

officer of the Swedish National Pharmacy Corporation Apoteket AB.

Denmark takes a more Canadian-style approach, in that regulation of physicians isn't directly coupled with compensation. "We have split the judgment of complaints totally from the compensation side," Paul Bartels, medical director of the region of Middle Jutland, says. He adds that Danish patient insurance functions in such a way that if patients prove harm caused by any actions "below the standard of a very experienced doctor," they are compensated.

The Danish system locates a patient advisor's office in each hospital or regional administration to serve as a sort of on-site ombudsman. Patients can complain about doctors or even broader issues like waiting times.

Beyond that lies the National Complaints Board, where panels of medical peers, lay people and a real judge issue rulings on whether a physician breached the law.

The rulings, which don't include financial damages, are offered on 3 levels.

The first, a statement of censure, essentially says that a doctor hasn't practised according to good principles. After 3 such reprimands, he or she is identified on an Internet registry as a "bad practitioner." Bartels says doctors find that "extremely degrading," although there are typically no financial or employment consequences.

A finding of negligence comes with both a fine and a professional evaluation. It can result in job loss, and frequently does.

The Board's third and final level of judgement is a rare finding of manslaughter, which results in the matter being promptly kicked over to the criminal courts.

Bartels says the flaw in the system is that it only allows for complaints to be made about individual medical professionals and not about a hospital or other institution, which might, for example, be running a medical service without adequate nursing staff or equipment. He explains: "You cannot bring the system to trial ... [which] is not cohesive with the patient safety movement." — Ira Allen, Paris, France

Foreign-trained doctors dominate pilot project

Skeptics call it a tremendous waste of medical talent, while proponents argue it could become a viable career path for international medical graduates who are unable to obtain residencies.

Neither conclusion is exactly what might have been expected from a series of Ontario pilot projects evaluating the use of physician assistants in hospital and other health care settings (*CMAJ* 2007;177[5]:177). Yet, given that 39 international medical graduates were among the 59 people hired as physician assistants in 4 Ontario demonstration projects, it may someday become the norm.

Dr. Joshua Thambiraj, president of the Association of International Physicians and Surgeons of Ontario, surmises that many international medical graduates opted to become involved in the projects because they simply lost hope of practising in Canada.

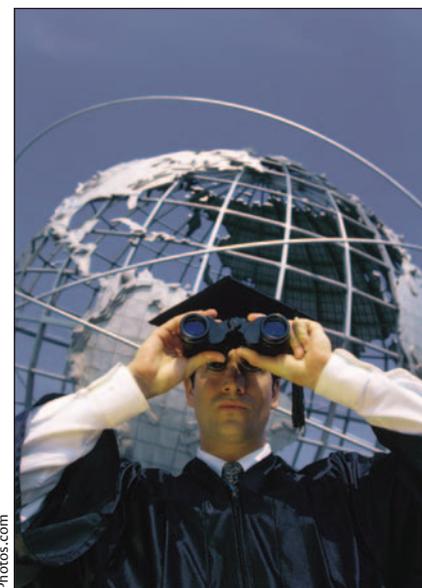
"The doctors that they have taken to be physician assistants have the knowledge and the capability to be full-fledged physicians," Thambiraj says. "Having said that, if the route to becoming a physician is so difficult it is almost impossible to get in, then this is a form of solution."

Hundreds of international medical graduates who had passed the Medical Council of Canada exams with excellent grades were contacted about the possibility of working as physician assistants.

The program has provided a second career option for international medical graduates, says Dr. Joshua Tepper, assistant deputy minister of Health Human Resources Strategy Division in the Ministry of Health and Long-Term Care.

"They will continue to have this other career opportunity, which would in no way suggest that we are limiting the number of opportunities for direct entry into the medical profession. It's just a complementary alternative."

Ontario now has 200 training and assessment positions annually for international medical graduates. Thambiraj estimates that of the 1800 members in his association, up to 800 are



The Ontario government actively recruited international medical graduates for 4 pilot projects to ascertain the value of physician assistants.

doctors who have passed all the necessary exams but have been unable to get residencies or assessments.

International medical graduates involved in the pilot programs were required to undergo a 9-step conversion that includes 4 months of training. Maurice Chapman, president of the Canadian Association of Physician Assistants, says the results will need to be studied before decisions are made on whether to include or pursue international medical graduates for future assistant positions, if they become available. The 1-year emergency room pilot has been completed; the 3 other pilots will wrap up by Mar. 31, 2010.

Using international medical graduates as physician assistants in the future could impact plans to establish educational programs at Canadian universities to develop a steady stream of suitably trained individuals. The University of Manitoba will launch Canada's first training program for civilian physician assistants in September 2008, while Tepper says the ministry is now negotiating with 2 Ontario medical schools to establish programs. — Benjamin Magnus, Ottawa, Ont.

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