I certainly agree with many of the points made in the interesting editorial "Dissatisfaction: how it has grown" (*Can J Surg* 2005;48:93-4). It is difficult to attract the interest of young students and residents into a surgical subspecialty when the dissatisfaction level of the staff surgeons is so high. We have become a rather grouchy lot.

Increased recruitment of young surgeons on staff at hospitals is crucial to provide safe patient care and to produce a lifestyle acceptable to all surgical staff. As medical director of a large academic health centre, when I raise the issue of a surgical recruit at our regional recruitment meetings, the attendees emit a general sigh because of the 1.2- to 1.6-milion dollar budget associated with a new recruit (e.g., operative time, clinic space, office space, beds).

We are trying to turn this around by asking surgical services to come up with 5-year plans (to the best of their ability) regarding manpower and service delivery. We are trying to tie this future recruitment need to ongoing budget cycles so that funds are available for known service needs in the future. With the monies budgeted for and in place, the recruitment of the individual to fill a position becomes a much easier task.

A commitment to young recruits early should aid in stabilizing services and make everyone's work more satisfying. This process is only in its infancy, but it seems to me that service delivery planning over a 5-year period needs to lead recruitment. Presently, we must compete for new recruitment dollars annually. Using a regional approach to recruitment tied to service delivery has significant advantages.

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I found the editorial in the April issue (*Can J Surg* 2005;48:93-4) excellent and agree with all the points raised.

It is my feeling that presently in Canada the biggest problem facing medicine is the shortage of general practitioners. I do agree that surgeons are also short in supply, but the major problem facing the patient population is finding a family doctor. The system needs to make family practice more appealing (i.e., more remunerative and less onerous).

One of the ways I believe this problem could be addressed would be to look carefully at the "core curriculum" presently being used in medical schools. This curriculum requires students to set their career path after roughly 2 years of medicine. I believe this system robs the country of better potential physicians, as it is extremely difficult for a student at that time in the course of training to make such an important decision. With the core curriculum, once a path is chosen there is an unwavering ideal that it cannot be changed.

During my training years, many students chose several different paths before settling on the best one for them. It took me 5 years of family practice to realize that I would be much happier in orthopedics, and it wasn't difficult for me to go and get this training and do what I enjoy doing very much. I do not believe that this is possible at present.

Other major issues relate to lack of adequate facilities to provide elective care.

Some improvements have been made, and interesting public–private partnerships have been developed. In the Kelowna area, the local health region has contracted out some outpatient surgical services to a private operating room facility. More of this, I think, would help offset the lack of adequate facilities across the country. The contract that was developed between the health region and the private clinic was developed de novo. It was an excellent document and perhaps could be used in other areas. When this contract was being developed, no similar contract was available to be used as a template.

Governments need to focus on increasing the numbers of alternate-level care beds to free up acute care beds and allow hospitals to work more efficiently.

Our area has been approached by the University of British Columbia's Medical School to help in training residents and students, which is proving to be a significant challenge and I think will be very interesting over the next few years.

Although many of us practising in the Kelowna region would like to return something to the community, part of the reason that we practise in a semirural area is to get away from the university and academic setting. This kind of conflict will be difficult to work out and will require significant cooperation between the universities and the local hospitals.

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