

associations and the Canadian Medical Association to establish the National Ad Hoc Working Group on Physician Resource Planning in 1994. The working group presented its recommendations dealing with many technical and policy issues in September 1995 (5).

THE ATLANTIC PROVINCES

While the physician resource management plans in New Brunswick, Newfoundland, Nova Scotia, and Prince Edward Island have many common characteristics, there are also distinct differences in the structure and maturity of the plans. Each was based, at least in part, on the recommendations of a multidisciplinary group which was formed for the specific purpose of advising the government on the future management of physician resources. The names of these groups varied from physician resource advisory committee to physician resource advisory group to physician resource planning committee, but all had a common purpose. The founding of these groups resulted from the recommendations of the numerous provincial royal commissions and task forces formed in the 1980s, which expressed concern over the unbridled and uncontrolled growth of physician resources.