

National Licensure Consensus Statement

For Immediate Release

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Background

Now into the third wave of COVID-19, Canada faces a severe healthcare crisis. A major obstacle for provinces is the lack of skilled personnel in both rural and urban communities. There are more healthcare workers available to help but we are limited to working in the province where we are licensed. We need to be able to provide help wherever it is needed in Canada.

Provincial licensing of medical professionals has become a barrier to redistributing our qualified workforce during this pandemic. Rather than one large outbreak across Canada, COVID-19 has caused many small ones that vary in scope, size and duration. Some regions of Canada will have a greater need for deployment of medical personnel while others will benefit from remote virtual care. Both purposes can be served by allowing a national “disaster” license.

National Licensure

National licensure for Canadian physicians is not a new concept, but it is popular. A recent survey by the Canadian Medical Association (CMA) of 6,700 physicians found that 91 percent supported a national licensure system and believed it would improve access to care for patients. The CMA, the Society of Rural Physicians of Canada (SRPC), the Canadian Federation of Medical Students (CFMS), the College of Family Physicians of Canada (CFPC), the Resident Doctors of Canada (RDoC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) have all signed a Collaborative Statement on Canadian Portable Locum Licensure. The four Atlantic Premiers have publicly voiced their support for increased physician mobility throughout the country. Both Australia and the UK changed over to a national licensing system long ago. Our time is now.

The Federation of Medical Regulatory Authorities of Canada (FMRAC) is exploring the possibility of creating a single license to support a national tele-medicine system, and discussions about its support of rural medicine are on-going with the SRPC. The CMA, on April 16, 2021, calling for “extraordinary measures” as the COVID pandemic surpassed a critical point, called for deployment of resources interprovincially. The Canadian Armed Forces can already deploy its own healthcare workers to any province. For the health of all Canadians, as emergency physicians, we need to do the same.

Principles

1. Patients across all regions of Canada have a right to high-quality care.
2. National licensing is voluntary, at the behest of the physician, will respect provincial regulations and include a robust, but timely, licensure process necessary for the protection of patients and ethical self-regulation of the profession.
3. Physicians who are nationally licensed would intend to offer service in under-resourced parts of the country during pandemics and disasters.
4. The priority is for timely clinical coverage and/or virtual support for patients in rural, remote, First Nations, Inuit and Metis communities, and to bolster the well-being of physicians already working in those places.

Recommendations

1. A Single Federal-Provincial-Territorial (FPT) License for all physicians and nurses in good standing in their own province or territory, to allow them to work or provide telemedicine anywhere in Canada in times of overwhelming need.
2. A roster of nationally licensed, competent physicians will be maintained, and can be accessed for request of health assistance in surge situations.
3. Appropriate curriculum and training to ensure the added competencies necessary for high performance in a disaster, pandemic, rural/ remote setting, or working with First Nation, Metis, or Inuit communities are added to the nationally licensed physician's skill-set prior to deployment in areas outside their usual jurisdiction.

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