

Registered Psychiatric Nurses Association of Saskatchewan

2011-2012 Annual Report

Psychiatric Nurse's Pledge

I do hereby pledge my commitment to the psychiatric nursing profession and those entrusted to my care --- endeavouring at all times to meet the holistic needs of the individual.

I will strive to gain knowledge through continuing education for the betterment of myself and my profession.

I will faithfully perform my duties and co-operate, within the bounds of my professional responsibility, with all whom I associate.

I acknowledge the dignity and challenge of my profession and accept the obligation it implies. All of which I pledge on my honour.



Partnering with People

RPN

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Statement of Purpose of Annual Meeting

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

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

The agenda for the Annual Meeting has been prepared following legislated requirements and these purposes. The call for submissions of new business via the Open Forum was published in the Spring 2012 issue of the RPNNews. The guidelines for the Open Forum allow for questions and new business arising from the floor. Time limits for discussion will be at the discretion of the Chair.

**Please remember to bring your
2012 RPN License!**

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

**Registered Psychiatric Nurses Association
of Saskatchewan**

**2012 Annual Meeting and
Education Day**

Thursday, June 7th

11:00 am—12:00 pm

Registration

1:00 pm

Welcome and Introductions

Guest Speaker

Dan Gascon—Healing with Humour

5:30 pm—6:00 pm

Cocktails (cash bar)

6:00 pm—7:00 pm

Supper

7:00 pm

President's Award Banquet

Murder Mystery

Friday, June 8th

9:00 am—10:15 am

Guest Speaker

**Dr. Rene Robinson, University of
Brandon**

10:15 am—10:30

Coffee Break

10:30 am—11:45 am

Guest Speaker

**Sue Myers, Program Head
Psychiatric Nursing Siast**

12:00 pm - 1:00 pm

Lunch

1:00 pm

Annual General Meeting

Friday, June 8th

9:00 am—10:15 am

**Guest Speaker
Dr. Rene Robinson, University of
Brandon**

10:15 am—10:30

Coffee Break

10:30 am—11:45 am

**Guest Speaker
Sue Myers, Program Head
Psychiatric Nursing Siast**

12:00 pm - 1:00 pm

Lunch

1:00 pm

Annual General Meeting

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

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

SUBJECT OF DISCUSSION

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

RECOGNITION

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

CONDUCT OF MEETING PARTICIPANTS

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

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

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

MOTIONS

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

DEBATE

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

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

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

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

CALLING THE QUESTION

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

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

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

APPEAL

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

RECONSIDERATION OF A MOTION

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

AUTHORITY

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

OBSERVERS

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

CLARIFICATION REGARDING ABSTENTIONS

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

RPNAS Council 2012 - 2013

President: Shirley Bedford, RPN, North Battleford

President Elect: Marion Palidwor, RPN North Battleford

Members-at-Large:
Brenda Francis, RPN, Saskatoon
Don Froese, RPN, Saskatoon
Pam Watt, RPN, Saskatoon
Edmee Korsberg, RPN, Lanigan
Christina Chernick, RPN, Regina
Sydney Bolt, RPN, Moose Jaw
Janet Kulyk, RPN, Prince Albert

Public Representative: Louise Burridge, Melville

RPNAS 2012 Staff:

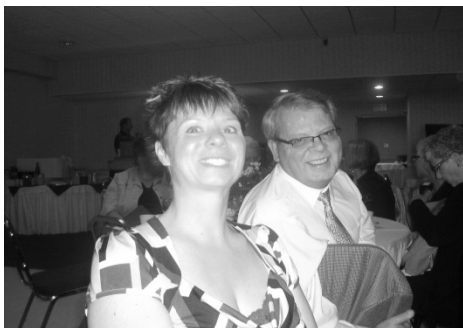
Executive Director: Robert Allen, RPN

Registrar: Candace Alston, RPN

Office Administrator/ Karen Zarowny

Executive Assistant:

Administrative Assistant: Kim Clory



Kim Clory and Robert Allen, RPN



Karen Zarowny and Candace Alston, RPN

RPNAS Council 2012-2013

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President-Elect: Marion Palidwor, RPN, North Battleford



Members-at-Large



Sydney Bolt, RPN, Moose Jaw



Brenda Francis, RPN, Saskatoon



Don Froese, Saskatoon



Pam Watt, RPN, Saskatoon



Edmee Korsberg, RPN, Lanigan



Christina Chernick, RPN, Regina

Janet Kulyk, RPN, N. Battleford – photo not available

RPN DAY MAY 10, 2012

The Minister of Health has proclaimed May 10th RPN Day. The Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) encourages you to recognize Registered Psychiatric Nurses in your region. This is your opportunity to pay tribute to their contributions to the health care team. Thank you for helping us to make this an important day for RPNs in Saskatchewan.



PRESIDENT'S REPORT

One year has flown by so quickly and it is an obligation of office to write an annual report. Where does one start?

First of all, I would like to refer everyone to view the activities of the Mental Health Commission of Canada on the RPNAS website.

There is an international conference in Ottawa, June 4-6, 2012, with "the world's leading mental health experts.....to discuss effective intervention to reduce stigma and discrimination experienced by people with mental health problems and illnesses." And, quoting Michael Pietrus, director of the MHCC's anti-stigma initiative, "SOME PEOPLE SAY THE STIGMA THEY EXPERIENCE IS OFTEN WORSE THAN THE ILLNESS ITSELF.'

"High upon a lonely ledge,
a figure teeters near the edge,
And jeering crowds collect below
To egg him on with _____
But who will ask what led
To his private day of doom,
AND WHO WILL ANSWER?"

As RPNs we need to be vocal about mental health issues. We need to be relentless in pursuit of the ideal until the ideal becomes reality. Refuse to settle for the mediocre or the answers may never come. Encourage people with mental health issues to come forth. Talk to everyone you know. Talk to your government representatives. Challenge stigma and discrimination every time you witness this.

We need to monitor how we ourselves present as professionals. Karl Mack, former president of RPNAS, led Council through an eye-opening exercise which made us realize that we too can contribute to the problem.

By the time of the Annual General Meeting, the North Battleford Branch of RPNAS will have held it's third "CHAMPIONS OF MENTAL HEALTH" DINNER AND AWARDS. Marion Palidwar was instrumental in getting this event off the ground. For the years that the Saskatchewan Hospital and Battlefords Mental Health Center have been around we have been shocked by some

community member responses and awed by others. Other branches may wish to sponsor such an event.

I have witnessed a flash flood in the desert and all I can add is that if we use our voices and actions like drops of water we will produce a flood.

As an Association we continue to meet with stakeholders and government, future-focused on mental health services to the people of Saskatchewan. We are currently stymied on Advanced Practice and psychiatric nurse practitioner status. True, mental health needs to compete for health dollars with all other health needs but you can't have one without the other. Mental health dollars in services and appropriate skill sets to provide those services are sadly influenced by dismissive assumptions.

Again, I am preaching to the converted but let your voices be heard.

Part of the role of President is being on the board of the Registered Psychiatric Nurses of Canada. In January 2012 it was an honor to affix my signature to the Memorandum of Understanding around the first national examination for psychiatric nurses. The RPNC Strategic Plan requires the time and effort of projects that progressively enhance standards of psychiatric nursing care and protection of the public. I was impressed by the depth of expertise and commitment on the Board and with their welcome to me.

RPNAS Council meetings are governed by policy which makes Council members clearly aware of their roles in Association governance. By the time the AGM arrives we will have devoted a day of grueling review of our governance policies. It is very clear that when we function as Council members that personal biases are kept in check and decisions made for the good of the whole. I urge members to come forth and run for office. This is a valuable experience that takes you to knowledge beyond what we see up front.

I invite members to contact Central Office with their concerns and questions.

I would like to thank Council, Robert Allen, Candace Alston, and the office staff for their support and patience in the past year. And thank you to all of our volunteers without whose efforts we would have a difficult time pulling it all together.

Respectfully submitted,

A handwritten signature in cursive script that reads "Shirley Bedford".

Shirley Bedford

Executive Director's Report



It is my privilege to report on the activities of the Association for the past year. The RPNAS works under a policy governance framework which describes in detail the roles and responsibilities of the Executive Council and the Executive Director.

The governance process, along with the Legislation and Bylaws established guide the setting of the consent agenda.

This past two years we have conducted a thorough review of the association's ends and governance policies to ensure that all responsibilities are met.

Council voted this year to change the operating year of the association to the calendar year, so this change will be reflected in two annual reports as the accounting is adjusted to reflect the change.

The association works closely with the Provincial regulatory bodies for RPN's in the other western provinces, which involves activities that are interprovincial and frequently national and international in nature. The Registered Psychiatric Nurses of Canada (RPNC) meets twice yearly as a national organization representing the profession of psychiatric nursing.

I will address activities and accomplishments under the respective ends established by Council, as revised on Feb 4th 2011.

END 1 Global Ends

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

The association consults with stakeholders and provides a resource to government in the area of mental health. We maintain membership/involvement and an active role in numerous organizations such as:

- CMHA
- NIRO
- Provincial Nursing Council
- RPN education advisory committee
- University of Regina Senate
- University of Saskatchewan Senate
- SRNA, SALPN, SASW
- RPNC
- Collaborative Nursing Group
- Northern Economic Development nursing advisory committee (NECC)
- Mental Health Coalition

Attendance at the annual meetings and conferences and education days of other organizations such as SUN, CMHA, SAHO, Saskatchewan Legal Association, SRNA, SALPN.

Nationally the organization was represented at meetings and events of the CPA (Canadian Psychiatric Association), CNA (Canadian Nurses Association), CIHI (Canadian Institute of Health Information), National Association Of Regulatory Organizations.

An external audit was conducted by Myers Norris Penny (MNP) as presented in this annual report.

END 2 Competent RPNs and GPNs

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

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

In the past year a summative evaluation of the diploma program in psychiatric nursing at SIAST was completed. The program was granted approval for a five year period. The review of the re-entry program for psychiatric nursing at SIAST completed and granted approval. The association works with SIAST on the implementation of recommendations, and follow up activities. Work has been ongoing to establish national standards for the review of psychiatric nursing education programs, and is nearing completion.

Work is ongoing at a national level to develop a National Nursing Assessment Service to ensure that all nurses entering Canada have met the requirements to write the national exam.

The RPNAS has entered a contract with ASI (Canada’s Testing Company) to administer the new national exam, which is the RPNCE (Registered Psychiatric Nurses of Canada Exam).

There were nine complaints received in the past year. Four were investigated and resulted in no further action being taken, one resulted in a voluntary surrender of licensure, one received a caution, one went to a disciplinary hearing, and two are still under review.

An audit was conducted for continuing professional development. CPD credits continue to be enforced for ongoing licensure.

END 3 Public Policy that Promotes/Supports Optimal Mental Health.

The End “Public Policy that Promotes/Supports Optimal Mental Health” is interpreted to include but not limited to:

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

The Chief Nursing Officer, workforce planning branch and the special advisor to the Minister of health were among the stakeholders to join the RPNAS council this past year for discussions. The association works to promote understanding and act as a credible source of information to the Government.

Ministry officials are made aware at every opportunity of the dire situation in mental health in terms of resources and lack of integration with the health care system. More seats in psychiatric nursing are long overdue. The focus on RN education program development means mental health is not a priority in this province. The SUN/Government partnership agreement did

not benefit our membership or the state of mental health care in the province. RPN positions are still being lost due to lack of RPNs as well as lack of understanding by employers of the contributions of RPNs to health care.

There is great potential in the redesign of primary health care and we will continue to attempt to have our voice heard in this area.

The diversity and the depth and breadth of experience in Council ensures a valuable forum and resource to the Provincial Nursing office. Unfortunately there is no representation from mental health in the nursing directorate. We will continue to work collaboratively while not losing sight of the ownership of our association, the public of Saskatchewan.

END 4 Psychiatric Nursing is a Self-Regulated Profession.

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

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

The association has met all of the mandated requirements for the complaints process to be fair and effective. One hearing was held this past year.

Public representation exists on the professional conduct and the discipline committees.

Promotion of pride in the profession is an ongoing responsibility, accomplished through role modeling and education of both members and the public about the contributions of RPNs. Several awards are standard and celebration of Nurses Week and RPN day occurs annually. May 10th 2012 is RPN day in Saskatchewan.

END 5 Mental Health is a valued and integral part of the Health System

The End "Mental Health is a valued and integral part of the Health System" is interpreted to include but is not limited to:

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

RPNs are now regulated in the Yukon and the four western provinces. Ongoing work at a national level has resulted in the recognition of the mobility problem for RPNs in Canada and work is underway to change that. There is recognition by some nursing organizations in eastern Canada that they are lacking in mental health competencies in some generic nursing programs and there is a desire to improve their educational standards in mental health.

There are serious concerns with the supply of RPNs as we are the oldest nursing group in terms of our membership. We are optimistic that there will soon be an increase in education seats, increasing the total from 30 to 60 in the near future.

Awareness of mental health has increased dramatically in the past few years and we are proud to have been contributors to the work done by CAMIMH. Although we are no longer part of that organization they have our support and the benefits of the ongoing work started will be there for all Canadians long into the future.

We remain a strong advocate for quality and integrated mental health services. The cost of not providing services is something we should all be concerned about.

END 6 Public Knowledge and Awareness of Mental Health Literacy

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

1. Comprehension of mental health as not merely the absence of mental illness
2. Human service providers have an understanding of mental health literacy.
3. Social inclusion
4. Recovery
- * We have defined mental health literacy as the knowledge and skills that enable people to access, understand and apply information for mental health. CAMIMH

Mental health literacy education is an area that needs a lot of work. To the extent that a small organization can effect change we continue to contribute to conferences, publications and events that can impact this area.

Access to care is perhaps the largest concern, and the stigma attached to mental illness is a barrier to overcome. The RPNAS is represented on many external committees and organizations.

END 7 A distinct and Vibrant Professional Identity

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

1. An engaged membership
 - 1.1 Members are engaged in peer and community networking.
 - 1.2 Sharing accomplishments.
 - 1.3 Acknowledging successes.
 - 1.4 Role modeling professional pride.
 - 1.5 Members celebrating professional pride.
2. Continual development of a body of knowledge.

The RPNAS has faced challenges in communications this past year but we are once again producing a quality newsletter and planning for enhancements in the coming year.

Members are encouraged to provide email addresses and update these when they change.

Research will be undertaken in the areas of RPN Scope of Practice and also stigma and discrimination to formulate position statements.

New scholarships have been introduced at SIAST and there has been an increase in the number of scholarships granted.

There has been an increase in branch activity and North Battleford branch is particularly noteworthy for their establishment of the Champions of Mental Health Awards event, now in its third year. They are also hosting this years Annual General meeting.

The annual meeting is an opportunity for the branches to become more involved by hosting and more visits by the executive to the branches are being planned. These are valuable networking opportunities.

Thank you to our staff members Karen and Kim for their wonderful attitudes and work ethic as we went through the office transition. Thank you to all of the volunteers that make our association work. Unlike other organizations we do not have staff for most of our tasks and rely on RPNs to give of their time as Council, Committee members and Chairs and numerous other activities. Your contributions are truly appreciated.



Respectfully submitted by: Robert Allen, RPN, Executive Director



REGISTRAR'S REPORT

The mandate of the Registered Psychiatric Nurses Association of Saskatchewan is to ensure people who deliver mental health services to the citizens of this province do so in a safe and competent manner. To achieve this goal our members must comply with legislation, standards of practice and registration processes. I would like to thank our members for the consistent and accurate presentation of information, provided to this office. It makes license renewal a smooth process. I would at this time like to thank Karen and Kim once again for their commitment, and ability to make it all seem so easy.

I would like to congratulate the 2011 graduating class of the Psychiatric Nursing program and welcome them in to the profession. I know that there were challenges along the way, you overcame them all and now you can look forward to a rewarding career wherever your interests may take you.

As Practice Consultant my responsibilities include collaborating with employers and members to assist them to define the RPN role as it relates to our competencies. The RPNAS along with SRNA and SALPN continue to work on projects that will assist members of each regulated profession understand the roles and responsibilities of the others.

In the capacity of privacy officer my responsibilities are to insure that our organization is in compliance with privacy legislation and answer member's inquiries regarding the Health Information Protection Act (HIPA).

INTERNAL COMMITTEES

Education Committee

As part of the education committee, it is my responsibility to provide staff support by organizing the annual review of CPD audits and following up on any committee recommendations, review scholarships and bursaries.

Education Approval Committee

This committee provides guidelines for the review of the Psychiatric Nursing Programs within the province. This year the Psychiatric Nursing Program and the Psychiatric Nurse Re-entry Program were reviewed by external evaluators and recommendations were made to RPNAS Council in regards to each.

Nominations Committee

The responsibilities of this committee are to seek RPN's who are interested in running for RPNAS Council and oversee the election process. I would encourage our members to run for Council as a way of getting involved in the affairs of the Association.

RPN-P Committee

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

EXTERNAL COMMITTEES

Network of Inter-Provincial Regulatory Organizations (NIRO)

This committee consists of members of regulated health professions. They meet twice a year to discuss issues common to all and participate in an educational opportunity that furthers the goals of the committee.

Mental Health Coalition

This is an interprovincial committee consisting of over 30 agencies. They meet quarterly to discuss the needs of mental health consumers and their families. Since this group principally consists of community not for profit agencies it can lobby government for changes that they feel are necessary to allow their consumer members an improved quality of life.

Orientation to Nursing in Canada for Internationally Educated Nurses-- Program Advisory Committee—SIAST

Psychiatric Nurse Re-entry Program Advisory Committee—SIAST

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

NATIONAL ORGANIZATIONS

Registered Psychiatric Nurses of Canada (RPNC)

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

Inter-provincial Working Group

This group made up of the Deputy Registrars of the other three provinces that regulate psychiatric nurses in Canada and I. Our meetings are held quarterly in conjunction with the meeting held by the Executive Directors group. Some our projects included: the development of guidelines for the assessment of transcripts submitted by Internationally Educated Psychiatric Nurses and recommendations to the Executive Directors with regards to the Language Proficiency of the International Applicants. We are currently working on harmonizing our application forms and processes for all applicants.

*Assessment Services Incorporated (ASI) –Registered Psychiatric Nurses of Canada
Examination Advisory Committee*

In October of 2011 the RPNC decided to turn its national examination over to ASI. The RPNC Client Advisory Group and this committee were formed at that time. This particular committee consists of two representatives from each jurisdiction. The mandate of this committee is to: approve test materials at critical points in the test development cycle, to resolve issues and problems related to the work of item writers groups and to report to the Client Advisory Group.

Canadian Institute of Health Information (CIHI)

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

National Nursing Assessment Service (NNAS)

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

Respectfully submitted,



Candace Alston RPN
Registrar

Membership Statistical Reports

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

Notes to Statistical Charts

Figure 1 **5 Year Comparison of Active Members**

This table compares the number of active members from 2007 to December 31, 2011. As of December 31, 2011, There were 59 Non-Active members.

Figure 2 **December 31, 2011 Active Members by Age and Gender**

As the graph indicates, the age group with the highest number of members (18%) is 46-50. It is also interesting to note that 16% of RPNAS Active membership is male.

Figures 3 a, b and c **Members by Branch**

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

Figures 4 a and b **New Registrations**

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

Figure 5 **Out Migration**

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

Figures 6 a and b **Members by Primary Employing Agency**

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

Figures 7 a, b, c, d and e **Members by Primary Practice Area**

You will note very little change in the primary practice area from 2010 to 2011. Primary practice areas are divided into four groups, Direct Care, Administration, Education and Research. Those groups are then broken down into more specific responsibilities and shown in Figures 7 c, d and e.

Figures 8 a and b **Members by Primary Position**

Figures 8 a and b show members by primary position.

Figures 9 a, b and c **Post Basic Education (Highest Level)**

These graphs illustrate the highest level of Post Basic Education that RPNAS members, both active and non-active, have obtained beyond their initial psychiatric nursing education. The graphs clearly indicate that RPNs have a significant interest in continuing education.

5 Year Comparison of Active Members

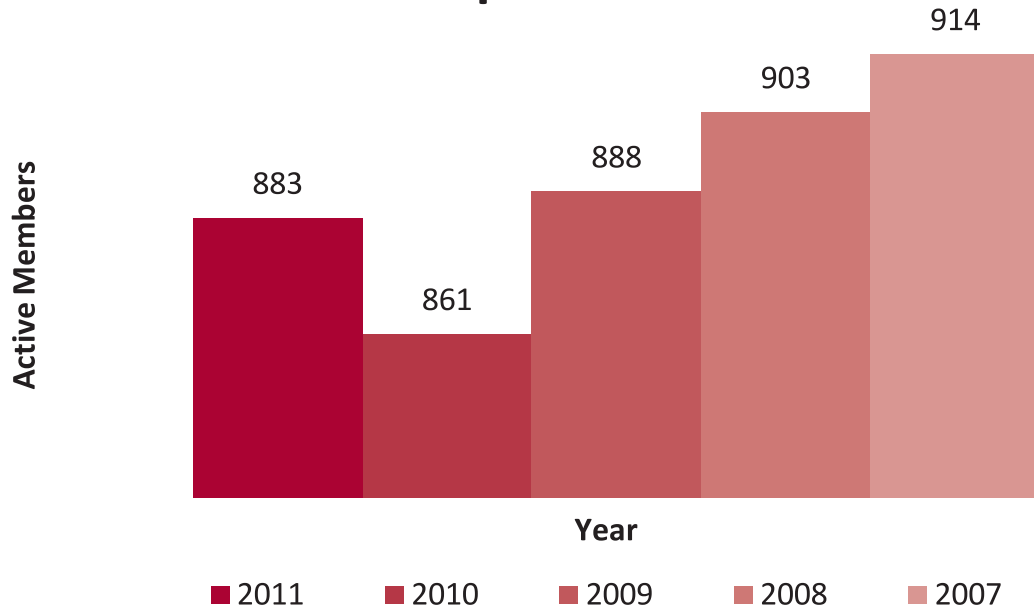


Figure 1

December 31, 2011 Active Members by Age and Gender

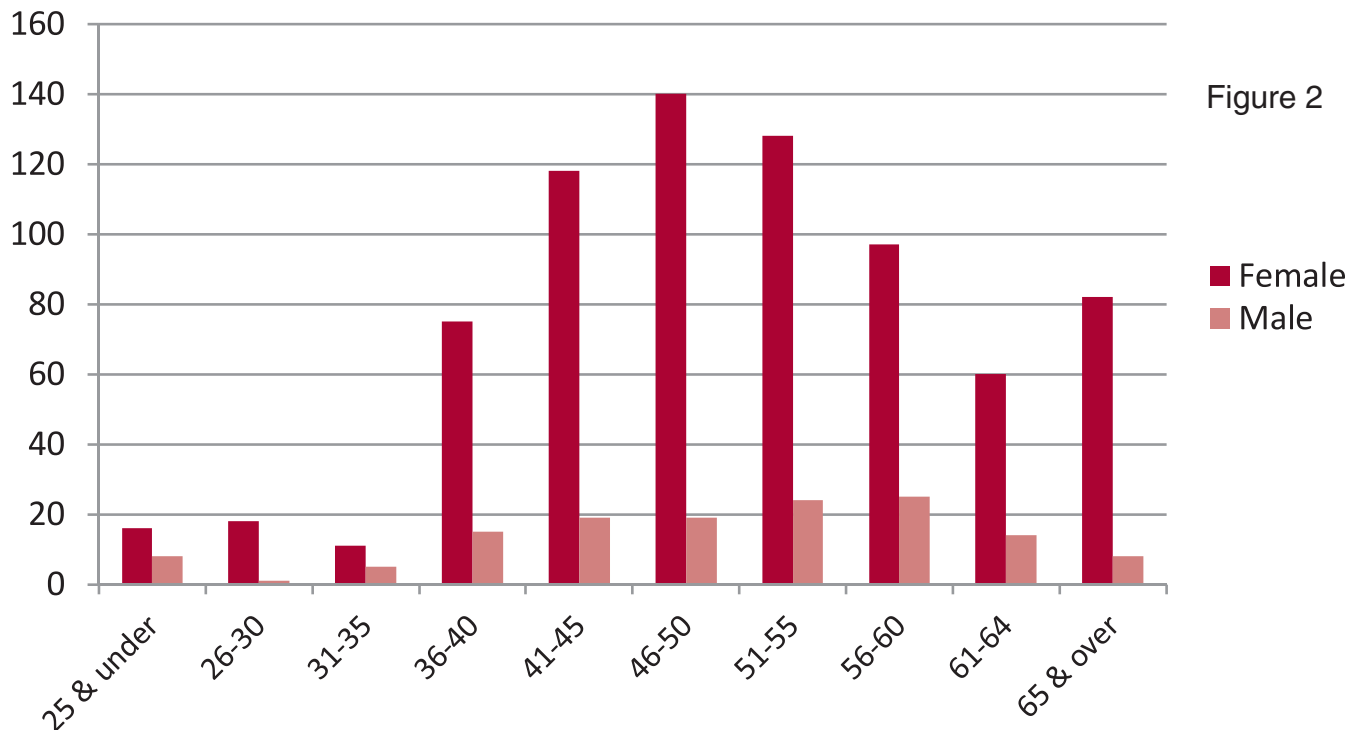
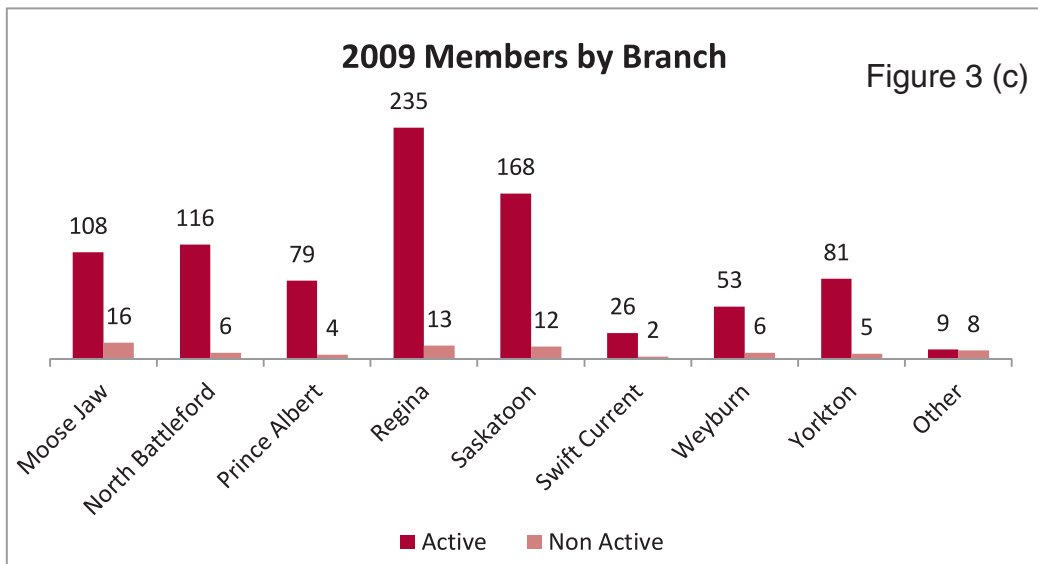
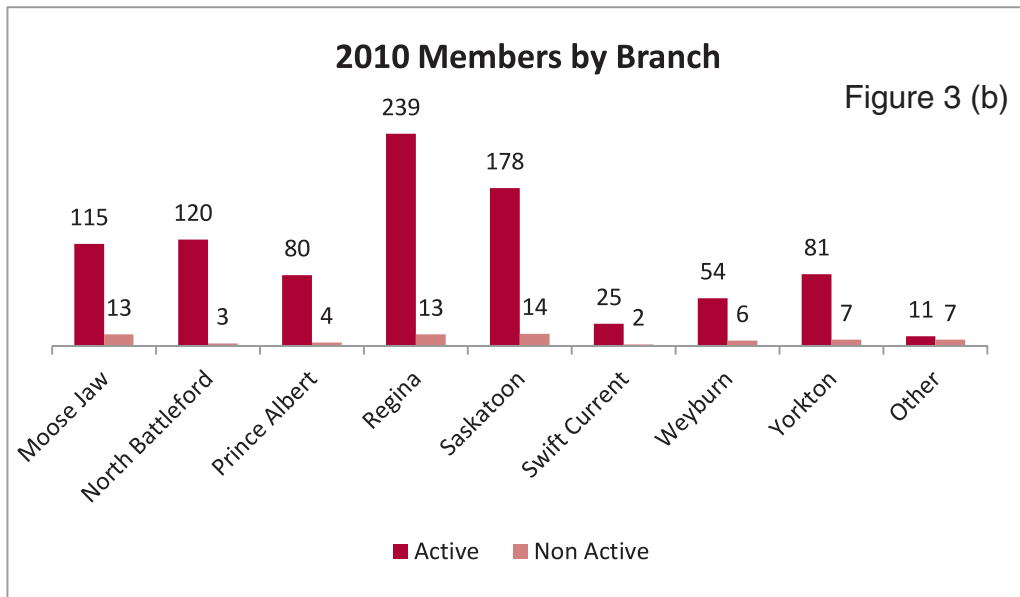
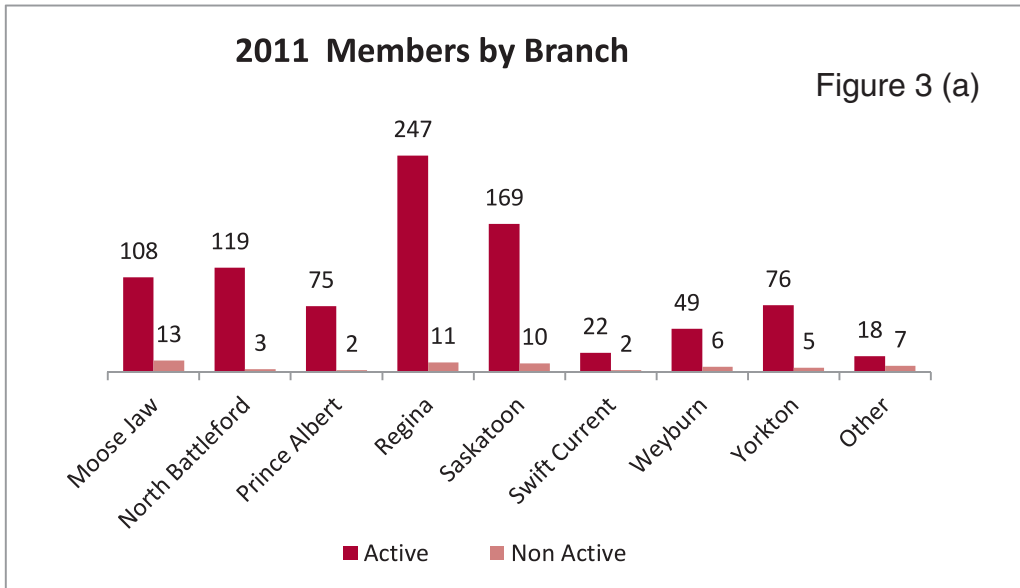
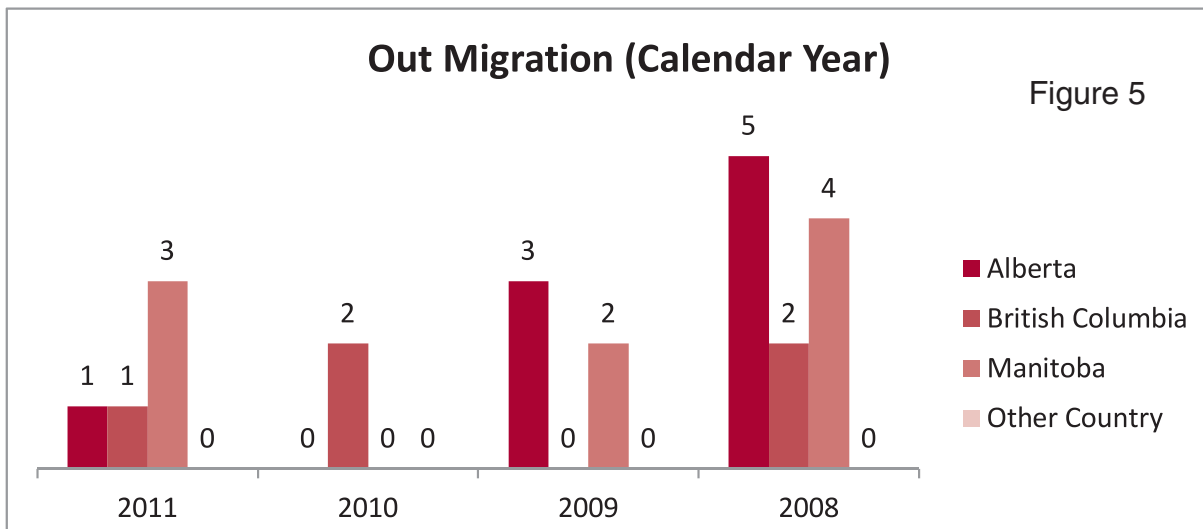
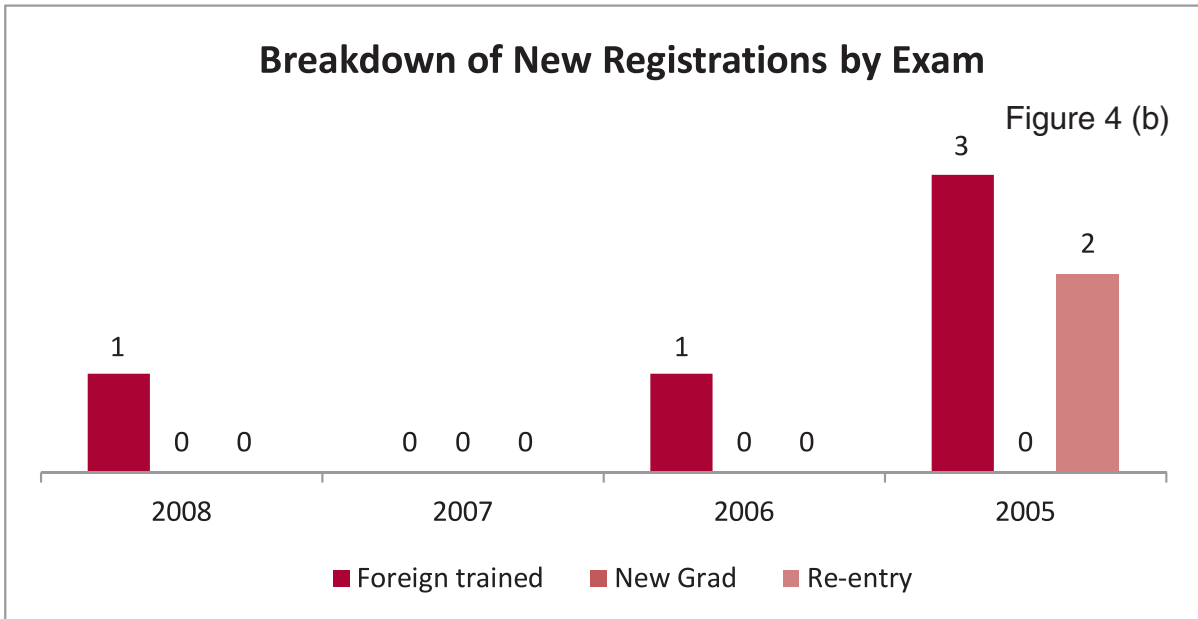
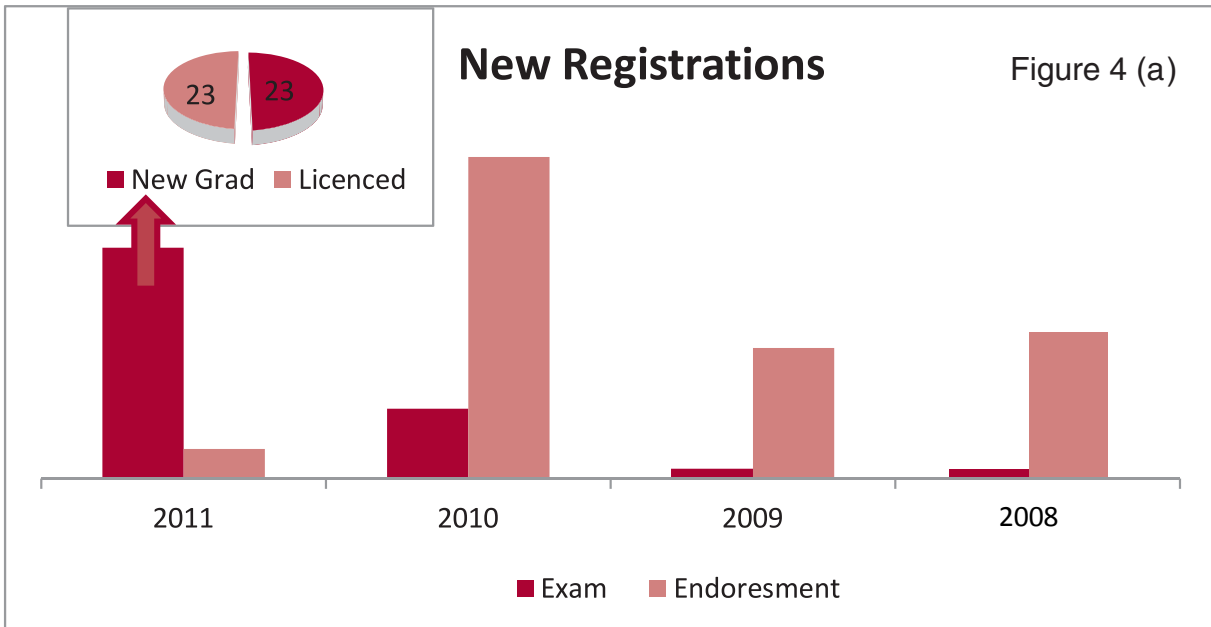


Figure 2





2011 Members by Primary Employing Agency

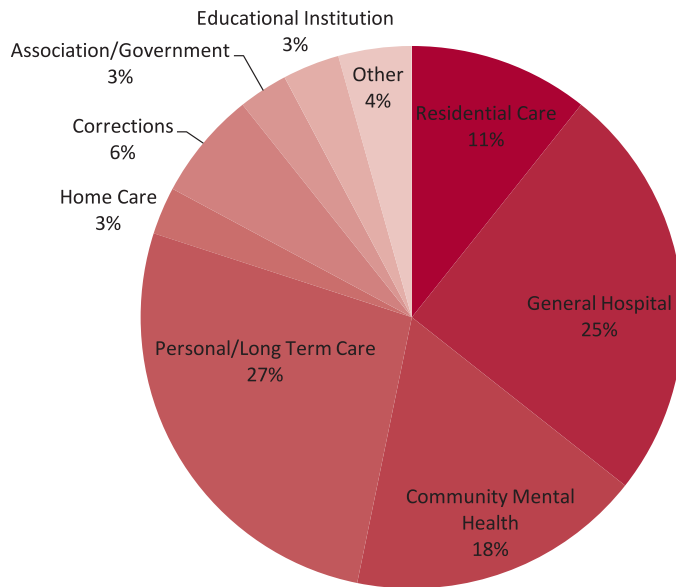


Figure 6 (a)

2010 Members by Primary Employing Agency

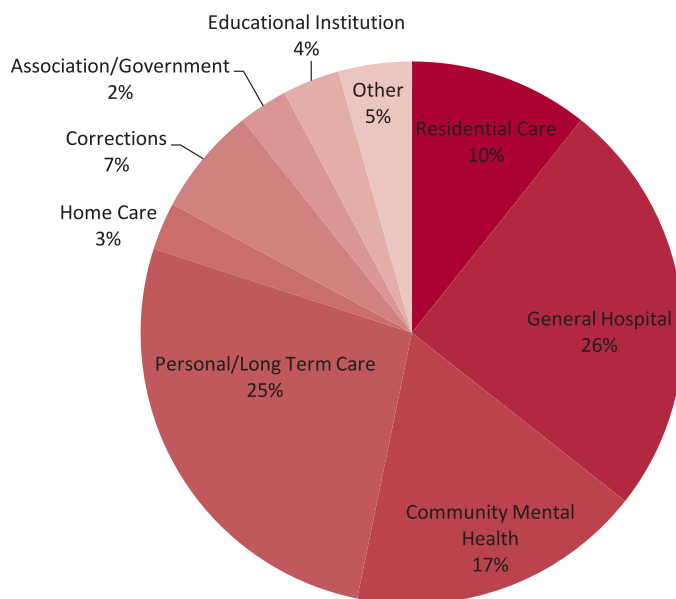


Figure 6 (b)

2011 Members by Primary Practice Area

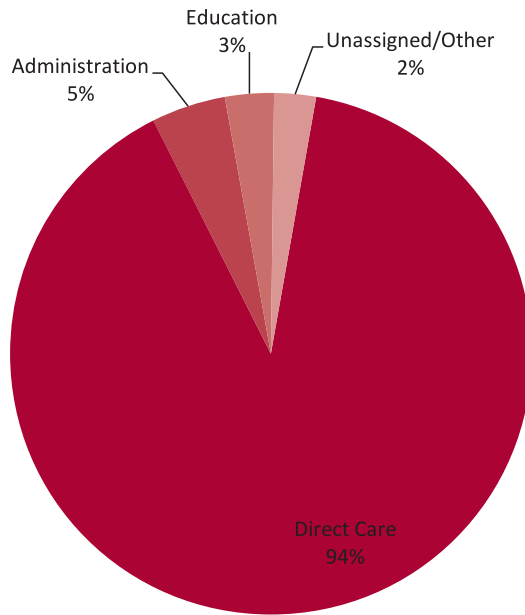


Figure 7 (a)

2010 Members by Primary Practice Area

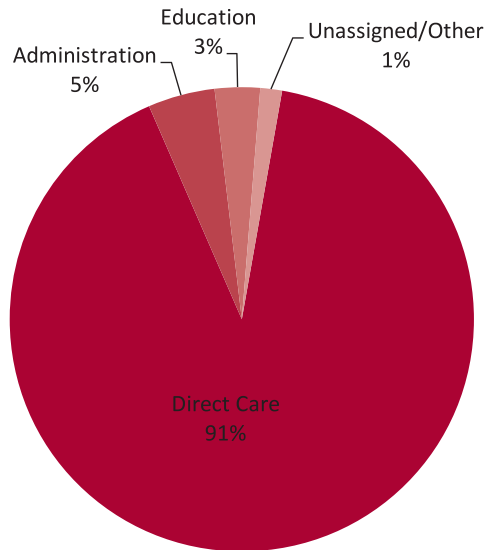
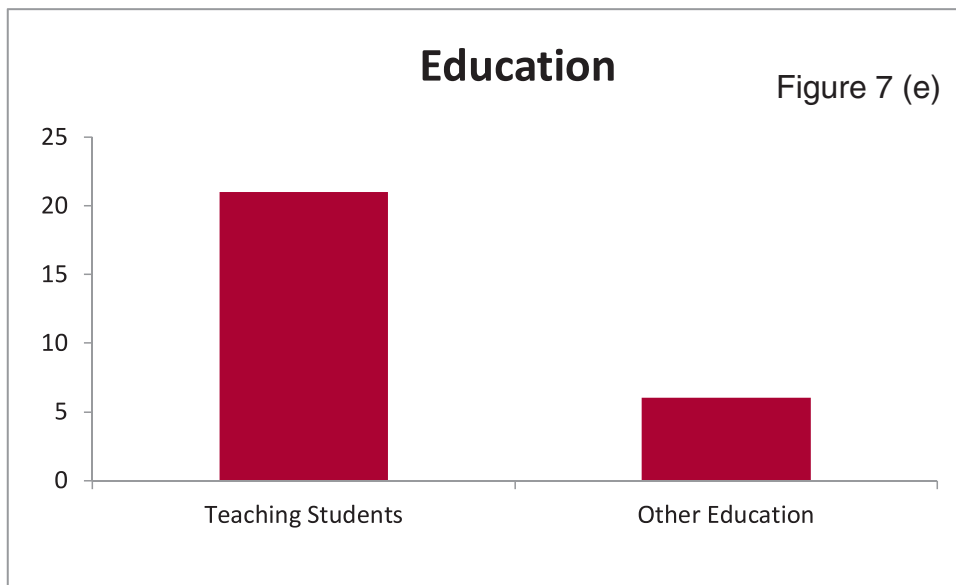
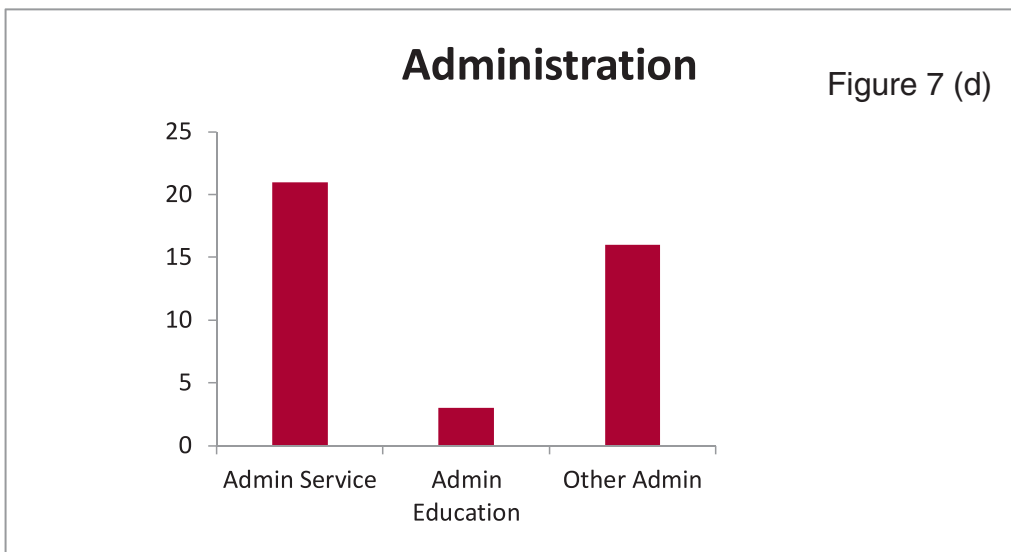
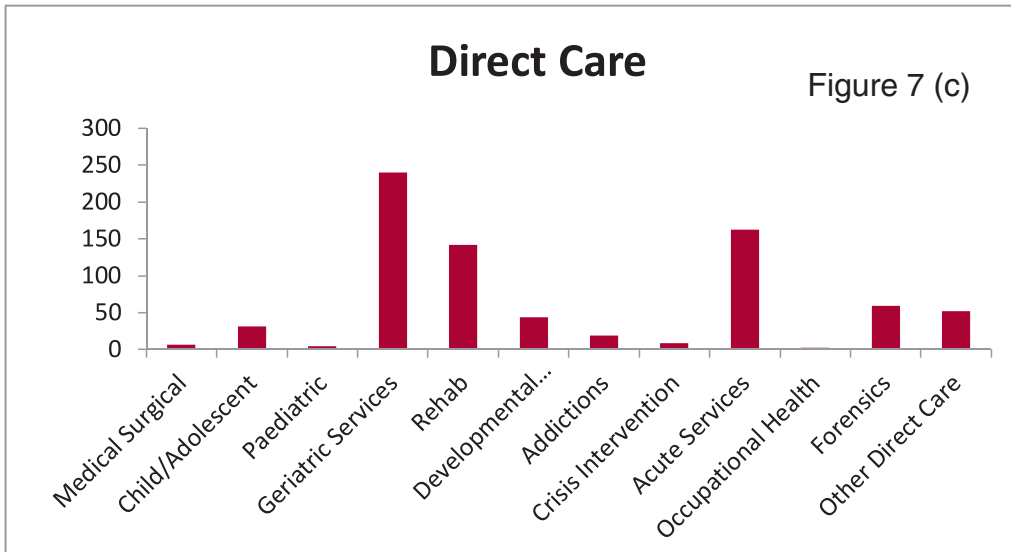
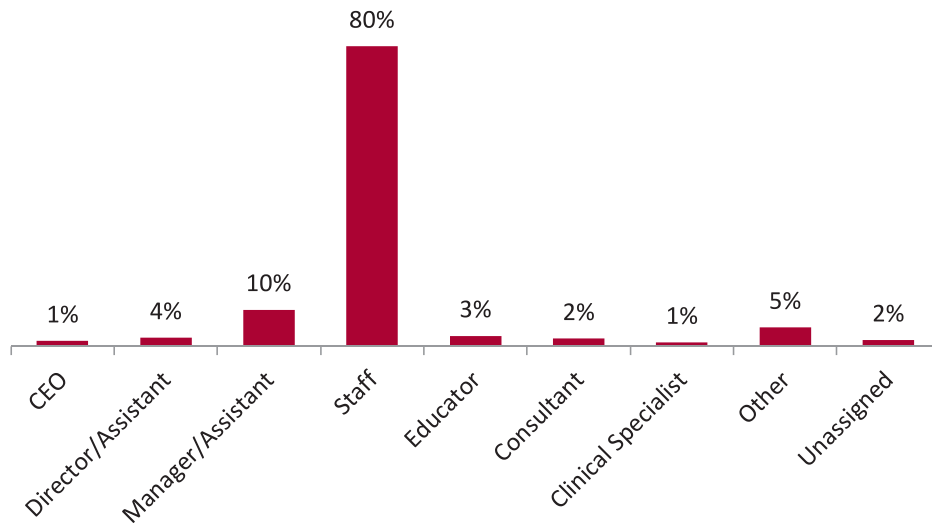


Figure 7 (b)



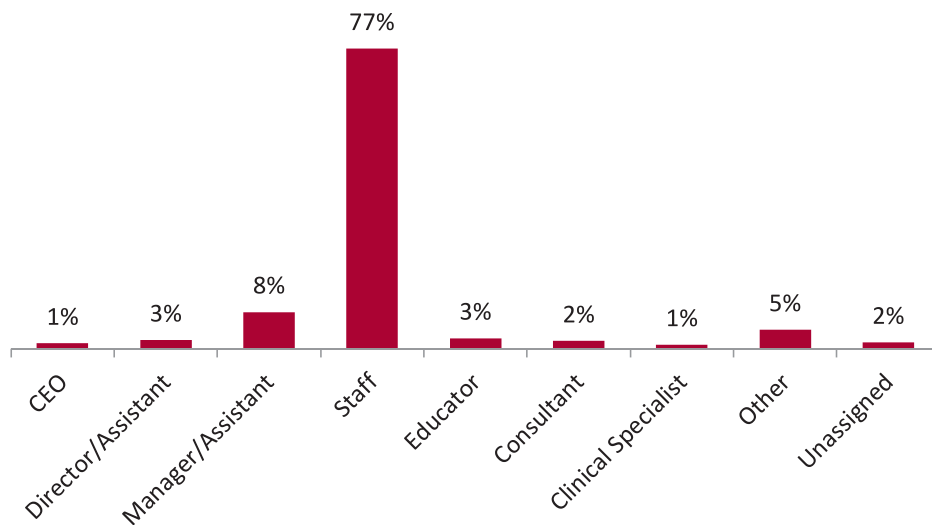
2011 Members by Primary Position

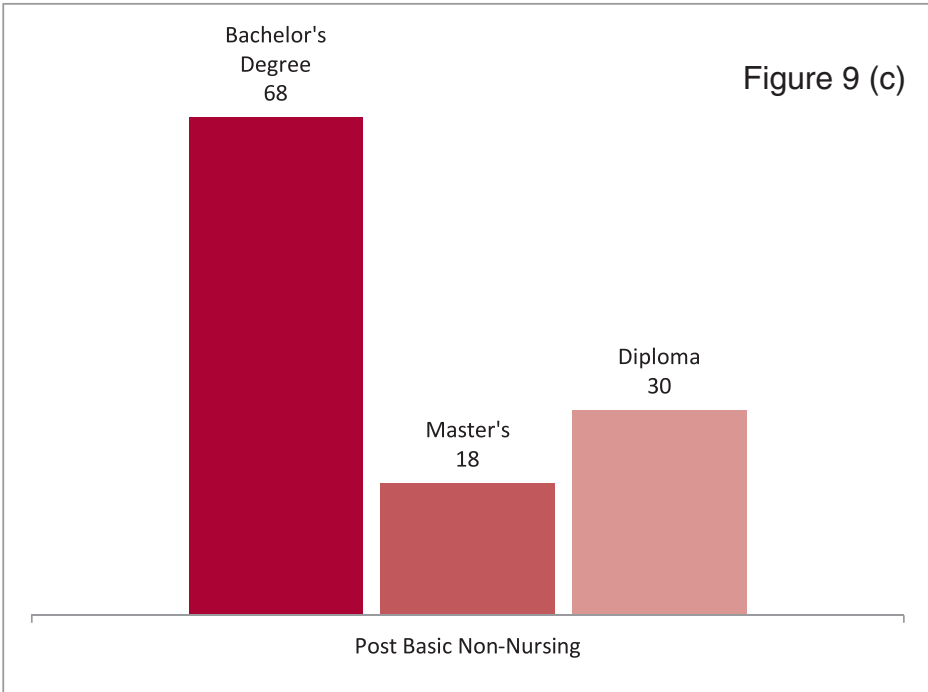
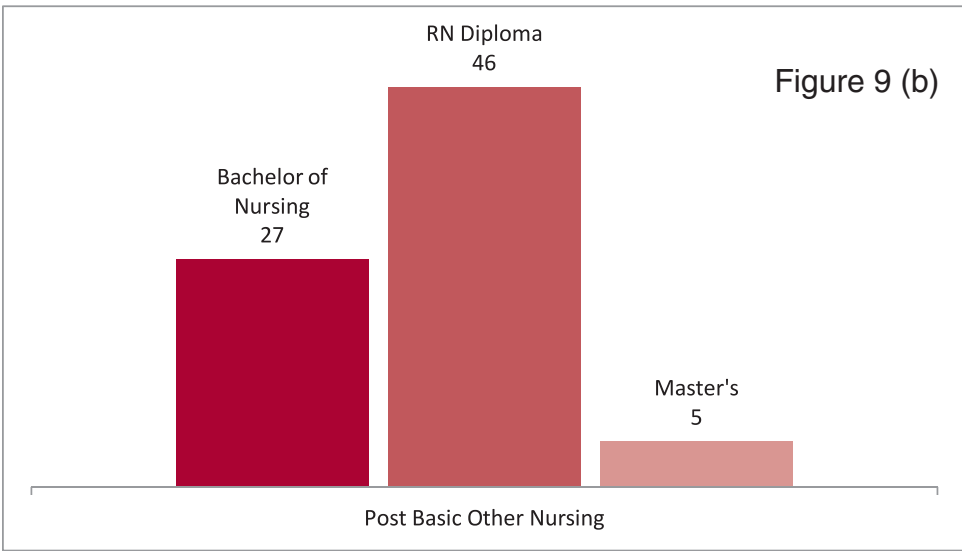
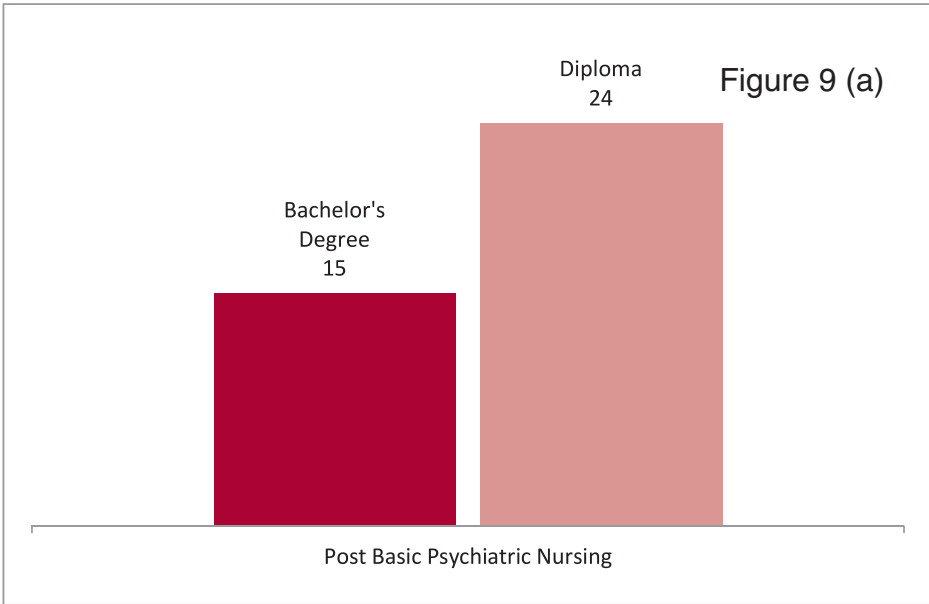
Figure 8 (a)



2010 Members by Primary Position

Figure 8 (b)





2011 Resolutions

Action on Resolutions from Annual General Meeting 2010/2011.

The bylaw changes passed by the membership at the annual meeting relating to the creation of a new category of practise for Registered Psychiatric Nurse Practitioner were not approved by the Minister.

Existing Bylaw

BYLAW I – COUNCIL

Section 11 Executive Director

1 The executive director shall be appointed by and responsible to the council, and shall:

- (a) execute the policies established by the council pertaining to management and administration of association affairs;
- (b) ensure that complete and accurate financial records are maintained;

- (c) ensure that a motion is presented at a council meeting appointing a qualified public accountant to complete an annual audit of association financial records;
- (d) ensure the preparation and presentation of financial reports:
 - (i) to the council as directed by the council; and
 - (ii) to the membership at the annual meeting;
- (e) maintain all records of the association, including a record of all meetings of the association and the council;
- (f) notify all members of all regular and special meetings, and circulate to members appropriate information and documentation prior to any special or annual meeting;

Changes

BYLAW I – COUNCIL

Section 11 Executive Director

1 The executive director shall be appointed by and responsible to the council, and shall:

- (a) execute the policies established by the council pertaining to management and administration of association affairs;
- (b) ensure that complete and accurate financial records are maintained;
- (i) designate the fiscal year of the Association to be January 1 – December 31, for all financial transactions.

- (c) ensure that a motion is presented at a council meeting appointing a qualified public accountant to complete an annual audit of association financial records;
- (d) ensure the preparation and presentation of financial reports:
 - (i) to the council as directed by the council; and
 - (ii) to the membership at the annual meeting;
- (e) maintain all records of the association, including a record of all meetings of the association and the council;
- (f) notify all members of all regular and special meetings, and circulate to members appropriate information and documentation prior to any special or annual meeting;

(g) issue all notices required by statute, by these bylaws, or by resolution of the council;

(h) be responsible for employment, assignment and supervision of staff, and administration of salaries;

(i) be an ex-officio, non-voting member of all council committees with the exception of the nominations and discipline committee;

(j) ensure that criteria and procedure for the approval of the psychiatric nursing education programs have been determined;

(k) ensure that the approval process for education programs is carried out not less than once every five years;

(l) act as registrar in the absence of such an appointment by council; and

(m) have custody of the association seal.

(g) issue all notices required by statute, by these bylaws, or by resolution of the council;

(h) be responsible for employment, assignment and supervision of staff, and administration of salaries

(i) be an ex-officio, non-voting member of all council committees with the exception of the nominations and discipline committee;

(j) ensure that criteria and procedure for the approval of the psychiatric nursing education programs have been determined;

(k) ensure that the approval process for education programs is carried out not less than once every five years;

(l) act as registrar in the absence of such an appointment by council; and

(m) have custody of the association seal.

Reports

Council Committees

Professional Conduct Committee

Committee Chair: Delores Maduke

The Professional Conduct Committee dealt with 10 complaints. Of these 10 complaints; cautionary letters were sent out to 2, and 2 complaints resulted in no further investigation. One complaint resulted in an agreement of Non-Practise and one was forwarded to the Discipline Committee. There are currently 3 complaints that are within the investigation process.

Discipline Committee

Committee Chair: Theresa Girardin

The reporting period for April 1, 2011 to December 1, 2011.

One hearing was held this past year. Thank you to all committee members for the time and commitment, it is much appreciated.

Branches

Yorkton Branch

Committee Chair/President: Lana Hunko

No meetings or activities were held in the last 12 months.

We continue to offer a bursary yearly to an eligible student enrolled in a psychiatric nursing program. We hope to resume meetings and social events in the fall.

Weyburn Branch

President, Betty Sellers Vice President, Linda Olson

The Weyburn branch held a meeting on October 18, 2011 and an election of officers was held. We are pleased to report the following: Secretary, Sharon L. Mulhall, Treasurer, Ann Robillard, members-at-large, Theresa Girardin and Crystal Guenther.

SWIFT CURRENT BRANCH

President, Marilyn Mudry-Lautsch

REPORTING PERIOD: April 1, 2011- March 31, 2012

NUMBER OF MEETINGS: 4 (with an average of 5 members in attendance)

THE FOLLOWING SUMMARIZES THE ACTIVITIES OF THE BRANCH OVER THE PAST 12 MONTHS:

BUSINESS:

-It has been a challenge, but with encouragement, we have filled our executive positions in our Branch this year, initiating newer members to take on more active role locally.

EDUCATIONAL:

- One member is mentoring a psychiatric nursing student in community
- We encourage members to share information at our Branch meetings from various workshops & in-services they have attended

SOCIAL:

- We celebrated RPN Day with a luncheon meeting
- We try to acknowledge various occasions affecting our members (IE/ marriage, bereavement, retirement) in the Welfare of the Members section of Branch meetings

PROFESSIONAL:

- One member continues to serve on the Provincial Disciplinary Committee
- We share & discuss RPNAS Council's communique's, as well as reviewing any articles in the RPNews. It is important to foster this link with Council.

FUNDRAISING:

-This has very difficult. In fact, we did nothing to boost our bank account this past year. This is a concern as we want to try to support our membership financially with their professional development in attending the the RPNAS AGM & Education Day as well as providing support and emotionally in the various life stages (IE/ Welfare of the Members); however, without a substantial bank account, this poses a significant challenge to our Branch.

MAJOR PROJECTS COMPLETE BY THE COMMITTEE:

Members from our Branch take part in:

-Mental Health Week (springtime): by supporting the local branch of CMHA in attending the Annual Mayor's Luncheon and Walkathon events.

-Mental Illness Awareness Week (autumn): The Mental Health Clinic staff put on a parking lot lunch BBQ, put up bulletin boards with information & awareness announcements, provided 2 RPN's to talk about mental illness in our Region's internal "Talk About" weekly communications sessions.

-In Home Care, one member made a display of the "Faces of Mental Illness" poster promotion with accompanying handouts available.

SUMMARY OF PROJECTS TO BE INITIATED IN 2012-2013 YEAR:

-Our Branch is making plans to attend the high school's Career Expo Day in September 2012. Though we don't have a large or extensive display as the SRNA, we feel this exposure is very important to promote our profession.

-The Branch participates in promoting Mental Health Week & Mental Illness Awareness Week on an annual basis.

Registered Psychiatric Nurses Association of Saskatchewan

Proposed Operating Budget 2013

REVENUE

Annual Fee Practicing	530,700	Based on 870 members
Annual Fees Non Practicing	3,000	
Temporary License	2,200	
Registration fees	1,900	
Interest Income	11,000	
Liability insurance	6,090	
Miscellaneous	3,500	
Registration examinations	3,000	

TOTAL REVENUE **561,390**

Expenditures Part A

Office Insurance	750
Salaries	260,000
Employee Benefits	60,000
Taxes	6,000
Telephones	4,000
Postage/Bank Charges	8,000
Office Supplies	12,000
Legal fees/audit	7,000
Reserve for depreciation	10,000
Printing costs	8,000
Executive Directors expenses	12,000
Staff Development	1,500
Computer support	5,000
Website	5,000
Utilities	12,000

TOTAL **411,250**

Statutory Functions

Council meetings	10,000
Council Insurance	2,500

Council Honorarium	4,000	
Council Development	2,000	
Disciplinary Hearings	10,000	
Professional Conduct Legal	10,000	
PCC Chair Honorarium	500	
Discipline Chair Honorarium	500	
Registrar Travel	8,000	
Election	1,400	
International Conference	10,000	
TOTAL	56,900	
<hr/>		
Representative Activities/Services		
Special Ends Projects	10,000	
Provincial Student resources	1,000	
Special Education fund	3,000	
Bursaries/Scholarships	8,000	
Membership Fees	1,500	
Delegate expenses	1,500	
Executive Travel	3,000	
<hr/>		
TOTAL	28,000	
<hr/>		
Membership Services		
Annual Meeting	6,000	
Liability Insurance	6,090	
RPN NEWS	9,040	
Annual Report	7,500	
Public Relations	6,000	
TOTAL	34,740	
<hr/>		
TOTAL EXPENDITURES PART A	532,890	
<hr/>		
Expenditures Part B		
Statutory Committees	5,500	Legislation, Professional Conduct, Discipline, Nominations
RPNC	3,000	
Special Projects/RPNP/Program Approval	20,000	
Total Expenditures Part B	28,500	
<hr/>		
TOTAL EXPENDITURES PART A AND B		
<hr/>		
561,390		
<hr/>		

Registered Psychiatric Nurses Association
Financial Statements
December 31, 2011

Management's Responsibility

To the Members of Registered Psychiatric Nurses Association:

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

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

The Council composed primarily of Councilors who are neither management nor employees of the Organization. The Council is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Council fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Council is also responsible for recommending the appointment of the Organization's external auditors.

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

April 30, 2012



Executive Director

Independent Auditors' Report

To the Members of Registered Psychiatric Nurses Association:

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

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

Regina, Saskatchewan

April 30, 2012

MNP LLP
Chartered Accountants

Registered Psychiatric Nurses Association
Statement of Financial Position

As at December 31, 2011

	December 31 2011	March 31 2011
Assets		
Current		
Cash	147,791	25,529
Marketable securities (Note 3)	387,142	510,452
Accounts receivable	2,111	550
Prepaid expenses and promotional items	30,871	10,043
	567,915	546,574
Capital assets (Note 4)	93,514	86,260
Long-term investments (Note 5)	438,203	374,671
	1,099,632	1,007,505
Liabilities		
Current		
Accounts payable and accruals	25,094	22,250
Deferred revenue	457,272	395,537
	482,366	417,787
Net Assets		
Net assets	348,354	326,760
Net assets invested in capital assets	93,514	86,260
Contingency reserve	127,352	127,352
Bursary reserve	48,046	49,346
	617,266	589,718
	1,099,632	1,007,505

Approved on behalf of the Council

Sam Watt

Councilor

A Bedford

Councilor

The accompanying notes are an integral part of these financial statements

Registered Psychiatric Nurses Association Statement of Revenues and Expenses

For the 9 month period ended December 31, 2011

	9 Months Ended December 31 2011	12 Months Ended March 31 2011
Revenue		
Administration fees	1,316	720
Examination fees	2,400	9,308
Investment income	14,792	18,729
Licensing fees	420,658	490,302
Members' liability insurance	4,520	6,269
Miscellaneous	18,798	14,795
Non-active fees	2,363	3,438
Promotional	2,491	1,651
Registration fees	3,011	1,950
	470,349	547,162
Expenses		
Amortization	7,367	8,831
Committees	16,606	36,070
Council and membership meetings	15,993	19,162
Discipline hearings and professional conduct	30,172	17,795
Donations	1,912	330
Elections	560	-
Employee benefits and superannuation	38,794	56,478
Insurance	184	677
International conference	3,151	-
Liability insurance	1,059	6,321
Membership development	8,270	13,176
Membership fees	2,267	3,757
Newsletter	8,266	8,591
Occupancy	15,466	13,649
Office supplies and postage	18,383	19,730
Printing	6,844	2,018
Professional services	8,897	8,005
Promotional	21,255	17,027
Property taxes	5,578	5,314
Salaries	194,397	202,425
Special projects	600	300
Student liaison activities	62	-
Telephone	2,656	3,576
Travel - executive	33,377	34,583
	442,116	477,815
Excess of revenues over expenses before other item	28,233	69,347
Other item		
Unrealized gains on investment	615	10,984
Excess of revenues over expenses	28,848	80,331

The accompanying notes are an integral part of these financial statements

Registered Psychiatric Nurses Association of Saskatchewan
Statement of Changes in Net Assets
For the period ended December 31, 2011

	<i>Investment in Capital Assets</i>	<i>Contingency Reserve</i>	<i>Bursary Reserve</i>	<i>Operating Surplus</i>	9 Months Ended December 31, 2011	<i>12 Months Ended March 31, 2011</i>
Balance – beginning of year	86,260	127,352	49,346	326,760	589,718	510,387
Excess of revenues over expenses for the year	-	-	-	28,848	28,848	80,331
Purchase of capital assets	14,621	-	-	(14,621)	-	-
Amortization of capital assets <i>(Note 9)</i>	(7,367)	-	-	7,367	-	-
Bursaries awarded during the year	-	-	(1,300)	-	(1,300)	(1,000)
Balance – end of year	93,514	127,352	48,046	348,354	617,266	589,718

The accompanying notes are an integral part of the financial statements

Registered Psychiatric Nurses Association Statement of Cash Flows

For the 9 month period ended December 31, 2011

	9 Months Ended December 31 2011	12 Months Ended March 31 2011
Cash provided by (used for) the following activities		
Operating activities		
Cash received from members	515,730	547,185
Investment income	14,792	18,729
Cash paid to suppliers	(168,882)	(117,993)
Cash used for Council and Committee activities	(71,535)	(94,826)
Bursaries awarded	(1,300)	(1,000)
Cash paid to employees	(212,315)	(258,903)
	76,490	93,192
Investing activities		
Purchase of marketable securities	(226,690)	(302,029)
Proceeds on disposal of marketable securities	350,000	215,000
Purchase of capital assets	(14,621)	(1,850)
Purchase of long-term investments	(125,000)	(196,700)
Proceeds on disposal of long-term investments	62,083	165,000
	45,772	(120,579)
Increase (decrease) in cash resources	122,262	(27,387)
Cash resources, beginning of year	25,529	52,916
Cash resources, end of year	147,791	25,529

The accompanying notes are an integral part of these financial statements

Registered Psychiatric Nurses Association

Notes to the Financial Statements

For the 9 month period ended December 31, 2011

1. Governing statutes and nature of operations

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

2. Significant accounting policies

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

Capital assets

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

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

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

Revenue recognition

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

Reserves

Contingency reserve

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

Bursary reserve

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

Fund accounting

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

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

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

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

Registered Psychiatric Nurses Association

Notes to the Financial Statements

For the 9 month period ended December 31, 2011

Financial instruments

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

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

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

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

Measurement uncertainty

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

Recent Accounting Pronouncements

Canadian accounting standards for not-for-profit organizations

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

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

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

Registered Psychiatric Nurses Association
Notes to the Financial Statements
For the 9 month period ended December 31, 2011

3. Marketable securities

	2011	2011
Cash	62	49
Premium Treasury Bill mutual fund	378,978	502,311
Treasury Bill mutual fund	8,102	8,092
	387,142	510,452

4. Capital assets

	Cost	Accumulated amortization	2011 Net book value	2011 Net book value
Land	38,250	-	38,250	38,250
Buildings	139,370	89,018	50,352	46,272
Furniture and equipment	85,221	80,309	4,912	1,738
	262,841	169,327	93,514	86,260

5. Long-term investments

	December 31 2011	March 31 2011
Cash	9,167	10,225
Canadian corporate bonds maturing at dates ranging between June 2015 and November 2018 (December 2011 - June 2015 and June 2017), with interest rates at varying rates ranging from 5.2% to 6.75% (December 2011 - 5.20% to 6.75%)	383,056	364,446
United States corporate bonds maturing on June 30, 2018 with interest rate of 6.25%	45,980	-
	438,203	374,671

6. Financial instruments

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

Fair value

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

Interest rate risk

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

Registered Psychiatric Nurses Association

Notes to the Financial Statements

For the 9 month period ended December 31, 2011

7. Pension plan

Employees of the Registered Psychiatric Nurses Association of Saskatchewan participate in the Saskatchewan Healthcare Employees' Pension Plan (SHEPP). The plan is a defined benefit plan and the pension benefits and assets are for all members of the plan and are not segregated by participating organization. Both the employer and employee contribute to the plan. The Association remits the contributions monthly, based on the contribution rate provided by SHEPP, which totaled 11,744 for the year (March 2011 - \$11,226).

Contribution rates as of December 31, 2011 are as follows:

8.624% (March 31, 2011 - 8.064%) of pensionable earnings up to the yearly maximum earnings (CPP) plus
11.20% (March 31, 2011 - 11.20%) of pensionable earnings above the yearly maximum earnings (CPP).

8. Commitments

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

2012	8,520
2013	8,520
2014	8,520
2015	2,625
	<hr/>
	28,185

9. Inter-fund transfers

The Council approved a transfer of \$7,368 (March 2011 - \$8,831) from operating surplus to investment in capital assets to cover the amortization costs incurred for the year.

10. Capital management

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

11. Comparative figures

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

12. Change of year end

The financial year end of the Association was changed from March 31 to December 31. Accordingly, the comparative figures for the statement of financial position, statement of revenues and expenses, change in net assets and cash flows and the related notes are for the twelve months from April 1, 2010 to March 31, 2011.

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