



RURAL PHYSICIAN PERSPECTIVES ON NATIONAL MEDICAL LICENSURE

SUMMARY REPORT



Survey Results & Analysis
April 2023



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CONTEXT

Background

There is a lot of discussion about implementing a pan-Canadian approach to medical licensure in order to overcome the barriers that prevent physicians from providing healthcare anywhere in Canada. Rural doctors face difficulties in obtaining licenses, which impedes their ability to practice in underserved and rural areas. This is a pressing issue for the Society of Rural Physicians of Canada (SRPC). Various organizations have urged the federal government to adopt a national approach to licensure to address the current shortage of healthcare professionals. However, the idea of pan-Canadian licensure has raised concerns among stakeholders and policymakers. One viewpoint suggests that implementing pan-Canadian licensure would worsen the shortage of physicians in rural Canada, as it could lead to rural doctors leaving for urban areas.



Survey Objective

In November 2022, the SRPC conducted a membership survey to determine if medical licensure is a factor that impacts a physician's decision to leave or remain in a rural community. Questions were also asked to obtain a general perspective on national licensure.



“Pan-Canadian (national) licensure is defined as the ability for physicians with full licenses 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 license or pay additional licensing fees.”

— **Canadian Medical Association (CMA)**



METHODOLOGY

An email was sent to 5,900 SRPC contacts asking them to complete an online survey. Out of these contacts, 33% were rural physicians practicing in rural communities. A total of 1,147 participants completed the survey, which represents a response rate of 19% of the overall distribution. Among the respondents, 1,000 indicated having a rural practice.

Out of the 1,147 participants who responded to the survey, 362 provided written responses. The data results and analysis were reviewed by the SRPC (qualitative) and the CMA (quantitative) in aggregate and de-identified form.

LAUNCH: NOVEMBER 3, 2022

CLOSE: DECEMBER 5, 2022

1,147 TOTAL RESPONSES

*Respondents identified as full-time practice, locum, clinical practice with academic appointment, retired and part-time.

KEY FINDINGS

When asked whether they had ever left rural practice to move to an urban practice due to licensure

71% of survey respondents indicated they had never left rural practice.

Among those who had left rural practice, the top reasons provided for moving were:

- 50%** To be closer to family and friends
- 29%** To be closer to their spouse or partners
- 26%** A more attractive community or lifestyle
- 21%** Education and professional development
- 21%** To provide locum services



In written responses to this question, reasons for leaving included feeling burnt out, lacking support to make the practice sustainable, receiving job opportunities, needing a better lifestyle for family, and being unable to provide specialized services (e.g., anesthesia) for the rural community.

KEY FINDINGS

Top 3 reasons for applying for a license in another province

Provide locum services

76%

Seek/explore adventure

53%

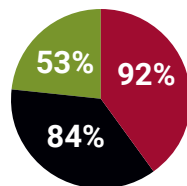
Be close to family

21%

Better compensation

21%

Top 3 obstacles encountered in applying for an additional license



- Length of time or process to obtain a license
- Cost of getting licensed
- Credential verification

How implementation of national licensure would affect practice

- 78% Seek locum opportunities in other provinces/territories
- 77% Practice temporarily in rural/remote areas in other provinces/territories
- 76% Relieve/assist my colleagues/other practitioners
- 75% Remain in Canada rather than seek opportunities abroad
- 69% Continue to practice part-time during retirement
- 69% Seek professional development educational opportunities

KEY FINDINGS

Several themes emerged from qualitative responses to the survey :



Restrictive licenses and administrative burdens enforced by provincial/territorial regulators (such as fees and paperwork) create challenges in attracting physicians to work in rural communities outside of their home provinces.



Semi-retired or retired rural doctors who are interested in doing locums have been deterred from pursuing licensure outside their home provinces because of burdensome regulatory requirements.



National licensure would help address rural physician workforce shortages by making it easier for doctors (including urban physicians) to practise in rural and underserved communities and provide locum coverage.

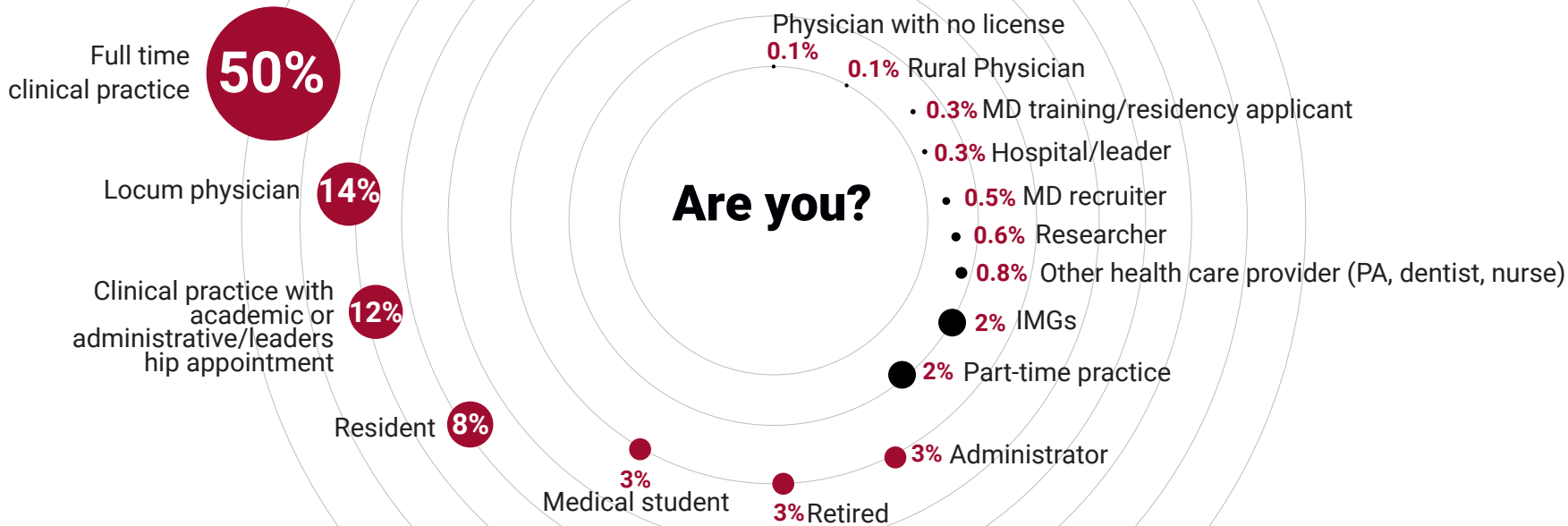


National licensure would alleviate rural physician workforce shortages by simplifying the process for doctors, including urban physicians, to practice in rural and underserved communities and offer locum coverage.

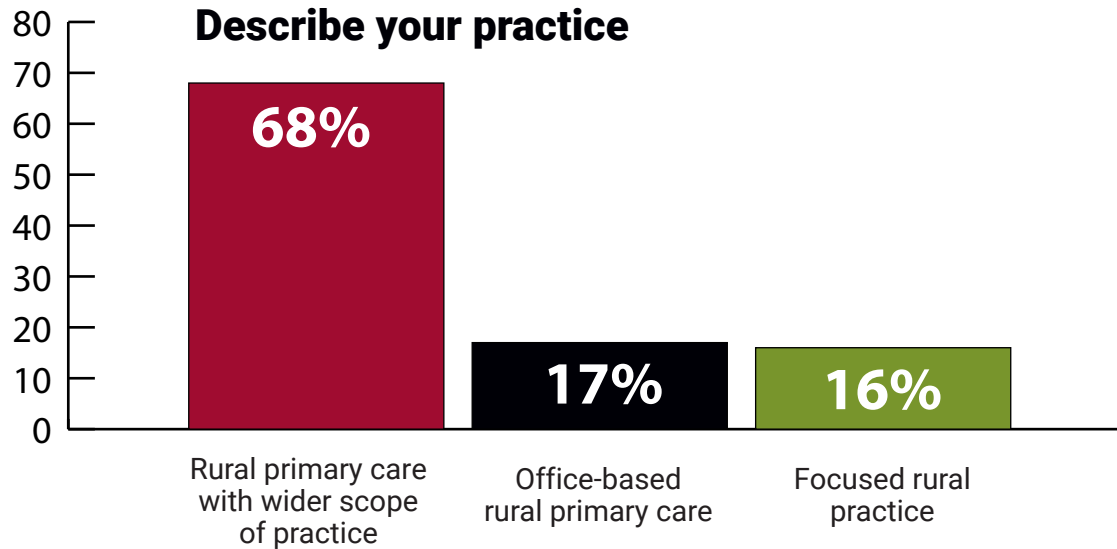


Minimal support from regulators and policy-makers is a key factor affecting the implementation of pan-Canadian licensure.

RURAL PHYSICIAN LANDSCAPE

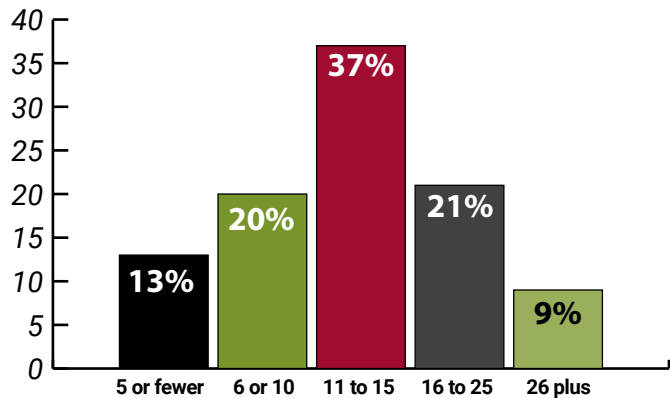


RURAL PHYSICIAN LANDSCAPE

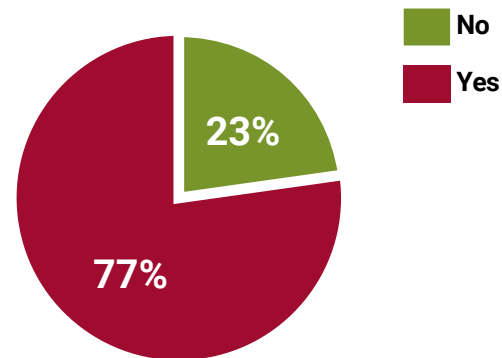


RURAL PHYSICIAN LANDSCAPE

How many full-time years have you been practising rural medicine?

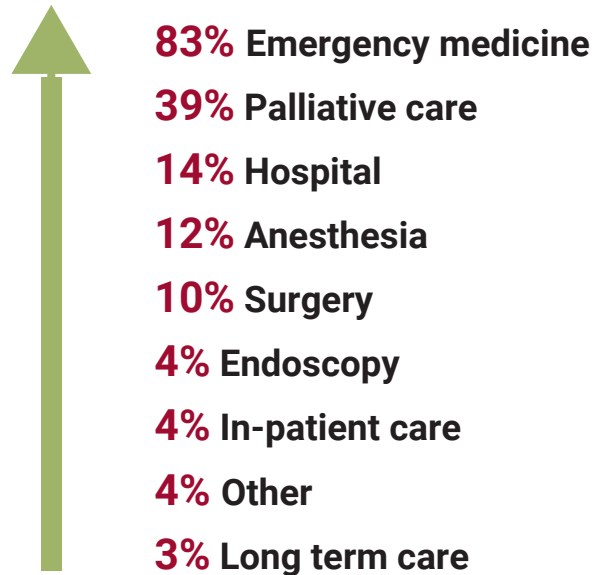


Is your medical practice within 50 km of a provincial/territorial border?



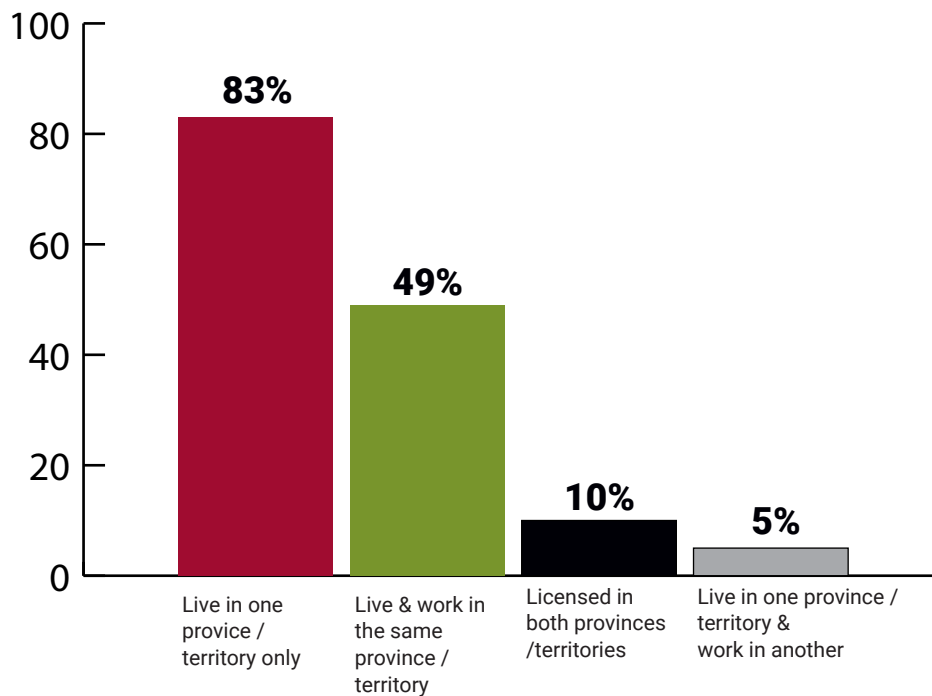
RURAL PHYSICIAN PRACTICE PATTERNS

Rural primary care with a wider scope of practice.



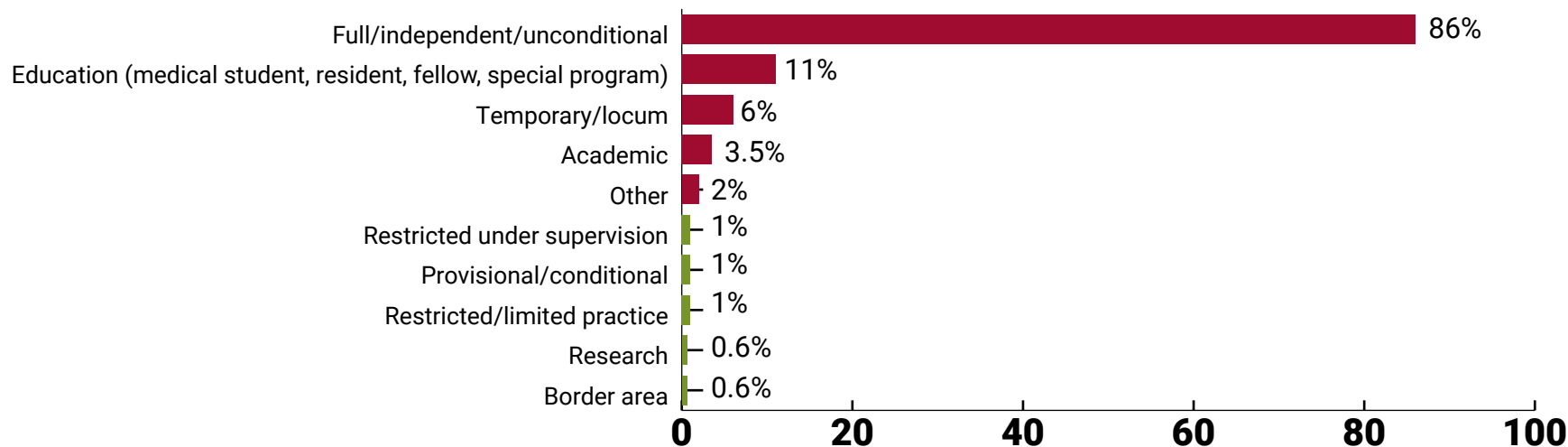
LICENSURE EXPERIENCE

Medical practice within 50 km of a provincial/territorial



TYPE OF LICENCE

Kind of medical licence(s)/registration – check that apply



HOLD ACTIVE LICENSE

Canadian jurisdiction(s) currently hold an active license

Alberta	13%
British Columbia	29%
Manitoba	7%
New Brunswick	3%
Newfoundland and Labrador	6%
Northwest Territories	12%
Nova Scotia	7%
Nunavut	7%
Ontario	33%
Prince Edward Island	2%
Quebec	3%
Saskatchewan	6%
Yukon	7%

In what province or territory do you primarily work?

Alberta	11.37%
British Columbia	25.45%
Manitoba	5.73%
New Brunswick	2.21%
Newfoundland and Labrador	5.84%
Northwest Territories	3.92%
Nova Scotia	5.73%
Nunavut	2.21%
Ontario	28.67%
Prince Edward Island	1.51%
Quebec	3.12%
Saskatchewan	5.33%
Yukon	4.43%

Survey respondents were asked in which Canadian jurisdiction(s), do they currently hold an active licence. Respondents selected more than 1 jurisdictions that applied to them directly. The results also show the home province of the respondents who completed Question 1 – “Who are they?”

HOLD ACTIVE LICENSE

Primary Region of those who have multiple active licenses

		Frequency	%
Valid	British Columbia	68	31%
	Alberta	22	10%
	Saskatchewan	7	3%
	Manitoba	8	4%
	Ontario	51	23%
	Quebec	10	5%
	Atlantic	17	8%
	Territories	34	16%
	Total	217	100%

Total includes those who indicated having a license in multiple provinces and indicated their primary province/territory.

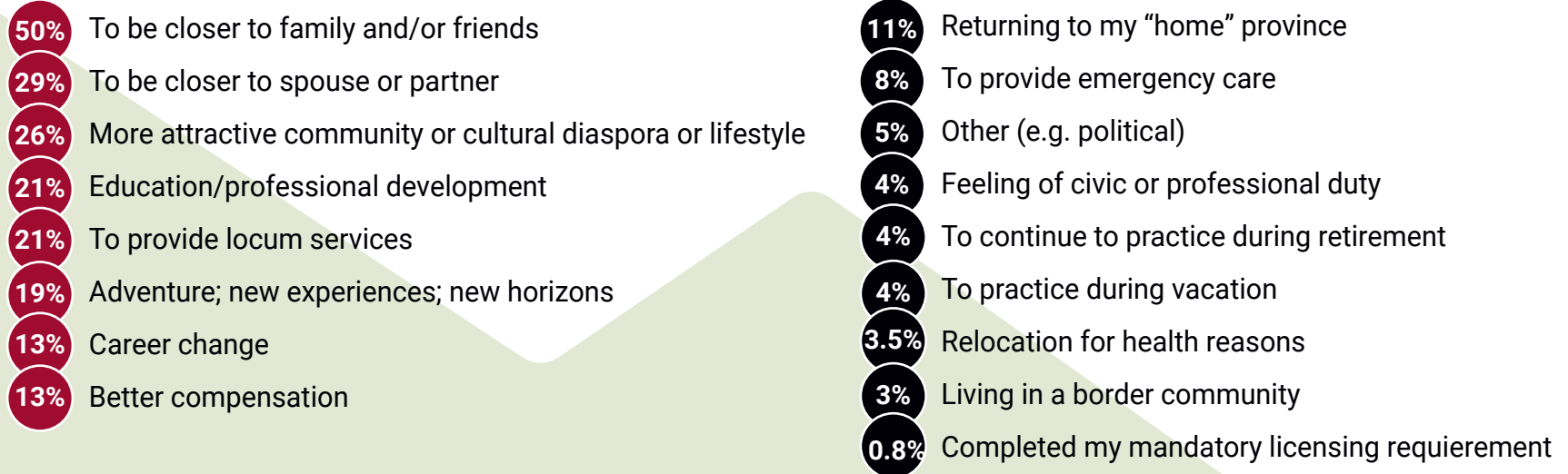
REASONS FOR MULTIPLE LICENCES

In holding a licensure in more than one jurisdiction, what were the top three reasons for applying for a license in another province/territory

- | | | | |
|------------|---|-----------|--|
| 76% | To provide locum services | 9% | To be closer to spouse or partner |
| 53% | Adventure; new experiences; new horizons | 8% | Career change |
| 22% | Better compensation | 7% | Living in a border community |
| 22% | To be closer to family and/or friends | 4% | Other(e.g. keep options open, maintain skills, benefits) |
| 20% | Feeling of civic or professional duty | 2% | Completed my mandatory licensing requirement |
| 20% | To provide emergency care | 2% | Relocation for health issues |
| 20% | More attractive community or cultural diaspora or lifestyle | | |
| 20% | Education/professional development | | |
| 17% | To practice during vacation | | |
| 16% | Returning to my “home” province | | |
| 13% | To continue to practice during retirement | | |

LEAVING RURAL PRACTICE

Reasons for leaving your rural practice – select any that apply.



LEAVING RURAL PRACTICE

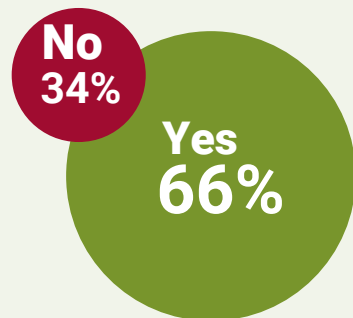
“Started a family, urban spouse, no real childcare or viable education options on small reserve.”

“To provide a better education and better possibilities to our kids.”

“Burnout practicing in UNDER resourced rural settings”

PRACTICING OUTSIDE JURISDICTION

Considered practicing outside home province but could not due to licensure requirements

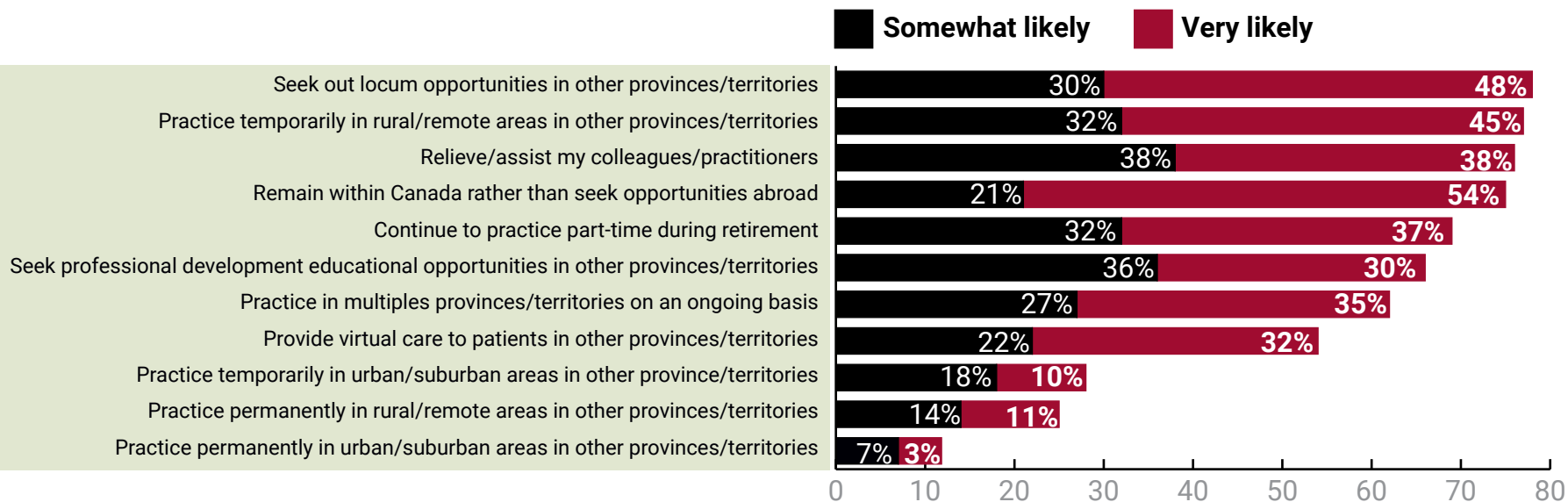


Factors identified as significant obstacles or would make physicians hesitate in applying for licensure in another province or territory

92%	Length of the process to obtain a licence in the other province or territory
84%	Cost of getting licensed in the other province or territory
53%	Obtaining credential verification/Certificate of Practice (CPC) for or from the provincial/territorial regulatory authority
32%	Obtaining reference or character letters
31%	Obtaining letter(s) of good standing from the provincial/territorial regulatory authority
25%	Obtaining police record check
3%	Other (e.g., language exam, unclear payment models, international credential verification)

SUPPORT FOR THE IMPLEMENTATION OF NATIONAL LICENSURE

% who selected somewhat likely or very likely



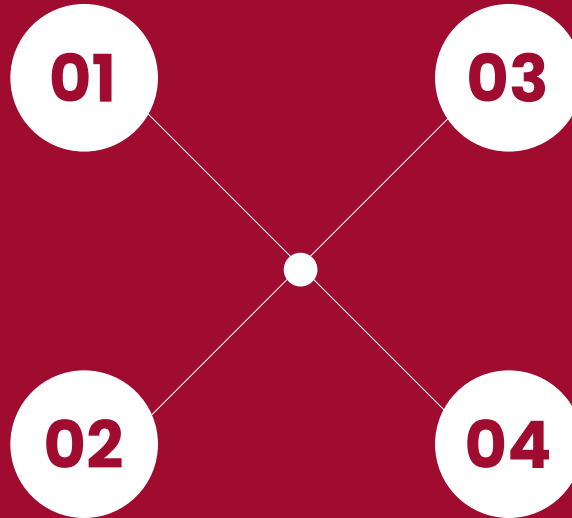
SURVEY LIMITATIONS

Not mandatory questions

It was not mandatory that all survey questions be answered as SRPC indicated to participants to exercise their discretion on whether to answer all or some questions.

Response rate dropped off

While there was a high response rate with some questions, it was noted that respondents skipped other questions, and mid-through the survey, the response rate dropped off. It is assumed that the survey design and its application through SurveyMonkey may not have been fully utilized.



Exclusion criteria:

Students were excluded from the analysis on questions that were practice related.

Exclusion criteria:

While 1,150 completed the survey – 2 respondents were removed as they did not complete Question 1 in identifying who they are.

RURAL PHYSICIANS HAVE THEIR SAY

Written responses to the survey provided additional insights into the potential benefits of pan-Canadian licensure. The following quotations reflect common themes expressed in favour of national licensure.



RURAL PHYSICIANS HAVE THEIR SAY

“

Administrative headache of licensure

“I’ve been licensed in 5 provinces/territories so [I am] VERY familiar with the different licensing processes, which are all duplicative! I have actively NOT worked when I could/would like to have done so in rural regions due to cost, timelines, and [the] administrative headache of licensure.”

”

“

I would love to return

“I would love to return to rural locums in other provinces/territories when semi-retired if it is easier and less expensive to apply for and maintain licensing.”

”

RURAL PHYSICIANS HAVE THEIR SAY

”

“During my earlier years I moved between provinces, and the administrative paperwork was a real bother. I would have been much more likely to do locums had there been easier cross-Canada licensing.”

I would have been much more likely to do locums

“

“

Why on earth should we need provincial licenses?

“For us to address part of the shortage in family physicians in different regions, we need easier access to these regions, and this all starts with a national licence. Our education is nationally relatively the same, so why on earth should we need provincial licenses? ... At the very least, provide an option for locums.”

”

RURAL PHYSICIANS HAVE THEIR SAY

“

**National
licensure
would
greatly
improve
healthcare
access**

“National licensure would greatly improve healthcare access to people who live in areas without enough doctors. When I worked as a locum in the Northwest Territories, many of the physicians I worked with also were locums who lived in other parts of Canada. Still, there were not enough physicians to meet the needs of the territory.”

”

“

**I feel national licensing
would enlarge our pool
of potential locums.**

“Our rural hospital has been on the brink of closure for many months. I feel national licensing would enlarge our pool of potential locums. We are close to a breaking point and need this to move forward.”

”

SRPC OBSERVATIONS

While the survey revealed that medical licensure was not a factor in rural physicians' decisions to leave rural practice or rural communities, it did provide other insights about the rural physician workforce.

Based on SRPC members' perspectives, it is noted that:



Many rural physicians who are retired, semi-retired, or approaching retirement **wish to continue practising in rural communities where needed**, but they do so only when and where licensure requirements are not barriers. Rural physicians tend to go to jurisdictions with minimal or no licensure requirements.

Staffing shortages leave many physicians unable to take breaks from practice without disrupting patient care. **Improving the availability of locums would enhance rural physicians' work-life balance** and help them avoid burnout, and it could attract more physicians to rural areas.

SRPC OBSERVATIONS

While the survey revealed that medical licensure was not a factor in rural physicians' decisions to leave rural practice or rural communities, it did provide other insights about the rural physician workforce.

Based on SRPC members' perspectives, it is noted that:



A lack of administrative support and poor access to other health care services have made rural practice unsustainable for some physicians.

“Red tape” related to credentialling and privileges creates barriers for all physicians wanting to practise in rural settings, whether they are Canadian medical graduates, international medical graduates, or residents.

SRPC OBSERVATIONS

While the survey revealed that medical licensure was not a factor in rural physicians' decisions to leave rural practice or rural communities, it did provide other insights about the rural physician workforce.

Based on SRPC members' perspectives, it is noted that:



Practising rural medicine (generalism) requires having a broad skill set, including enhanced skills in areas such as emergency medicine, anesthesia, surgery, and maternity care. The survey revealed that **most rural physicians have wide scopes of practice and there was high interest in training opportunities** that would help them better serve the health care needs of their communities.

While licensure is one way to address rural physician workforce issues, **all of the above elements must be addressed** to ensure the sustainability of the rural physician workforce.



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The SRPC wishes to acknowledge CMA's support and their contributions to the quantitative analysis of the survey.

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