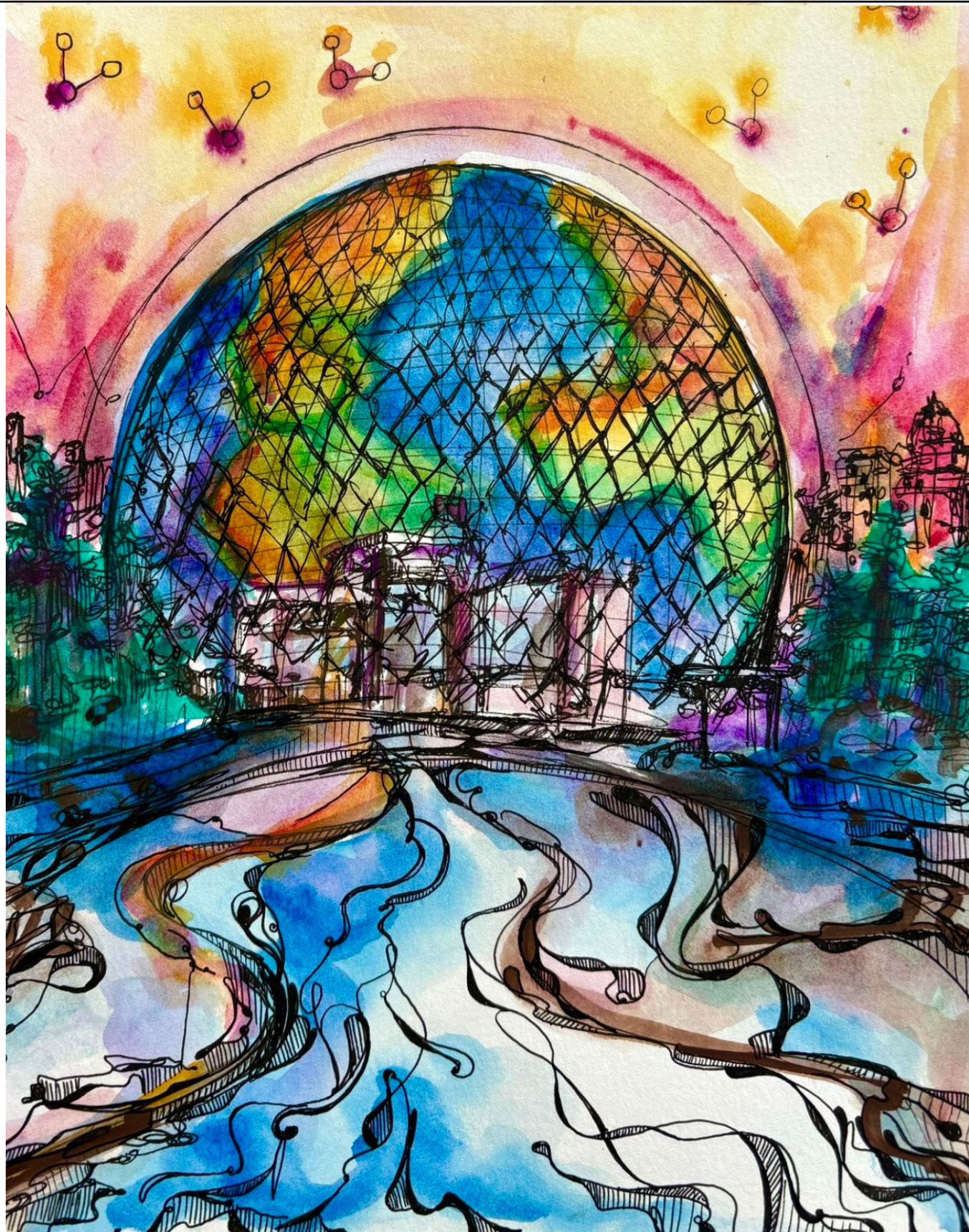


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# Addressing Medical Licensure Barriers to Improve Healthcare Access in Nunavut

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## Introduction

Nunavut is the largest and least inhabited territory in Canada [1]. While people often marvel at Nunavut's natural beauty, we tend to overlook the stark healthcare realities faced by its inhabitants. One major challenge in Nunavut is achieving equitable access to health care. Medical transportation is widely normalized, and Nunavut residents are often forced to travel thousands of kilometers for treatment. The financial and human burdens of medical transportation are unjustifiable. This paper explores alternative solutions to healthcare sovereignty in northern Canada. Virtual care and recurrent locum physicians are methods that can bring care closer to Nunavut communities. However, a major barrier to their implementation is the current medical licensure system in Canada. Physicians must obtain separate licences to practise in each province or territory [2]. This redundant, time-consuming, and costly system restricts physicians from practising in rural areas outside of their licensing authority. Introducing a pan-Canadian medical licensure will improve access to care in Nunavut.

## An Unsustainable Status Quo

Nunavut has a population of 37,000, most of whom are Inuit. The territory's remoteness poses unique challenges, including a chronic shortage of healthcare professionals. Three of the 25 communities in Nunavut have full-time physicians; the rest are serviced by community health nurses [3]. Because of the limited medical infrastructure, Nunavut experiences substantial health inequities compared to the rest of Canada. For example, Nunavut's life expectancy at birth is eleven years lower than the Canadian average [4]. Despite stark health disparities, Nunavut has the highest per capita healthcare spending in the world at over 25% of the territory's GDP [5]. In 2020-2021, the Nunavut government projected an annual expenditure of \$107.6 million on medical travel [6]. This amounts to over \$2,900 per person per year [7].

## Alternative Models Worth Pursuing

Medical transport does not contribute to sustainable health sovereignty in Nunavut. Rather, it is a temporary measure to remedy the shortage of healthcare workers in northern communities. Medical evacuation is undoubtedly necessary, but it should not be viewed as the end goal. Investments in medical travel takes away from funding that could otherwise support alternative models of health delivery. This paper

suggests two alternative models: virtual care and recurrent locum physicians.

## Virtual Care

Many visits to southern hospitals are for specialist consultations. Telemedicine is a promising model to provide specialist care in remote communities. Virtual care is efficient and prevents unnecessary medical travel. For example, the Champlain BASE™ eConsult service offers an asynchronous communication platform between primary care providers (PCP) and specialists [8]. In a 2014-2016 study in Nunavut, 35% of the eConsult cases allowed the PCP to avoid an in-person referral [8]. The total estimated savings from this study were \$180,552.73, or \$1,100.93 per case. Limitations to telemedicine include poor internet connectivity and, more importantly, Canada's medical licensure system which restricts most physicians from providing virtual care across provincial/territorial jurisdictions.

## Recurrent Locum Physicians

Short-term locums have become the primary source of doctors in Nunavut, which undermines continuity of care. There are currently no Nunavut-based studies describing the impacts of high physician turnover rates, but other rural communities in Canada and Australia have shown lower patient satisfaction, poorer health outcomes, and issues of cultural safety [3]. Physicians are drawn to Nunavut because of the broader scope of practice, but the high cost of living, limiting job opportunities for spouses, and distance from family dissuade them from staying long-term [3]. This article proposes an alternative model composed of a network of recurrent locum physicians. By encouraging physicians to take recurring assignments to the same remote community, they can become acquainted with the patients and facilities. For instance, recurrent locum physicians could work in Nunavut one week per month or one season per year. Importantly, these physicians can form trusting relationships with the community and can follow up with patients regarding their treatments. Unfortunately, like virtual care, a major barrier to attracting physicians to work part-time in Nunavut is the convoluted medical licensure system.

## Medical Licensure Standing in the Way

Canada's medical licensure system is a barrier preventing the expansion of virtual care and recurrent locum physicians in Nunavut. Provinces and territories administer their own healthcare coverage using funding from the federal



government via the Canada Health Transfer. This fragmented governance structure creates a poorly coordinated collection of administrations. Physicians who are licensed in one jurisdiction must go through an entirely separate application to practise in another jurisdiction [2]. The medical licensure process involves a lengthy list of documentation. Some jurisdictions even require physicians to present their degrees in-person [9]. Despite the standards being nearly identical, each province/territory has its own review process to grant licences. This time-consuming and costly process dissuades many physicians from working outside of their primary jurisdiction. The eConsult study circumvented these barriers by having the specialist offer a purely advisory role [8]. However, licensure policies restrict interjurisdictional provision of care. In most cases, specialists who wish to treat patients in Nunavut must have a Nunavut medical licence.

A survey from the Canadian Medical Association [10] showed that 91% of physicians support national licensure. Furthermore, 30% of physicians reported that, if a national licensure existed, they would work in rural-remote regions on an ongoing basis. Critics of the national licensure system claim that it may worsen the shortage of physicians in rural areas because of a widespread migration of rural physicians to urban centres [11]. However, an Australian study reviewing the mobility pattern of physicians showed no major drift away from rural areas after implementing a national licensure [12].

### Strategies to Implement a National Medical Licensure

There are numerous ways to implement a national licensure system in Canada. Provinces and territories could establish mutual agreements to recognize each other's medical licences. Alternatively, a centralized online platform could facilitate seamless transfer of necessary documents to all licensing bodies [2]. Canada could also emulate Australia's approach where every state has its own regulatory body, but physicians are allowed to practise anywhere in the country [13]. Constitutional lawyers have affirmed that a licensure framework similar to that of Australia would not violate the Canadian constitution [9]. Increasing physician mobility is a meaningful step towards improving healthcare access in Nunavut.

### Conclusion

Implementation of a national medical licensure is one piece of a larger puzzle. Long-term solutions require a holistic and interdisciplinary approach—one that simultaneously addresses social determinants and educational barriers. Housing, food security, early childhood development, mental health, language, and culture are major determinants of health for Inuit that must be reflected in the healthcare system [14]. Furthermore, there needs to be improved community-based medical infrastructure and educational programs to support the next generation of Inuit health professionals. Inuit communities can be best served by physicians and nurses who know the culture and language [15].

Medical transportation can no longer be our primary solution to Nunavut's healthcare challenges. Moreover, the history of harmful medical interventions in northern Canada has reinforced mistrust in the health system among Inuit [16]. Moving forward, it is important to prioritize Indigenous involvement in the development of healthcare policies. Alternative models such as telemedicine and recurrent locum physicians offer promising avenues for improving healthcare access. However, Canada's medical licensure system poses a significant barrier to their implementation. Establishing a pan-Canadian medical licensure will increase physician mobility and enhance access to care.

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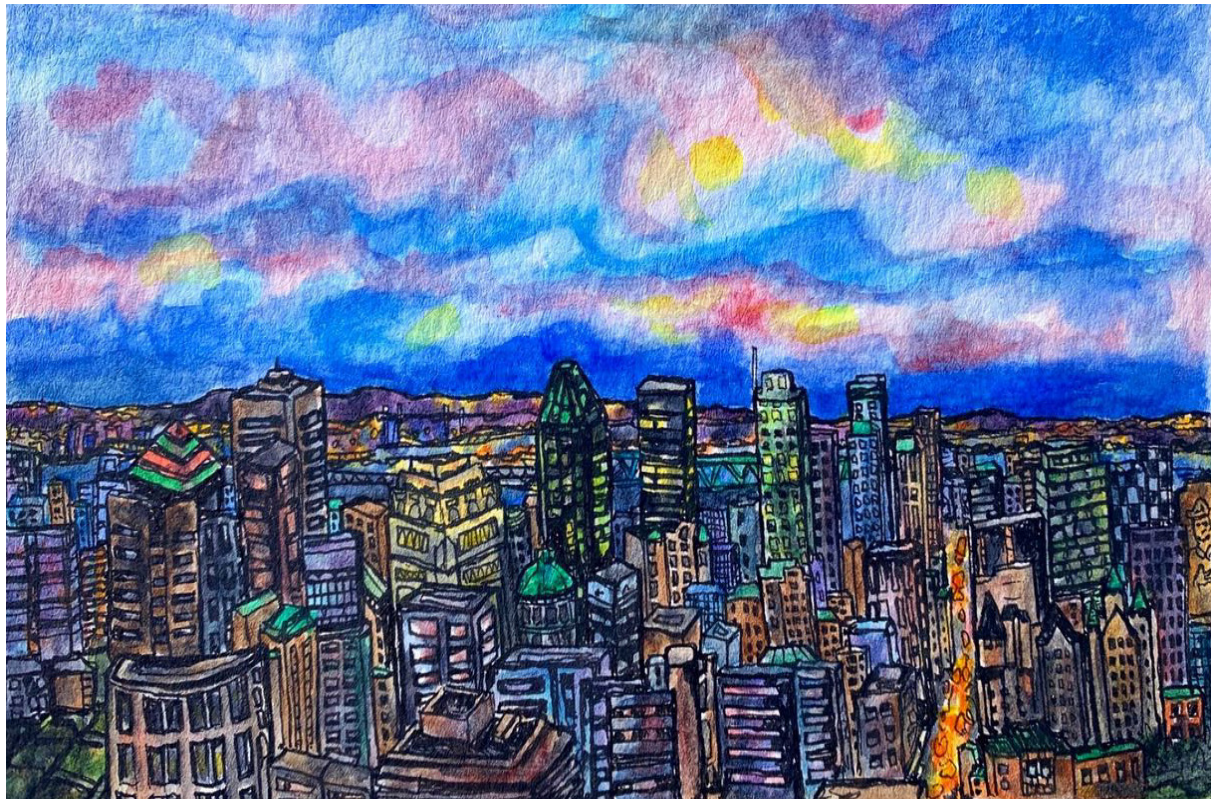


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