

An Environmental Scan of Programs and Services
available to
Internationally Educated Healthcare Professionals
in Canada

Prepared for
The Western and Northern Health Human Resources
Planning Forum

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EXECUTIVE SUMMARY

The acute shortage of trained healthcare providers is affecting the ability of health care institutions and public health agencies to deliver services in a timely fashion. One strategy to redress the shortage has been to better utilize internationally trained healthcare professionals (IEHP) to fill vacancies. Much effort is now being made to assist the IEHP to immigrate and become a practicing healthcare professional in Canada.

A comprehensive model or framework for integrating IEHPs into the Canadian healthcare system includes the following components:

- Access to information about working as a health professional in Canada
- Ability to assess professional competence, including credential, language and clinical assessments
- Access to profession support programs including language/communication, exam preparation or professional bridging programs
- Employment supports
- Financial supports
- Career counseling
- Immigration and settlement support services

The volume of English-based information about immigration, working in Canada as a healthcare professional and employment opportunities is large, comprehensive and easily accessed through a search of the web.

To evaluate competency, regulated professions or professions that require national certification rely on one or more of the following:

- the verification of educational and professional credentials,
- assessment of the applicant's ability to speak English and/or French, and
- evaluation of professional knowledge, either in the form of a written examination(s) and/or demonstration of clinical competence.

Of the three criteria, tools to evaluate language are the best developed. Two jurisdictions are considering development of a multi-disciplinary credential verification service. Much work is underway in various jurisdictions to develop new tools to evaluate clinical skills. It is not clear how much inter-jurisdictional coordination or communication is occurring as the tools are developed and there is a concern that Mutual Recognition and Portability agreements may be violated as the number of approaches to assessment increase.

There are initiatives to develop professional language benchmarks and tools that could be helpful to the professions. However there is little evidence of agreement on national standards. Many excellent programs to address cultural communication competency have been developed over the past 3 years.

Exam preparation is another area where many resources have been developed. However, more work seems to be underway. An evaluation of the resources available could be useful.

A major concern expressed by IEHPs is that once they have been assessed as requiring additional competencies, there have been no programs for them to attend. Many jurisdictions have responded to this concern by developing a range of bridging program options. The major gap in this area now is access. Most programs are offered in large centres and certainly not by every jurisdiction. There is an opportunity for jurisdictions to form partnerships for program delivery. Consideration should be given to developing an online delivery system that addresses assessment, education and bridging.

Preparing to work in Canada can be a very expensive proposition for IEHPs. At this time, there are very few financial support programs to assist professionals with credential verification, assessment or gap training.

Career counseling services are available for most IEHPs but they may find the options offered to them to be limited. Some work has been done to engage the professionals in a technical role until they are prepared for professional licensure or certification. The problem is that most of these jobs are not linked with a support program and are low paying.

Recommendations to address current gaps include:

Access:

1. Program Partnerships: There is an immediate need to develop partnerships with other jurisdictions/educational facilities to avoid duplication of effort and to maximize access to programs across the country.
2. Exploration of distance delivery options for programs should be considered to increase access to programs by each jurisdiction.
3. A central source for program information and resources would reduce duplication of effort, costs and increase the effectiveness of jurisdictional strategies. There is a need for a central clearinghouse function where information about current and new programs can be accessed not only by IEHPs but also by program planners and managers. This is likely best managed through a national initiative.
4. Support should be directed to each professional certification or licensure body to include a separate clearly identified link for IEHPs on their websites

Programs:

5. Develop a formal evaluation component to the national strategy to determine and support implementation of “best practice” models.
6. There is a need to expand the current mentorship models that could in turn, support the utilization of online delivery of programs. This could include orientation of faculty working with IEHPs as well as “peer” mentors.
7. Explore financial support programs/strategies for IEHPs with employers, banking institutions, educational facilities.

System:

8. There is a need to work toward inter-jurisdictional regulatory consensus regarding assessment strategies, including language, OSCE and other assessments, and bridging programs related to licensure.
9. Identify opportunities and partnerships with private/public healthcare institutions, to match employment requirements with recruitment and effective utilization/retention of IEHPs in the Canadian workforce.

INTRODUCTION:

The integrity of the supply of trained health care professionals is critical to the management, as well as the response, of the healthcare system to the community it serves. Federal, provincial and territorial governments in Canada have acknowledged that the acute shortage of trained healthcare providers is affecting the ability of health care institutions and public health agencies to deliver services in a timely fashion.

Governments and healthcare managers have responded to the shortage in three ways: managers have attempted to utilize professionals in the system more efficiently; governments have increased training capacity in the professional schools; and there has been a concentrated effort to utilize internationally educated health care professionals (IEHPs) to fill the gaps.

To assist with the health human resource planning process, the Western and Northern Health Human Resource Forum has requested a list of the programs and supports currently available to eight internationally educated healthcare professionals (IEHPs)-, pharmacists, nurses (RNs, LPNs, Nurse Practitioners), midwives, medical laboratory technologists, medical radiological technologists, physiotherapists, occupational therapists and physicians. The material for the inventory was gathered between September 1-October 17, 2006, primarily from a review of websites, literature and selected interviews with regulatory colleges, universities and colleges, and government employers.¹

The report also includes key recommendations to address areas where there are gaps in products or programs to address the needs of IEHPs as well as several key documents prepared by professional organizations or governments.

THE CONTINUUM OF SUPPORTS/PRODUCTS FOR IEHPS

A comprehensive model or framework for integrating IEHPs into the Canadian healthcare system includes the following:

- Access to information about working as a health professional in Canada
- Ability to assess professional competence, including credential, language and clinical assessments
- Access to profession support programs including language/communication, exam or professional bridging programs
- Employment supports
- Financial supports
- Career counseling
- Immigration and settlement support services

¹ NOTE: The information provided in the scan is time sensitive. New programs under development may not be reflected in the scan while other programs may be temporarily suspended. Direct contact with F/P/T ministries or program managers is recommended.

Access to Information about Working in Canada:

Clear, comprehensive and easily accessible information about employment opportunities and licensure and immigration requirements can influence the decision of an IEHP to immigrate to Canada or to another destination. There is a large volume of information available about licensure/certification and immigration requirements for IEHPs

The Canadian Information Centre for International Credentials website (www.cicic.ca) is the most comprehensive website for internationally educated healthcare professionals, providing information about 151 professions and occupations with links to the relevant provincial/territorial regulatory body, immigration information as well as employment opportunities. This website is prominent in any web search about working in Canada.

The professional associations and/or regulatory websites for each of the 10 professions also provide an excellent description of immigration requirements and professional practice requirements (including language requirements). The home page of these websites, with a couple of exceptions, have an obvious option for “internationally educated healthcare professionals”. Choosing this option directs an IEHP to the requirements and steps to licensure in each Canadian jurisdiction. (NOTE: The regional and national websites are cross referenced.) The websites also often include the initial application forms, costs, exam registration information etc as well as provide the IEHP with information related to the preparation for licensure/certification. eg; information about the code of ethics of the profession, standards of practice, sample exam questions and/or information about educational programs that may assist them with exam preparation or accessing bridging programs. As well as the regulatory or national certifying body sites, there are many private recruitment company websites that also provide similar information.

The Canadian Information Center for International Medical Graduates website is an excellent model of a “one stop” shop approach to information. Is the volume of other IEHPs coming to Canada sufficient to warrant a similar investment? If the objective for providing the information is recruitment, then region-specific information sites like Health Match British Columbia or Skills Connect for Immigrants may be the better approach.

It must be noted here that it is a frustrating and time consuming task to access all the information regarding programs/supports for IEHPs. This is challenge for both IEHPs as well as program planners. The Maytree Foundation in Ontario appears to be the main clearinghouse for comprehensive information for immigrants but currently, the information on their website is not sufficiently detailed and a secondary search to alternate sites is required to gain operational information.

Assessment of Competence

Almost without exception, the regulated professions rely on three elements to determine if an IEHP meets the requirements for licensure in Canada. This includes:

- Credential Assessment
- Language Proficiency
- Assessment of Professional competence

Credential verification is a key element of the assessment process for all the professions. The ability to speak English or French is the second licensure requirement. The third is an evaluation of professional knowledge that may be in the form of a written examination(s) and demonstration of clinical competence.

Credential Assessment:

Regulatory bodies rely on the information/documents they receive from the applicant and the original educational institution(s) to evaluate the equivalency of an applicant's education/ training to Canadian training. This is a complex and cumbersome task. Without access to a large comprehensive database for each profession and the capacity to evaluate the credentials, the contribution of an IEHP may be lost to the system or unnecessary costs incurred for prior learning assessment or bridging programs to ensure they have the competencies equivalent to Canadian graduates.

There are four large “credentialing” agencies serving different areas of the country that provide the initial equivalency information for a number of regulatory/certification bodies. These are International Credential Evaluation Service (ICES) which serves BC; International Qualifications Assessment Service (IQAS) serving Alberta, Saskatchewan and NWT; World Education Services, Canada (WES) serving Ontario and Service d'évaluation comparative (SEC) serving Quebec. Manitoba has a smaller service, Academic Credentials Assessment Service (ACAS). Once the credential information is received, the provincial/territorial regulatory/certification body must decide on its equivalency. For smaller jurisdictions or professions, this is particularly problematic.

Under the guidance of the Medical Council of Canada (MCC), physicians are developing a credential verification service for doctors. This service will validate the credentials submitted by applicants and confirm their authenticity for provincial/territorial medical regulatory bodies. The final report from the Nursing Diagnostic, funded by HRSDC, has also recommended the creation of a central credential verification service, similar to the one proposed for physicians. The MCC has indicated that their service could be expanded to include other professions. There may be interest from another jurisdiction in Canada to explore expanding the credential assessment services for IEHPs other than physicians.

Language Assessment

Communication (speaking, listening, reading and writing) is cited as one of the most common reasons for the failure of IEHPs to integrate successfully into their profession. And language assessment is one of the sensitive areas to evaluate as many IEHPs receive all or part of their education/training in schools where English/French was the language

of instruction (although not necessarily the working language). Mastery of language for healthcare professionals requires that a professional have not only basic English/French language skills; professional language capacity but also cultural communication competency.

English/French language skill: Most regulatory bodies rely on TOEFL, TESEL or both scores, to determine eligibility for licensure. There appears to be more than sufficient resources to assist IEHPs prepare for TOEFL/TESEL tests. The Manitoba internet based TOEFL testing service may be a service other jurisdictions could consider as part of a self assessment guide to IEHPs considering work in Canada. However, while these tests determine a standardized level of understanding of basic language skills, there is a growing body of evidence that suggests the inadequacy of these tests to predict success in the licensure examinations or in professional practice.

One interesting project that could be of interest to jurisdictions and professions is the computer software developed for the Pronunciation Enhancement Pilot (PEP) project for pharmacists in Alberta.

Professional language capacity: Several professions have adopted language benchmarks for their profession. Canadian language benchmarks (CLB) describe what adult second language learners can do, using English, at twelve levels of proficiency, or benchmarks. The twelve Benchmarks are separated into three progressive levels of proficiency:

- Stage I (CLB Levels 1-4) - basic level of proficiency
- Stage II (CLB Levels 5-8) - intermediate level of proficiency
- Stage III (CLB Levels 9-12) - advanced level of proficiency

Most healthcare professions require a language benchmark between 9 and 12.

Several of the professions, such as nursing have established national benchmarks and have tools to test professional language capacity. Other such as pharmacy may have been benchmarked for a province but the standard has not been nationally accepted. Of interest is the CLB proposed project to standardize the upper level benchmarks. The outcome of this initiative should help the other health professions in their assessment for appropriate language skills.

Cultural Competency: Cultural communication competency encompasses not only verbal language skills but also the professional cultural and ethical communication expectations of a profession. Often programs that address cultural communication are incorporated into “Orientation” or “Preparatory” program offered to applicants prior to taking licensure examinations, clinical assessments or entering bridging programs. A few are stand alone modules within professional “orientation” programs. Although there are many common elements to working in the healthcare system in Canada, most of the programs currently offered are discipline-specific and are delivered in a classroom environment. However, the course content of these programs is very

similar and could be adapted into an online interactive program. Health Canada is working with the University of Toronto, Faculty of Pharmacy on an interdisciplinary on-line Orientation to the Canadian Workplace program that could be of interest to all jurisdictions and professions.

Assessment of Professional Competence

Professional competency assessment usually means testing of professional knowledge through a written examination process, completion of a simulated clinical evaluation or observation of clinical practice over time.

Pre-assessment

Two professional bodies, physicians and nurses, provide an online self assessment test that professionals can access prior to coming to Canada or applying for licensure. The Medical Council of Canada self assessment test (SAEE- www.mcc.ca :go to exam link) offers a multiple-choice practice examination for graduates of international medical schools wishing to test their level of preparedness to apply for the Medical Council of Canada's Evaluating Examination (MCCEE.) Feedback is provided to the applicant on line. The Canadian Nurses Association (www.can-nurses.ca -see sidebar: Canadian Registered Nurse Exam) offer a similar pre-test for health professionals. A similar test is under development for LPNs.

Screening Examinations

In addition to evaluating the credentials and language capacity of applicants, Pharmacy and Medicine require applicants to complete an Evaluating Examination as part of the application process. Both professions offer online assistance to prepare for the exam; eg sample format, questions and scenarios as well as preparatory resource materials. Like the online pre-assessment tests used by medicine and pharmacy, the screening examinations are used by the regulatory body to screen out unprepared applicants rather than recognize competence.

Prior Learning Assessment

Prior Learning Assessment (PLA) is the assessment by a qualified specialist, using a valid and reliable tool, that recognizes skills, knowledge, or competencies that have been acquired through work experience, unrecognized training or independent study. For IEHPs seeking recognition in Canada, this may mean a paper review of credentials, completion of credentialing examinations, demonstration of clinical knowledge and skill through standardized laboratory simulations or observation of practice over time or all of the above.

At this time, medicine has developed a wide range of prior learning assessment tools although there is insufficient agreement from jurisdiction to jurisdiction about the acceptance and/or the validity of the tools to demonstrate competence. As a result in medicine, if applicants are successful in the screening examination, PLA can mean a 3 day OSCE assessment or a multi week clinical observation. Considerable work has been done by the Western Alliance for the Assessment of International Physicians (WAAIP) in

developing and validating a standardized approach for IMG assessments. A pilot program was successfully implemented in which collaborative agreement was reached between the four western provinces to accept the results of the standardized assessments on 24 candidates from across the western and the northern jurisdictions. This is yet to be formally accepted beyond the pilot program.

Nursing faces a different set of challenges in developing PLA. There are two levels of nurses in Canada, the RN and the LPN/ Nursing Assistant and the entry to practice requirements for both groups are not consistent across the country. The College of Nurses of Ontario is developing criteria and a model for a prior learning assessment and recognition (PLAR) process to determine equivalency to a baccalaureate degree in nursing. Mount Royal College in Calgary has also developed a PLA for internationally educated nurses, combined with a bridging program if supplementary training is warranted.

The University of British Columbia is starting to develop a PLA for midwives. This project is supported by the Canadian Midwifery Regulators Consortium.

Interestingly, the University of Toronto developed a PLA for pharmacists which they have subsequently abandoned as they found that their applicants required all the components of their bridging program and therefore, it was not a good use of resources to require PLA. The Alberta College of Pharmacists disagrees with this direction.

Developing more PLA initiatives to fill the current gaps would appear to be the more prudent approach to integrating IEHPs more quickly into the system. However, without a commitment from jurisdictions and professional regulators to accept new PLA tools and/or the bridging programs designed to address competency gaps, it is questionable if this is the best use of resources.

Preparatory Bridging Programs

A common complaint of IEHPs is they have “no place to go” if the PLA identifies gaps in the “equivalency” of their knowledge and skills. Some orientation or advanced language training initiative programs offer the content one would expect to see in a bridging program. In some jurisdictions the only option for IEHPs is to attend generic “refresher” courses (some of which integrate Canadian nurses returning to practice) or to repeat the complete training program. Medicine has struggled with the issue of whether it can assess applicants for practice readiness or only for further education and entrance to residency programs.

Access to preparatory bridging programs is a major concern. Although there are a number of “bridging program curricula” available for each of the professions, most of the bridging programs require attendance at a physical site for 3-10 months. Delivering bridging programs through distance delivery medium should be considered. This certainly would increase access for applicants in other provinces/territories and remote communities. However, where distance delivery has been tried, educators report a large

drop out rate. This may be because bridging programs also serve as an important “peer” support or provide professional validation. Training local “mentors” to work with IEHPs in distance delivery programs could be an educational option to explore.

Bridging programs are not inexpensive to deliver. A critical mass of applicants is required to make the programs financially viable. For jurisdictions with large immigration, this is not an issue. However, for the majority of provinces and territories, offering a program that is financially viable for both the educational institution and the IEHP, may be a challenge. Hopefully the costs could also be contained if agencies/ jurisdictions developed “share” agreements to deliver programs through distance delivery options. The Canadian Virtual University program (<http://www.cvu-uvc.ca/english.html>) is a consortium of Canada's leading universities in distance and online learning. Partnerships with private educational facilities may be an alternative option to explore.

Finally, there should be some caution regarding labour mobility as jurisdictions develop their own PLA and bridging strategies. Health professionals who are assessed in 9 or 12 weeks may find they are not able to move to other provinces or territories in Canada without undergoing additional assessment. Pan-Canadian Labour mobility is now a major focus for First Ministers who have targeted the prospect of complete pan-Canadian labour mobility by April 1, 2009. The real impact of this program is yet to be fully realized.

Licensure Exam/ Supports

Through website links, IEHPs in all the professions are directed to self guiding tools to prepare for exams. The websites developed by the professional associations generally provide applicants with basic information about their profession’s code of ethics and practice standards. Pharmacy, medicine and nursing offer sample examinations that assist applicants to prepare. Medical laboratory technology, medical radiological technology, OT, PT and midwifery offer preparatory handbooks that include content, standards and in some situations, sample questions and answers. But, it may not be particularly effective for an IEHP to read the Code of Ethics without having practical application examples to assist them to understand how the code of ethics applies in a workplace or examination situation. For the most part, the exam prep programs are passive and do not provide the applicant with a “truly simulated” exam experience Use of interactive video clips as part of the instructional package could be helpful. It would appear that many IEHPs form support networks that also serve to support the IEHP to prepare for the exams.

Employment Supports

Other than the plethora of recruitment agencies offering to find jobs and assist healthcare professionals with immigration and settlement issues, very little information was found about specific support services offered to IEHPs once they started to work. Yet, workplace support is a key element of successful retention programs.

Some of the “orientation” information needed for working in healthcare institutions is found in the bridging programs or the preparatory programs for IEHPs entering remediation programs. However, if the IEHP did not attend a bridging program, they have no formal access to this important information. In provinces with large ethnic populations, peer/professional supports may be found within the IEHP’s community. One program offered for nurses in Manitoba several years ago included a settlement officer from the community who kept in contact with each nurse for the duration of her contract. However, for the most part, this is a gap in most strategies.

A common complaint of IEHPs is that they are underemployed. There are only a few programs in Canada designed to support a “laddered” approach to assisting IEHPs enter the healthcare workplace. There are several bridging programs that encourage applicants to work in technician or aide programs as they develop their skills to move into their profession. One pilot project in BC employs IENs in an aide/LPN capacity as they attend classes to gain the pre-requisite knowledge and experience to practice their profession. There may be opportunities for public/private sector partnerships in this area.

Seeking work in an alternate career may be a more reasonable employment option for IEHPs. The Association of International Physicians and Surgeons of Ontario have developed an excellent prototype for counseling IMGs on alternate careers. Good interpersonal relationships with colleagues are an important component of any healthy workplace. Medicine and nursing have developed “mentor” manuals for teachers and colleagues of IEHPs. These online programs offer an opportunity for all Canadian professionals to better understand and support their colleagues trained abroad.

The BC Skills Connect program provides a model that other jurisdictions may wish to consider. It is a comprehensive one stop shopping that connects IEHPs from the moment of inquiry through to employment. However, this may be an expensive investment for jurisdictions with smaller immigrant populations

Financial Supports

There are very few options for financial support for IEHPs in Canada. A few jurisdictions offer access to loans or bursaries. Manitoba has a limited program whereby employed IEHPs upgrading into a health profession that is needed by the province may be eligible for EI for the period of upgrading. There are however, many conditions before the applicant is approved. Rural health authorities have developed a number of programs to recruit foreign trained physicians and to pay them during the period of assessment and retraining. But overall there is very little available for IEHPs who may require costly assessments and/or bridging programs. There may be opportunities here for more employer involvement to support future employees. Internationally educated physicians may be the exception as those who are accepted into a residency program receive financial compensation at the rate stipulated by the provincial interns and residents association.

Counseling

Physicians have the most formal network of peer support networks through their IMG Associations. These groups also act as lobby groups for the interests of their membership. There are also some innovative mentoring programs available online for employers or educators working with IEHPs. However, before embarking on mentorship training, the role of the mentor must be crystal clear to avoid any conflict of interest, ie those mentoring in an evaluative capacity as opposed to mentors who work outside the immediate work environment and may be available to assist not only with one-on-one counseling but also assist with process, settlement and financial issues.

OBSERVATIONS:

The list of programs in Appendix B confirms that much effort and resources are being directed to assist IEHPs integrate successfully into the Canadian healthcare system. For the most part, there is a program somewhere in Canada to address each component of a comprehensive IEHP strategy. However, the country is vast and while there may be an excellent program in Ontario, it is not available to an IEHP in rural Saskatchewan. With so many programs available, there is also an opportunity now to examine and evaluate what is best practice.

A number of the gaps identified from the environmental scan are already being addressed through “Forum planned” initiatives. The observations in this paper confirm the direction proposed.

Access:

1. Program Partnerships: There is an immediate need to develop partnerships with other jurisdictions/educational facilities to avoid duplication of effort and to maximize access to programs across the country.
2. Exploration of distance delivery options for programs should be considered to increase access to programs by each jurisdiction.
3. Central source for program information and resources would reduce duplication of effort, costs and increase the effectiveness of jurisdictional strategies. There is a need for a central clearinghouse function where information about current and new programs can be accessed not only by IEHPs but also by program planners and managers. This is likely best managed through a national initiative. If there is no national commitment to this, a jurisdictional/regional approach would be warranted.
4. Support should be directed to each professional certification or licensure body to include a separate clearly identified link for IEHPs on their websites.

Programs:

5. Develop a formal evaluation component to the national strategy to determine and support implementation of “best practice” models.
6. There is a need to expand the current mentorship models that could in turn, support the utilization of online delivery of programs. This could include orientation of faculty working with IEHPs, as well as “peer” mentors.
7. Explore financial support programs/strategies for IEHPs with employers, banking institutions, educational facilities.

System:

8. There is a need to work toward inter-jurisdictional regulatory consensus regarding assessment strategies, including language, OSCE and other assessments, and bridging programs related to licensure.
9. Identify opportunities and partnerships with private/public healthcare institutions to match employment requirements with recruitment and effective utilization/retention of IEHPs in the Canadian workforce.

Appendix A: Projects/Documents of Interest

1. Colleges Integrating Immigrants To Employment Program, Colleges Of Ontario Network For Education And Training (CIITE)

In December 2003, CIITE received Phase 1 funding to identify barriers within the college system for internationally trained immigrants, and to make recommendations for improving pathways from pre-entry through employment transition and into the workforce.

Phase II, currently underway, involves pilot projects and an evaluation of the comprehensive model system. Five projects received funding to look at credential assessment, language proficiency, admissions proposal, advisement model, and employment preparation. Eleven Colleges are involved in the five projects:

- Employment Preparation — will modify/develop Canadian workplace content material, and pilot three models that each test different approaches to employment preparation.
- Credential Assessment — will define standards and guidelines for the assessment of international academic credentials.
- Language Proficiency — will conduct pilots in two or three high-demand occupations. Activities will focus on developing and testing common language benchmarks, assessment tools, and a labour market language program.
- Admissions Proposal — will pilot different approaches to admissions for IEHPs.
- Advisement Model — will pilot different models for delivering advisement services: in colleges with a large proportion of internationally trained students and in colleges with a small proportion of internationally trained students.

Phase III (anticipated to begin in 2008), pending funding, will promote the recommendations and best practices from Phase II

Beginning in September 2006, Michener will make these program modules available to all IEHPs health professionals

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2. Foreign Credential Recognition: An Overview Of Practice In Canada- Completed In 2004 By The Canadian Alliance Of Education And Training Organizations

To access report, <http://www.caeto.ca/reports/FCRGuide.pdf>

3. Navigating to Become a Nurse in Canada

By Dr. Mary Ellen Jeans, Fran Hadley, Jill Green, Christine Da Prat.

Published by: Canadian Nurses Association (www.cna-nurses.ca)

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. This study reveals a number of significant issues in Canada's capacity to assess and integrate IENs, identifies bridging programs available in Canada and makes 9 recommendations to improve the IENs entry into a nursing career in Canada.

Recommendations:

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.
3. All stakeholders reach consensus on a principled, comprehensive and collaborative approach to assessment and recruitment within an ethical framework.
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.
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.
8. Establish and maintain standardized electronic record systems by regulatory bodies.
9. Assign a national unique identifier to all nurses, including IENs.

4. Instructional Design And Assessment

Bridging Education in Pharmacy: The International Pharmacy Graduate Program in Ontario, Canada

Zubin Austin, PhD, and Marie Rocchi Dean, BScPhm
Faculty of Pharmacy, University of Toronto

American Journal of Pharmaceutical Education 2004; 68 (5) Article 108

Impact of Facilitated Asynchronous Distance Education on Clinical Skills Development of International Pharmacy Graduates

Zubin Austin, PhD, and Marie Rocchi Dean, BScPhm
Faculty of Pharmacy, University of Toronto

American Journal of Distance Education, 2006 Vol.20.No2, P79-91

5. Integrating Internationally Educated Physiotherapists project

is divided into two phases. The first is a research component aimed at describing the Canadian physiotherapy workforce and identifying the barriers preventing internationally educated physiotherapists from successfully integrating into the Canadian health care system. The second phase involves recommending modifications to the existing system and/or the development of new initiatives that help to remove or mitigate the effects of these barriers.

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6. Federal/Provincial Websites: Program Information

Health Canada:

http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/ar-ra-2006/index_e.html

Atlantic Canada:

www.iehpatlanticconnection.ca