

# THE MOBILITY PROJECT:

How similar are our  
expectations and processes?



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery  
Board of Ireland



Nursing and Midwifery  
Board of Australia



Organización Colegial de Enfermería

CONSEJO GENERAL DE COLEGIOS OFICIALES DE ENFERMERÍA DE ESPAÑA

**NMC** Nursing &  
Midwifery  
Council



Te Kaunihera Tapuhi o Aotearoa  
Nursing Council of New Zealand



**NCSBN**  
Leading Regulatory Excellence



**SINGAPORE NURSING BOARD**



British  
Columbia  
College of  
Nurses &  
Midwives



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO



# The International Nurse Regulator Collaborative (INRC): **What is it?**

A forum to identify and act on opportunities for collaboration

**AIM: to be proactive and stay ahead of the winds of change**

## **Focus**

- Collaboration amongst members
- Evolving regulation
- Increasingly connected and mobile world

## **Purpose**

- Promote research
- Share knowledge and ideas
- Work together to influence policy

## The Mobility Project:

### **What is it?**

Exploring the opportunities for 'recognising' nurses' regulatory credentials across the INRC members

### **Why?**

- ▶ INRC members believe they have similar:
  - ▶ Health care systems
  - ▶ Role of nurses
  - ▶ Standards for licensure / registration
- ▶ Aim reduce barriers to international mobility

# THE MOBILITY PROJECT

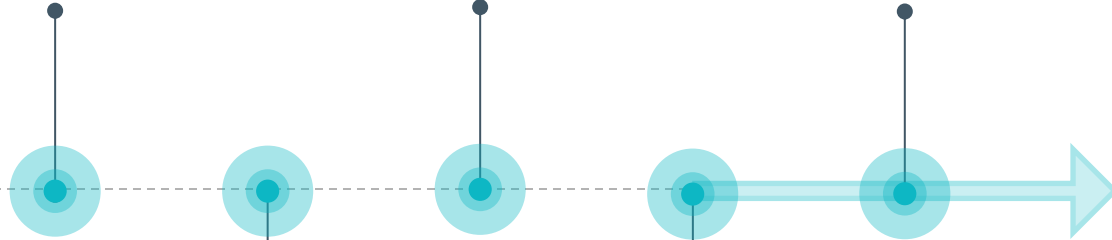
**2018:**  
The Mobility  
Project begins

**PHASE 2:**  
Review of  
standards /  
competencies

**TODAY:**  
Overview of  
findings from  
PHASE 1 + 2

**PHASE 1:**  
Feasibility  
Study

**PHASE 3:**  
Review of  
operational  
processes



# PHASE 1

## **Objective:**

Explore the feasibility of developing regulatory mechanisms that could support mobility of nurses across member jurisdictions

## PHASE 1: Methodology

### HOW

- ▶ Literature review
- ▶ Web-based review of jurisdictional processes
- ▶ Interviews with jurisdictional senior executives

### WHO

- ▶ All regulated nurses: PN, VN, EN, RN, NP

### WHAT

- ▶ High level of review of all factors underpinning registration / licensure



## PHASE 1: Areas Explored

### **Relevant issues:**

- ▶ Globalization
- ▶ Regulatory principles
- ▶ Expectations of standards
- ▶ Current legal, educational and disciplinary frameworks
- ▶ Current ICT capacity
- ▶ Standards, requirements and processes for licensure / registration in each jurisdiction

# PHASE 1: FINDINGS

## PHASE 1: Legal Frameworks

### **ALL** Jurisdictions

Eligibility established in legislation or regulator bylaws / standards / rules  
Can only be waived by formal government to government MRA

### **Minimum Requirements**

All - educational qualification, language proficiency, good character

Recency of practice requirements : **7 / 9** jurisdictions

### **External Assessment**

Specified: **3 / 9** jurisdictions

Discretion of regulator : **6 / 9** jurisdictions

### **MOST** Jurisdictions

Regulator has authority to determine if education / qualification acceptable

Spain – Acceptability of educational qualification determined by government ministry responsible for universities

**Most** INRC jurisdictions have the potential to  
develop a specific pathway to recognize other  
jurisdictions credentials



## PHASE 1: Expectations for practice and educational programs

### Nursing Practice

#### ALL jurisdictions

- ▶ Scope of practice guided by law, education and individual competence
- ▶ Standards for nursing practice / entry to practice / professional behaviour

#### SOME jurisdictions

- ▶ Specific lists of activities
- ▶ Flow charts and guidance for decision making

### Educational Programs

#### ALL jurisdictions

- ▶ Similar process for accrediting / approving education programs

#### ALL jurisdictions, **except Spain**

- ▶ Regulator has ultimate responsibility for approval, other organizations may be involved

#### SPAIN

- ▶ Responsibility of ministry responsible for universities

## PHASE 1: Complaints, Fitness to Practise + Professional Discipline

### ALL jurisdictions

- ▶ Responsibility of regulator
- ▶ Complaints address conduct, competence or health concerns

Registrant can:

- ▶ Conditions placed on practice
- ▶ Suspended from practice
- ▶ License / registration revoked
- ▶ Noted on public register

**Significant variations in  
the terminology used  
across jurisdictions**

## PHASE 1: Grandparenting nurses

Requirements for licensure / registration changed over time

Once a registrant achieved **full registration** they were not required to update their qualifications to the new level, e.g. university degree.

### **ALL jurisdictions, except Spain and USA, have *grandparented* nurses**

- ▶ Number of 'grandparented' RNs decreasing in all jurisdictions, but still significant numbers
- ▶ Registrants may have only hospital-based certificate or diploma, no regulatory restrictions placed on practice

### **SPAIN**

- ▶ All RNs must have university degree, all required to upgrade (1977)

### **USA**

- ▶ No state has requirement for university degree for initial licensure.

(Diploma, associate degree, bachelor and master degree all accepted)

# PHASE 1: Information, Communication + Technology

## Trans-jurisdictional recognition of credentials requires real-time data sharing

*May require data sharing agreements between jurisdictions and privacy and security mechanisms*

### ALL jurisdictions

▶ Registrant data-base + processes digitalized

### SOME jurisdictions

▶ Cloud-based platforms

## CURRENT

**Australia:** Practitioner Information Exchange portal (internal / external)

**USA:** Nursys (internal)

**European Union:** Internal Market Information System (Ireland & Spain)

**UK:** some sharing with EU

**BC / Ontario / New Zealand / Singapore:** *NO* real time sharing of data

## FUTURE

**BC / Ontario / NCSBN:**  
working on cloud-based data system similar to Nursys



## PHASE 1: Core elements for licensure / registration



ESTABLISH  
IDENTITY



LANGUAGE  
PROFICIENCY



EDUCATIONAL  
PREPARATION



EXTERNAL  
COMPETENCE  
ASSESSMENT



REGENCY OF  
PRACTICE +  
CONTINUING  
PROFESSIONAL  
DEVELOPMENT



CHARACTER  
AND FITNESS  
TO PRACTISE

## PHASE 1: Establish Identity

**ALL Jurisdictions:**  
require some  
government  
identification

**NO Jurisdictions:**  
require attendance  
in person for  
domestic  
applicants

### **International Applicants:**

**Canada + New Zealand:**  
CGFNS to verify all  
documentation

**USA:**  
Authorized credential  
evaluation organization to  
verify all documentation

# PHASE 1: Language Proficiency

## ALL jurisdictions

(except Spain)

- ▶ minimum requirements for English set by regulator

## ONTARIO

- ▶ Bilingual options (English / French)

## SPAIN

- ▶ Spanish requirement set by government

**IELTS** accepted by all jurisdictions using a test

- ▶ Most common accepted minimum overall score **7.0**
- ▶ Variation across jurisdictions and proficiency sections

## ENGLISH SPEAKERS

Proficiency assessment

- ▶ Education in English
- ▶ Previous nursing practice in English-speaking country
- ▶ English language proficiency test



## PHASE 1: Educational Preparation

### ALL jurisdictions

- ▶ Specific requirements for domestic programs based on practice standards / competencies

### 6 / 9 jurisdictions

- ▶ Minimum clinical hours and / or curriculum requirements

### ALL jurisdictions

(except Ontario, Spain + USA)

- ▶ specialized entry to practice RN education

### 4 / 9 jurisdictions

- ▶ Continuing this specialized education

Most common specialties

- ▶ Mental health / Psychiatry / Children
- ▶ RNs with specialized education registered in varying ways

Expectations for domestic programs used to measure equivalency for international applicants

## PHASE 1: External Assessment of Competence

Examination in addition to education program is required in many jurisdictions

### 4 / 9 jurisdictions

- ▶ Require for domestic graduates

### MANY jurisdictions

- ▶ Require for some / all international applicants

### **NCLEX**

used in **4 / 9**  
jurisdictions for  
domestic or some  
international  
applicants

## PHASE 1: Recency of Practice / Continuing Professional Development

**ALL** jurisdictions, except  
Ireland & Spain:

- ▶ Recency of practice
- ▶ Continuing professional development / quality assurance

...to maintain registration / licensure

**BC, Ontario + UK:**

- ▶ Continuing competence systems
  - ▶ Every nurse obtains feedback from other professionals on their practice and create, implement and evaluate a learning plan

**USA** requirements vary from state to state

## PHASE 1: Character + Fitness to Practise

**ALL** jurisdictions,  
except Spain

- ▶ Self-declaration of good character and fitness to practise

... for initial and continuing licensure / registration

**ALL** jurisdictions

- ▶ Self-disclosure of criminal history for initial licensure / registration, **MOST** require for continuing practice

**5 / 9** jurisdictions

- ▶ Criminal record check for initial licensure / registration, either domestic / international or both

**British Columbia**

- ▶ undertakes regular criminal record checks on all registrants

## PHASE 1: Nurses from other jurisdictions

Each jurisdiction has its own assessment process for **IENs**

Nurses can move between INRC jurisdictions using labour mobility agreements or Mutual Recognition Agreements (MRAs) or as internationally educated nurses (IENs)

### If education equivalent:

- ▶ Eligible for licensure/registration or to write examination

### If education NOT equivalent:

- ▶ Referred to competence assessment process (CAP)
- ▶ **ALL** jurisdictions, except Spain + USA use CAPs
- ▶ **UK** refers all non-EU IENs to CAP



## PHASE 1: Recognising Credentials

### **BENEFITS**

- ▶ Streamline process for low-risk applicants
- ▶ Increase opportunities for mobility
- ▶ Address concerns about telehealth

### **OPPORTUNITIES**

- ▶ Agreement and alignment of regulatory, practice and educational standards
- ▶ Reduce regulatory workload
- ▶ Help define what nursing practice means
- ▶ Learning, sharing and working together within the INRC

## PHASE 1: Recognising Credentials

### RISKS

- ▶ Must not result in lowest common denominator
- ▶ Must have common standard for expectations and assessment of IENs

### CHALLENGES

- ▶ Need to accept and trust each other
- ▶ Legislative frameworks
- ▶ Terminology and language
- ▶ Data sharing
- ▶ Agreement on registration processes
- ▶ Use of external assessments

## PHASE 1: Key Findings

- ▶ Similarities outweigh differences
- ▶ Evidence and drivers to support trans-jurisdictional mobility
- ▶ Interest among INRC members to continue
- ▶ All further work limited to RN (General) only
- ▶ Need to develop glossary of language
- ▶ Next step – detailed review of jurisdictional practice standards, entry to practice and accreditation standards for education programs

# PHASE 2

## **Objective:**

Map entry to practice expectations, professional practice standards, and educational program / accreditation standards across jurisdictions to identify level of consistency and existence of gaps / differences

## PHASE 2: Methodology

### HOW

- ▶ Documentation reviewed to develop mapping frameworks
- ▶ 4 mapping frameworks developed
  - ▶ 2: Competencies/ standards for entry to practice
  - ▶ 1: Professional practice + behaviour standards
  - ▶ 1: Standards for educational program approval

Topics / themes must appear in  $\geq 4$  jurisdictions to be included in framework

Terminology used identified and documented in glossary

#### **USA:**

Used NCLEX, ANA Code of Ethics, NLC and NCSBN Guidelines for nursing education program approval (2020)

# PHASE 2: FINDINGS

## PHASE 2: Entry to Practice Competencies / Standards of Proficiency

- ▶ **7 / 9** Jurisdictions:  
Updated expectations within last 5 years
- ▶ **5 / 9** Jurisdictions:  
Set timelines for review and update (3 – 5 years)

Process to develop similar

- ▶ Literature review
- ▶ Consultation with stakeholders
- ▶ Development of draft expectations
- ▶ Approval by board / council

Some jurisdictions validate draft statements using online survey of practicing RNs prior to final approval

# PHASE 2: Framework 1

## Content





## MAPPING FINDINGS

	AUSTRALIA	BRITISH COLUMBIA	IRELAND	NEW ZEALAND	ONTARIO	SINGAPORE	SPAIN	UK	USA
1	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.1	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.2	✓	✓	✓		✓	✓	✓	✓	✓
3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.4	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.5	✓	✓	✓		✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓			✓	✓
5	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓		✓		✓	✓	
7	✓	✓		✓	✓	✓	✓	✓	✓
8		✓			✓			✓	
9	✓	✓	✓	✓	✓	✓		✓	✓
10	✓	✓	✓	✓	✓	✓			✓

## PHASE 2: Summary Findings

- ▶ High level of consistency (89%) in what is expected
- ▶ British Columbia and Ontario addressed every category
- ▶ Gaps occurred mostly in 2 categories
  - ▶ Promoting health and wellbeing
  - ▶ Leadership, management and coordination
- ▶ Many gaps were only **1** sub-category in category

## PHASE 2: Framework 2

### Knowledge and Skills



## PHASE 2: Summary Findings

- ▶ High level of consistency in what is expected
- ▶ Jurisdictions had differing levels of specificity in documentation
- ▶ Not possible to determine the level of knowledge expected in each area

## PHASE 2: Professional Practice + Behavioural Standards

### 5 / 9 jurisdictions

- ▶ Updated expectations within the last 3 years

### 1 / 9 jurisdictions

- ▶ Standards > 10 years old, currently under review

### ALL jurisdictions

- ▶ Additional practice / clinical standards and guidelines relating to specific areas of practice

## PHASE 2: Framework 3



## MAPPING FINDINGS

	AUSTRALIA	BRITISH COLUMBIA	IRELAND	NEW ZEALAND	ONTARIO	SINGAPORE	SPAIN	UK	USA
1	✓	✓		✓	✓				
2	✓	✓		✓	✓	✓			
3.1	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.2	✓	✓		✓	✓	✓		✓	✓
4.1	✓	✓	✓	✓	✓	✓		✓	✓
4.2	✓		✓	✓	✓				✓
4.3	✓	✓	✓	✓	✓			✓	✓
5	✓	✓		✓	✓			✓	✓
6	✓	✓	✓	✓	✓		✓	✓	✓

## PHASE 2: Summary Findings

Reasonably high level of consistency (73%) in what is expected

### ALL jurisdictions

- ▶ Work in collaboration and partnership with individuals, families and communities

### Australia, New Zealand + Ontario

- ▶ Addressed all categories

### Gaps

1. Promoting Health
2. Demonstrating Integrity + Trust



## PHASE 2: Standards for Educational Program Approval

The **most** complex area as all jurisdictions have multiple steps and processes to accredit / approve programs

### **Investigated and reviewed**

- ▶ Steps and processes used
- ▶ Standards used for program approval

### **Other considerations**

- ▶ Clinical hours requirements
- ▶ Evidence required for demonstrating compliance
- ▶ Outcome measures used

## PHASE 2: Framework 4





## PHASE 2: Summary Findings

**Very high** level of consistency (94%) in what is expected

### 4 / 9 jurisdictions

- ▶ Addressed all categories

### 5 / 9 jurisdictions

- ▶ Exhibited only 1 gap in 1 sub-category

### ALL jurisdictions

- ▶ Program governance – overview
- ▶ Program evaluation / quality assurance
- ▶ Curriculum and content
- ▶ Faculty
- ▶ Resources for teaching + learning

## PHASE 2: Consistent Issues

Requirements  
for admission  
to programs

Extent + quality  
of clinical  
learning  
experiences

Appropriate  
education +  
support for  
nursing faculty &  
clinical educators

Need for  
appropriate  
support  
mechanisms for  
students

Clinical hours varied  
significantly

Canada + USA: No minimum hours  
EU countries: 2,300 hours

Number of hours in approved  
programs range 687 – 2,300

(average: 1,513 hours)

## PHASE 2: Challenges in the Mapping Process

Jurisdictional statements use different wordings and different levels of detail

Approach used:

- ▶ Statements are substantially comparable or recognizably similar rather than identical

High Level + Generalized

OR

Detailed + Specific

OR

Various steps in one statement

OR

Broken into discrete parts

What level of detail is necessary for them to be consistent?

# PHASE 3

## Objective:

1. Examine actual operational processes used to help determine consistency of steps used by each jurisdiction
2. Create comprehensive description of the processes and terms used in the operationalization of the licensure / registration activities used across the INRC.

## PHASE 2: Outcomes

1. Description of the steps, processes and terms used by each jurisdiction in their registration / licensure activities for domestic applicants.
2. Identification of the approximate number cross jurisdictional applicants
3. Identification of the similarities, issues, challenges or difficulties currently encountered by jurisdictions in the registration / licensing of applicants from other INRC jurisdictions.

**Expected  
Completion:  
LATE 2021**



## IMPLICATIONS + FUTURE PROSPECTS

### Implications –

When PHASE 3 is completed, comparative analysis of current processes underpinning licensure / registration requirements

Summary key regulatory components of current education and practice

### Future –

Improved prospects for establishing efficient, effective and safe mobility between the participating jurisdictions

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THANK YOU,  
ANY QUESTIONS?