Navigating to Become a Nurse in Canada

Assessment of International Nurse Applicant

Final Report

May 2005

Prepared by Association Strategy Group:

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INTERNATIONALLY EDUCATED NURSES
LES INFIRMIÈRES ET INFIRMIERS DIPLÔMÉS À L’ÉTRANGER

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Internationally-educated nurses (IENs), staff from the regulatory bodies, employers, educators, professional associations, provincial, territorial and federal governments and many others contributed their time to discuss the strengths, issues and challenges inherent with the current assessment process of IENs. The researchers for this study express their appreciation to all these individuals and organizations.

Special mention is due to the members of the Steering Committee who guided and oversaw all aspects of the research work. Their dedication and commitment throughout the study was key to its success. Special thanks are extended to the Co-Chairs of the Committee who, together with the team from the Canadian Nurses Association, worked closely with the daily management of the project.

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This report represents the diagnostic phase of a national project to document the current policies, practices and procedures used by provincial/territorial nursing regulatory bodies for Licensed Practical Nurses, Registered Nurses, and Registered Psychiatric Nurses to assess internationally-educated nurses (IENs) for licensure/registration in Canada. Factors which influence the integration of IENs into the Canadian nursing workforce are also identified.


The project team examined the policies and practices of the regulatory bodies that assess and license IENs, looking for similarities and differences across nurse groups and provinces. The team also looked for congruency and disparity between regulatory bodies, employers, government officials and IENs, in fact and perception of the assessment process and the integration into the workforce. Any criticism of the assessment process should serve to promote constructive changes. The report suggests that many more IEN applicants might succeed in becoming registered in Canada if provided with adequate language and nursing bridging programs. It is not implied that all IEN applicants will be successful.

Data presented here should be a platform for development of more systematic and standardized databases and should begin the process of developing a national regulatory approach for immigrant IEN licensure/registration.
Recognition that sustainability of the Canadian health care system depends on an adequate and educated workforce has generated much interest in the last five years. It has been a priority not only in several reports about the system (Kirby, 2002; Romanow, 2002) but also for several government-funded projects and research programs.

Canada is experiencing a nursing shortage that is projected to worsen dramatically over the next 15 to 20 years due to significant retirement rates of Licensed Practical Nurses (LPNs, a term used throughout this report, includes registered practical nurses in Ontario), Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) (CIHI, 2003). Most stakeholders believe that a national, integrated health human resource strategy that includes the expeditious licensure and integration of IENs who wish to immigrate or who already reside in Canada is essential to remedying the nursing shortage.

Nurses and other professionals are regulated to assure compliance with acceptable standards of performance. In Canada, all LPNs, RNs and RPNs are regulated by separate regulatory bodies within each province, except in Ontario, which has one regulatory body for RNs and LPNs, and the territories, which have regulatory bodies for RNs only.

The regulatory bodies are mandated by provincial legislation to serve and protect the public by setting registration/licensure standards which all Canadian nursing graduates must meet. IENs must also meet these standards or their equivalent to be licensed in Canada. There are a number of ways the regulatory bodies assess the qualifications of IENs to determine if their competencies are equivalent to the Canadian standard. This report documents current policies, practices and procedures used by Canadian nursing regulatory bodies with respect to licensure/registration of international applicants and identifies the challenges IENs encounter when integrating into the workforce.

Data and information collected for this study reveal a number of significant issues in Canada’s capacity to assess and integrate IENs. A number of concerns pertaining to immigration were raised by stakeholders and are reported in this study; a comprehensive review and analysis of the immigration process was outside the scope of this project. There are many stakeholders involved in the assessment process including regulatory bodies, immigration (involved in the labour market integration process), federal/provincial and territorial governments, employers, educators, unions, community immigrant support programs, and the IENs themselves. From the moment an IEN makes the decision to come to Canada to work as a nurse, until he/she is actually licensed/registered, is analogous to entering unfamiliar waters. That approximately two-thirds
of the IENs fail to navigate those waters potentially leaves Canada with large numbers of underemployed or unemployed nurses.

The first barrier confronting the immigrating IEN is locating the required information from government departments and regulatory bodies. The system is fragmented and there appears to be a lack of communication among and between the various players. Some of these problems have been described in other studies of internationally educated professionals (Canadian Council of Professional Engineers, 2003). There needs to be a concerted effort by all governments to improve communication and coordinate departments.

The next challenge for IENs is navigating through the policies, practices and procedures for licensure/registration. Canada has 25 regulatory bodies for some 300,000 nurses. While each of these bodies has a similar general approach to assessment, there are some discrepancies and their assessment may differ.

The assessment process can be protracted and take months, even years, to complete. The current assessment approach has been in place for several decades, raising the possibility that many of the underlying assumptions are no longer valid. For example, the science of competency assessment has improved over the years, resulting in more robust alternatives to the current paper assessment of credentials and education.

Moreover, IENs may apply to more than one jurisdiction and/or to more than one nursing regulatory body, resulting in duplication of effort. The regulatory bodies meet regularly and attempt to minimize differences, aligning the policies and practices to support the mobility of nurses — while ensuring patient safety and the public’s understanding and expectations of nursing care.

The approach to the integration of IENs into the workforce is haphazard and problematic. Some provinces offer specific bridging programs for IENs but they are not all similar in content, length or cost and only some incorporate language and communication training. The results of the research for this study suggest that the entire assessment process needs to be addressed. A thorough overhaul should involve a centralized body to engage in the screening of all IEN applicants.

The overall approach to the assessment and integration of IENs requires all stakeholders to jointly address the future. The data demonstrate that, with a few exceptions, there is little communication and/or coordination between regulators, employers, unions, educators, government and community agencies. Immediate action is required because the number of IENs applying to Canada is increasing rapidly.

Nine recommendations are proposed in five key strategic areas:

**Credential Assessment**

1. Establish a national assessment service to create a standard evidence-based approach to the assessment of IENs that includes educational preparation, Prior Learning and Assessment Recognition (PLAR), clinical competency through supervised practice or an Objective Structured Clinical Examination (OSCE), and a standard language test such as Canadian English Language Benchmarks Assessment for Nurses (CELBAN).

2. Accelerate CELBAN’s recognition, implementation and accessibility nationally and internationally.

**Cooperation among Stakeholders**

3. All stakeholders reach consensus on a principled, comprehensive and collaborative approach to assessment and recruitment within an ethical framework.
Integration into the Workforce

4. Establish nationally-standardized flexible bridging programs to ensure IENs are competent to meet Canadian nursing standards. These programs should integrate language and communication courses to meet their learning needs.

5. Undertake an in-depth review of existing IEN bridging programs to inform the development of standardized programs across the country.

6. Develop strategies to address the financial challenges incurred by IENs who enrol in bridging programs.

Information and Communication

7. Develop a central source of information such as a Web site specific to IENs to access complete and easily understood information related to immigration, nursing licensure/registration, and the Canadian nursing workforce.

Data and Information

8. Establish and maintain standardized electronic record systems by regulatory bodies.

9. Assign a national unique identifier to all nurses, including IENs.
In recent years, nursing associations, governments, employers, unions and other stakeholders have recognized that sustainability of the Canadian health care system depends on an adequate and educated workforce. Unfortunately, Canada is experiencing a nursing shortage that is projected to worsen dramatically over the next 15 to 20 years. According to the Canadian Institute for Health Information (CIHI) statistics for 2003, Licensed Practical Nurses (LPNs), Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) will be retiring in significant numbers over the same time period. Their mean ages are: LPN, 44.4; RN, 44.5; and RPN, 46.2.

Some steps have been taken to alleviate the looming shortage such as increasing the number of admissions to Canadian nursing education programs and improving working conditions to retain more nurses. However, most stakeholders believe that effectively addressing the shortage requires a national, integrated health human resource strategy that includes expeditious licensure and integration of IENs who wish to immigrate to Canada or who already reside in Canada (CNA, 2004a). The present project examines the issues and challenges inherent in the licensure and integration of IENs into the Canadian workforce. IEN assessment presents a number of challenges, not the least of which is credential assessment, which becomes particularly critical in times of shortages, when offshore recruitment is common. Coupled with the increased migration of nurses stimulated by globalization and free trade agreements, this underscores the importance of examining credential assessment (Baumann et al., 2003).

A number of factors contribute to the challenge of conducting an assessment of IENs. These include variations in educational preparation, lack of reliable international data, different uses of the title “nurse”, different roles and scopes of practice in different countries, language proficiency, professional expectations, etc. Recent international literature describes current challenges and some approaches to reciprocity (Cutshall, 2000). Despite recognition of these factors, to date there has been little progress in establishing standardized processes in the assessment of IENs in most countries.

In Canada, LPNs, RNs and RPNs are regulated separately in each province, except in Ontario, which has one regulatory body for LPNs and RNs. The territories have regulatory bodies only for RNs. Nursing, as with several other professions, is regulated to assure the public that nurses meet acceptable standards of performance. Legislation in each province/territory delegates authority to a regulatory body which sets specific requirements for nurses to obtain a licence to practise regardless of where they were educated. The requirements generally include graduation from an approved school of nursing and demonstrated competencies in delivering nursing care. Candidates must also meet language requirements and be in good
standing with a regulatory body if licensed elsewhere. Finally, all must successfully complete a national licensing examination which is the responsibility of the respective national nursing associations. Quebec RNs and LPNs have their own provincial examinations.

Applying this assessment framework to IENs is complicated and cumbersome, and fraught with particular challenges for the regulatory bodies (CNNAR, 2004). Individual IEN applicants may apply to more than one regulatory body, especially if they are unsure of the most appropriate designation. The regulatory bodies assess professional qualifications, educational credentials, language proficiency and other criteria. To assess educational credentials, a process which can take 18 months or more, the regulatory body often must review the applicant’s foreign curriculum. If the candidate applies to more than one jurisdiction and/or more than one regulatory body, the process is repeated.

In 2002, about 230,957 RNs were employed in nursing in Canada. Of this number, 6.9% of RNs employed in nursing (15,847) graduated from a foreign nursing program (CIHI, 2002). In 2001, more than 4,400 IENs applied for licensure as an RN in Canada (Barry et al., 2003). In that same year 1,689 IENs wrote the Canadian Nurse Examination. Of this latter number, 65% were successful on first writing of the examination. In previous years, only approximately half of those writing the examination were successful on the first attempt (ASI, 2002).

For LPNs in 2002 (excluding Quebec where data were not submitted), 986 practising LPNs trained abroad (CIHI, 2003). Data on how many applied for licensure are not available nationally but do exist at the provincial level and in some cases, the number of applicants far exceeds the number who become licensed.

Of the 5,132 RPNs employed in psychiatric nursing in Canada in 2002, 385 or 7.5% were foreign graduates (CIHI, 2003). Data on how many IENs applied for RPN licensure in Canada are not available at the national level.

Accordingly, there is strong evidence that a substantial number of IENs are applying for licensure in Canada. This number has increased in the past few years (Barry et al., 2003), undoubtedly due in part to active recruiting by Canadian employers. It is timely, therefore, to review the assessment processes in Canada in an effort to improve the process and perhaps lead to a coordinated approach to reduce duplication or inconsistencies and to facilitate the integration of IENs into the Canadian workforce.

This project is the diagnostic phase of a national initiative to improve IENs’ integration in Canada. The purpose was to identify and assess current practices and policies with respect to licensure/registration of international applicants for each regulated nursing group and their integration into the workforce. A second goal was to assess and identify the challenges encountered by IENs and other stakeholders in the process.

The objectives were to:

- increase knowledge in the area of licensure and integration of IENs;
- increase understanding of the impact of nursing/health legislation on the licensure of IENs;
- raise awareness of the level of consistency/divergence of approaches to licensure of IENs by the various nursing regulatory bodies;
- identify opportunities for convergence toward consistent approaches to the licensure; and,
- provide recommendations for next steps.

Citing relevant literature, this report provides details of the methodology, including a description of the approaches to sampling and the limitations. Findings are presented by themes and a final discussion on the overall analysis is presented, followed by recommendations for future directions. The data collection instruments are appended.
The healthcare workforce has been a priority in several reports in recent years (Kirby, 2002; Romanow, 2002) and for several government-funded projects and research programs (CHSRF, 2003). First Ministers agreed in September 2004 on a 10-year plan to strengthen health care. It includes strategic investments to increase the supply of health care professionals (Office of Nursing Policy, winter 2004-05). In January 2005, the Health Council of Canada, in its first report, named the work force as its top priority, setting the stage for a national summit on health human resources in June 2005.

Many policy officials and researchers have warned of prolonged and significant health care human resource shortages over the next 10-20 years. This is partly due to demographics in all three regulated nursing groups, a third of whom will retire within the next 10 years (CIHI, 2003). The shortage of nurses has been exacerbated by massive budget cuts and layoffs during recent years of health care “reform”. When health care budgets are tight, nurses too often are the target of cuts. Many have left the country or the profession (Shamian et al., 2004). Young people see the lack of stability and choose other careers. The remaining nurses bear the brunt of overwork, low morale, and high levels of stress and sick leave (Canadian Nursing Advisory Committee, 2002).

There have been previous cycles of undersupply and oversupply of nurses (Canadian Policy Research Networks, 2002). One response to the shortage of nurses in Canada has been recruitment from other countries. IENs present some unique challenges to regulatory bodies and employers. The IENs also experience challenges and barriers in the process of immigrating and becoming registered as a nurse.

Each province regulates the health professions through legislation, usually delegating regulatory responsibility to a body designated for each profession. In the case of nursing, British Columbia, Alberta, Manitoba and Saskatchewan each have discrete nursing regulatory bodies for LPNs, RNs and RPNs. The territories have two RN regulatory bodies and Ontario has one regulatory body for LPNs (known as Registered Practical Nurses in Ontario) and RNs. The remaining five provinces have two regulatory bodies each, one for LPNs and one for RNs. IENs may apply to any of the 25 regulatory bodies and they may apply to more than one at the same time.

The regulatory bodies not only set the policies, procedures and practices for admitting new nurses to the registry but also investigate and discipline nurses and assess continuing competence. The basic purpose is to protect the public. In general, applicants who are admitted as nurses in Canadian jurisdictions have met stated minimum educational requirements, passed specified examinations, are of good character and can
function adequately in English or French. In most jurisdictions the regulatory body has the authority to approve the relevant educational programs. Canadian-educated nurses from all three groups who apply for registration are generally required to meet the same or similar standards established for each designated nursing group. Canadian nursing regulatory bodies generally accept nurses who are licensed/registered in the same nursing group in another Canadian jurisdiction, ensuring mobility under the Mutual Recognition Agreement.

Twenty-three of the 25 nursing regulatory bodies conduct their own assessment of IEN applicants. The Northwest Territories, Nunavut and Yukon accept provincial assessments. Assessments, which can be complex, costly and time-consuming, include a review of applicants’ education and language skills as well as a character check.

A national approach to the assessment of IENs has been flagged as a possible direction (Barry et al., 2003). A study released in February 2005 by the Institute for Research on Public Policy called for “more support for those who assess immigrant’s skills and credentials” (Reitz, 2005). This diagnostic phase is part of a national initiative to assess current approaches to the assessment of IENs for licensure/registration and to facilitate the integration of IENs into the Canadian workforce.
The perspectives of key stakeholders involved in assessing/credentialing and employing IENs — as well as the overall experience of IENs themselves — were critical to the purpose and objectives of this initiative.

Quantitative and qualitative methods were both employed in understanding the issues. Data collection included literature and legislation reviews, web-based surveys of regulatory bodies and employers of IENs, on-site and telephone interviews with regulatory staff and government officials, focus groups with IENs, and an inventory of IEN educational bridging programs.

Triangulation of methods benefited the project in that it captured the perspectives of several groups of stakeholders thus enhancing the validity and reliability of the data. Other strengths were the focus groups and the response to the survey of regulatory bodies. The samples were large enough to engender confidence in the findings. A final strength was the active involvement of all stakeholder groups, demonstrating interest in the overall initiative and hopefully leading to support for implementation.

3.1 Literature Review

National and international literature was reviewed for information on mobility of nurses, human resource planning, internationally educated professionals, immigration, and legislation and regulation.

Computer-assisted and manual searches were used to obtain material from refereed journals, government documents, legislation, regulatory Web sites, Canadian Nurses Association (CNA) briefs and policy papers, union documents, and International Council of Nurses' policy statements.

3.2 Survey of Regulatory Bodies — Web-based

This was a first step toward an inventory of provincial/territorial practices and policies with respect to assessment of credentials and language proficiency. Items for the survey were created from a review of the literature and input from key stakeholders and the Steering Committee. Pilot testing was carried out with two regulatory bodies for LPNs and one each for RNs and RPNs. Results from the pilot testing led to further clarification.
The final survey consisted of 81 questions in four sections: profile of applicants, policies and procedures, process, and resources (Appendix A). English and French versions were made available for regulatory bodies to complete online or return by mail or fax. All were informed by e-mail of the upcoming study (Appendix B).

Responses were received from 23 jurisdictions. The Northwest Territories and Nunavut did not complete the survey since they are not involved in the assessment/application process of IENs and employ small numbers of IENs.

### 3.3 Survey of Employers - Web Based

The purpose of this survey was to understand the experiences and challenges related to employing and integrating IENs. Content was guided by a review of the literature, feedback from key stakeholders, and consultation with the Steering Committee. The survey was pilot tested with four employers.

The final survey consisted of 28 questions, structured around five themes: hiring practices, the regulatory body’s role in the hiring process, quality of IENs’ work, support for IENs, and recommendations. French and English versions were available (Appendix C).

The assistance of regulatory bodies was sought to obtain a sample reflective of Canada’s geographic diversity, the various sectors of employment, and representative of agencies employing all three groups of nurses. To ensure that the employers to be surveyed were familiar with the challenges faced by IENs, regulators were asked to identify the top three employers of IENs in their jurisdiction. This was employed to ensure that the employers to be surveyed were familiar with the challenges faced by IENs. As a result, 46 employer organizations were identified. Surveys were distributed to 46 employers in the hospital, long-term care, mental health and community health sectors, including some Regional Health Authorities representing several organizations. Employers were telephoned to introduce the project and to determine their willingness to participate. This was followed by e-mails and a bilingual communication/promotion package (Appendix D).

Nineteen completed surveys were returned, representing a 40% response rate, with the hospital sector accounting for 11 responses, long-term care facilities for five, and “other” sectors for three. All three nursing groups were represented.

### 3.4 Employer Focus Groups

To further explore some issues identified in the employer survey, teleconference focus groups with employers of IENs were conducted. A cross-section of potential participants from geographic regions and health care sectors not well represented in the employer Web-based survey were invited, particularly those directly involved with IENs, such as nurse managers.

Twelve of the 17 employers invited to participate agreed to be interviewed. In a number of instances, more than one person from an organization agreed to be interviewed, resulting in a total participation of 23 nurse managers, recruiters, and educators in five teleconferences. The number of participants ranged from one to seven. All health care sectors were represented, with 50% coming from the hospital sector. There was representation from all geographic regions, two-thirds from the central region.

The teleconferences focused on the themes used in the employer survey: hiring practices, role of regulatory bodies, quality of IENs’ work and employer support.
3.5 **Interviews with Regulators and Government Officials**

Site visits were made to the offices of 14 provincial/territorial regulatory bodies. In many instances, regulators arranged for the researchers to meet with government officials concerned with the issue of IENs. Where visits were not possible, regulatory bodies were interviewed by telephone.

This approach to data collection was designed for the purposes of clarification and to augment the other forms of data collection particularly related to the information obtained on the regulatory bodies’ survey, and to documentation relative to policies and procedures surrounding the admission of IENs to the registry.

3.6 **Focus Groups with IENs**

Focus groups were conducted in order to understand the IENs’ experiences and challenges in seeking Canadian licensure/registration and their integration into the Canadian nursing workforce.

Topics and questions were selected on the basis of an extensive search of the literature, interviews with key informants and feedback from the Steering Committee. The topics and questions were subsequently pilot tested in three focus groups with IENs from the hospital and long-term care sectors.

A pan-Canadian approach was taken to solicit participants with the intent of having representation from all regulated nursing groups and all health sectors (i.e., hospitals, long-term care, mental health, and community health).

Participants had to be nurses who had received their nursing education in a country other than Canada and who had received their licence or were waiting to be licensed/registered from 1999 to 2003 inclusive.

To ensure the privacy of its members, the regulatory bodies of all three nursing groups directly invited members who met the eligibility criteria (Appendix E). Employers within the respective jurisdictions who had been identified by the regulatory bodies as employing IENs agreed to disseminate the invitation to qualifying IENs in their agency.

All potential participants received an introductory letter describing the project and giving a brief overview of the purpose of focus groups. The package also included the questions to be discussed (Appendix F).

The final number of focus groups (including teleconferences) was 32, comprising 212 participants representing all provinces and the Yukon (figure 1). Of the participants, 113 were from the Western Region, 86 from the Central Region and 13 from the Atlantic provinces and the Yukon. Forty-nine countries of origin were represented. The number of participants in each ranged from one to 17. Sessions were conducted in French and English and took place in eight cities, all were recorded, consent forms having been obtained (Appendix G). Participants completed a short demographic survey prior to the discussion (Appendix H).
Participants included 168 RNs, 38 LPNs and six RPNs. Of the total, 155 were registered and 57 were pending licensure. One hundred and eighty-eight were female and 24 were male, ranging in age from 25 to 67 with the largest proportion aged 41 or older. The majority were employed in hospitals, the second-largest group worked in long-term care and the remainder in community health or other sectors. Almost half came to Canada with 0-5 years of nursing experience, 33% had 5-15 years experience and 19% more than 15 years experience.

3.7 REVIEW OF LEGISLATION

Copies of all Acts were reviewed to determine how legislation influenced the assessment of IENs. Some interprovincial comparisons were completed.

3.8 INVENTORY OF EDUCATIONAL BRIDGING PROGRAMS

For the purposes of the diagnostic assessment, “bridging support program” (BSP) referred to an educational program that was specifically designed to help individuals who completed their basic nursing education in other countries to meet Canadian licensing requirements and professional standards, integrate into the Canadian system, and develop language and literacy competence.

Support programs aimed at the general immigrant population were not included in this survey.

An Internet review was conducted of regional, provincial, territorial and national BSPs designed for and provided to IENs. Telephone interviews were completed with program officials to obtain further details.

3.9 LIMITATIONS

A number of limitations were identified with the methods and sampling techniques used in the project, notably the paucity or incompleteness of data available from regulators’ databases. It had been assumed
that a large amount of information would be collected from the survey of regulatory bodies, but the results showed that much of these data either were not collected by the regulatory body or were not contained in a database. Regulators typically had only paper files on IENs, necessitating several days to complete the survey.

Another limitation was the use of Web-based surveys. Only half were completed online while the others were submitted in hard copy, requiring data to be re-entered for the web-based analysis, increasing the risk of error, which had to be minimized through cross-checking.

This was a descriptive study and the methods used supported the collection of descriptive data. This is a limitation only insofar as the relationships between variables cannot be determined; nor can causal statements be made. More detailed statistical analysis is limited also by the amount of missing data. However, if the quantitative data sought in this project were collected regularly in the future, a number of hypotheses could be tested and relationships between variables described.

Sampling techniques also had limitations. The convenience sampling of government officials was narrow in scope and level of position. This may have affected the breadth and depth of the information. The design used to gather a sample of employers yielded fewer respondents than would support statistical analysis or produce the desired breadth and depth of data. Finally, the sample of IENs in the focus groups was self-selected, potentially skewing the results.
4.0 FINDINGS

These findings pertain to the mobility of IENs, their assessment for eligibility for licensure/registration, system and policy issues, legislation, government perspectives, integration into the workforce and other challenges for IENs.

4.1 INTERNATIONAL MOBILITY OF NURSES

Historically, nurses have been a mobile professional group. They have traveled on military duty, and served on international rescue and aid missions. Conversely, such events and political turmoil have forced nurses to leave their home country in search of safety and security. (ICN, 2002a; Kingma, 2001) They have also moved as a result of family commitments, for personal growth, and for economic reasons (Buchan, 2001; Hawthorne, 2001; Van Eyck, 2004).

With the mobility of nurses have come profound influences on health care systems (Brush, et al., 2004; Kline, 2003; World Health Assembly, 2004). In this “age of migration”, the global movement of people has been accelerating rapidly. In Canada, the number of immigrants has remained fairly stable at 200,000-250,000 annually over the past five years (Citizenship and Immigration Canada (CIC), 2002). Preliminary figures for 2004 indicate that 235,808 new permanent resident admissions were issued in Canada once again meeting its planned numbers of the past five years (CIC, 2005). The top five source countries of immigrants remains fairly consistent: China, India, the Philippines, Pakistan and the Republic of Korea, in descending order (Facts and Figures, 2003).

Health professionals comprise a significant proportion of international migrants. The number moving to the United Kingdom is estimated to have increased fivefold in the past decade (Van Eyck, 2004). Other countries have reported increases in IENs applying for licensure as a result of globalization and recruitment efforts of countries experiencing marked shortages of nurses. In Australia, between 1983 and 1994, 30,544 IENs counterbalanced emigration of 23,613 locally educated nurses and 6,519 migrants. At the end of 11 years, the net gain was only 412 nurses (Hawthorne, 2001). In the United States in 1995, nearly 10,000 IENs received a RN licence. This represented 10% of all newly licensed RNs that year. By 2003, the proportion of IENs had risen to 14% of all newly licensed RNs (Brush et al., 2004). Data on the actual number of applicants were not reported but the number receiving a license is assumed to be only a portion of those who applied.
A number of factors have led to the dramatic increases in international migration in the health sector. These include liberalization of trade, migration policies, changes in the global economy, worldwide shortages of health professionals, and specific threats to personal safety such as occupational hazards, violence in the workplace and civil instability. Conflict within and between countries remains a major factor in the migration of health professionals (Kronfol et al., 1992; CIC, 2004).

Canadian nurses also emigrate. In 2003, 5,366 RNs and 104 LPNs maintained their Canadian licence while working elsewhere (CIHI, 2004). Of these, 81.5% (4,371) of RNs and 85.5% (89) of LPNs were in the U.S. However, it should be noted that these numbers reflect only those who maintained their Canadian license. The total number of Canadian nurses working in the United States is not available from Statistics Canada or from CIHI. There have been attempts to use the number writing the NCLEX-RN or -LPN examinations as a proxy measurement. However, a number of states no longer require Canadian nurses to write examinations, increasing the difficulty of tracking the number of Canadian nurses in the U.S. On the other hand, Canada is listed as one of the top countries for candidates writing the U.S. licensure examination for RNs (Brush et al., 2004). A national unique identifier would help to track these data, improving overall nursing human resource planning.

### 4.1.1 Countries of Origin

As previously indicated, Canada has averaged 240,000 immigrants annually since 1992, the top five sources being China, India, the Philippines, Pakistan and the U.S. A recent report on global movement of nurses suggests that the major “donor” countries include Australia, India, the Philippines, South Africa and the U.K. The primary “receiving” countries are Australia, Canada, Ireland, U.K. and the U.S. (Kline, 2003).

In the current study, RN and LPN regulatory bodies identified the same countries as the most frequent source of IENs. RPN regulatory bodies listed Australia, New Zealand, U.K. and Ireland as the countries contributing the most IEN applicants to Canada. Nurses from the Philippines are the largest group of IENs in several of the primary receiving countries and while precise data for Canada were unavailable, it was clear that a large majority of IENs in Canada were from the Philippines. Of the 212 IENs who participated in focus groups for this project, 27% came from the Philippines, followed by the U.K. at 8% and France at 5%. The remaining 60% originated in 46 different countries. CIC reported that between July 2003 and June 2004, immigration from the Philippines rose steadily to almost 14,000, a 56% increase over the previous year. Of the almost 14,000, 59% were female, which CIC attributes to the Live in Caregiver Program (LCP), primarily made up of women (CIC, 2004). Regulators suggested that many of the LCP applicants were educated as nurses but came to Canada hoping to be licensed as nurses when they complete their LCP obligations.

The Philippines continues to overproduce nurses from approximately 350 schools (personal communication, Philippine Nurses Association, 2005). It was reported (Klein, 2003) that the Philippines produce more than 9,000 nurses annually, 5,000–7,000 of whom become licensed. Those who do not emigrate have minimal opportunities, poor pay and a government with an aggressive export policy (Prystay, 2002). The economic benefits of exporting nurses are significant; the Philippines has become dependent on this source of money, receiving more than $800 million annually in expatriates’ remittances (Lindquist, 1993). There are no RPN applicants from the Philippines, which has no approved RPN programs.

### 4.1.2 Applicants

The survey of regulatory bodies indicates that there were 19,894 IEN applicants for LPNS, RNs and RPNs (Table 1) between 1993 and 2003. This may be inaccurate; some IENs apply to more than one province and/or more than one nursing group. Some annual data were missing, but there appears to be a clear trend indicating that the number of IEN applicants overall is increasing rapidly, almost tripling from 1999 to 2003.
Table 1: Total Number of IEN Applicants for the Years 1999 - 2003

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>1,376</td>
<td>2,592</td>
<td>4,047</td>
<td>4,971</td>
<td>4,044</td>
<td>17,030</td>
</tr>
<tr>
<td>LPN</td>
<td>408</td>
<td>435</td>
<td>589</td>
<td>772</td>
<td>427</td>
<td>2,631</td>
</tr>
<tr>
<td>RPN</td>
<td>8</td>
<td>40</td>
<td>38</td>
<td>72</td>
<td>75</td>
<td>233</td>
</tr>
<tr>
<td>Total</td>
<td>1,792</td>
<td>3,067</td>
<td>4,674</td>
<td>5,815</td>
<td>4,546</td>
<td>19,894</td>
</tr>
</tbody>
</table>


Ontario reported the largest number of IEN applicants (approximately 50% of the total reported for Canada over the five years), followed by British Columbia, Quebec, Alberta and Manitoba (Table 2). Although the remaining provinces reported significantly fewer IEN applicants, numbers, where available, were rising. From the data provided in the survey, RN applicants comprised 86% of the IEN applicants followed by LPNs at 13% and RPNs at 1%.

Table 2: Total Number of IEN Applicants by Province 1999 - 2003.

<table>
<thead>
<tr>
<th></th>
<th>LPN</th>
<th>RN</th>
<th>RPN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>276</td>
<td>2,703</td>
<td>204</td>
</tr>
<tr>
<td>AB</td>
<td>3</td>
<td>1,980</td>
<td>8</td>
</tr>
<tr>
<td>SK</td>
<td>85</td>
<td>278</td>
<td>10</td>
</tr>
<tr>
<td>MB</td>
<td>820</td>
<td>1,033</td>
<td>11</td>
</tr>
<tr>
<td>ON</td>
<td>957</td>
<td>8,724</td>
<td></td>
</tr>
<tr>
<td>QC</td>
<td>470</td>
<td>2,058</td>
<td></td>
</tr>
<tr>
<td>NB</td>
<td>0</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>NS</td>
<td>20</td>
<td>115</td>
<td></td>
</tr>
<tr>
<td>PEI</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NL</td>
<td>0</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td>YK</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>


4.1.3 Demographic Profile

Just over half of the regulatory bodies were able to provide data on the ages of IEN applicants licensed between 1999 and 2003 but it was extrapolated that about 40% of the IENs registered were older than 40 (Tables 3, 4, 5). Given that one of the root causes of the shortage of nurses in Canada is an aging workforce, a large proportion of these IENs reflect the same age profile. They will not be in a position to fill the gap when thousands of Canadian nurses retire. On the other hand, a large number of these IENs have several years of experience, which is a great asset to Canadian employers.
Table 3: IEN RN Applicants by Age at Initial Registration for the Years 1999 - 2003

<table>
<thead>
<tr>
<th></th>
<th>20-30 yrs</th>
<th>31-40 yrs</th>
<th>41-50 yrs</th>
<th>51+ yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>8 %</td>
<td>27 %</td>
<td>14 %</td>
<td>50 %</td>
</tr>
<tr>
<td>AB</td>
<td>28</td>
<td>46</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>ON</td>
<td>32</td>
<td>43</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>QC</td>
<td>41</td>
<td>34</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>NB</td>
<td>27</td>
<td>15</td>
<td>25</td>
<td>33</td>
</tr>
<tr>
<td>NS</td>
<td>26</td>
<td>27</td>
<td>31</td>
<td>16</td>
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<td>NL</td>
<td>17</td>
<td>60</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>YK</td>
<td>25</td>
<td>0</td>
<td>50</td>
<td>25</td>
</tr>
</tbody>
</table>


Note: data not available from Sask., PEI, MB.

Table 4: IEN LPN Applicants by Age at Initial Registration for the Years 1999 - 2003

<table>
<thead>
<tr>
<th></th>
<th>20-30 yrs</th>
<th>31-40 yrs</th>
<th>41-50 yrs</th>
<th>51+ yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>28 %</td>
<td>25 %</td>
<td>36 %</td>
<td>11 %</td>
</tr>
<tr>
<td>AB</td>
<td>21</td>
<td>52</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>SK</td>
<td>11</td>
<td>55</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>MB</td>
<td>43</td>
<td>39</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>ON</td>
<td>9</td>
<td>43</td>
<td>35</td>
<td>13</td>
</tr>
<tr>
<td>QC</td>
<td>8</td>
<td>48</td>
<td>38</td>
<td>7</td>
</tr>
</tbody>
</table>


Note: data from remaining provinces either not available or incomplete

Table 5: IEN RPN Applicants by Age at Initial Registration for the Years 1999 - 2003

<table>
<thead>
<tr>
<th></th>
<th>20-30 yrs</th>
<th>31-40 yrs</th>
<th>41-50 yrs</th>
<th>51+ yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>5 %</td>
<td>49 %</td>
<td>33 %</td>
<td>13 %</td>
</tr>
<tr>
<td>AB</td>
<td>4</td>
<td>95</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SK</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MB</td>
<td>0</td>
<td>95</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: IEN-DP, Registrar Survey, 2004

Demographic data collected on the nurses who participated in the focus groups reflected a similar age profile. Forty-seven percent of the participants were over 40 and 43% were 30-40 (Figure 2). The regulatory bodies reported that more than 90% of IENs registered between 1999 and 2003 were female with the number of male RPNs slightly higher than either male LPN or RN IENs.
While a profile of IEN applicants by level/years of education was not collected from regulatory bodies, comments during site visits suggested that a relatively large number of the RN group had a baccalaureate degree, as did some of the RPN group. It should be cautioned that these degrees may not be equivalent to a Canadian baccalaureate or may not even be a nursing baccalaureate.

4.2 **Assessment of IENs for Eligibility for Licensure/Registration**

This section of the report examines the assessment process for licensure/registration. International trends and the Canadian context are reviewed and key findings presented for credential assessment, eligibility to write the licensing examination and passing the examination.

4.2.1 **International Trends**

Foreign credential recognition is a challenge for all countries which accept immigrants. This important responsibility is decentralized in many countries, assigned to employers, educational institutions or regulatory bodies. Often the information for immigrants on how their credentials will be assessed is not provided or is buried in a maze of documents and Web sites. Many immigrants are shocked to discover that their credentials are not accepted and that additional training and education are required, often at great expense. IENs frequently find themselves in this situation in Canada.

IEN assessment in the U.K, U.S., Australia and Canada includes assessment of nursing education programs to determine their equivalence to the receiving countries programs, language fluency, and examination for nursing knowledge (usually a national examination for all registered/licensed nurses), employment background and character assessment. The process frequently takes months, often years, particularly when language fluency is an issue. In Australia, only 29% of IENs with a non-English-speaking background had their qualifications recognized compared to 97% of English-speaking IENs. While pre-migration screening is often recommended in the literature as increasing the likelihood of successful licensure/registration, the findings in Australia did not support that. The conclusion was that many non-English speaking IENs had received inferior outcomes in their assessment, not because of inadequate education but because of inadequate research on the part of Australian assessors (Hawthorne, 2001). Australia now uses a competency-based
assessment. While development of this approach was not consistent across all states and was fraught with initial difficulties, it was preferable to the “hit or miss” assessment of IENs that had prevailed into the late 1980s.

In the U.S., the number of IENs is also increasing (Brush et al., 2004). The process includes assessment of educational programs, language proficiency and passing a national examination (NCLEX RN, NCLEX LPN). The U.S. established the Commission on Graduates of Foreign Nursing Schools (CGFNS) as an IEN pre-immigration screening body. It verifies foreign nurses’ credentials and educational qualifications and identifies those at risk of failing the U.S. nurse licensure examination. IENs can take a qualifying examination that assesses nursing proficiency and English language comprehension. If successful, the IEN earns a CGFNS certificate and is eligible for a non-immigrant occupational preference visa (Brush et al., 2004).

The current U.S. nurse shortage has focused more attention on recruitment of IENs. Pressure to facilitate licensure and integration has forced changes in immigration policy, recruitment practices and licensure requirements. The cost of immigration now is paid for by health care facilities rather than the IEN, and the NCLEX RN examination is offered overseas in an attempt to facilitate licensing (Brush et al., 2004).

In the European Community (EC), nurse mobility has risen over the past decade, thanks to progressive dismantling of formal barriers such as qualifications recognition and work permit. The major requirements for access to employment in the EC are now proof of character, certification of physical and mental health, and verification of professional registration. The U.K. is developing mutual endorsement agreements with other EC countries (Aiken et al., 2004).

4.2.2 Canadian Context

In Canada, a skilled immigrant requires an average of 10 years to reach the same level of employment as a Canadian with similar credentials (The Canadian Alliance of Education and Training Organizations, 2004). Australia, which reported a similar time frame and in which the regularization of occupations is a federal jurisdiction, has reduced this to two years by, among other things, improving its approach to evaluating and recognizing foreign credentials.

Recently, credential assessment and integration of immigrants into the Canadian workforce have received more widespread attention. The federal government has promised to “work with its partners to break down barriers to the recognition of foreign credentials” and to “do its part to ensure speedier recognition of foreign credentials and prior work experience” (Speeches from the Throne, September 2002, February 2004, October 2004).

For most regulated professions, the regulatory authority is at the provincial level as ascribed in the Constitution in 1867. In addition, many other stakeholders are involved in foreign credential assessment. Over the years, various occupations, governments, educational institutions, professional organizations, community agencies have developed assessment practices and procedures, mostly independent of each other. The resulting haphazard set of procedures has led to serious confusion and frustration for internationally educated people and is the first in a series of barriers that lead to a protracted process.

The credential recognition challenge may also come as a surprise to many immigrants as a result of their first interaction with CIC. When a person applies to immigrate, in the skilled worker category, their level of education and professional training weigh heavily on their acceptance into Canada. Canada’s immigrant selection system awards points for different levels of education and training. The assessment of educational credential level, years of study and number of years of work experience in a skilled occupation are considered by immigration officers to be positive indicators of timely and successful integration into the Canadian workforce. Those who are accepted are given the impression that their knowledge and credentials will be recognized.
4.0 FINDINGS

Even if immigrants have searched the Internet for information, they will be faced with a confusing array of details. The Canada International Web site is difficult to navigate and links the user to a variety of other sites with credential assessment information. Staff at the local immigrant settlement organization may also try to direct a person to the appropriate credential assessment service. Their success depends on their knowledge of the field in which the immigrant is seeking employment as well as the often limited resources available to immigration staff. With no reliable information at the front end of the process and a confusing array of advice after arriving in Canada, most immigrants have to figure out on their own how to find the appropriate credentials authority. Finally, it was reported by some IENs and some regulators that assessment of the same credentials by different assessment services and/or regulatory bodies frequently leads to inconsistent conclusions.

A number of new initiatives, funded by all levels of government and the private and non-profit sectors, have recently been established in different parts of the country to improve the assessment of foreign qualifications. One is the federal government’s Foreign Credential Recognition (FCR) program (http://www.hc.sc.gc.ca/english/media/release/2004/2004_08blk.htm). This aims to facilitate the entry of foreign-trained professionals into the labour market and their mobility within it by developing a pan-Canadian approach to assessing and recognizing a range of foreign credentials. Two other initiatives include the Enhanced Language Training (ELT) and the immigration portal. Through partnerships with provinces, territories and other stakeholders, the ELT develops and delivers labour market levels of language training and job-specific language training to adult immigrants to help them enter and remain in jobs commensurate with their skills and qualifications (CIC, 2005). An immigration portal is currently being developed to provide immigration information including information about the FCR.

4.2.3 Assessment of Credentials for IENs in Canada

In 2002, a review of the IEN assessment process in Canada was carried out for RN regulatory bodies (ASI, 2002). This section presents the findings from the current study on the policies and practices of LPN, RN, RPN regulators for the assessment of IEN applicants. Some questions in the latest survey of regulatory bodies were similar to the 2002 survey and, where applicable, will be compared as a validity check or to note any significant changes.

Similar to any other prospective immigrant, an IEN is first faced with the challenge of having credentials assessed. When the IEN finally realizes that there are 25 regulatory bodies it must be confusing. Indeed, several focus group participants described having forwarded all of their documents to the wrong regulatory body. IENs often navigate the system with little assistance. When asked to identify the most common entry point used by the IEN in contacting the regulatory body, it was acknowledged that it was usually the individual IEN who made the contact, but sometimes an employer or family member. Few responses indicated that immigration officials, community immigrant support programs or other nursing organizations made the initial contact.

All regulatory bodies indicated that IEN applicants make their first contact either by mail, e-mail or telephone. LPNs were more likely to use the telephone than e-mail. An interesting accommodation for IEN applicants was noted during the site visit to the RPN office in British Columbia. Their principal contact had arranged to begin working several hours earlier than usual to be available by telephone to IENs calling from other time zones.

Only half of the regulatory respondents claimed to be aware of the possibility that IENs who had applied may have applied to other provinces or regulatory bodies. They indicated that there was no way of knowing these details or what percentage of IENs might be involved. A centralized intake process might serve to reducing potentially unnecessary duplication and cost. It would also ensure dissemination of consistent and correct information and may serve as a beginning national database on IEN applicants.
Navigating to Become a Nurse in Canada

Documentation

Tables 6, 7 and 8 provide an overview of the regulators’ responses in terms of the information on the documentation required as part of the assessment of IENs. As illustrated in table 6, all RN regulatory bodies responding to the survey require documentation for completed application forms, proof of language proficiency, verification of original registration in home country, and verification of current registration. Nine out of 10 require applicants to provide marriage/birth certificates, course transcripts and passport or photo identification (ID).

Table 6: Required Documentation for IEN RNs

<table>
<thead>
<tr>
<th></th>
<th>CAF</th>
<th>Lng</th>
<th>Ver 1</th>
<th>Ver 2</th>
<th>Mar</th>
<th>Tra</th>
<th>Pas</th>
<th>Dip</th>
<th>NPC</th>
<th>Emp 1</th>
<th>Emp 2</th>
<th>Ver 3</th>
<th>Cri 1</th>
<th>Cha</th>
<th>Cri 2</th>
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<tbody>
<tr>
<td>BC</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
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<td>-</td>
<td>x</td>
<td>-</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>


Note: (x) indicates document is required; (-) indicates document is not required.

CAF – Completed Application Forms
Lng – Proof of Language Proficiency
Ver 1 – Verification of Original Registration in Home Country
Ver 2 – Verification of Current Registration
Mar – Marriage/Birth Certificates
Tra – Course Transcripts
Pas – Passport, Photo ID
Dip – Diplomas, Certificates from Programs of Study
NPC – Nursing program confirmation
Emp 1 – Employment references/Regulatory bodies request
Emp 2 – Employment references/Applicant request
Ver 3 – Verification of all Registrations
Cri 1 – Criminal Record Check
Cha – Character Reference
Cri 2 – Criminal Record Review

Eight out of 10 RN regulatory bodies require documentation confirming the nursing program and accept employment references provided by the IEN applicant. Other documentation required by RN regulators differed across the provinces. For example, only British Columbia, Saskatchewan, Ontario, Quebec, New Brunswick and Nova Scotia required a copy of the diploma/certificate. This finding is slightly different from the 2002 survey (ASI) where only Saskatchewan, Manitoba, Quebec and Newfoundland/Labrador had that requirement.

LPN regulatory bodies indicated that they require completed application forms and marriage/birth certificates from IEN applicants (Table 7). They also request documentation proving language proficiency with the exception of Quebec, where the Office de la langue-français (OLF) is responsible. Seven out of eight LPN regulators required verification of country-of-origin registration and of current registration as well as course transcripts and nursing program confirmation.
### Table 7: Required Documentation for IEN LPNs

<table>
<thead>
<tr>
<th></th>
<th>CAF</th>
<th>Lng</th>
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Note: (x) indicates document is required; (-) indicates document is not required.

Data not available from PEI or NFLD.

*self reported.

CAF – Completed Application Forms
Lng – Proof of Language Proficiency
Ver 1 – Verification of Original Registration in Home Country
Ver 2 – Verification of Current Registration
Mar – Marriage/Birth Certificates
Tra – Course Transcripts
Pas – Passport, Photo ID
Dip – Diplomas, Certificates from Programs of Study
NPC – Nursing Program Confirmation
Emp 1 – Employment References/ regulatory bodies request
Emp 2 – Employment References / applicant request
Ver 3 – Verification of all registrations
Cri 1 – Criminal Record Check
Cha – Character Reference
Cri 2 – Criminal record review

Only two out of the eight LPN regulators did not require passport or photo ID or references directly from employers. There was great variation with respect to documents required for employment references provided by applicants, verification of all registrations, criminal record check, character reference and criminal record review.

There appears to be much more consistency of documentation required among RPN regulators across the four western provinces (Table 8). All require IEN applicants to provide completed application forms, proof of language proficiency, verification of current registration, marriage/birth certificates, course transcripts, passport or photo ID, diplomas/certificates from programs of study, nursing program confirmation, and employment references directly from employers. Three out of the four RPN regulators require verification of all registrations and employment references. There is variation of documentation requirements related to criminal record and character reference checks.
Table 8: Required Documentation for IEN RPNs

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All 22 regulatory bodies that responded to the survey require a completed application form. Employer references, a marriage license or birth certificate and course transcripts are required by 21, a passport or photo ID by 19. Except for Quebec, where the OLF is responsible for language oversight, all regulatory bodies require proof of language proficiency.

Twenty regulatory bodies require original documents and verification of registration from the source country. Fax and e-mail applications are generally not acceptable due to some fraudulent applications. In addition to the required documents, 13 regulators require either a criminal record check or review and nine require a character reference.

There are apparent variations in required diplomas/certificates. The RPN regulators and all but the British Columbia LPN regulator request a copy of diplomas/certificates from the IENs’ program of study. While all RPN regulatory bodies require nursing program confirmation, two out of the eight LPN and two out of the 10 RN regulators do not. Seventeen of the 23 regulators want employment references directly from the employer.

Regulatory staff clearly have considerable paper to review and assess to determine applicants’ eligibility for licensure. For many IEN applicants, producing these documents can be a challenge and the process can be lengthy. It is particularly difficult if the applicant is in Canada and must get the source country to produce these documents. Incomplete documentation was cited by 14 regulators as one of the two most common reasons for unsuccessful applications. Because many applicants come from countries that are neither English- nor French-speaking, documents must be translated, the cost of which generally is borne by the applicant.

A recurring scenario reported by focus group participants was the enormous difficulty obtaining the required documents that detailed their nursing school curriculum, including the number of hours of supervised
clinical practice. These documents must be forwarded directly to the regulatory body by the educational institution. According to the IENs, officials’ resistance to comply with the request unless payment was received was a major obstacle. This was especially problematic if the IEN’s family was not present to exert pressure on officials and/or pay the fee. Many IENs mentioned colleagues who were unable to complete the application process because of difficulties in procuring documents.

**Education**

A major focus of the documentation review is an assessment of the equivalence of the IEN applicant’s educational preparation. Almost half of the regulatory bodies indicated that they outsource some assessment to external credentialing services, most often the International Qualifications Assessment Service (IQAS). While regulators were generally satisfied, they emphasized that they primarily call upon these services to assess the legitimacy and authenticity of the applicant’s program and documents. They stated, fairly emphatically, that these services cannot evaluate the nursing content of programs. The strengths of these external programs are their capacity to carry out the research at arm’s length from the regulator and their ability to give an objective evaluation. Some comments were received about the length of time the services take. IENs are almost always responsible for arranging and paying $100-$325, or more, for the external assessment.

The majority of regulatory bodies also conduct an internal assessment of applicants’ educational qualifications and report that they are generally satisfied with their internal process. Regulators did indicate that more than 80% of the document and education assessment could be carried out prior to the applicant coming to Canada. What is not known is how often and how much of this prior assessment is currently being conducted. Only a small number of focus group participants stated that they had forwarded documents beforehand. A few reported having returned to their home country to facilitate the retrieval of documents. At present, examinations and refresher courses must be taken in Canada.

In assessing the education programs, regulators look for the number of hours of theory and practice in specific content areas. RNs in Canada are prepared as generalists and must have content in medicine, surgery, obstetrics, pediatrics and mental health. LPNs are required to have medicine and surgery and most are required to have obstetrics and gerontology. Half of the LPN regulatory bodies required pediatric and community nursing. RPNs for the most part require mental health/psychiatry and related content such as developmental disabilities. Although there were considerable missing data in response to the question of required number of theory and practice hours, responses which were received are presented here. RPNs require 725-761 hours of theory and 1,000 hours of practice. The number of hours of theory required for RNs range from 300 to 500+ and 500-1,000 hours of clinical practice. LPN regulators, for the most part, do not specify the number of hours but British Columbia data shows that 500+ of theory and 568 of practice are required. Ontario RPNs (LPNs) are required to have 400 hours of theory and 800 hours of practice in medication administration. Since the question of administration of medications was not asked specifically, it is possible that other regulatory bodies include this within medicine, surgery etc. In terms of the content and number of hours, the RPN regulatory bodies appear to be more consistent than the RN and LPN regulatory bodies.

Several regulators, addressing the question of number of hours of theory and practice, said such an assessment is complicated by the fact that many nursing curricula are no longer organized around the content areas traditionally described as medicine, surgery and so forth. Rather, such content is integrated into other thematic courses. For example, a course on women’s health might include obstetrics, medicine, surgery etc. The challenge of reading transcripts to determine the number of hours of specific content is tremendous and
begs the question: are there other approaches to assessment which would yield a more valid conclusion?

Of 20 responses to the question concerning the minimum length of time required for the IENs educational program, 11 indicated such a requirement. For LPNs, one province required a minimum of one academic year; another 1,800 hours over two years. Some provinces described the minimum requirements for RNs in terms of hours of theory and practice, i.e., more than 1,000 hours of theory and more than 88 weeks of practice. Another required a minimum of 22 months. Eight RN regulatory bodies required or were soon to require a baccalaureate degree in nursing for entry to practice. In the responses received concerning RPNs, a minimum of 24 months was reported.

Fifteen regulatory bodies specify that the nursing education program must be post secondary. Five do not and three did not respond. There again is considerable variation in requirements, particularly for LPNs and to some extent RNs. The requirement that RNs have a baccalaureate degree in nursing for entry to practice will undoubtedly impact on the mobility of RN IENs who for the most part do not have a baccalaureate or a degree that would be considered equivalent to a degree in Canada. In some provinces, RN IENs may be registered with the stipulation that they must complete the baccalaureate within a specified time period. Ontario’s new registration requirements, effective January 2005, take this into consideration.

**Competencies**

The CNA’s 2004 position statement on *International Nurse Applicants* identifies as one of its principles the need to include recognition of competencies and experience as well as educational credentials when assessing the qualifications of internationally-educated nurses. The previous section of the report describes the review of credentials carried out by the regulatory bodies. Nine regulatory bodies reported that they also assess competencies. A number of methods of assessing competencies were cited, including the national examinations which, with the exception of the province of Quebec where the RN examination includes an OSCE, are paper-and-pencil multiple-choice tests. A few regulatory bodies require a supervised clinical assessment. The AARN is developing a systematic approach to PLAR.

The responses to the question of assessing competencies also included employer references, credential assessment services, self assessment and continuing competence assessment. In Alberta, LPNs reported using a competency profile. Since competencies are much more likely to be related to education plus experience, a standardized competency assessment may contribute to a more valid review of the IEN’s eligibility for licensure in Canada. This conclusion is supported by reports from the employer interviews which indicated that even though IENs had successfully completed the examinations and refresher courses, not all were judged to be competent in many of the nursing skills required to work in Canada.

**Practice Requirements**

All regulatory bodies require nurses to have practised for a minimum amount of time in the previous 3-5 years to maintain currency. Eleven regulators required 1,125 hours of practice with the remaining responses showing a range of 800 to 1,685 hours. It appears to be a fairly straightforward requirement, but can be a major problem for an IEN. If the applicant is delayed by immigration and/or takes 1-2 years to complete the assessment process, she/he likely will not be able to log the requisite hours in the stipulated time. This was particularly problematic for IENs employed as nannies when they first arrived in Canada. Focus group participants pointed out that their work permit and employment contract precluded their taking the required refresher courses. The issue of work permit restrictions was not well understood by the focus group participants. However, recent changes to these restrictions make it possible for IENs to take theory courses. Nannies apparently can appeal their contract to have time for education. Whether a Canadian-educated nurse or an IEN, not meeting the clinical practice requirement immediately means one has to enroll in a refresher course, the cost of which is usually born by the enrollee.
Language Proficiency

The assessment of language proficiency is a requirement for all IEN applicants who are from non-English/French speaking countries. Occasionally exemptions to this are cited as for example, if the applicant’s education program was offered in English or French. However, during the site visits, regulators reported that even though some IENs had studied nursing in English they still had difficulty speaking and in comprehending. This is probably not surprising since most of these individuals would speak their native language at work and at home.

Some regulatory bodies said there are IENs who originated in a non-English/French-speaking country but worked in one before coming to Canada. If they met the hours of clinical practice requirement in an English-language setting they would be exempted from writing an English test. In other instances, individuals will be exempt from writing the examination when the assessment officer decides that they communicate clearly and fluently over the telephone or in person. None of the regulatory bodies require both English and French fluency although nurses in Quebec who wish to work in English-speaking facilities must be fluent in both. The regulatory bodies in Quebec only require the French examination; IEN applicants can write the examination in either language.

Nine different English language examinations (Table 9) are used to assess fluency of IENs. Most regulatory bodies accept more than one of these tests. The most commonly accepted are the Test of English as a Foreign Language (TOEFL) and the Test of Spoken English (TSE). The CELBAN, accepted by seven respondents, contains vocabulary appropriate to nursing and health care, a major limitation of other language assessment tests.

It was somewhat surprising that the CELBAN was not more popular, given that it was created to address the minimum communication standards required for nurses in English-speaking Canada. CELBAN is based on research identifying nurses’ communication requirements in a variety of health care organizations. The Centre for Canadian Language Benchmarks (CCLB), which created CELBAN, said it is accepted by the majority of nursing regulatory bodies. The fact that only a few respondents accept CELBAN may be related to its limited accessibility; apparently there are not as many writing centres as would be required to test all eligible IENs.

Table 9: Language Tests

- Canadian Language Benchmarks (CLB)
- Canadian English Language Benchmarks Assessment for Nurses (CELBAN)
- Comprehensive English Language Test
- International English Language Testing System (IELTS)
- Michigan English Language Assessment Battery (MELAB)
- Test of English as a Foreign Language (TOEFL)
- Test of English for International Communication (TOEIC)
- Test of Spoken English
- Examen de l’Office de la langue-français
- Canadian Academic English Language Assessment


All regulators who responded to the survey indicated the pass mark they require on language tests. (In Quebec, the pass mark is determined by the OLF) There were minor variations. McGuire (2004) in writing with reference to the PLAR project at Mount Royal College in Calgary and the issue of language proficiency, noted that the staff of the CARE for Nurses Project in Ontario (Creating Access to Regulated
Employment was launched in 2001 as a bridge training program to increase access to the RN profession. It was recommended that higher pass levels on English fluency than those set by the regulatory bodies. It was found that the pass marks set by the regulatory bodies were too low and IENs had less employment success at those levels. CARE staff also had concerns about patient safety.

Language fluency is a serious patient safety issue. In the U.S., language is cited most frequently by nurses and employers as the most significant challenge for international nurses working in that system (Davis & Nichols, 2002). Almost 50% of regulatory bodies in the present study stated that the language requirement was the most challenging step in the IEN application process. The IENs in the focus groups were equally vocal about this, particularly as it related to the cost when the test had to be retaken and the embarrassment at having failed. The IENs reported that some provinces require proficiency in English before taking a bridging program. In Quebec, knowledge of French has to be assessed before a bridging program can be taken. The IENs felt that bridging was more valuable if participants had a better command of the English language.

Hospital employers reported that some IENs did not meet the level of language and communication skills needed to provide safe care in their acute care settings. Those in long-term care likewise saw the lack of communication skills and lack of familiarity with medical terminology of IENs as problematic. Hiring of IENs was highly influenced by these language factors.

The real issue, however, is communication, which goes beyond language capability and often involves subtle cultural, phonetic and enunciation factors (Bola et al., 2003). For example, hearing "hypotension" instead of "hypertension" could have serious consequences.

There is some initial evidence that integrating language and communication into clinical upgrade courses for IENs may be the most effective approach (personal communication, M. McGuire, 2004). Another point that emerged in discussion with regulators was that IEN applicants may benefit by taking English or French courses before coming to Canada. This may facilitate their ability to learn the culture and Canadian health/nursing-specific language when they arrive. The majority of regulators were either dissatisfied or only moderately satisfied with the current approach and tests used for assessing language.

In summary, there are differences between regulatory bodies on the precise documentation required and the required criteria (e.g., the number of hours of clinical practice required to meet the minimum standards). These differences for the most part reflect the differences in the entry requirements for LPNs, RNs and RPNs. Although the process is generally similar across provinces and nursing groups from a policy perspective, the procedures and practices appear to differ.

Taken together, the data confirm that most of the assessment of IENs is a paper exercise which may no longer reflect current and changing educational programs. While some regulatory bodies are beginning to use Prior Learning Assessment and Recognition (PLAR, the process of identifying, assessing and recognizing skills, knowledge or competencies that have been acquired through work experience, unrecognized training, independent study, volunteer activities and hobbies) and some mention the need to look at clinical competencies, the progress toward change has been slow.

Although the assessment of IENs’ education has been the focus of the regulatory bodies’ evaluation, several regulatory bodies commented on the impact of two other factors on IEN integration.

The first factor relates to the characteristics of the health care system in the IEN’s country of origin. If the system is impoverished, poorly resourced and lacking in modern approaches and technology, the IEN will have difficulty in Canada, regardless of his/her education. The assessment of clinical competencies would demonstrate the learning needs of IENs who come from a less developed health care system.
The second is the “culture” of nursing practice in the IEN’s country of origin. In many, nurses lack professional independence (Yi & Jezewski, 2001). They may be directed by physicians or other health care providers. This is in contrast to North American and some European countries where nurses are expected to make decisions and take action on their assessment of health and health care needs of patients and their families. The transition to independent practice can be an enormous challenge and one that some IENs may be unable to master. However, bridging programs may help.

4.2.4 Eligibility to Write the Licensing Examination

Applicants are deemed eligible to write the national licensing examination once their documents are approved and their education is assessed to be equivalent to a Canadian graduate. Some caution in the interpretation of these findings is recommended as the number of nurses who apply in any one year may not be the same denominator for those who are eligible to write, or who do write, the examination that year. Regulatory bodies reported that some IENs will apply in one year but it may take several months before they produce the needed documents, which can delay their eligibility to write the examination.

Half of the IEN applicants reported over the five years (1999-2003), were considered eligible to write their respective national examination. There were some differences between the three regulated nursing groups with fewer RNs (50%) and RPNs (30%) being eligible compared to LPNs who reported 55% of applicants being eligible to write their examination. Again, in light of considerable missing data these results must be viewed with caution. Over this same 5 year time period, only 43% of applicants wrote the examination. Of the provinces with the largest number of IEN applicants, Ontario reported that 58% wrote the national examinations whereas only 21% wrote Quebec’s examination. Data for the other jurisdictions were incomplete.

4.2.5 Passing the Examination

With the exception of RPNs, there are considerable missing data from the survey of regulatory bodies to quantify the overall number of IEN applicants and the number who passed the examination on first writing. However, complete 1999-2003 data for Ontario and Nova Scotia show that 27% of Ontario applicants and 17% of Nova Scotia applicants passed on first writing. Within the RPN group, 95% passed on first writing. RPN IENs generally appear to face fewer challenges in the licensure/registration process their educational programs are similar, they are more likely to be English-speaking and their numbers are smaller.

Looking at the percentage of those writing the examination and those passing may be more meaningful. Overall, 47.3% of Ontario IEN candidates who wrote the examination passed on first writing. For LPN candidates, 50.3% in Ontario passed on first writing, as did 47% of RN candidates. In Nova Scotia, 74% of IEN candidates overall (88% of RNs and 29% of LPNs) passed on first writing. Reports from Assessment Strategies Incorporated (ASI), which manages national RN and LPN examinations, indicate that the IEN numbers passing the examination on first writing range from 50% to 65% for LPNs and 45% to 70% for RNs over the five-year period.

In Quebec, 87% of LPN IEN candidates passed on first writing, as did 62% of RN IEN candidates who wrote the Quebec examination. It should be noted that in Quebec, IEN LPNs for the most part, take a refresher course and only write the program examinations related to the required modules that address assessed weaknesses. They are then eligible to write the examination administered by the LPN regulatory body. Also, RN candidates in Quebec write a Quebec examination which includes an OSCE, rather than the national examination written by RNs in other jurisdictions. In Quebec, seemingly more efficient screening of RN and LPN applicants as well as more educational support means that only those who are more likely to be successful become eligible to write the examination.
Despite the missing data, a significant number of IEN applicants evidently never get from application to registration. Approximately 29% of IEN applicants became registered in one of the three nursing groups in 1999-2003, a period in which more than 12,000 IENs failed to qualify and were subsequently not employed in nursing in Canada. Some of these individuals may never have come to Canada and some may have left, but regulatory bodies report that a very large proportion of the IEN applicants are still here. At each step of the assessment process, significant numbers are either eliminated or drop out.

4.3 System and Policy Issues

The findings of this research on the assessment and integration of IENs into the Canadian nursing workforce reveal a number of technical and process challenges. It may be useful to consider the findings within a broader perspective at a system and policy level. This section of the report considers the role of legislation and the perspective of the provincial governments.

4.3.1 Legislation

The purpose of legislation governing nursing and that of other health professions is the protection of the public (Pew, 1997). Legislation refers to statutes or Acts (the terms are synonymous) passed by the legislatures.

For nurses, legislation is the law or statute that delegates responsibility to the respective regulatory body to stipulate the terms and conditions and standards of practice. It is customary for legislation to delegate authority for self-regulation to the professions.

Regulations, sometimes referred to as “delegated” or “subordinate” legislation and made by the body to which the legislature has delegated authority, also are law, with the same binding legal effect as Acts or statutes. Changes to regulations can be made by the regulatory body through a specified process, but changes to Acts or statutes must be made by the legislature.

In this study, legislation/regulations/by-laws were examined to determine whether there were elements which might affect IEN assessment and licensure whether any differences would impede development of a standardized assessment.

There are variations in the legislation across jurisdictions and across the three regulated nursing groups. Some jurisdictions have implemented health professions legislation while others have discipline-specific legislation. Ontario (1991), British Columbia (1996) and Alberta (2000) have health professions legislation under which nurses are regulated. In Ontario and Alberta, the respective professional practice acts remain in effect, while a proposed amendment to the British Columbia Health Professions Act would repeal profession-specific statutes. As a result of the different legal system in Quebec, a Profession Code subjects individual health professions (medicine, pharmacy and nursing) to their own respective legislation.

In some provinces, some elements normally found in legislation are found in regulations and/or by-laws. It appears that jurisdictions use legislation and regulations differently. In some, the titles Registered Nurse, Licensed Practical Nurse and Registered Psychiatric Nurse are protected in legislation while in others it is protected in regulations. British Columbia, Alberta, Saskatchewan and Manitoba legislation and regulations for LPNs, RNs and RPNs are fairly similar. In the remaining jurisdictions, LPN and RN tend to have a similar profile within legislation and regulation.

The “gold standard” for essential elements in health professions legislation derives from the 1994 Pew Health Professions in response to the changing U.S. health care system. Its 1997 task force report identified 10 crucial elements (Table 10) that it recommended be required in the regulation of health professionals.
Table 10: Essential Elements of Legislation and Regulation for Health Professions

<table>
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<th>Crucial Elements</th>
<th>Components Within the Acts</th>
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| Regulatory terms and language                         | Title and Purpose of Act  
|                                                       | Definitions                                                                     |
| Entry-to-practice requirements                        | Educational requirements  
|                                                       | Examination                                                                    |
|                                                       | Licensure                                                                       |
|                                                       | Competence assessment                                                            |
|                                                       | Practice hour requirements (internship)                                              |
|                                                       | Temporary and/or restricted permits                                                 |
| Professional titles and scope of practice             | Title Protection                                                                
|                                                       | Scope of Practice                                                                |
| Professional boards and their functions               | Membership, nominations, qualifications, appointment & term of office               |
|                                                       | Vacancies, removal & immunity                                                     |
|                                                       | Powers & Duties                                                                  |
|                                                       | Executive Officer                                                               |
|                                                       | Approval of education programs                                                   |
|                                                       | Interdisciplinary requirements                                                   |
|                                                       | Accountability                                                                   |
| Information for the public about practitioners and    |                                                                                     |
| regulation                                           | Collecting data on the health care workforce                                       |
|                                                       | Assuring continuing professional competence                                      |
|                                                       | Continuing education                                                            |
|                                                       | Re-certification                                                                |
|                                                       | Clinical practice hours                                                          |
| Filing complaints against practitioners and the       | Violations by employers                                                          |
| disciplinary system                                   | Disciplinary violations of licensees                                              |
|                                                       | Mandatory reporting                                                              |
| Evaluating regulatory effectiveness in protecting the |                                                                                     |
| public                                                |                                                                                     |
| The various organizations and context impacting       | Application of other statutes                                                     |
| professional regulation                              | Compact                                                                        |


Without providing a detailed analysis of all 25 legislative acts in Canada for LPNs, RNs and RPNs, some general observations are made to inform this report. First, the most common components found in the legislation included the following:

- title and purpose of the Act
- definitions
- executive officer
- disciplinary violations of licenses
The following components appeared in half of the Acts and in the other half they were contained in the regulations and/or the by-laws:

- educational requirements
- licensure
- title protection
- scope of practice
- application of other statutes
- membership; nominations; qualifications; appointment & term of office
- vacancies, removal & immunity

In almost all jurisdictions the following components were in the regulations and/or by-laws and not in the Acts:

- examination
- competence assessment
- practice hours requirements
- continuing competence

A few of the components were not, for the most part, found in either legislation or regulation. These included:

- collecting data on the health workforce (a component of the Health Profession Act in Alberta)
- evaluation of regulatory effectiveness

In the three provinces with health profession statutes, more components are in regulations than in legislation and some components such as evaluation of regulatory effectiveness are in the umbrella Act.

Overall there is considerable variation among and between the Acts and the regulations from a technical perspective. There is not as much variation in terms of the existence of the components. They are there either in legislation or regulation and/or by-laws.

As for challenges to IEN evaluation, there are some general comments. The focus on educational preparation, examination, hours of practice and curriculum content is common to all statutes relevant to this study. As a result, the approach to assessing IENs also focuses on these components and attempts to evaluate the IEN characteristics as to their equivalency to Canadian graduates. This mostly involves comparing hours of theory and practice in specific content areas. This approach is fraught with questionable assumptions and plagued with practical challenges. Furthermore, the legislation and regulations do not preclude the regulatory body from assessing other characteristics such as PLAR, the nature of health care and nursing practice in the IEN’s country of origin, or supervised clinical practice/competence.

There is a need not only for legislation to be enabling and flexible to meet the needs of practice today and into the future but also for regulatory bodies to critically assess their policies and practices. Many regulations and associated practices have existed for decades and may or may not meet today’s realities.

4.3.2 Provincial Government Perspectives

Interviews were conducted with government officials in Nova Scotia, Ontario, Manitoba, Alberta and British Columbia. Seventeen staff in government and five in provincially-funded immigrant support programs and/or credential assessment services were interviewed. The government officials included Assistant Deputy Ministers, Principal Nursing Advisors and senior policy consultants representing health, education and immigration.

There were varying levels of knowledge related to the legislation that governs nursing groups. Of those familiar with it (primarily those in health departments), officials in British Columbia, Alberta and Ontario
felt that their health professions statutes were flexible, delegating the authority to regulatory bodies. However, several officials felt that the requirements for licensure of IENs were unrealistic. One official stated that the regulatory bodies were “trying to force the IEN to look like a Canadian nurse and that is simply not possible”. Officials generally commented on the length of the process and suggested that a good part of the assessment of IENs could be done before they come to Canada. Some criticized the complexity of the assessment and concluded that many IENs had probably given up when faced with the requirements. There were frequent comments that IENs needed help in navigating through the complex process.

Asked whether provincial governments were planning to change legislation, several officials replied that they were either in the process of moving to umbrella legislation or had just completed the transition. Ontario RNs require a baccalaureate degree as of January 2005 and it is expected that this requirement will have a significant impact on IEN applicants. For the RN group, other provinces have indicated they will be moving to the baccalaureate requirement over the next few years. Since most IENs do not have a baccalaureate degree or one considered equivalent to a North American degree, this requirement will make licensure more difficult. It may be that IENs will be accepted but required to complete the degree within a specified period. This is likely to put pressure on educators and employers to provide opportunities for these nurses to work and study. If the regulatory bodies incorporate a more systematic approach to PLAR, including a clinical competency assessment, they may not require the equivalent education criteria to approve IENs.

Most of the provincial government officials interviewed believe the immigration process itself is not well coordinated and is too long, presenting another challenge to IENs.

All provinces reported having some programs to support immigrants, such as English as a Second Language (ESL) courses, ELT in which the provinces have been partnering with the federal government for its delivery, employment assistance services, etc. There were also some government-funded programs specifically for nurses. British Columbia and Manitoba have funding for nurses who require a refresher course to re-enter the work force. In most instances, IENs were eligible for $2,000-$3,500 each. British Columbia reported three bridging programs for IENs as well as a service called Health Match which attempts to match professionals to job vacancies, particularly in rural areas. Some IENs have used this service. The federal government also provides funding to community organizations across the country to provide settlement, orientation, job-finding workshops and other direct settlement services.

Alberta offers immigrating health professionals an orientation course on Canadian culture. Mount Royal College (MRC) in Calgary is researching the utility of Prior Learning Assessment and Recognition for assessing the needs of RN IENs and finding ways to facilitate the credentialing. That includes language assessment, a preliminary diagnostic assessment of nursing skills and knowledge, a competencies assessment (paper- and OSCE/lab-based) predicated on the CRNE 2005-2009 competencies and a clinical assessment, if candidates are successful on the previous tests. MRC is also developing a program of studies, Bridge to Canadian Nursing, which includes ESL for nurses, Professional Practice in Canada and Nursing Theory. Alberta also reported a bridging program for International Medical Graduates (IMGs) to become nurses. Ontario reported on the CARE for Nurses program, indicating that it needed to be expanded to address the growing number of IENs.

Nova Scotia reported the clearest and most integrated approach from overarching policy to program implementation. The government’s August 2004 immigration policy statement (August 2004) welcomes newcomers and supports their integration into the workplace. The province shares in the funding of a community service, Metropolitan Immigrant Settlement Association (MISA), which also receives support from CIC and Human Resources and Skills Development Canada (HRSDC). MISA offers language assessment, referral to free language instruction, employment counseling, a resource centre, workshops, professional mentors, and work placement. It recently partnered with the College of Registered Nurses of Nova Scotia and the Registered Nurses Professional Development Center to develop an education program to support IENs.
Other provinces also have policies and programs related to the integration of immigrants into the workplace. The information gathered in this project was provided by government officials primarily working in the provincial health departments and therefore may not have reflected the policies and services more directly associated with immigration. This may be considered a limitation of the study.

While provincial government officials are, for the most part, aware of the challenges faced by IENs, there are few examples of coordinated approaches to the integration of IENs that involve all stakeholders working together. Almost all provinces and territories have a nursing human resource strategy but the extent to which IENs are a part of that strategy varies. Whether government sponsored or not, bridging programs more or less specific to IENs are beginning to proliferate. However, without a cooperative and coordinated approach, these programs will add to the already confusing array of options for becoming licensed as a nurse in Canada.

4.4 CHALLENGES

The findings present a number of challenges mainly pertaining to the information and communication, the assessment process, language, national examination, costs and immigration.

4.4.1 Information and Communication

As mentioned earlier, immigrants to Canada generally have difficulty accessing useful information leading to work and/or credential assessment. IENs share that experience and have the additional challenge of finding nursing-specific information.

A majority of the IENs consulted in the 32 focus groups commented on the challenge of finding the correct regulatory body to which to apply. The consequences of applying for the wrong nurse designation can result in serious delays in getting through the process. Some IEN applicants questioned the nature of the working relationships between the various regulatory bodies. One gave the example of an LPN regulatory body to which she had applied and which refused to forward her information and documentation to the relevant RN regulator. From site visits with regulators, it was clear that some RN regulatory staff would not easily refer applicants to the LPN regulatory staff. On the other hand, one IEN reported that when she inadvertently applied and was completing the application process through the wrong regulatory body, its staff forwarded their assessment of her documents to the correct regulatory body and that registrar accepted their assessment resulting in saved time, money and effort.

IENs appreciated being able to access information on the Internet. However, they generally found the information confusing, incomplete or written at a level of English they had trouble understanding. Most regulatory bodies in the survey rated their information for IENs as “user friendly”, which is in contrast to the comments collected from the IENs. One Web site that may be a best practice model is the British Columbia RN Web site. The information is clear and some of it is available in languages common to the main source of IEN applicant countries.

The other concern expressed by IENs relating to information was not being able to get all of the information “up front”. Several were frustrated and angered at having received what they felt was piecemeal information.

Given these comments, consideration of a more seamless approach to information could be of benefit. A Web site written in simple English/French, directing IENs to the appropriate nurse designation, would be one step. Another would be to standardize the processes of assessment and make this information available on one site and in more than one language.
In addition to information being available on a Web site, the vast majority of the focus group participants appreciated being able to ask questions and receive information by e-mail. Many IENs also used the telephone to communicate with the regulatory body. Unfortunately, if the caller is not English speaking or familiar with messaging services, leaving messages and understanding the instructions — often spoken in rapid English — is a major obstacle. One participant had called the regulatory office every day for two months before she made contact. Different time zones added to the challenge. A number of comments by focus group participants reflected a lack of client services such as phone calls not being returned.

Several IENs said that when there was one person with whom they could deal with regularly at the regulatory body, communication was enhanced. There were a number of other comments about the lack of communication from the regulatory body to the IENs throughout the process and the inability of the IENs to obtain information as to the progress of their application.

4.4.2 The Assessment Process

IEN applicants face similar challenges as regulators in the assessment of applications but for the applicants the challenges are more intense because the success or failure of the assessment has enormous impact on their lives. There are many obstacles for the IEN in attempting to produce/procure the required documentation. In some countries there has been a restructuring of hospital based nursing education programs and many schools of nursing no longer exist. This makes it difficult to access the required documents such as course transcripts, course descriptions etc. It should be pointed out that this situation is not unique to the IEN applicant.

In countries with no regulatory body, a nurse has one set of original documents that verify proof of licensure. IEN applicants were unwilling to forward these. When copies were accepted, it was necessary to have them notarized and translated, adding to time and cost. Countries in strife also present a significant obstacle to securing documentation. Even if the IEN applicant has family in the country of origin, they may or may not be able to help. IENs who participated in the focus groups commented that documents would never have reached Canadian regulatory bodies unless they themselves or family or friends were involved. And again, once documents have been secured, they may need to be translated.

The process of obtaining documents can take more than a year. One IEN from Scotland reported that it took five months. Regulatory bodies indicated a shorter time frame but the reality for IENs is that getting the documents and waiting for the language tests takes longer. Once the documents have been assessed, many IENs are astounded to learn that their education is not accepted as equivalent to the Canadian requirement. This is particularly true of nurses from the Philippines and France holding a baccalaureate degree in nursing.

4.4.3 Language

As mentioned, language is a major challenge for IEN applicants from the perspective of regulatory bodies, employers and educators. IENs whose mother tongue was neither English nor French were confronted with vocabulary and subject matter which bore no relationship to nursing or health care. Furthermore, the tests are computer-based which, for IENs who come from countries where access to computers may be limited, creates another challenge. Add to this the time limitations for test completion and it can be stressful.

**Testing for technical language skills may be necessary but not sufficient to gauge whether an individual can communicate effectively with patients**

Bach, 2003
Focus group participants reported that they frequently waited four months for the results of the language tests. If they did not pass on the first attempt there were more delays in rescheduling and a further wait for results – again adding time and cost.

4.4.4 The National Examinations

With the exception of Quebec RNs and LPNs (who write separate examinations), all jurisdictions and regulated nurse groups require that the applicant pass the national examination for LPN, RN and RPN for registration. Focus group participants reported that the examination was very culturally based making it difficult to understand. The multiple-choice format was found to be difficult when English was a second language and when the IEN was not familiar with this format. Where English was the second language, applicants needed more time to complete the examination. Finally, IENs with considerable experience in nursing often read too much into the questions on the examination and considered more knowledge than was actually required to answer the question correctly. This may not be surprising as the examination is designed to test entry level competencies.

4.4.5 Costs

An attempt was made to estimate IEN applicants’ costs associated with the assessment process. There were too many missing data to comment definitively but responses from regulatory bodies highlighted the cost of the application process itself, translation, examination fees, language tests, and the cost of tuition for refresher courses and/or bridging programs. For the one-third of the applicants who get through the process successfully, there also is the cost of registration. Some costs are similar for Canadian nurses, but not the cost of language tests, translation, or tuition for courses/bridging programs. Tuition, at some $2,000-$14,000, is by far the most significant. Based on the figures provided in this study, a reasonable estimated range of overall costs to an IEN would be $1,000-$20,000. These costs are not insignificant if one is unemployed or underemployed which many of these people are and they may have families to support.

4.4.6 Immigration

Regulatory bodies and employers reported that the immigration process is one of the two most significant barriers for IENs and that it may impact on the success or failure of the applicant to become registered in Canada. Focus group participants were particularly vocal about their experience, calling it confusing and burdened with red tape. Several IENs also commented that getting authorization for work visas from HRSDC was the biggest stumbling block and that there was a disincentive in that individuals and their families are not covered for health care or education while on a work visa.

More than one IEN focus group participant stated that they had been told by HRSDC that there was no shortage of nurses in Canada. One participant said that “since CIC removed nurses from the list of needed professions, we had a difficult time getting enough points, which hampered our opportunity to qualify for landed immigrant status.” This comment was made based on the old selection system at CIC. It should be noted that often immigrants direct questions about immigration to non-experts or third parties including family and friends, some of whom may not have valid information.

Given the priority placed by governments on health human resources, described in the background to the current study, and given that HRSDC is funding several sector studies in the health field, there appear to be serious gaps in communication within and between departments.

Focus group participants reported frustration at trying to reach immigration officials by telephone, seldom getting beyond voice messaging services. Others described the challenge of trying to access an accredited physician to complete the requisite medical assessment. One reported that he and his wife traveled more
than 1,000 miles and waited a long time to be medically assessed for their visa when it could easily have been conducted by telephone.

IENs frequently contacted the Canadian embassy or high commission in their countries as an initial step. They reported that in many instances there was no information about the nurse licensure/registration process and/or the information was inaccurate. This points to a need to undertake a more comprehensive review and analysis of immigration to understand responsibilities of the various groups involved with the immigration process.

It should be noted that the respondents in the focus groups had been licensed within the previous five years and several may well have been through the immigration process prior to that. Several CIC initiatives in recent years may have already or are in the process of addressing some of the identified problems. While an examination of the immigration process was outside the scope of this study, there is a need to address the reported deficiencies and challenges.

4.5 Integration into the Canadian Workforce

IENs come from many different countries, health care systems and nursing practices. Becoming a part of the Canadian workforce requires an understanding of the Canadian health care system and the practice of nursing within it (Griffiths, 2001). Knowledge of roles and scopes of practice of other health professionals, community health and social programs, health technology, etc. are all elements of successful integration. Even if an IEN comes from a reasonably similar professional environment and is fluent in English and/or French, there is still the need to learn the subtle differences of the Canadian system. The integration process is another challenge not only for the IEN but also for employers and educators.

According to the regulatory bodies, IENs were most frequently employed in the hospital sector. For RN IENs, this was the main employer. LPNs were also employed in hospitals, followed closely by employment in nursing homes. RPNs were employed in hospitals and community services. These results are similar to those found in the focus groups. The majority of focus group participants were employed in hospitals with the second highest portion working in long-term care. Responses to the survey of regulatory bodies showed that the vast majority of IENs were working in direct patient care. The most common area of clinical practice was geriatric/long-term care, followed by medical/surgical, community health, and psychiatric/mental health. Employment trends had remained fairly stable. The regulatory bodies also noted that there was no process for tracking employers’ experiences with newly qualified IENs. Employers noted that regulatory bodies were seldom involved in hiring or integrating IENs—but that 75% offered no “advisory/orientation” services to IENs.

The greatest challenge employers reported was language and communication. This was also identified by the regulatory bodies as one of the top two challenges. Most employers felt that the language test requirements accepted by the regulatory bodies were too low and did not guarantee that the IENs could communicate effectively for safe practice. As described by Bola et al (2003), the lack of communication skills prevents IENs from assuming professional nurses’ roles and responsibilities. Communication barriers led to frustration and confusion for all staff as well as patients. Medical and nursing terminology, abbreviations, jargon, medication names, suffixes and prefixes all pose serious limitations for non-English/French fluent nurses. In an emergency, there may not be sufficient time for mental translation, raising issues of patient safety. As well, improperly written communication is a liability for the nurse and the employing organization.

Non-verbal communication is often culturally-specific and the subtleties take years to learn. Given that Canada is a multicultural society, patients may be from many different ethnic groups. Not responding to non-verbal communication or responding inappropriately may result in confusion or a negative experience for the IEN and the patient and/or co-worker. In some cultures, for example, it is impolite and/or arrogant to make eye contact while talking with someone (Yi & Jezewski, 2000).
Immigration was identified by employers as the second major barrier in hiring IENs. Similarly, the immigration process was identified as one of the top two challenges by the regulatory bodies and was a common theme emerging from the focus groups. The employers reported long delays to process work visas and a slow and cumbersome immigration process. All respondents agreed that hiring IENs who have not completed the required paperwork takes an inordinate amount of time. Employers noted that it was difficult to hold staff positions for that long.

Employers were also critical of the process surrounding IEN licensure and registration. Several questioned the value of the national examination to predict the competencies of IENs while others felt there should be reciprocal agreements with the U.S. and possibly other English-speaking countries. The interviews/focus groups with employers elicited suggestions that regulatory bodies might make more use of PLAR and a clinical competence assessment. Some employers indicated that the LPN and RN regulatory processes are not well coordinated and that some IENs applying for RN status were more appropriate for LPN status. One employer recommended strongly that there should be a reorganization of the regulatory bodies to eliminate fragmentation, possibly a new model “that would collapse the multiple organizations into one central licensing body”.

Most employers felt that IENs from non-English/French speaking countries should be required to participate in a three-month bridging program. Several recommended that the program include language, critical thinking and clinical practice components. Employers noted that IENs from certain geographic regions are unfamiliar and uncomfortable with the autonomy expected of nurses in the Canadian system. Several bridging programs were cited by employers as good examples of what they believed the IENs required. However, employers also noted that these programs are scarce and lack sustainable funding. This result was supported in the inventory of educational bridging programs specific to IENs in Canada (Appendix I). Employers also suggested that these programs have similar characteristics and that there be more of them across the country.

Employers felt that nurses from anglophone and some francophone countries required less time to integrate and were as competent as Canadian nurses. Interestingly, employers do not generally offer any special orientation for IENs, expecting them to participate in the standard orientation for all newly hired nurses. They do, however, provide supervised/mentored shifts for IENs over 2-6 weeks. Employers in long-term care sector, however, said they lacked the resources to offer such an orientation. It was also noted that the unions play a large role in how effectively IENs can be integrated. In that they can slow down or speed up the process.

It was clear from the employer survey and interviews that when the employer was well resourced and actively recruiting IENs (about a third of employers integrating the IEN went more smoothly. If the employer and/or recruiter pre-screened a large number of nurses, chose those who seemed qualified, facilitated the immigration and registration process, provided language and clinical support to the IENs, the investment was successful. Evaluation of a U.K. program aimed at integrating overseas RNs into the workforce (Gerrish and Griffin, 2004) found that the ease of integration was influenced by characteristics of the work environment, level of support and organizational context. The cost of these recruitment and employer activities, however, can be significant.
5.0 DISCUSSION

Data in this study have revealed a number of significant issues in Canada’s capacity to assess and integrate IENs into the nursing workforce. The many stakeholders include regulatory bodies, government departments and agencies, employers, educators, unions, community immigrant support programs, and the IENs themselves. The system is fragmented from the beginning. The federal and provincial/territorial governments share responsibility for immigration, some provinces/territories and federal government are responsible for settlement and the regulation of the professions, and the regulatory bodies establish policies and procedures for entry into the profession in order to serve and protect the public. Educational support for IENs is sporadic and inconsistent and employers’ understanding of integration issues and learning needs of IENs is uneven. While much of what was found is problematic and needs to be addressed, it is important to state that all stakeholders believe they are doing their best and have no underlying motivation to do otherwise.

The chain of events from the moment an IEN makes the decision to come to Canada to work as a nurse, until he/she is actually licensed/registered, is analogous to entering a large and complex maze (McGuire & Murphy, 2005). A large number of IENs were not successful in navigating the maze, potentially leaving Canada with large numbers of underemployed or unemployed nurses. The Conference Board of Canada (2001) estimated that there is an untapped reserve of professionals, including nurses, already in Canada whose skills and experience are not being used. These findings have significant economic, social and personal consequences.

The first barrier in the process of immigrating as a nurse is locating the required information from government departments and from nursing regulatory bodies. The data revealed serious problems in getting accurate information and in communicating with the appropriate officials. The system is dispersed, fragmented and there appears to be a lack of communication among and between the players. In HRSDC, there are large funded programs of research in nursing human resource management and planning to address the accelerating shortage of nurses, but other elements within the same department inform immigrants that there is no shortage of nurses in Canada (IEN focus groups).

The immigration process was found to be arduous, inconsistent and confusing. IENs reported great difficulty in reaching officials and getting complete and consistent responses to queries. Canadian missions abroad also lack accurate information about nursing in Canada. Some problems are generic to the immigration process and have been described in other studies (Canadian Council of Professional Engineers, 2003; Report of the Canadian Task Force on Licensure of International Medical Graduates, 2004). There clearly needs
to be a concerted effort by the Canadian government to correct the information problem and coordinate departments in facilitating immigration. We claim to welcome immigrants but have established a complex bureaucratic process which is anything but welcoming.

The next element of the maze for IENs to navigate is the thicket of policies, practices and procedures for licensure/registration established by the regulatory bodies. Canada has 25 regulators for slightly more than 300,000 nurses. Why such a cumbersome infrastructure? It evolved from the Constitution in 1867, ceding regulation of health professions to the provinces. There was only one type of nurse in those days — and few of them. Today, LPNs, RNs and RPNs are regulated separately and each regulatory body conducts its business independently. Governments and the profession expend enormous resources trying to enforce some standardization of policies and practices to ensure patient safety, support mobility of nurses and, more important, to support the public’s understanding and expectations of nursing care in Canada.

The regulatory bodies argue that they exist to serve and protect the public, that their role vis-à-vis IENs is to ensure IENs’ education is equivalent to that of Canadian nurses and that the nurse is competent to practise as measured by a national examination. Most regulatory bodies do not appear to consider it their role to provide education/bridging programs to support the IEN in achieving the Canadian standards, which is arguably in the public interest. The assessment process has been fairly standard for many years. There was little evidence of change except in the development of an occupation-specific English-language assessment tool and the beginning use of PLAR. In Quebec, there is a clinical competency assessment for RNs and LPNs.

In a recent newsletter published by the Center for the Health Professions at the University of California, San Francisco (2005), the director of the center wrote a critical essay on the state of health professions regulation:

“The regulatory structure that guides and shapes the practice of medicine, dentistry and nursing and over 200 other health professions was born in late nineteenth century America … But it seems increasingly obvious that many of the rules that at one time were promulgated to protect the public have atrophied into bureaucratic hurdles that are out of sync with current realities and demands…”

The findings from this project demonstrate that all Canadian regulatory bodies, except in Quebec, have fairly similar policies regarding assessment. However, there are differences in the practices and procedures and the approach to technical and client services. Based on the IEN focus group data, the practices and final adjudication of the IEN can differ significantly. There were many examples of nurses not being eligible according to one provincial regulatory body but ultimately being licensed by a similar regulatory body in another province. The evidence suggests that even if regulatory bodies look alike on paper, the results of their assessment may be different.

Assessment for eligibility to write the nurses’ examination is not a measure of individual clinical competence. Most regulatory bodies in this study do not use PLAR. The assessment of competencies only by a written test is open to challenge. The education literature is replete with the limitations of written tests (Nunnally, 1978).

Data from this study illustrated that nurses with several years’ experience found the examinations difficult. The U.S. has reported data through CGFNS on the American RN examination (NCLEX) and found that the longer an IEN has been in practice the less likely she/he will pass the examination on first writing (Davis & Nichols, 2002). This finding is difficult to interpret. Surely a nurse with several years of experience has developed more competencies than a new graduate. Therefore, the examination as a measure of entry to practice competency for IENs is questionable.
Other evidence that supports the need to revisit the question of the national examination as the main assessment tool resides in the policy of most regulatory bodies to permit the IEN three attempts to write the examination. If they finally pass on the third attempt, can it be assumed that they have, in the interim, developed the required competencies? Or is it more likely that they have learned to write the examination successfully? The latter is supported by the fact that some bridging programs invest considerable time in teaching IEN students about preparing and writing the examination — with excellent results. Whereas only half of the IENs passed the examination on first writing in the past, 90% of those who had preparation in examination writing passed (International School of Nursing and Health Studies, personal communication).

One example of an alternative approach is that of Quebec, where all LPNs participate in modules of education, including clinical practice, to address the areas requiring improvement. Applicants are subsequently tested on those areas of knowledge prior to being eligible to write the examination provided by the regulatory body.

Taken together, the data suggest that the entire assessment process needs to be addressed. One could “tinker” around the edges to try for a more uniform approach across jurisdictions. This would require continuous monitoring as the 25 regulatory bodies change their practices. On the other hand, there could be a dramatic overhaul and rethinking of the process and its results. Many questions should probably be asked of all stakeholders. Should the three nursing groups be regulated separately? To what end? Without changing the Constitution, is it possible to establish a country-wide regulatory standard?

As noted earlier, data from a number of studies point to a growing shortage of nurses in Canada over the next 10-20 years (McGuire & Murphy, 2005). While IENs represent only one aspect of a human resource strategy, this study showed that approximately a third of IEN applicants are being integrated into the nursing workforce in Canada. It is not suggested that all IEN applicants will be successful. However, with appropriate support and education and a modernized approach to assessment, many more could be contributing members of the workforce. It is argued that a shortage of nurses is not in the public interest and regulatory bodies must address this as part of their public protection mandate. They must be seen to be doing their part in ensuring that all levels of nurses are contributing to health care. A more in-depth study of the feasibility of a pan-Canadian approach to nursing regulation is needed. Until then, the assessment of IENs could be improved dramatically without changing legislation.

There could be centralized screening of all IEN applicants, much of it prior to the IEN coming to Canada. Assessment can be streamlined and modernized but principled through transparency of process, fairness, competency-based assessments and nationally-grounded policies. Clinical competencies should be subject to a form of OSCE, not just a paper assessment. PLAR also needs to be incorporated into the assessment. Many of the regulatory bodies made several suggestions as to how the process could be improved. The regulatory bodies must be an integral part of any solution. However, the overall approach to assessment and integration of IENs requires that all stakeholders collaborate. The data demonstrate that apart from exceptional cases, there is little communication and/or coordination between regulators, employers, educators, government and community agencies involved with IENs. Fixing only one part of the system is not likely to lead to success. In the short-term, national and provincial consultations should include all stakeholders with decision-making authority working at the same table.

The approach to the integration of IENs into the nursing workforce was also found to be haphazard and problematic. Overall, employers felt that bridging/refresher programs were important to the process. Not all jurisdictions offer IEN-specific bridging programs (Appendix I). IENs may be required to take refresher programs that do not meet their needs, the programs having been designed for Canadian-educated nurses who have been out of the workforce for extended periods. Even where bridging programs exist, the data suggest there are not enough spaces to meet the needs of IENs. Nor are they all similar in content, duration or cost. Only some incorporate language and communication training, leaving IENs who require language training to pay additional costs. As mentioned earlier, many of the bridging programs focus on examination
writing skills, while others put more emphasis on clinical education. While the data suggest that these programs are valuable, they should be evaluated, approved and/or accredited to ensure similar standards of education.

Given the size of the “unsuccessful” IEN applicant pool and the need for Canada to have enough nurses to meet current and projected demand, IENs should be an important part of an overall integrated nursing human resource strategy. Two to nine months of supplementary education could mean that a significant number of unemployed and underemployed IENs would be prepared to enter the nursing workforce. The bridging programs, according to the suggestions from respondents in this project, could be modular. An IEN who lacks obstetrics, for example, could take that module. Language and communication should be a part of the program for non-English/French speaking IENs. A supervised clinical component was also thought to be mandatory. It is proposed that these programs be standardized, approved and possibly accredited across the country. A national approach to assessment, education and possibly recruitment would facilitate the entire process of integration.

There needs to be an investment of funds to implement these changes. IENs tend to have few resources and many must work at whatever jobs they can find in order to survive. Governments should be required to fund the education programs and pay a stipend to IEN students throughout the duration of the refresher/bridging course. The return on that investment will be a significant supply of nurses.

If regulatory bodies are to help to modernize, streamline and nationalize the assessment of IENs, they too will require funding. The federal government should invest in this as it has for the assessment and integration of international medical graduates. Canada has long required an integrated approach to long-term health human resource planning. The government, as part of its current investment in health human resources research, may consider establishing a health professions assessment centre for all internationally-educated health professionals.

Given the current emphasis on inter-professional education and primary health care reform — requiring physicians, nurses, pharmacists, physiotherapists and all other health professionals to work in teams — a health professions approach rather than a discipline-specific approach to assessment of internationally educated professionals may be a longer-term objective. Meanwhile, immediate action is required to address the problems identified in this report. It is particularly important to move forward in a timely way as the number of IENs applying to Canada is increasing rapidly.

This discussion would not be complete without consideration of issues related to the recruitment of IENs. Considerable attention has been directed to the “ethics” surrounding the active recruitment of nurses internationally (Brush et al., 2004; Kline, 2003; Loquist, 2002). An International Council of Nurses (ICN) position statement on ethical recruitment emphasizes the adverse consequences that international migration may have on the quality of health care in countries already reporting a shortage of nurses (ICN, 2001). The ICN condemns the practice of recruiting nurses to countries that have failed to implement sound human resource planning and not addressed the problems which caused nurses to leave the profession. The CNA endorses the ICN position (CNA, 2004a).

In addition to the ethical concerns of recruiting from countries already depleted of nurses, there are other areas where ethics must be considered. Recruitment of nurses is a growing business that may attract unscrupulous recruiters (Brush et al., 2004; Buchan, 2001; ICN, 2001). Some IENs pay large amounts of money to recruiters in exchange for the promise of employment and good salaries in another country. In Canada in the last 10 years, this occurred with a group of 20-25 Korean nurses who were convinced to pay $20,000 for jobs in Canada. They learned on arrival that they were ineligible for licensing because they did not speak English and their educational background was not similar to what is required in Canada. They eventually returned home. IENs are often not informed of the assessment process or the possibility of not being accepted as a fully qualified nurse in the country to which he/she they are emigrating.
Recruitment of IENs as a solution to the shortage of nurses has been questioned by some and condemned by others (Buchan, 2001; Gamble, 2002; ICN, 2001; Trossman, 2002). Those who question the practice argue that recruitment provides only short-term alleviation of shortages and only perpetuates the cyclical nature of shortages (Glaessel-Brown, 1998). Aiken and associates (2004) take the position that “developed countries have not done all they can to create a sustainable professional nursing workforce that meets their needs” (p. 76). They further argue that unless the underlying cause of nurse shortages are addressed, shortages will continue. In a working paper by Dr. Stephen Bach for the International Labour Office (2003), the following statement is made: “The more aggressive recruitment of overseas workers is viewed as symptomatic of a failure to address underlying recruitment and retention difficulties and of problems with workforce planning in industrialized health-care systems.”

Recruiting internationally may be a quick-fix solution, but it is far from clear that it is a cost-effective solution in many situations.

Buchan, 2001

It is not clear that the recruitment of IENs is a wise economic solution to the nursing shortage. Done ethically and supportively, it can be expensive. Recruiters must be paid to visit other countries, IENs’ fares must be paid, and there are the cost of assessment and additional training/education, accommodation, clinical supervision and mentorship. The cost of recruiting one IEN could be as much as $20,000. According to Buchan (2001) recruiting internationally may be a “quick fix” but it is not necessarily cost-effective.

Despite these concerns, IENs will continue to immigrate to Canada for the many reasons cited. Therefore, the issue of assessment and licensure must continue to be addressed in order that their contribution to the Canadian nursing workforce can be realized.
Analysis of the data and information gathered in this project supports five strategic proposals for action to improve the process of immigration for IENs, reduce duplication of effort and burden on nursing regulatory bodies, increase the supply of nurses, and facilitate their integration into the Canadian nursing workforce:

- Credential Assessment
- Cooperation among stakeholders
- Integration into the workforce
- Information and communication
- Data and information

I. Credential Assessment

1. Establish a national assessment service to create an evidence-based standardized approach to the assessment of IENs that includes an assessment of educational preparation, PLAR, clinical competency assessment such as supervised practice or an OSCE, and a standard language test such as CELBAN.

The policies, practices and procedures currently used by the nursing regulatory bodies to assess IENs have been in place for many years. There is growing pressure among many occupations to move to a competency-based assessment (Albion et al., 2005). All regulatory bodies require a variety of documents from IEN applicants as part of the assessment for eligibility for licensure. There are only minor differences between the nursing groups in terms of the documents required. Most (education transcripts, course descriptions, etc.) provide the basis for regulatory bodies to determine the equivalence of the IEN’s education to that of a Canadian-educated graduate. This is essentially a paper assessment and it presents an enormous challenge for regulatory bodies and their staff. The time investment in this assessment may not lead to the most successful results.

In the majority of provinces, PLAR is not routinely part of the overall assessment, nor is there a clinical competency assessment component except for the national examinations for each nursing groups. The process increases the likelihood that many applicants will neither meet the regulatory standards nor be
able to produce the required documents for the assessment process. It is important to stress that it is not the standards that are being questioned or faulted; the issue is the approach to assessment or the validity of the research carried out by the regulatory bodies to support the decisions regarding international education programs. This is currently done by 23 of the 25 regulatory bodies, leading to duplication of effort and costs. It is inefficient and potentially unnecessarily prolonged.

A national assessment service would facilitate the role and work of the provincial regulatory bodies for the three nursing groups and will require their cooperation and collaboration. The benefits include better use of resources, a significant reduction in sources of information for IENs, a standard evidence-based approach to assessment, assurance that assessment leads to the correct nursing designation and an improved success rate for IENs. Since IENs reported serious problems in trying to communicate with immigration and regulatory staff, a central assessment service should adopt a best practices orientation for clients and consider a case management approach whereby IENs deal with one person. This would facilitate the process, mitigate the time wasted and get consistent answers.

2. Accelerate CELBAN’S recognition, implementation and accessibility nationally and internationally.

Language was identified as a major barrier for IENs. It was also reported that most tests used to measure language proficiency were not appropriate as they do not incorporate nursing vocabulary. It was also noted that passing scores are too low to guarantee fluency. Language assessment has been identified as a challenge for other occupations. Alboim et al. (2005) recommended that governments introduce incentives to encourage occupational regulatory bodies to develop sector-specific language tests. The CELBAN was specifically designed for nursing and could serve as the standard for English-language testing of IENs. CELBAN was infrequently recognized by the regulatory bodies reporting in this study, perhaps because the test is relatively new and there are few centres across the country offering it. More centres need to be developed in Canada and abroad so that IENs’ language skills can be assessed in their country of origin. For French-language assessment, the test used in Quebec does contain vocabulary and phrases appropriate to nursing and health.

II. Cooperation among Stakeholders

3. All stakeholders reach consensus on a principled, comprehensive and collaborative approach to the assessment and recruitment of IENs within an ethical framework.

One of the significant findings in this study was the lack of communication and cooperation among and between stakeholders. Regulators from the same nursing group meet regularly and discuss common issues that impact the mobility of nurses in Canada. However, the relationships between the three groups in the four western provinces and the two in most other provinces (Ontario has one) range from good to hostile. At the national level, LPNs, RNs and RPNs recently have been collaborating on human resource projects, including this study. Furthermore, there appear to be a few instances where employers, educators, regulators, unions and government officials work collaboratively. In Nova Scotia, it was observed that there was a constructive relationship among the stakeholders which resulted in increased support for IEN applicants. While almost all governments were involved in various initiatives related to nursing human resources (recruitment and retention), coordinated strategies related to IENs were infrequent.

III. Integration into the Workforce

4. Establish nationally standardized, flexible bridging programs to ensure IENs have the competencies required to meet Canadian nursing standards. These programs should integrate language and communication courses to meet the learning needs of IENs.
As part of this study, an inventory of bridging programs was developed and regulatory bodies, employers, government officials and IENs were asked to comment on the value of various approaches to meeting the learning needs of IENs. Suggestions included a need for IENs to enrol in a tailored bridging program. This might vary from a couple of weeks for English/French-speaking IENs who only require education concerning the characteristics of health care and nursing practice in Canada to nine months of more intensive course content. These programs could be modular so that IENs would only take the module(s) required to meet the standards. It is further suggested that more bridging programs are required to meet the needs of increasing numbers of IENs. Developed by educators, regulatory bodies, and employers through a collaborative process (CNA, 2004b), these programs should be standardized, approved and/or accredited. Funding should be sought from governments to support development of a standard, modular and locally-deliverable program.

Other aspects of integration into the workplace that facilitate the IEN’s capacity to practise include appropriate orientation, a mentorship period and regular performance review meetings in the first year of employment. Consideration can also be given to the federal government’s Enhanced Language Training Initiative (ELT). Through partnerships with provinces, territories and other stakeholders, the ELT develops and delivers labour market levels of language training and job-specific language training to adult immigrants to help them enter and remain in jobs commensurate with their skills and qualifications (CIC, 2005).

5. Undertake an in-depth review of existing bridging programs to inform the development of standardized programs across the country.

As part of the recommendations to offer standardized bridging programs for IENs, it would be informative to conduct an evaluation of the current programs in order to base the new programs on evidence and best practices for preparing IENs for licensure and integration into the Canadian workforce. A recent report from the Institute for Research on Public Policy calls for a similar review (Albiom et al., 2005). Examination of bridging programs designed for other professions may also be of value.

6. Develop strategies to address the financial challenges incurred by IENs who enroll in bridging programs.

IENs generally have to work to support themselves and sometimes their families. Many IENs in this study could not participate in educational programs because of costs and lost income. Government funding to support IENs required to take a bridging program should be sought.

IV. Information and Communication

7. Develop a central source of information such as a Web site specific to IENs to access complete, clear and easily understood information related to immigration and nursing licensure/registration

Accessing accurate information on immigrating and becoming a nurse in Canada was clearly identified as a “major obstacle” by IENs. Immediate action should be taken. It is understood that CIC is developing a “Going to Canada” portal which in the longer term may address information needs. In the interim, CIC, HRSDC, and professional associations, together with regulatory bodies, employers and unions should consider development of a Web site for IENs to access the information they need in simple English and French. Consideration should be given to translating the information into other languages, particularly those relevant to the larger linguistic groups of IENs coming to Canada. Clear directions should be included regarding what aspects of the assessment process can be completed before coming to Canada, the approximate cost and time to complete the process. Links to other relevant Web sites such as the federal government’s immigration portal currently under development to support settlement and integration could be provided. The site should be regularly updated.
V. Data and Information

8. Establish and maintain standardized electronic record systems by regulatory bodies.

Although regulatory bodies did their best to complete their survey, there were considerable missing data, particularly quantitative. Sound human resource planning requires reliable data. Many regulatory bodies do not yet have electronic records, making the retrieval and reporting of data a resource-intensive task. Some reported that it took several days to complete the survey. Funding should be sought to assist the regulatory bodies to put an electronic records data system in place. Consideration of common language and coordination with existing databases such as the Canadian Institute for Health Information’s nursing data bases should be a priority.

9. Assign a national unique identifier to all nurses including IENs

Neither regulatory bodies nor employers had data on IENs’ integration into the nursing workforce. Regulators were uncertain about how many IENs were applying in more than one jurisdiction or to more than one regulatory body. The implementation and assignment of a unique identifier would assist in tracking nurse mobility and contribute to human resource management.


Canadian Institute for Health Information. (2003). *Workforce trends of licensed practical nurses in Canada*. Ottawa: Author

Canadian Institute for Health Information. (2003). *Workforce trends of registered nurses in Canada*. Ottawa: Author

Canadian Institute for Health Information. (2003). *Workforce trends of registered psychiatric nurses in Canada*. Ottawa: Author


Center for the Health Professions at the University of California, San Francisco. (2005). *Bilingual Proficiency among California’s Health Care Professionals*. San Francisco: Author


*Speech from the Throne, September 2002; February 2004; October 2004*. Ottawa: Government of Canada


IEN Survey
Internationally Educated Nurses
Survey of Regulatory bodies
September 2004

This survey can be completed online or by printing the four sections below and mailing or faxing it to:

Alexa Pritchard
Administrative Coordinator
Association Strategy Group
99 5th Avenue Court, Suite 10
Ottawa, Ontario
K1S 5K4
Fax: (613) 233-6158

If you complete the survey online, we highly recommend printing a copy in advance so that you understand the nature of the information requested. The online survey can be completed in total or by section. A PIN number will be assigned to you when you start a new survey (Located on the introduction page). Survey data are saved at the end of each section when you click the “Submit” button. You can then continue or re-enter the survey at this point later by clicking “Continue Previous” on this page and providing your PIN number.

If you require assistance, please contact Leverus Inc. at (613) 789-0728.

Note:
There is no way to edit/change answers once you have submitted a completed section. (You would need to fill out a new survey... we will only tabulate the most recent surveys by respondents)

Section I- Profile of Applicants8 QuestionsPrint Version
Section II- Policies and Procedures49 QuestionsPrint Version
Section III- Process17 QuestionsPrint Version
Section IV- Resources7 QuestionsPrint Version

Definition of IEN: A nurse who graduated from a nursing program in a country other than Canada.
Section I - Profile of Applicants

Please provide answers in numeric format where appropriate. Decimal points are ok, but commas are not. (For example: 5 and 5000 are correct. Five is not. Neither is 5,000)

1. Please indicate in the table below:
the number of IENs who applied to your jurisdiction for the years identified; of those who applied:

- the number who failed to complete the application process
- the number who were eligible to write the licensing examination
- the number not eligible to write the examination
- the number who wrote the examination
- the number who passed on first writing
- the number who became registered

What percent of those eligible to write the examination are exempt from writing?

Under what circumstances are they exempt?

2. From what countries did these IENs graduate? (Please list the 7 most frequently reported within the past five years.)

3. A. What is the most common entry point to the regulatory body?
Please rank order from most common to least common.
(1=most common entry point; 5=least common entry point)

__through a recruiter
__self referred
__provincial nominee program
__employer
__other (please state):

B. What is the most common method for an applicant to first contact your office?
Please rank order from most common to least common.
(1=most common; 4=least common)

__by regular mail
__by e-mail
__by telephone
__other (please describe):
4. Have the IENs applying to you for licensure applied to a counterpart regulatory body in another province/territory?

__Yes __No __Don’t Know

If Yes, please estimate the percentage of IEN's applying that this represents: ________________

5. Have they applied to other regulated nursing groups i.e. LPN, RPN, RN?

__Yes __No __Don’t Know

If Yes, please estimate the percentage of IEN's applying that this represents: ________________

6. Of the IENs who became licensed in the past five years (or less if data do not exist) what percentage were in the following age groups?

__20 - 30 yrs
__31 - 40 yrs
__41 - 50 yrs
__51+ yrs

7. For each of the years (1999-2003) what percentage of IEN applicants were female/male?

__Female
__Male

8. A. Please rank the following places of work in order of the number of IENs they have employed over the five year period from 1999 to 2003.(1=most; 5=least)

__hospital
__community health
__nursing home
__don’t know
__other (please describe):

B. Approximately what percentage of IENs are involved in the following areas of responsibility?

__direct care
__%administration
__%education
__%research
__%don’t know
C. In terms of DIRECT CARE, please check the areas of responsibility held by IENs over the past 5 years (1999-2003).

- Medical/Surgical Operating Room/Recovery Room
- Psychiatric/Mental Health Crisis /Emergency Services
- Paediatric Several Clinical Areas
- Maternal/Newborn Oncology/Palliative Care
- Child Adolescent Services Rehabilitation
- Geriatric/Long-term Care Development Habilitation
- Critical Care Addiction Services
- Community Health Forensic Services
- Ambulatory Care Acute Services
- Home Care Other Direct Care
- Occupational Health
- Emergency Room

D. What percentage of IENs report multiple employers for the years 1999 to 2003?

- 1999
- 2000
- 2001
- 2002
- 2003

E. Have you noticed any changes in employment trends over the past 5 years?

- Yes  __No

If Yes please, describe:

___________________________________________________________________________________

F. Is there a process in place to track the success or challenges encountered by the employing agency when hiring these newly qualified IENs?

- Yes  __No

If yes, please describe / If no, please explain:

___________________________________________________________________________________
Section II - Policies and Procedures

COMMUNICATION

9. Please check all that apply in the table below, the documentation required of IENs, the acceptable form and process for submitting.

<table>
<thead>
<tr>
<th>__Required Documents</th>
<th>Original / Photocopy / Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E-mail</strong></td>
<td>submitted by applicant / Must be submitted from source / Notarized</td>
</tr>
<tr>
<td>__Completed Application Forms</td>
<td></td>
</tr>
<tr>
<td>__Diplomas, Certificates from Programs of Study</td>
<td></td>
</tr>
<tr>
<td>__Nursing Program Confirmation</td>
<td></td>
</tr>
<tr>
<td>__Course Transcripts</td>
<td></td>
</tr>
<tr>
<td>__Marriage / Birth Certificates</td>
<td></td>
</tr>
<tr>
<td>__Passport, Photo ID</td>
<td></td>
</tr>
<tr>
<td>__Employment References / Regulatory bodies Request</td>
<td></td>
</tr>
<tr>
<td>__Employment References / Applicants Request</td>
<td></td>
</tr>
<tr>
<td>__Proof of Language Proficiency</td>
<td></td>
</tr>
<tr>
<td>__Verification of Original Registration in Home Country</td>
<td></td>
</tr>
<tr>
<td>__Verification of Current Registration</td>
<td></td>
</tr>
<tr>
<td>__Verification of All Registrations</td>
<td></td>
</tr>
<tr>
<td>__Criminal Record Check</td>
<td></td>
</tr>
<tr>
<td>__Criminal Record Review</td>
<td></td>
</tr>
<tr>
<td>__Character Reference</td>
<td></td>
</tr>
<tr>
<td>__Other: ____________</td>
<td></td>
</tr>
</tbody>
</table>

10. If some of the documents submitted require translation, must the translator be certified or otherwise approved?

__Yes  __No

11. Who pays for the translation?

__applicant

__jurisdiction

__other (please specify): ____________
12. How many hours of practice as a nurse are required to be eligible for licensing?
__Number of hours
__Over what period of time:

13. In terms of the number of hours of practice required, would you accept the following as “nursing practice”?
__Yes No experience as a perfusionist
__Yes No experience in alternative therapies
__Yes No experience in clinical trials e.g. with pharmaceutical companies etc.

14. How do you deal with a new graduate who has just been licensed in his/her country and therefore has not acquired any practice hours beyond those of his/her studies?
___________________________________________________________________________________
___________________________________________________________________________________

15. A. How do you deal with those who do not meet your practice requirements? (Check all that apply)
__require a refresher course
__offer supervised practice experience
__other (please describe):
B. Who pays for these?
___________________________________________________________________________________
C. What is the cost?
___________________________________________________________________________________

16. If incomplete documentation is received what procedure is followed?
__notify applicant
__contact institution(s)
__other (please specify):

17. What are the main reasons for unsuccessful applications? Please rank those that apply in order of frequency. (1=most frequent; 5=least frequent)
__incomplete documentation
__education not equivalent
__lack of proficiency in language
__cultural differences
__other (please state):
18.
A. After an applicant contacts you, what information do you make available to them? Please provide details:
___________________________________________________________________________________

B. At any other point in the process do you make information available to the applicant? e.g. English language resources etc.
___________________________________________________________________________________

19. How is this information primarily provided to the applicant?
___Web site
___phone
___in the application package

20. Do you consider your information to IENs to be “user friendly”?
___Yes  ___No
Please give reasons for this assessment.
___________________________________________________________________________________

21. Do you accept on-line applications?
___Yes  ___No

22. Which of the following methods do IEN applicants use in the process of applying for licensure? Please rank order from most used to least used.
(1=most used; 6=least used)
___electronic
___telephone
___regular mail
___fax
___in person
___other (please state):
___________________________________________________________________________________

23. Do IEN applicants have one point of contact in your organization?
___Yes  ___No
If yes, who is this person (by role)? ____________________
___________________________________________________________________________________
24. A. Do you offer any “advisory/orientation” services to applicants who are internationally educated?  
   __Yes   __No  
If yes, check items below that are relevant.  
Steps re seeking employment  
   __information about applying for an immigrant visa and/or obtaining a  
   __work permit (temporary)  
   __orientation re the Canadian health care system and Canadian society  
   __and culture in general  
   __other (please describe):____________________  
B. Is this information provided to applicants before they enter Canada or after they arrive?  
   __After   __Before   __Both  
25. Do you refer the applicant to resources in your community?  
   __Yes   __No  
If yes, please describe.  
___________________________________________________________________________________  
EDUCATION  
26. Do you assess competencies or credentials? Please explain.  
___________________________________________________________________________________  
27. Do you assess competencies/credentials internally and/or externally?  
   __Internally   __Externally   __Both  
28. If externally, do you use an academic institution(s) to assist you?  
   __Yes   __No  
If yes, which institution(s) do you use? Please list:  
___________________________________________________________________________________  
___________________________________________________________________________________  
___________________________________________________________________________________  
29. Do you use any of the following external credentialing services to assist you in the processing of the applicants submissions?  
   __Yes   __No  
If yes, answer questions 29-33. If no, go to question 34.
30. How satisfied are you with these services?
__ not satisfied __ very satisfied

31. What are the strengths and weaknesses of the external service you are using? (please list)
___________________________________________________________________________________

32. Who is responsible for arranging this external assessment?
__ the applicant
__ the jurisdiction
__ the recruiter

33. What is the cost for this external assessment?
_____ $ to the applicant
_____ $ to the jurisdiction
_____ $ other:________________

34. If you don’t use external credentialling services, i.e. do it yourself, how satisfied are you with the process?
__ not satisfied __ very satisfied

35. Whether the assessment is internal or external, can part (or all) of the assessment process be carried out prior to the applicants coming to Canada?
__ Yes __ No

If yes, please specify what must be done in Canada.
___________________________________________________________________________________
36. Which of the following areas of study must be included in the applicants program of study to be considered equivalent to the educational requirements in your jurisdiction? (add other areas if necessary) If applicable to your jurisdiction, please indicate the minimum number of hours of theory and practice required in each area.

<table>
<thead>
<tr>
<th>Area Required</th>
<th>Hours of theory</th>
<th>Hours of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health / Psychiatry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gerontology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please describe): ____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37. Do you recognize continuing education in your assessment of required hours?

__Yes  __No

38. Do you stipulate a minimum length of time for the applicants program of study?

__Yes  __No

If yes, how many months/years? Please specify. _______________________
__________________________________________________________________________

39. Do you require that the applicants nursing education program be post secondary?

__Yes  __No

If yes, is there a specific number of years of secondary education required before the nursing program?
__________________________________________________________________________

40. If the applicant has undertaken study to prepare for one regulated group e.g. RN, LPN, RPN, and then taken courses to qualify for another regulated group are all of the nursing courses taken into account when assessing required hours of theory and practice?

__Yes  __No

If no, please elaborate.
__________________________________________________________________________
41. If you are using an equivalency clause to assess the applicants basic nursing education, is equivalency determined at the time of the Canadian program when IEN graduated or when she/he is being assessed? (for example, if an IEN applies to you in 2004 who graduated in 1988 in England, would he/she be judged against the 1988 Canadian Educational Standards or against the current 2004 standards?)

Please describe how you handle such situations.

__________________________________________________________________________________________________

42. A. How do you measure competencies? Please give example(s).

__________________________________________________________________________________________________

B. Do you use PLAR?

__Yes  __No

If yes, please elaborate.

__________________________________________________________________________________________________

43. Does your jurisdiction require (or in the future will be requiring) Baccalaureate preparation for entry into practice?

__Yes  __No

If yes, how do you deal with an international graduate with a diploma?

__________________________________________________________________________________________________

LANGUAGE PROFICIENCY

44. Under what conditions is the applicant required to take an English/French proficiency examination?

__comes from a country in which English/French is not the 1st language

__basic nursing education was not in English or French

45. If the applicants nursing education has been obtained outside North America in English is he/she required to take a language test?

__Yes  __No

Describe the decision process.

__________________________________________________________________________________________________

46. What is required to waive the language testing? Who makes this judgment?

__________________________________________________________________________________________________

47. Do you require the applicant to demonstrate proficiency in both English and French?

__Yes   __No

If yes, please explain:

__________________________________________________________________________________________________
48. A. Please indicate in the following table which language test or combination of tests your jurisdiction accepts for assessing the applicants language skills and the passing score.

<table>
<thead>
<tr>
<th>Language Test / Accept / Passing Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>__Canadian Language Benchmarks (CLB)</td>
</tr>
<tr>
<td>__Canadian English Language Benchmarks Assessment for Nurses (CELBAN)</td>
</tr>
<tr>
<td>__Comprehensive English Language Test</td>
</tr>
<tr>
<td>__International English Language Testing System (IELTS)</td>
</tr>
<tr>
<td>__Michigan English Language Assessment Battery (MELAB)</td>
</tr>
<tr>
<td>__Test of English as a Foreign Language (TOEFL)</td>
</tr>
<tr>
<td>__Test of English for International Communication (TOEIC)</td>
</tr>
<tr>
<td>__Test of Spoken English</td>
</tr>
<tr>
<td>__Examen de l’Office de la langue-français</td>
</tr>
<tr>
<td>__Canadian Academic English Language Assessment</td>
</tr>
<tr>
<td>__Other (please explain): ________________</td>
</tr>
</tbody>
</table>

B. What tests are mandatory?

___________________________________________________________________________________

C. What is the cost of these tests?

___________________________________________________________________________________

D. Who assumes the cost?

__applicant __registrar __other

49. How satisfied are you with the results of the language test you are using?

__not satisfied __very satisfied

50. How long (months/years) are the language scores valid (if time limited)?

___________________________________________________________________________________

51. If this time period has lapsed, must the applicant redo the examination or demonstrate fluency through other means?

__retake examination __demonstrate proficiency __both __other (please specify):
52. Other than the language proficiency test is the applicant required to take any other examination(s) prior to sitting for the licensing examination?

__Yes  __No

If yes, please give details.

______________________________________________________________

53. Do you have any other requirement(s) that we have not listed?

__Yes  __No

If yes, please describe.

______________________________________________________________

LEGISLATION (EXISTING AND/OR PENDING)

54. What legislation dictates your policies and procedures?

______________________________________________________________

55. Are you currently in the process of changing any of your policies, procedures and/or practices with respect to the licensure of IENs?

__Yes  __No

If yes, please describe.

______________________________________________________________

56. Do you anticipate changes to these policies, procedures, practices over the next 1 to 3 years?

__Yes  __No

If yes, please describe.

______________________________________________________________

57. Which of the following factors would likely impact on your policies and procedures? i.e. cause you to revise them? (Check all that apply)

__provincial/territorial legislation
__federal legislation
__changes to health care delivery
__emphasis on community care
__emphasis on interprofessional teams
__nursing shortages
__changes that other regulatory bodies make
__other (please describe): ___________________________
Section III - Process

58. What is the processing fee paid by the applicant?__________________

59.
A. Are there any other fees you require of the applicant?
__Yes  __No
If yes, please elaborate

B. Are there any sources of funding to assist the applicant with these overall costs?
__Yes  __No
If yes, please describe

60. What is the average number of weeks required for processing a completed file?

A. What is the average number of weeks required for processing and arriving at a decision once all of the documents for an applicant have been received?

B. On the average, how long does the process take (in terms of weeks) from the time the application is started to when a decision is made i.e. the assessment is completed?

61. Is there a time limit for completion of the application process by the applicant?
__Yes  __No
If yes, what is the time period?

62.
A. How long do you keep the incomplete application files of IENs? What Format? (i.e. hardcopy, electronic)

B. How long do you keep the files of registered IENs? What Format? (i.e. hardcopy, electronic)
63. How many times do you permit an applicant to write the registration examination?
___________________________________________________________________________________

64.  
A. How many sittings of the registration examination do you offer in the year?
___________________________________________________________________________________

B. Is the examination offered at set times of the year or on demand? (Please provide details.)
___________________________________________________________________________________

65. Do you have a time limit for rewriting?  
__Yes  __No
If yes, please give details
___________________________________________________________________________________

66. When considering the number of attempts the applicant has made in your jurisdiction to write the registration examination, do you include in your count the number of times the applicant has attempted the examination in other jurisdictions?  
__Yes  __No  __Possibly
If yes, how do you know this?
___________________________________________________________________________________

67. Can applicants write the licensing examination in their home country?  
__Yes  __No
If yes, under what circumstances?
___________________________________________________________________________________

68. Are there situations in which you would accept other examinations e.g. from other countries, as equivalent to your licensing examination?  
__Yes  __No
If yes, please describe.
___________________________________________________________________________________

69.  
A. Do you accept the assessment of an IEN by your counterpart in another province/territory?  
__Yes  __No

B. Do you accept the assessment of an IEN by a nursing regulatory body other than your own? i.e. LPN,RN,RPN  
__Yes  __No
70.
A. For IENs already licensed in one province/territory, do you license them by endorsement in your jurisdiction?
   __Yes  __No

B. What other assessments, if any, do you conduct for this group?

___________________________________________________________________________________

71. Do you assess the applicants knowledge of Canadian nursing practices beyond that which is assessed by the licensing examination?
   __Yes  __No

If yes, please describe.

___________________________________________________________________________________

72. Do you issue an interim (temporary) permit?
   __Yes  __No

If yes, under what conditions?

___________________________________________________________________________________

73. Are immigration papers required prior to issuing a license?
   __Yes  __No

74. From your perspective what is the most challenging step in the process for the IENs applying to your jurisdiction? i.e. The most frequent reason for their failure to move forward in the process? (Please describe)

___________________________________________________________________________________
Section IV - Resources

75. Given the volume of IENs applying to your jurisdiction, what do you estimate to be the overall cost per year of these assessments to your organization?

$ per year

76. Do you have staff dedicated to IEN assessment?

Yes  No

If yes, how many

full-time

part-time

77. Approximately what percentage of your total budget is targeted to IEN assessment?

78. What proportion of the overall activities of your organization do you devote to IEN assessment?

79. What resources do you have in house for assessing? e.g. data base, inventory of schools previously assessed, other decision support.

80. Do you consult with other nursing regulatory bodies regarding assessment?

Yes  No

Please explain:

81. To your knowledge are employers in your province/territory currently recruiting outside of Canada?

Yes  No

If yes, in what countries are they recruiting?
September, 2004

SUBJECT: Survey of Practices, Policies and Processes for the Assessment of Internationally Educated Nurses

Dear Registrar:

As you know, the federal government through Human Resources and Skills Development Canada (HRSDC) has provided funding for a study of the assessment of internationally educated nurses (IENs). Provincial regulatory bodies for Licensed Practical Nurses (LPNs), Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs) have agreed, through their national associations (CNA, CPNA, RPNC), to collaborate on this project.

The first phase of the project is a diagnostic phase whose purpose is to document the current practices, policies and processes used by the nursing regulatory bodies to assess IENs. You are being asked to collaborate on behalf of your provincial and national associations in the collection of information to inform this project.

Attached please find a survey asking several questions to describe the profile of IENs in your jurisdiction, the procedures and policies you have in place for the purpose of assessing IENs eligibility for licensure, the process of the assessment, and the resources attributed to this process. The survey contains about 80 questions, some with 2 or 3 parts. After a pretest of the survey, we judge that it will take 2 to 2 ½ days to locate all of the data and about 3 hours to complete the survey. The time will vary depending on how many IENs you have in your jurisdiction as well as whether or not you have hard copies or electronic files.

There is some funding available in the project budget to assist you in this exercise and can be used to offset part time help, for example. We appreciate that you may not have all of the data required by the survey questions but ask that you make every effort to complete all of the questions. If any data are missing, please write a covering note with the returned survey to explain what is missing or different from what was requested and provide explanation.

Following receipt of the completed surveys and a preliminary analysis of the data, the researchers will conduct a site visit with those provincial regulatory bodies where there is a high volume of IENs. They will contact all other regulatory bodies by phone. The purpose of the follow up contact is to explore in more depth the complexities of the IEN assessment process. The follow up should not take more than 3 hours and will be scheduled with you in the next few weeks to take place sometime in October or November.

We thank you very much for taking the time to cooperate in this project. A final report will be produced to document the IEN assessment process and identify similarities, differences, gaps, duplication of effort and any other challenges identified throughout the project.

If in the course of completing the survey you have any questions, please contact Mary Ellen Jeans, RN, Ph.D. at (613)-225-2623 or mejeans@sympatico.ca.

Once you have completed the survey please send it electronically to mejeans@sympatico.ca or by courier to:

Alexa Pritchard
Administrative Co-ordinator
Association Strategy Group
99 Fifth Ave. Court, Suite 10
Ottawa, Ontario
K1S 5K4

Best wishes and thank you again for your assistance.

Ann Mann    Lisa Little    Donna Higgenbottom

1 LPNs in Ontario are Registered Practical Nurses (RPNs). For the purpose of this project, the term LPN includes RPN in Ontario.
Internationally Educated Nurses (IENs) are nurses who graduated from a nursing program in a country other than Canada.

Note: This survey focuses on IENs who received their license/registration to nurse in Canada between 1999 and 2003, inclusive.

Please complete survey by [DATE].

SECTION A: DEMOGRAPHICS

This survey solicits your input on your organization’s experience with Internationally Educated Nurses (IENs).

1. What best describes your organization? Choose one of the following options - 1.1 to 1.4.
   1.1 Hospital
   1.2 Community Health Agency
   1.3 Long-term Care Facility
   1.4 Other Place of Work

2. In which province/territory is your organization located [DROP DOWN]?

3. Indicate the approximate number of nursing staff in your organization (choose one item for each type of staff).
   Licensed/Registered Practical Nurse L/RPN <50 50-250 >250
   Registered Nurse RN <50 50-250 >250
   Registered Psychiatric Nurse RPN (Psych) <50 50-250 >250

4. What is the title within the organization of the person who completed the greater part of this survey?
SECTION B: QUESTIONNAIRE

1. Hiring Practices

1.1 Do you collect data/information specific to your employees who are Internationally Educated Nurses, e.g. year of registration/licensure in Canada, costs to integrate IEN into workplace, etc.? Indicate all years that apply, if any when data/information was collected.


Note: Please complete the remainder of the survey to the best of your ability, given the data/information available.

1.2 How many Internationally Educated Nurses (IENs) are currently employed in your organization (from any year of registration)?

A. Licensed/Registered Practical Nurses________
B. Registered Nurses________
C. Registered Psychiatric Nurses________

1.3 Are you limited regarding the number of IENs you can hire? Yes________ No________
1.4 If Yes, please provide details.

___________________________________________________________________________________

1.5 Are there other barriers specific to hiring IENs (e.g., immigration delays)?

Yes________ No________
1.6 If Yes, please list these barriers.

___________________________________________________________________________________

1.7 Are there unique challenges associated with the integration of IENs into your organization?

A. Licensed/Registered Practical Nurses Yes___ No_____ Not Applicable ___
B. Registered Nurses Yes___ No_____ Not Applicable ___
C. Registered Psychiatric Nurses Yes___ No_____ Not Applicable ___
1.8 If Yes, please describe the challenges that pertain to each group.

A. Licensed/Registered Practical Nurses

___________________________________________________________________________________

B. Registered Nurses

___________________________________________________________________________________
C. Registered Psychiatric Nurses

1.9 Are you actively recruiting nurses at this time? Yes __  No __
1.10 Are you actively recruiting IENs at this time?
   A. Licensed/Registered Practical Nurses  Yes __  No __
   B. Registered Nurses  Yes __  No __
   C. Registered Psychiatric Nurses  Yes __  No __
1.11 If Yes, please indicate who is conducting the recruitment? Choose all that apply.
   A. Licensed/Registered Practical Nurses  external recruiter___ the organization __ other _____
   B. Registered Nurses  external recruiter___ the organization __ other _____
   C. Registered Psychiatric Nurses  external recruiter___ the organization __ other _____
1.12 If other, please explain.

2. Regulatory bodies’ Role in Hiring Process
2.1 Are the nursing regulatory bodies/regulatory bodies involved in the hiring process of Internationally Educated Nurses in your organization?  Yes ----- No --------
2.2 If Yes, please provide the details for each of the following nursing groups.
   A. Licensed/Registered Practical Nurses
   B. Registered Nurses
   C. Registered Psychiatric Nurses
2.3. Are the regulatory bodies/regulatory bodies involved in the orientation of IENs to your organization?
   Yes ----- No --------
2.4. If Yes, please describe for each of the following nursing groups.
   A. Licensed/Registered Practical Nurses
   B. Registered Nurses
   C. Registered Psychiatric Nurses
2.5. Are there other resources that facilitate — or could facilitate — the process of integrating IENs into your workplace? Yes ----- No --------
2.6. If Yes, please describe.

3. Quality of Work of IENs

3.1. In general, how do the IENs you have hired from 1999 to 2003 compare with Canadian-educated nurses with similar experience and/or education in terms of being overall prepared for the job they were hired to do? Are they prepared more, less, or the same?

   A. Licensed/Registered Practical Nurses (L/RPN) More__ Less__ Same__
   B. Registered Nurses (RN) More__ Less__ Same__
   C. Registered Psychiatric Nurses (RPN) More__ Less__ Same__

3.2 Where you have answered “less”, please indicate in the list below the relevant area(s) of deficiency for each nursing group. If you indicate more than one deficiency, please rank them in order from 1 (most deficient) to 4 (least deficient).

<table>
<thead>
<tr>
<th>L/RPN</th>
<th>RN</th>
<th>RPN</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Language/culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Clinical skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Relevant experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.3 Do you have staff (IENs or Canadian-educated nurses) employed in a capacity (role) different from that for which they had originally sought registration (e.g., RNs working as L/RPNs, Health Care Aids, Personal Care Workers, other.)?

   Yes________ No________ Do not know________

3.4 If Yes, are any of these IENs who registered from 1999 to 2003?

   Yes ----- No -------- Do not know ________

3.5 Approximately what percent of IENs in your organization would this involve?

   A. Licensed/Registered Practical Nurses ________% Do not know_______
   B. Registered Nurses ________% Do not know_______
   C. Registered Psychiatric Nurses ________% Do not know_______

4. Support for Internationally Educated Nurses (IENs)

4.1. Does your organization provide orientation/support programs specifically designed/directed toward IENs?

   A. Licensed/Registered Practical Nurses Yes___ No___
   B. Registered Nurses Yes___ No___
   C. Registered Psychiatric Nurses Yes___ No___

80
4.2 If Yes, please describe for each of the nursing groups where applicable.

A. Licensed/Registered Practical Nurses
B. Registered Nurses
C. Registered Psychiatric Nurses

4.3 Are the costs related to the hiring of IENs and/or integration of IENs into your organization different from costs associated with hiring and/or integration of Canadian-educated nurses?

Yes________ No________

4.4 If Yes, please describe.

___________________________________________________________________________________

5.5 Do you receive any special funding to offset these costs?

Yes________ No________ Not Applicable ________

5.6 Are there programs external to your organization that would be beneficial in assisting the IEN to integrate into the workplace (e.g., cross cultural training provided through educational or other government sponsored organizations)?

A. For the employer and/or non-IEN staff? Yes ----- No --------
B. For the IEN? Yes ----- No --------

5.5 If Yes, please describe for each group, A and/or B.

___________________________________________________________________________________

___________________________________________________________________________________

5. Recommendations for Relevant Stakeholders

5.1. Please list three areas where you feel improvement could be made in terms of the nursing registration process and/or integration of IENs into the Canadian nursing workplace.

1. ________________________________________________________________________________
2. ________________________________________________________________________________
3. ________________________________________________________________________________

5.2. Are there other issues that you feel we did not cover but could have or should have addressed? If yes, please list these.

1. ________________________________________________________________________________
2. ________________________________________________________________________________
3. ________________________________________________________________________________
October 27, 2004

SUBJECT: Integration of Internationally Educated Nurses (IENs) into the Canadian nursing workforce.

Dear [insert name of employer]:

The federal government, through its Foreign Credentialing Program, has provided funding for a study on the assessment of internationally educated nurses (IENs) and their integration into the Canadian nursing workforce. The Canadian Health Association, provincial/territorial nursing associations/colleges, unions, educators and governments have committed to collaborate on this project.

One aspect of this project is to document the employer’s experience with the hiring and the integration of IENs into the Canadian nursing workforce. You have been selected to receive this survey as your organization is identified as an employer of internationally educated nurses.

Please go to http://www.leverus.com/surveyien2/ to complete the survey by November 10, 2004. The WEB Site will link you to the Employer Survey that asks you to describe your experience, including the procedures and policies pertaining to the hiring and integrating of IENs into your organization. You may choose to forward the survey to the individual(s) in your organization who you feel is most appropriate to answer the questions.

This survey can be completed online or by printing the two sections and mailing or faxing it. If you choose to complete the survey online, you may still find it beneficial to print a copy prior to filling out your replies. Some of the questions seek information that may require some additional thought or time to seek the data requested.

We thank you for taking the time to cooperate in this project. If, in the course of completing the survey, you have questions, please contact Fran Hadley at (613) 737 5226 or fran.hadley@sympatico.ca.

Once again thank you for your assistance.

Donna Higenbottam
Representative, Registered Psychiatric Nurses of Canada
donna_higenbottam@crpnbc.ca

Lisa Little
Consultant, Health Human Resources
Canadian Nurses Association
llittle@cna-aiic.ca

Ann Mann
Canadian Council of Practical Nurse Regulators
info@clpnns.ca
APPENDIX E
ENGLISH INVITATION TO IENs

Did you graduate as a NURSE in a country other than Canada?

Did you receive your registration to NURSE in Canada within the years 1999 to and

including 2003 or are eligible and waiting to write the nursing examination?

Canada relies on internationally educated nurses to help address nursing workforce demands. Governments have identified immigration as one strategy to address the nursing shortage in Canada. The Government of Canada, through Human Resources and Skills Development Canada (HRSDC), in collaboration with Licensed/Registered Practical Nurses’, Registered Nurses’, Registered Psychiatric Nurses’ associations is funding a study to review the process of assessment and registration of Internationally Educated Nurses (IENs) and their integration into the nursing workforce in Canada. Educators, unions and provincial governments are also involved in this study.

It is recognized that the current process of assessment and registration is a complex and time-consuming process. In addition, adapting to a new culture and a new healthcare system can be difficult. We are interested in learning of your experience with the registration process and integration into the Canadian nursing workforce.

What are the benefits of participating in this project?

We are inviting you to participate in Focus Groups that are being held across Canada in October and November, 2004 and will include the three groups of IENs (Licensed/Registered Practical Nurses, Registered Nurses, and Registered Psychiatric Nurses). You will be able to express your views and opinions about the assessment for the registration process and integration into the workforce. The results will be used to improve the process in the future thereby benefiting IENs who subsequently apply for registration and wish to be part of the nursing workforce. We encourage you to participate in this important project.

What will I be expected to do?

As a participant, you are being asked to voluntarily take part in a focus group for about 90 minutes in which you will be asked to discuss your opinions and perceptions of and experience with the Canadian nursing registration process and integration into the nursing workforce. These focus groups will consist of 5 to 6 internationally educated nurses (IENs) who, with the help of a facilitator, will discuss their experiences. Your responses will be confidential; no identifying information will be reported.

Licensed Practical Nurses (LPN’s) in Ontario are Registered Practical Nurses (RPN’s).
Examples of the type of questions we will be discussing include:

**Licensure/registration application process**
1. How would you describe the application process?
2. Were there parts that were more difficult in the application process?
3. What worked well in the application process?
4. Do you have any recommendations for an easier way to complete the application process?
5. Did you access any refresher/remedial-like support programs?

**Integration into the Canadian nursing workforce**
6. Did you have any difficulty being hired as a nurse?
7. What employer supports were most helpful?
8. Do you have any recommendations to facilitate integration into the workforce?

**How can I take part?**

You can get informed and participate by contacting Alexa Pritchard at **1-888-657-3723 (toll free)** or by e-mail to Jill Green at jgreen1@sympatico.ca. **CALL NOW** and give your first and second choice of time (12:00 or 18:00 hrs) and date ([date]).

On behalf of the research team, and the Steering Committee for this project, we want to express our sincere thanks and appreciation to you for taking time to participate in this important study.

Sincerely,

Donna Higenbottam  
Representative, Registered Psychiatric Nurses of Canada

Lisa Little  
Consultant, Health Human Resources, Canadian Nurses Association

Ann Mann  
Chair, Canadian Council of Practical Nurse Regulators  
c/o College of LPNs of Nova Scotia
Focus Group Themes/Questions

The purpose of these Focus Groups is to gather information about your experience with the process of licensure/registration and your integration into the Canadian nursing workforce. The key themes/questions for the discussion will be:

**Licensure/registration application process**

1. How would you describe the application process?
2. Were there parts that were more difficult in the application process?
3. What worked well in the application process?
4. Do you have any recommendations for an easier way to complete the application process?
5. Did you access any refresher/remedial-like support programs?

**Integration into the Canadian nursing workforce**

6. Did you have any difficulty being hired as a nurse?
7. What employer supports were most helpful?
8. Do you have any recommendations to facilitate integration into the workforce?
Consent to Participate in Focus Groups

I understand that the federal government, through Human Resources and Skills Development Canada (HRSDC), has provided funding for a study on the assessment of internationally educated nurses (IENs) and their integration into the Canadian nursing workforce. The Canadian Health Association, provincial/territorial nursing associations/colleges, unions, educators and governments have committed to collaborate on this project.

The partners are requesting my cooperation, as an IEN nurse, to be a voluntary participant in this study. The purpose of these focus groups is to gather information about my experiences of the assessment and licensure/registration process and integration into the workforce. The findings of this study may lead to improvements in the assessment process and in the integration of IENs into the workforce.

I understand the information given to me and my questions have been answered to my satisfaction. I am willing to discuss the pertinent concerns about the application process for licensure and integration into the workforce and am aware that the focus group will be audio taped and transcribed. I understand that the information will be kept confidential and I will not be identified as an individual in the report.

I understand that my participation in this study is strictly voluntary and am under no obligation to provide consent and that I am free to withdraw from the study at any time, for any reason, without penalty.

Confidentiality

I understand that information will be coded with anonymous identifiers and data collected during this study will remain confidential. My name and workplace will not be revealed in any publications/reports. The data will only be reported in summary fashion. Audiotapes and transcripts from these sessions will be destroyed once the Final Report is approved.

In signing and dating the statement below, I understand that I am agreeing to be a voluntary participant in this focus group.

I agree to be contacted should the researchers have further questions at a later date. YES______ NO___________

/ / 
Participant’s Name Signature Date (dd/mm/yy)

Email address (optional) _________________________________
Focus Group Demographic Form

Thank you for taking the time to participate in this focus group. Your answers will be kept confidential and you will not be identified in any reports or publications.

1. In which province/territory do you currently live? (Circle one number only)

<table>
<thead>
<tr>
<th>Province/Territory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alberta</td>
</tr>
<tr>
<td>2. British Columbia</td>
</tr>
<tr>
<td>3. Manitoba</td>
</tr>
<tr>
<td>4. Newfoundland and Labrador</td>
</tr>
<tr>
<td>5. New Brunswick</td>
</tr>
<tr>
<td>6. Northwest Territories</td>
</tr>
<tr>
<td>7. Nova Scotia</td>
</tr>
<tr>
<td>8. Nunavut</td>
</tr>
<tr>
<td>9. Ontario</td>
</tr>
<tr>
<td>10. Prince Edward Island</td>
</tr>
<tr>
<td>11. Quebec</td>
</tr>
<tr>
<td>12. Saskatchewan</td>
</tr>
<tr>
<td>13. Yukon</td>
</tr>
</tbody>
</table>

2. What was your highest completed nursing educational qualification? (Please choose one answer only)

<table>
<thead>
<tr>
<th>Education</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Licensed/Registered Practical Nurse Certificate</td>
<td>7. Baccalaureate in Nursing</td>
</tr>
<tr>
<td>2. Registered Psychiatric Nurse Diploma for RNs and LPNs</td>
<td>8. Baccalaureate of Science in Mental Health</td>
</tr>
<tr>
<td>3. Licensed/Registered Practical Nurse Diploma</td>
<td>9. Masters in Nursing</td>
</tr>
<tr>
<td>4. Registered Nurse Diploma</td>
<td>10. PhD in Nursing</td>
</tr>
<tr>
<td>5. Advanced Diploma in Psychiatric Nursing</td>
<td>11. Other (Please specify):</td>
</tr>
<tr>
<td>6. Nurse Practitioner</td>
<td></td>
</tr>
</tbody>
</table>
3. In what category(s) and province(s) is your current nursing registration? (Complete all that apply)

<table>
<thead>
<tr>
<th>Category</th>
<th>Province(s)</th>
<th>Category</th>
<th>Province(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Licensed/Registered/Certified Practical Nurse (Nursing Assistant)</td>
<td></td>
<td>5. Dual RN/RPsychN</td>
<td></td>
</tr>
<tr>
<td>2. Registered Psychiatric Nurse</td>
<td></td>
<td>6. Dual LPN/RPracN/RN</td>
<td></td>
</tr>
<tr>
<td>3. Registered Nurse</td>
<td></td>
<td>7. Dual LPN/RPsychN</td>
<td></td>
</tr>
<tr>
<td>4. Nurse Practitioner</td>
<td></td>
<td>8. Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

4. How long have you worked in nursing in Canada ___________ years

5. How long have you worked in nursing in other countries_______ years

6. What country did you receive your nursing education __________________

7. What year did you graduate in the country you initially received your license to nurse______________

8. What year did you receive your license to nurse in Canada____________________

9. What language(s) do you have a working knowledge of: Please list/specify

____________________________________________________________________________

10. What is your current employment status? (Circle one answer only - based on the position where you work most of the time)

| 1. Permanent Full time                        | 4. Permanent Part time | 7. Casual |
| 2. Temporary Full time                        | 5. Temporary Part time |
| 3. Term contract position Full time           | 6. Term contract position Part time |

11. Do you have multiple employers(work for different healthcare agencies)

1. YES 2. NO
12. In which type of setting are you currently employed? (Please circle ONE answer only. If you have more than one position now, please answer based on the position where you work most of the time.)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Long-term Care</th>
<th>Community Health</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teaching Hospital (General/Maternal/Pediatric/Psychiatric)</td>
<td>5. Intermediate/Long-Term Care</td>
<td>6. Community Health/Health Centre</td>
<td>9. Association/Government</td>
</tr>
<tr>
<td>3. Rehabilitation/Convalescent Hospital</td>
<td></td>
<td>8. Home Care/Visiting Care Agency</td>
<td>11. Physician’s Office/Family Practice Unit</td>
</tr>
<tr>
<td>4. Community Hospital (General/Maternal/Pediatric/psychiatric)</td>
<td></td>
<td></td>
<td>12. Centre for Developmentally Challenged</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>13. Educational Institution</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>14. Private Nursing Agency/Private Duty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15. Self-Employed – Independent Practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>16. Forensic Services/Correctional Institution</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>17. Group Home</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>18. Telehealth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>19. District/Regional Health Authority</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20. Other-Specify</td>
</tr>
</tbody>
</table>

13. Gender: Female ........... 1 Male ................. 2

14. Year of birth: 19_______

15. Your Email address (optional)

Thank for you completing this short form. Your answers will be kept confidential and you will not be identified in any reports or publications.
APPENDIX I

INVENTORY OF EDUCATIONAL BRIDGING PROGRAMS

INTERNATIONALLY EDUCATED NURSES – DIAGNOSTIC PHASE

INVENTORY OF EDUCATIONAL BRIDGING SUPPORT PROGRAMS

Introduction

For the purposes of this review, a ‘Bridging Support Program’ refers to an educational program that is specifically designed to assist who completed their basic nursing education in countries other than Canada to:

- Meet licensing requirements and professional standards in a Canadian province or territory;
- Integrate into the Canadian health care system;
- Develop language and literary competency specifically related to health care terminology.

Support programs aimed at the general immigrant population are not included in this survey.

An internet review of regional, provincial, territorial and national bridging support programs specifically designed for and provided to Internationally Educated Nurses (IENs) was conducted. Telephone contact was made to obtain program details.
### Summary of Bridging Support Programs by Province

<table>
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<tr>
<th>Province/ Territory</th>
<th>Bridging Support Programs</th>
<th>Services Offered</th>
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<td>Language ESL</td>
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</table>
| British Columbia    | • International School of Nursing and Health Studies  
                      • Kwantlen University  
                      • Vancouver Community College  
                      • Open University  
                      • Omni College | x | x | x | x | x |
|                     |                            | x | x | x | x | x |
|                     |                            | x | x | x | x | x |
|                     |                            | x | x | x | x | x |
|                     |                            | x | x | x | x | x |
| Alberta             | • International School of Nursing and Health Studies (Psychiatric Nursing)  
                      • Norquest College (in development)  
                      • Grant McEwan College  
                      • Mount Royal College (research project) | x | x | x | x | x |
| Saskatchewan        | No programs identified     |                |                |                |            |            |
| Manitoba            | • Canadian Nursing Tutorial Services  
                      • Red River College | x | x | x | x | x |
| Ontario             | • Care for Nurses  
                      • Algonquin College | x | x | x | x | x |
| Quebec              |                            |                |                |                |            |            |
| New Brunswick       | • Require 6-8 week supervised clinical experience |                |                |                | x | x |
| Nova Scotia         | Program in development CRNNS |                |                |                |            |            |
| P.E.I.              | No programs identified     |                |                |                |            |            |
| Nfld/Lab            | No programs identified     |                |                |                |            |            |
| N.W.T               | Do not do initial licensure|                |                |                |            |            |
| Yukon               | Do not do initial licensure|                |                |                |            |            |
| National CNA ASITEST| • LeaRN CRNE Readiness Test  
                      • Canadian Practical Nurse Registration Examination Predictor Test | x |                |                | x | x |
Description of Bridging Support Programs

1. International School of Nursing and Health Studies

The International School of Nursing and Health Studies (ISNHS) is a private school located in Port Coquitlam, B.C. Courses are designed to lead to registration with The Registered Nurses Association of B.C. (RNABC), College of Licensed Practical Nurses of British Columbia (CLPNBC), College of Registered Psychiatric Nurses of B.C. (CRPNBC), and Registered Psychiatric Nurses Association of Alberta (RPNAA).

- **English as a second language:**
  - IELTS Intensive Preparation Course
  - Nursing English for Clinical Practice
- **Registered Nursing Programs:**
  - Adult Medical and Surgical Nursing
  - Psychiatric Mental Health Nursing
  - Obstetric (Maternal/Newborn) Nursing
  - Pediatric Nursing
  - RN Exam Preparation Course
- **Registered Psychiatric Nursing Programs:**
  - Update/refresher program in Psychiatric Nursing in B.C. and Alberta
  - RPN Exam Preparation Course
  - Continuing Education for Psychiatric Nursing
- **Licensed Practical Nursing Programs:**
  - LPN Exam Preparation Course

Funding is available for students from The Ministry of Advanced Education (BC), The Ministry of Health Planning (BC), and Human Resources Skills and Development Canada.

www.isnhs.shawbiz.ca

2. Kwantlen University

Kwantlen University in Surrey, B.C., has two courses specifically designed for IENS:

1. **Graduate Nurse Qualifying Course** designed to meet the needs of those IENs who have not had sufficient preparation in maternal-child, pediatric or mental health training to meet the requirements of the RNABC. Courses include:

   - Mental Health/Psychiatric Nursing – academic and clinical
   - Maternal-Child Nursing – academic and clinical
   - Pediatric Nursing – academic and clinical
   - Labs and Workshops

2. **Graduate Nurse with English as an Additional Language** is designed to prepare IENs who are required by the RNABC to upgrade their English language skills. Nursing knowledge and skills are also upgraded.

www.kwantien.ca
3. Vancouver Community College Practical Nurse Refresher Program
The Practical Nurse Refresher Program is designed to assist both Canadian educated practical nurses and foreign educated nurses to update their nursing knowledge and skills. It facilitates a smooth return to the Canadian health care system for Canadian educated practical nurses and an easier transition into the Canadian health care system for internationally educated nurses. It also helps to prepare internationally educated nurses to write the Canadian Practical nurse Registration Examination (CPNRE). Additional language support is available for ESL speakers.

- Professional Nursing in Canada
- Communication for Nurses
- Adult Health and Healing
- Nursing Skills – Theory/Lab
- Pharmacology for Practical Nurses
- Acute/Subacute Practicum
- Community Health
- Community Practicum
- Preparation for Practice
- ESL (optional)
- Exam Preparation (optional)


4. B.C. Open University
The B.C. Open University offers courses designed to assist nurses who completed their basic nursing in countries other than Canada to meet registration requirements with the RNABC and prepare for nursing practice in B.C.

- Maternal/Newborn Nursing Qualifying Theory/Clinical
- Psychiatric/Mental Health Nursing Qualifying Theory/Clinical
- Nursing in Canada
- International English Language Testing System (IELTS) Preparation
- Clinical Experience
- Registered Nurse Examination Preparation

www.bcou.ca

5. Omni College
Omni College, a private college located in Richmond, B.C., offers a RN Licensure Preparation Program. The course is 12 months full time, plus a 6-months paid internship. Tuition is $15,000 CDN, plus a non-refundable application fee.

The RN Licensure Preparation Program is made up of 4 components:

- English for Nursing Purposes – Levels 1 and 3
- The RN Licensure Exam Preparation Course
- The Internship

www.omnicollege.com
6. Norquest College Practical Nurse Program (in development)

Norquest College in Edmonton, Alberta is in the process of developing a practical nurse program to fast track immigrant practical nurses into the Canadian workforce. The program will prepare students to apply for licensure as a Canadian Licensed Practical Nurse.

www.international.norquest.ca

5. Mount Royal College

Dr. Marian McQuire at Mount Royal College in Calgary, is conducting a Prior Learning Assessment and Recognition research project pertaining to IENs. The program offers ESL for nurses, diagnostic assessment, clinical assessment and theory modules to assist the IEN prepare to write the Canadian Registered Nurses Exam (CRNE).

7. Grant MacEwan College

Grant MacEwan College in Edmonton offers a ‘Nurse Credentialing’ program consisting of nursing refresher and qualifying courses that are available by distance delivery. The program is designed for the registered nurse who has been out of nursing for more than five years, for nurses trained in another country, or for the nurse who wishes to upgrade their knowledge and skills.

8. Red River College Language Training

The Red River College in Winnipeg, Manitoba offers three ESL courses designed specifically for health care workers:

- English for Nursing Purposes
- English for Nursing Refresher
- English for Health Care Aides

www.rrc.mb.ca

9. Canadian Nursing Tutorial Services

Canadian Nursing Tutorial Services, Inc. is a private company located in Winnipeg, Manitoba. This program consists of a series of seminars designed to prepare IENs for the writing of the Canadian Registered Nurses Exam (CRNE).

mattson@ilos.net

10. Care for Nurses

Care For Nurses is a program, located in Toronto, Ontario, designed to assist internationally educated nurses become licensed to practice in Ontario. The project is funded by the Ontario Ministry of Training, Colleges and Universities: Access to Professions and Trades Unit. Courses are offered for RNs and LPNs in collaboration with the College of Nurses of Ontario:

- English Communication for Nurses
- Nursing in Ontario
- Competency Skills Assessment
- Clinical Theory and Practice Review
- Examination Review Course
Care for Nurses is affiliated with George Brown College, Centennial College, Ryerson University, four Toronto hospitals and three community centers.

www.care4nurses.org

Algonquin College Foreign Trained Nurse Program

In Ottawa, Ontario, Algonquin College’s Foreign Trained Nurse Program is designed to assist internationally educated nurses become licensed to practice in Ontario. As with the Care For Nurses program, this program is funded by the Ontario Ministry of Training, Colleges and Universities: Access to Professions and Trades Unit. Courses are offered for Personal Support Workers, Practical Nurses, and Baccalaureate in Nursing. Specific courses include:

- Portfolio Course
- Pharmacology
- Health Assessment
- Professional Issues
- Medical/Surgical (includes clinical experience)
- Aging
- Psychology/Sociology
- ESL for Nurses
- Preparing for Eligible Employment

www.algonquincollege.com

New Brunswick Requirement

The Nursing Association of New Brunswick requires any nurse educated outside of North America to do a 6-8 week supervised clinical experience on a medical/surgical unit in New Brunswick. The objective of this experience is to help the nurse integrated into the Canadian health care system and to help him/her with the writing of the CRNE. The nurse’s competencies are evaluated and the nurse is referred to Grant McEwin College’s nursing refresher program as needed.

Nova Scotia Program (in Development)

The College of Registered Nurses of Nova Scotia is in the early development phase of a partnership with the Registered Nurses Professional Development Center, the Capital Health District, and the Metropolitan Immigrant Settlement Association (MISA). The program is located at the Queen Elizabeth Health Science Centre. The objective is to develop a strategy for assisting IENs to qualify in Nova Scotia.

LeaRN CRNE Readiness Test

The LeaRN CRNE Readiness Test is a web based practice test developed by the Canadian Nurses Association and is designed to help internationally trained nurses assess their readiness to take the Canadian Registered Nurse Examination (CRNE). This test is available to nurses worldwide.

http://209.217.65.3/testbuild/index.html
Canadian Practical Nurse Registration Examination Predictor

The Canadian Practical Nurse Registration Examination Predictor Test is a web based practice test designed to help candidates estimate their readiness to take the Canadian Practical Nurse Exam. Note: this practice test is designed for all LPN candidates and not specific to IENs.

www.asitest.ca