



protest when he returned home to announce his intentions. College Registrar Ken Brown said the idea held little merit. "I question how Mr. Praznik plans to fast-track new foreign recruits into the system," he said.

Dr. Diane Biehl, associate dean of postgraduate medical education at the University of Manitoba, said it would be difficult to assess the quality of the German graduates because of the number of East German physi-

cians trained before unification. "There is also the language barrier to consider," she added. "If we want to guarantee excellence and solve the physician shortage, we should be graduating more Canadian physicians from Canadian schools."

Participants at a meeting attended by representatives from the college and medical school agreed that a handful of foreign-trained doctors could see patients. "This would allow

us to assess their skills," Brown said. However, New Democrat health critic Dave Chomiak, backed by foreign medical graduates, said the proposal is unfair to 20 foreign-trained physicians who have passed parts 1 and 2 of their qualifying exams and are willing to work anywhere in Manitoba. He also wants the government to pay the cost of training a further 30 foreign-trained physicians living in Manitoba if they agree to work in re-

## Focus changing at children's hospitals

Dozens of hospitals have closed across Canada in the past 5 years, but the country's children's hospitals appear to have survived the cuts. Alberta, Ontario, British Columbia and Nova Scotia have all opted to keep their children's hospitals open, and Newfoundland is about to lay the foundation for a new facility.

However, speakers at a recent conference of the Canadian Association of Paediatric Hospitals (CAPH) said that in the future these hospitals will differ from today's stand-alone facilities. Indeed, many of them are already transforming themselves into facilities for children *and* mothers. This merger of services increases an institution's pool of patients and can have a significant impact on quality of care. Montreal's Hôpital Ste-Justine, which pioneered this concept in Canada in 1970, now treats one-third of all problems involving neonatal patients in Quebec. The hospital handled 1626 deliveries in 1972, but by 1996 it was dealing with 4056 births, of which 15% were premature by at least 4 weeks.

Similar maternal- and child-health facilities have been established at the IWK Grace Health Centre in Halifax and the BC Women's and Children's Hospital in Vancouver. In Ontario, both the

Hospital for Sick Children (HSC) in Toronto and Ottawa's Children's Hospital of Eastern Ontario (CHEO) are taking a different tack. Both have established "networks" to integrate the clinical services they offer into additional services for children.

HSC has taken a strictly clinical, top-down approach: it is promoting itself as the "hub" for pediatric medicine and developing satellite expertise in particular conditions in other Toronto-area hospitals. Meanwhile, CHEO has taken a community-focused, bottom-up approach.

Changes within the sector have given CAPH a renewed sense of momentum and will probably lead to a name change to reflect the move away from bricks-and-mortar definitions of health care.

Restructuring is leaving some scars. Mergers between hospitals for children and women have disrupted old loyalties and involved huge amounts of paperwork and reorganization. Neonatologist Eli Rees said the Halifax merger needed 25 subcommittees to handle the change within his department alone, and the merger is still incomplete. "A true feeling of unity is still to come," he says.

Participants agreed that it is hard



to gauge whether the new approaches are successful, since few reliable measures of outcome are available. No evidence suggests major financial savings, and reorganization triggers many challenges. For instance, how should the free flow of information be handled among multiple caregivers? How far can health care networks evolve within the present system of physician remuneration?

Still, it seems most Canadians remain satisfied with the health care provided for their children. This is true even in Alberta, where a radical restructuring has included major spending cuts. — © Charlotte Gray (CMAJ contributing editor and vice-chair, CHEO Board of Directors)