"This is where it's happening": Alberta becomes a medical magnet

Dr. Barbara Ballermann emigrated to a small town near Lethbridge, Alta., from Germany in the mid-1960s and earned science and medical degrees in Alberta, but like many budding specialists she left Canada for the US so she could continue her research in nephrology.

She pursued her passion south of the border for 2 decades, and in the process earned an international reputation. Then she tried for 7 years to return to Canada, but could not find a job that balanced clinical and laboratory work. The futility ended this spring.

"When Tom Marrie called, I remember telling him I'd only be interested if research was a major component," says Ballermann of her initial contact with the chair of the University of Alberta's Department of Medicine. "He said, 'That's exactly what we want.' "

Ballermann is one of dozens of high-profile specialists who have recently relocated to Alberta. In Edmonton alone, the number is 25 in 18 months. The new arrivals cite many reasons for moving, including the calibre of facilities here, the youthful and vibrant atmosphere and, in particular, a flexible pay system that compensates physicians for research, administration and teaching.

Data from the Canadian Institute of Health Information indicate that Alberta is indeed becoming a medical magnet. In September it announced that the province had a net gain of 113 physicians from other provinces in 2002. Only 2 other provinces — British Columbia (58) and Ontario (2) — enjoyed gains.

One reason for Alberta's recruiting successes is its alternative funding plans (AFPs), which mean that an increasing number of physicians can negotiate contracts outside the constrictive fee-for-service model. Strictly speaking, AFPs have been available for years across the country, but Alberta has tried to make them widely available. When coupled with the province's relative wealth and hunger for world-class recognition in medical research, AFPs are becoming the icing on the research cake.

For example, the work of Dr. Patricia Massicotte, a specialist in pediatric thrombosis from the Hospital for Sick Children in Toronto, was considered so unique and desirable to Edmonton's Capital Health Region that it agreed to relocate her entire research team — including the nurse and administrative assistant — to Alberta.

Massicotte said she was attracted by the facilities, including the Alberta Heart Institute, a $125-million centre of excellence scheduled to open in 2005. "They pulled together an amazing offer," she said. "It's almost too good to be true — they basically said, 'You tell us what you need and let's negotiate.' And there wasn't a lot of negotiation."

Another defector from Ontario is Dr. William Dafoe, a cardiac rehabilitation specialist and former director of the Ottawa Heart Institute who is now director of the Northern Alberta Cardiac Rehabilitation Program in Edmonton.

However, the cochair of a federal task force on physician human resources is worried that less affluent provinces will suffer in the process. "It underscores very strongly the importance of creating a national institute for health human resources to create a level playing field across the country," says Toronto surgeon Hugh Scully.

Leading the recruiting competition for Alberta are people like Dr. Brent Scott, who took 2 years to negotiate AFPs for 24 new pediatricians in Calgary — effectively doubling their number. So far he's recruited 17 young specialists and subspecialists from Canada, the US and Europe.

Scott, who heads pediatrics for the Calgary Health Region and the University of Calgary, says Alberta Health came on board after he convinced officials that collaboration, education, outreach, eliminating fee-for-service competition and maximizing a specialist's time would make pediatric practices more efficient.

"The work atmosphere is far different than it was 2 years ago," says Scott. "People are involved, enthusiastic, have control over their life."

Dr. Gregory Cairncross, who holds the Alberta Cancer Foundation Chair in Brain Tumour Research and heads clinical neurosciences at the University of Calgary, has no regrets about moving west from London, Ont., last year.

"This is where it's happening. The whole place, including the health care system, is in high gear. It reflects the community it's in, both in attitude and resources. It's more than money. It's the excitement and being part of something successful." — *Lisa Gregoire*, Edmonton

Art Explosion

This is the life

Firearm deaths decline

Canada's homicide rate rose slightly in 2002, but the proportion of these deaths attributed to firearms fell to its lowest level (26%) since data were first gathered in 1961. The homicide rate of 1.85 per 100 000 people marked a 4% increase from 2001, largely because the deaths of 15 women in British Columbia, which had occurred earlier, were not reported until 2002. Canada's rate is similar to those in Australia and France, and one-third of the US rate.

Statistics Canada says 582 homicides were reported in Canada last year — 65 fewer than the 647 reported in the city of Chicago; 149 of them were committed with firearms, 22 fewer than in 2001. In the 1960s and early 1970s, firearms accounted for 40% to 50% of Canadian homicides, but the rate has been in decline since then. According to the US Department of Justice, firearms were responsible for about 10 500 homicides in the US in 2000.

Among the provinces, Newfoundland and Labrador had the lowest homicide rate per 100 000 people, 0.38, while Manitoba had the highest, 3.13. Among Canadian cities, Sudbury, Ont., had the highest rate — 3.12. Toronto had 90 homicides in 2002, the most for any city, but its homicide rate of 1.80 was lower than the national average. — *CMAJ*