

**Written Submission regarding Petition e-3378:
Establishing a reciprocal agreement allowing physicians
(and potentially other health care workers) to work
across provincial boundaries**

By: Dr. Jeffrey Rader MD CCFP

Recommendation #1: That the federal government pass legislation implementing a reciprocal agreement across all provinces and territories allowing Physicians (if not all HCWs) to work across provincial and territorial borders

Recommendation #2: That the Federal government emulate the Australian approach by creating a National Health Practitioner Regulation Agency similar to the Australian Health Practitioner Regulation Agency (AHPRA), if Recommendation #1 is deemed to be unconstitutional.

Background

Licensing of healthcare practitioners such as physicians is under provincial jurisdiction. Unfortunately, this causes significant barriers for Canadian Health Care Workers (HCWs) when they attempt to move across provincial borders. During a pandemic, this can cause difficulties for moving resources to serve Canadians in need. But even in non-pandemic times, for rural Canadian health practitioners living and working in towns on provincial borders, this can cause significant difficulty.

My intention here is to share my personal story and situation with the committee to illustrate how a single physician licensing system or reciprocal agreement across the entire country could make a significant difference for the delivery of healthcare in rural and remote regions of the country.

I am a rural family physician and emergency department head in the town of Sparwood, in the Southeast corner of the province of British Columbia, on the border of Alberta. We are a 2 hour 45 minute drive from Calgary, Alberta and the University of Calgary Medical School, whereas we are a 13 hour drive from Vancouver and the University of British Columbia Medical school. We are currently a community heading towards crisis: as of November 1st, 2021 we will have half of our 4.0 family physician positions in the town unfilled. Furthermore, we have often had crises in this area getting enough nurse and lab technologists to keep our emergency department and lab and X-ray facilities open. We are a mountain community with one road into the rest of BC, and one road into Alberta. Weather conditions in the mountains mean we can't always travel west. This issue over whether HCWs can practice across provincial jurisdictions is critical to us.

I attended the University of Calgary for rural family medicine residency between 2005 and 2007. It is quite common for new graduates of rural family medicine residency programs to take work as "locum tenens" for several week assignments helping provide relief to rural family physicians in Canada. From these assignments many "locums" end up being recruited into the rural and remote towns that they covered for a few weeks. It was my original intent to work in multiple jurisdictions in Western and Northern Canada including British Columbia, the Yukon, the Northwest Territories and Nunavut. I started my career doing locums in Alberta, everywhere from High Level (near the border of the Northwest Territories) to Bow Island (in the extreme southeast of the province.)

I decided to do a 5 week locum in Sparwood in February –March of 2008. It was my first experience attempting to get a license in a different province. I didn't think much about this at first, but as it turns out it was a much bigger deal than I expected. First of all, the application process for a medical license is understandably thorough. Copies of medical degrees and other paperwork must be notarized and submitted to Colleges in each jurisdiction that you want to

practice in. That is not particularly onerous, but it is time consuming. I learned as well, that I needed to travel to Vancouver at my own expense and time for an in-person interview for a medical license. When this is a once in a career event, it is entirely reasonable. But it was quite a bit of time and effort on my part for what ended up being only a several week locum.

My experience at the interview, in fact, changed my mind about doing future locums across provinces. There were several of us interviewing that morning in Vancouver at the college, and in the waiting room I was exposed to quite a few horror stories about the difficulties of applying for medical licenses in multiple jurisdictions. One of the requirements for applying for a medical license is to submit, at the applicant's expense and time, a "letter of good standing" from every jurisdiction they had previously practiced in. For me in the first year of my career, this was no big deal: I had only practiced in Alberta and the roughly \$50 fee for one of these letters was not onerous at all. But in that waiting room there were several physicians who had practiced in multiple provinces. It is one thing to have to pay \$50 for one province, but for every additional province the cost increases. An applicant who had worked in 6 provinces would have to go through the time and effort to obtain 6 letters. This can add up to thousands of dollars per year. And some of the colleges that regulate our profession are incredibly small and it can be challenging to contact them – one of the applicants had worked in Nunavut, and apparently at the time the college in Nunavut had limited opening hours to contact them and arrange for one of these letters.

There was also a requirement in BC at the time, if you wanted to maintain your license, to submit a new letter of good standing, at roughly \$50/letter, every single time you did an assignment outside the province of British Columbia. It became clear to me that maintaining multiple medical licenses across Canada would be incredibly odious and after my 5 week assignment in Sparwood I chose to give up my BC license and in fact practiced solely in Alberta from 2008-2013. I was willing to go through this effort and expense due to personal connections to the area. But as a system, it is not surprising geographic areas of Canada like the East Kootenays can have difficulty finding physicians who are willing to jump through all these hoops.

In 2013 I moved to Sparwood permanently, applying for a new BC license (and requiring another trip to Vancouver for an interview) where I am now the head of the local emergency department. Like a lot of rural hospitals in this country, finding adequate staffing resources is a struggle. I am now the one in the position of trying to hire locums and this in fact has been difficult. There is a locum program in British Columbia, but it is often the case you cannot find the locums when you actually need them. This can make booking continuing medical education events like conferences and courses a problem as you cannot count on getting a locum when you sign up for the course. On a personal level, a few years ago when my father passed away I

actually missed his ashes committal service in Ontario due to the difficulties in finding a locum to cover my emergency department shifts at the time of the service. For the funeral I was lucky I had by coincidence booked a locum for a vacation the week after he died unexpectedly in 2014.

Geography plays a huge role for us in Sparwood. We are remarkably far from larger British Columbia population centres such as Vancouver, Victoria, Kelowna and Kamloops. We are geographically quite close to Alberta population centres in Calgary and Lethbridge, where there is a significant population of locums willing to cover rural assignments (I was one of these locums at the start of my career). Unfortunately these locums are not typically accessible to us: unless those locums choose to go through the rigmarole of applying for and maintaining a British Columbia medical license they are not an option for us. Not having access to locums also leads to recruiting difficulties: in a rural town when one of your regular physicians leave, it is often one of the physicians who has passed through your town as a locum that you recruit. We have had some recruiting difficulties the last couple of years and recently we learned one of our full time physicians is leaving. This will leave us short 2 full time physicians out of a complement of 4, or working at 50% of our allotted workforce.

Based on my own personal history as an Alberta-BC locum I was aware this would be an issue. I have been a supervisor of residents and medical students both here in Sparwood, and as well as I supervised both medical students and residents while working in High River, Alberta, 2008-2013. I am on faculty at the University of British Columbia potentially taking students from the Okanagan. But as well, I had hoped to continue to teach University of Calgary students and residents after moving to Sparwood as it is often easier, due to our geographic considerations, to attract these students and residents to work as locums and long term physicians in the East Kootenays. Unfortunately I learned that, due to the aforementioned difficulties with interprovincial licensure, taking on residents from Alberta in the East Kootenays would be more complicated than I had hoped and I have not had the opportunity to supervise residents here (I should note I have also run into difficulties in our small town of being too shortstaffed and having that affect teaching medical students).

Having a national approach to physician licensing, or at the least a system of reciprocal agreements would address many of these barriers. It would open up the ability to recruit locums and regular physicians from population centres that are geographically much closer to us, but in a different province. It would also allow me to offer residency training more often here in the East Kootenays which would likely help with recruiting. If expanded to other healthcare workers such as nurses and laboratory technologists, it could help with some of our difficulties in that regards: I have frequently had to deal with local X-ray and lab closures

affecting our emergency department and have watched our local administration struggle with finding nurses to cover shifts, and/or help with ambulance transfers.

This is not just about us in Sparwood. There are so many underserved rural communities across Canada for whom this would be a significant improvement, including in the territories. Many of the communities affected by this have significant Indigenous populations, exacerbating systemic inequities.

I am aware of Petition e-3378 and would support that approach, if it is legally feasible in Canada. I am extremely aware healthcare falls under section 91(11) of the British North America Act and as a result is a provincial jurisdiction: this fact often results in difficulties for my patients, who sometimes are directed to seek care in Vancouver, 13 hours away, as opposed to Calgary, which is far closer - Just last week I almost had to transfer an injured child 13 hours to Vancouver as opposed to Calgary (fortunately one of the doctors in Calgary intervened on the child's behalf.) But another Westminster style constitutional monarchy has figured out how to solve these issues: Australia moved to a single physician license in 2010, under the umbrella of a single national Australia Health Practitioner Regulation Agency (AHPRA.)

Surveys from the Canadian Medical Association show that 91% of physicians in Canada would support a move to a single licensing body. No reasonable person would object to fixing this national problem affecting the availability and safety of patient care. After all, the requirements to obtain full licensure is essentially the same in every province. The pandemic has highlighted the need for Canada to have a mobile health care work force that can move to parts of the country that have acute needs (currently Alberta, Manitoba, and the Greater Toronto Area.) Australia solved this issue in 2010. It is time for Canada to do the same.