



**Canadian Nursing Students' Association**  
**Association des étudiant(e)s infirmier(ère)s du Canada**

[Open letter]

To: Jerry MacDonald, President, College and Association of Registered Nurses of Alberta

Jennifer Whitehead, Manager, Communications and Government Relation, Nurses Association of New Brunswick

Katherine Stansfeld, Executive Director, College of Registered Nurses of Manitoba

Cynthia Johansen, President, College of Registered Nurses of British Columbia

Mary Kjørven, Chair, College of Registered Nurses of British Columbia

CC: Hon. Terry Lake, Minister of Health, Province of British Columbia

David Benton, Chief Executive Officer, National Council of State Boards of Nursing

Anne Coghlan, Executive Director and CEO, College of Nurses of Ontario

Becky Gosbee, Executive Director, Association of Registered Nurses of PEI

Carolyn Hoffman, Executive Director, Saskatchewan Registered Nurses' Association

Jan Inman, Acting Executive Director, Registered Nurses Association of Northwest Territories and  
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Laurie Janes, Executive Director, Nurses Association of New Brunswick

Jeanette Machtemes, Interim CEO, College & Association of Registered Nurses of Alberta

Joy Peacock, Executive Director, Association of Registered Nurses of British Columbia

Lynn Power, Association of Registered Nurses of Newfoundland and Labrador

Sue Smith, CEO and Registrar, College of Registered Nurses of Nova Scotia

Dr. Cynthia Baker, Executive Director, Canadian Association of Schools of Nursing

Honourable Sarah Hoffman, Minister of Health,

David Benton, Chief Operating Officer, NCSBN

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Hello to the leaders of CRNM, CARNA, CRNBC, and NANB,

My name is Caitlin Wiltshire, and I am the President of the Canadian Nursing Students' Association (CNSA). Over the past year, you may have been in contact with our Past President, Bryce Boynton. Bryce is still available to be consulted and can be reached at [pastpresident@cnsa.ca](mailto:pastpresident@cnsa.ca). However, moving forward I will be continuing the efforts our previous Board of Directors has begun in addressing the issues surrounding the NCLEX-RN.

Firstly, I want to thank you for your response and for allowing us to open a dialogue regarding the NCLEX-RN, which is an issue of high importance to both of our organizations. It seems we share many common goals, which I hope will enable us to work together towards reaching a mutually beneficial resolution regarding the NCLEX-RN. Our ultimate goal is for the Canadian nursing entry-to-practice exam to ensure patient safety while reflecting Canadian nursing competencies.

I would like to respond and substantiate the claims and concerns we brought forward in our previous correspondence. I strongly believe that the available evidence supports our concerns regarding the NCLEX-RN. As the President of CNSA, my aim is to work with national, provincial, and territorial nurse regulators to collaborate and create a plan to address the concerns regarding the NCLEX-RN. In particular, CNSA believes an audit of the NCLEX-RN to determine the prevalence of Canadian content is necessary and important to ensure Canadian nursing students are being prepared for safe practice in Canada.

In your correspondence, it was stated that continuing audits done by the CCRNR have ruled out the presence of any American nursing competencies on the NCLEX-RN (CCRNR, 2017). However, a recent review by Dafoe, Enns, & Cifuentes (2016) revealed that there were questions that go beyond the competencies of Canadian RN entry-to-practice. In Canada, the management of clients with complex care needs such as those requiring invasive monitoring, dialysis, telemetry, or ventilation requires additional training and certification. The Canadian Council of Cardiovascular Nursing and the Canadian Association of Nephrology Nurses and Technologists have both stated that these activities are beyond entry-to-practice RN competency and require additional training and certification (Dafoe Enns & Cifuentes, 2016, p.1). In addition to containing topics that exceed the scope of practice of a Canadian RN, 39% of Canadian nursing competencies are not tested on the NCLEX-RN and an additional 25% of Canadian nursing competencies are under-represented on the exam (CASN, 2015, p.4). The NCLEX-RN contains major omissions of Canadian nursing competencies including:

- Client-centred care
- Evidence-informed practice
- Social determinants of health
- Intersectoral collaboration
- Social justice
- Indigenous health
- Cultural safety, including power dimensions (CASN, 2015)

While the Canadian Association of Schools of Nursing (CASN) audit of the NCLEX-RN was carried out in 2013, “there has been very little difference between it [the 2013 NCLEX-RN test plan] and the recently published 2016 NCLEX-RN test plan” (CASN, 2015, p.2). We believe that Canadian and American nurses are nontrivially different and that the NCLEX-RN test plan does not support our unique Canadian nursing competencies or our world-class collaborative interdisciplinary nursing care (CHSRF, 2012). Further, the NCLEX-RN exam fails to address the principles of primary health care, which are integral to the Canadian health care system. These profound differences

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between Canadian and American nursing competencies should be carefully discriminated in any study that assesses the content and construct validity of the NCLEX-RN exam (Salfi & Carbol, 2017). By failing to address Canadian nursing competencies, the NCLEX-RN is not an appropriate indicator of the competency of Canadian nurses to safely practice in the Canadian health care system.

With regards to French translation issues, research continues to support our concerns regarding the inadequate French translation of the NCLEX-RN exam (McGillis Hall, Lalonde, & Kashin, 2016). The review done by the Translation Bureau of New Brunswick identified twenty errors in translation among the sixty questions that were assessed (Bergeron, 2016). CNSA is concerned that this sample size is not sufficient to extrapolate an adequate representation of the NCLEX-RN French translation. Further, the 60 percentage point drop in first time pass rates among Francophone students indicates a major problem with the validity of the NCLEX-RN (CCRN, 2016). In addition to the concerns raised in New Brunswick, French translation issues regarding the NCLEX-RN have also been reported in other provinces. For example, Ontario students who write in French have lower pass rates: 37.5% in 2016. Due to poor translation, the first-attempt pass rate for Quebec students was 27% with only 50% of Francophone students ultimately passing the exam (NCSBN, 2016). These values differ significantly from the national average of 69.7% for first-attempt pass rate and 84.1% for ultimate pass rate (NCSBN, 2016). As Canada is a bilingual country, the failure of the NCLEX-RN to provide appropriate French translation violates the Canadian constitution regarding the right to equal access to services in either official language. We are concerned that many French speakers are choosing to write in English to avoid translation problems (Vachet, 2017). This trend is concerning because students are unable to write the exam in the language with which they are most comfortable reading and writing, but it also creates an access gap for Francophone students who are not proficient in English to utilize Anglophone study resources or write the exam in English.

At the Canadian Nursing Association (CNA) Biennial last year, CNSA put forward a resolution that was carried, entitled "Support for Urgent Remediation of NCLEX-RN Issues". The resolution stated, "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." (CNA, 2016). We are glad to see our national nursing bodies support this change and we look forward to moving ahead with you on this call to action.

Additionally, we are glad you share our concerns that Canadian nursing education will be altered to reflect the competencies covered on the NCLEX-RN. As students, we are already identifying changes in nursing curricula to adapt to the NCLEX-RN (Bourque, 2016; Patrick, 2016; Stinnisen, 2016). It is clear to us that nursing faculties are making adjustments to counteract the reduced pass rate on the entry-to-practice exam since the introduction of the NCLEX-RN. However, Canadian nurses have always been respected due to the high quality nursing education in Canada. The sudden failure of Canadian nursing students on the entry-to-practice exam does not indicate a sudden decrease in the quality of Canadian nursing education. It indicates that a flawed, inappropriate exam is failing Canadian nursing students. In addition, we have a responsibility to the public to ensure our nursing graduates are prepared to safely practice in a Canadian practice environment. Recent research suggests that 81% of surveyed Canadians believe that our nurses should be tested with an exam that uses Canadian content (CASN, 2015 B). This speaks to public concern regarding the current entry-to-practice exam for registered nurses in Canada and highlights the urgent need for remediation to the NCLEX-RN.

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Rather than inciting fear, we believe we are lighting the fire under students who are becoming empowered to speak up about what they want their education to look like. We are proud to share this information with 30,000 students across Canada and to help them become involved in their education and develop as nursing leaders. There needs to be more discussion on this topic and careful examinations of the implications that the NCLEX-RN is having on us as Canadian nursing students (McGillis Hall, 2017).

We welcome further discussion with you on this topic, as we aim to work together to resolve the NCLEX-RN issues in a timely manner. Please review our compiled research, stakeholder publications, and media coverage on this topic at <http://cnsa.ca/nclex/>. We thank you for inviting CNSA to an in-person meeting and we look forward to speaking in person about how these problems impact nurses across Canada. Moving forward, we hope to preserve the integrity of our Canadian nursing education and to strive for a licensing exam that is rigorous, valid, and tailored to the needs of Canadian nurses.

Thank you

Caitlin Wiltshire

CNSA President, 2017-2018

On behalf of the CNSA Board of Directors

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