



Report to

## **Ministry of Jobs Tourism and Innovation, Ministry of Health, and Ministry of Advanced Education**

Feasibility Study for an Integrated Assessment Service for Internationally Educated Health Professionals (IEHPs)

### **Final Recommendations Report**

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## 1. EXECUTIVE SUMMARY

An aging workforce and insufficient recruitment and retention of health care professionals in the past decades are resulting in a deepening shortage of health care professionals in British Columbia (BC). These factors pose significant risk in the development and delivery of a sustainable health care sector in the Province. The increasing demand and decreasing supply mean that the Province must make full use of all available health human resources.

Notwithstanding these pressing needs, a significant number of Internationally Educated Health Professionals (IEHPs) experience difficulties with achieving licensure and workforce integration after immigrating to Canada. A common barrier for IEHPs is that regulatory authorities in the health sector often lack capacity to assess IEHPs, given that assessment processes and requirements were not initially designed with IEHPs in mind.

In early 2011, the BC Ministry of Jobs, Tourism and Innovation (JTI), the BC Ministry of Health (MoH), and the BC Ministry of Advanced Education (AED), collaborated to identify and assess current and potential models by which BC can assess Internationally Educated Health Professionals (IEHPs), and further to ascertain the feasibility for BC to establish an assessment service for IEHPs, integrated across priority health occupations. The scope of integration in this project is focused on integration of credential and assessment functions to determine efficiencies and refinements of these services. The stated objective and ultimate goal is to accelerate and streamline the assessment and integration of IEHPs within this scope in order to enhance BC's capacity to build and maintain a sustainable health care workforce.

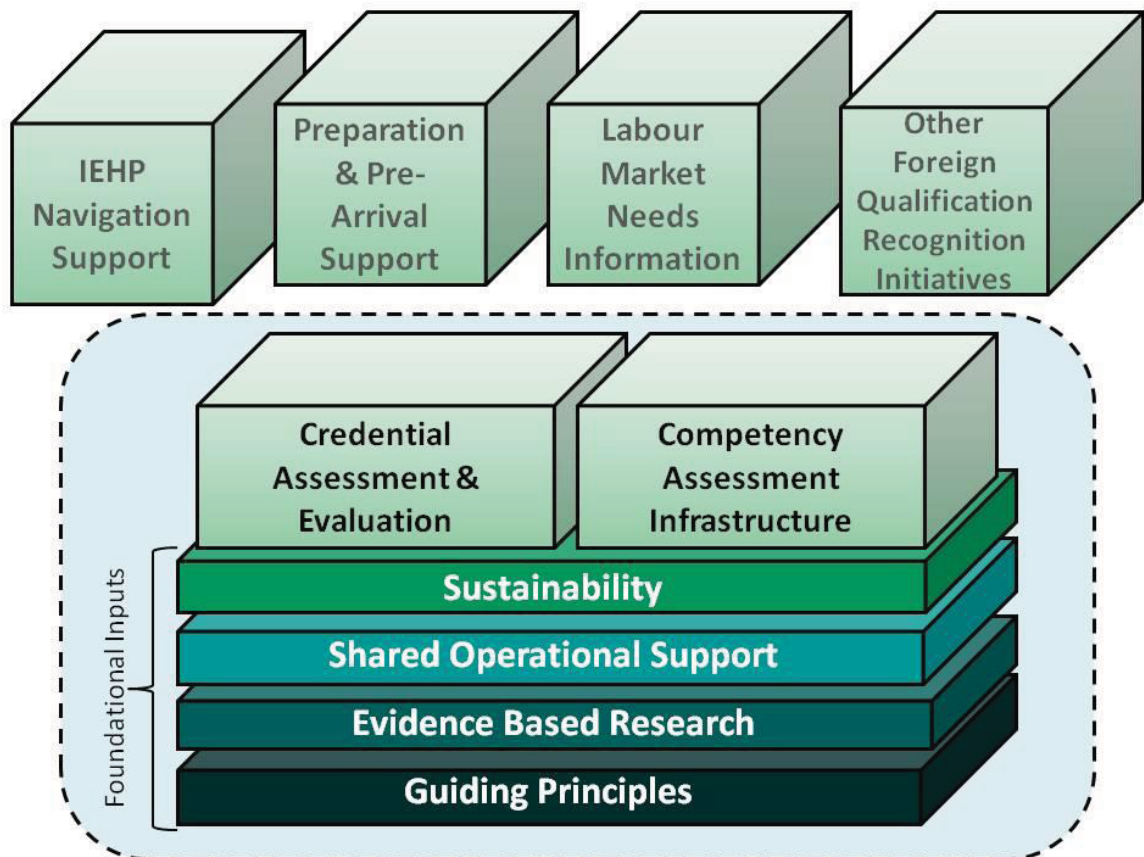
Sierra Systems Group Inc. (Sierra Systems) was engaged to work with the collaborating Ministries on this Feasibility Study. The goal of the feasibility study was to answer the questions: Will the idea work? Should it be embarked upon? and Which partners can potentially be involved?

To answer these questions, Sierra Systems conducted detailed research into like initiatives at provincial, national and international levels, investigated commonalities in the assessment process across priority health professions in BC and in other western provinces/territories, conducted jurisdictional and literature reviews, and engaged multiple key stakeholder groups for input. Further to this, Sierra Systems designed a collaborative consultation process with stakeholders to envision functions of IEHP assessment that could be integrated across priority health professions and the types of services a recommended integrated IEHP assessment service could offer. In addition, potential collaboration across jurisdictions was explored.

Based on research and stakeholder consultation, five potential models for an integrated IEHP assessment service were presented to stakeholders during a multi-stakeholder workshop. Initially, stakeholders demonstrated resistance to aspects of a shared model, yet as dialogue progressed, a willingness to collaborate emerged, with agreement reached on some elements within each model. The output of the dialogue was a new model, re-engineered by stakeholders combining aspects of the presented potential models with new elements in a different configuration.

The graphic below illustrates the concept and structure of the recommended model for an IEHP integrated assessment service in BC:

### Integrated Assessment Service & Supports



The resulting plan embraces four foundational concepts of Guiding Principles, Evidence Based Research, Shared Operation Support and Sustainability. Two categories of services to be offered within the integrated IEHP assessment service rest on the foundational concepts. These are: Credential Assessment and Evaluation and Competency Assessment Infrastructure. Each service category is comprised of a number of components, and collectively they represent the steps through assessment to licensure. They are modifiable over time, and the professions are at liberty to choose to integrate those service components serving their respective needs.

In parallel to these, but as satellite services, are those non-assessment functions that closely link with credential and competency evaluation. These four spheres of other support are: Preparation and Pre-Arrival Support, IEHP Navigation Support, Labour Market Needs Communications and Other Foreign Qualifications Recognition initiatives. There are well established and currently effective programs that support the Preparation and Pre-Arrival Support, such as Welcome BC and Work BC, and the successful Skills Connect program that assists IEHP in their connection with suitable work opportunities. Various colleges currently offer

bridging programs to provide education for IEHPs whose education has gaps barring Canadian certification, to help them become practice ready. Government websites provide labour market information. It is anticipated that the integrated assessment service will provide directional support and referral services to IEHPs but will not replace or duplicate existing programs.

Through the integrated IEHP assessment service, applicants will have a single, clear access point from which they can either view the various steps of the entire assessment process, or be directed to their profession's agency or other established programs for complete information. It is anticipated that the integrated IEHP assessment service will be able to facilitate a more efficient and streamlined flow of IEHPs from initial entry point to ready for practice status, whether that be their original occupation or a lesser, related one. IEHPs may use the integrated service, be navigated to another agency to receive directional guidance or referral, and then re-access the integrated service, depending on their individual needs.

The model can act as a horizontal integrator along the *Pathway to Recognition* in the Pan Canadian Framework, helping to ensure collaboration, developing efficiencies along the continuum, and reducing duplication in programs and initiatives.

Stakeholder groups expected to benefit from the integrated IEHP assessment service are government, professional regulatory authorities, IEHPs, employers, and other jurisdictions.

#### **1. Value for BC Government**

An integrated model of assessment will accelerate and streamline the assessment and integration of IEHPs and ultimately enhance BC's capacity to leverage funding efficiencies, be responsive, effect collaborative working relationships, and maintain a sustainable health workforce.

#### **2. Value for Professional Regulatory Authorities in BC**

An integrated model of assessment will allow regulatory authorities to leverage resources and knowledge from collaborating partnerships, share knowledge, data and research, and align/coordinate common activities to reduce duplication of efforts. This will contribute to making the assessment process more cost effective, will build foundations from which to continuously improve, and will build a sustainable assessment environment for all participating regulatory professions.

#### **3. Value for IEHPs in BC**

For IEHPs an integrated model of assessment will provide clarity and transparency from the first point of access and direction, through a process of assessment that is simplified, transparent, streamlined, and accelerated.

#### **4. Value for Employers in BC**

The confidence of employers will increase as they hire IEHPs who have been deemed qualified, competent, and practice ready having experienced the IEHP integrated assessment service that aims to standardize employment readiness of IEHPs and ensure their success toward integrating into the workforce.

## 5. Value of Joint Jurisdictional Collaboration

The potential for wider collaboration with other jurisdictions, particularly in Western Provinces and Territories, is worthy of further investigation and should be explored in further detail. This is particularly relevant now that regulatory bodies are moving increasingly toward national certification and/or national portability of credentials; and a smoother path toward licensing may be gained. The more that assessment standards and processes are unified across jurisdictions, the better equipped the IEHP will be to meet requirements and be viewed optimistically for employment mobility.

In summary, the study concluded that, based on stipulated feasibility factors, guiding principles, and stakeholder support, the concept of an integrated IEHP assessment service in BC is feasible and that further investigation into operational elements, funding practicality, and implementation considerations of the recommended and stakeholder supported model should be embarked upon.



## 2. BACKGROUND

### 2.1. Project Objectives and Overview

In early 2011, the BC Ministry of Jobs, Tourism and Innovation (JTI), the BC Ministry of Health (MoH), and the BC Ministry of Advanced Education (AED), collaborated to identify and assess current and potential models by which BC can assess Internationally Educated Health Professionals (IEHPs), and further to ascertain the feasibility for BC to establish an assessment service for IEHPs, integrated across priority health occupations. The stated objective of such an initiative is to improve the capacity of stakeholders to assess IEHPs against standards for entry-to-practice in BC.

Sierra Systems Group Inc. (Sierra Systems) was engaged to work with the collaborating Ministries on this Feasibility Study. A feasibility study looks at the viability of an idea with an emphasis on identifying potential problems and constraints, and attempts to answer two main questions: Will the idea work? Should it be embarked upon? and Which partners can potentially be involved?

In the context of this project, the Feasibility Study is the first step of visioning and collaboration among stakeholders to identify possible models for integration. As such, this Feasibility Study was conducted primarily using qualitative information provided through research and stakeholder input. This ensured that the visioning and ensuing potential creation process became highly stakeholder driven to facilitate ease of adoption and commitment to the project in later phases. Key stakeholder support is instrumental to success, given the breadth of collaboration required to integrate IEHP assessment services across health professions in BC.

### 2.2. Scope

Priority professions identified by the Ministries as in scope for this Feasibility Study included:

- Physicians, registered nurses, licensed practical nurses, pharmacists, occupational therapists, physiotherapists, medical laboratory technologists, and medical radiation technologists

Stakeholder participants consulted for this Feasibility Study included:

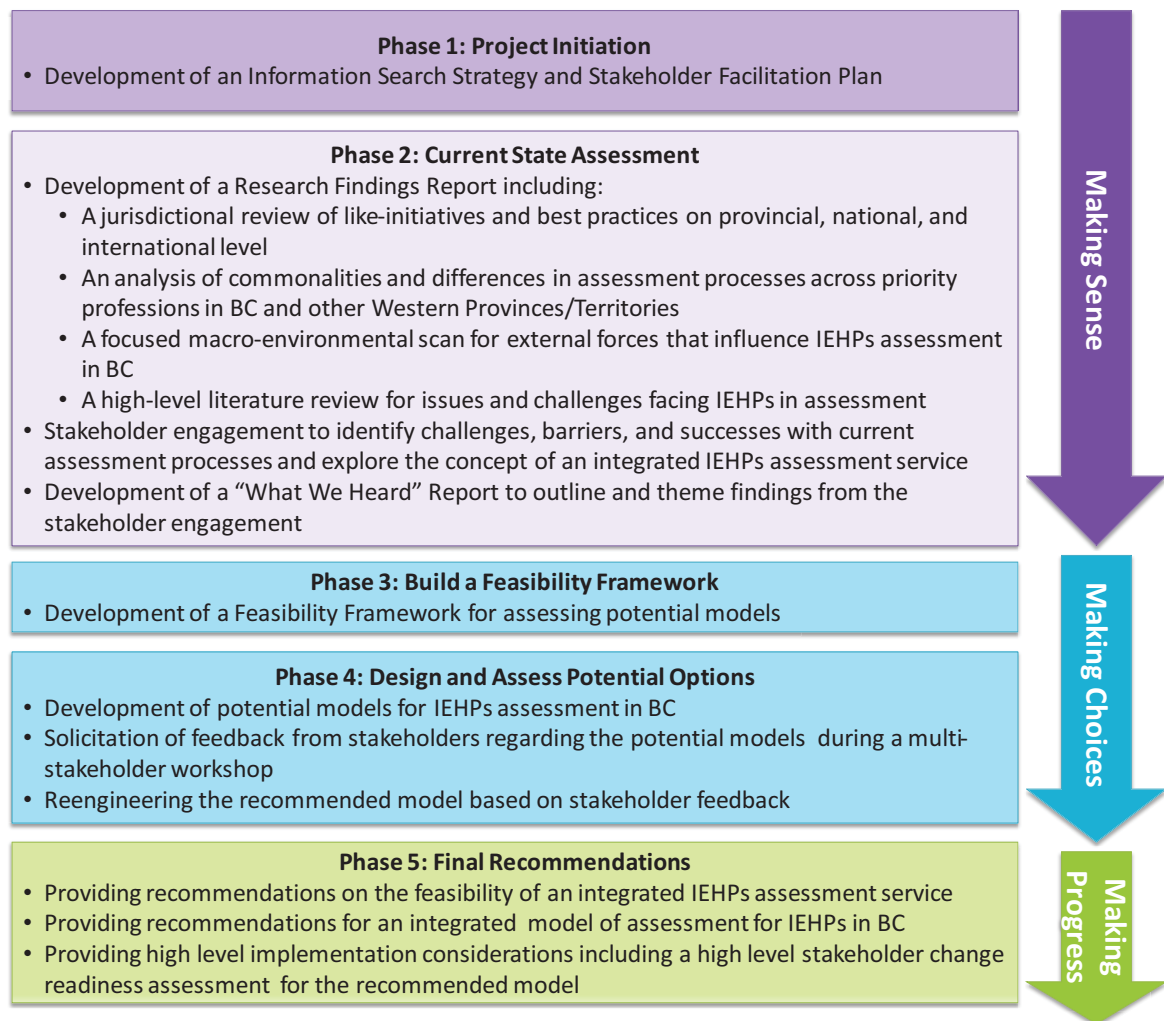
- Internal JTI, MoH, and AED government representatives
- BC recruitment and immigrant services (including BC Health Skills Connect, Health Match BC, BC Health Authorities, and others)
- Regulatory bodies for the eight priority professions in BC listed above
- Post-secondary institutions in BC (including BCIT, University of British Columbia, Vancouver Community College, Kwantlen Polytechnic University, and others)
- Western provinces/territory governments
- Internationally educated health professionals

Western provinces/territories in scope for research and engagement during the Feasibility Study included:

- British Columbia primarily; secondarily Alberta, Saskatchewan, Manitoba, and Yukon
- Western and Northern Health Human Resources Forum

## 2.3. Methodology

In order to meet the objectives of the Feasibility Study, the following methodology was applied:



For the Research Findings Report, the “What We Heard” Report, and the Feasibility Framework, please see Annexes 1, 2 and 3 respectively.

## 2.4. Project Phase Outcomes

The following is a summary of the major outcomes from the project phases outlined in the methodology.

### 2.4.1. Current State Assessment (Phase 2)

The research portion of the current state review identified numerous challenges that the immigrant health professional faces, particularly those who defer investigation of acceptance into their profession until after they arrive in Canada. As the education and specialization within professions can vary so widely from country to country, equivalency of skills and knowledge cannot be presumed to share equivalency with Canadian norms. Thus, immigrants often find that they lack either the education or experience to qualify for recognition, or to be able to pass the Canadian exams for entry to practice in their profession.

A more frequent barrier, though, universally encountered, is that of language. Even IEHPs from English speaking countries can find, to their surprise, that they lack understanding of Canadian English, and Canadian medical vocabulary. Compounding the language barrier is the need for appreciation of the cultural differences in the Canadian way of life and the need to understand how the Canadian health care system functions and the nature of the practice context. Perhaps the heaviest burden of all is the financial one, from the perspective of the fees associated with assessment and bridging, as well as the low or absent income immigrants may have while they go through the process.

When examining the assessment process in BC, it was found that each health profession studied maintains its own siloed process to gain full licensure/registration. Findings also revealed that the assessment process is fairly similar among priority professions in BC whereas the criteria, content, number, and type of assessments demonstrated major differences. Moreover, it was found that each western province/territory conducts its own version of the same process, although a few national bodies do exist, with emergence of a few more on the horizon.

While examining like initiatives, nationally and internationally, we found that there are only a handful of locations where any discernable integration of assessment services exists. This suggests that the notion of an integrated assessment service is either very new and timely, or that it has already been considered and rejected as a concept, for any number of reasons. Most advanced among those identified as having an integrated program is Australia, which recently embraced the notion of national assessment and regulation on a broad scale amongst nine selected health professions.

Further to this, trends in the labour market, technology, economics, demographics, and education of health professionals, all influence the planning and operations of BC organizations and governments. Because of regional economic disparities, for instance, an integrated IEHP assessment service must have the flexibility to compensate for regional differences. The global and local trend toward a knowledge based economy means more service related jobs – immigrants need the right credentials and skills to meet Canadian standards. BC's demand and supply gap for health professionals needs to ensure its IEHP assessment service is competitive, and it must operate in a cost effective manner given the decreasing ratio of employed tax payers in the aging population as well as the likelihood of greater pressure on publicly funded initiatives.

Throughout the stakeholder engagement sessions, stakeholders provided consistent feedback on what they believe to be the core issues facing IEHP assessment, the merits of an integrated IEHP assessment service, and the desired attributes of a future state model. Themes that we heard very frequently from various participants regarding a desired integrated IEHP future state assessment service were:

- One clear access point for dispersal of information and direction on assessment paths.
- Shared resources and administrative support for a more effective and efficient process.
- Increased knowledge sharing and best practices among professions through a foundation for research and data gathering.
- Shared infrastructure for competency based assessment.
- Shared language, cultural, communication and interprofessional training.
- Alignment with labour market needs.

For more information regarding the research findings and the stakeholder engagement findings, please see Annex 1 for the Research Findings Report, and Annex 2 for the “What We Heard” Report.

#### **2.4.2. Build a Feasibility Framework (Phase 3)**

The Feasibility Framework serves as a lens through which potential options for an integrated assessment service for IEHPs can be viewed and, as such, the feasibility of potential options can be assessed.

The guiding principles and feasibility factors that populate the Feasibility Framework were established based on government feasibility themes and stakeholder input documented during stakeholder workshops held in February and March of 2011. Development of the Feasibility Framework was driven wholly by stakeholder input.

The following are five guiding principles—fundamental attributes for an integrated IEHP assessment service—which guided the development of potential models and can continue to guide later phases of design and implementation of a chosen model:

- Transparency
- Consistency
- Fairness
- Timeliness
- Responsiveness

These principles are in alignment with the 2009 Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications.

For a detailed definition of these guiding principles, please see the Feasibility Framework in Annex 3.

The following six factors are measurable attributes of feasibility. Feasibility is enhanced by the extent to which a model advances this set of attributes. In order for an integrated IEHP assessment service to be feasible, it must rank highly on the feasibility factors proposed below:

- Potential for financial sustainability
- Improve stakeholder participation/collaboration
- Avoid duplication
- Improve economies of scale
- Improve efficiencies
- Improve coordination of access points and information resources

For a detailed definition of these feasibility factors as well as a visual of the Feasibility Framework assessment model used, please see the Feasibility Framework in Annex 3.

The guiding principles, feasibility factors and the Feasibility Framework were presented to the stakeholders who participated during the multi-stakeholder validation meeting in Phase 4. There was no disagreement or resistance to this framework from any stakeholders so it was therefore used to assess potential models.

#### **2.4.3. Design and Assess Potential Models (Phase 4)**

During this phase, five potential models of integrated IEHP assessment were developed. They are described in Section 4 of this report.

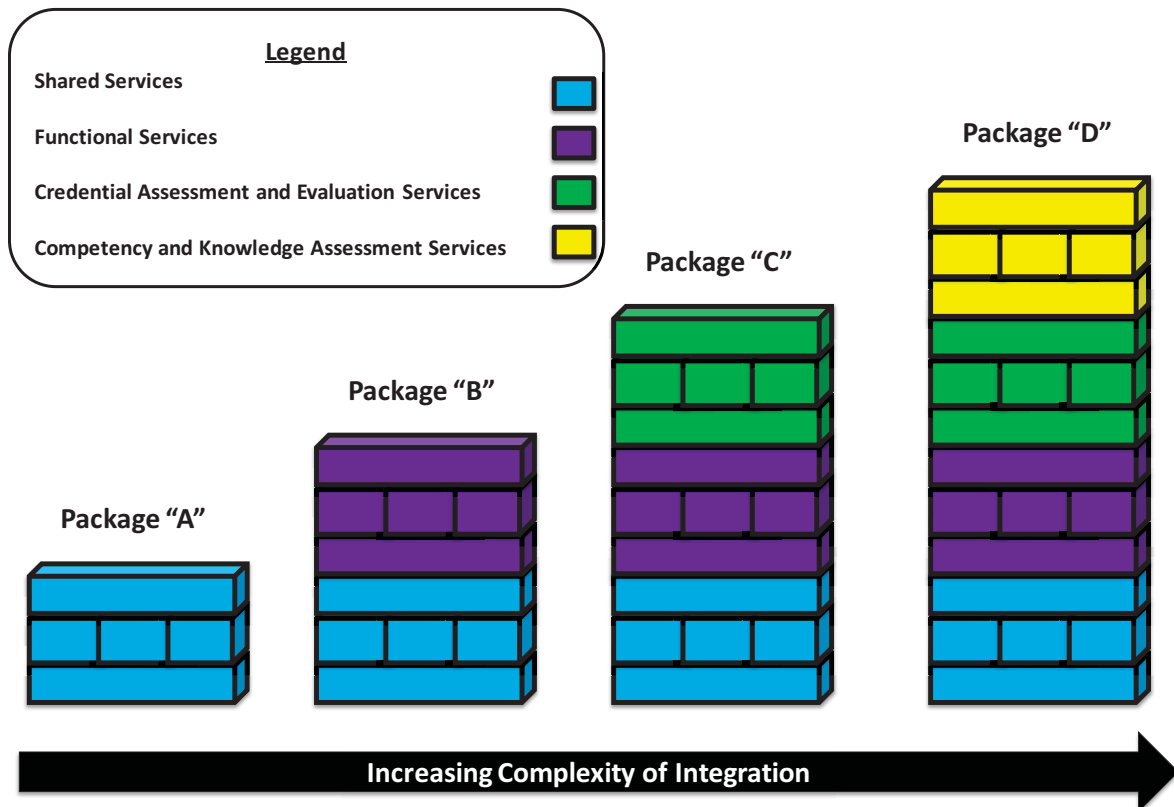
Of the stakeholders who participated in the engagement sessions in Phase 2 of the Feasibility Study, 16 were invited to, and participated in, a multi-stakeholder validation and feedback workshop on April 18<sup>th</sup>, 2011, at which the potential options were presented. These stakeholders were individuals with decision making authority, from BC regulatory bodies of the priority health professions, postsecondary institutions in BC with programs for the priority health professions, and key immigrant and recruitment services in BC.

Feedback received from stakeholders during the workshop regarding the presented five options is described in detail in Section 3.1 of this report. However, it is interesting that stakeholders initially demonstrated resistance to aspects of the shared model, yet as dialogue progressed and stakeholders realized that they face similar issues and needs, the excitement and willingness to collaborate with one another emerged. Stakeholders expressed gratitude for the opportunity to sit together in a room and discuss common issues and possible solutions through working together.

Although there was no agreement or consensus on any of the potential models presented, there was agreement on some elements within each model. Therefore, instead of weighting each whole model within the Feasibility Framework as was planned, stakeholders were asked to anonymously weigh elements of the presented models in the Feasibility Framework as well as additional elements that may have been raised during discussion. The result of the dialogue and the Feasibility Framework anonymous weighting was a new model, re-engineered by stakeholders using elements of the presented potential models in combination with ideas and concepts arising from the subject matter expertise of the stakeholders. This is the best possible outcome of such a workshop as the recommended model became completely stakeholder driven. This will greatly enhance ease of adoption and commitment of stakeholders as the project progresses.

### 3. POTENTIAL MODELS

The diagram below illustrates the five initial potential models that were presented to stakeholders for validation and feedback:



#### Option 1: Package "A" – Shared Services

This package included integrated shared administrative components such as:

- Secretarial support
- Resources and infrastructure
- Resource database and library
- Document repository
- Website with consistent and transparent information, and links to services
- One central access point to the Pathway to Recognition

#### Option 2: Package "B" – Functional Services

This package included integrated functional services components such as:

- Orientation to the Canadian health care system
- Interprofessional relations orientation
- Professional code of ethics

- Language and professional communication assessment
- Self-assessment tools
- Employer support

### **Option 3: Package “C” – Credential and Assessment Evaluation Services**

This package includes integrated components such as:

- Validation of international post-secondary educational and professional training institutions
- Prior education and training: evaluation and assessment
- Prior work experience: evaluation and assessment
- Judge of good character: assessment of references

### **Option 4: Package “D” – Competency and Knowledge Assessment Services**

This package includes integrated components such as:

- Equivalency assessments
- Written examinations
- Oral examinations

### **Option 5: Overall Subscription Model**

In this option, professions and regulators would have the choice of subscribing to the integrated assessment service at a “package” level commensurate with their needs. Packages “A” through “D” build on each other (for example, Package “C” including Package “A” through “C” and Package “D” including Package “A” through “D”), and increase in the complexity of integration, from basic “shared services” to the integration of more complex competency and knowledge assessment services.

Each “brick” is a discrete component belonging to the package grouping as outlined in the above options. Stakeholders would have the ability to subscribe to a customized package with components removed as desired - without having the foundation of the customized package collapse.

This model is evolutionary in nature. The ability to customize a subscription package without collapsing the foundation provides the opportunity for additional health professions to participate in the service at a later time. Equally, participants may agree to start at Package “A” and evolve the model towards Package “D” over time as success proves out. Additionally, the service offerings can continue to evolve with the addition of subscription packages and the addition of service components such as bridging programs, IEHP support programs, alternative pathways, etc.

### 3.1. Stakeholder Feedback and Validation of Alternative Potential Models

Although there was no agreement or consensus from any one stakeholder on any of the potential models presented, there was agreement on some elements within each model. The following section describes where there was agreement and support, where a need for improvements was identified, and which functions of integrated assessment scored highly on the feasibility factor weightings.

#### 3.1.1. Areas of Support in the Potential Models Presented

##### **Evolving Nature of Option 5**

Stakeholders strongly supported the evolving nature of Option 5 as this satisfied the guiding principle of responsiveness. According to stakeholder input, the integrated assessment service model must have the ability to evolve and adapt to changing external environmental demands such as changes in labour market needs, changes in political regimes, and changes in service requirements/needs.

##### **Customizable Nature of Option 5**

Stakeholders also supported the customizable nature of Option 5. Because the maturity level of the current assessment process varies greatly amongst professions, stakeholder groups want the ability to customize their level of integration. The ability to accommodate desired customization is expected to increase stakeholder participation and collaboration overall.

##### **Package “D”: Competency and Knowledge Assessment Infrastructure**

During stakeholder engagement sessions in Phase 2, we heard that integrating elements of competency and knowledge assessment infrastructure (Package “D”) would be the most complex and difficult area for integration. This is why Package “D” was designed as the top building block of Option 5. In contrast, during the stakeholder validation workshop, stakeholders were most supportive and eager about integrating the elements in Package “D” of assessment.

##### **Package “C”: Credential Assessment Evaluation Services**

Similarly, during the stakeholder engagement sessions in Phase 2, we heard that the integration of credential assessment and evaluation services (Package “C”) would also be very complex and difficult. Nevertheless, stakeholders strongly supported integrating the elements in Package “C”. Stakeholders felt that some manner of initial screening of credentials, education, experience, and references would speed up the process, allow for increased transparency, avoid significant duplication of efforts across professions, and improve cost effectiveness.

##### **Preparation and Pre-Arrival Services**

Certain preparation and pre-arrival services outlined in the potential models were highly supported for integration. These included:

- Language assessment and training
- Professional communication assessment and training



- Orientation to the Canadian healthcare system
- Orientation to interprofessional health practice
- Website or portal with consistent and transparent information, and links to services

Stakeholders felt that a significant amount of duplication of effort exists across health professions in these areas.

### **3.1.2. Required Improvements to the Potential Models**

#### **Confusion around Naming of Some Packages and Elements**

There was some confusion on the naming of packages and elements. Stakeholders were unclear what was meant by “shared services” and “functional services”. More clarity was required in the definition of categories and components within the recommended model.

#### **Resistance to Building Block-Subscription Depiction**

There was a significant amount of resistance to the Building Block-Subscription depiction for Option 5. Stakeholders felt that higher levels (Package “D”) were more desired for integration than lower levels (Package “A”), yet they would need to subscribe to components of Package “A” to get components of Package “D”. There was agreement that a foundation is needed to support the integrated elements however there was disagreement that components within Package “A” were foundational. Stakeholders felt that this depiction was too limiting and didn’t effectively convey the customizable nature of Option 5.

#### **Resistance to Shared Services**

The term Shared Services (Package “A”) and shared administration held a certain connotation among the stakeholder group that drew out a significant amount of resistance and questioning. Shared services and shared administration can allude to a variety of items ranging from secretarial efforts to management. This was the first Option presented to stakeholders and seemingly drew out resistance as it generated a fear of loss of control. Later when discussing Options 3, 4 and 5, it became evident to stakeholders that some form of a foundational operational strategy was required to support the components of integration. This was the initial intent of Package “A”. However, stakeholders felt that the elements within package “A” were not foundational components.

#### **Need for Strong Foundational Elements**

Because there was strong resistance to Package “A” and stakeholders truly did not feel that the components in Package “A” were foundational, stakeholders, as a group, re-engineered the foundational components required. These became:

- Guiding Principles
- Evidence Based Research
- Shared Operational Support
- Sustainability

### **Need for IEHP Navigation Support**

Stakeholders felt that none of the potential models effectively addressed the need for some form of support to IEHPs in navigating through the process to full licensure/registration. They voiced the view that an integrated assessment service provides an opportunity to offer effective, streamlined, and coordinated IEHP navigation supports. They suggested the following additional elements for inclusion:

- Clear direction through the Pathway to Recognition
- Direction or referral to bridging programs if required
- Direction to alternative careers and referral to appropriate programs if IEHP qualifications are not recognized

In essence, the service should provide direction and referral to those existing agencies and services that offer navigational support to IEHPs.

### **Need for Labour Market Needs Communication**

Stakeholders also intoned that none of the potential models effectively addressed the need for credible communication of labour market needs to IEHPs. Currently, the recruiting solicitations and enticements are not aligned with labour market needs. Some IEHPs spend countless hours and money working through the pathway to recognition, only to find at the end of it that there are no job offerings in their chosen field. Stakeholders indicated that an integrated assessment service would provide an opportunity to offer IEHPs credible and accurate communication of labour market needs forecasts.

### **Need for Overarching Shared Governance, Goals, and Priorities**

Finally, stakeholders expressed that the potential models lacked in depicting a need for overarching shared governance, goals and strategic priorities across and among participating stakeholders.

#### **3.1.3. Functions of Integrated Assessment that Achieved a High Score in the Feasibility Framework**

Near the end of the stakeholder validation and feedback workshop, Sierra Systems handed out the Feasibility Framework to participants, asking participants to anonymously weigh components of the presented models as well as further components stakeholders felt were essential. Sierra Systems then collected this feedback and applied it to re-engineer the model. The following is a list of elements for integration that were weighted medium/high to high on all six feasibility factors across more than 50% of the responses collected:

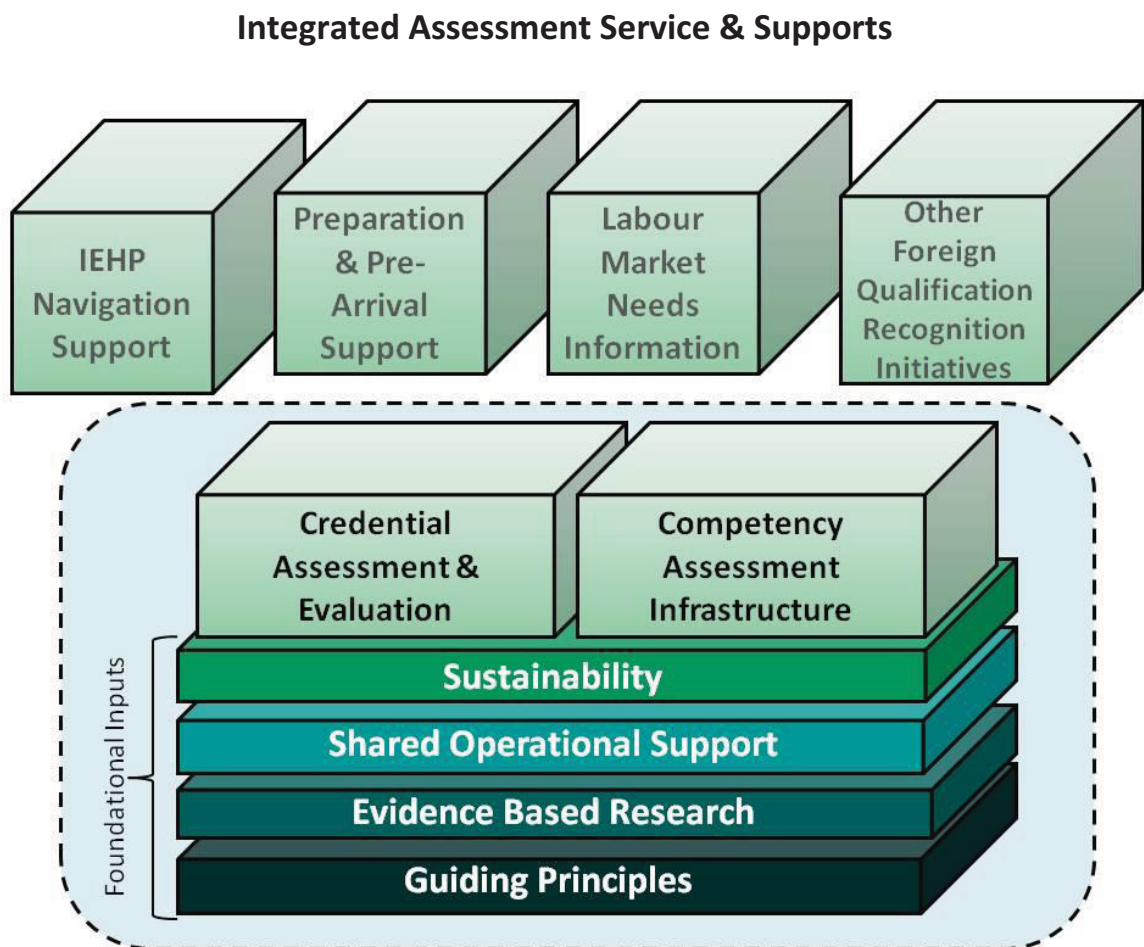
- Competency and knowledge assessment infrastructure
- Credential assessment and evaluation services
- Evidence-based research foundation
- Shared operational strategy to support integration
- Language assessment and training
- Professional communication assessment and training
- Orientation to the Canadian health care system

- Orientation to interprofessional health practice
- Direction to alternative careers
- Direction to bridging programs
- Shared governance, goals and strategic priorities
- Website/portal with consistent and transparent information, and links to services in existence elsewhere as well as to existing agencies and regulatory bodies

## 4. RECOMMENDED MODEL FOR AN INTEGRATED ASSESSMENT SERVICE FOR IEHPs IN BC

Based on stakeholder feedback regarding the alternative potential models and the anonymous weightings in the Feasibility Framework provided during the multi-stakeholder validation workshop in April 2011, the potential alternative models outlined in Section 3 of this report were re-engineered to deliver the following recommended model. Please note that as a follow up, this model was distributed to the attendees of the multi-stakeholder validation workshop for final validation and no changes were requested.

The graphic below illustrates the concept and structure of the recommended model for an IEHP integrated assessment service:



Definitions of the elements within this model are outlined in Section 4.1.

This model encompasses the four foundational inputs of Guiding Principles, Evidence Based Research, Shared Operation Support and Sustainability. Two categories of services to be offered within the integrated IEHP assessment service rest on the foundational concepts. These are: Credential Assessment and Evaluation and Competency Assessment Infrastructure. Each service

category is comprised of a number of components, and collectively they represent the steps through assessment to licensure. They are modifiable over time, and the professions are at liberty to choose to integrate those service components serving their respective needs.

In parallel to these, but as satellite services, are those non-assessment functions that closely link with credential and competency evaluation. These four functions are: Preparation and Pre-Arrival Support, IEHP Navigation Support, Labour Market Needs Communications and Foreign Qualifications Recognitions initiatives.

Through the integrated IEHP assessment service, applicants will have a single, clear access point from which they can either view the various steps of the entire assessment process, or be directed to their profession's agency and associated programs for complete information. There are already several organizations and services in place to serve the immigrant applicant, through professions and through government services such as Welcome BC, Work BC, and the successful Skills Connect program. These will remain and continue to provide their services. The integrated service would not duplicate their functions. IEHPs might use the integrated service initially, receive directional guidance to another agency, and then may re-access the integrated service for next steps or more information depending on individual needs. As shown in the graphic depiction of model, flow of IEHPs progresses through the steps such that successful completion can lead to practise readiness in the original or alternate health occupation and, thereafter, employment eligibility.

## 4.1. Model Definitions

### 4.1.1. Overarching Shared Governance, Goals and Strategic Priorities

The IEHP integrated assessment service may become operational via any of the following: a virtual service, a bricks and mortar building, a mobile self-contained unit, or a combination of these. Whatever form the service takes, the right and responsibility for governance of operations will be shared amongst participating stakeholders and Ministry partners, who will direct its modus operandum. Strategic priorities underlying the assessment service are expected to be consistent with provincial, pan-Canadian and Ministry priorities in respect to health workforce needs.

### 4.1.2. Foundational Inputs

There are four foundational inputs underpinning the service. Together they form a stable base of consensus and provide direction to the service's establishment and ongoing operations. The four support areas are:

1. **Guiding Principles:** A set of precepts will guide the assessment service throughout its life, irrespective of changes in its goals, strategies, type of work, or leadership. These underpin the service and align with the principles espoused by the 2009 Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications. These guiding principles, listed in section 2.4.2 of this report, received wide support amongst stakeholders participating in the April validation workshop.

For a detailed definition of the guiding principles, please see the Feasibility Framework in Annex 3.

2. **Evidence Based Research:** Pooled evidence-based research will inform the service components so that the assessment services functions are grounded in the right activities. This also helps ensure that the integrated assessment model can evolve as research identifies new best practices.
3. **Shared Operational Support:** Operational supports are needed to activate and operate the two categories of service offerings and the components within those categories. Support items may include secretarial functions for day to day administrative tasks, such as booking, reception, supplies procurement and general caretaking.
4. **Sustainability:** Sustainability refers to a self-sustaining funding framework required to support continued viability and hence availability of the integrated service in the longer term.

#### 4.1.3. Service Categories and Components

After fulsome discussion amongst stakeholders, the service categories and components originally proposed were redistributed and distilled into five main categories. Of these, two are specific to accreditation, while the remainder are closely linked but lie as external supports to which the IEHP may look for guidance. IEHPS may access and exit the support areas or the assessment service alternatively, as many times as and in any order needed, depending on individual assessment circumstances. IEHPS with straightforward accreditation eligibility might foreseeably access the core accreditation categories directly and flow through to licensure. The categories are as follows:

1. **Preparation and Pre-arrival Support:** This function will offer services that, as early as possible, provide IEHPs with access to reliable and accurate information about assessment services. Additionally, this category of service includes offerings that provide IEHPs with preparation tools and materials, pre-assessment training, and early interventions needed to facilitate successful assessment and examination for full licensure/registration in a chosen profession. Components within this service category may include: a website acting as a single point of initial access with accurate information and links to services, language assessment and training, professional communication assessment and training, and links to orientation to the Canadian healthcare system.
2. **IEHP Navigation Support:** This service function is focussed on aiding the applicant in navigating through the assessment and integration system and directing individuals to the appropriate resources with regulatory bodies, employment information, or further education, where a need has been identified. In other cases, due either to the differences in preparation in their country compared to that required in Canada, or due to their relative aptitude or skill level, some applicants may find they are better suited to a related occupation and not the one for which they trained. Navigation support might inform the applicant of their options or refer the applicant to the appropriate agency that can direct the applicant about attainment of the necessary qualifications. In such cases, there is improved likelihood that an IEHP will at least remain in a health profession, which preserves and applies their training and education, and helps meet the need for growth of the BC health workforce, as opposed to the IEHP accepting employment in an unrelated or lesser occupation in which their health background goes untapped. This function may refer an

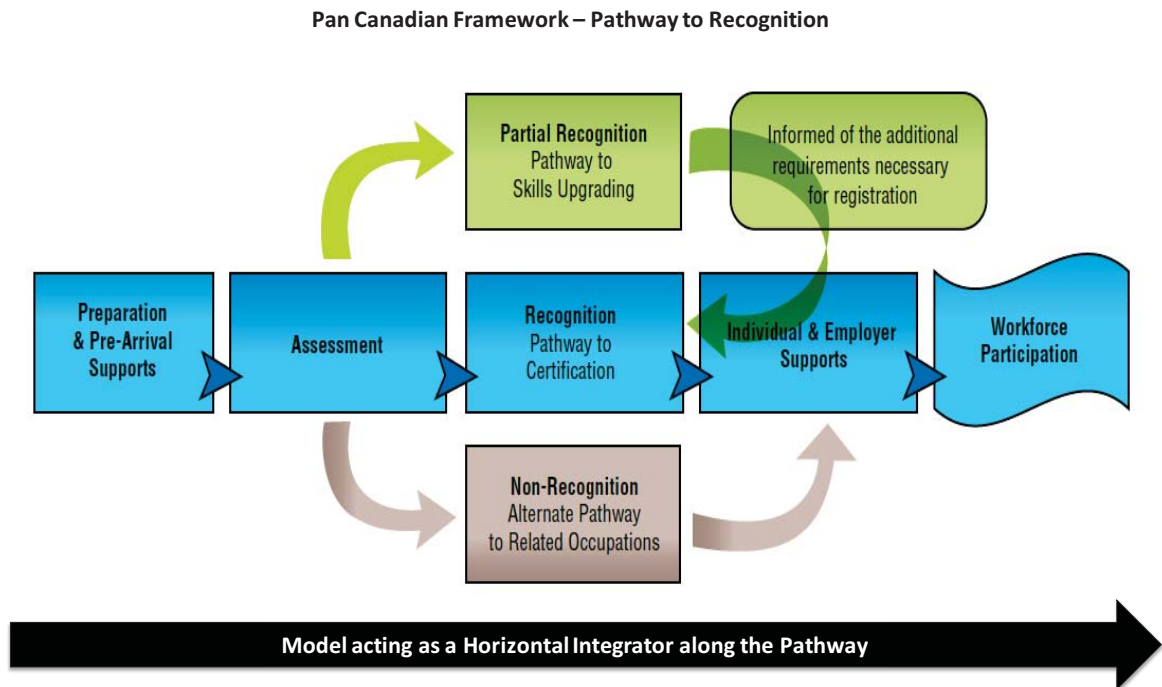
applicant directly to alternative agencies offering Foreign Qualification Recognition (FQR), which is represented in the graphic as its own service area.

3. **Credential Assessment and Evaluation:** This service category offers service components that provide an initial screening of credentials, education, experience, and references. This can speed up the overall assessment process, allow for increased transparency, and avoid significant duplication of efforts amongst professions. Some aspects of verification of academic credentials are common across occupations, and hence can be made more efficient and cost effective by centralizing aspects of the task.
4. **Competency Assessment Infrastructure:** While the content and subject matter of competency assessments is completely distinct for each profession, the process of conducting the assessment uses some tools and infrastructure common across professions; examples include a simulated clinical environment, standardized patients, an accessible venue, etc. Because these infrastructure tools are expensive, the opportunity to share them is both logistically and financially appealing to professions' assessment needs.
5. **Labour Market Needs Communication:** IEHPs may base their election to pursue their career in BC based on advertising they've seen that expresses a need for their occupation. Regrettably, the information may not be current, or the assessment process may take so long that the requirement no longer exists once the applicant has achieved licensure. To address this issue, the communication of current needs and future projections based on reliable sources and evidence-based research, can be provided by the integrated assessment service.



## 4.2. Alignment with the Pan Canadian Framework

The recommended model can act as a horizontal integrator along the *Pathway to Recognition* in the Pan Canadian Framework, ensuring collaboration and minimum duplication in programs and initiatives:



Although the recommended model may initially address only one aspect of the Framework, it has the ability to evolve to address services in other areas of the *Pathway to Recognition*.

## 4.3. Summary of the Strategic Recommendations

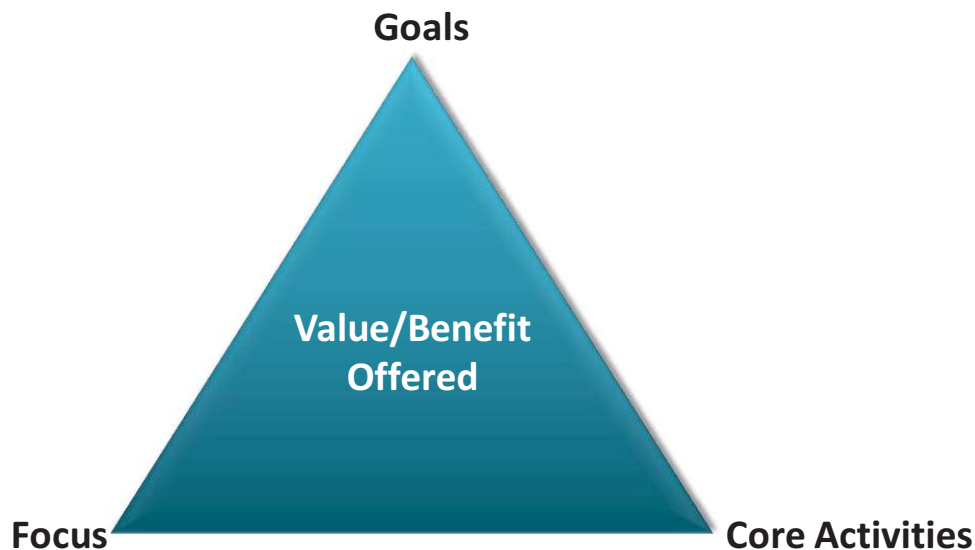
### 4.3.1. Elements of a Strategy

Strategy will play a central role in the efforts of MoH, JTI, and AED to establish, sustain, and monitor the direction of the integrated IEHP assessment service.

Our conception of strategy is presented in the following diagram. Taken alone, each element refers to a distinct aspect of strategy. When these four elements complement and reinforce one another, the strategy presents an internally consistent and comprehensive picture of the direction for an integrated IEHP assessment service in BC.

The elements of the recommended strategy and the strategy itself are not meant to be static in time. A full analysis of the strategy is appropriate on a periodic basis as determined by MoH, JTI, and AED.





The following sections outline these elements of strategy for the recommended integrated IEHP assessment service model.

#### **4.3.2. Goals for the IEHP Integrated Assessment Service**

The ultimate goal of the recommended integrated IEHP assessment service is to accelerate and expand the assessment and integration of IEHPs in order to enhance BC's capacity to build and maintain a sustainable health care workforce.

#### **4.3.3. Focus of the IEHP integrated Assessment Service**

The current focus of the recommended integrated IEHP assessment service is to provide IEHP assessment and integration services in BC for eight priority professions (physicians, registered nurses, licensed practical nurses, occupational therapists, physical therapists, medical radiation technologist, medical laboratory technologists, and pharmacists). Thereafter, the integrated IEHP assessment service will be forward looking in anticipation of building a regional partnership with other western provinces/territories as well as aligning with national level evaluation and accreditation movements within professions. In the future, the potential remains to add other professions to this integrated assessment service beyond the eight priority professions that were the focus of this study.

#### **4.3.4. Core Activities for the IEHP Integrated Assessment Service**

The recommended integrated IEHP assessment service has the following core activities:

- Shared preparation and pre-arrival services
- IEHP navigation support
- Shared credential and evaluation services
- Shared competency and knowledge assessment infrastructure
- Labour market needs communications
- Operations to support the above

These core activities are further described in Section 4 and 4.1.

#### **4.3.5. Value Proposition of the IEHP Integrated Assessment Service**

There are distinct stakeholder groups that are expected to benefit from the integrated IEHP assessment service: government, professional regulatory authorities, IEHPs, and employers. In addition, a fifth area with future potential is that of collaboration with other jurisdictions.

##### **1. Value for BC Government**

An integrated model of assessment will accelerate and expand the assessment and integration of IEHPs and ultimately enhance BC's capacity to leverage funding efficiencies, be responsive, effect collaborative working relationships, and maintain a sustainable health workforce.

##### **2. Value for Professional Regulatory Authorities in BC**

An integrated model of assessment will allow regulatory authorities to leverage resources and knowledge from collaborating partnerships, share knowledge, data and research, and align/coordinate common activities to reduce duplication of efforts. This will contribute to making the assessment process more cost effective, efficient, build foundations from which to continuously improve, and build a sustainable environment for all participating professions

##### **3. Value for IEHPs in BC**

For IEHPs an integrated model of assessment will provide clarity and transparency from the first point of access and direction, through to a process of assessment that is simplified, transparent, streamlined, and accelerated.

##### **4. Value for Employers in BC**

The confidence of employers will increase as they hire IEHPs who have been deemed qualified, competent, and practice ready having experienced the IEHP integrated assessment service that aims to standardize employment readiness of IEHPs and ensure their success toward integrating into the workforce.

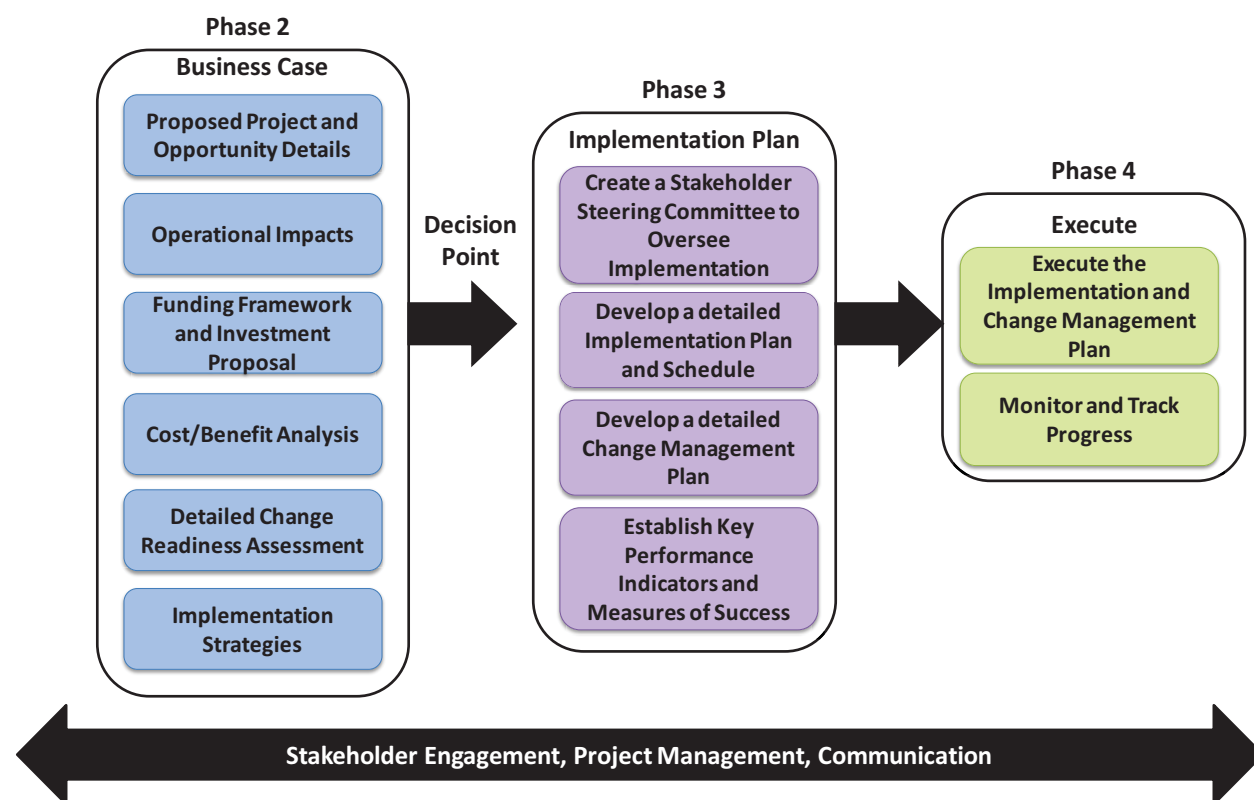
##### **5. Value of Joint Jurisdictional Collaboration**

In speaking with other western jurisdictions, involvement and collaboration for expansion of IEHP assessment services beyond BC was discussed. Agency representatives consulted expressed that the concept holds merit. This potential wider collaboration is worthy of further investigation and should be explored in greater detail. Should such a wider service come to fruition, it will be an additional key value to the stakeholder groups listed above as well as to any additional participating jurisdictions. This is particularly relevant now that regulatory bodies are moving increasingly toward national certification and/or national portability of credentials; a smoother path to licensing may be gained. The more that assessment standards and processes are unified across jurisdictions, the better equipped the IEHP will be to meet requirements and to be viewed optimistically for employment. Finally, the public interest may also be better served by wider adoption of assessment standards.

## 5. NEXT STEPS AND IMPLEMENTATION CONSIDERATIONS

### 5.1. Next Steps Roadmap

The determination of priority across the recommendations outlined in this report rests with MoH, JTI, and AED. However, based on our experience and understanding of the aims of this initiative, Sierra Systems suggests moving forward with the series of sequential phases illustrated below (Phase 1 being the Feasibility Study). Some activities within phases may be engaged in simultaneously. More detail regarding key considerations for some of the activities listed are outlined in the following section.



### 5.2. Implementation Considerations

#### Gathering of Information and Forming Project Assumptions

There will be a period of intense information gathering in order to substantiate the elements of the business case and implementation plan. In our experience, when creating a business case and implementation plan, assumptions are often needed to project future circumstances and outcomes during this information gathering period. These assumptions are to be validated with representatives from stakeholder organizations and ministry partners. This validation process will ensure that the business case remains legitimate in the eyes of the stakeholders and hence that stakeholder support will continue.

## Operational Elements

Operational considerations inform the foundation and financials of a business case. They provide key input to the subsequent implementation plan. Key operational elements to consider include:

### GOVERNANCE NEEDS AND IMPACTS

- What are governance needs initially, for set up and implementation?
- What new or different governance needs can be seen to apply to sustainment?
- What impact would fulfillment of each governance need produce?
- What should be the components of a shared governance structure?

### POLICY AND LEGISLATION CONSIDERATIONS, CONSTRAINTS, AND IMPACTS

- Do existing policies or current legislation constrain the initiative?
- Are changes to policy and legislation needed to initiate the assessment service? If so, what are the impacts and risks to primary stakeholders, as well as to secondary stakeholders such as the public at large?
- What is the impact of achieving or not achieving any policy and legislative changes that are identified?

### CONTRACTUAL COMMITMENTS NEEDS AND IMPACTS

- What contractual commitments are necessary to initiate the integrated assessment service?
- With whom must contracts be established, (for example: provincial and national regulatory bodies, partnered organizations, institutions, service suppliers)?
- What are the impacts of obtaining and not obtaining contractual commitments?

### RESOURCE NEEDS AND IMPACTS

- What are the central resource requirements for initiation of the assessment service (for example: capital equipment, real property, virtual property, human assets)?
- Can these resource requirements be readily acquired?
- What is the impact of obtaining or not obtaining the required assets and resources?

### STAKEHOLDER PARTICIPATION LEVELS

- Given that professions can choose the level of integration at which they would like to participate (i.e. which components they would like to select), what is the number of professions required to achieve a benefit for integration for each service component offered in the model?
- Is this number achievable?

### PHASED IMPLEMENTATION

- Which service components and service categories are of higher priority?
- Should the service categories and components be launched in a phased approach?

- Should profession participation be launched in a phased approach?
- If so, what are the details of the priority service components to be offered in initial phases?  
Can these priority service components be aligned and coordinated with existing programs and services?

### **Funding Framework and Investment Proposal**

A feasibility factor for this initiative is the requirement for an enhanced potential for financial self-sustainability. As such, the cost-benefit analysis and the investment proposal are highly dependent on the funding framework. With an eye toward financial self-sustainability, this framework should identify the funding sources, outline a revenue risk assessment for each funding source, and apportion funding participation from each.

While financial self-sustainability is a goal, it is not expected to be achieved during initial development stages. Therefore, initial seed funding will be needed to establish the integrated IEHP assessment service. This initial seed funding must be clearly outlined in the investment proposal.

### **Stakeholder Engagement and Consultation**

Stakeholders should continue to be involved during forthcoming phases. Their input will continue to contribute tremendous value given their experience and expertise with their respective IEHP assessment processes. Collaboration with stakeholders is also the best way to manage change. Through collaboration and engagement, stakeholders will have a greater sense of ownership for the initiative and thus may be more committed to the new model of assessment. The sense of shared ownership that process engenders typically results in a higher adoption rate. Furthermore, after realization of the objective, sustained involvement by and support from stakeholders is more readily retained.

### **Sustainment Considerations**

Planning and initiation work should be sufficiently forward thinking as to link to an ongoing vision for future operations. In this way, later addition of other professions or wider cross jurisdictional participation may be possible, and barriers can be more readily foreseen and avoided. The longer outlook also gives a sense of stable, enduring change that is well planned and therefore more palatable to resisters. A few examples of longer-term questions are:

- Who ought to participate in sustainment visioning?
- In which direction(s) is growth desired (e.g., professions, jurisdictions, service locations)?
- When might expansion to additional professions be valuable and realistic?
- Which professions should be considered for inclusion next, based on market projections?

### **Change Readiness Assessment**

Managing stakeholders' expectations will be necessary. To this point, a high level stakeholder change readiness assessment has involved the introduction of the proposed change to a select group, elicitation of initial reactions, assessment of the level of interest versus the number of concerns or objections raised, and an overall impression formed through judgment of

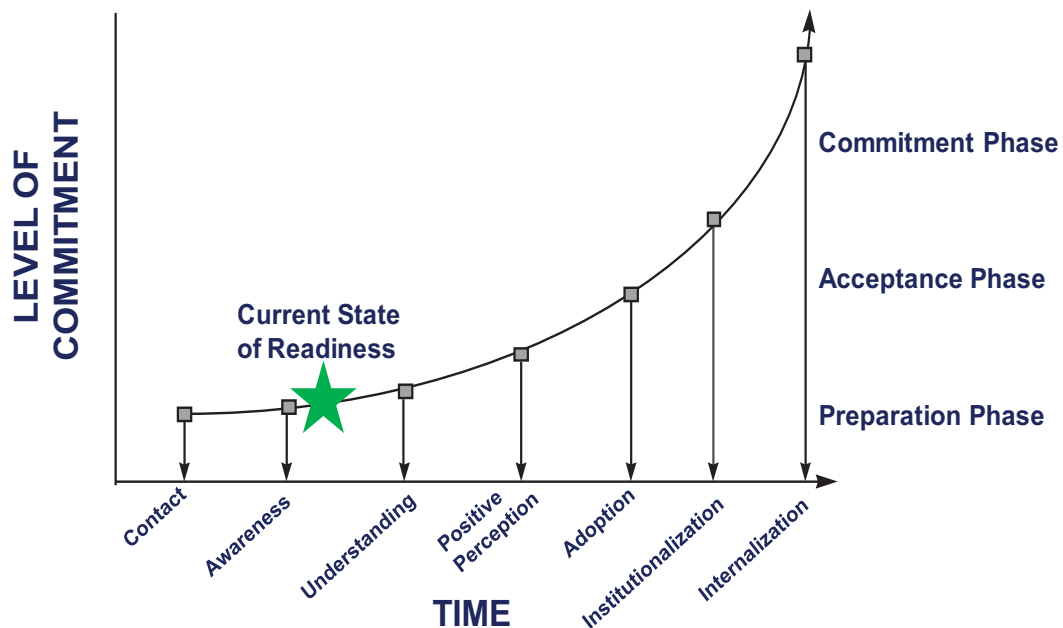
the amount of stakeholder engagement and support of integrated assessment model. The readiness of stakeholders seems to be moderate to high based on these factors, and on two main findings observed during the Feasibility Study:

- **Perceived Need for Change:** All stakeholders who were engaged during the Feasibility Study communicated a perceived need for changes to the current assessment process given commonly encountered challenges as outlined in the Research Findings Report and “What We Heard” Report (please see Annexes 1 and 2). A lack of satisfaction with the current state was heard during consultation.
- **Shared Vision:** All stakeholder groups who attended the multi-stakeholder feedback and validation workshop supported a widely shared vision and unified direction. In fact, the model itself was re-engineered by the participating stakeholders. As a result, the recommended model reflects a common goal that has been understood, agreed upon, and ultimately appeals to all stakeholders who were engaged in the process. Stakeholders displayed a keenness to explore how efficiencies can be gained through collaboration on a shared assessment service. This level of commonality in support was evidenced both through verbal discussion and by written feedback tools. This enthusiasm can be positively exploited by creation of early momentum toward the objective through concrete actions.

Nevertheless, official stakeholder commitment has neither been solicited nor received as of yet, in this first phase (the Feasibility Study), rather the support of a vision and direction. Stakeholders voiced that they require more detail regarding several operational elements in order to officially commit to participate at any level of integration. As such, in order to conduct a detailed stakeholder and government change readiness assessment, the operational elements need to be discussed and selected. This should be timed with development of the business case.

A number of stages of stakeholder progression can be anticipated with the introduction of the IEHP integrated assessment service. These stages can be anticipated irrespective of how readily a change is welcomed or how beneficial its effects may be. Yet there may be a difference in the rate at which the various stages are traversed, and a difference in the requirements of stakeholders in each of these stages. The continuum below illustrates the known stages of progression for stakeholder readiness, and can be referred to throughout the forthcoming steps of development and advancement of the proposed integrated assessment service.

## The Commitment Continuum



Currently, the stakeholder groups that participated in the Feasibility Study are at the Awareness stage to the extent that the general notion of the service has been introduced. Once further details about what the categories of service will contain are decided, this step may repeat, as it effectively means that a new level of awareness is reached. Such is the case for the subsequent phases as well. As the process evolves, more detailed change assessment measurement tools and methods will be applied, in order to gauge successes, progress, and to help identify the kinds of assistance or information that may be required along the path.

The expectation and the hope is that the acceptance phase will be reached again and again as various aspects become clarified. Ultimately, acceptance and a new modus operandum will emerge, delivering the foreseen benefits.

Elements to consider in the detailed change readiness assessment include:

- Are stakeholders continuing to believe that the proposed changes are necessary? Do they continue to perceive a need for the changes?
- Are stakeholders continuing to share a common vision and direction?
- What are impacts of past changes? Were past changes perceived negatively or positively by stakeholders?
- What is the change capacity? Are there only a few changes underway or is everything changing?
- Were past changes successful in the eyes of stakeholders or did they fail?

- What is the resource availability? Are there adequate resources and funds available to move forward with the changes?
- What is the culture and responsiveness for change? Are stakeholders and government closed and resistant to new ideas or open and receptive to new ideas?
- Are there pockets of resistance among stakeholders for the proposed changes? If so, where are these pockets of resistance? What is required to move these stakeholders along the continuum?

In summary, significant interest has been expressed by the professions in further exploring how an integrated assessment service might be actualized. The positive direction this initial round of consultation has taken suggests that follow-on activities should be pursued at the earliest opportunity, in order to sustain momentum and eagerness.



## 6. CONCLUSION

Throughout the Feasibility Study, research and stakeholder input provided consistent data on the nature of challenges facing IEHP assessment in BC, the merits of an integrated IEHP assessment service, and the desired attributes of a future state model. The result of stakeholder dialogue and consultation through the Feasibility Study was a recommended model, envisioned and driven by participants. The recommended model contains the following categories of services for IEHPs:

- Connection to shared preparation and pre-arrival services
- IEHP navigation support to existing programs offering guidance and referral
- Shared credential and evaluation services
- Shared competency assessment infrastructure
- Connection to labour market needs information

These services are supported by the following foundational inputs:

- Guiding principles
- Evidence-based research
- Operations to support the service offerings
- Sustainability

With an overarching shared governance, goals and strategic priorities among stakeholders, the integrated assessment service will help facilitate a more efficient flow of IEHPs from their point of entry to readiness to practice.

The ultimate goal of this recommended model is to accelerate and streamline the assessment and integration of IEHPs in order to enhance BC's capacity to build and maintain a sustainable health care workforce, providing value to government, regulatory authorities, IEHPs, and employers. The potential opportunity to collaborate with other jurisdictions provides an additional, valuable avenue of exploration.

The goal of the Feasibility study was to answer two main questions: Would the idea of an integrated assessment centre work, and, Should it be embarked upon? The Study concluded that, based on stipulated feasibility factors, guiding principles, and stakeholder support, the concept of an integrated IEHP assessment service is feasible and that further investigation into operational elements, funding practicality, and implementation considerations of the recommended and stakeholder supported model should be embarked upon.

## ANNEX: CONSOLIDATION OF DELIVERED REPORTS

A consolidation of the reports that have been delivered are tied to this Report as follows:

- Annex 1: Research Findings Report
- Annex 2: “What We Heard” Report (stakeholder discussion)
- Annex 3: Feasibility Framework and Possible Models