



Welcoming Internationally Educated Nurses into the Canadian Health Care Sector: Recommendations for Change



**NATIONAL NEWCOMER
NAVIGATION NETWORK**

**RÉSEAU NATIONAL DE
NAVIGATION POUR
NOS NOUVEAUX ARRIVANTS**



LAND ACKNOWLEDGEMENT

N4 – National Newcomer Navigation Network is a project that is hosted at CHEO – Children’s Hospital of Eastern Ontario and funded by Immigration, Refugees and Citizenship Canada. CHEO is located in Ottawa, Ontario which is built on unceded Algonquin Anishinaabe Territory. The peoples of the Algonquin Anishinaabe Nation have lived on this territory for millennia and we honour them and this land. CHEO also honours all First Nations, Inuit and Métis peoples for their past and present contributions to this land

Suggested Citation: M. Maddock, C. Goodfellow, S. Zohni, C. Kouri (2023). Welcoming Internationally Educated Nurses into the Canadian Health Care Sector: Recommendations for Change. Final report. Ottawa, ON: National Newcomer Navigation Network.

ACKNOWLEDGEMENTS

The National Newcomer Navigation Network (N4) is a national network for the diversity of providers who assist newcomers in navigating the complex Canadian health care and social service systems. This work was funded through a Service Delivery Improvements (SDI) contribution agreement with Immigration, Refugees and Citizenship Canada (IRCC). N4 is hosted at and governed by CHEO, a pediatric health care and research centre in Ottawa, Ontario

This report represents the results of an N4 Community of Practice (CoP) Working Group - *Leveraging Internationally Educated Nurses (IENs) to Close Health Care Labour Market Gaps* led by Dr. Edward Cruz, University of Windsor and Joyce Kristjansson, Association of Regulated Nurses of Manitoba. Their work was guided by the valued input of Canadian IENs through N4’s IEN Consulting Group, which was expertly facilitated by Jennifer Lopez, President of the Integrated Filipino Canadian Nurses Association. We wish to thank all our participants for their contributions, particularly as this work occurred during unprecedented times; namely the health human resource (HHR) crisis and the ongoing effects of the COVID-19 pandemic. For a full list of Working Group and Consulting Group members, please see Appendices A and B*. The information, data, and references in this report were correct to the best of N4’s knowledge at the time of publication. Due to the dynamic changes currently taking place in the healthcare system, the location and content of resources may change as new information is published, current policies are updated, and programs and pathways change

** It should be noted that membership in the Working Group does not constitute or imply endorsement, recommendation, or favoring by their directors or employees of this report.*

ABOUT N4

The National Newcomer Navigation Network (N4) is a national network for service providers who assist newcomers with navigating Canada's health and social service systems. N4 provides opportunities for professional development, education, virtual discussions, networking and facilitates the sharing of data and resources. N4 aims to promote best practices in the field of newcomer navigation, with the ultimate goal of improving the experience of newcomers to Canada.

From 2019 to 2022, N4 successfully built a robust network of professionals from diverse sectors and geographies passionate about advancing health equity and improving their services to meet the needs of those newest to Canada. In April 2022, IRCC expanded N4's mandate to target inequities for newcomers in being optimally employed within health care. Specifically, N4 was asked to identify and address the barriers which were preventing Canadian IENs and internationally trained physicians (ITPs) from being employed within their professions. A summary report outlining the research phase, the CoP work related to ITPs and employers, as well as N4's other outputs under its tools for members to connect and learn can be found on the N4 website. This report provides a summary of the work done within the N4 CoP Working Group model to identify and make recommendations to address the inequities for IENs.

Learn More:

www.newcomernavigation.ca

“Newcomers are an integral part of our communities. Their full inclusion in our health care workforce will help us address staffing shortages, while also incorporating richly diverse voices of lived experience and better supporting other newcomers.”

- ALEX MUNTER, CEO AND PRESIDENT, CHEO





TABLE OF CONTENTS

EXECUTIVE SUMMARY	5	NEXT STEPS	26
INTRODUCTION	7	BIBLIOGRAPHY	27
Scope of this Report	8	APPENDICES	28
Methodology	8	APPENDIX A: N4 CoP IEN Working Group Membership	28
Findings and Recommendations	11	APPENDIX B: Members of the IEN Lived Experience Consulting Group	29
RECOMMENDATIONS			
1. Pre-Arrival Processes	12		
2. Access to transparent, plain language and reliable information	13		
3. IEN Navigation Support	14		
4. Standardization Of Licensure	16		
5. Credential Assessment Process	18		
6. Pathways to Practice	19		
7. Bridging Programs	22		
8. Language Proficiency Tests	24		



EXECUTIVE SUMMARY

There is mounting pressure on the Canadian health care system to address health care labour market shortages. Despite being highly skilled and experienced, less than half of IENs who immigrate to Canada are practicing in their profession. The process for an IEN to become licensed is complex, expensive and province-specific, fraught with systemic barriers and bias. At a time where nurses are needed on the frontline, it is critical that Canada improve existing processes and adopt innovative approaches that respect the skills and experience IENs have and will bring with them into the health care system.

This report presents recommendations to improve the pathways to optimal employment for IENs. These recommendations were developed at the request of our funder, IRCC, and in collaboration with over 18 organizations, most of which an IEN would engage with along the pathway to employment.

The following principles were applied during the co-development of these recommendations:

1. Canada's standards for nursing credentialling and licensing support patient safety and quality of care.
2. Through their valued international education and experiences, IENs have the potential to improve access to care and enhance the diversity of the Canadian health care workforce.
3. Working Group and Consulting Group members, including those with lived experiences of IENs, bring valued and unique perspectives to this work.

This report makes recommendations in the following areas:

1. Pre-arrival processes

1.1 Increase support for IENs so they understand what steps and requirements in the licensure process can be completed pre-arrival.

1.2 Create a single non-clinical orientation course for IENs approved to immigrate to Canada that can be accessed virtually, and that orients them to the context of the Canadian health care system.

2. Access to transparent, plain language and reliable information

2.1 Create a central hub of information that reflects the current state of the pathway to optimal employment in a user-friendly format.

3. IEN navigation support

3.1 Establish 1:1 IEN-specific navigational supports in each province.

3.2 Establish referral pathways to IEN navigational supports.

4. Standardization of licensure

4.1 Adopt "As of Right Rules" within all provincial legislation.

4.2 Create a pan-Canada nursing license.

4.3 Recognize licensures from approved jurisdictions

5. Credential assessment process

5.1 Align credential assessment and immigration processes to eliminate duplications in the collection of documentation.

5.2 Issue a single report which aligns an IEN's qualifications to the different levels within the nursing professions (RN, RPN/LPN) to save time and money



5.3 Focus on validating foundational nursing competencies from top countries of immigration to Canada, eliminating individual assessments where possible.

5.4 Refer IENs directly to clinical skills training as needed to reduce wait times.

6. Pathways to practice

6.1 Expand and adapt the temporary license class to include IENs.

6.2 Expand and adapt supervised clinical practice programs to be offered in all provinces and in all practice settings.

6.3 Develop mechanisms to identify and onboard underemployed IENs working in health care roles and set them on a pathway to nurse licensure (RN, RPN).

7. Bridging programs

7.1 Expand access to bridging programs by offering program elements online.

7.2 Provide needs-based financial supports to IENs to remove barriers to participation.

7.3 Facilitate opportunities for clinical placements within bridging programs.

7.4 Implement mandatory accreditation standards for bridging programs.

8. Language proficiency tests

8.1 Align the language proficiency tests accepted by IRCC, provincial nursing regulatory authorities and nursing bridging programs.

8.2 Align language test requirements and exemptions across nurse regulatory bodies.

8.3 Reconsider the length of time a language test is valid for IENs living in Canada.

These recommendations present concrete and actionable ways to support IENs' integration into Canada's health workforce. Where possible, linkages to promising practices and innovations have been made. Implementing these recommendations leverages and builds upon the skills and talents of IENs. Investing in the successful integration of IENs will create nursing capacity and positively impact the health care system's sustainability.

IRCC has provided N4 with funding to facilitate the implementation phase of this report for the 2023/2024 fiscal year. N4 has developed a thorough communications plan to increase awareness about this report to key interest groups, specifically organizations which are the target audience for some of the recommendations. A comprehensive knowledge mobilization (Kmb) plan is in development to promote the uptake of the recommendations by those instrumental to implementation and monitor progress in the upcoming year. The IEN Working Group will continue to meet quarterly to support that work. Finally, N4 has developed a [visual pathway](#) to guide IENs and service providers seeking to understand core steps in the pathway to licensure.

“The inability to practice as a nurse in Canada is a missing part of me. I want to be part of the solution, not part of the problem.”

– INTERNATIONALLY EDUCATED NURSE





INTRODUCTION: THE ROLE OF IENS IN CANADA'S HEALTH CARE SECTOR

Canada is currently facing a health human resource (HHR) crisis. A report issued by the Canadian Nurses Association over a decade ago projected a shortage of almost 60,000 full-time equivalent registered nurses by 2022.¹ This projection did not factor in the COVID-19 pandemic, which further exacerbated that predicted challenge as nurses retired or exited the profession. As a result, there is immense pressure on the health system to address current labour market shortages.²

Canada has long looked to immigration as our route to economic growth and recovery. Over the next three years, Canada will welcome 1.45 million newcomers, primarily in the skilled immigrant class.³ Despite an ongoing strategy to leverage these newcomer professionals to close workforce gaps, Canada has a long history of systemic barriers preventing employment within professionals' international field of study even when their profession is in demand.⁴ These barriers are also evident within the nursing profession. Between 2011 and 2016, Canada welcomed approximately 23 000 IENs.⁵ A 2019 survey of OECD countries however, showed that in Canada, less than 40% of internationally trained nurses were working in their profession.

Foreign Born, Foreign Trained RNs

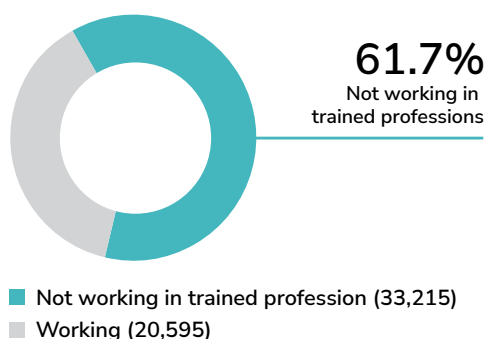


Figure 1. Recent Trends in International Migration of Doctors, Nurses and Medical Students⁶

N4's 2023 report, "A Missing Part of Me:" A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals outlines the Canadian licensure process for IEHPs as complex, expensive, and province-specific-specific.⁷ In 2022, the Canadian Medical Association, Canadian Nurses Association and College of Family Physicians of Canada jointly presented recommendations to the House of Commons Standing Committee on Health to address the health human resource crisis. Among these recommendations was improving these pathways to practice for ITPs and IENs.⁸ Across Canada, there has been mounting pressure on provinces to address the underlying systemic issues preventing IEHPs from becoming licensed to practice. A variety of measures have been and continue to be implemented by provincial regulatory bodies and ministries responsible for health. These measures will benefit current and future Canadian IENs, but add to the variation and complexity they face when seeking licensure.

Internationally Educated Health Professionals (IEHPs)

Those whose health care education is from a country other than Canada.

Internationally Educated Nurse (IEN)

Persons whose education aligns to the registered nurse level and has taken place outside of Canada.

Health Human Resources (HHR)

The talent pool of persons whose work is intended to enhance positive health outcomes.

Licensure

The acceptance of an individual to practice medical procedures within a jurisdiction based on the public or governmental regulations of health.

1 Canadian Nurses Association, "Tested Solutions for Eliminating Canada's Registered Nurse Shortage: Highlights."

2 Canadian Medical Association, "Physicians, Nurses Offer Solutions to Immediately Address Health Human Resource Crisis."

3 Employment and Social Development Canada, "Canadian Occupational Projection System."

4 Andrea Baumann et al., "Diversifying the Health Workforce."

5 Statistics Canada, "2016 Census of Canada."

6 OECD, *Recent Trends in International Migration of Doctors, Nurses and Medical Students*.

7 Cat Goodfellow, Christine Kouri, and Sahar Zohni, "A Missing Part of Me: A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals."

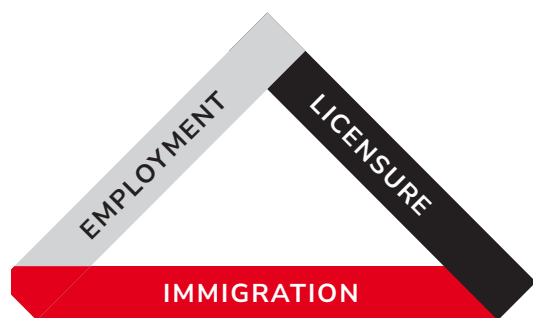
8 Canadian Medical Association, "Physicians, Nurses Offer Solutions to Immediately Address Health Human Resource Crisis."



It has also been noted that in addition to having the capacity to close the labour market gap, the cultural diversity of IENs is seen as another benefit to the health care sector. Following the social justice movement of 2020, most health care organizations made commitments to enhancing the diversity of their workforce. Better reflecting the community they serve augments organizational capacity to deliver culturally responsive care.⁹ For example, an IEN is more likely to identify and address cultural and linguistic barriers a newcomer patient may experience as they navigate the health and social service systems, which improves the patient's experience and outcomes.¹⁰

SCOPE OF THIS REPORT

This report presents the work of *N4's CoP Working Group - Leveraging IENs to Close Health Care Labour Market Gaps*. The pan-Canadian recommendations present concrete and actionable ways to support the integration of IENs into practice. Removing barriers and implementing proven facilitators will enhance the integration of IENs and create nursing capacity and health care system sustainability.



The recommendations presented in this report are intended to **benefit IENs who have immigrated to Canada but have not yet obtained licensure**. It should be noted however, that the recommendations would also benefit IENs who have yet to immigrate to Canada by allowing them to better prepare for the process, which would ideally begin prior to arrival.

The recommendations made within this report focus on the three areas that underpin integration into practice for IENs: immigration, licensure, and employment. A national approach to the recommendations was taken to promote best and promising practices, and enhanced consistency across the provinces and territories. As per the contribution agreement with IRCC, the province of Quebec was excluded.

Registered Nurse (RN)

Persons who have received a nursing license to practice according to the regulatory body of the jurisdiction in which they work.

Registered Practical Nurse / Licensed Practical Nurse (RPN / LPN)

Nurses taught at the college level to care for less complex patients with general or straightforward health conditions.

METHODOLOGY

Understanding the Barriers to Optimal Employment

Between May 2022 and January 2023, the N4 team conducted 74 stakeholder site visit meetings via Zoom or Microsoft Teams to supplement formal and grey literature research. A full report outlining the methodology and key findings from this engagement is available [here](#).

The next phase of N4's work included the formation of two 6-month N4 CoP working groups; one aimed at IENs and one for ITPs. The N4 CoP structure includes time-limited working groups that produce evidence-based, outcome-driven, and impact-focused deliverables to address the root causes of inequities for newcomers in accessing health, social, and settlement services. Their work is fully supported by the N4 team through project management, research, communications and administration. More information about the N4 CoP model can be found [here](#).

The N4's CoP IEN and ITP working groups were formed to build upon the site visit findings to create a set of actionable recommendations based on common understanding of 1) current state; 2) key barriers and facilitators; and 3) a future desired state, highlighting best and promising practices that address key barriers to optimal employment.

⁹ Stanford, "The Importance of Diversity and Inclusion in the Healthcare Workforce."
¹⁰ Wilbur et al., "Developing Workforce Diversity in the Health Professions."



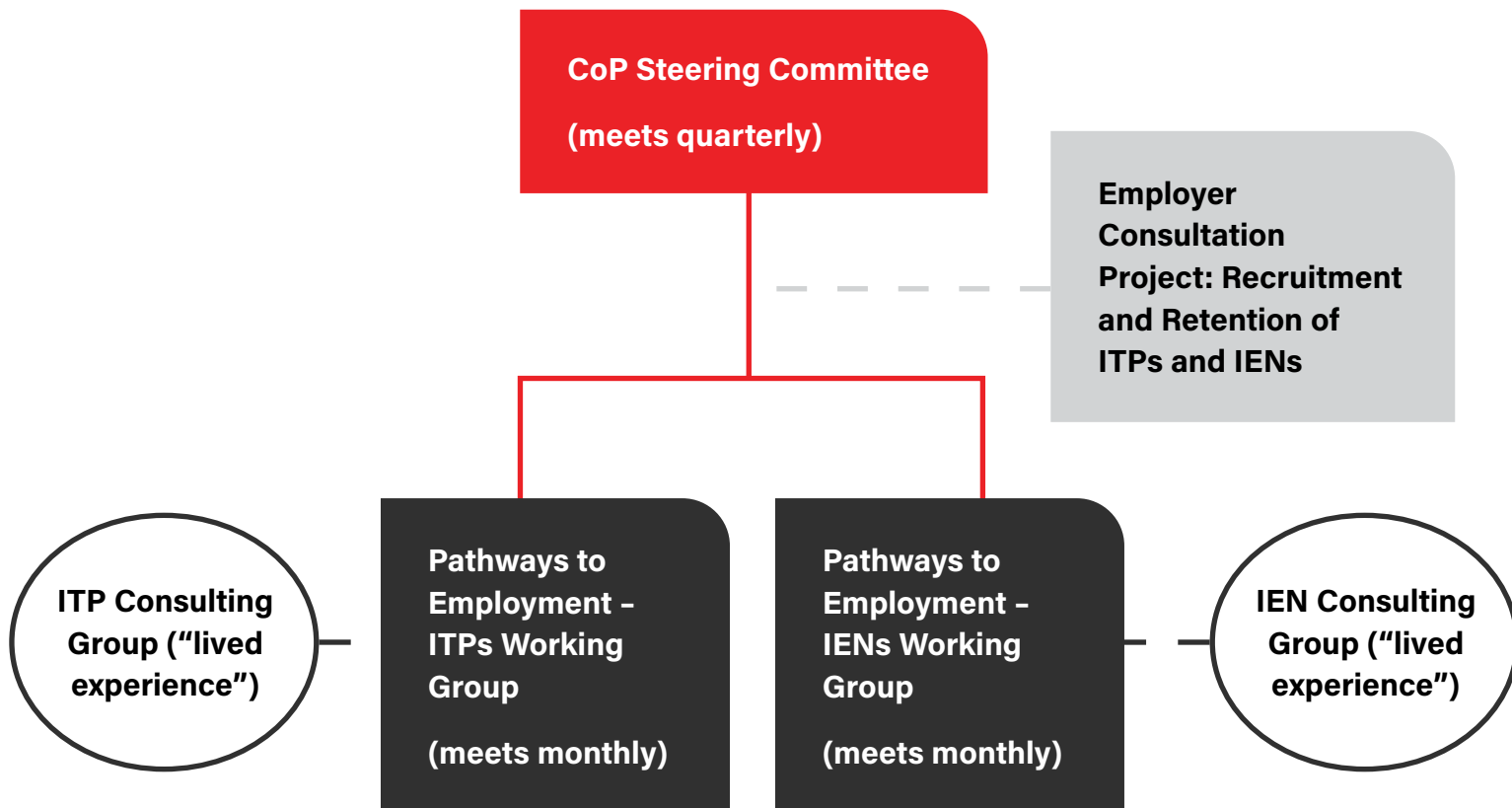
Recruitment to the N4 Leveraging IENs to Close Health Care Labour Market Gaps CoP Working Group

The site visits described above revealed the diverse group of stakeholders who play a key role along an IEN's pathway to optimal employment, including immigration, language testing, credential verification, regulatory authorities, bridging programs, and navigational and financial supports. From this engagement process, N4 identified and recruited key stakeholders to participate in the CoP working group. N4 ensured membership represented not only the diversity of roles but pan-Canadian representation to ensure fulsome and national perspectives. Where possible, N4 sought representation from national professional associations to represent provincial voices (e.g., Canadian Association of Schools of Nursing, Canadian Council of Registered Nurse Regulators). A total of over 20 individuals representing 18 organizations across Canada were recruited to the Working Group (see [Appendix B](#) for the full membership). Members were asked to commit to six monthly meetings of one and a half hours each, from September 2022 to March 2023.

Engagement of Lived Experience: "Nothing about us, without us"

During the engagement phase, N4 heard from IEHP stakeholders a sense of frustration that their lived experience was not valued or included in past efforts to improve their pathway to licensure and employment. In order to ensure a co-design approach to the work, N4 ensured representation of IENs and ITPs in the CoP working groups. In addition, N4 formed consulting groups consisting of Canadian IENs and ITPs currently seeking licensure who served to validate the findings and recommendations of the working groups. This separate and confidential space allowed them to share their lived experiences amongst peers, without fear of being identified by organizations that administer exams, verify and assess credentials, and determine if licensing requirements are met. This report features personal statements from the IEN Consulting Group members and other IENs enrolled in the N4/Saint Paul University Fostering Canadian Integration for Internationally Educated Health Professionals (IEHPs): From Learning to Action educational offering, who openly shared their experiences with the N4 team

COP STRUCTURE





Guiding Principles

The IEN Working Group performed its work and formed its recommendations based upon the following principles:

1. Canada's standards for nursing credentialling and licensing support patient safety and quality of care.
2. Through their valued international education and experiences, IENs have the potential to improve access to care and enhance the diversity of the Canadian health care workforce.
3. Working Group and Consulting Group members, including those with lived experiences of IENs, bring valued and unique perspectives to this work.

Roadmap

The illustration below outlines the objectives of N4's CoP IEN Working Group and provides a high-level overview of what was accomplished during and between meetings. Strengths-based Lean Six Sigma tools were utilized to facilitate discussions and support the development of concrete and actionable recommendations.

November 2022 - Kick-Off Meeting

- Relationship forming among members
- Overview of Project Charter, member roles and responsibilities, and how N4 will support working group
- Sharing of resources, data and supporting information related to Working Group objectives

December 2022 - Understanding Current State and Visioning an Ideal State

- Validate key barriers that prevent IENs from obtaining licensure and/or optimal employment
- Identify key drivers, facilitators and enablers were brainstormed to achieve four "ideal states" that would improve the pathways to optimal employment for IENs. The following ideal states were discussed:
 - IENs have access to transparent, reliable, plain language information about the journey from immigration to optimal employment
 - There are expanded and equitable access to practice pathways
- The National Nursing Assessment Service (NNAS) presented their transformational plan to make the credential assessment process timely, accessible and transparent

January 2023 - Recommendation Formation and Analysis

- Provide input into a draft set of recommendations (Initial reactions? What is missing? Implementation considerations?)

February 2023 - Develop Action Plans and Communications Plan

- Develop action plans for top recommendations made
- Provide input into a communications plan

March 2023 - Wrap Up and Debrief

- Recommendation report complete
- Debrief and discuss knowledge mobilization strategy



FINDINGS AND RECOMMENDATIONS

Following this methodology, the working group developed an understanding of current state and recommendations based on three ideal future states:

IENs have access to transparent, reliable, plain language information about the journey from immigration to optimal employment

The credential assessment process is timely, transparent, valid and equitable

There are expanded opportunities and capacity for equitable access to practice pathways

A total of 22 recommendations that fit under eight themes were developed. These recommendations were validated by IENs as addressing the systemic barriers experienced when seeking licensure and optimal employment in the Canadian health care system. Where possible, linkages to promising practices were aligned to the recommendation. In order to facilitate a broad level communications plan as well as a knowledge mobilization plan for each recommendation, each includes information regarding the target audience and implementation considerations.



1. PRE-ARRIVAL PROCESSES

1.1 Increase support for IENs so they understand what steps and requirements in the licensure process can be completed pre-arrival

“Why are my IEN friends in Australia and Ireland nurses already? We have the same education and have been licensed in the same country but I still struggle to find myself able to practice in Canada.”

– INTERNATIONALLY EDUCATED NURSE

IENs who have immigrated to Canada encounter barriers to efficiently move along the pathway to licensure due to lack of access to clear and up-to-date information pre-arrival. This was validated by those supporting IENs, as they balance the completion of a fulsome review of licensure requirements while being conscious of the need for IENs to maintain their recency of practice as a requirement for licensure. Many processes moved to a virtual format during the pandemic and will remain virtual.

The move to virtual has enhanced the ability of IENs to complete some pieces of the process prior to arrival. For instance, IENs can submit documents for credential and education validation online, which are much easier to obtain prior to leaving their country of origin. They must also pass a higher-level language test than is required by IRCC and some language tests are now available prior to arrival. While this has the potential to expedite their integration into practice after arrival in Canada, most IENs are unaware of this option until after immigration. The CARE Centre for IENs is financed by IRCC to support IENs in being successful in the nursing profession. However, their funding agreement limits pre-arrival support to one month. Extending that period of time would better support IENs.

Target Audience: National Nursing Assessment Services, CARE Centre for IENs

Interest Groups: National professional associations, health care employers, settlement organizations

1.2 Create a single non-clinical orientation course for IENs approved to immigrate to Canada that can be accessed virtually, and that orients them to the context of the Canadian health care system

There are a variety of formal non-clinical educational offerings which are marketed to IENs as helpful in their integration into the Canadian workplace. However, there is confusion among IENs as to which ones are best aligned with their needs. Non-clinical education that focuses on the role of federal and provincial/territorial governments, the five principles of Canada's health care system, Indigenous health, and interpersonal communication was identified by IENs and employers as useful to prepare IENs for practice in Canada's health system. Ideally, a single organization would provide the content in a virtual format and, to optimize preparation for employment, would be available both to those who have received approval for immigration as well as those who have already arrived in Canada.

Target Audience: National Nursing Assessment Services, CARE Centre for IENs

Interest Groups: National professional associations, health care employers, settlement organizations

Internationally Educated Nurses Orientation

The Immigrant Services Association of Nova Scotia (ISANS) offers an [IEN Orientation](#) at no cost to IENs who are registered as ISANS clients. This program offers information about the pathways to licensure, courses on foundations of nursing practice in Canada, topic-specific educational sessions about nursing, adult health assessment workshops, weekly structured study groups, access to learning resources, information about alternative careers, peer support, networking and professional mentoring. The course takes 18-weeks to complete. Since the program began in 2016, ISANS has worked with **over 400 IENs** and most participants have successfully become licensed RNs or LPNs. During the last three years, the program was offered virtually and IENs had access to the program activities pre-arrival.



2. ACCESS TO TRANSPARENT, PLAIN LANGUAGE AND RELIABLE INFORMATION

2.1 Create a central hub of information that reflects the current state of the pathway to optimal employment in a user-friendly format

There is abundant information available to IENs from various sources which are both formal and informal (websites, word-of-mouth, social media) and of various levels of accuracy. Information about the immigration and licensing processes is siloed and difficult to understand if it is not in plain language and uses defined terminology. Further, the pathway to becoming licensed as an IEN is complicated by inter-provincial variations. IENs are interested in data regarding the steps to licensure including processes, cost and estimated length of time, however, this is not readily available. The result is confusion, errors, waste of resources, and for many IENs underemployment and failure to obtain licensure.

Establishing a central repository of information from an authoritative source is an effective way to support IENs in making informed decisions and creating efficiency in the licensure process. IENs also desire clear information regarding the chronology of steps and inter-provincial comparisons in resource requirements (tests, costs, obligatory return of service agreements). The approach to information-sharing must be adaptable and connect to national associations and provincial colleges, as well as those who support IENs. To date, there is no national forum that convenes the diverse stakeholders to coordinate and disseminate up-to-date information on an ongoing basis.

Target Audience: An authoritative source with national reach that can convene stakeholders and stay abreast of the ever-changing landscape

Interest Groups: N4, government, provincial/territorial regulatory authorities, employers, settlement organizations, credential assessment and verification services, government-funded advisors, foreign consulates

Adoption of the following principles will support increased access to transparent, reliable and plain language information about the journey from immigration to optimal employment.

Co-creation with IENs: Co-create tools and material with IENs who have been successful or have not been successful.

Terminology: Define terminology and include a glossary of abbreviations.

Literacy Level: Use plain language.

Transparency: Include statistics on the likelihood of being successful through an existing pathway (e.g. % of IENs who apply for registration and become licensed to practice).

Accuracy: Ensure information is up to date, accurate, and shows choices/pathways with realistic timelines.

Embed navigators: When information is shared, there must be a point-person for IENs to connect with who understands the pathways and can provide support.

“There is so much information and it's up to me to understand what is correct and incorrect.”

– INTERNATIONALLY EDUCATED NURSE

“It seems like every day I receive a notification that the pathway to becoming a nurse in Canada has changed. How is anyone supposed to stay informed and know how to navigate this system?”

– INTERNATIONALLY EDUCATED NURSE



3. IEN NAVIGATION SUPPORT

3.1 Establish 1:1 IEN specific navigational supports in each province

IENs report being recruited from their country of origin as highly desired nurses to meet Canada's labour market and supported through the immigration process. They are led to believe the pathway to licensure will be supported post-immigration. However, after successfully immigrating to Canada, they are most often left to navigate the complex pathway to licensure on their own, unaware whether navigational supports exist or how to access them.

IRCC Settlement officers perform key functions in orienting newcomers to their community including sharing information about housing, education, and other social supports. However, they struggle to support employment pathways for regulated professionals, due to the complexity of those pathways. IENs are often steered towards an easier pathway through "survival jobs" while they self-navigate their pathway to licensure, resulting in underemployment, in fields such as medical interpretation or environmental services. Employers also report being contacted by IENs for navigational support but lack the expertise or resources to take this on.

Each IEN's situation is also unique (immigration status, country of education, years since graduation/experience, language proficiency, province of residence, desired employment status, finances). Thus, navigational support for IENs is best delivered by those who can have expertise regarding the whole pathway to optimal employment (immigration, licensure and employment). This requires a strong linkage to regulatory authorities as well as health ministries, to stay abreast of the constantly changing incentives and programming towards licensure. Maintaining partnerships and mutual collaboration with settlement organizations completes the wraparound support IENs require to be successful.

Those who do access provincially funded 1:1 navigation support are more successful and efficient in their pathways to optimal employment, yet they do function within provincial siloes. Having a national forum for the provincially-based navigational supports would foster pan-Canadian consistency and best practices. NNAS is currently creating and will facilitate a coordinated network among those who provide navigational support.

PROMISING PRACTICES:

New Brunswick's IEN Navigation Service

provides 1:1 customized support to IEN's at no cost and supports surrounding the following:

- The National Nursing Assessment Service (NNAS);
- Provincial entry-to-practice competency assessments;
- Bridging programs available in the province; and
- Provincial regulatory bodies.

Prior to implementation of this program, there had been five IENs who had gained licensure in the province of New Brunswick. Currently, the IEN Navigation Service works with approximately **400 candidates per year**.

Other government funded navigation models include:

Health Match BC: Health Match BC is a free health professional recruitment service funded by the Government of British Columbia. There is no charge for these services.

HealthForce Ontario Health Access Centre:

The Access Centre for Internationally Educated Health Professionals (IEHPs) provides programs and services to IEHPs to help them integrate into the Ontario health care system with the primary goal of helping them become trained, licensed, and employed in their profession or an alternative career.

Sufficient investment is necessary for implementing and adding capacity to these models. Furthermore, there must be pan-Canadian standards among these programs to promote equity across Canada for IEN access.

Target audience: Immigration, provincial health authorities, NNAS

Interest groups: Settlement organizations, CARE Centre for IENs, regulatory colleges, employers



3.2 Establish referral pathways to IEN navigational supports

IENs should not be expected to find provincial IEN navigational supports on their own. IRCC should implement a soft hand-off to navigational supports who self-identify as IENs within the economic immigrant or refugee stream. The other immigration pathways used by IENs to enter Canada present a challenge to identifying and routing them towards navigational support. Many IENs come to Canada as a family dependent of another economic immigrant, or through the Live-In Caregiver program. As mentioned previously, employers are sometimes aware of IENs seeking licensure within their organization.

Given that the vast majority of IENs come to Canada from the Philippines and India, consulates and the informal support groups for newcomers from those countries are also key stakeholders. Most recently, local branches of the Ukrainian Canadian Congress have been supporting those with a Canada-Ukraine Authorization for Emergency Travel (CUAET). Thus, communication about provincial IEN navigational supports needs to target the diversity of stakeholders who could direct IENs towards navigational supports.

“I felt like I was lured to Canada with false promises.”

– INTERNATIONALLY EDUCATED NURSE



Target: IRCC, navigational support agencies

Interest Groups: NNAS, settlement organizations, CARE Centre for IENs, regulatory colleges, employers, informal social supports for newcomers, consulates



4. STANDARDIZATION OF LICENSURE

4.1 Adopt “As of Right” rules” within all provincial legislation

“As of Right” rules in provincial legislation would support IENs who have obtained licensure in another Canadian jurisdiction to immediately begin working in another while awaiting the processing of their request for licensure in their new province of residence.¹¹ “As of Right” rules prevent bureaucratic procedures from creating gaps in employment.

This recommendation benefits all nurses, but particularly IENs who move provinces due to the lack of standardization of licensure requirements and incentives. Currently, Ontario and Nova Scotia are the only provinces in Canada to introduce rules that permit registered nurses who are licensed in another Canadian province or territory to be eligible to practice immediately with no additional requirements, with the exception of passing the registration exam, if they have not already done so.¹² Yukon, Nunavut and the Northwest Territories accept licensure from other provinces.

Target Audience: Provincial government, regulatory authorities

Interest Groups: Settlement organizations, NNAS, CARE Centre for IENs, navigational supports

WHAT ARE “AS OF RIGHT” RULES?

In February 2023, Ontario introduced [“As of Right”](#) rules. These rules allow health care professionals who have been registered and working in another Canadian jurisdiction to immediately start providing care in Ontario. Changes automatically recognize the credentials of health care workers registered in other provinces and territories and do not require them to register with their respective regulatory authority in Ontario (e.g. College of Nurse of Ontario) prior to practicing.

Expedited Licensing Process for Nurses Licensed in Designated Jurisdictions

In March 2023, the [Nova Scotia College of Nursing announced changes](#) to the registration and licensure process that permit registered nurses who demonstrate good standing and good character and are currently licensed in the Philippines, India, Nigeria, USA, UK, Australia, New Zealand or a Canadian Province or Territory to be eligible for registration and licensure in Nova Scotia immediately with no additional requirements other than passing the registration exam (if they have not already done so).

¹¹ Government of Ontario, “New ‘As of Right’ Rules a First in Canada to Attract More Health Care Workers to Ontario.”

¹² Nova Scotia College of Nursing, “Expedited Licensing Process for Nurses Licensed in Designated Jurisdictions.”



4.2 Create a pan-Canada nursing license



"Why are there opportunities for IENs in some provinces and not others? As a newcomer, standardization would make settlement easier."

– INTERNATIONALLY EDUCATED NURSE

As the pressures from the HHR crisis have increased, so too have the number of changes being made by ministries of health and nursing regulatory authorities as they attempt to remove barriers for IENs in attaining licensure. The result is an ever-changing, varied, and complex landscape of licensure requirements for IENs to navigate. Among the variations is the date of nursing exam (NCLEX) accepted, the availability of a temporary license class, the accepted test and level of language proficiency, and support for bridging programs. This creates great confusion for IENs.

In addition, there is inter-provincial migration of IENs as they seek to align their unique situation to a province whose pathway to licensure seems most efficient. Their mobility to a different province to obtain licensure does not correlate to the retention of the IEN in that province, and given delays in transferring licensure between provinces, this mobility creates yet another gap in employment for IENs. A national evidence-based pathway to licensure for IENs supports equitable labour mobility.

CCRN has reported that the first step to this process is underway through the implementation of a unique identifier (number) for each nurse which would facilitate an understanding of the status of licensure for each nurse in Canada. Close collaboration between the provincial government and regulatory authorities is critical for the implementation of this recommendation.

Target audience: CCRNR, regulatory authorities

Interest Groups: Settlement organizations, NNAS, CARE Centre for IENs, navigational supports

4.3 Recognize licensures from approved jurisdictions

On behalf of provincial nursing colleges, NNAS determines whether the entry-to-practice competencies of IENs are comparable to that of the province in which they wish to be licensed. This process looks only at an IEN's jurisdiction of training but does not consider an IEN's jurisdiction of licensure and potentially years of nursing practice. The country where an IEN completed their nursing training may not align with the same list of competencies and training length as Canada, however, some do have licenses and significant experience from countries whose nurses' training would be considered comparable. For example, while a nurse trained in the United Kingdom would be considered comparable, a Philippine-trained nurse who is licensed and working in the UK would not be.

In countries where the nursing training is deemed comparable to Canadian standards, their licensing body should be considered a trusted advisor, and as

a result those licensed also have comparable entry to practice qualifications. The regulatory authorities should change their criteria of approved jurisdictions to include nursing training and/or current licensure. The Nova Scotia College of Nurses recently introduced changes that will recognize licenses from the Philippines, India, Nigeria, USA, UK, Australia, New Zealand.¹³ These changes will take effect as of May 1st 2023. Registered nurses who demonstrate good standing and good character and are currently licensed in these countries are eligible for registration and licensure in Nova Scotia immediately.

Target Audience: Regulatory authorities

Interest Groups: NNAS, ministries of health

¹³ Nova Scotia College of Nursing.



5. CREDENTIAL ASSESSMENT PROCESS

NNAS is currently undergoing transformational change to facilitate efficiencies within its role in the credential verification of IENs. Their strategic plan was presented to the CoP IEN Working Group. The following elements of the plan were identified as key facilitators to the credential verification process and therefore endorsed as part of this recommendation report.

National Nursing Assessment Service (NNAS)

A Canadian not-for-profit organization that offers a streamlined process for IENs to submit their documents and provide them with the tools to apply for Canadian nursing registration.

5.1 Align credential assessment and immigration processes to eliminate duplications in the collection of documentation

Documents requested during the credential assessment often overlap with those already submitted for immigration. For example, an IEN will submit proof of language proficiency twice. Duplication of requests creates inefficiencies and can also impose costs upon the IEN. IENs should have the option of completing a professional-level language assessment for immigration to reduce duplication.

5.2 Issue a single credential assessment report which aligns an IEN's qualifications with the different levels within the nursing professions (RN, RPN/LPN) to save time and money

IENs currently must choose whether to have their credentials assessed for the RN or RPN/LPN role. If they fail to meet the requirement of the RN role, they must begin their assessment for a RPN/LPN role from the beginning. Being aware of qualifications for the RPN/LPN role provides the option for an IEN to begin employment in a nursing role and make the choice as to whether they wish to build upon that licensure to pursue an RN through bridging programs. This route would prevent their use of unregulated "survival jobs" which are lower paid and do not retain recency of practice.

5.3 Focus on validating foundational nursing competencies from top countries of immigration to Canada, eliminating individual assessments where possible

Although the vast majority of IENs come from 2 countries of origin (Philippines or India), each case is individually evaluated by NNAS without use of an algorithm to streamline the assessment based on past learnings of the competency standards of nursing schools in those countries. Using an algorithm would fast track the credential verification process.

5.4 Refer IENs directly to clinical skills training as needed to reduce waiting time

The credential evaluation report is currently shared with the nurse regulator in the province with whom the IEN is seeking licensure. The regulator is responsible to communicate the decision on whether, and which, "bridging" or clinical skills training program is necessary to meet their province's standards. This reliance on the regulator to communicate findings causes delays in the commencement of bridging programs for IENs.

Target Audience: NNAS

Interest Groups: Navigational supports, settlement organizations, CARE Centre for IENs, regulatory authorities



6. PATHWAYS TO PRACTICE

6.1 Expand and adapt the temporary license class to include IENs

Most provinces offer a temporary licensure class to health professionals to allow them to begin employment while under supervision. For instance, recently graduated nurses from Canadian institutions who are awaiting results of their exam, or for their educational proof to be sent by their university or college, can be given a temporary license. Nurses must secure a letter of offer from a workplace that guarantees the orientation and supervision of the nurse.

To date, despite the lack of evidence to support this decision, all IENs are presumed to be unsafe for any level of practice, and therefore are excluded from temporary licensures. Their years of experience in their country of origin and credential recognition is presumed invalid until vetted by NNAS on behalf of the regulatory bodies.

Were temporary licensure be opened to IENs, they would need support to secure a letter of offer as typically, new graduates obtain these during their field placements. Employers would also need to adapt their orientation of IENs to include the Canadian or provincial context such as names of medications, interprofessional teamwork, safety reporting protocols, and provincial legislations (such as privacy and mandatory reporting of vulnerable populations).

Target: Regulatory authorities in each province, employers, NNAS

Interest Groups: Navigational supports, settlement organizations, CARE Centre for IENs

PROMISING PRACTICES

College of Nurses of Ontario Supervised Practice Experience Program

In September 2022, Ontario Health approved the [College of Nurses of Ontario's proposal](#) that supports IENs integration into practice in a timely manner. One element of this proposal provides IENs with a temporary class licensure. This could potentially enable 5,970 international applicants in Ontario to obtain their temporary registration.

"I can adjust to anything – I just need opportunities."

– INTERNATIONALLY EDUCATED NURSE





6.2 Expand and adapt supervised clinical practice programs to be offered in all provinces and in all practice settings

Across Canada, several nurse regulators have partnered with ministries of health to offer Supervised Experience Partnership (SPEP) programs. These programs support nurses who do not meet evidence of practice requirements for registration with their provincial regulatory nursing body. For instance, a nurse who has left the profession for several years may lack the “recency of practice” required for licensure. These nurses can enroll in a SPEP program and secure paid employment under the guidance of a preceptor. The costs for payment of the nurse and preceptor are covered through provincial funding. The SPEP program could be leveraged for IENs who similarly meet all the requirements for licensure except for recency of practice. This gap in recency in practice is often caused by the barriers encountered in the licensure process previously described.

Currently, only Ontario is leveraging their SPEP program for IENs to meet licensure requirements, and it is limited to the hospital environment. Though retention statistics are not being collected by SPEP programs, they reported that leveraging this Ontario program for licensure and then returning to their province of origin. The elements and evaluation of SPEP programs are developed at each host organization and therefore vary greatly. A formal mechanism to collect and compare outcomes of IEN SPEP programs, as well as a national forum for SPEP coordinators to connect, learn, and collaborate would promote continuous improvement of the program.

Target: Provincial ministries of health, provincial regulatory authorities, health care employers

Interest Groups: Navigational supports, settlement organizations, CARE Centre for IENs

Supervised Practice Experience Program (SPEP)

A partnership program between the regulatory authority and the Ministry for Health, which provides the opportunity for clinical practice hours in approved hospitals.

PROMISING PRACTICES

The [College of Nurses in Ontario has adapted the SPEP program](#) to support IEN integration into practice. Through this program, IENs going through the registration process can practice as a nurse. IENs gain evidence of practice and language proficiency requirements. IENs do not need to return to their country of origin to meet evidence of practice requirements. As of March 2023, 1500 nurses have been registered through the SPEP program.

Nova Scotia Health Authority Currency of Practice Program

The Currency of Practice Program is for individuals who have already passed the NCLEX but require support to establish their currency of practice. These candidates receive streamlined access to an alternative pathway that best meets the candidate’s profile. Through a conditional license issued by Nova Scotia College of Nurses, and sponsored employment as a preceptored Graduate Student Nurse within Nova Scotia Health Authority, candidates are supported in fulfilling Nova Scotia’s currency of practice requirements.

"I have three offers to become a nurse in the United States – but Canada is my new home. I want to be a nurse in my new home."

– INTERNATIONALLY EDUCATED NURSE





6.3 Develop mechanisms to identify and onboard underemployed IENs working in health care roles and set them on a pathway to nurse licensure (RN, RPN)

As identified earlier, less than 40% of IENs in Canada are employed as nurses. Employers expressed an eagerness to support their trajectory towards licensure by providing guidance and support yet were unsure how to identify IENs working within their organization. Many IENs are underemployed in “survival jobs” within the health care sector such as Health Care Aides (HCAs), Personal Support Workers (PSWs), and environmental service staff. They take these health care adjacent roles to generate income in familiar clinical settings as they settle into Canada and navigate their route to licensure. No employers currently screen new hires to determine if they are IENs, however, they could leverage intra-organizational communication methods such as virtual and physical notices to encourage staff to self-identify. This recommendation presumes employers have or are prepared to link IENs to the navigational supports outlined previously

Target: Employers, navigational supports

Interest Groups: Settlement organizations, CARE Centre for IENs, regulatory authorities, bridging programs

PROMISING PRACTICES

Sunnybrook IEN Career Pathway: This pathway identifies IENs eligible to work in Ontario. The pathway supports IENs to start their careers in health care and transition successfully along a continuum from hospital roles (ex. observer, clinical extern, patient support provider) into nursing roles. The pathway focuses on cultural integration, language proficiency and skills development.

London Health Science Centre has a webpage devoted to pathways to IENs and the various routes within their organization that support IENs' integration into practice.

Personal Support Worker/Health Care Aide (PSW)

Unregulated caregiving role taught at the certificate level to support activities of daily living under the supervision of a regulated professional.



7. BRIDGING PROGRAMS

7.1 Expand access to bridging programs by offering program elements online

Following credential assessment, an IEN may be required to complete a bridging program if there are differences between their international education and Canada's nursing curriculum. A hybrid of virtual and in-person formats promotes access while maintaining the compulsory in-person clinical components. This model enhances access, particularly for those in rural, remote, and northern communities and those who have yet to immigrate to Canada.

Target Audience: Colleges and universities with bridging programs

Interest Groups: Regulatory authorities, NNAS, CARE Centre for IENs, navigational supports

PROMISING PRACTICES

Saskatchewan Polytechnic offers an [online certificate program](#) for IENs. This online program is offered to IENs living anywhere in Canada.

Bridging Programs

Programs designed to help fill a gap in knowledge between internationally educated professionals and Canadian competencies.

7.2 Provide needs-based financial supports to IENs to remove barriers to participation

The financial cost of bridging programs was identified as a barrier to IEN participation. The tuition costs of bridging programs across Canada varies, with some programs costing upwards of \$18,000 per year. Lack of participation prevents full workforce participation. IENs can apply for micro-lending programs, yet the maximum of these loans is \$15,000, and this amount may not be sufficient to cover the actual costs incurred with participating in a program. Ministries of health should consider subsidizing the costs or providing incentive programs much like other nurse education programs (e.g. subsidized is they are willing to have a return of service within a rural or remote community).

Target Audience: Ministries of Health, colleges and universities with bridging programs, micro-lending programs

Interest Groups: Regulatory authorities, NNAS, CARE Centre for IENs, navigational supports

PROMISING PRACTICES

College of Nurses of Ontario - Tuition-free competency upgrade courses

In January 2023, the College of Nurses of Ontario began [offering some tuition-free competency upgrade courses](#) to nurses in Ontario. Courses related to theory are taught online. This program will support IENs to meet educational requirements for nursing licensure.

Financial Supports Available to IENs through HealthMatch BC

Through [HealthMatchBC](#), the Province of British Columbia assists IENs pursuing nursing registration with the College of Nurses and Midwives with financial support through a combination of bursaries and fee waivers to offset the costs of an IEN's international credential assessment, English language testing, skill evaluation and educational upgrading. Financial supports for IENs range from \$400 to approximately \$16,000 depending on the assessments and/or upgrading required. In exchange for the fee waivers and bursary there is a 12 month Return of Service (ROS) agreement (or 24 months if the IEN prefers to work part-time).



7.3 Facilitate opportunities for clinical placements within bridging programs

The clinical placements embedded within bridging programs support IENs to gain real-life experience applying skills and are valued by IENs and regulators. Some bridging programs had difficulty arranging clinical placements or relied on IENs to obtain placements, which led to delays or additional barriers towards completion for some IENs. Bridging programs should universally be responsible for any clinical placements, much like nursing programs are responsible for finding student placements.

Target Audience: Colleges and universities with bridging programs

Interest Groups: Settlement organizations, CARE Centre for IENs, navigational supports

7.4 Implement mandatory accreditation standards for bridging programs

Additional education programs require a significant investment of time and financial resources. Bridging programs are currently developed independently with great variety among duration, costs, content, and wait lists without a clear and centralized list of programs. IENs reported enrolling in programs, such as master's-level nursing or health care leadership degrees, under the assumption completion would result in licensure, only to realize their investment has not brought them closer to that goal and has contributed to a loss of recency of practice. In 2018, the Canadian Association of Schools of Nursing worked with Health Canada and an IEN task force to develop Accreditation

Standards for IEN Bridging Programs.¹⁴ Currently, the accreditation process is voluntary, and the standards are under review. There is no central repository of vetted programs upon which an IEN can choose the program best aligned to their goals and needs.

Target Audience: Canadian Association of Schools of Nursing (CASN), colleges and universities with bridging programs, regulatory authorities.

Interest Groups: Settlement organizations, CARE Centre for IENs, navigational supports

¹⁴ CASN Accreditation, "Accreditation Standards & Dimensions for IEN Bridging Programs."



8. LANGUAGE PROFICIENCY TESTS

8.1 Align the language proficiency tests accepted by IRCC, provincial nursing regulatory authorities and nursing bridging programs

Meeting language proficiency test requirements is a well-documented barrier for IENs. IENs entering Canada through the Federal Skilled Worker (Express Entry) program must complete an IRCC-approved language test such as the CELPIP or IELTS. The academic version of the IELTS has been considered excessive, non-specific and, in some cases, inconsistent and unfair (Goodfellow et al., 2023). A new vocational virtual language test by Pearson was announced as being approved by IRCC and is to be implemented by late 2023.¹⁵

Often only after immigrating and seeking licensure, do IENs become aware they must take another language test in order to become licensed within a province or territory. The language test results and levels accepted by provincial nurse regulators vary. CELBAN is currently accepted in every province by nurse regulators but some also accept either the ELTS and OET. Bridging programs also have a language proficiency requirement including a list of acceptable tests and minimal score level. Having a single and common list of acceptable language proficiency tests for IENs which would meet the requirements of immigration, provincial licensure and bridging programs would improve efficiency and reduce costs for IENs. This recommendation aligns with having these tests available virtually and prior to arrival.

Target Audience: IRCC, Canadian Council of Registered Nurse Regulators (CCRN), colleges and universities with bridging programs, regulatory authorities

Interest Groups: NNAS, Settlement organizations, CARE Centre for IENs, Navigational supports

"Language continues to be the biggest barrier in my path."

– INTERNATIONALLY EDUCATED NURSE

"The language testing isn't setting me up for success because if I pass three out of the four test components, I have to repeat all four. This does not feel just."

– INTERNATIONALLY EDUCATED NURSE

Occupational English Test (OET)

An exam that assesses English language communication skills of health care professionals who wish to register and practice in an English-speaking environment.

¹⁵ Pearson PTE, "Pearson's English Language Proficiency Test Receives Approval for Canadian Economic Immigration."



8.2 Align language test requirements and exemptions across nurse regulatory bodies

Not only do provincial nurse regulatory bodies accept different language proficiency tests, but they also vary in the minimally acceptable scores, and which IENs are exempt from testing. Participation in the SPEP IEN program in Ontario allows IENs to fulfill proof of language proficiency to the College of Nurses of Ontario. Standardization of language requirements and exemptions across regulatory authorities is currently underway. CCNR anticipates a full report will be available in April 2023.

Canadian English Language Benchmark Assessment for Nurses (CELBAN)

A nursing-specific language proficiency exam to evaluate listening, writing, reading and speaking.

PROMISING PRACTICE

Nova Scotia College of Nurses made changes to the registration and licensing process for IENs. Part of these [changes included allowing more ways for IENs](#) to meet the English language proficiency registration requirement. Since its implementation, 95% of IENs have met the English language registration requirement under the new policy.

Target Audience: CCRNR, regulatory authorities

Interest Groups: NNAS, settlement organizations, CARE Centre for IENs, navigational supports

8.3 Reconsider the length of time a language test is valid for IENs living in Canada

Companies who administer the language proficiency tests may suggest validity periods for language tests based on second language loss or attrition. However, it is up to organizations who accept the language tests (e.g. regulatory authorities, bridging programs offered by universities) to determine the length of time the test is valid for. Often, the validity period for a language test is two years. N4 was unable to find conclusive evidence to support a two-year validity period, particularly for those who are living in a country whose official language they have tested in. For IENs, the validity period means they may need to retake the same tests multiple times along their pathway to licensure as their results are considered

to have expired. Therefore, it is recommended that organizations that accept language tests reconsider any validity periods. Accepting language proficiency tests as a “once and done” requirement for IENs living in Canada will create efficiencies and remove cost and time pressures on the path to licensure.

Target Audience: regulatory authorities, academic bodies (colleges/universities)

Interest Groups: settlement organizations, navigational supports



NEXT STEPS

The recommendations outlined in this document address systemic barriers and inherent system bias that prevent IENs from utilizing their skills within the health care sector. These recommendations will increase access to transparent, reliable, plain language information about the journey from immigration to optimal employment. They will improve the credential assessment process, to be timely, transparent and equitable, and result in expanded opportunities and capacity for equitable access to practice pathways for IENs. Implementation of the recommendations outlined in this report must be met with:

Sustainable and sufficient government investment:

Sustainable and sufficient provincial and federal investment must be made into the recommendations in this report to support existing recommendations and scaling of promising practices and programs that will support IENs.

Multi-stakeholder collaboration:

A multi-stakeholder approach is necessary to implement the recommendations outlined in this report. Collaboration across levels of government (federal, provincial, territorial), and among regulatory bodies, credential assessment and verification, and settlement organizations is critical for successfully implementing these recommendations.

Consistency across provinces and territories:

Implementation of the recommendations below within each province and territory is critical to ensure consistency of approach.

Commitment to monitoring and evaluation:

The recommendations presented in this document must be monitored and evaluated post-implementation to determine if they have had the intended impact.

N4 has been funded by IRCC to facilitate the implementation phase of the recommendations within this report. A thorough communications plan has been developed to increase awareness about this report and its associated recommendations among N4's pan-Canadian network. A comprehensive knowledge mobilization plan is in development to promote the uptake of the recommendations and monitor implementation progress in the upcoming year. The IEN Working Group and IEN Consulting Group have agreed to continue to meet quarterly to support N4 to action the recommendations outlined in this report. Finally, N4 has developed a [visual pathway](#) to guide IENs and service providers seeking to understand core steps in the pathway to licensure.

IENs play a valuable role in Canada's health care system by closing labour market gaps and supporting workforces to better represent the communities they serve. Canada will continue to attract highly educated immigrants, including IENs, and there must be pathways to support their integration into practice. Amidst a health human resource crisis, IENs living in Canada who are not able to practice are an 'untapped' part of Canada's talent pool that can help sustain Canada's health care system. These recommendations build on IENs' diverse skills and experience, and the cultural and linguistic gifts they bring into the health care system. Now more than ever, investing in IENs and building on their skills and diverse expertise will create nursing capacity at a time where the health system is strained, and positively impact the health care system's sustainability.



BIBLIOGRAPHY

Andrea Baumann, Mary Crea-Arsenio, Dana Ross, and Jennifer Blythe. "Diversifying the Health Workforce: A Mixed Methods Analysis of an Employment Integration Strategy." *Human Resources for Health* 19, no. 1 (May 5, 2021): 62. <https://doi.org/10.1186/s12960-021-00606-y>.

Canadian Medical Association. "Physicians, Nurses Offer Solutions to Immediately Address Health Human Resource Crisis." Canadian Medical Association, May 16, 2022. <https://www.cma.ca/news-releases-and-statements/physicians-nurses-offer-solutions-immediately-address-health-human>.

Canadian Nurses Association. "Tested Solutions for Eliminating Canada's Registered Nurse Shortage: Highlights," 2009. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/RN_Highlights_e.pdf.

CASN Accreditation. "Accreditation Standards & Dimensions for IEN Bridging Programs." CASN Accreditation. Accessed April 20, 2023. <http://accred.casn.ca/our-programs/ien-program/accreditation-standards-dimensions-for-ien-bridging-programs/>.

Cat Goodfellow, Christine Kouri, and Sahar Zohni. "A Missing Part of Me: A Pan-Canadian Report on the Licensure of Internationally Educated Health Professionals." National Newcomer Navigation Network, March 2023.

Employment and Social Development Canada. "Canadian Occupational Projection System," November 16, 2021. <https://occupations.esdc.gc.ca/sppc-cops/.4cc.5p.1t.3onsummaryd.2tail@-eng.jsp?tid=104>.

Government of Ontario. "New 'As of Right' Rules a First in Canada to Attract More Health Care Workers to Ontario." *news.ontario.ca*. Accessed April 20, 2023. <https://news.ontario.ca/en/release/1002650/new-as-of-right-rules-a-first-in-canada-to-attract-more-health-care-workers-to-ontario>.

Nova Scotia College of Nursing. "Expedited Licensing Process for Nurses Licensed in Designated Jurisdictions," March 24, 2023. <https://www.nscn.ca/expedited-licensing-process-nurses-licensed-designated-jurisdictions>.

OECD. *Recent Trends in International Migration of Doctors, Nurses and Medical Students*. Paris: Organisation for Economic Co-operation and Development, 2019. https://www.oecd-ilibrary.org/social-issues-migration-health/recent-trends-in-international-migration-of-doctors-nurses-and-medical-students_5571ef48-en.

Pearson PTE. "Pearson's English Language Proficiency Test Receives Approval for Canadian Economic Immigration." Accessed April 12, 2023. <https://www.pearsonpte.com/news/pearsons-english-language-proficiency-test-receives-approval-for-canadian-economic-immigration>.

Stanford, Fatima Cody. "The Importance of Diversity and Inclusion in the Healthcare Workforce." *Journal of the National Medical Association* 112, no. 3 (June 1, 2020): 247–49. <https://doi.org/10.1016/j.jnma.2020.03.014>.

Statistics Canada. "2016 Census of Canada: Data Tables – Occupation - National Occupational Classification (NOC) 2016 (693A), Highest Certificate, Diploma or Degree (15), Admission Category and Applicant Type (31), Period of Immigration (7), Age (5A) and Sex (3) for the Immigrant Population Who Landed Between 1980 and 2016 Aged 15 Years and Over, in Private Households of Canada, Provinces and Territories, 2016 Census - 25% Sample Data," May 30, 2018. <https://census.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng>

Wilbur, Kirsten, Cyndy Snyder, Alison C. Essary, Swapna Reddy, Kristen K. Will, and Mary Saxon. "Developing Workforce Diversity in the Health Professions: A Social Justice Perspective." *Health Professions Education* 6, no. 2 (June 1, 2020): 222–29. <https://doi.org/10.1016/j.hpe.2020.01.002>.



APPENDIX A

N4 CoP IEN Working Group Membership*

N4's CoP IEN Working Group was co-Chaired by Dr. Edward Cruz, RN, University of Windsor, and Joyce Kristjansson, RN, Association of Regulated Nurses of Manitoba.

Organization	Name	Position
Access Hub for IENs (University of Manitoba)	Daniel Plourde	Program Coordinator
Association of Regulated Nurses of Manitoba	Joyce Kristjansson (Co-Chair)	Executive Director
Canadian Association of Long Term Care	Jodi Hall	Chief Executive Officer
Canadian Association of Schools of Nursing	Devin Crockett	Director, Communications
CARE Centre for Internally Educated Nurses	Ruth Lee	Executive Director
Government of New Brunswick	Doaa Mahmoud	IEN Settlement Consultant
Health Force Ontario Health	Shameem Mohammed	Advisor, IEHP Access Hub
Health Match BC	Marie Brook	Manager, Navigation Services
Immigrant Services Association of Nova Scotia	Mohja Alia	Manager, Employment and Bridging
MOSAIC BC	Joy Abasta	Senior Manager, Community Health and Specialized Programs
National Nursing Assessment Centre	Gayle Waxman	Chief Executive Officer
Office of the Fairness Commissioner	Angelika Neuenhofen	Policy and Program Advisor
Ontario Ministry of Health	Karima Velji	Assistant Deputy Minister, Chief of Nursing and Professional Practice
Ontario Ministry of Health	Tim Blakley	Manager, Health Workforce Strategic Policy
Touchstone Institute	Sten Ardal	Chief Executive Officer
University of Calgary, Cumming School of Medicine	Tanvir Turin Chowdhury	Associate Professor
University of Alberta	Janet Kemei	Postdoctoral Fellow, Faculty of Nursing
University of Alberta	Adedoyin Olanlesi Aliu	Research Coordinator, Faculty of Nursing
University of Windsor	Edward Cruz (Co-Chair)	Assistant Professor, Faculty of Nursing
World Education Services	Karl Flecker	Associate Director, Policy and Advocacy

** Membership in the working group does not constitute or imply endorsement, recommendation, or favoring by their directors or employees of the contents of this report.**



APPENDIX B

Members of the IEN Lived Experience Consulting Group

N4's IEN Lived Experience Consulting Group by Co-Chaired by Jennifer Lopez, RN, Integrated Filipino Canadian Nurses Association

Initials	Country of Origin	Current Province	How Long Lived in Canada	State of Licensure
N.I	Nigeria	British Columbia	> 1 Year	Validation of Credentials
C.U	Nigeria	Nova Scotia	> 1 Year	Validation of Credentials
J.Z	China	Nova Scotia	1 –5 Years	Not Started
J.T.	Taiwan	Alberta	6 – 10 Years	Not Started
L.A.	Syria	Nova Scotia	1 –5 Years	Validation of Credentials
Z.A,	Nigeria	New Brunswick	> 1 Year	Validation of Credentials
I.R.	Morocco	Ontario	> 1 Year	Validation of Credentials
J.H	Peru	Ontario	> 1 Year	Not Started
F.F.	Nigeria	New Brunswick	> 1 Year	Validation of Credentials
S.P	Philippines	Alberta	< 10 Years	Validation of Credentials
R.S.	Ukraine	Nova Scotia	1 – 5 Years	Not Started

NEWCOMERNAVIGATION.CA

FOLLOW N4 ON



**NATIONAL NEWCOMER
NAVIGATION NETWORK**

**RÉSEAU NATIONAL DE
NAVIGATION POUR
NOS NOUVEAUX ARRIVANTS**