

community. I'm as dependent here in Toronto on Ottawa, as Ottawa is on me and, in fact, I'm actually quite dependent on how they do it in Winnipeg as well."

The OMA and Ontario's Chief MOH Dr. Sheela Basrur attributes the province's woes to a chronic shortage of community medicine specialists, inadequate pay and difficult working conditions, plus an often-incoherent governance structure with confusing lines of authority and 50–50 cost-sharing (to be elevated to 75–25 in 2007) of public health between the provincial government and municipalities.

The financial load has prompted several municipalities to use a loophole in the province's Health Protection and Promotion Act to fill vacant local MOH posts with "part-time, acting" appointees, who often lack proper training to oversee disease outbreaks but are willing to toil for lower pay.

Basrur says existing regulations governing minimum educational credentials for local MOHs are so weak that someone with 1 year of postgraduate training in epidemiology, quantitative methods, administration, and disease prevention is eligible for appointment. "But I can tell you that to do anything close to the basic training in those 4 areas would take more than a year."

"Yet even with that minimum, we have trouble getting candidates," Basrur adds. — Wayne Kondro, Ottawa

DOI:10.1503/cmaj.051633

Diabetes plan considered

Health Canada is reviewing a proposal by the Canadian Diabetes Association (CDA) for a "catastrophic drug plan" to help Canadians with diabetes "relieve the overwhelming personal out-of-pocket costs for medications, supplies and devices."

More than 2 million Canadians live with diabetes and bear out-of-pocket expenses ranging from \$250 a year in the Yukon to around \$3600 in Newfoundland, according to the CDA's *Diabetes Report 2005*. With a price tag estimated at \$500 million a year, the proposed national drug plan could

eliminate this burden, in addition to helping with other chronic diseases.

Chris Williams, a communications officer for Health Canada, says a catastrophic drug plan is a key component in discussions around a National Pharmaceutical Strategy being developed by federal, territorial and provincial governments. Health Ministers will report on progress by June 30.

The CDA argues that a national plan would substantially reduce the financial burden of diabetes; the condition and its complications cost Canada's health care system \$13.2 billion annually. — Andréa Ventimiglia, Ottawa

DOI:10.1503/cmaj.060010

Provinces lure physicians from one another

Provinces and territories are continuing to compete for physicians in the absence of a national or provincially coordinated recruitment plan, says the Health Council of Canada.

In the 5-year period, 1999–2003, Newfoundland and Labrador, Quebec and Saskatchewan lost the greatest number of physicians, at 269, 263 and 263 respectively. British Columbia, Ontario and Alberta attracted the largest

number of physicians, at 466, 345 and 241 respectively (see Fig. 1).

The report, *Modernizing the Management of Health Human Resources in Canada*, sets 2–5 year targets for human resource planning for governments, professional associations, regulatory bodies, employers, unions and educators. It also recommends that initiatives be "properly resourced" and based on population health needs integrated across jurisdictions.

"The Council's emphasis is not on seeing this as a physician supply problem, but on seeing this as an organization of care problem," says Michael Decter, chair of the Council.

If a hospital loses a physician to another province, at least the organization can conduct a search to replace the doctor, Decter says. It's a much tougher problem in the community, where losing a family physician can mean the service disappears.

Creating strong organizations, such as group practices, at the primary care level means that, if a physician leaves, the organization can still look after patients and can recruit, says Decter.

Evidence suggests that the team approach to health also produces better health outcomes for patients, particularly those with chronic conditions such as diabetes, Decter says.

The Ontario Medical Association recently issued its own recommendations concerning physician shortages.

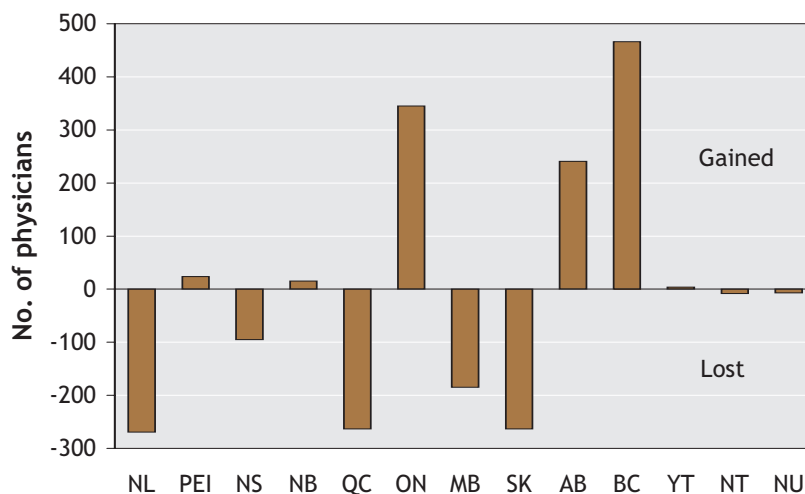


Fig. 1: Number of physicians gained or lost (Canada, 1999–2003).
Source: Canadian Institute for Health Information