



President's message. Physician mobility

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SRPC policy since 1995 has advocated physician mobility between provinces.¹ On Apr. 1, 2009, Canada's new Agreement on Internal Trade came into effect. Signed by the federal, provincial and territorial governments, this agreement says that workers certified in one province or territory are to be certified by all others, with no additional requirement for training, testing or evaluation.²

Our licensing bodies have expressed concern that a move to physician mobility will cause an exodus of rural physicians to cities, induce rural physicians to renege on return of service agreements,³ and result in the lowering of medical practice standards across the country.⁴

In the early 1990s, in response to physician maldistribution, provinces began to adopt policies to limit physician mobility, which included the restriction of billing numbers. Arguing that limits to physician mobility would not improve maldistribution, opponents at the time pointed out that such limits ran counter to the Agreement on Internal Trade, that they were short-sighted, would "damage our society by balkanizing a precious human resource," that the Canada Medical Act of 1912 was undermined by these "parochial provincial policies that are not anchored on medical need or data-based workforce policies but are being formulated in an ad hoc manner" and that they did "not serve the long-term interests of the public."⁵

Whether by provincial government policies or the policies of our provincial and licensing authorities, limiting physician mobility has done nothing to improve the distribution of physicians into rural communities. From 1986,

when 10% of physicians and 25% of our population were rural;⁶ to 1996, when 9.8% of physicians and 22.2% of the population were considered rural; to 2004, when 9.4% of physicians and 21.1% of the population were rural,⁷ anti-mobility policies have not altered the rural physician supply. Removing the policies will not cause the dire consequences predicted by those who wish to maintain the status quo.

Rather than forcing physicians into rural practice, our licensing bodies should focus on their core mandate: to protect the public by ensuring a consistent quality of medical care for all Canadians, urban and rural.

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