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Physician mobility in Canada



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In January 2020, the province of Hubei in China was facing a shortage of physicians (and other health care workers) as coronavirus disease 2019 (COVID-19) swept through its population and ravaged its health care system. To counter the growing viral threat, more than 42 600 health care workers from elsewhere in the country were mobilized within days and flown into Hubei province.¹ Many among this rescue effort were physicians—physicians who were allowed to work in Hubei as soon as they landed.

If we experienced this same physician shortage crisis in one of our Canadian provinces, we would not be able to do the same thing. As we know, Canada's doctors are licensed provincially, not nationally.^{2*}

Many national health care organizations—including the CFPC, the Canadian Medical Association, Resident Doctors of Canada, and the Federation of Medical Regulatory Authorities of Canada—have recognized that the current process to licensure poses challenges to not just physicians who want to work in multiple jurisdictions but also to patients—especially patients in rural and remote communities, whose only way to access a family physician is via locum physicians who visit the community.

My colleague and fellow board member (and co-author of this article) Dr Yan Yu, is one of these locum family physicians. It took him more than 2 months to get a licence to practise in the Northwest Territories, even as a practising Alberta family doctor. We have heard stories from other family physicians taking triple the length of time to get licences.

Acknowledging the inefficiencies of this system, the Federation of Medical Regulatory Authorities of Canada is developing 2 mobility agreements intended to increase physician mobility: the Fast Track License Agreement and the License Portability Agreement. These were announced in June 2019. The Fast Track License Agreement would give physicians who hold independent licences in one province or territory (PT) a streamlined, less costly application for licensure in another PT. The License Portability Agreement would permit physicians with an independent licence in one PT to work in other PTs for a limited portion of the year without acquiring separate licences. The latter, of course, would allow doctors to perform China-esque feats of rescue should one of our PTs experience a health care-related disaster.

*China has a national licensing system.²

Unfortunately, both proposed agreements currently exclude physicians who have held independent licences for less than 3 years. But surveys have shown that it is these young physicians who are one of the groups most willing to work across various PTs. The 2018 Resident Doctors of Canada National Resident Survey indicated that 52% of graduating residents would provide locum coverage outside their primary PTs of practice if no additional licence applications were required.³ The 2019 Canadian Medical Association Physician Workforce Survey found that physicians younger than 35 had the highest interest in practising in multiple PTs if a national licensure system were implemented.⁴ In an informal survey on the CFPC's First Five Years in Family Practice Facebook group (n=179), more than 30% of doctors who provided locum coverage in more than one PT were or are only willing to do so within their first 3 years of practice, citing high costs and administrative burden of continually licensing in multiple PTs.

The CFPC is a member-based organization—we are dedicated to supporting our members. Many of us work in multiple jurisdictions. We can benefit from having one licence that allows us to practise nationwide.

The CFPC is a standard-setting organization—we set the national Certification Examination in Family Medicine and criteria on what it means to be a competent, capable family physician in Canada. In theory, a licence from a national organization such as ours should not be constrained by regional borders.

Finally, we care about patients. Several PTs face a constant shortage of physicians and can benefit greatly from improved geographic flexibility of the physician work force.

In January 2020, the CFPC board met and formally approved a motion to support reducing barriers to national mobility for all certified physicians regardless of number of years in practice and to commit to working further on physician mobility with the Resident Doctors of Canada, the Federation of Medical Regulatory Authorities of Canada, and all other stakeholders to help bring physicians to where they are needed throughout the country. 🌸

References

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