

London calling Canadian and other countries' physicians

Britain's National Health Service (NHS) has launched an ambitious physician-recruiting campaign in 11 countries, including Canada. One of the main goals is to find enough FPs to overcome a serious shortage in inner-city areas, but specialists, particularly in the fields of cancer treatment and cardiac surgery, are also in demand. The United Kingdom has been experiencing a shortage of FPs, partly because many doctors who trained in India and arrived in Britain in the 1960s and '70s are now retiring. The new campaign follows a government election promise to provide 10 000 new physicians by the year 2005.

Helen Ziegler of Helen Ziegler and Associates, a company that recruits Canadian physicians to work overseas, says Canada probably doesn't have to worry about the British campaign because the extremely high cost of living in the UK will scare off most potential recruits. However, she says some doctors

originally from England may be interested in retiring in the UK and practising part time. The NHS salaries range from about \$106 000 to \$140 000.

"We cannot speculate on how Canadians will respond to the recruitment," says Laura Markle, public affairs officer at the British High Commission in Ottawa. "However, it is a great opportunity for doctors to have the chance to live and work in the UK."

In New Zealand, the campaign has the country's medical association worried. Dr. John Adams, chair of the New Zealand Medical Association, calls the recruiting drive "extremely unfortunate. We already have considerable workforce difficulties in New Zealand,

and we do not want to lose any more of our doctors." The association rejected an NHS advertisement submitted to its journal. (*CMAJ* accepted the ad.)

Adams says New Zealand cannot compete with Britain's FP salaries, even when the higher cost of living is factored in. "Dollar for dollar, New Zealand's salaries are well below what is being offered — our salaries are getting so far behind the rest of the world. My guess is that there will be some interest across the board."

A conference of Commonwealth health ministers will be held in New Zealand in November. The international recruiting issue will be raised, and protocols to prevent physician poaching may be discussed. — *Heather Kent, Vancouver*



More challenges on horizon for CMPA?

As the Canadian Medical Protective Association (CMPA) celebrates its 100th anniversary this year, it faces a couple of challenges.

First, the Quebec government is considering creating its own government-run medical malpractice program. In his final report as CMPA president, Dr. Bill Thomas said it is the association's "sincere wish" that Quebec doctors remain part of the national body, but the province "continues to explore" the creation of a separate organization. The threat has developed even though fees in Quebec dropped by more than 50% last year and will drop by a further 2% next year.

Second, a 3-year deal mitigating large increases in CMPA fees for Ontario doctors is now in its second year, and if awards and settlements awarded by the courts continue to increase another battle over fees looms in 2004.

For next year, however, the 60 000 members in the CMPA's 3 regions — Quebec, Ontario and the rest of Canada — will see few surprises. With their 2% decline, fees for Quebec members will average \$1998 annually. For members outside of Quebec and Ontario, the average fee will be \$3740, also 2% less than last year. In Ontario, the average "cost per member" is expected to be \$5147, an increase of 8.3%. However, physicians in specialties such as neurosurgery, orthopedic surgery and obstetrics will face far higher costs due to their increased medicolegal risks. The actual CMPA fee schedule for 2002, based on region and type of practice, will be released this fall.

Ontario fees are higher because the province's courts award the largest damages. The 3-year deal signed last year was designed to phase in an approximate overall fee increase of 45% that was

made necessary by the CMPA's move to regional rating. The deal, struck between the Ontario Medical Association, CMPA and provincial government, provided for significant subsidies for malpractice fees and eliminated the need for doctors to pay their fees up front. Instead, they can wait until they are reimbursed by the government.

The CMPA has set the aggregate fee requirement to cover all potential legal activity on behalf of its Ontario members at almost \$117 million for 2002, a 12.5% increase.

Thomas said all 3 parties have agreed to seek ways to reduce the cost of settlements and court awards through tort reform and risk-management efforts. "These measures must be invoked quickly if a further medical malpractice crisis in Ontario in 2004 is to be averted," he said. — *Steve Wharry, CMAJ*