Literature Review
of Issues relating to the Needs, Challenges and Successes relating to Integration of Internationally Educated Health Professionals (IEHP)

Prepared for the
Western & Northern
Health Human Resources Planning Forum
November 2006

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Research focusing on the needs (challenges) of IEHPs

Alberta International Medical Graduates Association (AMIGA). (2002). *The Alberta Blue Print: Addressing Alberta's Physicians Shortage: Integration of International Medical Graduates into Alberta's Health Care System.* Prepared for Alberta Network of Immigrant Women for the Forum on Equal Access to Medical Licensure for International Trained Physicians. Available from http://www.aniw.ca/Immigrant%20Women-1.pdf

Barriers Faced By IMGs During Their Integration Into Alberta's Health Care System

There are at least 160 unlicensed international medical graduates currently living in Alberta.24 About half of them are specialist-trained and the other half, general practice trained. Sixty percent of these individuals come to Alberta with more than two years of postgraduate training. Despite their education and credentials, they find it difficult, or even impossible, to find work in their profession. Several barriers that contribute to this difficulty have been identified; these are divided into personal, provincial, and Federal barriers.

1. Personal Barriers

- IMGs must support their families and take work where and when they can obtain it while at the same time, always trying to maintain currency with their medical training and expertise. Most IMGs find it difficult to obtain jobs in the medical field.
- The first few years as an immigrant are very stressful and difficult; money is in short supply. Studying and paying for exams is sometimes impossible.
- Language barrier – some IMGs must first learn English, and then translate medical text from their mother tongue to English, in order to write the Medical Council of Canada exams. While upgrading language skills, IMGs may lose touch with practice.

2. Provincial Barriers

- An insufficient number of residency positions are available. Those that are available are restricted to family medicine only.
- There are no speciality residency positions for IMGs. Thus specialist physicians do not have any chance of integration into the Alberta health care system.
- There is a lack of job opportunities that will help IMGs prepare for integration and remain current with the practice of medicine. (e.g.observer ships and research assistant positions.)
- There is no local information centre that an individual can access to find information about licensure options, job and educational opportunities.
- There is a lack of financial assistance, in the form of loans, for struggling IMGs. The lack of funds is a barrier that prohibits IMGs gaining access to examinations. Most IMGs cannot bear the expense of examinations

3. Federal Barriers

- Lack of recognition of foreign credentials and qualifications
- The lack of a testing centre for The Medical Council of Canada Evaluating Examination in Alberta creates a financial burden for candidates who are required to travel outside the Province for testing.
- Restricted access to the residency programs through the Canadian Residency Matching Services (CaRMS). As the IMGs are only allowed to participate in the second iteration of this matching process, only a few positions in low demand programs are left for IMGs to access after the first iteration)

- There are just nine days to send in an application, and arrange an interview and selection for the second iteration of CARMS. This short window of time is impractical for people to act on and, as a result, restricts candidates.

Austin, Z., & Rocchi, DM. (2006). Bridging education for foreign-trained professionals: the International Pharmacy Graduate (IPG) Program in Canada. *Teaching in Higher Education*, 11(1), 19-32.

Conducted needs assessment research including "surveys of foreign-trained pharmacists and employers, focus groups and interviews. In addition, ten years of disciplinary and complaints records from OCP were reviewed, as were five years of quality assurance/peer review data."

Several unique learning needs were identified:

a) **Pharmacy-specific language skills training**
b) **Clinical skills training**
c) **Interpersonal and teamwork skills**
d) **An epistemology of practice** (i.e. the conceptualization of the role of the pharmacist vis-à-vis patients and physicians within the healthcare system) e.g. Pharmacists educated in North America generally recognize their primary responsibility is protection of the patient to optimize health outcomes.

"Needs assessment research indicated a variety of **educational needs**. In designing a program to address these needs, it was necessary to account for the previous learning and experience of individuals, and to develop an objective, standardized assessment that would allow for an accurate diagnosis of each individual's unique and specific learning needs so as to **customize educational interventions** (rather than prescribe a uniform set of educational requirements that would not necessarily address individual needs and result in significant redundancy). In addition, the need for a vehicle to **facilitate professional enculturation and connectedness with the professional community of pharmacists** was identified as a singularly important issue."

Austin, Z. (2005). Mentorship and mitigation of culture shock: foreign-trained pharmacists in Canada. *Mentoring & Tutoring: Partnership in Learning*, 13(1), 133-149.

Immigrants with professional qualifications face unique challenges in adapting personally and professionally to new environments. **This 'double culture shock' experience** may result in disengagement from the professional community due to perceived barriers to integration**,** with subsequent **negative impact on employment prospects** and professional role identification.

The role of mentors in facilitating professional engagement by foreign-trained pharmacists within the pharmacy profession has not previously been described in detail. This qualitative study examined the **different mentoring strategies used by mentors and foreign-trained pharmacists** negotiating the licensure process in Canada. Using a categorization scheme described previously by major researchers, activity logs of mentors and mentees were examined and coded based on use of mentoring strategies. Focus groups and interviews were also undertaken with separate groups of mentors and mentees to discuss the use of these mentoring strategies for foreign-trained pharmacists.

Results suggest pharmacist-**mentors relied most heavily upon situative-apprenticeship and humanistic perspectives** in their mentoring relationships, and infrequently used critical-constructivist mentoring activities or techniques. While **mentees** reported a high level of satisfaction with their mentors and the mentoring experience, they also **expressed a desire for more activities of a critical-constructivist nature as a way of assisting them in mitigating the double culture shock they experience during the licensure process.**

Confederation of Postgraduate Medical Education Councils (CPMEC). (2004). A National Scoping Study: Information and Resources Relating to Education and Training Available to Overseas Trained Doctors in Australia. Commissioned by the Australian Government Department of Health and Ageing. Available at http://www.cpmec.org.au/researchandprojects/nationalstudy/index.cfm

Overseas trained doctors: Perceptions of their needs

Since 1994, OTDs have identified their difficulties and experiences and educational needs adjusting to the Australian Healthcare system (Kidd and Zulman, 1994). The benefits of working in small groups as a way of challenging and developing knowledge, language development and student support have been identified as well (Martin, 1998). The opportunity for professional development and communication with Australian patients and the importance of early assessment and learning supports have also been identified (Martin 1998). Previous studies have looked at poor pass rates of candidates in the AMC examination as a means of understanding more about the needs of OTDs and they have stressed the need to support clinical tutors in developing successful approaches to teaching (Kidd and Zulman, 1994).

Consultation with representatives from major OTD organisations (Refugee Medical Association, Australian Doctors Trained Overseas Association (Victorian Executive) Inc., Australian Doctors Trained Overseas Association, Inc., and Australian Doctors Trained Overseas Association (Victoria) Inc. highlighted the broader benefits of undertaking bridging courses to pass the AMC clinical examinations (AHMAC Report 1998). Added gains have been identified as increasing knowledge about the Australian health system and increased confidence when entering the workforce.

Some of the issues raised by OTDs in this study include the need for MCQ and bridging courses to be better integrated with national standardisation and accreditation. OTDs point out the need to be treated equally and assessed with local medical students in the same assessment process (AHMAC Report 1999). OTDs suggested at this time that more flexibility in relation to hours of operation and that a course equivalent to a 6th year university medical course be considered. OTDs perception regarding 'limited alternatives for relevant, practical clinical experience in the Australian health care system' were reiterated in the Final AHMAC Report, 1999.

Key issues from focus groups and interviews with AMC candidates

Victoria
In December 2001 key issues from Focus Groups and Interviews with OTDs in the public hospital system were identified (PMCV Report 2002). The issues raised were as follows:

- OTDs indicated that the Occupational English Test was insufficient to prepare them for working in a hospital setting. Courses in conversational English were sought.
- OTDs requested 3-6 months training covering clinical skills, the use of advanced technology, orientation to the Australian health system and cultural diversity.
- Training and education for the clinical component of the Australian Medical Council examination was consistently raised as an issue with OTDs particularly in the areas of paediatrics and obstetrics and gynaecology.
- OTDs felt that there is little or no assistance for the newly arrived overseas trained practitioner seeking to work in Victoria and suggested the establishment of an agency to provide information on the AMC examination, medical registration and employment opportunities.

The PMCV Report conducted unstructured interviews with OTDs who had been offered places at

the University of Melbourne and Monash University under the Australian Government's '100 Places' Scheme. Issues raised at this time included:

- On arrival in Australia, there is no one agency that can provide information on equivalency of qualifications, registration, employment opportunities, training options etc.
- Communication, particularly the difference in language styles between conversing with patients and discussing cases with consultants and peers.
- Orientation to the Australian health system and individual hospital systems is needed, as patient expectations are often different.
- The Occupational English Test (OET) does not examine the type of language used when discussing cases with Australian trained professionals and consultants.

Barwon Health – The Geelong Hospital Project
The 11 (46%) of 24 OTD questionnaires returned and 35 (41%) of 86 Departmental questionnaires returned highlighted the lack of infrastructure or support dedicated to OTDs. It was felt that a structured orientation program, including supernumerary time, and the development of a resource package would provide the kind of support required to aid the smooth transition of OTDs into their role at Barwon Health. The development of performance management guidelines would enable objective rotation assessments and a means of measuring performance. The development of a mentorship program would provide ongoing assistance to OTDs and facilitate improved professional relationships between OTDs and the multidisciplinary members of the health care team.

Haley, B., & Simosko, S. (2006). Prior Learning Assessment and Internationally Trained Medical Laboratory Technologists: An Investigative Report for the Canadian Society for Medical Laboratory Science (CSMLS). (Author, with permission from CSMLS.)

Immigration
The research indicates that the majority of prospective MLT immigrants do not have access to information that would help them to make informed decisions about how to become certified MLTs before immigrating to Canada. Additionally, many immigrants expressed confusion about the necessary steps required for certification even after arriving and living in Canada.
Materials
A lack of clarity and user-friendliness of materials as well as the need for information to be presented in a step-by-step fashion were some of the issues highlighted by MLT immigrants and stakeholders. They also wanted more explanation about the requirements and necessary documents, including why these things are required and what criteria were used to judge them.
Language
Language fluency was highlighted as a key issue for internationally trained MLTs. Employers, however, cited language as one of the primary obstacles to hiring someone trained abroad and suggested that English language training needs to focus more on the "shorthand and terminology" used in the workplace. Bridging program representatives raised concerns about the tests themselves including the issue of cultural bias, the effects of fear of failure, and lack of familiarity with the testing situation.
Obtaining Documents
Internationally trained MLTs report that obtaining educational and workplace documents from their former countries is often a major obstacle. Most applicants expressed concerns about the long delays and very considerable expense associated with obtaining and translating documents. Similarly, the majority of focus group participants reported great difficulty in obtaining employer letters, especially the detailed letters required by the CSMLS, often because their former employers had moved, retired or could not be contacted for other reasons. CSMLS staff commented that about 50% of the employer letters do not include the required level of detail. Similar issues emerged when focus

group participants spoke of their experiences in trying to obtain transcripts and course outlines for their medical laboratory programs.

Credentialing Services

Bridging programs, regulators and focus group participants all commented that the International Credential Evaluation Service (ICES) process "takes too long" and "creates undue stress and frustration" for applicants, especially with the need to provide original sets of education documents to both ICES and the CSMLS.

Acquiring Additional Knowledge and Skills

When an applicant's PLA assessment reveals small gaps in their education or work history, course work is recommended (via the Letter of Assessment). Focus group participants disagreed on the effectiveness of course work; however, the majority of stakeholders felt the courses were not effective because they provided theory rather than practical experience and were of limited use when studying for a competency-based exam. PLA applicants with small gaps may also be referred to bridging programs, if there is a one available in their geographic region. Regulators, CSMLS staff, and most employers indicated that the beneficial role played by bridging programs could not be overstated.

There was unanimous agreement that the clinical practice provided by the bridging programs is an absolutely critical component for internationally trained MLTs. However, at this time, at least half of the employers interviewed are not offering any clinical placements to internationally trained students, as part of a bridging program. Of the remaining half, many report taking far fewer students than in the past. Employers said that the two primary reasons for this is their own lack of adequate financial resources and the communication limitations of internationally trained MLTs.

Certification Examination

Staff, regulators and focus group participants all commented that there are no practice tests available for the CSMLS exam although it has been found that "use of examination preparation material significantly improves pass rates on the examination (Nielsen, 2004). When the focus group participants were asked whether they had ever written multiple-choice exams before, they all said that they had. However, many of them then added that these types of tests are quite different in their countries of origin. Additionally, many participants in the study reported that candidates often do not understand the feedback they receive on the exam and, in particular, do not know how to use it to help them prepare for rewriting the examination.

Employment

When asked what skills, knowledge and abilities they were looking for, most employers focused on the importance of the "softer skills", especially the need for good communication skills. Good technical skills were also ranked highly, but often in combination with communication skills. Technical skills and the fast pace of many labs were cited by employers as concerns. One employer suggested that many internationally trained MLTs lack exposure to some of the equipment found in Canadian laboratories, and are not used to the high volume of work required in a Canadian lab. Cultural differences were also cited as an area of concern by employers.

Hall, P., Keely, E., Dojeiji, S., Byszewski, A. & Marks, M. (2004). Communication skills, cultural challenges and individual support: challenges of international medical graduates in a Canadian healthcare environment. *Medical Teacher*, 26 (2), 120–125.

SUMMARY: Physicians require good communication skills to develop effective patient–physician relationships. Externally funded international medical graduates (IMGs) move directly from their home countries to complete residency training at the University of Ottawa, Canada. They must learn quickly how to work with patients, families and colleagues. **A detailed needs assessment was designed to assess IMGs' communication skill needs** through focus groups, interviews and surveys with IMGs, program directors, allied healthcare professionals and experts in communication skills. **There was a high degree of consensus amongst all participants concerning specific educational needs for communication skills and training issues related to the healthcare system for externally funded IMGs.**

Specific recommendations include:

(1) English-language skills
(2) how to get things done in the hospital/healthcare system
(3) opportunities to practise specific skills, e.g. negotiating treatment,
(4) adequate support system for IMGs;
(5) faculty and staff education on the cultural challenges faced by IMGs.

See tables below.

Table 1. Issues identified related to language and specific communication skills

Language and specific skill issues	IMGs	PD	AHP	Expert focus group
Language:				
• Accents make it difficult for staff & patients to understand			X	X
• Understanding importance of body language		X		X
• Use of common language rather than medical jargon, use of idioms	X	X		X
• Tendency not to ask for more information, clarifications, will not disagree or question attending MD	X		X	X
• Discriminatory comments from staff, other residents & AHP	X			X
• Difficulties with contextualized language				X
• Lack of language skills misinterpreted as lack of medical knowledge & skills	X			X
Skills:				
• Patient-centred interview skills need improvement	X	X	X	X
• Difficulty in giving & accepting feedback	X	X	X	X
• Need to improve listening skills & psychosocial interviewing skills	X			X
• Discussing DNR	X	X		X
• Negotiating treatment plans	X			
Written communication:				
• Difficult to read		X	X	
• Not always complete		X	X	
• Chart is a legal document—must be legible & complete, requirements not always met		X	X	
• Orders are a particular difficulty			X	
• Would benefit from more training for written skills		X	X	X

Notes: IMGs = international medical graduates; PD = program directors; AHP = allied health professionals.

Table 2. Issues identified related to cultural challenges for IMGs

Culture-related issues	IMGs	PD	AHP	Expert focus group
System issues:				
• Understanding roles of AHP: who to consult for what & when	X	X	X	X
• Canadian healthcare system more egalitarian than hierarchical	X	X	X	X
• Do not understand how to get things done	X	X	X	
– Discharge planning	X	X	X	
– Ordering procedures, completing forms	X	X	X	
• Understanding how the Ontario health system works: levels of care, community care	X			X
• Understanding legal & ethical issues in Canadian medicine	X			X
• Difficulties understanding patient & family expectations of MD				X
• Faculty lack understanding of IMG skills	X			X
Cultural issues:				
• Need to learn how to deal with non-medical/psychosocial issues, as patient care includes more holistic perspective here	X	X	X	X
• Understanding multicultural nature of community	X	X	X	X
• Discussing end-of-life issues in context of religious beliefs	X	X		X
• Disclosure of medical information to patient versus family	X		X	
• Differences in gender roles & interactions—peers & staff	X			X
• Differences in attitudes & values (e.g. hierarchy, role of elderly, life & death issues)		X		X
• Discriminatory attitudes of patients to IMGs	X			X
• Understanding the taboos in Canadian culture				X

Notes: IMGs = international medical graduates; PD = program directors; AHP = allied health professionals.

Table 3. Issues identified related to supports for IMGs

Support issues	IMGs	PD	AHP	Expert focus group
Lack of support systems:				
• Limited networks—especially for single female residents	X	X	X	X
• Who should they go to when having problems? Who is responsible for them?	X		X	X
• What are our expectations?	X		X	X
• What are their rights?	X			X
• Attending staff need to better understand the culture of these residents, misunderstood by many	X		X	X
• Lot of pressure to perform, lot of pressure not to show any weaknesses	X	X		X

Notes: IMGs = international medical graduates; PD = program directors; AHP = allied health professionals.

Jeans, ME., Hadley, F., Green, J., & Da Prat, C. (2005). Navigating to Become a Nurse in Canada: Assessment of International Nurse Applicants (Final Report). Available at http://www.cna-nurses.ca/CNA/documents/pdf/publications/IEN_Technical_Report_e.pdf

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

Information and Communication

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

A majority of the IENs consulted in the 32 focus groups commented on the **challenge of finding the correct regulatory body to which to apply**. The **consequences of applying for the wrong nurse designation can result in serious delays** in getting through the process.

IENs **appreciated being able to access information on the Internet**. **However, they generally found the information confusing, incomplete or written at a level of English they had trouble understanding.** Most regulatory bodies in the survey rated their information for IENs as "user friendly", which is in contrast to the comments collected from the IENs.

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

In addition to information being available on a Web site, the vast majority of the focus group participants **appreciated being able to ask questions and receive information by e-mail. Many IENs also used the telephone to communicate with the regulatory body. Unfortunately, if the caller is not English speaking or familiar with messaging services, leaving messages and understanding the instructions — often spoken in rapid English — is a major obstacle. Different time zones added to the challenge**. A number of comments by focus group participants reflected a lack of client services such as phone calls not being returned. Several IENs said that **when there was one person with whom they could deal with regularly at the regulatory body, communication was enhanced**. There were a number of other comments about the lack of communication from the regulatory body to the IENs throughout the process and the **inability of the IENs to obtain information as to the progress of their application**.

The Assessment Process

There are many obstacles for the IEN in attempting to produce/procure the required documentation. In some countries there has been a restructuring of hospital based nursing education programs and **many schools of nursing no longer exist. This makes it difficult to access the required documents such as course transcripts, course descriptions etc.** It should be pointed out that this situation is not unique to the IEN applicant.

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

The process of obtaining documents can take more than a year. Once the documents have been assessed, many IENs are astounded to learn that their education is not accepted as equivalent to the Canadian requirement. This is particularly true of nurses from the Philippines and France holding a baccalaureate degree in nursing.

Language

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

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

The National Examinations

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

Costs

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

Immigration

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

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

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

Focus group participants reported frustration at trying to reach immigration officials by telephone, seldom getting beyond voice messaging services. Others described the challenge of trying to access an accredited physician to complete the requisite medical assessment.

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

It should be noted that the respondents in the focus groups had been licensed within the previous five years and several may well have been through the immigration process prior to that. Several CIC initiatives in recent years may have already or are in the process of addressing some of the identified problems.

Integration into the Canadian Workforce

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

The regulatory bodies also noted that there was no process for tracking employers' experiences with newly qualified IENs. Employers noted that regulatory bodies were seldom involved in hiring or integrating IENs but that **75% offered no "advisory/orientation" services to IENs**.

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

Non-verbal communication is often culturally-specific and the subtleties take years to learn. Given that Canada is a multicultural society, patients may be from many different ethnic groups. **Not responding to non-verbal communication or responding inappropriately may result in confusion or a negative experience for the IEN and the patient and/or co-worker.** In some cultures, for example, it is impolite and/or arrogant to make eye contact while talking with someone (Yi & Jezewski, 2000).

Immigration was identified by employers as the second major barrier in hiring IENs. Similarly, the immigration process was identified as one of the top two challenges by the regulatory bodies and was a common theme emerging from the focus groups. The employers reported long delays to process work visas and a slow and cumbersome immigration process. **All respondents agreed**

that hiring IENs who have not completed the required paperwork takes an inordinate amount of time. Employers noted that it was difficult to hold staff positions for that long.

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

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

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

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

Lillis, S., St. George, I., & Upsdell, R. (2006). Perceptions of migrant doctors joining the New Zealand medical workforce. *Journal of the New Zealand Medical Association*, 119(1229). Available at http://www.nzma.org.nz/journal/119-1229/1844/

This qualitative study identifies and explores issues of concern to OTDs when first integrating into the New Zealand medical system through the New Zealand Registration Examination (NZREX) pathway. The data were collected using semistructured interviews and focus groups involving 10 OTDs who were working in a New Zealand hospital.

Four key themes were raised as influencing successful integration into the New Zealand medical system:

- Work issues;
- Bridging programme;
- Financial difficulties; and
- Bureaucratic barriers which included examinations and related information.

Work issues:
Work-related issues tended to fall into two main categories: problems finding employment and problems first integrating into their employment role.

Problems finding employment

- Even though they had satisfied the entry requirements, it was difficult for OTDs to find medical employment
- There was a significant delay between passing exams and receiving a job offer. Some of those unable to find work, moved offshore, particularly to Australia. Others considered work outside medicine
- Because of the delay in finding employment, information and skill honed for the NZREX was losing its edge
- There were vacancies in the hospitals but the positions were not being offered to the OTDs.
- Participants questioned the ability of particular recruitment agencies to assess OTDs adequately.
- The lack of appropriate work sometimes resulted in employment beyond the respondents' level of expertise—situations where OTDs felt pressured to accept additional duties or not secure another run placement.

Problems first integrating into their employment role

- Participants noted discrepancies (between the culture of medicine in their country of origin compared to New Zealand) in many aspects of the working life of the hospital. A cultural adjustment had to take place.
- Participants found a significant discrepancy between the information provided and that actually required to function in a hospital. These difficulties involved three key areas:
    - General internal workings of the hospital, such as referrals, paperwork, using a computer;
    - Practical procedures such as lumber punctures; and
    - Health system information specific to New Zealand (ACC for example).
- Hospitals expected the OTDs to be able to function with a high degree of independence and competence as soon as they started work. Perhaps the current orientation programmes are inadequate. Perhaps there are insufficient support networks in the hospitals to assist OTDs in gaining sufficient information to work effectively.
- The difficulties in integrating into a New Zealand hospital also impacted on relationships with colleagues
- These difficulties were not only personal but affected their ability to deliver patient care.
- Another barrier was the use of abbreviated, colloquial, or slang words in the hospital and the expectation that OTDs would understand
- Participants suggested a "buddy" system, partnering a newly employed OTD with a more experienced member of the hospital staff for a period.

- They felt they had little difficulty in communicating with patients irrespective of cultural differences or ethnic origin of the patient. However, better information about different cultural and ethnic groups would have been helpful to their clinical practice.

Bridging programme:

- Those who had attended the bridging programme believed it played an important role in helping them pass NZREX, and also working in a New Zealand hospital.
- The programme did not, however, provide them with all the information required to work in a New Zealand hospital.
- The personal development part of the programme was particularly beneficial, especially communication skills, taking a history, and the concepts of patient centred medicine as emphasised in New Zealand. It was useful in teaching the skills to be culturally appropriate:
- (The bridging program, now defunct, was a government-funded education program designed to assist OTDs to gain knowledge of the New Zealand medical system and prepare for NZREX.)

Financial difficulties:

- Financial difficulties affected the process of registration—the price of textbooks, the inability to work, the cost of the exams themselves, and the associated costs such as flights and accommodation.

Bureaucratic barriers:

Examinations

- Participants found the NZREX assessment process difficult, from a lack of information about what was required to pass the exams, having to relearn dormant information after specialising overseas, and a lack of current experience in practical tasks.
- They felt the USMLE exam required unnecessary information, such as the organisation of the American health system, and clinical information that would be of little value in New Zealand. They suggested that instead of having to sit exams, they might be assessed in the specialty they had been practising in and wanted to continue.

Information

- Participants clearly perceived an overall lack of information and places to access information throughout the process of gaining registration, finding employment, and integrating into the workforce. There was a lack of information specific to the New Zealand health system and about what was expected to pass the exams—matters such as the cervical screening programme and strategies for dealing with asthma. The recommended textbooks did not provide this information:
- A key activity involved talking with other people who had previously sat the exams and finding out about their experiences.
- Many attributed their success in exams to the bridging programme and studying in groups with people they had met through the bridging programme. Other strategies included: obtaining bridging programme notes, studying from the recommended textbooks, information obtained from official websites, and information provided from the Overseas Doctors Association (ODA).
- Obtaining an observer's post (a limited possibility) or having done an internship at a New Zealand hospital, were helpful.
- There was insufficient information about job opportunities.

- Participants would have liked information about further educational opportunities.

McGuire, M., & Murphy, S. (2005). The internationally educated nurse. *Canadian Nurse*. 101(1), 25-9.

Internationally educated nurses (IENs) come from a wide range of educational programs around the world and bring a variety of skills and abilities to Canada. This article highlights what is known about this group of diverse individuals, including demographic information, in an effort to help nursing colleagues **understand and acknowledge the challenges that IENs face**, as well as the contributions they can make to our healthcare system. There are many IENs already resident in Canada whose skills and experience are not being used to their potential. They face a number of challenges as they prepare for licensure**. Language and cultural differences often complicate this process**. However, studies show that IENs, on the whole, tend to be an experienced group of nurses with good retention and job satisfaction rates, which ultimately contribute to their success as employees. Balanced against our obligations to these nurses to smooth the path to licensure is the important commitment that our professional colleges and associations have to ensure that practitioners of nursing are in the best position to practise safely. **The process of integration and transition into practice in a new culture can be overwhelming for the IEN. Unfamiliar technology differences in cultural behaviours, attitudes and roles, as well as the often significant differences in healthcare systems, and adjustments to language expectations and the specialized language of nursing make the process of integration and adjustment difficult.** Programs are needed that introduce IENs to the culture of nursing in Canada, incorporate well-integrated language training satisfy theory and practice deficiencies and bridge, where necessary, to the baccalaureate entry to practice requirement. In addition, important psychosocial, economic and personal supports, as well as links to educational and employment opportunities, are important components of any program.

THE PATH TO LICENSURE
A significant challenge that many IENs face upon entry into Canada and preparation for licensure is the bewildering navigation of information and requirements pertaining to becoming licensed in our provinces or territories. For nurses who may not even be aware of the differences between the levels of government and attendant professional bodies in Canada, there can be much confusion.

Each provincial/territorial association or college of nurses across Canada has requirements for licensure that must be met. For instance, provincial and territorial associations and colleges require that nurses show proof of graduation from an approved educational program. For most, providing this proof of documentation is not problematic. interviewees cited the complications and costs of acquiring transcripts and the costs for their translation, when it was necessary. Misunderstandings about the application process due to language and cultural differences often meant delays, repeated requests and overall confusion and frustration. It was also observed that in areas of the world where war and conflict abound, the retrieval of documents for some IENs seeking licensure presents an insurmountable barrier.

Other costs, too, present significant challenges to international graduates seeking licensure. It has been estimated that the cost of the licensure process for internationally credentialed nurses in Alberta, for example, can be as high as $3,000, covering English-language assessments, application fees, upgrading programs that are routinely recommended, licensure examinations and registration fees (Osbome, 20(J2). As these individuals face the necessary costs of establishing themselves as professionals, they are often also seeking to establish themselves and their families, bearing all the other costs associated with becoming landed immigrants, and setting up homes and lives in a new country.

To be registered in some provinces or territories, nurses educated in other countries must show evidence of recent practice. For those enrolled in two refresher programs in Ontario and Alberta, for example, many had been away from the practice of nursing for at least seven years. This period of professional inactivity may stem from the fact that the immigration process is lengthy and often there is a need for intensive language training. Because many other personal circumstances may also intervene, nurses may be out of the practice domain for considerable periods of time.

One of the particular concerns they cite is a lack of exposure to healthcare settings and the Canadian experience as they prepare for licensure and employment. The CARE for Nurses Project reports that about 40 per cent of their program candidates are not employed at all at the time they enter the program; a further 15 per cent (approximately) are engaged in non-nursing employment (Shea, 2003). This is a point that IENs often raise: they are frustrated that they are not able to keep up their skills while they prepare for the licensure examination, yet healthcare institutions are bound by important legal and insurance requirements that allow only licensed individuals to provide care to patients in the system.

The licensure exam itself presents considerable difficulty for IENs. Davis and Nichols (2002) reported that the longer the time lag between graduation and exam writing, the lower the rates of success reported on exams. Reducing the time lag between initial application and preparation for the national licensure exam may benefit our international nurse candidates.

LICENSING EXAM CHALLENGE
What are some of the specific challenges that IENs face in succeeding on licensure exams? Bohnen and Balantac (1994) reviewed curricula of selected overseas nursing programs to determine curricular factors that may explain high exam failure rates. Although there were many similarities, the notable variations among countries included significant differences in emphasis on critical thinking, culture- related content, expertise with complex technology and knowledge base related to selected nursing content in such diverse areas as sexuality and health assessment.

Furthermore, language factors and test taking skills may also contribute to difficulty in passing credentialing examinations. To compound the difficulty for IENs in Canada, we see considerable variation across the country in providing assistance and adjunctive preparation for these nurses as they set themselves the task of sitting our licensing exams

CHALLENGES IN BEGINNING PRACTICE
What are the challenges as IENs begin practice in the clinical arena? Yi and Jezewski (2000), in exploring the experiences of Korean nurses in adjusting to practice in the U.S., identified a number of barriers and challenges. The most obvious adjustment noted by the interviewees was that of language. Language subtleties, notably in verbal communication. telephone conversation, the use of idioms, acronyms, abbreviations and specialized or technical language and differences in non-verbal behaviours were chief observations.

At the same time that they may be making adjustments to language and nursing practice differences, IENs often experience financial hardship and a lack of significant support mechanisms. They cite a lack of information, a lack of opportunity for helpful interaction with other nurses, as well as culture shock and homesickness.

Ontario Regulators for Access. (2004). Partnering on Access Solutions to Regulated health Professionals: Regulators, Community, and Internationally Educated Professionals—Specific focus on Examination and Supervised Practice. Available at http://www.regulators4access.ca/html/draftaccessreghealthmar23r.pdf

Key Findings

1. The barrier most often cited by internationally educated professionals is the lack of understanding of or exposure to Canadian healthcare practice and norms.
2. All three groups (Registrars, key informants, and internationally educated candidates) agreed that the initial phase of the registration process in which credentials are assessed can be confusing; delays are not uncommon and they can have significant impact on internationally educated professionals.
3. While key informants identified language proficiency as a significant barrier, internationally educated candidates did not identify it as an issue. Language proficiency may be too narrow a description of this barrier which could more accurately be defined as communication skills.
4. Internationally educated candidates reported that they relied heavily on existing examination preparation resources as well as bridging programs and study groups to prepare for the examination. There was agreement among all three groups that examination preparation materials need to be enhanced.
5. Internationally educated professionals expressed concerns that examinations need to be free of content which relies on having been educated in Canada or uses Canadian colloquialisms.
6. There is a lack of early intervention mechanisms for candidates who are not successful in the examination component.
7. The supervised practice component provides valuable exposure to Canadian practice. However, if it is a mandatory prerequisite to the examination and employment opportunities are not available, it presents a huge barrier in the registration process for internationally educated professionals.
8. The supervised practice component is most useful when it is targeted to address the specific needs of internationally educated professionals.
9. All candidates must balance work, study, and family responsibilities and incur costs during the registration process. However, internationally educated professionals have additional issues such as the transition to a new country, learning to communicate in a new language, and a lack of familiarity with Canadian culture and practice norms which create additional and significant barriers for them.

Osborne, M. (2002). Access to Licensure for Foreign Qualified Nurses. A Project of the Alberta Network of Immigrant Women. Available at http://www.aniw.ca/Nurses%20Project%20Oct%202002.pdf

Thematic analysis and reaffirmation from the participants elicited the following themes:

- Application process challenges
- English language assessment difficulties
- Knowledge of the role of the nurse in the Canadian Health Care System
- Financial impact of the process
- Personal impact of the process
- Factors that facilitated the process

Application Process Challenges

Licensure application requirements consisted of a number of steps. Once the application form and fee were submitted, the next step was to secure one's nursing program transcript from the country of origin. The transcript was required to be sent directly from the school of nursing to the AARN (Alberta Association of Registered Nurses). In some situations, the transcript required translation, the cost of which is paid by the applicant.

Participants were not always aware that translated documents were to be sent directly to the AARN by the translator, and as cited by one participant the process had to be repeated because the documents were sent to her. On another occasion, documents were lost which caused a sense of helplessness with the entire process. When direction was sought from the AARN, participants spoke to a variety of different registration personnel, which heightened the confusion. Participants commented that some AARN registration personnel did seem to have an awareness of the difficulties the transcript requirement presented, leaving the applicant to feel a sense of frustration at the perceived lack of understanding. Participants did comment that although the AARN has an 800 telephone number, face to face communication decreases misunderstanding when there is a language barrier. The AARN is located in Edmonton, thus for some geographical location of the licensure body was a considered a barrier. The Nursing Refresher program is also located in Edmonton and while it is delivered by distance, lack of face to face communication also presented difficulties for those located outside of Edmonton. Printed application information received from the AARN was thought to be clear and readily accessible. However, this same printed information directed them to seek information from other sources. This included agencies for the English language assessment, the Nursing Refresher program, and preparation for the RN examination. This additional direction heightened the confusion. When verbal clarification was sought from the AARN, applicants were largely referred back to the written material.

English Language Assessment
Until May 2001, TOEFL (Test of English as a Foreign Language) and TSE (Test of Spoken English) were the only accepted English language assessments accepted by the AARN. This policy has changed and a variety of assessments are available. The participants endorsed this change positively. The majority of the participants had used the TOEFL and TSE as their English language assessment. None had experience with other assessment formats. Extreme frustration was experienced with these assessment formats and with the environment in which testing took place.

Participants questioned the relationship of these assessments tests to the actual language required for nursing in the practice setting. They wondered how the rationale for the passing grade was established and by who. The waiver of the English language proficiency was an option available to the participants, however they stated it was difficult to obtain clear information about the waiver process from the AARN. This proved frustrating to those nurses from the Philippines, who nursing program language was English. Several were working in health care environments where their proficiency in English was endorsed by their employers. Meeting the English proficiency requirement was the initial challenge in the licensure process and many were delayed by it and impacted by the financial cost of the assessment.

Knowledge of the Role of the Nurse in the Canadian Health Care System
Participants stated one challenge they faced was becoming knowledgeable of a different health care system and specifically the role of the nurse in the system. The AARN acknowledges this concern by recommending that foreign qualified nurses take the Nursing Refresher program as a strategy to gain this knowledge and practice experience.

The Nursing Refresher program at Grant MacEwan College has been developed for nurses who are educated in Canada and who have been absent from the workforce for five years or more. While this strategy was thought to be a reasonable request, participants felt they had different learning needs than Canadian educated nurses. Professional communication required of the nurse was cited as a difference from their country of origin health care system. The expectations of the role of the nurse was another. Difficulty in writing examinations was also cited.

A pre-requisite to the clinical course for the Nursing Refresher program is meeting the English Language assessment requirement. This slowed the process in completing the Nursing Refresher program. However, participants felt the personnel of the Nursing Refresher program to be very

supportive in extending their assistance in to aid in meeting the challenges of the program. Participants recommended adding components, both theory and practice, to the present Nursing Refresher program that would address their specific learning needs (other jurisdictions e.g. British Columbia and Ontario have developed and implemented such course and program additions).

Financial Impact
The financial burden of the licensure process was cited a major barrier. The licensure process often occurs at the same time as the costs required to secure landed immigrant status. This adds to the stress of the financial burden for a person often employed in a low income salary range.

At the time of this project, employers in the health care system initiated a program of financial assistance for the Nursing Refresher program as a recruitment strategy. This incentive served as a motivation to further explore the licensure process by unlicensed foreign qualified nurses, when many had given up on the possibility of employment as a professional nurse. Participants were faced, for a second time, with the challenges of re-applying, securing documents which had been destroyed, meeting the English language proficiency requirement and enrolling in the Nursing Refresher program.

A proportion of unlicensed foreign qualified nurses enter Canada through the in-live-in care-giver program. The wages for this position are low and are often insufficient to meet the financial requirements of the licensure process. Many participants cited the cultural responsibility to send money to their relatives in their country of origin, This added to the financial burden. It should be noted that those without citizenship or landed immigrant status were not eligible for student loan assistance.

Personal Impact of the Process and Factors that Facilitated the Licensure
The impact of the licensure process affected the majority of the participants in a negative way, affecting their self-esteem and confidence in their ability as nurses. They questioned why their country of origin nursing knowledge and abilities were not recognized as assets for the Canadian Health Care system.

Participants were asked comment on factors might facilitate the licensure process.They cited that peer support from other foreign qualified nurses assisted in maintaining their motivation throughout the process. Peer support took the form of study groups during the Nursing Refresher program and in preparation for the RN examination. Peers were often the primary source of information on the all the various sources that needed to be contacted during the licensure process. Participants suggested a more formal advocacy service that could provide the most current information would be a benefit. On-going and continuous encouragement from their families and friends, from the Nursing Refresher program personnel, from some employers (particularly nursing managers) and immigrant serving agency personnel was cited as major facilitating factor. This expression of advocacy and support conveyed a sense of respect for them as competent professionals with abilities and knowledge.

von Zweck, C. (2006). Workforce Integration Project: Findings and Recommendations. *Occupational Therapy Now*, 8(4), 1-4. Available at http://www.caot.ca/pdfs/WIP%20-%20July%20OTNOW.pdf

The Workforce Integration Project was undertaken to address the following question: **"What are the issues that facilitate and/or inhibit the integration of international occupational therapy graduates into the Canadian occupational therapy workforce?"**

International graduates may experience:

- **Immigration Policies:**
  - Wait times of up to 5 years to come to Canada if no family here

    - Difficulty obtaining temporary work permits
- **Entry-to-Practice Requirements:**
    - Inconsistent requirements
    - Inconsistent costs across regions
    - Costs that can increase sharply if don't meet initial requirements
    - Costs that are difficult to manage for those who are unable to practice
    - Few sittings of national certification exam (2 times a year)
    - Immigration restrictions that may prevent people from entering the country to write the exam
    - Difficulties preparing for and writing the national certification exam possibly because of:
        - Lack of or problems understanding Canadian practice and culture
        - Unfamiliar terminology
        - Limited experience with multiple choice questions
        - Inadequate preparation
    - Lack of regulatory requirements for language fluency in all provinces combined with difficulties judging their ability to communicate in an occupational therapy context
    - **Participants** who did not study occupational therapy in English or French **found language to be the biggest barrier to practicing in Canada**
- **Workforce Issues:**
    - Cultural and practice differences in Canada or a lack of Canadian work experience
    - Employment opportunities that are affected by the openness and cultural competency of the receiving community
    - Organizations that are not welcoming to international graduates wanting to practice in this country and that are indifferent to their needs
    - Discriminatory employer practices, particularly regarding past work experience
- **Other:**
    - Absence of a clear pathway that delineated steps so international graduates needed to actively seek out information regarding registration processes from a number of sources, including web sites of different organizations, as well as friends and acquaintances that had recently come to Canada
    - Difficulty with obtaining information about working in Canada. Several felt they were misinformed about working requirements and opportunities

In addition, some international graduates reported feeling unsupported by their colleagues and by the occupational therapy profession. Also some **identified the need for**:

- Formal instruction and support to understand values, beliefs, and priorities of other cultures
- Resources to understand Canadian health and social systems, as well as cultural, legal, and ethical considerations for practice
- Need for assistance, such as mentoring programs, to assist with finding jobs, adjusting to their work, and continue to build their competency as occupational therapists

Mitigating factors for the above issues:

- International trade agreements may reduce wait times
- Graduation from a WFOT accredited program sometimes facilitates mobility
- Competency-based assessment tools recommended by participants to increase consistency of requirements

A table summarizing these concerns was presented:

Identified problem	Potential recommendations
▪ Wait list to come to Canada as a skilled worker too long.	▪ Advocate for the need for occupational therapists in Canada with immigration officials
▪ Difficulty obtaining temporary work permits.	▪ Improve accessibility and availability of information for occupational therapy employers regarding immigration and registration processes.
▪ Difficulty accessing information regarding registration requirements.	▪ Coordinate and centralize standards and processes regarding registration. ▪ Provide accessible, clear information about work requirements.
▪ Failure to meet language requirements.	▪ Continue developing profession-specific language assessment and training resources.
▪ Failure to meet academic credentialing requirements.	▪ Consider alternate competency assessment methods. ▪ Increase availability and accessibility of upgrading programs.
▪ Problems preparing for and passing the national certification examination.	▪ Improve availability of national certification exam preparation resources, assistance, and access.
▪ Difficulty understanding cultural, legal, and ethical considerations of Canadian practice.	▪ Provide distance education training materials and resources.
▪ Difficulty linking with employers, occupational therapists, and professional resources.	▪ Provide information and services that facilitate information sharing and networking (e.g., mentoring programs).
▪ Inability to find employment as occupational therapist.	▪ Provide employer resources to assist international graduates in the workplace. ▪ Offer opportunities for international graduates to work as support workers.
▪ Discriminatory practices.	▪ Promote the value of a diverse occupational therapy workforce.
▪ Inefficient and/or indifferent processes for international graduates.	▪ Create a welcoming environment for that meets international graduates' needs. ▪ Implement continuous-improvement evaluations and initiatives (e.g., tracking processes to monitor success in credential recognition, upgrading programs).

Also available on the CAOT website were a number of brochures summarizing the goals, findings and recommendations of the Workforce Integration Project:

What is the Workforce Integration Project? Canadian Association of Occupational Therapists. Brochure available at http://www.caot.ca/pdfs/WIP%20Brochure_ENG.pdf

Workforce Integration Project Findings and Recommendations. Canadian Association of Occupational Therapists. Brochure available at http://www.caot.ca/pdfs/WIP%20Brochure_2_ENG%20(2).pdf

Project Findings:
A number of issues were identified that result in international graduates becoming marginalized from Canada's occupational therapy workforce. These issues relate to immigration policy, credential recognition, and the workforce itself.

International graduates may...

- face long waiting lists to immigrate to Canada.
- experience problems identifying professional registration requirements.
- fail to meet registration criteria relating to credential assessment, language fluency and/or successfully completing the national certification exam.
- have problems finding and/or accessing appropriate programs and resources to meet registration requirements.
- need assistance to understand cultural, legal, and ethical considerations of Canadian occupational therapy practice.
- have difficulty connecting with employers, occupational therapists, and professional resources.
- experience problems finding employment.
- face discrimination.

Recommendations of the Workforce Integration Project. Canadian Association of Occupational Therapists. Brochure available at http://www.caot.ca/pdfs/WIP%20Brochure_3_ENG.pdf

Additional studies with implications for the needs (challenges) of IEHPs

Abe, J., Talbot, DM., & Geelhoed, RJ. (1998). Effects of a peer program on international student adjustment. *Journal of College Student Development*, 39 (6), 539-547.

Abstract: Newly admitted international graduate and undergraduate students, the majority of whom come from Asian countries, participated in an **International Peer Program (IPP)**. Of these students, 28 IPP participants' campus resource use and Student Adaptation to College Questionnaire (SACQ) (Baker Br Siryk, 1989a) **scores were compared to those of 32 international students who did not participate in the peer program. Results suggest that the IPP participants showed significantly higher social adjustment scores than the nonparticipants.** Additionally, students from Asian countries had more difficulty adjusting to campus life than international students from non-Asian countries.

Alboim, N. (2002). Fulfilling the Promise: Integrating Immigrant Skills into the Canadian Economy. Maytree Foundation. Available at http://www.maytree.com/PDF_Files/FulfillingPromise.pdf

This section of the paper proposes four programmatic initiatives to meet the system needs for skilled immigrants to have access to information, assessment services and advice from Canadian practitioners in their field of expertise:

1. Internet portal
2. Assessment services
3. Labour market counselling and learning plans
4. Mentorship by Canadian practitioners.

(Anonymous). (2006). Reducing Barriers to Practice for Internationally Educated Dieticians. Canadian Journal of Dietetic Practice and Research, 67(1), A1-2.

Since the early 1990s, a dedicated group of dietitians in Ontario working as part of the Multicultural Nutrition Network and since 2001, as the Dietetic Project Practice Team (DPPT) has sought solutions to removing systemic and non-systemic barriers to inclusion of IE dietitians in the profession. This group includes representatives from Ryerson University, University of Toronto, Dietetic Education Leadership Forum of Ontario (DELFO), Dietitians of Canada (DC), and the College of Dietitians of Ontario (CDO). In-depth interviews with 18 IE dietitians (representing eight different countries**) identified the following as the "hardest parts" of seeking entry to practice** in Ontario:

- **financial concerns;**
- **inability to pay for courses or practicum experiences;**
- **lack of guidance in the credentialing process;**
- **fulfilling education requirements;**
- **access to practicum experiences;**
- **cultural obstacles, isolation and loneliness**.

Bola, TV., Driggers, K., Dunlap, C., & Ebersole, M. (2003). Foreign-educated nurses: strangers in a strange land? *Nursing Management*, 34(7), 39-42.

Review of a model for seamlessly integrating foreign-educated nurses into your unit.

Issues addressed include:

- **Lack of communication skills and communication barriers lead to frustration for the nurse, other staff members, and patients.**

- Cultural and environmental differences

Canadian Heritage. (2000). Alberta Northwest Territories Network of Immigrant Women (AB/NWT-NIW): Bridging Community & the Accreditation System in the Removal of Barriers to the Recognition of Foreign Qualification: Focus Groups with Unlicenced Medical Graduates (IMGs) in Alberta November/December 2000. (Phase II). Available from http://www.pch.gc.ca/progs/multi/pubs/sra-ras/alberta_e.cfm

The second phase of this project explored the experiences of International Medical Graduates (IMGs) to consider priorities for solutions, identify stakeholders, roles, and responsibilities, identify personal and institutional barriers, and suggest actions to address particular issues.

The following are noted as current issues:

- No coordinated effort among major stakeholders to address issues related to licensing Immigrant Medical Graduates, so burden remains with IMGs themselves;
- Lack of residency positions for individuals who have succeeded in making their way through the maze of requirements for becoming licensed medical practitioners in Canada.

The Report identifies many barriers experienced by IMGs to becoming licensed, including:

- Lack of Canadian experience and no opportunity to gain Canadian experience without residency training;
- Perceptions of unfairness in assigning residencies based on an unofficial "points system";
- Financial costs of examinations;
- Over-qualification based on foreign work experience leads to refusal for medical-related training or employment in Canada;
- Lack of transparency, perceived inconsistency and bureaucratic structures impede qualifying process;
- No adequate process for establishing or assessing knowledge or skills, and no specific feedback;
- Provincial residency requirements impede access to potential opportunities.

Canadian Heritage. (2001). Association of Foreign Medical Graduates of Manitoba (AFMGM) (Winnipeg): Designing and Implementing a Comprehensive Action Plan for the Integration of IMGs into the Medical Profession in Manitoba. Available at http://www.pch.gc.ca/progs/multi/pubs/sra-ras/assoc_e.cfm

This two-fold project offers support to IMGs (International Medical Graduates) seeking re-entry to practice in Manitoba. First, this project addresses training needs of foreign-trained doctors by providing a comprehensive exam preparation program and coordination of observation opportunities with licensed Canadian practitioners. Second, this project will document social, economic costs which are a result of the struggle of foreign-trained medical professionals seeking re-entry into their professions in Manitoba.

Key Issues/Findings

- International Medical Graduates (IMGs) facing medical examinations in Canada require numerous supports including textbooks, samples of exams, study sessions and opportunities to observe practicing physicians in the performance of duties in clinical settings.
- Licensing requirements, restricted access to internships, lack of information on the licensing process, access to exam preparation classes and specialized language training

are only some of the systemic barriers faced by the more than 100 foreign trained medical professionals seeking re-entry into their professions in Manitoba

Centre for Canadian Language Benchmarks. (2002). *Benchmarking the English Language: Demands of the Nursing Profession Across Canada.* Available at http://www.language.ca/pdfs/nursing_phase_1.pdf

What are the greatest language challenges for internationally-educated nurses in your province?

Although it was recognised that, in general, areas of language weakness depend on the individual, by far the majority of language challenges identified fell into the categories of speaking and listening.

Terminology and jargon were mentioned as difficult for some second language nurses. Even nurses from English-speaking countries can encounter differences in terminology, equipment, medication, and dosages.

The ability and willingness to ask for clarification was seen as essential.

The ability to communicate using appropriate register was an issue. It is not always easy to know when to be formal, and when to be informal. For some there was difficulty with small talk, and determining which topics were appropriate with others. A process is described one way when speaking with other professionals, and another way when informing patients who may not be familiar with medical terminology.

Interactions which required assertiveness were frequently mentioned as challenging. Other challenges mentioned included resolving conflict, advocating for clients and for themselves, and delegating tasks to others.

Writing was identified as a challenge in that proper written English does not apply in charting.

It was also recognised that nonverbal communication plays a role in the interactions of nurses. Since nonverbal communication is usually unconscious, it may be more difficult to master. Tone of voice can change the meaning of words. Miscommunication and/or disbelief can be read in a person's facial expressions.

Culture was seen by some participants as a greater challenge than language. It definitely was recognised as an important aspect of communication. Many communication issues are also cultural issues. Nonverbal messages carry different meanings in different cultures. Under stress, it is easy to unconsciously revert to body language of one's native culture. The culture of the workplace is a challenge in itself. The role of the nurse in the workplace varies from culture to culture. It was observed that internationally-educated nurses sometimes underestimate the participatory aspect of nursing in Canada. The emphasis on working as a team member may not be familiar. The roles of males and females in Canada were frequently mentioned as a cultural challenge for nurses. In some cultures, asking for help may be considered an indication of weakness. As a result, some nurses may fail to ask for assistance when it is called for. Saying "yes" when one means "no" can also be a cultural response.

Another challenge discussed was the difficulty of understanding the complexity of the workplace. Nurses must be familiar with the Canadian health system, as well as the provincial health system. Workplace protocol, labour conditions, and policies must be understood. Internationally-educated nurses may be faced with the need to learn new techniques and technologies.

Accessing education was noted as another challenge for internationally-educated nurses. It was felt that there was a need for really focused pronunciation in nursing education. There was also a concern that internationally-educated nurses often did not have the money to pay for the programs.

The immigration process itself was considered to be a barrier. Immigrants are given points for English language skills, which help to qualify them to immigrate, and yet these points have no relevance once they arrive in the country. As a result, immigrants receive mixed messages. It was noted once more that it is a challenge to know the regulatory requirements. Some internationally-educated nurses are not even aware that there is a licensing process. It is a challenge to know how to get information regarding this process to the persons who need it.

Because only 50% of internationally-educated nurses pass the CRNE, it was also cited as one of the challenges. There was uncertainty as to the reason for this. Possible factors discussed included the interpretation of questions, the multiple choice format, and the cultural issues that might be reflected in the exam.

Emotional challenges were cited as well. When internationally-educated nurses come with unrealistic expectations, they experience a great deal of stress. They get the message that nurses are needed, but at the same time face many barriers.

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Again, it was noted that passing the (language) test does not guarantee fluency in the **workplace. The test topics were seen as unrelated to the profession. The test procedure was described as time-consuming and costly. It was observed that some nursing students had a good knowledge base, but were unable to pass the test. There were some participants who considered passing the language test the biggest challenge for internationally-educated nurses.**

What do you see as the greatest challenges related to the language demands of the nursing profession in Canada?

Speaking and listening comprehension were two of the greatest challenges mentioned by participants. For speaking, specific examples included:

- speaking with clients, particularly ESL clients
- interacting with all health care professionals
- having discussions about a client's care with the client's family
- not being understood by others because of accent
- pronouncing medical terminology
- asking questions
- asking for clarification
- asking for assistance
- using slang and/or idioms.

For listening, specific examples included:

- understanding slang and/or idioms
- understanding physicians on the phone
- understanding confused patients
- understanding clients whose first language was not English.

Other challenges mentioned were reading a client's body language, reading charts, and using the correct abbreviations, descriptions and terminology when recording information in charts.

Cowan, DT., & Norman, I. (2006). Cultural Competence in Nursing. *Journal of Transcultural Nursing*, 17(1), 82-88.

Migrant nurses from EU countries employed in the United Kingdom indicate that they have **experienced problems arising from a variety of issues related to cultural diversity**. Countries such as the United Kingdom could benefit from introducing enculturation courses for migrant nurses.

Crutcher, RA., Banner, SR., Szafran, O., & Watanabe, M. (2003). Characteristics of international medical graduates who applied to the CaRMS 2002 match. *Canadian Medical Association Journal,* 168 (9), 1119-1123.

Background: International medical graduates are an important component of the Canadian physician workforce. For most international medical graduates, the principal route to obtaining a residency position in Canada is to apply through the second iteration of the Canadian Resident Matching Service (CaRMS) match. In order to help inform the work toward integrating unlicensed international medical graduates into Canada's health professional workforce, our objectives were to describe the demographic and educational characteristics of international medical graduate CaRMS applicants and identify their preferred clinical disciplines and practice locations.

Interpretation: Second-iteration international medical graduate CaRMS applicants are a **heterogeneous group of physicians, some with substantial medical training and experience and others at an earlier stage of their medical career.**

Cunningham, H., Stacciarini, JMR., & Towle, S. (2004). Strategies to Promote Success on the NCLEX-RN for Students with English as a Second Language. *Nurse Educator*, 29(1), 15-19.

Faced with an increasingly diverse population and a shortage of nurses, US schools of nursing need to educate nurses from diverse backgrounds. These students may use English as a second language (ESL), leading to challenges that can place them at risk for not passing the NCLEX-RN. The authors present several challenges for ESL students preparing for the NCLEX-RN and successful strategies to coach them. These preparation issues and strategies may also help foreign-educated nurses prepare for the NCLEX-RN.

Davis, KH. (Presenter). (2005). Background Information on the Recognition of International Credentials in Medical Laboratory Science. *Submission to the House of Commons Standing Committee on Citizenship and Immigration: Recognition of the International Experience and Credentials of Immigrants.* Available from www.csmls.org

The last big influx of internationally trained MLTs into the Canadian workforce occurred in the 1960s. At that time, the majority emigrated from England, Scotland and other European countries where standards of education and health care were similar to those in Canada. Today, a **significant proportion of those applying for credential assessment come from countries in the Middle East and the developing world where standards are significantly different. Language proficiency and varying cultural norms and practices pose additional challenges**. In fact, only half of all PLA applicants are deemed eligible to write the CSMLS certification examination. Furthermore, **the failure rate for internationally educated professionals who challenge the CSMLS national certification examinations is significantly higher than that of graduates of accredited Canadian training programs**.

In the spring of 2004, the CSMLS Director of Certification conducted a small research study to identify **factors that contribute to success on the national certification examination**. **The study found that internationally educated applicants who had completed a bridging program (there are currently three programs in Canada - Ontario, British Columbia &**

Alberta) had a pass rate comparable to graduates of accredited Canadian training programs. Language proficiency was also a significant determinant of success.

Edward, J. (2000). Teaching strategies for foreign nurses. *Journal for Nurses in Staff Development*, 16(4), 171-3.

One of the greatest challenges for foreign nurses is their return to the classroom for in-service classes or continuing education programs. These nurses come from a different education system and often have a fear of not being understood by the educator or vice versa. Educators have the unique opportunity to impart ideas, knowledge, and specific strategies to facilitate learning. **This article presents some useful hints to help the nurses adjust to their new environment.**

Educators should be flexible with the curriculum and **address these issues in the cultural diversity class during centralized orientation or with the unit-based educator during the clinical orientation. Programs should be adapted to meet the needs of the participants.** NPs and PAs should be included as part of the introductory program to clarify their roles to new orientees.

Explain the nursing role to all foreign-trained nurses and the care that the patients expect to help the nurses function safely with unfamiliar medications, equipment, and supplies. **During the lecture, use story-telling and give several examples to illustrate the point. Use a multilevel approach to correlate didactic and clinical practice simultaneously. Teach the nurses to articulate and understand the healthcare needs and the cultural diversity of the U.S. population. Introduce collaborative learning by allowing them to work together and help each other.**

When demonstrating procedures in the lab or clinical setting, the educator should inquire about customs and ask the nurses how skills differ and what can be done to help the nurses improve or change their practice. Be open to suggestions, but explain the rationale for current practice. **Most foreign nurses' test-taking skills differ from those of nurses trained in the American system.** They are used to essay-type questions instead of multiple choice questions. A discussion of the rationale proved helpful. Provide nurses with information on review courses and books to help them improve their test-taking skills. Give mock tests and identify the person's learning style to be of more help to him or her.

Gerrish, K., & Griffith, V. (2004). Integration of overseas Registered Nurses: evaluation of an adaptation programme. *Journal of Advanced Nursing*, 45 (6), 579-587.

Abstract: Background. The growth in overseas nurse recruitment to address staff shortages in the United Kingdom (UK) has led to the **proliferation of adaptation programmes for overseas nurses to gain appropriate experience and enable them register with the Nursing and Midwifery Council**. This paper reports on selected findings from **an independent evaluation of an adaptation programme for overseas Registered Nurses offered by a large acute National Health Service trust.**

Aim. This paper reports on a study to evaluate the programme with reference to its objectives, outcomes and overall success from the perspective of various stakeholders.

Methods. A pluralistic evaluation research model was adopted to identify the criteria that stakeholders used to judge the success of an adaptation programme, and then to use these criteria to judge the programme in question. Data were collected by means of focus group and individual in-depth interviews with overseas nurses, ward managers, mentors, senior nurse managers and educators over a 12 month period and analysed by drawing on the principles of dimensional analysis. The criteria for success identified by the various

stakeholders provided a framework through which the overall success of the initiative could be judged.

Findings. Five meanings of success were identified: gaining professional registration; fitness for practice; reducing the nurse vacancy factor; equality of opportunity and promoting an organizational culture that values diversity. **Key findings relating to each of these are presented.** The ease with which nurses gained UK registration and integrated into the nursing workforce was influenced by the characteristics of the work environment, level of support, and organizational context.

Conclusion. Industrialized nations recruiting from the global nursing market need **to invest in providing appropriate support to enable overseas nurses to adapt to working in a different health care system and social and cultural context.**

Han, GS., & Humphreys, JS. (2006). Integration and retention of international medical graduates in rural communities - A typological analysis. *Journal of Sociology*, 42 (2), 189-207.

Abstract: Many rural communities throughout Australia depend on international medical graduates (IMGs) for the provision of primary health care. To date, however, it is not clear how well they integrate into rural communities or how long they intend to stay in practice there. This study reports the results of in-depth interviews undertaken in 2003 with 57 IMGs practising in rural Victoria with the aim of **identifying which factors facilitate or inhibit their integration into rural communities** and consequently affect their intention to stay in rural practice. **Based on the interview results, four different types of IMGs were identified according to their level of integration into rural communities. They are 'satellite operators' (city-oriented), 'fence-sitters' (affiliated with city fringe areas), the 'ambivalent' (unsure about their future settlement place) and those 'integrated' into rural communities.** Recognition of such a typology is useful in assisting to better target support and incentives designed to increase IMG rural retention rates towards those doctors most likely to remain in rural practice on completion of their mandatory period.

Personal issues
The average length of stay in Australia was 10 years ranging from 2 to 37 years. The data showed that length of stay in Australia is positively related to OTDs' ability to cope with life as an immigrant in general, including knowledge of the Australian health care system and what the rural community can offer. Importantly, the place of first settlement in Australia affects the nature and strength of their networks, something that impacts on their perceptions and decisions relating to where they may eventually settle.
Professional issues
Professional issues are a significant consideration in the place of practice.4 For OTDs, preparation for the Australian Medical Council's exams (considered most 'tortuous'), professional isolation, heavy workload and the expectation of a high level of medical care despite their often inadequate skills for rural practice, lack of access to specialists and the frequent moves for different training locations, were foremost issues. Most OTDs indicated the need for, and importance of, appropriate, systematic and organised support rather than the 'sink or swim' approach.
Family issues
Opportunities for children's education and spouse adjustment were significant factors impacting on rural integration and their reluctance to live in the rural community. Most OTDs also considered contacts with their own ethnic communities very important.
Community issues

While local community support facilitated the integration of OTDs into the community, discrimination and other barriers hastened an exit as soon as possible. Prior community knowledge and orientation is important.

Kostis, JB. (2004). International Medical Graduates and the Cardiology Workforce. *Journal of the American College of Cardiology*, 44(6), 1172-4.

The IMGs are usually talented, knowledgeable, and motivated, enhance the diversity of programs, and offer new perspectives about medical care. **However, they have to overcome challenges related to clinical care, language proficiency, interpersonal skills, and acculturation** (Stewart, 2003). Additionally, IMGs may encounter **difficulties in obtaining an appropriate visa to enter the U.S. Usually this requires the completion of the requisite examinations of the Educational Commission for Foreign Medical Graduates (ECFMG), including clinical skills assessment, which is administered only in the U.S.** For some foreign-born IMGs, the **expenses for travel, housing, and examination fees may be a prohibitive financial burden**.

Obtaining an entry-level training position in the U.S. medical system is another hurdle IMGs, especially foreign born IMGs, must overcome**. Training program directors prefer graduates of American medical schools,** which means IMGs usually enroll in training programs of lower quality with higher emphasis on fulfilling clinical duties. There are **few educationally rewarding activities and certainly a lack of guidance and mentoring to help graduates choose a career path. This further compounds the problems of IMGs because their educational pedigrees become inferior to those of American medical school graduates, which diminishes their opportunities to obtain highly competitive academic positions**.

The IMGs adapt to and overcome these challenges in many ways, including accepting inferior or lower-paying (and, occasionally, unpaid) positions early in their career, moving to an underserved area, and joining medical groups in regions with a heavy representation of immigrants from their native country.

Magnusdottir, H. (2005). Overcoming strangeness and communication barriers: a phenomenological study of becoming a foreign nurse. *International Nursing Review,* 52 (4): 263-269.

Abstract: Background: This paper presents a study that explored the lived experience of foreign nurses working at hospitals in Iceland.

Aim: The aim was to generate an understanding of this experience both for local and international purposes.

Method: The methodology that guided the study was the Vancouver school of doing phenomenology. Sampling was purposeful and consisted of I I registered nurse from seven countries. The data were collected in dialogues; the analyses were thematic.

Findings: The findings are presented in five main themes that describe the essence of the experience with the overall theme of Growing through experiencing strangeness and communication barriers'. **The first theme portrays how the nurses met and tackled the multiple initial challenges. One of the challenges, described in the second theme, was becoming outsiders and needing to be let in. The third theme explores the language barrier the nurses encountered and the fourth theme the different work culture.** The fifth then illuminates how the nurses finally overcame these challenges and won through.

Conclusion: **The findings and their international context suggest the importance of language for personal and professional well-being and how language and culture are inseparable entities**.

McGrath, BP. (2004). Integration of overseas-trained doctors into the Australian medical workforce. *Medical Journal of Australia*, 181 (11-12), 640-642.

Abstract: Australian healthcare is greatly enriched by its overseas-trained doctors (OTDs). There is no national approach to support the integration of OTDs into the workforce. **The problem areas are well defined - the need for better information access; better orientation to our healthcare systems and the workplace; improving communication with patients and healthcare workers; standardised assessment of knowledge and skills; and education and training support** so, let's get on with it.

Summary of key issues relating to Australian Medical Council candidates employed in Victorian hospitals:

- No single point source of information for overseas-trained doctors (OTDs).
- Communication difficulties.
- Significant variability in medical knowledge and clinical skills of OTDs.
- Insufficient orientation to the Australian healthcare system and culture.
- OTDs employed in positions where there was almost no matching to previous experience.
- Limited supervision and feedback processes.
- Additional workloads for hospital medical staff to accommodate the training needs of OTDs

Narasimhan, S., Ranchord, A., & Weatherall, M. (2006). International medical graduates' training needs: perceptions of New Zealand hospital staff. *The New Zealand Medical Journal*, 119(1236), U2027.

OBJECTIVE: To determine the opinion of New Zealand doctors and nurses on the possible training needs of international medical graduates (IMGS) in New Zealand hospitals. DESIGN: A postal questionnaire sent to hospital doctors and nurses. METHODS: All doctors working at Wellington, Kenepuru, and Hutt Hospitals in the greater Wellington region, and nurses working in acute medical wards at the same hospitals, were asked to complete a questionnaire based on the Northern Clinical Training Network and Capital Coast District Health Board resident medical officer assessment forms regarding an overseas-trained doctor they had worked with in the last year. **CONCLUSIONS: More specific training may improve the performance of overseas-trained doctors in the New Zealand health system. A further study of the perceived needs of the overseas-trained doctors themselves may be useful**.

Poyrazli, S., Arbona, C., Nora, A., McPherson, R., & Pisecco, S. (2002). Relation between assertiveness, academic self-efficacy, and psychosocial adjustment among international graduate students. *Journal of College Student Development*. 43 (5), 632-642.

Abstract: Rathus Assertiveness Schedule (Rathus, 1973), Academic Self-Efficacy Scale (Jenson, 1991; Sherer & Maddux, 1982), The Inventory for Student Adjustment Strain (Crano & Crano, 1993), and UCLA Loneliness Scale (Russell, 1996) were used to examine a total of 122 graduate international students. **Findings indicate that English proficiency, assertiveness, and academic self-efficacy contributed uniquely to the variance in students' general adjustment level,** while students' loneliness was predicted only by gender and assertiveness.

Sandhu, DPS. (2005). Current dilemmas in overseas doctors' training. *Postgraduate Medical Journal*, 81, 79-82.

International medical graduates (IMGs) are a remarkably successful professional group in the United Kingdom making up to 30% of the NHS work force. Their very success and media publicity about general practice and consultant shortages, has led to a large influx of inexperienced doctors seeking training opportunities in competitive specialties…Changes to Department of Health, Home Office, and deanery regulations with expansion of medical schools, implementation of European Working Time Directive, Modernising Medical Careers, and the future role of the Postgraduate Medical Education and Training Board, will have an important impact on IMGs' training.

Dissemination of realistic information about postgraduate training opportunities is important as the NHS for some time will continue to rely on IMGs.

IMGs are still portrayed in the media as struggling to achieve their goals of having a medical career in the UK. In fact they are probably one of the most successful professional groups in the UK, providing a third of the medical workforce. In England in 2003, 38% of senior house officers (SHO), 32% of specialist registrars (SpR)—that is, National Training Number holders (NTNs) and Fixed-Term Training Appointments (FTTAs)—and 19% of consultants were IMGs.1 Hence, in a highly competitive field at consultant level, almost one in five of all consultants are IMGs. This is despite time constraints placed on IMGs as they have to pass the International English Language Testing System (IELTS), and PLAB. **Such time erodes into opportunities for research and audit and, therefore, IMGs' curriculum vitae can be weak in publications resulting in difficulty in being short listed despite appropriate clinical experience.** Yet they are a highly successful, motivated group with a certain doggedness for survival from whom the rest of us, including UK trainees can learn. Part of the credit for their success goes to the improvement in dissemination of information about training and career opportunities and a clear organisational and support pathway.

The IELTS and PLAB part 1 can be **taken abroad reducing the expenses** incurred by IMGs.

In the UK there is **close liaison between the postgraduate deans, NHS Executive (NHSE), and the Home Office in providing support for IMGs**. Every deanery now has an associate dean or representative with special responsibility for IMGs, including responsibility for permit free training visa forms (PFTV). Verification by the deanery of the information on the PFTV should lead to more efficiency in dealing with visas by the Home Office.

From 2000, uniquely, **fully funded induction courses by the NHSE for IMGs who are in their first post, or have passed IELTS and PLAB, have been a spectacular success**, leading to the Certificate of UK Induction (CUKI). CUKI leads to a rapid introduction to NHS culture, addresses risk management issues, and, for some, has directly led to clinical attachments and their first SHO post.

Sanner, S., Wilson, AH., & Samson, LF. (2002). The experiences of international nursing students in a baccalaureate nursing program. *Journal of Professional Nursing*, 18 (4), 206-213.

Abstract: International students, especially those with English as a second language (ESL), can have difficulty adjusting to university life in the United States and successfully completing the demands of a nursing program. The purpose of this qualitative study was to explore the perceptions and experiences of international nursing students in a baccalaureate nursing program. Eight female Nigerian nursing students aged 25 to 48 who had been in the United States from 5 to 20 years were interviewed. Most (75 per cent) had some prior college

experience, but only two had a baccalaureate degree. The data was analyzed by using a multifunctional computer software program and three themes emerged: **social isolation**, resolved attitudes, and persistence despite perceived obstacles. Factors contributing to each theme explained how these students progressed from their social isolation to their resolved attitudes. Their progression was marked by an acceptance of antagonistic attitudes found in the program and their development of persistence despite perceived obstacles. Their persistence was the impetus to achieve their overall goal of graduating from the program. Implications for nursing faculty include **assisting these students through social and academic transitions and nursing administrators' provision of fiscal and support resources to facilitate effective integration of international students into the nursing program and the community.**

Searight, HR., & Gafford, J. (2006). Behavioral science education and the international medical graduate. *Academic Medicine*, 81 (2), 164-170.

Abstract: Purpose International medical graduates (IMGs), many of whom are recent immigrants to the United States, are filling an increasing proportion of U.S. family medicine residency positions. Therefore, **assumptions about the training experiences of first-year residents may no longer apply to a large percentage of incoming residents**. The authors sought to improve the behavioral science education in their residency program by learning about IMGs' previous training and experience in behavioral science before coming to the United States.

Method Ten first-, second-, and third-year family medicine residents, representing medical school training from India, Macedonia, Bosnia-Herzegovina, The Philippines, Egypt, and Iraq, were individually interviewed using an inductive, qualitative approach. Transcripts were reviewed and double coded. Categories and story lines were identified, and member checking was employed. **Results Segments were classified into seven categories: residents' behavioral medicine training prior to coming to the United States; reflections on the inclusion of mental health and psychosocial content in clinical family medicine; training in medical interviewing; reflections on the physician-patient relationship; perceptions of U.S. family life; recommendations for improving IMGs' understanding of psychosocial aspects of patient care; and specific challenges residents face as IMGs.**

Conclusions The narrative data suggested several possible modifications to the family medicine curriculum, including **expanding new resident orientation content about U.S. health care, introducing behavioral science content sooner, and having IMGs observe quality physician-patient interactions. Interview data also yielded concrete suggestions for improving residents' psychiatric interview knowledge and skills, such as instruction in specific wording of questions**.

Steward, DE. (2003). The internal medicine workforce, international medical graduates, and medical school departments of medicine. *The American Journal of Medicine,* 115(1), 80-84.

Concerns about differences in competency between U.S. and international graduates should be disappearing. During the past few years, international graduates have performed better than U.S. graduates on the Internal Medicine In Training Exam and nearly as well on the certifying examinations for the American Board of Internal Medicine (Garibaldi et al., 2002) (Kimball, 2002). Furthermore, the clinical skills and language abilities of international applicants are improving, in part because since 1998 international graduates have had to satisfy the Educational Commission for Foreign Medical Graduates (ECFMG) Clinical Skills Assessment requirement (Whelan et al, 2002). Despite concerns that this new requirement would decrease the supply of international applicants, international graduates have entered U.S. GME programs at a similar rate
Once international medical graduates have been selected and hired as house staff, other challenges arise. Concerns about clinical and interpersonal skills and language, which should be less common and less severe than in the past, are still more likely among international than U.S.

graduates (Boulet et al., 2002) (Peitzman et al., 2002) (Yao et al., 2000). In addition, a department may need to create orientation programs and adjust its curriculum to assist international medical graduates with selected aspects of medical education and practice in the United States, such as resident physician responsibilities; effective interactions with attending physicians, medical students, patients, and ancillary staff; and ethical/legal issues such as patient autonomy and end-of-life care (Khan et al., 1995) (Levy, 1992) (Fiscella et al., 2000). Such curriculum adjustments can be delicate, especially since international graduates may feel singled out if special programs are developed to assist them. Conversely, international graduates with previous residency-level training or experience abroad may find it difficult to return to the status of a first-year resident and to relate to their new colleagues who may have less training.

Sullivan, EA., Willcock, S., Ardzejewska, K., & Slaytor, EK. (2002). A pre-employment programme for overseas-trained doctors entering the Australian workforce, 1997-99. *Medical Education*, 36 (7), 614-621.

Abstract: Objectives Overseas-trained doctors (OTDs) have limited access and formal interaction with the Australian health care system prior to joining the Australian medical workforce. **A pre-employment programme was designed to familiarize OTDs with the Australian health care system.**

Method: All OTDs who had passed their Australian Medical Council (AMC) exams and were applying for a pre-registration year in New South Wales were invited to participate in the voluntary, free programme. A 4-week full-time programme was developed consisting of core group teaching and a hospital attachment. The curriculum included communication, health and workplace skills; and sessions on culture shock and the role of junior doctors. A pilot programme was run in 1997. The programme was repeated in 1998 and 1999. The OTDs' confidence regarding the general duties of internship, and attitudes towards hospital workplace skills were examined.

Results: The 66 OTDs **reported greater understanding of staff and communication issues and familiarization with the hospital environment. They reported a more realistic understanding of the role of a junior doctor, the need for separation of workplace and personal responsibilities and knowledge of pathways for future professional development. The course structure, with a focus on hospital attachments, establishment of a peer network, and workplace familiarization facilitated entry into the hospital workforce.**

Conclusion The pre-employment programme enabled the OTDs to have a more equitable entry into the public hospital system, resulting in a more integrated, confident and functional workforce.

Trewby, PN. (2005). Assisting international medical graduates applying for their first post in the UK: what should be done? *Clinical Medicine*, 5 (2), 126-132.

Abstract: The number of international medical graduates (IMGs) passing the Professional and Linguistic Assessment Board (PLAB) examination was six times greater in 2004 than in 2000. This has resulted in unprecedented numbers of applicants for junior posts, with some attracting over 1,000 overseas graduates. **The Royal College of Physicians working group on IMGs was established in 2004 to address the problems that face newly qualified IMGs. The group has ascertained and now publishes current levels of competition for junior posts in order to inform overseas graduates of the levels of competition they are likely to encounter. The group is seeking ways of selecting applicants when such large numbers apply for posts and is looking at ways of improving clinical attachments.** The paper considers these and other difficulties that IMGs face when they first seek employment in the UK and discusses possible solutions.

International medical graduates face many difficulties when applying for their first post in the UK. They have no central advisory body to turn to before leaving their home country; **they are shortlisted (or not shortlisted) by random methods of selection; and they spend long periods of time unemployed while waiting for their first post in the UK.** There are no easy solutions. In the short term, publicizing lengths of unemployment and levels of competition for junior posts should **give a more realistic view of current job prospects in the UK**. In the medium term, the establishment of structured clinical attachments would allow post-PLAB IMGs to be assessed in the workplace and would be preferable to the present unstructured clinical observerships suitable mainly for pre-PLAB candidates. Honorary probationary SHO posts should be considered and tested in trial situations. Trust posts should be developed with the same educational structure as SHO posts and the flexibility to suit the varying educational requirements of IMGs. In the longer term, consideration should be given to a central body to assist IMGs at all stages, from the time that they first consider coming to the UK through their application for PLAB to obtaining their first post in the UK. Who should run or fund such a body needs much discussion. What is not acceptable is for IMGs to give up their posts at home and commit considerable financial outlay only to face an uncertain future and the likelihood of long periods of unemployment.

Whelan, GP. (2006). Coming to America: The integration of international medical graduates into the American medical culture. *Academic Medicine*, 81 (2), 176-178.

Abstract: This Commentary is a companion piece to two Research Reports appearing in this issue: "Behavioral Science Education and the International Medical Graduate," by Searight and Gafford, and "International Medical Graduates and the Diagnosis and Treatment of Late-Life Depression," by Kales et al. International medical graduates (IMGs) come to America from diverse cultures around the world to complete their graduate medical education (GME). These residents are and will continue to be a fundamental part of the American health care delivery system. **IMGs' acculturation into the norms and standards of medicine as practiced in the U.S. is crucial to their education as well as to quality patient care. The time has come for GME to begin to systematically and effectively address the cultural challenges that IMGs face not only within the context of American medicine and GME, but in the larger context of American culture. Specific programs and strategies need to be developed and put in place early in the GME experience-or even before entry into GME-to assist IMGs in understanding the context for, and issues associated with, providing optimum health care in the United States.** The author reflects on the findings of the two Research Reports, and calls for increased attention in the medical education community to acculturating and educating IMGs for optimal patient care.

Evidence of initiatives that have successfully integrated IEHPs

Austin, Z., & Rocchi DM. (2006). Bridging education for foreign-trained professionals: the International Pharmacy Graduate (IPG) Program in Canada. *Teaching in Higher Education*, 11(1), 19-32.

(See also above section for further info.)

The International Pharmacy Graduate Program in Ontario (Canada) has developed a model that has been recognized by the provincial government as a 'best practice' for bridging education. This model consists of four elements (note: the authors state that there are element; however, in their report, they note that a fifth element was added during the program): prior learning assessment and recognition; university-benchmarked skills enhancement education; mentorship; and asynchronous learning opportunities (and peer learning).

The IPG Program model presented has been in effect since 2000, and more than 300 IPGs have accessed some or all parts of the program. Results to date have been encouraging; of those successfully completing all program components, 96% have been successfully licensed. Of those who have accessed, but not necessarily completed, all program components, 80% have become licensed. Of those who have accessed, but not necessarily successfully completed, only some of the program, 65% have become licensed.

"…the need for a multi-pronged educational strategy emerged, one based on needs assessment research that built upon existing resources available through the undergraduate pharmacy curriculum. This alignment would allow for a more efficient utilization of existing resources to avoid duplication and unnecessary developmental costs. An IPG Program model was conceptualized around four key pillars:

(a) competency-based prior learning assessment;
(b) skills-enhancement education benchmarked to University of Toronto standards;
(c) mentorship; and
(d) asynchronous (distance) learning opportunities. (Of interest, response to these initiatives was decidedly weak. Feedback from foreign-trained pharmacists was consistent and clear; despite the scheduling and logistic problems, and the opportunity costs associated with forgoing regular paid employment to attend pre-scheduled classes, the majority of participants expressed a significant preference for face-to-face learning (lectures, laboratories, workshops and tutorials).
(e) Peer learning: Despite the obstacles associated with attending regularly scheduled classes during prime working times, and the relative ease and accessibility of asynchronous learning opportunities within the program, foreign-trained pharmacists expressed a strong preference for a traditional classroom setting, one in which they could meet others like themselves, form peer networks and benefit from the support of their professional friends and future colleagues. While asynchronous learning opportunities are still available and are still used to complement the existing face-to-face program, it appears as though such opportunities are only valuable and availed once peer networks are more fully established. As a result of this finding, the IPG program model has now evolved a fifth pillar: peer networking.

Hawken, S. (2005). Overseas-trained doctors' evaluation of a New Zealand course in professional development. *New Zealand Medical Journal*, 118(1219).

AIMS: To find out how overseas-trained doctors (OTDs) rated the usefulness of the Professional Development component of the Overseas Doctors Training Programme in preparing them to work in the New Zealand health context. METHODS: An anonymous postal questionnaire was sent to all 89 doctors that passed the first three intakes of the Overseas Doctors Training Programme in Auckland. RESULTS: OTDs reported a significant increase in the level of comfort in communicating with patients once they were in a clinical setting ($p<0.001$), and with communicating effectively and safely with Maori ($p<0.001$). OTDs also reported that the ethical, legal, and reflective practice sessions prepared them adequately to work in New Zealand. There was a low response rate (30%). **CONCLUSIONS: Responding OTDs said the Professional Development component was valuable and effective with respect to improving communication skills and patient-centred consultations**

Moulton, D. (2006). Nova Scotia program helping IMGs qualify to practise. *Medical Post,* 42(47).

After only one session, Nova Scotia's new **Clinician Assessment for Practice Program (CAPP) has helped put more family physicians into communities in Nova Scotia than Dalhousie University's medical school did the previous year.**

The CAPP program evaluates the clinical skills of international medical graduate (IMG) physicians. Those who qualify are offered a defined licence to practise in the province.
The first CAPP evaluation was held last year, and 57 foreign-trained physicians took part. Of these, 12 were found to be practice-ready, said Dr. Cameron Little, registrar and CEO of the College of Physicians and Surgeons of Nova Scotia. All but one of these IMG physicians is now practising in the province. (The other doctor accepted a position in Alberta.) A second CAPP session has now been held and evaluations are being completed.

Physicians who are found to be practice-ready under CAPP are offered a defined licence by the health department (with the blessing of Doctors Nova Scotia) to practise for one year under the mentorship of an established local physician. After this period, they are eligible for a general licence.

Ten of the physicians offered a defined licence in Nova Scotia lived in Ontario. The other was already in the province. These doctors were trained in India, Sri Lanka, Syria, Pakistan, Egypt and Bangladesh.

The CAPP initiative is an example of the innovative thinking necessary to attract physicians in a competitive and compelling environment, said Bryan MacLean, recruitment co-ordinator for the Maritime Physician Recruitment Initiative, a project launched by the Professional Association of Residents in the Maritime Provinces.

Thomson, GA., Foster, M., Sheriff, R., Mendis, L., Fernando, DJ., et al. (2005). International educational partnerships for doctors in training: a collaborative framework with the RCP. *Clinical Medicine*, 5(2), 133-6.

The UK offers excellent postgraduate medical education, and overseas doctors in training often covet a period of training in the UK. Some overseas training authorities make UK training mandatory prior to appointment as a consultant. Unfortunately, the organisation of such training often proves to be ad hoc, and may lack educational value. UK training faces challenges as a result of reduced hours of work, more structured and intensive educational needs, and pressures of increasing clinical demand. A plethora of new 'trust' posts have developed, often with limited educational value, creating a risk that training quality for overseas doctors is reduced. Against this background, such posts can be used to create international training partnerships such as that at Sherwood Forest Hospitals NHS Trust

(SFHT), providing high-quality general and specialty training. Given the success of this strategy, it would be desirable for other UK trusts to provide similar schemes offering specialties not covered at SFHT.

Details of initiatives or projects to integrate IEHPs into the workplace

Business Council of British Columbia. (2006). Foreign Credential Recognition for Skilled Immigrants to British Columbia: Looking Beneath, Above and Beyond. Available from http://www.bcbc.com/Documents/LE_20060202_ForeignCredentialRecognition.pdf

2 Key Initiatives are cited:

1. Due to increased demand by international trained pharmacists for licensure and practice in Canada, the PEBC has developed a small pre-screening program. At the moment, it operates one office in London, England. The office conducts the evaluating exam at that site and provides results to the prospective immigrant before his or her arrival in Canada. The PEBC is considering setting up offices in other countries such as the Philippines; however PEBC emphasized that it will not set up offices in countries that are themselves experiencing shortages.
2. Two bridging programs have been set up to assist those who wish to practice pharmacy in Canada. The first program was launched at the University of Toronto. Recently, the Faculty of Pharmaceutical Sciences at the University of British Columbia established the Canadian Pharmacy Practice Programme (CPPP).

From the website for The Canadian Alliance of Education and Training Organizations http://www.caeto.ca/home.shtml

Foreign Credential Recognition: An Overview of Practice in Canada
Report available at http://www.caeto.ca/reports/FCRGuide.pdf

Recent developments and new initiatives
A number of initiatives are taking place in different parts of Canada to make the process of obtaining an informed, accurate and fair assessment of foreign qualifications, and of securing jobs consistent with those qualifications, more professional and systematic. Funds and resources for these initiatives come from all levels of government and from both the private and non-profit sectors.

Metropolitan Immigrant Settlement Association (MISA) and the Nova Scotia Department of Education study
In 2003, a study was commissioned by MISA and the Nova Scotia Department of Education to determine “whether a credential assessment service located in Atlantic Canada would be a benefit to people living in, wishing to study in, and/or immigrating to Atlantic Canada”.

Government of Ontario Bridge Training Project
The Access to Professions and Trades Unit of the Ontario Ministry of Training, Colleges and Universities supports bridge training projects to help qualified immigrants to use their skills more quickly in the Ontario economy. They involve key stakeholders, including occupational regulatory bodies, employers, educational institutions, and community agencies. They move participants closer to licensing, certification or accreditation for employment and build on their existing skills. The Ontario government has committed $19 million over four years to the program. Currently, eleven projects are underway in strategic skill sectors: biotechnology; construction and manufacturing trades; health care technologies (medical radiation and medical laboratory science technologies, respiratory therapy); information technology; midwifery; nursing; pharmacy; teaching. The project works with employers to provide paid internships to new Canadians who qualify for mid- and senior-level positions. The project includes assessment of language proficiency and of international academic credentials, workplace communications training and an email resource to provide support to interns during their placement.

Ottawa Leadership Council proposal
In Ottawa, the United Way/Centraide Ottawa, the Canadian Labour and Business Centre, and LASI1 World Skills have partnered with other key stakeholders among specific occupational groups to develop a community-based strategy to facilitate the accreditation and integration of internationally-trained workers into the Ottawa economy. The project builds on, and integrates with other workforce development initiatives and broad community planning exercises that already exist.

Inspired by a model developed by the Maytree Foundation, the Moving Forward project proposes establishing a local leadership council to engage all stakeholders in the Ottawa region in an integrated and collaborative approach. This council would help to champion immigrant access to the labour market in the region by taking a multi-stakeholder approach; building on existing services and programs; reinforcing existing linkages and creating new ones; and being flexible to respond to changes in the economy. Its members would include employers, labour, post secondary institutions, occupational regulatory bodies, immigrant associations, community agencies, and all levels of government.

The British Columbia International Qualifications Program (IQP)
This Ministry of Community, Aboriginal and Women's Services program provides leadership and support to regulatory bodies, professional and trade associations, employers, unions, postsecondary institutions, and community service agencies through three core service activities:

- capacity building by increasing knowledge, enhancing capacities, and applying best practices;
- information services through navigable links between existing programs and services to retrieve information, assist in referrals, and provide advisory support; and
- networking a broad range of public, private, and not-for-profit service providers to foster systemic change through formal federal and provincial agreements, forums, strategic planning for priority occupations and sectors, and leveraging additional resources to resolve sectoral issues.

Fifteen pilots and initiatives have been undertaken within these core services. The Roadmap to Recognition Fact Sheet Series and the Employment Access for Skilled Immigrants (EASI) initiative are two examples of these.

The Roadmap to Recognition Fact Sheet Series covers a range of topics, including moving to BC, international credential assessment, prior learning assessment, English language assessment and training, BC labour market, labour market language training, job search and career counselling, skills upgrading, workplace practice and mentoring, entry into regulated

professions and trades, and networking. The fact sheet Credential Assessment: How do I prove my qualifications? provides comprehensive information about obtaining credential assessment and recognition in B.C.

The Employment Access for Skilled Immigrants (EASI) initiative is another systems approach inspired by the Maytree model. Its goal is to ensure that appropriate and effective services are available and accessible to prospective and new immigrants to BC when required.

In March 2003, representatives from sixteen stakeholders (including regulatory organizations, professional and trade associations, post-secondary institutions, non-government organizations, business and government) established an Interim Leadership Council for the EASI initiative. The meeting adopted a three-year strategic plan that outlines specific projects and expected outcomes for first-year activities.

EASI's three strategic goals are to:

- increase access to information through the creation of an Internet portal;
- identify and advocate for bridging programs including language (occupational and sector specific), academic, technical, workplace practices and experience, and cultural orientation; and
- raise the awareness of employers, workers and other stakeholders about the benefits of workplace diversity, and increase public awareness of attitudes, expectations, etc.

Creating sector cohesion agreements was identified as a possible or eventual a fourth strategic goal to ensure collaboration, a sense of a shared vision and a system-wide approach in educators (public, private and community based trainers), regulators, service providers (NGO and private), employers, governments and immigrant groups.

B.C. Chamber of Commerce and S.U.C.C.E.S.S. Business & Immigrant Employment Tool Kit

In its April 2002 report, Closing the Skill Gaps, the BC Chamber of Commerce stressed the importance of recognizing the credentials of internationally trained immigrants. It then established a Critical Skills Task Force, whose goals include increasing immigrants' access to training and employment. The Chamber joined with S.U.C.C.E.S.S. one of the Task Force members, to develop a Business & Immigrant Employment Tool Kit to highlight some of the resources of most interest and use to employers and immigrants in British Columbia.

A first edition of the Tool Kit was distributed in April 2003 to 210 participants in a joint BC Chamber of Commerce C S.U.C.C.E.S.S. Forum "Connecting Businesses and Skilled & Professional Immigrants: An Economic & Employment Win-Win" representing stakeholders from the sectors of internet technology, computer and networking, engineering, medical and health, business and administration, sales and marketing, legal, accounting and finance, construction, government, and education and service providers. Feedback from users will be used to produce periodic revised editions of the kit.

The Government of Canada Foreign Credential Recognition (FCR) program

This program aims to facilitate the entry of foreign-trained professionals into the Canadian labour market and their mobility within it by developing a pan-Canadian approach to assessing and recognizing foreign credentials in targeted occupations. Physicians, nurses and engineers are the initial targeted occupations.

From the website for the Canadian Alliance of Physiotherapy Regulatorshttp://www.alliancept.org/credential_projects_iiep.shtml

A project update was produced June 26, 2006, and is available at http://www.alliancept.org/pdfs/credential_projects_iiep_2006-06-26_eng.pdf

Integrating Internationally Educated Physiotherapists Project

In December 2005, the Canadian Alliance of Physiotherapy Regulators (The Alliance) was awarded funding by the Government of Canada's Foreign Credential Recognition Program to conduct an analysis of the current physiotherapy workforce, focusing on issues affecting the integration of internationally trained physiotherapists.

This initiative, called Integrating Internationally Educated Physiotherapists (IIEP) **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 professions 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 minimize the effects of these barriers.

From website of Canadian Association of Occupational Therapists (CAOT)
http://www.caot.ca
http://www.caot.ca/pdfs/WIP%20-%20July%20OTNOW.pdf

What resources are available to assist international graduates to work in Canada as occupational therapists?

Alberta and Quebec have upgrading programs to help international graduates meet the standards, although these programs report a high attrition rate. Because these programs are directed toward helping the candidate meet the academic standard for their province, the applicability for other provinces is limited.

Only one program is available to assist international graduates with preparing for the certification examination. This program has recently introduced distance education to allow more international graduates to participate.

Language training and employment readiness programs are available from many settlement agencies and other government organizations, but are not tailored to occupational therapy. In one province, a pilot project is being developed for an occupational therapy specific language training program.

Coffey, S. (2006). Educating International Nurses: Curricular Innovation Through a Bachelor of Science in Nursing Bridging Program. *Nurse Educator,* 31(6), 244-248.

A curricular innovation was designed to provide internationally educated nurses with access to nursing licensure and employment. Through a program that includes professionally relevant English language support, mentorship, academic upgrading, workplace experiences, and clinical skills support, a mechanism has been created for internationally educated nurses to earn a bachelor of science in nursing degree and overcome barriers to practicing their profession

Haley, B., & Simosko, S. (2006). Prior Learning Assessment and Internationally Trained Medical Laboratory Technologists: An Investigative Report for the Canadian Society for Medical Laboratory Science (CSMLS). (Author, with permission from CSMLS.)

A detailed website review of ten occupational bodies was conducted as part of the study. The review examined the layout, information provided, and examples of good practice and compared these to the CSMLS website, process and materials for internationally trained candidates. Similar occupations to that of medical laboratory science were chosen to evaluate whether the requirements of the CSMLS are generally comparable. One occupation (nursing) was examined in depth—across several provinces.

At a general level, most of the occupational bodies examined have fairly similar processes in place for international applicants. Applicants are required to order or download the application package, complete the forms, provide educational and work documents to support their claims and then, if assessed as equivalent, are able to write the certifying exam. Within this basic framework, however, a myriad of detailed differences between occupational bodies makes direct comparison difficult.

See Appendix A for this summary.

From the website of Ontario Regulators for Access
http://www.regulators4access.ca/html/comprac.htm

One of the major outcomes from the Access Solutions Project is a compendium of promising practices for Ontario regulators. A promising practice is one that is innovative and has improved, or has the potential to improve, access for international candidates while maintaining standards.

The compendium of practices describes what regulators are doing to improve access for internationally educated professionals and to measure progress. It highlights promising practices that can be adapted and used by other regulatory bodies and includes promising practices in each of the following four categories:

- **Information and support to international candidates**
- **Assessment practices**
- **Post-assessment practices**
- **Maintaining and reporting statistics**

Information on promising practices was drawn from the literature review and from information provided by Ontario regulators in their surveys and interviews. Regulator interviews were especially helpful to explain the practices themselves, their development, impact, and challenges.

The promising practices were compiled and included in the research report.

Promising practices are updated on a regular basis.

Contents for Compendium of Practices

#	Title	Profession
1	Web Site & Overseas Application	Chartered Accountants
2	Dedicated Web site	Pharmacists
3	Restricted Registration Certificate through APIMG	Physicians & Surgeons
5	Exam Preparation and Course Exemptions	Chartered Accountants
6	PLA Partnership with Educational Institution	Respiratory Therapists
7	Comprehensive Approach to Access	Teachers
8	Prior Learning and Experience Assessment	Midwives
9	Exemption from Technical Exams	Engineers
10	Research and Information to Address Canadian Experience Requirement	Architects
11	Registration Through Practice Assessment	Physicians & Surgeons
12	International Pharmacy Graduate Program	Pharmacists
13	Trend Analysis	Physiotherapists
14	National Assessment Guides	Physiotherapists
15	Provisional Licence Program	Engineers
16	Knowledge of Ontario Standards to Prepare for	Nurses

	National Exam	
17	Statutory Declaration for Missing Documents	Massage Therapists
18	Knowledge of Ontario Practices	Massage Therapists
19	Appeal process	Foresters
20	Bridging Program	Nurses
21	Bridging Program	Respiratory Therapists
22	Transfer Credit Program	Certified General Accountants
23	Bridging Program	Audiologists and Speech-Language Pathologists
24	Canadian Academic and Practical Training Program	Dieticians
25	Regulatory Requirements & Canadian Experience	Geoscientists
26	Bridging Programs & Canadian Experience	Medical Laboratory Technologists
27	Performance Indicators & Supervised Practice	Occupational Therapists
28	Supervised Practice	Veterinarians
29	Bridging Program	Midwives

Regulators' Guide available at http://www.regulators4access.ca/html/regguide.htm

Developing and implementing promising practices may be daunting, especially if resources are limited. As part of the Access Solutions project, Ontario Regulators for Access has produced a Regulators' Guide for Promoting Access to Professions by International Candidates. This is a practical assessment tool regulators can use to evaluate and design programs that support access to professions by qualified international candidates. The guide sets out the rationale for access initiatives as well as tips, challenges and where to go for more information.

Simpson, B. et al. (2005). Access to Licensure for Internationally Educated Nurses: Follow-up Study (Alberta Network of Immigrant Women). Available at http://www.aniw.ca/Follow-Up-Study.pdf

Conclusions

There have been important changes and ongoing commitment to improve the licensure process for Internationally Educated Nurses over the past two years since the Alberta Network of Immigrant Women completed their study and round table discussions. Excellent collaboration and networking among stakeholder groups has resulted in a strong positive systemic response to addressing licensure issues for Internationally Educated Nurses.

Following is a summary of some of the actions and initiatives undertaken.

- **Canadian English Language Benchmark Assessment for Nurses**
- **AARN Application Package Review**
- **Health Professions Act**
- **Nursing Refresher Program additions – Grant McEwan College**
- **Prior Learning Assessment and Recognition research project – Mount Royal College**
- **Canadian Registered Nurses Examination**

CRNE Prep Guide and online LeaRN CRNE Readiness Test

- **Canadian Nursing Association National Study**
  Navigating to Become a Nurse in Canada
- **Immigrant Access Fund – Calgary**

From a broader perspective, Human Resources and Skills Development Canada (HRSDC) has provided funding to the Canadian Nurses Association to lead the diagnostic phase of the Internationally Educated Nurses Project.

Key informants generally agreed that it is too early to determine the impact of the changes, improvements and special projects described in this report. Overall, the licensure process remains complex and expensive. Although the systemic changes made over the last two years are positive, they do not appear to have significantly streamlined the RN licensing process for Internationally Educated Nurses.

Ongoing collaborative participation and commitment of key stakeholders at both the provincial and national level is required in order to continue to improve access to licensure for Internationally Educated Nurses.

Smith, M. (2001). Recognition of Foreign Credentials: A Survey of Recent Community-based and Research Projects (c. 1995-2001) Funded by the Multiculturalism Program, Department of Canadian Heritage. Available from http://ftpd.maytree.com/resources_view.phtml?resid=303&catsid=5

Through the Multiculturalism Program, the Department of Canadian Heritage has supported a variety of projects that identify the pervasiveness of the problems for immigrants and that seek solutions involving major stakeholders such as professional associations and governments, individuals and representative organizations. Since the early 1990s the Program has funded some thirty-three projects pertaining specifically to foreign accreditation issues. This report summarizes more recently funded (c.1995-2001) activities of national, provincial, and community-based organizations as well as academic andorganizational research projects (based on availability).

Community Projects

- National Organization of Immigrant and Visible Minority Women
- Open Learning Agency
- Indo Canadian Women's Association
- Association of Foreign Medical Graduates
- Skills for Change

Research Projects

- Alberta Northwest Territories Network of Immigrant Women
- International Professional Association
- JobStart and Skills for Change
- Skills for Change
- Centre for Research and Education in Human Services
- National Council of Canadian Filipino Associations
- Zong, Li
- Canadian Guidance and Counseling Foundation
- Institute for Research on Public Policy
- Multicultural Council of Halifax Dartmouth Metro Area
- PEI Multicultural Council

Details of foreign initiatives or projects to integrate IEHPs into the workplace

Overseas Trained Doctor Initiatives (Australia)
http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health_pro-otd-index.htm

The Australian Government has launched a major Medicare program which includes a range of measures designed to address Australia's short and longer term medical workforce needs. The package includes a number of initiatives that will increase opportunities for appropriately qualified overseas trained doctors to enter the Australian medical workforce.

By 2007, an additional 725 appropriately qualified overseas trained doctors will be working in Australia as a result of the overseas trained doctor initiatives. Medicare provider number arrangements will enable the Australian Government to direct overseas trained doctors to areas of workforce shortage, where their services are most needed.

The Medicare package includes the following measures for overseas trained doctors:

- **International recruitment strategies**: under this initiative, the Australian Government will manage an international recruitment process to enhance and better coordinate current State and Territory, and private sector recruitment arrangements.
- **Improved training arrangements and additional support programs:** this initiative will provide new training opportunities and support for overseas trained doctors.
- **Reduced "red tape" in approval processes:** this initiative will support the streamlining of requisite approval processes for overseas trained doctors entering the Australian medical workforce. This will minimise the time taken for appropriately qualified doctors to enter the medical workforce.
- **Assistance for employers and overseas trained doctors in arranging placements:** this initiative will support the establishment of a national information and referral service to assist overseas trained doctors and employers to efficiently work their way through the various approval processes including immigration, medical registration and access to Medicare rebates.
- **Opportunities for doctors to stay longer or obtain permanent residency through changes to immigration arrangements:** On 19 December 2003, the maximum visa validity period for temporary resident doctors (visa class 422) was extended from 2 to 4 years. From May 2004, medical practitioners were included on the Skilled Occupations List that is used for the General Skilled Migration program.

Under its Strengthening Medicare package, the Australian Government has introduced an international medical recruitment initiative to increase the number of appropriately qualified overseas trained doctors providing Medicare services in districts of workforce shortage across Australia. Under this strategy, employers and overseas trained doctors will not be charged a recruitment fee by medical recruitment agencies contracted by the Australian Government.

The Australian Government will meet the recruitment costs associated with placing an overseas trained doctor in an eligible medical vacancy, provided the medical recruitment agency assisting in filling the vacancy is one contracted by the Government for this purpose.

To improve the effectiveness of the medical recruitment process, the Australian Government has developed the DoctorConnect website. DoctorConnect provides a comprehensive information

service to assist overseas trained doctors and Australian employers to efficiently work their way through the various approval processes leading to entry to the Australian medical workforce.

- **DoctorConnect (http://www.doctorconnect.com.au/) contains links to:**
  - Checklist of medical registration and immigration requirements
  - Links to medical recruitment agencies
  - Why you should choose to work in Australia
  - Checklist for employers seeking to recruit
  - Real stories about OTDs working in Australia
  - The DoctorConnect Friendly Community Award

Details of initiatives or projects not solely focused on the health care professions designed to integrate immigrants into the workplace

Toronto Region Immigrant Employment Council (TRIEC)
www.triec.ca

The Toronto Region Immigrant Employment Council (TRIEC) was created to address an urgent need of the Toronto Region – effective and appropriate inclusion of immigrants in the labour market. Established in September 2003, TRIEC is a multi-stakeholder collaboration comprised of members representing employers, **occupational regulatory bodies**, post-secondary institutions, assessment service providers, community organizations, and all three levels of government.

Since its inception, TRIEC and its partner programs have:

- Placed over 340 immigrants in Career Bridge internships with over 130 Toronto Region employers, resulting in over 85 per cent finding full-time employment in their field of expertise.
- Matched nearly 1,000 skilled immigrants in Mentoring Partnership relationships with established professionals who share the same occupation. Of those who completed the four month program, nearly 70 per cent found fulltime employment.
- Brought over 100 employers on board through various projects, increasing their awareness of the issue of immigrant integration, and formalizing their role as part of the solution. (All numbers as of April 30, 2006.)

Programs affiliated with TRIEC include:

1. **The Mentoring Partnership**
   http://www.thementoringpartnership.com/index.asp

   The **Mentoring Partnership** is an alliance of community agencies in the City of Toronto, Peel Region and York Region, who offer occupation specific mentoring to skilled immigrants.

   A recently completed evaluation found that over 60 per cent of those who have completed the four-month mentoring relationship have found employment and the average salary of those who had completed the four-month relationship was 250 per cent higher than those who had not been through the program.

Key findings of the Program Impact Survey 2006*

- 38% of mentees are significantly more likely to find a job in their area of expertise. This compared with 15% from the control group
- There is a significant difference in the salary prior to completing the mentoring relationship. The salary range prior to mentoring was $8.50 - $ 18.50 per hour and post mentoring it is $14.00 - $45.00 per hour
- The mentor had a significant positive impact on all areas of job search with greatest impact on "gaining valuable feedback on capabilities" and "finding opportunities to network."
- The most effective matches are those that focus both on the technical expertise and the networks of the mentor
- Over 80% of the mentors indicated that they were adequately trained by the program prior to entering the mentoring relationship
- Mentors from large organizations (more than 500 employees) are most likely to see the program as being beneficial to the organization and support other employees to become mentors

2. **Career Bridge http://www.careerbridge.ca/**

   The Career Bridge program responds to Canada's labour market demand for internationally-qualified professionals and to the aspirations of qualified immigrants eager to work in their professional fields in Canada. A bridge between industry and immigrants, the program creates paid internship opportunities – from four- to 12-months long – at a wide range of employers that are committed to providing relevant work experience to professional-level newcomers.

3. **hireimmigrants.ca**

   The hireimmigrants project provides employers with interactive tools and resources to accelerate the integration of skilled immigrants into their organizations. A discussion forum has been set up with eight subject matter experts to respond to questions on such **topics as internships, credential assessment** and recruiting.

4. **Immigrant Employment Loan Program http://www.triec.ca/index.asp?pageid=27**

   The Maytree Foundation - Alterna Savings Immigrant Employment Loan Program provides access to **credit for newcomers to pay for short-term training (up to 1 year) in order to find employment in their occupation**. The maximum loan considered is $5,000, and funds can also cover an assessment of credentials, examination and professional association fees. Currently borrowers are studying subjects such as **midwifery, nursing, medical laboratory studies, pharmacy**, family counseling, travel and tourism, tool and die making, engineering technology, design engineering, home inspection, purchasing, quality assurance, trucking, and welding. The **majority of borrowers who have completed their training have been able to find jobs in their fields**

Appendix A

Alberta Association of Registered Nurses (AARN)
http://www.nurses.ab.ca/registration/Educated%20outside%20Canada.html

The AARN website contains overview information about their process and includes a **simple visual map or flow chart**. Some of the elements they require are:

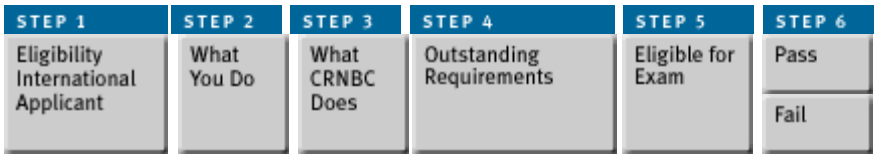
- That the education of the applicant be "equivalent to that approved in Alberta **at the time of the applicant's graduation**"
- Verification of registration from the original jurisdiction as well as each jurisdiction the applicant has been registered with **over the past 5 years**
- Completion of 1125 hours of practice (or an educational program including refresher courses) **in the 5 years preceding the application**

Once educational requirements and verification(s) are received and favourably assessed, a **temporary permit** is issued for a 6-month period. An applicant is eligible to write the exam a **maximum of 3 times**.

College of Registered Nurses of British Columbia (CRNBC)
http://www.crnbc.ca/Default.aspx?DN=73,12,11,5,Documents

The CRNBC website has an **easy to follow, "push button", step-by-step guide** to the process. An illustration of what this looks like is provided below:

INTERNATIONAL APPLICANT



Additionally, the CRNBC:

- Provides **information sessions** on registration
- Has created a **template for a request form** for applicants to send to the school where they received their training, and also one for the registering body where the applicant obtained registration
- **Requests references directly—applicants provide contact information for employers**

They require certified **proof of identification** and a Canadian reference for at least 8 weeks of work, which is done under **a temporary permit** issued for 9 months. An applicant is eligible to write the exam only **3 times** and will require remedial studies prior to writing the third time.

College of Nurses of Ontario (CNO)
http://www.cno.org/for/intl_apps.htm

The website takes an applicant **step-by-step** through the seven requirements and for **each section there may be several alternatives, each of which provides the applicant with further information or, if they have fulfilled the requirements of a particular section, they are moved on to the next one.**

The application package, which candidates need to request, has two **sets of forms**; one set is to be completed by the applicant and returned to the College and the **second set is to be sent to their official sources (nursing school, registration board and employers**) for completion.

The site lists a few **examinations that are accepted as equivalent**. Applicants are required to prove good character. The CNO provides a **glossary of terms**.

The CNO also provides a **comprehensive list of countries** that qualify for the language fluency requirement if an English or French language nursing program was taken. To view the list, go to: http://www.cno.org/international_en/reqs/req4_lang/index.htm

Canadian Registered Nurse Exam (CRNE)

The provincial and territorial nursing regulatory authorities administer the Canadian Registered Nurse Exam (CRNE) and determine eligibility to write it.

The CRNE is a paper and pencil exam offered in French and English. The exam is divided into four books, administered over the course of one day. The first two books are written in the morning and the second two in the afternoon. The morning and afternoon sessions are four hours each.

The exam consists of approximately 240 to 260 multiple-choice and short answer questions, each designed to measure a specific competency required of entry-level registered nurses. This number does not include experimental questions that will also appear on the exam. Approximately 60 per cent of the questions are presented within cases in which a brief description of a case is followed by a group of 3 to 5 questions. The remainder of the exam consists of single, independent questions, unrelated to a case or to other questions on the exam.

The **Canadian Nurses Association** (CNA) (http://www.cna-aiic.ca/cna/default_e.aspx) **offers tools to assist candidates in studying for the Canadian Registered Nurse Exam (CRNE)**. They offer the *Canadian Registered Nurse Exam Prep Guide* and the *LeaRN™ CRNE Readiness Test*. Information about each is provided below:

Canadian Registered Nurse Exam (CRNE) Prep Guide
The CRNE Prep Guide is a study guide in print format with an accompanying CD-ROM. Available in either English or French, the prep guide offers close to 300 practice questions, including over 75 questions in short answer format. The CD-ROM allows you to select questions by format or by content category.

The guide also provides the following tools:

- Answers and explanations to help candidates learn
- A performance profile to identify candidates' strengths and weaknesses
- Valuable test-taking strategies and study tips

The cost is $69.95.

LeaRN CRNE Readiness test
http://www.cna-nurses.ca/CNA/nursing/rnexam/preptools/default_e.aspx

Available in English or French, the LeaRN CRNE Readiness Test is an online simulated CRNE in a shortened format. The test offers:

- 100 multiple-choice and short answer questions
- Questions from former CRNEs that are completely different from those in the prep guide
- A match with the CRNE in terms of level of difficulty and questions by content type
- An opportunity to view questions candidates answered incorrectly along with the correct responses

The test also gives candidates instant overall results as well as four sub-scores based on the CRNE competency categories to help focus future study for the CRNE.

For internationally educated nurses, the test may be particularly helpful as it is **accessible from all over the world and can be taken before coming to Canada**.

The cost is $42.79.

Canadian Association of Medical Radiation Technologists (CAMRT)
http://www.camrt.ca/english/certification/itl_certification_req.asp

This website provides a basic overview of what is required for internationally educated candidates. The initial statement reads:

> *The following eligibility requirements apply on the understanding that the applicant has been employed as a medical radiation technologist in the discipline for which they are applying **within the last five years**. Since the review of candidates' credentials is individualized, CAMRT reserves the right to request additional information. All candidates must submit the following documentation…*

The documents/proofs required are called “exam eligibility requirements” and all documents and fees must be submitted at the same time—CAMRT will not accept incomplete files. They require **notarized copies of degree/diploma/transcript, not originals.**

Verification of work experience **can be in the form of a letter** from an employer, **submitted by the applicant.** The letter must be submitted on letterhead and indicate the position or title, job responsibilities and the dates of employment (with a requirement of a minimum of 1950 working hours, approximately equivalent to one year full-time, **Canadian employment hours, within the past five years**).

Within three weeks, CAMRT sends a “Letter of Application Acknowledgement” stating whether all application requirements have been met.

The exam results are pass/fail and only unsuccessful candidates receive an analysis of their weaknesses. Candidates, who are unsuccessful at passing the exam **three times, must re-qualify** (as a new student to a medical radiation technology program).

CAMRT provides the option of **taking the exam outside of Canada**. The general guidelines from their website are as follows:

*All exam centers **outside of CANADA** are to be arranged by the candidate and the information submitted on the "International Examination Site" form at the time of application for approval by CAMRT. (Please refer to www.camrt.ca/english/certification/pdf/IntExamSiteForm.pdf for more information.) It is the candidate's (applicant) responsibility to ensure availability of a suitable centre at which to write, and to identify a willing invigilator AND alternate invigilator. Both the Chief Invigilator and the Alternate must fulfill one of the following criteria:*

a) Work for, or be an official representative of, the Canadian Embassy
b) Work in a teaching capacity at an established medical radiation technology education program
c) Work in a supervisory/management capacity at an established health care institution.

College of Respiratory Therapists of Ontario (CRTO)
http://www.crto.on.ca/

The CRTO allow applicants who have not completed an approved respiratory therapy program to demonstrate, through a **Prior Learning Assessment**, that they have the knowledge, skills and judgment equivalent to those of a person who has successfully completed an approved respiratory program. The CRTO has developed the PLA process in conjunction with The *Michener Institute for Applied Health Sciences*.

Process
1. An applicant applies for registration with the CRTO and pays all applicable, registration-related fees.
2. The application is reviewed to ensure that all registration requirements are met (except successful completion of an approved respiratory program).
3. The applicant is advised that she or he may be eligible for PLA.
4. The applicant confirms in writing that she or he is interested in pursuing the PLA.
5. The applicant is referred to the Michener Institute. An applicant has a total of **18 months** to complete the PLA, which consists of three stages.

Stage 1: Interview and Feedback
A member of Michener staff in the department of Respiratory Therapy will conduct an interview in order to get a better idea of the applicant's qualifications and educational background. The purpose of the *Interview & Feedback* stage is to make sure that the applicant understands what it means to be a Respiratory Therapist in Ontario and that he or she is prepared to start the process.

Stage 2: Didactic Assessment
At this level, the applicant will be required to sit a written test based on the CRTO Entry to Practice Competencies. The applicant has a maximum of two opportunities to pass the Didactic Assessment. The applicant must pass the Didactic Assessment in order to move to the next stage.

Stage 3: Clinical Assessment
This is the final stage of the PLA. The candidate will be asked to perform as a Respiratory Therapist in a controlled environment where she or he will be observed and assessed on their practical abilities. There is only one opportunity to pass the Clinical Assessment. After completing the Clinical Assessment, the PLA is considered concluded and a report from the Michener Institute will be sent to the CRTO for the CRTO Registration Committee's review. If the applicant is successful, she or he will be contacted by the CRTO informing them of the next steps in the

registration process. If not successful she or he will be advised to contact an educational institution.

Once an applicant successfully completes the PLA, he/she is eligible to apply for registration under the Graduate category that provides a temporary class license to practice for a period of 18 months while the applicant is preparing for the Canadian Board for Respiratory Care (CBRC) exam.

The Canadian Alliance of Physiotherapy Regulators
http://www.alliancept.org/

The Alliance receives approximately 230 requests for educational and qualifications equivalency each year. Approximately **42% of applicants have substantially equivalent qualifications. Approximately 53% of applicants are eligible if they complete the required education/training through the Prior Learning Assessment and Remediation Program (PLAR).**

Presently, the International Qualifications Assessment Service (**IQAS**) and World Education Service (**WES**) assist The Alliance in reviewing credentials. The physiotherapy-specific competencies are assessed in-house as well as by external service-provider experts in assessing physiotherapy competencies. Physiotherapist Credentials Evaluators are expert evaluators of physiotherapy credentials. These evaluators are familiar with both Canadian and non-Canadian physiotherapy education.

The **handbook is informative** and starts with a **Table of Contents**, general information, and then outlines the **3-Step Assessment Process** for Registration. It provides a detailed list of documents required, and then **a section providing further information about a number of items, e.g. meaning of 'notarized documents', explanation of what is required for documents that need to be translated etc.** Also, the Alliance provides a **Document Request Form**, for the applicant to use to request documents from his/her school—the form includes directions to the school for completion and submission to the Alliance office.

The handbook then explains what happens once the application and documents are received. Documents/application will be:

> **…forwarded to a Credentialing Officer. The Credentialing Officer will manage your file throughout the assessment process. He or she will be in contact with you (initially by phone if you live in North America, or by e-mail and regular mail if you live outside of North America).** This way you will know who to contact if you require assistance throughout the process**.**

An** Application Checklist **is provided. It** divides **the items needed into ones that the applicant sends directly (entitled, "**Have you included the following in your application package?), and ones that should be sent from other institutions (entitled, "**Have you arranged for the following documents to be mailed directly to our office?***").***

They include a note on **timeframes and also the raise the issue of 'precedent cases'**:

> **Once all documentation is received and the credentialing assessment is started, the review is usually** completed within 12-14 weeks, if the Alliance has a precedent case. A 'precedent' case is a previously completed credential review for an applicant from the same physical therapy program, in the same year, with a similar course of study, using the same credential standard**).**

The Alliance also provides an **Authorization Letter** that allows the Alliance to release information on the file to a representative named by the applicant.

Additionally, a **37-page FAQ** is available. This provides detailed information on every aspect of the process.

The examination contains both a multiple-choice written component and a **16-station Objective Structured Clinical Exam (OSCE).**

The Alliance lists the following resources available online:

- **Orientation Resource for the Physiotherapy Competency Examination:** Sample questions for the PCE, the examination outline and hints on preparing for the examination. (A complimentary copy is sent to all PCE registrants.)
- **Lexicon of English/French Terms** used by physiotherapists in Canada
- **Bibliography:** A list of materials on examination development, administration and standards
- **Reference List:** A list of texts useful for candidates studying for the PCE
- A ten-minute **PCE Video** (including **viewer's guide**) is also available by request

College of Physiotherapists of Ontario
http://www.collegept.org/

There is a short **welcoming statement** on the first page:

> *THE COLLEGE OF PHYSIOTHERAPISTS OF ONTARIO **welcomes qualified physiotherapists from around the world**. More than 12% of College registrants in independent practice are educated outside Canada, and **they play an important role** in providing physiotherapy care to the people of Ontario.*

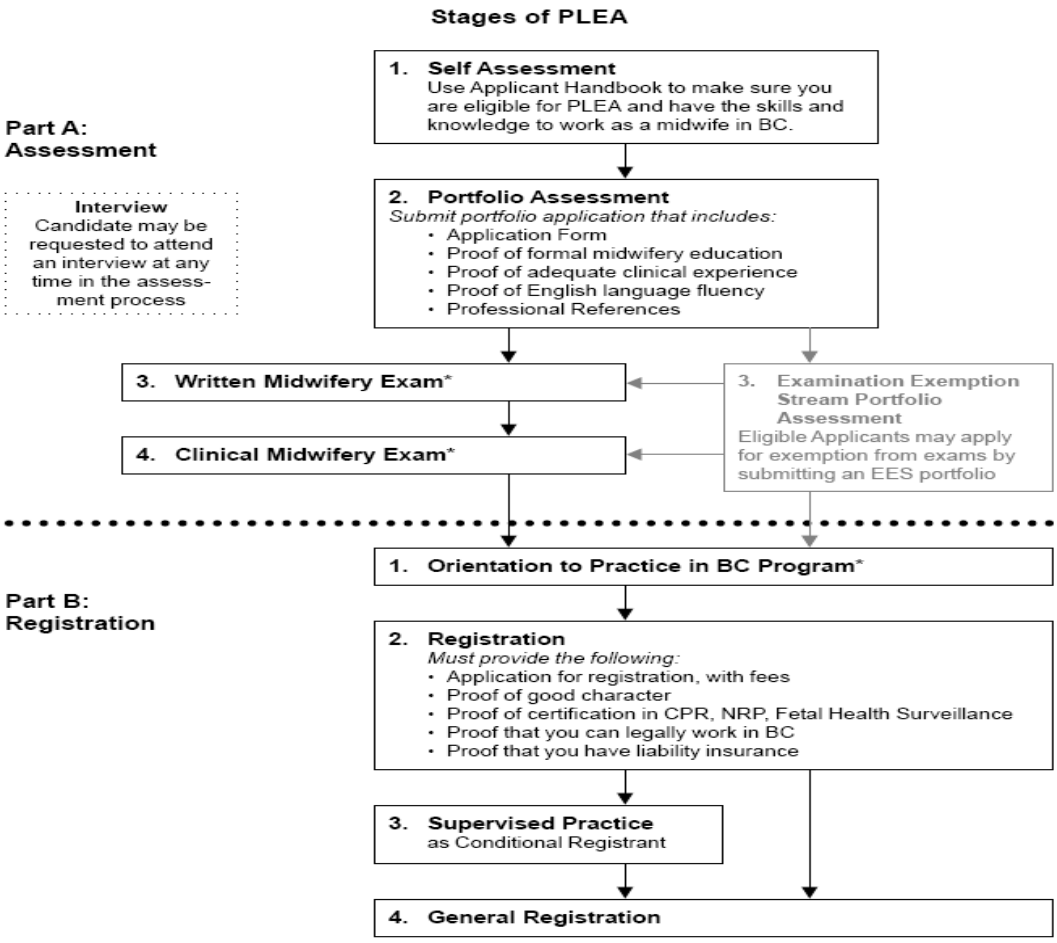
The second page **explains the role** of the College vs. the role of The Canadian Alliance of Physiotherapy Regulators (see above). The third page is a **short self-assessment checklist** entitled "*Are you ready to apply for Registration?*" with five 'yes' or 'no' type questions. Each 'no' answer creates a 'drop-down' section that appears with more information explaining what you need to do. They also **provide a FAQ and links to information about employment, living and working in Canada**, and reference information. Lastly, there is a quick evaluation form that a person can complete (3 questions with a space for a personal comment) to **provide feedback on the information contained in the website**.

College of Midwives of BC (CMBC)
http://www.cmbc.bc.ca/

On first page of website (for internationally trained applicants) the CMBC list the stages to Prior Learning and Experience Assessment (PLEA). The stages are:

1. Assessment of your midwifery education, previous clinical experience and English language fluency via an **Application Portfolio**
2. **Written Examination**
3. Objective Structured **Clinical Examination**
4. Six-day **Orientation** program
5. Some candidates are also required to successfully complete a period of **Supervised Practice**

From this first page, the College provides a link to the **flowchart** illustrating the different possible stages:



The CMBC is in the process of creating both a **self-assessment form and a lifestyle assessment form**[1]. A FAQ is also provided.

Applicants apply for **exemption from exams** by submitting an **expanded portfolio that includes a narrative about what they know and can do (based on a framework of professional practice provided by the CMBC) and evidence** to back up the statements made in the narrative. An in-person interview is also required.

[1] A self-assessment form might encourage an applicant to examine their own ability to gather the required documents, study independently for an exam, or operate in English at a professional level. A lifestyle questionnaire might focus on issues such as time and money.

CMBC offers an English for Midwives course. This is an advanced, midwifery-specific English as a Second Language course. As well, the CMBC provides (on its website, in the section relating to English fluency requirements) the following **explanation as to 'why' an English language test is required:**

> **A high level of English language fluency is required in order to practice as a midwife in British Columbia—this includes the ability to communicate with both clients and other health professionals in writing and verbally, over the phone, and sometimes in high stress situations. BC Registered midwives must be able to read and understand current research in the field of maternity care. All applicants to the CMBC's Prior Learning and Experience Assessment process must provide evidence of English language fluency.**

Ontario College of Pharmacists (OCP)
http://www.ocpinfo.com/client/ocp/ocphome.nsf/web/e-factsheet!OpenDocument

The OCP website provides a small section entitled "Before You Come to Canada" which notifies the reader that they can request an application form for document evaluation from the Pharmacy Examining Board of Canada (PEBC). PEBC (information provided below) will assess candidates' documents and decide if they can write the PEBC Evaluating Exam. If the College does not approve the documents, candidates are advised that they must apply to and complete a four-year Canadian degree program.

OCP notes that even if PEBC approves the documents, it can still take two to three years to become registered because of the **48-week in-service training** that an applicant must do, for which they need to find a preceptor—it is noted that the number of students may exceed the number of available preceptors.

The registration package is long (43 pages) and quite complex.

College of Pharmacist of British Columbia
http://www.bcpharmacists.org/registration/information/index.php#qualifying

The information for internationally educated applicants is challenging to read as it uses some 'legal' terminology, quoting bylaws etc. that may not be familiar to most readers. The College requires a period of **internship** in a B.C. pharmacy under the supervision of an approved preceptor to be completed by a qualifying candidate if he/she is from:

a. Jurisdictions outside Canada or the United States
b. Canada or the United States but is unable to certify 1000 hours of practice as a pharmacist **within the three years** immediately preceding registration

The main website, which is NOT devoted to internationally trained applicants, contains a number of potentially useful reference documents:

Self-Assessment Form and instructions:
http://www.bcpharmacists.org/professionaldevelopment/prodevassessment/pdf/SA_Instructions.pdf

Knowledge Assessment (multiple-choice exam) Handbook:
http://www.bcpharmacists.org/professionaldevelopment/prodevassessment/pdf/kainfoguide.pdf
with information on using the blueprint

Sample Test Questions:
http://www.bcpharmacists.org/professionaldevelopment/prodevassessment/pdf/KA_Sample.pdf
for a 31-page booklet of sample questions for the multiple-choice exam

The Pharmacy Examining Board of Canada (PEBC)
http://www.pebc.ca/EnglishPages/DocEval/DocEvalHomePage.html

Each province is responsible for issuing licenses, and all, except Quebec, require the PEBC Certificate of Qualification. Step 1 is document evaluation. If a candidate receives a favorable assessment, then step 2 is the evaluating exam (to determine whether candidates have completed a course of study comparable to that in Canada). Once these two steps are completed, the candidate is eligible to write the Qualifying Exam Part 1 and Part 2. The first part is a multiple-choice test—**this has just been changed such that it is offered in two sittings on two consecutive days—and the second part is an OSCE.** PEBC does not have a language fluency requirement; however, provincial licensing authorities do.

Documents to support a candidate's identity (birth certificate, marriage certificate etc.) must be **certified true copies**. PEBC provides detailed information on the requirements to verify a person's full (and previous name) **when the names on different documents do not match**, or if documents are not available.

The **candidate submits a certified true copy of their university degree certificate, but the university must send the transcript to PEBC directly**. A current-dated letter from the licensing authority, stating the candidate is in good standing is also required.

PEBC also provides candidates with information about acceptable translators and people eligible to certify documents. Additionally, specific information is provided for certain countries; for example, India:

We do not accept a high school leaving certificate or a letter from the Indian Consulate in lieu of a birth certificate. If you do not have a birth certificate, please see instructions above. We do not accept an attested copy of your transcript. If the University cannot send an original, please ask the affiliated College you attended to send one. We require a letter from the State Pharmacy Council regarding your license in good standing…

PEBC also lists a number of 'common mistakes,' a few examples of which are provided below:

University Degree Certificate:

1. Original language certificate not sent. Only English version received.
2. Not properly certified, i.e., certified by translator instead of notary public, etc.
3. Not properly translated, i.e., name of degree granted is incorrect (Bachelor of Pharmaceutics or Bachelor of Pharmacology, instead of Bachelor of Pharmacy)

IMG-Ontario
http://www.imgo.ca/

IMG-Ontario is the main point of entry for IMGs seeking registration to practice in Ontario. The website provides the following caveat: **Meeting the basic eligibility requirements does not guarantee entry into any of the programs.**

IMG-Ontario requires that **notarized/certified copies** of transcripts/diplomas be submitted. Additionally, they require a cover letter and curriculum vitae, a photograph taken within 60 days, **proof of name change** (notarized/certified copy of marriage certificate, change of name order and translations if applicable), a minimum of 3 reference letters, and provide the **following list of acceptable documents to prove Citizenship status**:

- Notarized/certified photocopy of Birth certificate with any photo ID
- Notarized/certified photocopy of Canadian Passport
- Notarized/certified photocopy of Canadian citizenship certificate, Record of Landing
- Notarized/certified photocopy of Permanent Resident Card/Canadian Citizen Card
- Application to Citizenship and Immigration Canada (CIC) for Permanent Resident status, or
- A signed letter indicating intent to apply to immigrate to Canada

The **Government of Ontario handbook *"How to Become a Doctor in Ontario: Information for International Medical Graduates"*** found at: http://www.health.gov.on.ca/english/providers/project/img/img_brochure.pdf provides a good overview of what an IMG should consider before embarking on the process to become a doctor in Ontario, as well as the steps involved. A few elements of the handbook are:

- **A simple flow-chart** diagram of the process
- **Important caveats and things to consider** including information on immigration and settlement and preparing yourself (**language issues, finances, studying** etc.) for the reality of what an IMG will face in Canada

In order to be part of the selection process for the approximately 200 places available, applicants must write the exam(s) from the Medical Council of Canada. Information is provided below:

Medical Council of Canada (MCC) www.mcc.ca

The MCC offers the Medical Council of Canada Evaluation Exam (MCCEE) and the MCC Qualifying Examination Part 1 (MCCQE1) and Part 2 (MCCQE2). The MCCEE is a one-day paper-based exam. There are **no limits on the number of attempts at writing the exam; however, once a person achieves a passing grade, he/she is not eligible to re-write it** (to improve their standing). Candidates are required to submit **certified copies** of their transcripts and medical diploma. There are **precise and detailed instructions** provided for certification procedures and acceptable certifying officers as well as similarly detailed instructions for translations by an acceptable translator. **An applicant can verify the status of their application, online, once he/she is given a MCC number.**

MCC Self-Assessment Evaluating Examination (SAEE) https://www.mcc.ca/SelfAssessment/

Three different versions of this **multiple-choice practice exam** for IMG's are available **on-line**, and each contains 96 questions from six medical disciplines. The practice test allows IMGs to test their level of preparedness for the MCCEE. A candidate pays ($40.00) for one of the three versions, and is allowed a total time of four hours, across a seven-day period, to complete the test. Immediate feedback is provided. **This project was developed by the MCC with funding from HRSDC.**

Announcement about the SAEE as well as other information can be found at: www.mcc.ca/pdf/NCVA_Announcement_e.pdf

Dr. Dale Dauphinee, Executive Director of the Medical Council of Canada, and Health Minister Ujjal Dosanjih, launched a new website today that will enable international medical graduates (IMGs) to asses their options and opportunities before coming to Canada. ***The website will be linked to Citizenship and Immigration's "Going to Canada" immigration portal****…*