CMA submission

Bill 60, Your Health Act, 2023 and Pan-Canadian Licensure

Submission to the Standing Committee on Social Policy

March 27, 2023
The Canadian Medical Association (CMA) respectfully submits the following submission to the Standing Committee on Social Policy regarding Bill 60, Your Health Act, 2023.

The introduction of Bill 60 is a promising step towards improving access to care and health care worker mobility, objectives the CMA has been advocating as a key solution to the current health care crisis.

In particular, Schedule 2 of the proposed legislation would enable inter-provincial mobility of health care workers by allowing a change in definition by regulation. Bill 60 proposes to amend a number of existing acts to replace the definition of physician with:

- "physician" means a legally qualified medical practitioner who is lawfully entitled to practise medicine in Ontario or another prescribed person, and;
- "physician" means a member of the College of Physicians and Surgeons of Ontario or another person prescribed by the regulations.

Amendments to the definition should offer clarity and ensure public trust in the physician title while enabling the intent of allowing greater health care worker mobility. Enabling new “As of Right” rules allows health care workers registered in other provinces and territories to immediately start working and caring for people in Ontario with the intent of automatically recognizing their credentials.

The CMA has been a major proponent of health care worker labour mobility, particularly pan-Canadian licensure. In Canada, medical practice is restricted to the province or territory in which a physician is licensed. Other than a few exceptions, practising in a different province or territory means a lengthy application process, sometimes months long, and thousands of dollars in fees.

**Pan-Canadian Licensure**

The CMA defines pan-Canadian licensure as: a physician with a full licence to practice independently without restrictions or a medical resident trainee registered in any Canadian jurisdiction that can practice or train in any other Canadian jurisdiction without having to acquire more than one licence or pay additional licensing fees.

Pan-Canadian licensure is part of the solution. A single licensing system would have many benefits. It could help alleviate the pressure on the medical workforce serving patients in rural and remote communities by making physicians more mobile. It would allow for more efficient responses to the delivery of health care, including in crises such as the COVID-19 pandemic. It would also support virtual care across provincial and territorial borders, providing greater continuity and more timely access.

Mobility would also provide urgently needed support for physician work-life balance, health and wellness, and could potentially improve retention rates by making it easier for doctors and hospitals to fill locums for holidays, parental and educational leaves.
Currently, a doctor in Kenora, Ontario, cannot call on doctors in the Manitoba town just 45 minutes from their door to relieve them in times of need. The red tape lining the provincial border means the physician and the community they serve are reliant on physicians from Dryden or Thunder Bay (2 and 6 hours away, respectively) any time they have to temporarily replace themselves.

Too often, underserved communities lose out. Physicians servicing Indigenous populations that straddle the Quebec and Ontario border require two licences limiting community and family care.

**Support for Pan-Canadian Licensure**

Health workers overwhelmingly support pan-Canadian licensure. A recent national poll of CMA members indicates overwhelming support for pan-Canadian licensure from 95% of respondents\(^1\). Almost 9 in 10 physicians (88%) indicated that provincial/territorial politicians should address the health care crisis by passing legislation in support of a regional or national licence\(^1\).

Physicians recognize that pan-Canadian licensure is one tool in helping to address regional inequalities in care delivery; improving access in rural, remote and northern communities to primary and specialty care; and enhancing the use of locums/temporary placements while supporting cross-border virtual care.

In their survey responses, physicians and medical learners acknowledged several potential benefits of pan-Canadian licensure, including:

- it will improve access to health care in rural, remote and northern communities (75%), and to primary and specialty care (71%)\(^1\);
- it will enhance use of locums/temporary placements by physicians (87%)\(^1\); and
- it will make Canada a more attractive place for internationally trained medical graduates to locate (73%)\(^1\).

Physicians indicated in the CMA poll that the complexity (77%), length of the process to obtain a licence outside of their home jurisdiction (68%), and the cost (64%) are the primary obstacles they face when considering practising in other jurisdictions\(^1\).

**Regulatory Considerations**

The CMA has heard from members that the current registration requirements detract from their ability to practice. One doctor whose career has revolved around providing locums (i.e., temporary placement) – key to providing service in Indigenous, northern and rural regions – has held separate licences in nine jurisdictions. He does not hold one in his home province and has had to cancel his Newfoundland and Nova Scotia licences because of the burdensome administration. The time and money to keep up each licence takes away from time that could be used to care for patients.
Bill 60 proposes enabling a change in the definition of “physician” by regulation. The CMA recommends that changes to the definition of physician should offer clarity and ensure public trust in the physician title while also enabling greater mobility for health care workers. Additionally, as part of the Committee’s consideration, the CMA recommends that the provincial government consider physician administrative burdens and a harmonized pan-Canadian approach with new regulations. Regulations need to ensure that current burdens on physician registration are not continued. This perspective should also be considered on an ongoing basis as other provinces and territories also look to make changes to physician registration.

The CMA welcomes the growing momentum for physician mobility across the country and is willing to work with provincial and territorial governments to improve access to care for all patients. Mobility and cross-border virtual care of the health workforce amongst all provinces/territories, which does not require subsequent registration, is key to addressing the health care needs of Canadians.

References