



CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

**House of Commons Standing Committee on Human
Resources, Social Development and the Status of Persons
with Disabilities**

Employability

Speaking Notes
CNA presentation by Lisa Little
Senior Nurse Consultant
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Final

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Good morning chair and members of the committee. My name is Lisa Little and I am here today on behalf of the Canadian Nurses Association (CNA).

We appreciate the committee scheduling this panel of national groups representing health professions and employers. Our collective purpose this morning is to highlight issues of the health workforce pertaining to employability.

CNA will speak to the issue of mobility of workers. Our perspective has three dimensions: between urban and rural; from one province/territory to another; and across international borders.

First, let me offer some demographic information about the registered nursing workforce related to the three types of mobility:

- There are over 250,000 registered nurses in Canada.
- Forty per cent of those nurses are eligible to retire in the next five years.
- Eighteen per cent of nurses work in non-urban areas, compared to 22 per cent of the Canadian population.
- Saskatchewan, Prince Edward Island and Newfoundland and Labrador **lose 30 per cent of their nursing graduates** to work in other provinces.
- As many as two in 10 nurses leave the country within three years of graduation – must go to the U.S. for full-time nursing jobs.
- According to Industry Canada, over the 1990s Canada witnessed a gross outflow of 27,000 RNs through permanent emigration to the U.S.

With those numbers as a backdrop, let me turn now to the issues related to urban-rural mobility.

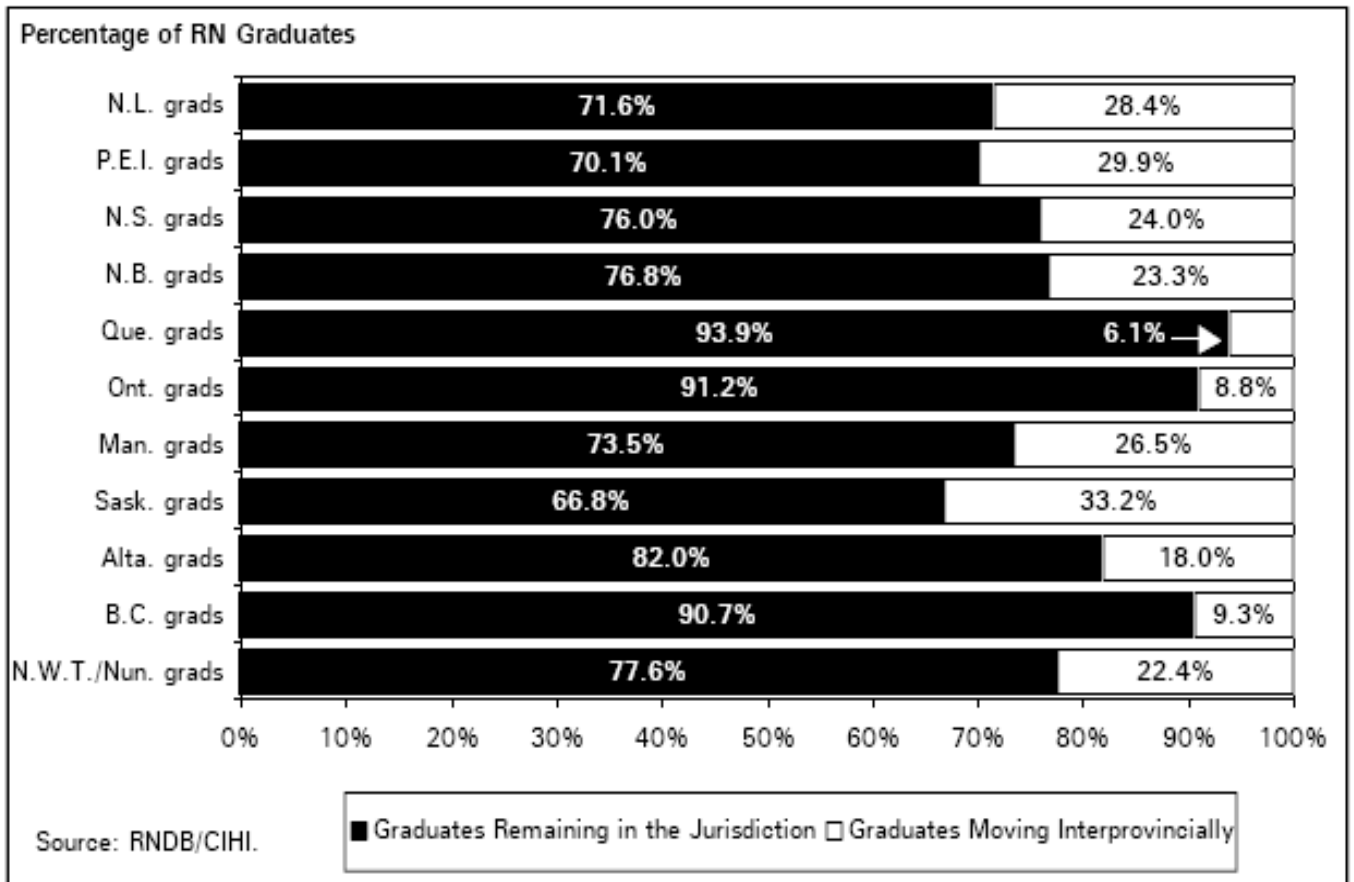
One of the characteristics of working in rural and remote areas is professional isolation – limited opportunities to network with peers and experts for advice and guidance on evidence/research to inform practice. Further, professionals working in non-urban areas face challenges accessing continuing education. These challenges include distance, costs and lack of replacements.

Research conducted by CMA [the Canadian Medical Association] and CNA identified effective strategies in promoting recruitment of worker to rural and remote areas of Canada. These

strategies include investments in electronic information and communications to support work in rural Canada.

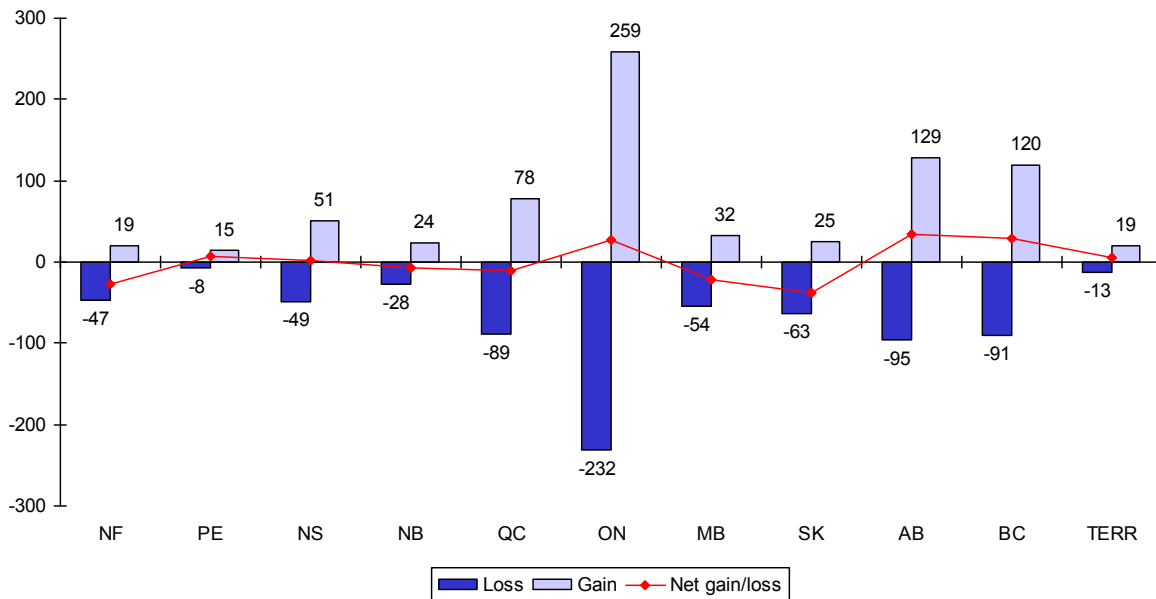
Now let me speak to the issue of interprovincial mobility (see Graph 1).

Graph 1: RN Graduates by Province/Territory of Registration, Canada, 2004



You should note that this movement of workers is a feature of other health professions as well: Newfoundland, Quebec and Saskatchewan are net losers of physicians, while Ontario, Alberta, Manitoba and British Columbia benefit from interprovincial inflow of physicians (see Graph 2).

Graph 2: Interprovincial Migration of Canadian Physicians, 2004



Source: Supply, Distribution and Migration of Canadian Physicians, 2004, CIHI

The issue of course lies in the fact that each province does its own planning related to education and employment. Each independently projects future health needs. The value of uncoordinated efforts in the area of employability is diminishing. Canada needs to pull together to recognize the growing mobility of health professionals and others.

We were pleased to read the recent announcement by governments which identified interprovincial mobility as a policy priority. This has implications for professional bodies, and we encourage this committee to recommend that governments engage appropriate stakeholders to ensure this happens in a timely manner.

Finally, I will speak to the issue of mobility across international borders. The Organisation for Economic Co-operation and Development (OECD) predicts that Canada and the U.S. will face the worst nurse shortage of all OECD nations within a decade from the perspective of employability.

Canadian-educated nurses are an attractive commodity for the U.S. (and other) recruiters.

The projected **shortage in the U.S. is one million nurses by 2012**. This poses a tremendous threat to the Canadian nursing workforce and health system.

Six per cent of the current registered nursing workforce are internationally educated nurses. CNA projects that that proportion will not increase over time – due to the global shortage and the U.S. appetite for internationally educated nurses. Federal, provincial and territorial governments and individual employers are competing with one another in this arena too.

Canada needs a coordinated retention strategy to keep as many nurses as we can in light of the global nursing and U.S. shortage. We must also look to repatriating Canadian nurses from countries they emigrated to in the 1990s.

In summary, CNA supports the call for a pan-Canadian approach to health human resources planning that considers the mobility of nurses and technologies that are needed to recruit and retain nurses in all areas of the country.

Thank you.