Provincial licensing process

Unnecessary barrier to locum coverage

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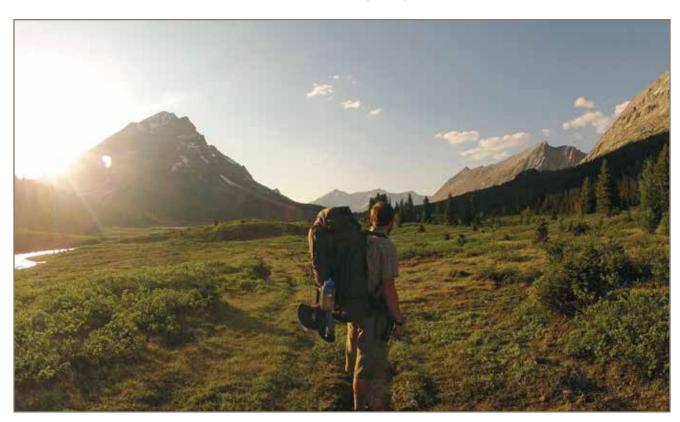
recently completed residency with Mowat-esque dreams of working in Canada's far north and other remote communities, acquiring as I journeyed medical, cultural, and personal wisdom unattainable, I believe, within the constrictions and security of city life. I still hold these dreams but am sadly beginning to run into the nightmarish realities of applying for licensure, the likes of which historical explorers and travelers would never encounter.

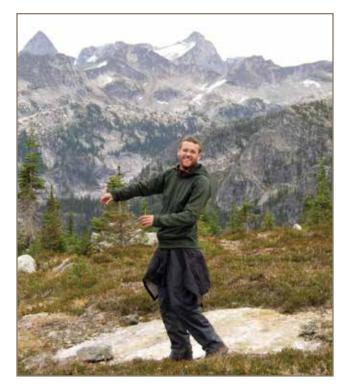
Jesting aside, the doctor shortage in remote and rural communities is a problem most provinces are desperately trying to solve. To help address it, they are changing the way students are accepted into medical school, shifting the undergraduate curriculum toward a family medicine perspective, placing medical schools and residency sites in rural locations, and encouraging rotations in rural communities in the hopes of inspiring more future doctors to work rurally. They are also trying to attract locums to these places, not only to give the local doctors vacation time but also to better cover communities where there are not enough doctors to begin with. That's where I hoped to come in.

Having completed my residency with the University of British Columbia, it was natural for me to become

licensed with the College of Physicians and Surgeons of British Columbia straightaway. Then, pursuing my dream, I quickly began exploring work in other provinces with more remote and northern communities, talking to colleagues, collecting pamphlets from booths at conferences, looking at website entries and images of these exotic places. Every region I e-mailed seemed happy to hear of my interest and eager to do anything they could to get me there. I wanted to jump at the chances to go to the Northwest Territories, Nunavut, Labrador, the Yukon, northern Alberta, rural Saskatchewan, northern Ontario The list goes on. Erroneously, I thought that having graduated from a Canadian medical school, completed Canadian residency, passed all my examinations and certifications, and been licensed already in another province in Canada, I'd essentially be able to just fly up there and start working after providing some photocopies or scanned images of my British Columbia licence or my CFPC Certification, and an e-mail of my driver's licence or passport. How wrong I was.

Turns out, these rural and remote provinces and towns would love to have me, but the provincial regulatory bodies do not or cannot just take the British





Columbia college's word that I am a qualified doctor and haven't had any issues with professionalism. So, just as if I were going to some other nation halfway around the world, I have to get 3 or 4 more references; get 6 more passport photos to attach to my application; have all my degrees and certifications notarized in a lawyer's office; and fill out another application giving the dates of all undergraduate, medical school, and residency rotations I've done. I also have to mail out forms and letters to the other provincial colleges whose jurisdictions I have worked within so that they can verify no one has questioned my professionalism. Then I have to not only courier these things but also ask my references and the colleges to mail hard copies of their documents too.

Perhaps a more worthy adventurer would happily do these things to carry on with his or her plans. But personally, after already doing this a few times, as well as applying at each little hospital for privileges, I'm ready to dial back my dreams. Maybe someday I will make it to town X or province Y, but not now. It's not that sad for me, but the barriers of this process constitute a serious problem for the patients who live in places without the physician coverage they need. And I am not alone in being dissuaded by these barriers from trying new places—colleagues have expressed the same frustration.

I contend that any province that decided to make it easier for doctors to become licensed to work there as locums would develop a reputation for it and thus attract more locums. Provinces could make agreements with each other—we trust your licensing process; we will grant a licence for locum work in our remote communities if you send us a document stating there have been no concerns with the applicant. One easy letter, college to college, and locum goes to work. Or there could be an online system that has copies of our degrees, references, certifications, citizenship status, and passport photos, which the province could quickly check to see that all is up to par, and locum goes to work. Or the province could accept scanned copies of everything it needs, so I can store it on my computer and quickly send it off when applying—and locum goes to work.

These are just a few ideas; I'm sure others will have many more suggestions about how to make it easier for locums to travel and work in these rural communities that desperately need physicians. I call on those with the ability to influence these types of changes, for the good of rural Canada, to go to work—even if there is a lot of paperwork to get it done!

Dr Vance is a family physician who practises in British Columbia and the Northwest Territories.

Competing interests

None declared