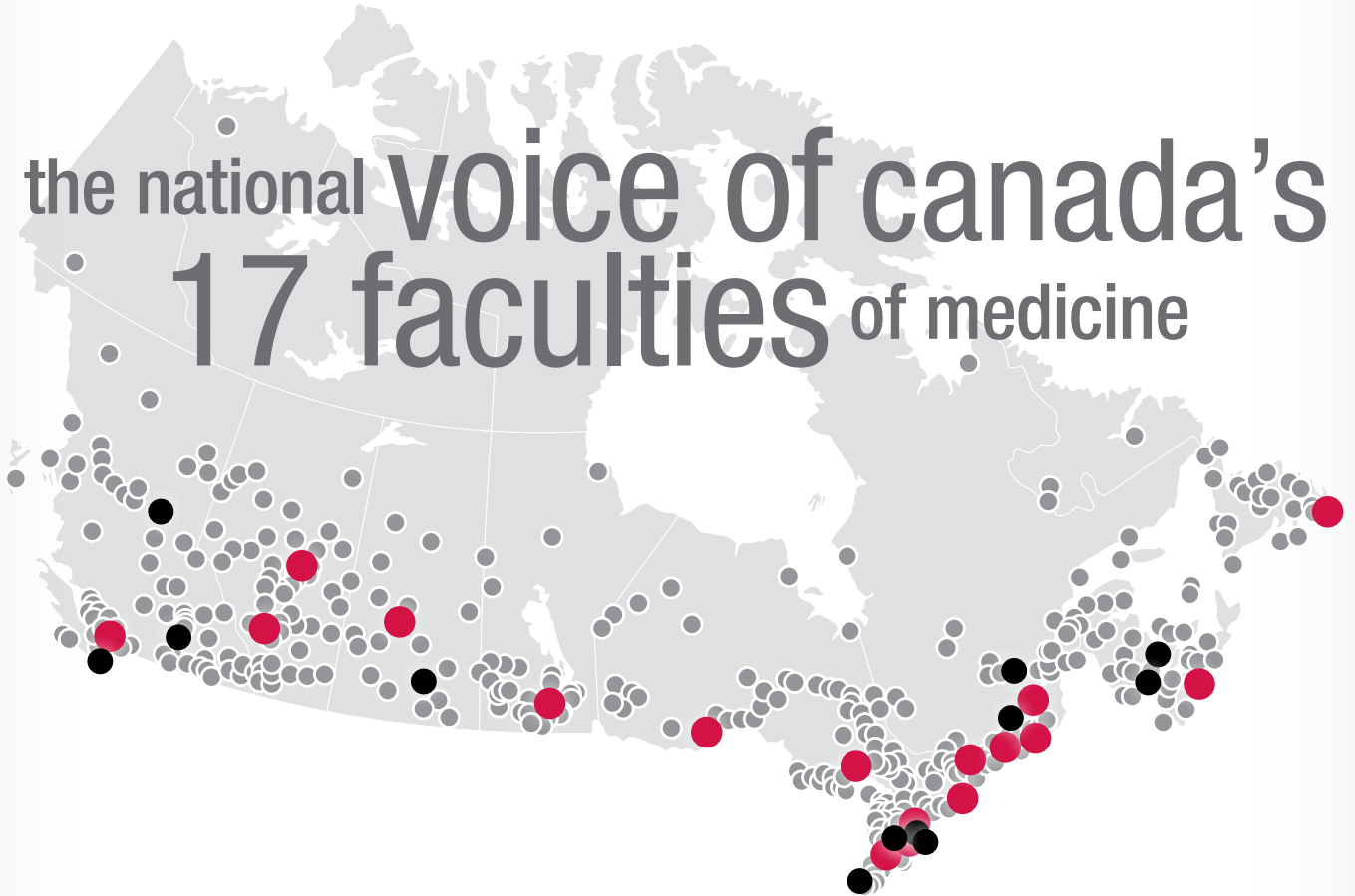


the national **voice of canada's**
17 faculties of medicine



AFMC

The Association of Faculties
of Medicine of Canada

ANNUAL REPORT 2012-13

MISSION STATEMENT

AFMC is the academic partnership of Canada's faculties of medicine. Through our collective leadership, expertise and advocacy, we will achieve excellence in education, research and care for the health of all Canadians.

VALUES

Excellence

To achieve excellence in all its endeavours, AFMC will apply innovation, ingenuity, creativity, inquiry, discovery, and continuous quality improvement.

Inclusivity

AFMC embraces differences amongst people and respectfully creates value from diversity of ideas, culture and language.

Collaboration

For AFMC, collaboration is both a process and outcome that engages different perspectives and involves partnerships between organizations, professions and individuals.

STRATEGIC GOALS

- To support Canadian faculties of medicine and their faculty members, staff and learners.
- To be the leading national advocate and knowledge resource for academic medicine.
- To lead collaborative initiatives that achieve excellence and innovation in academic medicine.
- To integrate academic medicine into the health system, with the goal of improving the health of all.

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Message from the Chair

As Dean of the Faculty of Medicine at the University of Ottawa and Chair of the AFMC Board of Directors, I am very pleased to present this annual report for 2012/2013. As I am sure you will agree, this year has been one of significant activity for AFMC in a number of important areas. In the following pages you will find reports from staff on a number of significant files and I will resist the temptation to mention them all here. I will, however, point to some elements that I think are of particular relevance to us all as we move into this next fiscal year.

Before I do this, however, I would like to extend a heartfelt thank you to my colleagues, Canada's Deans of Medicine, for their commitment and dedication to the work of AFMC. Our Board Members play a critical role in setting and implementing our collective vision, and without exception AFMC Board Members have been actively engaged, forward looking, and a genuine pleasure to work with.

I would also like to thank the committed and hard-working staff at AFMC, without whom our collective vision would be nothing more than a vision. At all levels of the organization, these individuals work on behalf of Canada's faculties of medicine with a level of commitment and integrity that can make all of us proud. It is often stated that we are an organization that 'punches above its weight', and this is largely a function of the quality of those working on our behalf.

I would be remiss if I did not point out that this report will be the final one produced under the leadership of our current President and CEO, Dr. Nick Busing. When Dr. Busing arrived at the AFMC, it was a small organization with moderate reach. Over the last seven years, working closely with the Board of Directors, he has effectively grown the organization, in terms of staff, financial resources, and perhaps most importantly, vision. He has challenged us all to think more broadly about the work we do, the impact we have on the lives of Canadians, and the potential we have in leading transformation and continually adapting medical education to reflect the needs of our faculties, our learners, and the larger population which we serve.

I am certain that I speak for all of my colleagues, and the larger community within our faculties, when I wish him only the best in his future endeavors and thank him for his contributions to academic medicine in Canada. In the very near future we will be announcing a new President and CEO, and while they will certainly have large shoes to fill, I am equally confident that they will not only do so, but will continue to lead the organization in new and exciting directions.

This last year has seen AFMC's contribution to several areas solidify in important ways, and new activities begin to take root. *The Future of Medical Education in Canada (FMEC)* project continues to bear fruit; the recommendations from the MD and PG reports are being implemented in various ways across the country and have stimulated some critical reflection and innovation across the country.

As you will read about in more detail in this report, important discussions are underway with our colleagues in the United States regarding the nature and form of accreditation of Canadian medical schools. As I am sure you can imagine, the outcome of these discussions have the potential to be truly transformative. We will certainly keep you apprised of any developments in this area. Regardless of the outcome, these discussions have begun a very important process of reflection that will certainly serve us all well into the future.

Building on the first recommendation of the FMEC PG report, which calls for a greater alignment between the physician workforce and the needs of Canadians, AFMC has begun to work closely with Canada's Deputy Ministers of Health and Health Canada to explore concrete possibilities and the promise of a Pan-Canadian health human resource data collection and analysis process. This process will serve as an important resource to provinces and territories as they make important planning decisions that affect all Canadians; it is my sincere hope that at this time next year, I will be able to report on a pilot project to test the concept that is well underway.

Slightly closer to home, AFMC's e-Learning initiatives have expanded significantly this year, with important projects underway in partnership with Canada Health Infoway and the Alberta-based Norlien Foundation. These two projects, and the Canadian Healthcare Education Commons, have already resulted in the creation and dissemination of exciting new resources for medical educators and learners.

As many of you are also aware, AFMC has embarked on the development of an online process to streamline the process for our students to select and apply for visiting electives across the country. These initiatives, as important as they are, have catalyzed some equally important conversations within our community about the ways in which we teach our learners and the promise of new technologies to our collective work.

Finally, I would like to point to the important role AFMC has grown into in terms of advocacy and external representation. Bringing the voice of Canada's 17 faculties of medicine to bear on public discourse and debate has been a major focus of AFMC and our efforts are paying off. Our relevance to discussions across the country in areas such as health research, health human resource planning, social accountability and the future of medical education cannot be denied. I am certain that as time goes by, our relationship with governments, our stakeholder partners, learners and our wider community of medical educators will only grow.



Dr. Jacques Bradwejn
Chair, Board of Directors



Message from the President and CEO

As many of you undoubtedly already know, I am retiring from AFMC this summer and this is, therefore, my final President's message. I want to take this opportunity, therefore to reflect on the seven years I have spent with AFMC. The time has passed by very quickly and this is in large part due to the stimulating environment and multitude of challenges facing academic medicine.

I want to briefly highlight five areas: governance, finances, accreditation, advocacy and projects. But before doing that, I want to express my profound thanks to the wonderful staff I have had the privilege of working with. Under the leadership of my senior team, Mr. Steve Slade, Mr. Irving Gold, and Dr. Geny Moineau, the entire AFMC staff has lent me incredible support; in fact, any AFMC accomplishments to date can be credited to the entire team. I also want to thank Nicole Boyer for her unstinting and complete devotion to both me and the organization.

GOVERNANCE

When I arrived at AFMC, I hoped to lead a process of board reform in order to reduce the size of our board and make it more nimble. The result of that process was, perhaps not surprisingly, an enlarged board with the addition of four public members! These public members have served us well. I do think that the size of our board will still be an issue for my successor. AFMC has been served exceptionally well with six presidents over my 7 years; each has brought enthusiasm and commitment to the job and each has challenged me to reach further and accomplish more.

Additionally, we have reworked the structure of our extensive volunteer base comprising our standing committees, resource groups and interest groups, which are such an integral part of AFMC. I want to mention how indebted I am to the hundreds of volunteers across our faculties of medicine who make day-to-day contributions to academic medicine, be they in the domains of education, research or clinical care.

FINANCES

AFMC is a modest organization, supported largely by the membership fees contributed by our faculties of medicine. Our faculties have been extremely generous during my tenure; in fact, their contributions have more than doubled over the past seven years. However, if the vision to increase AFMC's services to members and to engage more significantly in large policy discussions is to be achieved, additional revenue sources are critical. Our board will have to reflect seriously on our strategic goals, and make a determination with regard to the resources required to fully implement them.

Our many volunteers meet regularly, year after year, frequently at the time of our CCME meeting. The productivity of these meetings and discussions cannot be underestimated. That being said, the travel and accommodation costs for these meetings has become an increasing burden for some of our faculties of medicine. As a response, we are developing ways to enable our groups and committees to meet more frequently, efficiently, and at a lower cost, including webinars, virtual videoconferencing rooms and greater use of conference calls. We need to be careful as we make difficult financial choices – AFMC would not be able to function without the enormous contributions of these individuals, and the work they do when they are together, either virtually, or in person.

ACCREDITATION

From the outset of my tenure, I felt there was a conflict for your President and CEO to also be the Secretary to CACMS and CACME. After substantial discussions with the board, support was given to separate the two positions. We now have Secretary of Accreditation that resides outside the CEOs office. I believe this has been an important step in minimizing any perceived or real conflict of interest, for both the board members, most of whom are deans, and the CEO.

Another critical accreditation activity relates to the discussions that the CMA, AFMC, and CACMS are having with our American counterparts. The aim of the discussions is to create a more flexible accreditation environment in Canada in which we can introduce Canada-specific standards. These standards would reflect our social accountability mission and other features of this great country. Moreover, CACMS would more easily make decisions relating to Canadian medical schools. We are having these discussions in the context of wishing to maintain the LCME Brand, which includes important reciprocity and equivalency.

Finally, we have developed a very robust interim review process for UGME accreditation, one that emphasizes the importance of continuous quality improvement. This has been launched in all our faculties, with enthusiasm and commitment.

ADVOCACY

I remember vividly the discussions with the selection committee for the new CEO when I was offered this job. A strategic planning retreat prior to my employment had identified the need for AFMC to be more visible, to be more engaged in policy discussions, and to build stronger relationships with stakeholders, including governments, so that the collective voice of our medical schools would be more effective. We have initiated a significant number of activities to enhance our advocacy efforts. We have established a very successful Deans on the Hill day. AFMC staff now regularly appear before Committees of the House of Commons and the Senate. We have ongoing discussions with senior bureaucrats and politicians on Parliament Hill. We have enhanced significantly our relationships with other stakeholders such as ACAHO, CIHR, the Royal College of Physicians and Surgeons of Canada, the

College of Family Physicians of Canada, the Canadian Medical Association, the Medical Council of Canada, the Federation of Medical Regulatory Authorities Canada and with many learner organizations. We have reached out to organizations such as Rx and D, Research Canada, Canada Health Infoway and Norlien to further build our contribution to health care in this country. It is my hope that AFMC will continue to enable this growth.

PROJECTS

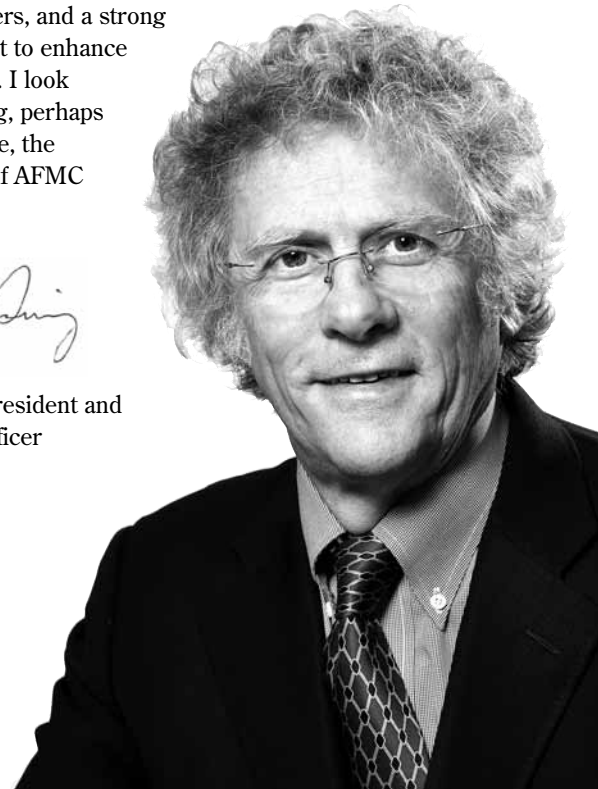
Securing funding for a number of critical projects has been one of the hallmarks of the past seven years. Projects linking academic medicine to our social accountability mission were already underway when I arrived. They included such projects as working with the Indigenous Physicians Association of Canada, addressing end-of-life issues, supporting our Francophone minority communities outside of Québec. The most important initiative during my tenure has been the development and implementation of the FMEC M.D. and PG report.

I believe that the recommendations emanating from these reports have the potential to be, if implemented, truly transformative in addressing and improving the quality of medical education in Canada. There are so many lessons to be learned from these projects; I believe they stand out as examples of the strengths of collaboration, inclusiveness, and academic rigor. Soon we will be focussing on CPD, the purpose of which is to enhance the learning environment for the practicing physician.

There are many more items I could flag but I hope this short list reflects to you the work and commitment of AFMC during the past 7 years. I leave behind a wonderful staff, committed volunteers, and a strong unified commitment to enhance academic medicine. I look forward to watching, perhaps from the golf course, the continued growth of AFMC and its influence.



Dr. Nick Busing, President and Chief Executive Officer



BOARD OF DIRECTORS

Dr. James Rourke, Dean, Faculty of Medicine,
Memorial University of Newfoundland

Dr. Thomas J. Marrie, Dean, Faculty of Medicine,
Dalhousie University

Dr. Rénauld Bergeron, Doyen, Faculté de médecine,
Université Laval

Dr. Pierre Cossette, Doyen, Faculté de médecine et des
sciences de la santé, Université de Sherbrooke

Dr. Hélène Boisjoly, Doyenne, Faculté de médecine,
Université de Montréal

Dr. David Eidelman, Vice-Principal (Health Affairs) &
Dean, Faculty of Medicine, McGill University

Dr. Jacques Bradwejn, Dean, Faculty of Medicine,
University of Ottawa (Chair, AFMC Board of Directors)

Dr. Richard Reznick, Dean, Faculty of Health Sciences,
Queen's University at Kingston

Dr. Catharine Whiteside, Dean, Faculty of Medicine,
University of Toronto

Dr. John Kelton, Dean & Vice-President, Faculty of
Health Sciences, McMaster University

Dr. Michael J. Strong, Dean, Schulich School of
Medicine and Dentistry, University of Western Ontario

Dr. Roger Strasser, Founding Dean,
Northern Ontario School of Medicine

Dr. Brian Postl, Dean, Faculty of Medicine,
University of Manitoba

Dr. Louis Qualtiere, Interim Dean, College of Medicine,
University of Saskatchewan

Dr. D. Douglas Miller, Dean, Faculty of Medicine &
Dentistry, University of Alberta

Dr. Jon Meddings, Dean, Faculty of Medicine,
University of Calgary

Dr. Gavin Stuart, Dean, Faculty of Medicine,
University of British Columbia

Dr. Catherine L. Cook, Vice-President, Population and
Aboriginal Health, Winnipeg Health Region

Dr. Pierre-Gerlier Forest, President, The Trudeau
Foundation

Dr. Jonathan DellaVedova, Resident, pediatrics
program, McMaster University

Mr. Graham W.S. Scott, President, Graham Scott
Strategies Inc.

Dr. Nick Busing, President & Chief Executive Officer
(Ex-Officio)

Executive Committee

Dr. J. Bradwejn, Chair
Dr. J. Rourke, Past-chair
Dr. C. Whiteside
Dr. R. Strasser
Dr. R. Bergeron

Governance and Nominating Committee

Dr. M. Strong, Chair
Mr. G. Scott
Dr. T. Marrie
Dr. J. Rourke
Dr. J. Bradwejn (Ex-Officio)

Finance, Audit and Risk Committee

Dr. R. Strasser, Chair
Dr. P.G. Forest
Dr. C. Whiteside
Dr. B. Postl
Dr. J. Bradwejn (Ex-Officio)

“AFMC, Faculties of Medicine, and Infoway share an interest in ensuring that clinicians in training learn to use digital health effectively, so that the physicians of tomorrow reap the benefits for their patients and their practice. By working together, we're speeding progress towards this goal.”

Jennifer Zelmer,
Senior Vice President, Clinical Adoption and Innovation
Canada Health Infoway



AFMC BOARD OF DIRECTORS

“ The leadership role played by the Association of Faculties of Medicine of Canada has been fundamental in ensuring the success of the two Future of Medical Education in Canada reports, *A collective vision for Undergraduate Medical Education in Canada* and *A collective vision for Postgraduate Medical Education in Canada*. ”

Anne-Marie MacLellan, MDCM, CSPQ, FRCPC
Secrétaire adjoint
Directrice, direction des Études médicales
Collège des médecins du Québec

AFMC STANDING COMMITTEES

Continuing Professional Development

Co-chair: Dr. Ford Burse, Memorial University of Newfoundland

Co-chair: Dr. José François, University of Manitoba

Postgraduate Medical Education

Chair: Dr. Sarkis Meterissian, McGill University

Research and Graduate Studies

Chair: Dr. Andrew Watson, University of Western Ontario

Undergraduate Medical Education

Co-chair: Dr. Christian Bourdy, Université de Montréal

Co-chair: Dr. Lisa Graves, Northern Ontario School of Medicine

“ Over the past year the AFMC has engaged in ground-breaking work on the National Electives Portal. The AFMC Portal team has been responsive to the concerns of our Electives Interest Group and has done an excellent job of representing our interests at a national level. ”

Mara Goldstein MD, FRCPC

Staff Psychiatrist, St Michael's Hospital, Director of Undergraduate Electives

Faculty of Medicine

University of Toronto

AFMC RESOURCE GROUPS

Admissions

Chair: Dr. Marc Moreau, University of Alberta

Distributed Medical Education

Chair: Dr. Jill Konkin, University of Alberta

Equity, Diversity and Gender (EDG)

Co-chair: Dr. Janet de Groot, University of Calgary

Co-chair: Dr. Saleem Razack, McGill University

Faculty Development

Chair: Dr. Kalyani Premkumar, University of Saskatchewan

Finance

Chair: Vacant

Informatics

Chair: Mr. Dave Lampron, University of British Columbia

Institutional Advancement

Co-chair: Ms. Margaret Miller, Memorial University of Newfoundland

Co-chair: Ms. Ilana Simon, University of Manitoba

Libraries

Chair: Ms. Suzanne Maranda, Queen's University

Student Affairs

Chair: Dr. Leslie Nickell, University of Toronto

AFMC INTEREST GROUPS

Academic Leaders Group

Chair: Vacant

Clerkship Directors

Chair: Dr. Beth Ann Cummings, McGill University

Clinical Skills

Chair: Dr. Alan Neville, McMaster University

Electives Coordinators

Chair: Dr. Mara Goldstein, University of Toronto

Francophone Minorities

Chair: Dr. Aurel Schofield, Université de Sherbrooke

Global Health

Co-chair: Dr. Lynda Redwood-Campbell, McMaster University

Co-chair: Dr. Katherine Rouleau, University of Toronto

Interprofessional Education

Chair: Ms. Lesley Bainbridge, University of British Columbia

Physician Health and Well-being

Chair: Dr. Derek Puddester, University of Ottawa

Professionalism

Co-chair: Dr. Shiphra Ginsburg, University of Toronto

Co-chair: Dr. Pier Bryden, University of Toronto

Public Health Educators Network

Chair: Dr. Denise Donovan, Université de Sherbrooke

Highlights

Office of the President and CEO

AFMC Team

Our small but cohesive staff has done an exceptional job working for AFMC this past year. Our senior positions remain stable, with Mr Irving Gold, Mr. Steve Slade, and Dr. Geny Moineau providing ongoing and extremely valuable advice and assistance. Under Mr. Slade's leadership we have re-engineered our data platforms, have expanded our data services, and have provided ongoing information to medical schools and other stakeholders. Under Mr. Gold's leadership we have enhanced our linkages with parliamentarians and bureaucrats in Ottawa. We have an increasingly successful Deans on the Hill day, and we present to an increasing number of House of Commons and Senate standing committees. Under Dr. Moineau's leadership we are actively streamlining our processes for managing the huge amounts of information generated for undergraduate medical education accreditation and we are building up our complement of capable surveyors to conduct accreditation visits in either French or English. CCME is expanding in all respects and gaining popularity and influence.

Nicole Boyer continues to provide outstanding support to the office of the CEO and to our Board and Council of Deans. Our managers for CCME, accreditation, finances and specific projects have all become seasoned and trusted contributors.

Strategic Planning and Governance

AFMC's four strategic goals, listed in this report, continue to direct our activities. The goals have helped us focus on priority areas for academic medicine, and allow us to continually assess, not only our day-to-day operations, but our yearly orientation.

In order to support the many volunteers in our faculties of medicine who serve on AFMC committees and groups, we continue to work on a governance structure that recognizes their most valuable work. We continue to find ways to support our committees and groups so that, on the one hand, they are able to meet and get on with their work, while on the other hand, are able to provide AFMC with valuable advice and information.

We have developed the capacity to facilitate virtual meetings through videoconferencing facilities and are encouraging more and more of our committees and groups to meet this way when appropriate.

Accreditation

The activities of CACMS and CACME are described elsewhere, but two other accreditation related activities bare mentioning. Firstly, we have very successfully launched an Interim Review Accreditation process for our medical schools' UGME programs. All of our medical schools have identified an individual, with primary responsibility for accreditation activities that will lead the interim review accreditation process. We have developed a survey process that can be applied internally to our medical schools between formal surveys based on a checklist of standards and the participation of internal assessors and a visiting assessor from a nearby school. This continuous focus on accreditation will serve our educational programs very well.

A second critical issue relating to accreditation concerns the discussions between representatives of AFMC, CMA and CACMS with colleagues from the AAMC, AMA and LCME regarding the current CACMS/L CME accreditation process. Discussions have been ongoing over the year, responding to the AFMC Board of Directors motion that instructed a working group to look at ways to create a more independent accreditation system in which we could adjust standards more readily, and be reassured that decisions concerning Canadian medical schools were taken by CACMS, all the while maintaining our tight relationship and reciprocity with LCME. Very productive meetings in January 2013 have led to the development of a model that should provide CACMS with more flexibility regarding the development of standards, more flexibility to manage the system from Canada and more independence in decision making while still maintaining the recognition by LCME. Should negotiations along these lines be successful, it will be a historic step forward for all of us.

Projects

Building on the successful launch of our FMEC M.D. report in 2010, our FMEC PG report and recommendations were launched in the spring of this year. The FMEC PG project, led by the RCPSC, CFPC, CMQ and AFMC has 10 important recommendations for change, many of which build on the recommendations from the FMEC M.D. report. Central to both FMEC reports is the vision of social accountability that our medical schools should continue to address. The first recommendation of the FMEC PG report highlights the critical role of our faculties to ensure we produce adequate numbers of physicians with the right mix to meet the needs of our Canadian society. Other recommendations in the FMEC PG report are already being acted on, including the recommendations relating to critical transitions from medical school to residency and from residency to practice; the recommendation to align accreditation standards; and the recommendation to ensure more competency-based education. Momentum has been generated within the postgraduate medical education community that we need to capitalize on as we continue to bring about change.

Networking

Two activities stand on solid examples of our increased commitment to networking and working with others. We have established a group of 13 stakeholder organization representatives to help address ways to support Canada's clinical teachers, as recommended in the FMEG PG report. Clinical teachers now practice in all corners of this country and are an increasingly important resource to our faculties of medicine. They need support and means at many levels to ensure their meaningful integration into the UGME and PGME programs across Canada.

A second collaborative activity, undertaken in partnership with ACAHO, was the symposium on Academic Health Science Networks that took place near the end of 2012. The symposium brought together more than 50 participants who shared both developing and best practices in academic health science networks and challenged each other to think more clearly about the definition, role, and function of academic health science networks in the future. These are but two examples of the power of collaboration, and ones I hope will also be illustrative in the future.

Government Relations and External Affairs

Parliamentary Outreach

Parliamentary outreach and advocacy activities have become entrenched at the AFMC over the last several years and our collective efforts are yielding fruit. We continue to make regular submissions to government, through responses to calls from Committees and events such as the unveiling of annual budgets. We have established a consistent and respected voice for the organization, and the 17 faculties we represent. Our messages have centred around four key themes: the need for a pan-Canadian, inter-professional health human resource data and analysis centre, the importance of protecting and nourishing Canada's health and biomedical research enterprise, the pressing needs of Canada's First Nations, Inuit and Metis communities, and support for initiatives that have the potential to diversify our physician workforce.

As the centrepiece of our activities, AFMC held its fourth annual Deans on the Hill lobby day on Parliament Hill on October 23, 2012. AFMC staff, deans of medicine, and other leaders from our faculties of medicine from across the country met with members of Parliament and senators from the three major political parties to discuss the key policy issues AFMC has identified as matters of priority. This year's event was different from those of previous years in that we met with more members of the governing party and with more Ministers and Parliamentary Secretaries than in previous years. And as always, Deans on the Hill triggered significant follow-up in terms of meetings and other activities and continues to create sustained lines of communication between AFMC and those involved in policy making in Canada.

External Affairs

As always, AFMC has continued to participate in many multi-stakeholder projects and sits at multiple tables in the health and biomedical community. We have further strengthened the relationships we have with organizations such as the Canadian Institutes of Health Research and the Association of Canadian Academic Healthcare Organizations (ACAHO), and we have begun to work more intensively with new partners. Most notably, this past year has seen us working closely with Canada's Conference of Deputy Ministers of Health, the Committee for Health Workforce (formerly ACHDHR) and Health Canada to develop an initiative we hope will result in a concrete step towards a process for national physician planning.

e-Learning

This year the e-learning team at AFMC launched a suite of new resources on addiction including *The Primer on Biopsychosocial Approach to Addiction* (an e-textbook), 18 virtual patients, and 13 new podcasts. The team worked closely with many addiction specialists, clinical educators and e-learning experts from across Canada and the United States to develop these new resources as part of the AFMC Addiction e-Learning for Undergraduate Medical Education Initiative. The resources were developed with sponsorship from the Norlien Foundation. All resources are free and can be accessed at www.chec-cesc.ca/addiction.

e-Health was another significant area of focus for the AFMC e-learning team. The team is leading the *Infoway-AFMC Physicians in Training: e-Health Curriculum and e-Learning Project*. Findings from the *e-Health Environmental Scan in Undergraduate Medical Education in Canada* were released and the project's Leadership Committee issued a call to action based on seven key recommendations. Dr. Candice Gibson from Western University was the recipient of this year's *AFMC-Infoway e-Health Award*. Three students received cash awards for their innovative case submission to the CHEC-CESC Virtual Patient Challenge. These cases were selected from a strong pool of cases submitted by students from across the country.

- 1st place – Unforeseen Circumstances by: Drs. Calvin Ke, Terence Yung, and David Harris, University of British Columbia; Faculty Advisor: Dr. Roger Wong
- 2nd place – An Abdominal Brief by: Caitlin Cahill, McGill University; Faculty Advisor: Dr. David Fleiszer
- 3rd place – A fatigued figure by: Ayesha Malik, University of Toronto; Faculty Advisors: Dr. Kiran Viridy, Dr. Marcus Law

The team at AFMC is also responsible for the ongoing operation of the Canadian Healthcare Education Commons / La Collaboration pour l'éducation en santé au Canada (CHEC-CESC). A new 2.0 version of the CHEC-CESC platform will be available for faculty and students in the coming months. CHEC-CESC offers a virtual library of resources on healthcare education, online communities of practice, and professional networking tools. The new version of the CHEC-CESC will include a user-friendly interface with new options to share ideas and information across your favorite social media.

AFMC Student Portal

The AFMC, in partnership with the University of Toronto, is in the process of developing technical requirements for the creation of a visiting elective portal. The Portal will provide a national, online application service for students, school-based elective placement and confirmation tracking service and visiting elective guide. The Portal will be a single entry point for all visiting electives in Canadian medical schools for both Canadian and international medical students.

A Steering Committee, Co-Chaired by Irving Gold, AFMC and Dr. Jay Rosenfield, University of Toronto, has been established to help guide the development of the Portal. The committee includes representatives from each of the key stakeholder groups. Input on the portal design has been gathered during consultations with stakeholders. The Portal is scheduled to launch in Spring 2014.

Education

Canadian Conference on Medical Education (CCME)

The CCME is a partnered conference with the Canadian Association for Medical Education, the Medical Council of Canada, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada and the AFMC, which also serves as the secretariat.

The 2012 CCME, hosted in Banff by the University of Calgary, was deemed to be a great success, with over 1300 participants. The new Education Innovation Symposium and Learner Forum were well received. CCME 2013 will be held in Quebec City from April 20-23. Almost 700 abstracts were received; in fact, the education program has doubled in size in the last 2 years! The theme will be 'The Quest for Quality Improvement: Going for Gold through Medical Education' and Dr David Williams, renowned physician astronaut, will give the AFMC-AMS Wendell Macleod Lecture. We are now providing an electronic program, a conference application, and will be well connected with social media, so go ahead find us on the web: mededconference.ca, like us on facebook, or follow us on twitter!

Future of Medical Education in Canada MD (FMEC-MD)

Integration of the curriculum-related recommendations is well underway at all faculties of medicine in Canada. A Leadership Curriculum Development Day was held (in collaboration with the CMA) in September 2012 to respond to both the FMEC MD and PG recommendations. Accreditation standards have been drafted by the FMEC MD leadership to ensure appropriate emphasis on certain key recommendations (eg. Social Accountability) that were presented to the Committee on Accreditation of Canadian Medical Schools (CACMS) on January 28, 2013. A new focus is also on the enabling recommendations: Realign Accreditation Standards, Build Capacity for Change, Increase National Collaboration, Improve

the Use of Technology, and Enhance Faculty Development. A first FMEC Accreditation meeting was held February 1, 2013 with representation from all medical education accreditation bodies in Canada. An invitational Symposium is being planned for April 19, 2013, pre-CCME, to address Clinical Teachers and Faculty Development recommendations.

AAMC Canadian Graduation Questionnaire (CGQ)

AFMC now represents Canadian Medical Schools on the AAMC Student Questionnaire Advisory Committee and collaborates with the AAMC regarding the content, translation and distribution of the AAMC Canadian Graduation Questionnaire (CGQ). Concerns regarding the timing of release of data to Canadian faculties and changes to the GQ not reflected in the CGQ on the topic of student mistreatment have been discussed. After extensive discussion with our Undergraduate Deans and Student Affairs Deans, changes have been approved by the AAMC and the revised questionnaire will be released, in both English and French, in mid-February 2013.

Data and Analysis

Comprehensive, Pan-Canadian Data

The Association of Faculties of Medicine of Canada is home to a wealth of data on academic medicine in Canada. Our annual data collection efforts culminate in a variety of information products and services, including annual statistical reports, special reports, conference presentations, accreditation data services, customized data requests and advocacy messages. The work is carried out by dedicated staff in the Office of Research and Information Services (ORIS) and the Canadian Post-M.D. Education Registry (CAPER). With data spanning more than three decades, CAPER-ORIS databases provide accurate, reliable statistical information on Canada's faculties of medicine. Our products and services support academic leaders, researchers, governments, professional organizations, regulatory bodies and others who use data to improve health care in Canada.

OUR ANNUAL REPORTS: A CONSTANT RESOURCE IN A CHANGING WORLD!

Canada's faculties of medicine are constantly evolving, keeping pace with changing demands on their tripartite commitments to research, education and high quality health care. AFMC data offers reliable, accurate indicators of how academic medicine is changing. Our annual reports serve as a constant resource to those who rely on data to inform their plans and decisions.

Canadian Medical Education Statistics Report

This year we published Volume 34 of the annual Canadian Medical Education Statistics (CMES) report. The CMES is a comprehensive statistical almanac offering present-day and longitudinal academic medicine trends, at the national, provincial and university level. Data series include, students applying to and registering in medical degree programs, enrolment in graduate studies, tuition fees and resident salaries, full- and part-time faculty members, as well as biomedical and healthcare research revenues. If a medical education statistic is available for Canada, the CMES report is the first place to look for it!

ANNUAL CENSUS OF POST-M.D. TRAINEES REPORT

CAPER published the 24th edition of its flagship report this year. The Annual Census of Post-M.D. Trainees offers comprehensive statistics on enrolment in residency and fellowship programs. CAPER supplements the Annual Census with a series of reports that focus on individual specialties and provincial profiles. Together, these reports provide key metrics on the numbers and types of doctors we're training, as well as the communities they serve following medical education. This information will attract growing interest as we act on the FMEC recommendation to "ensure the right mix, distribution and number of physicians to meet societal needs".

ADMISSION REQUIREMENTS OF CANADIAN FACULTIES OF MEDICINE REPORT

In 2012, the Admissions Requirements report was updated to provide information for M.D. programs starting in 2013. The report is well known to students who are thinking about going into medicine. It contains standardized information for all medical degree and MD-MSc/MD-PhD programs in Canada. Information fields include tuition fees, entry quota, academic requirements, interview dates and applicant success rates. With more than 14,000 page views in 2012, the Admission Requirements report is an invaluable resource to medical school aspirants.

NATIONAL IMG DATABASE REPORT

In 2012, the International Medical Graduates (IMGs) in Canada Project produced the fourth edition of the National IMG Database Report. This important initiative is built on a unique data-sharing partnership, including all seven National Assessment Collaboration (NAC) centres, the Medical Council of Canada, 17 faculties of medicine, all three certifying Colleges (CFPC, CMQ and RCPSC), as well as 9 medical regulatory authorities. With data spanning the time period 2005-2011, the database produces statistics on milestones achieved by more than 27,000 distinct IMGs. Growing attention to internationally educated health professionals and our ability to chart IMG pathways makes this report an important new addition to AFMC's data library.

Taking it Further: Special Studies and Presentations

DATAPOINT!: INTERNATIONAL MEDICAL GRADUATES AND CANADIANS STUDYING MEDICINE ABROAD

DataPoint! was launched in 2008 with the aim of bringing data and insight to today's health care issues. Drawing on multiple sources, the 2012 installment of DataPoint! presents the facts on IMGs and Canadians studying medicine abroad. It reports, for example, a five-fold increase in IMG entry to post-M.D. training and that 2,000 IMGs will soon enter practice through Canada's residency programs. The 2012 DataPoint! also offers an overview of the many new programs and initiatives geared toward IMGs in Canada.

AN IN-DEPTH LOOK AT FAMILY MEDICINE TRAINING

In 2012, CAPER presented a long-term, comprehensive picture of how Family Medicine training has changed - and remained the same - over the past 15 years. Authored by Raymond Pong, PhD, this study looks at a variety of trends, including IMG training, physician retention and advanced training in emergency medicine and care of the elderly. Download a copy of the special report on "Post-M.D. Training in Family Medicine in Canada: Continuity and Change over a 15-Year Period" from the CAPER website (www.caper.ca).

CAPER-ORIS HIGHLIGHTS AT CCME

Our data and analysis outputs attract growing attention at the annual Canadian Conference on Medical Education (CCME). The CAPER-ORIS Forum spotlights our data and illustrates how it connects to today's health care issues. The 2012 session featured data snapshots for three Future of Medical Education in Canada themes: 1) diverse learning and work environments; 2) faculty/clinical teacher support and development; and, 3) meeting community needs through the right number, mix and distribution of physicians.

In addition to the CAPER-ORIS Forum, results of two innovative studies will be presented at CCME 2013. Working with Dr Mark Hanson, Associate Dean of Admissions and Student Finances at U of T, the ORIS team took our data further to study regional variations in M.D. program application patterns and factors that correlate with medical school attrition. Both studies offer new insight on early indicators for health human resource planning. Look for results of these studies at CCME 2013, and in future peer-reviewed literature!

CAPER-ORIS DATABASES**Undergraduate Medical Students**

A complete picture of the students enrolled in all M.D. programs in Canada.

Post-M.D. Trainees

All residents and fellows registered in post-M.D. programs since 1989, and practice location following training.

Graduate Students

Enrolment in, and degrees awarded, for all Masters, PhD and Postdoctoral programs at Canada's faculties of medicine.

Faculty Members

Counts of all full-time and part-time faculty of medicine faculty members, by department and appointment status.

Research Revenues

Biomedical and health care research revenues awarded to faculty members, by funding source and department.

And more...

AFMC databases include data on:

- Satellite campus enrolment
- Rural residency training
- Tuition and academic fees
- Resident salaries
- Clinical teaching facilities
- Clerkship rotations
- and more...

Secretariat of CACMS and CACME**Committee on Accreditation of Canadian Medical Schools**

The Committee on Accreditation of Canadian Medical Schools (CACMS) is comprised of members appointed by the two sponsor organizations (the AFMC and CMA), an LCME co-chair, and the two Canadian student organizations, the Canadian Federation of Medical Students (CFMS) and the Fédération Médicale Étudiante du Québec (FMEQ). Staff from the CACMS, the CMA and the Liaison Committee on Medical Education (LCME) are also present. Observers attend from the CFPC, the RCPSC and the FMRAC.

The CACMS is pleased to announce three new members. Dr Don McKay, AFMC professional member and Undergraduate Dean from the Memorial University of Newfoundland, Joe Chouinard, CMA Public Member, who has extensive knowledge in governance in the medical profession, and Dr Charmaine Roye, as the CMA Staff representative. Other developments include a review of the CACMS Member and Chair qualifications, agreement by the committee to have a medical student on each full and limited survey team, and a commitment to run all visits to francophone schools in French.

AN INTER-PROFESSIONAL EDUCATION AND COLLABORATIVE CARE ACCREDITATION STANDARD HAS BEEN APPROVED BY THE CACMS AND THE LCME.

The CACMS Chair and Secretary participated in the first National Meeting on the FMEC PG Alignment of Accreditation Recommendation on Feb 1st. The next step will be to do a mapping of the current standards for UG, PG and CME accreditation standards.

A memorandum of understanding between the AAMC and AMA has been signed resulting in the creation of a new Council with equal membership from the AAMC, AMA and LCME. The council will serve as a venue for communication between the three groups. It will review nominations to the LCME, and oversee the LCME planning and budget development. The LCME has also approved the concept of "clustered standards" originating from a recommendation to reduce the number of accreditation standards. This will facilitate LCME compliance with the US Department of Education "2 year rule".

Committee on Continuing Medical Education (CACME)

A final version of the Substantial Equivalency document for AMA PRA credits was approved by the AMA Council on Medical Education and has been circulated to CACME members and discussed at the level of all CACME sponsors (AFMC, CMA, FMRAC, RCPSC, CFPC, CMQ). A final determination regarding next steps will occur prior to the spring meeting.

The Canadian Accreditation Standards for Accredited CPD Provider Organizations Working Group, whose mandate is to draft a set of integrated accreditation standards for both University Offices of CME and National Specialty Societies, has developed a draft set of common standards. The most recent version was presented and approved by the CACME at the November 2012 meeting.

Canada's Faculties of Medicine by the Numbers From our 2012 Reports:

17 faculties of medicine, 13 satellite campuses,
over 870 clinical teaching facilities

3,015 first year postgraduate
medical trainees

35,382 MD program applications

14,523 total postgraduate medical
trainees; 71% Canadian
medical graduates, 29% IMGs

2,895 new undergraduate medical students

2,484 exiting and practice-ready
postgraduate trainees;
44% family medicine,
39% medical, 15% surgical,
and 2% other specialties

11,142 total undergraduate
medical students

14,357 graduate and post-Doctoral
students; 44% Masters 37%
PhD and 19% post-Doctoral

2,647 Medical Degrees awarded;
58% women, 42% men

1,747 MSc and **776** PhD
degrees awarded

39,982
faculty members;
29% full-time, 71% part-time

\$2.763

billion biomedical and healthcare research revenue;
36% federal government, 16% provincial government,
18% internal and local university/hospital, 13% not-for-profit
agencies, 10% international, 7% industry and other sources

2013 AFMC Award Winners

AFMC is proud to announce the 2013 winners of six awards celebrating excellence in academic medicine. These awards will be presented on Sunday, April 21, 2013 at the Canadian Conference on Medical Education in Quebec City.



Paul Grand'Maison

“Physician by education. Family physician by profession. Teacher by vocation. Medical educator by passion. Administrator by evolution.” Sherbrooke graduate (1973), Paul Grand'Maison is a full time professor of Université de Sherbrooke since 1976 where he filled numerous leadership positions:

Director of the Office of Medical Education, Director of Department of Family Medicine, Vice-Dean for Undergraduate Medical Education (2002-2011), Director of the WHO Collaborating Center since 2001 and Director of the Office of International Relations since April 2012.

His professional motto: “Daring in vision, wisdom in decision, determination in action, rigor in evaluation, and scholarship in dissemination.” He has been at the forefront of innovations: development of Family Medicine, curriculum renewal, problem-based learning, faculty development, community-oriented education, OSCE including its early use in the 90’s for the attribution of practice license, fully distributed medical education and social accountability. His scholarly career includes: research and educational grants, 75 publications, 220 presentations of which more than 80 as an invited speaker, 100 workshops in medical education. He is a fellow of the Canadian Academy of Health Sciences (2005).

He played an active role at numerous organizations: College of Family Physicians of Canada, Canadian Association for Medical Education (a founding member and president 2000 – 2002), Medical Council of Canada, Association of Faculties of Medicine of Canada, Network Towards Unity for Health, World Health Organization, Conférence internationale des doyens de médecine d’expression française.

He received the “AFMC-Astra Zeneca Award for faculty development” (2002), the “CAME- Ian Hart Award” (2008), the “Grand Prix du Collège des Médecins du Québec” (2010) and the “Ian R. McWhinney Award” from the College of Family Physician in Canada (2010).

Passionate, principled, collaborator, leader, concerned for others, he commits to a more personal motto: “Our dreams help others dream. Our engagements and actions bring others to do similarly. Dreams, actions, and engagement make us craftsmen of the beauty of the world.”



Peter J. McLeod

Doctor McLeod was born and raised in Fort Frances Ontario. He obtained his MD degree at the University of Manitoba followed by an internship at the Toronto General Hospital. He went on to McGill University for post graduate training which included two years of Pharmacology research and three years of residency in Clinical Pharmacology and Internal Medicine. He joined the staff of the Montreal General Hospital, eventually becoming a senior Physician. He was appointed to the McGill faculty of Medicine and climbed the ranks to full professor of Medicine and Pharmacology. Doctor McLeod has held numerous administrative positions at McGill University including director of the Centre for Medical Education. He has published widely in the Medical education literature.



Sanjeev Sockalingam

Dr. Sanjeev Sockalingam completed medical school at the University of Manitoba and his psychiatry residency at the University of Toronto. In 2008, he became a staff psychiatrist at the University Health Network (UHN) in the Program of Medical Psychiatry. Dr. Sockalingam is an Assistant Professor at the University of Toronto in the Faculty of Medicine. Dr. Sockalingam is also the Psychiatry postgraduate education UHN site coordinator and is clinically the Head of the Hepatology and Mental Health Service and the Director of the Bariatric Surgery Psychosocial Program at the UHN.

Dr. Sockalingam’s medical education scholarship has focused on three main areas: International Medical Graduate training, CanMEDs Physician Manager training, and Consult-Liaison psychiatry education. He is the Director of IMG Training in Psychiatry at the University of Toronto and has developed curricula and resources including a national manual for IMGs entering Psychiatry residency. He has also co-developed a longitudinal Physician-Manager curriculum for psychiatry residents at the University of Toronto. His work has also included the development of international educational workshops and courses; and he is leading the development of national conferences for consultation psychiatry.

Dr. Sockalingam has over 40 peer-reviewed publications including 12 in medical education and has received several peer-reviewed grants. He has been recognized for his commitment to teaching and medical education through local, national and international awards including the CMA Young Leader’s Award.



Stan Kutcher

Dr. Stan Kutcher is a nationally and internationally recognized authority in youth mental health. He holds the Sun Life Financial Chair in Adolescent Mental Health and directs the World Health Organization Collaborating Center at the IWK Health Centre and Dalhousie University, in Halifax

Nova Scotia. A fellow of the Canadian Academy of Health Sciences he is currently working to help improve mental health care for young people through innovative work with schools and primary health care providers in Nova Scotia and across Canada. Recently he has helped lead the national child and youth mental health framework for Canada and is working on novel electronic technology based mental health assessment and management tools and mental health care interventions for young people and health providers. His international work now focuses on China, Africa, South America and Europe. He has received numerous professional awards for his work, nationally and internationally. His guiding principle in his work is: “have fun, work hard, help make the world a better place”.



Jane Philpott

Dr. Jane Philpott is Chief of the Department of Family Medicine at Markham Stouffville Hospital and Assistant Professor in the University of Toronto’s Department of Family & Community Medicine. She is Lead Physician of the Health for All Family Health Team in Markham, Ontario. Dr. Philpott

studied medicine at the University of Western Ontario. She completed a Family Medicine residency at the University of Ottawa and a Tropical Medicine fellowship in Toronto. Recently she completed a Master’s in Public Health at the University of Toronto. Dr. Philpott worked in Niger Republic, West Africa from 1989 to 1998 where she practiced general medicine and developed a training program for village health workers. She is the founder of the “Give a Day to World AIDS” movement which started in 2004. Since 2004, Give a Day has grown in the medical, legal and business communities and has raised over 3.5 million dollars to help those affected by HIV in Africa. Dr. Philpott is the Family Medicine lead in the Toronto Addis Ababa Academic Collaboration (TAAAC). In this capacity she helped colleagues at Addis Ababa University to develop the first training program for Family Medicine in Ethiopia that started in February 2013. Dr. Philpott and her husband have four children.



Candace Gibson

Recipient of the coveted Karl Taylor Compton Prize during her graduate studies, Dr. Gibson received her PhD in nutritional biochemistry at Massachusetts Institute of Technology in 1977. Her biomedical research encompassed major achievements in neurochemistry, studies of Alzheimer’s

and other neurodegenerative disorders, and experimental studies of nutrition and behavior. Her ground-breaking work in neuroscience serves to today as the foundation for advances in nutrition and nutrition-related behaviours. The life-long pursuit of knowledge and excellence combined with her intellectual curiosity, led first to an MA degree in journalism at the University of Western Ontario (1993), then to an interest in informatics and certification in Health Information Management (2008). The combination of expert, multi-disciplinary knowledge resulted in a highly successful secondary career in health communications and health information. Presently she serves as the Chair of the Board of Directors of the Canadian Health Information Management Association (CHIMA). Gibson is recognized as one of the pioneers of Canadian e-learning, health informatics education, and as an editor and author of the first highly acclaimed Canadian text book on health information management. Serving as a member of the Expert Advisory Group to the Information and Communications Technology Council of Canada, Gibson co-authored critical reports on Canadian e-health, and the current and future role of healthcare information technology and HI/HIM human resources in Canada. A distinguished faculty member in the Department of Pathology, Dr. Gibson served as a senator at Western and also holds a number of senior administrative appointments. In recognition of her outstanding professional achievement across many disciplines, Dr. Gibson has been recently appointed as the Director of the joint Canadian/US Center for Collaborative Leadership in Healthcare (www.teamsofleaders.org). Gibson has been the recipient of numerous provincial and national research grants, and also of several awards recognizing her outstanding achievement as a university educator. She is the author of over 70 peer-reviewed publications in experimental neuroscience and health informatics.

“ From the point of view of public health teaching and learning, the AFMC's great success of the year was in securing the funding agreement for a new national project which will engage students in public health and raise the profile of public health in medical education. Major factors in this success were the prior work of the AFMC's Public Health Educators' Network and the excellence of its project management.”

Denise Donovan,
Associate Professor
Université de Sherbrooke

“ Based on a recommendation by the Resource Group on Libraries, the Medical Council of Canada has now included more specific learning objectives related to information research skills within the competencies for the role of Scholar. The AFMC supported this request and facilitated the contact between the RGL and MCC – Thank you! ”

Suzanne Maranda, BSc. MLS
Head, Bracken Health Sciences Library
Queen's University

“ Expanding on their success with the FMEC-PG project, the AFMC has focused on aligning physician learning with societal need through the creation of a Health Human Resources working group with provincial Deputy Ministers of Health. Medical students look to this initiative with great interest -- AFMC's success in government collaboration may prove to be a game changer in establishing a physician work force which meets the needs of Canadian patients. ”

Robin Clouston, B. Sc. Pharm, MD Candidate 2013
President, Canadian Federation of Medical Students

AFMC mourns the loss of Dale Yeatman

It is with profound sadness that AFMC mourns the loss of Dale Yeatman who passed away in Ottawa on Thursday, February 7th. Dale joined AFMC in 1979 and for the last 33 years has been a pillar of the organization. Her commitment to excellence and her remarkable work ethic made her a quiet leader at AFMC. Two of the most enduring legacies of Dale's time at AFMC are the

Admissions Requirements report, used by over 10,000 applicants to medical school each year, and the Canadian Medical Education Statistics report, a service to the entire medical education community. Dale leaves behind many close friends at AFMC, in our faculties of medicine, and beyond, as well as a very loving family to whom we extend our deepest sympathies.



AFMC TEAM (As of March 2013)

Mike Bergeron	Conference Assistant	Irving Gold (MA,MCA)	Vice President, Government Relations and External Affairs	Stéphanie Mutschler	Development Officer (AFMC)/ Association Manager (CAME)
Linda Bourgeois	Research Associate (ORIS)	Chriss Holloway	Conference Manager	Karen Norris	Meetings & Conference Coordinator
Nicole Boyer	Executive Assistant to the President and CEO	Liane Kealey	Research Associate (ORIS)	Catherine Peirce (MA)	Project Manager, e-Learning
Nick Busing (MD)	President & Chief Executive Officer	Claudine Le Quéllec	Accreditation Manager	Natalie Russ (Acting)	Project Coordinator
Christine Contant	Project Associate, e-Learning	Hélène LeBlanc	Executive Assistant to the Vice President, Research and Analysis (CAPER)	Manoj Sarang	Project Associate & Web Coordinator (CHEC-CESC.CA)
Chanchette Dimitri	Manager, Financial Services	Chantale Mercier	Executive Assistant to the Vice President, Education and Secretary, CACMS/CACME	Melissa Shahin	(on leave) Project Coordinator
Geneviève Denis	Certified Translator	Catherine Moffatt	Project Manager	Barbie Shore	Project Manager
Yannick Fortin	Data & Analysis Manager	Geneviève Moineau (MD, FRCPC, FAAP)	Vice President, Education and Secretary, CACMS/CACME	Steve Slade (BA)	Vice President, Research and Analysis (CAPER/ORIS)
Les Forward	Database Manager (CAPER)				
Maria Giancioppi	(Acting) Executive Assistant to the Vice President, Government Relations and External Affairs				