Australia eyeing Canada’s rural MDs

Australia, which used to rely on the United Kingdom to help meet its need for rural physicians, is now gazing toward Canada. And that may be bad news for small Canadian communities facing their own physician shortages.

“As our dollar weakened against the English pound and the general conditions of UK GPs improved, it has become less attractive for English graduates to work here,” explained Dr. Felicity Jeffries, a recruiter with the Western Australian Centre for Remote and Rural Medicine. “We thought it would be worth while to pursue Canadian family physicians, especially those working in rural areas.”

Some Canadian doctors appear interested. Jeffries said a recent advertisement in CMAJ (Dec. 14, p. 1617) attracted about 20 enquiries. “The majority were from doctors with young families looking for a working holiday, but I had a few from older doctors whose families have grown up and who are anxious to try something new.”

Jeffries is hoping to fill locum positions lasting 3 months to 2 years, although permanent assignments can be arranged. “The aim is to give our rural doctors a chance for a holiday,” she said.

Western Australia, which has a population of 1.8 million, has 380 rural GPs and advertises 50 vacancies each quarter. Australia produces 400 new GPs a year, including 42 in Western Australia; Canada produces about 800 new FPs annually.

Jeffries tries to attract Canadians by offering free airfare to physicians coming for at least 6 months. She also ensures that their immigration and medical board requirements are met. Doctors accepting the offer are paid at least Aus$2250 (roughly Cdn$2150) a week, along with a free house and car.

Did Jeffries learn anything during a recent recruiting trip to Canada? “I realized that you have exactly the same problem that we do in recruiting rural doctors,” she said. — Patrick Sullivan, CMAJ

Banting featured on millennium stamp

Sir Frederick Banting, one of the codiscoverers of insulin, has been honoured by a new Canada Post Millennium Collection stamp. In 1923 Banting shared a Nobel Prize for physiology and medicine with Dr. J.J.R. Macleod because of the discovery. The Millennium Collection contains 68 stamps that focus on Canada’s humanitarian and other efforts.

Detecting hep C for $1.5 million a case

A new test that will detect about 13 additional cases of hepatitis C in blood donations annually at a cost of $20 million is now in place in Canada. “We’d rather be criticized for being overly cautious than not cautious enough,” explains Canadian Blood Services (CBS) spokesperson Ian Mumford. The high cost was criticized in CMAJ even before the program was launched (1999;161[2]:129).

Nucleic acid amplification testing (NAT) detects low levels of viral genetic material before the body begins producing antibodies. This means that it can detect hepatitis C in blood given by someone who became infected just 14 to 28 days earlier. The current test detects the virus about 70 days after a person has been infected (CMAJ 1999;160[5]:699-700).

This may result in an additional 4 to 6 cases of infection being detected each year in Canada. Because each blood donation can produce 2 or more components for transfusion, NAT has the potential to prevent up to 13 cases of hepatitis C infection each year. NAT was implemented Oct. 26 at regional laboratories in Vancouver, Toronto, Ottawa and Halifax.

With the new test, says Mumford, Canada will continue to uphold international standards; this is considered vital, because Canada imports 60% of its plasma products from the US, which implemented NAT last summer.

Mumford doesn’t know where CBS will draw the line when it comes to the cost benefits of new technologies, but the year-old not-for-profit organization will be examining that question. “We have to ensure that we spend taxpayers’ money in an appropriate way, but the public says they want this to be as safe as it can be to avoid what happened in the ’80s — $1.4 billion in compensation, thousands of lives affected and great tragedy.”

The Canadian Hemophilia Society agrees. “We feel NAT is a big step forward and shows that the CBS really is a new organization,” said Vice-President Mike McCarthy.

The CBS has also introduced leukoreduction, which filters out white cells to reduce the incidence of adverse reactions to transfusions. It costs $15 million a year and also ensures that the CBS — www.bloodservices.ca — meets international standards. — Barbara Sibbald, CMAJ