2021 NCSBN Annual Meeting - INRC Mobility Project: How similar are our regulatory expectations and processes? Video Transcript

Phase 2 was the in-depth review of the consistency of the licensure or registration standards that underpin nursing practice in each jurisdiction. And Phase 3 is the review of the operational processes used in each jurisdiction, and this phase is currently underway.

The findings from Phases 1 and 2 comprise two large and detailed reports. In this presentation, I will try to give you an overview of the main findings of this work. So Phase 1 explored whether trans-jurisdictional mobility was potentially feasible, and what would need to be in place for this to happen.

So, this phase included a literature review, a high-level review of the jurisdictional procedures and processes, and the interviews with senior regulatory executives in each of the jurisdictions. All types of regulated nurses were included in this phase, so we had practical and vocational nurses, or enrolled nurses as they are known in Australia, New Zealand, and Singapore, and all the different types of registered nurses, including psychiatric and mental health nurses, and child learning disability nurses from Ireland and the UK, and nurse practitioners in all their different designations from Australia, British Columbia, Ireland, Ontario, New Zealand, Singapore, Spain and the U.S.

The UK does not regulate nurse practitioners. And this phase examined at a high-level all the factors underpinning registration or licensure. Now, these factors included current global issues, the legal educational and disciplinary frameworks that the regulators use, their current information, communication, and technology capacity.

It reviewed the basics of the standards and requirements and processes for licensure and registration that were used in each jurisdiction. And then it identified the commonalities and differences between the jurisdictions. This was a big undertaking, so be prepared. There's a lot that we're going to briefly touch on in these findings.

Firstly, legal frameworks. All the INRC jurisdictions have their eligibility for licensure or registration established in either legislation or regulator enacted by-laws, standards, or rules. The only way that these requirements can be waived is through a government-to-government mutual recognition agreement of which there are three that directly impact the INRC jurisdictions.

We have the trans-Tasman agreement between Australia and New Zealand. There's the Canadian free trade agreement which affects British Columbia and Ontario. And then there's the European Mobility Directives, which affect Ireland, Spain, and the UK. So, for the purposes of this presentation, the EU countries are effectively Ireland, Spain, and the UK.

Now, the UK has left the EU through Brexit. But the UK regulator, the Nursing and Midwifery Council has been required by government legislation to keep in place in fact all of the EU mobility arrangements. And also, when referring to the U.S., this will be the findings from a majority of the states, while it is acknowledged that there may be a few states that are an exception to a finding.

So, all jurisdictions have a legal framework that requires an educational qualification, language proficiency, and good character in order to obtain licensure or registration. And seven of the nine jurisdictions also have a requirement for recency of practice.

Some jurisdictions have specified legal requirements for an external assessment or examination prior to licensure or registration. Well, for others, this is at the discretion of the regulator. And all the jurisdictions except Spain allow the regulator to determine the acceptability of the educational qualification.

In Spain, only the government ministry responsible for universities can do this. So, from the information that was obtained, it did not appear that there were any significant impediments within the legal frameworks of the jurisdictions that would prevent the development of some kind of a pathway that could either streamline the process or allow for recognition of other INRC regulatory credentials.

So, all the jurisdictions have a scope of nursing practice that's guided by law, education and individual competence. In six of the nine jurisdictions, the scope of practice is specified in legal regulations determined by the government and the regulator. While in the other three jurisdictions, it is largely determined by the employer and the registrant.

Some jurisdictions have specific lists of controlled or restricted activities, while others use flow charts and guidance documents. All jurisdictions have documentation that addresses the expectations at entry to practice, the standards for nursing practice and professional behavior, and the standards for accrediting or approving a nursing education program.

In all jurisdictions except Spain, the regulator has the ultimate responsibility to accredit or approve a nursing education program. In Spain, this ultimate responsibility lies with the government ministry responsible for universities. However, in all jurisdictions, the processes and steps that are followed to earn a credit or approve an educational program are similar.

In all jurisdictions, the regulator or its approved disciplinary council are responsible for addressing complaints, fitness to practice and professional discipline. Now, complaints can address conduct, competence and health concerns, and all jurisdictions have a similar process to review, investigate and determine outcomes.

In all jurisdictions, the registrant can have conditions placed on their practice, be suspended from practice, or have their license or registration revoked, and this is noted on a public register. This was one of the areas where it was noted that there was a significant degree of variation in the terminology used across the jurisdictions.

Grandparenting of nurses, a term that probably many of you are not familiar with at all. Grandparenting refers to the requirements for licensure or registration changing over time, and whether the registrant having gained full licensure or registration is required to upgrade to the new qualification to maintain their licensure or registration.

In most cases, this change refers to the initial educational qualification requirement being raised to the level of a university degree. So, all INRC jurisdictions, except Spain and the U.S. have grandparented nurses and have not required them to upgrade to their new level of qualifications.

Obviously, the number of these grandparented nurses is decreasing in all the jurisdictions, but a significant number of them still remain. These registrants may only have a hospital-based certificate or a diploma, but there is no regulatory restrictions being placed on their practice. In Spain, in 1977, it was made mandatory for all RNs to have a university degree, and all nurses were required to upgrade to this level to maintain their registration.

In the United States, no state has a requirement for a university degree for initial licensure and diplomas, associate degrees, bachelor and master's degrees are all accepted. Information, communication and technology. In order for there to be trans-jurisdictional mobility, there must be real-time sharing of registrant data.

Most commonly, this was in the areas of mental health or psychiatry, children or learning disabilities. British Columbia, Ireland, Singapore and the UK continue to offer some or all of these specialized educational programs. RNs with this specialized education are registered in separate categories on the jurisdictional register.

So, most of you would be aware that passing the NCLEX examination is a requirement for licensure or registration for both domestic and international applicants in both the U.S. and Canada.

New Zealand also requires their domestic graduates to successfully complete the New Zealand state final exam before being registered, but they do not require this for international applicants. Australia, Ireland, Singapore, Spain and the UK do not require an examination for their domestic graduates, but Australia, Singapore and the UK require this for some of their international applicants.

Every jurisdiction also had additional practice or clinical standards and guidelines that relate to specific areas of practice. These standards or guidelines cover a wide range of topics from consent and privacy and confidentiality to expectations relating to areas as diverse as advanced care directives, diabetes, and vascular access.

Across the nine jurisdictions, there were 69 of these more specific standards and guidelines. So, these are the categories and subsections used in the mapping framework for professional practice and behavioral standards. In total, there were 61 subcategories identified across these six main categories. Again, far too many to discuss in this presentation.