



# FORUM

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

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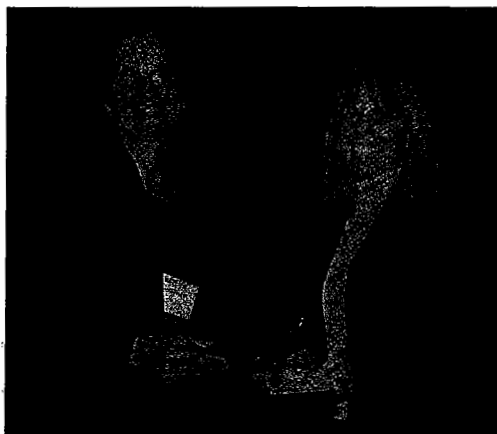
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## THE ACMC-ASTRAZENECA AWARD FOR EXEMPLARY CONTRIBUTION TO FACULTY DEVELOPMENT 2000-2001



This year's winner of the ACMC-ASTRAZENECA Award for Exemplary Contribution to Faculty Development is Dr. Yvonne Steinert of McGill University. Mary Phaneuf, ASTRAZENECA presented the Award for \$1000.

The Award is to recognize an individual or a group in Canada who has made an exceptional contribution in this area.

Criteria focuses on the breadth of the nominees' faculty development program, its impact regionally, nationally or internationally and how the nominee(s) has promoted the field of faculty development generally. The award recipient(s) is also eligible to receive a \$4,000 grant for a project which will continue promoting faculty development in Canada.

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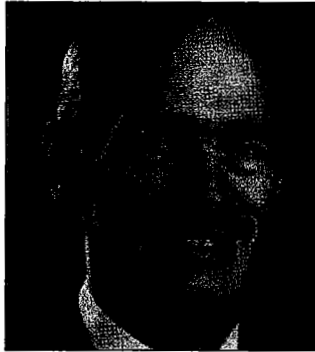
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Les contributions à cette publication sont les bienvenues et peuvent être rédigées en français ou en anglais. Les annonces publicitaires sont également acceptées. L'abonnement annuel à FORUM est de 30.00\$ sauf pour les membres de l'Association qui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

## THE NEW ECONOMY AND THE ACADEMIC HEALTH SCIENCES COMPLEX

Dr. John R. Evans, Chair of the Board, Torstar Corporation



It is a privilege and honour to be asked to give the lecture which honours Dr. J. Wendell MacLeod, one of the great pioneers and father figures of medical education in this country. I like to

think that there were some parallels between our careers. We both served as waiters in our student days. Living off the meager tips left a lasting impression about the merits of a fee-for-service system.

Wendell worked in the nickel mines of Northern Ontario. I was a prospector in the Northwest Territories. Neither of us struck gold.

We both had service on the north Atlantic - Wendell as a surgeon commander on a destroyer during World War II and in my case as a first year medical student pressed into service on a cattle boat to stand in for an inebriated veterinarian. Wendell's challenge was to save human lives and win the battle of the North Atlantic. Mine was to dispatch overboard horses and cattle terminally ill from shipping fever. In my opinion, both of us showed equivalent valor but he was awarded the OBE for his distinguished services.

We both had the privileged trials and tribulations of establishing new medical schools: Wendell in expanding the two-year program at Saskatoon to a full four-year course with clinical facilities in a new university hospital. Mine was at McMaster with its distinctive motto "*Melius est Urinam Facere quam Amovere*"... "It's more fun to make a mess than clean one up."

But there the parallelism of our careers ended. I lost my way but Wendell went on to become caretaker for medical education throughout Canada as Executive Secretary and subsequently, Director of the Association of Canadian Medical Colleges.

Wendell received many honours including the Order of Canada. Permit me to quote, however, one tribute from a fellow Dean of

Medicine, Dr. Douglas Waugh, when Queen's University awarded Wendell an Honorary Doctor of Laws Degree. "*One time salesman, waiter, nickel miner, sailor, naval officer and friend of Norman Bethune, his genuine idealism coupled with a tough practicality and a persuasive gentleness have won him the lasting friendship of a large circle within the medical fraternity and outside it both here in Canada and abroad ... all of whose names he is somehow able to remember.*"

All of us count ourselves extremely fortunate to have had the opportunity to work with and be inspired by Wendell MacLeod.

I would like to inflict upon you observations which are deeply coloured by my more recent experience with private sector corporations large and small. The focus of my remarks will be on the impact of the new economy on the Academic Health Sciences Complex. I choose the term "Complex" because of the immense complexity of the programs and relationships for which you have responsibility.

Industrialized countries have embraced the new economy as a powerful platform to enhance economic competitiveness through new products and processes. The currency of the new economy is human capital not financial or natural resources. It is knowledge-based and powerfully facilitated by the information and communications technologies which have broken through the conventional barriers to exchange of information within enterprises, among institutions and across national borders. The new economy operates in a global arena. Nationalist and protectionists rules governing economic behavior have given way to much greater freedom of movement, not only of goods and money, but also of ideas and people across national borders.

Universities and their Academic Health Sciences Complexs are well positioned to be pivotal to the new economy because of their traditional role as knowledge generators and transmitters. But their monopoly is fragile and success by no means assured. Domestic institutions will no longer be comforted by being one of the best in Canada. Universities and their Academic Health Sciences Complexs will have to

compete by international standards of excellence to attract the best minds, both faculty and student, and to provide this human capital with the conditions for success in fueling the knowledge-based economy. Governments must provide generous support but in the new economy they can not get too far out of line with other countries in trade practices, subsidies, interest rates and income tax for individuals and corporations. National sovereignty has become significantly constrained by the realities of global interdependence. This may be manifested, for example, in the unwillingness of provinces to assume greater debt or raise taxes to fund health and educational expenditures faster than growth of GDP.

The Academic Health Sciences Complex has the potential to be a very important player in the new economy. Will it have the vision, commitment, discipline and organizational responsiveness to translate that potential into reality? I would like to comment on that question from four viewpoints:

- The Academic Health Science Complex (AHSC) as a "learning enterprise"
- Winning the "war for talent"
- Managing the academic/commercial interface
- Transforming the support of research

#### AHSC as a "Learning Enterprise"

AHSCs even in the most affluent provinces have been through a cycle of severe cutbacks in basic operating support from government, which has resulted in significant damage to their educational, research and health service programs. With the more recent improvement in the economy, federal and some provincial governments have renewed support. The economic slowdown evident during the past few months, however, is ominous. Further, projections suggest that the demand for financing health services due to proliferation of technological advances, an aging population and increased public expectations will substantially outstrip increases in gross domestic product in the longer term and maybe even in the near term.

The mismatch between demand for services and public sector capacity to finance the services is not confined to Canada. The Neufeld Trust study of health and care in the European

Union forecasts that by 2020 health costs will have increased at more than twice the rate of economic growth. In parallel, dependency ratios will rise from 40% to 55% of the population, increasing pensions and long-term social care costs.

If the assumptions are valid, we need to find new ways to improve health and deliver care and to enhance the cost effectiveness of our existing approaches. Across the board compression of existing programs is neither acceptable nor sustainable.

It is sobering and instructive to review the recent experience of leading private sector corporations. In 1982, Peters and Waterman described 43 excellent companies in their book *"In Search of Excellence"*. Within five years half were in trouble and by the year 2000 all but five had fallen from grace. The discipline of the marketplace turned out to be very tough on corporations that failed to adapt to changing circumstances. Is there a lesson here for public sector institutions like the AHSC? Can the AHSC reinvent itself around its core values or is it, like many of the leading private sector corporations two decades ago, destined to become obsolete?

Does the AHSC have a clearly understood set of basic values as the template for setting its objectives and priorities? If it is the well being of patients, individually and collectively, are we matching the technological advances with the human dimension of care? Are our health care institutions truly patient centered? The burgeoning popularity of complementary and alternative medicines may reflect not only more searching public expectations, but also a missing interpersonal dimension of current mainstream medical care.

In the educational mission of the AHSC, is the traditional role of faculty in transmitting knowledge content given way sufficiently to coaching and skills development? The recent MIT decision to provide full content of courses in engineering and architecture free through the Internet is noteworthy. Do traditional disciplinary departments of knowledge still make sense? Do linear professional training programs of more than 15 years of post secondary education make sense for clinical scientists? Should licensing requirements for certification in family medicine and recognized specialties be relaxed to facilitate career shifts?

Is health care in the AHSC the logical central intelligence and operational research centre for its regional population? Has it exploited the full potential of the opportunities made possible by information and communication technologies to introduce, evaluate and disseminate innovations and to address the special needs of those who are less effectively served by the system? Are we investing adequately in the development of knowledge based systems, including imaging and sensor technologies to strengthen out of hospital care and enable telemedicine specialist consultations? With the "death of distance" in communication costs does our responsibility include improving the health of those living in the poorest third world Countries where population growth is nearly double economic growth, life expectancy is little more than half that of industrialized countries and interventions already exist to prevent or treat most of the burden of illness. To say nothing of the crushing impact of HIV, malaria and drug resistant TB which should be priorities on our research agenda.

The new economy offers powerful new technologies and a new way of thinking to address these needs in circumstances constrained by limited financial resources. To perform well in continually changing circumstances, AHSCs like their counterparts in the private sector will need to become learning enterprises. The health and educational sectors, however, seem to be lagging behind most other sectors in recognizing the potential impact of the new economy in improving the cost effectiveness of their operations and opening up new opportunities to do more with less. A major factor impeding responsiveness to change is the straight jacket imposed by central planning of the health system through the single payer system. Without much greater decentralization of authority we will continue to exaggerate mistakes in manpower and program planning as we now see.

It would be a most unfortunate paradox if institutions such as AHSCs that are key drivers of the knowledge-based economy were unable to perform as learning enterprises, eliminating obsolete processes which limit their dynamism, ability to adapt and, most importantly, creating the cultural environment in which the best and brightest people will want to work.

For learning enterprises it is not the big idea that is transforming but the steady succession

of small innovations which add value and motivate acceptance of change by the organization.

### Winning the "War for Talent"

Genomics, proteomics, informatics, material sciences and other advances from the convergence of biological, physical and engineering sciences have led to a profusion of transforming technologies for the understanding of disease and for its diagnosis, treatment and prevention. The explosion of technologies coupled with the demographics of the academic professorate place AHSCs in a bidding war for talent comparable in intensity to the trading floor of the Chicago Livestock Exchange! Unlike pork bellies, however, the pool of highly qualified professorial talent is being seriously depleted by retirements and by new commercial opportunities in the life sciences sector.

Obsessive attention to factors influencing recruitment, retention and motivation of academic and professional faculty will be essential. The competition for extraordinary talent is likely to strain the traditional uniformity of salary scales of universities since top caliber people will fetch top dollar. If lessons from the corporate sector apply, however, compensation alone will be a necessary but insufficient condition to recruit and retain the best people. Other critical factors will be the quality of colleagues with whom to interact, resources for their research and the culture of the organization.

AHSCs need to ensure that they know what young people are thinking and searching for as a career in order to make the prospect of training for faculty positions more attractive. The supply of new faculty maybe substantially improved by increasing the flexibility of training for exceptional people. As mentioned earlier, 15 years or more of uninterrupted postsecondary training to prepare a clinical scientist may exclude exactly the type of creative individuals one wishes to see in those posts. Investment in faculty renewal may help to upgrade qualifications or existing staff to meet new responsibilities.

At the same time, AHSCs should rethink some of their needs for faculty and look at different ways of meeting the needs. For example, highly specialized services may not be justifiable or feasible at every AHSC. Indeed, critical mass for high quality specialist training

may only make sense for a population base of 5 million or more and, therefore, need to be organized on a interprovincial basis.

In the war for talent, there is a real danger of musical chairs with individuals moving to the same job at different sites within the system. The turnover will be expensive and disruptive to the institutions with no net gain for the system. There is a need for the AHSCs to take a collaborative approach to the training of faculty and to recruitment to avoid the destructive aspects of competitive strategies.

Of the factors under the control of the AHSC, the most important for securing and motivating the essential human capital will be the institutional culture. The AHSC is in double jeopardy contending with the bureaucracies, often in conflict with the university and the teaching hospital. Efforts to reconcile and streamline may cause strains with both institutions and may require governance arrangements different from either. Efficient bureaucracies are tolerable but the institutional culture will be suffocating with bureaucracies that are risk averse and glacial in speed of decision making. Streamline processes, lockup the "guard dogs" and celebrate risk. You have nothing to lose but mediocrity!

### **Managing the Academic Commercial Enterprise**

The explosive growth of commercially valuable technological advances has led to much more intensive engagement of universities and AHSCs with the private sector. There is blurring of the lines between public and private, academic and commercial.

The traditional sequence of basic research, applied research and commercialization at consecutive stages of development over an extended period has given way to telescoped and interrelated academic and commercial research and development. Faculty members in increasing numbers now want to hold two cards, one for their academic professorial post and the other for their role as chief scientific officer or the equivalent in a corporation commercializing the results of their research. And they want their twin careers manageable within walking distance. For students and for technical staff, exposure to startup and established companies provides a valuable apprenticeship experience and opens up career opportunities.

Industrialization of life sciences has scaled up by an order of magnitude the resources required to move in the scientific frontier. The scale of resources is at or beyond the limits of academic affordability in terms of the size of the research team, batteries of equipment and super computing power. For some projects access to these resources is only possible through an alliance with a commercial partner.

Many AHSCs are developing sophisticated incubators to accommodate the twin career aspirations of faculty members and to facilitate startup companies based on the results of their research. They are counting on the financial return from royalties and royalties as an important future-funding stream for institutional programs. This interaction of academic and commercial is loaded with potential land mines: conflict of interest for the scientist or the institution, restraint on timely publication of research results, conflicting legal claims to intellectual property, distortion of the graduate student research experience by undue secrecy or commercial pressure, neglect of educational responsibilities, excessive dependence on short term soft money, dangers of a dominant financial patron dictating the path of scientific inquiry and imbalance of resources and responsibilities among the departments and faculties of the institution with the attendant jealousies and ideological clashes.

The commercial interface is a reality with the potential for substantial opportunities and benefits for faculty, staff, students and for the institutions. But, with the rewards come real risks. Active management of the interface is essential to safeguard against erosion of the basic values of the academic institution.

### **Transforming the Mechanisms of Research Support**

Since the new economy is dominantly knowledge-based, the research capability of the universities and AHSCs should assume a central role materially important to the economic future of the jurisdictions in which they are located. The change in attitudes of governments towards the value of research in higher educational institutions is extremely important. Research is no longer valued primarily as a form of support of the educational enterprise. To an increasing degree it is recognized as an investment in economic development. In the case of the health sector, it is



increasingly recognized that this is no longer just a service industry but also a dynamic and rapidly growing sector of the world economy. Indeed, by 2020 it is projected to be the world's largest industry (12% of global GDP).

After years of very limited research funding, academic institutions are receiving a substantial increase in research resources through the national granting agencies, the Canada Foundation for Innovation, the equivalent support agencies in various provinces, the Canada Research Chairs, Genome Canada and other mechanisms. Serious problems remain since operating grant funding is still very lean and without allowance for overhead, this places heavy demands on other sources of funding institutional operations. Furthermore, in some jurisdictions the federal requirement for matching exceeds the capacity of local governmental and non-governmental sources. Looking forward to generous federal and provincial support of research is of the greatest importance to success of the AHSC mission. The multiplicity of different agencies administering research funding complicates the process of research administration at the institutional level and imposes a heavy burden on the research scientist attempting to cobble together sufficient funds from a variety of sources for a first-class program. The research granting agencies need to be encouraged to move to larger grants for longer periods to establish scientists and to ensure that their review processes not just tolerate risk but actually encourage boldness in research objectives. The complexity of the challenges facing the AHSC has increased by orders of magnitude in the three decades since I was engaged in your craft. For me, the challenges seem overwhelming but I can assure you they were not for Wendell MacLeod.

For my concluding remarks I return to Wendell MacLeod and two quotations from "*A Life in Medicine*" the wonderful biography of William Osler by Michael Bliss. Wendell and I both had the thrill - the wonderful odyssey of sharing in the development of a new medical school.

Bliss writes about Osler's experience in founding the Johns Hopkins School of Medicine, "*Everyone cherished the wonderful spirit of the early days - the fellowship, the sense of being present at the creation, the very American thrill at a new beginning unhindered by the past. To blaze a perfectly new road, untrammelled by tradition, vested interests, or medical "deadwood" - best of all, backed by a board of management imbued with a fundamental and abiding respect for scientific opinion and commanding an ample budget - what more could the hearts of man desire?*"

Osler was obsessively pessimistic about aging. He felt that a person's most productive years were the third and fourth decades. He characterized the crisis of life past age 40 as one of declining physical and mental powers. In an 1892 speech Osler described this as "*that lessening of elasticity which impels a man to open rather than vault a five bar gate*" and a "*loss of mental elasticity which makes men over 40 so slow to receive new truths.*"

Wendell MacLeod, like Osler, defied the crisis of 40 years, his second 40 as rich in their contribution as his first 40.

Let me close by wishing all of you who follow in Wendell's foot steps the elasticity of limbs that impels you to vault the five bar gates you encounter and the mental elasticity to receive new truths as effortlessly as the remarkable individual we, honour, this evening. ♣

## HEALTH RESEARCH GRANTS AWARDED

University of Toronto and its affiliated teaching hospitals have been awarded more than \$8.5 million by the Canadian Institutes of Health Research as part of its September 2000 operating grant competition. University of Toronto researchers received 23 percent of the \$36.8 million awarded, more than any other institution. The research projects funded range from tissue

engineering and health services to molecular genetics and mental illness.

Researchers from McGill University and its affiliates received the second highest total at \$5.8 million. A complete list of the CIHR operating grant recipients is available at [www.cihr.ca](http://www.cihr.ca). ♣

## ACMC STANDING COMMITTEE ON CONTINUING MEDICAL EDUCATION (SCCME) REPORT

It was agreed that the activities of the SCCME would be underwritten by a tithe levied on each of the university-based CME departments of \$250.00 per year maintained at the ACMC office in Ottawa.

A task force was struck to examine the role of academic and organizational CME offices in the accreditation of continuing medical education activities and to recommend appropriate fee structures for these activities. Members of the task force include: Drs. Paul Davis (Chair), Lewis Tomalty, Craig Campbell and Richard Handfield-Jones.

Dr. Jean Gray will ask the ACMC Board of Directors and Council of Deans to recommit to their earlier decision to support the flow of all university-based CME activities through the 16 academic CME offices.

In order to facilitate a continuing dialogue between ACMC and ACCME, a motion was passed that stated: *ACMC should call upon the CACME Board to host a working group on CME accreditation with ACCME to include reciprocity with the United States, the goal of which would be to establish a set of common values.*

A working group was set up to develop policy on the relative spheres of activity for each CME office and to examine the process to be followed when CME programs developed at one faculty of medicine are to be offered in another geographic area. Members of this working group include: Drs. Brent Kvern (Chair), John Turnbull, Craig Campbell and Jean-Guy Emond.

Dr. Marianne Xhignesse will continue to review abstract submissions to the CAME meeting for the CME Deans.

A recommendation will be made to the FMLAC meeting in St. John's, Nfld., at the end of June to consider an Aylmer V conference that would include government representatives and discuss the topic of the use of administrative databases for continuing quality improvement in medicine.

It was recommended that an approach be made to CIHR to host a workshop on the development of collaborative research projects in CME.

Dr. Jean Gray  
Chair

## REPORT OF THE STANDING COMMITTEE ON RESEARCH AND GRADUATE STUDIES

### Coalition for Biomedical and Health Research

The committee continued to work closely with Dr. Barry McLennan, Chair of CBHR and the 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 ACAHO, CBHR, CIHR and ACMC during the month of October. 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.

### Ethics Issues

Following our Fall 2000 business meeting, the committee held a one-day symposium to discuss a number of urgent ethics issues. This symposium was held in cooperation with CIHR and dealt with accreditation of ethics committees and the new NIH guidelines for education of researchers in ethical issues.



Speakers included Dr. Francis Rolleston, CIHR; Dr. Joe Pater, NCI Clinical Trials Group; Dr. R. Saginur, Chair, Ottawa Hospital Research Ethics Board; Dr. Marianne Vanderwel, Pfizer; Dr. Bob Peterson, Health Canada; Dr. Henry Dinsdale, NCEHR and Dr. Melody Lin, OHPR from the United States.

Different viewpoints were discussed and the need for national policies on education and accreditation were highlighted and a report on the day's proceedings is available. The committee passed the following motion: *Whereas the ethics of research involving human subjects is of paramount importance to all health researchers and indeed to all Canadians, be it resolved that the ACMC Standing Committee on Research and Graduate Studies recommends that the Canadian Institutes of Health Research take the necessary steps to assemble representatives from ACMC (Association of Canadian Medical Colleges), ACAHO (Association of Canadian Academic HealthCare Organizations), CFPC (College of Family Physicians of Canada), CMA (Canadian Medical Association), NCEHR (National Council on Ethics and Human Research), Health Canada, industry sponsors and any other necessary stakeholders to develop standards for the education and accreditation of Institutional Research Administrators, Research Ethics Boards (REBs) and researchers within the next four months.*

The Chair communicated the motion to Dr. Alan Bernstein, President of CIHR and has been in communication with Dr. Bernstein concerning progress on this important issue.

The Chair has been in contact with a group of ethics committee administrators and committee chairs planning to create a Canadian Association of Research Ethics Boards to see how our committee could help with this planning.

#### **Privacy Legislation**

The potential impact of Bill C-6 on health research has been an issue of concern. A one-year delay in implementation of the health information aspects of the Bill will end on January 1, 2002. The Chair wrote to all Associate Deans asking for input into test cases but did not receive any responses. A letter jointly signed by the Chair and CBHR was sent in April to alert Associate Deans about the implications of this legislation and requesting test cases to be submitted to the Privacy Commissioner. CIHR has struck a committee to look at the impact of the regulations.

#### **CIHR Issues**

CIHR was officially launched during the summer. While there are no members of the Standing Committee on the Governing Council, several members have been asked to serve on various Institute Advisory Boards. The committee met with Dr. Alan Bernstein at its Spring 2001 meeting to keep abreast of national issues.

#### **Financial Report**

A sub-committee, chaired by Dr. Yvonne Lefebvre, has been formed to review the research revenue sources reported in the ACMC Research Financial Reports.

#### **IMS Canada Meeting**

Committee members were invited by CBHR and IMS to attend a one-day symposium on the databases maintained by IMS and their utility to the academic community. While only a few of our members were able to attend the session, information was provided to all Associate Deans for dissemination in their local community.

#### **Genome Canada**

Dr. Martin Godbout, President of Genome Canada, reported at our October meeting on progress towards identifying projects by the regional centers and the aim to develop more cross-Canada cooperation.

#### **Animal Welfare**

The committee continues to monitor activities of animal rights groups and to work with Canadian Council on Animal Care (CCAC) to ensure good communication. Dr. Jack Bend represents ACMC on the CCAC Board. The new Department of Justice regulations concerning mistreatment of animals (Bill C-15) died when the election was called. The regulations were re-introduced recently and we will work with the research community to ensure that the rules would not hamper research approved by local Animal Welfare Committees operating under CCAC accreditation. These discussions are on-going. Dr. Bessie Borwein keeps the Chair informed about animal rights issues across Canada and internationally.

Joel H. Weiner, PhD,  
Chair

## ANNOUNCEMENTS/ANNONCES

### *University of British Columbia*

The Faculty of Medicine, University of British Columbia, is pleased to announce the appointment of **Dr. James Dimmick** as Head, Department of Pathology effective January 1, 2001.

Jim Dimmick received his MD from UBC in 1968. He interned at Foothills Hospital in Calgary and then went on to a residency in Pathology at UBC obtaining his FRCPC in 1973. He was a fellow in Paediatric Pathology first at UBC and then at the University of Cincinnati and Children's Hospital Medical Centre, Cincinnati, Ohio. He was first appointed as a clinical instructor in Pathology at UBC in 1972 and has pursued his career in Vancouver becoming Professor of Pathology in 1990. His hospital appointment was at the Vancouver General Hospital from 1975 to 1981 after which he moved to BC's Children's Hospital to become Associate Director of Pathology and Laboratory Medicine. He was Director from 1992 to February, 2001.

### *University of Toronto*

**Professors Moira Kapral** of the Department of Medicine and **Ron Kodama** of the Department of Surgery were named winners of the 1999-2000 W.T. Aikins Faculty of Teaching Award in the Individual Teaching Performance category. Established in 1984 and named after the first dean of the Faculty of Medicine, the Aikins Awards are the faculty's most prestigious awards for commitment to and excellence in undergraduate medical education.

**Professors David Goldboom** of the Department of Psychiatry, **Robert Freedom** and **Ronald Laxer** of Pediatrics and **Graham Trope** of the Department of Ophthalmology have been selected to receive the four Council Awards of the College of Physicians and Surgeons of Ontario, given to honour outstanding Ontario physicians who have demonstrated excellence and come closest to meeting the society's vision of an "ideal physician". Four awards are presented annually, chosen from a pool of 17,000 physicians. The awards will be presented at the college's office in November.

**Professor Gillian Hawker** of the Department of Medicine has been selected as the winner of the 2001 Medal Award in Medicine of the Royal College of Physicians and Surgeons of Canada for her paper "*Differences Between Men and Women in the Rate of Use of Hip and Knee Arthroplasty*". The award will be presented at the Royal College's annual conference on medical education and professional development in September.

**Professor Hugh O'Brodovich** of the Department of Pediatrics has been selected to receive the American Thoracic Society's Recognition for Scientific Accomplishments Award, given to four awardees each year. He received the award at the society's annual meeting in San Francisco in May.

**Professors Lucy Osborne** of the Department of Medicine and **Thomas Waddell** of the Department of Surgery are the winners of the 2000 Elsie Winnifred Crann Awards of the University of Toronto Life Sciences Committee, given to new junior faculty within five years of their first faculty appointment and actively engaged in research in the areas of breast cancer or pulmonary or kidney and urinary diseases. The \$35,000 award is to be used for the direct costs of a research project.

**Professors Marlene Rabinovitch** of the Department of Pediatrics, **Katherine Siminovitch** of the Department of Medicine and **David Williams** of the Department of Biochemistry are the 2000 winners of the Dales Award of the University of Toronto Life Sciences Committee, conferred annually in recognition of sustained excellence in medical research at University of Toronto in the areas of basic and clinical sciences or community health. The award, valued at \$50,000, may be used towards the direct costs of research over a period of three years.

**Professor Peter Selby** of the Department of Family and Community Medicine was selected as the winner of the first Medical-Scientific Program Committee Award of the American Society of Addiction Medicine for having the highest score for scientific merit for his paper

*"Methodone Maintenance in Pregnancy: Can We Prescribe More than 100 mg per Day?"* presented at the society's annual medical-scientific conference. Selby received the prize at an awards dinner in Los Angeles on April 21, 2001.

**Professor Ronald Zuker** of the Department of Surgery was elected vice-president of the American Society for Reconstructive Surgery at the society's recent annual general meeting in San Diego. His one-year term was effective January 1, 2001.

**Professors Jagdish Butany and Avrum Gotlieb** of the Department of Laboratory Medicine and Pathobiology will assume the editorship of *Cardiovascular Pathology*, the official journal of the Society for Cardiovascular Pathology, Inc., with the January/February 2002 issue. First organized in 1985 and incorporated in 1986, the society has more than 200 active members representing a wide range of biomedical interests in cardiovascular health and disease.

**Professor Ken Pritzker** of the Department of Laboratory Medicine and Head, Pathology and Laboratory Medicine at Mount Sinai Hospital is the recipient of the Distinguished Service Award of the Canadian Association of Pathologists. Pritzker will receive the award, to be presented at the association's annual general meeting in Quebec City June 26, 2001, for his excellent work over the years and his promotion of the discipline of pathology and laboratory medicine.

**Professor Andrea Sass-Kortsak** of Public Health Sciences has been awarded the Occupational Hygiene Association of Ontario's 2002 Hugh Nelson Award for Excellence in Occupational Hygiene. The award is given for long-term significant contributions to the advancement of occupational hygiene in Ontario.

**Diana Alli**, Administrative Co-ordinator (student affairs), has been awarded the David Eberle Award by the 2001 undergraduate medical class. Made possible by the class of 1922, this annual award is given to a member of the faculty or staff who has demonstrated a unique contribution to the quality of the undergraduate medical experience.

**Professor David MacLennan** of the Banting & Best Department of Medical Research was elected a foreign associate of the U.S. National Academy of Sciences May 1<sup>st</sup>, 2001, considered one of the highest honours that can be accorded a scientist or engineer. Members and foreign associates are elected in recognition of their distinguished and continuing achievements in original research. Dr. MacLennan was the only Canadian elected this year.

**Professors Daniel Panisko** of the Department of Medicine and **Ian Taylor** of the Department of Surgery are this year's winners of the E. Mary Hollington Awards, recognizing excellence in undergraduate medical education. Panisko received the award for demonstrated excellence in clinical teaching while Taylor won for teaching with distinction in the preclinical or basic science portion of the curriculum. Taylor was also selected by the graduating undergraduate medical class to receive the Class of 8T9 Award given to a member of the faculty who has made an outstanding contribution to the quality of the undergraduate medical experience.

**Professor Martin Schreiber** of the Department of Medicine is this year's recipient of the Dean A.L. Chute Award (The Silver Shovel), awarded annually to the undergraduate teacher considered by the 4<sup>th</sup> year undergraduate medical class to have demonstrated excellence in overall teaching in the third and fourth years of the undergraduate medical program.

**Professor Arnis Freiberg** of the Department of Surgery is the recipient of the 2001 Outstanding Teacher Award of the Association for Surgical Education-Association of Program Directors in Surgery. De. Freiberg received the award at the joint meeting of the two associations in Nashville.

**Professor Paula Rochon** of the Department of medicine has been selected to receive the 2002 William B. Abrams Award in Geriatric Clinical Pharmacology of the American Society for Clinical Pharmacology & Therapeutics. Established to honour a young investigator in the field of Geriatric Clinical Pharmacology for outstanding contributions to the field, winners must be under 45 years of age and actively engaged in high-quality teaching and

research. Dr. Rochon will receive the award at the society's annual meeting in Atlanta, Georgia in March 2002.

**Susan Wagner**, a Senior Tutor in the Department of Speech-Language Pathology, has been named the first recipient of the Mentorship Award of the Canadian Association of Speech-Language Pathologists & Audiologists. The award was established to recognize an individual who has significantly influenced or contributed to the clinical training or professional development of students or colleagues in the field, either as a clinical supervisor or as a mentor.

**Professor Doreen Yee** of the Department of Anesthesia is among the first group of recipients of the 2000 Outstanding Canadian Awards of the Outstanding Canadian Foundation, organized to recognize outstanding members of the public sector. Nominees are selected from hospitals, community organizations and local, provincial and federal government offices.

#### *Memorial University*

**Dr. Roy West**, Community Health, has received the R.D. Defries Award and an honorary life membership in the Canadian Public Health Association (CPHA). The award was given last fall at the association's annual conference in Ottawa. Dr. West is Associate Dean, Community Health and Professor, Epidemiology in the Faculty of Medicine; he also holds an appointment in the School of Pharmacy as Professor, Microbiology. The award was given for his contribution to the field of public health research and policy in Canada as well as his contribution to CPHA.

**Dr. John Crellin**, John Clinch Professor of the History of Medicine, has been awarded \$8,000 per year for five years by the Associated Medical Services Inc. (AMS) for an Education Resource Centre and Program. Under the partnership terms of the agreement, the university will also contribute \$8,000 per year to the project for the first five years and a further \$40,000 over a second term of five years. The centre will provide opportunities for faculty in the medical school and throughout the university in general to develop course modules in the history of medicine

and in health care in general. Possibilities also exist to develop material for new courses.

**Dr. Sharon Buehler**, Community Health, and **Professor Kay Matthews**, Nursing, have each been honoured with a Leadership Award for Women's Health in Atlantic Canada. The awards were made by the Maritime Centre for Excellence in Women's Health.

**Dr. Guang Sun** has been selected as the first recipient of the Novartis Professorship in Pediatric Genetics, sponsored by Novartis Pharmaceuticals Canada Inc. for three years with a donation of \$150,000 matched the Provincial Government through the Opportunity Fund.

Dr. Sun's field of research is human genetics and he is now focusing on complex diseases like obesity, type 2 diabetes and hypertension.

The Society of Rural Physicians of Canada has awarded Memorial's **Family Medicine Program** second place overall for its work in helping train doctors for rural areas of Canada.

**Kirsten R. McDonald**, a graduate student in the Faculty of Medicine supervised by Dr. Christopher Kovacs, has been awarded the 2002 Mary Pater Graduate Studies Award for Excellence in Cancer Research.

**Dr. John Brosnan**, Professor Biochemistry with a cross-appointment to the Faculty of Medicine, is the Chair of the Advisory Committee to the new Institute of Nutrition, Metabolism and Diabetes. It is one of 13 institutes of Health Research (CIHR), which was formed last year to replace the Medical Research Council of Canada and broaden the base for health research funding in the country.

#### *University of Western Ontario*

**Dr. M.A. Cook** has been appointed as Acting Chair, Department of Pharmacology and Toxicology, Faculty of Medicine & Dentistry, effective for the period January 1, 2001 through December 31, 2001.

## ANNUAL REPORT OF THE ACMC POSTGRADUATE MEDICAL EDUCATION COMMITTEE

The ACMC Postgraduate Deans met on four occasions during the past academic year, November 15<sup>th</sup> and 17<sup>th</sup>, 2000, and April 28<sup>th</sup> and 29<sup>th</sup>, 2001. At the Spring meeting in Whistler in 2000, the ACMC Postgraduate Committee decided that it would meet once per year with the Deans alone to discuss and deal with issues relevant to the Office of the Deans specifically and it would then meet on one occasion during the year with all of the observer groups as has been done over the past years. Thus, the two meetings in November were held with the Postgraduate Deans alone and at this meeting the Postgraduate Deans met first on April 29<sup>th</sup> alone and then met with all the observer groups on April 29<sup>th</sup>, 2001.

On November 15<sup>th</sup>, 2000, the issues discussed included:

### **Saudi Mission Contract**

Since a new contract with the Saudi Culture Bureau was due in 2002 it was agreed by all the PG-Deans that discussions about proposed tuition fees should be held well before the new contract negotiations. It was agreed that there should be a uniform arrangement made across Canada. It was therefore decided that discussions about an appropriate tuition fee would be held at the meetings in April of 2001 and that the tuition fee should be the fee charged at the University of Toronto.

### **Alternate Route to Licensure**

Since a number of provinces are now looking at ways to incorporating International Medical Graduates more rapidly into the medical work force, a discussion of a planned alternate route to licensure in Ontario was put forward by Dr. Urowitz. This process was to involve a six month evaluation and if successful would be followed by temporary licensure until the next Royal College Examinations which the candidate would have to sit. This selection and evaluation process was costly and it was not yet clear whether the Ministry of Health in Ontario would support the system.

### **Royal College Letter re: Fellowship Training**

There was some discussion about the recognition of Fellowship Training by the Royal College toward residency certification. The difficulties this would raise in Ontario were put forward and although it was recognized that it was not the Royal College's intent to accredit fellowship training toward certification, this could certainly be read into their latest regulations. This was to be referred back to the College for further consideration.

On Friday, November 17<sup>th</sup>, 2000, the Postgraduate Deans met to discuss a number of issues, specifically related to Royal College regulations, the reporting of the results of the MCCQE Part II and the Communicable Disease Policy of universities in the postgraduate system.

- a) There was discussion on the Final In-training Evaluation which had been presented at the Royal College on the day previously. It was felt that this was still preliminary work and will go back to the Committee on Specialties and so further discussion was delayed at this time.
- b) The PG-Deans raised some concern about the Colleges' request for input on teaching the CanMeds roles when it was felt that perhaps the College should be initiating this activity for the universities.
- c) Some specialties had expressed concern about the last six months of their training because of the timing of the examinations. The entire issue of length of training and timing of examinations was also referred back to the Committee on Specialties of the College and can be a topic of further discussion in the future.

### **Reporting of MCCQE Part II**

Results were discussed by Dr. Dale Dauphinee with the PG-Deans. A document on this policy is currently being developed by the MCCQE and Dr. Dauphinee was hoping that he could bring back a recommendation for the Spring meeting. The issues involved rights of the

trainees to privacy on the one hand, and the mandate of the PG-Deans to create a stress-free training program and organize remediation programs where necessary to help residents achieve success in this examination or the other.

In terms of the Communicable Disease Policy, a number of approaches were presented including the Toronto program, the McGill guidelines, and the BC approaches. It was agreed that it would not be possible to adapt a uniform approach but that a disclosure of differing approaches across the country would be helpful to the PG-Deans.

The PG-Deans met at a dinner meeting on April 28<sup>th</sup>, 2001, and addressed the following items:

- a) The approach to the **Saudi Mission Contract** was finalized in that it was agreed that the fee would mirror the University of Toronto fee which on July 1<sup>st</sup>, 2002, will be \$23,140 plus 2-5%. The exact percent will be decided by the Business Board at the University of Toronto during the coming year. It was decided that all would ask for a three-year contract.
- b) **Interpretation of Royal College Policy on Accredited Training** - Dr. Urowitz circulated the Ontario clause of clarification which was sent out to all PG-Deans in Ontario outlining the interpretation of the Royal College letter according to the Ministry of Health guidelines for the province.
- c) **Sub-Specialty Training without Royal College Certification for IMG's** - There was discussion on the nature of the degree granted by universities to International Medical Graduates who are doing Royal College type programs but who had not done a primary role College certification. It was agreed that like for Canadian graduates, a certificate stating that the candidate had completed a Royal College accredited program could only be given to trainees who had primary Royal College certification. Those who did their primary training elsewhere could only receive a university diploma stating that they had done fellowship training.

- d) There was some discussion on a number of other issues including the work of the Committee of Specialties of the Royal College, the scheduling of the CaRMS process, and the possibility of a PGY 3 match for Family Medicine. Each of these items were preliminary discussions as there were no formal positions put forward.

- e) **Future Agenda Items** - It was decided by the PG-Deans that they would like to spend a half a day with the College of Family Physicians of Canada to review the recent changes to their *Redbook* for accreditation purposes, and then to hear their analysis and plans for the recent undersubscription of trainees to the Family Medicine programs across the country.

On April 29<sup>th</sup>, 2001, the PG-Deans met with all the observer groups and the agenda included:

- a) **Manpower Resource Development Questionnaire** - Dr. Verma presented a first look at a survey that was circulated to the PG-Deans regarding the recent programs aimed at increasing medical manpower resources. The results of this questionnaire are being compiled into a report which Dr. Verma will present to the next PG-Deans meeting for further discussion.
- b) Sandra Banner gave a brief update on the current CaRMS process and then raised the issue of the increasing number of requests from trainees to transfer programs even before they have commenced in the program in which they were accepted. She felt that it would have the effect of undermining the CaRMS process. It was decided by those present that Sandra Banner in conjunction with Sarita Verma would develop a questionnaire to be circulated to the postgraduate offices which would outline the extent and nature of the transfers among programs in their university. When this data is available, one could



look at the possibility of a national policy regarding transfers.

- c) Dr. Dale Dauphinee gave a report from MCC regarding facilitating the opportunity of International Medical Graduates to access the evaluating exam. This examination will now be offered four times per year and will be offered to international medical students prior to their graduation so that they will be able

to access Canadian training in a more timely fashion.

Dr. Urowitz announced that the recommendations to the Board for the next Executive include Dr. Sarita Verma as Chair and Dr. George Ellecker as Secretary.

M.B. Urowitz, MD  
Chair

## NEW DEANS APPOINTED

University of Saskatchewan has announced the appointment of **Dr. Charles Baker** as Acting Dean, College of Medicine. He is replacing out-going Dean, Dr. David Popkin. This appointment is effective July 1, 2001.

Dr. Baker graduated Undergraduate Dentistry, University of Manitoba, DMD, in 1968 and also received a Masters of Science in Dentistry from the University of Toronto. He has held appointments as Associate Professor, Dentistry, University of Manitoba; Associate Professor, Medicine (Radiology), University of Manitoba; and Professor, Department Chairman Stomatology, Faculty of Dentistry, University of Alberta.

McMaster University has announced the appointment of **Dr. John Kelton** as Dean and Vice President (Health Sciences) effective July 1, 2001. Dr. Kelton received his MD from the University of Western Ontario in 1973. He received his specialty certifications in General Internal Medicine in 1977 and in Hematology in 1978. He currently holds positions as Chair, Department of Medicine, McMaster University; Discipline Director, Hematology, Hamilton Regional Laboratory Medicine Program; Director, Transfusion Medicine Laboratories, Chedoke-McMaster Hospitals..

## HARRIS GOVERNMENT ANNOUNCES NEW NORTHERN MEDICAL SCHOOL

On May 17<sup>th</sup>, 2001, Health and Long-Term Care Minister Tony Clement and Northern Development and Mines Minister Dan Newman announced the Ontario government will be providing Ontarians with better access to family doctors.

- The government will:
- a) create a northern medical school with a main site at Laurentian University and a clinical education campus at Lakehead University in Thunder Bay while making use of the latest e-learning technology;
  - b) expand undergraduate and postgraduate enrolment by 120 positions over the next two years across the province, one year

sooner than recommended by the Expert Panel on Health Professional Human Resources. This is in addition to the 40 positions added last fall, bringing the total increase to 160; and

- c) increase postgraduate training positions by up to 25 in northern and rural communities, beginning in 2002.

Planning will start immediately on the creation of a new northern medical school at Laurentian University in Sudbury.

It is expected that the new medical school will begin admitting students (55 undergraduates) in 2004. It is expected that 20 of the 55 students will move to Thunder Bay (beginning in 2006) to

will move to Thunder Bay (beginning in 2006) to complete two years of clinical training while the remaining 35 will stay in Sudbury for clinical training. Both Sudbury and Thunder Bay would offer permanent postgraduate specialty positions. Most of the research capabilities will be located at Laurentian University.


E-learning or computer mediated communication programs will be developed to offer distance learning to students through the internet while providing an interactive educational experience.

The Ontario government has already introduced a number of initiatives to improve the supply and distribution of doctors in the province.

- \$4 million in funding for free tuition and location incentives;
- funding additional postgraduate training to recruit back Canadian medical school graduates;
- expanding the International Medical Graduate (IMG) program;
- doubling the number of community

development officers to help recruit doctors;

- expanding the two northern family medicine residency training programs;
- expanding the Ministry's re-entry/Training/Return of Service program;
- Community Sponsored Contracts (CSC) Program to address recruitment and retention issues;
- Northern Group Funding Plans (NGFPs);
- Physician Job Registry to help identify and match recruiting communities and physicians;
- Locum Programs; and
- Under serviced Area Designation where communities are designated for General/Family Practitioners (GP/FPs).

*Government of Ontario Press Release* 



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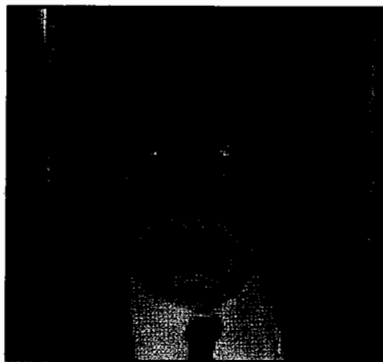
## IN MEMORY OF DR. JOHN WENDELL MACLEOD

Dr. John Wendell MacLeod, OC, OBE passed away on June 10, 2001 at the age of 96. He graduated from McGill Medical School in 1930 with the Holmes Gold Medal. He practised Internal Medicine in Montreal and Winnipeg but his interest in medical education took him to the University of Saskatchewan in 1952 where, as a Dean, he expanded the medical school curriculum to a full four-year program. In 1962 he became the first Executive Secretary of the Association of Canadian Medical Colleges (ACMC), and was involved in the establishment of medical schools at Université de Sherbrooke and Memorial University of Newfoundland.

He was an early and ardent supporter of universal health care and made a major contribution to the Hall Royal Commission on Health Services. He was appointed an Officer of the Order of Canada in 1980 and received Honourary Doctoral degrees from Saskatchewan, Queen's, Sherbrooke and Memorial.

ACMC honoured Dr. MacLeod with the establishment of the J. Wendell MacLeod Lecture several years ago. The Lecture is given at the Annual Meeting of ACMC and pays tribute to Dr. MacLeod and each year the honour is given to an eminent Canadian medical educator to make the presentation. It will continue as the Wendell MacLeod Memorial Lecture. 

## CAME/CAMP DISTINGUISHED CONTRIBUTION TO MEDICAL EDUCATION AWARD



Dr. Wayne Weston, an active member of AMS' Education Advisory Committee and of the University of Western Ontario's Department of Family Medicine, has received the (CAME/CAMP) Award for Distinguished Contribution to Medical Education. This award is to recognize an individual who has made an exceptional contribution to medical education through academic impact on institutional, national or international development and promotion of the field.

In the citation for the CAME award, Dr. Weston is recognized as being "...a leader, a model and a mentor for a very large number of family medicine teachers in our country".

### CAME EDUCATIONAL ACTIVITIES

**Call for proposals for workshops, posters, facilitated poster sessions and R&D presentations will be included in the next issue of FORUM (September 2001). Please note the deadline for submission will be November 15<sup>th</sup>, 2001.**

## JOHN RUEDY AWARD 2000-2001



The ACMC John Ruedy Award for Innovation in Medical Education went to Drs. Gloria Delisle and Lewis Tomalty of Queen's University.

The Award is to recognize an individual or group in a Canadian medical school who has developed innovative print materials, electronic learning aids or other teaching aids, textbooks, software, CD-ROMS or other technology deemed by the medical community as a valuable addition to the educational toolkit for undergraduate, postgraduate or continuing medical education.

## ACMC-GLAXO YOUNG EDUCATOR'S AWARD 2000-2001



The ACMC-GLAXO Young Educator's Award went to Dr. Cathy Risdon of McMaster University. Ms. Carole Southcombe, Director of GLAXO Smith Kline presented the Award of \$500.

The Award is to recognize individuals who are within seven years of their academic career, have an MD or graduate degree, and by their vision, have produced change within their university or within the medical community as a whole.

## CAME/CAMP JUNIOR AWARD FOR CONTRIBUTION TO MEDICAL EDUCATION 2000-2001



Dr. Kim Blake from Dalhousie University was presented with this award at the ACMC Annual Meeting in Toronto in May. The award recognizes an individual in the first seven years of their first academic appointment, who has made a significant contribution to medical education through publication, development or implementation of educational innovations, or special accomplishment in any field of medical education; development of programs, new technology, student evaluation or research in medical education.

**ACMC/ACAHO/CAME 59<sup>TH</sup> ANNUAL MEETING WILL BE HELD IN CALGARY, ALBERTA FROM APRIL 27<sup>TH</sup> - APRIL 30<sup>TH</sup>, 2002 AT THE HYATT REGENCY HOTEL.**

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