The College of Physicians and Surgeons of Saskatchewan has passed bylaws that give foreign-trained doctors an extra year to pass the Medical Council of Canada Evaluating Examination (MCCEE) and reduce the length of time they must commit to staying in a given community. It hopes that the relaxed requirements will make the province a more attractive destination for international medical graduates (IMGs).

Previously, IMGs had a year to pass the MCCEE. Those who did not write it within a year or failed it were granted a conditional licence that gave them 2 more chances to pass the evaluation test but required a 5-year commitment to the community in which they were practicing. The issue of foreign recruitment is particularly important in Saskatchewan, where more than half the practising physicians were trained outside Canada; almost 1 in 5 of the province’s doctors trained in South African medical schools.

Under the new system, not only will foreign-trained physicians have 2 years to complete the MCCEE, they will also have 4 years to pass part 1 of the Medical Council of Canada Qualifying Exam (MCCQE) and 5 years to pass part 2. Previously, IMGs were required to pass both parts of the MCCQE during their 3-year provisional license period, with a failure to do so costing them their licence.

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Bryan Salte, the college’s associate registrar, says these changes should help make his province a more appealing starting spot for foreign-trained doctors. “We think this is as good a compromise as is possible between the competing interests,” he says.

He also says the changes will not affect the quality of care. “We are not licensing anyone we would not have licensed before,” he says. “We have always given licences to people before they have written the MCC exam, provided they met our postgraduate criteria. The only impact of these changes is to extend the period people have to write the exam.” — Greg Basky, Saskatoon

**Canadians continue to spend more on drugs than doctors**

The Canadian Institute for Health Information (CIHI) reported recently that Canadians’ spending on drugs likely hit an all-time high of $478 per capita in 2000. This represents an increase of 8.1% over 1999, or a 4.6% hike when adjusted for inflation. Per capita spending on drugs as a proportion of total per capita health spending has risen slightly every year between 1985 (when it accounted for 9.5% of total spending) and 2000 (15.5%). Spending on drugs now surpasses every other area of health care spending except hospital services and is 2% higher than spending on physician services (13.5% of total).

Prescription drug expenditures as a proportion of total drug expenditures have also risen steadily in the past 15 years, from 67% of the total in 1985 to a high of 77% in 2000. Over-the-counter drugs (12%) and personal health supplies (11%) accounted for the remainder of drug-related spending in 2000. Governments and government agencies picked up the tab for 33% of total drug expenditures in 2000, while private insurance plans covered 26%; the remaining 41% were out-of-pocket expenditures.

In 1998, the latest year for which provincial data are available, per capita drug expenditures were highest in Ontario ($483), PEI ($450) and Nova Scotia ($442), and lowest in the Northwest Territory ($306). Drug expenditures per capita as a proportion of total health expenditures were also lowest in the NWT (5.8%) and highest in PEI (17.3%) and Ontario (16.4%). The proportion of spending on prescribed drugs that was financed by provincial or territorial governments was highest in British Columbia (46.7%) and Ontario (37.8%), and lowest in the NWT (10.2%). — Shelley Martin, marts@cma.ca

**Saskatchewan hopes to ease MD shortage by easing licensing requirements**

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**Migraine drug recalled**

A recall has been issued for a migraine remedy purchased between Jan. 23 and Mar. 30, 2001. Novartis Pharmaceuticals announced the recall of double-strength pizotifen 1-mg tablets Apr. 2 because foreign tablets were found in some bottles. The company says consumption of those pills could cause hypotension. The recall applies only to Lot COL01371. Patients should return the drug to their pharmacy. — CMAJ

![Total drug expenditure per capita, by province, 1998](chart.png)