

**PARTNERING ON ACCESS SOLUTIONS TO REGULATED  
HEALTH PROFESSIONS: REGULATORS, COMMUNITY,  
AND INTERNATIONALLY EDUCATED PROFESSIONALS**

*Specific focus on Examination and Supervised Practice*

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## **A Executive Summary**

### **A.1 Overview of Research Project**

This report describes research undertaken by a partnership of four Ontario regulated Health professions (the Colleges of Massage Therapists, Physiotherapists, Occupational Therapists and Medical Laboratory Technologists) and three community services agencies (Skills for Change, Accessible Community Counselling and Employment Services (A.C.C.E.S), and the South Asian Women's Centre). These seven organizations formed a Project Partnership Committee to direct research to identify barriers experienced by internationally educated professionals in two specific components within the registration process of the four health professions: examination and supervised practice. The goal of the project was both to identify unintentional barriers and to provide solutions for removing such barriers in these two components.

The project provides a unique addition to existing work in the area of access to professions for internationally educated individuals. With this collaboration, the complementary expertise of the four regulatory Colleges and three community services agencies was brought together and enhanced the exploration of the issues facing internationally educated professionals. Community services agencies have long been in the forefront of improving access to employment opportunities to newcomers to Canada. However, collaboration with these specific regulated health professions has been minimal until this project commenced.

Historically other funders have been involved in this area of internationally educated professionals, in this instance, Status of Women Canada provided the majority of the funding. Given the significant need for resources directed to access to professions and the female-dominated population of these four regulated health professions, it is encouraging to see Status of Women's continued interest in this area. While initially research was to focus on the experience of female internationally educated professions, it was decided that examining the experiences of both women and men would give a more balanced picture without losing the original intent of the research project.

The barriers identified are, in the main, consistent with the learning already accumulated in the field of access for internationally educated professionals. Proposed strategies to address these barriers include:

- communication and information tools for internationally educated candidates;
- a range of initiatives geared to ensuring candidates are well prepared for the improved examination and supervised practice component; and
- improved communication and collaborative efforts among the stakeholders, within Colleges, among Colleges, and with national examination bodies, employers, educational institutions, community services agencies, and professional associations.

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In order to understand the experiences of internationally educated professionals, the project partners commissioned research which consisted of a literature and website review; interviews with key informants including the Registrars of the four Colleges, the distribution of a self-administered questionnaire to internationally educated professionals as well as two focus groups, and individual interviews with internationally educated professionals who were in the midst of the registration process.

The study methodology and findings were tested by an external Reference Group composed of stakeholders who included individuals associated with the professions' examination bodies, employers who provide supervised practice opportunities, community services agencies, educators associated with the professions, and representatives of other regulated health Colleges with current initiatives to support access for internationally educated professionals.

A Multi-Stakeholder forum was held to present the findings and recommendations to the Colleges and a broader community of interested stakeholders. This forum provided an opportunity for a wide range of stakeholders to participate in the exploration of next steps to advance the report's proposed strategies.

The research findings can help the participating regulatory health organizations and other stakeholders to develop and implement policies and practices within their organizations. In addition, the valuable partnerships forged during this project among selected regulated health professions and community organizations – all of whom bring important and unique strengths – will help in the implementation of the proposed solutions to remove barriers to the four regulated health professions for internationally educated professionals. This collaboration can also contribute to and enhance the work of other health regulators, community services agencies, employers, educators, and government already engaged in the effort to identify and remove unintentional barriers for internationally educated professionals.

### **A.2 Key Findings**

1. The barrier most often cited by internationally educated professionals is the lack of understanding of or exposure to Canadian healthcare practice and norms.
2. All three groups (Registrars, key informants, and internationally educated candidates) agreed that the initial phase of the registration process in which credentials are assessed can be confusing; delays are not uncommon and they can have significant impact on internationally educated professionals.
3. While key informants identified language proficiency as a significant barrier, internationally educated candidates did not identify it as an issue. Language proficiency may be too narrow a description of this barrier which could more accurately be defined as communication skills.

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4. Internationally educated candidates reported that they relied heavily on existing examination preparation resources as well as bridging programs and study groups to prepare for the examination. There was agreement among all three groups that examination preparation materials need to be enhanced.
5. Internationally educated professionals expressed concerns that examinations need to be free of content which relies on having been educated in Canada or uses Canadian colloquialisms.
6. There is a lack of early intervention mechanisms for candidates who are not successful in the examination component.
7. The supervised practice component provides valuable exposure to Canadian practice. However, if it is a mandatory prerequisite to the examination and employment opportunities are not available, it presents a huge barrier in the registration process for internationally educated professionals.
8. The supervised practice component is most useful when it is targeted to address the specific needs of internationally educated professionals.
9. All candidates must balance work, study, and family responsibilities and incur costs during the registration process. However, internationally educated professionals have additional issues such as the transition to a new country, learning to communicate in a new language, and a lack of familiarity with Canadian culture and practice norms which create additional and significant barriers for them.

### **A.3 Overarching Themes/Opportunities**

These findings lead to the following four themes.

#### Improved Communication/Collaboration Among Stakeholders

Improve the quality and consistency of communication across the registration continuum among stakeholders - i.e., government, community services agencies, Colleges, national examination bodies, professional associations to ensure a transparent information process to guide internationally educated professionals.

#### Development of Additional Tangible Resources

Develop enhanced preparation materials/tools/resources for examination and supervised practice to ensure equity between Canadian and internationally educated applicants/candidates.

### Clear System Accountability

Identify the appropriate mechanism/organization with responsibility for and sufficient resources to facilitate the successful completion by internationally educated professionals of the registration process for each profession.

### Incorporation of Equity As Guiding Premise

Ensure that at all points along the registration process, internationally educated professionals are not disadvantaged because they lack Canadian education in their profession.

## **A.4 Strategies**

The proposed strategies are founded on the premise that they all require multi-stakeholder involvement in order to ensure effective action and progress. Stakeholders include government, regulatory Colleges, national examination bodies, community services agencies, professional associations, employers, and educational institutions.

1. Ensure accurate and timely information about the registration process for each regulated health profession is available at all entry points to the process.
2. Enhance examination preparation materials and tools.
3. Include regular third party reviews in examination development process to identify cultural or language bias.
4. Develop early intervention and corrective models to assist candidates who are not initially successful in either the written or the clinical examinations.
5. Ensure supervised practice settings provide targeted and strategic clinical experience.
6. Review all fees borne by candidates in the registration process to ensure that they are fair and necessary.

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7. Improve financial support or assistance available for internationally educated professionals.
8. Undertake further research on the perception and impact of language and communication to assist in the success of internationally educated professionals.
9. Enhance existing resources to ensure a coordinated career support mechanism to assist internationally educated professionals to successfully complete the registration process.

## **B Introduction**

### **B.1 Overview**

This report describes research on barriers faced by internationally educated professionals in the registration process for four Ontario Colleges: the College of Massage Therapists of Ontario, the College of Physiotherapists of Ontario, the College of Occupational Therapists of Ontario, and the College of Medical Laboratory Technologists of Ontario. Two areas of the registration process were looked at specifically: the examination and supervised practice components.

The research consists of a literature and website review; interviews with the Registrars of the four Colleges and other key informants, a self-administered questionnaire to internationally educated professionals, two focus groups, and several individual interviews with internationally educated registrants who themselves were in the midst of these processes.

The study methodology was tested by the community through its presentation to an external Reference Group (see Section B.5). It is important to note that the study was intended to capture the views of key informants and a number of participants in the registration process of the four Colleges rather than adhere to rigorous empirical standards. The reasonable questionnaire return rate of 21% and findings that are consistent with existing research knowledge on how to improve access to professions for internationally educated professionals demonstrate the usefulness of the research to inform strategies for moving ahead to remove barriers to internationally educated professionals.

### **B.2 Purpose of the Project**

The purpose of the project was to determine if there were unintentional barriers for internationally educated professionals; to describe the nature of these barriers; and to identify possible solutions for removing the barriers to assist more internationally educated women and men to succeed in two components of the registration process – the written and/or clinical examination and supervised practice.

The research results and findings will serve to:

- accelerate the Colleges' sharing of common issues and patterns affecting internationally educated applicants on examination and/or in supervised practice settings;
- increase the regulatory community's understanding of the experiences of internationally educated applicants in examinations and/or supervised practice settings;
- increase the awareness across regulators of commonalities in the area of entry to practice and to foster the concept of collective solutions;

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- identify factors that may impact on the successful completion of an examination and/or supervised practice setting by internationally educated applicants;
- identify tools to assist internationally educated applicants to manage and successfully overcome unintentional barriers;
- collectively identify strategies related to policy and/or processes that will decrease unintentional barriers for internationally educated applicants in examination or in supervised practice settings;
- provide learning from this project in a report that will be shared with other regulators and community services agencies.

The Project Partnership Committee hopes that the research and its findings will lead to the development and implementation of specific strategies within the participating regulatory health organizations. Such policies and practices can assist in eliminating identified unintentional barriers for qualified internationally educated applicants. Further collaboration among various health regulators, community services agencies, employers, educational institutions and government can also help to address the issue of unintentional barriers for internationally educated professionals. The collaboration will also promote ongoing development of policies and practices within the regulated health professions that are continually responsive to emerging issues related to internationally educated professionals' entry to and practice within the mandate of the *Regulated Health Professions Act (RHPA)*.

### **B.3 Project Structure**

The Executive Director of Skills for Change and the Registrar of the College of Physiotherapists of Ontario agreed to co-lead the project and the Project Partners Committee on behalf of the Community Services Sector and the Regulatory Health Professions. Other regulatory health profession members of the Committee include the Registrar of the College of Massage Therapists of Ontario, the Deputy Registrar of the College of Medical Laboratory Technologists of Ontario, and the Deputy Registrar of the College of Occupational Therapists of Ontario. Members of the Community services sector include the Executive Directors of the South Asian Women's Centre and Accessible Community Counselling and Employment Services (A.C.C.E.S.). Status of Women Canada funded the project with financial and in-kind assistance from the Colleges and in-kind contributions from the community services agencies. (Refer to Appendix 4 for a list of committee members)

### **B.4 Role of Project Partners Committee**

The overall goal of the Project Partners Committee was to direct and advise the Consultant/Researcher on the project initiatives, research methods, analyses, recommendations, and strategies and to foster the development of partnerships among selected regulated health professions and community services organizations working

towards greater access to regulated professions for internationally educated women and men.

## **B.5 Role and Activities of Reference Group and Multi-Stakeholder Forum**

The Project Partners Committee was assisted by a Reference Group which met twice during the course of the project. In addition, the research findings were presented to a Multi-Stakeholder Forum on March 25, 2004.

The Reference Group met to discuss the project's research methodology and to review and offer suggestions to the draft report. Reference Group members included individuals associated with the professions' examination bodies, employers who provided supervised practice opportunities, community services agencies, and educators associated with the professions, as well as representatives of other regulatory Colleges with active initiatives to support access for internationally educated professionals.

The Multi-Stakeholder Forum was held to present the findings and proposed strategies to the Colleges and a broader community of interested stakeholders. In addition, the forum provided an opportunity for a wide range of stakeholders to participate in the exploration of next steps to advance the report's proposed strategies. Individuals were invited from key organizations in all three levels of government (both political and bureaucratic representatives), community sector leaders, Registrars from other regulated health professions, representatives from the Ontario Regulators for Access Project, and the Maytree Foundation. The forum also included members of both the Project Partners Committee and the Reference Group.

## **C Methodology**

### **C.1 Background**

The project began in September 2002. Unexpected delays resulted in the majority of the research taking place between September 2003 and March 2004. The research consisted of a literature and web search, one-on-one interviews with 15 key informants, a survey of Registrars of the four participating Colleges; self-administered questionnaires (454 sent out, 115 returned) to individuals at various stages of the professions' registration processes. Registrars, informants, and internationally educated professionals were asked to give their perspectives on the examination and supervised practice components of the registration process. The research included an analysis based on a comparison of these three groups, observations, a set of findings, and proposed strategies for next steps in removing barriers and thus improving access for internationally educated professionals.

## **C.2 Literature Review**

The project researcher reviewed approximately 22 documents and 10 websites. These are listed in Appendix 1. These materials provided both general and specific information on unintentional barriers in the examination and supervised practice components of the certification process of the four Colleges.

The websites of the Maytree Foundation, the Access for Professions and Trades Unit of the Ministry of Training, Colleges and Universities as well as that of the Ontario Regulators for Access were of invaluable assistance in the research. In respect of the latter, a valuable resource, “the Regulators Guide for Promoting Access to Professions by International Candidates”, is expected to be published in June.

## **C.3 Statistical Data**

In order to compare the experience of internationally educated and Canadian educated women and men, some statistical data were requested from the four College Registrars and the four examination bodies. It should be noted that this research project was constructed by the Project Partners to look mainly at qualitative data. It was not designed as a controlled research study or as quantitative research. In addition, the four Colleges do not collect data in a uniform manner. The national examination bodies do not have a common database and often do not collect data on a province-by-province basis or on the basis of gender. This limited the ability to compare and contrast the experience of women and men across the four Colleges’ entry to practice processes. As will be the case throughout the report, observations and findings arise primarily from the qualitative data gathered from key informants and internationally educated professionals.

## **C.4 Key Informant Interviews**

With two exceptions, the 15 informants were interviewed in person. Informants were individuals associated with examination bodies, employers who were involved in supervised practice settings, and educators. All informants answered a standard set of questions (with some adaptation according to their role in the registration process) and provided valuable information on barriers to internationally educated professionals in the examination or supervised practice components of the process. Informants also provided their perspective on mechanisms that would help the progress of internationally educated professionals seeking registration.

### C. 5 Self-Administered Questionnaires and Focus Group

College	Questionnaire sent out by College	Questionnaire returned	Questionnaire respondents agreeing to participate in further research	Rate of return of useable questionnaires	Respondents contacted about attending focus groups	Questionnaire respondents attending focus group/ personal interview
1	1	1	0	N/A	0	0
2	221	45	34	15%	12	4
3	96	29	26	27%	5	2
4	136	40	35	26%	11	6
Total	454	115	95	21%	28	12

The Colleges sent out 454 questionnaires and 115 questionnaires were returned. 20 of those returned could not be included in the study due to incomplete information or lack of permission from the respondent. 95 questionnaires were included in the study with a 21 % rate of return which is a reasonable sample. At the same time it should be noted that candidates from only three Colleges provided information for this part of the research. In one of these Colleges, there was significantly less information provided in the questionnaires than provided by the other two Colleges’ participants. The qualitative data provides a good sense of the barriers experienced by both female and male internationally educated professionals and in most cases is consistent with existing research.

### D Highlights of the Literature Review

This section provides a brief overview of those resources which were the most helpful in the research for the Partnering on Access Solutions to Regulated Health Professions Research Project. A full list of materials reviewed is included in Appendix 1.

While there is a plethora of research on barriers affecting internationally educated professionals from both a national and a provincial perspective, there is less on barriers specific to internationally educated female professionals. There is even less research available, however, on the specific professions of Massage Therapy, Occupational Therapy, Physiotherapy and Medical Laboratory Technology. In addition, there is very little written on the specific components in this project, i.e., examination and supervised

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practice components of the registration process in the four regulated health professions among either women or men.

A key document for this research was the *Research Report and Compendium of Promising Practices*<sup>1</sup> completed in 2003 by the Ontario Regulators for Access project. It provided a general overview of barriers facing regulated professions in Ontario including the four professions included in this study. The report also included a questionnaire of regulators, a literature and website review, and a compendium of promising practices – 6 of which are currently in progress at the Ontario Colleges of Massage Therapists, Occupational Therapists, Physiotherapists, and Medical Laboratory Technologists.

The key studies that provide an important foundation for understanding the broad tapestry of this topic range chronologically from the *1989 Access! Task Force on Access to Professions and Trades in Ontario*<sup>2</sup> to *Integrating Immigrant Skills into the Ontario Economy – A Ten Point Plan*<sup>3</sup> completed by Naomi Alboim for the Maytree Foundation in late 2003.

The barriers for internationally educated professionals listed in the report of the Access! Task Force included problems getting academic qualifications and experience recognized; lack of clear information about professional standards and registration requirements; inadequate language tests that may not test the skills required for professional practice; and the lack of sufficient upgrading and bridging opportunities. The Access! report observed that barriers occur when registration exams do not give a full or fair reflection of an individual's actual knowledge and skills and where there are no internal appeal mechanisms.

The *Ten Point Plan*<sup>4</sup> was especially useful as the report is predicated on a vision of “a barrier-less world for a foreign-educated woman seeking registration in a regulated profession in Ontario”

The *Draft Access Principles for Regulated Professions and Trades*<sup>5</sup>, which followed the Access! Report, suggested principles to remove barriers in areas such as registration, assessment of qualifications, licensing, registration examinations, language testing, upgrading, and the right to appeal. The 2002 report, *The Facts Are In!*<sup>6</sup> describes the

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<sup>1</sup> *Access to Ontario's Regulated Professions by International Candidates: A Research Report and Compendium of Promising Practices* by the Ontario Regulators for Access, 2003, Toronto, Steering Committee of Ontario Regulators for Access.

<sup>2</sup> Cumming, Lee & Oreopolous, *Access! Task Force on Access to Professions and Trades in Ontario*, 1989, Toronto, Queen's Printer for Ontario.

<sup>3</sup> Alboim, Naomi, *Integrating Immigrant Skills into the Ontario Economy – A Ten Point Plan*, for the Maytree Foundation and Ideas that Matter, Toronto, 2003.

<sup>4</sup> Ibid.

<sup>5</sup> Ministry of Training, Colleges and Universities, APT Unit, *Draft Access Principles for Regulated Professions and Trades*, 1997.

<sup>6</sup> Ministry of Training, Colleges and Universities, APT Unit, *The Facts Are In! A Study of the Characteristics and Experiences of Immigrants Seeking Employment in Regulated Professions in Ontario*, Queen's Printer for Ontario, 2002.

experiences of immigrants seeking employment in regulated professions in Ontario. These individuals identified the key necessity for occupation specific language to help to understand the Ontario labour market and to achieve success in the registration process.

Sabra Desai's work<sup>7</sup> focuses on the experience of internationally educated women and compares and contrasts the barriers identified in the Access Report with the situation in 1998. The study found that the major barriers identified in the 1989 Access Report included: the assessment of and appeal of decisions about professional qualifications and experience; licensing requirements and testing procedures; lack of technical language training and skills retraining opportunities, continued to exist. In addition, Desai notes that barriers particular to women and not specifically mentioned in the Access Report include financial hardship with respect to getting licensed, retraining, the provision of childcare, and eligibility for loans. Other barriers were getting a fair and equitable assessment, the accreditation and licensing process, and proficiency in English.

Seminal work done in 2001 by Naomi Alboim with the Maytree Foundation, *Fulfilling the Promise: Integrating Immigrant Skills Into the Canadian Economy*,<sup>8</sup> provides an excellent backdrop of the issues and proposes a vision for the future which is both inspiring and informative.

*The Skills for Change Handbook*<sup>9</sup> provides a summary of the various roles of the key players in the registration process in Ontario for internationally educated professionals. It focuses on the whole system of professional certification and offers a different perspective in that it describes the barriers but also lays out a path for internationally educated professionals to take in making changes to the existing system.

Margaret Azuh's study *Foreign-Trained Professionals: Facilitating their Contribution to the Canadian Economy*<sup>10</sup> found that key barriers included the lack of Canadian experience, cost of retraining, lack of licensure, non-recognition of certificates, and language proficiency.

In one case there was specific information on the exact questions being studied in this research project. Conducted by the Canadian Alliance of Physiotherapists Regulators, this unpublished study "Demographic parameters effecting success on the OSCE of the physiotherapist licensing examination"<sup>11</sup> describes results of the experience of internationally educated candidates in the clinical examination.

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<sup>7</sup> Desai, Sabra, *Promoting Equitable Participation of Professional Foreign-Trained Women*, Skills for Change, May, 1999.

<sup>8</sup> Alboim, Naomi and the Maytree Foundation, *Fulfilling the Promise: Integrating Immigrant Skills Into the Canadian Economy*, Ottawa, Caledon Institute of Social Policy, 2001.

<sup>9</sup> Skills for Change and Centre for Research and Education in Human Services, *Making a Change Together: A Resource Handbook for Promoting Access to Professions and Trades for Foreign-Trained People in Ontario*, Queen's Printer for Ontario, 2001.

<sup>10</sup> Azuh, Margaret, *Foreign-Trained Professionals: Facilitating Their Contribution to the Canadian Economy*, Windsor Women Working with Immigrant Women, May 1998.

<sup>11</sup> Glover Takahashi, S.M. Rothman, A. I., "Demographic parameters effecting success on the OSCE of the physiotherapist licensing examination (unpublished publication)".

## E Perspectives from College Registrars

### E.1 Quantitative Data

Registrars provided quantitative data that gives a snapshot of the current membership of internationally educated professionals in the Colleges. There was some difficulty in comparing Colleges because data are not collected in a uniform manner. In addition, not all Colleges collect data on a gender basis. While longitudinal data may be perceived to be most useful in the examination of barriers for internationally educated professionals, in reality neither the Colleges nor the examination bodies control the supply side of the labour market in these four regulated health professions. It is more useful to concentrate on the qualitative data provided which demonstrates the steps being taken to ensure that internationally educated professionals do not face barriers which restrict their access and thus affect their number within College membership.

#### 1. Total College Membership (Female, Male) for 2002

College	#F	#M	F%	M%
1	4744	1362	<b>77.7</b>	22.3
2	5688	1230	<b>82.0</b>	18.0
3	4855	1066	<b>82.0</b>	18.0
4	3415	219	<b>94.0</b>	6.0

#### 2. Population of Female and Male Internationally Educated Professionals as Percentage of Total College Population for 2002

College	F%	M %	<b>Total%</b>
1	0.24	0.46	<b>0.7</b>
2	8.8	4.6	<b>13.4</b>
3	5.7	3.6	<b>9.3</b>
4	10.1	1.4	<b>11.5</b>

### 3. Number/Percentage of Internationally Educated Individuals Applying for Registration with College for 2002

#### College #1

In 2002, there were 5 female and 9 male internationally educated candidates who applied for registration with the College. This represents 2.6% of all College candidates applying for registration annually.

#### College #2

There was no male/female breakdown given. However in 2002, 45% of applicants applying to the College were internationally educated.

#### College #3

In 2002, there were 30 internationally educated women and 25 internationally educated men applying for registration. Approximately 13.5 % of new applicants are internationally educated.

#### College #4

Over the last 3 years, it is estimated that on average 10.5 –11% of membership are new applicants. Of these, international candidates have historically represented between 10-12% of the new applicants and of that group 94% are female (based on average over past years).

### **Observations**

*Membership in the four Colleges is female dominated with 78% to 94% of the population being female.*

*All Colleges' membership consists of predominantly Canadian educated professionals. Internationally educated professionals represent a small number of registered members ranging from a low of 0.7% (less than 1%) to a high of 13.4%.*

*A snapshot taken in 2002 shows that the percentage of internationally educated applicants for registration in each of the four Colleges differs substantially. Difficulties in comparing the Colleges' data arises because their registration processes differ and they do not collect data in a uniform manner.*

## **E.2 Qualitative Data**

### **Introduction**

Registrars noted many of the same barriers that were pointed out by the key informants (see Section F) in their interviews with the researcher. These barriers are consistent with the existing research in the field of access for internationally educated professionals. In the main, their suggestions concerned the need for improved communication and information tools for candidates/applicants; a range of initiatives geared to ensuring candidates/applicants are well prepared for the examination component; and the need for collaborative efforts within and among Colleges and with examination bodies, educational institutions, community agencies, and professional associations.

### **Key Challenges for Colleges in Ensuring Access for Internationally Educated Candidates/Applicants**

College Registrars noted that one of their major challenges is the provision of consistent and helpful information to candidates about the process of becoming certified in Ontario in their profession of choice. Internationally educated professionals are often confused about the differing roles played by provincial and national bodies in the process. One Registrar noted that it is a challenge to keep candidates/applicants motivated throughout a process that is complex and sometimes cumbersome.

Registrars noted the following additional challenges for candidates/applicants:

- the lack of information on processes related to the documentation of educational credentials and work experience achieved prior to arrival in Canada;
- the complex process of accreditation of prior learning and experience as internationally educated candidates/applicants often are more familiar with the syllabus/hours of study approach as opposed to the competencies approach now in place;
- the lack of affordable and accessible bridging programs to assist candidates/applicants to successfully pass the examination;
- the lack of fluency in English;
- the lack of communication between the examination body and the College, which may contribute to confusion and delays in the overall process of registration;
- the difficulty for candidates who may be eligible to work but must obtain supervised practice hours to find job placements, which are scarce and for which they have to compete with Canadian educated professionals;
- the challenge of providing extra services that are costly when the population base needing those services is quite small.

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### Colleges' Actions to Facilitate Access for Internationally Educated Candidates/Applicants

Registrars reported on the following activities of their Colleges.

#### Provision of information

- Colleges provide information on their websites and over the telephone and respond to questions by telephone and e-mail;
- three Colleges have fact sheets either developed with the Access to Professions and Trades Unit of the Ministry of Training, Colleges and Universities (a fourth is in draft stage) or developed internally. These are available on College websites.

#### Specific initiatives of individual Colleges:

- providing precise directions on what an applicant needs to demonstrate equivalent education;
- permitting statutory declarations if applicant unable to provide original documentation;
- provision of credential evaluators' report to applicant if education deemed not equivalent;
- allowing provisional registration prior to writing the exam and two attempts at the exam with opportunity to be granted further attempts while still working. (Given that the applicant may be eligible for 5 years, this means 10 attempts in total.)
- linking examination candidates with other candidates;
- encouraging university programs to assist with examination preparation through study groups, mentoring programs;
- accessible on-line prerequisite course on Standards of Practice and Legislation.

#### Collaboration among regulators and other partners

- establishing links with national association to try to improve communication to applicants and to develop effective working relationships regarding the examination process;
- active monitoring of and participation in the efforts of various groups related to access in order to understand the issues, evaluate the College's practices, and seek solutions;
- exploring partnerships with other provinces and like professions to overcome the barrier of limited numbers and limited resources;
- supporting bridging programs and/or exploring opportunities for funding to develop specific bridging programs.

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Registrars suggested other mechanisms that might assist internationally educated candidates to become successful in obtaining certification such as:

Provision of information:

- sample examinations/examination preparation course;
- more web-based products;
- self-reflection tools;
- improved communication efforts explaining the registration process;
- College orientation sessions.

Specific initiatives:

- developing additional tools or methods to evaluate competency – not relying solely on paper-based, multiple-choice examination;
- encouraging bridging programs designed to facilitate access to supervised practice;
- encouraging the development of accessible bridging programs, e.g., they are delivered on evenings and weekends in a variety of regional locations;
- developing networks with provincial associations and academic programs to explore opportunities to improve access for internationally educated professionals (e.g., encouraging professional associations to assist with networking);
- promoting English-language training – especially occupation-specific language training.

Collaboration with other partners:

- mentoring/communication mechanisms with peers or with registered members of profession with same training and language background to interact with each other and to help prepare internationally educated candidates for the Canadian/Ontario workforce and the examination;
- projects and research;
- network and awareness.

### **E.3 Observations on the Information Provided by the Registrars of the Colleges of the Four Regulated Health Professions**

- 1. The quantitative data available from the Colleges, as discussed, are limited in that they give only a snapshot of the current situation for internationally educated professionals in each College. The usefulness of longitudinal data, if they had been available, has to be measured against the understanding that Colleges, in themselves, cannot predict or influence the labour market supply of internationally educated professionals. It is more useful to focus on the qualitative data for which Colleges can be held accountable for their progress in instituting effective*

*initiatives within their own organizations or with other partners to remove barriers for internationally educated professionals.*

2. *Registrars' opinions on challenges and barriers for internationally educated candidates/applicants mirror those of the other informants interviewed for this study.*
3. *Registrars believe that areas to concentrate on appear to be largely in communication and provision of tools to prepare candidates/applicants for the examination and the Canadian healthcare environment in general; innovative and specific initiatives tailored to the needs of internationally educated candidates/applicants, and a more comprehensive approach to the development of solutions with regulatory Colleges engaged with community services agencies, examination bodies, educators, associations, government, and employers.*

## **F Key Informants' Interviews**

### **F.1 Background**

To identify unintentional barriers in the examination and supervised practice components of the registration process, interviews were held with key informants. In addition, questionnaires were distributed and focus groups were conducted with internationally educated professionals attempting to obtain a certificate of registration to practice (see Section G).

This section summarizes and reflects the observations of key informants on the examination process in each of the four regulated health professions. Key informants included examination administrators, managers of bridging programs, educators, and employers.

The research and interviews focused on identifying barriers currently existing in three areas of the examination process:

- are there barriers for internationally educated individuals to become eligible to sit the examination?
- does the format and administration of the examination inadvertently raise barriers for internationally educated health professionals?
- if not successful at passing the examination, is the process of competency enhancement a barrier for those not educated in Canada?

Examination administrators were asked to provide statistics on the success rate of Canadian and internationally educated examination applicants, separated by male and female. It is difficult to compare these statistics meaningfully. One organization does not collect any data of this sort, one organization has data as requested but has had no successful candidates in the examination for the last three years. The remaining two organizations

were able to provide only comparative data that look at all candidates on a national basis rather than on an Ontario basis.

It is important to note that only one regulated health profession (the College of Massage Therapists of Ontario) is directly involved in setting and administering the examination. In this case, the College's Registration Committee also evaluates the academic credentials of internationally educated candidates. The examination for the other three Colleges is set and administered by a national body, i.e., in the case of the College of Occupational Therapists of Ontario, the National Certification Examination is administered by the Canadian Association of Occupational Therapists<sup>12</sup>; the Canadian Alliance of Physiotherapy Regulators<sup>13</sup> provides the services of the related Physiotherapy Competency Examination as well as the credential review/prior learning assessment for the College of Physiotherapists of Ontario. The Canadian Society for Medical Laboratory Science<sup>14</sup> (CSMLS) administers the examination and the credential review/prior learning process for individuals wishing to practice Medical Laboratory Technology in Ontario. Members of the profession in a volunteer capacity carry out a major portion of the work done by these certifying bodies in setting and marking the examination. Examination fees fund the examination process.

A further difference in the examination processes of the four regulated health professions is that while all four use written or, in one case, computer adaptive examinations, in two cases (the College of Physiotherapists of Ontario and the College of Massage Therapists of Ontario) there is also an Objective Structured Clinical Evaluation (OSCE). The OSCE is a performance exam that requires a candidate to demonstrate certain behaviours in a simulated work environment. Candidates rotate through a number of clinical stations (four in massage therapy/sixteen in physiotherapy) depicting various clinical scenarios. Stations have standardized clients and examiners and candidates are evaluated on their interactions, diagnoses, and clinical interventions with "clients".

Common features of the examination across the four Colleges include an examination process that focuses on competencies, the use of the Internet to provide information on the examination, the provision of examination preparatory materials in advance of the examination, and an appeal process that is clearly articulated for all candidates.

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<sup>12</sup> Canadian Association of Occupational Therapists (CAOT). The CAOT Certification Examination Committee (CEC) is the national committee that meets twice each year regarding the examination. Committee members represent a diversity of occupational therapy practice including clinical, academic, managerial, and consultative experience with clients of all ages in a variety of practice settings. The Committee generates the exam and ensures its reliability and validity.

<sup>13</sup> The Canadian Alliance of Physiotherapy Regulators is a federation of provincial regulators in Canada which conducts the education credentialing and administers the entry to practice examination in Canada.

<sup>14</sup> Canadian Society for Medical Laboratory Science. Its primary purpose is to provide a national standard of education and qualification for medical laboratory technologists. Please note that the review of the examination process and procedures has been confined to those of a general medical laboratory technologist, not the examination for the clinical genetics technologist or cytotechnologist.

### ***Observations***

*In the three cases where bodies separate from the College are involved in the examination process, applicants in the registration process may find it confusing as they interact with regulatory Colleges, examining bodies, credential assessment service providers, and in some cases educational institutions (if further education is needed before the examination can be written). For instance, in one case, an applicant deals with a national body to have credentials reviewed and to write the examination but receives permission from the provincial College to write the examination and, if successful, receives a certificate of registration from that College.*

## **F.2 Summary of Interviews Related to the Examination Process**

At present, written examinations and objective structured clinical exams (OSCEs) required for a license to practice in Ontario take place in Canada. Two organizations are looking into the possibility of being able to deliver written examinations offshore, although security and cost are major considerations, and both see this as happening in the long as opposed to the short term. Another organization does not see this “offshore option” as feasible given its dependence on voluntary invigilators and markers.

### **Eligibility**

There are a number of qualifications that usually must be met before an internationally educated candidate/applicant can write the examination to become a licensed practitioner.

The qualifications include:

- a legal entitlement to work in Canada;
- education/experience that “deems” them to have education equivalent to Canadian-educated applicants;<sup>15</sup>
- language fluency (in one case, language fluency does not have to be demonstrated before the examination).

In all four professions, as a first step, individuals who have not been educated in their profession in Canada must undergo a review of their education credentials to determine if their education is substantially equivalent to Canadian or Ontario requirements for that profession. In two cases, the applicant’s eligibility is determined by a review of academic credentials alone. Such an assessment consists solely of the review of a person’s paper credentials (i.e., degree or diploma) to see if the person’s education program is similar to the Canadian one. This approach may not actually measure what an individual knows and can do – in fact, individuals may have competencies that go far beyond their paper credentials- and an academic credential assessment does not recognize this.<sup>16</sup>

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<sup>15</sup> This varies among the Colleges.

<sup>16</sup> *Opening Doors to Physiotherapy Practice in Canada, Best Practices 11*, Canadian Alliance of Physiotherapy Regulators and the College of Physiotherapists of Ontario, 1999, page 9.

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In two cases, the national certifying body looks only at education but also at prior experience to determine if the candidate's background is sufficiently "equivalent" to that of Canadian education. Prior Learning Assessment (PLA) offers alternative ways to evaluate and recognize the skills and knowledge of practitioners educated outside Canada. The PLA process recognizes learning that has been acquired from either formal education or other relevant experiences such as on-the-job experience, training programs, seminars, volunteer activities, and/or self-instruction. One of these organizations sees the use of PLA as a supplement to the credentialing process, not as a replacement. It is used as a supplementary tool in cases where academic credential reviews reveal relatively modest gaps.<sup>17</sup>

Three of the four Colleges require proof of English/French fluency before the candidate/applicant writes the examination. TOEFL, C-TOEFL, TSE, and Can Test are some of the tests used to determine adequate fluency. The qualifying TOEFL test scores vary minimally among the four Colleges.

Before a candidate may write the examination, two Colleges require currency in practice, i.e., how up to date is the professional experience. In the case of one College, a candidate may not write the examination before they have a "letter of competency" from a supervisor demonstrating the completion of recent hours of clinical practice in Ontario determined necessary by the College.

One organization requires the completion of a Standards of Practice and Legislation course before the examination and another (since 2003) has a requirement to complete course work that provides background to the Canadian healthcare system. This may be taken in Canada or before the candidate arrives in Canada.

A number of key informants raised the lack of language fluency as a primary factor in the low rate of successes by internationally educated professionals.

### **Observations**

*In all four cases, the requirements for writing the examination seem reasonable on face, given the necessity to ensure public safety and adhere to Canadian standards of practice.*

*While the credentialing and assessment of education and experience are not explicitly in the purview of this research project, it is worth noting the view of informants that some internationally educated professionals find that this stage of the process can often be a significant barrier. Following the credential assessment process, candidates may be directed to take further courses. In some cases, this may mean that a professional who needs only one or two courses to be eligible to write the examination is faced with the prospect of returning to school full time and may not be able to access the required courses in a convenient location or not have sufficient time or resources to do so. These individuals may not proceed any further. Organizations that evaluate only education and do not factor in the learning acquired by the candidate in their practice outside Canada may be*

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<sup>17</sup> Ibid.

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*hindering the progress of a qualified individual to move forward in the registration process.*

*The credentialing process required in the case of internationally educated professionals, either academic credential assessment or prior learning assessment, adds considerable time to the registration or licensing process. Given that the study by the Canadian Alliance of Physiotherapists Regulators<sup>18</sup> documents that the failure rate of candidates is higher as more time passes between graduation and taking the examination, any additional time or delay in the process could constitute a barrier.*

*One practice employed by an examination body to assist individuals involved in the credentialing process is to assign one staff member to a candidate for the duration of this part of the process so that this person becomes familiar with the candidate/applicant. Having one contact who is familiar with your “case” in a long and sometimes protracted process would be the ideal situation.*

*Critical to the success of internationally educated candidates is the ability to communicate their knowledge. Especially in the case of the OSCE, communication skills must be honed sufficiently to verbally communicate clearly in what can be a particularly stressful situation. In addition, examiners marking written examinations noted that often the papers are partially complete, with a high rate of correct answers, but the individual ran out of time, likely due to lack of language fluency.*

*The bridging program for internationally educated medical laboratory technologists has adapted another language program for their students after it became apparent that achieving the TOEFL score as required by the College did not necessarily mean the student was sufficiently fluent to pass the examination. Finally, it may be more beneficial to test students on their language fluency before, rather than after the examination which is possible in one of the four regulated health professions.*

*At the time of the study, in one College internationally educated professionals faced a significant barrier to sitting the examination because they must have a certain number of supervised hours to be eligible to do so. If there are no available positions providing the required hours due to employers’ lack of willingness or lack of job opportunities, the individual cannot progress to sitting the examination.*

### Examination Construction Philosophy

Increasingly, competency based evaluation underlies the entry to practice examination. Competency based evaluation differs from a “curriculum” or a “syllabus” approach.

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<sup>18</sup> Glover Takahashi, S.M., Rothman, A.I., “Demographic Parameters effecting the success of the OSCE of the physiotherapist licensing examination”, 2003 (unpublished study by the Canadian Alliance of Physiotherapy Regulators).

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Competency based evaluation focuses on the knowledge, skills, attitudes, and judgment of a candidate and the application of principles learnt in an educational program and thus on outcomes rather than content.

Examination bodies were asked about the existence of any policies, practices, or guidelines in place to accommodate the needs of internationally educated professionals. While there was general understanding of the difficulties experienced by internationally educated professionals, there were only a few practices to accommodate internationally educated applicants/candidates. These included:

- extension of time of examination by one half-hour to help those with English as a second language;
- allowing students to write on their examination notebook (a request which came from a bridging program assisting internationally educated candidates);
- one national body no longer asks for Canadian experience as a prerequisite for writing the examination (although the provincial College still does and has proposed changes to the registration regulation which would allow the College to be consistent with the national body);
- acknowledgement of the necessity to spend more time on the telephone with internationally educated applicants.

When asked about the any analysis to determine the types of questions or areas of the examinations that are not done as well by internationally educated applicants as by Canadian -educated applicants, there appeared to be little except in one organization. In this organization, after each examination administration, there is an analysis of the performance of international applicants. Another organization has requested government funding to do such an analysis. Another examination administrator referred to an internal study that showed an inverse correlation between examination success and length of time away from graduation as well as success correlated to similarity of education/practice in the applicant's country and that of Canada. In another instance, while no analysis had been done, one administrator felt that language fluency affected the performance of candidates. Another informant commented that internationally educated candidates often demonstrate a lack of understanding about healthcare practices in Canada.

To ensure that there is no cultural or gender bias in the examination, one organization reviews the examination questions for cultural bias, and, if there is any, the question is deleted from the total score. In another instance, the volunteers who construct questions for the examination are given in-depth training to identify potential cultural biases in questions. Another organization indicated it did not code examination applicants by "culture", so it was impossible to see any cultural bias, but did look for and attempt to remove any "Canadian colloquialisms or concepts" during the development of examination questions. In this same organization, there had been a previous study to investigate gender bias, though none was discovered. In one organization, it was stated that gender bias has "never come up" and staff in the examination process receive no specific training in identifying cultural/gender bias or sensitivity.

### **Observations**

*Competency-based evaluation can be a novel approach for many students who have not been educated in Canada. One examining body that uses competency-based evaluation provides a handbook with a detailed list of competencies and the activities pertinent to each one. This same organization provides credential and prior learning assessments for internationally educated individuals in which it uses a personal competency rating form to help individuals conduct a personal evaluation of knowledge and experience. As a result, the individuals become familiar with competency-based approaches prior to preparing for the examination.*

*Examination administrators recognize the unique situations of internationally educated professionals writing the examination. One examination body is starting to analyze the questions that are not answered successfully by internationally educated applicants to see if the reason can be determined. In addition, examinations have been extended by an extra half hour on the advice of those working with internationally educated professionals. In two instances, the cost as opposed to the relatively small population of internationally educated applicants needing assistance was cited as a key factor in the lack of appropriate remedies. Given that one examination body has intentionally trained examination developers to identify and remove cultural and gender biases, others might adapt this practice.*

*Given the lower rate of passes for internationally educated professionals in all Colleges, a third-party validation of examinations could be incorporated into the development of examinations to ensure that the examination does not have an unintentional bias favouring those students educated at Canadian institutions.*

### **Examination Preparation Materials**

Candidates writing the examination in all four regulated health professions are provided with examination preparatory materials. These are available in English and French but in no other languages.

At a minimum, all those writing examinations are provided with an examination handbook well in advance of the examination. The examination handbook gives the candidate the rules, policies, and procedures for the examination and includes sample questions. The number of sample questions varies across the four handbooks, ranging from one sample question to 33 sample questions.

There was little evidence of an organized approach to plain language for the examination preparation materials. One organization is considering a review of plain language in these materials. Another has not done a plain-language review of these materials but had reviewed materials used in the credentialing process. Another informant felt that a

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Plain-language review was defined as having someone in the organization who was not associated with the examination process reading the examination handbook.

Examination bodies make available a variety of other preparatory materials to examination candidates. Depending on the regulated health profession, these may include:

- a CD Orientation Resource, which covers preparing for the examination, examination-day procedures, exam outline, and written sample questions, and gives an approximate percentage of examination questions for each area of practice;
- a video showing what an applicant may expect in an Objective Structured Clinical Examination (OSCE) and a viewer's guide to the video;
- lexicons of terms used in the examination;
- answers questions to most often asked;
- bibliography of reference books of texts useful for examination study;
- competency handbook which gives details on each competency on which the candidate will be tested and the percentage of the examination that will be concerned with each competency;
- websites of the national certifying bodies that have information on the examination;
- mentoring programs to match internationally educated candidates with registered members of the profession;
- availability to answer questions by telephone and e-mail;
- list of tutors for examination preparation or refresher courses;
- study guides.

Most of the resources are provided at no additional charge to candidates writing an examination. The organization that provides the list of tutors does not provide financial assistance for candidates interested in using them. The OSCE video available in one situation has a minimal charge.

One organization is available only three hours a day to answer inquiries from candidates including inquiries about credential reviews, examination preparation, and aftermath. All examination organizations feel that they do not have enough resources, i.e., staff, time, or financial, to provide optimal assistance to candidates sitting the examinations, and one can only infer that international candidates/applicants would predominate in this group.

### ***Observations***

*It is reasonable to suggest that the more materials available to assist candidates, and the better and the more accessible and inexpensive they are, the better. The organization providing the fewest examination preparation materials does have the lowest rate of successful internationally educated candidates. The lack of a formal plain-language review in any of the examination handbooks could raise barriers, especially for internationally educated professionals whose first language is not English.*

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### Examination Format and Administration

Chart 1 - Comparison Across Examination Bodies

	CMTO	Alliance	CSMLS	CAOT
<b>WRITTEN<sup>19</sup></b> Format	Computer adaptive <sup>20</sup>	Pencil	Pencil	Pencil
Content	100 questions	200 1/3 consist of vignettes/case descriptions	350 –2 parts case studies included	300 -2 parts 45 case studies
Time	1.5 hours	4 hours	5.5 hours	6 hours
Location	Satellite offices across province	Sites across Canada	Sites across Canada	Sites across Canada
Availability	On demand'	6x year	3x year	2x year
Cost	\$150	\$200 (registration fee), \$475 (exam fee)	\$295 (member) \$370 (non-member)	\$399
<b>OSCE</b>			N/A	N/A
Content	4 stations 15 minutes for each clinical situation <sup>21</sup>	16 stations; 8 for 10 minutes and 8 are 5+5 client interaction and written <sup>22</sup>		
Time	66 minutes	4.5 hours		
Location	Toronto	Sites across Canada		
Availability	3 x year	2 x year		
Cost	\$475	\$200 (registration fee) \$900 (exam fee)		

<sup>19</sup> Written examinations are all multiple choice, single answer.

<sup>20</sup> Computer adaptive examination is a unique selection of questions in an order specific to each candidate.

<sup>21</sup> Candidates have two minutes to read the material and 13 minutes to complete the required task.

<sup>22</sup> Candidates have 10 minutes for each of 8 stations and then another 8 stations in which for five minutes they interact with “client” and then for the next five minutes write up on earlier encounter with “client”.

### ***Observations***

*The use of multiple choice as the preferred mode of written examination may be a new experience for some internationally educated applicants. There is also the question of whether this format is the optimum format for all individuals given that adult learning styles differ among individuals. This disadvantage may be compounded with the added stress of the necessity to complete the examination within a required time.*

*In addition, testing based on competency rather than “curriculum content” can also be different from that previously experienced by internationally educated candidates. While Ontario educated applicants are often exposed to both the format for the written examination and the OSCE as part of their course of study, internationally educated candidates are more likely not to have been exposed to these formats.*

*The use of a computer adaptive written examination makes it readily available at a number of sites within and outside the Greater Toronto Area. As the format of the examination can be somewhat intimidating for candidates, practice sessions can be made more easily available in advance of writing the certification examination.*

*There are varying costs for writing the examination, which in combination with fees for credential assessment could raise a barrier. However, in most cases, the examination fees cover the cost of the examination and, given the high rate of volunteerism already associated with the exercise, it may not be possible for the organizations themselves to reduce the cost.*

*Several informants pointed out that internationally educated candidates often lack understanding about the Canadian healthcare environment or “how things work in Canada”. Two organizations have made it compulsory to take courses in this area before an internationally educated professional is eligible for registration as a licensed practitioner.*

### **The Objective Structured Clinical Examination (OSCE)**

As stated earlier, two Colleges have an objective structured clinical examination (OSCE) as part of the examination process. In the case of the College of Physiotherapists of Ontario, the Canadian Alliance of Physiotherapy Regulators requires an individual to write and pass the qualifying (written) examination before being eligible to take the OSCE. There is no such requirement for candidates who wish to take the OSCE associated with the College of Massage Therapists of Ontario.

### **Observations**

*The following observation was made by the Canadian Alliance of Physiotherapy Regulators in a fact sheet on their website. In answer to the question: “Why is the pass rate lower for non-Canadian educated physiotherapists?” it stated: “There may also be a practice effect related to familiarity with the Objective Structured Clinical Examination (OSCE) format from undergraduate education; that is, candidates who have experienced OSCE format examinations during their Physiotherapy education may perform better on the Clinical component than candidates who have not experienced this type of examination”.<sup>23</sup> This is true as well for the other College which has an OSCE as part of the examination process.*

*One informant indicated that candidates who had done well on the written examination were more likely to do well on the clinical examination. This may indicate that the order of using the written examination as a qualifying examination before undertaking the OSCE has merit.*

*One informant mentioned that candidates might benefit from having a video of their OSCE so that they could have a concrete learning tool. The costs and security issues around this suggestion do not seem to make it feasible.*

*Access to the written examination varies across the four regulated health professions. While examination bodies can administer the written examination for a small number of candidates (one national organization provided an examination for one candidate alone, and the computer adaptive examination is the most accessible), the OSCE requires a minimum number before the examination becomes economically feasible to administer.*

*In an effort to make the national examination more accessible and maintain an appropriate level of security, one informant wondered about the duplicating the practice in the United States of having a computer examination administered through H&R Block offices.*

### **After the Examination**

The practices in place to assist candidates unsuccessful in either the written or the objective structured examination vary across the four examination bodies. Failing examinations are re-scored by hand to ensure that there has been no computer error or no inadvertent errors, i.e., where the candidate has mismatched the answers with the questions. The quickest response comes to those candidates writing the computer adaptive examination, who are informed immediately of the result. If they have failed the examination, they receive a mark which is a scaled score with a brief analysis of the gap in knowledge in different areas of the examination. There are no personal interviews to discuss the examination.

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<sup>23</sup> Physiotherapy Competency Examination – FAQs found at [www.alliancept.org/exams/index.html](http://www.alliancept.org/exams/index.html)

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However, in this organization, if the candidate fails either the written or OSCE three times, she or he is directed to take a refresher course provided by a tutor before being allowed to retry the examination.

For other written examinations, results are communicated in a letter with a pass/fail indication. One organization includes a bar chart that shows individual performance against specific competencies in the examination, and a letter on how to read the bar chart. On the occasion of a fourth failure, candidates are advised to seek help through courses at educational institutions or through distance education. Due to time and staff shortages, candidates are encouraged to put questions in writing or, if necessary, ask specific questions in telephone conversations.

Another organization includes, with the pass/fail information, sub-scores on areas of practice and functional components. There is also a short (two pages) document designed to help them reflect on their performance. Staff of this organization do not review results on a question-by-question basis for a single failure. However, if a candidate fails three times, a staff person has a detailed telephone conversation with the candidate to review the areas of weaknesses and to help the individual design a plan with realistic strategies to achieve success. The candidate sends the plan to the examination body. If it is accepted and completed, the candidate can write the examination a fourth time. This examination body includes writing a letter in support of the candidate to obtain a clinical assignment to get the experience that has been lacking. This same organization did not consider it a priority to investigate the development of a bridging program to assist candidates become more successful in passing examinations. This was seen to be the role of a provincial rather than the national body.

A similar approach (i.e., pass/fail with information to assist candidate understand the scaled score) is taken by another organization although it would appear comments at the first failure are more detailed. After their most recent examinations, one organization contacted all candidates to obtain their feedback on the examination and to find out if the candidates had any suggestions for improving the examination.

The two organizations with an OSCE provide the results and a very brief analysis. Upon request, one organization will provide a detailed review of the clinical examination and a fee of \$200 is charged.

Candidates are informed of the appeal processes in the material they receive before the examination, i.e., the examination handbook. If they receive a failing grade, the accompanying letter includes the organization's policies regarding appeal categories and processes. In the main, candidates may appeal on the grounds of illness, extenuating circumstances, i.e., death of family member, or administrative processes. There is a time limit for the candidate to give the examination body written notice about her or his appeal.

### **Observations**

*The use of a bar chart provides a good indication of where the candidate is weak in relation to specific competencies. As it corresponds to material already used in the preparation for examination, it provides an excellent tool to help examination candidates prepare for their next attempt.*

*Examination bodies do not appear to have sufficient resources to assist candidates who are unsuccessful and in some cases clearly don't see this as part of their role until the candidate has had a series of examination failures.*

*At the present time, only two examination bodies can refer candidates to refresher or examination preparation courses and these are in areas limited geographically.*

*Candidates appear to be well informed about the appeal mechanisms, but the appeal categories seem focused less on the content of the examination than on the candidate's personal situation at the time of the examination. As already stated, failing candidates do not get much assistance from the examination bodies until there has been a number of failures with the result that they may be repeating the same errors in each attempt.*

### **Concluding Observations**

- 1. Not all examination bodies are taking the initiative to understand and implement equitable remedies to improve the ability of internationally educated individuals to pass examinations. However some are, and they can provide an example for others.*
- 2. Most examination bodies are not set up with either staff or financial resources to invest heavily in one-on-one examination preparation or detailed debriefing of unsuccessful candidates.*
- 3. The length of time to become eligible to write the examination (through credentialing process or completing supervised practice can be an unintentional barrier.*
- 4. If language fluency standards, as accepted by examining bodies, do not ensure that a candidate is sufficiently fluent to be successful in an examination, unintentional barriers exist.*
- 5. To ensure there are no unintentional barriers in the examination, examination bodies should institute third-party checks to ensure there is no cultural or plain-language bias in the examinations that would disadvantage internationally educated candidates.*

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The following table summarizes the similarities and differences among barriers in the examination process as identified by Registrars and key informants' interviews.

Registrars	Key Informants
Lack of consistent information about requirements leading to unnecessary confusion and delays for internationally educated candidates	Could be confusion about different roles played by different stakeholders, e.g., regulatory body versus examination body
See the need for improved preparation tools	Raised by some informants
Candidates may not have sufficient language fluency - especially occupation-specific	Same view
Limited communications between College and examination bodies	Not raised
Lack of bridging programs	Same view
Supervised practice – difficulty for internationally educated to get required hours	Same view
Lack of mentoring programs with registered professionals	Same view
Difficulties with competency-based approach versus syllabus approach	Same view
Need for diverse methods of examination delivery based on learning styles	Same view

### **F.3 Summary of Interviews Related to Supervised Practice**

This section reflects the observations of key informants on the supervised practice component of each of the four regulated health professions. Key informants included supervisors, educators, and employers. The interviews provided perspectives on barriers for those internationally educated professionals participating in a supervised practice setting.

Three of the Colleges require a supervised practice component as part of the registration process. However, there is a spectrum of models of supervised practice across the three Colleges. Models include:

- mandatory supervised practice in order to write the certifying examination;
- mandatory supervised practice when applicant's experience is not sufficiently current;<sup>24</sup>
- no mandatory supervised practice. In one instance of this model, many candidates participate in supervised practice after passing the written examination and prior to taking the clinical examination.

In the first case, a candidate cannot take the examination before the College reviews the information related to the Prior Learning Assessment and their current hours and decides on the required number of hours of supervision for "temporary" status. Changes to the regulations, which would remove this requirement, have been proposed for some time and the College is presently in negotiations with the Ministry of Health and Long Term Care on the amendments to the regulations.

Informants noted that individuals participating in supervised practice often may be technically proficient but are not used to the Canadian healthcare practice settings – especially "client-centered" approaches. Another difficulty consists of their communication skills or language fluency. One informant noted that international candidates often could understand what is communicated to them but have a more difficult time communicating information back to the clinician. Informants raised the issue of language-testing tools, reiterating that passing TOEFL scores for written English may not be sufficient for internationally educated professionals to communicate at an effective level.

One informant noted that supervision of internationally educated candidates can put an onus on practicing professionals already burdened by heavy workloads, with the result that there may be reluctance to take on responsibility for providing a supervised practice setting. In addition, if the terms of the supervised practice component are not clear for the supervisor, the trainee may be disadvantaged and not obtain the appropriate training. In a situation where supervised hours of practice are mandatory, internationally educated candidates are often stymied by the exigencies of the labour market and the reluctance of employers to take them on – especially if they may not see them as potential employees

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<sup>24</sup> Registrants must demonstrate to the College that they have completed either 750 hours of professional practice within the last three years or 1550 hours of professional practice within the last five years.

after the completion of the supervised practice. One informant described an internal career development program in their organization that supports professionals trying to obtain the necessary hours. This was seen to be a positive initiative by both the employer and the staff, given the imperative to obtain the required number of hours. Internationally educated individuals who may have specialized in one area may not be able to find work experience that provides a broader exposure to the profession – necessary because the examinations cover a wide range of different areas.

Informants were asked if supervisors were trained in cultural sensitivity or diversity. Responses varied from workplace to workplace – larger workplaces were more likely to have diversity policies in place and part of the organizational ethos, but some workplaces do not see diversity training as mandatory for supervisors although it may be available. In other situations, the diversity and multicultural demographics in the workplace assist in removing any cultural biases that could prove to be a barrier for internationally educated professionals.

Another issue raised was that of the appropriateness of judging international candidates who have not been exposed to the same educational environment by the same standards as those candidates who are enrolled in full-time studies at a Canadian educational institution.

### ***Observations***

*There are varying models of supervised practice. At the time of this study, the model requiring mandatory hours of supervision in order to write the examination presented the greatest challenge for internationally educated candidates. It was also suggested that there is difficulty with language fluency and communication and understanding of Canadian cultural mores by internationally educated professionals in supervised practice situations.*

## **G Results from Questionnaires and Focus Groups**

### **G.1 Questionnaire Findings**

The four Colleges sent out a total of 454 questionnaires to internationally educated professionals who had registered over the past three years. A total of 115 questionnaires were returned and 95 responses were included in the research with the permission of the respondents. The gender of 16 respondents was not apparent; of the remaining 79 respondents, 43 (54%) were women and 36 (46%) were men.

The questionnaire included questions on experiences with the initial registration process, resources that helped or could have helped with the examination, and barriers to passing the examination (either written or clinical). In addition, for those who had completed the supervised practice component of the registration process, there were questions regarding the relationship with the supervisor, the benefits of the supervised practice, and perceived barriers to eventual success with the supervised practice component. The questionnaires differed slightly according to the requirements of each College, e.g., only when relevant did the questionnaire include a section on a clinical examination. The questionnaire responses have been aggregated across the four Colleges (although in the case of one College, only one candidate was sent and responded to the questionnaire). The questionnaires were analyzed according to female and male responses. Often the numbers were too small to draw significant conclusions on differences of opinion between males and females. The full questionnaire is in Appendix 6.

In terms of the aggregated data, it should be noted that due to the situation in one College, where supervised practice must precede the examination, there was much less information available from internationally educated professionals seeking registration. Many were still seeking supervised practice opportunities and thus did not have comments on either the supervised practice component or the examination. Also, the data from one College are limited because it sent the questionnaire to only one candidate. In total, 66 respondents provided information on the examination component (37 women, 19 men, and 10 unknown gender), while 35 individuals provided information on their experience with a supervised practice component (19 women, 14 men, and 2 unknown gender).

Because in many cases the numbers were relatively small, observations have been made only when there is a “critical mass” of opinion. Also, from time to time, mention is made of individual responses, which are interesting, but clearly in no way statistically significant.

## The Examination Process

### Eligibility

Questions were asked about any difficulties experienced with the initial stages of the registration process, including the process of having credentials assessed. Both women and men noted that it could be a long and sometimes frustrating process. It was noted in a few instances that delays occurred due to errors or misunderstandings which originated with the College or the national certifying body.

When asked for the reasons for eventual success with these initial processes, the primary reasons given by both women and men was to have available all the required documents, graduated from an accredited university, and have work experience/education comparable to that in Canada. Both women and men noted the importance of frequent follow-up with the relevant organizations. Individual women noted the need for an advocate in one's own country and planning in advance, i.e., making sure one's school was accredited before starting the credentialing process from overseas.

### Examination Preparation Materials

Both women and men felt that the most useful materials for preparing for the examination were the resources available from the examining bodies such as textbook lists, examination handbooks, or other information given on websites. Also noted were the importance of standard textbooks, notes from Canadian-educated students, and advice from health professionals who had passed the examination in the past. More women than men indicated that their clinical placements or prior experience were important factors in examination preparation. For both female and male internationally educated professionals who were required to complete supervised practice hours before writing the examination, the most important assistance cited was attendance at a bridging program, followed by textbooks and clinical experience.

Continual mention was made of the difficulty in accessing textbooks if one did not live in an area where there was a university library. Many respondents noted the importance of the Internet to find materials and resources.

Perhaps more important, when respondents were asked what other materials might have been helpful, the barrier most often cited by both women and men was the lack of sample examination questions or practice exams developed by the examining bodies, as well as the need for orientation or refresher courses to prepare for the examination. Several respondents referred to tools used in their country (U.S.) that they then used to help study for the Canadian examination. Once again, the absence of resources if one were not near a major center or university was cited as a barrier. More women than men mentioned that a study group would have been a benefit. Individual women noted that there was a lack of ethics information provided by a College prior to the examination.

**Observations**

*One-third of both female and male respondents did not pass the written examination on the first attempt. Preparation for the examination involves both “paper/formal” materials and the informal information gained from talking to experienced professionals in the field. In the former instance, questionnaire respondents are clearly asking for more and enhanced materials that more closely resemble the actual examination to adequately prepare for it. While there are some sample questions provided, these were seen to be inadequate, and a refresher course or practice examinations were identified as more helpful. The questionnaires noted the importance of the latter kind of preparation – one where experienced professionals could help prepare candidates for the “hard “ content of the exam as well as inform them about Canadian culture and context which is so important.*

Writing the Examination

Respondents who took the exam more than once were asked to choose the most difficult part of the examination. Most often, it was the actual content of the exam.

	Males	Females	Unknown
Instructions			
Lack of English proficiency	1	2	
Professional terminology		3	
Content		8	3

Other difficulties consisted of questions that required an understanding of some Canadian colloquialisms, such as the term “dog’s ears”, or being able to calculate how old a child would be in a certain grade in Canada, or frequency of treatment dependent on current labour supply in the profession. Other individual responses noted that the examination was too long, contained vague questions and the grading system was not clearly explained.

Questionnaire applicants were also asked to identify the contributing factor for their eventual passing of the examination. Choices offered included:

- help from a tutor;
- help from the College;
- the use of different materials to prepare for the examination;
- more thorough preparation;
- other.

In response, “using different materials” and “preparing more thoroughly” were the two reasons most often cited by both women and men. Only one respondent indicated that the

College had been helpful and two indicated that, on the contrary, there had been no helpful information given by their College.

The most difficult barrier for both women and men was not being familiar or confident with Canadian approaches, context, tools, terminology, and methodology, i.e., competency-based learning as opposed to “memorization”. In addition, some women mentioned the amount of detailed information required and the length of the examination as barriers. Women respondents also identified time management, the difficulty of balancing working and studying with family responsibilities, and cost more often than men. Men mentioned time management as well. Women mentioned stress as a barrier. There was only one respondent (female) who felt that the greatest barrier was English proficiency.

### ***Observations***

*Many internationally educated professionals do not feel adequately prepared for the examination and suggested other resources that could be of assistance. The resources that are available to applicants are sometimes not sufficient, especially if the candidate does not have access to a university library or center. Candidates also indicated that they need some organization to help initiate study groups. English proficiency was not considered to be as great a barrier as some of the other barriers already mentioned. Internationally educated professionals do not perceive themselves as lacking technical ability as much as lacking an understanding of Canadian practice patterns and cultural norms.*

### The Objective Structured Clinical Examination (OSCE)

As noted above, there was only one College whose respondents answered questions about the objective structured clinical examination. 21 respondents (12 women, 9 men) answered this part of the questionnaire. Of the 12 women, 9 passed the examination on the first time; out of the 9 men, 7 passed the OSCE on the first attempt.

More women than men felt that practice with other students and working in a clinical setting provided the most help in preparing for the clinical examination. Both women and men who were successful in passing the clinical examination the first time used materials from national examination bodies, although men mentioned this more often than women. Most women and men used practice questions and study notes in order to pass the exam at the second attempt. For individual men a number of factors were identified as key to their eventual success: reviewing clinical tests, practice questions, and material from the examining body, as well as having a mentor. The second most important factor for both women and men who passed on the first or second try was the ability to participate in a group study session. The third most important factor for both women and men was clinical experience as well as feedback from other professionals.

Women felt that, in order to be better prepared for the examination, they would have benefited from a practice examination, study groups with Canadian-educated students, or an examination preparation course. There was no consensus among men on what was most needed, although individuals mentioned an information session on what to expect, better access to textbooks, and a single contact throughout the process to provide assistance.

For those men who had to repeat the exam, the greatest difficulty was the content rather than the instructions, the lack of English proficiency, or professional terminology. Among those who took the examination more than once, women were more likely to use different materials, while both men and women equally benefited from more preparation. One man indicated that group study had been helpful. No one indicated that help had been received from the College. Both men and women mentioned stress as a major “other” factor in not passing the clinical examination.

Both women and men identified the greatest barrier to the examination as being unfamiliar with the examination format or not feeling as prepared as if they had been educated in Canada. Women who made at least two attempts to pass the examination listed such barriers as studying unfamiliar areas of practice, getting used to different equipment, or not having enough time to do assessments.

### ***Observations***

*The clinical examination caused a great deal of nervousness and stress among the respondents. There seems to be consistency in many areas with the comments on the written examination. Both men and women reiterated the necessity of enhanced formal and informal preparation to be successful. Once again, candidates look to examining bodies*

*rather than to the Colleges as the obvious place to receive this assistance. Study groups as a way to overcome barriers were not as popular for those taking the clinical examination as one-on-one practice with colleagues, supervisors, or experienced professionals.*

### Supervised Practice

Questionnaire respondents were asked to rank the work relationship with the supervisor as very good, good, average, or not helpful. The majority of respondents, both men and women, felt that the relationship was very good or good. Characteristics of good supervision for both men and women included experience in supervising, supportive approach, availability, and willingness to answer questions and provide feedback and assistance in explaining Canadian practice patterns and norms.

When the relationship with the supervisor was not deemed helpful, it was often because the supervisor did not have enough time or lacked the opportunity for the supervisee to gain a wide variety of clinical experience. Some respondents chafed at being supervised by professionals with equal or less experience than their own. Conversely, a good supervisor was often described as one with experience in supervising internationally educated individuals. Consistently, men and women felt that the supervised practice was an opportunity to gain a better understanding of and exposure to Canadian practice patterns and standards.

Women identified the following ways that the supervised practice setting could have been improved: more case studies, on-the-spot questioning, variety of field work or a refresher course geared towards internationally educated applicants which would include current practice and treatment in Canada, and having more time to watch and learn from clinicians. One male suggested that supervised practice required a clear protocol between supervisor and supervisee to clarify its purpose and the roles for each.

More women than men mentioned the importance of observing other therapists and having experience with clients and being in a clinical setting as the most important benefits of supervised practice. One individual mentioned that a component of any supervised practice should be directed to language proficiency and understanding each other's culture.

There was very little evidence from the questionnaires that there had been unfair evaluations. Some comments were made that the supervised component was too long, but in another case it was seen to be too short. More useful was the suggestion that supervised practice should be targeted to assist the individual in specific areas where improvement is needed, rather than in general areas where there may be no need for repetition.

Cost was the factor most often cited by both men and women as a barrier in supervised practice. In addition, when one is studying, working, and raising and supporting a family, supervised practice can be an onerous undertaking. Nonetheless, the majority of respondents saw the experience as a positive and useful component of the registration process.

### ***Observations***

*There were no startling revelations from the questionnaires of respondents who had participated in a supervised practice setting. In the main, respondents reported on a positive, useful, and relevant component of the registration process. However, cost was mentioned as well the difficulty of juggling work, study, and private/family lives.*

## **G.2 Focus Groups' Findings**

12 individuals agreed to participate in focus groups or individual interviews. Individuals in focus groups and interviews were in different stages of the registration process. Some internationally educated professionals had passed the examination the first or second time; or had not yet passed it. Some had been successful in obtaining a supervised practice opportunity while others had not.

Participants and individuals in the focus groups were asked to describe their experiences leading up to writing the examination, taking the examination (written and clinical), and participating in a supervised practice component. Overall, the participants in the focus groups confirmed the observations made earlier in the report.

1. There is inconsistency when consulates encourage immigrants to come to Canada and “give points” to those who are professionals and then upon arrival in Canada, the registration process presents such barriers to these same people that they have unexpected difficulty entering their professions.
2. The number of players at the initial stages of registration are confusing.
3. Individuals reported that they had experienced delays in the process when it was not clear where one started the registration process, i.e., with the College or with a national certifying body or in the instance when incorrect information was given about what documents were required and in what format.
4. One participant wondered why the examination body associated with one College needs to do two separate credentialing assessments thereby increasing the candidates' costs and causing delays.
5. Participants confirmed the usefulness of examination preparation materials, but reiterated that what was available through the examination bodies was not enough.
6. Candidates who had not been successful in obtaining either the supervised practice hours or in passing the examination resorted to a number of approaches, such as hiring a tutor (an additional cost), seeking the help of Canadian professionals, or seeking access to notes of Canadian students.
7. Although one examination body posts a list of textbooks, many are out of print and no guidelines are given on which are critical to success in the examination, i.e., those reflecting Canadian practice.
8. There was not a lot of appreciation for the work of the Colleges, and participants were often confused about who did what for whom.
9. The informal information pipeline, i.e., talking to friends/colleagues, is used extensively to aid in navigating the registration process or securing relevant materials necessary to pass the examinations.

10. One participant wondered why, if a College required supervised hours of practice, did it not spend more resources to assist internationally trained applicants to obtain these jobs.
11. Many noted the high cost of fees, and one candidate wondered if it was equitable for a College to charge money for registration if the registration did not benefit the applicant.
12. There was often an undercurrent of feeling that the registration process is so difficult for internationally educated professionals that applicants conclude they are not wanted and that the process is “biased” towards those educated in Canada.
13. In one case, a College sent out the ethics binder after the examination, which was not helpful as the examination had covered the topic of ethics.
14. Participants who had not been successful in the examination did not find either the College or the examination body particularly helpful, although one individual was waiting for a detailed review of her examination (at her expense) to increase the chances of success the next time.

## **H General Observations**

The objective of this research project was to investigate unintentional barriers in the examination and supervised practice component of four Colleges’ registration processes. For reasons already stated, there is more information on the examination component than on the supervised practice and the related barriers for each situation.

The research indicates that the Colleges, when their role is understood, are seen at best as neutral by internationally educated professionals, and often as not positive influences in the registration process. Three out of four Colleges have no role in the examination process and thus cannot take responsibility for that part of the process undertaken by the examination bodies.

Internationally educated candidates indicated that they relied significantly on the preparation materials provided by examination bodies. However, the examination bodies themselves are not always seen as being helpful to internationally educated candidates – particularly in the case of candidates who have not been successful in passing the examination.

While some Colleges may be part of the difficulty regarding barriers arising from the supervised practice component, the onus for barriers falls on employers and government as well.

### Similar and Differing Views of Registrars, Key Informants and Internationally Educated Candidates

Registrars and key informants (exam administrators, bridging managers, educators and employers) and internationally educated candidates on barriers to the registration process, unanimously agree that the initial stages of registration, where applicants must get their credentials assessed and delays can have impacts, is a long and sometimes confusing process, and raises a significant barrier. Costs are a major barrier. The lack of mentoring programs with registered professionals familiar with Canadian practice is seen to be a barrier by all three groups. In addition, the competency testing approach can be a barrier. Where the groups differ is that, while both Registrars and key informants saw language proficiency as a large barrier, internationally educated candidates do not remark on this as frequently. This could be a result of sample bias or because the concept of language was too narrowly understood. The majority of questionnaire respondents were more likely to see “content” as a more significant examination barrier than language proficiency.

In contrast, while Registrars and questionnaire respondents agreed on the need for improvements in examination preparation materials in both quantity and quality, key informants, notably those involved in the examination bodies, did not mention this as a significant barrier. Both Registrars and key informants saw the need for bridging programs, and the questionnaire respondents with access to such programs saw them to be of great benefit.

With regard to supervised practice, there is unanimity that the lack of job opportunities is a huge barrier for those needing to complete a certain number of supervised hours, and some informants felt that more employers needed to step up more actively to this challenge. Some internationally educated candidates saw the inability to earn income during the completion of supervised hours, as a barrier and also mentioned the lack of a required orientation component to Canadian practice norms especially designed for internationally educated professionals.

Questionnaire respondents noted time and time again that the most significant barrier to both the examination and the supervised practice components is the lack of understanding or inability to acquire knowledge of the “Canadian” practice patterns and to successfully complete the registration process.

## **I Key Findings**

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

## **J Overarching Themes/Opportunities**

These findings lead to the following four themes and opportunities.

### Improved Communication/Collaboration Among Stakeholders

Improve the quality and consistency of communication among stakeholders across the registration continuum among stakeholders- i.e., government, community services agencies, Colleges, national examination bodies, and professional associations to ensure a transparent information process to guide internationally educated professionals.

### Development of Additional Tangible Resources

Develop enhanced preparation materials/tools/resources for examination and supervised practice to ensure equity between Canadian and internationally educated applicants/candidates.

### Clear System Accountability

Identify the appropriate mechanism/organization with responsibility for and sufficient resources to facilitate successful completion by internationally educated professionals of the registration process for each profession.

### Incorporation of Equity as Guiding Premise

Ensure that at all points along the registration process, internationally educated professionals are not disadvantaged because they lack Canadian education in their profession

## **K Strategies**

The following proposed strategies are founded on the premise that they all require multi-stakeholder involvement to ensure effective action and progress. Stakeholders include government, regulatory Colleges and professions, national examination bodies, community services agencies, professional associations, employers and educational institutions.

1. Information about each College's registration process needs to be accurate and consistent at all entry points to the process, i.e. before and after internationally educated professionals arrive in Canada. Information should be timely, accurate, and situation-specific to ensure that the registration process is completed as quickly and efficiently as possible.

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2. Examination preparation materials and tools need to be enhanced. Examination bodies should take the lead in collaborating with Colleges, associations, academic institutions, and settlement agencies to provide accessible materials and preparation programs for internationally educated professionals.
3. Through regular and objective third -party reviews of the examination development processes, any potential cultural or language bias that would constitute a barrier for internationally educated professionals can be identified and removed.
4. Examination bodies could explore and undertake opportunities for earlier intervention and corrective action models to assist candidates who are not initially successful in either the written or the clinical examinations.
5. All models of supervised practice should provide targeted and strategic clinical experience (i.e., full exposure to all facets of clinical experience related to examination) to provide maximum benefit to individuals.
6. All organizations responsible for incurring costs borne by candidates in the registration process should review them regularly to ensure that they are fair and necessary.
7. Colleges, examination bodies, and associations could direct international candidates to sources of public and private financial support and should actively encourage both public and private funders to make financial assistance available.
8. There should be continued research into research regarding the perception and impact of language in the success of internationally educated professionals in successfully completing examinations and supervised practice components of the registration process.
9. A centralized career support mechanism could be developed to assist internationally educated professionals in the registration process.

## Conclusion

In the best of all possible worlds, an internationally educated professional follows a path that leads from within her or his own country to Canada through a clearly articulated and organized registration process which assesses and acknowledges her or his competencies and facilitates her or his success to take up a new profession in her or his new country. It is the hope of the Project Committee who undertook this project that the implementation of the strategies proposed will move us closer to this ideal world for internationally educated professionals.

## Partnering on Access Solutions to Regulated Health Professions

## APPENDICES

### Appendix 1 Literature Review

#### Introduction

The search for resources was greatly assisted by two existing databases:

- ❖ the Maytree Foundation's *Fulfilling the Promise*, a resource list by title, author, and organization ([www.maytree.com](http://www.maytree.com)) and
- ❖ the database contained in the *Research Report and Compendium of Promising Practices*<sup>25</sup> commissioned by the Steering Committee of Ontario Regulators for Access Project ([www.regulators4access.ca](http://www.regulators4access.ca)).

Both provide a wealth of information on the topic of access to professions and trades as well as on the various categories within this, such as credential assessment, competency-based assessment, language training. The Literature Review in the Regulators for Access Research Report is comprehensive and was invaluable in the search for both general and specific resources.

In addition, the website for the Access to Professions and Trades (APT) Unit of the Ministry of Training, Colleges and Universities provided a number of the reports and materials used in the research (see [www.equalopportunity.on.ca/eng\\_g/apt/](http://www.equalopportunity.on.ca/eng_g/apt/)).

In the main, reports that were most helpful for this study ranged from those that provided an overview of the broad topic of access for professionals, such as *Fulfilling the Promise: Integrating Immigrant Skills Into the Canadian Economy*<sup>26</sup> to *Making a Change Together: A Resource Handbook for Promoting Access to Professions and Trades for Foreign-Trained People in Ontario*<sup>27</sup> to those that described activity in one of the four regulated health professions under review, such as *Opening Doors to Physiotherapy Practice in Canada, Best Practices 11*.<sup>28</sup>

Given that the topic under review is a narrow one, i.e., the determination of unintentional barriers in the examination and supervised practice component of four regulated health professions, resources on other aspects of the registration process, such as academic credential assessment and qualifications recognition, were briefly reviewed and, while

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<sup>25</sup> *Access to Ontario's Regulated Professions by International Candidates: A Research Report and Compendium of Promising Practices* by the Ontario Regulators for Access, 2003, Toronto, Steering Committee of Ontario Regulators for Access.

<sup>26</sup> Alboim, Naomi and the Maytree Foundation, *Fulfilling the Promise: Integrating Immigrant Skills into the Canadian Economy*, Ottawa, Caledon Institute of Social Policy, 2001.

<sup>27</sup> Centre for Research and Education in Human Services and Skills for Change (2001), *Making a Change Together*, Queen's Printer for Ontario

<sup>28</sup> Canadian Alliance of Physiotherapy Regulators and the College of Physiotherapists of Ontario (1999), *Opening Doors to Physiotherapy Practice in Canada, Best Practices 11*, the College of Physiotherapists of Ontario.

noted, are not described in particular detail. Reports from other jurisdictions in Canada (Manitoba and British Columbia), and an international jurisdiction (Australia) were noted briefly. Advanced work is being done in these jurisdictions on access to professions and these offered an important perspective for the larger context of the research.

### **The Broad Perspective**

*Fulfilling the Promise: Integrating Immigrant Skills into the Canadian Economy*<sup>29</sup>, by Naomi Alboim with the Maytree Foundation, provides both a vision for the future and an overview of issues relating to facilitating the entry of skilled immigrants to the Canadian labour force. Rather than an elaboration of the barriers, this paper focuses on practical solutions in the context of a “systems” approach. The essential components include:

- information, assessment, and expert advice
- integrated bridging programs to fill identified gaps;
- regulatory reviews;
- incentives for stakeholder participation and collaboration;
- leadership and accountability through leadership councils.

The paper was helpful also in that it summarizes roles for all the players in the regulatory process.

A more recent report by the same author, *Integrating Immigrant Skills into the Ontario Economy-A Ten Point Plan*<sup>30</sup> presents a plan that was designed as an action agenda for the government of Ontario to create meaningful and lasting change for immigrants. The report uses an innovative scenario approach describing the journeys of two individuals, one of whom must obtain a licence to practice her profession in Canada, to demonstrate effective solutions to the problems of access facing internationally educated individuals in Ontario.

The report by Mary Cornish, Elizabeth McIntyre, and Amanda Paskl,; *Strategies for Challenging Discriminatory Barriers to Foreign Credential Recognition*<sup>31</sup>, provides an excellent background to help understand the legal framework within which the rules of provincial bodies which regulate access to professions and traders must comply or face the possibility of contravening provincial/territorial/federal human rights legislation or section 15(1) of the Canadian Charter of Rights and Freedoms. The professional Colleges and associated organizations have an obligation to review their practices (examination and

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<sup>29</sup> Alboim, Naomi and the Maytree Foundation, *Fulfilling the Promise: Integrating Immigrant Skills into the Canadian Economy*, Ottawa, Caledon Institute of Social Policy, 2001.

<sup>30</sup> Alboim, Naomi, “*Integrating Immigrant Skills into the Ontario Economy- A Ten Point Plan*, for the Maytree Foundation and Ideas that Matter, Toronto, 2003.

<sup>31</sup> Cornish Mary, McIntyre Elizabeth and Paskl Amanda, *Strategies for Challenging Discriminatory Barriers to Foreign Credential Recognition*” Shaping the Future: Qualifications Recognition in the 21<sup>st</sup> Century” Toronto, October, 1999.

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supervised practice being two) and make sure that they are not discriminatory and are in compliance with the Charter and the Human Rights Code.

In a paper presented to a panel discussion organized by the Maytree Foundation, during the conference “Shaping the Future: Qualifications Recognition in the 21<sup>st</sup> Century,”<sup>32</sup> Fernando Mata, of the Department of Canadian Heritage, describes the immigrant accreditation picture in Canada and the societal dimensions and cost of accreditation. The paper describes the complex interactions between immigrants and the pivotal players: post-secondary educational institutions, provincial governments, professional self-regulating bodies, and employers. His suggested elements of a concerted national strategy were of interest especially the importance of creating more multi-partner projects.

The 1989 *Access! Task Force on Access to Professions and Trades in Ontario*<sup>33</sup> report identified the following systemic barriers to entry to the professions:

- poor information about the requirements for licensure;
- inadequate systems for prior learning assessment;
- unfair testing procedures;
- inadequate retraining opportunities;
- insufficient avenues for appealing decisions.

Of specific interest was Chapter 6 on licensure testing which identified potential barriers to the entry of internationally educated professionals that may include:

- questions in test reflecting a North American cultural bias;
- lack of understanding of the different behavioural characteristics or cultural responses which non-Canadian educated professionals may show in personal interviews or oral tests;
- reasons for failure to pass tests are communicated;
- the location, cost, format, and frequency of tests placing a significant burden on candidates;
- expectations of the requirements for passing a test not readily available;
- levels of language fluency are greater than those required for competent practice.

Solutions proposed (a number of which have been already implemented in the regulated health professions being examined) included licensure tests developed to recognized standards of validity, fairness and cultural sensitivity; readily available information about performance requirements; candidates provided with preparatory materials; accessibility and cost considerations taken into account; and testing policies and procedures published.

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<sup>32</sup>Mata, Fernando, *The Non-Accreditation of Immigrant Professionals in Canada: Societal Dimensions of the Problem*, September 15, 1999, modified June, 2002, prepared for the Maytree Foundation and presented at “Shaping the Future: Qualifications Recognition in the 21<sup>st</sup> Century”, Toronto, October, 1998.

<sup>33</sup> Cumming, Lee and Oreopolous, *Access! Task Force on Access to Professions and Trades in Ontario*, 1989, Queen’s Printer for Ontario

A full discussion of the issue of language testing was also helpful, and noted, that at the time of writing, virtually all language tests in occupations were standardized tests, which measure general and not occupation-specific fluency.

Draft Access Principles for Regulated Professions and Trades<sup>34</sup> followed the 1989 *Access! Task Force on Access to Professions and Trades in Ontario* and its principle on examination was helpful in establishing a central tenet for the review of examination practices. “Examinations or other assessment tools should be based on criteria relevant to performing adequately in the profession or trade and should be designed to ensure they are valid, reliable and fair.”

Other principles covered registration, assessment of qualifications, licensing and registration examinations, language testing, bridge/training/upgrading programs and the right to appeal.

A more recent report (2002) reviewed was *The Facts Are In!*<sup>35</sup> which describes the characteristics and experiences of immigrants seeking employment in regulated professions in Ontario. It provides information on Ontario’s licensing process for the various occupations and describes immigrant professionals’ licensing experience. Its conclusions emphasized the importance of occupation-specific information about both the Ontario labour market and the licensing procedures for internationally trained professionals to help them gain access to jobs in their fields. In addition, the study determined that the most useful courses for internationally educated professionals include computer, occupation-specific, and language courses taken after arrival in Canada. This study valuable as it was offered perspectives of the immigrants themselves as opposed to an academic study.

A valuable and current resource was *Access to Ontario’s Regulated Professions by International Candidates: A Research Report and Compendium of Promising Practices*<sup>36</sup> by the Ontario Regulators for Access. It describes research on access to Ontario’s regulated professions by candidates educated outside Canada. The report includes the results of a questionnaire (30 out of 38) and follow-up interviews (28 out of 38) with regulatory bodies in Ontario. The primary focus of the research was to learn more about the practices, challenges, and needs of the Ontario regulator. It provides an overview of the regulatory process in Ontario for all regulated professions and offers an important perspective of the challenges faced by regulators. The questionnaire of regulators, literature review, and the description of promising practices provides a comprehensive review of both written resources and “on the ground” activity in the areas of improved access for internationally educated professionals.

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<sup>34</sup> Ministry of Training, Colleges and Universities, APT Unit, *The Draft Access Principles for Regulated Professions and Trades*, 1997.

<sup>35</sup> Ministry of Training, Colleges and Universities, APT Unit, *The Facts Are In! A Study of the Characteristics and Experiences of Immigrants Seeking Employment in Regulated Professions in Ontario*, Queen’s Printer for Ontario, 2002.

<sup>36</sup> *Access to Ontario’s Regulated Professions by International Candidates: A Research Report and Compendium of Promising Practices* by the Ontario Regulators for Access, 2003, Toronto, Steering Committee of Ontario Regulators for Access.

Skills for Change, a non-profit, community-based training and employment services agency, has published a number of documents and maintains a helpful website with material on this topic. Among them, *Making a Change Together: A resource handbook for promoting access to professions and trades for Foreign-Trained People in Ontario*.<sup>37</sup> is directed to foreign-educated individuals and their supporters who want to promote better access to professions and trades. It includes a brief history of what has already been done to improve access to professions and trades in Ontario, a description of the nature and ways of making systemic changes, case studies, and step-by-step guides to assist individuals interested in changing the system. The chapter (4) on the professions and trades system in Ontario provides a concise explanation of how access to professions and trades systems works in Ontario.

Catherine Laurier presented a paper and subsequently summarized the proceedings of a workshop held in December 2000 for occupational regulatory bodies in Ontario, *Competency Based Assessment Programs for Internationally Trained Professionals*<sup>38</sup>. It was the first in a series of workshops intended to convene regulatory bodies around issues of access for internationally trained professionals. In this workshop, speakers from regulatory bodies, including the College of Nurses of Ontario, the College of Midwives of Ontario, the College of Respiratory Therapists of Ontario, and the Canadian Alliance of Physiotherapy Regulators described their motivation for seeking alternative methods of foreign credential assessment, and their approaches to competency-based assessment. Catherine's paper provides a comprehensive overview of the topic of competency-based assessment.

In addition, while the information presented from the Canadian Alliance of Physiotherapy Regulators was of specific interest, the whole report provides a very useful resource for understanding the challenges facing regulators.

In the 2001 discussion paper, *Recognition of Foreign Credentials: A Questionnaire of Recent Community-Based and Research Projects*,<sup>39</sup> Marilyn Smith summarizes recent (c.1995-2001) funded activities of national, provincial, and community-based organizations as well as academic and organizational research projects that identify problems for immigrants with professional training and credentials earned outside Canada.

The report highlights the major issues and key findings, proposed initiatives and recommendations identified by participants, and in some instances, "best practices" that could be adopted on a wider scale. Overall, these various projects reflect the increasing

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<sup>37</sup> Skills for Change and Centre for Research and Education in Human Services, *Making a Change Together: A Resource Handbook for Promoting Access to Professions and Trades for Foreign Trained People in Ontario*, Queen's Printer for Ontario, 200.

<sup>38</sup> Laurier, Catherine, Ontario Ministry of Training, Colleges and Universities, *Competency Based Assessment Programs for Internationally Trained Professionals*, for Maytree Foundation, May, 2001.

<sup>39</sup> Smith, Marilyn, *Recognition of Foreign Credentials: A Questionnaire of Recent Community-Based and Research Projects*, funded by the Multiculturalism Program, Department of Canadian Heritage, Discussion Paper, 2001.

awareness among academic institutions, professional and licensing organizations, and governments of the pervasiveness of accreditation issues and related problems with which immigrants to Canada must contend. Numerous initiatives and recommendations proposed by participants in the various projects illustrate the importance of establishing greater collaboration among all stakeholders and improving accessibility to timely, accurate, fair, and applicable evaluation processes.

Margaret Azuh's 1998 study, *Foreign-Trained Professionals: Facilitating Their Contribution to the Canadian Economy*<sup>40</sup>, describes research data gathered from 55 participants in four focus groups held in Windsor, Ontario, as well as 185 respondents to a structured self-completed questionnaire and interviews with five professionals. The study was designed to identify the current nature and scope of the barriers that prevent internationally educated professionals from practicing their professions. In particular, the study sought to identify specific barriers to professional licensure, credentials assessment, and employment. Barriers included Canadian experience, cost of retraining, lack of licensure, non-recognition of certificates, and language.

Recommendations of particular interest for this study include:

- professional licensing bodies should be encouraged to provide temporary/provisional registration to candidates waiting to sit their final examinations;
- professional licensing agencies should identify any gaps in all foreign curricula and recommend specific upgrading courses instead of outright rejection of candidates whose training does not meet the equivalent Ontario standards;
- professional licensing bodies who insist on language proficiency should be encouraged to develop job-specific language examinations that are culture bias free;
- preparation for language examinations and retraining or professional examinations should be done simultaneously;
- prior learning assessment should be incorporated in all accreditation processes to give credit for prior work skills, knowledge, and experience.

A study was in May, 1999 for Skills for Change by Sabra Desai, *Promoting Equitable Participation of Professional Foreign-Trained Women*<sup>41</sup>, addresses the lack of information about foreign-trained immigrant professional women residing in Toronto. The overall goals of the research relevant for this review were to identify systemic barriers to licensing and employment faced by internationally educated professional immigrant women and develop common strategies to overcome systemic barriers. Desai asserts that many of the barriers for the internationally educated identified in the *1989 Access! Task Force on Access to Professions and Trades in Ontario* were still in existence at the time of her study, and compares and contrasts the barriers identified in the earlier report with her own work. She also summarizes the types of initiatives that have been developed since the *Access! report* and identifies current gaps in programs and services for internationally educated women. The study found that the major barriers identified in the *Access report* such as assessment

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<sup>40</sup> Azuh, Margaret, *Foreign-Trained Professionals: Facilitating Their Contribution to the Canadian Economy* sponsored by Windsor Women Working with Immigrant Women, May, 1998.

<sup>41</sup> Desai, Sabra, *Promoting Equitable Participation of Professional Foreign-Trained Women*, Skills for Change, May 1999.

of and appealing decisions made about professional qualifications and experience, licensing requirements, testing procedures, technical language training, and skills retraining opportunities existed at the time of her research. In addition, it was noted that barriers particular to women and not mentioned specifically in the *Access Report* include financial hardship with respect to getting licensed, retraining, childcare, and eligibility for loans.

### Resources on Specific Areas

The Canadian Alliance of Physiotherapy Regulators and the College of Physiotherapists of Ontario's manual, *Opening Doors to Physiotherapy Practice in Canada, Best Practices 11*,<sup>42</sup> is designed to assist agencies and individuals with the implementation mechanisms to facilitate the introduction of highly skilled immigrants into the Ontario labour market. Its detailed review of the physiotherapy process was helpful to obtain an understanding of key concepts such as academic credentialing, competency-based learning, prior learning assessment, and remediation. Information on the topic of language proficiency was a useful overview of language screening tests used in the processes of other regulated health professions studied in the research. The glossary of terms was also useful as an introduction to this topic.

An unpublished presentation by Susan Glover Takahashi and A. I. Rothman, "Demographic Parameters effecting success on the OSCE of the physiotherapist licensing examination"<sup>43</sup> looked at the population of candidates in such terms as number of attempts for the OSCE, comparison of OSCE and written exam scores, years since graduation, and gender. Other parameters included mother tongue, primary language of physiotherapists' practice, facility in English or French, geographic region of origin, credentialing system, PLAR and/or upgrade, and additional education.

The study sought to determine if and to what extent the parameters listed above relate to success on the clinical component of the PCE. It was noted that for all candidates language, country of education and number of years past graduation appear as the most influential of the demographic parameters on pass/fail rates.

In addition, two findings specific to internationally educated candidates were the more recent the credentialing system applied (i.e., higher fidelity), the higher the pass rate on the examination and that neither additional education nor PLAR upgrades related to pass/fail rates on the examination.

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<sup>42</sup> Canadian Alliance of Physiotherapy Regulators and the College of Physiotherapists of Ontario, *Opening Doors to Physiotherapy Practice in Canada, Best Practices 11*, 1999, College of Physiotherapists of Ontario.

<sup>43</sup> Glover Takahashi, S.M. and Rothman, A.I., "Demographic Parameters effecting success on the OSCE of the physiotherapist licensing examination", 2003, unpublished study by the Canadian Alliance of Physiotherapy Regulators.

## Other Canadian Jurisdictions

### Manitoba

The report of the *Manitoba Qualifications Recognition Initiative, 2002*,<sup>44</sup> presents the framework for a strategy on qualifications recognition that the Manitoba government has endorsed. The 2002-03 Throne Speech and Action Strategy for Economic Growth made clear the government's intention to increase Manitoba's population and encourage economic growth by doubling immigration levels, strengthening settlement and language-training services, and improving qualification recognition. This collection of eight report summaries includes various issues discussed in the "Qualifications Recognition Initiative" conference held on Tuesday, November 26<sup>th</sup>, 2002 in Winnipeg, Manitoba.

### British Columbia

In British Columbia, the Looking Ahead Initiative is a collaborative effort to integrate British Columbia immigrants. Human Resources Development Canada and the British Columbia government are working together with various community organizations and regulatory and educational bodies. The Report of the Looking Ahead and Centre for Curriculum, Transfer and Technology Roundtable<sup>45</sup> held in 2002 provides a good overview of discussions at the conference, including a "systems approach" to support the full labour market integration of skilled immigrants to B.C. Service providers who participated included regulatory bodies, professional and trades associations, unions, post-secondary institutions, non-government organizations, employers, employer associations and government. One of the findings noted as a success to date was that regulatory bodies were reviewing accessibility and that were also working with educational institutions.

## Jurisdictions Outside Canada

### Australia

The National Office of Overseas Skills Recognition (Australia), in consultation with professional bodies and State and Territory overseas qualifications units, developed *The Best Practice Guide for Professional Bodies*<sup>46</sup> which includes the Guiding Principles for the Assessment and Recognition of Overseas Skills and Qualifications. The document was designed to assist professional bodies in a critical examination of their current assessment procedures and existing information, as well as in identifying gaps and making improvements. It is not profession-specific. It provides guidance on those elements and aspects of assessment and appeal procedures that are essential from a sound practice and

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<sup>44</sup> Government of Manitoba, Ministry of Labour and Immigration, *Manitoba Qualifications Initiative, 2002*, Winnipeg, Manitoba.

<sup>45</sup> Looking Ahead Initiative and Centre for Curriculum, Transfer and Technology Roundtable on *Improving Access to Professions and Trades through Prior Learning Assessment and Qualifications Recognition for Immigrants in B.C.*, March 6, 2002.

<sup>46</sup> National Office of Overseas Skills Recognition (NOOSR) (1997) Commonwealth of Australia, Department of Education, Science and Training, *The Best Practice Guide for Professional Bodies*.

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service delivery perspective and on the development of information for overseas-trained applicants. It also includes a sample candidate information handbook for professions that have examination/entry requirements.

### Additional Website Resources

The most relevant and detailed information on the examination and supervised practice component of the registration process for the four regulated health professions was found on the websites of the Colleges themselves or the national certifying bodies (Canadian Association of Occupational Therapists, the Canadian Society for Medical Laboratory Science, and the Alliance of Physiotherapy Regulators) which administer the examination for their respective occupations. These websites, along with the websites of the Colleges are:

College of Massage Therapists of Ontario (see [www.cmtto.com](http://www.cmtto.com))  
College of Medical Laboratory Technologists of Ontario ([www.cmlto.com](http://www.cmlto.com))  
College of Physiotherapists of Ontario (see [www.copt.org](http://www.copt.org))  
College of Occupational Therapists of Ontario (see [www.coto.org](http://www.coto.org))  
Canadian Alliance of Physiotherapists Regulators (see [www.alliancept.org](http://www.alliancept.org))  
Canadian Occupational Therapists Association (see [www.caot.ca](http://www.caot.ca))  
Canadian Society for Medical Laboratory Science (see [www.csmls.org](http://www.csmls.org))

In addition, the Access to Professions and Trades Unit of the Ministry of Colleges, Training and Universities worked with Ontario regulatory bodies to produce a series of fact sheets that provide profession-specific information for internationally trained professionals. The fact sheets set out step-by-step entry and practice requirements and labour market conditions for specific regulated occupations in Ontario. There are fact sheets for three of the four regulated health professions, which include information on the examination and supervised practice components. A fact sheet for the 4<sup>th</sup> College is in draft form. These can be found at [www.equalopportunity.on.ca/eng\\_g/apt/occfact.html](http://www.equalopportunity.on.ca/eng_g/apt/occfact.html)). As noted earlier, this website is a valuable resource for other material relating to barriers facing internationally educated professionals.

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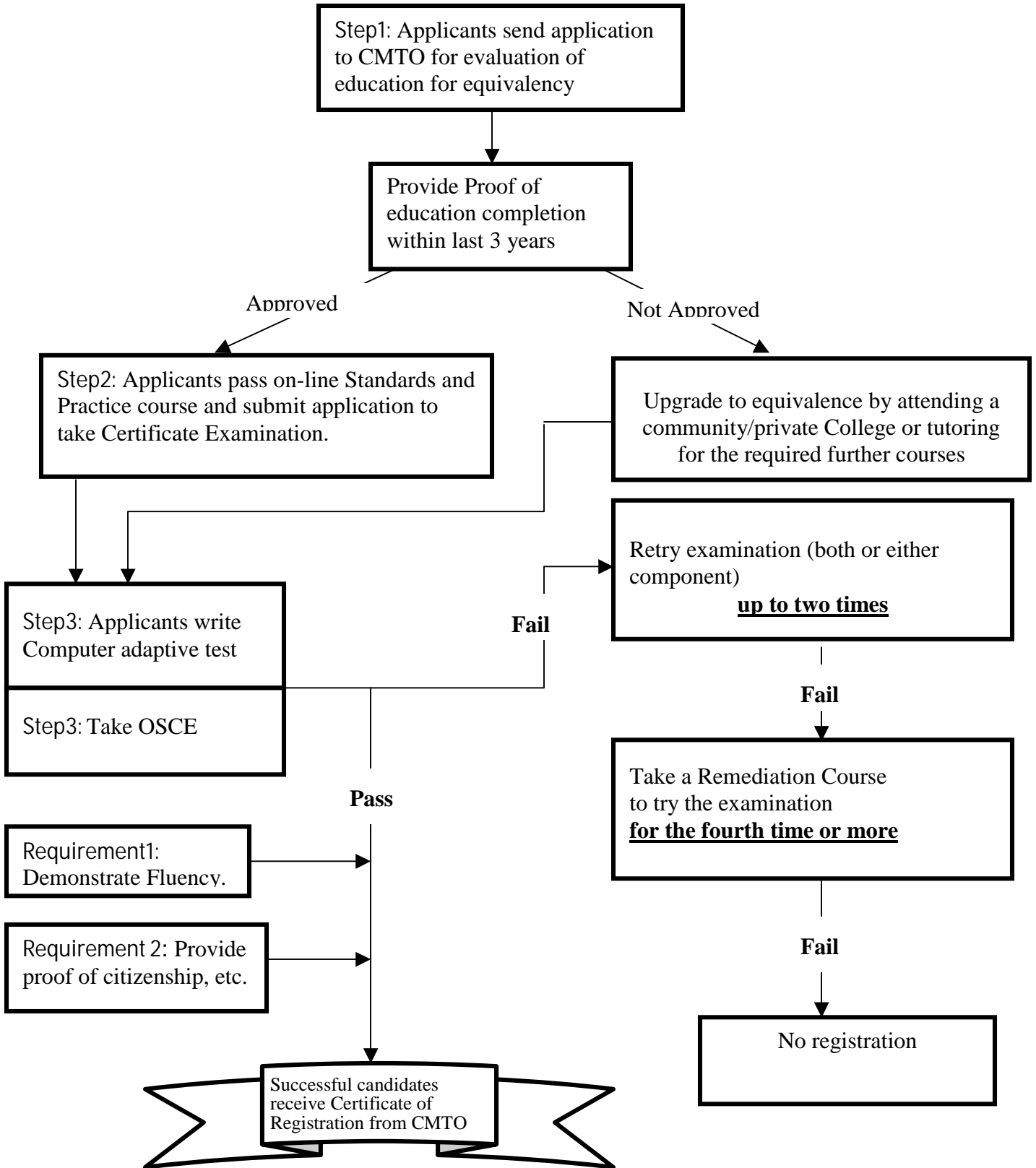
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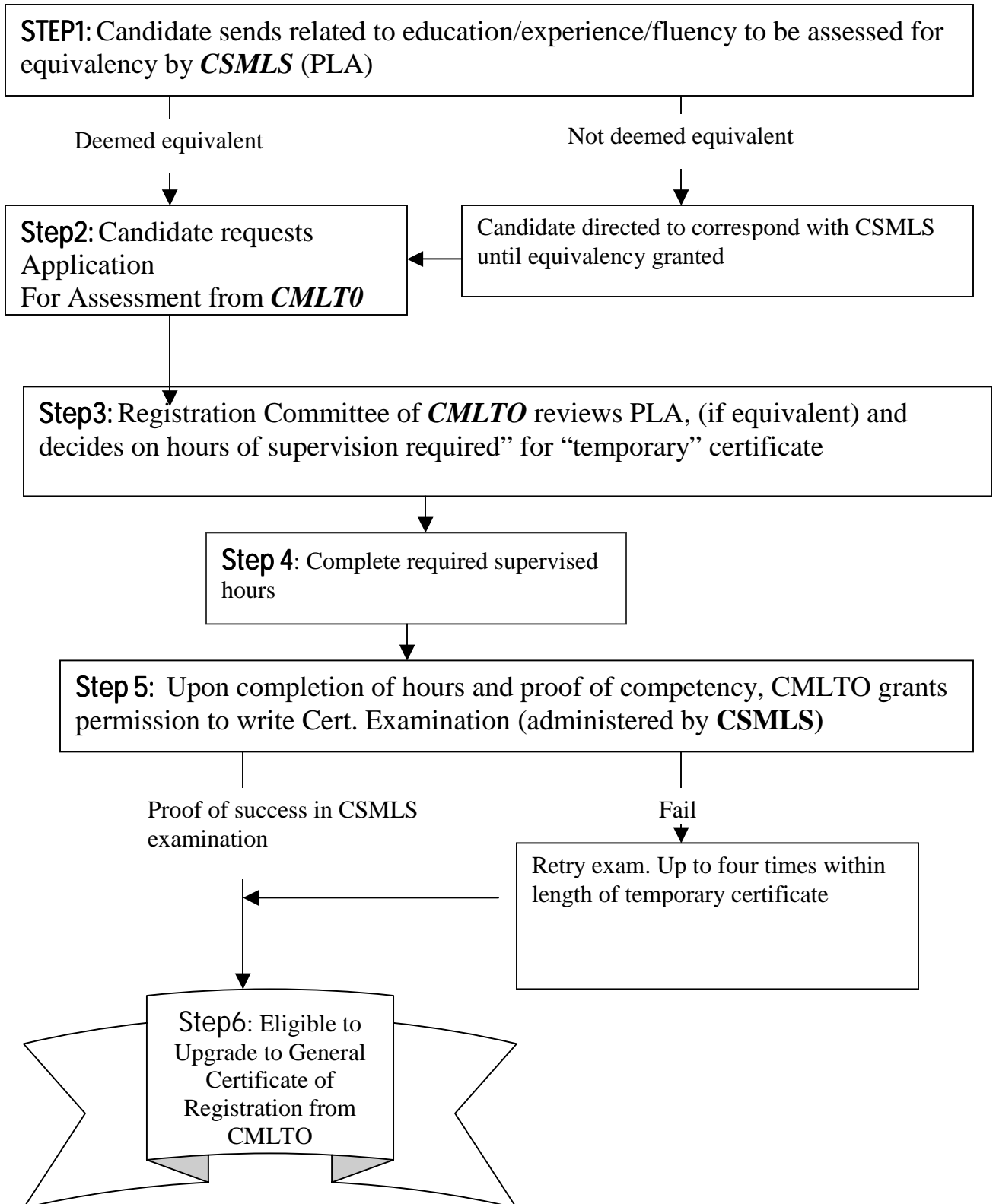
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## Appendix 2 Registration Processes

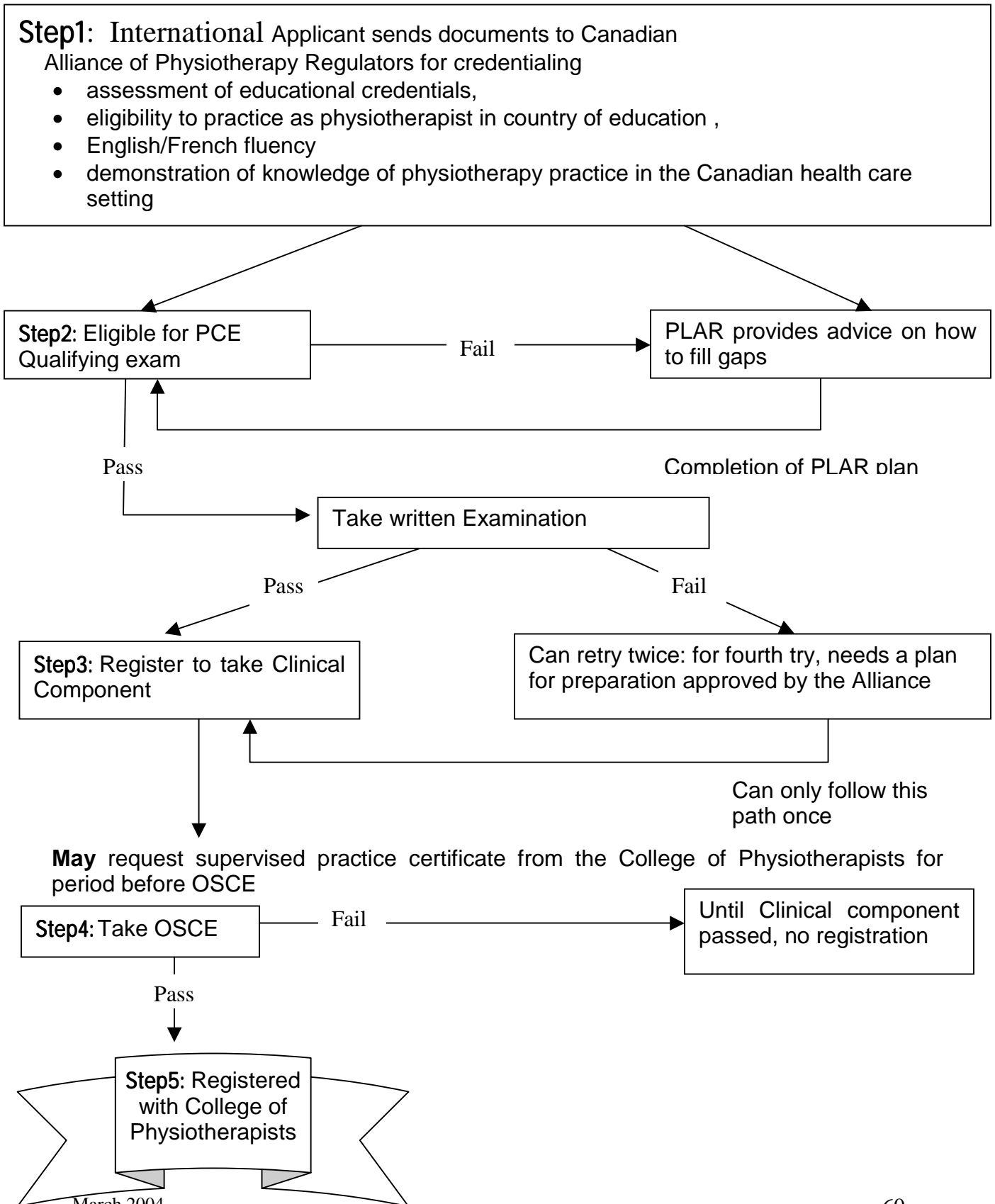
### 2.1 Massage Therapy Registration Process



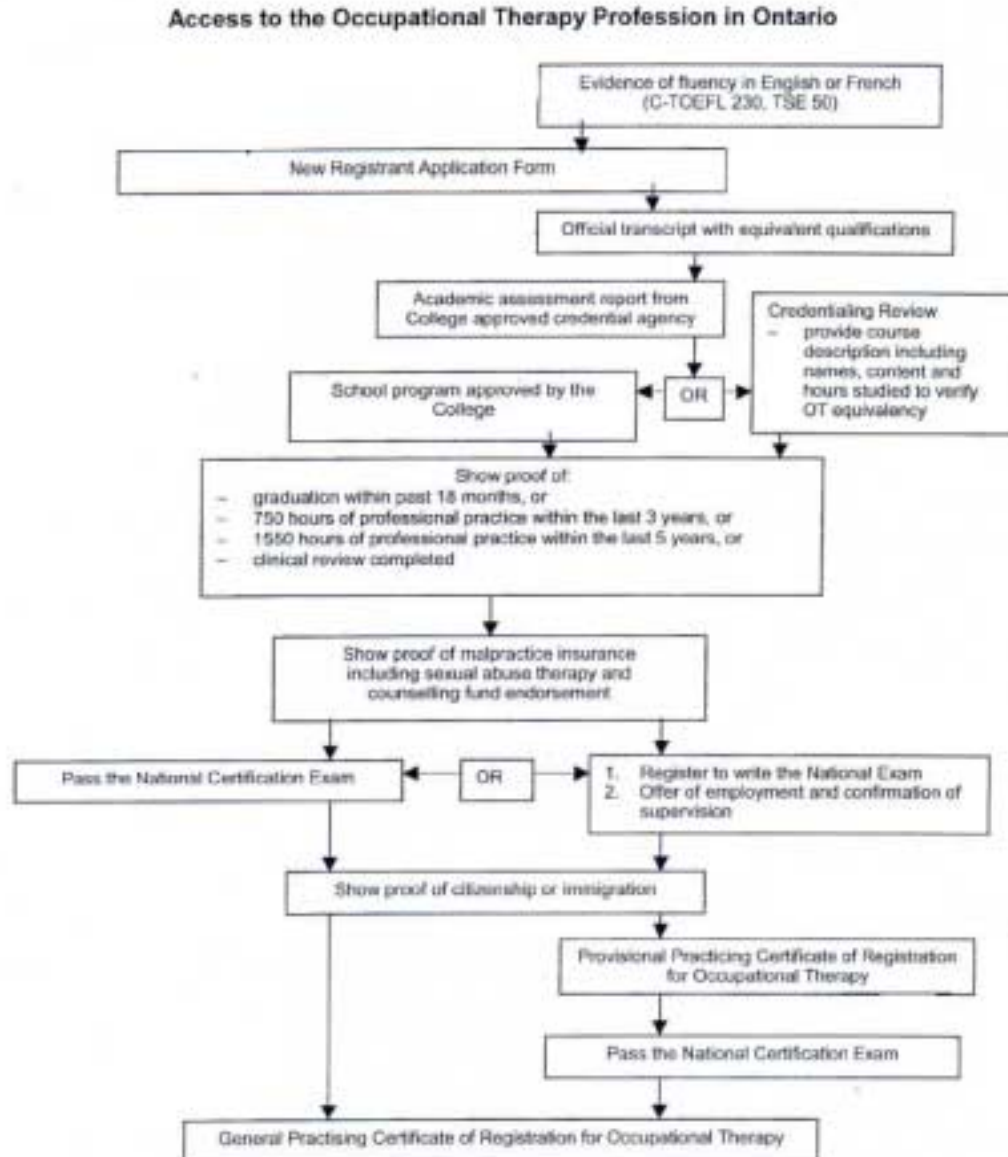
## 2.2 Medical Laboratory Technologist Registration Process (for Internationally Educated Technologists or Canadian educated applicants graduating from a non-accredited program)



### 2.3 Physiotherapist Registration Process



## 2.4 College of Occupational Therapists Process



## **Appendix 3      Key Informants' Groups**

Canadian Alliance of Physiotherapy Regulators  
Canadian Association of Occupational Therapists  
Canadian Society for Medical Laboratory Science  
College of Massage Therapists of Ontario  
College of Physiotherapists of Ontario  
Access and Options Program of the Michener Institute  
Continuing Education, Health Sciences and Human Services Department, Mohawk College  
Toronto Medical Laboratories  
MDS Laboratories  
Solann Therapeutics  
Massage Therapy Program, Centennial College  
Yee Hong Rehabilitation Centre  
Occupational Therapy Program, McMaster University

## **Appendix 4      Membership of Project Partners Committee**

Peggy Edwards (co-lead)  
Executive Director  
Skills for Change

Jan Robinson (co-lead)  
Registrar  
College of Physiotherapists of Ontario

Susan James  
Deputy Registrar  
College of Occupational Therapists of  
Ontario

Alison Pond  
Executive Director  
Accessible Community Counselling  
and Employment Services (A.C.C.E.S.)

Sangeeta Subramaniam  
Executive Director  
South Asian Women's Centre

Deborah Worrada  
Registrar  
College of Massage Therapists of Ontario

Lynn Yawney  
Deputy Registrar  
College of Medical Laboratory  
Technologists of Ontario

Terry Bisset, Research Consultant

## Appendix 5 Questionnaire for Registrars

### A. Background Information ( for Registrars only)

1. How many professionals (male and female) are registered presently with your College?  
\_\_\_\_\_ M \_\_\_\_\_ F

2. What percentage of your College is comprised of internationally trained professionals?  
\_\_\_\_\_ % M \_\_\_\_\_ % F

3. How many candidates apply for registration with your College on an annual basis?  
International \_\_\_\_ (M) \_\_\_\_ (F): Canadian trained \_\_\_\_ (M) \_\_\_\_ (F)

4. In the years 2001 and 2002 (if data available, 2003) how many graduates became registered with your College?

**2001** International \_\_\_\_ (M) \_\_\_\_ (F): Canadian trained \_\_\_\_ (M) \_\_\_\_ (F)

**2002** International \_\_\_\_ (M) \_\_\_\_ (F): Canadian trained \_\_\_\_ (M) \_\_\_\_ (F)

**2003** International \_\_\_\_ (M) \_\_\_\_ (F): Canadian trained \_\_\_\_ (M) \_\_\_\_ (F)

5. In the years 2001 and 2002 and (if data available, 2003) how many applicants were unsuccessful in their attempt to become registered?

**2001** International \_\_\_\_ (M) \_\_\_\_ (F): Canadian trained \_\_\_\_ (M) \_\_\_\_ (F)

**2002** International \_\_\_\_ (M) \_\_\_\_ (F): Canadian trained \_\_\_\_ (M) \_\_\_\_ (F)

**2003** International \_\_\_\_ (M) \_\_\_\_ (F): Canadian trained \_\_\_\_ (M) \_\_\_\_ (F)

6. Does the certification process in your College include:

a) An examination

Yes \_\_\_\_\_ No \_\_\_\_\_

b) A supervised practice component

Yes \_\_\_\_\_ No \_\_\_\_\_

7. What role (if any) does your College play in the examination process and the supervised practice component of the certification process?

8. What do you see as the key challenges for your College in ensuring access to internationally trained applicants?

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9. What is your College already doing to facilitate access to internationally trained candidates?

10. Can you suggest other mechanisms that could assist internationally trained candidates to become successful in obtaining certification in your profession?

Thank you for your assistance in our research project.

## Appendix 6 Questionnaire for Internationally Educated Professionals

Questionnaire for Partnering on Access Solution to Regulated Health Professions Project, November, 2003

**To ensure your privacy, Colleges safeguard the confidentiality of your personal information. I require your consent to include any information that you provide in the study. This information will not be used by or released to anyone else but the researcher of this project.**

If you agree with this, please answer the following questions. There are both general questions and questions about your experiences with the examination and supervised practice part of the registration and certification process.

### General

1. In what country and city did you attain your entry-level professional credentials?

\_\_\_\_\_  
Country

\_\_\_\_\_  
City

2. Please list other countries in which you practiced this profession.

\_\_\_\_\_  
\_\_\_\_\_

3. Are you now registered in your professional College in Ontario?

\_\_\_\_\_ (Yes)                      \_\_\_\_\_ (No)

4. If yes, how long did it take you to get registered/to fulfill the requirements for a registration with no limitations?

1<sup>st</sup> applied to Ontario College    Month \_\_\_\_\_ Year \_\_\_\_\_

Registered in Ontario College    Month \_\_\_\_\_ Year \_\_\_\_\_

**5. If you were not successful the first time you applied for registration, write the possible reasons why you think this happened.**

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**6. If you were not successful the first time and you re-applied to the College, how long did it take you to become registered?**

1<sup>st</sup> applied to Ontario College    Month \_\_\_\_\_    Year \_\_\_\_\_

Registered in Ontario College    Month \_\_\_\_\_    Year \_\_\_\_\_

7. Were you successful on the 2<sup>nd</sup> attempt?    \_\_\_\_\_ (Yes)    \_\_\_\_\_ (No)

8. What are the reasons you believe for your eventual success in being registered with the College? Please list these reasons in order of importance, (i.e., #1 is most important)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

9. **If you have not yet been successful, are you going to apply again?**

\_\_\_\_\_ (Yes)    \_\_\_\_\_ (No)

10. Please write your reasons for the answer you gave to question #9.

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The following Questions are to be answered only by applicants to a college who have written the examination

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11. Did you successfully complete the examination(s) required by your College for registration and certification?

\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

12. If yes, what preparation or resources were the most helpful to you in preparing for the examination? Please list below in order of importance. (i.e., #1 is most important)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

13. How did you find out about these resources?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please list any other materials or activities that you think would have helped you to be better prepared for the examination.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. **If you did not pass the examination**, please mark with an **X** the area(s) of the examination you found most difficult.

Instructions about writing the examination \_\_\_\_\_

Partnering on Access Solutions to Regulated Health Professions

- Lack of proficiency in English to understand and/or answer examination questions \_\_\_\_\_
- Professional terminology in examination \_\_\_\_\_
- Content of the exam \_\_\_\_\_
- Other \_\_\_\_\_

16. If you took the examination more than one time before passing it, please mark with an **X** the reason(s) for your eventual success in passing the examination.

- (a) Received help from a tutor/mentor \_\_\_\_\_
- (b) Received information from the College at the time of failure \_\_\_\_\_
- (c) Used different materials to prepare \_\_\_\_\_
- (d) Prepared more thoroughly \_\_\_\_\_
- (e) Other reasons \_\_\_\_\_

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17. What do you think is or was the most difficult thing you had to overcome in order to pass the examination for your College registration?

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The following questions are to be answered only by applicants to the College who have completed a supervised practice part of registration

N/A \_\_\_\_\_ (mark with an X if you did not complete the supervised practice part of registration and go to the last page of the questionnaire)

18. Were you successful in completing the supervised practice/or hours of practice part of your application process **the first time you tried?**

\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

19. If it took you more than one time to successfully complete this part of the process, please write the reasons why you think you were eventually successful.

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20. Please describe your understanding of the process to match you with a supervisor.

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21. How would you describe your work relationship with your supervisor?

Very good	_____
Good	_____
Average	_____
Not helpful	_____

Please write your comments on the answer to question #21.

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Partnering on Access Solutions to Regulated Health Professions

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22. Please write any suggestions that you believe might have improved your work relationship with your supervisor.

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23. Do you think your work relationship with your supervisor affected the success or failure of your supervised practice part?

\_\_\_\_\_ (Yes)                      \_\_\_\_\_(No)

Please write the reasons for your opinion.

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24. List any activities apart from your work with your supervisor that you think resulted in the successful completion of the supervised practice/hours of practice part.

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25. Do you think your evaluation was fair and appropriate?

\_\_\_\_\_ (Yes)                      \_\_\_\_\_ (No)

Partnering on Access Solutions to Regulated Health Professions

Please give reasons for your opinion.

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26. What do you think was the most difficult thing for you in succeeding in the supervised practice part of your registration process?

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Thank you for taking the time to provide information for our project.

## CONSENT

1. Do you give the Researcher of this project your consent to use this information in an aggregate form in the study being conducted?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Consent \_\_\_\_\_

2. Do you give the Researcher permission to contact you for clarification of your answers?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Consent \_\_\_\_\_

3. Do you give the Researcher permission to contact you about your participation in a focus group to discuss any barriers in the examination and supervised practice process that you believe impact negatively on internationally trained/educated professionals?

Signature of Consent \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide your:

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature of Consent \_\_\_\_\_

Once again, thank you for your valuable contribution to this project.

## **Appendix 7      Participants in Reference Group**

Tony Bamford, Laboratory Supervisor, MDS  
Christie Benchley, Executive Director, Society of Occupational Therapists  
Cecil Canteenwalla, Program Coordinator, Access & Options, The Michener Institute  
Alison Cooper, Manager of Examination Operations, Canadian Alliance of  
Physiotherapists  
Elsie Culham, Associate Professor, Division of Physical Therapy, School of Rehabilitation  
Therapy, Faculty of Health Sciences, Queen's University  
Jane Cullingworth, Project Coordinator, Policy Roundtable Mobilizing Professions and  
Trades (PROMPT)  
Marie Dean, Coordinator, Bridging Programs, College of Pharmacy  
Karen Graham, Ontario Physiotherapists Association  
Ki Kit Lee, Director, Yee Hong Rehabilitation Centre  
Blanca McArthur, Executive Director, Ontario Society of Medical Technologists  
Edwina McGroddy, Associate Registrar, Institute of Chartered Accountants of Ontario  
Stella Ng, Consultant, Status of Women Canada  
Anna Maria Revilla, Counselor & Outreach Coordinator, CARE for Nurses Project  
Helen Wong, Project Director, Access Alliance

## **Appendix 8      Agenda/ Participants for Multi-Stakeholder Forum**

THURSDAY, MARCH 25TH, 2004  
MICHENER INSTITUTE  
Room 441,222 St. Patrick Street, Toronto  
9:00-12:30

### **AGENDA**

- |               |  |
|---------------|--|
| 9:00 – 9:10   | WELCOME/INTRODUCTIONS<br>Jan Robinson, Registrar, College of Physiotherapists of Ontario/ Peggy Edwards, Executive Director, Skills for Change               |
| 9:10 –9:20    | BACKGROUND and RESEARCH METHODOLOGY  |
| 9:20-9:50     | HIGHLIGHTS OF RESEARCH AND FINDINGS/RECOMMENDATIONS<br>Deborah Worrad, Registrar, College of Massage Therapists of Ontario/Terry Bisset, Research Consultant |
| 9:50-10:10    | PLENARY DISCUSSION ON KEY FINDINGS   |
| 10:10-10:30   | BREAK  |
| 10:30-11:30   | TRANSLATING STRATEGIES TO OPPORTUNITIES<br><i>Facilitated table discussion on actions to implement 9 proposed strategies)</i>                                |
| 11:30 – 12:00 | PLENARY SESSION ON STRATEGIES  |
| 12:00 – 12:15 | SUMMARY (JAN ROBINSON)   |
| 12:15 - 12:30 | WRAP-UP/ADJOURNMENT (Sangeeta Subramanian, Executive Director South Asian Women’s Centre/Alison Pond,Executive Director, A.C.C.E.S.)                         |

**Participants in Multi-Stakeholder Forum – March 25, 2004**

Project Partners Committee Members

Reference Group Members

Kim Allen, CEO/Registrar, Professional Engineers of Ontario

Susan Baptiste, Associate Professor and Assistant Dean, Occupational Therapy Program, McMaster University

Valerie Browne, Director, Office and Membership Services, College of Optometrists

Mario Calla, Executive Director, COSTI

Joyce Clitheroe, Program Manager, Medical Laboratory Sciences, Access & Options Program, The Michener Institute

Brendan Corr, Program Manager, Radiological Technology, Access & Options Program

Yasmin Dossal, COSTI

Debbie Douglas, Executive Director, Ontario Council of Agencies Serving Immigrants (OCASI)

Paul Gamble, President/CEO, The Michener Institute

Mary Golba-Bylhouwer, Program Manager, Continuing Education, Health Sciences & Human Services, Mohawk College

Karen Goldenberg, Executive Director, Jobs, Vision and Services

Alison Henry, Manager, Direct Payment and Regulatory Programs Unit, Program Policy Branch, Integrated Policy and Planning Branch, Ministry of Health and Long Term Care

Donna Klaiman, Director of Standards and Professional Affairs, Canadian Association of Occupational Therapy

Sudha Kutty, Consultant, Membership and Professional Relations, Ontario Hospital Association

Chris MacLean, Ontario Women's Directorate

Diane McArthur, Director, Health Planning Branch, Ministry of Health and Long Term Care

Jodi Melnychuk, Policy Advisor, Citizenship Development Branch, Ministry of Citizenship and Immigration

Marie Moliner, Regional Executive Director, Canadian Heritage (Ontario)

Christine Neilson, Director, Certification, Canadian Society for Medical Laboratory Science

Kathleen Olden-Powell, Program Manager, Respiratory Therapy, Access and Options Program, The Michener Institute

Patti Redmond, Director, Workplace Preparation Branch, Ministry of Training, Colleges and Universities (MCTU)

Benilda Silkowska-Masior, Co-ordinator, Hospital Mentors for Foreign Trained Professionals, Inner City Health Program, St. Michael's Hospital

Patricia Walcott, Director-General, Service Delivery, Human Resources and Skills Development Canada

Evelyn Waters, Deputy Registrar, College of Dental Hygienists of Ontario

Kathy Wilkie, Registrar, College of Medical Laboratory Technologists of Ontario

Anat Weirtheim, Vice President, Employment Services, Jobs, Vision and Services

George Zegarac, Assistant Deputy Minister, Integrated Policy and Planning Division, Ministry of Health and Long Term Care