

Manitoba Nursing Labour Market Supply - 2015



The *Manitoba Nursing Strategy* includes five targeted goals:

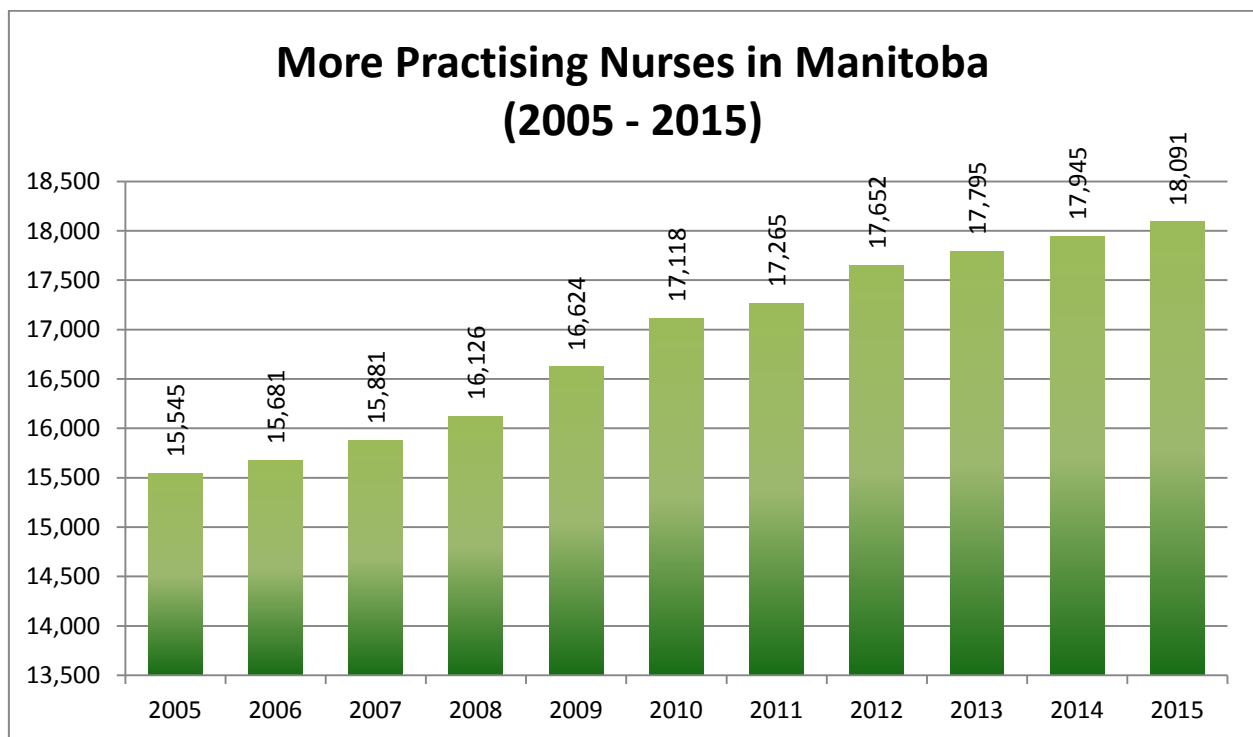
- increase the supply of nurses
- improve access to staff development
- improve use of nurses
- improve working conditions
- increase opportunities for nurses' input into decision-making

To monitor the effectiveness of various initiatives and to ensure the adequate supply of nurses, Manitoba Health, Seniors and Active Living (MHSAL) continues to collect and monitor information in several areas, including the registration data of the three nursing regulatory colleges, nursing education and training data, and provincially-funded nursing position data from employers.

This report is intended to build on the nursing supply information provided as of December 2015, and describe the current regulated nursing workforce in Manitoba.

Sustained Growth in Active Practising Nurses Across Manitoba

There were 18,091 active practicing nurses in Manitoba in 2015, according to registration data received from the College of Registered Nurses of Manitoba (CRNM), the College of Registered Psychiatric Nurses of Manitoba (CRPNM) and the College of Licensed Practical Nurses of Manitoba (CLPNM).



Source: Annual Reports of the College of Registered Nurses of Manitoba, College of Registered Psychiatric Nurses of Manitoba and the College of Licensed Practical Nurses of Manitoba. (2005 – 2015 inclusive)

Between 2005 and 2015, Manitoba has seen a net gain of 2,546 nurses.

Total Active Practicing Nurses by Type, 2005-2015

Year	RNs	RN(EP)s	LPNs	RPNs	All Nurses	Net Gain/Loss
2005	11,800	4	2,765	976	15,545	249
2006	11,811	32	2,860	978	15,681	136
2007	11,980	49	2,889	963	15,881	200
2008	12,160	65	2,930	971	16,126	245
2009	12,627	81	2,953	963	16,624	498
2010	12,996	101	3,041	980	17,118	494
2011	13,205	110	2,967	983	17,265	147
2012	13,297	118	3,261	976	17,652	387
2013	13,488	131	3,209	967	17,795	143
2014	13,510	149	3,303*	983	17,945	150
2015	13,547	172	3,355	1,017**	18,091	146

Source: Annual Reports from the College of Registered Nurses of Manitoba, College of Registered Psychiatric Nurses of Manitoba and the College of Licensed Practical Nurses of Manitoba.

* This number has been updated to reflect the revised 2014 annual registration figure provided by the College of Licensed Practical Nurses in their 2015 Annual Report.

** It has been MHSAL practice to report on Practicing and Graduate Nurses. The CRPNM did not include 3 Graduate Nurses resulting in the CRPNM reporting a total of 1,014 in their 2015 annual Report.

As illustrated above, all three nursing Colleges demonstrate an increase in their registration numbers.

Of note, although statistics released by CIHI will differ slightly from statistics released by the nursing regulatory bodies due to timing of data collection, in CIHI's most recent report, the percentage of registrants graduating and staying in Manitoba to embark on their nursing career remains strong at over 80%. This coincides within a few percentage points with the percentage reported through the **Provincial Surveys of New Manitoba Nursing Graduates** (at six and 12 months). Those choosing to leave Manitoba indicate exclusively that it is for family-related reasons.

With respect to the ongoing need to monitor and plan for replacement of the aging workforce, in contrast to previous years, there are more nurses entering the profession (inflow) versus those leaving (outflow). Further, the percentage of younger nurses still exceeds the cohort over 60 years of age.

De-registrations (the number of nurses who do not renew their registrations) reported from the nursing colleges for those aged 55 or over are used as a proxy for retirement estimation. A total of 522 nurses de-registered across the 3 nursing colleges. 74% were RNs, 8% were RPNs and 18% were LPNs. There were no de-registered Nurse Practitioners in 2015. The greatest number of de-registrants belonged to the 60-64 cohort at approximately 40% across all three colleges. Conversely, the fewest de-registrants (7%) came from the 70+ cohort. Overall, the count of nurses continues to grow, and retirees have continued to be replaced by new nurses working in Manitoba.

There appears to be no substantive change to the age/point in time for when nurses are leaving their respective registry. This information is in contrast to current health human resource literature, which indicates that workers are staying longer and retiring later.

Although there is evidence that may indicate sufficient strength in numbers to offset the oldest cohort over time, there will still need to be continued dedicated focus on both the 55+ cohort who may chose to retire early, and, the newest/youngest generation of the workforce, given the propensity towards flexibility in terms of work life balance as evidenced by a preference towards lower EFT positions over full time work, and mobility in terms of seeking a variety of positions over time.

It should also be noted that there may be nursing stakeholders examining the evidence in order to draw the conclusion that the new Canadian national RN entry to practice nursing exam (NCLEX-RN), established in January 2015, is negatively affecting nursing workforce numbers. This evidence is not observed in the December 2015 CRNM data, but this potential risk will continue to be monitored over time.

The influx of internationally educated nurses (IENs) to all practice registries in Manitoba has decreased in the last two years. As reported previously, the following conditions are likely affecting this trend: Immigration rules that no longer directly target some health professionals; the relatively new National Nursing Assessment Service (NNAS), established in August 2014, which has not resulted in the number of applications for registration from IENs that would typically be seen at this point in time previous years; the number of IENs requiring an RN Clinical Competency Assessment (CCA), which was not available for more than one-half of 2015; ongoing waitlists for the bridging program offered by Red River College (RRC) once individuals are referred for gap training; and the limitations with respect to access for an IEN LPN Qualification Recognition Program beyond the Health Canada funded pilot which is due to end March 31, 2016.

The College of Nursing at the University of Manitoba re-established CCA services in early 2016. As well, in an effort to both be responsive to those IENs who have completed their CCA and were awaiting an available seat in the current bridging program, and, to address ongoing rural vacancies, a collaborative pilot was established in late 2015 between MHSAL, RRC and two rural regional health authorities. Eligible applicants will enter into a return of service agreement with one of the two RHAs and then will take their nursing theory portion of the bridging program in Winnipeg and then complete their clinical practicum in a designated rural community. Individuals who successfully finish their bridging training will begin working in a designated rural community. At the time of this report, there were 16 applicants in the program.

In addition to ensuring a sufficient nursing workforce supply, continued targeted efforts will be undertaken in order to ensure that all nurses are provided opportunities to practise to their full scope. Work to optimize these efforts is well underway. It is expected that in the near future, the CRNM will be the first of the three nursing Colleges to transition from their current Act and Regulations to governance under the *Regulated Health Professionals Act (RHPA)*. This is “umbrella” legislation which means each regulated health profession will have the common *RHPA* and will also have its own profession-specific regulations. The CRNM has not yet transitioned, but comes under the transitional provisions outlined in the *Act*.

Nursing Education in Manitoba

As reported by Manitoba Education and Training, the majority of nursing students study in the following diploma and Bachelor of Nursing programs:

- Diploma Practical Nursing (DPN) offered at Assiniboine Community College (ACC).
- Bachelor of Nursing offered at the University of Manitoba (UM) and Red River College (RRC).
- Bachelor of Nursing offered at the Université de Saint-Boniface (USB) since 2011 with the first graduates from the program in 2015.
- Bachelor of Science in Psychiatric Nursing offered at Brandon University (BU).
Graduate nursing programs are offered at UM and BU.

Additionally:

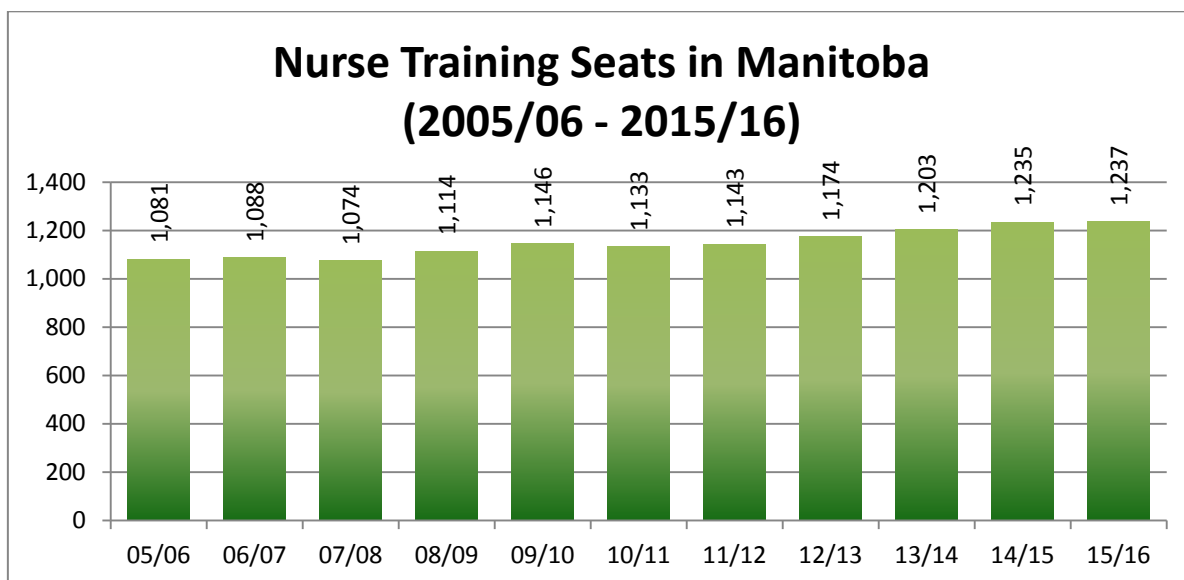
- A Master of Nursing (Nurse Practitioner), Master of Nursing (General) and a PhD in Nursing are offered at UM; and
- A Master of Psychiatric Nursing is offered at BU.

The following joint, bridge and ACCESS nursing programs are offered at the:

- University College of the North (UCN) offers a Joint Bachelor of Nursing program whereby students complete their fourth and final year at UM; and,
- RRC offers a Licensed Practical Nurse - Bachelor of Nursing bridging program with current offerings in Portage La Prairie, Neepawa, Selkirk and Steinbach. The sites rotate among six main communities - Dauphin, Morden/Winkler, Steinbach, Neepawa, Portage and Selkirk.

- The UM offers an ACCESS program, the Aboriginal Nursing Cohort Initiative, which provides students of First Nations, Métis and Inuit ancestry academic and personal supports to facilitate success.
- RRC offers an ACCESS program, the Southern Nursing Program, which enables applicants who do not meet the educational requirements for RRC's BN program to acquire the skills necessary to enter the program.
- UM offers a Bachelor of Nursing for Registered Nurses for those individuals holding a Diploma to take additional study to obtain their degree.
- RRC offers a Bridging Program for Internationally-Educated Nurses which offers academic gap training for immigrant nurses who lack some of required competencies to be licensed as Registered Nurses.

In order to best meet the increasing clinical complexity of Manitoba's population (due, in part, to the increasing number of older Manitobans), opportunities continue to be sought to ensure that all nursing professions will have a level of inter-professional, team-based education and training to appropriately meet these challenges. Total enrollments for basic nursing education programs have increased from 2,814 in 2005/06 to 3,037 in 2014/15. The number of first year seats in nursing programs has increased from 1,081 in 2005/06 to 1,237 in 2015/16.



Source: Manitoba Education and Training

Recruiting and Retaining More Nurses

In 1999, the Nurses Recruitment and Retention Fund (NRRF) was established to assist regional health authorities with the recruitment and retention of RNs, RPNs and LPNs in Manitoba, and later nurse practitioners (NPs). The grant programs, created over time, have helped nurses offset the cost of relocating in order to establish their career in Manitoba, as well as offering financial support to encourage nurses to work in rural and northern regions and other areas of need to enhance the delivery of health care across the province.

The ***Reimbursement for Relocation Costs Grant*** introduced by Manitoba in 1999 continues to attract many nurses to either return to, or move to Manitoba to practice. Eligible nurses are entitled to up to \$8,000 to help offset costs associated with relocating to Manitoba. Since 1999, the NRRF has provided relocation cost assistance to almost 2,100 nurses who have moved to Manitoba from out of province. This includes over 820 nurses who have relocated to rural and northern Manitoba. Approximately 60% of the nurses have relocated from across Canada, with the remaining nurses relocating from the United States, and beyond.

The number of new nurses choosing to embark on their career in a rural location remains steady. The NRRF **Conditional Grant** Program encourages eligible new nursing graduates to consider their first employment opportunities in a rural or northern location, in exchange for return of service for the \$4,000 grant. Experiences in rural and northern Manitoba offer unique and broad learning opportunities, allowing nurses to consolidate knowledge and skills gained from their recent nursing education program. Over 1,150 new nursing graduates have received the Conditional Grant since the grant was established in 2004.

The **Nurse Practitioner Education Grant** established in 2013 covers tuition costs for nurse practitioner (NP) students or recent graduates who, as a condition of receiving a \$10,000 grant, agree to fulfill a one-year return-of-service agreement at no less than 0.6 equivalent full-time (EFT) in a rural community in Manitoba upon graduation. Since 2013, there have been over 50 grants disbursed. NPs continue to fill positions in community, acute, and long term care settings across the province, and are an important provider in emerging inter-professional and team-based primary care settings, as established through the *Family Doctor for All* Initiative.

The Nurses Recruitment and Retention Fund (NRRF) is intended to continue to be an important resource in order to assist with the recruitment and retention of all categories of nurses in Manitoba. The ongoing review of individual grant program policy will continue to ensure access to financial incentives is optimized and nurses are encouraged to work in those areas of greatest health system priority.

Nursing Optimization

Optimization of nursing resources is a MHSAL and health system priority. Targeted efforts to reduce nursing overtime and agency nursing costs are underway. Drivers of these costs are multifactorial, including, but not limited to, scheduling issues, surges in volume of services, vacancies and absence due to illness or injury. Detailed approaches to analysis of the data by site are underway to provide a targeted approach to addressing the issues.

Challenges continue to be address with respect to changes in policies and technology across facilities over the last several years which have hampered more effective comparisons of cost data year over year. The health system employers and the Manitoba Nurses Union (MNU) continue to work together to recommend changes with a view to reducing overtime and agency costs as part of the commitment in the current collective agreement (2013-2017) to optimize the use of nursing resources. Recommendations are focused on:

- Improved scheduling practices to reduce the use of overtime and agency nurses;
- Creation of a balance of full-time and part-time positions;
- Improved quality of work-life balance through the implementation of the group self-scheduling guidelines, and improved use of weekend staffing resources through broader implementation of the weekend worker.

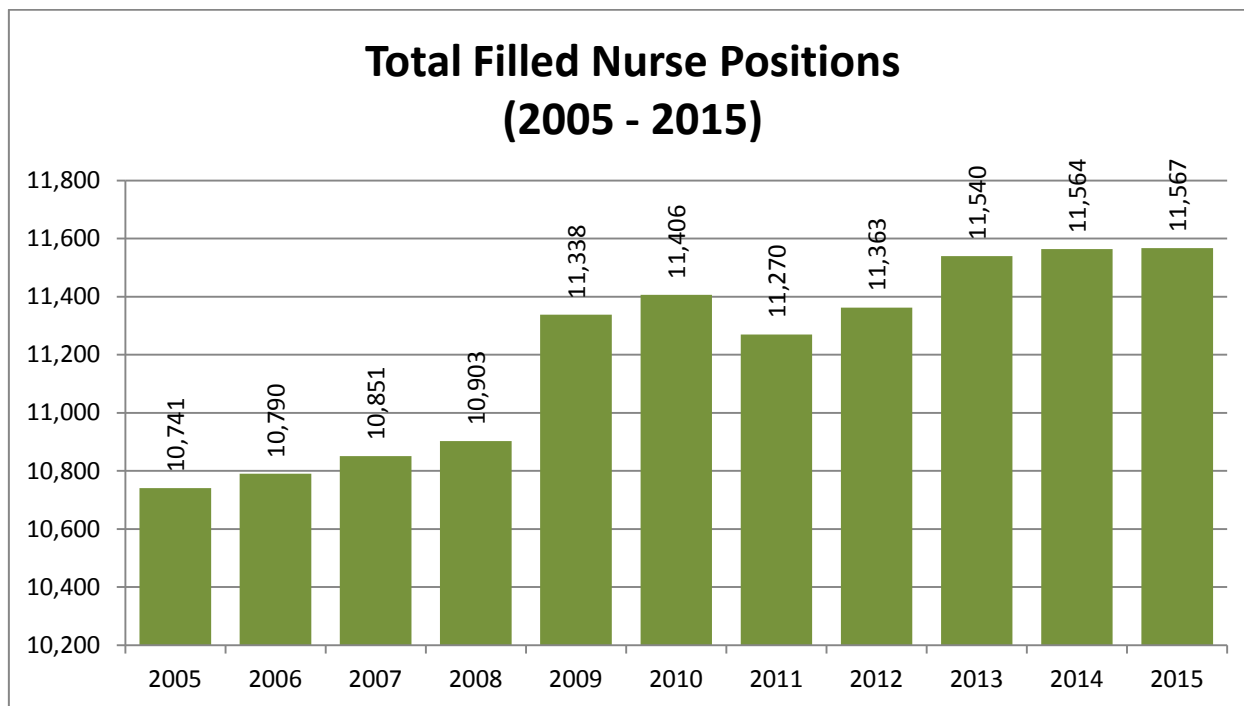
Time and resources also continue to be dedicated to the most accurate measurement of success of these and other system efficiencies. Raw EFT data exists in the HR scheduling and payroll software residing with each of the RHAs. RHA amalgamation transition continues to be dynamic in terms of data consistency challenges. Preliminary data indicates that throughout the rural regions, there has been a small increase in the average EFT worked by individual nurses. Within Winnipeg, these improvements are yet to be fully validated as data challenges related to the transition with HR/Payroll systems continue to be addressed.

Of note, and as reported earlier, although statistics released by CIHI will differ slightly from statistics released by the nursing regulatory bodies, the average EFT in Manitoba remains the lowest across Canada.

More Filled Positions in Manitoba Nursing Workforce

The following graph illustrates the number of provincially-funded permanent and term nurse positions filled in Manitoba's health care system. All positions, including full-time and part-time, are reflected in the data. It includes position data submitted by the regional health authorities (RHAs), Selkirk Mental Health Centre (SMHC) and the Manitoba Developmental Centre (MDC), but does not include casual positions in the health system, federally-funded positions (i.e. federal hospital or nursing station), or the private sector.

It should be noted that this data reflects "positions", and that individual nurses may hold several positions. Therefore, this graph is a reflection of the number of positions, not the number of individual nurses working. Work continues to better identify and report the numbers and location of nurses working outside of traditional positions within RHAs



Source: Data submitted from regional health authorities, Selkirk Mental Health Centre and Manitoba Developmental Centre.

Notes: All nursing positions, including full-time and part-time positions, are incorporated.
Data submitted by RHAs, Selkirk Mental Health Centre and Manitoba Developmental Health Centre.
See notes beneath following table for further data explanation.

In 2015, the WRHA saw the conclusion of the multi-year SAP software rollout across its sites. Prior to this consolidation, a variety of systems and manual processes were used to collect and collate site specific data. Now that the SAP rollout has been completed, continuous implementation efforts are underway to improve the consistency of vacancy data tracking and reporting across WRHA sites. This systematic approach requires site data validation and new process definitions for sites to follow to ensure reporting accuracy. The WRHA is working with its sites to identify inconsistencies in the data and to formalize a review process. Some personal care home and community sites were not converted to SAP, and the WRHA collates and reports the data from these sites manually.

A fulsome analysis of the trends towards better meeting a more desirable percentage of filled positions is subject to the above mentioned qualification/conditions as well as the ongoing overall dynamic nature of reporting of nursing positions across the province which continues to be influenced by Regional amalgamation, the development and use of standard definitions for "positions", and Relief/Float pools which are maintained by some regions to routinely fill positions.

Although there is a slight increase in the number of reported filled positions in 2015, the overall vacancy rate has also increased by 2% to just over 16% provincially. The most northern portions of the province are reporting the highest vacancy rates, which is consistent with past reports.

Of note in the *CIHI 2015 Regulated Nurses, 2015 Report* – a new lens was placed on the percentage of nurses working in a rural or remote location in comparison to the population living in those areas. Overall, the proportion of nurses working in rural and remote areas of provinces declined more than the population of these locations. This trend underscores the need to monitor this development in Manitoba in order to determine if additional collaborative strategies are necessary to best address these already largely underserved communities.

Another trend noted within CIHI statistics, while not currently reported explicitly in Manitoba (due to the lower numbers of NPs in comparison to numbers across Canada), is that NPs are not seen to be advancing in the higher percentage in terms of community versus acute care positions. This national trend is rather disheartening in terms of the need to better support the necessary health system transformation, but CIHI additionally reports that NPs are now increasingly employed in more than one setting, which may reflect the decline observed in the numbers solely employed in the community setting. Both of these trends will be closely monitored in Manitoba, however, Manitoba has emphasized NP models of care in Primary Care settings through Quick Care Clinics and mobile clinics.

Manitoba is not restructuring or reducing its nursing workforce. The ongoing commitment is to ensure optimization of an appropriate supply of nurses to bring safe, high quality care to the citizens of Manitoba. The Province is continuing to develop strategies to optimize its nursing workforce (i.e. the creation of higher EFTs), and better align the distribution of the nursing workforce to underserved communities. This is being accomplished by, but not limited to, targeted clinical placement initiatives and recruitment incentives.

Manitoba Nursing Workforce: Filled and Vacant Positions, 2005-2015

TOTAL FILLED NURSE POSITIONS (PERMANENT AND TERM)											
Nursing Positions	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
RN Positions Filled	8,187	8,277	8,306	8,398	8,747	8,833	8,733	8,848	8,877	8,815	8,949
RN (EP) Positions Filled	n/a	32	39	56	57	65	73	82	88	97	130
RPN Positions Filled	641	570	519	475	440	371	387	395	392	513	410
LPN Positions Filled	1,913	1,911	1,987	1,974	2,094	2,137	2,077	2,039	2,183	2,139	2,078
Total Positions Filled	10,741	10,790	10,851	10,903	11,338	11,406	11,270	11,363	11,540	11,564	11,567

TOTAL VACANT NURSE POSITIONS (PERMANENT AND TERM)											
Nursing Positions	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
RN Positions Vacant	661	835	995	948	1,073	987	1,005	1,040	1,253	1,327	1,668
RN (EP) Positions Vacant	n/a	10	7	20	19	15	24	25	25	32	52
RPN Positions Vacant	48	70	86	89	86	52	88	54	71	120	81
LPN Positions Vacant	105	117	190	215	295	276	343	376	428	360	467
Total Positions Vacant	814	1,032	1,278	1,272	1,473	1,330	1,460	1,494	1,777	1,839	2,268

TOTAL NURSE POSITIONS (PERMANENT AND TERM)											
Nursing Positions	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
RN Positions Total	8,848	9,112	9,301	9,346	9,820	9,820	9,738	9,888	10,130	10,142	10,617
RN (EP) Positions Total	n/a	42	46	76	76	80	97	106	113	129	182
RPN Positions Total	689	640	605	564	526	423	475	449	463	633	491
LPN Positions Total	2,018	2,028	2,177	2,189	2,389	2,413	2,420	2,415	2,611	2,499	2,545
Positions Total	11,555	11,822	12,129	12,175	12,811	12,736	12,730	12,857	13,317	13,403	13,835

Source: Data submitted by regional health authorities, Selkirk Mental Health Centre and Manitoba Developmental Centre.

Notes: Provincial total includes all RHAs, Selkirk Mental Health Centre and the Manitoba Developmental Centre.

The RN, LPN, RPN and RN (EP) positions in Winnipeg have been adjusted to include the large "relief pool" of permanent nurses the region maintains to routinely fill vacancies across the system.

*The reporting of nursing positions across the province remains a dynamic process which continues to be influenced by the following:

- Regional amalgamation which reduced the number of regions from eleven to five
- HR/Payroll systems which are yet to be fully integrated across sites in the regions
- The development and use of standard definitions for "positions"
- Relief/Float pools which are maintained by some regions to routinely fill positions

Definitions:

RN – Registered Nurse; RN (EP) – Registered Nurse (Extended Practice), also known as nurse practitioners (NP); RPN – Registered Psychiatric Nurse; LPN – Licensed Practical Nurse

Geographic Distribution of Permanent and Term Nursing Workforce Positions and Vacancies, 2015

	Permanent and Term Nursing Positions					Permanent and Term Nursing EFTs				
Winnipeg	RN	RN(EP)	RPN	LPN	TOTAL	RN	RN(EP)	RPN	LPN	TOTAL
Total Positions	7,811	107	155	1,099	9,172	6,011.3	79.9	116.0	793.8	7,001.0
Total Positions Filled	6,754	74	142	957	7,927	5,296.8	57.9	108.5	709.7	6,172.9
Total Positions Vacant	1,057	33	13	142	1,245	714.5	22.0	7.5	84.1	828.1
South	RN	RN(EP)	RPN	LPN	TOTAL	RN	RN(EP)	RPN	LPN	TOTAL
Total Positions	2,394	64	336	1,316	4,110	1,793.6	56.7	307.3	944.49	3,102.06
Total Positions Filled	1,898	48	268	1,035	3,249	1,444.7	43.2	254.8	766.22	2,508.89
Total Positions Vacant	496	16	68	281	861	348.9	13.5	52.5	178.27	593.17
North	RN	RN(EP)	RPN	LPN	TOTAL	RN	RN(EP)	RPN	LPN	TOTAL
Total Positions	412	11	0	130	553	378.67	10.0	0.0	113.9	502.57
Total Positions Filled	297	8	0	86	391	275.17	7.0	0.0	75	357.17
Total Positions Vacant	115	3	0	44	162	103.5	3.0	0.0	38.9	145.4
Provincial Total	RN	RN(EP)	RPN	LPN	TOTAL	RN	RN(EP)	RPN	LPN	TOTAL
Total Positions	10,617	182	491	2,545	13,835	8,183.6	146.6	423.3	1,852.2	10,605.6
Total Positions Filled	8,949	130	410	2,078	11,567	7,016.7	108.1	363.3	1,550.9	9,039.0
Total Positions Vacant	1,668	52	81	467	2,268	1,166.9	38.5	60.0	301.3	1,566.7

Source: Data submitted by RHAs and Selkirk Mental Health Centre effective December 2015.

Definitions:

South includes Prairie Mountain Health, Southern Health-Santé Sud, Interlake-Eastern Regional Health Authority, SMHC and MDC. North includes Northern Health and former Churchill region.

Provincial total includes all RHAs, Selkirk Mental Health Centre and the Manitoba Developmental Centre.

RN – Registered Nurse; RN (EP) – Registered Nurse (Extended Practice), also known as nurse practitioners (NP); RPN – Registered Psychiatric Nurse; LPN – Licensed Practical Nurse

EFT – Equivalent Full-time positions