




Regulating Entry to Practice for Internationally Educated Professionals



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**Moderator**  
Mary Lou Gignac, MPA

**Presenters**  
Franklin Shaffer, EdD, RN, FAAN  
Julia To Dutka, EdD  
Karen Eisler, RN, PhD, ED SRNA  
Laura Panteluk, RPN, BScPN, ED CRPNM



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**Setting the Stage:  
Migration & Credentialing**

Franklin Shaffer, EdD, FAAN



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### CGFNS International, Inc.

- Nonprofit Organization
- Non-governmental agency
- Immigration Neutral
- The only organization authorized to screen and certify healthcare professionals seeking occupational visas under section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA)



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### Global Migration

“Migration is one of the defining issues of the twenty-first century. It is now an essential, inevitable and potentially beneficial component of the economic and social life of every country and region.”

(Brunson McKinley, Director General, International Organization for Migration)



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### Globalization

The international movement of technology, ideas, products, labor markets and professional education and standards:

- Transcends all boundaries
- Erases perceived variances
- Seeps through porous borders
- Is more than internationalism
- Involves transmigration
- Ignores local prescriptions
- Is more complex than first imagined
- Is irreversible



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### Globally Mobile Populations

Facts....

- Nearly one billion people cross international borders annually
- Predicted to increase to 1.5 billion per year in 10 years
- One of every 33 individuals world-wide is a migrant
- 232 million world-wide migrants
  - 40 million are living in the U.S., 6.8 million in Canada



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### Globally Mobile Populations

Of the 232 million migrants

- 52% are women
- Most have a baccalaureate
- Younger than American and Canadian nurses

Countries with high amount of migrants:

- Saudi Arabia (9.1 million)
- United Emirates and United Kingdom (7.8 million)
- France (7.4 million)
- Canada (7.3 million)
- Australia (6.5 million)
- Spain (6.5 million)

United Nations Department of Economic and Social Affairs, Population Division, October 2013



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### Global Nurse Shortage

- Globally, the World Health Organization (WHO) estimates a shortage of almost 12.9 million healthcare workers by 2035 as a result of decades of underinvestment in health worker education, training, wages, working environment and management

WHO News Release: November 11, 2013; Recife, Brazil



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### Global Nurse Migration

A Global Workforce

- Nurses as a commodity
- Nursing care for hire
- Largest health workforce in any country
- Largest international health workforce



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### Global Nurse Migration

**Push Factors**

- Unstable economic / political environment
- Understaffing
- High Employment
- Violence/Stress
- Lack of autonomy
- Few promotional prospects

**Pull Factors**

- Travel Opportunities
- Increase pay
- Better working conditions
- Career opportunities
- Continuing education
- Working with advanced technology



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### Positive Impact of Health Worker Migration

- Billions of dollars contributed to economy, annually, via remittances. \$414 billion in 2013.
- Social remittances in new cultural dynamics and influence
- Expanded views on health and care
  - Health care providers can no longer conceptualize “disease over there or disease seen here”



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### Negative Impact of Health Worker Migration

- Human capital loss - “Brain Drain” vs. “Brain Gain”
- Negative impact on families
  - Loss of family values
  - Social costs - work ethics
- Increase in fraudulent documents
- Increase in illegal or unethical recruitment
- Insufficient numbers to maintain source countries’ health care systems



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### Canadian Nursing Profile

- Approximately 287,344 registered nurses in Canada
  - 93.6% are women
  - 58% work full-time
  - 76.5% as staff or in community health care
  - Average age is 45.4 years
  - 57.6% hold a Diploma; 38.8% a Baccalaureate
  - 91.4% are educated in Canada, 8.6% are educated internationally

2010 Statistics from Canadian Nurse Association, November 2012



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### Migration to Canada

- Top 8 countries migrating to Canada
  - People’s Republic of China (33,018)
  - Philippines (32,747)
  - India (28,943)
  - Pakistan (9,931)
  - United States (9,414)
  - France (8,138)
  - Iran (6,463)
  - United Kingdom (6,365)

Government of Canada: Facts and Figures  
2012; Immigration overview



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### Changing Demographics: Canada

- Multi-Racial/Multi-Ethnic Composition due to migration
- Linguistic diversity due to migrants whose mother tongue is neither English or French

• 76.7% Caucasian	• 4.8% East and South Asian
• 4.3% Aboriginal	• 2.9% African Descent
• 2.8% Southeast Asian	• 1.8% West Asian and Arab
• 1.2% Latin American	• 0.5% Multiracial and 0.3% Other

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### Changing Demographics: Canada

Provinces with the most migrant populations

- Ontario - 28.3%
- British Columbia - 27.5%
- Alberta - 16.2%
- Quebec - 11.5%
- Yukon - 10%

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### Forces of Change

“Education and training that can be qualified<sup>(sic)</sup> and quantified is the currency for mobility of health care professionals and the standards upon which health care institutions employ and sustain their workforce.”

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### History of Credential Evaluation

- Credential evaluation is the engine to fuel global mobility and migration.
- The four components that aid evaluation
  - Regulation
  - National curriculum
  - Accreditation
  - National license examination
- Public Protection is the goal of credential evaluation to ensure comparability of domestic nursing preparation.

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### Regulator Assessment Needs

Julia To Dutka, EdD

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### Credential Evaluation Types

- Types:
  - General Statement
  - Course-by-Course
  - Work Experience
- Purposes:
  - Academic Admissions
  - Immigration
  - Employment
  - Registration/Licensure

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### Trends in Credentials Evaluation

Credentials evaluation assists regulatory authorities in determining entry to practice eligibility/comparability of nurses

- Nursing education
- Accreditation
- Entry to practice
- Language proficiency



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### Trends in Credentials Evaluation

- Emerging innovations in education and practice will challenge existing regulations and standards
- How will scope of practice in a global marketplace be defined and determined?



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### Trends in Credentials Evaluation

- Educational comparability vs equivalency
- Determinative assessment based on standards vs advisory assessment
- Fraud detection
- Customized credentials evaluation reports
- Competency based assessment



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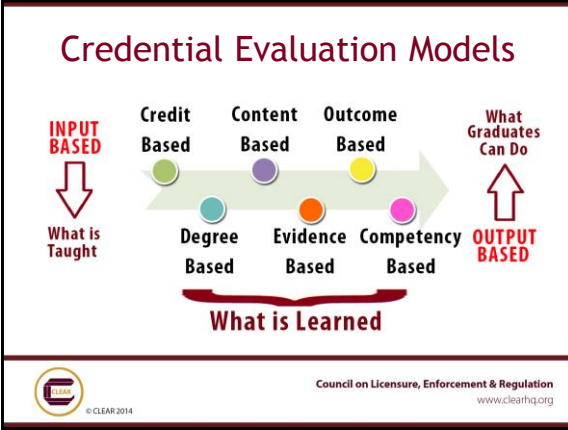
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- ### Credential Evaluation Concepts
- Input-based versus output-based
  - Quantitative versus qualitative
  - Non-source versus primary source
  - Verification versus validation
  - Government approval versus accreditation
  - Determinative versus advisory
  - Equivalency versus comparability
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- ### Guiding Principles
- Purpose
  - Constraints
  - Fairness
  - Standards
  - Accuracy
  - Consistency
  - Usefulness
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### The 3-Bear Rule



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### Canada: Creating a National Nursing Assessment Service

- Harmonizing application requirements of 23 separate Regulatory Bodies
- Single-Window application process for IENs
- Technology-based

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### National Nursing Assessment Service A Case Study of Harmonization

Karen Eisler, RN, PhD, ED SRNA  
Laura Panteluk, RPN, BScPN, ED CRPNM

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### ACKNOWLEDGMENTS

- Canadian Nurses Association
- Our regulatory partners across Canada
- Federal government
- Provincial governments
- Our project management team
- Our partner, CGFNS International



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### Our Journey NNAS



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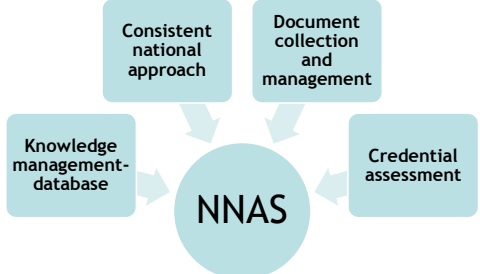
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### THE VISION



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### PURPOSE OF THE ASSESSMENT PROJECT

- To harmonize assessment standards across the provinces in Canada
- To achieve a unified approach in assessing IENs seeking registration for the 3 nursing professions (RN, LPN, RPN) across regulatory bodies in Canada
- To provide a streamlined process for IENs to be assessed, from application to report issuance.



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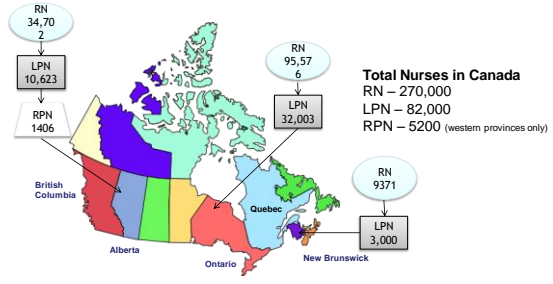
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### CANADIAN FEDERATION



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### REGULATORY MODEL FOLLOWS THE FEDERATED MODEL

- Health and education are provincial responsibilities
- Regulation of health professions at the provincial level
- Three nursing disciplines with different scopes of practice and competency requirements
- 23 nursing regulators in Canada



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### CASE FOR CHANGE

- Federal-Provincial Agreement on Internal Trade and Mobility in Canada
- Variability in capacity and expertise amongst nurse regulators
- Fluctuating volumes of applications from IENs
- Anticipated nursing shortage in Canada



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### FIRST THINGS FIRST

- Was there agreement that change was needed?
  - Discovery period (what are the current processes, volumes and issues?)
  - What are the essential steps to the IEN assessment process? Are they consistent across all Regulatory Bodies?
  - What are the risks and issues with our current approach?
  - Could we do it better?



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### HARMONIZATION - AT THE BEGINNING

- 23 independent regulatory bodies providing registration services
- At least 110 forms in use
- Approximately 60% of regulatory bodies provided forms/registration packages on-line
- Guidelines for completion of the forms: minimal



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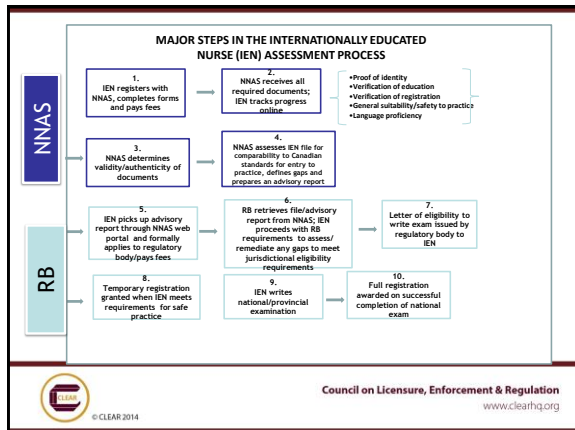
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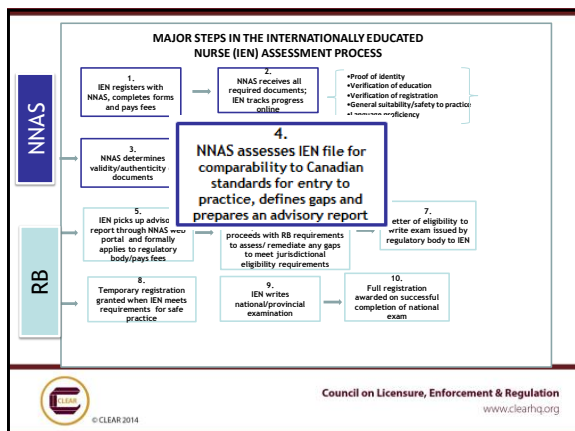
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**AGREED UPON AREAS OF FOCUS**

- Harmonize data collection and processes
- Standardize the English language requirements for nursing across Canada
- Establish a single on line window for IEN applications to all nursing disciplines in Canada
- Maintain the regulatory autonomy in registration decision making

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### HARMONIZATION WORK

- *Definition: Harmonization means to make identical or minimize the differences between standards or related measures of similar scope. (Agreement on Internal Trade, Chapter Two, General Definitions)*
- How is information collected? (process)
- What information is collected? (data mapping)
- What informs the decision-making process or assessment of an application file? (criteria)
- What are the gaps or differences?
- Can we resolve these differences?



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### KEY AREAS OF CONSENSUS

- The 10 step IEN assessment process
- The data elements for an IEN application
- The rules around IEN document management
- Language requirements



**Opportunity** for creating a single window for IEN applications in Canada



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### BUSINESS OPTIONS

- Build an entire solution - from ground up
- Buy an existing product from vendor who could provide the entire assessment service
- Buy/hybrid



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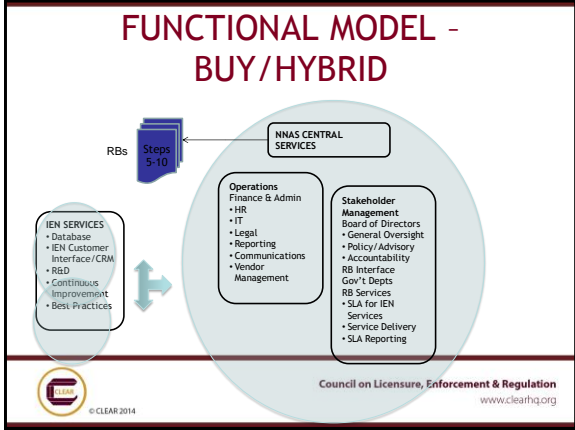
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- ### Selection of a Vendor
- Call for proposals
  - required a vendor with an education database, customer interface, best practice, global experience
  - Team to review
  - Selection of vendor
  - Negotiation of a contract
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- ### Our Main Partner
- CGFNS International Inc., Philadelphia, PA
- globally recognized authority on credentials evaluation of the education, registration and licensure of IEHPs worldwide.
  - will customize the NNAS branded solution
  - will provide a trained team of assessors, customer care staff, IT platform, international education database
  - will train and support RB staff during the transition
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Selected through a competitive RFP process  
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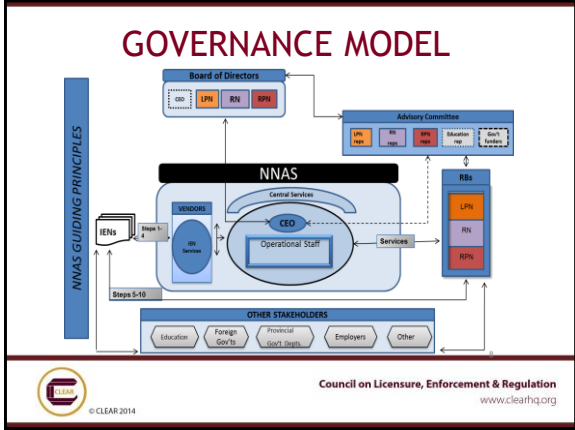
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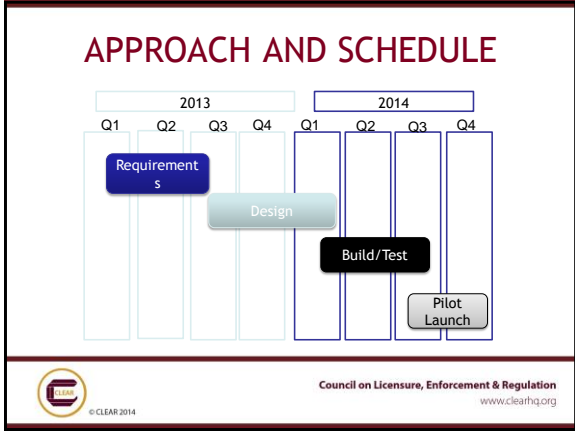
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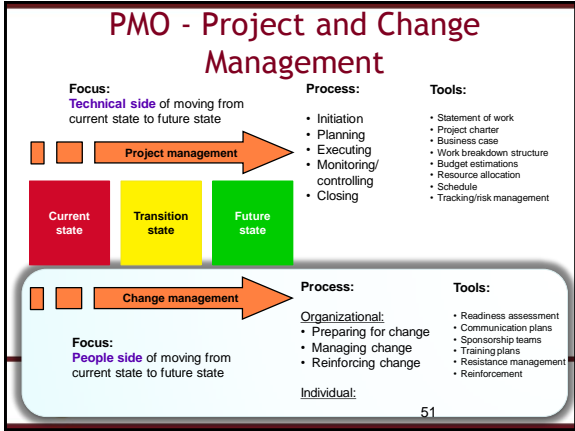
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## Reflections and Lessons Learned

### Panel Discussion

- Franklin Shaffer, EdD, RN, FAAN
- Julia To Dutka, EdD
- Karen Eisler, RN, PhD,
- Laura Panteluk, RPN, BScPN



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## Some reflections

- Importance of trust and communication
- Selecting a vendor - how to do it with 23 different organizations approving
- Planning for sustainability
- Planning of resources - \$ and HR
- Importance of change management strategy - plan and implementation



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## Exploring Strategies for Other Professions

### Discussion and Q/A Session



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