

Registrar's Report

National labor mobility: Challenges and concerns



The direction by Canada's provincial premiers to bring full labor mobility to Canada continues to be a major topic of concern amongst Canada's medical regulators. Although the objective of easier interprovincial mobility for physicians is well accepted, the possible undesirable consequences of enshrining this objective in agreements are the rub.

If full labor mobility comes about, how can we ensure that underserved, rural and remote parts of the country are not emptied of physicians? How can we continue to preserve a safe standard for registration and licensure of physicians in this and other provinces?

Before I go further, let me clarify some details. The *Agreement on Internal Trade* (AIT) is the basis of a current cross-country labor mobility proposal. The *Trade, Investment and Labor Mobility Agreement* (TILMA) is a related, but separate labor mobility agreement between Alberta and BC.

With TILMA, physicians who are fully registered for independent practice, and who have no conditions or restrictions on their licence, will be able to move freely between Alberta and BC. This does not mean there will be common licensure between the two provinces. A physician in

Alberta who wishes to practise in BC will still need to seek and pay for a licence in that province. The TILMA agreement ensures a physician will face no unreasonable barriers, such as an examination or assessment, when seeking registration in another jurisdiction.

To date, the AIT proposal does not carry those same caveats on conditions or restrictions on a licence. However, the agreement allows a province to declare 'legitimate objectives' that may offer a safety valve to address provincial needs. In the absence of a safety valve, (and I am not confident that this one is an effective safety valve), medical regulators across Canada must agree on the minimum criteria for registration. Therefore, in the absence of a clear agreement with options for provinces, there could be a "race to the bottom" - meaning that the lowest standards for licensure will prevail. That would not be in the best interests of the public we serve.

The distribution of physicians in Canada, and within Alberta, should be a major objective of Alberta Health Services, Alberta Health and Wellness and governments in general. While the College is concerned about physician distribution, our more direct responsibility is to the public. Our job is not only to license all qualified applicants (to ensure adequate physician resources for the population), but also to ensure that **only** qualified physicians receive a licence.

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One might argue that the AIT discussion is forcing the medical regulators to consider national licensure.

At a recent national meeting of medical regulators, Quebec announced an intention to enter into a labor mobility agreement with France. If implemented, such an agreement would create a unique opportunity for Quebec and French physicians to move back and forth.

Notwithstanding the legislative challenges to such a proposal (France is, after all, a member of the European Union and must consider its obligations to the EU; Quebec is a part of the Canadian federation and has similar obligations to its fellow provinces and territories), one possible consequence would be an open door from France to Quebec – and then to anywhere in Canada - possibly for physicians from anywhere in the EU.

My distress at this initiative is not xenophobic but is based on the enormous challenge of assessing the medical training and qualifications of physicians trained and working in jurisdictions about which we have little or no information, experience or confidence.

Said differently, the College of Physicians & Surgeons of Alberta could be required to license a European physician who has moved to Quebec, and then to Alberta, without that physician having undergone an assessment of his/her knowledge or skills in the Canadian healthcare system.

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We may also be prevented from defining conditions of licensure for such physicians under the proposed labor mobility agreement. This is not acceptable if we are to fulfill our duty to protect the public.

One might argue that the AIT discussion is forcing the medical regulators to consider national licensure. And while that may be a desirable objective, there are many hurdles to overcome, including the provincial responsibility for health and the differences in legislation between provinces.

By itself, achieving more uniformity around the standards needed for a license to practise medicine in Canada is a

worthy objective. One possible effect, however, would be to disadvantage some provinces which now compete for physician manpower by offering less stringent registration standards.

For now, our primary focus is to maintain registration standards that allow us to protect the public, while ensuring that all qualified physicians are welcomed with open arms. And that is the message we are sending to government.

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Questions or comments?
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