Two professions, two countries: Credential Evaluation for IEHPs: Trends and Regulatory Implications

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CGFNS International
- Non-profit
- Immigration-neutral organization
- Mission: to serve the global community through programs and services that verify and promote the knowledge-based practice competency of healthcare professionals
- Established in 1977
- Located in Philadelphia

CSMLS
- Non-profit
- National professional association
- Certification body
- National assessment service for internationally educated MLTs (regulatory functions)
- Established in 1937
- Located in Hamilton, Ontario
Who are the IEHPs?

- Historically - Most of the IEHPs seeking assessment services in Canada were immigrants residing in Canada at the time of application.
- Many of the IEHPs seeking assessment services in the US are still residing in their home countries at the time of application. Canada has shifted to this model in 2013.

Assessment of IEHPs

Implications for assessing IEHPs:
- Immigration requirements vs. registration/licensure requirements
- Assessment types
- Assessment costs
- Remediation options
- Bridging programs
- Cultural context

Agenda

- Assessment Services - putting it into context
- Current Practices
- Assessment Tools
- Trends and Implications
- Recommendations
Historical Context

- IEHPs want to migrate to improve the quality of life.
- IEHPs want to work in their professional fields.
- IEHPs need to meet immigration requirements.
- IEHPs need to meet entry-to-practice requirements.

*The system must balance wants vs. needs - and this is where perspective clash.*

Socialization and Cross-Cultural Contexts

Important for success:

- Language proficiency and communication effectiveness
- Acculturation and social adjustments
- Assessment process as a socialization process for immigrants to the new country and the expectations of the profession (roles, responsibilities, expectations, etc.)

Economic Context

- Allow immigrants to work to the fullest potential (satisfaction)
- Meet labour market demands (economic)
- Increasing economic base of the host countries (taxation, consumption)
- Increasing economic base of the source countries (remittances)
Healthcare Context

- Patient safety - standard must be met
- Portability of credentials (education, professional competence, roles and responsibilities)
- Receptivity from professions range from welcoming to not welcoming
- Increase in diversity of clients/patients

Global Context

- Migration is on the rise
- English as the international language
- Technology levels the playing field
- Knowledge-explosion knows no boundaries/borders
- The Bologna Process in EU
- The rise of ASEAN (Association of Southeast Asian Nations)
- The right to work across borders is expected

Assessment: Current Practices

Academic Model:

- Verification/authentication of documents
- Use of global databases (education and regulation)
- Focus on analysis of educational systems
- Focus on number of credits earned (length of study) and degree earned
- Equivalency in academic degree earned & access given
**Assessment: Current Practices**

**Profession-Specific Model:**

- Establish curriculum benchmarks and learning outcomes prior to implementation (standards)
- Determine professional competency (standards)
- Determine language proficiency (standards)
- Qualifying IEHPs to sit for exams (gap identification, filling)
- Granting registration/licensure for entry-to-practice

**Practices Specific to the US**

**Occupational Visa screening** for 7 health professions:

- nursing
- physical therapy
- medical laboratory sciences
- occupational therapy
- audiology
- speech language pathology
- physician assistants

*Federal requirements for immigration*

**Practices Specific to the US**

State requirements for licensure:

- State specific
- Not harmonized, leading to “shopping” for gateway states (easiest point of entry)
- Increased focus on content of education
- Increased focus on English proficiency

*National certification exists for some professions*
Creation of Assessment Tools

- Meeting profession-specific needs **beyond**
  academic credential evaluation

- Integrating academic credential evaluation and
  profession-specific evaluation

- Content-based, evidence-based, outcome-based

Constraints of profession-specific assessment tools:

- Paper-based, document-based. **No** simulated contexts to measure competence
- Difficult to capture **authentic** information regarding work experience or prior learning experience
- Challenge of accepting self-reporting as a source of information to be assessed
- Time-consuming process
**Trends: Canada and the US**

- Disconnect between federal requirements for entering the country and state/provincial/territorial requirements for licensure
- No systematic tracking of labor statistics to document needs (HR supply and demand)
- Increase in degree requirements in health professions

**Trends: Canada and the US**

- Professions moving to competency-based, evidence-based assessment - focus on outcomes
- Disconnect between credential evaluation for academic admissions and credential evaluation for professional licensure
- Perception of fire wall creating barriers
- No real coordinated effort to help IEHPs

**Differences: US**

- Immigration policy direction remains uncertain and unresolved for a long time
- Retrogression in effect
- Majority of IEHPs apply from outside the US
- IEHPs viewed as competing for jobs in a poor economy
- Source countries continue to diversify
- Clients to be served continue to diversify
Differences: Canada

- Federal/provincial government expect pan-Canadian harmonization
- Credentialing agency seen as a gatekeeper: protectionist vs. protecting the public
- Immigration 2013
  - Two stage immigration policy
  - Minimum language fluency standards
  - Likely to change source countries
  - Assess qualifications prior to immigration

Regulatory Implications

Achieving fair and effective assessment:

- Efficient application systems using technology are expected
- Provide clear instructions on information to be evaluated, manner of submission, process etc.
- Taking a position on these constructs: equivalency, substantial equivalency, comparability - what does it mean to you?

Regulatory Implications

- Establishing standards for evaluation
  - Course work
  - Clinical experience
  - Prior learning
  - Learning outcomes
- Academic credential assessment and profession specific credentials assessment - Can or should they be evaluated separately?
**Regulatory Implications**

Examining gaps in education:
- Gap in course content identified
- Often, curriculum is rote-based, not focused on critical thinking
- No content on local practice

Developing a remediation plan:
- What resources are available?
- What if there are no resources
- Who is responsible?
- Who should pay?

**Changing Our Lens**

- Is it ever possible for IEHPs to have had the same education as our domestic graduates?
- Do these differences make it impossible for IEHPs to provide safe and effective practice?
- What are the critical elements to achieve safe and effective practice?
- What needs to be done so IEHPs can be deemed safe to practice?

**Recommendations**

- Clarify the goal of the assessment - harmonized standards - founded on evidence-based research
- Is it comparability or equivalency?
- Official documents from issuing source vs. original documents provided by applicants? - Clarify document requirements
- Is self-reporting acceptable? - Clarify the burden of proof to the individual
Recommendations

• Clarity on achieving consistency, reliability, and validity

• Clarity on fairness: application process; timeliness of service; assessment and requirements; making up deficiencies


Recommendations

• Examine the role of work experience in home country

• Clarify critical elements to achieve safe and effective practice

Keeping In Touch

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