and focused explanation of exactly what the 2 colleges would like to achieve and how they intend to achieve it.

"It's not entirely clear what the goal of the project is," says Dr. Nick Busing, president and CEO of the Association of Faculties of Medicine of Canada. "My sense is that having done all this important work, we still don't know what the real issues are that the project is trying to address."

Busing says educators and opinion leaders within the specialty disciplines regularly debate core competencies, and what steps need to be taken to build them into a solid medical education. However, there is no consensus on exactly what constitutes a core competency, or how important it is to include it in every discipline.

Busing says core competencies could include the ability to incorporate information technology into day-to-day practice or to communicate effectively with patients and other doctors. A proposal to identify a standard array of core competencies and a plan to include them in all post-graduate medical education is likely to spark a heated debate, he notes.

"If this is a model in which students enter into a defined number of core streams before broadening out into medical specialities, that would be a fundamental re-think," Busing says. "That could be a real challenge for a lot of people in post-graduate education to get their minds around."

Busing also challenges the suggestion that students are under too much pressure to specialize early in their post-graduate training, and that the system prevents many from switching specialties in midstream. Busing says the number of students requesting the opportunity to switch is relatively low, and there has been no increased demand to make the existing system more flexible.

"I think if you look at the number of dissatisfied students who have decided they wanted to switch, it has not gone up significantly," Busing says. "There just isn't any solid evidence that the current system has increased that number." — Dan Lett, Winnipeg

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Three provinces to study 2-dose HPV vaccine

British Columbia, Quebec and Nova Scotia are poised to begin a clinical trial to study the safety and effectiveness of giving younger girls 2 doses of a new vaccine against human papillomavirus, instead of the current 3-dose regimen.

"Our study will look to see if 2 doses of Gardasil [quadrivalent human papillomavirus types 6, 11, 16 and 18 recombinant vaccine] in 9–13-year-olds gives a similar immune response to 3 doses given to young women 16–26 years old," says principal investigator Dr. Simon Dobson.

Gardasil, a new vaccine intended to prevent some strains of cervical cancer that arise from HPV, is currently administered in 3 doses over 6 months, at a cost of $404. Thus far, only Nova Scotia, Prince Edward Island and Ontario have announced plans to fund the vaccine, using, at least in part, their per capita share of the $300 million HPV fund, which was established in the last federal budget. It is up to each province or territory to decide whom to vaccinate, and how to administer Gardasil.

"The public health implications are that a 2-dose schedule saves a third of the price, or, looked at another way, for the same amount of money more girls could be given the protection the vaccine gives," Dobson stated in an email from Shanghai, where he's teaching this summer.

A 2-dose regime may be feasible for "pre- and younger adolescents," adds the pediatrician and infectious disease specialist at Vancouver's Children's Hospital. "The rationale for this is that both vaccines are highly immunogenic in young adolescents 9–15 years of age, with antibody titres that are 1.7 to 2.4 times higher than that seen among 16–26-year-olds. This response is more pronounced for younger adolescents (9–13-year-olds). Two doses of Gardasil, the only vaccine currently licensed in Canada, at 0 and 2 months in adolescents 10–15 years of age produced antibody titres that were equivalent to 3 doses at 0, 2 and 6 months in 16–26-year-old females for 3 of the 4 vaccine genotypes."

Giving 2 doses would also reduce the administrative costs and make compliance easier, if nurses administered it during the school year, Dobson says.

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Clinical researchers hope to establish whether 2 doses of a new vaccine against human papillomavirus are as effective as the current, more expensive 3-dose regimen.

While British Columbia initiated the 2-dose Gardasil trial, all of the provinces and territories are interested in its outcome, says Dobson. The results will not necessarily influence the start of those other provincial or territorial programs, though, he adds.

Still, Dodson says, "it is a great example of collaboration at many levels — geographical, governmental, public health, pediatric, gynecological, oncology, virology and immunology — to answer a question of importance to public health."

The study, involving 825 girls, will begin this fall in Vancouver, Quebec City and Halifax. Each site is recruiting 275 participants in the 9–13 and 16–26 age range, says Carol Lajeunesse, clinical trial unit manager for the Vaccine Evaluation Centre in Vancouver.

Meanwhile, 3 provinces have announced vaccine programs.

Grade 7 Nova Scotian girls will be vaccinated over a 6-month period during the 2007/08 school year, at a cost of $2.8 million per year.

Prince Edward Island announced in March that it would vaccinate girls in grade 6 at a cost of $400 000. However, the government has changed since that time and no further information has been released.

And on Aug. 2, the Ontario government announced it will offer the vaccine to all 84 000 grade 8 girls, at a cost of $117 million over 3 years. The school-based vaccination will be administered by public health nurses.

Internationally, Australia and Italy are among countries financing the HPV vaccine. Italy is offering it free for all 12-year-old girls, while Australia is publicly funding vaccinations for both men and women.

In the United Kingdom, the Joint Committee on Vaccination and Immunisation has recommended that 12- and 13-year-old girls receive the vaccine, and the Department of Health has agreed "in principle" with an immunization program beginning in 2008. Switzerland, Austria, Belgium, France, Germany, Luxembourg and Norway have also recommended that teenage girls receive the vaccine. — Laura Eggertson, Ottawa

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Pass me that scalpel, instrumentalist

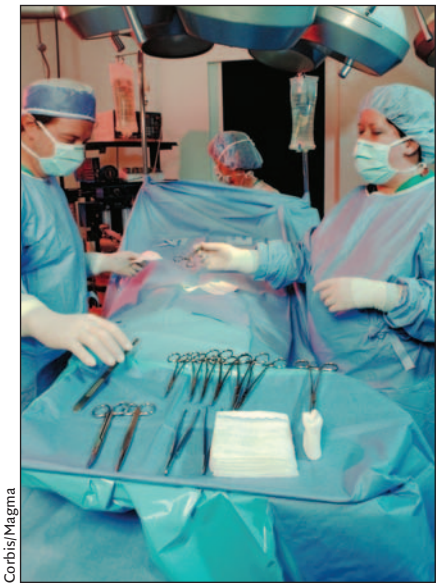
Wait times and waiting lists are becoming so lengthy that the health care system must look to new staffing and procedural solutions so it can efficiently move more patients through operating rooms, says Dr. Gaétan Barrette, president of the Federation of Medical Specialists of Quebec.

But Barrette's proposals for reform — including the creation of a new position in the operating room, called "instrumentalist" (for handing tools to surgeons), and asking anesthesiologists to consider going back to working 2 minor operations simultaneously — are drawing decidedly mixed reviews from health care professionals.

Barrette says that instrumentalists would free up at least 1 nurse from the duty of passing instruments to a surgeon and thus help redress the severe shortage of nurses in the province, which the Quebec Ministry of Health estimates now stands at around 1500. "We believe nurses are overqualified to do that part of the job in the [operating room]," Barrette says. "Sometimes we have to cancel surgeries because we don't have enough nurses passing instruments — that's ridiculous! We will not have a shortage of instrumentalists."

Barrette says that instrumentalists could be easily recruited, because they wouldn't require any specific health care education and could be trained within a hospital. "It doesn't take a PhD or any medical training. If you can place a tray in a sterilizer, you can pass instruments to the surgeon. Nurses should be at the side of the patients who need them."

However, both the Canadian Nurses Association and l'Ordre des infirmières et infirmiers du Québec are concerned about accountability, particularly given that such instrumentalists wouldn't be subject to any professional laws or regulations. Marlene Smadu, president of the Canadian Nurses Association, argues that it's vital to have a registered nurse in the circulating nurse role. "That is really the role that has the oversight in terms of holistic patient care in the operating room."



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An "instrumentalist" would pass instruments to surgeons, thus freeing up nurses to perform other duties.

In a crisis, Smadu adds, scrub nurses and circulating nurses are interchangeable. "That wouldn't be the case if you've got a different kind of practitioner doing the instrumentalist role. Everyone needs to know how that person fits in."

And although Smadu believes there may be some more routine work that wouldn't require registered nurse training, she wonders about the future for instrumentalists. "I'm always concerned that we are creating these little pieces of work that are dead-end jobs for the people in them. If a person can only be an instrumentalist in 1 institution in Quebec, is that the kind of approach we want for a health team for the future?"

Perhaps more controversial is Barrette's suggestion that anesthesiologists simultaneously work 2 operations. "This is a much more delicate issue," Barrette stresses. "It would be absolutely unthinkable and unreasonable to go back 20 years." At that time, working 2 rooms was fairly common, but Canadian Anesthesiologists' Society guidelines now advise a 1-to-1 ratio with patients.

"The question is, would it be possible to determine specific situations where it would be safe and reasonable to supervise 2 minor surgeries at the same time?"

Canadian Anesthesiologists' Society President Shane Sheppard says any-