelines (Dialogue Principles)

Introductions

- Name, organization and what made you decide to participate in the roundtable discussions

Barbara Lowe/Laura Panteluk

Setting the Stage: Context and background of this initiative

HEALTH BREAK

Diane Brochu King

Plenary Discussion

- What are your initial reactions to this initiative?
- In what ways can Registered Psychiatric Nurses complement or fill a gap in your current delivery model for mental health?
- How to access Registered Psychiatric Nurses?
- What needs to done to move this initiative forward?

Moving forward

- Summary of discussion highlights
- Options for Registered Psychiatric Nurses
- Next Steps

Barbara Lowe/Laura Panteluk

- Wrap Up
- Commitment to Next Steps
- Thank you

13h00 **LUNCH**

AGENDA - OTTAWA

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09h30
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LUNCH

Diane Brochu King

Moving forward

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13h45
Barbara Lowe/Laura Panteluk

- Wrap Up
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- Thank you

AGENDA - TORONTO

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TIME / RESPONSIBLE

09h30
Barbara Lowe/Laura Panteluk

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Diane Brochu King

Administrivia - housekeeping issues

- Housekeeping items
- Overview of agenda
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Introductions

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Barbara Lowe/Laura Panteluk

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- Thank you

13h00 **LUNCH**

RPNC MOBILITY AND ASSESSMENT OF CANADIAN AND INTERNATIONALLY EDUCATED REGISTERED PSYCHIATRIC NURSES PROJECT

Project Management Committee

Barbara Lowe (Co-Chair)
Executive Director, College of Registered Psychiatric Nurses of Alberta

Laura Panteluk, (Co-Chair)
Executive Director, College of Registered Psychiatric Nurses of Manitoba

Robert Allen
Executive Director, Registered Psychiatric Nurses Association of Saskatchewan

Candace Alston
Practice Consultant/Registrar, Psychiatric Nurses Association of Saskatchewan

Dr. W. Dean Care
Dean, Faculty of Health Sciences, Brandon University

Kimberley Dalgleish
Policy Analyst, Foreign Credential Recognition, Human Resources and Skills Development Canada

Kyong-ae Kim
Executive Director, Registered Psychiatric Nurses of British Columbia

Fiona Ramsay
Credentials Manager and Scope of Practice Consultant, College of Registered Psychiatric Nurses of British Columbia

Ryan Shymko
Practice Consultant/Registrar, College of Registered Psychiatric Nurses of Manitoba

Natalie Soroka
Senior Project Officer, Mental Health Branch, Health Services Sector, Correctional Service Canada

Elizabeth Taylor
Practice Consultant/Registrar, College of Registered Psychiatric Nurse of Alberta

Kate Thompson
Senior Nurse Consultant, Strategic Policy Branch, Health Canada