



# FORUM

The Association of Canadian Medical Colleges  
L'Association des facultés de médecine du Canada

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## 2002 ACMC-ACAHO-CAME Annual Meeting April 27 to April 30, 2002 Hyatt Regency Hotel, Calgary, Alberta

This is the main conference for academic medical educators in Canada. It is a joint conference of the Association of Canadian Medical Colleges, the Association of Canadian Academic Healthcare Organizations and the Canadian Association for Medical Education.

The 2002 Annual Meeting Program Committee is busy organizing a comprehensive educational program. Members include: Dr. Grant Gall, Chair and Dean of Medicine (University of Calgary), Mr. Joseph de Mora (ACAHO representative), Dr. Jean Gray (CAME representative), Dr. David Hawkins (ACMC), Ms. Susan Maskill (ACMC), Dr. John Toews (University of Calgary), Dr. Jill Nation (University of Calgary) and Dr. Peter Norton (University of Calgary). (Articles on the two plenary sessions are included in this issue.)

We are pleased to announce that Roy Romanow, sole commissioner, Commission on the Future of Health Care in Canada, will be the guest speaker at the Welcoming Ceremony, Sunday, April 28<sup>th</sup>, at 4:00 p.m.

Karen Thomas, Lisa Shea and Aisling Gamble, University of Calgary, are organizing a memorable social evening on Monday, April 29<sup>th</sup>. "Calgary will showcase the New West while serving up that Old West hospitality". Experience New West cuisine - don't worry they will still serve old-fashion Alberta Beef as well, a variety of entertainment - aboriginal hoop dancers to contemporary and Celtic musicians. Our hosts boast "the Don't Miss event takes place at the Calgary Exhibition and Stampede Round-up Centre - one of only a few venues with a roof tight enough to keep a lid on a party like this!" Sounds like an event not to be missed! Tickets will be limited.

The Preliminary Program, conference registration and hotel reservation forms, will be available in January. Also check our website ([www.acmc.ca](http://www.acmc.ca)) for annual meeting information.

Mark your calendar now. See you in Calgary!

*Note: Airline seat sales for the conference dates are often offered in early January. Watch your local paper. When making reservations, please use our conference number (CV386764).*

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FORUM is the official publication of the Association of Canadian Medical Colleges. It is published four times a year. Opinions expressed in this bulletin do not necessarily reflect the views of the Association.

Contributions to FORUM in either English or French are welcomed. Advertisements are also accepted. FORUM is sent free of charge to members of the Association. The annual subscription fee for non-members is \$30.00.

FORUM est l'organe officiel de l'Association des facultés de médecine du Canada et paraît quatre fois par an. Les opinions exprimées dans ce bulletin ne sont pas nécessairement celles de l'Association.

Les contributions à cette publication sont les bienvenues et peuvent être rédigées en français ou en anglais. Les annonces publicitaires sont également acceptées. L'abonnement annuel à FORUM est de 30.00\$ sauf pour les membres de l'Association qui le reçoivent gratuitement.

**MONDAY PLENARY SESSION SCHEDULED FOR  
2002 ANNUAL MEETING  
MEDICAL ERRORS: HELPING OUR LEARNERS**

*Peter Norton, MD, CCFP, FCFP, Session Chair*

The release of the (United States) Institute of Medicine's report, *To Err is Human: building a safer health system*<sup>(1)</sup> has resulted in much attention focused on patient safety in the health care system and on medical error. In this plenary session we will examine some aspects of this attention and explore the effects it has now and may have in the future on our teaching of medical students and residents.

Drs. Baker and Norton recently examined this issue from a Canadian perspective, *Making Patients Safer! Reducing Error in Canadian Healthcare*<sup>(2)</sup>. In their paper they make a series of recommendations one of which is:

*Educators in schools of medicine, pharmacy, nursing, health management and other professions need to include materials on patient safety, human factors engineering and process redesign in core curricula.*

They also state that there is a critical need in our institutions to develop this culture that will enable professionals to disclose error in a blame-free environment and encourage institutional learning and improvement from error. We believe that one way to move the profession towards this goal of a safety culture is through modelling in our teaching practice. Towards this end, in this session we intend to address the issue of disclosure of errors and near misses among teachers and learners.

Our learners do see medical misadventures on a day to day basis. This is evidenced in a study by Weingart et. al<sup>(3)</sup> who used interviews and stimulated recall with medical residents to establish the incidence of medical error. They found that errors occurred in 2.6% of admissions on this unit; a chart review corroborated 72.9% of the errors.

The keynote speaker will be Dr. Albert Wu, Associate Professor of Health Policy and Management and Medicine at the Johns Hopkins University. His seminal paper entitled *Do House Officers Learn from Their Mistakes*<sup>(4)</sup> was published in JAMA. In it he described the occurrence, impact and handling of mistakes made by medical house officers. Dr. Wu will be joined by Drs. Philip Hébert and Ross Baker both from the University of Toronto. Drs. Hébert and Baker are Canadian experts in this area and are sought after nationally and internationally to present on patient safety, disclosure, ethics and quality improvement. Together with the speakers, the audience will explore what can be done in our teaching to allow disclosure and discussion of errors among teachers and learners.

#### References

<sup>(1)</sup>Kohn, LT, Corrigan, JM, and Donaldson, MS, Editors. (2000). *To err is human: building a safer health system*. Washington, D.C.: National Academy Press.

<sup>(2)</sup>Baker, GR and Norton PG. *Making patients safer! Reducing error in Canadian healthcare*. Healthcare Papers, 2001; 2(1), 10-32.

<sup>(3)</sup>Weingart SN, Ship AN, Aronson MD. (2000). *Confidential clinician-reported surveillance of adverse events among medical inpatients*. J Gen Intern Med July15(7):470-7

<sup>(4)</sup>Wu AW, Folkman S, McPhee SJ, Lo B. (1991). *Do house officers learn from their mistakes?* JAMA 1991 April 24;265(16):2089-94.

Praeger, L. (1999). *Report unleashes furious interest in medical errors*. American Medical News. December 20, 1999.

## TUESDAY PLENARY SESSION SCHEDULED FOR 2002 ANNUAL MEETING

*Jill Nation, MD, FRCSC, Session Chair*  
*Alex Harrison, PhD, Session Coordinator*

"Welcome to Canada? - Integrating International Medical Graduates into the Canadian Physician Workforce" is the topic of the ACMC plenary session scheduled on Tuesday, April 30. The title reflects the variable welcome that international medical graduates (IMGs) have experienced, depending on the prevailing view of Canadian physician resource needs.

The session will open with an overview of the significant contribution that IMGs make to the Canadian workforce as well as the changing trends in their country of origin. The introductory presentation will also provide an overview of initiatives in various provinces for international applicants.

The body of the session will focus on the three programs (in Ontario, British Columbia and

Alberta) that assess and prepare IMGs in Canada to enter a residency training program. This will include the applicant assessment, evaluation, selection and orientation processes, as well as outcome data about how the successful applicants have navigated residency training. The program will include the voice of international medical graduates. As well as special challenges, many issues in these programs have important implications for other aspects of medical education. The plenary session will include a panel discussion and many opportunities for interaction with the audience to explore these and other questions.

Dr. Mamoru (Mo) Watanabe will give the ACMC-AMS J. Wendell MacLeod Memorial Lecture at the conclusion of this morning session. His presentation will explore some of the broader issues related to IMGs in Canada.

### AN INVITATIONAL SYMPOSIUM APRIL 30-MAY 1, 2002

Many new Canadian or landed immigrant physicians, collectively known as international medical graduates (IMGs), have not been able to practise in Canada. The reasons for this situation are complex.

For more than a decade this issue has been on medical manpower agendas. Canadian mechanisms of appraising medical credentials and experience obtained in countries other than the United States and Canada are varied.

An invitational stakeholder meeting concerning IMGs will occur in Calgary on the evening of Tuesday, April 30 and on Wednesday May 1, 2002. This will follow the ACMC Annual Meeting 2002 in Calgary. Health Canada is endorsing this National Symposium and will be compiling the outcomes as proceedings.

The IMG National Symposium Working group has representatives from across Canada. The Chair is Dr. Rodney Crutcher, Program Director, Alberta International Medical Graduate Program (AIMG). The objectives of this first Canadian IMG Symposium are:

- To examine current IMG issues within a national context.
- To formulate a framework to guide the development of common standards in policy, education and research on IMG workforce issues.

*(continued next page)*

The agenda will involve small group deliberation on precirculated papers authored by individuals who have expertise and experience in IMG issues. Topics include competency assessment, licensure, settlement and immigration, provincial programming, and legal and human rights aspects of IMG routes to practice.

For more information or to verify that your organization is to be represented in this invitational meeting, please contact Ms. Marge Olsen at 403-220-4251, CME, University of Calgary, or email to [molsen@ucalgary.ca](mailto:molsen@ucalgary.ca)

## HONORARY DEGREE FOR FOUNDING MEDICAL DEAN

Dean *emeritus* Dr. Ian E. Rusted was honoured by his own university on October 19<sup>th</sup>, 2001 with the honorary degree of doctor of laws.


To anyone connected with the faculty of medicine, it is well-known that Dr. Rusted was the main driving force behind establishing a medical school in Newfoundland and was appointed founding dean in 1967. To this day he continues to be involved.

Dr. Rusted was born in Upper Island Cove, Newfoundland, on July 12, 1921, the youngest of the six children of the Rev. Canon Ernest Edward Rusted and Faith Hollands Rusted. Following high school years in Carbonear and St. John's, he spent two years at Memorial University College (1938-40), followed by three years at Trinity College, University of Toronto, where he received a bachelor of arts degree in 1943. At Dalhousie University he completed the MD, CM program and a rotating internship in 1948, followed by a master of science degree from McGill University in 1949, with research support from the National Research Council.

The award of a fellowship in medicine from the Mayo Foundation led to additional postgraduate experience at the Mayo Clinic, with several research publications emphasizing chest and cardiovascular diseases. During part of this time, Dr. Rusted was an assistant to the staff of the Mayo Clinic and was invited to continue at that institution. He had also been invited to return to McGill University and the Royal Victoria Hospital, but two summers spent on the Newfoundland government's coastal boat *S.S. Kyle* along the coast of Labrador, as well as his childhood years in Newfoundland, led him to

choose to return to what had now become the province of Newfoundland.

These activities were combined with a busy consulting practice as well as research projects, such as the influence of dietary factors on the epidemiology of hypertension and epidemiologic studies of goitre and thyroid cancer. In addition, he was a member of the Board of Regents of Memorial University, the council of the Royal College of Physicians and Surgeons of Canada, and a member of councils of numerous other organizations. This facilitated the collection of information regarding the possibility of a new medical school in Atlantic Canada and led to his appointment in 1966 by Memorial University as co-ordinator of medical school planning. In 1967 he was appointed the first dean of medicine for the university. In 1974 he was appointed Memorial's first vice-president (health sciences and professional schools) and served in this position until September 1988. He was pro vice-chancellor of the university from 1981 until September 1988, and retired from full-time faculty the following year.

Recognition of Dr. Rusted's many contributions has included three honorary degrees from other universities, being made an Officer of the Order of Canada, an honorary member of the College of Family Physicians of Canada and a master of the American College of Physicians. In 1989 he was made dean of medicine *emeritus* by Memorial University and continues as a professor of medicine on a part-time basis. In 1999, he was Newfoundland's representative on the Canadian Co-ordinating Committee for the International Year for Older Persons. 

## COMING EVENTS / À VENIR

### *University of Saskatchewan*

January 25 & 26, 2002  
Men's Health Issues  
Saskatoon, Saskatchewan

February 7-9, 2002  
POGO - Pediatrics, Gynecology & Obstetrics\*  
Regina, Saskatchewan

March 22 & 23, 2002  
45<sup>th</sup> Cancer Symposium  
Radisson Hotel  
Saskatoon, Saskatchewan

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## ANNOUNCEMENTS / ANNONCES

### *Université de Sherbrooke*

**Le docteur Stéphane Richard** a été nommé directeur du Service de chirurgie orthopédique, Département de chirurgie, Faculté de médecine. Originaire de Lanaudière, le docteur Richard est diplômé de la Faculté de médecine de l'Université de Sherbrooke en 1991 et complète sa formation postdoctorale en chirurgie orthopédique de 1991 à 1996. Il est certifié du Collège des médecins du Québec, du Collège royal des médecins et chirurgiens du Canada ainsi que de l'American Board of Orthopedic Surgeons. Il a reçu une formation complémentaire en médecine sportive et en traumatologie orthopédique adulte à la University of British Columbia à Vancouver.

Parmi les objectifs poursuivis par le docteur Ricard, mentionnons la poursuite constante de recrutement pour permettre le renouvellement du Service de chirurgie orthopédique, l'amélioration de la structure permanente de recherche en collaboration avec le Centre de recherche clinique du Centre hospitalier universitaire de Sherbrooke, la révision du programme de formation postdoctorale, l'implication accrue du service dans les activités d'enseignement prédoctoral et le regroupement clinique et académique de tous les orthopédistes de Sherbrooke.

**Le docteur Serge Langevin** a été nommé directeur du Service de gastro-entérologie du Département de médecine, Faculté de médecine. Originaire de l'Estrie, le docteur Langevin est diplômé de la Faculté de médecine de l'Université de Sherbrooke. Il a, par la suite, complété sa formation postdoctorale en médecine interne et en gastro-entérologie de 1984 à 1989. Il est certifié en médecine interne (1988) et en gastro-entérologie (1989) du Collège des médecins du Québec et du Collège royal des médecins et chirurgiens du Canada. Il a également acquis une expertise avec les différentes modalités d'évaluation fonctionnelles du tractus digestif supérieur au Thomas Jefferson University Hospital de Philadelphia.

Au cours de son mandat à la direction du Service de gastro-entérologie, le docteur Langevin s'est fixé comme objectif de consolider le service par le recrutement de nouveaux membres et l'établissement de nouveaux champs d'activités cliniques (écho-endoscopie, périnéologie, programme de dépistage et surveillance, cliniques spécialisées). Ce dernier participera aussi activement au projet de réorganisation du service dans le cadre du réaménagement des deux sites du Centre hospitalier universitaire de Sherbrooke. Il devra enfin promouvoir et soutenir la recherche fondamentale et clinique au sein du service.

**Le docteur Jacques Des Marchais** de la faculté de médecine vient d'être choisi par le Collège royal des médecins et chirurgiens du Canada comme récipiendaire du prix Duncan-Graham pour l'année 2001.

Ce prix est l'un des honneurs les plus insignes et les plus importants que le Collège royal des médecins et chirurgiens du Canada puisse accorder. Il est attribué annuellement, sous la proposition de candidatures sollicitées auprès des doyens des facultés, en reconnaissance d'une contribution remarquable à l'éducation médicale, l'oeuvre de toute une vie.

**Le docteur Jean-Pierre Bernier** a été nommé directeur de Service de neurologie du Département de médecine, Faculté de médecine, Université de Sherbrooke.

Le docteur Bernier a reçu le mandat de favoriser le développement harmonieux des différentes missions académiques du Service de neurologie au cours des quatre prochaines années.

**Le docteur Darel Hunting** a été nommé directeur du Département de médecine nucléaire et de radiobiologie, Faculté de médecine, Université de Sherbrooke.

Directeur du Département de médecine nucléaire et de radiobiologie depuis le 1<sup>er</sup> janvier 2001, le docteur Hunting veut relever deux défis au cours de son mandat: maintenir l'excellence de la recherche au département; augmenter le nombre de projets de recherche collaborative entre les trois secteurs du département, soit la radiobiologie, la radio-oncologie et la médecine nucléaire.

**Le docteur Brendan Kenny** a été nommé directeur du Service de neurochirurgie du Département de chirurgie, Faculté de médecine, Université de Sherbrooke.

Durant son mandat à la direction du Service de neurochirurgie, le docteur Kenny s'est donné pour objectif, en collaboration avec toute son équipe, d'implanter un laboratoire de recherche fondamentale et clinique en neuro-oncologie. Le service offre déjà des thérapies innovatrices qui sont uniques au Canada. Le docteur Kenny désire assurer la continuité dans l'excellence du programme de résidence en neurochirurgie et optimiser la préparation de la

visite d'agrément du Collège royal des médecins et chirurgiens du Canada en 2004.

**Le docteur Éric Deland** a été nommé directeur du Service de médecine interne, Faculté de médecine. Au cours de son mandat, le docteur Deland verra à préserver la cohésion du Service de médecine interne en définissant clairement ses axes de développement, tout en procédant à plusieurs recrutements. Il devra également veiller à rétablir un équilibre entre les tâches cliniques et les tâches académiques des membres du service, de façon à ce que le Service de médecine interne puisse s'acquitter pleinement de ses missions d'enseignement et de recherche. Finalement, de concert avec ses collègues internistes, il offrira son entière collaboration à toute mesure susceptible de rehausser le site Hôtel-Dieu de CHUS de point de vue hospitalier et académique.

### *Memorial University*

**Dr. Dana Eddy** has been appointed Assistant Professor in Family Medicine. Dr. Eddy did her honours B.Sc. in biology and psychology before entering medical school in 1994. She graduated in 1998 and pursued a family medicine residency at Memorial, finishing in July 2000.

**Dr. Natalie Beausoleil** has been appointed Professor of Social Sciences, Division of Community Health. Born in Montreal, Dr. Beausoleil did a bachelor of arts in sociology at Université Laval and earned her MA and PhD in sociology from the University of California where her research concentrated on women's relation to their body in terms of their everyday appearance.

**Dr. Marie Mathews** has been appointed Assistant Professor of Health Policy and Health Care Delivery, Division of Community Health. Dr. Mathews' graduate training is in health administration. She holds a B.Sc. (Zoology) and a BA (French literature) from the University of Calgary, a master's of health services administration from the University of Alberta and a PhD (health administration) from the University of Toronto.

## ASSOCIATION OF CANADIAN ACADEMIC HEALTHCARE ORGANIZATIONS - NOTICE OF APPOINTMENT

The Board of Directors of the Association of Canadian Academic Healthcare Organizations (ACAHO) is delighted to announce the appointment of Mr. Glenn Brimacombe as the first full-time Chief Executive Officer of ACAHO. Glenn will be joining ACAHO on January 8th, 2002.

The move of the ACAHO offices to Ottawa signals a new era in the life of the organization. The location change was approved at the Annual General Meeting this past Spring. It will allow the association to be instrumental in the policy formulation process at the national level, around important matters such as the research agenda, federal health reviews (Senator Michael Kirby, Roy Romanow), and other matters related to federal health, science and research initiatives.

Mr. Brimacombe has had an outstanding and illustrious career in the Ottawa milieu. He comes from his position as Director of Health Programs at the

Conference Board of Canada. He was Director of Economic Affairs at the Canadian Medical Association from 1991-2000 and during that time served as a Visiting Senior Policy Analyst at Health Canada, Policy and Consultation Branch. He has worked as an economist at the Ontario Medical Association. He is widely published on the matters of healthcare restructuring, physician compensation and the future of Canada's healthcare system. In addition to his publications he has presented and supported presentations at Senate and House of Commons Standing Committees. Glenn is well recognized in Ottawa as an expert in health policy formulation and synthesis of complex health and research problems. He also has an effective network of colleagues and contacts on the Ottawa healthcare scene.

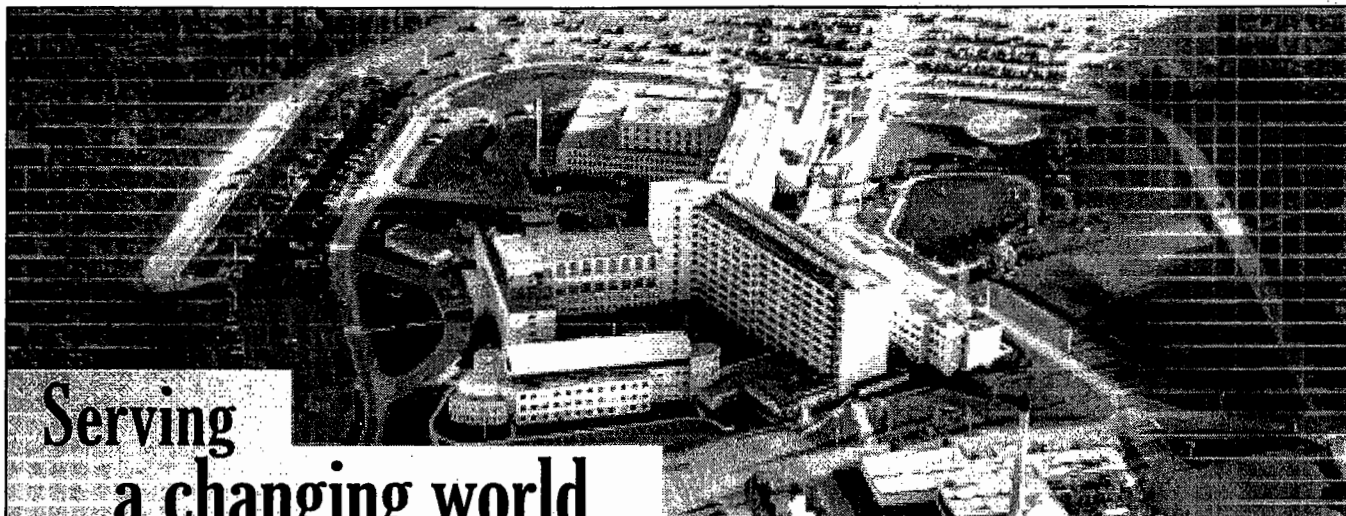


**Data from CAPER: Comparison of Age and Training Length for the Physicians Exiting  
from Canadian Training Programs in 1994 and 2000**

Training Field		Year of Exit from Training	
		1994 (N = 1464)	2000 (N = 1648)
<b>Family Medicine</b>	Age at exit from training	29.1 yrs.	29.7 yrs.
	Length of training	2.1 yrs.	2.3 yrs.
	Proportion of exit group	44%	39%
<b>Specialty</b>	Age at exit from training	32.4 yrs.	32 yrs.
	Length of training	5.2 yrs.	5.4 yrs.
	Proportion of exit group	45%	47%
<b>Subspecialties</b>	Age at exit from training	32.2 yrs.	32.3 yrs.
	Length of training	5.2 yrs.	6.0 yrs.
	Proportion of exit group	11%	14%
<b>All Trainees</b>	Age at exit from training	30.9 yrs.	31.2 yrs.
	Length of training	3.7 yrs.	4.3 yrs.
	Proportion of exit group	100%	100%

Between 1994 and 2000, many factors (increasing age at M.D. graduation, specialty choice, loss of flexibility in training) combined to result in overall increases in the length of post-M.D. training and the age at exit from training. There was no increase in the required length of training in RCPSC, CMQ or CFPC training programs (except for Cardiology) in this time period. New policies concerning medical education and residency training should be monitored for possible effects on the age at which new physicians enter the Canadian workforce.





## Serving a changing world

### The Université de Sherbrooke Faculty of Medicine: a New World Health Organization Collaborating Center

The World Health Organization recognizes the expertise of the Université de Sherbrooke Faculty of Medicine, by designating it as one of the fifteen or so WHO Collaborating Centers for training health-care professionals.

The Faculty was awarded this designation due to its wide expertise in the area of improved training methods and for the way health-care professionals respond to the health needs of communities.

In accordance with the WHO strategy "Towards Unity for Health", to which the Université de Sherbrooke Faculty of Medicine is strongly committed, the Sherbrooke Collaborating Center has developed the following objectives:

Promote training and the professional practices of health professionals to respond to the health needs of individuals and communities;

Implement, within the framework of multilateral partnerships, training activities and methods that are better adapted to these needs, and measure their impact;

Exercise national and international leadership in this domain.

Thanks to the WHO designation that it has received, the Université de Sherbrooke's Faculty of Medicine helps position Canada among the leaders in medical education throughout the world.



ORGANISATION MONDIALE  
DE LA SANTÉ

Faculté de médecine



UNIVERSITÉ DE  
SHERBROOKE



## Au service d'un monde en mutation

### La Faculté de médecine de l'Université de Sherbrooke Nouveau Centre collaborateur de l'OMS

L'Organisation Mondiale de la Santé reconnaît l'expertise de la Faculté de médecine de l'Université de Sherbrooke en la désignant parmi la quinzaine des Centres collaborateurs pour la formation des professionnels de la santé.

La Faculté a été ainsi mandatée en raison de sa vaste expertise dans l'amélioration de la formation et de la pratique des professionnels de la santé répondant aux besoins des communautés.

En accord avec la stratégie «Vers l'Unité pour la Santé» de l'OMS, la Faculté s'engage à poursuivre les objectifs suivants:

promouvoir la formation et la pratique de professionnels de la santé répondant aux besoins des individus et des communautés;

mettre en place, dans le cadre de partenariats multilatéraux, des activités de formation et de soins mieux adaptées à ces besoins et en mesurer l'impact;

exercer un leadership national et international dans ce domaine.

Grâce à cette désignation de l'OMS, la Faculté de médecine de l'Université de Sherbrooke positionne le Canada parmi les chefs de file en information médicale dans le monde.



ORGANISATION MONDIALE  
DE LA SANTÉ



Faculté de médecine

UNIVERSITÉ DE  
SHERBROOKE

## MEDICAL COUNCIL OF CANADA

## RESEARCH FUND FOR RESEARCH IN CLINICAL ASSESSMENT - 2002 REQUEST FOR PROPOSALS

## PROPOSAL DEADLINE: 1 FEBRUARY 2002

In 1993, the Medical Council of Canada (MCC) established a fund to encourage research in the field of assessment of clinical performance or clinical competence. The fund now is sufficiently capitalized that the MCC is pleased to offer an annual competition. In order to discourage duplicate applications, this competition will be closely coordinated with the ACMC/RIME Competition and candidates are discouraged from applying to both for support. In fact, applications submitted to this competition dealing with non-assessment issues will be automatically forwarded to the ACMC/RIME competition. Grant applications will be peer-reviewed, but the final decision will rest with a steering committee, which will take both scores and the declared funding priorities of the competition into consideration when making its final decision.

**Purpose and priorities of 2002 competition:** The competition is designed to encourage innovations in the assessment of clinical competence or performance of students, postgraduate trainees or practitioners. Therefore, the steering committee will give priority to proposals, which show promise in contributing to the knowledge and understanding of measurement in clinical assessment, and to clinical program evaluation methods for medical education. The proposal must focus on research, and not development, in the assessment of performance or clinical assessment. **Eligibility:** Principal investigators (PI) must hold an appointment at a medical school or health science faculty, or in a research institute at a teaching hospital or similar non-profit medical organization. **Maximum grant:** The total limit per application is \$25,000, which can be spread over two years of support. However, applicants with innovative proposals requiring small amounts (e.g., Master's projects) are encouraged to apply. **Funding commencement date:** 2 July 2002.

**Proposal preparation:** In order to keep overhead to a minimum, specific MCC application forms will not be used. Applicants must submit seven (7) copies of each application on letter-sized paper, using font sizes not less than 11 point, and not exceeding seven pages in length. Proposals should be formatted under the following headings:

1. Title and names of principal and co-investigator(s);
2. Problem statement (research questions and rationale);
3. Review of literature;
4. Research design and methods (experimental design, subjects, material, data collection procedures, data analysis);
5. Project schedule and personnel;
6. Budget and defense of budget\*;
7. References.

Applications must be accompanied by a brief two to three page summary of the PI's or investigators' education, research training, academic positions held and publications over the past five years.

In order to be considered for funding, each proposal must be accompanied by an ethics committee report (if applicable), and written evidence of an in-house or institutional review as outlined under the following two steps:

- a) **All applications must be accompanied by the report from the Ethics Committee at the host institution;**
- b) **All applications must be sponsored in writing by the departmental or program chair, and must include a statement that the research protocol is being supported, based on a peer reviewed in-house assessment, or an equivalent institutional review committee, prior to submission.**

Applications should be sent to: Chair, MCC Research Fund, c/o Executive Director, Suite 300, 2283 St. Laurent Blvd., Ottawa ON K1G 5A2

\* **The Council will not fund salaries for principal investigators nor indirect administrative surcharges after the fact. All indirect costs arising out of the study must be submitted in the application's budget as identifiable direct cost line items.**

## LE CONSEIL MÉDICAL DU CANADA

## FOND DE RECHERCHE EN ÉVALUATION CLINIQUE - DEMANDE DE PROPOSITIONS 2002

DATE LIMITE DE PRÉSENTATION DES PROPOSITIONS : 1<sup>er</sup> FÉVRIER 2002

En 1993, le Conseil médical du Canada (CMC) a créé un fonds visant à favoriser la recherche dans le domaine de l'évaluation des aptitudes et compétences en médecine clinique. Puisque ce fonds dispose maintenant de capitaux suffisants, le CMC est heureux d'ouvrir un concours pour l'octroi de subventions de recherche en 2002. De manière à éviter que les auteurs de projet de recherche ne soumettent à la fois une demande de financement dans le cadre du présent concours et du programme de subventions à la recherche en enseignement médical de l'AFMC, le traitement des propositions présentées à l'appui de l'une et l'autre de ces initiatives sera étroitement coordonné. De fait, pour contrer un tel dédoublement de propositions, les demandes qui seront présentées dans le cadre du présent concours et qui ne porteront pas sur des questions d'évaluation clinique seront automatiquement étudiées dans le contexte du programme de l'AFMC. Toutes les demandes de subvention seront étudiées par un comité de pairs, mais il incombera à un comité de direction de prendre les décisions finales quant à l'octroi des subventions, et ce à la fois à la lumière de la notation des propositions et des priorités explicites du concours.

**But et priorités du concours de 2002** - Le but du concours est d'encourager l'innovation en matière d'évaluation des aptitudes ou compétences cliniques des étudiants de médecine, des diplômés inscrits à un programme de formation médicale post-doctorale ou des praticiens. Dès lors, le comité de direction accordera la priorité aux propositions qui semblent se prêter le plus à l'élargissement des connaissances associées à la mesure des compétences cliniques des personnes susmentionnées, à l'approfondissement des principes docimologiques visés et à l'exploration de méthodes d'évaluation des programmes cliniques dans le domaine de l'enseignement médical. Toute proposition soumise dans ce contexte devra être principalement axée sur des activités de recherche fondamentale et non sur le perfectionnement de processus d'évaluation clinique ou des compétences en cette matière.

**Admissibilité** - Les chercheurs principaux (CP) doivent être titulaires d'un poste au sein d'une école de médecine ou d'une faculté de sciences médicales ou encore au sein d'un institut de recherche d'un hôpital d'enseignement de la médecine ou d'un organisme médical analogue sans but lucratif. **Subvention maximale** - Le montant maximal de toute subvention accordée dans le cadre du présent concours s'établit à 25 000 \$ par proposition et le versement de cette dernière peut être étalé sur deux ans. Ceci dit, les personnes qui désirent soumettre des propositions novatrices exigeant un financement nettement moindre (p. ex. pour des projets de maîtrise) sont encouragées à soumettre une demande de subvention. **Début du financement** - 2 juillet 2002.

**Modalités de présentation des propositions** - Afin de réduire le plus possible ses frais généraux, le CMC n'a élaboré aucun formulaire de demande propre au présent concours. Ainsi donc, toutes les propositions doivent être soumises en sept (7) copies et être rédigées sur du papier 8 1/2 po sur 11 po en utilisant une police de caractères d'au moins 11 points. Les propositions ne peuvent dépasser sept (7) pages et doivent être présentées selon le plan de rédaction suivant

1. nom et titres du chercheur principal et des co-chercheurs;
2. énoncé du problème (questions motivant les recherches et justifications connexes);
3. examen de la documentation pertinente;
4. méthodologie de recherche (concept expérimental, sujets, documents, procédures de collecte des données, analyses des données);
5. calendrier d'exécution du projet et personnel affecté à ce dernier;
6. budget et justification du budget\*;
7. références.

Les demandes doivent être accompagnées d'un document de deux à trois pages faisant brièvement état des études de médecine du CP et des co-chercheurs, de leur formation en recherche, des postes d'enseignement qu'ils ont occupés et des articles qu'ils ont publiés au cours des cinq dernières années.

Pour être admissible à l'octroi d'une subvention, toute proposition doit être accompagnée du rapport d'un comité de déontologie (s'il y a lieu) et d'une attestation écrite d'un comité interne ou d'un groupe d'examen de l'institution, le tout conformément aux prescriptions énoncées en a) et b) ci-après.

- a) Toute proposition devra être accompagnée d'un Rapport du comité de déontologie de l'institution d'origine.
- b) Toute proposition devra être avalisée par écrit par le responsable du département ou du programme d'études auquel est inscrit l'auteur du projet et une telle déclaration devra comporter une attestation précisant que le protocole de recherche proposé a été approuvé par un comité interne de pairs ou un groupe d'examen équivalent de l'institution avant que la demande de subvention ne soit présentée.

Les demandes doivent être envoyées au : Président du Fonds de recherche du CMC, a/s du Directeur général, Bureau 300, 2283, boul. Saint-Laurent, Ottawa ON K1G 5A2

\* Le Conseil ne versera aucune somme d'argent à un CP à titre de salaire ni en règlement, après coup, de frais administratifs indirects non prévus au budget soumis à l'appui d'une proposition. Tous les frais indirects découlant de l'exécution d'un projet d'étude doivent être inclus à titre de frais directs, justifications à l'appui, dans le budget accompagnant la proposition.

**Strategic Planning for a  
Sustainable System of Health Care in Canada**  
*Brief to the Commission on the Future of Health Care in Canada  
(Romanow Commission)*

*Following is the Executive Summary and Recommendations for Federal Government Actions. For the full brief visit our website ([www.acmc.ca](http://www.acmc.ca)).*

The Association of Canadian Medical Colleges (ACMC) speaks for Canadian faculties of medicine, which are involved in all aspects of medical education including undergraduate, postgraduate, and continuing medical education programs. The faculties of medicine are closely connected to the health care delivery system—in particular to academic health sciences centres (AHSCs) and provincial networks of health care. They are in touch with pragmatic as well as academic issues concerning health care delivery. ACMC coordinates and communicates national activities. It is at this level that academic medicine must play a leadership role in meeting changing needs and in maintaining what is the finest health care system in the world.

The ratio of physicians to patients is declining and will continue to drop—and the situation will become more critical—unless the underlying issue of educating physicians in sufficient numbers to meet future needs is clearly understood. This matter needs to be addressed at a national level and it needs to be addressed immediately to ensure sustainable health care for Canadians. We believe that public expectations for physician services, including access to treatment made available by new medical developments and technological discoveries, are realistic. However, additional resources must be found to expand the enrolment in Canadian programs of physician education at the undergraduate and postgraduate levels because health care delivery as we know it is in jeopardy. In comparison to others, Canada now ranks second lowest among the Organization for Economic Cooperation and Development (OECD) countries, next to the United Kingdom, in respect to the ratio of physicians to population.

The federal government must act to support and recreate the infrastructure in which physician education and health care delivery systems—including provincial networks and AHSCs—co-operate to provide high quality and reliable medical services to all Canadians. This is far from a simple task, the locus of clinical training is changing, learning and working environments are in the process of evolving and recreating themselves. There is constant pressure from emerging diseases at one end of the spectrum and evolving technology and discovery at the other. New models of practice are needed and must be funded.

Canada must take responsibility for the changes that challenge the system, support the infrastructure, and encourage and fund research and also take responsibility for the education of a much greater proportion of the physicians required by Canadians. It is a challenge to sustain comprehensiveness, universality and access. Pan-Canadian approaches to policy and planning of physician education and supply are therefore essential. The federal government must assume leadership in addressing the national problem of physician supply.

The federal government must work with provincial governments toward increasing enrolments in medical schools and to achieve more equivalent funding of medical schools to permit the required enrolment expansion. The federal government must review mechanisms by which direct federal funding can be provided toward expanded enrolment in medical education. The federal government is best placed to secure the necessary co-operation among provincial governments and universities toward planning and financing of physician education.

*(continued next page)*

In particular, ACMC recommends that enrolment in Canadian medical schools be increased to 2,000 per year by 2004 and 2,500 per year by 2009. We recommend that the number of first year postgraduate training positions equal the graduating medical class plus 20%.

**We recommend that the federal government of Canada:**

1. Assume leadership in addressing the national problem of physician supply. A federal acknowledgment of the problem and leadership in approaches to solutions is essential to ensure an effective national response.
2. Work with provincial governments toward increasing the enrolment of medical students and residents to the recommended targets over the next several years.
3. Work with provincial governments to ensure that all medical schools receive the funding increments required to permit necessary enrolment expansion. Currently, there is marked variability among the provinces in the expansion funding allocation being provided to medical schools. Some of the resource allocation planning is unrealistic and will preclude expansion in some provinces or lead to reduction in quality.
4. Review student loan programs and make modifications to ensure that the impact of inevitable increases in tuition fees does not lead to denial of opportunity to students in lower socioeconomic circumstances.
5. Review mechanisms by which direct federal funding could be provided to support expanded enrolment in medical education. The approaches recommended by the Hall Commission in the 1960s should again be implemented, and consideration given to broader approaches including contributions to operating costs of medical education and research. The problem is national and requires federal leadership for its solutions.
6. Take a leadership role in the co-ordination, renewal and expansion of the vital national network of Academic Health Sciences Centres (AHSCs). Federal matching of provincial funding must be considered.
7. Consider funding innovative extended networks/models of care as research/demonstration projects with provincial and territorial governments.
8. Make greater use of areas of federal jurisdiction (e.g., Industry Canada and Human Resources Development Canada) to fund infrastructure directly.
9. Increase the budget of the Canadian Institutes of Health Research (CIHR) to equal approximately \$1 billion per year (1% of annual expenditures on health care in Canada).
10. Sustain the current federal programs in support of research infrastructure (Canada Foundation for Innovation).
11. Increase investment specifically in rural remote, northern and aboriginal health research as a focused program through CIHR and/or other federal departments.
12. Sustain and expand current federal support of research trainees and university faculty members through increased funding of current federal programs.

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Canadian Medical Education  
Statistics, 2001**

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- C. Graduate Medical Education**
- a) Masters and PhD level enrolment and degrees awarded.
  - b) Post-MD clinical training/residency: trends in numbers of trainees by specialty, location of training, citizenship of trainees, career choices of women, country in which MD degree earned, etc.
- D. Faculty Data**
- E. Biomedical Research Expenditures**
- F. Applicant Study Data:** comparative acceptance rates by characteristics of applicant pool (citizenship, age, province of residence, language of instruction of schools applied to, performance on MCAT of applicants, educational background of applicants); repeat applicants to Canadian medical schools; impact of repeaters on admissions.

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- A. Information concernant les facultés de médecine canadiennes:** ex. droits scolaires, rémunération des stagiaires post-MD, etc.
- B. Inscription en médecine au niveau prédoctoral et obtention du diplôme:** tendances; caractéristiques des étudiants admis; inscriptions, abandons; diplômes.
- C. Enseignement médical postdoctoral**
- a) Maîtrises (2<sup>e</sup> cycle) et doctorats (PhD/3<sup>e</sup> cycle): inscriptions et nombre de diplômes décernés.
  - b) Formation clinique post-MD/résidence: tendances dans le nombre de stagiaires, selon la spécialité de formation, la citoyenneté des stagiaires, le choix de carrière des femmes, le pays d'acquisition du doctorat en médecine, etc.
- D. Personnel enseignant**
- E. Dépenses affectées à la recherche**
- F. Étude des candidatures à l'admission:** taux comparatifs de succès des candidats selon les caractéristiques des candidats (citoyenneté, âge, province de domicile, langue d'instruction des facultés de médecine, résultats des candidats aux tests "MCAT", antécédents scolaires des candidats); repostulants; l'effet des repostulants sur les admissions.

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## ADMISSION REQUIREMENTS OF CANADIAN FACULTIES OF MEDICINE

Edited in 2000 for admission in 2001 or 2002

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.

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