TIME FOR PAN-CANADIAN LICENSURE

Time to unlock the full potential of our health systems and the country’s health workforce — and provide quality care that knows no boundaries.
In Canada's health care system, the tools of medical practice know no borders. A scalpel is a scalpel in New Brunswick or Nunavut. A stethoscope hears a heartbeat just as clearly in Quebec as in Manitoba. A doctor's suture closes a wound in Toronto or Moose Jaw. Yet, our physicians face mobility limitations, not by necessity, but by our own design.

The existing licensing framework places excessive restrictions on our physicians, profoundly limiting their ability to broaden the range of care they are able to offer across regions.

Health care licensing in Canada varies across provinces and territories. Physicians must hold separate licences for each jurisdiction. This fragmented approach contrasts with the spirit of the Canadian Free Trade Agreement to support the mobility rights for workers. This approach restricts medical professionals' ability to deliver care in other areas of great need and compounds the myriad challenges already faced by patients, who share stories of lack of access to care that are repeated across the nation. Removing barriers and adopting a pan-Canadian licensure program aligns with the Canada Health Act's goal of barrier-free health care and reduces the pressure on all health systems. This achievable solution will improve system continuity, give more flexibility to health care professionals, and reduce their stress.

The current inter-jurisdictional licensure process can be lengthy and complicated, with no standardized database or registry. The establishment and financing of the National Registry of Physicians is a crucial and encouraging advancement toward enhancing the mobility of physicians. Continued federal leadership is essential in assisting provinces and territories to build an integrated, coordinated and responsive health care workforce.

There is another key step that will uphold the freedoms and mobility of our physicians as well as supporting the country's goal of greater equity in health care access.
WHAT IS PAN-CANADIAN LICENSURE?

Pan-Canadian licensure is defined as the ability of physicians with full licences to practise independently without restrictions or for medical resident trainees registered in any Canadian jurisdiction to practise or train in any other Canadian jurisdiction without having to acquire more than one licence or pay additional licensing fees.

Given the constraints of our current licensing framework, it is obvious that reform is not just desirable — it is imperative. Pan-Canadian licensure represents a path to a more unified and efficient health care system, offering a solution that aligns with our national values of accessible and equitable health care. We will all benefit from the transformative potential of a system that empowers our physicians to provide care seamlessly across all regions, enhancing health care access for every Canadian.
INITIATING A CURE

While the health care crisis was decades in the making, the COVID-19 pandemic intensified the pressures. The pandemic transformed health care into a burning platform.

There are 6.5 million Canadians without access to a family physician.

There is an increasing reliance on walk-in clinics and overcrowded emergency departments.

Wait lists for tests and treatments are growing.

Patients are losing patience. They’re losing health. They’re losing their lives.

• Health care providers are leaving the profession.
• The health care workforce is grappling with mounting burnout, with 53% of physicians reporting high levels.
• Our health care provider crisis is not just limited to full-time equivalents; it is a crisis of distribution, with rural and remote regions most impacted.

Support from the profession is clear.

According to a Canadian Medical Association survey, physicians — 95% of them — support pan-Canadian licensure and greater mobility.
Licensure reform is a critical step toward addressing excessive wait times, cross-border virtual care and widespread family physician shortages, and filling locum placements to support the well-being of doctors everywhere. Reform is vital for communities struggling to attract and retain medical professionals.

Pan-Canadian licensure would allow physicians and medical resident trainees registered in any Canadian jurisdiction to practise or train in another without acquiring multiple licences, going through lengthy applications processes that can take months or paying additional fees.

LEAPING BORDERS, HEALING A NATION: EMBRACING A HEALTHIER CANADA

Rural and remote communities

Access to care is particularly difficult in rural and remote communities in Canada.

- Rural and remote communities in Canada are often medically underserved.
- Urgent calls to fill critical gaps in health care staffing in these locales across the country are a testament to the pressing need for systemic reform.
- In rural Canada, 8% of medical professionals serve 18% of the population.
- Patients must often travel to larger centres for care, personally taking on increased costs.
- According to a Canadian Medical Association poll, 77% of physicians identify the complexity of the process as an impediment, 68% point to the length of time required and 64% cite the cost as a major barrier to practising in jurisdictions outside their home region.

Most — three-quarters of physicians — believe pan-Canadian licensure will improve access to health care in rural, remote and northern communities.
Locums

A locum tenens is a short-term replacement for a physician who leaves their practice temporarily to continue professional development, go on vacation or tend to other commitments.

- Many provinces and territories face difficulty in filling locum positions.
- The current model often forces physicians to choose between patient care, personal time or working while exhausted. Fifty-three percent of physicians report high degrees of burnout. Inflexibility in the system is a key contributor.
- Staffing shortages for locum positions affect patient care and physician work–life balance.
- Forty-five percent of physicians are willing to work as locums in other jurisdictions if a national licensure system is put in place.
- Female physicians are disproportionately affected by the difficulty in filling locum positions when attempting to take parental leave.
- In July 2023, 1,087 open locum positions were listed on government recruiting websites across Canada.

Removing barriers and establishing a national pool of physicians eligible for locum work will improve care continuity and quality, increase flexibility, reduce workplace stress and improve the sustainability of our health care workforce.
Virtual care

The pandemic-led rise in virtual health care underscores the need for pan-Canadian licensure.

- Pan-Canadian licensure would ease virtual care provision across provinces and territories.
- Pan-Canadian licensure would centralize handling of complaints about doctors to the regulatory body in their home province or territory.

Now an expectation, virtual care could be a cornerstone of health care delivery across provincial and territorial lines.

International medical graduates

Physicians in Canada fall into two categories: Canadian medical graduates (CMGs) and international medical graduates (IMGs).

- CMGs completed their medical education in Canada. Physicians who obtained their medical degree in the United States are usually considered to be in the CMG category.
- IMGs earned a medical degree from a school outside Canada or the US, not accredited by Canadian or US committees.
- One in four of physicians practising in Canada are IMGs.
- Recent federal investments prioritize expediting the process for internationally educated health professionals to quickly and efficiently enter Canada’s health workforce.

Seventy-three percent of physicians believe that pan-Canadian licensure will make Canada more appealing to IMGs.
THERE IS MOMENTUM

There has been progress toward a more unified approach to medical licensure in Canada, beginning with the Atlantic Registry and recent federal/provincial/territorial commitments to health workforce mobility. These steps reflect a growing recognition of the need for change.

Motivation and innovation in Ontario

In 2023, the College of Physicians and Surgeons of Ontario allowed US board-certified physicians, and family physicians who trained in Australia, Ireland, United Kingdom and the US and who have obtained College of Family Physicians of Canada certification, to practise independently immediately in Ontario.

The Atlantic Registry — a model to follow

The Atlantic Registry permits physicians in Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador to opt in to practise regionally.

• Physicians pay an annual $500 fee to opt in.
• Physicians are expected to have their primary practice in an Atlantic province and be fully licensed by one of the Atlantic region’s four colleges of physicians and surgeons.
• Complaints against physicians in the registry are addressed in the province where the incident occurred, ensuring clear accountability.

Physicians in the registry can practise in all four provinces — a vital step toward pan-Canadian licensure.

National Registry — one significant step closer

The National Registry of Physicians (NRP) will be launched in spring 2024. Funding from the federal government was announced in 2022 for the Medical Council of Canada to develop the NRP. Emerging as a cloud-based database containing information on all licensed physicians in Canada, the NRP is an initial step toward portability of physician credentials. The database could be expanded to facilitate practice in different regions, ushering in a more unified approach to health care licensing.
MYTH BUSTING

Will pan-Canadian licensure cause an exodus of physicians to regions not in need?

No.

Fears of a rural physician exodus under pan-Canadian licensure are unfounded. To the contrary, this change promises to address rural practice barriers and reduce regional health care disparities. Common reasons for leaving rural areas, such as lack of infrastructure support, inability to find locum coverage, inadequate support for team-based care and effects of high workloads on wellness, could be mitigated. Furthermore, the Society of Rural Physicians of Canada’s research highlights that residency experiences in rural settings often lead physicians to commit to continuing to practising in these underserved communities.

Does pan-Canadian licensure require constitutional change?

No.

Achieving a pan-Canadian licensure system is entirely feasible within our existing legal structures, without necessitating any amendments to the Constitution. The approach mirrors the successful transformation seen in Australia, where a once-fragmented system of state and territorial regulations has been unified under a national registration and accreditation program. This work was accomplished through a collective agreement among all state and territorial health ministers. Canada has already begun to see similar progress with the establishment of the Atlantic Registry. This registry serves as a tangible example of the essential components of a comprehensive pan-Canadian medical licensure model.

Is achieving pan-Canadian licensure too lengthy a process to address the urgent challenges Canadians face in today’s health care system?

No.

The path toward pan-Canadian licensure is a transformative step for physician mobility — and it is gaining momentum. The Atlantic Registry is an inspiring example of what collaborative efforts can achieve. This initiative, born of teamwork among all Atlantic provinces, signals progress and is a clear indication that collaboration among jurisdictions and a pan-Canadian approach to physician licensure is within our reach.
THE PATH FORWARD

Achieving multijurisdictional licensure will require an all-in approach.

Federal levers

There are constitutionally available policy options to meaningfully address access to care through pan-Canadian licensing:

- Funding a parliamentary review of the Canadian Free Trade Agreement allows for a deeper look into the goal of ensuring professionals, including health care workers, can easily relocate and practise across provinces. This would encourage federal assessment of how current regulatory barriers are hindering this objective.

- Continued funding for the National Registry of Physicians (NRP) is needed to maintain this comprehensive and nationally integrated platform for physician profile information, improving collaboration across jurisdictions. Further funding could facilitate operational aspects, encompassing research and evaluation, similar to the existing support structure of the Atlantic Registry.
Provinces and territories

During the transition to pan-Canadian licensure, premiers of each province and territory should work alongside their respective regulators to:

• stand behind the commitment made at the October 2023 Federal-Provincial-Territorial Health Ministers Meeting' to “implement a process that allows health professionals that are in good standing in one jurisdiction to practise in any other Canadian jurisdiction without significant delay or the need to meet additional regulatory requirements, with a focus on physicians this year and nursing in future years”;

• base strategies for the creation of a uniform registration and licensing program on the successes of the Atlantic Registry blueprint;

• explore models that foster uniform registration requirements swiftly and allow for virtual care to be immediately provided across jurisdictions; and

• design a clear process, aligned with the pan-Canadian licensure model, for professional conduct, accountability and standards of practice across jurisdictions.

Regulators

Achieving pan-Canadian licensure for physicians involves several key steps:

• ensuring physicians meet the Federation of Medical Regulatory Authorities of Canada (FMRAC) standard for portable eligibility for licensure;

• establishing a clear process for professional conduct accountability across jurisdictions; and

• defining a “home college” for each physician to ensure compliance with continuing professional development (CPD) requirements.

Physicians

During the transition to pan-Canadian licensure, doctors will be less encumbered to:

• practise where the need is greatest, via locums, to provide relief to other physicians, because of an emergency, to help bridge a gap in primary care services in a community or as part of a retirement plan; and

• provide virtual care to regions of greater need.
THEY AREN’T JUST STORIES. THEY’RE LIVES.

So close yet so far

In southeastern British Columbia, a rural physician faces significant challenges in securing a locum because of provincial licensing restrictions. He’s only 15 minutes from Crowsnest, Alberta, but the existing licensing rules make cross-border practice both difficult and costly. It affects him, of course — but it affects his counterparts in Alberta, too. For this BC doctor to practise in Alberta, or for any Alberta doctor to assist in his town, they must each navigate a burdensome process involving extensive paperwork and additional fees. There’s a huge reluctance to undertake this process. The result? A shortage of medical support.

The neighbouring town of Elkford has only half the required physicians, so patients often travel to the BC doctor’s emergency room, which overburdens the local health care resources. The solution to the BC doctor’s need for a locum and for help with his emergency room is simple — doctors from nearby Alberta. But licensing barriers make it impractical. The doctor once aspired to serve in remote areas like Nunavut and Yukon, but he was discouraged by the overwhelming administrative requirements. Addressing this licensing challenge is a straightforward and critical step in improving health care accessibility and flexibility across the country.

Surge capacity: rescue from the Rock

In spring 2021, a team of health care workers from Newfoundland rapidly mobilized to assist communities in Ontario overwhelmed by the COVID-19 pandemic. A temporary lifting of provincial and territorial licensing restrictions allowed these practitioners to rapidly obtain licences in Ontario and provide much-needed aid. This unusual scenario underscored the benefits of more flexible licensing. Some fear that if restrictions are lifted, physicians might move to another area they prefer. A St. John’s surgeon on the team corrected that thinking, saying “The people you want working are the ones who want to be here.” He remains steadfast in his assertion that their experience during the pandemic was a clear demonstration of how important it is to be able to provide timely and essential medical care where it’s most needed.
Caught in between

The Akwesasne reserve, straddling Quebec and Ontario, is home to about 10,000 residents. Its division by provincial borders means its doctors have to hold separate licences for each province. This dual-licensure system not only burdens the physicians financially, it also limits the community’s access to consistent and specialized health care. Several doctors are interested in serving Akwesasne, but obtaining a Quebec licence is difficult, especially for anglophone physicians. Pan-Canadian licensure would broaden the pool of potential health care providers. The reserve’s unique position also complicates patient referrals and care. Holders of Quebec health cards have trouble receiving care in neighbouring Ontario because of payment concerns, while tertiary care often requires a two-hour trip to Montreal. This bureaucratic limitation not only affects the quality of care in Indigenous communities, it reflects on Canada’s commitment to its most vulnerable populations. Pan-Canadian licensure is a significant step toward a more equitable health care system.

All that drive…

In the early stages of his career, an Ontario-based physician with a rare specialty faced a dilemma that gets to the core of the limitations of Canada’s provincial licensure system. He has a large and growing family to support and the educational needs of his children are best met in either Toronto or Montreal. Housing costs in Toronto were prohibitive. This challenge has led to an awkward compromise. He now lives in Quebec - but commutes four hours a day to work in Ontario. He shouldn’t have to use his driver’s licence half as much as his physician’s license. Even though he has a very particular skill set, his professional life — and personal life — have been choked by the requirement for separate licences to practise in different provinces. The limitations extend to virtual consultation — he can’t conduct any from Quebec for patients in other provinces. It’s not only his work–life balance that is affected; potential health benefits to communities across Canada are also being lost. Constraints on both physical and virtual medical consultations represent a significant barrier, and Canada has an opportunity to address them.
THE PROMISE OF SEAMLESS HEALTH CARE

Picture a country where physicians are united under a pan-Canadian licensure model, a Canada unburdened from the limitations of internal borders and administrative hurdles in health care delivery. In this Canada, health care reaches every corner. Even the most remote areas get the attention they need.

Patients across the country enjoy fairer medical access, shorter wait times and a wider network of health care workers. Virtual care flows smoothly across the country. Health care is more accessible than ever. This reimagined health care system is not only responsive to current needs but also better equipped for the challenges that lie ahead.