



▶ TAKE ACTION

A Working Group on Human Resources Planning is currently receiving submissions from professional associations and other groups. They will submit recommendations as part of the Canadian Strategy for Cancer Control. Make sure your (or your group's) voice is heard. Write to:

Cancer Control Secretariat,
Jeanne Mance Bldg., Rm A919,
P.L. 1909A2, Ottawa, Ontario,
K1A 0K9; or email to:
info@cancercontrol.org

and by the lack of consultation with cancer agencies by certification and licensing bodies taking actions that affect the availability of human resources. In medicine and nursing, opportunities to undertake specialized

We have to persuade government to take this movement into account when planning the number of training spots available," said Dr. Cummings at Princess Margaret Hospital.

Dennis Karakochuk, Communications Director at the Saskatchewan Cancer Foundation, also pinpoints the restricted opportunities for cancer agencies to advise the planning process at training schools as a major problem. This is compounded, he says, by fluctuating funding restrictions which continually change training and recruitment efforts; by the lack of a national human resource plan for cancer services;

training or to change specialties mid-career need to be re-opened.

Nova Scotia has made great strides in recruiting cancer professionals this year, increasing the number of medical oncologists from just three in 1999 to nine this year, the number of radiation oncologists from eight to eleven, and adding two surgical oncologists and five other cancer specialists to the provincial team. The Cancer Agency has recruited energetically from other parts of Canada and the US, but Dr. Andrew Padmos, Commissioner of Cancer Nova Scotia and Chair of the Human Resources Planning Working Group for Cancer Control, also sees a need for longer-term measures. "First, a centralized systematic accumulation of data regarding personnel in the cancer workforce is required. Second, there must be more discussion on training programs. Third, more attention must be paid to professional work and quality of life."

Inter-provincial battles to attract an ever-dwindling talent pool is obviously no way to ensure that we can, as a country, meet the needs of present and future cancer patients. More thorough, and more lasting solutions will rely on cooperation between provinces, between professional associations, and between departments of immigration, education and health. [CCCC](http://www.cccc.org)

WANT YOUR DOCTOR TO STAY? THEN DO SOMETHING !

Ovarian cancer survivors fight to keep their doctors in Canada

Martha Hoyt was first treated for ovarian cancer in 1991, then again in 1996. On a follow-up visit in 1999, she was healthy, but her doctor seemed preoccupied. A highly respected gynecologic oncologist, Dr. Joan Murphy told Martha she was considering an offer from the Cleveland Cancer Institute. It was a very attractively compensated clinical position, a 9 to 5 work day, private schooling for her children, American dollars, attractive benefits. She told Martha she was very interested.

"I was appalled," said Hoyt. "There are 16 gynecologic oncologists in Ontario and if one of them leaves, we lose one sixteenth of our caring capacity. I had also heard through the grapevine that a few of the other gynecologic oncologists were considering similar offers." Rather than just accept the news, Hoyt very bluntly asked her doctor what the Ovarian Cancer Survivors Action Group could do to make staying in Canada more palatable.

After consulting with her Ontario colleagues, Dr. Murphy decided to take her dilemma public. "Fine, doctors make a lot more money than the average Canadian, but that doesn't make their grievances less valid," says Hoyt. "Dr. Murphy works between 14 and 16 hour days, she sees her kids maybe once or twice a week. She's been at the job for a long time and, if anything, her pay has decreased over time." Gynecologic oncologists are at the very low end of the pay scale compared to other Ontario specialists, despite the intricate and complex work involved in treating gynecologic cancers.

MOUNTING THE CAMPAIGN

The first move was a column about the problem in the *Globe and Mail*. Next, the group prepared a proposal for an alternate payment plan for gynecologic oncologists. Along with Co-Chair of the Survivors Action Group, Diane Sims, Hoyt initiated a letter-

writing campaign to Health Minister Elizabeth Witmer and Ontario MPs, asking the Minister to sit down and bargain with the gynecologic oncologists of Ontario to arrive at a satisfactory work and payment arrangement. Minister Witmer received over 1000 letters and finally, in June 2000, agreed to negotiate with the doctors.

Dr. Murphy has decided to stay in Canada and, in May, 2000, stepped up as President of the Canadian Gynecologic Oncologists Association. "For the first time survivors took on the role of activists on behalf of doctors," Hoyt remarks. "It was really powerful."

While the outcome appears positive for now, specialists continue to receive and consider offers from US centres. Efforts to keep them here must be sustained.

See page 19 for your Health Minister's mailing address. See the CACC Website for examples of effective letters for your own campaign.
(www.canceradvocacycoalition.com)