



Red Tape
Research



PATIENTS BEFORE PAPERWORK

Jurisdictional update: Canadian progress on reducing the physician administrative burden

FEBRUARY 2024



Patients before paperwork

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Introduction

CFIB's 2023 *Patients Before Paperwork* report revealed that Canada's doctors spend approximately 18.5 million hours on unnecessary paperwork and administrative tasks each year—the equivalent of 55.6 million patient visits annually.¹ These findings underscore the critical issue of the physician administrative burden and the detrimental effects it has on our health care system.

As individual users of the health care system, Canadian small business owners care about the quality and availability of health care services. They, their families, and their employees are directly impacted by challenges that limit the ability to access care. Additionally, many physicians who own their own practice (typically family doctors) are also small business owners. CFIB data reveals that three in five (62%) business owners want governments to prioritize efforts to enhance the quality and accessibility of health care.²

Small business owners—including physicians—understand the adverse effects of red tape in lost time, productivity, and cost. In fact, according to a 2022 CFIB survey, 89% of respondents indicated governments should reduce unnecessary paperwork for physicians so they can focus on patient visits.³

Reducing physician administrative burden and red tape in health care is a low-cost way for governments to address some of the health care challenges they are facing, including access, wait times, and shortage of health care professionals. Eliminating just 10% of the unnecessary physician administrative burden could result in a time savings of 1.86 million hours—an equivalent of 5.6 million patient visits annually.

During Red Tape Awareness Week 2023, CFIB challenged the provinces, territories, and the federal government to commit to measuring and reducing the physician administrative burden in their jurisdiction. All jurisdictions, except for Saskatchewan, the Northwest Territories, Nunavut, and the federal government, have taken up CFIB's red tape challenge with differing levels of commitment. This report highlights initiatives undertaken by jurisdictions across the country to reduce the physician administrative burden, and red tape in health care more generally.

¹ CFIB. January 2023. Patients Before Paperwork. https://20336445.fs1.hubspotusercontent-na1.net/hubfs/20336445/research/reports/2023/Patients_Before_Paperwork_Report_2023.pdf.

² CFIB. Your Voice Survey - November 2023. November 2-20, 2023. n = 3,265.

³ CFIB. Your Voice Survey - November 2022. November 10-28, 2022. n = 3,030.

Jurisdictional scan: Progress to date

Yukon

In December 2023, the Yukon government launched its Health Human Resources (HHR) Strategy, an initiative aimed at developing a coordinated roadmap for the health care system in collaboration with key medical stakeholders. Led by the HHR Steering Committee, which includes organizations such as the Yukon Medical Association, the Yukon Medical Council and the Yukon Registered Nurses Association, eight working groups have been established. These working groups will focus on critical areas such as recruitment, engagement, housing, immigration, licensing, internationally educated health professional integration, data and planning, training, and emerging positions.⁴

Recognizing the challenges posed by health care worker shortages and to better support the HHR initiative, Yukon's Premier Pillai signed a letter of intent with Nova Scotia to support collaboration between the two jurisdictions. The letter outlines a commitment between the two governments to share best practices on recruitment, retention, and training of health care providers. It also includes the credentialing and licensing of internationally educated health providers.⁵ While the letter does not specifically mention physician administrative burden, conversations with the government indicate this will be part of the work they are undertaking.

British Columbia

In British Columbia (BC), the 2022-2025 Physician Master Agreement outlines a collaborative effort among the BC Ministry of Health, Doctors of BC, and the Health Authorities to establish an Administrative Burdens Working Group (ABWG). This group is tasked with identifying, reviewing, and solving problems and proposing recommendations to reduce or eliminate the administrative challenges faced by physicians.⁶ The BC Ministry of Health enlisted the support of the Patient Safety and Quality Council to provide a project team for the ABWG, assisting with stakeholder engagement, analyzing identified burdens, and evaluating the impact of recommendations.

⁴ Government of Yukon. December 13, 2023. News release: Government of Yukon, Yukon Hospital Corporation and health partners release new Health Human Resources Strategy to better meet Yukoners' needs. <https://yukon.ca/en/news/government-yukon-yukon-hospital-corporation-and-health-partners-release-new-health-human-resources-strategy>.

⁵ Government of Yukon. July 26, 2023. News release: Governments of Yukon and Nova Scotia to work together to enhance training, recruitment, retention and labour mobility for Health Human Resources. <https://yukon.ca/en/news/governments-yukon-and-nova-scotia-work-together-enhance-training-recruitment-retention-and-labour-mobility-health-human-resources>.

⁶ Government of BC. April 1, 2022. 2022 Physician Master Agreement. https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/consolidated_physician_master_agreement.pdf.

British Columbia has also taken steps to streamline health care red tape through its *International Credentials Recognition Act*.⁷ This legislation simplified the entry of internationally trained professionals, including some health care workers, into the workforce in British Columbia. The *Act* mandates 18 regulatory bodies in the province to eliminate barriers, thereby facilitating credential recognition. This not only reduces red tape, but also addresses labour shortages in specific sectors. We encourage the BC government to continue to remove labour mobility barriers for both domestic and international health care workers.

Alberta

In October 2023, Alberta's Minister of Health Adriana LaGrange signed a Memorandum of Understanding (MOU) with the Alberta Medical Association to collaborate on actions to better support physicians practising primary health care.⁸ According to the government, the MOU will enable ways to reduce and modernize the administrative burden on family physicians to allow them more time with their patients.

Alberta has also shown initiative in reducing the administrative burden in health care through its launch of Connect Care. Connect Care, implemented between November 2019 and November 2024, aims to aid Alberta's health care providers with centralized access to up-to-date patient information and best practices. While this initiative is designed to improve access to medical information, saving time for medical professionals and patients, it is important to acknowledge that the implementation of such initiatives demands a considerable amount of administrative effort and extended hours from physicians and other health care staff to learn, transfer information, and put the system into practice.

We encourage the Alberta government to continue its initiatives to reduce the physician administrative burden, but also ensure there is measurement in place to determine the impact that such initiatives are having on saving physicians' time.

Manitoba

Manitoba is also fully committed to its initiatives to measure and reduce the physician administrative burden. Following the release of CFIB's *Patients Before Paperwork* report, the Manitoba government announced a Joint Task Force to Reduce the Administrative Burden on Physicians

⁷ Government of British Columbia. November 9, 2023. News release: New act streamlines credential recognition for internationally trained professionals. <https://news.gov.bc.ca/releases/2023PREM0063-001750>.

⁸ Government of Alberta. October 18, 2023. News release: Strengthening health care: Improving access for all. <https://www.alberta.ca/release.cfm?xID=89130A33A097F-B957-5076-015EB74C99805C4E>.

in March 2023.⁹ Members of the task force include Doctors Manitoba, the Manitoba government, several physicians representing Manitoba Health, and a CFIB representative.

The Task Force has measured the administrative burden in Manitoba and found it to be consistent with other estimates at 10.1 hours per week per physician with 44% considered unnecessary. An initial goal to reduce 10% of the unnecessary burden was set. The Task Force has identified the top unnecessary administrative burdens that could be eliminated, streamlined, clarified, or delegated to someone else and has engaged organizations locally and nationally responsible for these administrative tasks to work on improvement with positive results. Resources have been developed to support burden reduction initiatives, with over a dozen projects already underway.

An initial progress report was released in Spring 2023, with an additional report anticipated in early 2024 to measure progress on the initial goal of a 10% reduction, with further reduction targets expected.¹⁰

While the initial mandate of the Task Force was set to end in December 2023, it has been extended. The new Physician Services Agreement reached last year between the government and Doctors Manitoba includes a commitment to continue the collaborative work to reduce these burdens in the years ahead.

Ontario

In the summer of 2023, the Ontario government implemented the *Your Health Act* that introduced first-in-Canada “As of Right” exemptions for health care workers registered in any other Canadian province or territory.¹¹ The exemptions allow health care professionals, including physicians, nurses, respiratory therapists, and medical laboratory technologists, to start working in Ontario without having to complete their registration with one of Ontario’s health regulatory colleges. Qualifying health care workers can work for up to six months in Ontario before completing their registration, meaning that they can work and provide care during their application process, rather than having to wait for approvals. Under the regulations, out-of-province physicians have six months from the point of application to practise in Ontario without a licence.

⁹ Government of Manitoba. March 24, 2023. News release: Manitoba government announces members of joint task force to reduce administrative burdens on physicians. <https://news.gov.mb.ca/news/?archive=&item=58526>.

¹⁰ Joint Task Force to Reduce Administrative Burdens on Physicians. May 30, 2023. Progress Report #1. <https://assets.doctorsmanitoba.ca/documents/Admin-Burden-Progress-Report-May-30.pdf>

¹¹ Government of Ontario. January 19, 2023. News release: New “As of Right” Rules a First in Canada to Attract More Health Care Workers to Ontario. <https://news.ontario.ca/en/release/1002650/new-as-of-right-rules-a-first-in-canada-to-attract-more-health-care-workers-to-ontario>.

In addition to this great initiative, Ontario's Minister of Red Tape Reduction (Hon. Parm Gill) introduced Ontario's 12th red tape reduction package in October 2023, which includes a measure to streamline and reduce the paperwork demands on physicians to free up their time. Across government and in collaboration with the Ontario Medical Association, the Ontario government is reviewing key forms to simplify, minimize duplication, and identify opportunities for digital solutions. According to the Ministry, improving Ontario's government forms will free up as much as 95,000 hours each year for physicians to put back into their practices.¹²

Quebec

Before CFIB issued its challenge to governments, in 2021, the Fédération des médecins omnipraticiens du Québec (FMOQ) conducted a survey measuring the time Quebec's family physicians spend, on average, filling out forms (an average of 9.7 hours per 40-hour workweek).¹³ FMOQ President Dr. Marc-André Amyot pledged to reduce the administrative burden by working with FMOQ partners to free up 18,000 physician hours, or 2 hours per physician per week. This collaboration resulted in two solutions: the standardization or abolition of certain forms, and the revision of administrative rules and responsibilities with other professionals. Since then, three working groups have been formed to carry out this promise. CFIB looks forward to an update from the Quebec government and FMOQ as to the progress they have made on their solutions.

Nova Scotia

Nova Scotia leads the country in initiatives to measure and reduce physician administrative burden. The province was the first in the country to measure its physician administrative burden and set an initial 10% reduction target (50,000 hours); a target that was expanded to 80% (400,000 hours) in 2023. Since being elected in 2021, it has been Premier Tim Houston's main priority to improve health care in the province and he has publicly stated that he wants to see 100% of the unnecessary burden eliminated.¹⁴ To initiate its work, the government implemented the *Patient Access to Care Act* in March 2023, which includes red tape reduction measures such as interprovincial recognition of health care workers' licences and registrations. The *Act* makes it quicker and easier for health care workers to come to Nova Scotia from other parts of Canada and allows government control over Workers' Compensation Board forms and documents.¹⁵

¹² Government of Ontario. October 2023. Less Red Tape, More Common Sense. https://www.ontario.ca/files/2023-10/red_tape_fall_2023_eng_oct_20_2023.pdf.

¹³ Le Médecin du Québec. December 20, 2022. Les douze travaux de la FMOQ.

¹⁴ CBC. February 7, 2023. N.S. premier wants bigger reductions in unnecessary paperwork for doctors. <https://www.cbc.ca/news/canada/nova-scotia/doctors-medical-red-tape-paperwork-health-care-tim-houston-1.6739687>.

¹⁵ Government of Nova Scotia. March 21, 2023. News Release: Legislation to Improve Patient Access to Care, <https://novascotia.ca/news/release/?id=20230321001#:~:text=The%20Patient%20Access%20to%20Care,to%20work%20in%20Nova%20Scotia>.

Nova Scotia’s Office of Regulatory Affairs and Service Effectiveness released a progress report on its efforts in November 2023, including a record of how many hours each initiative saves. The report identifies over 45 initiatives that are either completed or underway to reduce red tape—with a saving of 200,000 hours annually.¹⁶ According to the report, the completed initiatives that have saved physicians the most hours when it comes to red tape burden have been: limiting the use of sick notes—first jurisdiction to do so (over 67,700 hours saved); enabling the use of physician assistants in the health care system (over 51,200 hours saved); and expanding the scope of practice for pharmacists (over 23,300 hours saved).¹⁷ Even more recently, Premier Houston has stated that the province has met approximately two thirds of its expanded reduction target, and saved an estimated 250,000 hours.¹⁸

Newfoundland and Labrador

Just prior to CFIB issuing its 2023 Red Tape Challenge, the Government of Newfoundland and Labrador, in collaboration with the Newfoundland and Labrador Medical Association (NLMA), formalized its joint efforts through the signing of a shared agenda.¹⁹ This comprehensive document highlights a series of high-priority issues, with an emphasis on measuring and reducing administrative burden challenges faced by family physicians.²⁰

The Newfoundland and Labrador government launched a survey targeted at physicians to pinpoint their foremost concerns. The survey revealed that the major issues centred around the Newfoundland and Labrador Prescription Drug Program forms and Electronic Medical Records. Subsequently, a committee comprised of representatives from medical associations, Health and Community Services, and health services was formed. The group collaboratively explores strategies to reduce the administrative burdens associated with those tasks. The overarching goal is to enhance workplace satisfaction, reduce stress, and improve capacity.

Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador: Atlantic Physician Registry

¹⁶ Government of Nova Scotia. November 2023. Patients before Paperwork: Reducing Red Tape for Physicians. <https://beta.novascotia.ca/sites/default/files/documents/1-3600/patients-paperwork-reducing-red-tape-physicians-november-2023-en.pdf>.

¹⁷ Under Nova Scotia’s *Medical Certificates for Employee Absence Act*, employers are only allowed to request sick notes after two illness-related absences of five days or less, over the last year.

¹⁸ Houston, Tim (@TimHoustonNS). “We are helping doctors see more patients faster by reducing red tape. Our doctors were spending 400,000+ hours a year on forms and paperwork. That’s why our government cut 250,000 hours of red tape last year alone. We’ll continue to make our healthcare system more efficient to deliver more care, faster.” Twitter, January 5, 2024, <https://x.com/TimHoustonNS/status/1743301056556061085?s=20>.

¹⁹ Government of Newfoundland and Labrador. January 6, 2023. News release: Provincial Government and NLMA Sign Shared Agenda for Family Medicine. <https://www.gov.nl.ca/releases/2023/health/0106n01/>.

²⁰ Government of Newfoundland and Labrador. January 2023. Shared Agenda for Family Medicine. <https://www.gov.nl.ca/hcs/files/Shared-Agenda-for-Family-Medicine.pdf>.

The Atlantic provinces (Newfoundland and Labrador, New Brunswick, Nova Scotia, and Prince Edward Island) have made great strides to reduce red tape for health care in their provinces through the launch of the Atlantic Physician Registry on May 1, 2023.²¹ The Registry allows physicians registered in one of the four Atlantic provinces to practise in all the others without registering in each province individually. The annual fee for the Registry is \$500 and replaces all fees associated with temporary or locum licences for each of the Atlantic provinces.

Previously, Atlantic physicians had to submit a full separate application to each provincial college, including a registration fee, to obtain a licence to practise in that province. For example, a doctor licenced in New Brunswick with verified credentials would have had to fill out a 16-page application to receive a temporary licence in Nova Scotia. They would also have been required to pay \$300 in fees for the initial application, and an additional \$354 per 30 days, up to 180 days, maxing out at \$2,124. If the same doctor wanted to apply for licences in Newfoundland and Labrador and Prince Edward Island, they would also have incurred fees of \$1,895 and \$2,125, respectively, for a total of \$6,144. In addition to the financial savings, the Nova Scotia government estimates doctors will save 190 hours and dozens of pages of paperwork thanks to the Registry.²²

Standardizing medical licences across the Atlantic region promotes physician mobility and can help mitigate the shortage of physicians in certain regions. CFIB highly commends this effort and encourages all provinces and territories to follow suit and reduce labour mobility barriers in health care.

Conclusion & recommendations

While numerous initiatives are underway across the country, certain jurisdictions have quite a way to go to effectively alleviate the unnecessary administrative burden on physicians and red tape in health care. Nova Scotia and Manitoba are leading the way on reducing administrative burdens for physicians, having achieved significantly more progress than the rest of the country. Other jurisdictions should look to these provinces as impressive examples to draw inspiration from. Ontario, Quebec, and Newfoundland and Labrador have implemented positive initiatives to reduce red tape in health care but require measurement and the setting of a reduction target to make a real difference on the ground for physicians and health care. British Columbia, Alberta, and the Yukon show promising progress through the announcement of recent initiatives but require additional time and effort to reach the forefront. New Brunswick and Prince Edward Island are exhibiting

²¹ Council of Atlantic Premiers. May 1, 2023. News Release: Atlantic Physician Registry Launches. <https://cap-cpma.ca/atlantic-physician-register-launches/>.

²² Government of Nova Scotia. November 2023. Patients Before Paperwork: Reducing Red Tape for Physicians. <https://beta.novascotia.ca/sites/default/files/documents/1-3600/patients-paperwork-reducing-red-tape-physicians-november-2023-en.pdf>.

commendable intentions through their commitment to the Atlantic Physician Registry, but these provinces are now encouraged to shift their focus towards implementing measurement and reduction initiatives. The remaining jurisdictions—the federal government, Saskatchewan, the Northwest Territories, and Nunavut—are falling behind and have yet to make efforts to measure or reduce the physician administrative burden. CFIB continues to urge all governments to pursue physician administrative burden reduction, aligning with our five core recommendations on the matter:

1. Measure the total physician administrative burden.
2. Identify the impact of the physician administrative burden.
3. Identify the sources of physician administrative burden and top irritants to resolve.
4. Set a reduction target (such as 10%) and identify short-, medium-, and long-term actions to achieve the target. Publicly report on progress annually.
5. Assign responsibility for physician red tape reduction to a specific entity with dedicated resources to begin the work.

