

Pan-Canadian physician licensure will improve access to care for rural, remote and Indigenous communities across Canada

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After 10 years of practising rural medicine concurrently in several provinces, I have found the administrative challenges of obtaining and maintaining multiple provincial licenses disheartening. The redundant bureaucratic requirements hinder one's ability to assist colleagues in other jurisdictions. Colleagues report challenges with health care staff shortages, intensified by the acuity and volume of patients throughout the pandemic, which have led to overwork, low morale and burnout. Ultimately, this has affected the ability of many emergency, obstetrical, surgical, laboratory and diagnostic facilities to remain open. Closures and near-closures are especially impactful in rural-remote locations, where struggles to fill coverage gaps with locum physicians block patients from receiving timely care and increase transfers to distant centres. The lack of regulatory support for leveraging technology to provide appropriate cross-border virtual care further exacerbates the shortcomings.

There have been, for some years, discussions about a pan-Canadian approach to medical licensure to

alleviate barriers for physicians to provide patients access to care regardless of where they live in Canada.¹ A sentiment I have been hearing recently is: *National licensure would lead to a mass exodus of rural physicians – leaving rural communities and moving to urban settings.* I strongly disagree with this myth, which has not been supported by data. In fact, it is the barriers to practise medicine across provincial borders that discourage the sustainability of rural practices, as local physicians are forced to work sometimes inhumane, extended periods without relief.

From 2014 to 2021, a comprehensive study² on factors impacting the rural physician workforce was led by the College of Family Physicians of Canada and Society of Rural Physicians of Canada (SRPC), in partnership with other stakeholder organisations, through a Taskforce.³ It examined factors impacting rural physicians' choice to practise rurally. This work led to the Rural Road Map for Action that included a key recommendation on national licensure.⁴ Logic suggests that introducing a pan-Canadian

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licensure model would enhance rural practices. Fully licensed rural physicians who wish to move to urban settings can already do so without national licensure.

Besides fees up to thousands of dollars, the many levels of overlapping application requirements imposed by regulatory colleges for physicians to obtain licenses outside of their home province are a major deterrent to helping their rural colleagues. Already difficult with advance notice, this is nearly impossible on short notice. I have colleagues being denied locum licenses due to technical regulatory restrictions, even when applying through 'fast track licensure' offered by some provinces. Furthermore, border towns adjacent or intersecting provincial borders are frustrated by being able to only draw from a small pool of locum physicians from one province rather than two, due to cross-provincial licensure barriers.⁵

Pan-Canadian medical licensure has been overwhelmingly supported by the medical community.^{6,7} A 2019 survey by the Canadian Medical Association (CMA) confirmed that 91% of physicians supported national licensure. Forty-five per cent of physicians reported that if national licensure existed, they would do locums in other provinces to support their colleagues, and 42% said that they were willing to practise temporarily in rural or remote regions.⁸

After Australia implemented a national licensing system, a study reviewing physician mobility patterns covering rural settings from 2011 to 2013, did not show a major drift away from rural areas.⁹ Preliminary data from the Canadian Post-M.D. Education Registry (CAPER) appear to indicate similar outcomes when reviewing Canadian physician mobility patterns from 2000 to 2011.

In June 2021, the SRPC called on the Senate of Canada, the federal government, and its provincial counterparts to consider its recommendation for pan-Canadian medical licensure.⁵ Senators who responded supported this recommendation while most provinces and territories have acknowledged this stance. Other medical groups have also engaged in similar advocacy efforts such as the Canadian Association of Emergency Physicians through its petition campaign and the CMA through its federal submissions. At a virtual dialogue with national medical groups hosted

by the SRPC in May 2022, there was general agreement that having a pan-Canadian approach to licensure to address the current physician and health human resource shortages should be a priority.

Moving ahead, the SRPC is consulting with medical groups to further explore the impact of licensure on the rural physician workforce as well as access to care for rural populations. This includes conducting an SRPC Fall 2022 membership survey in seeking member perspectives on national licensure. The SRPC is also undertaking a review of factors that influence rural physician decisions to stay or leave rural communities. The outcomes of these activities will be shared at the SRPC April 2023 annual conference in Niagara Falls.

What is encouraging is that some government leaders have taken steps to address this issue. In July 2022, Canada's Council of the Federation announced their commitment to aligning regulatory approaches to remove barriers to improving labour mobility. Further, the four Atlantic premiers wrote to their medical regulators in September 2022, proposing to work with them towards implementing Atlantic regional licensure.

The SRPC looks forward to working with all stakeholders in developing joint solutions to removing these barriers to provide access to care for all Canadians.

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