Nursing Skills and Mobility: Facilitating the Transfer and Tracking of Nurses Across Canada

by

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Executive Summary

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Executive Summary

In the fall of 2005, the CPRN Health Network was contracted by the Canadian Nurses Association to explore the facilitation of cross-jurisdictional mobility as part of their overall project for the Pan-Canadian Health Human Resource Planning. There are two distinct but related dimensions to the issue of nurse mobility.

In the first instance, there is the question of how best to reduce barriers and facilitate the mobility of nurses who wish to move more or less permanently across jurisdictions, or from one job site to another within the same jurisdiction. In this case, we are talking about the need to streamline processes for credential and competency recognition to make such moves less cumbersome for both the nurse and the employer.

This can be distinguished from what can be called "emergency mobility" which is, almost by definition, temporary and situation-specific. In the aftermath of the SARS epidemic in Toronto, and in light of events like the destruction wrought by Hurricane Katrina in the United States, it has become apparent that there are significant barriers and obstacles to mobilizing nurses in times of emergency. And yet there is still a need to ensure that the nurses who are moved into emergency situations are in good standing with their professional regulatory body and have the skill sets and competencies needed.

In examining these issues the paper undertakes to provide an environmental scan of facilitators to mobility, including national and international nursing mutual recognition agreements, and models proposed, developed or implemented which are specific to the rapid mobilization of nurses during times of short-term emergencies.

The overall mobility of nurses within the labour market has clearly been enhanced through the MRAs adopted under the aegis of the Agreement on Internal Trade. The processes have been clarified, streamlined and appear to have been made much more user-friendly for both the individual nurse and for the employer. But there is very little empirical evidence that would tell us how much enhancement of mobility has been achieved to date. For instance, the environmental scan failed to turn up any documents which detail the experiences that nurses have when registering in another jurisdiction under the MRAs or when deployed at times of emergencies.

It is evident that efforts to track the mobility of nurses, both within and across jurisdictions, are not yet sufficient to support our attempts to reduce barriers to mobility. As the barriers to mobility have been reduced and the processes made easier one can expect higher levels of mobility within that workforce. This necessitates a greater attention be paid to building the data and information technology infrastructure necessary to track these more mobile workers. Human resource planning for the nursing workforce needs to be able to accurately understand which nurses are moving (both in terms of demographic information but also in terms of their education, skills and competencies),

where they are moving from and to, how often they are moving and the reasons behind their movement (both at the individual and at the aggregate level).

The building of that data infrastructure to track nursing mobility is very closely linked with the desire to build processes and frameworks for the rapid deployment of nursing resources in times of health emergencies. The kind of information that would be collected to track the general mobility of nurses across job-sites or across provincial borders would also be invaluable in building data bases that would allow us to identify the skills and competencies needed in a particular kind of health care emergency.

But the development of frameworks and agreements for the emergency deployment of nurses also goes beyond the data needs met by a system capable of tracking the nursing workforce generally. There are very important "knock on" effects throughout the system that occur when some significant number of nurses leave one jurisdiction or work site for another during an emergency situation, not to mention the impact that a health emergency can have on the health workforce in the affected area (both as health professionals and as citizens).

There is a need, therefore, for greater consistency, agreement and collaboration within planning so that nurses are not reactionary but proactive in their approach to emergency assistance. First of all, this involves clarifying the roles and responsibilities of the various actors at the federal, provincial and regional levels to ensure that nurses with the right skills are deployed when needed. At the federal level, this may be the development of guidelines and a national framework or vision and a more careful synthesis of health human resource planning needs within emergency protocols. The latter point is seldom raised within planning yet it is critical. If we do not have enough people trained with the requisite skills sets given different disaster scenarios (e.g. public health nurse, epidemiology, trauma care, mental health) then the shortages will be heightened during disasters. A pandemic will put additional strains on human resource availability especially if it is simultaneously experienced across jurisdictions. Even more specific disasters (e.g. natural disasters) must take into consideration the staffing needs of the assisting jurisdiction. This may include the cancellation of elected surgeries, etc. These staffing needs and preparations could feasibly be part of the overall framework.

Although there was little appetite amongst key informants interviewed for moving at this time to a system of national licensure for nurses (and great resistance on the part of some of those interviewed) there was a consistent call for a greater level of coordination in both the tracking of nurse mobility and in the planning for deployment of nurses in times of emergency. There was more interest expressed in mechanisms like unique identifiers that would travel across jurisdictions with individual nurses and allow jurisdictions to know not only who is arriving in their jurisdictions but also who is leaving. But movement in this direction will depend on knowing more about why previous experiments were abandoned and in overcoming any of the problems encountered with those experiments. Further, there is a very strong need not only for more and better data, but perhaps more importantly for better coordination and compatibility between existing data sets and information technology. And this in turn,

requires more attention to be paid to examining how well the current MRAs are working in facilitating the mobility of nurses across the country in terms of identifying those barriers that still exist.