POSITION STATEMENT

Determining the Comparability of Education of Certain Foreign Health Workers

Context

In 1996, the U.S. Government authorized CGFNS International, Inc. (now TruMerit™) to screen and certify foreign healthcare professionals seeking occupational visas under Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA). TruMerit is the only organization currently authorized to screen and certify all healthcare professions covered under IIRIRA.

In addition to submitting its annual report to the Department of Health and Human Services (DHHS) and the Department of Homeland Security (DHS), TruMerit has continually provided those agencies with recommendations based on its knowledge of global development on a variety of critical issues affecting the administration of the program. As certain health professions have increased the entry-to-practice degree requirement to a clinical doctorate, TruMerit has learned of incidents in which foreign health workers were denied entry to the United States because they were unable to demonstrate the holding of a degree title equivalent to what is awarded to U.S. graduates in the same profession. We question whether this was always the proper result.

In order to execute its duties under Section 343 of IIRIRA, TruMerit seeks further dialogue on the impact of this increase in degree requirement on the evaluation of education that health workers receive outside the United States. The purpose of this position statement is therefore two-fold. TruMerit seeks to provide a critical perspective on determining the eligibility of foreign health workers for employment-based visas given the upward trend in academic degrees in the United States. TruMerit also seeks to bring to the attention of these agencies that relying solely on matching degree titles does not satisfy the statutory requirement—that foreign education, licensure, and experience be assessed for comparability to U.S. norms in the occupational setting. To provide a comprehensive view on this matter, TruMerit intends to explore both the theoretical assumptions and pragmatic implications informing this discussion.

Credential evaluation

The determination of eligibility of foreign health workers for employment-based visas falls within the general rubric of credential evaluation. Credential evaluation is a specialty within the field of comparative education. This specialty has come from a long tradition of evaluating academic credentials earned in one system of education and equating them against those awarded in another system. For academic placement, this equating process has served its purpose, resulting in the widespread use of the term "equivalency" in the adjudication of foreign credentials. But the efficacy of this approach in evaluating foreign credentials for professional purposes has remained unproved. In applying the equivalency construct, only quantitative data, such as length of study, number of credits, type of degrees and credentials, are reviewed and used as the basis for determining equivalency.

Even in the more recent push for using national or regional "qualifications frameworks" as a common denominator for equating educational system compatibility, the emphasis is still on making an academic placement recommendation in which the education received in one country is being placed in the educational system of another country to show its standing. For example, a person with a three-year baccalaureate degree from one country may be placed as having completed the junior year and is ready for the senior year of college in the United States. This placement recommendation is based solely on the numerical values of academic credits earned. This absence of attention to subject matter content and the concomitant learning outcomes and clinical competencies renders the equivalency approach virtually ineffective for screening foreign health workers for employment-based visas. A hybrid assessment model that can accommodate both the quantitative and the qualitative dimensions of education is therefore needed to provide the requisite regulatory analysis. Fraud is a dynamic international problem. We all must continue to evolve and adapt so that we can establish and maintain a fraud-free environment and so that we can protect the nurses who protect us.

Education comparability

The major measurement construct undergirding the assessment of foreign health workers is one of comparability of education. This construct provided the theoretical underpinnings for Section 343 of the IIRIRA when the statute was drafted. The intent of using the comparability construct and not the equivalency yardstick is to recognize that systems of education across national boundaries may converge along certain matrices and diverge along others. These asynchronies are often borne out of necessities to meet different health mandates as each country has the responsibility to meet the healthcare needs of its own people.

Section 343 further recognizes that the nomenclature associated with the use of titles and credentials of health workers may differ from country to country due to a variety of factors, including economic, social, historical, and political factors affecting the hierarchical structures inherent in healthcare delivery systems in different jurisdictions worldwide. Although the essential core of disciplinary knowledge and the scientific foundation for specific health professions are more similar than different across varying systems of education, the academic rubrics shaping this education may take on different manifestations. The education comparability construct is informed by this tacit understanding that educational programs can rarely, if at all, be deemed equivalent to one another. The search for comparability rather than equivalency allows for the latitude required in interpreting the education achieved under differing contexts to determine their relative concordance on a conceptual level.

Liberal education vs professional education

Higher education in the United States is marked by a philosophy that a liberal education is foundational to all academic majors. All university graduates are required to demonstrate that they have met this liberal education requirement regardless of the field of study. Both institution and program accreditors require evidence of liberal learning in the curriculum as part of the accreditation process. For the health professions, it is common for academic programs to require 50 or more credits to be in the liberal arts and sciences in the form of general education. Taking nursing as an example, it is not uncommon for baccalaureate-prepared nurses to have had two years of their coursework devoted to general education. A similar pattern prevails across the health professions. This attention to liberal education to produce well-rounded individuals is uniquely American. Contrary to the U.S. approach, most countries start their students in professional education early in the curriculum and it can be as early as in the first year of undergraduate education. These foreign programs may also require more professional coursework than their U.S. counterparts. Although the degree designation may be on the baccalaureate level, the content of this professional education, didactic and clinical combined, may, in some instances, be equal to or even exceed the limits of a U.S. curriculum for the advanced entry-to-practice degree. Some examples of foreign

academic programs may help illuminate this observation. In the Philippines, the baccalaureate degree in physical therapy is the entry-to-practice degree and it is a five-year program. TruMerit has found that some physical therapy programs in the Philippines have sufficient academic credits to match the credit requirements of some Doctor of Physical Therapy (DPT) programs in the United States. Physical therapists who hold a two-year master's degree from India may also fare well in this regard. TruMerit has also had experience with occupational therapy programs on the baccalaureate level in the Philippines that meet the credit requirements of a master's degree occupational therapy program in the United States. The master's degree is the entry-to-practice degree required of U.S. graduates in occupational therapy.

It is instructive to further explore the impact of foundational education, usually couched in terms of general education, on the curriculum of certain health professions in the United States. The Commission on Accreditation of Physical Therapy Education (CAPTE) generally reviews three curricular formats leading to the Doctor of Physical Therapy (DPT) degree. Although most students enter the program after completing a baccalaureate degree, some start the program after three years of undergraduate education and still others are admitted into the program as freshman. Despite variances in curricular configurations, the professional phase of these programs generally takes about three years, out of a total of about six or seven years of education. This example serves to illustrate how foreign curricula, which have fewer general education requirements, can meet the professional content requirement despite a slightly shorter overall educational experience for the students.

First professional degree

The first professional degree is the academic qualification required for entry-to-practice through a licensure or certification process. In the United States, certain health professions, such as physical therapy and audiology, have recently moved their first professional degree to a clinical doctorate. Scanning the globe, the entry-to-practice requirement for these professions varies from a diploma to that of a master's degree, with most countries requiring a bachelor's degree. The equivalency model, which requires foreign health workers to hold the same degree title to be considered to have had an equivalent education, will effectively nullify the education that foreign health workers received outside the United States and will categorically exclude them from being screened for employment-based visas to the United States. The comparability model, on the other hand, allows for a closer discernment of the content of the education achieved to determine the convergence and divergence of the curriculum undertaken in the respective systems.

In light of the hierarchy in roles and responsibilities of health workers functioning under varying systems globally, it is unrealistic to expect that the clinical doctorate will become the first professional degree in many countries, as is the case for certain health professions in the United States. The medical profession in the United Kingdom, which has asserted significant influence over the educational systems in different regions of the world, provides an illuminating example of the concept of a first professional degree. Although there are some post-graduate programs for individuals holding a baccalaureate degree in another field to enroll as students in the field of medicine in the United Kingdom, the entry-to-practice degree is predominantly an MBBS (Bachelor of Medicine and Bachelor of Surgery) degree conferred at the end of a five-year baccalaureate education. The medical education in India observes this academic tradition and offers an undergraduate education as the basis for the first professional degree for physicians. With physicians, often hailed at the top of the hierarchy of healthcare systems in many countries, holding an MBBS as an academic tradition, it is unlikely that other health workers in these systems will hold a clinical doctorate as their first professional degree.

Outcome-based, competency-based education

With advancement in the health sciences, the delivery of health care services today requires a much broader knowledge base than ever before. Health educators have long recognized the need to shift from a sole reliance on quantitative data, such as credits accumulated and degrees earned, to an accountability scheme specifying learning outcomes and practice competencies as evidenced in the curriculum. The Commission on Accreditation in Physical Therapy Education (CAPTE), the American Council for Occupational Therapy Education (ACOTE), and the Council on Academic Accreditation – Audiology and Speech Language Pathology (CAA) are examples of professional organizations that set the standards for an outcome-based, competency-based model of education for the respective professions. This demand for evidence of competency begins with the coursework undertaken and extends to the workplace throughout the career trajectory. Professional and specialty organizations, governmental and nongovernmental agencies as well as regulatory bodies are key stakeholders that develop, monitor, and safeguard the implementation of performance measures, in part, because of their responsibility to ensure public safety.

Accrediting agencies for the health professions in the United States recognize that practice competence of graduates from academic programs cannot be ascertained solely on the basis of the title of the degree earned. Their accrediting guidelines consistently call for documentation of practice competency of graduates. The Accreditation Council for Occupational Therapy Education (ACOTE) acknowledges the difficulty in differentiating the outcomes of master's and doctoral-prepared graduates and takes the position that the entry-level degree requirement remains at both the master's and the doctoral degree. This paradigm shift in U.S. education in the health fields from an input-based, instruction-based model to an outcome-based, competency-based model challenges the fundamental assumption that a degree equivalency assessment approach would be able to yield accurate results in screening foreign health workers for employment-based visas.

TruMerit's screening and certification processes demand a high level of rigor in applying analysis, synthesis, and judgment in evaluating the health education received outside the United States. The TruMerit Education Comparability Tool (ECT) for Physical Therapy, for example, has four components that document foundational education, professional education, clinical education, and learning outcomes of the education received outside the United States. This componential analysis allows TruMerit to drill down to the level of specific content requirements for the coursework undertaken. The additional quantitative credit-hour analysis provides the checks and balances to support a comprehensive, integrative view of this education. TruMerit's assessment tools, developed by the respective profession-specific standards committees under the International Commission on Healthcare Professions (ICHP), are based on the prevailing academic program accreditation standards in the United States and incorporate the nuances inherent in an outcome-based, competency-based education.

Conclusion

TruMerit's intent is not to compare the relative merits or demerits of different systems of health education in the world. Neither is the intent to ignore differences in the education attained. The intent is to accentuate the need to go beyond degree equivalency approaches to consider content comparability to more accurately evaluate the education received outside the United States—using the prevailing standards in the United States with respect to occupational outcomes. TruMerit's position supports the U.S. Citizenship and Immigration Services' adjudication of Second Preference EB-2 program petitions, which allows foreign health workers applying for jobs that require an advanced degree to use a baccalaureate degree plus five years of progressive work experience in the field, in lieu of an advanced degree.

Section 343 of IIRIRA recognizes the diversity of educational programs in preparing health workers across the world and insists that the principle of fair occupational assessment be uniformly applied to all foreign health workers petitioning for employment-based visas. This legislation authorizes TruMerit to perform this determinative assessment by taking into account the full complexity of academic and professional nuances pertaining to the evaluation of foreign credentials. If assessment methodologies were to be reduced to a simple task of equating degree equivalents, the exactitude so mandated in applying such an approach, contrary to the intent of the legislation, would render the analysis less informative and the resultant judgment less fair.

TruMerit, therefore, encourages consideration of knowledge derived from the field of comparative education that speaks to the historical, cultural, social, economic, and political contexts governing the education of and the conferring of degrees to health professionals worldwide. It is in the spirit of TruMerit's advisory role to federal agencies that it presents these thoughts regarding the increased challenges in determining educational comparability of foreign health workers.