

# STAKEHOLDER ROUNDTABLES



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



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# 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.

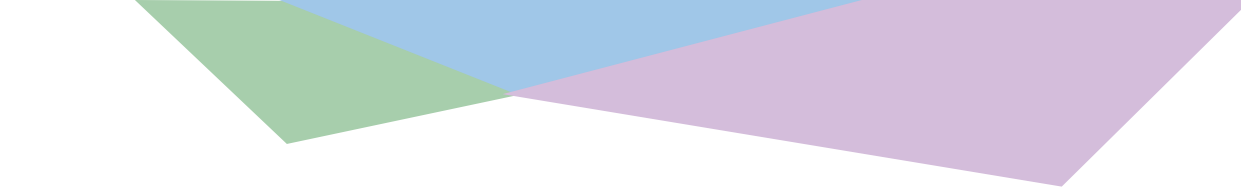
The Halifax and Toronto roundtables consisted of provincial stakeholder representatives and focused mainly on provincial issues and landscape while the Ottawa roundtable involved representatives of national organizations, including federal employers, and focused on national issues. Appendix D provides 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
<p><b>Regulatory framework in jurisdictions</b></p>	<p>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.</p> <p>Convene discussions with provincial governments (e.g., Health Professions Regulatory Advisory Council in Ontario).</p> <p>Quality and quantity the population needs and develop a business case presenting the value proposition of adding Registered Psychiatric Nurses to the workforce.</p>
<p><b>Sustainability</b></p>	<p>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.</p> <p>Workforce planning for the delivery of mental health and addiction services to provide better care and access to Canadians.</p> <p>Build on current nurse education programs to include a psychiatric nurse program and/or collaborate and integrate this program with other disciplines.</p>
<p><b>Resistance to change</b></p>	<p>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.</p> <p>Educate and share knowledge with policy/decision makers.</p> <p>Educate and inform about the education and entry-level competencies of Registered Psychiatric Nurses.</p>



## 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.



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

**Canada**<sup>ca</sup>

Registered Psychiatric Nurse Entry-Level Competencies document <PDE>

For more information, please visit [www.rpnrc.ca](http://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 "infirmity 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**



# 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

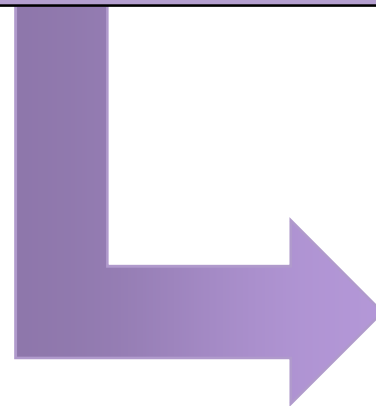
- **Canada has adopted its first national mental health strategy and the provinces and territories are following with the development of mental health strategies in their jurisdictions**
- **The mental health workforce is an important part of the national and provincial and territorial strategies**
- **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**

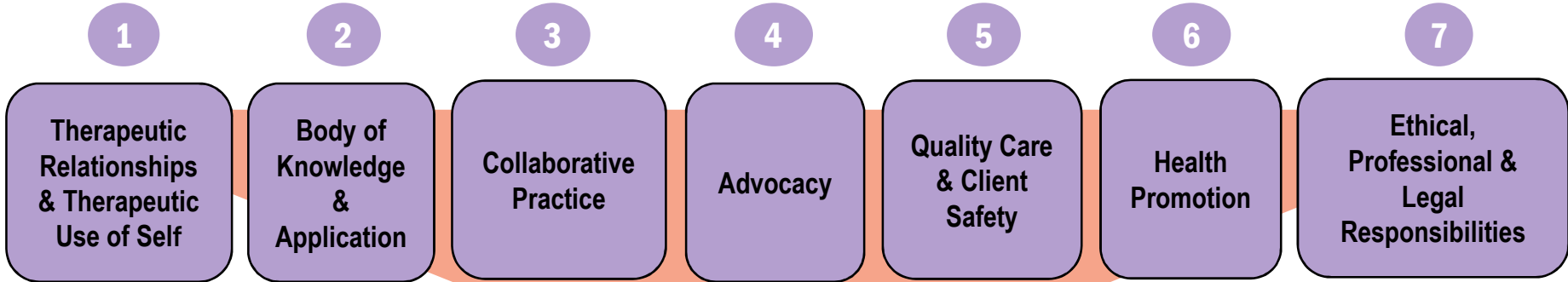


# EDUCATION

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



# ENTRY-LEVEL COMPETENCIES



**KEY COMPETENCIES**



**ENABLING 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**



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 PRACTICAL 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*

#### 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

R O U N D T A B L E   D I S C U S S I O N S

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<sup>®</sup>, 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 be 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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Barbara Lowe/Laura Panteluk

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Diane Brochu King

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## **LUNCH**

Diane Brochu King

### **Moving forward**

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

**13h45**

Barbara Lowe/Laura Panteluk

- › Wrap Up
- › Commitment to Next Steps
- › Thank you

# AGENDA - TORONTO

## **Purpose: To build relationships for moving forward**

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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 Dalglish**

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