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L'Association des facultés de médecine du Canada

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ACMC, 2000 AND BEYOND

There is no question but that ACMC must continue to provide most if not all of the activities that it is currently responsible for, including accreditation, education, development of public policy, communication and liaison with other organizations.

It will be important for ACMC to focus on the really critical issues facing academic medicine in Canada in the next several years. Among these, physician resource may be the most significant. Although in recent months there has been some movement towards increasing undergraduate enrollment there has been a far from general buy-in for the idea that we need 2000 entry positions. The Canadian Medical Forum has stated that Canada needs a physician supply of approximately 2,500 to maintain Canada's current physician/population ratio. Similarly, there has not been much movement towards expanding postgraduate training opportunities for either international medical graduates or for physicians currently in practice. There will likely be increasing pressure to ease requirements for immigration and licensure for international medical graduates and there is every indication that medical schools will be asked to participate in the assessment of clinical competence of such individuals.

There is clearly interest in decentralization of medical education, if not the creation of new free-standing, rurally-sited medical schools. It has been observed that residents and attending staff are becoming scarcer in educational settings and decentralization could spread human and other resources even more thinly. One potential resource which is being carefully examined by ACMC, the Medical Council of Canada, the professional colleges and other concerned bodies, is the fairly large number of expatriate Canadian citizens who are receiving their medical education abroad. One could envisage a significant expansion of Canadian postgraduate medical education programs with a focus on expatriate Canadians (and those re-entering from practice). Our president, Dr. John Cairns, dean of medicine at the University of British Columbia, will be initiating and guiding a strategic planning process this Fall to develop that focus and to assure that ACMC will continue to provide leadership in academic medicine - in this country and beyond.

David Hawkins MD
Executive Director

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REPORT OF THE EXECUTIVE DIRECTOR TO THE ACMC BOARD OF DIRECTORS MAY 2ND, 2000

Members of the Board are referred also to the minutes of the ACMC Executive Committee, Winter Meeting, dated February 11th, 2000, and the Executive Committee Teleconference dated March 3rd, 2000, and the Annual Report of the Committee on Accreditation of Canadian Medical Schools.

Administration

ACMC is fortunate that the majority of its staff are very experienced long-term employees and staffing has, in general, been stable over the past few years. Because we have taken on the Secretariat responsibilities for the Canadian Association for Medical Education and the Canadian Institute of Academic Medicine one additional part-time employee was engaged during the past year. These arrangements have worked very well, in part, because ACMC is involved in a number of common endeavors with these organizations.

As in the past, we have tried to constrain our expenditures so as to maintain stable school fees. For the budget year 2000-2001 there will be a small increase in expenditures overall with approximately a 1% increase in school fees.

Accreditation of Medical Education Programs

During the academic years 1998-99 and 1999-00, 11 of our 16 faculties of medicine have undergone or will undergo full (9) or limited (2) accreditation surveys. Our ability to carry out these accreditation activities is due in part to the generous voluntary participation of faculty members and medical students from across the country. Fortunately we have been able to develop a cadre of experienced Canadian accreditors through our Faculty Fellow program. Deans of medicine are asked to identify individuals in their faculties who have a major interest in medical education. These individuals are then invited to participate in a survey in anticipation that they will become full members of future accreditation survey teams.

As members of the Board know, Canadian schools are jointly accredited by the Liaison Committee on Medical Education of the United States. We maintain an excellent, cooperative, working relationship with that organization. Dr. David Popkin, CACMS Chair, and the

Executive Director have been invited to participate as members of a newly formed Executive Committee of LCME. This committee, among its first tasks, will review the mission and mandate of the LCME and will almost certainly undertake a revision of the document on medical school standards and titled "Functions and Structure of a Medical School".

Relationship with Other Organizations: Liaison

The Executive Director sits ex-officio on the following:

- RCPSC Accreditation Committee - voting member
- RCPSC Credentials Committee - observer
- RCPSC Evaluation Committee - observer
- RCPSC Council - observer
- Canadian Medical Forum - member
- Canadian Medical Association, Committee on Medical Education - member
- Liaison Committee on Medical Education - observer
- Medical Council of Canada - observer
- Federation of Medical Licensing Authorities of Canada - observer
- Pan American Federation of Associations of Faculties of Medicine (PAFAMS) - member and treasurer
- College of Family Physicians of Canada Council - observer

Over the past six to seven years ACMC has had a major joint venture with Health Canada in the area of education and HIV/AIDS. ACMC chaired the multi-disciplinary advisory committee on this project and we were recently successful in a proposal for an HIV/AIDS scholars-in-residence award program. The Federal Minister of Health funded this program in an amount of \$730,000 over a 5 year period. This year an Adjudication Committee made the first five awards to faculty members at Memorial, McMaster and UBC. These awards are intended to allow these individuals to promote special projects in HIV/AIDS interdisciplinary education and raise the profile of this subject. The Executive Director provided secretarial support for the Adjudication Committee and will continue in this role as well as supporting strategies to fund the next venture in this program, a residential summer institute which will bring together the scholars-in-residence, health care professionals and those with HIV/AIDS.

ACMC took a lead role in garnering potential nominees for the positions of President and Members of Council of the Canadian Institutes for Health Research. Through a consultation process with a number of medical and scientific organizations some 40 individuals were identified who agreed to let their names go forward. The Executive Director, with Dean Noni MacDonald and Dean Brian Hennen, have been appointed to an Advisory Committee on the Social Responsibilities of Medical Schools and under the auspices of Health Canada.

ACMC has been actively involved with the Canadian Medical Association and the Canadian Residency Matching Service in planning a Canadian equivalent of the "MedCareers" program in the United States. A business plan has been developed and if approved will permit us to move into an implementation phase. This program will be a web-based career decision-making tool intended primarily for medical students in the first instance, but eventually to be of potential use to a much wider audience.

International Activities

ACMC was engaged last fall in a consultation process to examine the feasibility of establishing an accreditation process exclusively for the Caribbean area. This effort is supported by the Pan American Health Organization. A very positive initial meeting was held with key individuals in Barbados in October and this year one of the Deans from a Caribbean school will

attend a CACMS/LCME accreditation on-site survey. We have also been approached to afford accreditation observer status to academic physicians from Peru and Thailand. This reflects the high regard in which Canadian accreditation is held.

Recently the Executive Director was invited to join the core committee of a new Institute for International Medical Education situated in White Plains, New York. This institute, funded through a philanthropic organization, has as its goal the setting of minimal educational requirements for medical graduates world-wide. Once the requirements have been developed they will be piloted in one or more countries. Arrangements for this are already in place. At its initial meeting in early April, the core committee highly commended Canadian efforts in this area, particularly the EFPO project and CANMEDS 2000.

Finally, we have maintained a constructive dialogue with the Saudi Arabian educational mission and recently ACMC helped facilitate the establishment of a AAMC-MCAT test center in Riyadh.

David Hawkins MD
Executive Director

ACMC/MRC COMMITTEE ON RESEARCH IN MEDICAL EDUCATION 1999-00 ANNUAL REPORT TO THE ACMC EXECUTIVE COMMITTEE

Committee Personnel

This year's committee personnel included three new members. Dan Poenaru from Queen's University (researcher), Dr. Marianne Xhignesse from University of Sherbrooke (CME representative) and Sarita Verma from Queen's University (PGME representative). In addition, David Kaufman has returned from sabbatical and has resumed his position on the committee. Thus, the committee for this year was composed of the following individuals:

Chair: Glenn Regehr, University of Toronto
Researchers: David Kaufman, Dalhousie University

Carlos Brailovsky, Université Laval
Dan Poenaru, Queen's University
UGME Rep: Arthur Rothman, University of Toronto
PGME Rep: Sarita Verma, Queen's University
CME Rep: Marianne Xhignesse, Université de Sherbrooke
MRC Rep: Bernard Charlin, Université de Montréal

Carlos Brailovsky has now fulfilled his four-year term on the committee and will be stepping down at the end of this application cycle. On behalf of the committee I would like to express appreciation for the commitment and energy that Dr. Brailovsky has contributed to the review

process over the last four years. A new research representative will be sought for the upcoming funding year.

Funding Decisions for 2000/2001

As with the previous year, the committee was allocated \$95,000 from the MRC. The University of Toronto was able to supply secretarial support for administration of this year's competition in kind, so the \$2,500 regularly used to finance this support role was available for distribution to research proposals. In addition, \$14,538.96 remained unallocated from last year's competition or was returned from previous funding commitments. With the approval of Mark Bisby from the MRC, these additional funds were rolled over to this year's competition. Thus, a total of \$109,538.96 was available for distribution to research proposals this year.

This year, 26 proposals were submitted to the committee for review. One submission was considered more appropriate for the MCC funding mandate in that it was related to the development of a new measurement instrument. After consultation with the Chair of the MCC research fund and the principal investigator of the proposal, the proposal was forwarded to the MCC to be included in that funding competition. This year no proposals were forwarded to the ACMC:RIME committee by way of the MCC. Thus, 25 proposals were reviewed for this year's competition. Of the 25 proposals, 23 were single institution projects representing eight of the 16 medical schools. The remaining three proposals were multi-institution projects representing one additional institution. A total of \$309,474 in funds was requested for an average request of \$12,379 per proposal.

After review, 10 proposals were accepted for funding. The 10 proposals represent six of the nine schools from which proposals were received. A total of \$107,913 was allocated. A summary of the requests and funds allocated is presented in Table 1.

Other Business

Consistent with last year's discussion, this year's call for proposals was limited to research projects only, eliminating the funding of conferences on issues in medical education. Despite the removal of this form of funding in the call for proposals, the number of proposals submitted increased from 22 to 25 and the total

amount requested increased by over \$45,000 (a 17.3% increase).

This increase may have come, in part, from the increased efforts to advertise the availability of the funds. For the first time, the call for proposals was distributed broadly by email and the call and application form were available on the ACMC web page with links between this page and the MCC call for proposals on their web site. Informal discussion at the committee meeting this year indicated that these efforts seemed to have resulted in wider knowledge of and interest in the fund at the local level.

It is also worth noting that these efforts at broadening the availability of the call for proposals has resulted in a somewhat broader pool of applicants. Fully half of the proposals funded this year were from teams of investigators where none of the investigators have been funded previously, and many are new investigators who are less than five years into their academic careers. Thus, it would appear that the efforts to rejuvenate the application pool are having the intended effect.

Finally, with the transition of the MRC to the CIHR, the future of this committee has been somewhat unclear. The current (2000/2001) granting cycle represents the final year of a three year commitment of MRC funds to the ACMC for education research. The chair of the MRC/ACMC RIME granting committee has been working with members of ACMC, CAME and MCC to clarify the role and place of education/evaluation research in the new CIHR structure in an effort to ensure continuing support for education research in Canada for the future. This has involved discussions with Henry Friesen and with Mark Bisby, and several formal letters written to the CIHR interim council. In addition, the chair of the MRC/ACMC RIME granting committee has been compiling a database of all academic activity that has been generated from previous funding from this committee. It is anticipated that the database will be brought up to date within the next two months.

Glenn Regehr PhD
Chair, ACMC/MRC Research in Medical Education
Committee

Table 1 on following page.

Table 1. Listing of funds requested and funds dispersed
(proposals are sorted by average rated quality across four reviewers).

Principal Investigator	Institution	Title	Funds Requested	Funds Allocated
Arlen	McMaster	Effect of problem-based learning on transfer of concepts	15488	15488
Lingard	Toronto	Understanding relevance in clinical communication: A cross-departmental study of definitions and applications by experts and novices	19120	14320
Pauls	Dalhousie	The bioethics education of Canadian emergency medicine residents: A needs assessment	2300	2300
Elman	Toronto	The effectiveness of unannounced standardized patients in the clinical setting as a teaching intervention	21925	17925
Jabbour	Ottawa	Bridging the gap between research and clinical practice: Identification of the factors that facilitate or inhibit change in practice behavior	15475	11525
Vanasse	Sherbrooke	Le cycle EAQEM: vers un nouveau mode d'apprentissage et de modification de pratique	17455	12825
Kaczorowski	McMaster	Determining the educational learning needs for complementary therapy practice of primary health care physicians in the Hamilton area: A pilot project	15814	10147
Russell	Toronto	An analysis of an inter-professional learning environment	9688	9688
Hawryluck	Queen's	Teaching communication skills in the intensive care unit	8415	8415
Tan	Queen's	Learning about domestic violence: Attitudes and barriers in health professional education	7280	5280
	Calgary	The reliability and validity of MDS scores reflected in an expert's representation of diseases in clinical presentation	13750	0
	Ottawa	Best practices in inter-disciplinary education	10100	0
	Toronto	Uretroscopic training in the surgical skills centre: High vs low fidelity bench models	12700	0
	Saskatchewan & Calgary	Teaching Diagnostic Skills to Medical Students: Comparing sequential and simultaneous presentation methods	11800	0
	Queen's	An assessment of the relative value of ambulatory site characteristics and teaching behaviors by clinical clerks and residents in medical schools in Canada	16955	0
	Ottawa	Computer simulation and anxiety in ICU residents	16101	0
	Toronto	Improving the effectiveness of teaching empathy to medical students	7980	0
	Montreal	La réalisation de la 3e année de résident améliore-t-elle la perception de compétence face aux d'urgence critique	9400	0
	Montreal	L'expérience d'apprentissage de médecins experts et de médecins novices au cours d'une recherche participative visant l'amélioration des pratiques préventives	14067	0
	Toronto	Evaluation of feedback in undergraduate medical curriculae across five Ontario medical schools 1992-1999	3470	0
	Toronto	Patient safety in primary care settings: What do Canadian medical schools teach about errors in health care?	7171	0
	Toronto and others	Assessment of informatics skills of graduating Ontario medical students	4690	0
Totals			309,474	107,913

ANNUAL REPORT OF THE COMMITTEE ON ACCREDITATION OF CANADIAN MEDICAL SCHOOLS (CACMS) TO THE ACMC BOARD OF DIRECTORS MAY 2ND 2000

The Subcommittee on Accreditation of Continuing Medical Education (CACME) met on October 4th 1999 and took the following actions. Two full accreditation site survey reports were reviewed and both schools in question were afforded full accreditation for five years with a request for a progress report in two years dealing with outstanding issues. Six progress reports were received and of these, four were accepted. A deferred full survey was held in November 1999. The report will not be considered by the committee until the fall of 2000. Two full surveys were scheduled for 2000 but both schools have requested deferrals because of major restructuring in their offices of Continuing Medical Education / Professional Development. Their requests were approved.

CACME is still seeking full reciprocal recognition by the Accreditation Committee on Continuing Medical Education (ACCME) in the United States. The Chair and the Secretary met recently with the senior administration of ACCME and believe we have a blueprint to move fairly quickly towards recognition. This process has been greatly assisted by the involvement of the associate deans, CME, particularly with respect to redrafting our standard dealing with relationships with industry. Implementation of reciprocal recognition will likely involve representation on each others' accreditation committees and participation in on-site surveys by Americans in Canada and vice versa.

Since there will be no full on-site surveys for the balance of the 1999-2000 academic year the committee felt that this hiatus could afford it an opportunity to review the manual of standards and procedures, and to ensure that the reciprocity agreement was in place. A small CACME task force has been struck for this purpose.

The Committee on Accreditation of Canadian Medical Schools met on October 4th and 5th, 1999. Dr. William Neaves (LCME Co-Chair) and Dr. Robert Eaglen, (Associate Vice-President, Division of Medical Schools Standards and Assessment, AAMC) gave a comprehensive report on LCME activities for the past year. Reference was made to the intent to undertake a major revision of existing standards to make them more comprehensible. Dr. Donald G. Kassebaum has retired as Co-Secretary of LCME and has been replaced by Dr. David P. Stevens.

During the 1998-1999 academic year CACMS (with LCME) carried out four full on-site accreditation surveys and one secretariat visit. Based on the reports emanating from these surveys all four schools were afforded full continuing accreditation. Three were requested to submit progress reports on outstanding issues and one will be the subject of a limited on-site survey in 2001. It is noteworthy that two of the on-site surveys took place at francophone schools and that the surveys were carried out in French with the participation of francophone representatives of the LCME. Progress reports were reviewed from three faculties. Two reports were accepted and a third was received with a request for a further report.

This meeting was followed by a meeting in Ottawa of the Liaison Committee for Medical Education. This meeting was hosted by ACMC and represents the first time that LCME has met outside the United States of America. The meeting of the LCME in Ottawa was judged to be extremely successful and the membership voted to hold another meeting in Canada in the year 2002. In another move to further enhance the interaction between our two organizations, Drs. Popkin and Hawkins have been invited to become members of the new Executive Committee of the LCME. This was previously the Task Force on Accreditation Policy and Validation and Reliability of Criteria. It is likely to be charged with major revision and rewrite of the accreditation standards embodied in the document known as "Structure and Functions of a Medical School". It is likely that there will be a moratorium on introduction of new accreditation standards or modification of old ones until the major review and revision of "Functions and Structure of a Medical School" takes place.

By the end of the 1999-2000 academic year on June 30 coming, CACMS will have carried out an additional five full on-site surveys and one limited survey. CACMS would like to express its appreciation to the large number of individuals who have given of their time so unstintingly over the past two years in order that we successfully carry out an unusually large number of surveys.

David Popkin MD, Chair
David Hawkins MD, Secretary

COMMITTEE ON CONTINUING MEDICAL EDUCATION ANNUAL REPORT, MAY 2, 2000

Continuing reciprocity with the ACCME in the United States is maintained, as a result of successful negotiations between Linda Snell, David Hawkins and Murray Kopelow. Ongoing maintenance of reciprocity may require reciprocal attendance at accreditation meetings (Dr. Hawkins attending the ACCME annual meetings and Dr. Kopelow attending the CACME meetings.)

The SCCME:ACCME Benzodiazepine project in the elderly, run with the financial support of the Health Transition Fund, is continuing. An extension of six months has been granted. Already some interesting logistical and phenomenological observations have been made.

A collaborative project involving all 16 schools on the issue of adult incontinence is ongoing. Contributions have been made into a research and development fund. To date, \$33,428.55 has been deposited with the ACMC to this end, with another \$35,000 expected before year end. This project has been supported by Pharmacia Upjohn and other companies have

been interested in the same model.

A conference on assessment and remediation of physicians (Aylmer IV) was held immediately prior to the Whistler ACMC meetings. It was a successful meeting. The area of assessment and remediation in particular, and enhancement and professional development in general is viewed as a key area by the provincial licensing authorities. It was suggested that the Deans may wish to establish regular ongoing meetings with the FMLAC Executive, much as regular meetings are now established with the RCPSC and the CFPC, perhaps at the time of the Annual ACMC meetings.

The SCCME acknowledged the efforts of Drs. Linda Snell and Rene Gagnon, both stepping down this year.

John Turnbull MD
Chair

MEDICAL STUDENTS: NO FEES

Postgraduate trainees (residents) in the Faculty of Medicine, University of Toronto, will no longer be required to pay tuition fees.

The decision, approved by Governing Council May 11, 2000, follows an interim report of the task force on residents' tuition fees established last year. "The residents are in a unique situation in that they are at least part-time students," said Professor David Naylor, Dean of Medicine and Co-Chair of the task force along with Professor Murray Urowitz, Associate Dean, Postgraduate Medical Education. The \$1,950 fee was temporarily waived last year when the Ministry of Health

provided sufficient funding for clinical training to offset the costs of educating the residents.

"This is a recognition of our hybrid nature as teachers, learners and service providers," said Kenneth Handelman, an executive member of the Professional Association of Interns and Residents of Ontario, who has lobbied against the tuition since it was proposed two years ago. "We're thrilled by this decision."

This article first appeared in the Toronto Bulletin and reprinted with consent.

SPIRITUALITY AND HEALTH CONFERENCE UNIVERSITY OF CALGARY MAY 24-26, 2001 CALL FOR PAPERS

Keynote speakers will include Dr. David B. Larson, President and Primary Founder, National Institute for Healthcare Research, Bethesda, Maryland and Dr. Chandrahant P. Shah, Professor, Department of Public Health, Health Administration, Pediatrics and Family and Community Medicine, University of Toronto.

Please consult our website for additional information and a copy of the call for papers: <http://www.cme.ucalgary.ca/courses/brouchers/8100343.pdf>

Conference information is also available from P. McDougall: Tel: (403)220-3988; Fax: (403)270-2330; E-mail: pmcdouga@ucalgary.ca.

IN MEMORIAM



**Vaillancourt,
Dr. de Guise**
1920 - 2000

After a brief illness, Dr. de Guise Vaillancourt, former Vice-Dean of Medicine, Université de Montréal and Executive Director of the Association of Canadian

Medical Colleges, died at home June 19, 2000 at age 79. He is fondly remembered by his wife of 49 years, Veronica (née Dobies), his children, Philippe (Susan Hinely), Pierre (Felicity Bannister), Christiane (Douglas Köchel), de Guise (Caroline Ramsey), Dominique (Elisabeth Wright), his nine grandchildren, his sisters-in-law, nephews, nieces, relatives and friends. His two brothers, Raymond (Andrée Kent) and Paul Jr. (Louise Brais) predeceased him.

Dr. Vaillancourt was born in Montreal. He attended the Collège de Montréal and the

Université de Montréal where he received his medical degree in 1947. He later trained at Tufts University in Boston and then became a Research Fellow at Columbia University in New York City where he obtained a Doctorate in Medical Science. Upon his return to Montreal, he enjoyed a long and distinguished career at Hôtel-Dieu Hospital as an attending rheumatologist and at Université de Montréal as the Founder and Director of the Department of Continuing Medical Education. He was a Fellow of the Royal College of Physicians & Surgeons of Canada, a Fellow of the American College of Physicians and Surgeons and served as its Governor for Quebec. Dr. Vaillancourt was the producer of "Médecine d'aujourd'hui", a Radio-Canada television series on medical education. He was also the author of numerous scientific papers and a book, "Arthrite et rhumatisme". In 1986 he was named Professor Emeritus, Faculty of Medicine, Université de Montréal. Dr. Vaillancourt was a Past-President of the Canadian Rheumatism Association and Past-President of the Montreal section of the Canadian Red Cross.

MEDICAL SCHOOL LIBRARIES ANNUAL REPORT

With respect to library collections, most of the medical school libraries paper collections have remained stable over the past year, with only a few journal cancellations. At the same time, access to electronic collections has increased to varying degrees at all sites. The trend is expected to accelerate significantly in the next year as the National Site Licence Project, funded for three years through the Canada Foundation for Innovation, begins to bear fruit.

The Committee is concerned that the print archives in Canada be preserved and that Canada Institute for Scientific and Technical Information play a major role in this respect. CISTI does have a mandate to be the national science library and should be supported as it strives to meet its own funding challenges.

As the medical schools' libraries increase their services of various kinds, they are feeling the impact of regionalization, with increased links between the medical school, clinical faculty and other health care professionals in the communities and the regions.

The Committee responded to the invitation for comments by the CIHR Interim Governing

Council, in particular to the Sub-Committee on Knowledge Management. The main area of concern was that the medical school libraries be able to continue to support research endeavors. The combination of a national strategy, such as with the National Site Licence Project, with funding of individual institutions would be the best approach. The libraries already provide education and support, often on a regional basis, to both researchers and clinicians as research outcomes are transferred into practice. The libraries see this role being strengthened. Last, the Committee supports increased funding for research into the transfer of information from bench to bedside and the evaluation of the outcomes.

Following up on last year's report, the Committee was actively involved in the presentation of a proposal to Health Canada by the Canadian Health Libraries Association (CHLA) in December 1999, which recommended the formation of a National Network of Libraries for Health. This network would provide timely and equitable access to knowledge-based information across Canada, focusing on access to resources, access to technology and access to training and

support. In its response, Health Canada acknowledged the main points of the proposal and invited an application for funding. This is now under consideration by CHLA and by the members of the Committee.

The Committee was pleased to meet again this year with Dr. David Fleiszer, Chair of the Informatics Resource Group, to receive an update on the national medical digital resource project.

The Committee looks forward to continuing communication and to providing expertise and advice as the project moves forward from the pilot phase.

John Cole MD
Chair

CANADIAN MEDICAL SCHOOL LIBRARIES 1998/99

BIBLIOTHÈQUES DES FACULTÉS DE MÉDECINE DU CANADA 1998/99

INSTITUTIONS	TOTAL VOLUMES VOLUMES TOTAUX		SERIALS PÉRIODIQUES		ACQUISITION EXPENSES DÉPENSES D'ACQUISITION		TOTAL EXPENDITURES DÉPENSES TOTALES	
	1998/99	1997/98	1998/99	1997/98	1998/99	1997/98	1998/99	1997/98
GROUP 1:								
Alberta	230,399★	228,133	1,753	1,537	1,136,068	1,100,921	1,878,123*	1,779,539*
Calgary	137,726	135,499	1,170	1,166	736,054	584,182	1,339,716	1,141,418
Dalhousie	178,686★	181,392	902	1,004	940,532	848,905	2,000,445	1,838,716
Manitoba**	180,832★	179,070	1,730	2,064	1,155,963	819,048	2,234,223*	1,815,938*
McGill**	328,348★	323,655	1,643	1,448	1,235,285	1,077,327	2,283,857	2,282,544
McMaster	157,392★	157,395	1,293	1,277	827,670	803,613	1,932,985	1,946,064
Memorial	111,541★	173,670	1,274	1,343	826,846	766,666	1,835,740	1,700,098
Montreal								
Ottawa	106,799★	107,648	988	995	694,813	609,643	959,403	1,059,924
Queen's	141,564★	152,849	868	825	1,092,600	836,886	1,851,476	1,571,643
Saskatchewan								
Sherbrooke								
GROUP 2:								
British Columbia Biomedical	448,330	506,629	2,689	3,772+	2,824,705	2,314,328	5,289,710	4,482,579
Laval	450,027	448,620	2,062	2,718	8,476,539	3,747,951	20,073,294	18,073,294
Toronto**	936,727	1,091,443	--	6,291	--	2,882,000	--	--
Western**	462,372★	487,858	3,723	4,242	4,147,556	3,815,346	5,291,562	4,850,456

GROUP 1: LIBRARIES SERVING HEALTH PROFESSIONAL SCHOOLS. BIBLIOTHÈQUES DESSERVANT VICERSES ÉCOLES PROFESSIONNELLES DE LA SANTÉ.

GROUP 2: LIBRARIES SERVING SCIENCE FACULTIES IN ADDITION TO HEALTH PROFESSIONAL SCHOOLS. BIBLIOTHÈQUES DESSERVANT ÉGALEMENT FACULTÉS DE SCIENCES.

+Includes gifts and exchanges for first time ★PRINT VOLUMES ONLY

*EXCLUDES: STAFF DEVELOP/TRAVEL, OPERATING, COMPUTING/NETWORK EXPENDITURES

-EXCLUDES: OPERATING, COMPUTING/NETWORK EXPENDITURES

** MCGILL INCLUDES OSLER LIBRARY; WESTERN: MERGER WITH ENGINEERING IN 97/98; MANITOBA: MERGER OF 3 LIBRARIES IN 97/98; TORONTO: MERGER OF SCIENCE IN 96/97

CANADIAN MEDICAL SCHOOL LIBRARIES 1998/99
BIBLIOTHÈQUES DES FACULTÉS DE MÉDECINE DU CANADA 1998/99

INSTITUTIONS	EXTERNAL INCOME REVENU EXTERNE		TOTAL STAFF PERSONNEL		LIBRARIANS BIBLIOTHÉCAIRES		HOURS HEURES	
	1998/99	1997/98	1998/99	1997/98	1998/99	1997/98	1998/99	1997/98
GROUP 1:								
Alberta ♦	20,721	59,404	19.7	16.20	6.7	6.2	98	92
Calgary	175,788	122,258	16.9	15.41	3	3	84.75	84.75
Dalhousie	63,043	63,747	27.92	27.69	6	6	91	91
Manitoba	102,525	132,658	29.6	25.70	9	7.5	85	84
McGill	362,039	334,031	28.16	29.63	7.6	7.6	78	75
McMaster	286,713	280,656	30.8	33.40	6.1	6.6	98	98
Memorial	10,709	64,900	26	25.36	7	7	85.5	89
Montreal ♦		—		—		—		—
Ottawa ♦	17,299.19	0	9.8	9.8	3	3	88.75	88.75
Queen's	113,726	109,014	18.73	19.05	5.63	5.66	85.5	85.5
Saskatchewan ♦		—		—		—		—
Sherbrooke ♦		—		—		—		85.5
GROUP 2:								
British Columbia Biomedical	117,608	66,631	59.7	59.22	14	13	84	84
Laval ♦	73,875	864,553	20.35	32	6.09	23	101.5	86.5
Toronto	--	---	57.98	68.75	9.5	9	90.5	90
Western Ont. ♦	10,000	1,750	33.29	33.59	6.8	5.9	73.5	85

♦ THESE LIBRARIES DO NOT CARRY THEIR OWN TECHNICAL SERVICES; STAFF DOES NOT INCLUDE TECHNICAL SERVICES STAFF AND BUDGET FIGURES DO NOT INCLUDE EXPENDITURES FOR TECHNICAL SERVICES STAFF.

♦ LES SERVICES TECHNIQUES DE CES BIBLIOTHÈQUES SONT CENTRALISÉS; PAR CONSÉQUENT, LES CHIFFRES PRÉSENTÉS NE RENDENT COMPTE NI DU BUDGET, NI DU PERSONNEL DEVOLU À CES SERVICES.

NAME CHANGE CORRECTION

The Association of Canadian Teaching Hospitals has changed its name to the Association of Canadian Academic Healthcare Organizations/Association Canadienne des institutions de santé universitaires.

REPORT OF THE STANDING COMMITTEE ON RESEARCH AND GRADUATE STUDIES APRIL 1999 - MAY 2000

Coalition for Biomedical and Health Research

The committee continued to work closely with the Chair of CBHR and the new Executive Director, Mr. Charles Pitts. The Chair was actively involved in reviewing all briefs submitted by CBHR to parliamentary committees.

Health Awareness Campaign

The members of the committee were involved in the Health Awareness Campaign organized by ACTH, CBHR & ACMC. Most academic health science centers took part in some form of public relations activities to make the general public aware of the benefits of health research and the need for increased funding. At its business meeting, the committee expressed support for the health awareness month proposal in October, but requested input into the strategic plan and involvement of commercial sponsors.

Creation of CIHR

The committee maintained active communications with Dr. Robert Mackenzie and Dr. Barry McLennan who served on the CIHR Interim Governing Council to ensure that the viewpoints of the medical schools were considered in the draft committee reports which will form the basis for CIHR activities. Considerable anxiety about the future programs of CIHR was expressed within the health research community during the summer and early fall of 1999. This was partially due to poor communications on the part of CIHR Interim Governing Council. However, once released, the content of the sub-committee reports was received favorably by the community. The Chair was able to review and comment on the Bill C-13 legislation prior to tabling in the House of Commons. All of the Associate Deans took part in local "Institute Slate" activities. While an attempt was made to have an ACMC SCGS slate, this was deemed to be too difficult without a face to face meeting. The short time window and limited funding prevented this from occurring. Each institution had prepared a slate based on local strengths and interests and while there was a general agreement on six or seven institutes, there were greatly divergent views on the remaining three to five. The Standing Committee was asked for input into the new CIHR Governing Council. The committee recommended that the institutes be named immediately and that CIHR develop an outreach program as soon as possible. Given the Federal budget cycle, it is essential that the

institutes develop strategic plans and put them into action so that the requests for increased funding will be meaningful.

MRC-Rx&D Phase II

The Chair of this committee participated in the MRC-Rx&D Health Program negotiations which led to the creation of the new program in December 1999. The committee will be working closely with the new staff of the program to insure that it runs smoothly and benefits the health research activities of all medical schools. The committee hopes to meet with the new Director of the program, Dr. Brener, at its Fall meeting.

Tri-Council Ethics Policy

The committee continued to work with the granting councils to implement the Tri-Council Guidelines and met with Dr. Francis Rolleston to keep abreast of developments. The Committee has been discussing the issue of the Research Ethics Board (REB) accreditation, financial issues associated with ethics review and Phase I Clinical Trials. The committee had discussions with Rx&D and industry representatives concerning the new Health Protection Branch (HPB) rules for new drug evaluation. A major topic of discussion at the business meeting concerning the accreditation of REB's and the need to move in that direction.

The committee unanimously approved the following motion which was approved by the ACMC Board of Directors and will be submitted to CIHR.

Motion: *That the ACMC Standing Committee on Research and Graduate Studies supports the general principle of establishing a system of certification of practice and procedures in institutional human Research Ethics Boards according to the Tri-Council Statement in Human Ethics and the Good Clinical Practice Guidelines.*

Questions of who would do the accreditation and the guidelines need to be developed.

Genome Canada

The committee met with Dr. Martin Godbout, Acting Director of Genome Canada. We had a very open and frank discussion about the planned initiative prior to the February budget announcement and we provided input on the business plan and the research model. We expect to work closely with Dr. Henry Friesen, the new

President of the Board of Genome Canada to insure that this program is a success.

Animal Welfare

The committee continues to monitor activities of animal rights groups and to work with CCAC to ensure good communication. Dr. Jack Bend represents ACMC on the Canadian Council on Animal Care (CCAC) Board. The Committee actively monitored the new Department of Justice regulations concerning mistreatment of animals (Bill C-17) to ensure that the rules would not hamper research approved by local Animal Welfare Committees operating under CCAC accreditation. These discussions are on-going.

Privacy Legislation

The committee was kept informed of the impact of the privacy legislation Bill C-6 and its potential impact on health research. There will be a one-year moratorium on the application of the bill to health information to access the impact.

Fortier Report

The committee held a discussion of the Fortier Report on Commercialization of university research during its October meeting. The committee's concerns on the consultation process and some of the implications of the report on academic freedom were relayed to Dr. Leo Derikx, who was reviewing the Report for Minister Manley.

Nominations: Dr. Joel Weiner will serve another two-year term as Chair of the Committee.

Motion: The Committee unanimously passed the following motion, which was endorsed by the ACMC Board of Directors.

***Motion:** The ACMC Standing Committee on Research and Graduate Studies and the ACMC Board of Directors wishes to acknowledge the outstanding contributions of Dr. Henry Friesen to the health of Canadians through his inspirational and innovative leadership as President of the Medical Research Council of Canada from 1991 to 2000.*

Joel Weiner MD
Chair

COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION ANNUAL REPORT

The Committee on Postgraduate Medical Education met on two occasions, November 17th and 19th, 1999 in Ottawa and again on April 30, 2000 in Whistler, British Columbia.

On November 17th, 1999 the Associate Deans met for a dinner meeting and discussed issues pertinent to the postgraduate offices. The tuition fee for visa trainees was discussed. It was noted that the tuition fee for the Saudi trainees had been constant over a number of years at most sites. Most recently, the University of Toronto had set its own higher tuition fee comparable to all other visa trainees at the University of Toronto. There was discussion and consensus among the Postgraduate Deans that the contracts should be negotiated together, with the University of Toronto tuition to be the standard for all universities.

The Postgraduate Deans addressed physician resource issues, specifically alternate routes to certification. There was discussion regarding the pilot project between FMLAC and the RCPSC to assess the competence of internal medicine graduates in specific specialty areas. The Postgraduate Deans raised a number of

issues in the discussion relating to the nature of the evaluation, the funding, etc.

The Postgraduate Deans were asked to comment on a number of submissions to the RCPSC for new programs applying for sub-specialty status. Although the Postgraduate Deans were informed that the criteria for sub-specialty were all met by these applications, they raised a number of points such as the resource implications around the extra years of training and the implications that this had on lifting the moratorium on other potential sub-specialties. There was some discussion that looking at the training requirements for existing programs should be examined at first.

The Deans considered the request by the RCPSC for the Postgraduate offices to take over the Principals of Surgery examination. Discussions concerning whether there were current resources sufficient to enable this to occur were raised.

On November 19th the Associate Deans met with the observer groups and had reports from CaRMS, CAPER, MCC, CFPC, CAIR, Fédération

des médecins du Québec (FLMAC), CMA, Collège des médecins du Québec. A cross-country check-up of the highlights of important activities in the postgraduate offices across the country were received.

On April 30th, 2000 the Postgraduate Deans met in Whistler, B.C. At that meeting there was a further update regarding the R-4 match in medicine which was noted to be working reasonably well. The Postgraduate Deans received a report from Dr. Andrew Loblaw, resident at the University of Toronto, regarding the program directors survey which was carried out in Toronto documenting some of those factors considered by program directors to be of importance in their selection of prospective candidates for their programs. The CaRMS interview workshop was then presented with some general overview followed by a number of workshops dealing with the CaRMS interview process. A reporting of the various deliberations of the workshops to the general body followed. There was again discussion regarding new applications for areas of added competence. With this discussion, the Associate Deans again reiterated their discomfort in dealing with such important issues with little preparation and information. It was suggested that the RCPSC supply these applications in electronic form to ACMC. ACMC could then forward this electronic information to the Chair of Postgraduate Medical

Education Committee who would then forward it to the 16 Postgraduate Deans. The applications with no concerns would merely be accepted with an electronic affirmative, whereas those that raised any concerns would be brought to the next Postgraduate Deans meeting. It was suggested that this recommendation be brought forward to Dr. Hawkins, at the ACMC.

Some discussion then ensued about the necessity for twice yearly meetings which in many ways were exact replicas of each other. There seemed to be a consensus that two yearly meetings were necessary to exchange information, but that perhaps one meeting with the observer groups would be sufficient, preferably the Spring meeting since many people might be attending that annual ACMC meeting anyway. It was felt that the November meeting could be the Associate Deans along with invited guests from areas that the Postgraduate Deans wish to pursue in some detail, such as MCC, NCCPMT or CaRMS where issues referable to those areas could be dealt with in-depth. During that Fall meeting the Postgraduate Deans also usually meet with the RCPSC.

Murray Urowitz MD
Chair

THE CANADIAN POST-M.D. EDUCATION REGISTRY ANNUAL REPORT, MAY 1999 - APRIL 2000

Background

The Canadian Post-M.D. Education Registry (CAPER), established in 1986, is incorporated within ACMC. CAPER is managed and funded by national medical organizations (The Association of Canadian Medical Colleges [ACMC], the Canadian Association of Interns and Residents [CAIR], The College of Family Physicians of Canada [CFPC], the Canadian Medical Association [CMA], the Medical Council of Canada [MCC] and The Royal College of Physicians and Surgeons of Canada [RCPSC] and Provincial/Territorial and Federal governments. CAPER maintains data pertaining to all residents and fellows who have been registered each year in the accredited Canadian post-M.D. training programs since 1988. A longitudinal record spanning all years of training is kept for each physician. Information pertaining to certification (from the CFPC, RCPSC and Collège des

médecins du Québec [CMQ]) and practice location two years, five and ten years after training (from the CMA) is added to each individual record. Because the CAPER Executive Committee is composed of representatives from the governments and medical organizations which fund CAPER and establish its policies, CAPER benefits from many data sources and perspectives.

The 1999-2000 CAPER Annual Census of Post-M.D. Trainees

The *CAPER Annual Census of Post-M.D. Trainees* is the national publication prepared annually. Each year, changes are made in the data presentations in response to the needs of our participating governments and organizations. Data series tables now give 5 years data pertaining to the following topics: the field of post-M.D. training, the source of funding for post-M.D.

training in each province, sex, whether the M.D. degree was awarded in Canada or outside Canada, the clinician investigation program, visa trainees, the estimated practice entry cohort and first year trainees.

The "Quick Facts" section of the annual census report has proved to be especially popular. This year, at the request of the provincial government representatives, this section is an analysis of the allocation of ministry funds for post-M.D. training in Canada from 1992 to 1999. The national trends presented in this section are: an increase in the proportion of residents in specialty programs, an increase in the proportion of specialty residents who are subspecializing and an increase in the number of family medicine residents who are extending training beyond two years. Also noted in the Quick Facts section of the *CAPER Annual Census for 1999-2000* was an increase in the number of visa trainees funded by non-ministry of health sources other than the Provincial Ministries of Health. Contractual training agreements with foreign governments and universities were the critical factor in this increase.

The CAPER website now serves as a convenient source of information for people who are requesting data from CAPER. There were over 800 visitors to the CAPER website in the last year (<http://www.acmc.ca/post-md.htm>).

The Provincial Reports

In addition to the *CAPER Annual Census of Post-M.D. Trainees*, CAPER now prepares 8 separate Provincial Reports (one for each province with one or more faculties of medicine) and two supplements (for New Brunswick and Prince Edward Island). These reports contain data pertaining to both the M.D. graduates from each province and also "graduates" of post MD programs in each province. These provincial reports are used extensively by Provincial Ministries of Health and are updated annually with new information requested by provincial governments. They provide data on the current trainees population, as well as trends over the past 5 years. For provinces with no medical schools, the data focus on the physicians who located in those provinces who had trained in the Canadian programs.

Working with the Participating Organizations

This has been a major growth area of CAPER's activities over the past year.

This year, we were pleased to assist three faculties of medicine (University of British Columbia, Queens University and Memorial University) in tracking the "graduates" of their post-M.D. training programs. We could not have done

this without the essential input from the Canadian Medical Association. These cooperative endeavours have provided these faculties with the opportunity to keep in contact with all of their post-M.D. trainees.

Our work with the College of Family Physicians of Canada resulted in an analysis of the trends in the proportion of Canadian M.D. graduates entering general practice or family medicine over the last 10 years. A paper was published in describing this analysis: "*Decreasing Supply of Family Physicians and General Practitioners*", *Canadian Family Physician* 1999;45;2084-2089.

Our work with Health Canada has been in provision of the data needed for meetings of the National Coordinating Committee on Postgraduate Medical Training (NCCMPT). Topics of interest have been the supply of both "generalist specialists" and family physicians over the past 5 years. Also, an analysis concerning ministry funded training positions was presented to the NCCMPT.

Activities with the RCPSC has been in support of activities of the Committee on Specialties as well as the provision of basic documentation concerning the number of residents currently registered in RCPSC training programs. The RCPSC, in return provides CAPER with much needed information concerning the eventual certification status of physicians on the CAPER file. For the first time this year, the certification information was provided electronically to CAPER.

We appreciated the opportunity to do the analysis for CAIR of a major national survey conducted concerning the topic of the movement of residents between different training programs ("resident switching"). By comparing the returned survey forms with the post-M.D. trainee population, we were able to determine how well the sample represented the whole resident population. This work was done on a fee-for-service basis.

The Medical Forum which is made up of the Canadian medical organizations was very active this year in assessing the requirements for physician services for Canada into the future. Data available from CAPER were one of the many variables included in the analysis done by this group.

Our most important work with the Canadian Medical Association (CMA) concerns the provision of the basic input data for the model (PRET) used by the CMA to determine the number and specialty of physicians who will be available for service to the Canadians in the future. CAPER has continued also, to provide

information and analysis as required by specialty groups in Canada. Some specialty organizations interested in having special data prepared by CAPER were: radiation oncology, obstetrics and gynecology and anesthesia.

The Canadian Institute for Health Information (CIHI) uses CAPER to provide a picture of residents and fellows as part of the whole physician resource pool in Canada.

At the request of the Department of Family Medicine at the University of Alberta, CAPER has been tracking annually the career paths of the "graduates" of the family medicine training programs since 1989. This on-going project has given the University of Alberta some interesting and useful information by using not only the resources we gather as part of the ongoing CAPER collection, but also the data we acquire from participating organizations. The eventual practice location both in rural and urban area is carefully monitored by the University of Alberta.

CAPER provides ACMC with data used in the annual publication *Canadian Medical Education Statistics*. Also, the participating organizations refer many requests from the media and general public to CAPER.

In summary, working with the many people and organizations which have an interest in post-M.D. training in Canada is one of the most interesting aspects of the work of CAPER.

The CAPER Data Collection

The electronic transmission of data to CAPER from the faculties of medicine has made the work at CAPER most efficient both from our perspective and from that of the faculties of medicine. The new data on re-entry has proven to be especially useful to many of our constituents. Also, the information we now collect concerning the Clinician Investigator Program of the RCPSC will enable us to track this special group of residents into their future career activities. Again, this year, our annual publication was ready in mid-March.

Funding

CAPER is funded by both the national medical organizations (50%) and the Federal/Provincial/Territorial Governments (50%). We were most pleased to welcome the Medical Council of Canada (MCC) as a new participating organization this year and hope to participate in research activities with the MCC.

The CAPER letter of agreement describes the obligations and expectations of each of the participating organizations of CAPER. We are pleased that all participating organizations and governments have had their appropriate signing authority sign the letter of agreement.

We had a meeting this year with the representatives of the Provincial governments to develop a formula for the equitable sharing of the Provincial governments share of the CAPER budget. As post-M.D. training is mainly funded in Canada by Provincial Ministries of Health, the comparable data compiled by CAPER and CAPER's capacity to follow trainees nationally is especially important to Provincial governments. A small proportion of CAPER's income comes from the sale of the data books and services. Special requests from participating governments and organizations are filled on a cost recovery basis.

Acknowledgements

At the core of our operation is the data submissions from the 16 faculties of medicine. Our appreciation goes out to all of the Administrative Officers who ensure the accuracy of our data. The Executive Director and staff of ACMC assist us with numerous details of our administration. Special thanks go to Ms. Liane Kealey and Ms. Dale Yeatman with whom we collaborate to ensure that the ACMC and CAPER data are consistent. The CAPER staff, Mr. Les Forward and Ms. Christine Merrikin have worked very hard to make sure that our data are both accurate and ready on time. The popular website is maintained and kept up to date by Christine Merrikin. It has certainly made the data accessible to a wider group of the public with our 800 visitors connecting this year. Many thanks to the Chairman, Dr. Bill Wrixon for his continuing work on behalf of CAPER. The CAPER Policy and Executive Committee members have, as always, been most generous with their advice, enthusiasm and personal support. It is certainly a pleasure to work with them.

The CAPER staff all look forward to another successful year in 2000-2001.

A. Dianne Thurber
Director

ANNOUNCEMENTS/ANNONCES

University of Toronto

Professor John Challis of Physiology was elected President of the society for Gynecologic Investigation for a one-year term beginning 2002 at the society's annual meeting in Los Angeles; he will serve as President-Elect until that time. Based in Washington, the society is recognized internationally as the pre-eminent academic organization in reproductive sciences, bringing together basic science investigators, physician investigators (particularly in obstetrics, gynecology and pediatrics) and researchers in epidemiology and population health.

Professor Megan Lim of Laboratory Medicine and Pathobiology will receive the 2000 Junior Scientist Award for the Canadian Association of Pathobiologists, given to a junior faculty member for meritorious scientific work in experimental or non-experimental pathology. The award will be presented at the association's meeting in New Orleans.

University Professor Emeritus Robert Salter of surgery, senior orthopedic surgeon emeritus and senior scientist at the Hospital for Sick Children, has been selected to receive the 2000 Bristol-Myers/Squibb-Simmer Award for distinguished achievement in orthopedic research. This is the most prestigious international award created specifically for basic research in the field of orthopedics.

Professor Alan Hudson of Surgery has been named Officer of the Order of Canada, the Order's second highest rank after Companion.

Memorial University of Newfoundland

Dr. Roy West, Associate Dean of Community Health in the Faculty of Medicine, has been appointed President of the National Cancer Institute of Canada. He has serviced as the organization's Vice-President for the past two years and his interest in public health, particularly prevention, dates back to the 1960s when he worked as a technologist in Uganda studying mosquito-borne viruses and polio vaccine response rates. For a decade he was Saskatchewan's provincial epidemiologist and in 1989 became Saskatchewan's Associate Deputy Minister of Health.

Dr. West's research has included population-based studies of cancer, including cervical cancer and lymphoma, as well as immunization, hip fracture, juvenile-onset diabetes and acute myocardial infarction. "I come to this position appreciating the major contributions being made by Canadian cancer researchers and the importance of turning research into policy and practice. This is an exciting time to be associated with cancer research. We're seeing progress on many different fronts that will significantly advance the fight against cancer."

COMING EVENTS/À VENIR

October 13, 2000
Pediatric Infectious Diseases
Saskatoon, Saskatchewan

November 3 & 4, 2000
Cancer Symposium
(Lung Cancer)
Pasqua Hospital Auditorium
Regina, Saskatchewan

November 24 & 25, 2000
Practical Management of Common Medical
Problems
Theme: Infectious Diseases
Saskatoon Inn
Saskatoon, Saskatchewan

Address Inquires to:
C.M.E. Office
University of Saskatchewan
Box 60001, RPO University
Saskatoon, SK S7N 4J8
T: (306)966-7787
F: (306)966-7673

*Address Inquires to:
C.M.E. Office
University of Saskatchewan
Regina General Hospital
Regina, SK S4P 0W5
T: (306)766-4016 F: (306)766-4019

SPECIAL ANNOUNCEMENT
CIHR/ACMC 2001/2002 FUNDS for RESEARCH IN MEDICAL EDUCATION

In 1991 the Medical Research Council (MRC) and the Association of Canadian Medical Colleges (ACMC) established a collaborative agreement on the funding of research in medical education, with funds to be administered by the ACMC through its Committee on Research in Medical Education. It is anticipated that for the fiscal year 2001/2002, \$95,000 will be available for research in medical education. The average size of funded grants is approximately \$9,500 and grants requesting greater than \$20,000 is strongly discouraged.

Applications will be considered for funding in support of specific research proposals in medical education.

To be considered, proposals should concern research in medical education that extends our understanding of the educational process. Projects concerning program development or program evaluation only will not be considered, so applications should emphasize how the research is distinct from program development or program evaluation.

Note that in 1995, the Medical Council of Canada (MCC) established a fund for research in medical education focused on student assessment. Application cannot be made to both funds for the same project. If the focus of the project is on student assessment, application should be sent to the MCC (Suite 300, 2283 St. Laurent Blvd., Ottawa, Ontario, K1G 3A2). If the focus is on other aspects of medical education, application may be made to the CIHR/ACMC fund. Applications will have a first screening and will be automatically forwarded to the other funding source if warranted.

APPLICATIONS SHOULD FOLLOW THE PROCEDURES AND RESTRICTIONS OUTLINED BELOW: THE DEADLINE FOR RECEIPT OF APPLICATIONS IS FRIDAY FEBRUARY 2, 2001. Funding decisions will be announced by the end of May, 2001.

All grants are awarded for a period of 12 months from June 1, 2001. Grants that do not describe reportable results that are anticipated at the end of this one year period will not be considered. Amounts not spent at the end of the grant period (May 31, 2002) will automatically revert to the ACMC unless an extension is applied for prior to March 31, 2002 and approved prior to the end of the grant period. Capital costs are not traditionally supported and, when supported, the purchased capital will remain the possession of the ACMC and will be returned at the end of the one-year granting period.

A final report will be submitted to the ACMC/RIME Committee at the end of the granting period.

All applications must contain signatures denoting departmental, faculty and university approval.

Proposals should be formatted under the following general headings

1. Application cover page complete with: Title of proposal, names of principle and co-investigators, relevant signatures
2. Problem statement (research questions and rationale)
3. Review of literature
4. Research design and methods (experimental design, subjects, materials, data collection, data analysis)
5. Project schedule
6. Budget and justification
7. References
8. Appendices (if necessary)
9. Ethics approval of the institution where the research is to be carried out (confirmation that the proposal is submitted for ethics review must be provided at the time of submission and certification of ethics approval must be obtained before funds will be released)
10. Condensed (2 page) curriculum vitae describing each investigator's education, research training, academic positions held, and publications over the last five years

THE TITLE PAGE MUST BE FULLY COMPLETED OR PROPOSALS WILL NOT BE CONSIDERED.

A MAXIMUM OF 5 PAGES IS PERMITTED FOR SECTIONS 2-5, AND A MAXIMUM OF 15 PAGES FOR SECTIONS 6-10. Documents should be single-spaced using margins of not less than 0.75" and Times or Arial fonts not less the 11 points.

FIVE COPIES of applications should be forwarded to the following address:

Glenn Regehr, Chair
ACMC Committee on Research in Medical Education
Faculty of Medicine Centre for Research in Education
University Health Network, University of Toronto
Bell Wing 6-666, 585 University Avenue
Toronto, Ontario M5G 2C4

All publications and presentations arising from research supported by the grant will carry the names of the CIHR and ACMC as sponsors of the research.

ANNONCE SPÉCIALE**FONDS 2001/2002 DU ICRS ET DE L'AFMC POUR LA RECHERCHE EN ÉDUCATION MÉDICALE**

En 1991, le Conseil de recherches médicales (CRM) et l'Association des facultés de médecine du Canada (AFMC) ont conclu une entente de collaboration sur le financement de la recherche en éducation médicale, les fonds devant être administrés par l'AFMC par le biais de son Comité de la recherche en éducation médicale. Au total, 95 000 \$ seront disponibles pour l'exercice financier 2001/2002 au titre de la recherche en éducation médicale. La bourse moyenne sera d'environ 9 500 \$, et toute demande excédant 20 000 \$ sera fortement découragée.

Seules les demandes portant spécifiquement sur des propositions de recherche en éducation médicale seront prises en considération. Pour être étudiées, les propositions doivent porter sur des projets de recherche en éducation médicale qui permettront d'approfondir notre compréhension du processus éducationnel. Les projets qui ne porteront que sur la mise sur pied ou l'évaluation d'un programme ne seront pas pris en considération. Par conséquent, toute demande devra démontrer en quoi la recherche se distingue de l'élaboration ou l'évaluation d'un programme.

Il est à noter qu'en 1995, le Conseil médical du Canada (CMC) avait mis sur pied un fonds de recherche en éducation médicale mettant l'accent sur l'évaluation des étudiants. Il est interdit de s'adresser aux deux fonds pour le même projet. Si celui-ci met l'accent sur l'évaluation des étudiants, il faudra soumettre la demande au CMC (pièce 300, 2283 boul. St-Laurent, Ottawa (Ontario) K1G 3A2). S'il porte plutôt sur d'autres éléments de l'éducation médicale, il faudra que la demande parvienne au fond ICRS/AFMC. Les demandes passeront par un premier filtrage et seront automatiquement acheminées, au besoin, vers l'autre source de financement.

LES DEMANDES DEVRONT RESPECTER LA MARCHÉ À SUIVRE ET LES RESTRICTIONS SUIVANTES :

LA DATE LIMITE DE RÉCEPTION DES DEMANDES EST LE 2 FÉVRIER 2001.

Les décisions en matière de financement seront annoncées à la fin mai 2001.

Les subventions seront accordées pour une période de 12 mois, débutant le 1^{er} juin 2001. Les projets qui ne prévoient pas de résultats déclarables à la fin de la période d'un an ne seront pas pris en considération. Les sommes non dépensées à la fin de la période de subvention (soit au 31 mai 2002) seront automatiquement remises à l'AFMC, à moins qu'une prolongation n'ait été demandée avant le 31 mars 2002 et qu'elle ait été approuvée avant la fin de la période de subvention. Les frais d'immobilisation ne seront pas normalement couverts et, lorsqu'ils le seront, les immobilisations acquises appartiendront à l'AFMC et lui seront remises à la fin de la période de financement d'un an.

Un rapport devra être soumis au Comité de la recherche en éducation médicale de l'AFMC à la fin de la période de subvention.

Toutes les demandes doivent présenter les signatures nécessaires d'autorisation du département, de la faculté et de l'université.

Le comité de l'éthique pertinent de l'université devra confirmer son approbation du projet avant que le financement n'en soit octroyé.

Les propositions devront comprendre les rubriques générales suivantes :

1. Page titre incluant : titre de la proposition, noms des chercheurs principaux et collaborateurs ainsi que les signatures pertinentes
2. L'énoncé du problème (questions de recherche et justification)
3. Revue des publications
4. Organisation et méthodes de recherche (conception expérimentale, sujets, documents, collecte de données, analyse des données)
5. Échéancier du projet
6. Budget et justification
7. Références
8. Annexes (au besoin)
9. Approbation, au plan éthique, par l'établissement où la recherche doit être menée (la proposition doit être accompagnée d'une preuve qu'elle a fait l'objet d'une révision déontologique. De plus, la libération des fonds requiert l'attestation que la révision a été positive)
10. Curriculum vitae condensé (2 pages) décrivant, pour chaque enquêteur, les études, la formation en recherche, les postes d'enseignement occupés, et les publications parues au cours des cinq dernières années.

LA PAGE TITRE DOIT COMPRENDRE TOUS LES ÉLÉMENTS CITÉS, FAUTE DE QUOI, LA PROPOSITION SERA ÉCARTÉE. UN MAXIMUM DE CINQ PAGES SERA PERMIS POUR LES PARTIES 2 À 5, ET TOUT AU PLUS 15 PAGES POUR LES PARTIES 6 À 10. Les documents doivent être dactylographiés à simple interligne avec des marges d'au moins 0,75 pouces et des polices Times ou Arial d'au moins 11 points.

La demande EN CINQ EXEMPLAIRES doit être envoyée à l'adresse suivante :

Glenn Regehr, président
Comité de la recherche en éducation médicale de
l'AFMC
Centre de recherche en éducation de la faculté de
médecine
University Health Network, University of Toronto
Bell Wing 6-666, 585 University avenue
Toronto (Ontario) M5G 2C4

Toutes les publications et présentations découlant de la recherche et rendues possibles par la subvention devront mentionner le ICRS et l'AFMC comme commanditaires.

**Association of Canadian Medical Colleges
Association of Canadian Academic Healthcare Organizations and
Canadian Association for Medical Education
ANNUAL MEETING
April 28 - May 1, 2001 - Toronto, Ontario, Westin Harbour Castle**

**CALL FOR PROPOSALS FOR
CAME, ACMC Committee on Faculty Development and the
ACMC Committee on CME**

for workshops, posters and CME research & development presentations

CAME and the ACMC Committees on Faculty Development and Continuing Medical Education will co-ordinate and integrate their respective programs. The schedule will include workshops and poster sessions in medical education and short (15 minute) CME research and development presentations. **All proposals should be submitted to the CAME Secretariat.** (See below for address, telephone, fax and e-mail information.)

Proposals are invited in the areas of admissions, undergraduate, postgraduate, and continuing medical education; research in clinical or basic science education; faculty development; or any other topic relevant to medical education. For your information, the theme of the two main plenary sessions will be "*The post-genomic era: implications for medical education and health care*" and "*Alternative/complementary medicine*". Submissions related to these topics are welcome.

Workshops will run for 1½ hours each and will be scheduled on Sunday, Monday and Tuesday afternoons. It is expected that posters will be mounted on the Sunday morning and will also run through to Tuesday afternoon.

Proposals for workshops and posters:

Abstracts must not exceed 150 words and must be suitably written for publication in a document which will be circulated at the annual meeting as well as being posted on the CAME and ACMC web sites. Only the titles and presenters' names and institution are in the official program.

CME research and development presentations:

These presentations may include research projects completed or in progress as well as reporting of innovations or development projects. Titles and presenters' names and institution will be included in the program.

Please note that the information published in the program, as well as the workshop abstracts, are published in English and French. The poster abstracts will be published in the language in which they are submitted. Information may be submitted in English, French or in both languages.

All submissions should include:

- ① Contact person's information, including name, address, telephone, fax numbers and e-mail address.
- ② An indication of whether the proposal is intended for the CAME and Faculty Development workshop or poster sessions or the CME research and development presentations, in order to ensure they are scheduled appropriately.
- ③ Title of presentation
- ④ *Full name* of presenters/authors and their respective affiliations. Underline the presenters' name.
- ⑤ Abstract
- ⑥ Any special AV requirements anticipated, particularly data projector and/or internet access.

Deadline for receipt of proposals is: November 15, 2000.

Proposals may be submitted with or without the submission form, as long as each of the criteria are covered. The submission form can be found on the CAME web site: <http://dante.med.utoronto.ca/came>, or may be requested from the CAME secretariat. Please forward proposals, if possible **by e-mail** to:

CAME Secretariat
774 Echo Drive, Ottawa, ON K1S 5P2

Tel: 613-730-0687; Fax: 613-730-1196
E-mail: came@acmc.ca

**Association des facultés de médecine du Canada
Association canadienne des institutions de santé universitaires
Association canadienne pour l'éducation médicale
ASSEMBLÉE ANNUELLE
du 28 avril au 1^{er} mai 2001 à Toronto (Ontario) - Westin Harbour Castle**

**DEMANDE DE PROPOSITIONS POUR
l'ACÉM, le Comité de l'AFMC sur le développement professoral
et le Comité de l'AFMC sur l'éducation médicale continue**

Soumission : d'atelier, d'affiche et présentation de recherche-développement en EMC

L'ACÉM et les Comités de l'AFMC sur le développement professoral et sur l'éducation médicale continue coordonnent et intègrent leurs programmes respectifs. Le programme comprendra des ateliers et des séances de présentations d'affiches sur l'enseignement médical et de brèves présentations (15 minutes) sur la recherche-développement en éducation médicale continue. **Toutes les propositions doivent être présentées au Secrétariat de l'ACÉM.** (Vous trouverez les coordonnées de l'ACÉM en bas de page).

Nous vous invitons à soumettre des propositions dans l'un ou l'autre des domaines suivants : admissions, enseignement pré-doctoral, enseignement postdoctoral ou enseignement médical continu; recherches sur la formation clinique ou en sciences fondamentales; perfectionnement professoral; ou tout autre sujet ayant trait à l'éducation médicale. Le Comité du programme souhaiterait tout particulièrement recevoir des soumissions touchant les aspects pédagogiques du thème de l'assemblée de l'AFMC/ACISU/ACÉM cette année, à savoir : “ **L'ère post-génomique : répercussions pour l'éducation médicale et les soins de santé** ” et “ **La médecine parallèle ou médecine douce** ”.

Les ateliers dureront 1½ heure chacun et auront lieu les dimanche, lundi et mardi en après-midi. Nous installerons les affiches le dimanche matin, et elles resteront en place jusqu'au mardi après-midi.

Propositions d'ateliers & d'affiches :

Longs de 150 mots au maximum, les abrégés doivent être rédigés dans un style qui nous permette de les publier dans un document que nous distribuerons à l'assemblée annuelle et sur les sites web de l'ACÉM et de l'AFMC. Les titres, le nom des auteurs et de l'institution seront inclus dans le programme.

Présentations sur la recherche-développement en éducation médicale continue :

Ces présentations peuvent porter sur des projets de recherche terminés ou en cours, ou rendre compte d'innovations ou de projets de développement. Les titres, le nom des auteurs et de l'institution seront inclus dans le programme.

Veuillez prendre note que l'information publié dans le programme ainsi que les abrégés d'ateliers seront publiés en français et en anglais. Les abrégés des affiches seront publiés selon la langue dans laquelle ils ont été soumis. Les soumissions peuvent être soumises en français, anglais ou dans les deux langues.

À inclure dans toutes les soumissions :

- ① Coordonnées de la personne responsable : nom, adresse, téléphone, télécopieur et adresse électronique.
- ② Préciser s'il s'agit d'une proposition d'atelier ou d'affiche pour l'ACÉM ou le développement professoral ou d'une présentation sur la recherche-développement en éducation médicale continue, pour que nous puissions établir le calendrier en conséquence.
- ③ Titre de la présentation
- ④ Noms, prénoms et affiliations respectives des conférenciers et auteurs. Souligner le nom du conférencier.
- ⑤ Abrégé
- ⑥ Besoins prévus d'équipement audiovisuel spécial (surtout s'il faut un projecteur d'image-écran ou un accès à Internet)

Date limite de réception des propositions : le 15 novembre 2000

Veuillez faire parvenir vos propositions avec ou sans le formulaire de soumission pourvu que vous ayez rempli tous les critères demandés. Le formulaire de soumission se trouve sur le site web de l'ACÉM : <http://dante.med.utoronto.ca/come>, ou vous pouvez en faire la demande au secrétariat de l'ACÉM. Veuillez faire parvenir votre soumission si possible **par courrier électronique**, à l'adresse suivante :

Secrétariat de l'ACÉM
774, promenade Echo - Ottawa (Ontario) K1S 5P2

Tél. : (613) 730-0687; Téléc. : (613) 730-1196
Courriel : come@acmc.ca

**THE CANADIAN ASSOCIATION FOR MEDICAL EDUCATION (CAME) AWARDS
IN MEDICAL EDUCATION IN COLLABORATION WITH
THE CANADIAN ASSOCIATION FOR MEDICAL PUBLISHERS (CAMP)
LES PRIX EN ÉDUCATION MÉDICALE DE L'ASSOCIATION CANADIENNE POUR L'ÉDUCATION
MÉDICALE (ACÉM) EN COLLABORATION AVEC
L'ASSOCIATION DES ÉDITEURS MÉDICAUX DU CANADA (AEMC)
2001 CALL FOR NOMINATIONS / DEMANDE DE MISES EN CANDIDATURES 2001**

**Award for Distinguished Contribution
to Medical Education**

To emphasize the importance of medical education and to recognize individuals who have made an exceptional contribution in this area, CAME in collaboration with CAMP offers the Distinguished Contribution to Medical Education Award. The contribution could be related to publication, development or implementation of an educational innovation, or a special accomplishment in any field of medical education, development programs, new technology, student evaluation, or research in medical education. In nominating candidates, sponsors should take into consideration academic impact on institutional, national or international development, and promotion of the field.

This award is presented at the annual meeting of CAME and the recipient is invited to present the CAME/CAMP Award Special Lecture.

Guidelines: Nominees must be CAME members. Any CAME member may submit one nomination. Nominations must be supported by an additional member of the Association and must be accompanied by a letter of justification by the nominators, along with a copy of the nominee's curriculum vitae. Documents should be submitted in quadruplicate.

**Junior Award for Contribution to Medical
Education**

This award recognises individuals in the first phase (seven years since first academic appointment) of their professional career, who have made a definite contribution to medical education. The contribution could be related to publication, development or implementation of an educational innovation, or a special accomplishment in any field of medical education, development programs, new technology, student evaluation, or research in medical education. In nominating a candidate, sponsors should take into consideration academic impact on institutional, national or international development, and promotion of the field. This award will be presented at the CAME annual meeting.

The guidelines for nomination are the same as indicated above for the Distinguished Contribution for Medical Education Award.

The deadline for nominations for the 2001 award is:
November 15, 2000

Forward nominations to:

**Prix pour une contribution exceptionnelle en
éducation médicale**

Pour souligner l'importance de l'éducation médicale et pour rendre hommage à ceux et celles qui oeuvrent avec brio dans ce domaine, l'ACÉM en collaboration avec l'Association des éditeurs médicaux du Canada décerne le prix pour une contribution exceptionnelle en éducation médicale. Cette contribution peut avoir trait à la publication, au développement ou à la mise en oeuvre d'une innovation pédagogique, ou bien à une réalisation particulière dans un domaine quelconque de l'éducation médicale, du développement de programmes, des nouvelles technologies, de l'évaluation des étudiants ou de la recherche en éducation médicale. Les motionnaires devront tenir compte de l'impact universitaire, du développement institutionnel, national ou international, et de la promotion du domaine.

La personne honorée recevra ce prix aux cours de l'assemblée annuelle de l'ACÉM et prononcera à cette occasion la conférence spéciale du prix ACÉM/AEMC.

Processus : Les candidats doivent être membres de l'ACÉM. Tout membre de l'ACÉM peut soumettre le nom d'un candidat ou d'une candidate avec l'appui d'un autre membre de l'Association. Une lettre justificative signée par le le motionnaire et le curriculum vitae du candidat doivent accompagner la nomination. Les documents doivent être soumis en quatre exemplaires.

**Prix junior pour une contribution en éducation
médicale**

Ce prix reconnaît les personnes qui, dans la première phase (sept ans depuis le premier poste académique) de leur carrière professionnelle, ont apporté une contribution visible à l'éducation médicale. Cette contribution peut avoir trait à la publication, au développement ou à la mise en oeuvre d'une innovation pédagogique, ou bien à une réalisation particulière dans un domaine quelconque de l'éducation médicale, du développement de programmes, des nouvelles technologies, de l'évaluation des étudiants ou de la recherche en éducation médicale. Les motionnaires devront tenir compte de l'impact universitaire, du développement institutionnel, national ou international, et de la promotion du domaine. Ce prix sera présenté lors de l'assemblée annuelle de l'ACÉM.

Le processus de mise en candidature pour ce prix est le même que pour celui du Prix pour la contribution exceptionnelle en éducation médicale.

Date limite pour la soumission des candidatures:
le 15 novembre 2000

Expédier les candidatures à :

**CAME Secretariat / Secrétariat de l'ACÉM
774 Promenade Echo Drive, Ottawa, ON K1S 5P2
Tel/Tél: 613-730-0687 Fax/Télé: 613-730-1196
E-mail/Courriel: came@acmc.ca**

**ADMISSION REQUIREMENTS TO CANADIAN FACULTIES OF
MEDICINE AND THEIR SELECTION POLICIES**

Edited in 2000 for admission in 2001/2002 or 2002/2003

Prospective medical students, career guidance counsellors and academic advisors in Canada and abroad will find the answers to the questions they may have on what is required for gaining admission to a Canadian faculty of medicine.

In addition to describing academic prerequisites, this booklet outlines the selection criteria and policies of each of the sixteen faculties of medicine.

It includes information derived from an annual study of applicants to Canadian faculties of medicine on the chances of gaining admission. Success rates are discussed as a function of age, sex, MCAT scores, residence and citizenship status, and the number of applications filed.

The booklet includes practical information on the number of places offered by each faculty of medicine, when and where to file applications and other facts a prospective applicant would want to have.

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Shipment in the USA: \$25.00 U.S. per copy
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774 Echo Drive, Ottawa, ON K1S 5P2 CANADA
Tel: (613) 730-0687, Fax: (613) 730-1196
Email: cjuneau@acmc.ca**