

# Two Canadian Provinces Lift Licensing Barriers for US Doctors

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Hoping to lure US physicians northward, the Canadian provinces of Nova Scotia and Ontario are now allowing those who are board certified to start practicing medicine immediately with full licensure. They'll no longer have to start with a limited license and take additional exams or be supervised for up to a year to become fully licensed.

Canada is experiencing an acute shortage of licensed physicians that's expected to intensify over the next decade. The shortfall is estimated to be about [44,000 physicians by 2028](#), with family doctors accounting for 72% of the deficit.

"Reducing licensing barriers should make Canada a more attractive option for US doctors who may be considering a move north," said Tom Florence, president of AMN Healthcare's Physician Solutions division, which recruits American physicians to work in Canada.

"Canada also has a truly expedited work visa process for qualifying physicians who have a job offer and wish to practice there," said Florence. It usually takes about 6 months compared with at least 18 months for Canadian physicians who want to work in the US, he said.

Few US-trained physicians work in Canada, which has a population of nearly 39 million. Just 812 of them practiced in Canada in 2019, the last year data was collected, according to the Canadian Medical Association.

But Canada may attract American physicians who find US medicine to be fraught with ethical dilemmas and restrictions from insurance companies and elected officials, said Theresa Rohr-Kirchgraber, MD, an internist and immediate past-president of the American Medical Women's Association.

"Rather than give up practicing medicine, a move to Canada may be a welcome respite for some US physicians," she said.

Physician recruiters in Ontario and Nova Scotia welcomed the news. About [13% of the population](#) is without a family doctor, according to [news reports](#).

A number of US physicians have started practice in Nova Scotia in recent years, said Katrina Philopoulos, Nova Scotia Health's director of physician recruitment. "I think this momentum will help us," she said.

Other Canadian provinces with physician shortages are also considering making similar changes. Alberta recently [announced a 5-year pilot project](#) to waive some licensing requirements for family doctors and general practitioners trained in Australia, Ireland, United Kingdom, and the US.

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## What Are the Pros and Cons of Working in Canada?

"Some US physicians may be attracted by a single-payer system in which all patients have access to coverage, but there are a range of drawbacks and benefits to consider in both systems," said Florence.

US physicians generally earn more than their Canadian counterparts, so income is not likely to be a draw, said Florence.

That appears to be the case for both family medicine physicians and specialists when comparing average net annual salaries. (To obtain Canadian salaries, [2021 gross income data](#) from the Canadian Institute for Health Information were used; 20% was deducted for operation costs; and Canadian dollars were converted into US dollars based on the current exchange rate.)

A family medicine doctor in Canada will earn an annual average salary of \$195,853 USD compared with \$236,000 in the US. A cardiologist in Canada will earn \$314,051 USD annually compared with \$459,000 in the US. A dermatologist in Canada will earn \$270,018 annually compared with \$394,000 in the US.

Everett Fuller, MD, an emergency medicine physician who moved from Texas to Nova Scotia in 2015 for his Canadian wife, recently wrote about the [pros and cons](#) of working there compared with the US. For him, it was a worthwhile move.

"It's getting back to making medicine and patient care the priority instead of the business of medicine," Fuller wrote.

"I have the comfort of knowing that a patient and their family will not go bankrupt trying to pay medical bills if I make a catastrophic diagnosis. There's no out-of-pocket cost, other than prescriptions (depending on their drug plan)."

Fuller also doesn't have to fight insurers for reimbursement or pre-approvals, and he pays much less for medical malpractice premiums in a less litigious environment, he said.

But he also mentioned a few negatives. Some treatment is rationed, which can lead to long wait times for patients to get appointments. Also, "hospitals aren't in it for the profit, so you're not going to get a CT, MRI, and cath lab in every hospital," he noted.

Florence doesn't think either system "offers a panacea for many of the challenges physicians face today. Even with reduced barriers to licensure, we do not anticipate an exodus to US physicians to the north."

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