

# MULTI-JURISDICTIONAL LICENSURE AND IMPACTS ON RURAL PHYSICIAN WORKFORCE



## ABOUT SRPC

---

The Society of Rural Physicians of Canada (SRPC), the national voice of rural physicians, has been serving and advocating on behalf of 3000 rural health care professionals and communities for over 30 years. With its vision of “Excellent health care close to home for all rural Canadians”, the SRPC is committed to advocating for the delivery of high-quality, comprehensive care in rural, remote, and Indigenous communities.

## Issue

---

The current healthcare system requires physicians to have a separate licence in each province/territory where they practice, which creates financial, administrative, and logistical barriers for physicians that disproportionately affect rural care delivery, where locum coverage and cross-jurisdictional practice are essential.<sup>1,2</sup> Rural and remote communities experience the greatest impact because 18% of Canadians live rurally and are served by only 8% of physicians.<sup>3</sup> Research consistently identifies regulatory burden and limited access to locum support as key contributors to rural physician burnout and attrition.<sup>4,5</sup> Complex licensure requirements further limit the ability of rural physicians to access temporary relief, exacerbating workload strain.<sup>1</sup> Licensure is the first of many steps required to practice medicine in a new jurisdiction, including membership in the provincial/territorial medical association, obtaining a billing number, registering the corporation, and privileging and credentialing by hospitals or health authorities. The SRPC supports the Federation of Medical Regulatory Authorities of Canada (FMRAC) as they lead the development and implementation of a framework for multi-jurisdictional licensure in Canada.



## Solution

---

Each province and territory's legislation requires a local licence to practice medicine in their jurisdiction. FMRAC defines multi-jurisdictional licensure as a system in which physicians with full unrestricted licences in good standing can obtain additional licences without further assessment and can maintain them through a single renewal process in their home jurisdiction. Physicians will still have to be licensed in every jurisdiction and pay for those licences. It has been proposed as a policy mechanism to improve access, flexibility, and retention of physicians in underserved areas. Although the Canadian Free Trade Agreement (CFTA) supports labour mobility, it does not provide automatic portability of physician licences and still requires physicians to apply and pay for licensure in each province or territory.<sup>6</sup>

Multi-jurisdictional licensure can:

- Reduce closed emergency departments, and rural obstetrical and surgical programs.
- Make it easier to attract international medical graduates to work in Canada.
- Strengthen national emergency preparedness and improve emergency response capacity by allowing rapid interprovincial deployment of physicians during public health crises.
- Enable more rapid response to changing community needs.
- Facilitate learning opportunities for rural physicians that would allow them to expand their knowledge and skill sets and to practice in more than one setting.
- Facilitate access to virtual specialist follow-up care in collaboration with local physicians, lessening travel burden on rural Canadians.

In addition, multi-jurisdictional licensure will optimize:

### 1. Recruitment and Retention

Multi-jurisdictional licensure can enhance recruitment and retention by enabling physicians to integrate rural practice into broader, multi-site careers with simpler regulatory processes. Evidence suggests that flexible practice arrangements are associated with longer rural tenure and higher job satisfaction which will help improve continuity of care for rural Canadians.<sup>3,7</sup>

### 2. Locum Access and Workforce Stability

Improved licence portability facilitates timely locum coverage, a critical determinant of sustainability in rural practice.<sup>8</sup> Reduced barriers to locum work may mitigate burnout and prevent permanent departures from rural communities<sup>9</sup> and increase timely access to care.



## Workforce Mobility without Rural Drain

---

Concerns that multi-jurisdictional licensure could accelerate migration to urban centres or to other provinces are not supported by available evidence. Studies show that physician practice location decisions are driven primarily by professional support, community integration, and family considerations rather than regulatory leniency alone.<sup>4</sup>

National survey data indicate that many physicians are willing to provide care in rural or remote settings but are discouraged by duplicative licensure processes and fees.<sup>10,7</sup>

According to a survey conducted by SRPC (n=1147), the most common reason given for applying for a licence in another province or territory was to provide locum services (76%). The obstacles reported were length of process to obtain a licence (92%) and cost of getting licensed (84%). Physicians reported that multi-jurisdictional licensure would allow them to continue to practice part-time during retirement (69%), seek locum opportunities in other provinces/territories (78%), and practice temporarily in rural or remote areas in other provinces/territories (77%).

In a similar survey conducted by the Resident Doctors of Canada, 92% of medical residents supported the implementation of national licensure.<sup>11</sup> The survey also revealed that 81% would likely seek temporary locum opportunities in provinces or territories outside their primary practice locations.

## Essential Elements of Multi-Jurisdictional Licensure

---

- Common standards for full licensure across 13 jurisdictions.
- Centralized registry for participating physicians containing verified practice-related requirements based on common standards.
- Real-time performance flags, e.g., Certificate of Professional Conduct information and criminal records.
- Full registration in at least one jurisdiction.
- A virtual interjurisdictional connection that supports secure file sharing and interoperability between medical regulatory authorities.

The physician must also meet requirements of the central registry which could include higher standards such as being in good standing, providing an annual criminal record check, and/or consenting to the sharing of performance information between participating regulators, etc.

Multi-jurisdictional licensure will enhance flexibility, resilience, and continuity of care, particularly in rural and remote Canada.

