of Canada. We have also fought for increased flexibility within residency training programs, and (along with the university departments of family medicine) have done all we can to offer such flexibility to those wishing to transfer into family medicine from residency programs in other disciplines. Unfortunately the CFPC cannot control the lack of flexibility offered by other specialty programs.

In the practice milieu, we have explored and will continue to advocate for improved and better supported practice models as options for family physicians to consider. Contrary to Dr Whatley's insinuation, we have no interest in forcing any family doctor into any single model of practice.

We will continue to work with our members and our colleagues in other organizations to help create a high-quality, flexible system, one that will improve the professional and personal lives of practising family physicians and attract increasing numbers of medical students to our branch of the medical profession. As we do so, we will also remain committed to helping Canada maintain the highest possible standards for training and life-long education of family physicians. I hope that what we are doing, will, in the long run, prove to be in the best interests of medical students, family doctors, and very importantly, Canadians who need well trained, well paid, professionally satisfied family physicians caring for them.

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Executive Director and
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Correcting an apparent contradiction

A contradiction in two statements in our paper "Location of family medicine graduates' practices. What factors influence Albertans' choices?"[1] has been discovered by one of our readers.

The two statements are "Graduates tended to practise in communities the size of those they lived in until 18 years of age" and "…graduates who lived in rural communities until they were 18 years of age were no more likely to choose rural practice locations than those who had lived in metropolitan areas."

A closer look at our data reveals an association between community lived in until 18 years of age and current practice location. Of those who lived in a rural community until 18 years of age, 29.7% indicated that they were currently in a rural practice. Of those who lived in a metropolitan area until 18 years of age, 14.9% were in rural practice. Thus, our data are consistent with the findings of other studies that show the importance of rural background as a predictor of rural practice location.

We regret any misunderstanding that might have occurred and wish to set the record straight. A wording change in the various drafts of the paper appears to have conveyed something different than was originally intended.

We are grateful to our readers for their interest and thorough review of our paper and for pointing out this inconsistency. It is this process of open peer review that moves research forward.

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Reference

1. Szafran O, Crutcher RA, Chaytors RG. Location of family medicine graduates' practices. What factors influence Albertans' choices? *Can Fam Physician* 2001;47:2279-85.

Is a 5% decline in physician supply significant?

A recent study by the Canadian Institute for Health Information (CIHI) suggests that there has been a 5.1% decline in physician supply in Canada between 1993 and 2001 and a 7.0% increase in workload among GPs and FPs.[1] Given current perceptions of physician shortages and increasing numbers of GP/FP practices that do not accept new patients, it is hard to believe that less than 10 years ago, results of a survey conducted by Angus Reid for the Canadian Medical Association found that almost half the physicians in Canada said enrolment in medical schools should be cut.[2]

So what does a 5% decline from what was considered to be an oversupply situation really mean? What effect does a 7% increase in workload have on the daily lives of doctors? What