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Nursing workforce migration: regulation to ensure patient safety across borders
Nursing Workforce Migration: Regulation to Ensure Patient Safety Across Borders

Franklin A. Shaffer, EdD, RN, FAAN, FFNMRCSCI

OBJECTIVES

1. Overview of CGFNS International, Migration, Globalization
2. Global Migration: trends, drivers, impacts
3. Nursing and Midwifery workforce migration
4. How to ensure patient safety: regulation
5. Case Study: US Regulation of Migrant Nurses (*If time permits*)
“It is said that a person who saves a life is a hero. A person who saves hundreds of lives is obviously a nurse.”

“That person is likely to be overworked, underpaid, and vastly under-appreciated, especially at the policy-making level. Yet that person is saving lives, all the same.”

Margaret Chan, Director General
World Health Organization
GLOBAL NURSING AND MIDWIFERY

• There are an estimated 20.7 Million nurses and midwives worldwide (50% of global health workforce)
• Current shortage of 9 Million nurses and midwives globally
  ➢ Expected to reduce to 7.6 Million by 2030
  ➢ Shortage in Africa and Eastern Mediterranean regions will worsen, however.

(WHO, 2017)
Established in 1977, CGFNS is a non-profit, immigration neutral credential evaluation organization for nurses seeking migration.

It was US-centric in its initial conception but has transformed into a multinational, multi-professional enterprise which serves nursing and other health professions worldwide.

**Mission:** To serve the global community through programs and services that verify and promote the knowledge-based practice competency of healthcare professionals.

**Vision:** To be the premier source of credentials evaluation and professional development services that provide strategic value and direction to healthcare professionals worldwide.

Over 3 Million nurses from 189 countries have utilized our services.
“Education and training that can be qualified and quantified is the currency for mobility of health care professionals and the standards upon which health care institutions employ and sustain their workforce.”

Source: CGFNS International
GLOBALIZATION

The international movement of technology, ideas, products, labor markets and professional education and standards:

- Transcends all boundaries
- Includes migration
- Irreversible
- Erases perceived vacancies
- Cyclical but not Continual
- Global Rather than Western
- Overwhelmingly Female
GLOBAL MOBILITY IN THE 21ST CENTURY

Mobility is a global phenomenon within and across regions

244 Million
Number of international migrants worldwide

1 Billion
1 in every 7 persons in the world is a migrant

52%
Percentage of women migrants

7 out of 10 are of working age*

*20-64 years of age

(IOM World Report 2018)
GLOBAL MIGRATION

“Migration is one of the defining issues of the twenty-first century. It is now an essential, inevitable and potentially beneficial component of the economic and social life of every country and region.”

Brunson McKinley, Director General
International Organization for Migration
GLOBAL DYNAMICS IN THE 21ST CENTURY

• From nationalism to inter-nationalism to globalism
• From individual country to regional economic community for free flow of trade and labor achieved through trade agreements:
  - NAFTA (North American Free Trade Agreement)
  - EU (European Union)
  - ASEAN (Association of South East Asian Nations)
GLOBAL MIGRATION: DRIVERS AND CONTRIBUTING FACTORS

- “Push-Pull”—Money $$, Careers, Security
- Shared language
- Shared culture
- Shared/similar curriculum
- Mutual recognition / similar qualifications
  - Enhanced Nursing Licensure Compact (30 U.S. States)
- Geographical proximity / ease of travel
- Pre-existence of migrant community

(Buchan, 2017)
• Immigrants bring new cultural dynamics and influence
• Health care providers can no longer conceptualize “disease over there or disease seen here”
• We must recognize the contributions migrant populations make to society and remittances sent back to their home countries to support their families
• Enormous contributions to technology, science, tax systems, social security systems
• Remittances are now more than three times the amount of international aid and development assistance ($429 Billion, 2016)

(IOM World Migration Report, 2018)
UN GLOBAL COMPACT FOR MIGRATION: GUIDING PRINCIPLES

1. People-centered
2. International cooperation
3. National sovereignty
4. Rule of law and due process
5. Sustainable development
6. Human rights
7. Gender-responsive
8. Child-sensitive
9. Whole-of-government approach
10. Whole-of-society approach
GLOBAL ISSUES

• Demographic drives: ageing population / ageing workforce
• Health policy context: Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs) are not achievable without viable, sustainable workforces
• Health workforce context: Global Human Resources for Health (HRH) strategy, UN High-Level Commission on Health Employment and Economic Growth (HEEG)
• Nurse shortages, skills mismatches, sector and geographic maldistribution
• Policy focus must be on effective nursing workforce: planning, retention, motivation, skills enhancement
• Care delivery is becoming increasingly complex
U.S. CONTEXT

- The U.S. remains largest destination country (20% of world’s migrant)
- Immigrants make up 13% of U.S. population
- Immigrants make up 17% of U.S. workforce
- 40% of U.S. entrepreneurs are immigrants
- 3.6 Million Registered Nurses
- 1.1 million nurses are needed by 2022 to provide quality health care

Source: United Nations, Department of Economic and Social Affairs, (2015)
U.S. IMMIGRATION DATA: TOP 10 IMMIGRANT GROUPS BY COUNTRY

Largest U.S. Immigrant Groups:

- Mexico (27%)
- India (6%)
- China (5%)
- Philippines (4.5%)
- El Salvador (3.2%)
- Vietnam (3%)
- Cuba (3%)
- Dominican Republic (2.5%)
- Guatemala (2%)
MIGRATION TRENDS THROUGHOUT THE COMMONWEALTH
MIGRATION TRENDS: UNITED KINGDOM

• Between 1993 and 2015, foreign-born population doubled from 3.8 Million to 8.7 Million

• Between 1993 and 2015, foreign-born population increased from 8.9% to 13.5% of total population

• London has largest number of migrants among all regions of the U.K.

(The Migration Observatory, Oxford, 2018)
MIGRATION TRENDS: AUSTRALIA

- 2015-2016: AUS net migration increased 3%
- 28% of AUS population is foreign born
- Largest origin countries
  1. United Kingdom
  2. New Zealand
  3. China
  4. India
  5. Vietnam
  6. Philippines

(IOM Migration Report 2018)
MIGRATION TRENDS: INDIA

• About 6 Million migrants reside in India
• About 16 Million Indian migrants reside abroad
• India is top remittance recipient country
  ➢ $12.84 Billion in 2000
  ➢ $22.13 Billion in 2005
  ➢ $53.48 Billion in 2010
  ➢ $68.91 Billion in 2015

(IOM Migration Report 2018)
MIGRATION TRENDS: SOUTH AFRICA

• South Africa is most significant destination country in Africa
• Hosts around 3.1 Million international migrants, which make up 6% of its population
• Majority of immigrants come from regional neighbors

(IOM Migration Report 2018)
MIDWIFERY WORKFORCE MIGRATION

- Data limitations on global midwife migration
- Many data sets don’t distinguish between nurses and midwives
- Not all Commonwealth countries have a separate midwife role, but rather nurse-midwives
- Need for more clear designation of midwives in data
NURSING WORKFORCE: UNITED KINGDOM

• Since 2010, there has been a 1% increase in nurses and health visitors working in NHS
  ➢ U.K. Population increased by 5%
• Total number of nurses working in NHS fell by 1,000 between 2016—2017
• Increasing numbers of UK nurses leaving profession each year
  ➢ 29,000 (5%) UK nurses and midwives left in 2016

(House of Commons Health Committee, 2018)
(WHO, 2017)
NURSING WORKFORCE: UNITED KINGDOM

- Of every 1,000 NHS staff in England:
  - 875 are British
  - 56 are from other EU countries
  - 42 are Asian
  - 19 are African
  - 8 are from somewhere else

- Most common nationalities of NHS Staff:
  - British (976,288)
  - Indian (18,348)
  - Philippine (15,391)
  - Irish (13,016)
  - Polish (8,477)
  - Spanish (6,781)
NURSING AND MIDWIFERY WORKFORCES: OTHER COMMONWEALTH NATIONS

- **Canada**: 353,000 nursing and midwifery personnel (2016)
- **New Zealand**: 50,000 nursing and midwifery personnel (2016)
  - 48,000 Nurses
  - 2,600 Midwives
- **Australia**: 305,000 nursing and midwifery personnel (2016)
  - 280,000 Nurses
  - 23,000 Midwives

(WHO, 2018)
NURSING AND MIDWIFERY WORKFORCES: OTHER COMMONWEALTH NATIONS

- Canada: IENs make up 65% of nursing workforce
- New Zealand: IENs make up 26% of nursing workforce
- Australia: IENs and Midwives make up 34% of N&M workforce
ONGOING DILEMMAS WITH NURSE AND MIDWIFE MIGRATION

• The individual right to migrate versus the culling of the elite from countries in “need” of them
• The traditions of host country’s N+M profession versus the emergence of new cultures
• The right of patients to culturally sensitive care versus the maldistribution of nurses by race and ethnicity
• Many ethical considerations to be had
• Ensuring patient safety
CREDENTIALS EVALUATION FOR PATIENT SAFETY

• Can nursing establish educational and professional preparation standards that are transferrable across national boundaries and that achieve quality and safety outcomes?

• How do we achieve proper evaluation of educational and professional credentials obtained outside of destination borders to determine their portability, to identify deficiencies, and to provide paths and opportunities for nurses’ employment?

Sherwood & Shaffer, 2010
The science of credentials evaluation is evolving to a competency-based learning outcome methodology.

It focuses on evidence beyond a quantitative documentation of credit hours to a qualitative evaluation of what is learned – the crucial first step to ensuring patient safety.
THANK YOU

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CASE STUDY: UNITED STATES REGULATORY REQUIREMENTS FOR MIGRANT NURSES

VisaScreen Certificates (Registered Nurse) Issued per Country in 2015

- Philippines: 58%
- Canada: 19%
- United States of America: 13%
- Jamaica: 2%
- Korea (Rok, South): 3%
- India: 3%
- Kenya: 0%
- Nigeria: 0%
- United Kingdom: 0%
- People’s Republic of China: 0%
- Other: 0%
On the Federal Level:

- VisaScreen for entering the United States for employment:
  - Education Comparability
  - English Language Proficiency
  - Valid and unencumbered license in home country, if ever held

- CGFNS has statutory authority on this matter for nursing and six other health professions
CASE STUDY: UNITED STATES REGULATORY REQUIREMENTS FOR MIGRANT NURSES

• On the State Level:
  - Licensure granted by individual state regulatory authority
  - Required assessment:
    - Detailed Credential evaluation to determine comparability of education, English language proficiency, validation of license in home country
    - Certification Program with the CGFNS Qualifying Exam
  - To be licensed, all nurses must pass the national licensure exam
SHARED CHALLENGES ACROSS REGULATORY AUTHORITIES REGARDLESS OF COUNTRY

• Assurance of patient safety in licensing nurses who were prepared for the profession in other countries
  ➢ Divergence in nursing education
  ➢ Divergence in nursing roles as evident in practice
  ➢ Divergence in health care system and the delivery of care
  ➢ Divergence in health care management, legal responsibility, relationships with clients and family
  ➢ Divergence in language and culture
OVERCOMING REGULATORY CHALLENGES

• To achieve accountability for patient safety, regulators need to overcome these challenges:
  ➢ Education Comparability Determination – CGFNS created the ECT – the Education Comparability Tool – to enable this determination
  ➢ Communicative Effectiveness – Starting with language proficiency and going beyond
  ➢ Work Experience
  ➢ Clinical Competence
  ➢ Cultural Competence
  ➢ Specialization and Advanced Practice
A PROMISING APPROACH

- Partnership between nursing regulation and credential evaluation to create fair and consistent assessment of nurses educated under different systems of education
- Shifting from the classical model of quantitative analysis to an integrative model that incorporates both quantitative and qualitative analyses
- Creating assessment tools that support integrative models and broader frameworks for interpreting results yielded by a more robust analysis of preparation for the nursing profession. The CGFNS’ ECT is an example.
Perhaps similarly:

Globally recognized core entry level nursing program learning outcomes can bring consistency, transparency, and open accountability to the foreign nursing education evaluation process, through the combination of input and outcome-based comparability assessment methods.

Frenk et al., Lancet, 2010
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