Issue 05: Backgrounder on Immigration Policy Changes and Entry to Practice Routes for Internationally Educated Nurses (IENs) Entering Canada

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Backgrounder on Immigration Policy Changes and Entry to Practice Routes for Internationally Educated Nurses (IENs) Entering Canada

Margaret Walton-Roberts, Keegan Williams, Jennifer Guo, and Jenna Hennebry

Introduction: Every year, about 17,500 internationally-educated nurses (IENs) immigrate to Canada from countries like the Philippines, India, and China. While many IENs would like to practice in Canada, new immigration policies and professional regulations at the federal and provincial level limits their ability to do so. In response, migrants are increasingly using two-step immigration routes to enter the profession (e.g., international student -> permanent economic immigrant) or pursuing alternative careers in health (e.g., Personal Support Worker). These outcomes have significant policy implications for labour force planning in nursing, ethical recruitment for international healthcare workers, the process of migrant workforce integration, and reproduction of migration as a form of gendered development for sending states. The purpose of this policy points is to summarize our findings from a Social Sciences and Humanities Research Council (SSHRC) knowledge synthesis report on how migrant transition programs intersect with labour force planning in the Canadian nursing sector. We consider the relevance of these issues for employers, regulators, the Canadian health system, and migrants themselves.

Policy Context and Problem
- According to the World Health Organization, health labour force shortages are the most serious obstacle to the right to health today, with an estimated global shortfall of 2.8 million nurses and midwives by 2015. According to the World Health Organization, health labour force shortages are the most serious obstacle to the right to health today, with an estimated global shortfall of 2.8 million nurses and midwives by 2015.
- Canada ranks 16th (out of 34) in the OECD for nurse-to-population ratio, which has fallen since the early 1990s. The Canadian Nursing Association reports that, without policy intervention, Canada’s shortfall will reach 60,000 full-time Registered Nurses (RNs) by 2022; this finding is supported by Human Resources and Skills Development Canada’s nursing labour projections.
- Because of this shortage and the difficulty of labour market planning, understanding how migration intersects with nursing is critical for Canada in order to plan for future skills demand.
• Timely and appropriate policies that include IENs—who already make up 8.3% of the nursing labour force—offer a buffer for workforce planning and renewal under conditions of an ageing population and rapid technological change in the health system.

• To achieve the federal government’s goals in health human resources, the successful integration of IENs should receive higher priority.

Canada in Perspective: Global Nurse Migration

• While the international migration of nurses is not new, the number of nurses living and working abroad has geometrically grown over the past two decades, increasingly leading to a ‘mobile profession’ reflected in a ‘global (nursing) care chain’.

• For IENs in the chain, emigration to Canada represents an opportunity to earn higher income, a better standard of living, and prospects for career advancement; for Canada integrating IENs is regarded as one solution to the domestic nursing shortage.

• Owing to the demand for IENs in the Global North, several countries in the South, especially the Philippines, India, and China, overproduce nurses for overseas employment and are the chief sources of IENs entering Canada (figure 1).

Figure 1: Top Ten Countries of Last Residence for IENs Entering Canada, 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>2011 Total (Estimate)</th>
<th>2002-2011 Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Philippines</td>
<td>8439</td>
<td>52.6%</td>
</tr>
<tr>
<td>2</td>
<td>Hong Kong</td>
<td>1025</td>
<td>3200%</td>
</tr>
<tr>
<td>3</td>
<td>India</td>
<td>832</td>
<td>320%</td>
</tr>
<tr>
<td>4</td>
<td>United Kingdom</td>
<td>514</td>
<td>54.8%</td>
</tr>
<tr>
<td>5</td>
<td>China</td>
<td>408</td>
<td>167%</td>
</tr>
<tr>
<td>6</td>
<td>Taiwan</td>
<td>351</td>
<td>356%</td>
</tr>
<tr>
<td>7</td>
<td>France</td>
<td>331</td>
<td>27.8%</td>
</tr>
<tr>
<td>8</td>
<td>Saudi Arabia</td>
<td>160</td>
<td>83.9%</td>
</tr>
<tr>
<td>9</td>
<td>Singapore</td>
<td>152</td>
<td>2000%</td>
</tr>
<tr>
<td>10</td>
<td>United Arab Emirates</td>
<td>143</td>
<td>169%</td>
</tr>
<tr>
<td>-</td>
<td>Rest of the World</td>
<td>2650</td>
<td>33.8%</td>
</tr>
<tr>
<td>-</td>
<td>Total</td>
<td>15005</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

Source: Citizenship and Immigration Canada (2013). Note: Does not include student transitions.

• The federal government and the Canadian Nursing Association manage nurse migration through various policy instruments, such as signing on to ethical recruitment codes and international treaties, enhancing migrant transition programs, and recognize nurse migration as a right.

• Major impediments to integration remain, however, due to inconsistencies between federal immigration and the provincial licensing processes which allow nurses to practice.
Routes to Practice for IENs Entering Canada

- In addition to completing the immigration process, IENs in Canada must register with the nursing regulatory body in the province where they intend to practice; they are only eligible for licensure when they meet all requirements of that body, and have an appropriate immigration visa.
- The barriers IENs face in achieving licensure are high in Canada.\textsuperscript{xx} For example, of 5,517 applications sent to the College of Nurses of Ontario by IENs in 2012, only 32\% resulted in licensure by the end of the year (compared to 74\% for Ontario, 100\% for inter-provincial, and 62\% for US applications).\textsuperscript{xx}
- Major impediments to success include significant time and costs associated with testing and providing proof of credentials, differences in educational and licensing standards in the country of origin, restrictions based on current visa status, structure of testing, and official language and communication competency testing. Failure at any step of the application often requires further steps, such as equivalency exams or additional training, which demand more time and resources.
- On a positive note, the inter-provincial mobility of IENs who do pass credential tests is changing: in 2009, the provinces and territories signed Canada’s Agreement on Internal Trade (AIT) which allows workers certified in one jurisdiction to apply for certification in another without additional education, training, examinations, or assessments. The AIT is supported by regional agreements facilitating credential recognition, but also maintains special exemptions for some nursing professions. These developments have enhanced mobility for all nurses once they gain relevant credentials.

Recent Immigration Changes for IENs Entering Canada

- The immigration process for IENs is often complicated, multi-staged, and does not end upon arrival in Canada. Because of the complexity in navigating the system, the lack of information, different nursing designations and barriers to exam success, IENs frequently enter the country with unrealistic expectations of their chances, and revise their plans accordingly. This may include entering lesser skilled care occupations such as Personal Support Worker (PSW).
- IENs make use of many immigration pathways, including since 2000, the Federal Skilled Worker (FSWP), Live-In Caregiver (LCP), International Student (ISP), Family Class, and Refugee Programs.
- Historically, most IENs entered Canada through the permanent residency FSWP,\textsuperscript{xxi} but nursing is currently not on the CIC’s eligible occupation list for May 2013-April 2014. When available, the FSWP makes use of the federal Points System for assessing immigrants, but this does not assess an IEN’s ability to practice.
- Due to the current closure of the FSWP stream, IENs entering Canada and intending to stay permanently have limited options, but they can adopt a ‘two-step’ approach, where they enter under one visa status and transfer at a later date to another. The first, and most commonly-used is the LCP. The LCP is a temporary migrant worker policy whereby Canadians employ a live-in care giver to provide care for the elderly, disabled or children. After completing 24 months of full-time employment within
48 months, LCPs are permitted to apply for permanent residency.\textsuperscript{xxii} For IENS who use this route, the time requirement prevents many of them from entering to nursing practice in Canada, since regulatory bodies require evidence of safe nursing practice within a specified time period prior to registration (currently this is within three years in Ontario, the province with the greatest intake of IENS).\textsuperscript{xxiii}

- The second alternative is using the International Student Program (ISP), or Temporary Foreign Worker Program, and then seeking to convert to an extended (or even permanent) stay via the Canadian Experience Class, post-graduate work permit, or Provincial Nominee Program.
- Based on the success of immigrants who study in Canada before working,\textsuperscript{xxiv} the Federal Government has promoted the ISP as a means by which to transition to permanent residency, but entry to practice may still be a barrier for these applicants as well.
- Overall, while two-step migration pathways provide IENs with more opportunity, they demand that relevant stakeholders be involved in streamlining the immigration and credential recognition process.\textsuperscript{xxv}

### Conclusions

- The immigration and licensure process for IENs in Canada are important in supporting the health labour force, but critical challenges remain to effective IEN integration.
- To prevent the loss of valuable skills for the health system and to support migrants, the Federal Government must work with provincial and territorial educators and regulatory agencies to streamline immigration, training and credential recognition processes.
- At the same time, regulatory agencies need to continue to acknowledge the international nature of nursing by forging greater cooperation and mutual recognition of credentials in order to enhance mobility, while still protecting necessary standards of care and professionalism.
- As more elements of immigration and licensure move to assessment pre-arrival, IEN sending countries will need to balance their domestic needs against those of the international market and be vigilant of exploitative recruitment activities.
- Further research is needed to assess the magnitude and social and economic effect of counselling alternative career paths for IENs, such as switching into PSW and other care based occupations.
- While governments, educators, regulators and other stakeholders share a common interest in providing a sustainable solution to the nursing shortage in Canada, it will be important to recognize their varying mandates and goals with respect to IENs going forward.

To read the full report, and see more of the research IMRC affiliates have completed in this area, please go to the [IMRC skilled migration website](http://imrc.ca/skilled-migration/)

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Endnotes


Walton-Roberts and Hennebry, 2012, p. 5.
