

used internationally, a trend that is bound to continue as it is now the world's leading open-access, general medical journal. "We are open to the world through open access and the world is coming to us," says Stanbrook. "It's absolutely vital that we remain open access."

The Internet has revolutionized how we present science, he explains, citing examples such as preprints online and online-only journals like *PLoS Medicine*. "It's a time of transition for everyone. It's like science on speed."

To stay connected to practice, Stanbrook, like Hébert, will devote about a day a week to patient care. Stanbrook, 37, is married to general internist, Dr. Nadine Abdullah. — Barbara Sibbald, *CMAJ*

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Pharmacare for children

slow to gain ground in NS

Low-income families are not flocking to sign up for Nova Scotia's new Low Income Pharmacare for Children program. To date, approximately 6500 families out of a potentially eligible 35 000 have registered for the program, which was launched Oct. 1, 2006.

However, the small numbers are not necessarily a concern, says Linda Laffin, spokesperson for the Community Services department that oversees the program.

First, she notes, it's unclear exactly how many families actually qualify for the program, which requires participants to pay only \$5 per prescription. This uncertainty stems from the fact that eligible families must meet 3 criteria: they must have children under 18 years of age; an annual household income below \$20 921; and be in receipt of the Nova Scotia Child Benefit. However, the latter is administered by the federal government, which does not release its mailing list. It did, however, send a notice about the program to all Nova Scotia families on that list.

In addition, low-income families who are covered under a drug program through work are ineligible while those

on social assistance are already covered. These numbers are also not known.

As well, "People may not apply until they need it," Laffin says, noting that the number of applicants doubled in the first 2 months of 2007.

The slow growth means additional revenue for the province. It had committed \$1 million for the last 6 months of this fiscal year, but had only spent \$113 000 by the end of January.

The province is now planning to send a second letter to child benefit recipients and is exploring other options, including more advertising, for getting the word out. — Donalee Moulton, Halifax

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Proposed Alberta physician agreement sets new template

Canada's wealthiest province has traditionally set the benchmark for physician fee increases across the nation as most jurisdictions believe they must match Alberta or risk having their physicians poached or persuaded to pack their bags for Wild Rose Country.

From that perspective, the Mar. 13 trilateral fiscal agreement between the Alberta Medical Association (AMA), the provincial government and the province's 9 health regions augers well for other negotiators as it proposes a 4.5% pay increase in both the current and coming fiscal year.

However, the unique deal may also set a new template for redressing threats to the viability of community practice through a multi-pronged solution that includes retention bonuses and targeted monies for overhead costs.

AMA President Dr. Gerry Kiefer says this "made-in-Alberta approach" should help the province retain its 7100 physicians and attract the estimated 1500 additional doctors needed to handle a population boom of 11% over the past 5 years.

"I'm hopeful it will make practice in Alberta attractive," says Kiefer. It should also help redress financial pressures faced by family and community practitioners, he adds.

Alberta physicians are now voting on the agreement through a mail-in ballot. Results are expected in early May.

At the core of the proposed \$580-million deal lies the 4.5% hike in the fee schedule, which will increase Alberta's overall outlay to \$1.7 billion this year and \$2 billion in 2008.



The proposed \$580-million deal for Alberta physicians should help mitigate some of the boom-related stressors.

The agreement also sets aside \$103.5 million over 2 years for initiatives to help cover skyrocketing overhead costs, including rent and salaries, associated with the province's oil and gas boom, as well as keep Alberta physicians at home by paying them an annual 2.8% retention benefit. The amount of the latter depends on how long a physician has practised in the province and the amount they bill. Doctors billing over \$80 000 annually are eligible for a 100% retention payment. The majority of the province's physicians are expected to receive either \$8000 (for 16–25 years of practice) or \$10 000 (for 26 or more years).

The agreement also provides \$56.5 million for a new clinical stabilization fund targeted at under-served communities, like Fort McMurray. Some \$17 million of that fund will be set aside to help offset higher overhead costs associated with practice across the province.

The agreement also reserves roughly \$175 million over 2 years for continuing