

POLICY BRIEF: Thousands of Health Care Workers Leaving Canada's System

Colin Craig & Dom Lucyk | June 2023



Executive Summary

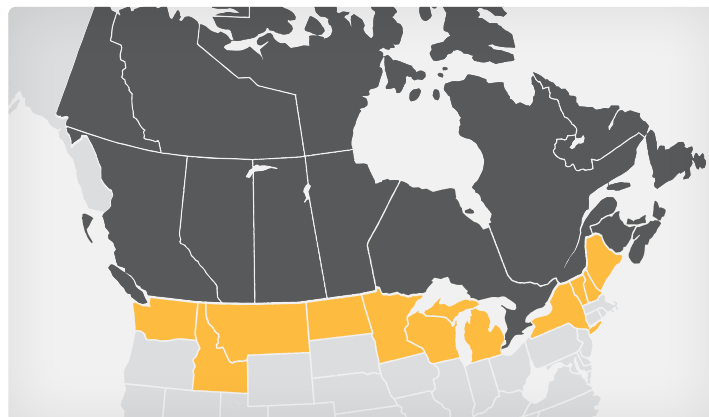
According to research by the Angus Reid Institute, over 6 million Canadians do not have a family doctor.¹ At the same time, provincial governments routinely report having shortages of nurses. These shortfalls have caused adverse effects to patients.

When it comes to filling these vacancies, public discourse tends to focus on recruiting staff from other jurisdictions and training more workers in Canada. While these two approaches can be effective, one option that is talked about less frequently is the potential to recruit health care workers who live in Canada, but commute to the United States for work. Further, governments could also focus on convincing health workers to stay and work in Canada instead of leaving for the United States.

In April 2023, SecondStreet.org released a policy brief that examined the number of Ontario nurses who commute regularly to work in Michigan. This policy brief builds on that research by looking at licensing data for both nurses and doctors from the states along Canada's southern border. SecondStreet.org acquired the data through Freedom of Information (FOI) requests or public databases. In addition, data was obtained by the *Commission on Graduates of Foreign Nursing Schools (CGFNS)*, a national organization that confirms an applicant's credentials before working as a nurse in the United States.

Highlights from this research include:

- States along the Canada/U.S. border have issued licenses to 8,909 nurses and 879 doctors (who have Canadian mailing addresses) for a total of 9,788 workers. It is unclear how many actually commute to the U.S. for work, but research into Canadian nurses working in Michigan shows this number can be quite high, at 63% in that state.



- These figures are underreported as data was unavailable for North Dakota, Minnesota and New Hampshire, while Washington State only had data for nurses.
- Border states issued the most licenses to doctors and nurses with mailing addresses in Ontario (6,655), British Columbia (901), Alberta (851) and Quebec (510). Even if these workers do not work in the U.S., it's clear they've shown a strong interest in leaving Canada's health care system.
- A report released by the *Commission on Graduates of Foreign Nursing Schools (CGFNS)*, the body responsible for verifying qualifications for nurses moving to the U.S. from other countries, shows that approximately 2,550 Canadian nurses received the necessary certification to work in the U.S. in 2022 alone. While it's unclear if each of these nurses decided to go through with working in the U.S., it shows that there is a significant interest among nurses to leave the Canadian system.

The loss of Canadian health care workers to the United States is significant. It is quite likely that the figures noted above would rise significantly if all U.S. states were included – not just border states.

Provincial governments could work to improve their employment offerings in an attempt to convince more health care workers to remain in Canada. Further, Canada's growing segment of private health care clinics, including those contracted by the government to provide services to the public, offer workers more choice and might be able to provide the types of contracts and working conditions that staff are seeking.

Background

In April 2023, SecondStreet.org released a policy brief that examined the number of nurses who live in Canada, but work in Michigan.²

The research was partly inspired by critics who condemned the Ontario government's January 2023 announcement on partnering with private and non-profit clinics to reduce the province's surgical backlog. Many observers raised concerns about where those clinics would find staff. This led SecondStreet.org to investigate how many health care workers currently live in Ontario and work in the U.S.

This report builds on that research by analyzing available data from all border states and includes data from the *Commission on Graduates of Foreign Nursing Schools (CGFNS)*, the body responsible for verifying qualifications for nurses moving to the U.S. from other countries.

Methodology

Beginning in February 2023, SecondStreet.org contacted licensing authorities in U.S. border states to request information on the number of Canadian doctors and nurses working in their state.

Since these licensing agencies collect the mailing address of every applicant, it was relatively simple to acquire a full list of licensees, and sort the data of those with Canadian addresses.

The data for this report was acquired either through purchasing a mailing list, filing a *Freedom of Information request*, or using already publicly available data. Most states provided mailing addresses for each licensee by province.

In several states, nurses and doctors were licensed by separate agencies. Our *Freedom of Information* requests to nursing agencies included the following language, while a similar request was made to agencies that license physicians:

"We are trying to determine how many Canadians are currently working as nurses in the state. Could you please indicate how many nurses are currently registered in the state with mailing addresses or residence addresses in Canada? ("Nurses" would include: licensed practical nurses, registered nurses, nurse practitioners, nurse anesthetist, clinical nurses, nurse midwives, etc.)."

SecondStreet.org was able to collect data from Washington, Idaho, Montana, Michigan, Ohio, Pennsylvania, New York, Vermont and Maine. State agencies in North Dakota and Minnesota were unresponsive to our requests, while New Hampshire refused to provide data. Washington State only supplied data for nurses.

Further, SecondStreet.org obtained data from the *CGFNS*, the body responsible for verifying qualifications for nurses moving to the U.S. from other countries.

Results and Analysis

Data obtained from the aforementioned border states shows they have issued licenses to 8,909 nurses and 879 doctors with Canadian mailing addresses for a total of 9,788 workers.

Focusing on nurses, the research shows that border states have issued the most licenses to nurses with mailing addresses in Ontario (6,009), British Columbia (843), Alberta (801) and Quebec (451). These are also Canada's most populous provinces, although Quebec came in fourth place despite being the province with the second highest population. This could be due to language barriers, Quebec's robust private health care industry (providing more opportunities to retain nurses) or a combination of the two.

Readers should take note that it is not clear how many of these workers actually work in the United States.

While researching our April 2023 report that specifically examined Ontario nurses working in Michigan, SecondStreet.org learned that many Ontario nurses had active licenses in Michigan but were not currently working south of the border. Some had retired, returned to Canada or were planning to leave the Canadian system in the future.

After surveying Ontario nurses with Michigan licenses, the data showed 63% lived in Ontario and commuted to Michigan for work. A further 8% indicated they were hoping to work in the U.S. in the future. It should also be noted that some workers moved from Canada altogether, but had yet to change their address.

Table 1

Nursing Licenses Issued by Border States with Canadian Mailing Addresses

	WA	ID	MT	MI	OH	PA	NY*	VT	ME	TOTAL
BC	354	13	19	26	0	0	427	4	-	843
AB	139	4	59	34	2	6	551	6	-	801
SK	11	3	19	11	0	0	134	1	-	179
MB	12	1	2	4	0	0	266	0	-	285
ON	169	9	30	3,016	3	21	2,739	22	-	6,009
QC	5	2	5	9	0	2	394	34	-	451
NS	5	1	1	4	0	1	138	1	-	151
NB	9	1	1	1	0	0	37	1	-	50
NL	0	0	1	3	0	0	14	0	-	18
PE	0	0	0	1	0	0	14	0	-	15
NT	1	0	0	1	0	0	7	0	-	9
YT	2	0	1	1	0	0	2	0	-	6
NU	0	0	0	1	0	0	1	0	-	2
Subtotal	707	34	138	3,112	5	30	4,724	69	0	8,819
Unspecified	0	0	0	0	0	0	2	0	88	90
TOTAL	707	34	138	3,112	5	30	4,726	69	88	8,909

State abbreviations for reference: Washington (WA), Idaho (ID), Montana (MT), Michigan (MI), Ohio (OH), Pennsylvania (PA), New York (NY), Vermont (VT) and Maine (ME)

*The total from New York is likely higher than noted in this table as the location of some entries were unclear due to an entry error from the licensing agency.

Table 2

Doctors' Licenses Issued by Border States with Canadian Mailing Addresses

	WA	ID	MT	MI	OH	PA	NY*	VT	ME	TOTAL
BC	N/A	0	7	27	5	6	13	0	–	58
AB	N/A	0	7	13	6	8	16	0	–	50
SK	N/A	0	2	2	0	1	6	0	–	11
MB	N/A	0	0	2	0	2	2	0	–	6
ON	N/A	0	1	313	42	43	247	0	–	646
QC	N/A	1	1	7	0	5	45	0	–	59
NS	N/A	0	0	3	1	1	2	0	–	7
NB	N/A	0	1	4	1	5	1	0	–	12
NL	N/A	0	0	0	0	2	0	0	–	2
PE	N/A	0	0	0	0	0	0	0	–	0
NT	N/A	0	0	0	0	0	0	0	–	0
YT	N/A	0	0	0	0	0	0	0	–	0
NU	N/A	0	0	0	0	0	0	0	–	0
Subtotal	N/A	1	19	371	55	73	332	0	0	851
Unspecified	N/A	0	0	0	0	0		0	28	28
TOTAL	N/A	1	19	371	55	73	332	0	28	879

**The total from New York is likely higher than noted in this table as the location of some entries were unclear due to an entry error from the licensing agency.*

Similar to the data for nurses, border states issued the most licenses to doctors with mailing addresses in Ontario (646), Quebec (59), British Columbia (58) and Alberta (50). Overall, the number of doctors with Canadian mailing addresses is far fewer than the total for nurses. This is likely due to the fact that health care systems typically have far more nurses than doctors.

Readers should note this research sought to examine health care workers who have Canadian mailing addresses and licenses to practice in U.S. border states. It does not include data on the many Canadian health care workers who moved to U.S. border states years ago, and no longer have Canadian mailing addresses. These figures also do not include cases where Canadian health care workers live beyond border states – California, Florida, Texas, etc, or other countries, such as France and Australia.

New York (5,058), Michigan (3,483) and, to a lesser degree, Washington (707), issued the most licenses to nurses and doctors with Canadian mailing addresses. Windsor and the Niagara Falls region both have sizeable populations and close proximity to the border, allowing nurses and doctors to commute relatively easily. It's also quite likely that at least some nurses and doctors living in the White Rock and Abbotsford areas in British Columbia commute to nearby U.S. communities such as Bellingham, Washington. Abbotsford, with a population of approximately 195,000, is about an hour's drive from Bellingham – a community with a population of approximately 228,811 in the metro area.^{3 4}

An interesting point to note is the nearly even split in Washington between nurses with a B.C. address (354), and nurses with an address somewhere else in Canada (353). In Michigan, we observed the opposite – only about 3% of licensees provided mailing addresses outside of Ontario.

As noted earlier, SecondStreet.org reached out to the *Commission on Graduates of Foreign Nursing Schools (CGFNS)* for data on the number of Canadian nurses working in U.S. border states. Again, this is the licensing body that confirms the credentials of nurses who wish to work in America. According to the *CGFNS Nurse Migration Report 2022*, roughly 2,550 Canadian nurses received the necessary certification to work in the U.S. that year alone. Unfortunately, the CGFNS did not respond to SecondStreet.org's request to provide a breakdown by province.

It's unclear how many of these nurses decided to work in the U.S., but it shows that there is a significant interest among nurses to leave the Canadian system. The application cost to have credentials confirmed with the CGFNS is \$450 (USD) so this would not be an application a typical nurse would file if they weren't serious.⁵ On top of this are state licensing fees which vary by jurisdiction.

To put 2,550 nurses into perspective, that's roughly half the number of nurses employed by the University Health Network in Toronto ([4,565 nurses](#)).⁶

Policy Implications

As noted previously, research by the Angus Reid Institute found that over 6 million Canadians do not have a family doctor. Provincial governments routinely report having shortages of nurses as well.

For example, in January 2023, Nova Scotia Health [reported that](#) 18 hospital units across the province had nurse vacancy rates of 50 per cent or higher (meaning these hospitals had half the staff they needed to operate normally). At the Cape

Breton Regional Hospital, the vacancy rate went as high as 80 per cent.

Also in January 2023, the [New Brunswick Nurses Union claimed](#) there were roughly 1,000 vacant nursing positions across the province. The shortage in that province has gotten to the point that Vitalité Health Network has started to attempt to recruit nurses from Quebec.

In March 2023, the Registered Psychiatric Nurses Association of Saskatchewan [called the province's staff shortage](#) "a public safety issue, a patient safety issue."

Also in March 2023, the Financial Accountability Office of Ontario noted:

*"Ontario is currently experiencing shortages of nurses and personal support workers (PSWs), which is projected to persist through the FAO's six-year forecast period. Even with government measures to increase the supply of nurses and PSWs, by 2027-28, the FAO projects a shortfall of 33,000 nurses and PSWs."*⁷

It's clear that staff shortages are a contributor to many problems with Canada's government-run health care system.

This research shows there is an opportunity for government-run health providers to convince some of these health care workers to work in Canada instead of commuting to the United States or, in the case of those who haven't left yet, convince them to stay.

Intuitively, one might expect that health care staff are working abroad as it's more lucrative financially. In some cases, that is true. But SecondStreet.org's [2023 survey of Ontario nurses working in Michigan](#) found that availability of work was the top reason why they left. Many were offered part-time positions in Canada which didn't provide benefits. This meant nurses would have to constantly accept additional shifts to reach the equivalent of full-time hours. As the shifts aren't always known ahead of time, it makes it difficult for these nurses to

plan their lives. Many nurses informed SecondStreet.org that they wanted the stability of full-time work with a predictable schedule - something they found in U.S. facilities.

It's not just government hospitals that could work to retain or recruit health care workers. More and more provinces are partnering with privately-run, government-funded clinics to help provide surgeries and other health care services. Not only is this positive for patients, as this policy can reduce wait times, it also gives doctors and nurses more options in terms of where to work.

Private clinics might be able to offer the compensation packages and work arrangements these Canadians working at private facilities in the U.S. prefer.

It's also worth noting that improving the government-run system, and encouraging more private options, might prevent some doctors and nurses from leaving the health care field altogether. According to a [December 2022 survey](#) from Blu Ivy Group, a Toronto-based marketing firm, around 7 in 10 doctors and nurses plan to leave the field in 2023. Offering more and better options for health care staff could be crucial in convincing them to stay in the industry.

While most provinces don't have a large pool of nurses and doctors who are commuting to the U.S. to potentially recruit from, all provinces have the potential to convince staff who want to move to the U.S., to stay and work at home. This research reinforces that Canadian health care professionals have a skillset that is welcomed all over the world, and Canadians are exploring work elsewhere. Indeed, SecondStreet.org research shows that New York state, as one example, has issued licenses to Canadians from every province and all three territories.

Conclusion

U.S. border states have issued nearly 10,000 licenses to nurses and doctors with Canadian mailing addresses. Limitations with comprehensive data availability indicate this number is underreported. Considering staff shortages across Canada, this loss is not insignificant.

There is a tremendous opportunity for government-run health care facilities to convince these health care workers to work in Canada instead of commuting to the United States or moving there altogether.

Similarly, Canada's growing private health care sector means more choices for health care workers. Private clinics could also work to recruit some of these workers and perhaps provide the work arrangements and compensation these workers are seeking.

About the Authors

Colin Craig is President of SecondStreet.org. He has an MBA and a BA (Economics) from the University of Manitoba and is the author of *The Government Wears Prada*, a book that examines how governments could be more cost-effective. Most recently, Colin authored several chapters for the eBook, *Life After COVID: What's next for Canada?* He has contributed to public policy changes at the federal, provincial and municipal levels in Canada and was awarded the Queen Elizabeth II's Platinum Jubilee medal in 2022 for his public policy work.

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