

## POSITION STATEMENT

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# Determining the Comparability of Education of Foreign Health Workers

### ● Our position

TruMerit™ (formerly CGFNS International) affirms that the evaluation of foreign healthcare workers seeking migration to the U.S. for employment purposes should not be based on a generalized review of their degrees, as found in the traditional model of credential evaluation. Instead, the evaluation of their education should be purposeful and include a detailed analysis of the curricular content and learning outcomes. TruMerit encourages continued dialogue to ensure that foreign-educated healthcare workers are assessed based on the principle of fairness inherent in education comparability determination while meeting the safety mandate for the U.S. public.

### ● Background and analysis

TruMerit (formerly CGFNS International) is the sole organization authorized to screen and certify all IIRIRA-covered professions. In that role, TruMerit is tasked with evaluating the education and training of foreign-educated nurses and other health workers who seek entry to practice in the U.S. In providing these evaluation services, TruMerit has considered a variety of approaches to conduct its assessment. The prevailing approach used by credential evaluation organizations largely revolves around the quantitative aspects of degree equivalency, such as credit and grade conversions. Less attention is directed to the qualitative aspects of credential evaluation, such as the examination of coursework content and learning outcomes. For example, the minimum entry-level qualification for physical therapy in one country may not be comparable to that in another country, despite both enabling access to the profession in their respective jurisdictions. There can be differences in content as well as in scope of practice. This is not evident unless a detailed comparability analysis is completed.

To further capture the nuances associated with these evaluation methodologies, the following descriptive analysis may be helpful:

**Equivalency**—Traditional equivalency models emphasize comparative analysis of quantitative academic data, including number of course credits, length of study, and other determinative degree qualifications. While such formulaic models facilitate a general analysis, they offer limited insight into the breadth and depth of curricular content or identification of learning outcomes.

**Comparability**—Contrastingly, in addition to applying a quantitative analysis, a comparability assessment also includes a qualitative analysis of academic programs to determine the depth and scope of the education content being provided and the expected learning outcomes for program graduates. This comparative evaluation is



supported by a thoughtful consideration of differing global educational structures as well as variability of academic programs.

TruMerit's evaluation model looks closely at foundational courses, professional education, clinical training, and learning outcomes to determine comparability between one program of study and another. In one instance, a detailed analysis of two programs may reveal content alignment to satisfy comparability requirements. In another instance, it may reveal curricular deficiencies from a source country, which, in this case, must be rectified to match the standards of a destination country. Both examples demonstrate that a prescriptive approach is insufficient and underscore the need for nuanced, content-based assessments to meet education comparability standards.

U.S. accrediting bodies increasingly require competency-based, outcome-focused education across health disciplines. Quantitative inputs alone do not provide sufficient information to support comparability determination. TruMerit's establishment of professional standards and tools, such as the Education Comparability Tool (ECT), support rigorous, content-specific evaluations aligned with U.S. standards and expectations for specific professions.

## ● Conclusion

TruMerit urges policymakers and regulators to reaffirm **comparability**, not equivalency, as the guiding principle in evaluating foreign health education to support public safety. Reliance on quantitative analysis, with limited consideration of the educational content and learning outcomes, undermines the fairness and intent of Section 343 of IIRIRA. TruMerit remains committed to upholding rigorous, fair, and contextually appropriate credential evaluations to support regulatory excellence and to meet U.S. health workforce needs. TruMerit remains committed to evaluating the education of health workers in context to determine alignment and to identify deficiencies in support of their professional mobility.