Introducing TruMerit

☐ Value the **MERIT** of the individual health professional

☐ Evolve **SOLUTIONS** to advance the health workforce through education, certification, and professional development
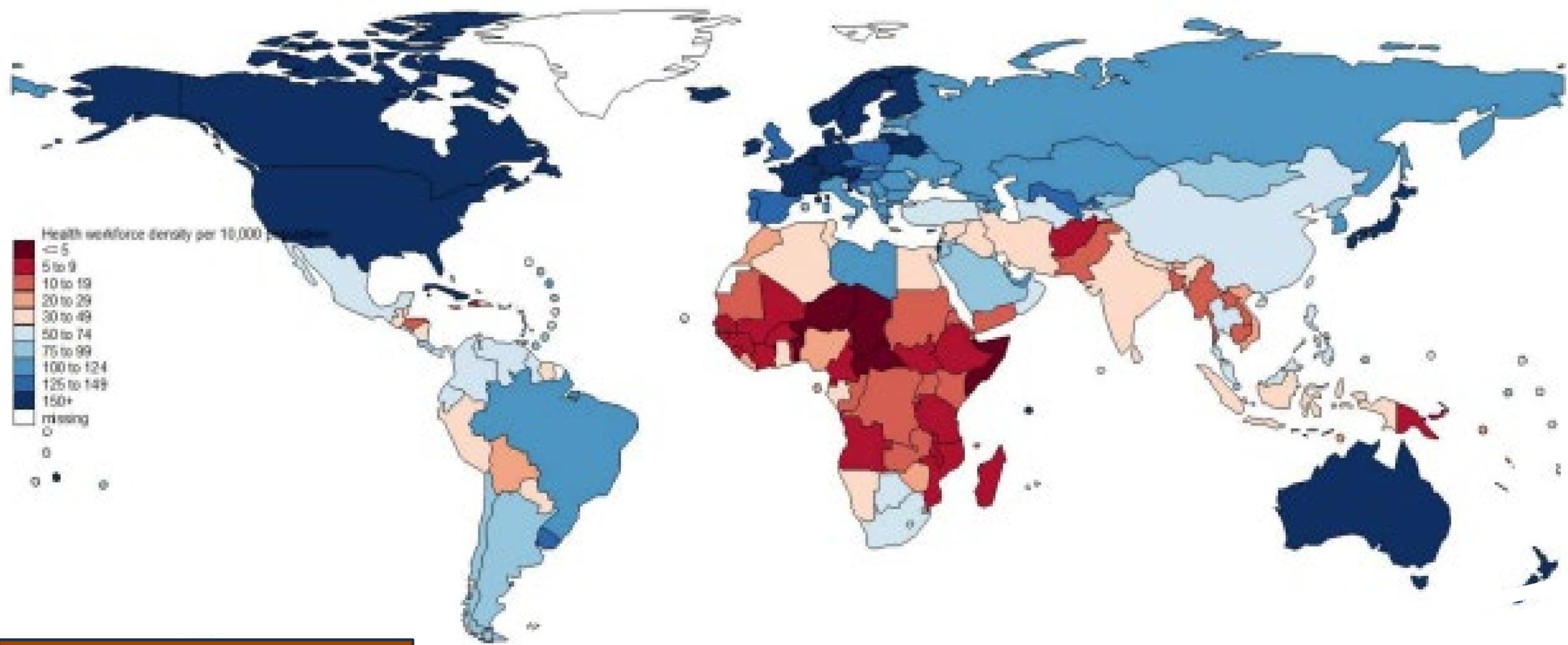
CGFNS: How We Began…….

- In **1977, founded** as the Commission on Graduates of Foreign Nursing Schools
  - ✓ A nonprofit, immigration neutral organization with UN Consultative Status
  - ✓ Served more than 1 million nurses and health professionals worldwide
- In **2007**, it became CGFNS International, Inc
- In **2025**, it changed its name to TruMerit
- Mission: **To serve the global community through programs and services that verify and promote the knowledge–based practice competencies of healthcare professionals**
- Vision:

The Global Puzzle

- ❑ Where are we?
- ❑ How are we doing?

Health workforce density per 10,000
- <= 5
- 5 to 9
- 10 to 19
- 20 to 29
- 30 to 49
- 50 to 74
- 75 to 99
- 100 to 124
- 125 to 149
- 150+
- missing
- 0

< 5 per 10,000

150 + per 10,000

The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage?

http://orcid.org/0000-0003-1052-5604 Mathieu Boniol et al.

Health Workforce Insufficiency:

The Case of Nursing

Current: 29 million nurses worldwide

By year 2030, shortage of 4.5 million nurses

Greatest gaps: Africa, South-East Asia, Eastern Mediterranean and parts of Latin America

Female: 67% of health and social workforce. Nursing represents a significant share of the 67%

80% of nurses work in 50% of countries. The other 20% work in the other 50% of countries.

1 in 8 nurses practices in a country other than the one they were born or trained

Maldistribution

Qualitative documentation absent

Source: WHO State of the World Nursing Report 2025

Barriers for Professional Mobility

Variance in standards for education and practice	Challenges in alignment of knowledge and competencies	Challenges in aligning credentials and titles across systems
Not recognizing professionals with different roles working together in teams	Divergent health systems, technology, and care delivery models	

Source: WHO State of the World Nursing Report 2025

The Italian Puzzle

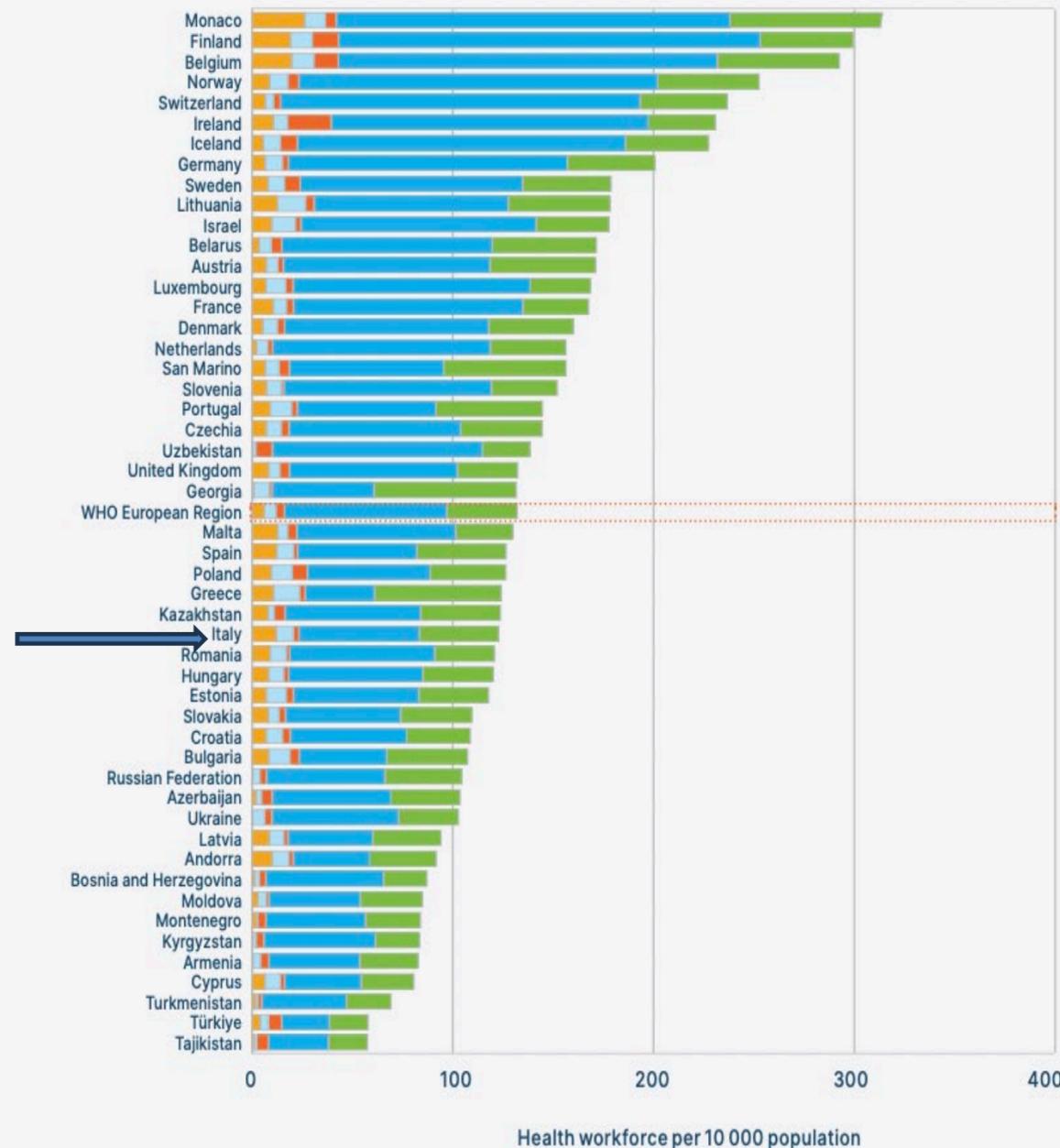☐ **Where are we?**

☐ **How are we doing?**

ITALY VS. EUROPE: A STARK COMPARISON

Italy's nurse density lags significantly behind the EU average and top-performing countries

Health workforce density by health profession

Medical Doctors — Nurses — Midwives — Dentists — Pharmacists

WHO European Region average

Medical Doctors: 35.1
Nurses: 80.8
Midwives: 4.3
Dentists: 5.8
Pharmacists: 6.1

Countries (top to bottom): Monaco, Finland, Belgium, Norway, Switzerland, Ireland, Iceland, Germany, Sweden, Lithuania, Israel, Belarus, Austria, Luxembourg, France, Denmark, Netherlands, San Marino, Slovenia, Portugal, Czechia, Uzbekistan, United Kingdom, Georgia, WHO European Region, Malta, Spain, Poland, Greece, Kazakhstan, Italy, Romania, Hungary, Estonia, Slovakia, Croatia, Bulgaria, Russian Federation, Azerbaijan, Ukraine, Latvia, Andorra, Bosnia and Herzegovina, Moldova, Montenegro, Kyrgyzstan, Armenia, Cyprus, Turkmenistan, Türkiye, Tajikistan

Health workforce per 10 000 population

---

La grande bugia della carenza di medici, a mancare sono gli infermieri

di Walter De Caro

06 SET - Gentile Direttore,
la ringrazio per l'ampia pubblicazione su Quotidiano Sanità delle dichiarazioni dei politici in tema di accesso programmato per il corso di laurea in medicina e carenza di medici.

Si è reso evidente, in tutta la sua drammaticità, il divario abissale tra il sistema salute e formativo di cui parlano i candidati alle elezioni, il vero servizio sanitario in cui lavorano infermieri e gli altri professionisti sanitari e da cui vengono curati i pazienti e le modalità con cui erogare salute e soddisfare le esigenze dei cittadini ora e nel prossimo futuro. Ed in particolare l'assenza di approfondimento e di attenzione verso i dati.

More than 15
Switzerland/Nordic Countries

8.9
EU Average

6.4
Italy
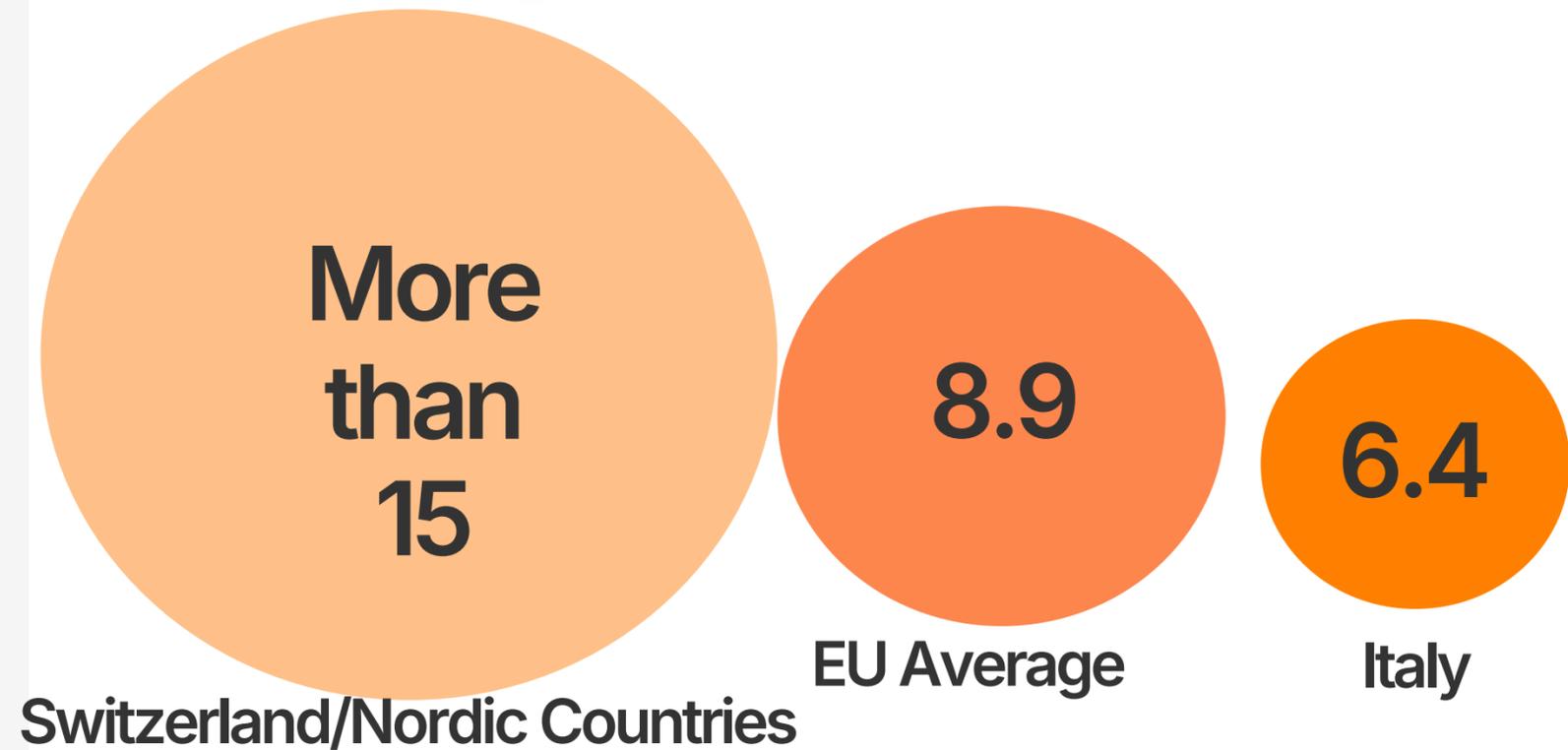
EVOLVING NEEDS, STAGNANT CAPACITY

IT AGING NATION:

•1 in 4 Italians over 65 by 2025

•2 million dementia patients by 2040

🏥 **CHRONIC DISEASE CRISIS:**

•24 million chronic patients (40% of population)

•12 million with multiple conditions

•+40% disease burden in 10 years

👩‍⚕️ **WORKFORCE PARALYSIS:**

•0% real nursing workforce growth

•**More doctor seats than nursing seats**
 (double in 10 years)

•Idea of nursing as secondary option plan
 for failed med students

«Italy is training for yesterday's healthcare needs — not tomorrow's».

BUILDING A SUSTAINABLE NURSING WORKFORCE

💰 **INVEST**

Dedicated funds for the profession

Competitive salaries

Education capacity

🛡️ **PROTECT**

Fix working conditions

Safe staffing ratios

Violence prevention

🚀 **EMPOWER**

Unlock career growth

Advanced practice roles

Leadership pathways

Italy cannot build the future of healthcare on an exhausted, undervalued nursing workforce

Invest in Education Capacity

- ☐ **Where are we?**
- ☐ **How are we doing?**

Where are we?

- No standard nursing curriculum for entry-to-practice in the EU. Directives that drive curriculum:
  - Directive 2005/26/EC
  - Directive 2013/55/EU
  - Directive 2024/782 of March 2024 that amends part of the 2005/36/EC
- Annex V of the 2013 Directive to be implemented by EU members into their legislation by March 2026.
- Nursing curriculum will include: general sciences, nursing sciences, social sciences, ethics, administration and management, principles of teaching, evidenced-based practice, research, and e-health
- Nursing students will receive: theoretical training and clinical practice in general and specialist medicine, general and specialist surgery, pediatrics and childcare, maternity care, mental health and geriatrics, and care of the elderly and geriatrics.
- EU countries offer Bachelor's programs ranging from 3 years to 4 Years (180-240 ECTS)
- 4,600 theoretical (1/3) and clinical (1/2) hours

Invest in Education Capacity

❑ **Where are we?**
❑ **How are we doing?**

How are we doing?

Article 31 of Directives 2013/55/EU identifies 8 competencies that nurses must have:

- Competence to independently diagnose nursing care using theoretical and clinical knowledge and plan, organize, and implement nursing care.
- Competence to work together effectively with other players in the health sector.
- Competence to empower individuals, families, and groups toward healthy lifestyles and self-care.
- Competence to independently initiate immediate measures to preserve life and to carry out measures in crisis and disaster situations.
- Competence to independently advise, instruct, and support individuals needing care.
- Competence to independently ensure the quality of care and assess it.
- Competence to communicate comprehensively and professionally and to cooperate with members of other professions in the health sector.
- Competence to analyze the quality of care to improve their own professional practice.

Invest in Education Capacity

❑ How **well** are we doing?

❑ Coursework as micro-credential

Mosaic of Education

curriculum — Content

Method — pedagogy

outcomes — Mastery
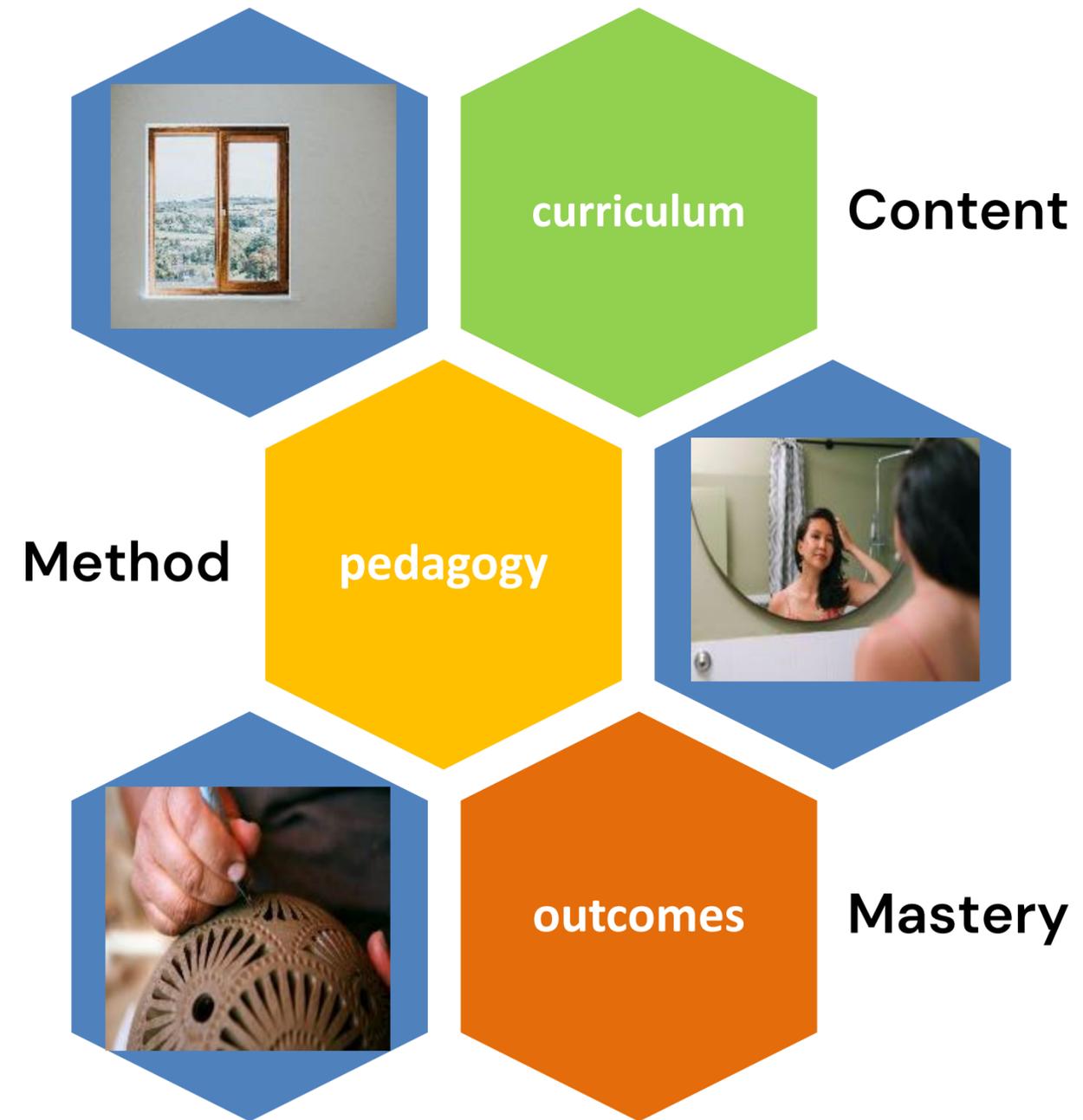
Global Micro-Credential for Pediatric Nursing

NAPNAP
- Coursework
- 4 Learning Modules

TruMerit
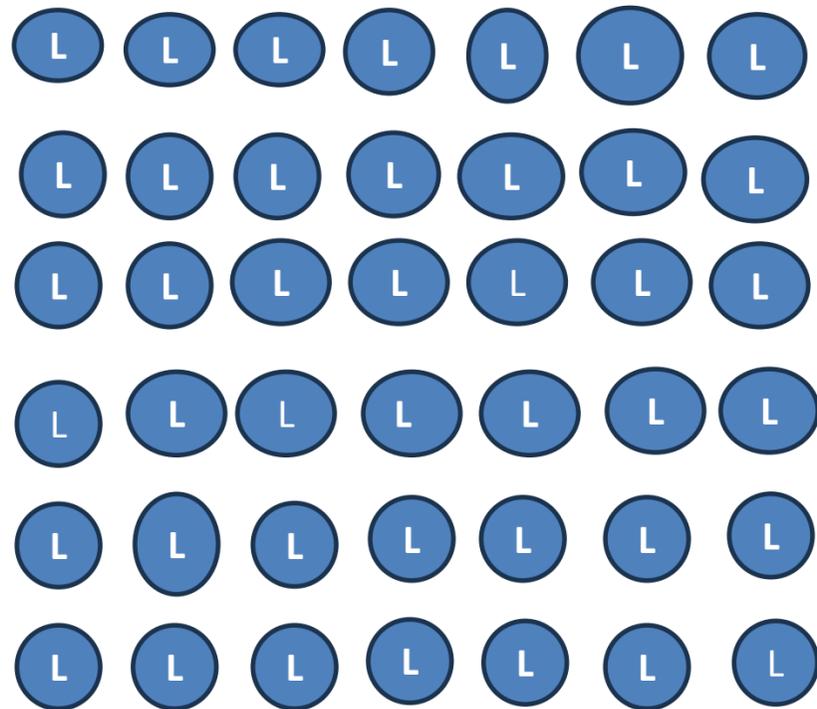- Assessment
- 4 Badges; 1 Micro-credential

Invest in Education Capacity

- ❑ **Minimum Competencies** for the here and now?
- ❑ **Inspirational Excellence** for the future?
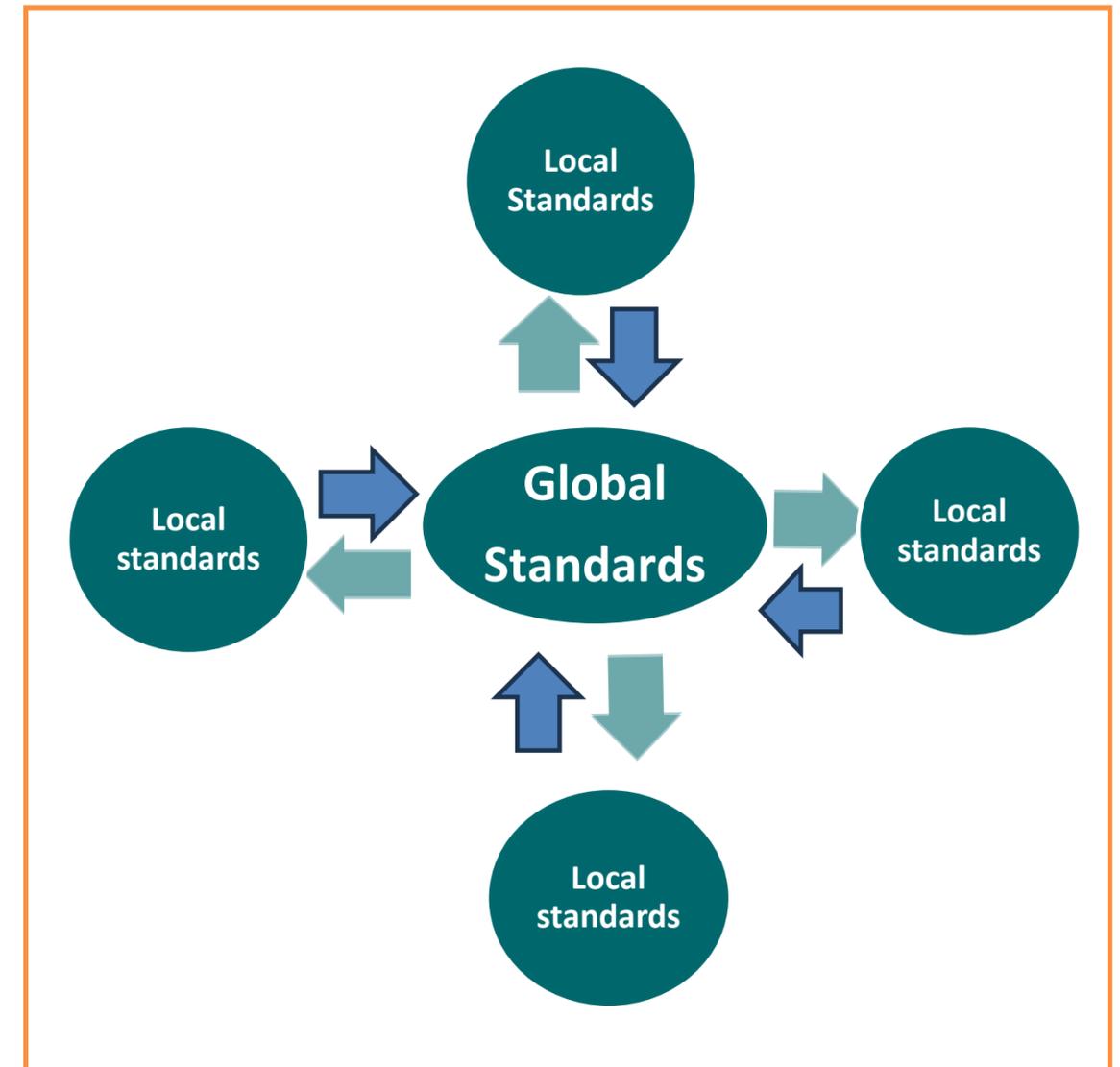
- Nursing: A global profession in a local context
- Learning as evident through objective measures

Global & Local

Evidence-Driven

Role Recognition

Critical Thinking

- Multidisciplinary Team
- Nurses as critical thinkers

Local ➡ ⬅ Global Standards

CURRENT STATE

RE- IMAGINED STATE

The Essentials: Core Competencies for Professional Nursing Education

AACN, 2021
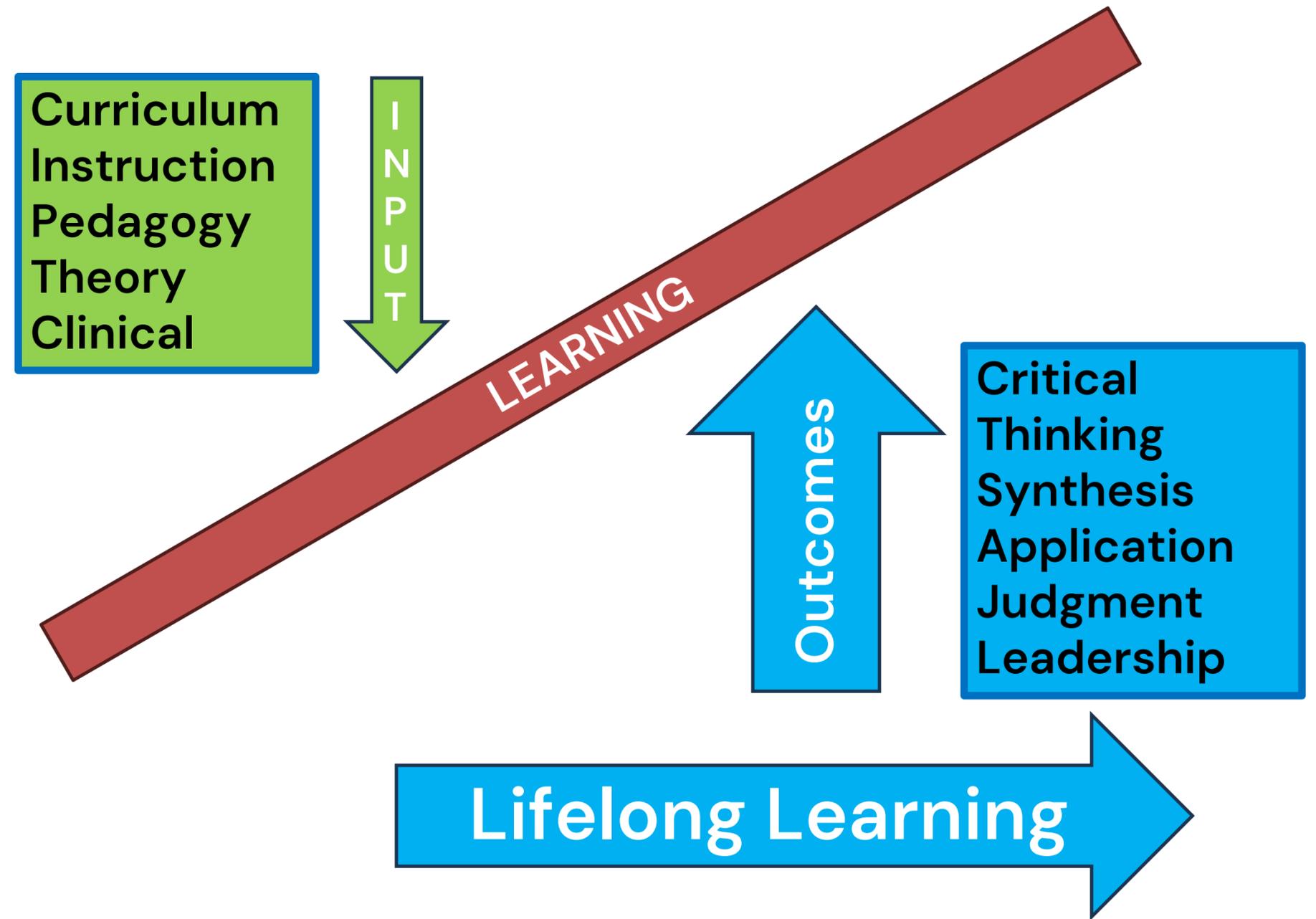
- Nurses must be able to think critically and apply this ability to make evidence-informed judgments for themselves and their patients in team-based environments (Willers, Jowsey, & Chen, 2021).
- TruMerit's Study: Comparative analysis of critical thinking emphasis within entry-level nursing curricula in 6 countries:
  - United States, Kenya, Nigeria, India, Philippines, Australia

Average Critical Thinking Mentions

Kenya: 5.49
USA: 30.67
Nigeria: 1.42
India: 5.25
Australia: 31.5
Philippines: 9.3
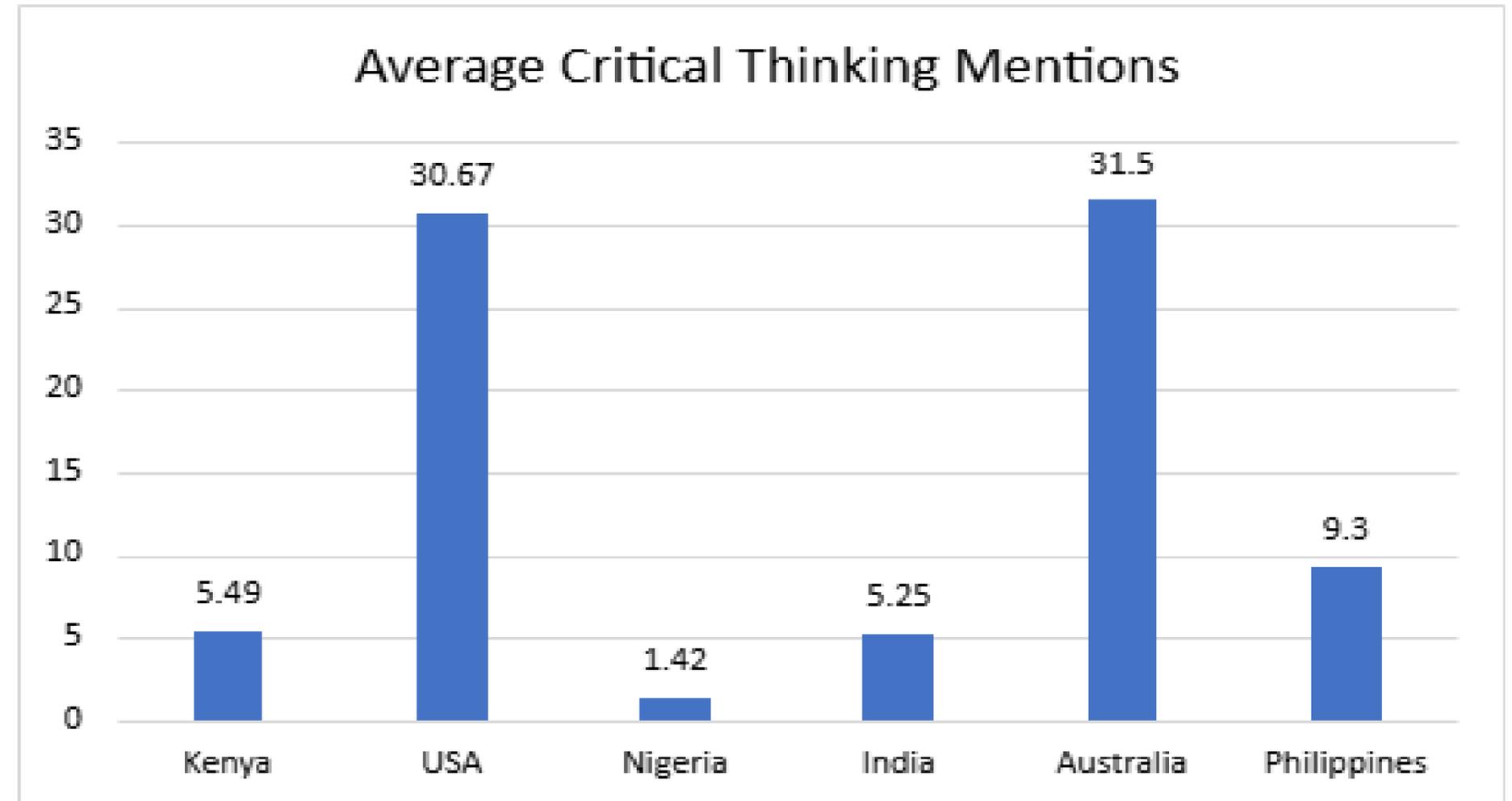
Evidence – Driven Approaches:

- ❑ Input
- ❑ Outcomes

Curriculum Instruction Pedagogy Theory Clinical

INPUT

LEARNING

Outcomes

Critical Thinking Synthesis Application Judgment Leadership

Lifelong Learning

Role Recognition

- ❏ **Multidisciplinary Team**
- ❏ **Nursing Roles**
- ❏ **External Validation**
- ❏ **How nurses can lead**

Leadership & Innovation

Qualifications & Credentials

Competence & Confidence
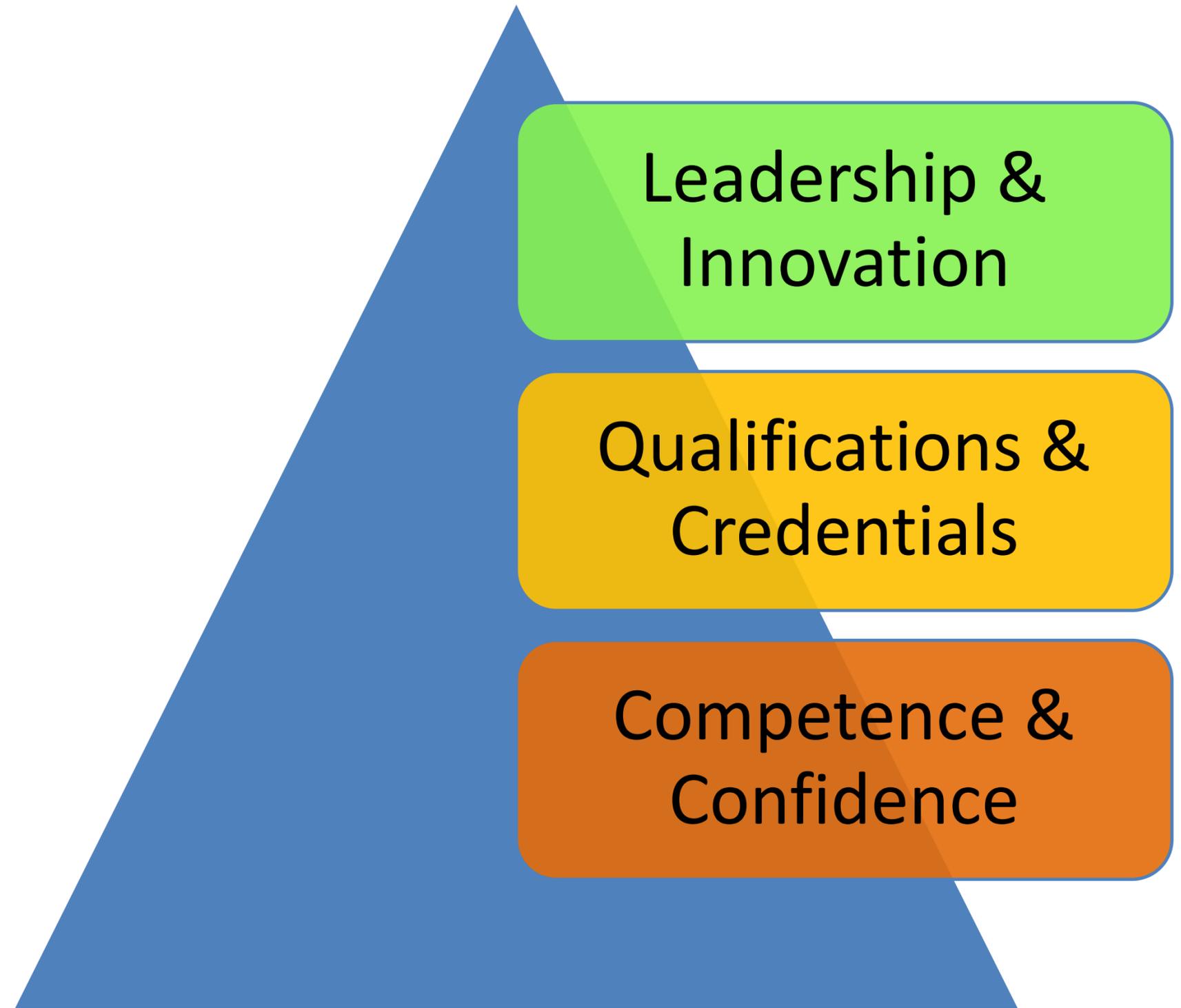
Global Certifications

- ☐ **Support Career Progression**
- ☐ **Certify Competence**
- ☐ **Validate True Merit**
- ☐ **Recognize Excellence**
- ☐ **Award Earned Qualifications**

TruMerit: A Multi-Directional Evolution

- **Migration-focused** serving destination countries including the **United States**, **Canada**, **New Zealand** and beyond.

- **Solution-focused** to serve additional destination countries seeking to recruit nurses from other countries worldwide.

- **Standard-focused** on verification, evaluation, and thought leadership by capitalizing on our experience, knowledge, technology, and research in a fraud-free environment.

- **Applicant- focused** with timely and accurate work.

- **Global Certifications-focused:** to certify essential competence **across borders and boundaries**

TruMerit's Global Certifications

Certified   Global Nurse CGN

+≤Ú¡≳Ṥ≤ÆⱢA÷,®ú≡**Nurse-Rehabilitation**≡ ≡ A\ ℗℗≡

Certified Global Health Worker-Rehabilitation CGHW- R

Certified Global Health Worker–Rehabilitation Advanced CGHW–RA

First Level, General Nurses, RN

RNs working in rehabilitation settings with two years of work experience

Assistive personnel with two years of work experience in a rehabilitation setting

Therapists/clinicians (PT, OT, SLP) with two years of work experience in a rehabilitation setting

Why Global Certification?

- ❑ Transcending Minimum Competencies
- ❑ Raising Nursing Standards in a Globalized World

Paradigmatic Shifts

- ▪ Professional silos ➡ **Team-based Management**
- ▪ Disciplinary ➡ **Multidisciplinary approaches**
- ▪ Role shifting ➡ **Role recognition**
- ▪ Varying standards ➡ **Harmonized standards**
  - ✓ Education
  - ✓ Entry-to-practice
  - ✓ Competency determination
  - ✓ Continuing education
- ▪ Absence of specialty nursing recognition ➡
  Recognized specialization

Global Certification Principles

☐ **Inclusivity**
☐ **Rigor**
☐ **Fairness**
☐ **Defensibility**

- **Inclusivity: Global Taskforce of subject matter experts**
  - World Regions
  - Income levels

- **Rigorous iterative process for creating framework and test blueprint to develop competency standards**

- **Global field review to enhance usability**

- **Practice relevance to support adoption**

- **Mitigating cultural biases to strengthen fairness**

- **Psychometric principles to ensure defensibility**

Why Global Certification?

☐ **For Career Mobility**
☐ **For Professional Recognition**

- To support opportunity for achieving a common standard
  - Globally relevant
  - At the right level of criticality
  - Fairness across cultural and social norms

- To level the playing field for nurses and health professionals worldwide
  - Making standards transparent and available
  - Making global certification accessible and available worldwide

- To equip health workers with a qualification that they can earn by
  - Meeting candidacy requirements
  - Taking and passing a rigorous exam
  - Continuing with professional development
  - Satisfying standards for re-certification

Why should we care about global certifications?

Benchmarking:

Nursing Educators:
- Identify areas of strengths and weaknesses in nursing education.
- Focus on learning outcomes

Regulatory Boards:
- Sustain an evidence–based health workforce
- Guide policy decisions on patient safety

Employers:
- For recognition of excellence
- For baseline standard to maximize efficiency, effectiveness, and cost containment

Individual Nurses:
- To earn global credentials and qualifications beyond what is available locally in general nursing and in specialties areas for career progression
- To advance career opportunities, mobility, and leadership roles

A Case Study: Nurse Qualifying Exam

Serving as an Illustrative Example

To earn CGN – Certified Global Nurse Credential

- **Eligibility Requirements:**
  - Graduate of an accredited/government approved program
  - Licensed as first level, general nurse in a local jurisdiction

- **Certification Requirements:**
  - Meeting eligibility requirements
  - Passing Nurse Qualifying Exam – NQE

- **Recertification Requirements:**
  - Every five years
 - 10 hours of continuing education every year

Qualifying Exam Statistics: Historical, Based on 207 countries

COUNTRY	Total Exam Takers
**ALL	368680
Philippines	246790
India	44505

Top 10	Country	Exam Takers
1	Philippines	246790
2	India	44505
3	Nigeria	13379
4	Canada	4442
5	China	4261
6	Ireland	3994
7	England	3960
8	Jamaica	2431
9	Poland	1814
10	Korea (South)	1796

Qualifying Exam → **Reinvented** → Nurse Qualifying Exam (NQE) in 2025

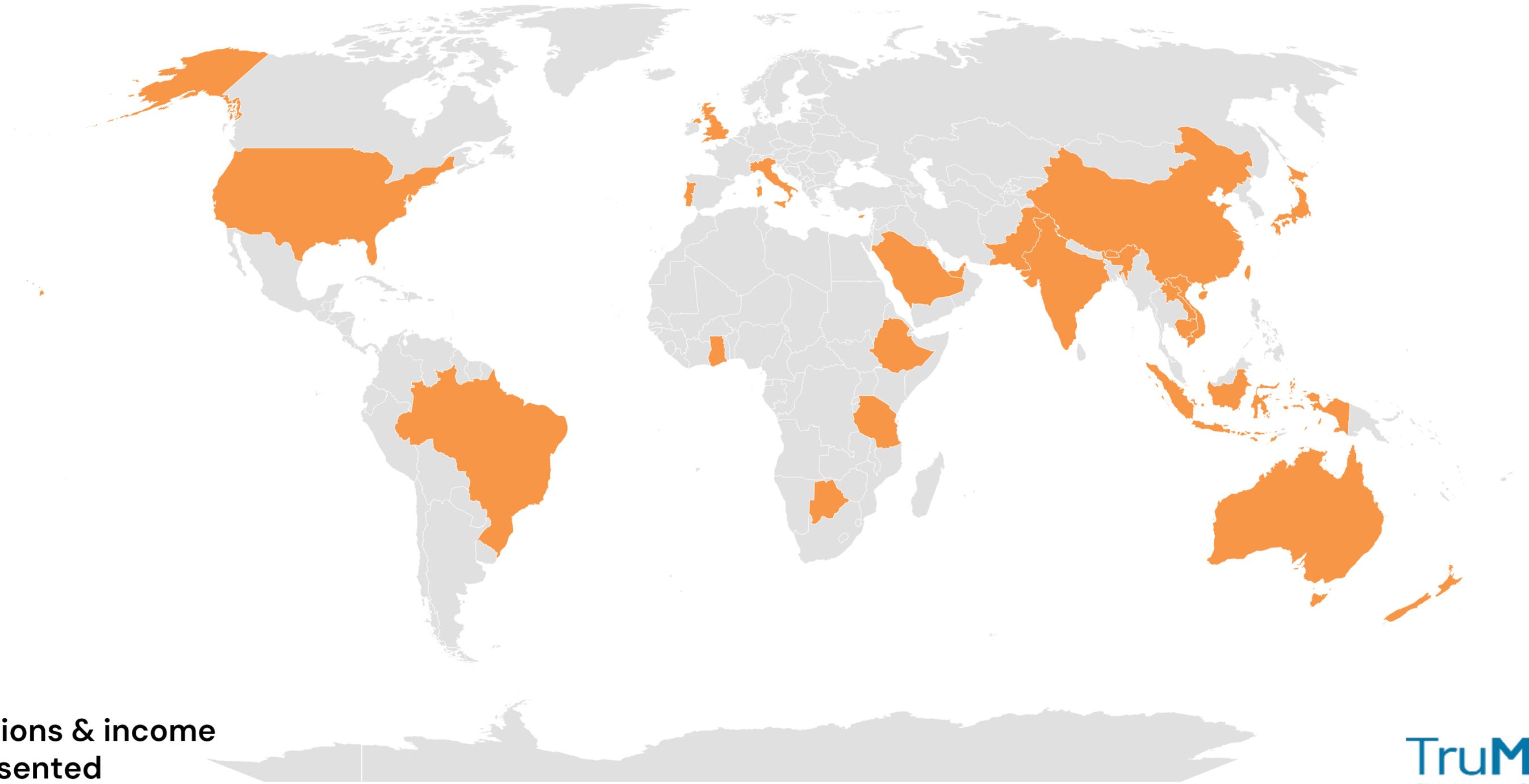# CGN Qualifying Exam: 37 Competency Frameworks and/or Test Blueprints
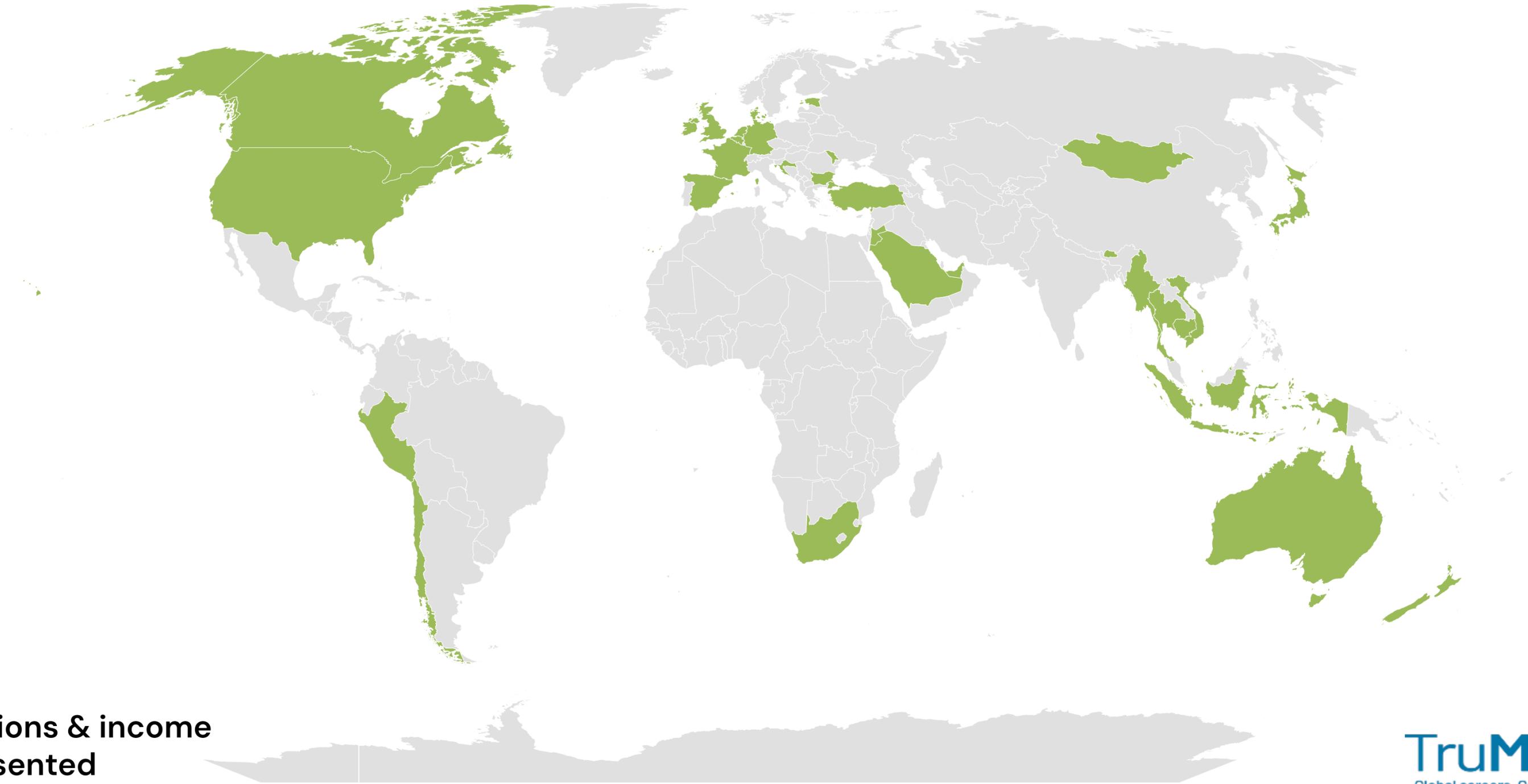
All world regions & income levels represented

TruMerit™
Global careers. Care anywhere.

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© Australian Bureau of Statistics, GeoNames, Microsoft, Navinfo, Open Places, OpenStreetMap, Overture Maps Fundation, TomTom, Zenrin

CGN Qualifying Exam: 73 Global Subject Matter Experts

* All world regions & income
  levels represented

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CGN Qualifying Exam: 73 Global Subject Matter Experts & 37 Competency Frameworks

*All world regions & income levels represented

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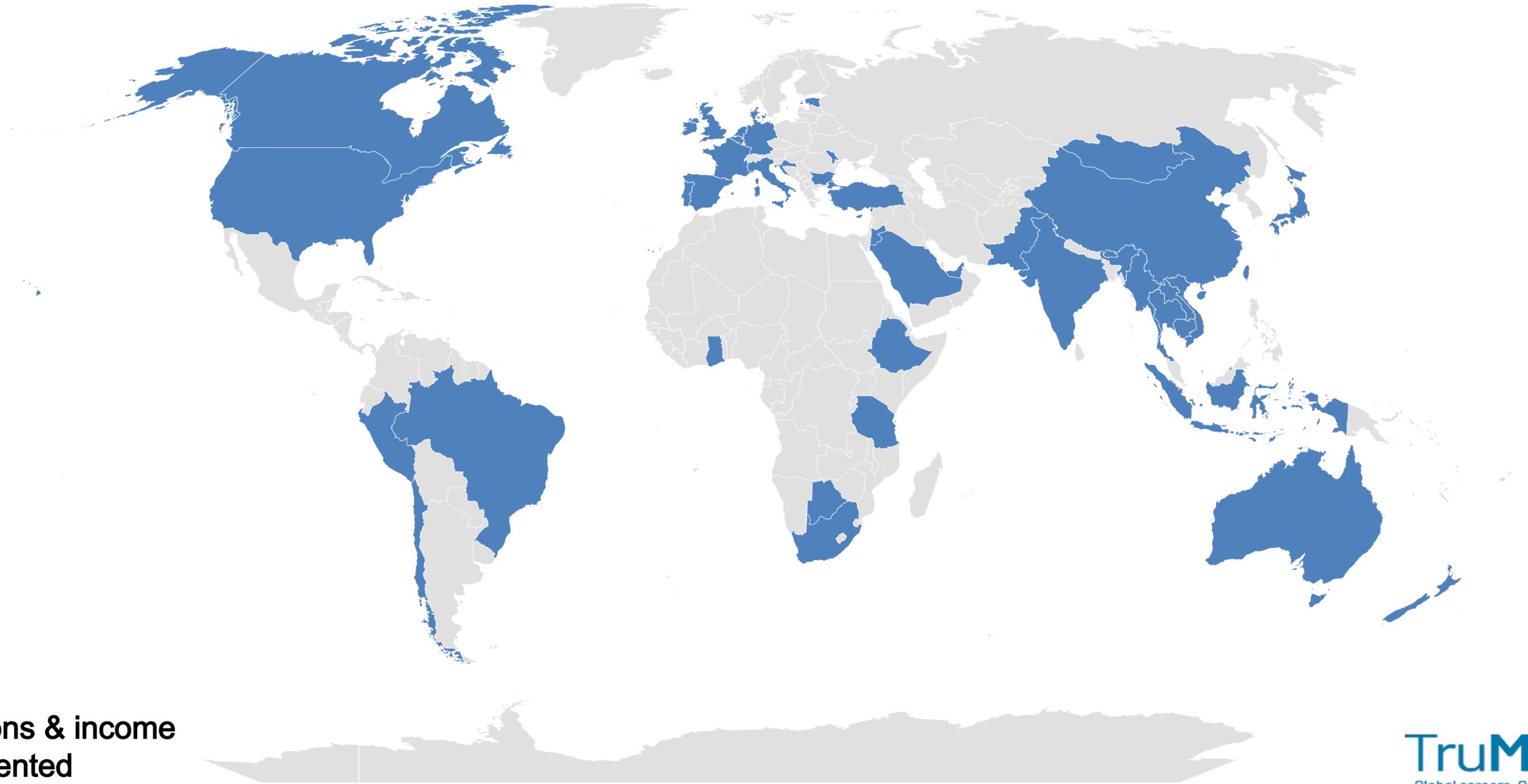
Global NQE Competency Framework

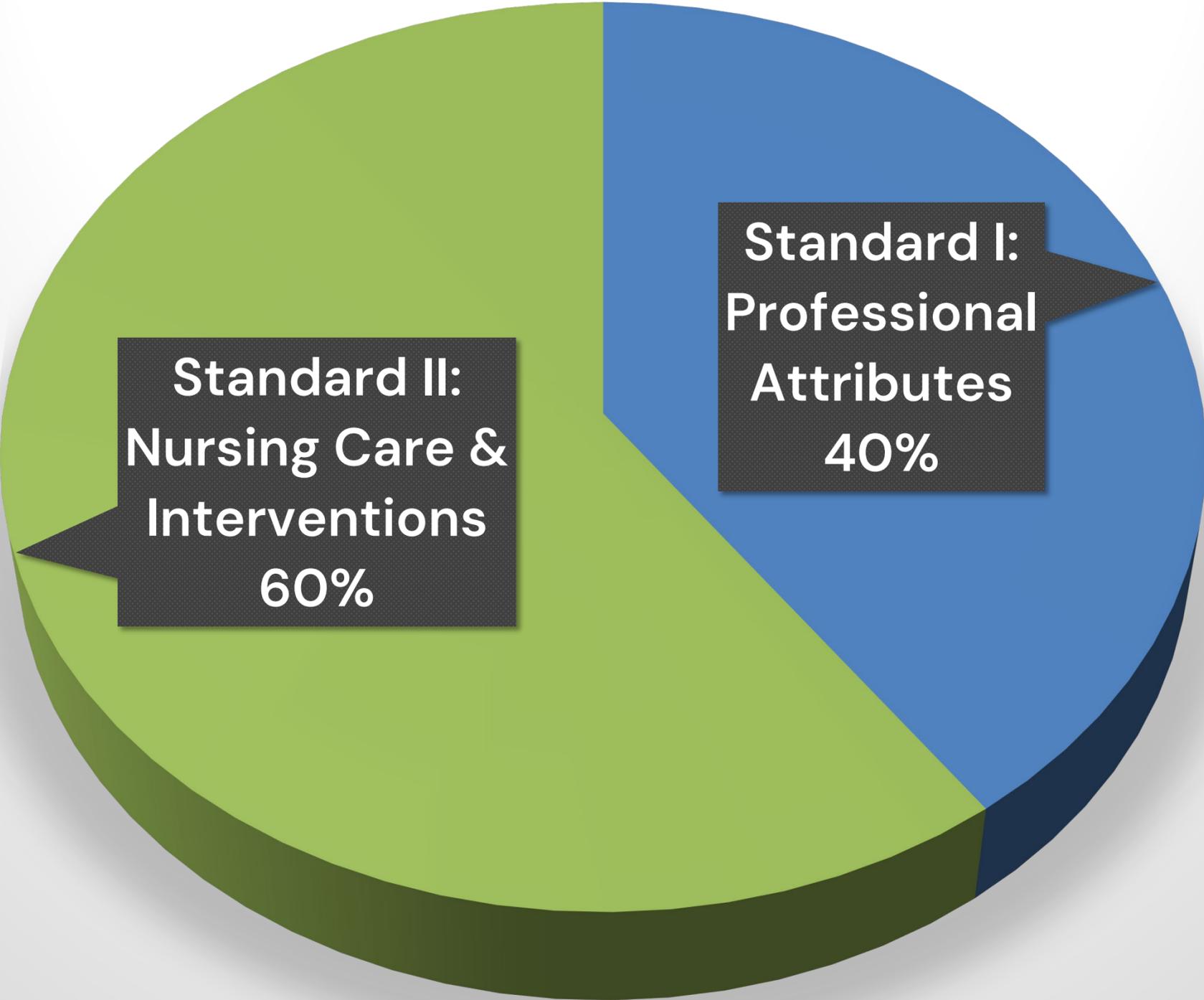| Standards	Domains	Subdomains	Statements
Standard I: Professional Attributes	D1: Patients, Families, Communities, & Professionalism	Sub A: Patient & Family Advocacy	6
		Sub B: Population Health*	8
	D2: Ethics	Sub A: Ethics	6
	D3: Leadership & Personal Responsibility	Sub A: Personal Traits	12
		Sub B: Colleagues & Work Environment	3
		Sub C: Health Policy*	5
	D4: Education & Research	Sub A: Education	4
		Sub B: Research & Data*	5
	D5: Technology & Innovation	Sub A: Technology & Innovation*	6
Standard II: Nursing Care & Interventions	D6: Health Promotion & Maintenance	Sub A: Reproduction, Pregnancy, & Well-Child Care	3
		Sub B: Adult Care & Rehabilitation	5
		Sub C: End of Life Care	2
	D7: Physiological Integrity	Sub A: Basic Care & Comfort	1
		Sub B: Pharmacological & Parenteral Therapies	2
		Sub C: Physical Adaptation	3
		Sub D: Medical Waste	1
		Sub E: Human Nutrition & Elimination	3
	D8: Emergency & Disaster Management	Sub A: Emergency & Disaster Management*	3
		Sub B: Critical Incidents	4
Competency Statement Total			82

* New Content in Global NQE

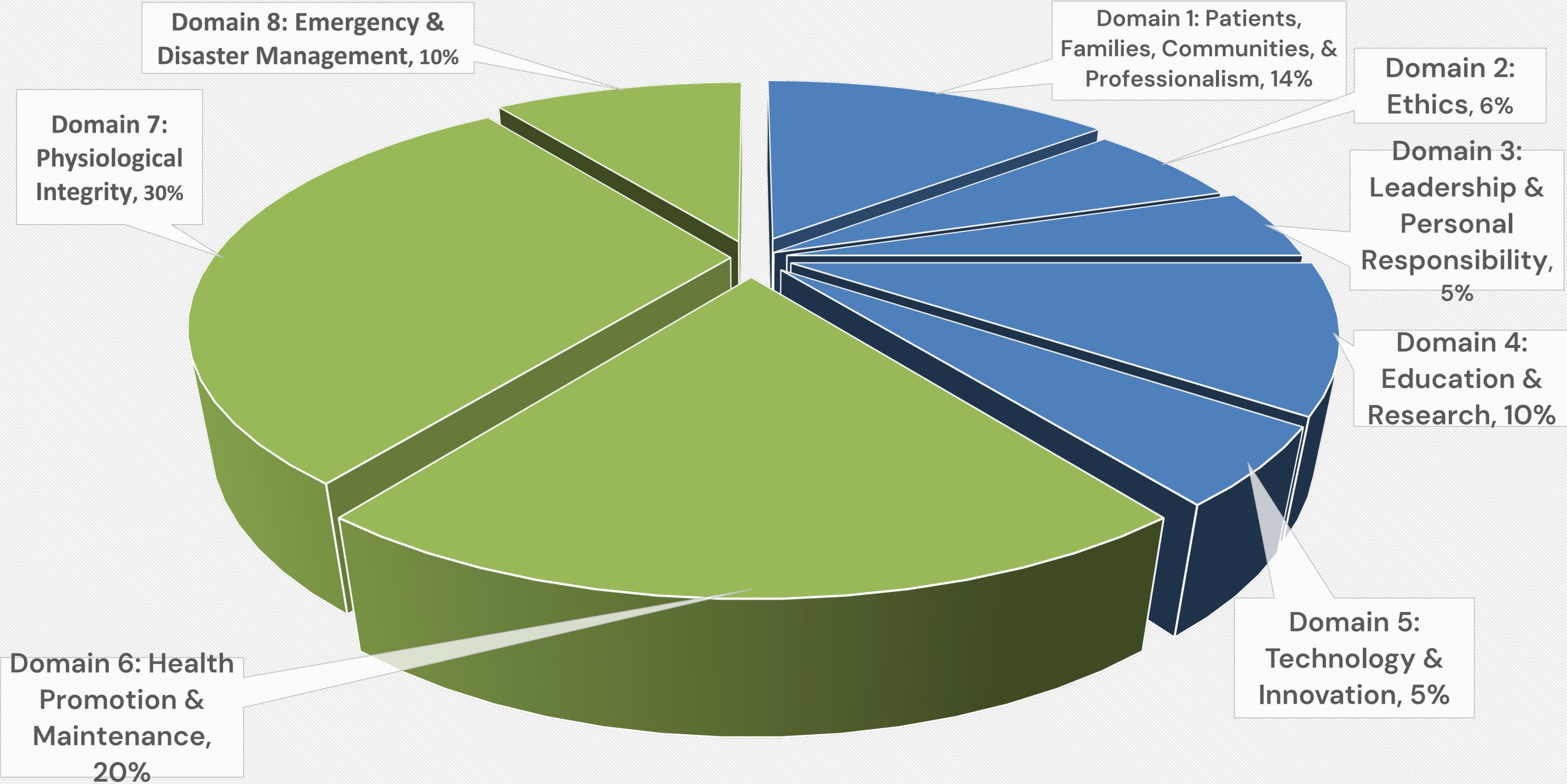# Global NQE Test Blueprint

	Domains	Domain %	Subdomains	Sub %
Standard I: Professional Attributes	D1: Patients, Families, Communities, & Professionalism	14%	Sub A: Patient & Family Advocacy	6%
			Sub B: Population Health*	8%
	D2: Ethics	6%	Sub A: Ethics	6%
	D3: Leadership & Personal Responsibility	5%	Sub A: Personal Traits	1%
			Sub B: Colleagues & Work Environment	2%
			Sub C: Health Policy*	2%
	D4: Education & Research	10%	Sub A: Education	5%
			Sub B: Research & Data*	5%
	D5: Technology & Innovation	5%	Sub A: Technology & Innovation*	5%
	Domain Total %	40%		40%
Standard II: Nursing Care & Interventions	D6: Health Promotion & Maintenance	20%	Sub A: Reproduction, Pregnancy, & Well-Child Care	4%
			Sub B: Adult Care & Rehabilitation	11%
			Sub C: End of Life Care	5%
	D7: Physiological Integrity	30%	Sub A: Basic Care & Comfort	10%
			Sub B: Pharmacological & Parenteral Therapies	9%
			Sub C: Physical Adaptation	5%
			Sub D: Medical Waste	1%
			Sub E: Human Nutrition & Elimination	5%
	D8: Emergency & Disaster Management	10%	Sub A: Emergency & Disaster Management*	9%
			Sub B: Critical Incidents	1%
	Domain Total %	60%		60%
	Blueprint Total %	100%		100%

Global Competency Framework & Blueprint

Global Competency Framework /Test Blueprint

Domain 8: Emergency & Disaster Management, 10%

Domain 7: Physiological Integrity, 30%

Domain 1: Patients, Families, Communities, & Professionalism, 14%

Domain 2: Ethics, 6%

Domain 3: Leadership & Personal Responsibility, 5%

Domain 4: Education & Research, 10%

Domain 5: Technology & Innovation, 5%

Domain 6: Health Promotion & Maintenance, 20%

Crosswalk between the EU Annex and NQE Framework

- ❑ **Substantial Alignment**
- ❑ **Non-Assignable Areas**

Substantial Alignment:

- **Theoretical Instruction:**

  a. **Nursing in relation to:**
  - General and specialist medicine/surgery; Childcare and paediatrics/maternity care; Mental health and psychiatry; Care of the old and geriatrics

  b. **Basic Sciences:**
  - Anatomy and physiology/pathology/bacteriology; virology; parasitology; biophysics, biochemistry and radiology; Dietetics; Hygiene: preventive medicine/health education; Pharmacology

  c. **Social Sciences:**
  - Sociology/Psychology; Principles of administration; Principles of teaching; Social legislation/Legal aspects

- **Clinical Instruction:**

  a. **Nursing in relation to:**
  - General and specialist medicine; general and specialist surgery, childcare and paediatrics; maternity care; mental health and psychiatry; care of the old and geriatrics;
  - home nursing

Non-Assignable NQE domains to EU Annex: Population Health; Health Policy; Research, Data and Evidence-based Practice; Technology and Innovation, Emergency & Disaster Management

Have you earned your nursing credentials yet?

☐ **Jose Tobias Costello, BSN, RN, CGN**

☐ **Sarah Maria Spinelli, BSN, RN, CGN, CGN-R**

Credentials Every Nurse Should Have

- BSN – Bachelor of Science in Nursing (Education)

- RN – Registered Nurse (Local License)

- **CGN – Certified Global Nurse (Global Recognition for Practice Competence)**

- At Least one additional specialty certification –

 ➤ **CGN-R, Certified Global Nurse– Rehabilitation**

Take this Journey with me to a place far, far away

The Power of Stories

When did this story begin?

- In the 1950's, when the world was still recovering from WW II.
- It was in Hong Kong, a British colony, then.
- There was this poor, loving family.
- There was a little girl who found herself not able to walk.
- It happened so suddenly.
- She was five years old.
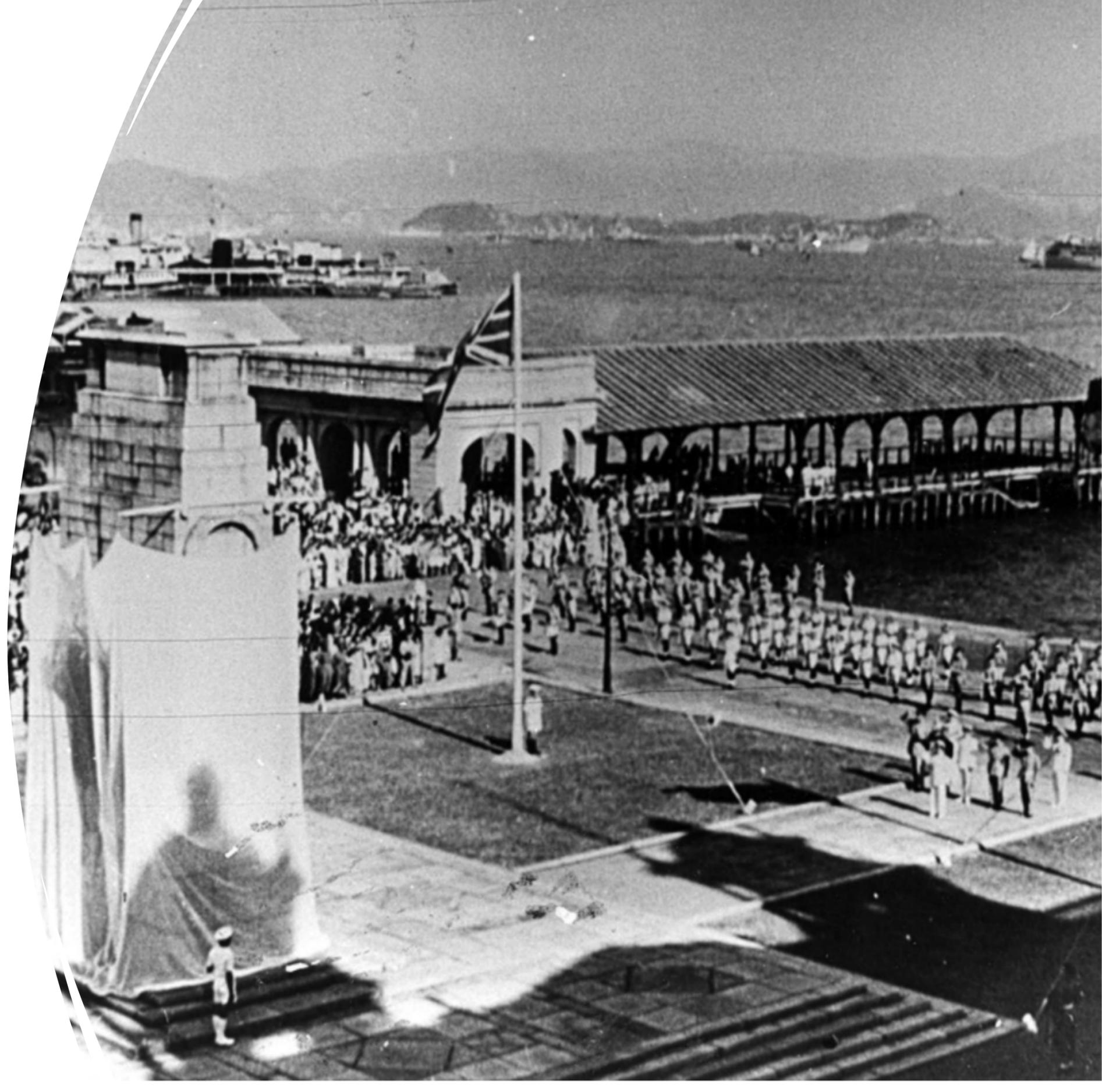
Heroes and Heroines

Who helped this little girl?

- **Dr. A. R. Hodgson** started the Department of Orthopedic Surgery at the University of Hong Kong. He saved the lives of children attacked by polio and tuberculosis of the bone. He performed four surgeries on the little girl's legs, between the ages of seven to fourteen.

- Countless number of **nurses, therapists, medical students and interns**, who came from all over the world to champion this humanitarian cause.

- **The parents**. They never stopped loving this little girl.

- Very little, if anything, from the **school.** There were individual teachers who went above and beyond.

essor AR Hodgson

The Sandy Bay Convalescent Hospital for Children in Hong Kong

(Renamed The Duchess of Kent Children's Hospital at Sandy Bay)

Breathing life out of despair

- Founded in 1955, the brainchild of Dr. Hodgson, for children not able to receive care at home after surgery.
- Family had to fall below poverty line.
- Children 14 and under were being cared for.
- Visitation from families was limited to an hour a week.
- Many of the families of these children moved away and were not to be found.
- Children were taught to weave baskets and do handicraft as a skill for making a living. No academic learning was made available.
- Every night before falling asleep, the little girl told herself that one day, she would rise above it all and make good use of her life.

THE DUCHESS OF KENT CHILDREN'S HOSPITAL AT SANDY BAY

This is my story.

I was that little girl.

The surgeries that saved my life also left me visibly very different.

Society set limits on what I could do and considered it a waste to give me any opportunity.

My family was viewed as having done something evil and was therefore punished with the burden of a crippled child.

There was a sense of pity associated with everything that I was allowed to do.

My mother had to fight for every accommodation I was given to stay in school.

I want to give back to the nurses, the therapists, and medical doctors who have cared for me.

For 20 years at TruMerit, I am advocating for the recognition that nurses & health workers deserve for their leadership.

Across the Care Continuum 2019

S. Robert Rozbruch, MD
Hospital for Special Surgery

From Surgery
to
Rehabilitation

Jennifer Lau, PT, MPT, MSCS; Christine Tolerico, PT, MPT; and Sonali Lalwani, PT, DPT; RWJ Barnabas Health

Proprietary and confidenti

The Science of Curing & The Art of Caring

Data

Stories

Call To Action

Nursing: Integrating Curing and Caring

What is your story?

☐ **Tell it with confidence and pride**

O1 | **Why** do you want to be a nurse?

O2 | ã √≤Ú≤≢Æ,,≢½,Łϸ ú› ,≡,,≘≤≤≢½,ŁÚ ≤æᴁ ≝ŚÞ≤≢≤úÚ⌐≡

03 | **How** do you get there?

Applying the Power of your Stories to the Nursing Profession,

One Global Certification,
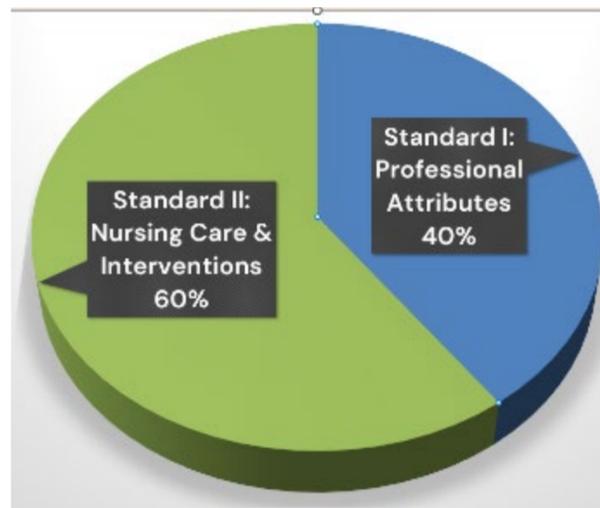
One Earned Credential,

at a Time

2026

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02 | What are the barriers for my professional mobility?

03 | What can I do to advance my career progression?

Transcending Minimum Competencies:
Raising Nursing Standards in a Globalized World

THANK YOU.

Julia To Dutka, EdD
jtodutka@trumerit.org

Julia To Dutka Contact Information

About TruMerit

TruMerit is a nonprofit organization that helps global healthcare professionals learn, work, and advance careers in their country of choice by:

- Assessing and validating their academic and professional credentials.
- Offering global certifications and specialty credentials
- Providing resources for professional development and career advancement.

Find us online here:

trumerit.org

Global careers. Care anywhere.