RESOLUTION 5  Support for urgent remediation of NCLEX-RN® issues

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) supports urgent constructive dialogue and resolution of the issues and concerns associated with the current licensing exam, specifically to advocate and call for action to the current entry-to-practice exam by collaborating with provincial jurisdictional associations regulatory bodies and Canadian nursing students until issues are fully resolved.

CARRIED

Name of submitter: Canadian Nursing Students’ Association

Rationale:
In 2011, Canada’s provincial nursing regulatory bodies, grouped under the Canadian Council of Registered Nurse Regulators (CCNR), announced the formation of a contract approving the National Council of State Boards of Nursing (NCSBN), the current administrator of the American NCLEX-RN®, to be the new administrator of Canada’s entry-to-practice nursing exam (with the exception of Québec and the Yukon). As of January 2015, the NCLEX-RN® has replaced the long-standing Canadian Registered Nurse Examination (CRNE) as the official entry-to-practice nursing examination for nursing graduates. Well-founded concerns from Canadian stakeholders regarding the harmonization of the NCLEX-RN® are related to the following national elements: (a) appropriate reflection of the Canadian health care system values; (b) consideration of cultural competence with respect to Canada's First Nations, Inuit, and Métis populations; (c) proper reflection of Canadian nursing programs; and (d) representation of Canada’s two official languages.

Despite these concerns from stakeholders, the NCLEX-RN® was officially implemented in Canada with less than desirable outcomes for our new graduates. In 2015, 9,048 nursing graduates wrote the NCLEX-RN® and an alarming, national first-attempt pass rate during this period was reported as 69.7%, significantly lower than the first-attempt pass rate for CRNE (87%)\(^1\). CNSA had reached out and advocated to national and provincial nursing stakeholders of the regulatory bodies, nursing unions, and professional associations and to government to engage in dialogue and support nursing graduates in regards to current entry-to-practice exam issues. We reached out to our members and past members to identify the key concerns for nursing graduates to best advocate on the most pressing matters related to NCLEX-RN® both long term and short term. In October 2015, CNSA announced a press release expressing concerns of the first round of NCLEX-RN® results. However we felt that the concerns expressed in our press release\(^3\) and its call to action were not adequately addressed in the response letter by CCRNR. Furthermore, there has been a lack of communication from CCRNR despite our multiple attempts to communicate and collaborate with them. In January 2016, CNSA released a briefing note that was agreed upon by our National Assembly, outlining the background, key concerns and recommendations of future actions in regards to remediation of NCLEX-RN®. Specifically, CNSA urges CNA, as the national voice for Canadian registered nurses, for its support to instate a pause until the NCLEX-RN® issues are resolved on the basis of emotional, financial, and professional toll the NCLEX-RN® has imposed on nursing students, graduates, and the profession\(^1\).
Relevance to CNA’s mission and goals:
The issues related to implementation of NCLEX-RN® have huge impacts on the graduates, nursing workforce, and the nursing profession. Graduates who fail NCLEXRN® are essentially ‘orphans’, as they are no longer students of the school of nursing and can no longer be employed (if their temporary license is revoked), therefore receiving no school or employer support in navigating their next steps and ensuring their success in overcoming these challenges. Both CNA and CNSA share the duty to protect these ‘orphan’ graduates, especially at these vulnerable times. The inability of graduates to enter the workforce in a timely manner due to these NCLEX-RN® issues exacerbates the national crisis of nursing shortage. In addition, many graduates have their temporary license revoked after one or three unsuccessful attempts, which is specific to provincial legislation. As a result, many graduates do not have the opportunities to practice as a graduate nurse and improve their competencies after they graduate. Such delay to practice may jeopardize one’s competence and consequently the public’s health and safety. When these issues are not addressed appropriately, we risk the trust that the public and international community have for Canadian nurses and the nursing profession overall. It is important that we come together as a nursing community and resolve issues and concerns that have negative impacts on the future of nursing. Change requires a unified voice and together we can advocate for a change towards a positive future that protects our nursing students and our nursing future.

As such, this resolution proves its relevance to CNA’s mission by:

• Unifying the voices of RNs
• Strengthening nursing leadership
• Promoting nursing excellence and a vibrant profession
• Advocating for healthy public policy and a quality health system
• Serving the public interest and specific goals:
  • To promote and enhance the role of registered nurses to strengthen nursing and the Canadian health system.
  • To shape and advocate for healthy public policy provincially/territorially, nationally and internationally.
  • To advance nursing leadership for nursing and for health.
  • To broadly engage nurses in advancing nursing and health.

Key stakeholders:
CNA, CASN, CFNU, CNSA, National and Provincial governments, provincial regulatory bodies

Estimated resources required or expected outcomes:
With immediate remediation the harmonized entry-to-practice exam will accurately test nursing graduates’ readiness for entry to practice and ensure patient safety built around Canadian nursing curriculum and competencies. It will be an accurate portrayal of our nursing programs and health care system in respects to (a) appropriate reflection of the Canadian health care system values; (b) consideration of cultural competence with respect to Canada’s First Nations, Inuit, and Métis populations; (c) proper reflection of Canadian nursing programs; and (d) representation of Canada’s two official languages, across provincial jurisdictions. In addition, nursing students and graduates will be put in a position to strive and be appropriately tested on their competencies ensuring a safe
and strong nursing future. CNA and CNSA will work in conjunction with one another and other nursing leaders as a unified voice for change on behalf of registered nurses and nursing students to protect the future of our profession.

References: