

**Submission regarding Petition e-3378:  
Establish a national system of reciprocal licensure for  
physicians and other healthcare providers**

Dr. Stephen Cashman MD CCFP

To Whom It May Concern:

I am writing to you regarding the issue of national healthcare worker licensure. As a physician I am most able to speak to physician licensure however the arguments I make apply equally to other healthcare professions as well, including nursing.

About myself I have been a travelling “locum” physician since I finished my Family Medicine residency in 2017. I am presently licensed in Nunavut, the Northwest Territories, Manitoba, Quebec, New Brunswick, Nova Scotia, and Prince Edward Island. I typically work in underserved areas in Canada’s far north (examples being Nunavut, Nunavik, and small communities in Manitoba and the Northwest territories) and I work as an emergency physician in mid-sized urban locales like Charlottetown, Fredericton, and Sydney in the Maritime provinces.

What motivates me to write this brief is my recent experience attempting to work in and obtain licensure in Ontario. I and my partner (who is an experienced emergency RN) were exploring the idea of working together in some northern Ontario communities. Specifically we were looking at work in Timmins, Kirkland Lake, and Moose Factory. Although there is presently a licensure waiver related to the COVID pandemic in Ontario the application of this proved to be extremely complex and I ended up applying for a full license, which I am still waiting for, as a more straightforward approach. Because of this time consuming hurdle our intention to work in Ontario has been significantly delayed. The license will eventually be processed and granted but there is an ongoing health crisis in the region we wanted to work, a critically understaffed and isolated part of the country<sup>1</sup>. This long delay means that Ontario is denied two experienced healthcare providers who are already trained and licensed in Canada and who have a strong desire to help where and when we are needed most.

Huge swaths of Canada - especially rural, remote, and indigenous parts of the country - are served by “locum” doctors who may come from another province or area of the country. Many parts of the country are too remote to require a full time doctor, but their populations need healthcare and this is provided by periodic visits from non-resident physicians. Likewise large parts of the country, including many southern Canadian cities, simply do not have enough supply of doctors locally to meet the healthcare needs of their population and they have to bring doctors in for temporary contracts to shore up gaps.

Right now each province within Canada is responsible for an independent and fully self-contained system of licensure and a doctor or nurse needs to apply for a license in every province individually in order to work there. This process is expensive for the healthcare provider and the amount of paperwork required is certainly quite irritating. For personal reasons I would very much like to see a move to national licensure. However I think that the best argument for national licensure and the one that will be the most persuasive is that this siloed approach to health human resources drastically reduces the availability of qualified healthcare workers in the places they are often needed the most, and creates significant barriers of time and investment in order to meet crisis demands.

Every provincial college has substantively the same requirements for licensure – things like submission of medical degrees, proof of completion of residency training, references, notarized photos, and certificates of good conduct from other jurisdictions where a physician is licensed. The licensing authorities however do not share this information and it is required to resubmit and reapply from scratch for every new provincial license. This can be quite difficult and time consuming for Canadian graduates and can sometimes be impossible for international medical graduates (ie. a physician trained in Syria may be successfully licensed in one province and have had their degree and training fully verified, but if they want to move to another province it may be impossible if their original records have been destroyed!). Unfortunately the provincial colleges do not talk to each other or share information. If you have gone to the trouble of having your medical school diploma vetted and verified in Manitoba and want to work across the border in Kenora you need to start everything over from the beginning. This can be a particular issue in areas where there is a small town on or near a provincial border and the nearest large center is in a different province. There are referral pathways for patients but for physicians and nurses it often requires holding a second license if they want to cross the border to help. If nurses could have easily travelled from one half of the Ottawa metropolitan area to the other half maybe the Gatineau ER would not have had to close over the weekend!<sup>2</sup>

A particularly irritating and unfortunate aspect of the patchwork licensure system is how colleges handle complaints against health care workers. Each province is responsible for dealing with complaints internally and normally does not share information with other jurisdictions. There is a mechanism by which a physician can request a “certificate of professional conduct” but these must be specifically requested to be sent to other colleges (not sent by email - sent by fax of course!). Healthcare workers, especially physicians, are quite well compensated and I do not mean to pretend otherwise. These certificates are quite expensive however; to request a certificate from each licensing college would cost me roughly \$1000. I was previously licensed in Newfoundland and would sporadically help out in certain emergency rooms when needed, this year the Newfoundland college switched to requiring submission of a certificate of good conduct from every place a physician is licensed, every year. Because of this I elected to not renew my license there and have had to turn down a request from Newfoundland to help out when I otherwise might have been able to. There might be a strong argument for the system if it truly did improve patient safety but in fact it is fairly easy for a physician to not report a complaint against them elsewhere! Recently British Columbia (a jurisdiction with extremely onerous “certificate of conduct” requirements) discovered that one of their highest billing physicians had their license revoked years prior in Saskatchewan and had successfully neglected to report this for any years!<sup>3</sup>

There already is a specific individual number called a “MINC” number assigned to every physician anywhere in Canada by which we could all be tracked. What seems fairly obviously a better system in 2021 is to do away with the fax and switch to an automatic electronic information sharing system between all provincial colleges with no need to request or wait for a certificate, and no ability to evade discovery when there has been a complaint on clinical or professional grounds.

While I am writing you this letter on my own behalf, I am certainly not the only one who thinks our country should move to national licensure. I understand that all of the current physician members of the senate have sent a letter and in support of national licensure. Additionally the Society of Rural Physicians of Canada has sent an open letter to various levels of government across the country explaining the situation and the importance of changing our system. Co-signers of this letter include the Canadian Medical Association, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Association of Emergency Physicians, the Society of Obstetricians and Gynecologists of Canada, Resident Doctors of Canada, National Emergency Nurses Association, the Canadians Federation of Medical Students, the Canadian Association of General Surgeons, the Canadian Paediatric Society, and l'Association des Médecins d'Urgence du Québec. The Canadian Medical Association surveyed Canadian physicians on this topic and 91% supported national licensure and felt that it would improve care of their patients. Almost every national medical organization in the country and a super majority of physicians are united in support of a change to our system and a move away from siloed licensure. National licensure would be good for patients, it would be good for physician accountability, it would be good for the provinces, cities, and first nations struggling to meet health human resource needs.

I strongly encourage the house of commons to study this issue and for national, provincial, and territorial governments to implement a system of national licensure or a system of reciprocal licensure. I strongly support action to bring an end to our siloed system of licensure (much like our Australian cousins did two decades ago!) and ask for a system that allows the free and easy movement of fully licensed Canadian healthcare professionals to the areas they are needed most. For the sake of the professionals themselves, for the sake of our communities, and for the sake of our people.

Thank you for your kind attention,

Stephen Cashman MD CCFP

1. News · EW· C. "It's spreading so high and fast like a fire": COVID-19 brings James Bay community to its knees | CBC News. CBC.  
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3. B. C. Doctor reprimanded for lying to college of physicians and surgeons. Victoria News.  
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