

New Brunswick med students off to Newfoundland

The New Brunswick government has purchased a little more medical education for the province's students. Starting this fall, up to 10 spots at Memorial University in St. John's will be earmarked for New Brunswick students.

"Improving accessibility to services for New Brunswickers means having a plan to ensure that New Brunswick is open to doctors," Health and Wellness Minister Dennis Furlong says. "This component of our physician recruitment and retention strategy will provide long-term benefits to people throughout the province."

At present, there is approximately 1 physician for every 600 New Brunswickers. The government's goal is to reduce this to 1:575 by 2003. The national average is 1:541.

The education plan will cost the government nearly \$24 000 per medical student annually; the government will also pay travel expenses so students can do their clinical rotations back home. The plan marks a resumption of an earlier arrangement that was cancelled in 1992. New Brunswick also pays for a total of 40 seats a year at Dalhousie University in Halifax and the University of Sherbrooke in Quebec. Charlene Gaudet-Sleep, director of communications with the province's health department, says the additional seats mean that New Brunswick residents have a better chance of entering medical school than Canadians in some other parts of the country, even though the province doesn't have a medical school of its own.

The new spots don't mean the size of Memorial's medical school is growing. Dean Ian Bowmer says spots previously offered to American students for \$30 000 per year will now go to the New Brunswick students instead, with first-year enrolment remaining at 56 students. New Brunswick will also pay to provide postgraduate training positions for the students it sponsors.

New Brunswick is not the only province to purchase placements in a medical school. Prince Edward Island buys 2 seats at Memorial, and the Northwest Territories is negotiating to purchase a seat at the University of Alberta. — *Donalee Moulton*, Halifax

No tuition fees for U of T residents

Medical residents at the University of Toronto appear to have won their ongoing battle over tuition fees. The Professional Association of Internes and Residents of Ontario reports that the university will not charge the fee during the 2000/01 academic year. In an update for residents, PAIRO reported that the "zero fee" is likely to continue for the next 4 or 5 years. "As it stands," says PAIRO, "no residents in Ontario will be paying tuition fees for the upcoming year."

Dr. David Naylor, the dean of medicine, said the residents "are in a unique situation in that they are at least part-time students." Dr. Kenneth Handelman of the PAIRO board said the decision recognizes "our hybrid nature as teachers, learners and service providers."

The situation is dramatically different from last year, when the university instituted an annual tuition fee of \$1950 for residents. It backed away from the proposal after an angry outcry (see *CMAJ* 1999;161[5]:478-9). In 1999, the medical school said it needed the money to help counter government underfunding. Naylor indicates that the final word may not yet have been heard on the issue. "The tuition fee has been set to zero [for 2000/01], but it will be reviewed again in a few years," he says.

The university's undergraduate medical students didn't fare as well as the postgraduates — first-year medical students at the U of T face a fee increase of 27% this year (see *CMAJ* 2000;162[13]:1861). PAIRO calls the latter increase "unjustified." — *Patrick Sullivan*, CMAJ

Manitoba pharmacists get conscience clause

The Manitoba Pharmaceutical Association now allows pharmacists to refuse to provide a prescription if they object to the prescribed drug on moral or religious grounds. Any pharmacist who invokes the conscience clause must still ensure that the customer's needs are met. Some pharmacists object to dispensing drugs like the morning-after pill because of their pro-life beliefs (see *CMAJ* 1999;161[7]:855-6).

"If you have moral or religious beliefs that might interfere with the provision of care, it is your responsibility to enable patient access," says Ron Guse, the association's registrar.

This may be possible in larger centres, but it is unclear how patients in more remote areas that have few pharmacists or pharmacies will be served. In these cases, the amended policy states that the pharmacist must discuss the situation with local prescribers.

The recent amendment to the association's Standards of Practice is "not a new concept to the profession of pharmacy or other health care professions," says Guse. "This is no different from the College of Physicians and Surgeons' Code of Conduct."

The Manitoba Medical Association declined comment on the issue, in part because its Board of Directors had not had an opportunity to consider the matter. — *Jane Stewart*, Winnipeg