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Americanizing Canadian Nursing: Nursing Regulation Drift

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Abstract

Recent regulatory changes mean Canadian nurses are writing a US-based entry to practice exam and a US company is assessing credentials of internationally educated nurses (IENs) for Canadian registration. This paper asserts that this policy direction has significant consequences for Canadian content and integrity of education programs, francophone parity in testing, and the future of primary health care and health system reform. Furthermore, writing a US exam means Canada is at risk of losing nursing human resources to the United States while trade agreements endanger Canadian nursing intellectual property.

À la suite de changements de réglementation, les diplômés en science infirmière doivent passer un examen d'autorisation à pratiquer mis au point aux EU, et les diplômés internationaux en science infirmière sont évalués par une entreprise, elle aussi des États-Unis. Dans cet article, nous considérons que ces changements ont un impact significatif sur le contenu canadien et l'intégrité des programmes de formation, l'égalité de traitement dans l'évaluation pour les francophones et le futur des soins de santé primaire et la réforme des soins de santé. De plus, en uniformisant l'accréditation avec les EU, le Canada court le risque de laisser partir sa main d'oeuvre infirmière dans ce pays, au moment même où les accords commerciaux mettent en danger la propriété intellectuelle infirmière canadienne.

Key Messages

- Canadian nursing regulators have made entry to practice examination decisions that may negatively impact nursing human resources, especially for francophone graduates and IENs.
- These decisions were made without key stakeholder consultation and have resulted in lower pass rates on licensing examinations for Canadian graduates. No data have been released for IEN pass rates.
- More policy shifts may be planned by regulators for practical nurses and nursing education programs. These shifts should be closely monitored for potential impact on the Canadian health system reform agenda.

Messages-clé

- *Les organismes de réglementation des soins infirmiers du Canada ont pris des décisions concernant l'examen d'admission à la pratique qui peuvent avoir un impact négatif sur les ressources humaines en soins infirmiers, en particulier pour les finissants francophones et les diplômés internationaux.*
- *Ces décisions ont été prises sans consultation des principales parties prenantes et ont abouti à des taux de réussite moins élevés à l'examen d'autorisation pour les diplômés canadiens. Aucune donnée n'a été publiée sur les taux de réussite des diplômés internationaux.*
- *Il est possible que les organismes de réglementation envisagent des changements de politique pour les infirmières auxiliaires et les programmes de sciences infirmières. Ces changements devraient faire l'objet d'un suivi attentif afin de déterminer leur impact potentiel sur le programme de réforme du système de santé canadien.*

1 BRIEF DESCRIPTION OF THE POLICY REFORM

Until 2015 Canadian nurse graduates wrote a Canadian entry to practice exam and a Canadian entity assessed the credentials of Internationally Educated Nurses (IENs). In January 2015, both Canadian nurse graduates and IENs began writing a US-based exam to assess their competence to practice nursing. Four years earlier, in 2011, the Canadian Council of Registered Nurses Regulators (CCRNR) was established by the regulators to create a national forum for regulatory issues. It has no legislated authority. In Canada, health professions regulation is a provincial matter. The CCRNR has Board representation from jurisdictional regulatory bodies but unclear accountability structures, other than to the regulatory members. In 2012, the National Nursing Assessment Strategies (NNAS) was created to address jurisdictional differences in how IENs could achieve Canadian registration. It provides a single access window for foreign applicants to individual jurisdictional regulators. NNAS is a separate entity governed by Canadian nursing regulators and funded through the federal government Foreign Credential Recognition Program.

The CCRNR made two decisions in 2012 and 2013 that changed the way Canada managed assessment of IENs and how pre-licensing exams of Canadian nursing graduates would be carried out. In 2012, Canadian provincial/territorial nursing regulators (except Québec which declined to participate[1]), each contracted individually with the National Council of State Boards of Nursing (NCSBN), a federation of US quasi-governmental state nursing regulators, to provide the entry to practice examination for Canadian graduates (NCLEX-RN), with effect in January 2015. In 2013, the NNAS recommended the American Commission on Graduates of Foreign Nursing Schools (CGFNS International Inc.) to review credentials for IENs applying to practice in Canada. Those assessed as eligible would now write the NCLEX-RN to become licensed.

Thus, these two CCRNR decisions meant that nurses' competence/credentials to practice nursing in Canada would be determined through US nursing bodies. The absence of consultation with key Canadian nursing stakeholders, such as educators and nursing leaders, in these critical decisions was viewed by many stakeholders as unacceptable.

2 HISTORY AND CONTEXT

The role of nursing regulatory colleges and professional advocacy has evolved at different paces over time in response to jurisdictional legal and professional changes and there is variation across Canada. In 1962, Ontario created a separate regulatory/licensing college and a voluntary professional association in response to the passage of *The Nurses Act,*

[1]The Province of Québec's nursing regulatory body began administering its own exam in 2000, principally for political and/or policy reasons, and requested the other Canadian provinces recognize their exam as an equivalent to ensure mobility of Québec nurses. This request was granted. Thus the nursing regulatory body in Québec did not use the Canadian Registered Nurse Examination (CRNE) before this decision was made.

1961-2. A decade later a landmark Supreme Court decision separated collective bargaining from the associations/licensing bodies, leading to formal labour unionization (Supreme Court of Canada 1973). Many provinces now have separate professional and regulatory bodies while others have retained one professional organization with internal mechanisms to separate the roles. However, when these two roles rest within one organization, the focus tends to be on regulation and competence over advocacy.

How nursing advocacy is carried out also varies. It may be through professional associations, that also constitute membership of the Canadian (national) Nurses Association (CNA) and its specialty interest groups, and/or jurisdictional labour unions and the Canadian Federation of Nurses Unions (CFNU). The voice of academic nursing, which is growing in strength and influence, is through the Canadian Association of Schools of Nursing (CASN).

2.1 The CNA and the national nursing exam

Provincial/territorial registrars worked for decades through CNA to harmonize professional standards and align with the Agreement on Internal Trade and Tariffs (AITT), culminating in a mutual recognition agreement in 2007 to facilitate the free movement of nurses across Canada. After 2011, this work was carried out by the newly established CCRNR, however no mandate was given for international harmonization efforts. A CNA-led review and report recommended establishment of a national assessment service for IENs, resulting in creation of National Nursing Assessment Strategies (NNAS) in 2012. The NNAS outsourced IEN credential review to the CFGNS which was established in 1977 to evaluate, test, and certify foreign-educated nurses for the US market.

Until 2015, a subsidiary of the CNA had the contract with the provincial/territorial regulatory bodies for the nursing entry to practice/licensing examination (the Canadian Registered Nurse Examination or CRNE) (Villeneuve 2017). When decisions regarding the nursing exam were undertaken by regulators in 2012 and 2013, the CNA had to recuse itself from input into that process for conflict of interest reasons. Thus the CNA, a body that should be advocating for decisions that impact the nursing profession, was excluded from the decision-making process. Nursing academics (CASN) were not consulted.

2.2 The NCLEX-RN Exam vs. CRNE Exam

A Request for Proposals (RFP) for a RN licensing exam was issued by the regulators on 12 September 2011. In 2012, the NCSBN (the NCLEX-RN vendor) carried out entry level competencies assessment with the College of Registered Nurses of British Columbia (CRNBC) and the College of Nurses of Ontario (CNO) and, in 2014, a "Canadian practice analysis" (*post hoc*). These two projects were used to support the decision to select the US-based vendor to carry out examinations for Canadian nurses. However, the two countries have very different health care and nursing educational systems (Salfi and Carbol 2017). The

United States prepares most nurses to work in institutional care settings, through a three-year, six-semester, community college program. American university nursing graduates are prepared for leadership roles and for community health practice in addition to a wide range of clinical practice.

In contrast, Canada prepares all RNs to work in a broad range of settings and roles across multiple sectors and, by 2003, all provinces except Québec moved to an eight-semester, baccalaureate (BScN) degree as the entry to practice. This policy change was made based on evidence of better outcomes for the system and patients (Aiken, Clarke, Cheung *et al.* 2003; Aiken, Cimiotti, Sloane *et al.* 2011) and to support health system transformation and more community-based care. In this, Canada is aligned with most Commonwealth and European Union countries and with health professions education trends (Frenk *et al.* 2010).

The Canadian exam (CRNE), utilized until 2014, was based on broad entry to practice competencies, determined by the regulatory bodies themselves and by CASN, while the NCLEX-RN is designed to assess job readiness for the US acute care, hospital-based system. Further, there are significant cultural differences between the two countries in how the nursing profession is viewed. Within the United States, nursing is seen primarily as a technical occupation whereas in Canada, nursing is valued as a cognate profession, integral to the inter-professional health care team. Nursing regulatory models in the US reflect this difference, in that nursing is not a self-regulated profession there, as it is in Canada. US regulators are arms of state governments, where Canadian regulators are arm's length bodies with accountability to professional members as well as to governments. Normally, Canadian nurses are consulted and have input in regulatory policy changes.

When the decision was made and the contract negotiated to select the NCLEX-RN exam (a computerized adaptive test (CAT)), it was to be "Canadianized," given the acknowledged differences in health and measurement systems, generic drug names, and need for a bilingual exam in Canada. This has not been fully realized. Importantly, commercial preparatory materials were not adapted.

3 GOALS OF THE REFORM

Regulators stated that there were three key aims in the tender process regarding the nursing entry to practice exam. First and primarily, they wanted a secure computer based exam instead of a paper and pencil exam. Second, there was a goal to improve examination writing access by offering more frequent examination sittings. Third, faster reporting of results was sought. Reduced cost for candidates was another informally stated aim and the examination fee for the NCLEX-RN was approximately 25% of the cost of the CRNE. Stakeholders argue that only the computerization aim has been met.

4 FACTORS THAT INFLUENCED HOW AND WHY THE FINAL DECISION WAS MADE

Provincial/territorial governments are reluctant to interfere in the activities of quasi-judicial bodies and health disciplines' regulation is generally left to the regulators. Jurisdictional governments have taken a monitoring stance on the impact of this policy change. Most governments view this as an internal to nursing issue.

In the opinion of the authors, nursing regulators seem to be increasingly working unilaterally, in isolation and not collaborating nor seeking the input of other key nursing stakeholders, such as academics, employers and health policy experts, in important practice, licensing and professional decisions. They also appear to be taking a more intrusive approach to education and to curricula, program approval and accreditation. This is disenfranchising Canadian nursing stakeholders and devalues the critical role their input could play in ensuring the integrity and value of policy decisions.

Tensions between regulatory and advocacy functions within and among the jurisdictional members of the CNA Board, as well as between the CCRNR and the CNA (whose Boards had overlapping membership), were also factors that influenced the process. The CNA role in providing the Canadian examination (through a subsidiary) and its intent to respond to the CCRNR proposal call left it out of the discussions. Why the CASN was not consulted is, however, unclear.

5 HOW THE REFORM WAS ACHIEVED

The regulators acted individually and collectively to issue a RFP in 2011 for the services required, either through the CCRNR (for new graduates) or the NNAS (for IENs). Many of the principals in these two organizations overlapped. The CCRNR has no accountability other than to itself and the NNAS is accountable to the regulators (and to the federal government for funding). Many of the regulators were already associate members of the NCSBN and brought this perspective to the decision-making. Conflict of interest cannot be discounted. Implementation was carried out without consultation with key stakeholders, such as academic nursing leaders and leaders of national and jurisdictional nursing/health care bodies. The exam policy decision was released in 2012 for implementation in January 2015 as a *fait accompli*.

Communication was provided by the regulators on their websites. No external alerts about the content or importance were issued prior to 2012. Thus, many nurse leaders were unaware until the contracts had been signed and implementation was in process.

Many questions about the NCSBN contract and the NCLEX-RN went unanswered because of claims that information was proprietary and could not be shared. This included the terms and length of the contracts. Through a freedom of information (FOI) request, it was learned that the initial contract length is five years and regulators are required to

issue a notice of non-renewal to void the agreement, or it is considered to be indefinite and subject to penalty on termination. Rumours of a goal to outsource licensed practical nurse (LPN) examinations and educational program evaluation and approval to American entities persist along with evidence of plans to harmonize Canadian and US education regulatory standards (NCSBN 2015). In the spring of 2017, the Ontario regulator issued a RFP for a body to provide program review for nursing programs and results of this competition have not yet been released. Effective communication, which is often fundamental to successful initiatives, was absent.

6 EVALUATION

Initial 2015 NCLEX-RN national examination results showed about a 20% reduction in the first-time new graduate pass rates versus the CRNE (and almost 60% reduction for francophone writers), while nothing changed in nursing curricula or practice standards. Results suggest that the contractual requirements to appropriately Canadianize the exam were not realized. Canadian nursing graduates claimed to have been unfairly assessed in letters from the Canadian Nursing Student Association to regulatory bodies. The CNSA described gaps in the NCLEX-RN testing for Canadian curricula, for example, evidence-informed practice, interprofessional collaboration, cultural safety and indigenous health (CNSA 2017).

Implementation of this major decision contained no formal evaluation plan. There have been fragmented and independent Canadian studies. Recently Salfi and Carbol (2017) published an analysis of the entry to practice competencies comparisons and justification for adoption of the NCLEX-RN. They are critical of the methods (design flaws and post-decision timing) and possible conflicts of interest in the contract awarding processes. One study found no relationship between student success in their program (based on GPA) and success on the NCLEX-RN (Cobbett, Nemeth and MacDonald 2016). Respecting that one of the goals of the selection of the new vendor was cost savings for the students, another study identified significant cost transfer from the regulatory bodies (who used to administer the CRNE) to schools, students and graduates (McGillis-Hall, Lalonde and Kashin 2016). Rural areas are experiencing reduced access to testing sites and more frequent re-writes are adding to costs, including travel and accommodation—sometimes to US testing sites. Heavily marketed examination preparation materials are adding to student costs. The estimated costs per student in 2015 may be up to $1,200 USD, compared to the approximately $400 CDN for the CRNE. More than $4M CDN went to the US in first-time writing examination fees alone (McGillis-Hall, Lalonde and Kashin 2016).

Further, the absence of francophone preparatory materials and poor quality of the French language translation resulted in lower success rates for first-time francophone writers (McGillis Hall, Lalonde and Kashin 2016). In New Brunswick (officially bilingual with unilingual francophones) the initial 2015 pass rate was 27% from a previous 90% on the

CRNE. Graduates described the French translations as confusing and "like Google translate" (personal communication P. Godbout, 2016). Despite efforts to better prepare francophone writers, first-time success rates for NB remain at about 50%. Many Canadian francophone graduates are opting to write the NCLEX-RN in English to improve pass rates. There are concerns that francophone students may choose to also study in English. This fails to address Canada's legislated priority to offer health care in both official languages as there is a risk of decreased graduation and registration of French-speaking nurses outside Québec.

A New Brunswick study to assess the quality of the French translations (carried out by a US-based firm) determined that these were adequate but that about 20% of the questions might be ambiguous—an important distinction for a high stakes examination (Government of New Brunswick 2016). There have been no comprehensive studies of the financial and educational impact, nor of the impact of the higher proportion of failures on employers and on nursing human resources, especially among francophones. To date, the only concrete response from the regulators to problems has been to grant unlimited tries to pass the NCLEX-RN while maintaining temporary licenses. This does not align with the regulators' assertion that the NCLEX-RN is accurately identifying new graduates who are not safe to practice.

In 2011, CRNE pass rates for IENs were 48.4% compared to 86.8% for Canadian graduates (Owusu and Sweetman 2015), demonstrating the generally lower success rates for internationally educated health professionals. To date, the NNAS has not released data on the success rates for IENs writing the NCLEX-RN for Canadian registration. Their annual reports for 2016 and 2017 provide only financial reports, client numbers, average time to attain registration and client satisfaction (NNAS 2016; 2017).

In the opinion of the authors, the NCLEX-RN discounts cultural and linguistic context and reduces nursing practice to job related skills required for acute care settings. Failure to achieve benchmark success on the NCLEX-RN is being externalized by the regulators, who have stated that the decline in pass rates is due to factors within the academic curricula, universities and colleges, and unrelated to the exam fit with the Canadian context. Regulators also do not appear to be exercising responsibility to ensure contractual requirements are met by the vendor (NCSBN).

7 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

The authors identify strengths, weaknesses, opportunities and threats arising from the policy decisions made by the CCRNR in Table 1.

Table 1: SWOT Analysis

Strengths	Weaknesses
• Moving toward one North American standard of nursing competencies, education and entry to practice would address current international differences, provided Canadian standard is not lowered.	• Dependence on non-Canadian bodies to set standards for licensing and risk of harmonizing downward • No evaluation plan • Lack of consultation, transparency and effective change management processes • Possible bias may underlie determination of NCLEX-RN's appropriateness for Canadian context. • NCLEX-RN reflects US values, culture and US health care system. Frenk *et al.* (2010) argue for locally tailored education.
Opportunities	**Threats**
• Greater examination security through computerized examination format. • Increased labour mobility between US and Canada for nurses.	• Emerging worldwide shortage of nurses; the US estimates a shortfall in nursing human resources in the next decade of approximately 1M (Aiken 2007; Aiken and Cheung 2008; Juraschek *et al.* 2012). • Adoption of a US-based licensing exam could facilitate aggressive recruitment of Canadian nurses by removing a barrier to practice in the US. • Risk to national strategies and investments implemented to address projected Canadian nursing shortage (e.g., funding for increased enrolments and nursing education reform) • Risk that Canadian reservations under trade-in-services provisions in Annex II (public training) in Trans Pacific Partnership (TPP) could be challenged in trade dispute (Sinclair 2016) and weaken Canadian control over a major health profession.

Opportunities (Cont'd)	Threats (Cont'd)
	• Impact of changes to NAFTA on Canadian intellectual property is unknown. Canadians have contributed to NCSBN by taking part in development of exam questions and clinical practice analysis which are now property of private US business. • Personal data on Canadian nursing NCLEX-RN writers held in the US can be accessed under the American Patriot Act in national emergency. • Risk to French language programs and access to francophone health care outside Québec. • Risk of losing control over program review and approval to US entity • Risk that Canadian educators will alter curricula to improve NCLEX-RN pass rates • Charter Challenge under the *Official Languages Act*

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