2022 Pan-Canadian Licensure Survey
Summary Report

Insights & Analytics
January 30, 2023
How does the CMA define pan-Canadian licensure

The CMA defines Pan-Canadian (national) licensure as the ability for physicians with full licences to practise independently without restrictions or for medical resident trainees registered in any Canadian jurisdiction to practise or train in any other Canadian jurisdiction without having to acquire more than one license or pay additional licensing fees.
Context and Study Objectives

The 2022 Pan-Canadian Licensure Survey conducted by the Canadian Medical Association (CMA) aims to understand members’ views on the current licensing process – from application barriers to its impact on their current practice and future plans – and the impact of a Pan-Canadian licence on patient care, physicians and the health care system.
Methodology

Launch: Nov. 18, 2022

An email was sent to 63,141 CMA members asking them to complete an online survey, made available in both English and French, with a follow-up reminder one week later.

Close: Nov. 30, 2022

The survey was completed by 5,022 members, a response rate of 8%. A margin of error cannot be associated with a non-probability sample in a panel survey. For comparison purposes, however, a probability sample of this size would have a margin of error ±1.33 %, 19 times out of 20.

5,022 total responses

The sample included 103 students, 281 residents, 4,117 practising physicians and 521 retired physicians
Support for National Licensure

- Very supportive: 87%
- Somewhat supportive: 8%
- No opinion: 1%
- Not very supportive: 1%
- Not at all supportive: 2%

Q17. How supportive would you be of the implementation of national licensure that would enable practice in all Canadian provinces/territories without the need to acquire more than one license or pay additional licensing fees? Includes students, residents, and practising/retired physicians (N = 5022).
Support for National Licensure

More than 9 in 10 (95%) respondents indicated they were very supportive (87%) or somewhat supportive (8%) of the implementation of national licensure.

A high level of support was consistent across all regions.
Obstacles Applying for an Additional Licence

% who selected obstacles applying for licensure in another province/territory

- The overall complexity of the process to obtain a licence: 77%
- Length of the process to obtain a licence: 68%
- Cost of getting licensed: 64%
- Obtaining credential verification/Certificate of Professional Conduct (CPC): 43%
- Obtaining letter(s) of good standing: 31%
- Obtaining reference or character letters: 30%
- Obtaining police record check: 24%
- Obtaining credential verification/Certificate from a medical school or regulatory authority outside Canada: 24%
- No significant obstacles: 9%

Q16. What factors were significant obstacles or would make you hesitate in applying for licensure in another province/territory? Please select all that apply. Includes residents, and practising/retired physicians (N = 4919). Column totals may exceed 100% as this question allowed for multiple responses.
Obstacles Applying for an Additional Licence

The most common obstacles to applying for licensure in another province/territory are the overall complexity (77%), length (68%) and cost (64%) of the process.

Other obstacles include obtaining credential verification/certificate of professional conduct (43%), obtaining letter(s) of good standing (31%) and obtaining reference letters (30%).

Less than 1 in 10 (9%) respondents indicated that there are no significant obstacles.
Impact of National Licensure on Practice

% who selected somewhat likely or very likely

<table>
<thead>
<tr>
<th>Activity</th>
<th>Somewhat likely</th>
<th>Very likely</th>
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<tbody>
<tr>
<td>Remain within Canada rather than seek opportunities abroad</td>
<td>19%</td>
<td>55%</td>
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<tr>
<td>Continue to practise part-time during retirement</td>
<td>33%</td>
<td>36%</td>
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<tr>
<td>Relieve/assist my colleagues/practitioners</td>
<td>35%</td>
<td>30%</td>
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<tr>
<td>Seek out locum opportunities in other provinces/territories</td>
<td>26%</td>
<td>37%</td>
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<tr>
<td>Seek professional development educational opportunities in other provinces/territories</td>
<td>31%</td>
<td>30%</td>
</tr>
<tr>
<td>Provide virtual care to patients in other provinces/territories</td>
<td>23%</td>
<td>33%</td>
</tr>
<tr>
<td>Practise temporarily in rural/remote areas in other provinces/territories</td>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>Practise in multiple provinces/territories on an ongoing basis</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>Practise temporarily in urban/suburban area in other provinces/territories</td>
<td>27%</td>
<td>19%</td>
</tr>
<tr>
<td>Practise permanently in urban/suburban areas in other provinces/territories</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Practise permanently in rural/remote areas in other provinces/territories</td>
<td>9%</td>
<td>7%</td>
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</tbody>
</table>

Q18. If a national licensure system were implemented today, how likely would you be to... Includes residents, and practising/retired physicians (N = 4869 to 4890).
More than 7 in 10 respondents (74%) indicated they would be somewhat (19%) or very (55%) likely to remain in Canada rather than seek opportunities abroad.

Almost 7 in 10 (69%) indicated they would be somewhat (33%) or very (36%) likely to continue practising part-time during retirement.

Almost two-thirds (65%) indicated they would be somewhat (35%) or very (30%) likely to relieve/assist colleagues for vacations or breaks.

Just over 6 in 10 (63%) indicated they would be somewhat (26%) or very (37%) likely to seek out locum opportunities in other provinces/territories.
Impact on Patients

% who selected each item as an impact on patients

- It will support rapid mobility of physicians to help with disaster/crisis response: 78%
- It will improve access to health care in rural, remote and northern communities: 75%
- It will improve access to family physicians/primary care: 71%
- It will improve access to specialist care: 71%
- It will support mobility of patients/Canadians: 67%
- It will improve access to health care in Indigenous communities: 62%
- It will improve continuity of care/follow-up care: 53%
- It will decrease wait times for a specialist: 52%
- It will decrease wait times for a family physician: 46%
- It will decrease travel time and costs: 42%
- It will have no impact on patients: 5%

Q22. How will national licensure impact patients? Please select all that apply. Includes students, residents, and practising/retired physicians (N = 4841). Column totals may exceed 100% as this question allowed for multiple responses.
Impact on Patients

Almost 8 in 10 (78%) respondents indicated that national licensure would support rapid mobility of physicians for disaster/crisis response.

More than 7 in 10 indicated it would improve access to health care in rural, remote and northern communities (75%), access to family physicians/primary care (71%) and access to specialist care (70%).

Almost 7 in 10 (67%) indicated national licensure would support the mobility of patients.

Only 5% indicated that national licensure would have no impact on patients.
Impact on Physicians

% who selected each item as an impact on physicians

- It will support mobility of physicians: 90%
- It will modernize the licensing system by eliminating redundant licensing: 88%
- It will enhance use of locums: 87%
- It will encourage physicians to spend part of their working schedule in another prov/terr where they're currently not licensed to provide relief to a colleague in need of a vacation: 74%
- It will encourage physicians to continue to practise part time in retirement: 74%
- It will support education and professional development opportunities: 60%
- It will encourage physicians to spend part of their vacation time working in another prov/terr where they're currently not licensed to provide relief to a colleague in need of a vacation: 58%
- It will have no impact on physicians: 2%

Q23. How will national licensure impact physicians? Please select all that apply. Includes students, residents, and practising/retired physicians (N = 4837). Column totals may exceed 100% as this question allowed for multiple responses.
Impact on Physicians

Nine in 10 respondents indicated that national licensure would support physician mobility.

Almost 9 in 10 indicated it would modernize the licensing system by eliminating redundancy (88%) and enhancing the use of locums (87%).

More than 7 in 10 indicated it would encourage relief of colleagues in another province/territory (74%) and part-time practise in retirement (74%).

Only 2% indicated national licensure would have no impact on physicians.
Impact on the Health Care System

% who selected each item as an impact on the health care system

- It will enable better leveraging of interprovincial/territorial virtual care use: 74%
- It will make Canada a more attractive place for internationally trained medical graduates to locate: 73%
- It will decrease regional inequities in the delivery of care: 69%
- It will assist with provision of culturally and linguistically sensitive care delivery: 54%
- It will decrease travel costs: 30%
- It will cause an exodus of physicians from rural or remote practice to an urban practice: 10%
- It will decrease standards of care: 4%
- It will have no impact on the health care system: 3%

Q24 How will national licensure impact the health care system? Please select all that apply. Includes students, residents, and practising/retired physicians (N = 4784). Column totals may exceed 100% as this question allowed for multiple responses.
Almost three-quarters of respondents indicated that national licensure would better leverage interprovincial/territorial virtual care (74%) and make Canada more attractive to internationally trained medical graduates (73%).

Almost 7 in 10 indicated it would decrease regional inequities in the delivery of care (69%).

More than half reported it would assist with culturally and linguistically sensitive care (54%).

Only 3% indicated it would have no impact on the health care system, and only 4% that it would decrease standards of care.
Almost 9 in 10 respondents (88%) indicated that provincial/territorial politicians should address the health care crisis by passing legislation in support of a regional or national licence.

Fewer than 1 in 10 were unsure (8%), and very few (4%) indicated that provincial/territorial politicians should not address the health care crisis by passing legislation in support of a regional or national licence.

Q19. Should provincial/territorial politicians address the health care crisis by passing legislation in support of a regional or national licence? Includes students, residents, and practising/retired physicians (N = 4926).
More than 9 in 10 respondents (91%) indicated that the federal govt. should enable provincial/territorial govts. to pass legislation in support of a regional or national licence.

Fewer than 1 in 10 were unsure (6%), and very few (3%) indicated that the federal govt. should not enable provincial/territorial govts. to pass legislation in support of a regional or national licence.

Q20. Should the federal government enable the provincial/territorial governments to pass legislation in support of a regional or national licence? Includes students, residents, and practising/retired physicians (N = 4925).