

User fees if necessary but not necessarily user fees: CFPC

Publicly funded home-care and pharmaceutical programs should become part of medicare, the College of Family Physicians of Canada (CFPC) says.

The college set out these and other priorities in its submission to Roy Romanow's Commission on the Future of Health Care in Canada. It was released during the college's October annual meeting in Vancouver.

In his plenary address to the college, Romanow hinted that he is looking favorably at advocating some sort of national home-care program but said the issues surrounding a national pharmaceutical program are more complex.

The college submission is noteworthy because it states twice that user fees for some medical services will be inevitable unless the system receives adequate funding. In an interview, college Presi-

dent Donald Gelhorn said this does not mean the college is advocating the use of user fees but wants Romanow to look at all options for increasing funding.

"The CFPC supports a single-payer, publicly funded system for all medically necessary services," the brief states. "We also recommend that medically necessary home-care services and essential prescribed medications be included within our nation's medicare program.

"It is our position that patients must be assured that they will not have to pay directly for medically necessary services even if such services are delivered by the private sector."

The submission adds: "We do not advocate user fees but are concerned that inadequate public funding for the services needed by our patients will lead to no other choice." Later in the same

report, the college again states that user fees "may be inevitable" unless more effective public information and education strategies are introduced to encourage more responsible use of the system.

The submission also deals with a number of other issues, including the need for adequate health human resources, and it calls for the addition of a new principle, accountability, to the Canada Health Act. As part of a human resources strategy, the college says licensing bodies should make it easier for physicians already licensed in Canada to practise in other parts of the country. It also said that well-trained foreign physicians should be encouraged to relocate here.

Romanow concluded by calling on the college to provide concrete proposals for improving the system. — *Pat Rich, CMAJ*

PULSE

Medical school enrolment rebounds

First-year enrolment in Canadian medical schools increased for the fourth consecutive year in 2000/01, when it stood at 1763 students. It had reached a 30-year low of 1577 students in 1997/98. The 12% increase since

1997/98 closely matched the announced increases in undergraduate enrolment made by provincial governments. Approximately 140 more positions have been promised over the next 2 years.

These increases will play a significant role in addressing the potential future shortage of physicians identified by national medical organizations in the Canadian Medical Forum's 1999 report, *Physician Supply in Canada*. The increases also restore the 10% cut in enrolment made on the recommendation of the 1991 Barer/Stoddart report. Enrolment was already declining when that report was released, so the reduction translated into 16% fewer positions than in 1983/84, when Canada had 1887 students begin their medical education.

Alberta, Ontario and Quebec experienced the largest changes last year, with first-year enrolment increasing by 23%, 9% and 6% respectively. First-year female students outnumbered males and comprised 54% of the 2000/2001 first-year class.

Increases in enrolment are not yet reflected in the number of medical degrees awarded by Canadian universities. Preliminary data for 2001 indicated a decrease of 37, from 1578 in 2000 to 1541 in 2001. This is the lowest recorded number of graduates since 1975. — *Lynda Buske, lynda.buske@cma.ca*

