



**RNAO submission to
Lieutenant Governor in
Council on proposed
regulatory changes to
education requirements for
nurse registration**

May 24, 2024



The Registered Nurses' Association of Ontario (RNAO) welcomes the opportunity to once again provide feedback on proposed changes to O.Reg 275/94 – the regulation governing the education-related registration requirements for internationally educated nurses (IEN) under the Nursing Act, 1991. RNAO is responding on behalf of our members – 51,650 registered nurses (RN), nurse practitioners (NP) and nursing students. We also refer you to a separate [written submission on this issue](#) sent directly to the College of Nurses of Ontario (CNO).

Introduction

RNAO acknowledges that the current consultation represents a second effort to revise the education-related requirements within O.Reg 275/94 (the regulation). We welcome the changes made to the initial draft regulation in response to concerns previously shared by nurses and nursing organizations – including RNAO.

We also recently welcomed news that the CNO is presently working with other post-secondary educational partners on a required course focused on supporting successful integration into Canada's health system. As we have previously told the CNO, we are assuming that the course will be based on an evidence-based curriculum addressing, among others, ethics and ethical practice, professional responsibility and accountability, and self-regulation. We have offered to participate in the design of curriculum for this course and can also help deliver it.

RNAO remains gravely concerned about the approach to education-related registration¹ in the regulation. We are especially concerned about: 1. the removal of credential assessment on a school-by school basis; and 2. the lowering of standards regarding the level of education required for entry to practice nursing. If pursued, this approach will lead to down-skilling the requirements to practice in Ontario as an RN, with harmful implications for Ontarians' health and safety.

We are also disheartened that the CNO has failed to address a major concern arising from the previous round of amendments – that proposed changes to this regulation might be seen to encourage foreign recruitment or “poaching.” We provided detailed feedback on that point in the first round of consultations on this regulation. We are attaching for your reference – as **Appendix A** – our November 2023 response to a previous consultation on the regulation.

The College has a mandate to protect public safety. That mandate requires that the College maintain high standards of entry to the nursing workforce. In 2005 – nearly 20 years ago – the CNO itself decided that a baccalaureate degree in nursing (BScN) was the level of education needed for RNs to ensure safe practice and public protection. RNAO agrees. While we are pleased that the CNO has maintained the requirement for a BScN, we remain concerned by the lack of evaluation of school-by-school quality of BScN programs – a matter we have discussed with the CNO on several occasions. In Canada, BScN programs must be approved by the Canadian Association of Schools of Nursing (CASN) -- the national accrediting body for nursing education. CASN can work with the National Nursing

¹ We restrict our response to the requirements for the issuance of a certification of registration as a **RN** in the General class.

Assessment Service (NNAS) to develop a methodology for consistent evaluation of foreign BScN programs and determine their equivalency in terms of Canadian standards that will serve all Canadian regulatory bodies.

Further, we are concerned that the term “substantially equivalent” to a BScN as stated in the new proposal establishes a lower threshold to meet standards for IENs than “at least equivalent to” as in the existing regulation. We expand on these concerns below.

RNAO’s concerns about the changes to the draft regulation

RNAO does not support the proposed changes to the regulation for the following reasons:

1. Removal of the current education equivalency for registration in the General Class could result in acceptance of applicants with lower standards and less training.

This change implies that registration requirements from **any** jurisdiction will be accepted on their face, despite wide variation of rigour, level and standards across institutions and jurisdictions. For example, the proposed approach does not differentiate between a high-standard baccalaureate educational program such as the Canadian BScN and some lower-standard baccalaureate education programs in jurisdictions outside Canada. Yet, **any** IEN applicant who had completed a baccalaureate nursing education outside Canada and is registered in their own jurisdiction would automatically be eligible to take the NCLEX-RN exam, regardless of the length or quality of the nursing education they received.

As expressed in previous feedback to the CNO, RNAO continues to oppose this approach in the strongest possible terms. It means that applicants with lower standards and less actual training could and likely will be accepted. Instead, we believe that CNO should continue to assess IEN applicants’ credentials on a school-by-school basis to ensure schools/programs meet existing regulatory standards. Please see Appendix A, pages 1 and 2 for more details in support of this position.

This process can be facilitated if a national regulatory body, such as the National Nursing Assessment Service (NNAS), conducts an evaluation of foreign BScN programs to determine their equivalency in terms of Canadian standards that will serve all Canadian regulatory bodies.

2. The new term “substantially equivalent to” – added in revisions to section 2 of the regulation –is vague and ambiguous, and establishes a lower threshold for certification.

We note that recent revisions to the draft regulation replace the standard “at least equivalent to [a baccalaureate degree in nursing]” with “**substantially** equivalent to [a baccalaureate degree in nursing]”.

The term “substantially equivalent”, although undefined, establishes a lower threshold for comparison than “at least equivalent to”, in RNAO’s view. The adjective “substantially” is inherently vague and impossible to clearly define or measure. That is, there is no clear demarcation as to what should be considered “substantially equivalent” and what would be considered “not equivalent”. The language of “at least”, in contrast, does lend itself to a minimum standard with known and proven benchmarks.

Thus, in RNAO’s view the new language runs a clear risk of leading to subjective and lower assessments of

attainment from other jurisdictions. We are especially concerned that this different standard is prone to prejudices and could result in inequities when applied to credentials from international jurisdictions. To ensure transparency and equitable treatment of candidates, RNAO recommends rejecting this change and preserving the standard as written in the existing regulation.

RNAO's concern about omissions in the draft regulation

The CNO has failed to address RNAO's concern that the current draft regulation could be read as promoting the recruitment of foreign nurses to come to Canada. As we've repeatedly stated and written, RNAO **cannot** support a nursing human resource strategy that relies on encouraging foreign nurses to come to Canada, given the unintended consequences for countries in higher need and the availability of domestic solutions. We ask that CNO explicitly address this serious concern in the new draft.

For this reason, we repeat here our call from our prior submission on changes to this regulation (see RNAO's letter to the CNO, Appendix A at page 3):

"The proposed changes aggravate RNAO's concerns regarding recruiting health personnel from abroad – or "poaching" – as a strategy to solve our domestic nursing human resources crisis. RNAO does not support a nursing human resource strategy that relies on encouraging foreign nurses to come to Canada, given the unintended consequences for countries in higher need. RNAO does recognize the right of individuals to migrate and is aware that many nurses have voluntarily chosen Ontario as their new home. For these nurses, RNAO seeks equality of entry to – and opportunity in – Ontario's nursing workforce, without undermining Ontario's existing requirements and minimum standards.

RNAO calls on CNO to explicitly state that the intention of the changes is not to promote the recruitment of foreign nurses to come to Canada, nor to rely on IENs to address gaps in Ontario's health system [emphasis added]. Ontario should not aggravate health conditions in less-resourced countries that are already struggling to meet the needs of their population."

Conclusion

RNAO respects deeply the CNO's role in ensuring that all nurses registered to practice in Ontario have the knowledge and skills required to meet the delivery of safe, effective and quality nursing care for entry to practice in Ontario. This is an enormous responsibility, especially critical given the current context of extreme nursing shortages.

We remain concerned that the new proposed changes in the draft regulation will undermine the current standards by diminishing the CNO's role in assessing equivalency and lowering equivalency standards. We are particularly troubled by the decision to accept any nurse into Ontario's workforce who has not achieved equivalency to a BScN.

Thank you for this opportunity to contribute our recommendations to the new draft revision to support the application of IENs. RNAO welcomes the opportunity to participate in any new draft regulations regarding IENs.

Appendix A – Copy of RNAO’s related letter to the CNO in November 2023



Nov. 28, 2023

Silvie Crawford, RN, BHScN, LLM
Executive Director and Chief Executive Officer College of Nurses of Ontario
101 Davenport Rd.
Toronto, Ont. M5R 3P1

Dear Silvie,

Re: RNAO response to proposed regulation change to the education registration requirement

The Registered Nurses’ Association of Ontario (RNAO) welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on the proposed regulation changes to the education registration requirements for internationally educated nurses (IEN) under the *Nursing Act, 1991*. RNAO is responding on behalf of our members – 51,650 registered nurses (RN), nurse practitioners (NP) and nursing students.

RNAO applauds the CNO for seeking regulatory changes to accelerate the process to register IENs in a fair and transparent way. However, RNAO opposes – in the strongest possible terms – the approach taken to achieve that goal, and in particular, the removal of both credential assessment on a school-by-school basis and the requirement of baccalaureate entry to practice. If pursued, this approach will lead to downskilling the requirements to practice in Ontario as an RN, with harmful implications for Ontarians’ health.

The regulatory changes proposed by CNO enshrine five principles, which we address in sequence below.

1. Removing Ontario education equivalency for registration in the General Class for both RN and registered practical nurse (RPN) applicants, to accept relevant nursing education recognized or approved in any jurisdiction.

This principle implies that CNO will accept the registration requirements from **any** jurisdiction on their face, despite wide variation of rigour, level and standards across institutions and jurisdictions. For example, the proposed approach does not differentiate between a high-standards educational program and a low-standards education program within jurisdictions outside Ontario. Yet, **any** applicant who had completed nursing education outside Ontario and is registered in their jurisdiction would automatically be eligible to take the NCLEX-RN exam, regardless of the length or quality of the nursing education they received.

RNAO opposes this approach as it means an applicant with lower standards and less actual training would be accepted. One example: the Associate Degree in Nursing (ADN) training program, recognized by many U.S. jurisdictions for registration as an RN, can take between 15 months and two years to complete. Instead, we believe that CNO should assess applicants’ credentials on a school-by-school basis

to ensure schools meet the Ontario standards. Under such a scheme, candidates that complete their BScN studies at a school that meets the CNO requirements would qualify to take the NCLEX-RN exam. On the other hand, candidates that have not completed their studies in a BScN program, as well as candidates with a BScN from an education program outside Ontario that does not meet the CNO standards, must upgrade their education.

2. Removing the requirement of baccalaureate as the minimum requirement to practice in Ontario as an RN.

As mentioned, RNAO opposes in the strongest possible terms the removal of the requirement of a baccalaureate degree in nursing as a minimum practice requirement in Ontario. The CNO can and must find fairness, transparency and efficiency in registering IENs without eliminating this key entry to practice requirement. The CNO itself decided in 2005 that a baccalaureate degree was the level of education needed for RNs to ensure safe practice and public protection. Since then, there is conclusive evidence that baccalaureate-prepared nurses deliver superior clinical and health outcomes ^{1 2 3 4 5 6 7 8}.

A removal of the baccalaureate requirement thus negates the CNO role of ensuring competency to practice in Ontario and undermines commitments to high standards. It could also be perceived by non-IEN applicants as discriminatory application of regulation resulting in acceptance of lower requirements for some. An example: Someone considering a four-year baccalaureate program in Ontario might choose instead to study in Kentucky in an 18-month ADN program that is recognized to register as an RN in that jurisdiction, and then return to Ontario with the same eligibility and with the NCLEX-RN exam on-hand. Clearly, applicants without a BScN **must** be required to complete studies to achieve that degree and meet the Ontario requirements.

3. Removing the requirement of a diploma in practical nursing as the minimum requirement to practice in Ontario as an RPN.

RNAO reserves our response only to the requirements for the issuance of a certification of registration as a registered nurse in the General class.

4. Adding a new regulation requiring applicants to successfully complete a CNO Council-approved course that supports successful integration into the health system in Canada.

RNAO welcomes the idea of a CNO Council-approved course focused on supporting successful integration into Canada's health system, assuming that the course will be based on an evidence-based curriculum addressing, among others, ethics and ethical practice, professional responsibility and accountability, and self-regulation. RNAO is eager to participate in the design of the new curriculum for the proposed required course for IENs and offers to be amongst those who deliver the course.

5. The proposed new regulation streamlines and facilitates IEN registration in Ontario, while aggravating nursing human resources shortages in less-resourced countries.

The proposed changes aggravate RNAO’s concerns regarding recruiting health personnel from abroad – or “poaching” – as a strategy to solve our domestic nursing human resources crisis. RNAO does **not** support a nursing human resource strategy that relies on encouraging foreign nurses to come to Canada, given the unintended consequences for countries in higher need. RNAO **does** recognize the right of individuals to migrate and is aware that many nurses have voluntarily chosen Ontario as their new home. For these nurses, RNAO seeks equality of entry to – and opportunity in – Ontario’s nursing workforce, without undermining Ontario’s existing requirements and minimum standards.

RNAO calls on CNO to explicitly state that the intention of the changes is not to promote the recruitment of foreign nurses to come to Canada, nor to rely on IENs to address gaps in Ontario’s health system. Ontario should not aggravate health conditions in less-resourced countries that are already struggling to meet the needs of their population.

Final remarks

RNAO urges CNO to substantially change the proposed new regulation to address the grave concerns we have raised. As always, RNAO offers to work collaboratively with the CNO to help advance these and any other proposed regulatory changes. We welcome the opportunity to participate in any other new regulatory requirements to ensure safe quality care provided by a competent nursing workforce.

Warmest regards,



Doris Grinspun, RN, BSc.N., MSN, PhD, LLD(hon), Dr(hc), DHC, DHC, FAAN, FCAN, O.ONT
Chief Executive Officer

Copy to: Members of CNO Council, c/o Council President, Patricia Sullivan, RN
 RNAO board of directors
 Hon. Sylvia Jones, Deputy Premier and Minister of Health
 Dr. Catherine Zahn, Deputy Minister of Health
 Dr. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice

References

¹ Dyck, N., Martin, D., & McClement, S. (2021). Baccalaureate Education as an Entry-to-Practice Requirement: Why It Matters Now More Than Ever. *Nursing Leadership (Toronto, Ont.)*,34(4), 103–112
doi:10.12927/cjnl.2021.26683

² Liu, X., Zheng, J., Liu, K., Baggs, J. G., Liu, J., Wu, Y., & You, L. (2020). Associations of nurse education level and nurse staffing with patient experiences of hospital care: A cross sectional study in China. *Research in Nursing & Health*, 43(1), 103–113. <https://dx.doi.org/10.1002/nur.22003>

³ Persolja, M., Markic, M., Blatnik, D., & Palese, A. (2018). Patient satisfaction with nursing care delivered in medical units in posttransitional country: A correlational study. *Acta Medica Mediterranea*, 34(6), 2045–2054. http://dx.doi.org/10.19193/0393-6384_2018_6_319

⁴ Palese, A., Gonella, S., Fontanive, A., Guarnier, A., Barelli, P., Zambiasi, P., Allegrini, E., Bazoli, L., Casson, P., Marin, M., Padovan, M., Picogna, M., Taddia, P., Salmaso, D., Chiari, P., Frison, T., Marognolli, O., Canzan, F., Ambrosi, E., ... Esamed Group. (2017). The degree of satisfaction of in-hospital medical patients with nursing care and predictors of dissatisfaction: Findings from a secondary analysis. *Scandinavian Journal of Caring Sciences*, 31(4), 768–778. <https://dx.doi.org/10.1111/scs.12396>

⁵ Bourgon Labelle, J., Audet, L.-A., Farand, P., & Rochefort, C. M. (2019). Are hospital nurse staffing practices associated with postoperative cardiac events and death? A systematic review. *PLoS ONE [Electronic Resource]*, 14(10), e0223979. <https://dx.doi.org/10.1371/journal.pone.0223979>

⁶ Wolters Kluwer. IOM: 80% of registered nurses to have BSN degree by 2020. Feb. 18, 2017. <https://www.wolterskluwer.com/en/expert-insights/iom-80-of-registered-nurses-to-have-bsn-degree-by-2020>

⁷ Pérez-Peña, R. “More Stringent Requirements Send Nurses Back to School”. *New York Times*. June 23, 2012. <https://www.nytimes.com/2012/06/24/education/changing-requirements-send-nurses-back-to-school.html>

⁸ American Association of Colleges of Nursing. The Impact of Education on Nursing Practice. Updated April 2023. <https://www.aacnursing.org/news-data/fact-sheets/impact-of-education-on-nursing-practice>