



[Dr. Dauphinee and Ms. Thurber respond:]

Along with Drs. Becker and Smith, we are sensitive to the plight of the post-1989 medical school graduates who have been charting their careers in the midst of a tangle of changing regulations. This transition period put a virtual stop to the option of re-entry because all existing government-funded positions were filled by the new graduates completing the requirements for certification and licensure. The number of re-entry trainees was the number of all trainees who had previously been in practice. This number decreased by 40% between 1988 and 1995 because no new re-entry trainees were admitted to replace those who had completed and left training. Smith notes our oversimplification that all current graduates will have completed specialty training before licensure. His point is well taken. We recognize a continuing need for re-entry training of our current graduates and the significance of this option for specialties such as psychiatry, community medicine and laboratory medicine, which have obtained many of their physicians through re-entry.

Dr. Narini is obviously 1 of many physicians victimized by the situation that our data describe. Unfortunately, his letter implies that our figures fail to validate his experience. On the contrary, our data confirm his personal experience and explain why it happened.

Because those involved in funding postgraduate training realize that a physician who re-enters training will not result in a new addition to the total practice pool, we expect that in the future training positions will become available for more practising physicians. The decreased number of new

Canadian graduates who will start training in July 1997 and the impending retirement of specialists, who form our oldest category of physicians, mean that space in training should become available for practising physicians who are seeking further specialty training.

We are surprised by some of the reaction to our article. The accompanying Editor's preface may have inadvertently set the stage by suggesting that things are not as bad as they seem. In our view, the opportunity for re-entry to postgraduate training will improve only if sufficient re-entry positions are supported by governments in a time of restraint and if the profession and organized medicine support the need for these positions. If provincial ministries cut the number of entry positions to only those needed for graduating students, a key opportunity to avoid the experiences of Narini and others like him will be lost.

Dale Dauphinee, MD

Executive Director
Medical Council of Canada

Dianne Thurber, MA

Director
Canadian Post-MD Education Registry
Ottawa, Ont.

Received via e-mail

Furious about the forum

I am greatly distressed that *CMAJ* has given Dr. Mamoru Watanabe a platform from which to speak on behalf of the National Forum on Health ("A call for action from the National Forum on Health," *Can Med Assoc J* 1997;156:999-1000).

Although it is well within the realm of public policy to decide what percentage of the gross domestic product from public monies should

be spent on health care, it is unacceptable and intrusive for government to decide how much of their own money individual citizens can or should pay for health care or anything else. This fundamental flaw in our public policy was never even addressed by the forum, even though more than 28% of all money spent on health care in Canada involves private-sector spending.

The forum has apparently failed to notice the remarkable strife that has arisen at the provincial level, largely because the federal government has withdrawn billions of dollars in funding. The results include growing waiting lists, unemployed nurses and angry confrontations between physicians and provincial governments. Considering this, I am astounded that Watanabe concluded: "We must expand publicly funded services to include all medically necessary services." He added that "the evidence suggests that increasing the scope of public expenditure may be the key to reducing total costs." I am not an economist, but it is absolutely preposterous to propose that, in the face of massive federal cutbacks, the scope of public expenditures be increased.

I concur entirely with the support for more focused spending on children's health, particularly for children living in poverty, and a commitment to evidence-based medicine. Overall, however, the National Forum failed to bring any new thinking to the very real fiscal problems facing medicare in Canada. The forum may have served its Liberal masters well, but it failed to address or even acknowledge the serious problems front-line clinicians witness every day.

Derryck Smith, MD

President
British Columbia Medical Association
Vancouver, BC