Brief Prepared for:

House of Commons Standing Committee on Health

Topic:

National Medical Licensure; Petition e-3378

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Recommendation:

Enact federal legislation to facilitate national mobility of medical professionals throughout all 13 provinces and territories of Canada, starting with at least the mobility of fully Canadian-certified physicians in good standing.

Background:

Canada's healthcare system is in crisis. The COVID pandemic has removed the veil over our healthcare system's pre-existing gaps and weaknesses. As we ride the third wave of the pandemic, hard-hit jurisdictions, such as Greater Toronto, now require 'rescue teams' of healthcare professionals to travel from other provinces to relieve the sick and burned-out local medical providers.[(1)] This was not as easy as it seemed on the surface, however. The Government of Ontario had to have the foresight to enact the Emergency Management and Civil Protection Act Regulation 305/21.[(2)] It allowed fully licensed professionals from other provinces to begin work immediately in Ontario without going through the usual lengthy and expensive bureaucratic quagmire of licensure in another province. Without this, the thinly stretched system would have collapsed.

Under the Canada Health Act, healthcare is under provincial jurisdiction. Therefore, each province and territory has their own regulatory college to license healthcare professionals such as physicians and nurses. Physicians and nurses licensed in one province cannot work in another province without going through an application process that can take months and thousands of dollars in fees (over $12,000 annually if one wishes to work in all 13 provinces/territories). The process requires re-submitting a long list of documentation (high school grades, medical degree, notarized photos, criminal record checks, multiple reference letters, certificates of professional conduct from every jurisdiction around the world the applicant has worked, national specialty certification). Some regulatory authorities even require an in-person interview (e.g., in Vancouver, even if a physician is going to work in Northern BC) and to physically present in-person the original copy of their degrees, not even accepting a notarized or lawyer-certified copy.

Despite the requirements and standards of every province being almost identical (for example, having passed the national certification examinations and maintaining current certification), every province requires very similar documentation to be independently sent in and independently reviewed, rather than the provincial colleges simply communicating with one another and trusting that the other provincial colleges have already done their due diligence in granting licenses (hence the resubmission of all documents). They cite the Canada Health Act as the barrier to communication (as per my personal communications with the Federation of Medical Regulatory Authorities of Canada).

Furthermore, even while laypeople can look up a doctor's or nurse's professional conduct by searching their name on a provincial college's website, colleges require applicants to request and pay for physical certificates to be mailed to other colleges that say the same thing as their websites. Some provinces require this certificate to be mailed after every stint in another jurisdiction, even if it was for only a day. For someone licensed in multiple provinces, these certificates alone can cost well over $1000 annually. This slow and sporadic method of

notification is not only expensive and burdensome, it is also ineffective – it significantly slows down widespread awareness if a physician has violated their profession's standards in some way, which puts patient safety at risk. Evidently, the lack of national licensure poses a risk to patients not only due to access barriers, but also poses a risk to patients from unscrupulous physicians who have lost their licenses in another jurisdiction but have simply chosen to exclude this from their license application in a new province. For example, two incompetent doctors lost their ability to practice in Saskatchewan, but easily set up shop in BC by gaming the 'honour system' that currently exists, and they were not discovered for six years! Link: https://www.cbc.ca/news/canada/british-columbia/1-200-patients-high-and-dry-after-2-chilliwack-doctors-lose-medical-licences-1.4619764

Before the pandemic, many rural hospitals across the country were already struggling to maintain their human resources so that their programs, such as obstetrical care, emergency care, surgical care, and other specialty care could continue. For example, some surgical programs are kept open by a single surgeon on-call 24 hours a day, seven days a week. This is not a reasonable expectation of one person and is not sustainable. All healthcare practitioners need to have colleagues travel from elsewhere to help fill in when they are unavailable, such as when there is a personal or family illness, or simply for rest time to maintain one's mental health and avoid burnout. Unfortunately, it can be challenging to have to plan months in advance for a fill-in to come to one's rescue. Life is full of sudden surprises. Often, we need someone to rescue us immediately, like what is happening right now in Toronto. Unfortunately, the burdensome provincial licensing process frequently prevents this from happening.

On a Canadian Medical Association national survey [(3)] from 2019, 91% of physicians supported national licensure and believed it would improve care for patients. 45% of physicians reported that, if national licensure existed, they would work in other provinces to support their colleagues in times of need, 42% said they were willing to go to rural-remote regions, and 30% said they would do it on an ongoing basis. Even the Canadian Forces have their work stymied as military physicians who are redeployed cannot do any work in their new home province's civilian medical system (necessary for maintenance of skills) for months while applying for a new license. Unfortunately, the Federation of Medical Regulatory Authorities of Canada (FMRAC), which includes all the provincial and territorial licensing colleges, claims that no license portability is possible without provincial government legislation that allows it.

A country with a similar medical structure and culture to Canada is Australia. Less than 20 years ago, their federal government obtained the cooperation of all state governments to enact national licensure.[(4)] Each state college continues to license their physicians, but physicians can work anywhere in the country, which they report has led to patient care improvement. The Canadian Medical Association has retained the services of constitutional lawyers who have confirmed that having a federal oversight body like in Australia would not violate Canada's constitution and the Canada Health Act, as each province would continue to have their own regulatory college.

It is inconceivable that it is often easier for fully licensed and nationally certified Canadian physicians (certified by the Royal College of Physicians and Surgeons of Canada and/or the College of Family Physicians of Canada) and nurses to work in other countries with urgent needs than to help out our own Canadian colleagues in other provinces. As it stands, Canadian healthcare professionals cannot immediately help in areas of greatest need. A doctor

in Ottawa cannot even work in Gatineau, despite being in the same metropolitan area. A doctor licensed on the Saskatchewan side of Lloydminster cannot see patients on the Alberta side of Lloydminster.

Personally, I maintain full active licenses in several provinces and territories at massive expense in order to provide care. As a quaternary care consultant in Edmonton (we are the pediatric multi-organ transplant referral centre for all of Western Canada), I see patients from BC to Manitoba and all 3 territories. Due to COVID travel and quarantine restrictions, many of my patients from other jurisdictions were no longer able to travel to Edmonton for their medical care. For example, for a child in Sach's Harbour, NWT, to come see me in Edmonton for a single appointment, not only would it take two full days of flying to come here and two full days to return, they and their caregiver would also have to quarantine for 14 days away from other family members, which not only tears apart their family but also affects parents' ability to work to maintain their livelihoods. I therefore use my NWT license to provide virtual care. None of my team members have licenses outside of Alberta, so the entire responsibility of caring for all our out-of-province patients falls to me. I therefore cannot take breaks from work for my own well being! I am therefore also unable to recruit locums to fill in for me on an urgent basis.

COVID has shown us that the time to act is now. The Canadian healthcare system cannot afford to delay making changes to legislation that will allow portable licensure of healthcare professionals. The red tape of the disparate licensing authorities and their inflexible internal barriers costs physicians and governments huge amounts of money, prevents doctors from being able to get where their skills are most needed, and even makes it easier for unprofessional practice to go undiscovered. I am confident that such a change under your leadership is politically possible and would have innumerable benefits to Canadians while maintaining the availability of high-quality care that Canadians expect.

Summary:

Enact federal legislation to facilitate national mobility of medical professionals throughout all 13 provinces and territories of Canada, starting with at least the mobility of fully Canadian-credentialled physicians in good standing. It is achievable without constitutional changes, and would offer immeasurable benefits to all Canadians, both in urban areas as well as rural/remote regions and marginalized communities.

References:

1. https://www.cbc.ca/news/canada/newfoundland-labrador/may-4-nl-med-team-1.6012835

2. https://www.ontario.ca/laws/regulation/210305

3. https://www.cma.ca/physicians-overwhelmingly-support-national-licensure-2019-cma-physician-workforce-survey-results

4. https://healthydebate.ca/2020/03/topic/is-it-time-to-implement-one-national-license-for-canadian-doctors/