There is general agreement that investment in infrastructure is the prescription for challenging economic times. That means addressing long-neglected roads, bridges and housing, as well as rebuilding the infrastructure of health care and education. Investing in nursing education as part of a health human resource strategy is not only key to strengthening Medicare and ensuring people get the quality of care they need, it is also good for the economy.

Significant numbers of new nursing graduates are required not only to meet the needs of a growing and aging population, but to replace the large number of nurses who are expected to retire in the coming years. However, there are constraints to educating more nurses: adequate physical infrastructure, shortage of faculty; funding to support nursing education; and, access to practice education, including clinical placements and clinical simulation laboratories.

RNAO calls for:

• Continuing to invest in nursing faculty by providing financial support to increase the number of students enrolled in nursing PhD programs, providing tuition assistance for nursing faculty enrolled in PhD programs, and supporting enrolment in Masters nursing programs.
• Doubling the value of operating grants per full-time equivalent undergraduate nursing student and improving accessibility to student financial assistance.
• Implementing a provincially coordinated system for clinical education – a system that will efficiently coordinate placements for a broad range and variety of health disciplines and programs.
• Providing support for Nurse Practitioner education at the graduate level.
• Providing support for additional Registered Nurse First Assist education and other expanded roles that will improve access and alleviate wait times.
• Working with the federal government to develop and fund made-in-Ontario health human resource strategies that focus on expanding the number of qualified faculty in nursing programs, increasing the number of nursing seats, providing more clinical placement opportunities for nursing students, and clearly rejecting unethical international recruitment of nurses and other health professionals by publicly funded institutions.

Background

• Canada’s RN workforce is aging. In 2006, the average age was 45.0 years, up 0.5 years from 2003.¹ In 2006, 20.8 percent were over 54 years of age, which is close to an average age of retirement for nurses.² At the same time, the RN...
workforce is lagging in size behind population growth, with the number of RNs/10,000 population being 77.7, below the 80.8 level in 1994. The Canadian Nurses Association projects a shortage in Canada of 78,000 RNs by 2011 and 113,000 RNs by 2016. Support for nursing education and the resulting number of graduates from nursing programs are a function of policy choices and political will. In 2007, the number of entry-to-practice nursing graduates in Canada reached 9,447. This was the first time in 30 years that the number exceeded 9,000. Over this time period, Canada’s population has grown by approximately 39 per cent. In 1971 and 1972, there were 10,058 and 10,083 graduates respectively from Canadian nursing programs. Recent policy choices are starting to make a difference. In Canada, there was a 12.7 per cent increase in the number of graduates from entry-to-practice nursing programs between 2006 and 2007. The largest increase was in Ontario with a 40.3 per cent increase as there were 2,828 nursing graduates from entry-to-practice programs in 2007 compared with 2,015 in 2006.

The Canadian Nurses Association estimates that Canada needs to graduate at least 12,000 nursing students per year in order to keep up with population growth and attrition. With additional resources, it is anticipated that 70 per cent of RN programs could expand their enrolment by 25 per cent. The Canadian Association of Schools of Nursing estimates an annual need for 3,673 nurses with master’s degrees and 650 nurses with doctoral degrees. In 2007, only 603 master’s degrees were granted, and 44 PhDs – 16.4 per cent and 6.8 per cent of the required totals, respectively. A massive effort is required in order to have faculty to teach the needed increase in nursing students, especially as nursing faculty are nearing retirement in increasing numbers. In 2005, 43 per cent of nursing faculty were 50 years of age or older.

In Ontario, nursing schools’ need for more faculty to teach growing numbers of students reflects a province-wide problem where Ontario lags behind the rest of Canada with respect to faculty-to-student ratios. A 2005 study reported that 11,000 new university faculty and 7,000 new college faculty would be needed by the end of the decade. However, the projected net increase in full-time faculty from fiscal year 2005-2006 to 2007-08 is 1,342. The need for increased faculty numbers is particularly urgent in nursing.

An education with a strong and varied clinical practice component is the cornerstone of health profession/provider education. A coordinated system for clinical placements requires the capacity for inter-professional placements, deployment of students to support existing staff in emergency situations, and data analysis and reporting.

Increasing enrolment must be supported with enhanced physical infrastructure to ensure adequate physical space for additional students and faculty.

Nurse practitioner practice is advanced practice that requires education preparation at the graduate level. Preparation at the graduate level enhances support for nurse practitioners to achieve a high quality practice and patient safety. Continued evolution of education for all nurse practitioners is necessary to ensure consistency with national core competencies for nurse practitioners and existing standards in other jurisdictions. It will also support recruitment to the profession.

For undergraduate nursing students, the operating grant per full-time equivalent student is $7,858. For undergraduate medical students, an estimated $22,000 in
base operating grants is provided for each full-time undergraduate enrolment. In an acknowledgement of the increased costs associated with increasing enrolments, the government was providing about $49,000 per FTE (full-time equivalent) for the approximate 700 new first-year undergraduate medical spaces created since 2000 as of 2006-07. Doubling the operating grants for nursing students would just begin to close the gap in support between nursing and medical education.

- It is the position of RNAO that recruiting internationally educated nurses as a quick fix for developed countries that have not addressed their own health human resources (HHR) needs has a negative impact on both the receiving and source countries. HHR policies in wealthy countries such as Canada that target HHR from less affluent countries exacerbate domestically created HHR shortages and negatively impact population health and destabilize health systems.
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16 Ontario Confederation of University Faculty Associations. (January 2007). Addressing the Quality Gap in Ontario’s Port-Secondary Education: Brief to the Standing Committee on Finance and Economic Affairs. Toronto: Author, 5. This document states that Ontario’s ratio for universities was at least 15 percent worse than in any other jurisdiction in the country.