

news

MDs push for tan ban

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“Now we know that a human being can be operated on in space without too many difficulties.”—Dr. Dominique Martin 4

in brief

Ont. reorganizing breast CA screens

On the heels of new Cancer Care Ontario statistics suggesting that 43% of the province's 1.4 million women age 50 and older are not taking advantage of breast cancer screening services, the Ontario Breast Screening Program (OBSP) is now planning to team up with 28 new breast assessment and screening sites in the province by the end of 2007. Since it began in 1990, the OBSP has provided more than two million screens to 718,000 women and has detected more than 10,500 cancers. Right now, the 116 OBSP screening sites across Ontario are responsible for about half of the breast cancer screening done in the province, with the rest done at stand-alone sites. Organized recruitment, recall and followup, ongoing quality assurance and evaluation are some of the “quality advantages” provided by the OBSP, according to the organization.

Transplant effects limited in diabetes

Though insulin independence can be achieved through islet transplantation, results from a study published in the *New England Journal of Medicine* show that the effects are short-lived. The study followed 36 type 1 diabetes patients who underwent islet transplantation at nine sites in Canada, the U.S. and Europe using the Edmonton protocol—a method developed by researchers at the University of Alberta. Twenty-one subjects were able to attain insulin independence with good glycemic control at some point in the trial; however, only 16 patients achieved the primary end point of insulin independence at one year. At two years, 76% of the patients who achieved the primary end point required insulin again.

Beware of plants

A small study published in the September edition of *Allergy* suggests that in allergic rhinitis, indoor plants should be considered potential allergens. The researchers subjected 59 patients with allergic rhinitis—and 15 healthy controls—to skin prick tests (SPT). “While no subject from the control group developed a significant SPT to any of the tested plants, 78% of allergic rhinitis patients had a positive SPT to at least one plant,” with the most frequent sensitization being *Ficus benjamina*, *yucca*, *ivy* and *palm tree*.



Barbara Kermode-Scott

No, it's not Legoland Southern Alberta has a new children's hospital. The \$254-million, 133-bed new Alberta Children's Hospital (ACH) opened its doors to patients on Sept. 27. The patient transfer went smoothly. The 70,000 m² (750,000 sq. ft.) facility is 60% larger than the former ACH, has 20% more in-patient beds and five times the single patient rooms. It sits on a hill beside the University of Calgary and across the highway from the Foothills Medical Centre. The new facility has a child- and family-friendly design and architectural features, with Healing Gardens, interactive playgrounds, a gathering space and pet room. It's been nicknamed the “Lego hospital” for its bright, colourful exterior. The old ACH will be renovated and used as a diagnostic and treatment centre.

Few Ont. GPs note ‘no substitutions’ on scripts

New law requires pharmacists to substitute generic products to save money if this direction is not noted

by Matthew Sylvain

TORONTO | A study of Ontario general practitioner prescribing patterns has found that a mere 3% of all prescriptions include the directive “no substitution.”

The study was commissioned after provincial lawmakers overhauled the province's prescription drug regime last spring—a move that touched off a brief yet fierce political storm over the issue of therapeutic substitution.

A total of 189 Ontario GPs completed the online survey between Aug. 10 and Aug. 28.

The survey found the GPs each week saw an average of 153 patients. Furthermore, it showed they handed out 135 prescriptions per week. Approximately 3% of all those prescriptions were marked “no substitution.”

Respondents said they were contacted by pharmacists an average of six times a week. The most frequently cited reason was to clarify a prescribed dosage strength, while the least frequent reason was to suggest a substitution of one drug therapy for another.

Respondents were asked to answer questions regarding a scenario in which a phar-

macist unilaterally substitutes a prescribed product for another, even though they had written “no substitution” on a prescription.

According to the study, 85% of GPs were very concerned if a patient was given a substitute generic against their written wishes, and 82% were concerned if a patient was given a substitute brand-name product in contravention of their “no substitution” direction.

While the survey revealed sharp opinions regarding the issue of pharmacists unilaterally substituting a prescribed product, the changes enacted as part of Bill 102—the law passed in June that sparked the controversy—didn't alter the prohibition against pharmacists unilaterally switching one product for another when a prescription reads “no substitution.”

Interchangeability

The new law, which is available online and came into force at the start of October, says that the Ontario Drug Formulary's overseer (an “executive officer”) is able to deem a generic product as “interchangeable” with a brand-name product “if it is in the public

interest to do so.”

It adds, however, that the executive officer is banned from proclaiming a generic drug as interchangeable if the generic doesn't contain the same active ingredients, or amounts or dosages, as the brand-name product.

If a drug is deemed interchangeable, pharmacists are required to dispense the lower-price drug—unless the doctor has written “no substitution” on the script. If the chit says no substitution, they must honour it.

Pharmacist powers

In other findings, MD Analytics noted GPs “do not support pharmacist involvement in areas of disease management, such as developing a disease-related care plan, monitoring patient outcomes and chronic disease management.”

GPs, however, told MD Analytics they would support pharmacists providing, in the company's words, “medication-related professional services,” such as counselling a patient about their adherence.

The study was executed by MD Analytics, a Vancouver-based marketing research company.

Man. introduces mentorship to help IMGs succeed

by David Square

WINNIPEG | Manitoba has introduced a new process that will give foreign-trained physicians an opportunity to practise in under-serviced areas and increase the retention rate of international medical graduates (IMGs) in the province.

The provincial government, in collaboration with the College of Physicians and Surgeons of Manitoba, announced Sept. 15 that the procedure will include a pre-employment interview to identify previous clinical experience that will match a candidate to a success-

ful practice in rural and northern communities.

IMGs will also be given an orientation to the Manitoba health-care system, as well as a three-day classroom assessment program and a 12-week clinical placement in a rural centre, followed by a continuing mentorship with an experienced local physician.

In the previous system, IMGs underwent a three-day assessment, including an oral interview and a therapeutics and clinical communications skills evaluation, before they received a conditional licence to practise in rural and northern locations.

“It became fairly evident when they were placed into practice that they didn't have the requisite knowledge and skills to practise in those types of environments,” said Penny Gilson, CEO of the Assiniboine Regional

Health Authority, which has six openings for family practitioners.

Gilson said it was quickly realized that further supports were required for those physicians for them to successfully practise in under-serviced areas of the province.

Dr. Anna Ziomek, assistant registrar for qualifications at the college, said her organization will take a preliminary look at applicants' qualifications.

If they meet college requirements, they will be passed on for a pre-employment interview at the Physician Resource Co-ordination Office, a government organization to help IMGs become established in Manitoba, Dr. Ziomek said, adding that the college will offer continuing professional development courses for the grads once they receive conditional licensure.

The new program will be

administered by the University of Manitoba's continuing medical education office and the faculty of medicine.

“We hope mentorship with an experienced physician in rural or northern areas will make foreign-graduates feel more at home and encourage them to remain in the province after they are fully licenced,” she said, thereby reducing the high attrition rates of the past.

Depending on initial qualifications, it will take the foreign graduates anywhere from three to seven years to become fully licensed, Dr. Ziomek said.

Most of the medical graduates Manitoba will recruit are now living in Ontario but were trained in the Middle East, according to Gilson.

The province has set aside 25 spaces for IMGs commencing in 2007.

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