INTERNATIONALLY EDUCATED NURSES: THE CHALLENGES FOR RECOGNITION

Ovie Onagbeboma, a nationally recognized nurse and business leader, has garnered significant recognition for her outstanding contributions. Ovie's professional journey as a Lean Six Sigma belt-certified nurse leader and Research Associate showcases her dedication to excellence. She supported Health Canada and the Chief Nursing Officer of Canada in co-developing the National Nursing Retention ToolKit. This exemplifies her commitment to addressing critical challenges in the healthcare industry. Ovie took proactive steps to create positive change and established the Canadian Black Nurses Alliance (CBNA) which has significantly impacted Black nurses, nursing students, and critical allies, expanding its reach by establishing chapters in multiple provinces. Ovie's leadership has positioned the CBNA as a leading advocate, amplifying the voices of Black nurses nationwide.

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Job vacancies in Canada's healthcare sector reached a record high of 96,200 in the fourth quarter of 2022, with registered nurses (RNs), registered psychiatric nurses, licensed practical nurses (LPNs), nurse aides, orderlies and patient service associates accounting for 69 percent of total vacancies.[1] RN and LPN job postings have increased by 21-22 percent year over year,[2] representing an increase of 220 percent over the past five years.[3]

As a result of acute labour shortages, excessive workloads, the impact of the COVID-19 pandemic and toxic work environments, over half of nurses across Canada indicate they plan to leave their jobs within the next year, with 19 percent planning to exit the profession entirely.[4] Regulated nurses represent half of the healthcare workforce, meaning the consequences of labour shortages are dire.[5] Concurrent with the crisis in nursing is an accelerated demand for healthcare services

1 Statistics Canada, "Job Vacancies Fourth Quarter 2022," *The Daily*, March 21, 2023. www150.statcan.gc.ca/n1/daily-quotidien/230321/dq230321b-eng.htm

2 Ibid.

3 Hessem Eddine Ben Ahmed and Ivy Lynn Bourgeault, *Sustaining Nursing in Canada: A Set of Coordinated Evidence-based Solutions Targeted to Support the Nursing Workforce Now and Into the Future* (Ottawa: Canadian Federation of Nurses Unions, 2022). https://nursesunions.ca/wp-content/uploads/2022/11/CHWN-CFNU-Report_-Sustaining-Nursing-in-Canada2022_web.pdf

4 Ibid.

5 Rafael Harun and Margaret Walton-Roberts, "Assessing the Contribution of Immigrants to Canada's Nursing and Health Care Support Occupations: A Multi-scalar Analysis," *Human Resources for Health* 20, no. 53 (2022): 1-12. https://doi.org/10.1186/s12960-022-00748-7

amidst Canada's aging demographic. According to the 2021 census, the 65+ age category is growing six times faster than the children under 15 years cohort and now accounts for 22 percent of the population.[6] Sustained pressure on Canada's healthcare and home care sectors is anticipated as the 65+ cohort is expected to represent 25 percent of the population by 2051.[7] Demographic shifts must also shape the content and delivery of healthcare. In Canada, 23 percent of the population was born outside Canada, and in Toronto, 47 percent of the population are immigrants.[8] As a public good, health policy and delivery must represent and respond to the diverse needs, interests and expectations of the people it serves.

Canada attracts many highly skilled, internationally educated healthcare professionals, presenting a significant opportunity to address growing workforce needs. Since 2015, the nation has welcomed over 22,000[9] permanent residents intending to work in healthcare, including 8,600 nurses.[10] Newcomers are, in fact, more likely to pursue nursing and health care support occupations than are their Canadian-born peers; however, internationally educated nurses (IENs) face significant barriers to practice and high rates of underemployment.[11] Immigrants represent 22 percent of the nursing and healthcare support workforce, yet only 9 percent of registered nurses[12]; in contrast, 30 percent of those working as nurse aides, orderlies and patient service associates are immigrants.[13] Among IEN principal applicants who immigrated to Canada through economic pathways, only 48 percent of those intending to work in nursing were employed in their profession; 23 percent were working in a health care support occupations for which they were overqualified, while 29 percent worked in low-skill roles outside the sector.[14] Disparate outcomes were most striking among IENs who completed a bachelor's degree or higher in a nursing program outside Canada. Among IENs who received part of their education in Canada, 78 percent were employed in their profession, whereas 37 percent of IENs who were internationally educated worked in nursing.[15] In research exploring the experiences of IENs, language and communication challenges, integration issues, employment discrimination, credentialing and licensure difficulties were repeatedly cited as barriers.[16]

Inequities are most pronounced at the intersection of gender, immigrant status and racialization, making the discourse of equity, diversity and inclusion prescient. Consistent with the sector overall, immigrants working in nursing and healthcare support occupations are predominantly female (87 percent); 84 percent of newcomers working in these occupations had immigrated from the global south[17], primarily from the Philippines (30 percent), Africa (15 percent), the Caribbean

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6 Statistics Canada, "In the Midst of High Job Vacancies and Historically Low Unemployment, Canada faces Record Retirements from an Aging Labour Force: Number of Seniors Aged 65 and Older Grows Six Times Faster than Children 0-14," *The Daily*, April 27, 2022. www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427a-eng.htm

7 Ibid.

8 Statistics Canada, "Immigrants Make Up the Largest Share of the Population in Over 150 years and Continue to Shape Who We are as Canadians," *The Daily*, October 26, 2022. www150.statcan.gc.ca/n1/daily-quotidien/221026/dq221026a-eng.htm

9 Includes those who immigrated through economic pathways: Express Entry and Provincial Nominee Program.

10 Immigration, Refugees and Citizenship Canada (IRCC), "Easier Access to Permanent Residence for Physicians in Canada to Help Address Doctor Shortages," *IRCC News release*, September 23, 2022. www.canada.ca/en/immigration-refugees-citizenship/news/2022/09/easier-access-to-permanent-residence-for-physicians-in-canada-to-help-address-doctor-shortages.html

11 Statistics Canada, *Profile of Immigrants in Nursing and Health Care Support Occupations* (Ottawa: Statistics Canada, 2021). www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00004-eng.htm

12 Ibid; In 2019, IENs represented 9.4% (28,306) of all Registered Nurses (RNs) in Canada, 7.8% (8,656) of Licensed Practical Nurses (LPNs), 4.2% (135) of Registered Practical Nurses (RPNs) and 4.5% (273) of Nurse Practitioners (NPs); Overall representation of IENs = (28,306+8,656+135+273)/439,975 = 8.5%; Canadian Institute for Health Information (CIHI), *Nursing in Canada 2018: A Lens on Supply and Workforce* (Ottawa: Canadian Institute for Health Information, 2019). www.cihi.ca/sites/default/files/document/regulated-nurses-2018-report-en-web.pdf

13 Ibid.

14 Ibid.

15 Ibid.

16 Rafael Harun and Margaret Walton-Roberts, "Assessing the Contribution of Immigrants to Canada's Nursing and Health Care Support Occupations: A Multi-scalar Analysis," *Human Resources for Health* 20, no. 53 (2022): 1-12. https://doi.org/10.1186/s12960-022-00748-7; L. Lum, P. Dowedoff and K. Englander, "Internationally Educated Nurses' Reflections on Nursing Communication in Canada," *International Nursing Review* 63, no. 3 (2016): 344-351. https://doi.org/10.1111/inr.12300; Bukola Salami and Sioban Nelson, "The Downward Occupational Mobility of Internationally Educated Nurses to Domestic Workers," *Nursing Inquiry* 21, no. 2 (2014): 153-161. https://doi.org/10.1111/nin.12029

17 Calculated using table 1: (1) Female immigrant nursing and healthcare support (N&HS) workers as a percentage of total immigrant N&HS workers: 128,010/147,705 = 87%. percentage of immigrant N&HS workers from global south: the sum of immigrant N&HS workers who immigrated from global south regions divided by the total: 123,625/147,705 = 84%; Statistics Canada, *Profile of Immigrants in Nursing and Health Care Support Occupations* (Ottawa: Statistics Canada, 2021. www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00004-eng.htm

(15 percent) and India (8 percent).[18] While most individuals from these regions work as nurse aides, orderlies or patient service associates, only 2 percent of economic immigrants working in these occupations intended to do so upon entering Canada.[19]

The widespread system-imposed underemployment and deskilling of racialized, newcomer women is untenable in a country that prides itself on multiculturalism and inclusion. The current system does not meet the needs of the Canadian healthcare sector or IENs. It increasingly puts Canada in an uncompetitive position in the global race for talent. This is not about the high entry-to-practice standards needed to deliver quality care. Countries with high-quality healthcare sectors outperform Canada. In Australia, for example, less than five percent of IENs arriving in Australia between 2009-2016 earn less than 50 percent of the field's median income.[20] In contrast, in Canada, over 50 percent of IENs earned less than half of the median income of their intended profession.[21] Canada's decentralized professional licensure processes are lengthy and complex and frequently involve repeating one's education. While barriers to inclusion arise across the organizational, individual, sectoral and societal levels, for the nursing profession, macro-level policies, credentialing and licensure systems have the most profound impact on outcomes. These systems warrant investigation.

IEN LICENSURE IN CANADA

Canada's public health care service is federally funded and regulated by the *Canada Health Act*; however, it is managed, organized and delivered as thirteen distinct provincial and territorial health care systems. This complex, decentralized method of healthcare delivery sets the context for an equally byzantine professional regulatory environment. IENs must navigate both national and provincial assessments, at times redundant requirements and disparate standards across the provinces. Even the most expedient path wherein an IEN's assessment indicates educational equivalency, language proficiency and practical experience requirements are met without bridging, the licensure timeline can range from 1.5 to 2.5 years. The associated cost ranges from $1,080[22] in British Columbia (BC), assuming eligibility for the IEN bursary program, which in this scenario allows for a reimbursement of $3,420 provided the IEN signs a Return of Service Agreement, to up to a maximum of $6,900[23] in Prince Edward Island (PEI) if bridging is required. This excludes the cost of additional course requirements, travel, or third-party expenditures such as translation.

More striking is the variability in requirements across the provinces. Table 1 details the licensure processes in each province[24] for IENs whose occupation is an RN. Licensure involves the Next Gen NCLEX-RN exam in all provinces (Quebec excepted), but also a Jurisprudence Exam in Ontario and PEI, a Registration Exam in Alberta and a Clinical Competence Assessment Exam in Manitoba. In Quebec, the mandatory Professional Integration Program must be completed; in New Brunswick, a minimum of two to four courses, including Professional Nursing in Canada and Professional Communication, are required, and in Alberta, jurisprudence modules are mandatory training requirements for all IEN Registered Nurse applicants. In other provinces, additional training is needed only where competency gaps are identified. Practical nursing experience requirements vary from active practice within three years of registration in Ontario to 1,125 hours or completion of an approved nursing education program within the past five licensure years in many other provinces. Meeting recent practice requirements can prove challenging in the face of a complex licensure process that imposes obstacles to accessing the profession. Provisional licensure, allowing IENs to work in their field in advance of

18 Calculated using table 1: percentage of immigrant N&HS workers from the Philippines (44,380/147,705=30%), Africa (22,535/147,705=15%), Caribbean (22,220/147,705=15%), India (12,225/147,705=8%); Statistics Canada, *Profile of Immigrants in Nursing and Health Care Support Occupations* (Ottawa: Statistics Canada, 2021). www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00004-eng.htm

19 Ibid.

20 Benjamin Harrap et al., "Australia's Superior Skilled Migration Outcomes Compared with Canada's," *International Migration* 60, no. 5 (2022): 91–107. https://doi.org/10.1111/imig.12940

21 Ibid.

22 The minimum total cost of IEN RN licensure in BC is $3,000 (NCAS Assessment) + $120 (Credential Assessment) + $300 (Language Test) + $360 (NCLEX-RN exam) + $600 (Registration) + $120 (Liability Protection) = $4,500. In this scenario $3,420 can be reimbursed if the IEN signs a return of service agreement requiring them to complete 12 months service with a publicly funded health sector employer within BC within 6 months of registration. See www.bccnm.ca/RN/applications_registration/how_to_apply/InternationalEN/Pages/Default.aspx and www.nursingjobsbc.ca/faq/#return

23 $300 (Language Test) + $360 (NCLEX-RN exam) + $600 (Registration) + $500 (application/processing fee) + $870 (NNAS assessment) +$75 jurisprudence exam + $529 registration + $4,300 (Bridging including textbooks. https://learninginstitute.nshealth.ca/programs-and-courses/bridging-re-entry-programs/rn-bridging-re-entry-program, www.nnas.ca/application-fe/, https://crnpei.ca, https://crnpei.ca/rn-information/internationally-educated-nurses/frequently-asked-questions

24 See Appendix, Table 1, ""IEN Licensure - Provincial Comparison".

their NCLEX-RN/OIIQ[25] exam, is available in most provinces; however, this is not an option in Alberta and in Ontario, an employment offer from an approved nursing employer is a requirement. Even English language requirements vary, with a Registration or NCLEX-RN exam pass acting as a substitute for language proficiency exams in Alberta. In contrast, in Manitoba, completion of a nursing program in Canada or CELBAN/IELTS language tests are required. Notably, the language requirements of provincial RN regulators exceed the language skill levels required of principal applicants under Canada's Express Entry system.[26] Further, the credential assessments and experience that equated to permanent residence status under Canada's economic immigration stream have no bearing on an IEN's ability to practice in their field.

In essence, the IEN RN licensure process should encompass a Prior Learning Assessment and Recognition (PLAR) system or a competency evaluation that delivers on Canadian healthcare professional standards while foregrounding efficiency. An effective and efficient system would deliver on Canada's urgent workforce needs and fully leverage the valuable skills and experience of IENs in an equitable and timely manner. The Canadian Association for Prior Learning and Assessment (CAPLA) sets out nine principles for PLAR: accessible, consistent, fair, respectful, valid, flexible, rigorous, professionally supported and transparent.[27] At its best, PLAR can expand occupational access and accelerate the integration of IENs. At its worst, PLAR has been enacted in ways that equate difference with deficit, measuring, surveilling, and ultimately devaluing and only subordinately including newcomer credentials.[28] Despite recent licensure amendments in Nova Scotia and Alberta, IEN licensure processes in Canada align with the exclusionary version of PLAR. RN regulatory bodies have imposed a system of social and economic exclusion.

In most provinces, the licensure process commences with the National Nursing Assessment Service (NNAS). Through the NNAS, an IEN can apply for licensure in one nursing profession[29] (e.g., RN) in one province for a $850 fee by submitting an application, photo identification, language exam results (if required), and by arranging original documents (i.e., Nursing Practice/Employment, Nursing Registration and Education transcripts), to be sent directly to the NNAS by the IEN's educational institution, regulator and past employers.[30] The review conducted by NNAS to determine if the IEN meets "Canadian Standards" can take up to one year; however, at times, NNAS has reported backlogs of 2 years, prompting BC's regulator, BCCNM, to move to an alternate supplier.[31] As the process must be sequential, IENs may apply with their provincial regulator following their NNAS outcome; credentials are next assessed relative to "provincial standards."

Delays continue at the provincial level, with a recent report indicating the IEN application backlog in Ontario has grown to 26,000 nurses in the past decade.[32] Timelines are exacerbated by limited bridging program access, additional course requirements and infrequent exam scheduling (e.g., NCLEX-RN is offered one to three times per annum in Canada, depending on location). The excessive delays have real consequences for IENs, who are frequently forced to work as personal support workers, nurses' aides or in other low-wage survival jobs as they pursue licensure. IENs report

25 In Quebec, the OIIQ exam is administered in place of the NCLEX-RN examination.

26 For example in most provinces the English language test score requirements for IENs as per IELTS is reading/writing =6.5, speaking/listening=7, whereas for the Express Entry Federal Skilled Worker Program and Canadian Experience Class, the requirement is CLB 7 which is met by a IELTS score of 6 on each of reading/writing/speaking/listening. "Language Requirements – Skilled Immigrants (Express Entry)", Immigration, Refugees and Citizenship Canada (IRCC), last modified January 11, 2021, www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/express-entry/documents/language-requirements.html, www.canadim.com/guides/canadian-language-benchmark; www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/standard-requirements/language-requirements/test-equivalency-charts.html

27 "RPL Quality Assurance Manual: Introduction," Canadian Association for Prior Learning Assessment (CAPLA), accessed August 22, 2023. https://capla.ca/rpl-qa-manual

28 Per Anderson and Shibao Guo, "Governing through Non/Recognition: The Missing 'R' in the PLAR for Immigrant Professionals in Canada and Sweden," *International Journal of Lifelong Education* 28, no. 4 (2009): 432-437, https://doi.org/10.1080/02601370903031264

29 IENs may submit applications for an additional nursing profession for an incremental USD 230 each and/or for additional provinces for USD 55 each. The standard fee for one profession, one province, is USD 650; "Starting Internationally Educated Nurses on their Journey to Nursing Practice in Canada," National Nursing Assessment Service (NNAS), accessed August 21, 2023. www.nnas.ca

30 Ibid.

31 BC initially introduced NCAS in place of NNAS. Subsequently, in January 2023, New Brunswick, Alberta and BC have implemented pilots to bypass NNAS and assess credentials only at the provincial level; this is expected to streamline the process, reduce barriers and remove months or years of delays; "Coming in 2023: New Registration Process will Remove Delays and Lower Costs for Internationally Trained Nurses," British Columbia College of Nurses and Midwives (BCNNM), accessed July 15, 2023. www.bccnm.ca/BCCNM/Announcements/Pages/Announcement.aspx?AnnouncementID=396

32 Canadian Broadcast Corporation (CBC), "As Ontario ERs buckle, Nurses' Groups want International Applicants' Licences Expedited," *CBC News*, July 28, 2022. www.cbc.ca/news/canada/toronto/ont-international-nurses-1.6535290

mental health and financial challenges as they navigate the complex licensure process, work outside their profession and incur duplicate application and exam expenditures due to regulator delays (e.g., IENs report having to take multiple language tests when their previous exam results expire).[33] IENs have noted "the perception by Canadians that the Canadian medical education is 'elite'; systemic racism in healthcare [and the] underrepresentation of people of colour in medical program leadership leading to a lack of cultural understanding of internationally educated health professionals."[34] The Canadian licensure system is discriminatory, complex, inconsistent, inefficient and appears designed to frustrate an IEN's ability to practice.

A noted lack of transparency compounds the effects of systemic inequities. The NNAS and provincial regulators' assessment criteria have not been disclosed. No publicly available statistics indicate the equivalency of nursing education programs or clinical requirements in particular regions, nor are there precedents or even exam pass rates by source country. The evaluation is opaque. In Ontario, for example, assessments are based on a case-by-case analysis rather than employing articulation agreements between universities or a focus on equivalency assessments. Nor does Canada hold bilateral agreements with crucial source countries, such as the Philippines, India or Nigeria, that might facilitate the development of a consistent framework of skills recognition.

The prejudice inherent in the licensure process transitions into employment. The IEN experience has been unfair treatment and discrimination from patients, management physicians and co-workers.[35] In the workplace, IEN's struggle to receive professional recognition, have been subjected to intense monitoring, longer hours, more difficult shifts and fewer career opportunities than their Canadian-born peers.[36] A regional study investigating long-term care facilities found employers were less willing to hire IENs and failed to recognize their extensive experience and thus equated their professional acumen to that of new graduates.[37] Jeffries et al. (2019) highlight the deleterious health and safety consequences and community impact of the underrepresentation of racialized nursing professionals in Canada's healthcare system.[38]

At the time of writing, New Brunswick, Alberta and BC had recently implemented pilots to bypass NNAS and assess credentials only at the provincial level.[39] This will reduce some duplication but in itself is far from transformative. The April/May 2023 licensure amendments in Nova Scotia and Alberta are more promising. In Alberta, applicants from the Philippines, India, the United States, the United Kingdom (UK), Australia, Nigeria, Jamaica, New Zealand and Ireland, representing 94 percent of applicants, no longer require a credential assessment. The College of Registered Nurses of Alberta will only validate, not assess, IEN documents. Passing the Alberta Registration exam will simultaneously fulfill the English language proficiency condition, leaving the NCLEX-RN exam as the main competency requirement. With these amendments, the nursing regulator has registered 1,413 IENs in the first month, more than 2½ times the total IEN registrations in the past four years combined.[40] The Nova Scotia College of Nursing has similarly moved to a credential validation approach for IENs with current licensure in the Philippines, India, Nigeria, USA, UK, Australia or New Zealand, making up 87 percent of IEN applicants. In this case, passing the NCLEX-RN competency exam will fulfill licensure requirements. The regulator notes, "Using an equity lens, the newly developed approach yields consistent

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33 Cat Goodfellow et al., *A Missing Part of Me: A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals [Final Report]* (Ottawa: National Newcomer Navigation Network, 2023). www.newcomernavigation.ca/en/about-us/resources/documents/SiteReport-Feb2023.v5.pdf

34 Ibid.

35 Elena Neiterman and Ivy Lynn Bourgeault, "The Shield of Professional Status: Comparing Internationally Educated Nurses' and International Medical Graduates' Experiences of Discrimination," *Health* 19, no. 6 (2015): 615-634, https://doi.org/10.1177/1363459314567788; Shiva Nourpanah, "Maybe We Shouldn't Laugh So Loud': The Hostility and Welcome Experienced by Foreign Nurses on Temporary Work Permits in Nova Scotia, Canada," *Labour/Le Travail* (Spring 2019) 83, 105-120. https://doi.org/10.1353/llt.2019.0004; Ruth Lee and Ruthe Wojtiuk, "Transition of Internationally Educated Nurses into Practice: What We Need to Do to Evolve as an Inclusive Profession over the Next Decade," *Nursing Leadership* 34, no. 4 (2021): 57-64. https://pubmed.ncbi.nlm.nih.gov/35039119

36 Ibid.

37 Ruth Lee and Ruthe Wojtiuk, "Transition of Internationally Educated Nurses into Practice: What We Need to Do to Evolve as an Inclusive Profession over the Next Decade," *Nursing Leadership* 34, no. 4 (2021): 57-64. https://pubmed.ncbi.nlm.nih.gov/35039119

38 Keisha Jefferies et al., "African Nova Scotian Nurses' Perceptions and Experiences of Leadership: A Qualitative Study Informed by Black Feminist Theory," *CMAJ* 194, no. 42 (2022): E1437-E1447, https://pubmed.ncbi.nlm.nih.gov/36316018

39 "Nursing Professionals," British Columbia College of Nurses and Midwives (BCCNM), accessed July 17, 2023. www.bccnm.ca/Pages/Default.aspx

40 Greg Mercer, "Thousands of Foreign-trained Nurses can now Practise in Canada as Provinces Change Licensing Rules," *Globe and Mail*, May 11, 2023. www.theglobeandmail.com/canada/article-international-trained-nurses-licenses-canada

and predictable licensing outcomes."[41] This equivalency assessment was subsequent to the regulator's review of 10 years' worth of data from NNAS reports and NCLEX-RN success rates for IEN applicants from the seven countries.[42] Newfoundland and PEI have recently announced their intent to introduce a similar approach. These amendments are encouraging. They recognize the substantive and comparable experiences of IENs, streamline the process by taking a macro-level view of equivalency and maintain consistency through the NCLEX-RN competency assessment.

IEN LICENSURE IN OTHER JURISDICTIONS

Unmet demand for healthcare talent is a global phenomenon, with the World Health Organization predicting a global shortage of 5.7 million nurses by 2030.[43] The global migration of healthcare professionals is expected to continue, with practitioners seeking to advance their careers and lifestyles.[44] There exists an ethical and competitive imperative to learn from other jurisdictions and ensure IENs' skills are commensurately recognized and rewarded.

Australia has been cited for its superior skilled migration outcomes relative to Canada. As previously noted, IENs in Canada are ten times more likely to earn less than 50 percent of the median income of their profession than are IENs in Australia.[45] Further, Australia has been more successful at transitioning IENs into skill-commensurate employment, with IENs representing 29 percent of registered nurses in Australia versus only 9 percent of the nursing workforce in Canada.[46] Australia's efforts to attract and recognize the credentials of internationally educated professions commenced in 1989 with the establishment of the National Office of Overseas Skills Recognition, mandated to work with regulators and introduce bridging pathways for nine targeted occupations, of which nursing was one.[47] Subsequently, national assessment bodies were established for pre-migration credential assessment. In 2010, Australia moved from a state-level regulatory framework to a national registration process for nurses under the Australian Health Practitioner Regulation Agency (AHPRA), including the Nursing and Midwifery Board of Australia (NMBA).[48] In Australia, IENs need only meet a single national standard to qualify to practice in every state versus navigating Canada's complex, decentralized regulatory environment.[49]

As of 2020, Australia has transitioned from RN bridging programs towards an outcomes-based approach. The IEN licensure process will now involve 1) an online self-assessment to determine the relevance and equivalence of the IEN's credential and assign the applicant to Stream A/B/C; 2) credential validation/assessment; 3) an orientation; 4) if the applicant is Stream B (i.e., credential is relevant but not equivalent), they must pass the NCLEX-RN exam administered by Pearson VUE which may be taken in most countries before entry to Australia; and 5) Stream B applicants must also pass the OSCE exam, offered up to five times per year and administered in Adelaide, Australia.[50] Individuals in Stream C whose education is not equivalent or relevant must upgrade their qualification, while Stream A applicants need

41 "NSCN Announces a First-in-Canada Licensure Process for Nurses Coming to Nova Scotia," Nova Scotia College of Nursing, accessed July 17, 2023. www.nscn.ca/explore-nscn/news-and-media/news/2023/nscn-announces-first-canada-licensure-process-nurses-coming-nova-scotia

42 "Expedited Licensing Process for Nurses Licensed in Designated Jurisdictions," Nova Scotia College of Nursing, accessed July 17, 2023. www.nscn.ca/sites/default/files/documents/Registration/Expedited%20Licensing%20Process%20for%20Nurses%20Licensed%20in%20Designated%20Jurisdictions%20FAQ.pdf

43 Chanchal Kurup et al., "Transition of Internationally Qualified Nurses in Australia: Meta-synthesis of Qualitative Studies," *Collegian* 30, no. 2 (2022): 357-366. https://doi.org/10.1016/j.colegn.2022.10.002

44 Melissa Cooper et al., "Regulation, Migration and Expectation: Internationally Qualified Health Practitioners in Australia— A Qualitative Study," *Human Resources for Health* 18, no. 1 (2020): 1–8. https://doi.org/10.1186/s12960-020-00514-7

45 Benjamin Harrap et al., "Australia's Superior Skilled Migration Outcomes Compared with Canada's," *International Migration* 60, no. 5 (2021): 91–107. https://doi.org/10.1111/imig.12940

46 Canadian Institute for Health Information (CIHI), Nursing in Canada, 2019: A Lens on Supply and Workforce (Ottawa: Canadian Institute for Health Information, 2019), www.cihi.ca/sites/default/files/rot/nursing-report-2019-en-web.pdf; Chun Tie YIona et al., "Playing the Game: A Grounded Theory of the Integration of International Nurses," *Collegian* 26, no. 4 (2019): 470–476. https://doi.org/10.1016/j.colegn.2018.12.006

47 Benjamin Harrap et al., "Australia's Superior Skilled Migration Outcomes Compared with Canada's." *International Migration* 60, no. 5 (2022): 91–107. https://doi.org/10.1111/imig.12940

48 Andrew Cashin et al., "Development of the Nurse Practitioner Standards for Practice Australia." *Policy, Politics, & Nursing Practice* 16, no. 1-2 (2015): 27-37. https://doi.org/10.1177/1527154415584233

49 Ibid.

50 "Steps after Self-check (assessment stages)," Nursing and Midwifery Board of Australia (NMBA), accessed July 17, 2023. www.nursingmidwiferyboard.gov.au/Accreditation/IQNM/Self-check-and-Portfolio/Steps-after-Self-check.aspx

only complete the credential validation and orientation.[51] The regulator notes that IENs from Canada, Hong Kong, Ireland, the U.K., the U.S. and New Zealand will likely meet the Stream A requirements, while IENs from Belgium, Flanders, Chile, Pakistan, Papua New Guinea and Singapore may meet them.[52] While intended to streamline the process, this new option may be less expedient[53] and more costly for Stream B versus the previous 3-month bridging option (i.e., OSCE alone is AUD 4,000, bringing the total cost to AUD 8,500 for Stream B).[54] The question remains about the impact of recent amendments; the increased financial barrier might suppress IEN interest in Australia. Despite this shift, Canada can learn from Australia's simplified national framework, targeted 6-month registration process, and free online self-assessment, wherein applicants are immediately made aware of their stream.

In 2021, it was estimated that 20% of registered nurses in the UK were educated internationally in non-European Union countries and 16% in non-British European Union countries.[55] The UK holds bilateral agreements or memorandums of understanding with the governments of the Philippines, India, Malaysia, Kenya, Nepal and Sri Lanka.[56] These agreements set the conditions for recruiting internationally educated health professionals and for the signatories' joint efforts to collaborate on healthcare workforce planning. A vital aspect of the contracts is the "development of a mutually agreed system of recognition of skills, qualifications, and education and training credentials."[57] The national IEN licensure process in the U.K. involves 1) Credential validation/assessment; 2) Demonstration of English language abilities through education/work experience or IELTS/OET pass; 3) Completion of a computer-based test (CBT) offered through Pearson VUE; and 4) completion of the OSCE.[58] Here, the application evaluation stage takes up to 14 days, and once the CBT/OSCE and, where required, language test is complete, licensure takes up to 30 days, with a minimum timeline to licensure attainment of five months, including exams.[59] The total cost, including exams, is CAN$1,975; IENs who are unsuccessful in the credential assessment and wish to withdraw from the process will receive reimbursement.[60] While it was unclear from the regulator's website, the 14-day credential assessment suggests that bilateral agreements and established precedents are driving efficiencies and a more expedient licensure process for IENs.

An examination of Ireland's licensure process reveals some similarities with past and present practices in Australia. While recent nursing data was unavailable, Ireland's success at attracting and integrating international healthcare talent is evidenced by internationally educated physicians representing over 40% of the profession.[61] To commence the IEN licensure process in Ireland, non-EU IENs complete a free self-assessment, assigning applicants to a G1,[62] G2 or G3 pathway.[63] G2 and G3 pathways require a formal credential assessment which will result in one of two outcomes:

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51 Ibid.

52 Ibid.

53 Still, in 2023, 3 OSCE exams have already been scheduled by June; therefore, it is possible to complete the registration requirements within 6 months.

54 The Australian regulatory revisions have been criticized for 1) a lack of transparency with respect to the evidence and process employed; 2) the disconnect between an outcome-based approach to IEN assessments (i.e., exam-based), versus the "input-based institutional accreditation for nurses educated in Australia."; Cooper, Melissa, Philippa Rasmussen, and Judy Magarey. 2020; and 3) the change in emphasis with IENs now responsible for their own adjustment to the Australian healthcare system, whereas through bridging, IENs received support and integration was a joint responsibility; Chanchal Kurup et al., "Transition of Internationally Qualified Nurses in Australia: Meta-synthesis of Qualitative Studies," *Collegian* 30, no. 2 (2022): 357-366. https://doi.org/10.1016/j.colegn.2022.10.002

55 "Adult Social Care Workforce Data," Skills for Care, accessed July 17, 2023. www.skillsforcare.org.uk/home.aspx

56 "Government-to-government Agreements on Health and Social Care Workforce Recruitment," Government of the UK, last modified August 22, 2022. www.gov.uk/government/collections/government-to-government-agreements-on-health-and-social-care-workforce-recruitment

57 "Memorandum of Understanding on the Recruitment of Filipino Healthcare Professionals between the Government of the Republic of the Philippines and the Government of the United Kingdom of Great Britain and Northern Ireland," Government of the UK, accessed July 17, 2023. www.gov.uk/government/publications/memorandum-of-understanding-between-the-uk-and-the-philippines-on-healthcare-cooperation/memorandum-of-understanding-on-the-recruitment-of-filipino-healthcare-professionals-between-the-government-of-the-republic-of-the-philippines-and-the

58 Homepage, Nursing and Midwifery Council (NMC), accessed August 22, 2023. www.nmc.org.uk

59 Ibid.

60 Ibid.

61 Gemma Williams et al., "Health Professional Mobility in the WHO European Region and the WHO Global Code of Practice: Data from the Joint OECD/EUROSTAT/WHO-Europe Questionnaire," *European Journal of Public Health* 30, no. supplement 4 (2020): iv5-iv11. https://doi.org/10.1093/eurpub/ckaa124

62 G1 applicants are primarily those with licensure/practice within an EU country whose credentials are recognized under the recognition of professional qualifications; Directive 2005/36/EC.

63 Homepage, Nursing and Midwifery Board of Ireland (NMBI), accessed August 22, 2023. www.nmbi.ie/Home

1) approval/licensure provided language testing or English practice requirements are met; 2) provisional refusal where there are significant deficits in the theoretical or clinical training; or 3) a compensation measure requirement in the form of an aptitude test (i.e., a multiple choice exam AND an OSCE exam), OR a supervised practice term at an approved healthcare facility lasting 6 to 12 weeks.[64] While the 13-month process in Ireland is lengthier by UK and Australian standards, the ability to advance through the choice of exams or practical compensation measures may appeal to IENs.[65]

The Ireland, U.K., and Australia cases illustrate how greater effectiveness and efficiency can be attained through 1) a streamlined national licensure framework; 2) self-assessments and improved transparency allowing IENs to fully assess the requirements before making an investment; 3) options for an outcomes-based (i.e., examination) or a practical assessment where compensation measures, such as a supervised practice term, may be required; and 4) precedents and bilateral agreements, allowing equivalency to be assessed at a country or institutional level, facilitating a more expedient process.

CONCLUSION

Canada's licensure process is complex and involves multi-level governance structures, disparate requirements and province-specific pathways. The result has been an ineffective, inequitable and inefficient process that has led to the deskilling of highly proficient internationally educated nurses, who have disrupted their lives to immigrate to Canada on the promise of full and equitable participation. Despite the severe nursing shortage, PLAR has been operationalized in a manner that devalues and only subordinately includes newcomer skill sets. In contrast, the context demands a mechanism that expands occupational access and accelerates IEN integration.

Canada can learn from the simple, transparent and *national* licensure standards applied in Australia, Ireland and the UK; federal and provincial collaboration to develop such standards is requisite. Canada's regulators can also learn from the application of articulation agreements, bilateral agreements and credential assessment at a global level versus case-by-case reviews. This approach has been applied effectively in similar healthcare contexts and, more recently, in Nova Scotia and Alberta. Further, other markets have demonstrated that an outcomes-based examination mechanism OR a practical evaluation (but not both) are sufficient to facilitate a robust assessment. Lastly, Canada must expedite the licensure process. Timelines over 18 months are uncompetitive and, given requirements for recent practice, lead to the deskilling of qualified IEN candidates.

The systemic obstacles contributing to the underemployment and deskilling of racialized newcomer women is untenable in a country that prides itself on multiculturalism and inclusion. The current framework does not meet the expectations of IENs nor the demands of Canada's healthcare sector. Further, as a public good, health policy and delivery must reflect and respond to the diverse needs, interests and expectations of the population it serves. At this juncture, the barriers, their impact, as well as effective and efficient alternatives are well evidenced. It is time for action.

64 Ibid.

65 Ibid.

APPENDIX
TABLE 1. IEN LICENSURE – PROVINCIAL COMPARISON

	Ontario	Manitoba
National Application, Education & Credential Assessment	Yes, reviewed by NNAS.	Yes, reviewed by NNAS.
Provincial Regulator Application, Education & Credential Assessment*	College of Nurses of Ontario (CNO) evaluates education/credentials relative to provincial standards.	College of Registered Nurses of Manitoba (CRNM) evaluates education to assess comparability.
Additional Education, Training or Bridging Required	If education/competency gaps are identified, IENs must complete the RN Canadian Competency Assessment Program (RNCCAP). Additional courses and/or a bridging program may be required based on this assessment.	A Clinical Competence Assessment (CCA) or the completion of the Nurse Re-entry Program (NREP) is required. Once CCA results are reviewed, additional courses may be required through the NREP. There is a Prior Learning Assessment Policy (Part I and Part II). Part I is embedded into NNAS and Part II into CCA.
Language Proficiency Requirement	English or French language proficiency demonstrated by 1) practiced nursing in English/French within past 2 years; 2) nursing education in English/French within past 2 years; 3) approved language test score of 8, 9, 8, 7 (CELBAN) or 7, 7, 6.5, 6.5, 7 (IELTS).**	English language proficiency demonstrated by 1) completed approved nursing education program in Canada or NREP completion within past 2 years; 2) approved language test score of 8, 9, 8, 7 (CELBAN) or 7, 7, 6.5, 6.5, 7 (IELTS).**
Examination Requirements	1) RN Jurisprudence Exam; 2) NCLEX-RN Exam.	1) Clinical Competence Assessment (CCA) written over 4 days in Manitoba; 2) NCLEX-RN Exam.
Provisional Registration granting ability to work in field	Yes, if IEN has job offer from an approved Ontario nursing employer.	Yes – once the NCLEX-RN is scheduled, IENs may apply for a Graduate Nurse (GN) registration in the interim.
Practical Experience Requirements	Evidence of Nursing practice within 3 years prior to registration. Or if practiced within 8 years, may be eligible to complete Supervised Practice Experience Partnership to meet practice requirement.	1125 hours of nursing practice in the previous 5 years or 450 hours in the past 2 years.

Notes:

*In addition to the above, criminal checks, validation that registration is in good standing, employer & regulator attestations, transcripts directly from educational institutions, document translation etc. are standard requirements.

** Language tests scores have been stated as Speaking/Listening/Reading/Writing/Overall

APPENDIX
TABLE 1. IEN LICENSURE – PROVINCIAL COMPARISON

	Saskatchewan	New Brunswick
National Application, Education & Credential Assessment	Yes, reviewed by NNAS.	Yes, reviewed by NNAS .
Provincial Regulator Application, Education & Credential Assessment*	College of Registered Nurses of Saskatchewan (CRNS) reviews; must have education equivalent to provincial requirement. Must have current registration in the country where IEN's nursing education was completed. Substantial Equivalent Competency Assessment (SEC) may be required at Sask. Polytechnic, Regina SK.	Nurses Association of New Brunswick (NANB) review.
Additional Education, Training or Bridging Required	If required based on assessment. May include formal courses and/or Registered Nursing Bridging Program for Internationally Educated Nurses (RNBP/IEN), run by Sask. Polytechnic Bridging Program.	Must complete mandatory courses unless education and registration was in USA (Zone 1). IENs must complete 2 courses (for Zone 2, 3), 4 courses (for Zone 4) or a competency assessment and defined coursework (Zone 5), depending on the country where nursing education and registration was obtained.
Language Proficiency Requirement	English proficiency demonstrated by approved language test score of 8, 9, 8, 7 (CELBAN) or 7, 7, 6.5, 6.5, 7 (IELTS)** if English is not IEN's primary language.	Evidence of English or French proficiency required for Zone 5 (i.e., IENs registered in countries other than USA, New Zealand, Australia, the United Kingdom, Ireland, France, Hong Kong, Belgium, United Arab Emirates, India, Philippines, Morocco, Lebanon, or Switzerland). Test score requirements: 7, 7, 6.5, 6.5 (CELBAN) and 8, 9, 8, 7, 7.5 (IELTS).**
Examination Requirements	1) If SEC required, includes multiple choice exam, Clinical judgement interview/exam & Objective Structured Clinical Examinations (OSCEs); 2) NCLEX-RN.	NCLEX-RN Exam.
Provisional Registration granting ability to work in field	Yes, Graduate Nurse License, prior to NCLEX-RN exam if other requirements are met.	Yes, for Zones 2, 3, 4 only. Temporary Registation Permit (TRP) for up to 1 year is available while additional education is being completed, where required by NANB.
Practical Experience Requirements	1) 1125 hours of nursing practice in past 5 years; or, 2) graduated from an approved nursing education program in past 5 years; or, 3) completed an approved nursing re-entry program in past 5 years; or, 4) passed NCLEX-RN in past 5 years.	1) 1125 practice hours in past 5 licensure years; or 2) Completed approved RN nurse education program in past 5 years. If fewer hours, must complete NANB Adaptation Program. If haven't practiced in past 5 years, competency assessment is required.

Notes:

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** Language tests scores have been stated as Speaking/Listening/Reading/Writing/Overall

APPENDIX
TABLE 1. IEN LICENSURE – PROVINCIAL COMPARISON

	British Columbia	Nova Scotia (7 Countries)
National Application, Education & Credential Assessment	Yes, reviewed by NCAS (Provincial Provider) or NNAS if already in progress. Education credential evaluation can be completed by any of the approved agencies. Competency assessment may be required.	NNAS review no longer required for IENs with current RN licensure in good standing in the Philippines, India, Nigeria, USA, UK, Australia, New Zealand (as of May 2023).
Provincial Regulator Application, Education & Credential Assessment*	British Columbia College of Nurses and Midwifes (BCCNM) application can occur concurrent with NCAS review. BCCNM assess experience, credential evaluation results etc. relative to provincial requirements and determines if additional education is required.	Nova Scotia College of Nursing (NSCN) validates RN licensure documents and nursing education for IENs educated/ registered in the 7 countries above (i.e., assessment is not required).
Additional Education, Training or Bridging Required	If competency gaps are identified by BCCNM, additional education is required.	No additional education or training required for IENs educated/licensed in the 7 countries
Language Proficiency Requirement	English language proficiency demonstrated by 1) practiced nursing in English speaking setting within past 2 years; 2) nursing education in English within past 2 years; 3) approved language test score of 8, 9, 8, 7 (CELBAN) or 7, 7, 6.5, 6.5, 7 (IELTS).**	Language test is not required if nursing education completed in English, or licensure/ practice was in English, or both current registration and nursing education program was completed in one of the 7 countries. Otherwise language test pass requirements are of 8, 9, 8, 7 (CELBAN) or 7, 7, 6.5, 6.5, 7 (IELTS).**
Examination Requirements	NCLEX-RN Exam	NCLEX-RN Exam
Provisional Registration granting ability to work in field	Yes, Prior to NCLEX-RN Exam provided other registration requirements have been met.	Yes, applicants are eligible to enter practice with a conditional licence (CL) for up to 12 months while attempting NCLEX-RN exam.
Practical Experience Requirements	IEN professional experience is evaluated; however, specific recency of practice criteria are not stated.	For IENs from 7 countries: If IEN has not practiced in past few years but practiced in past 10 years and passed NCLEX-RN exam they qualify for a license. If IEN has not practiced in the past 10 years and has passed NCLEX-RN exam they may still qualify for a license. Reviewed on a case by case basis.

Notes:

*In addition to the above, criminal checks, validation that registration is in good standing, employer & regulator attestations, transcripts directly from educational institutions, document translation etc. are standard requirements.

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APPENDIX
TABLE 1. IEN LICENSURE – PROVINCIAL COMPARISON

	Prince Edward Island	Alberta
National Application, Education & Credential Assessment	Yes, reviewed by NNAS. Accelerated review times (5-day turnaround) announced by PEI regulator (as of June 2023).	NNAS credential assessment no longer required with NCLEX-RN exam pass OR CRNA Registration exam pass OR registration in the Philippines, India, the United States, the United Kingdom, Australia, Nigeria, Jamaica, New Zealand and Ireland (as of Apr 2023).
Provincial Regulator Application, Education & Credential Assessment*	A College of Registered Nurses and Midwife's of PEI (CRNMPEI) review is required. Completion of RNPDC competency assessment may be required. Accelerated review times of 5 days and streamlined requiremnents for IENs from the Philippines, India, Nigeria, USA, UK, Australia, New Zealand (announced June 2023 for future implementation).	College of Registered Nurses of Alberta (CRNA) credential assessment can be bypassed with NNAS assessment of education as "substantial equivalence" OR Registration exam pass OR applicant received nursing education and has current RN registration in the Philippines, India, the United States, the United Kingdom, Australia, Nigeria, Jamaica, New Zealand and Ireland. Credential validation is always required.
Additional Education, Training or Bridging Required	Bridging program if required based on RNPDC assessment results. Bridging program delivered jointly with Nova Scotia.	Must fulfill Jurisprudence requirement by completing 2 e-learning modules. If education assessment states "not comparable", must complete assessment and/or nursing bridging program.
Language Proficiency Requirement	If no documentation is provided to prove education in English or demonstration of safe practice in English, a language proficiency test is required. Language test pass requirements are 8, 9, 8, 7 (CELBAN) or 7, 7, 6.5, 6.5, 7 (IELTS).**	1) Completion of 2 or more years nursing education in English; or 2) evidence of practice in past 3 years where primary language was English; or 3) wrote and passed Alberta Registration exam in English; or 4) successful completion of NCLEX-RN exam; or 5) passed English language proficiency exam scoring 8, 9, 8, 7 (CELBAN) or 7, 7, 6.5, 6.5, 7 (IELTS).**
Examination Requirements	1) CRNMPEI Jurisprudence exam; 2) NCLEX-RN Exam. (Note: When new model is launched, only (2) will be required for IENs from the 7 countries).	1) Alberta Registration Exam required for all pathways; 2) NCLEX-RN.
Provisional Registration granting ability to work in field	Yes, provisional license is available for IENs from the 7 countries who require work experience in order to meet currency of practice requirements and/or for those who still need to write NCLEX-RN exam.	NO
Practical Experience Requirements	1,125 hours in the preceding five years or 450 hours in the preceding year.	1) 1125 practice hours in past 5 licensure years OR 2) Completed approved nursing refresher program in past 5 years. May also meet requirement with one of 7 additional criteria met (e.g., NCLEX-RN exam pass within past year, approved bridging program), as assessed by CNRA.

Notes:

*In addition to the above, criminal checks, validation that registration is in good standing, employer & regulator attestations, transcripts directly from educational institutions, document translation etc. are standard requirements.

** Language tests scores have been stated as Speaking/Listening/Reading/Writing/Overall

APPENDIX
TABLE 1. IEN LICENSURE - PROVINCIAL COMPARISON

	Quebec	NewFoundland (7 Countries)
National Application, Education & Credential Assessment	NNAS review not required.	NNAS review no longer required for IENs with current licensure in the Philippines, India, Nigeria, USA, UK, Australia, New Zealand (as of June 2023).
Provincial Regulator Application, Education & Credential Assessment*	OIIQ's Equivalence Committee must asesses education to be equivalent to nursing education in Quebec. Applicants with nursing degree from France are assumed to have equivalency.	College of Registered Nurses of Newfoundland and Labrador (CRNNL) reviews education credential assessment (ECA) from NNAS or an IRCC approved supplier (for preferred countries). CRNNL reviews information on IEN's past 5 years' practice.
Additional Education, Training or Bridging Required	Must complete Professional Integration Program at an educational institution and additional training as outlined by the Equivallence Committee.	May be required to complete compentency assessment or bridging education or supervised assessment.
Language Proficiency Requirement	Must pass OQLF French Language Exam.	1) Completion of nursing education in English; or 2) evidence of practice in past 2 years where primary language was English; or 3) meets English test score requirements of 8, 9, 8, 7 (CELBAN) or 7, 7, 6.5, 6.5, 7 (IELTS).**
Examination Requirements	OIIQ Professional Exam.	NCLEX-RN Exam.
Provisional Registration granting ability to work in field	Yes, once equivalency determined & integration program complete, IEN is issued "candidate for the practice of the nursing profession status" and can work.	Yes, for up to 3 years. Must have met all requirements except completion of NCLEX-RN Exam or met all requirements except professional reference/practice details are outstanding.
Practical Experience Requirements	IEN professional experience is evaluated; however, specific recency of practice criteria are not stated.	IEN professional experience is evaluated and IENs must submit details on their nursing practice within the past 5 years; however, specific recency of practice criteria are not stated.

Notes:

*In addition to the above, criminal checks, validation that registration is in good standing, employer & regulator attestations, transcripts directly from educational institutions, document translation etc. are standard requirements.

** Language tests scores have been stated as Speaking/Listening/Reading/Writing/Overall

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