Canada’s Policy Framework for the Utilization of Internationally Educated Nurses

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ABSTRACT  
This paper analyzes the policy framework used by Canada’s government to facilitate the utilization of internationally educated nurses (IENs). Utilizing IENs is one component of a broad framework of supporting health human resources in Canada through horizontality and collaboration. A number of initiatives supporting IENs have been developed, including the Internationally Educated Health Professionals Initiative and the Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications. Progress has been made, though the opportunity for improvement exists. A stronger overseas presence, added emphasis on language and communication, and enhanced data collection are a few of the opportunities discussed. The strategic federal role, tied closely with enthusiastic collaboration by the provinces and territories, creates a national strategy that is uniquely Canadian.

Introduction

An ongoing challenge for health human resource policy-makers has been maintaining sufficient numbers of health care providers in the appropriate mix to meet local demand. This challenge is particularly acute within the
nursing workforce, the single largest profession in health care. Canada is not alone in its struggles to sustain its nursing workforce, as nursing shortages are recorded in many OECD countries, and international migration of nurses has been central on the global health agenda since the 1990s.\(^1\) The migration of these highly skilled health care professionals has been an area of great concern for many countries, both developed and developing, and has a significant impact on health systems all over the world.

An increasing number of nurses come to Canada seeking opportunities to practice their profession after being educated in another country. These individuals, called internationally educated nurses (IENs), face numerous challenges prior to participating in the nursing workforce. Many of these challenges are the focus of government policies and initiatives intending to utilize IENs by efficiently integrating them into the nursing workforce without jeopardizing the integrity of the profession or patient safety. As demand for the services of IENs increases, these initiatives will grow in importance.

The Canadian policy framework addressing these pressures is unique, characterized by strategic federal leadership and open collaboration among the federal, provincial and territorial governments. This paper will present the characteristics of nurse migration and the IEN workforce in Canada, outline the components of the policy framework in place to utilize IENs, and present opportunities for improvement. Canada’s governments have made significant investments to support IENs in the past decade, and some of the observations here can provide direction for the next decade.

**Global Trends in Nurse Migration**

In 2008, the World Health Organization (WHO) outlined fifty-seven countries that were facing crises in their health workforce, the nature and severity of which varied from country to country.\(^2\) Some do not have the capacity to train sufficient health care personnel to meet domestic demand; others train health care professionals only to lose them in an increasingly competitive global market. Challenges concerning the nursing workforce are of particular concern because it is typically the largest health occupation, and thus a good indicator of the health of the overall system. Nursing shortages are being seen throughout the world, particularly in OECD countries, namely, Canada, Australia, France, Germany, Ireland, the UK, and the US.\(^3\)

Nurse migration has always occurred, but recently it appears that
rates of nurse migration have greatly accelerated. Migration comes as the result of the interplay of “push” and “pull” factors in addition to the absence of legal or other constraints that impede migration. Generally, push factors include political turmoil, poor or unsafe working conditions, poor quality of life, and lack of economic and social stability; pull factors include aggressive recruitment campaigns, opportunities for educational or professional advancement, opportunities to earn higher incomes and a better standard of living, and/or peer or family influence.

Australia, the United Kingdom, and the United States receive the largest number of migrant nurses globally, while Canada and the Gulf States are also major destination countries. Chief donor countries include the Philippines, India and other South Asian countries. Canada, Australia and the United Kingdom play dual roles as both destination and donor countries. For instance, 20% of the 100,791 IENs in the US were educated in Canada. This reality has implications for Canada’s policy framework regarding internationally educated nurses. Despite the ongoing debate about how best to manage nurse migration, it remains relatively unchecked, uncoordinated, and individualized, such that some countries suffer from its effects – often developing countries – while others benefit – often developed countries. The health systems and health human resources (HHR) of developing countries are largely under immense pressure, and as such this kind of international movement of valuable health care practitioners presents an ethical dilemma.

Generally, the active recruitment of nurses and other health professionals from developing countries that can ill afford to lose them is viewed as unethical. In the United States fewer than 50% of IENs are actively recruited; in the UK the proportion actively recruited is estimated to be 30%. Canada suffers from a lack of data in this area, making it difficult to know how many IENs are actively recruited and how many migrate for other reasons. Anecdotally we know that some active recruiting of IENs does take place in Canada, most commonly among employers and regional health authorities through advertising, booths at international conferences and career fairs, as well as occasional targeted campaigns. Considering most IENs do not come to Canada through active recruitment, but rather immigrate in the refugee or family categories, usually without sponsored employment or temporary registration, the proportion is likely relatively small. In May 2010, the WHO, recognizing this trend, established voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel. The Government of Canada
endorsed the position of the WHO, specifically that ethical recruitment does not just address the issues of attracting workers from countries that may not be able to afford to lose them, but also the ethical responsibility to treat international recruits fairly and not to exploit them.\textsuperscript{15}

**Characteristics of the Canadian IEN Workforce**

Canada’s health workforce is largely home grown; nursing is no exception. In 2009, of more than 266,000 nurses employed in the nursing profession, approximately 22,000 or 8.3\% were internationally educated.\textsuperscript{16} Proportionally, the IEN workforce in Canada is comparable to that of the UK at 8\%, smaller than Australia’s at 16.4\% and New Zealand’s at 22\%, and larger than that of the US at 3.7\%.\textsuperscript{17} Between 2000 and 2008, four countries consistently appeared among the top countries of education for internationally educated first-time writers of the Canadian Registered Nurses Exam – the national examination all RNs must pass to practice in Canada: the Philippines, United Kingdom and Wales, the United States, and India.\textsuperscript{18} In 2008, 30.2\% of IENs were educated in the Philippines, and 17.9\% were educated in the United Kingdom, comprising almost half of all IENs in Canada. Dozens of countries fill out the rest of the list, making IENs a highly heterogeneous group.

While IENs make up a relatively small proportion of the nursing workforce on a national scale, they comprise a considerably larger proportion of some local workforces. For instance, more than half of all IENs in Canada work in Ontario, where they constitute 10\% of the total nursing workforce.\textsuperscript{19} In 2007, one-third of Ontario’s IEN work in Toronto, where they represent 25\% of the nursing workforce.\textsuperscript{20 21} While detailed statistics are sparse, it is likely that IENs comprise a relatively large proportion of the RN workforce in BC’s Lower Mainland region, surrounding Vancouver as well. IENs comprised 16.4\% of BC’s RN workforce in 2009\textsuperscript{22}, and the largest proportion of the RN workforce in BC is located in this urban centre. Given this, it is probable that IENs are strongly represented there as well. If this is true, the effective utilization of IENs is of specific concern to health care providers in two of Canada’s largest cities.

**Canadian Policy Approach**

Before analyzing Canada’s approach to the utilization of IENs, it is important to address the idea that filling nurse shortages with IENs only delays action on issues that have driven Canadian nurses away from the profession.\textsuperscript{23 24 25 26 27} Ensuring a safe and satisfying workplace is a
constant goal in the health field. However, when viewing this policy field more broadly, it is a value-added proposition to include IENs in HHR planning. Most IENs immigrating to Canada do so as dependents and even if all formal recruiting ceased they would continue to arrive. The utilization of IENs has positive implications for the health system, the economy, and the individual, both socially and economically. The avoidance of “brain waste,” as it has come to be called, is a policy goal in itself, and is a component of the overall policy approach taken by Canada’s governments.

Health human resource challenges were central themes of the 2004 Royal Commission on the Future of Health Care in Canada, and the 2004 Health Accord between the Government of Canada and the provinces and territories. The Advisory Committee on Health Delivery and Human Resources (ACHDHR), a standing committee of the Conference of Deputy Ministers of Health, was mandated to provide strategic advice on the planning, organization, and delivery of health services including health human resources. Acknowledging the HHR challenges facing provincial health systems, regional health authorities and employers, the ACHDHR has identified three responsibilities of the federal, provincial and territorial governments. The first is a responsibility to educate enough health care providers to meet the population’s health needs, followed by a responsibility to provide opportunities for skilled immigrants who want to make their home in Canada. The third is a responsibility as a global citizen not to intentionally weaken other countries’ health care systems and to mitigate the negative impacts of recruitment and migration on source countries.\(^\text{28}\)

The balancing of these responsibilities reflects the nature of the policy approach taken by Canada’s governments. It requires a complex network of partners and stakeholders to work toward a common goal, while managing their individual responsibilities. Provinces and territories are responsible for health human resource planning, the health systems, and labour codes, while the federal government is responsible for immigration. In recent years the provincial role in immigration has increased with the introduction of the Provincial Nominee Program,\(^\text{29}\) but the federal government has significant influence in the areas of health and health human resource planning. Further, the provinces largely delegated responsibility for local health professionals recruitment practices to regional health authorities and regulatory bodies preside over all matters of professional practice.

This federal arrangement is often viewed as a challenge; however, in this instance it can also be seen as an advantage. The federal government
has taken a strategic role in coordinating initiatives to address challenges facing IENs, enabled by collaboration with the provinces and territories through the ACHDHR and other mechanisms to be discussed shortly. In contrast to this approach is the United States, which is far less coordinated and thus faces serious HHR challenges. In their strategic role, the Government of Canada supports the utilization of IENs by three different means: communicating to IENs important workforce and regulatory information, fostering utilization of IENs through funding initiatives, and improving consistency across jurisdictions by providing leadership in the development of pan-Canadian standards.

Access to information pre-arrival is very important for the timely utilization of an IEN’s professional skills upon arrival. Citizenship and Immigration Canada’s Foreign Credentials Referral Office (FCRO), established in 2007, strives to provide IENs with accurate information on the Canadian labour market, various credential assessment processes, and opportunities to improve language skills. This information is crucial because it allows IENs to be aware of the challenges and timeframes ahead of them and prepare to provide the materials necessary to expedite assessments and other processes on the path to licensure. Like other IEHPs, the longer IENs are out of the health workforce, the less likely they are to rejoin it in their occupation of training.

Beyond the services described, Citizenship and Immigration Canada broadly influences other down-stream policies, such as foreign worker utilization and integration, through the policies set out in the Immigration and Refugee Protection Act (formerly the Immigration Act). Consistent through the various reforms of the Act was the obligation that skilled newcomers would find their own employment once in Canada. This is reflected in the introduction of the Norms of Assessment Points Scheme in 1962, the development of priority occupations reflective of labour needs in 1976, the general human capital selection model in 2002, and that of high demand occupations in 2008. With an annual immigration goal of 1% of the population, the scale and long-term goals of immigration policy oriented in this way create a special concern that immigrants integrate well into society, socially and economically.

Supporting a smooth community and professional integration period has largely fallen to Health Canada’s Internationally Educated Health Professionals Initiative (IEHPI) and Human Resources and Skills Development Canada’s (HRSDC) Foreign Credential Recognition (FCR) program. Initiated in 2005, the IEHPI supports initiatives in each province and territory designed to address the challenges facing IENs and other IEHPs. Project funding is conditional on support of at least one of IEHPI’s
six strategic objectives: to provide access to clear, timely information about paths to licensure; to establish fair and transparent mechanisms for assessing the credentials, knowledge and clinical skills; to create programs that increase the capacity of faculty and clinical educators; to increase access to a range of training, bridging and remediation programs; to launch programs that promote workplace integration; and to maximize the impact of resources through enhanced regional collaboration.\footnote{32}

Since 2003 the FCR program has played a similar role, working with Canadian institutions to improve the integration of internationally trained workers into Canada’s labour market by supporting the development of fair, transparent, consistent and rigorous pan-Canadian tools and processes.\footnote{33} The IEHPI and FCR program work closely to ensure overlap is avoided, and the initiatives funded by each operation are complimentary when possible. Overlap is often avoided simply because IEHPI focuses solely on health care professionals and works primarily with the provinces and territories, whereas the FCR program focuses on a broader selection of professions and is generally pan-Canadian in scope. Through the provinces and territories, universities and other post-secondary institutions and nursing regulators commonly contribute to the initiatives.

The funding and support provided by these two government initiatives have facilitated a great number of projects that foster the utilization of IENs. Such projects include:

- Completed in 2005, \textit{Navigating to Become a Nurse} was funded by the FCR program and published by the Canadian Nurses Association. It presented the policies, practices and procedures used by regulatory bodies to assess IENs applying to licensure in Canada, along with factors that influence IEN integration. This baseline research informed additional research and policy.\footnote{34}

- In 2006, the IEHPI funded the Leslie Dan Faculty of Pharmacy, University of Toronto, to design an orientation program for IEHPs. The program, entitled \textit{Understanding the Canadian Health Care System, Culture and Context - Development of an Orientation Program for Internationally Educated Health Professionals} has developed numerous best-practices. It supports IENs and other IEHPs to meet the demands of professional practice, collaboration, teamwork and patient-centred care. It is now available to educational institutions and settlement organizations across Canada and can be accessed online.\footnote{35}

Since 2007, the Internationally Educated Health Professionals
Centre (Access Centre) has been operating in Toronto. It provides a single point of access to comprehensive information, resources, counselling, and assessment for IENs and other IEHPs. It is profession specific and provided on a one-on-one basis.\(^36\)

In 2009, the FCR program funded the College of Nurses of Ontario to work with other nursing regulators across Canada toward harmonization of registration, qualification and evidence requirements for IENs, and a national assessment service for nurses.\(^37\)

The IEHPI has funded the development of centres providing competency assessments, communication readiness, and other supports for IENs in Nova Scotia, Alberta, Manitoba, and Ontario, with intentions to carry best practices to other jurisdictions.\(^38\)

Supports such as bridging programs to assist IENs meet licensure requirements, Canadian Registered Nursing Exam preparation, and various professionals and community integration activities have been funded across the country.\(^39\)

In addition to providing information to IENs and supporting them through project funding, the federal government seeks to improve consistency by providing leadership in the development of pan-Canadian standards. The Forum of Labour Market Ministers, co-chaired by the federal Minister of Human Resources and Skills Development, outlined a strategic vision that has significant implications for IENs in Canada. The Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications (FQR Framework), “articulate[s] a new joint vision for governments to take concrete action to improve the integration of immigrants and other internationally-trained workers into the Canadian labour market.”\(^40\) This new vision is framed by four guiding principles: 1) fairness of qualification recognition criteria; 2) transparency of application requirements, methods for assessment, and criteria for recognition; 3) timeliness of the process; and 4) consistency across jurisdictions.\(^41\) The timeliness principle addresses one of the most often cited challenges faced by IENs, and came into effect for nurses on December 31, 2010.\(^42\)

At a minimum the Pan Canadian Framework will require a much higher level of coordination and alignment across the country, as it calls for a fundamental change in how government manages the labour market and a commitment to ongoing collaboration.\(^43\) Experience can be drawn from the management of the Agreement on Internal Trade (AIT), which also has
implications for IENs. Chapter seven of the AIT aims to eliminate or reduce obstacles specific to labour mobility, enabling any worker qualified for an occupation in one province to have access to employment opportunities within that occupation in any other province. Lenihan states that in order for the collaborative relationships among provinces and the federal government to function regarding the FQR Framework and AIT, a new dynamic must emerge where the federal government plays a strategic leadership role as facilitator and mediator; thus far, such a dynamic has been allowed to emerge. We have seen similar results with the Advisory Committee on Health Delivery and Human Resources, as well as the projects under the Internationally Educated Health Professionals Initiative. This coordinated and collaborative approach appears to be uniquely Canadian.

Opportunities for Improvement

Canada’s policy framework concerning the utilization of IENs is highly coordinated among federal, provincial and territorial partners, and attempts to address the challenges they face, particularly as articulated in Navigating to Become a Nurse. While acknowledging the fact that Canada has generally had an appropriate policy focus for its unique characteristics, opportunities for improvement exist. These opportunities along the path to licensure include: improving access testing overseas, more uniform orientation and upgrading opportunities, increasing the emphasis on language, communication and cultural orientation, outlining options for alternative careers, diversity training for those who work with IENs, and enhancing the capacity for data collection.

Largely, IENs arrive in Canada before they initiate the process of credential recognition and eventual registration. The FCRO has recently expanded services such as credential assessments overseas, however the services offered are meagre relative to other countries. South of the border, the National Council Licensure Examination - Registered Nurse (NCLEX-RN), similar to Canada’s CRNE, is available at numerous international sites, enabling IENs to become licensed in the US prior to immigrating. Centres in England, South Korea, and Hong Kong have been operational since 2005, with centres opening in Australia, Canada, Germany, India, Mexico, Japan and Taiwan shortly thereafter.

Currently there are no opportunities to take the CRNE overseas. Providing such opportunities in select countries, in addition to other necessary supports, would significantly increase the preparedness of IENs coming to Canada. This is beneficial because the lower the preparedness of
IENs upon arriving in Canada, the less likely they are to enter the workforce. Some Canadian jurisdictions are beginning to explore similar options. Manitoba has arranged for licensed practical nurse (LPN) testing in the Philippines, and Alberta’s Mount Royal University now provides IEN competency assessments in London, England. Enhanced overseas information and services can improve an IEN’s opportunity to become licensed and reduce wait-times.

Once they have arrived in Canada, IENs typically require varying degrees of upgrading or bridge training to improve their clinical skills prior to taking the CRNE. In addition, they require orientation to effectively integrate socially and professionally. Many high quality bridging and orientation programs exist across the country; however, their content is inconsistent and there are challenges with accessibility. Alternatives to this decentralized approach exist internationally. Introduced in 2005, all nurses from outside the European Union applying for registration in the UK must complete a 20-day “Overseas Nursing Program” prior to full registration. There are drawbacks to this approach, most notably the IENs’ added time and foregone wages. However, it also sets out common entry standards, supervised practice, and language tests. Canadian IENs could therefore benefit from a more uniform bridging and orientation mechanism.

Emphasis on language and cultural orientation is essential to the effective utilization of IENs in Canada. IENs and other IEHPs have found language barriers to be one of the most significant challenges to full participation and integration. This has implications for formal testing, with IENs from English-speaking countries performing relatively better on the CRNE, and their ability to perform in the workplace. There are a number of supports available to IENs provided by employers, integration projects, and private services. However, it may be beneficial to enhance the availability of such programs, and incorporate more than language fluency. Equally important to simply having good command of either English or French is an understanding of the cultural context, how patients and colleagues interact and communicate, and informal queues and expressions that supplement oral communication. There is an opportunity here to address this challenge in a consistent and meaningful way.

It is also important to acknowledge that regardless of the supports available, some IENs will not develop sufficient clinical competencies to practice as RNs in Canada. In such instances brain waste can still be avoided by providing options for career alternatives. In many countries, the responsibilities of a nurse can include almost any medical care patients require outside that which they receive from a physician, whereas in
Canadian jurisdictions they have a very specific scope of practice. Encouraging unsuccessful IENs to become registered as RNs and to prepare for LPN examinations may be a useful strategy.\(^{53}\) LPNs often work in the same practice environment, and maintain a similar skill set. The main difference between the two is the lower level of complexity within the patient population for whom LPNs provide care. Failing this avenue, other occupations such as unregulated personal care workers could be presented as options. This approach aims to keep IENs in the health care system, so their skill set is not lost to both the donor and recipient country.

Finally, diversity training can be a useful tool to improve the utilization, specifically the integration, of IENs. A component of many orientation programs, diversity training should not only be offered to IENs but also be provided to those who employ, manage, train and work with IENs. Full participation and integration into the Canadian health system is a process in which IENs must assume much of the responsibility, but not all. Those who work with IENs have a responsibility to ensure they are treated fairly and with respect like any other employee.

Less related to the workplace, but a significant barrier to crafting policy and programming in support of IENs, is the lack of data available to inform decisions. Nursing migration is widely underreported. IENs are largely invisible to governments and policy-makers until they self-identify with regulators,\(^{54}\)\(^{55}\)\(^{56}\) as Citizenship and Immigration Canada has no means to record their occupation of training upon arrival. Greater information on IEN migration would be valuable for policy and planning exercises, and address one of the principles in the WHO and Government of Canada Codes of Practice for the recruitment of IENs and other health professionals. This data deficit could be addressed through the development of a registry, or system of unique identifiers, in which IENs can register their professional competencies upon immigration to Canada, regardless of the category in which they immigrate. Such a tool would provide policy makers with the baseline knowledge they require to improve the initiatives designed to support IENs.

**Conclusion**

Across Canada, nursing shortages are partly being addressed by providing access to information, timely and fair competency assessment, clinical upgrading and cultural orientation to IENs. Canada’s governments have developed these initiatives to support IENs primarily through funding from the Internationally Educated Health Professionals Initiative and the Foreign
Credential Referral Program, and many have seen success. Building on the strategic leadership of the federal government, and collaboration across all provinces and territories, the FQR Framework shows promise for the advancement of further initiatives supporting IEN utilization. Often Canada’s federal structure is criticized as an obstacle, but in this instance it has proven to be a strength.

While progress is being made, potential improvement can be found by looking to international examples and common challenges faced by IENs. Improved access testing overseas, more uniform orientation and upgrading opportunities, greater emphasis on language, communication and cultural orientation, outlined options for alternative careers, diversity training for those who work with IENs, and enhanced the capacity for data collection are just a few opportunities to enhance the supports provided to IENs. These options are not as much a critique of what has been done to date, but rather opportunities, or direction for future funding. At the end of the day, Canada is already a world leader in its efforts to support and utilize IENs. Any improvement would be measured against ourselves.
NOTES

1 Buchan, 2005.
5 ACHDHR (2010).
6 Lorenzo et al. (2007).
7 Kline (2003).
8 Ibid., 108.
10 Brush (2008).
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13 Ibid.
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22 CIHI (2010).
23 Blythe and Baumann (2009).
25 Baumann et al. (2006).
26 Jeans et al. (2005).
27 Kline (2003).
28 ACHDHR (2010).
29 Under the Provincial Nominee Program applicants are nominated by a province or territory to immigrate to Canada. They have the skills, education and work experience needed to make an immediate economic contribution to that jurisdiction and are prepared to establish themselves as permanent residents.
31 Reitz (2010).
34 Jeans et al. (2005).
35 Health Canada (2010).
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