RICHARD III, BARER-STODDART AND THE DAUGHTER OF TIME

KEY MESSAGES

- Even when policy makers and researchers are committed to working together to create a better health system, their efforts can still go awry.
- The Barer-Stoddart report on physician resource planning – released nearly 20 years ago – led to a classic case of research use gone wrong. Policy makers disregarded the researchers’ advice to follow their integrated recommendations, instead cherry-picking from the report.
- Still, the researchers are often blamed for “creating” a physician shortage by encouraging medical school enrolment cuts. Yet, data on physician stock and supply of services tells a different story.

This is a summary of an article by Robert Evans and Kimberlyn McGrail published in HealthCare Policy in 2008.

Despite researchers’ and policy makers’ best intentions, efforts to increase research use in the real world can lead to bad policy. Take, for example, the fallout of the 1991 report, Toward Integrated Medical Resource Policies for Canada, penned by Morris Barer and Greg Stoddart. The report was commissioned by Canada’s health ministries to provide “a review of issues and policy options for assuring an adequate and appropriate supply of medical services for Canadians.” To help make their recommendations more accessible, Barer and Stoddart summarized their full report in a series of short articles in the Canadian Medical Association Journal. With so much attention paid to providing the research in a comprehensible way, one might think that the researchers would improve their chances of getting the research used. But in a recent paper, Robert Evans and Kimberlyn McGrail explain the myth and muddle that ensued. They also explain the real issue that threatens healthcare reform.

Cherry-picking research makes for poor policy

The Barer-Stoddart report made over 50 recommendations, intended to be followed in an integrated way. Evans and McGrail argue that policymakers cherry-picked the easiest recommendations “in hopes of saving money.” One of the policy options they took was cutting medical school enrolment by 10 percent – a decision often touted as “creating” a Canadian physician shortage. It’s also a decision for which many in the medical community hold Barer and Stoddart directly responsible. However, as Evans and McGrail argue, it is policy makers who ignored the report’s warnings that implementing only some of the recommendations could produce unwanted results. Moreover, they say the data on physician stock and supply of services show that the Barer-Stoddart report could not have had such an effect.

A phantom doctor shortage?
According to the data, the number of physicians per 10,000 Canadians has remained “remarkably stable” over the past 20 years. Yet, some argue that it feels as though we are experiencing a doctor shortage. Part of the explanation is that doctors are working fewer hours, say Evans and McGrail. In particular, while younger doctors tend to work more than the average person, they don’t put in the same hours as their predecessors. This creates a shortage, but is best defined as one of care (or "supply of services"), not caregivers (or "physician stock"). Current discussions around increasing medical school enrolment to fix the physician "shortage" fail to address the underlying problem, the authors argue. They also echo a similar position Canada was in a few decades ago. At the time, the government increased enrolment to meet the growing needs of the baby boom. Although the doctors who came from this medical school expansion are working fewer hours on average, their per capita billings for services continue to rise steadily. It’s this “flood of physicians,” say Evans and McGrail, that deserves policy makers’ attention, particularly because it threatens real healthcare reform.

**Bibliographic Reference(s)**


PDF - 78.49 KB