

Annonce

UK to reduce trainees' hours

The UK Department of Health has ordered National Health Service hospitals to make concerted efforts to reduce the number of hours being worked by trainee doctors. The hospitals have been given 18 months to comply with the European Working Time Directive, which is being extended to junior doctors by August 2004. By then, their average work week must be reduced to 58 hours.

Current government guidelines are well within this target, with trainee doctors being contracted to work a maximum of 56 hours per week as of this August. Tough action is now being taken to enforce the new plan — a hospital trust in Scotland is set to lose 4 training posts after continually failing to come up with staff rotas that comply with the new ceiling.

Solutions suggested by the Department of Health include new working patterns, cross cover between related specialties, and the use of other health professionals; £7 million is being spent on pilot projects to conduct a baseline assessment of the impact of the directive.

The Royal College of Physicians welcomed the new guidelines, saying that they “recognized the very real problems” facing small hospitals “that need to provide high-quality in-patient service for acutely ill medical patients yet have few doctors — juniors or consultants. There are many emergencies where only immediate help from a skilled doctor is appropriate.”

Although the Academy of Medical Royal Colleges also supports the aims of the proposals, it drew attention to potential pitfalls, including the dependence on doctors-in-training to deliver care and the reduction in training time available to them. — *Cathel Kerr, Fife, Scotland*

Home in Florida, drugstore in Manitoba

When Blue Cross of Florida advised that it would no longer cover prescription drug costs, I did what nearly a million other Americans were already doing. I looked north. Finding an Internet pharmacy was easy, and the FDA's prohibition on this cross-border commerce had a hollow ring because many American politicians promote such sales. I recently sent my first order north to Canada, and it provided a lesson on why this practice is so common.

At my drugstore in Fort Lauderdale, the drugs my physician prescribes would cost \$142.37 per month (all figures US dollars), or \$427.11 for a 3-month supply (the maximum cross-border shipment available). By ordering from an online pharmacy in Manitoba, my 3-month cost dropped to \$244.16, plus a \$13 shipping charge — a 44% reduction. The cost of my 10-mg Lipitor alone fell from \$225 to \$132.

Ordering the drugs was simple. I completed a medical questionnaire, listing drugs I was taking and why, family and recent medical history, and the name, phone and fax number of my physician. I then faxed the prescriptions to Manitoba for a 3-month supply plus a 3-month refill. My doctor was not surprised — he tells his patients to do the same thing.

When I received my package 3 weeks later, I noted that a physician had approved my order and affixed his name. Two of the drugs were identical to ones I had been receiving from my drugstore and 2 were generic equivalents.

But buyer satisfaction is bad news for US sellers. John Rector of the National Community Pharmacists Association says Canadian online sales are “increasing geometrically” and are “absolutely” affecting US pharmacists.

Larry Kocot, senior vice-president of the National Association of Chain Drug Stores, estimates the value of this diversion to Canada at between \$600 million and \$1.2 billion annually. “That's bound to turn a few heads,” he said, “and it's growing by the week.” — *Milan Korcok, Florida*



Dan Hamilton

Chuck Hamilton, vice-président de la Division des services financiers de Gestion MD, est heureux d'annoncer la promotion de Dan Hamilton au poste de vice-président adjoint, Ontario, compter du 10 février 2003. Dans son nouveau rôle, Dan dirigera les activités des bureaux régionaux de l'Ontario de Gestion MD.

Il a près de 20 ans d'expérience dans le secteur des services financiers et il s'est spécialisé dans des domaines comme la gestion du patrimoine et la planification successorale. Depuis qu'il est arrivé à Gestion MD en 1998, Dan a travaillé à Toronto et il était jusqu'à récemment directeur régional du bureau de Lakeshore de MD, qui dessert Hamilton, Mississauga, et St. Catharines. Avant d'arriver à Gestion MD, il a occupé divers postes de gestion de niveau supérieur dans une grande société de fiducie canadienne. Il a un baccalauréat en commerce de l'Université Concordia, ainsi que le titre de planificateur financier agréé et celui du Specialist Trust Institute.

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