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Cutback in supply of MDs urged

1964 projections 'grossly in error'

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The most comprehensive study yet into the question of physician supply calls for a cut of nearly 10 per cent in the number of students being admitted to Canadian medical schools.

The massive report also urges less reliance on foreign-trained doctors in Canada and stricter controls on their entry into the country.

The report, prepared by medical research professors Morris Barer of the University of British Columbia and Greg Stoddart of McMaster University, further recommends that greater attention be paid to controlling payments to existing physicians, such as by placing more of them on salary or setting income limits for doctors in certain specialties.

Although the report, commissioned by the conference of deputy ministers of health, has not been released, *The Globe and Mail* has obtained a copy of its recommendations and executive summary.

Sources said the entire report is about 700 pages long, the product of 10 months of investigation, more than 70 interviews with experts in the field and eight other reports commissioned separately by the researchers.

"This is the first comprehensive, complete report we have had on this matter," said former Ontario deputy health minister Martin Barkin, who received a copy before leaving his post last week.

"It is certainly going to provoke a lot of discussion."

Health-care critics have long argued that Canada is producing too many new doctors, pointing to this as a major factor in the country's escalating medicare costs.

Between 1975 and 1987, for instance, the number of physicians in Canada rose by 46 per cent, while the population increased by less than 13 per cent.

The Barer-Stoddart report agrees that mea-

sures must be taken to curb the on-going supply of doctors.

"The long-term trend of annual increases in the rate of growth of physician supply in excess of population growth continues without obvious or compelling justification," the report says.

It attributes excessive medical school enrolment to "grossly in error" population projections contained in the 1964 Hall report on health care in Canada.

The report also blames "too little, and fragmented, control exercised over the entry [into Canada] of graduates of foreign medical schools."

Although the report concludes there is no "optimal" number of physicians for Canada, it recommends restricting entry to 1,600 students a year into Canadian medical schools. "This represents a reduction of less than 10 per cent."

This year, just over 1,700 students graduated from medical schools in Canada, down from a peak of 1,835 in 1985.

Dr. Barkin said he feels the proposed cut is unfair. There's no reason why Ontario can't continue to turn out 600 new doctors a year from its own medical schools, he argued. The problem arises from the issuing of 500 additional new medical licences each year to doctors from other areas.

"Why not deal with those 500 instead of depriving some of our own citizens of the right to attend medical school?"

The Barer-Stoddart report did not attempt to set a specific quota for doctors trained outside Canada.

But it did stress the need for "a more concerted effort to monitor and strictly enforce conditions of entry for visa trainees and visa physicians."

The report added that specific policies should be enacted to encourage more Canadian doctors to fill unpopular positions cur-

rently staffed by a high proportion of foreign-trained physicians.

Above all, the report emphasized the complexity of the issue, pointing out that every measure taken in one area of health care has an impact in another area, and that therefore it is not enough to implement only a few of its comprehensive set of 53 recommendations, which also include the setting of quality standards, revising the way physicians are paid, and improving the allotment of specialist and general-practice residencies in teaching hospitals.

But the report said governments need not throw up their hands in despair and settle for the status quo. "Most importantly, we need to get over our collective Canadian-style fear of changing directions, even when such redirection is clearly called for," the authors say.

"Letting policy develop by default, disinterest, or insufficient will can only be expected to bring about satisfactory results by those who believe in winning lotteries."

Eva Ryten, research director of the Association of Canadian Medical Colleges, would not comment on the report. "The medical schools are going to have to take time to digest it," she said. "This report is so complicated and the issues are so complex that anything I say won't deal seriously enough with these issues."

No date has been set for release of the complete report, which is up to Manitoba deputy health minister Frank Maynard, but copies are being circulated among a small number of interested parties.

Dr. Barkin said he expects the report will be high on the agenda for a meeting of Canadian health ministers next month.

He added there is already a written understanding between Ontario doctors and the province to tackle the issue as part of its newly-established, high-powered joint management committee.

The article EM9111 reprinted above is used, together with five other articles, in Figure 13.1 of the STAT 221 Course Materials.