

ARCHIVES

91 AGM

5.2 Dr. Jackson reported that the definitions of workload, so necessary in manpower considerations, had been circulated to the Directors of Provincial Cancer agencies. The BC Association of Radiation Oncologists has published definitions in detail which are available to other provinces who may wish to use these.

95 AGM Dr. Hay presented two definitions, accepted by the directors, for the information of the membership:

Definition of a Radiation Oncologist and the Practice of Radiation Oncology

“A radiation oncologist is a specialist in the management of malignant and other neoplastic diseases. Radiation Oncology practice includes the provision of specialist consultations; the prescription and planning of radiation therapy, and where appropriate, systemic therapy; the care of patients before, during, and after treatment; and in certain circumstance, the provision of on-going specialist care for patients who have not received radiation or systemic therapy. The radiation oncologist may have administrative, research, or educational roles, and may be involved in preventative oncology programs.”

General Definition of a Surrogate Measure for Manpower and Other Planning Purposes

“A surrogate measure used for manpower and other planning purposes must take into account the interrelationships of all aspects of practice, and not a particular portion of the practice considered in isolation.”

Dr. Mackillop enquired as to the purposes of the definitions. Dr. Payne replied that the Manpower and Standards of Care Committee had felt there was a need for clear definitions to be used in negotiations and communications across Canada, but that were not excessively constricting for use in particular provincial situations.

96 April Directors Mtg

The second major issue discussed in Halifax, directly related to the manpower supply situation, was the adoption of a standard or definition as the national workload surrogate. Dr. Hay reminded the directors that the specialty has not benefited from a series of past CARO standards or “numbers” used for workload by various governments and agencies. He reported that the recent definitions adopted by the Board and presented to the Annual General Meeting in Montreal were accepted by the Association of Provincial Cancer Agencies. The implication of this is the formal recognition and adoption of a consultation-based standard for the workload surrogate. Dr. Hay further reported that in his capacity as an ex-officio member of the Manpower and Standards of Care Committee, chaired by Dr. T. Ago, he had passed this on to that Committee for moving forward, particularly with Department Heads and others.

Dr. Payne enquired if this had been properly documented on paper, reminding the Board of the importance of a formal paper trail in such critical matters. He stressed that this issue must be kept moving forward and at the forefront of our agenda. He stated that we should be informing as many constituencies as possible including program directors, university heads, and residents themselves. In each instance the documentation should be formal and recorded.

The directors then discussed in general terms the strategies that were important. The first important point was to have the manpower standard adopted nationally. The second point is the corollary that payment for radiation therapy services must not be linked to the ability to treat i.e.; first treatment cases as the surrogate. The consequence of such a surrogate to date has been to link payment for radiation oncologists to machine capability which is more often determined by an adequate supply of equipment and by the inevitable loss of capability due to equipment failure.

It was also agreed that the Manpower and Standards of Care Committee should be responsible for this and when Dr. MacKillop and Dr. Cumming's data are available, the Board should receive input from them in order to formulate future strategies.

96 Sep Dir Mtg

Dr. Hay reported that after some initial uncertainty he had been granted 45 minutes on the agenda of the upcoming Annual Meeting of the Association of Provincial Cancer Agencies in October in Regina. He reported that at the 1995 Halifax meeting of this Association, the CARO recommendation for a consultation-based standard as the basis for developing a manpower surrogate in determining Radiation Oncology workload, had been accepted. Dr. Hay will continue to bring this forward at this year's meeting, as well as drawing attention to the serious mis-match between Radiation Oncology graduates and funded positions in Canada (see 4.2 below). Unfortunately the hoped for manpower definitions from the United Kingdom reported at the last Directors meeting do not appear to be forthcoming [Dr. Hay - personal communication, Dr. Robin Hunter].

Workload Measurement

Presently, BC is the only province which has negotiated a formula for workload with a Ministry of Health, although the agreement was objected to. Dr. Hay reminded the Board that after the last Association of Provincial Cancer Agencies meeting in Halifax in 1995, he **had written to all Department Heads stressing not only the CARO definitions ["Consultation", "Radiation Oncologist"]**, but more importantly the need to consistently collect the data. Unfortunately this is not being done in a comprehensive or consistent way across the country, and Dr. Wong demonstrated the variations across the country. In the attached tables, there are a number of potential workload parameters which may be collected; these often reflect patterns of practice, but more importantly issues around remuneration (eg: follow-up visits).

The Board agreed that this is a very important issue - that Departments across Canada have to collect consistent data using the **CARO definitions which have been in place for at least a year**. It was decided to **reiterate the definitions nationally in the Newsletter**, by correspondence, or other ways. Dr. Hay hoped he would have the data by the time of the next Provincial Cancer Agencies meeting in Regina. **The Ad Hoc Committee, in concert with Dr. Hay, should recirculate the definitions and follow-up on data collection. In addition, the definitions of the indices collected in the Report should be sent to each Centre.**



It was also agreed that since a consultation-based standard had been recognized by the Provincial Cancer Agencies, that this should be established in each province, with the support of the cancer administrators, and the eventual agreement of the Ministries of Health. The use of the definition is to establish the surrogate for workload, although it is understood that the actual figures may vary from one province to another, because of other factors negotiated regards remuneration, academic versus non-academic work, etc. It was agreed by the Board that we should first collect consistent data before embarking on negotiations with governments; we should agree that the indices used are valid for each centre.

Dr. Payne made the point that uniformity is needed across the country, with clear definitions not only of consultations, but also for technical indices of work such as scheduled assessments or patient reviews on treatment, simulator and planning numbers, and follow-up visits.

97 Sep Dir Mtg

4.2 Manpower and Standards of Care Committee - Dr. Frances Wong (attached)

The survey results were presented by Dr. Wong. This was applauded, and the recommendations endorsed. Dr. Ackerman will address the poor performance of use of standard definitions by centres across the country when she takes over as president. The report was accepted without expecting that Quebec will cap its programs at this time.