

Filipino Nurses Support Group
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Brief on the Recognition of the International Experience and Credentials of Immigrants

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Vancouver Marriot Vancouver Pinnacle 1128 West Hastings Street

Profile of the Filipino Nurses Support Group (FNSG):

In 1995, members of the Philippine Women Centre of BC founded the Filipino Nurses Support Group (FNSG). These founding members were all Philippine-trained nurses – many among them had entered Canada through “de facto” reciprocity agreements in the 1960s/1970s and others had entered through the Foreign Domestic Movement and Live-in Caregiver Program (LCP) since the 1980s. The founding members recognized that more Philippine-trained nurses were entering Canada under the LCP because the nursing profession had zero qualifying points under the independent immigrant category. They recognized that Philippine-trained nurses under the LCP faced oppression and exploitation resulting in their disempowerment, de-skilling, and stalled development. With this recognition, they acted upon the urgent need to support Philippine-trained nurses under the LCP, promote their upward mobility towards full accreditation of their profession, encourage their personal and professional empowerment and development, and advance their full rights, dignity and welfare in Canada. Thus, the FNSG was formed.

The FNSG has built a membership and contact list of over 600 Filipino nurses, the majority of whom are women in BC’s Lower Mainland area who entered Canada under the LCP. FNSG has developed successful community-based programs run primarily by volunteers and through self-reliant efforts. FNSG has supported more than 160 Philippine-trained nurses through the accreditation process, many of whom are now working in the health care system.

FNSG has accomplished the following activities to date:

- Ongoing education and support for members:
 - i. Through its 7th year of running the six-month curriculum of bi-weekly nursing review classes to prepare for the national nursing examination. The curriculum is offered twice a year and is peer-led.
 - ii. Through its 4th year of running the six-month curriculum of bi-weekly English support classes to prepare for the English Fluency exams. The curriculum is offered twice a year and is conducted by volunteers with teaching and post-graduate backgrounds.
 - iii. Created information packages and modules to assist with the accreditation process. FNSG has published and disseminated “How to become a registered

- nurse in BC: from Registered Nanny to Registered Nurse. A handbook for non-practicing Filipino nurses.”
 - iv. Organized educational workshops on broader issues such as human rights, skills development and leadership training.
 - v. Engaged in advocacy work with various institutions like government, regulatory bodies and unions.
- Completed the following comprehensive, community-based researches:
 - i. “Filipino Nurses doing Domestic Work in Canada: A Stalled Development,” funded by Status of Women Canada.
 - ii. An analysis of our community-based membership, called “Revealing the presence of Filipino nurses doing domestic work in BC: An analysis conducted by the Filipino Nurses Support Group.”
 - iii. A study on the violation of human rights and equality rights of Filipino nurses.
- Held bilateral meetings with trade unions such as the British Columbia Nurses’ Union (BCNU), Hospital Employee’s Union (HEU), and the Vancouver District Labour Council (VDLC).
- Lobbied provincial and federal ministers including Dr. Hedy Fry (Multiculturalism / Status of Women/ Parliamentary Secretary on Accreditation).
- Held a national consultation for Filipino and other foreign-trained nurses and advocates in December 2001 under the theme “Advancing the rights and welfare of non-practicing Filipino and other foreign-trained nurses.”
- Presented at the 7th and 9th International Metropolis Conferences in Oslo, Norway and Geneva, Switzerland respectively.
- Presented to Parliamentary Standing Committee on Citizenship and Immigration.
- Partook in the policy project research: “Enhancing Capability and Visibility: Filipinas in Public Policy Engagement”

Characteristics of the Filipino Community in Canada:

The Filipino community is a young community in Canada, first entering in the 1960s. Since then, the Filipino community numbers at approximately 500 000 and is concentrated in the major urban centres of Toronto, Vancouver and Winnipeg. In the years 2000 - 2002, the Philippines was the fourth source country for all immigration to Canada: third for family-class immigration; and fifth for skilled workers immigration. Towards the end of 2004, they became the third largest visible minority group in British Columbia and fourth in Canada.

As one of the fastest growing migrant and immigrant communities in Canada, the Filipino community is one of the most highly educated immigrant communities. Yet Filipinos remain economically segregated in the margins of Canadian political, economic and social life.

The history of Filipino migration to Canada shows that Filipino women came first due to the mainly female professions and skills that Canada had needed and for which the Philippines had and continues to have plenty of supply. Among these women are a disproportionate number of nurses for the health care system, garment workers for the clothing industry and live-in caregivers, many of whom are nurses, for “nanny” and elder-care for middle and upper-class families.

Factors pushing Filipino nurses to migrate abroad:

The ongoing and intensifying social, political, and economic crisis in the Philippines cause poverty for over 80% of the population, including many Filipino nurses. The Philippine health care system cannot absorb the available nursing labour resulting in unemployment and/or underemployment. The competition for nursing employment in the Philippine health care system is so high that nurses are forced to work for free or even to pay hospital employers to gain work experience just to “get their foot in the door” so to speak.

These factors, therefore, push Filipino nurses to migrate abroad. The Labour Export Policy (LEP) of the Philippine government sanctions this labour migration. Since the 1960s, the Philippines consistently ranks as one of the top source of immigrants in many industrialized countries, including Canada. Moreover, the Philippines is the top source of nurses for the international labour market.

Presence of Filipino nurses in Canada:

As previously mentioned, Filipino nurses began migrating to Canada during the 1960s and 1970s through “de facto” reciprocity agreements. They were immediately granted landed status, their qualifications were immediately recognized, and they were employed and integrated immediately into the health care system. Much like other immigrant communities’ great contributions to the building of Canada’s systems and industries, Filipino nurses have played an undeniably positive and important role in building Canada’s health care system.

Much of the current growth of Filipino nurses in Canada can be attributed to the LCP. Immediately after the implementation of the LCP in 1992, the nursing profession had been removed from the general occupational points list of Citizenship and Immigration Canada (CIC) in 1993. Foreign-trained nurses were unable to enter Canada as independent immigrants because the nursing profession had zero qualifying occupational points. Although CIC recently included the nursing profession into its Skilled Worker Class Immigration category, many Philippine-trained nurses remain unable to qualify because CIC grants too few points for nurses to qualify as landed immigrants. The LCP remains the only viable and fastest option for Philippine-trained nurses to enter Canada.

Multi-jurisdictional barriers faced by Philippine-trained nurses and FNSG’s recommendations:*Immigration and the LCP:*

Current immigration policies and the Live-in Caregiver Program are the primary structural barrier for Philippine-trained nurses from having their full accreditation. As previously mentioned, the current Skilled Worker Class Immigration category grants too few points to the nursing profession. The majority of Philippine-trained nurses arriving in the recent decade have entered through the LCP as it is the most viable and fastest option to enter Canada. The LCP’s live-in requirement, temporary visa status, and employer specific contract perpetuate the conditions for unregulated working conditions and cases of abuse and exploitation. Filipino nurses under the LCP experience downward labour mobility as they are relegated to do domestic work and childcare or 24-hour home support work for elderly and Canadians with disabilities. A disproportionate number of Filipino nurses under the LCP are responsible for 24-hour work for which they are severely under-compensated – many nurses earn as little as \$1.50 per hour.

While under the mandatory two-year term of the LCP, some nurses are able to process their accreditation and become registered nurses. However, from the experience of FNSG members, Filipino nurses remain trapped under the LCP. Their entitlement, economic, and equality rights to practice their profession and access mechanisms like the Provincial Nominee Programs (this shall be discussed later in the brief) are non-existent because of systemic racism. Systemically racist programs and policies of Canada deny this group of migrants (who become permanent residents and citizens after completing the LCP) access to the opportunities for genuine freedom, equality, economic advancement, comprehensive development as people and full participation in Canadian society.

FNSG therefore recommends:

- The federal government should re-visit reciprocity agreements of the 1960s/1970s. Filipino nurses who arrived through reciprocity agreements not only professionally developed and integrated successfully, but most importantly, these Filipino nurses played an undeniably positive and critical role in building and improving Canada's health care system. Philippine-trained nurses today, especially those already in the country, can do the same.
- The unconditional and penalty-free early termination of the LCP contract for Philippine-trained nurses who have acquired nursing registration in Canada. Filipino nurses who have completed the nursing registration requirements while under the LCP should be granted permanent residency immediately thereby promoting their upward mobility and facilitating their entitlement, equal, and economic right to practice their profession. Moreover, they are a cost-effective strategy in alleviating the nursing shortage plaguing Canada's health care system now.
- The LCP be removed from CIC's program for Temporary Workers. Caregivers of whatever educational background should be part of the Skilled Worker Class Immigration category where they are granted immediate permanent residency. The granting of immediate permanent residency will enhance their immigration rights and opportunities.

Provincial Nominee Program:

FNSG believes that the Provincial Nominee Program (PNP), of which CIC is a federal partner, is a potentially effective mechanism to promote foreign-trained nurses' entitled right to practice their profession.

However, CIC must critically assess the implementation of this program now in 8 provinces and 1 territory. The BC PNP and its administrative agency, Health Match BC, have been ineffective in (i) meeting the numbers of nurses needed to alleviate the nursing shortage and (ii) prioritizing the applications of nurses already in the province, especially Filipino nurses under the LCP. To address the first point, the BC PNP was formalized in 1998 in an effort to fill 1000 nursing positions in BC. But as of 2003, only 149 nurses have entered through the BC PNP, indicating an implementation weakness in meeting the numbers of nurses needed to alleviate the nursing shortage in the province. To address the second point, from the experience of FNSG members, Health Match BC and BC PNP do not consider the applications of Filipino nurses. Many FNSG members who have met the BC PNP criteria (registered nurse with interim permit) or even surpassed the BC PNP criteria (registered nurse with practicing license) have never received correspondence from Health Match BC nor BC PNP in relation to the status of their applications.

Furthermore, BC PNP statistics show that less than or equal to five nominees from the Philippines have been processed (<http://www.mcaws.gov.bc.ca/amip/pnp/Map/maps/south%20Asia.htm>) since 1998.

The nursing shortage in Canada is reaching unprecedented proportions: by 2006, Canada will lose 30,000 of its nursing workforce (Canadian Institute for Health Information); by 2011, the nursing shortage could reach 50,000 to 113,000 (Canadian Nurses Association); by 2011, 54% of BC's nursing workforce will be 55 years old or older (Canadian Institute for Health Information); BC has the fewest Registered Nurses for every 10,000 people – 66.7:10,000 in BC, 74.7:10,000 in Canada (Canadian Institute for Health Information). Clearly, the nursing shortage is intensifying and needs urgent action to resolve.

FNSG therefore recommends:

- The hundreds of Filipino nurses already in BC and the thousands across Canada, be given immediate recognition and become top priority recruits for the Provincial Nominee Program.
- The unconditional and penalty-free early termination of the LCP contract for Philippine-trained nurses who have qualified for the PNP. CIC, as the final arbiter in the decision for permanent residency of PNP nominees, must guarantee that early termination of the LCP contract is not grounds for denial of permanent residency.

Accreditation:

FNSG supports the initiatives of government in consulting with the provincial/territorial nursing regulatory bodies in ensuring a national standardization of nursing accreditation to ensure inter-provincial labour mobility. The national Canadian Registered Nurse Examination (CRNE), implemented in all provinces and territories except Quebec, is a positive mechanism for nationalized accreditation.

However, the individual steps within the accreditation process vary from one jurisdiction to another. These individual steps, particularly English Fluency examinations and the financial costs, pose significant barriers to the accreditation of Filipino nurses. A wide variety of English fluency examinations with varying fees are offered across Canada. However, an English fluency exam recognized in one provincial/territorial regulatory body is not recognized in another. For example, the College of Registered Nurses of Manitoba (CRNM) recognizes 7 English language-testing systems, whereas the Registered Nurses Association of BC (RNABC) only recognizes 2. Accreditation fees also vary from one regulatory body to another. For example the application fee for international nurse applicants in CRNM is \$107, whereas RNABC charges \$217.

A large number of Philippine-trained registered nurses in BC have received only partial accreditation of their education. Since 1981, the Professional Regulatory Commission of the Philippines has enforced that a nursing degree (4-year education) is mandatory for entry to nursing registration and practice. RNABC recognizes Philippine-trained nurses only to the level of “diploma” nurse (2 1/2-year education), despite their completion of nursing degrees in the Philippines. A “diploma” nurse has fewer career options and less pay than a “degree” nurse.

While we have been discussing the experience of Filipino nurses within the context of BC, for those trapped in the LCP, their issues have Canada-wide long term impacts. After completing the 2-year LCP requirements, some of these nurses:

- i. would like to return to their nursing profession, and so enroll in a refresher course if they have not practiced nursing for over 5 years;
- ii. complete a course for Licensed Practical Nurses, instead of pursuing their Registered Nurse license for economic and practical reasons
- iii. become nursing aides or home support workers in hospitals, extended care facilities, or private home care services; or
- iv. do not end up using their prior nursing and health care skills, but instead work in other types of service sector work, such as food services

Given the urgency of addressing the growing nursing shortage in Canada, FNSG understands these above trends as a loss of much-needed human resources.

FNSG therefore recommends:

- The national standardization of the accreditation process.
- Philippine-trained nurses have full accreditation to advance their equality and economic rights in Canada. As part of the national standardization of the accreditation process, Philippine-trained nurses with nursing degrees obtained in Philippines must be recognized and be given their full value as “degree” nurses, not “diploma” nurses.

Support for community-based initiatives:

As outlined in this brief, FNSG’s work in building the capacity of the organization, supporting the development of members, and advancing the entitlement, equality, and economic rights of Filipino nurses have proven successful with positive concrete outcomes. However, FNSG and its community-based initiatives are severely under-funded.

FNSG therefore recommends:

- Allocation of public resources to community organizations, such as FNSG, those are active and successful in supporting the development of foreign-trained professionals.

We ask the Standing Committee to seriously consider our urgent recommendations. Our recommendations are based on our community research and community-based programs. We hope that they are positively acted upon in a timely manner in the interest of implementing cost-effective solutions to ensure the full integration and participation of Filipino and other foreign-trained nurses in Canada.