

New agency proposed to dole out doctors

Romanow-ordered report recommends national co-ordination

BY MARK KENNEDY

Canada needs a new national agency to co-ordinate how many doctors and nurses the health system should have and perhaps the type of work they should do, says a report commissioned by the Romanow commission.

The proposed new agency would become a "quality council"

for how medicare is staffed and provide some "focus and expertise" on key decisions that are now made by different governments throughout the country.

Despite countless warnings about the dire shortage of physicians and nurses and a growing rate of burnout among health professionals, little progress has been made in fixing the problem, says the report prepared by the independent, non-profit Canadian Policy Research Networks.

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Doctors: Shortage defies simple solution

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"Changing requires a champion," says the report.

"Whether the focus is turning around a business, a healthcare organization, or a policy sector — research shows a change agent is needed."

The report says national leadership is needed to begin a "co-ordinated discussion" about how many doctors and nurses are required.

"While each province, and community within the provinces, has unique needs, those needs will not be addressed if stakeholders continue to compete for limited resources and plan in isolation of each other.

"The currently diffused accountabilities for planning and decision-making encourage inertia and finger-pointing. Those who hold these accountabilities need to find ways to plan together."

The report is one of three major research projects commissioned by Roy Romanow's federal inquiry into the future of medicare.

Although the research report's recommendations are not binding on Mr. Romanow, it's virtually certain that his report to be released next month will include some proposals to resolve the thorny issue of how many doctors and nurses are needed, and whether their skills could be better used in so-called "team practices."

The report, released yesterday, noted there are repeated "claims and counter-claims" about the extent of the staffing shortage, and that one solution often put forward is to simply "increase supply now."

"Sounds simple. It isn't." In fact, it says, the problem is complex and requires a comprehensive approach. The new agency could be separate from govern-

ment or be folded into federal-provincial bureaucracy and its members would include representatives of the health professions.

"Some may react negatively to this idea as just another bureaucracy, but we think it is crucial to provide a focal point for culture change.

"Unless we begin to think about health human resource planning differently in Canada, we will continue to regard the problem as one of managing supply."

The report says resolving the problem will require four "key shifts in thinking":

- Planning how many workers are needed should be linked to how the system is reformed.

- Plans must be based on "population health needs," not strictly on the "basis of numbers of personnel."

- Plans should also be based on "teams of providers," not on the "individual health professions."

- National co-operation is needed to bypass the provincial competition that now exists for workers.

"The challenges ahead in thinking differently about health human resource planning are large," it says.

"They will not be overcome if Canada continues down a path of not addressing the root causes of the problem."

The report adds that everyone involved in the current system will have to make compromises if the situation is to change.

"This will take leadership from governments and from the organizations representing Canada's health professionals. Without it, health policy makers will continue to panic in response to claims of too many or too few and will not serve the interest of Canadians — those who pay the bills."