



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Kris Voycey RN, President

Anne Coghlan RN, MScN, Executive Director

College of Nurses of Ontario
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December 13, 2011

Dear Kris and Anne,

We are writing on behalf of RNAO's Board of Directors and the 33,000 RNAO BScN students, and RNAO members who practice in all roles and sectors across Ontario. In an emergency meeting, the Board unanimously expressed profound disappointment at the decision in which the College of Nurses of Ontario participated to move implementation of the Computerized Adaptive Testing (CAT) registered nurses exam to the National Council of State Boards of Nursing (NCSBN), by 2015.¹

We are extremely concerned about: 1) the impact of selecting a foreign company on Canadian health system principles and values, as well as on the Canadian economy; and 2) the impact of loss of control over test data and personal information on nurses' privacy and security and on nursing workforce mobility.

Despite receiving several Canadian proposals involving Canadian expertise in the areas of computerized adaptive testing, the CNO and its fellow regulators across the country (except Québec) have, without consultation or notice, chosen an American firm. This will have serious repercussions on nursing practice and regulation in Canada. From a public policy perspective, this step increases dependency on business development south of the border rather than domestically, at a time when President Obama is moving ahead with "buy US" policies and our own domestic economy is vulnerable.

The RN examination not only reflects "technical" expertise, but also an understanding of the context of nursing practice, diverse work environment, the health care system, and how the society in which we live and practice impacts on our health. How can nurses and the public be assured that the design of the RN exam will faithfully reflect our societal values, the broad social and environmental determinants of health and the unique strengths of our publicly-funded, not for-profit system, now and into the future? It is not clear that the values of nurses and Canadians will be upheld with a move to a US company in control of development. For example, the Canadian health care system is very different from the US system. In 2010, 49.9 million Americans had no health insurance,² even though the US surpasses all OECD countries in health expenditures with 17.4 per cent of the GDP, compared with only 11.4 per cent in Canada.³ A combination of public funding and private health care management and delivery leaves US residents paying for inferior care at inflated prices,⁴ in a societal context characterized by a growing aversion to the public administration of public services. How confident can we be that any concerns raised by the new exam can be successfully dealt with by an American firm? Can Francophone nurses be assured that the unique bilingual nature of our country will be adequately reflected in the exams by which they will be assessed?

Of grave concern is the potential harm from the loss of control of Canadian information and personal data. Under the *Patriot Act* enacted after the 9/11 attacks, the US government has virtually unchecked surveillance powers.⁵ This includes the ability to search records being held by third parties as well as private property without notice to the owner. The FBI can now force anyone – including libraries, universities, internet service providers and, undoubtedly, the holder of RN examination data – to turn over records on their clients or customers. Furthermore, a person or organization forced to turn over records is prohibited from disclosing the search to anyone. As a result of this gag order, the subjects of surveillance never even find out that their personal records have been examined by the government.⁶ Did the CNO and its counterparts across the country consider the implications of placing Canadians’ personal data at risk and the potential liability to the Colleges? Will the CNO inform registrants to the new RN exam that their personal data may be accessed by US authorities without their knowledge and/or consent? Are the regulators exposing themselves to legal liability where an RN entrusts them with her /his personal data, and assumes, wrongly, that it will be kept safe and away from US authorities?

Foreign management of the RN exam is also likely to have an adverse impact on the supply of RNs in Ontario and Canada. Harmonization of the RN exam presents fewer barriers to mobility between Canada and the United States. Canadian regulators should not create barriers to the mobility of nurses, but they also should not *promote* such mobility. Many still remember the experience of the 1990s when there was an outflow of about 27,100 RNs who emigrated permanently from Canada to the US. That huge employment displacement of nurses coincided with massive layoffs and sharp increases in casual, part-time, and temporary work. In their press release, NCSBN and Pearson VUE boast that “The NCLEX-RN Examination is offered in 10 countries around the world for the purpose of domestic licensure in the U.S. The selection of NCLEX by Canadian nursing regulators marks the first time that the exam will be used for the purpose of licensure in another country.”⁷ Indeed, CNO may be helping open the doors for NCLEX to expand its licensure business globally, which is likely to help US employers expand their already very active recruitment of nurses worldwide. Moreover, awarding this contract to a US company is not conducive to addressing the shortage and interests of RNs and the public here in Canada. We would ask that you look at the impact on nurses’ mobility, both in Ontario and in Canada.

Nursing regulatory bodies have an important responsibility to protect the public and ensure development and administration of the RN exam is held to the highest standards. It is disappointing that the nation’s nursing regulators appear to have brought upon us an incredibly short-sighted decision.

Fortunately, there is an opportunity for CNO to reconsider the RN exam process, as the decision to retain a US-based company to implement computerized adaptive testing is not binding. Each Canadian province (excluding Quebec) will individually make their decision whether to contract with the US providers. We understand that Canada’s regulators have 120 days to enter into a contract with the US company. We suggest CNO spend the 120 days to address the fundamental questions that the RAO Board of Directors has identified. We look forward to hearing that the CNO and its counterparts will revisit their decision in the interests of nurses and the public.

With warm regards,



Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT.



David McNeil, RN, BScN, MHA, CHE

Cc: CNO Council Members

¹ <http://www.cno.org/Global/new/releases/pdf/Announcement%20New%20Partnership.pdf>

² US Census Bureau. (2011). *Health Insurance: Highlights 2010*. Retrieved November 28, 2011 from <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2010/highlights.html>

³ Organization for Economic Cooperation and Development. (2011). *OECD Health Data 2011: How Does the United States Compare* Paris: Author, 1. Retrieved November 28, 2011 from <http://www.oecd.org/dataoecd/46/2/38980580.pdf>

⁴ Himmelstein, D., & Woolhandler, S. (2008). Privatization in a publicly funded health care system: the U.S. experience. *International Journal of Health Services*. 38 (3), 407-419. 409.

⁵ <http://www.aclu.org/national-security/surveillance-under-usa-patriot-act>

⁶ Ibid.

⁷ http://www.pearsonvue.com/about/release/11_12_08_nclex.asp