



FORUM

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L'Association des facultés de médecine du Canada

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2002 ACMC-ACAHO-CAME Annual Meeting April 27 to April 30, 2002 Calgary, Alberta



The annual conference of ACMC-ACAHO-CAME, taking place from April 28th to 30th at the Hyatt Regency Hotel in downtown Calgary, should prove to be fascinating!

The plenary on Monday, April 29, will be an interactive, working session that is expected to spark some lively discussion and debate. "**Medical Errors: Helping Our Learners Live the Experience!**" will explore how

physicians and other health care providers can disclose medical errors. It will also suggest strategies for educators to deal with this sensitive topic for their students.

This session will include case studies of improved methods of disclosure as well as real-life stories and will also feature small group brainstorming about how sites can implement better practices for disclosure.

Overall, this plenary seeks to help all Canadian health providers and educators avoid the 'blame and hide' approach of the past.

Given the shortage of physicians across the country, the plenary on Tuesday, April 30 will also prove to be of widespread interest to participants. "**Integrating International Medical Graduates into the Canadian Physician Workforce**" will look at IMGs within the Canadian workforce and provincial initiatives for evaluating and training IMGs.

This plenary will compare the three Canadian program models in which IMGs are entering residency training – each of the three will lead a section of the general discussion. It will also outline Ontario's alternative pathway for IMGs and include presentations from international medical graduates themselves.

It will wrap up with a panel and discussion on the challenges, issues and implications, allowing for plenty of audience participation.

On the lighter side, participants can look forward to an evening of fabulous entertainment and laughs, **western-style** on Monday, April 29! This special evening will feature an eclectic array of talent, and tasty food reflecting Calgary's many cultures. Monday night's party promises to be a real wild time!

For those of you who have never been, Calgary is minutes from adventure in an unspoiled mountain playground. We recommend you come early to take advantage of spring skiing in the high country, or, if you prefer, golf in Southern Alberta's green valleys. If you want to relax near the hotel, you can walk, jog or bike along winding paths that follow the Bow and Elbow rivers.

See you in Calgary next April!

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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.

REPORT OF THE EXECUTIVE DIRECTOR TO THE ACMC BOARD OF DIRECTORS MAY 1ST, 2001

ACMC Internal Activities

The major administrative change in ACMC's Ottawa office this year was the retirement of Ms. Janet Watt-Lafleur after 16 years of exemplary service to our organization. ACMC has been most fortunate in attracting Ms. Susan Maskill as its new Director of Administration. She brings many skills to ACMC and has had invaluable experience for the past eight years working for the Society of Obstetricians and Gynecologists of Canada which, like ACMC, is located on the Royal College premises. Except for this change, our staffing remains stable and we are most fortunate to have a number of experienced long-term employees whose contribution to ACMC is invaluable.

A major internal initiative this year has been the initiation of a strategic planning process to set a course for ACMC for the next five years or so.

ACMC continues to provide secretariat support for the Canadian Association for Medical Education and the Canadian Institute of Academic Medicine. This arrangement seems to be working well for all organizations involved. The Association of Canadian Academic HealthCare Organizations (ACAHO) has decided to relocate its secretariat to the Ottawa area, a move which is certain to enhance the relationship between ACMC and ACAHO.

Accreditation of Medical Education Programs

During the past year there was only one limited accreditation survey at the undergraduate level and five full surveys of Divisions of Continuing Medical Education. A major change took place on July 1st when Dr. David Popkin stepped down as chair of the Committee on Accreditation of Canadian Medical Schools (CACMS) and as our voting representative on the Liaison Committee for Medical Education (LCME) in the United States. David has guided CACMS with a particularly deft hand over the

past five years and has made invaluable contributions to the deliberations of the Liaison Committee on Medical Education. With the appointment of two new co-secretaries at LCME, Dr. David Stevens in Washington and Dr. Frank Simon in Chicago, a decision was taken to begin a complete review of accreditation standards and procedures. David Popkin has been very much involved in this process as the Chair of CACMS. It is anticipated that changes to standards and procedures will be completed by October 2001 and a broad consultation process will be undertaken at that time.

Relationships with other organizations

The Executive Director sits ex-officio on the following bodies:

- RCPSC Accreditation Committee - observer
- RCPSC Credentials Committee - observer
- RCPSC Evaluation Committee - observer
- RCPSC Council - observer
- Canadian Medical Forum - member
- Canadian Medical Association Committee on Medical Education - member
- Liaison Committee on Medical Education (USA) - observer/staff
- Medical Council of Canada - observer
- Federation of Medical Licensing Authorities of Canada - observer
- Panamerican Federation of Associations of Faculties of Medicine (PAFAMS) - member and Treasurer
- College of Family Physicians of Canada Board of Directors - observer

ACMC is also responsible for the Committee on Social Responsibility of Medical Schools. A grant has been received from Health Canada to further the work of the committee and to move it into the next phase which it is hoped will see support for pilot projects at a number of Canadian medical schools. ACMC also has taken the initiative in organizing a working group or

task force on flexibility in medical education. The group is chaired by Dean Noni MacDonald of Dalhousie University and planned to report to the Forum and its members not later than September 1st, 2001. ACMC continues to work closely with Health Canada and in an effort to enhance this relationship it has been recommended that a liaison committee be formed to meet at regular intervals.

Externally Funded Projects

The Committee on the Social Responsibility of Medical Schools and on flexibility in medical education / career choice have been alluded to. ACMC continues to administer the HIV/AIDS Scholar in Residence Program funded by Health Canada and is also attempting to develop an educational program on

the use of blood products based in part on some of the recommendations coming out of the Crever Commission.

Other activities

The Executive Director participates in the activities of the Friends of the Canadian Institutes of Health Research, the National Board of Directors of the Arthritis Society of Canada (honorary co-chair), Partners in Research - "The Ottawa Evening", and continues a limited consulting and teaching practice in pediatric rheumatology at the University of Ottawa and the Children's Hospital of Eastern Ontario.

David Hawkins MD
Executive Director

REPORT OF THE COMMITTEE ON ACCREDITATION OF CANADIAN MEDICAL SCHOOLS (CACMS) TO THE ACMC BOARD OF DIRECTORS MAY 1ST, 2001

The committee under the chairmanship of Dr. David Popkin met on October 23rd and 24th, 2000. Representatives from the Liaison Committee on Medical Education (LCME) in the U.S.A. gave some indication of major changes occurring in that organization. In the past two years both principal co-secretaries, Drs. Jonas and Kassebaum, have been replaced by Drs. Frank Simon and David Stevens representing respectively the American Medical Association in Chicago and the Association of American Medical Colleges in Washington. Their appointments stimulated LCME to undertake a self-study and secretariat retreat. Improvement in the way the LCME carries out its business was paramount. There was focus on ways to improve meetings, to improve communication among the secretariats, to cut costs and, as a result, LCME implemented three task groups. One is focusing on the improvement of meetings, one on the improvement of surveys and one on the more effective use of public members. Dr. Stevens noted that CACMS appears to have been particularly well served by its public members.

Concurrently with the task forces mentioned above LCME is undertaking a complete revision of its standards published as "Functions and Structure of a Medical School". It is hoped that this current round of activity, including the editing of the standards, will be complete by October 2001 at which time a full consultative process with LCME's constituents will occur. While this process is going on, LCME and CACMS have more or less placed a moratorium on introduction of new standards and there are no outstanding standards that have not already been approved by the Board of Directors of ACMC.

At its October 2000 meeting CACMS considered full survey reports from five medical schools and a limited survey report from another. The school undergoing the limited survey was given full continuing accreditation for the balance of a seven year term. Concerns about non-compliance with standards was sufficient in the case of three of the schools to warrant a mandated interim limited site survey within two years. For the remaining two schools a progress report from

the dean dealing with identified concerns was requested within two years.

It has been standard practice that LCME and CACMS are not aware of each other's decisions when they are deliberating. This year there were two divergent accreditation decisions, both involving limited surveys which were mandated by CACMS but not by LCME. Because the divergent decisions involve more than a matter of timing of submission on reports, the LCME, through its secretariat, developed a process for reconciliation of divergent decisions. It has been approved by the LCME but will not be presented to CACMS until September 2001. A critical element is the recognition by LCME that even when it does not mandate a limited survey that it participate in any and all surveys at Canadian schools to ensure that joint accreditation continues. Members of the Board will probably be aware of the fact that the Chair and Secretary of CACMS are members of the LCME Executive Committee.

In the case of the two Canadian schools where the limited survey was a divergent decision the LCME will participate in the surveys. The LCME agreed to waive its requirement for a progress report in two years from the schools where CACMS had mandated a limited survey in the same time frame. Increasingly CACMS and LCME have given indeterminate terms of continuing full accreditation with the balance of the term being dependent on the outcome of the limited survey or, rarely, the content of a requested progress report. There had been concerns expressed that schools with significant non-compliance, such as to require a limited survey, were nevertheless being afforded full continuing accreditation for a seven year term. These two actions were not seen as necessarily being entirely consistent.

Progress reports were received from six schools and were accepted.

In the 2000-2001 academic year only a single limited survey was carried out with no full accreditation surveys.

In the 2001-2002 academic year there will be two full surveys and three limited surveys. CACMS endeavours to bring individuals to surveys a year or two before their own school is to

be surveyed and accommodates faculty fellows as much as possible. This year a representative from the accrediting body in Argentina (CONEAU) participated in a limited Canadian survey. We have been invited by the Argentinians to participate in their survey process. Fluency in Spanish will be a prerequisite.

During the past year we received a request from the United States Department of Education to complete a questionnaire in support of our request that Canada be recognized as having standards of medical school accreditation comparable to those in the United States. At the meeting of the National Committee on Foreign Medical Education and Accreditation in Washington on February 16 and 17, 2001, CACMS', accreditation standards and processes were accepted.

The Committee on Accreditation of Continuing Medical Education (CACME), also chaired by Dr. David Popkin, met on October 23rd, 2000. It reviewed full survey reports from two universities which were accorded full accreditation for five years with a request for a progress report in two years.

Progress reports were received from six schools. Four progress reports were accepted and two were received by the committee. Five full CACME surveys were carried out in the Spring of 2001.

CACMS/CACME continues to work closely with the Accreditation Council for Continuing Medical Education in the United States in an effort to further reciprocal recognition of each other's accreditation processes. Our standards for accreditation appear to be consistent with those employed in the US. This year representatives from the ACCME will attend one or more Canadian surveys and an invitation exists for members of CACME to attend ACCME meetings as well as participating in US surveys. CACMS and CACME wish to thank all those who gave unstintingly of their time to participate in our survey processes.

David Popkin, MD
Chair

David Hawkins, MD
Secretary

COMMITTEE ON MEDICAL SCHOOL LIBRARIES ANNUAL REPORT MAY 1, 2001

The Committee on Medical School Libraries held a very successful day long committee meeting during the annual ACMC meeting and also sponsored a workshop on 'The Canadian National Site Licensing Project (CNSLP) - Electronic Information to the Desktop'.

The long delayed implementation of the CNSLP project has benefited universities in Canada but has raised major issues of which the ACMC Board should be aware.

- a) The CNSLP has not been a substantial benefit to the health sciences community as there is limited health content contained within it. It has been useful as a model for future agreements but does not help with major issues currently faced by academic health sciences libraries and the communities of users which they serve.
- b) The resurgence of research activity due to increased funding has highlighted the rapidly deteriorating ability of the academic health sciences libraries to support the information needs of the health sciences research community. While funding for research has increased, the lack of equivalent increases in funding for support services for research activities is most evident in the academic health sciences libraries.
- c) There is an increasingly evident gulf in access to information opportunities for academic health sciences personnel and their colleagues who work in affiliated teaching hospitals and clinical health care systems. A 'HAVE/HAVE NOT' situation is developing where university

people have much broader access to health information resources. This is not supportive of the team approach that is so vital to effective clinical health care.

To assist in addressing the issue of equity of access to important health knowledge information sources, the members of the committee support the 'National Network of Libraries for Health' proposal currently under development by the Canadian Health Libraries Association in conjunction with Health Canada. Our committee has participated in the development of the proposal that is hoped will secure some initial federal funding.

Long term development of this proposal will require significant support from many members of the Canadian health sciences community. We ask that the ACMC Board of Directors consider support of this proposal in principle and also consider the role of ACMC institutional members in support of Continuing Medical Education objectives that can be supported by the network.

Finally, the committee submits two nominations for the next chair of the Committee for 2002-2004. The first nomination is Ada Ducas, Head of the Health Sciences Library at the University of Manitoba. The second nomination is George Beckett, Associate University Librarian (Health Sciences), Memorial University of Newfoundland.

George Beckett
Chair, Committee on Medical School Libraries

Tables continued on pages 5 & 6...

CANADIAN MEDICAL SCHOOL LIBRARIES 1999/2000
BIBLIOTHÈQUES DES FACULTÉS DE MÉDECINE DU CANADA 1999/2000

INSTITUTIONS	TOTAL VOLUMES VOLUMES TOTAUX		SERIALS' PÉRIODIQUES		ACQUISITION EXPENSES DÉPENSES D'ACQUISITION		TOTAL EXPENDITURES DÉPENSES TOTALES	
	1999/2000	1998/99	1999/2000	1998/99	1999/2000	1998/99	1999/2000	1998/99
GROUP 1:								
Alberta	234,555	230,399★	1,577	1,753	1,139,370	1,136,068	1,884,366	1,878,123*
Calgary	139,279	137,726	1,180	1,170	855,724	736,054	1,584,202	1,339,716
Dalhousie	179,673	178,686★	1,050	902	959,250	940,532	2,065,667	2,000,445
Manitoba	183,534	180,832★	1,390	1,730	1,158,977	1,155,963	2,423,524	2,234,223*
McGill**	330,926	328,348★	1,558	1,643	1,071,341	1,235,285	2,126,631	2,283,857
McMaster	160,446	157,392★	1,313	1,293	888,574	827,670	1,995,386	1,932,985
Memorial	114,565	111,541★	1,312	1,274	815,066	826,846	1,853,052	1,835,740
Montreal								
Ottawa	110,908	106,799★	1,037	988	679,716	694,813	1,131,590	959,403
Queen's	144,074	141,564★	854	868	1,059,701	1,092,600	1,741,529	1,851,476
Saskatchewan	126,309		840		-		-	
Sherbrooke								
GROUP 2:								
British Columbia Biomedical	448,724	448,330	2,708	2,689	2,946,137	2,824,705	5,419,581	5,289,710
Laval	456,098◇	450,027#	2,555	2,062	6,077,800	8,476,539	14,920,522	20,073,294
Toronto	953,906	936,727	-	-	-	-	-	-
Western	463,153	462,372★	3,606	3,723	4,380,266	4,147,566	5,617,562	5,291,562□

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

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

◇Figure for entire Scientific Library #Figure for entire library network ★Print volumes only
 *Excludes: staff develop/travel, operating, computing/network expenditures
 ●Excludes: operating, computing/network expenditures □Represents all trackable expenditures
 ** McGill includes Osier Library

**CANADIAN MEDICAL SCHOOL LIBRARIES 1999/2000
BIBLIOTHÈQUES DES FACULTÉS DE MÉDECINE DU CANADA 1999/2000**

INSTITUTIONS	EXTERNAL INCOME REVENU EXTERNE		TOTAL STAFF PERSONNEL		LIBRARIANS BIBLIOTHÉAIRES		HOURS HEURES	
	1999/2000	1998/99	1999/2000	1998/99	1999/2000	1998/99	1999/2000	1998/99
GROUP 1:								
Alberta♦	14,888	20,721	21.15	19.7	6.5	6.7	92	98
Calgary	214,599	175,788	16.87	16.9	3	3	84.75	84.75
Dalhousie	139,841	63,043	27.71	27.92	6	6	91	91
Manitoba	121,315	102,525	27.94	29.6	9	9	85	85
McGill	376,467	362,039	28.03	28.16	7.6	7.6	78	78
McMaster	302,564	286,713	30.4	30.8	6.0	6.1	98	98
Memorial	1,500	79,900	27	26	7	7	85.5	85.5
Montreal♦								
Ottawa♦	38,721	17,299	9.97	9.8	3	3	88.75	88.75
Queen's	98,918	113,726	19.9	18.73	6.0	5.63	85.5	85.5
Saskatchewan♦	-		11		2		89	
Sherbrooke♦								
GROUP 2:								
British Columbia Biomedical	84,234	117,608	56.5	59.7	13.55	14	84	84
Laval♦	0	73,875	20.35	20.35	6.09	6.09	101.5	101.5
Toronto	-	-	57.98	57.98	9.5	9.5	90.5	90.5
Western♦	10,000	10,000	37.06	33.29	6.8	6.8	103.5	73.5

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

♦LES SERVICES TECHNIQUES DE CES BIBLIOTHÈQUES SONT CENTRALISÉS; PAR CONSÉQUANT, LES CHIFFRES PRÉSENTES NE RENDENT COMPTE NI DU BUDGET, NI DU PERSONNEL DEVOLUS À CES SERVICES.

NEUROLOGIST TO RECEIVE HONORARY DOCTORATE

Henry Barnett, a renowned international neurologist, will receive a Doctor of Science, honoris causa (D.Sc.) on October 26, 2001. His contributions to medicine include prevention of countless strokes by the daily use of aspirin in stroke-risk individuals. He is a co-founder of Western's Department of Clinical Neurosciences and was a key player in the foundation of The John P. Robarts Research Institute at Western.

A graduate of the University of Toronto, Barnett received his post-graduate training in internal medicine and neurology in Toronto as well as at Queen Square and Oxford in the United Kingdom. As a principal investigator in numerous medical and surgical trials during the past 20 years, Barnett led studies demonstrating the ineffectiveness of brain by-

pass surgery for stroke-prone patients, a practice that has since been largely abandoned. He also led the international trial, sponsored by National Institutes of Health, that established the indications for arterial neck surgery to prevent stroke.

Also the founding President of the Canadian Stroke Society in 1970, Barnett served as Editor of the American Heart Association Journal Stroke from 1981-1986. He has published 115 book chapters; 229 papers, editorials or letters in refereed journals; and has published 10 books as author; editor or associate editor.

Today, he remains an active Professor Emeritus at Western and a scientist at The John P. Robarts Research Institute.

COMING EVENTS / À VENIR

University of Saskatchewan Continuing Medical Education

October 12 & 13, 2001

Back & Neck Injuries*
Regina, Saskatchewan

October 18, 2001

Sexually Transmitted Diseases
Saskatoon, Saskatchewan

October 19 & 20, 2001

Powerpoint 2001
Computer Training Laboratory
Room 161, Murray Memorial Library
Saskatoon, Saskatchewan
Limited Registration of 20

October 20, 2001

Fetal Health Surveillance in Labour*
Pre-reading Manual and Workshop
Regina, Saskatchewan

November 2 & 3, 2001

Essentials of ECG
Saskatoon, Saskatchewan

November 16 - 18, 2001

BLS-C & ACLS Courses
BLSC & ACLS Provider & Pre-registration
Saskatoon, Saskatchewan

November 23 & 24, 2001

Practical Management of Common Medical
Problems
Theme: Neurology

Quality Hotel Downtown
Saskatoon, Saskatchewan

December 7 & 8, 2001

Clinical Dermatology
Saskatoon Inn & Royal University Hospital
Saskatoon, Saskatchewan

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ACMC-ACAHO-CAME

59th Annual Meeting

April 27-30, 2002

Hyatt Regency

Calgary, Alberta

*More details will be provided
in future issues.*

ANNOUNCEMENTS / ANNONCES

Université de Sherbrooke

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

Le docteur Kenny est membre actif de la Société britannique des neurochirurgiens ainsi que de l'Association des neurochirurgiens du Québec,

il a occupé le poste de président régional de l'Association médicale du Québec (AMQ) pour l'Estrie et fut nommé au printemps 2001, membre du Conseil de l'AMQ en tant que représentant des facultés de médecine au Québec. Il est aussi membre du Canadian Undergraduate Surgical Education Committee et de l'Association for Surgical Education.

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

Son intérêt pour l'éthique biomédicale au cours des dernières années l'a amené à présider le Comité d'éthique de la recherche à l'Institut universitaire de gériatrie de Sherbrooke et le Comité d'éthique au Centre hospitalier universitaire de Sherbrooke (CHUS). Il est de plus, responsable des programmes d'enseignement de l'éthique médicale au secteur des études médicales postdoctorales de la faculté. Il a été récemment nommé président du Comité d'éthique de l'Association médicale du Québec.

Le docteur Darel Hunting a été nommé directeur du Département de médecine nucléaire et de radiobiologie, Faculté de médecine, Université de Sherbrooke. La recherche du docteur Hunting concerne les mécanismes moléculaires de l'induction du dommage à l'ADN par les radiations ionisantes et les réponses cellulaires face à ce dommage incluant la réparation de l'ADN et l'apoptose, et finalement, le développement des radiosensibilisateurs.

University of British Columbia

The Faculty of Medicine is pleased to announce the appointment of **Dr. Garth Warnock** as Head of the Department of Surgery at the University of British Columbia and the Vancouver Hospital and Health Sciences Centre and as the C.N. Woodward

Chair of Surgery at UBC, effective June 1, 2001.

Dr. Warnock is an active clinical surgeon now in acute general surgery, GI surgery and surgical breast diseases in addition to his focus on diseases of the endocrine and exocrine pancreas. He has also achieved excellence as a teacher, with extensive involvement at the undergraduate, postgraduate and Continuing Medical Education levels and has been recognized for his teaching excellence with a number of awards. As well as holding his FRCSC he is a Fellow of the American College of Surgeons.

Memorial University of Newfoundland

The Faculty of Medicine is pleased to announce the appointment of **Dr. Benvon C. Cramer** as Chair of the Discipline of Radiology at Memorial University of Newfoundland's Faculty of Medicine.

Dr. Cramer's research interests are in the areas of clinical ultrasound and laboratory animals. She has published widely in the field of pediatric radiology and ultrasound and in May 2000 she won the Caffey Award for the best clinical research paper at the Pediatric Radiology Annual Meeting. In 1998 she was Visiting Lecturer at McGill University and she has been invited next year as Visiting Professor to Otago University, New Zealand.

INFORMATICS RESOURCE GROUP ANNUAL REPORT APRIL 28, 2001

Thirteen of the 16 medical colleges were officially represented and 26 participants attended the meeting (including members of the Undergraduate Medical Education and library committees).

Review of Mandate

The meeting began with a review of the original mandate which is to: *Identify ways to enhance medical teaching at all levels by the examination and development of informatics*

within a collaborative partnership among the 16 Canadian medical schools.

The relevance and prioritization of informatics in medical schools has changed considerably since this group's inception. We agreed that the mandate should be refined to emphasize that part of our role is to provide a forum for information sharing and for initiating and coordinating projects of a multi-site or national nature.

Information Sharing

Seven schools reviewed their individual activities (Calgary, Ottawa, Toronto, Dalhousie, McGill, British Columbia and Sherbrooke). In general terms these included: a) the collection and creation of CDs related to specific clinical areas; b) compiling lists of remote information sites for medical students and residents (e.g. Medline, library services); c) continued development of telehealth and telemedicine; d) the development and use of multimedia in mainstream electronic curricula and e) the provision of communication tools to students and faculty. The paucity of research on the pedagogical value of these approaches was mentioned frequently.

The group agreed that a national inventory of completed, on-going and planned projects would lead to increased collaboration and sharing. There would also be increased output and decreased parallel development with a reduction in associated costs.

Collaborative Projects

Four national projects were reviewed (BELLE/Netera, National Digital Medical Library, Script Concordance and CANARIE). These projects involve several of the schools and

provided practical examples of the potential for further collaboration. Another advantage of collaboration is that it increases the power of funding applications.

Additional Plans

The group agreed to:

- Increase the use of the Electronic Discussion Forum to facilitate communication throughout the year and to ensure that areas of potential collaboration are addressed in a more immediate way.
- Build workshops into next year's meeting. (Potential discussions include: technology and instructional design, the issue of research on the effect of technology on pedagogy, the construct and business of project management).
- Ensure official representation from all 16 medical schools.
- Keep the meeting open next year and to extend the time frame to a full day.

David Fleiszer
Chair, Informatics Resource Group

SPECIAL RESOURCE COMMITTEE ON GENDER AND EQUITY ISSUES ANNUAL REPORT MAY 1, 2001

The committee continues to bring attention to gender issues in discussions regarding medical education. To this end, one of the committee's main functions is to liaise with other groups in the country addressing these issues. Dr. Thurston has met with Dr. Miriam Stewart, the Director of the CIHR Institute on Gender AND and articulated the links between gender health issues and the role of this committee within Canada. Dr. Lent has represented this committee at meetings of the Royal College of Physicians and Surgeons of Canada's Advisory Committee on Equity Issues. There are close connections with the Gender Issues Committee of the Council of Ontario Faculties of Medicine (GIC:COFM), a very productive group that studies a variety of issues important to the ACMC committee. This

year in particular, GIC:COFM focussed on women's health in medical curricula and parental leave for faculty.

The committee was very pleased to see that one of its goals from last year was fulfilled, namely, to have several faculty associated with this committee present at this meeting. A number of posters and workshops addressing issues related to women's health and gender issues were presented at this conference. A new approach, facilitated posters, was well received and it was recommended that more time be allotted to such a session next year.

One of the key activities of the business meeting is the sharing of information among schools about their respective programs so that people can learn from the experiences of others.

The amount of activity in schools across the country varies considerably. While some schools have no identifiable programs, the University of Ottawa stands out for the number, scope and innovativeness of its activities in this area. The committee noted the degree of financial and administrative support provided at the University of Ottawa. Without such institutional support, other schools report difficulty in developing and maintaining programs.

One problem the committee continues to face is the varying level of participation at the business meeting each year. Although our membership list includes representatives from 15 of the 16 schools, there are varying levels of certainty regarding memberships and responsibilities. The committee will communicate with the current members to clarify their position. Prior to the 2002 ACMC meeting, the designate will be asked to report on activities at each school and to provide the Dean with a report of the meeting.

The committee continues to be interested in developing a better understanding of the factors that determine recruitment and retention of male and female medical faculty. American researchers have shown that the relative low numbers of women in academic medicine are not a reflection of a cohort effect but that women enter academia and then leave more often than junior male faculty. Association of American Medical Colleges has collected data on the number and ranks of women faculty for many years and the GIC:COFM have adapted the AAMC survey and done a similar benchmarking exercise for the past five years. In addition, researchers are seeking similar information on a discipline-by-discipline basis. Accurate Canadian data are required to better understand the choices and decisions of Canadian physicians with respect to academia.

This committee has facilitated the coming-together of a small group to develop a research project and secure research grants. This group includes Dianne Thurber, Canadian Post-M.D. Education Registry, who has recognized expertise in following cohorts of residents to track career paths.

A number of initiatives are underway concerning the integration of women's health and gender issues at all levels of medical education. Committee members expressed the need to convene a national meeting in the next year to provide greater opportunities to share and analyse existing strategies and resources.

Recommendations:

1. In respect of the committee's role to 'advise on how faculties of medicine may provide an environment in which students, including graduate students, faculty and staff are encouraged and enabled to reach their full potential', the committee strongly recommends that Deans appoint at least one individual to be responsible for gender and equity issues and provide appropriate administrative and financial support.
2. In respect to a research project concerning recruitment and retention of faculty, the committee requests that Deans act to ensure that their schools are included in this research project by providing input into the questions and facilitating access to appropriate data.

Dr. Barbara Lent and Dr. Wilfreda Thurston
Co-Chairs, Special Resource Committee on
Gender and Equity Issues

**Contributions to FORUM in either English or French are welcomed.
Les contributions à cette publication sont les bienvenues et peuvent être
rédigées en français ou en anglais.**

ACMC-ACAHO-CAME ANNUAL MEETING
April 27 - 30, 2002 - Calgary, Alberta, Hyatt Regency Hotel
CALL FOR PROPOSALS FOR EDUCATIONAL ACTIVITIES
CAME, ACMC Committee on Faculty Development and ACMC Committee on CME invite proposals
for workshops, posters and research & development presentations

DEADLINE FOR SUBMISSION: NOVEMBER 15, 2001

Proposals are invited in the areas of admissions, undergraduate, postgraduate, continuing medical education and faculty development. Research and development in these areas or any other topic relevant to medical education including the themes of the planned plenary sessions ("Medical Error: Helping Our Learners Live the Experience" and "Evaluation and Training of IMGs") are welcome.

As a follow-up to the 2001 annual meeting plenaries, submissions are invited for workshops and facilitated poster sessions on the following topics: Teaching and Learning Complementary and Alternative Medicine and Teaching, and Learning Medical Genetics.

Note, workshops, facilitated poster sessions and R&D sessions will each be 1½ hours in length and will occur on Sunday, Monday and Tuesday afternoons (April 28-30).

WORKSHOPS

Workshops should focus on skills development, discussion for consensus building, etc. Active involvement of participants must be ensured. Prerequisite readings can be identified and posted on the CAME website or otherwise circulated.

POSTERS

Posters can be free standing or targeted for one of the facilitated poster sessions. If the planning committee realizes that 5 or 6 free-standing posters can be grouped into one specific topic, presenters may be invited to participate in a facilitated poster session on that topic. The purpose of facilitated poster sessions is to allow an opportunity for participants to share ideas and insights and interact around a topic addressed by a variety of related posters.

RESEARCH AND DEVELOPMENT PRESENTATIONS

These presentations may include research or development projects completed or in progress. NOTE: This year R&D presentations do not have to be specifically CME oriented, but may address any topic.

ALL SUBMISSIONS (E-MAIL PREFERRED) MUST INCLUDE:

1. Contact person's information, including name, institution, address, telephone and fax numbers, and e-mail address.
2. An indication of whether the proposal is intended for a workshop, a facilitated poster session, a free-standing poster or a research and development presentation including the focus of the presentation (undergraduate, postgraduate, faculty development or CME).
3. In the event the submission for workshop or R & D presentation is not accepted, please indicate whether you would accept to present it as a free-standing poster.
4. Title of presentation
5. Full name of presenters/authors and their respective affiliations. Underline the presenters' name.
6. Abstract (see criteria below)
7. Any special AV requirements anticipated, particularly data projector (available only for R & D presentations) and/or internet access.

ABSTRACTS

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

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

Please forward proposals no later than **NOVEMBER 15, 2001** (by e-mail if possible) to:

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

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

ASSEMBLÉE ANNUELLE AFMC-ACISU-ACÉM
Du 27 au 30 avril 2002 - Calgary (Alberta) Hôtel Hyatt Regency
APPEL DE CONTRIBUTIONS D'ACTIVITÉS PÉDAGOGIQUES

Le Comité de l'ACEM et de l'AFMC pour La formation du corps professoral et le Comité de l'AFMC sur l'EMC vous invitent à faire des propositions d'ateliers, d'affiches et d'exposés en recherche et développement.

DATE LIMITE DE PRÉSENTATION DES SOUMISSIONS: LE 15 NOVEMBRE, 2001

Les propositions peuvent toucher les domaines suivants: admissions, études de premier cycle, études postdoctorales, éducation médicale continue et perfectionnement des professeurs. Nous acceptons les travaux de recherche et développement portant sur ces domaines ainsi que sur tout autre sujet touchant l'éducation médicale, y compris les thèmes prévus pour les plénières («L'erreur médicale: aider nos étudiants à vivre l'expérience» et «Évaluation et formation des Diplômés hors Canada et États Unis»).

À titre de suivi des plénières de l'assemblée annuelle 2001, nous recherchons des soumissions d'ateliers et de séances animées d'affichage sur les sujets suivants: l'enseignement et l'apprentissage de la médecine complémentaire ou médecine douce, et l'enseignement et l'apprentissage de la génétique médicale.

Il est à noter que les ateliers, les séances animées d'affichage et les séances de R&D seront d'une durée d'une heure et demie et auront lieu en après-midi le dimanche, le lundi et le mardi (28-30 avril).

ATELIERS

Les ateliers devront mettre l'accent sur le perfectionnement des aptitudes, la discussion en vue d'en arriver à un consensus, etc. Il faudra s'assurer que les participants soient un élément dynamique de la séance. Tout pré-requis en matière de lecture sera indiqué sur le site web de l'ACEM, ou sera autrement communiqué.

AFFICHES

Les affiches peuvent être soit isolées, soit liées à une des séances animées d'affichage. Si le Comité de planification estime que 5 ou 6 affiches dites isolées peuvent être regroupées sous une seule rubrique, les présentateurs pourraient être invités à prendre part à une séance animée d'affichage sur le sujet. L'objectif des séances animées d'affichage est de donner aux participants l'occasion d'échanger des idées et des points de vue et de discuter d'un sujet abordé dans diverses affiches connexes.

PRÉSENTATIONS DE RECHERCHE ET DÉVELOPPEMENT

Ces présentations peuvent comprendre des projets de recherche et développement en cours ou déjà terminés. REMARQUE: Cette année, les présentations sur la R&D n'ont pas obligatoirement à toucher l'EMC, mais pourront plutôt porter sur n'importe quel sujet.

TOUTES LES SOUMISSIONS (DE PRÉFÉRENCE ENVOYÉES PAR COURRIEL) DOIVENT INCLURE:

1. Les coordonnées de la personne contact, y compris, son nom, le nom de l'établissement, avec son adresse, ses numéros de téléphone et de télécopieur, ainsi que son adresse électronique.
2. Une indication à savoir si la proposition porte sur un atelier, une séance animée d'affichage, une affiche isolée ou une présentation de recherche et développement, ainsi que le niveau ciblé (premier cycle, post-doctoral, perfectionnement des professeurs ou EMC).
3. Dans l'éventualité du rejet d'une proposition d'atelier ou de présentation de R & D, veuillez indiquer si vous seriez disposé à en faire une affiche isolée.
4. Le titre de la présentation
5. Le nom complet du/des présentateur(s)/auteur(s) ainsi que leurs affiliations respectives. Souligner le nom du présentateur.
6. Un résumé (voir les critères ci-dessous).
7. Vos besoins prévus en matière d'audio-visuel, notamment s'il vous faudra un projecteur d'image-écran (disponible seulement pour les présentations de R&D) et/ou l'accès à l'internet.

RÉSUMÉS

Les résumés ne doivent pas dépasser 150 mots et doivent être rédigés dans un style acceptable pour publication dans un document qui sera distribué à l'assemblée annuelle en plus d'être affiché sur les sites de l'ACEM et de l'AFMC. Le programme officiel ne comportera que les titres, les noms des présentateurs ainsi que leur établissement d'attache.

Veuillez noter que les données publiées dans le programme, de même que les résumés des ateliers, seront publiés en français et en anglais. Les résumés des affiches seront publiés dans la langue dans laquelle ils auront été soumis. Les renseignements pourront donc être fournis en français, en anglais ou dans les deux langues.

Veuillez nous faire parvenir vos propositions au plus tard le **15 NOVEMBRE 2001** (si possible par courriel) à l'adresse suivante:

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

Tél: 613-730-0687, Téléc: 613-730-1196
Adresse électronique: came@acmc.ca

**THE CANADIAN ASSOCIATION FOR MEDICAL EDUCATION (CAME)
AWARDS IN MEDICAL EDUCATION
IN COLLABORATION WITH THE CANADIAN ASSOCIATION FOR MEDICAL PUBLISHERS (CAMP)**

**LES PRIX EN ÉDUCATION MÉDICALE DE
L'ASSOCIATION CANADIENNE POUR L'ÉDUCATION MÉDICALE (ACÉM)
EN COLLABORATION AVEC L'ASSOCIATION DES ÉDITEURS MÉDICAUX DU CANADA (AEMC)**

2002 CALL FOR NOMINATIONS / MISES EN CANDIDATURE 2002

Submission deadline: November 15, 2001 / Date limite pour les soumissions: 15 novembre 2001

The purpose of these awards is to emphasize the importance of medical education. The awards will be presented April 29, 2002 at the CAME Annual Meeting. Nominees must be CAME members, and each nomination must be made by CAME members. Please submit 4 copies of the nominating documents to CAME.

Le but de ces prix est de souligner l'importance de l'éducation médicale. La remise des prix se fera à l'assemblée annuelle de l'ACÉM, le 29 avril 2002. Les candidats doivent être membres de l'ACÉM, et chaque mise en candidature doit être présentée par des membres de l'ACÉM. Par ailleurs, il faudra soumettre les documents de mise en candidature en 4 exemplaires.

JUNIOR AWARD FOR CONTRIBUTION TO MEDICAL EDUCATION	PRIX JUNIOR POUR UNE CONTRIBUTION À L'ÉDUCATION MÉDICALE
<p>This award recognizes individuals in the first phase of their professional career (i.e., within seven years of first academic appointment), who have made a definite contribution to medical education.</p> <p>Criteria: The following will be considered:</p> <ol style="list-style-type: none"> Teaching activities (quantity, breadth, quality) Research activities in medical education (quantity, funds received, quality) Scientific presentations in medical education (regional, national, international meetings) Scientific publications in medical education Development or implementation of educational innovations (degree of innovation, breadth of the innovations, acting as a catalyst, etc) Impact of the candidate's activities (institutional, provincial, national, international) <p>Submission requirements:</p> <ol style="list-style-type: none"> Letter of nomination that addresses the above criteria. Nominee's complete curriculum vitae. 	<p>Ce prix vient reconnaître le travail de professionnels en début de carrière (c.à d. dans les sept années de leur première affectation universitaire) qui ont fait une contribution évidente à l'éducation médicale.</p> <p>Voici la liste des critères qui seront pris en compte:</p> <ol style="list-style-type: none"> Activités d'enseignement (quantité, portée, qualité) Activités de recherche en éducation médicale (quantité, financement reçu, qualité) Exposés scientifiques en éducation médicale (dans le cadre de réunions régionales, nationales, internationales) Publications scientifiques en éducation médicale Conception ou mise en oeuvre d'innovations en éducation (degré d'innovation, portée, importance comme catalyseur, etc) Impact des activités du candidat (aux niveaux institutionnel, provincial, national, international) <p>Documents d'accompagnement de la mise en candidature:</p> <ol style="list-style-type: none"> Une lettre de mise en candidature, abordant les critères ci-haut énoncés. Le curriculum vitae complet du candidat.

AWARD FOR DISTINGUISHED CONTRIBUTION TO MEDICAL EDUCATION	PRIX POUR UNE CONTRIBUTION EXCEPTIONNELLE À L'ÉDUCATION MÉDICALE
<p>This award recognizes senior faculty who have made an exceptional contribution to medical education throughout their academic career.</p> <p>Criteria: The following will be considered:</p> <ol style="list-style-type: none"> All criteria outlined for the Junior Award (above). Contributions made throughout the medical education continuum; i.e., in undergraduate, post-graduate, continuing medical education <p>Submission requirements:</p> <ol style="list-style-type: none"> Two letters of nomination, one from within the nominee's institution and one external nomination which address criteria outlined. A letter of support from the person to whom the nominee reports. If this is also the person making the nomination, then an additional letter of support from a senior colleague within the nominee's organization. The nominee's complete curriculum vitae. 	<p>Ce prix reconnaît le travail de professeurs chevronnés qui ont fait une contribution exceptionnelle à l'éducation médicale tout au long de leur carrière universitaire.</p> <p>Voici la liste des critères qui seront pris en compte:</p> <ol style="list-style-type: none"> Tous les critères énoncés pour le Prix junior (voir plus haut). Les contributions faites tout au long du continuum, c. à d. éducation médicale de 1^{er} cycle, post-doctorale et continue. <p>Documents d'accompagnement de la mise en candidature:</p> <ol style="list-style-type: none"> Deux lettres de mise en candidature, l'une de l'université du candidat, l'autre externe, qui abordent les critères énoncés. Une lettre d'appui du chef immédiat du candidat. S'il s'agit de la même personne qui fait la mise en candidature, il faudra présenter une lettre additionnelle d'appui d'un collègue chevronné au sein de l'organisation du candidat. Le curriculum vitae complet du candidat.

THE CANADIAN POST-M.D. EDUCATION REGISTRY (CAPER)

ANNUAL REPORT ON ACTIVITIES

MAY 2000 - APRIL 2001

Background

CAPER is incorporated within ACMC and is managed by an Executive Committee composed of representatives from the national medical organizations, federal and provincial governments. It was established in 1986 with the mandate of providing accurate and timely data regarding the size, nature and distribution of post-M.D. programs in Canadian medical schools.

The participating organizations and governments which fund CAPER are: ACMC, the Canadian Association of Interns and Residents [CAIR], The College of Family Physicians of Canada [CFPC], the Canadian Medical Association [CMA], the Medical Council of Canada [MCC], the Royal College of Physicians and Surgeons of Canada [RCPSC], Health Canada and the provincial/territorial governments (Newfoundland Department of Health, Prince Edward Island Department of Health and Social Services, Nova Scotia Department of Health, New Brunswick Department of Health and Community Services, Ontario Ministry of Health, Manitoba Department of Health, Saskatchewan Department of Health, Alberta Department of Health, British Columbia Ministry of Health, Yukon Territory Department of Health and Social Services, Northwest Territories Department of Health and Social Services and the Department of Health and Social Services for Nunavut).

CAPER is the beneficiary of advice from the representatives of other organizations which contribute to CAPER decisions. These are: the Federation of Medical Licensing Authorities of Canada [FMLAC], the Canadian Resident Matching Service [CaRMS], the Canadian Federation of Medical Students [CFMS], the Fédération des Médecins Résidents du Québec [FMRQ], the Collège des Médecins du Québec [CMQ] and the Canadian Institute for Health Information [CIHI]

The CAPER database contains longitudinal information on all post-M.D. trainees concerning their post-M.D. training as provided

by the postgraduate medical education offices at each faculty. Information concerning certifications provided by the CFPC, CMQ and RCPSC and practice location information is provided by the CMA at 2, 5 and 10 years after exit from training.

The CAPER Annual Census of Post-M.D. Trainees, 2000-2001

The CAPER Annual Census of Post-M.D. Trainees was published early in March.

Notable trends are:

- Decrease in the number of graduates of Canadian medical schools entering residency training,
- Increase in the proportion of residents entering specialty programs and a leveling off in the proportion of those specialists choosing to subspecialize,
- Increase in the number of family Medicine residents choosing to take an additional year of training,
- Increase in the number of re-entry trainees in 2000, back to the level we had in 1996,
- Increase in the number of non-ministry funded visa trainees.

Provincial Reports

At the request of the provincial ministries of health, these reports are prepared to provide detailed information concerning the post-M.D. population and the physician supply in each province. These reports are used by all faculties of medicine, CAIR and Health Canada as well as the provinces.

Requests for Information

Responding to requests for information concerning post-M.D. training and physician supply is now a major part of our work. Most of these requests are from the individuals who work in the organizations which support CAPER. This includes the sixteen faculties of medicine and the provincial ministries of health. This year, as physician shortages are being noticed across all specialties, the national specialty societies have

been requesting information on the number of physicians expected to complete training in the various specialties. The CAPER web site www.caper.ca has been redesigned so that much of the information relevant to family medicine and each of the accredited RCPSC specialties is now easily accessible through the web site.

A major project this year was the development of a series of data tables for Health Canada to use in the development of a model for the projection of physician supply on a national basis. CAPER also continues to provide data for the physician projection model used by the CMA and to the RCPSC to assist in the credentialing process.

CAPER worked with the CMA and the Society of Rural Physicians of Canada to prepare data concerning the supply of physicians to rural regions. The proportion of post-M.D. trainees and M.D. graduates from each of the sixteen faculties of medicine who located in rural regions was determined. This work led to the paper "Who Makes Canada's Rural Doctors" which has been submitted for presentation at the meeting of the CFPC in October, 2001.

Also, in collaboration with Ms. Lynda Buske at the CMA, data was prepared to examine the geographic mobility of physicians in their first 10 years after exit from Canadian post-M.D. training programs. A paper on this topic "Interprovincial and International Mobility of the 1989 Cohort of Physicians Who Exited From Canadian Post-M.D. Training Programs" was published in *ACMC Forum* (December 2000, Vol. 33, No. 2)

CAPER continues to supply the data concerning post-M.D. training for the ACMC publication *Canadian Medical Education Statistics*. Also, we work closely with the RCPSC in providing background information used both for accreditation and certification activities.

As CAPER was established through the co-operation of Canada's medical organizations and government agencies, we are fortunate in having maintained close working relationships with all of these groups. Continuous use of the data provides on-going verification and reality testing for the information we maintain. This

activity helps us in developing many fruitful collaborative working relationships with other researchers and medical organizations. A summary of data requests is included in this report.

Staff and Committee Members

There have been very few changes in membership on the 17-member CAPER Policy Committee. Dr. Monica Cermignani from the FMRQ is the only new member to welcome this year. We are fortunate in having the continuity of the expertise on our policy committee. Within our office, Ms. H  l  ne LeBlanc began working at CAPER in early February as the new administrative assistant.

Representation

As Director of CAPER, it has been an important part of my work to attend as either an observer or representative for CAPER, the annual meetings or special committee meetings of CAPER's participating organizations. These meetings are very important in helping CAPER prepare data analyses specific to the policy issues and needs of the participating organizations of CAPER.

Acknowledgements

As always, we are most grateful to the Postgraduate Deans, administrative officers and staff in the offices of postgraduate medical education at the sixteen faculties of medicine. We are provided with both timely data and all important information about changes in the training programs at each location. Quite simply, CAPER could not exist without the work provided by this group of people. From ACMC, we offer special thanks to Liane Kealey and Dale Yeatman with whom we work concerning data verification. Les Forward, the database manager at CAPER, continues to make changes to the structure of our database so that we can respond quickly and accurately to the many requests. It is so important to have the continuity and expertise of staff who have served CAPER for many years. Les has been our database manager since 1993. Many thanks to H  l  ne LeBlanc, the CAPER administrative assistant, who joined us just in time to ensure that our annual census report was published on schedule this year.

All of the Policy Committee members are of essential importance to our work throughout the whole year, not only at the policy committee meetings. Their positive contributions to our activities have been responsible for shaping CAPER into an organization which can respond quickly to the diverse needs of the many aspects of medical education and government agencies with which we interact on a daily basis.

Dr. William Wrixon, our Chairman, has been most willing to provide the expertise we need from someone in the front lines of post-M.D. training. We offer a sincere "thank you" for all of his help. All of us at CAPER look forward to another year working on the interesting questions of our participating organizations and governments.

A. Dianne Thurber
Director, CAPER

CAPER Projects Summary : April 1, 2000 to March 31, 2001

Project Number	Organization	Topic
00-01	University of Toronto	Physician Supply - Neurology
00-02	CAIR	Provincial Surveys
00-03	NCCPMT	Funding Sources
00-04	ACMC - Committee on Gender & Equity Issues	Methodology for Longitudinal Tracking
00-05	SOGC (BC)	Dropouts from OB/Gyn
00-06	Calgary Herald	Retention of MD Grads/Alberta
00-07	University of Saskatchewan	Graduates - University of Saskatchewan
00-08	University of Calgary	Location of Calgary (Alberta) Grads
00-09	BCMA	Practice Location of BC Grads
00-10	Alberta Department of Health	Practice Location
00-11	BC Ministry of Health	Radiation Oncology
00-12	CIHI	Average Length of Post-M.D. Training : Physicians Who Exited Family Medicine & Specialty 96-98
00-13	CMA : Practice Management	Presentation re CAPER
00-14	University of British Columbia	Information on History Post-M.D. Training
00-15	CMA	Changes in Number of Residents
00-16	RBRVSC (Ont)	Actual # of Years of Training
00-17	Health Canada	MSDAD Projection Model
00-18	Rural Ontario Medical Program	Tracking - Rural Medicine
00-19	London Health Sciences Centre	Hematology - Physician Supply
00-20	Canadian Geriatrics Society	Data on Geriatric Medicine/Care of the Elderly

CAPER Projects Summary : April 1, 2000 to March 31, 2001

00-21	Ontario Medical Association	2, 5, 10 year practice locations
00-22	CAPER	Double Certification (RCPC and CFPC)
00-23	ACUDA	Anesthesia Supply
00-24	CIHI / CAPER	Proposal for Collaboration re General Internists + Subspecialists
00-25	Ontario Ministry of Health	Geographic Mobility
00-26	Alberta Department of Health	Physician Supply Alberta 1990
00-27A	University of British Columbia	RESIDENTS/1999
00-27B	CAPER	Poster Presentation Abstract, Age of Exiting Trainees
00-28	University of Alberta	OB/Gyn
00-29	CFPC	Physician Supply
00-30	Nuclear Med/Cardiology Research Group	# Res. in Nuclear Medicine + Cardiology
00-31	University of British Columbia	R-1, Family vs Specialty
00-32	McMaster University	Data re R-1 Trainees
00-33	Dalhousie University	Physician Ratios
00-34	University of Ottawa	Urology Supply
00-35	McGill University	Urology Residents
00-36	University of Ottawa	Pediatrics Residents
00-37	OSVP Prairie Division	2000-01 CC/PR, Field by Training School
00-38	ACUDA	Anesthesia, Physician Supply
00-39	Hospital for Sick Children	Pediatrics, Residency, Survey
00-40	Ontario Ministry of Health	Exits 98 Location in 2000, Rad. Onc., Med. Onc.
00-41	CAPER	Graduates of Foreign Medical Schools Located in Canada
00-42	Ontario Ministry of Health	Fellows: Length of Fellowship
00-43	Council of Ontario Universities	Physician Supply, National
00-44	N.B. Medical Society	Physicians Locating in N.B.
00-45	ACMC	Graduates of Foreign Medical Schools - Survey
00-46	University of Ottawa	Physician Supply in Psychiatry
00-47	CORA	# of Residents in Orthopedic Surgery/Province
00-48	Rural Ontario Medical Program	Practice Locations
00-49	Medical Education Research Request	Attrition of Trainees

SPECIAL ANNOUNCEMENT**CIHR/ACMC 2002/2003 FUNDS for RESEARCH IN MEDICAL EDUCATION**

In 1991 the Medical Research Council (MRC) and the Association of Canadian Medical Colleges (ACMC) established a collaborative agreement on the funding of research in medical education with funds to be administered by the ACMC through its Committee on Research in Medical Education. It is anticipated that for the fiscal year 2002/2003, \$95,000 will be available for research in medical education. The average size of funded grants is approximately \$10,000 and grants requesting greater than \$20,000 are strongly discouraged.

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

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

Note that in 1995, the Medical Council of Canada (MCC) established a fund for research in medical education focused on student assessment. (Application cannot be made to both funds for the same project. If the focus of the project is on student assessment, application should be sent to the MCC (Suite 300, 2283 St. Laurent Blvd., Ottawa, Ontario, K1G 3A2). If the focus is on other aspects of medical education, application may be made to the CIHR/ACMC fund. Applications will have a first screening and will be automatically forwarded to the other funding source if warranted.) www.mcc.ca/rfp-e.htm1

APPLICATIONS SHOULD FOLLOW THE PROCEDURES AND RESTRICTIONS OUTLINED BELOW:

THE DEADLINE FOR RECEIPT OF APPLICATIONS IS FEBRUARY 1, 2002.

Funding decisions will be announced by the end of May, 2002.

All grants are awarded for a period of 12 months from June 1, 2002. Grants that do not describe reportable results that are anticipated at the end of this one year period will not be considered. Amounts not spent at the end of the grant period (May 31, 2003) will automatically revert to the ACMC unless an extension is applied for prior to March 31, 2003 and approved prior to the end of the grant period. Capital costs are not traditionally supported and when supported, the purchased capital will remain the possession of the ACMC and will be returned at the end of the one-year granting period.

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

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

Proposals should be formatted under the following general headings

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

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

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

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

Dan Poenaru, Chair
ACMC Committee on Research in Medical Education
Pediatric General Surgery
Kingston General Hospital
76 Stuart Street
Kingston ON K7L 2V7

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

ANNONCE SPÉCIALE**FONDS 2002/2003 DU ICRS ET DE L'AFMC POUR LA RECHERCHE EN ÉDUCATION MÉDICALE**

En 1991, le Conseil de recherches médicales (CRM) et l'Association des facultés de médecine du Canada (AFMC) ont conclu une entente de collaboration sur le financement de la recherche en éducation médicale, les fonds devant être administrés par l'AFMC par le biais de son Comité de la recherche en éducation médicale. Au total, 95 000 \$ seront disponibles pour l'exercice financier 2002/2003 au titre de la recherche en éducation médicale. La bourse moyenne sera d'environ 10,000 \$, et toute demande excédant 20 000 \$ sera fortement découragée.

Seules les demandes portant spécifiquement sur des propositions de recherche en éducation médicale seront prises en considération.

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

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

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

LA DATE LIMITE DE RÉCEPTION DES DEMANDES EST LE 1 FÉVRIER 2002.

Les décisions en matière de financement seront annoncées à la fin mai 2002.

Les subventions seront accordées pour une période de 12 mois, débutant le 1^{er} juin 2002. Les projets qui ne prévoient pas de résultats déclarables à la fin de la période d'un an ne seront pas pris en considération. Les sommes non dépensées à la fin de la période de subvention (soit au 31 mai 2003) seront automatiquement remises à l'AFMC, à moins qu'une prolongation n'ait été demandée avant le 31 mars 2003 et qu'elle ait été approuvée avant la fin de la période de subvention. Les frais d'immobilisation ne seront pas normalement couverts et, lorsqu'ils le seront, les immobilisations acquises appartiendront à l'AFMC et lui seront remises à la fin de la période de financement d'un an.

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

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

Les propositions devront comprendre les rubriques générales suivantes :

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

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

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

Dan Poenaru, président
Comité de la recherche en éducation médicale de l'AFMC

Pediatric General Surgery
Kingston General Hospital
76 Stuart Street
Kingston ON K7L 2V7

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

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). Both Drs. Nation and Norton are assisting in organizing the plenary sessions. With the able assistance of Karen Thomas, Lisa Shea and Aisling Gamble of the University of Calgary, a memorable social evening with food and a variety of entertainment is being organized for Monday, April 29th.

Look for more information on this evening and the meeting in the December issue of *FORUM*.

The themes of the two plenary sessions will be:

Medical Error: Helping Our Learners Live the Experience!

Monday, April 29

09:00-11:30

Integrating International Medical Graduates into the Canadian Physician Workforce

Tuesday, April 30

09:00-12:00

The Preliminary Program, along with the conference registration and hotel reservation forms, will be available in January, 2002.

Mark your calendar now for this important conference for medical educators and administrators.

Note: Airline seat sales for the conference dates are often offered in early January. Watch your local paper.

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Canadian Medical Education
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médical au Canada, 2001**

Contents

Sujets traités

- A. General Information About Canadian Medical Schools:** e.g. fees, remuneration of clinical trainees, etc.
- B. Undergraduate Medical Enrolment and Graduation Data:** trend data; characteristics of entering students; enrolment; attrition; MD degrees awarded.
- 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.

- 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^e cycle) et doctorats (PhD/3^e 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.

Copies may be ordered from **ACMC**

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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.

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

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

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