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L'Association des facultés de médecine du Canada

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INSIDE THIS ISSUE

HIGHLIGHTS OF THE 2002 ACMC-ACAHO-CAME ANNUAL MEETING HYATT REGENCY, CALGARY, ALBERTA APRIL 27 - APRIL 30

We are proud to announce that the attendance at this year's meeting reached a record high of 550 participants. This resulted in a large attendance for the Welcoming Ceremony at which The Honourable Roy Romanow of the Commission on the Future of Health Care in Canada was the guest speaker. Also, the Monday morning plenary on "Medical Errors: Helping Our Learners" and the Tuesday morning plenary on "Welcome to Canada? Integrating International Medical Graduates into the Canadian Physician Workforce" were very popular sessions. Two symposiums which took place on Monday drew many participants as well --- the ACAHO symposium on "Where is Health Care Going - The Political Debate" at which the Honourable Michael Kirby of the Senate and the Honourable Gary Mar of Alberta Health and Wellness were keynote speakers and the symposium on "Academic Freedom: Paradigms in Conflict" presented by the Friends of Canadian Institutes of Health Research.

The following awards were presented during the meeting and we wish to congratulate all recipients.

This year's recipient of the **ACMC-GlaxoSmithKline Young Educators Award** went to Leslie Sadownik from the University of British Columbia. Presenting the award was Sally Mack of GlaxoSmithKline. The award recognizes individuals who, by their vision, work and interaction with colleagues have produced change within their university or within the medical community as a whole and are within the first seven years of their academic career. Candidates with an MD or graduate degree are eligible for nomination. The Call for Nominations is sent only to the Deans.

continued on page...11

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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 ACMC STANDING COMMITTEE ON CME (SCCME) REPORT TO ACMC BOARD OF DIRECTORS MEETING APRIL 30, 2002

Meetings held since last ACMC meeting:

- Teleconferences were held on October 3, December 6 of 2001 and February 14, 2002.

Issues addressed:

- Accreditation
  - Work during the past year focused on the development of a document that could be accepted by both ACCME and CACME to permit mutual recognition of the American and Canadian CME accreditation processes. On March 21, 2002, Dr. Murray Kopelow, Executive Director of ACCME, reported that his organization had accepted the principles of the document developed entitled "Criteria for Substantial Equivalency of a CME Accreditation Program with that of ACCME". The members of SCCME are grateful to Dr. Hawkins and the CACME for their support during this activity.
  - Principles of Accreditation. Continued discussion about the principles used for accreditation of Canadian CME units took place during the ACMC meeting in Calgary and a series of suggestions will be brought to CACME at the annual meeting in the Fall.

- Working groups. Two working groups were struck at last year's meeting and reported during the Calgary meeting. A group, chaired by Dr. Brent Kvern, developed a series of principles for collaboration between medical schools in developing CME programs. Dr. Paul Davis led a group examining the nature of programming accredited or approved by university-based CME offices and the fee structures charged. These two reports will form the basis for a SCCME retreat to be held in Toronto in mid-October.

- Liaisons. Discussion and collaboration continued during the year with the Foundation for Medical Practice, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, the Canadian Alliance for Continuing Health Education and ACMC. SCCME had considerable input to the planning process for the IMG Workshop scheduled for Wednesday, May 1.

- Possible educational research collaborations were discussed in the Calgary during meetings of the SCCME Research Subcommittee.

- Dr. Marianne Xhignesse (Université de Sherbrooke) was appointed to a two-year term as Chair of the SCCME, commencing immediately.

Jean Gray
Chair, ACMC Standing Committee on CME

REPORT OF THE STANDING COMMITTEE ON RESEARCH AND GRADUATE STUDIES (SCRGS) FOR THE PERIOD MAY 2001 TO APRIL 2002

Coalition for Biomedical and Health Research – During the first half of the year, the Chair represented ACMC on the CBHR Board of Directors and worked closely with Dr. McLennan and Mr. Charles Pitts on lobbying issues. In mid-year, the Chair learned that the ACMC Council of Deans had decided to terminate their support of CBHR. The Chair was involved in a teleconference at which this unfortunate action on the part of the Deans was announced. The SCRGS was not consulted and this leaves a serious gap in our lobbying efforts on behalf of the research community which must be addressed. Due to poor timing, members of the SCRGS were not able to participate in the CBHR sponsored meetings to examine the future of lobbying efforts. Further action on lobbying activities of the committee are to be discussed at the annual meeting.

Ethics Issues –The issue of accreditation of Ethics Review Boards continued to be a major issue. The Chair wrote and met with Ian Shugart, Kevin Keough and Tim Flaherty of Health Canada to discuss the issue and to express the views of the committee that a self-regulated arms-length organization modeled on CCAC (Canadian Council on Animal Care) administer the accreditation process. The Chair also discussed this issue with Dr. Henry Dinsdale of NCEHR. These discussions are on-going.

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 ended 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 the 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 (Canadian Institute of Health Research) has struck a committee to look at the impact of the regulations.

Stem Cell Research – The Chair represented the committee on the Stem Cell Research Coalition, chaired by Dr. Ron Worton, to support the CIHR Guidelines and to lobby with the government for federal legislation that paralleled the CIHR guidelines.

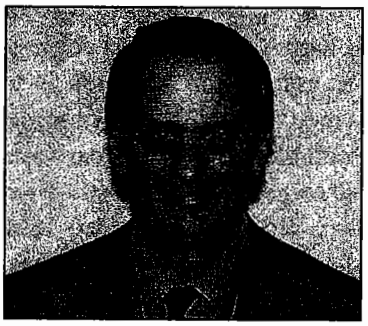
Financial Report. A sub-committee, chaired by Dr. Yvonne Lefebvre, has been formed to review the research revenue sources reported in the ACMC research financial reports. A preliminary report presented at the Fall meeting of the committee identified many of the complications which make the reporting difficult to apply uniformly.

Health Canada Regulations on the Handling of Micro-organisms – The Chair corresponded with Health Canada, Biosafety Officers across the country, members of the SCRGS and the CBC on this issue, which could have serious impact on research activity with everything from bacteria, to yeast to viruses. The guidelines are under review but we need to maintain vigilance to ensure that the guidelines are appropriate and will balance the need for biosaftey with realistic laboratory operating procedures.

Animal Welfare - The Committee continues to monitor activities of animal rights groups and to work with CCAC to ensure good communication. Dr. Jack Bend represents ACMC on the 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
Chair, Standing Committee on Research and Graduate Studies

NOUVEAU DOYEN À LA FACULTÉ DE MÉDECINE DE L'UNIVERSITÉ LAVAL



Il me fait plaisir de vous faire part de la nomination du Dr Pierre J. Durand, à titre de doyen de la Faculté de médecine de l'Université Laval. Ce mandat est d'une durée de quatre ans et valable jusqu'au 31 mai 2006.

Après avoir obtenu son diplôme de médecine de l'Université Laval en 1977 et terminé une résidence en médecine familiale, il a d'abord oeuvré pendant trois ans comme médecin de famille et directeur des Services professionnels au Centre de Santé de la Basse Côte Nord à Lourdes de Blanc Sablon. Par la suite, il a obtenu la double certification en Gériatrie et Santé Communautaire après des études de spécialisation à l'Université Laval et à l'Université de Grenoble, tout en complétant une formation en épidémiologie clinique, tant à l'Université Laval, qu'à l'Université McMaster. Premier titulaire de la Chaire de Gériatrie de l'Université Laval, de 1987 à 1994, il a fondé l'Unité de recherche en gériatrie de l'Université Laval au Centre St-Augustin et a dirigé le Centre de recherche du CHA de 1997 à 2000. Du 1er septembre 1998 jusqu'à ce jour, il a été directeur du Département facultaire de médecine. Depuis plusieurs années, il agit comme médecin conseil et consultant au Ministère de la Santé et des Services Sociaux et à la Régie Régionale de la Santé et des Services Sociaux. Il a été membre de plusieurs Conseils d'administration et préside actuellement la Commission des personnes âgées de l'Association des Hôpitaux du Québec. Docteur Durand est membre des Départements de gériatrie du CHUQ et du CHA et il est chercheur au Centre de recherche en gériatrie du CHA.

Docteur Durand a animé le Comité interdépartemental de gériatrie chargé du développement de la gériatrie à l'intérieur des programmes de la Faculté de médecine. Il a mis en place le stage d'externat, auprès des personnes en limitation prolongée d'autonomie, qui est considéré comme une innovation pédagogique. Son programme de recherche porte sur l'évaluation des pratiques cliniques en gériatrie et les réseaux intégrés de services aux aînés vulnérables.

COMING EVENTS/À VENIR

University of Saskatchewan

June 7 & 8, 2002
Geriatrics: The Team Approach*
Pasqua Hospital
Regina, Saskatchewan

September 14 & 15, 2002
ACLS Provider & Re-Registration
North Battleford, Saskatchewan

October 4 & 5, 2002
Practical Orthopedics 2002
Centennial Auditorium
Saskatoon, Saskatchewan

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ANNOUNCEMENTS / ANNONCES

University of Western Ontario

Dr. Rocco Gerace, of the Faculty of Medicine & Dentistry has been chosen as the new Registrar of the College of Physicians and Surgeons of Ontario. Gerace served as president of the college in 2000-01.

Dalhousie University

Dr. Richard (Sam) Rowe, Associate Professor in the Department of Medicine and an endocrinologist at the QEII Health Sciences Centre, has been named Associate Dean of Undergraduate Medical Education.

University of Toronto

Professor Benjamin Alman of Surgery is the 2002 Royal College of Physicians & Surgeons of Canada Medalist in Surgery, awarded for his project *Betacatenin Stablization Dysregulates Mesenchymal Cell Proliferation, Motility and Invasiveness, Causing Aggressive Fibromatosis and Hyperplastic Cutaneous Wounds*, while **Professor John Parker** of the Department of Medicine won the college's Medal in Medicine for his project *Folic Acid Nitroglycerin-induced Nitric Oxide Dysfunction and Nitrate Tolerance: A Human in Vitro Study*. Each year the college holds a competition for the medals, which provide national recognition for original work by clinical investigators who have completed their training within the past 10 years.

Professor Allan Slomovic of Ophthalmology is the first recipient of the Royal College of Physicians & Surgeons of Canada Mentorship Award for Region 3 (Ontario and Nunavut). The award recognizes a long-standing successful balancing of professional and personal life and honours those who actively provide role models for medical students, residents and other fellows of the college.

Professor Arthur Bookman of Medicine began serving a two-year term as president of the Canadian Rheumatology Association in February. The mission of the association he leads is to represent Canadian rheumatologists and promote their pursuit of excellence in arthritis care and research in Canada through leadership, education and communication. Bookman has also been appointed chair of the newly created medical advisory committee of the Arthritis Society for a five-year term.

Professor Arlette Lefebvre of Physhiatry is the 2002 recipient of the Dr. Richard Ten Cate Professional-Community Award, recognizing Canadian health care professionals supporting the work of About Face, an international organization that provides information and emotional support to individuals with facial differences - differences present at birth or as a result of illness or trauma - and their families. Lefebvre has been a strong force in the growth and development of the organization.

University of Alberta

Dr. Robert Bear has been appointed Vice-Dean of the Faculty of Medicine and Dentistry. Dr. Bear served for the last several years as Executive Vice-President and Chief Clinical Officer for the Capital Health Authority and as the Associate Dean (Clinical Affairs) in the Faculty of Medicine and Dentistry. In July 2001, he was appointed Vice-President (Academic Affairs) for the Capital Health Authority. Prior to fulfilling those responsibilities, he served as Executive Vice-President at St. Michael's Hospital in Toronto and practised in the Division of Nephrology at the University of Toronto.

Dr. Wylam Faught has been appointed Chair of the Department of Obstetrics and Gynaecology effective April 1, 2002. He will be responsible for the management and leadership of the department. He is currently an Associate Professor in the Division of Gynaecologic Oncology at the

University of Ottawa, Director of the residency training program and Chair of the Canadian Obstetrics/Gynaecology Program Director's Committee. He is a consultant to the Ottawa Regional Cancer Centre. He is well known for his work on the study of ovarian cancer and his commitment to the promotion of exemplary standards in residency education.

University of British Columbia

Dr. Stephen Vincent has been appointed to the Louise A. Brown Chair in Neurosciences. This Chair, established as a result of a generous donation from Louise A. Brown, is for the support of a leading scientist conducting work in neurodegenerative diseases. Dr. Vincent's research is concerned with neuronal signaling and its dysfunction in neuropsychiatric disorders. He is the author of over 130 peer-reviewed publications dealing with neurophysiology, neuropharmacology, neuroanatomy and neurochemistry. He is included in the Institute for Scientific Research Database of Highly Cited Researchers as one of the most highly referenced neuroscientists of the past decade. Dr. Vincent currently serves as Head of the Division of Neuroscience, Department of Psychiatry and as Chair of the Graduate Program in Neuroscience.

Dr. Weihong Song has been appointed to the Jack Brown and Family Professorship in Alzheimer's Research. Established by a generous donation from Jack Brown and Family, this Professorship is for the support of a leading scientist conducting work in Alzheimer's Disease (AD). Dr. Song is the first recipient of this prestigious award. Dr. Song's research has focused on the molecular mechanisms of AD pathogenesis. Recent work has concentrated on the biological function of AD-associated presenilin (PS) genes and their role in signal transduction and pathogenesis.

Dr. Kendall Ho has been reappointed for a second term as Associate Dean of Continuing Medical Education. Dr. Ho's academic and research interests include telehealth, telelearning in health, medical informatics, adult learning educational research, trauma management and neurological emergencies. Over the last three years, the Division of CME, through its own initiatives and in partnership with other agencies and organizations, has received research funding support from the Vancouver Hospital/BC Health Research Foundation, Ministry of Health, BC Medical Association Joint Standing Committee, Health Canada and other corporate funding to carry out telehealth and telelearning in health research initiatives.

Dr. Yu Tian Wang has been appointed to the Heart and Stroke Foundation of BC & Yukon Chair in Stroke Research. This Chair, established by a generous donation from the Heart and Stroke Foundation of BC & Yukon, is for the support of a leading scientist conducting work in stroke research. Dr. Wang is the first recipient of this prestigious award. Dr. Wang's research interests lie in understanding mechanisms regulating the cell-surface expression and function of glutamate and $GABA_A$ receptors, the two principle neurotransmitter receptors which mediate excitatory and inhibitory synaptic transmission in the brain, respectively.

Dr. Clive P. Duncan has been reappointed for a second five year term as Head of the Department of Orthopaedics, University of British Columbia and Vancouver Hospital and Health Sciences Centre. His research and clinical interests have mainly involved hip and knee joint reconstruction, major bone and joint transplanatation, limb sparing management of musculoskeletal tumors, as well as the development of new designs for the replacement of human joints. He has over 100 peer-reviewed publications and book chapters to his credit on these research topics, on which he has also lectured widely around the world.

The Royal College of Physicians & Surgeons of Canada

Dr. Craig Campbell, FRCPC, has been appointed Director of Professional Development. Dr. Campbell has served as program director for internal medicine at the Universities of Manitoba and Ottawa. He is a former Royal College

examiner in internal medicine and an accreditation surveyor. He is currently co-ordinator of the College's credit validation program for the Maintenance of Certification (MOC) Program, and a member of the Standards and Professional Development Committees. Dr. Campbell has been involved with MOC since its inception.

THE ACMC STANDING COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION (PGME) REPORT TO THE ACMC BOARD OF DIRECTORS APRIL 30, 2002, CALGARY

The ACMC PGME Committee meets twice yearly, usually at the annual meeting and in the Fall in Ottawa. Attendance at these meetings is generally 100%.

2001-2002 Reporting PGME Trends.

At the annual meeting in Toronto, the first steps were taken to collect information related to nationwide expansion and the associated challenges in postgraduate medical education. This new initiative is more comprehensive than the previous ' cross country check-up' and the results of the reports for 2001 and 2002 are attached as Appendix A. Trends in postgraduate medical education demonstrate a gradual growth in mechanisms for entry into the system such as:

- Assessment programs in collaboration with the regulatory colleges, the RCPSC and CFPC, to facilitate expedited though limited licensure for international medical graduates (IMGs) who are Canadian Citizens or presently working in their specialty in another country.
- Increases in routes for entry for IMGs either through the second iteration of the CaRMS match, supernumerary positions or augmentation in the number of PGY 1 spots.
- Increases in the overall postgraduate year (PGY) 1 level entry positions for Canadian graduates with particular emphasis on new programs designed to attract individuals destined for rural practice especially in family medicine or northern/rural programs.
- Significant findings after the CaRMS match which demonstrate a continuing wane in the interest in family medicine, psychiatry and laboratory medicine as career choices of clinical clerks.
- A probable 'mismatch' in the growth of PGY numbers, their distribution amongst schools and allocation among specialties against the number of eligible candidates despite projected growth in undergraduate medical education numbers with no real nationwide strategy in sight. Also, it is apparent that the disparity exists between the individual career choices of graduates, the actual PGY 1 positions available, and the needs of society.

The last match has serious implications. It does not bode well when there are a surplus of PGME positions in the pool and limited ways to address the shortfalls. It may be time for a discussion with the Ministries of Health to advocate for a reasoned and logical approach to the expansion plans and for a national strategic plan for PGME positions, as the current situation is vulnerable. The PGME Committee recommends that the Council, with PGME Committee's advice, the input of the RCPSC,CFPC, MCC and regulatory colleges, explore the mechanisms to coordinate the growth, the allocation and resourcing of the expansion of PGME in the provinces. For example, the debate over the current 60/40 split needs to occur, though it may be impossible to

maintain that split or even to increase family medicine to 45 % in the light of the current match debacles.

The National Coordinating Committee for Postgraduate Medical Education has not, to our knowledge, met since 1999. It would appear prudent to consider a discussion about the strategies and the business case for PGME expansion.

Negotiations with the Saudi Cultural Mission.

As the Council of Deans is aware, attempts were made to negotiate a common contract with a standard fee and terms of engagement with the Cultural Mission of the Saudi Arabian Government. This attempt did not succeed and all the medical schools who are due for renewal are negotiating individually. The PGME committee still hopes that one day the involvement of individual programs such as internal medicine will be centrally coordinated and that a standard Canadian fee and contract can be established for ACMC with all foreign governments.

A Survey of Transfer Policies and a new National Process for Switching Residencies.

A survey of all 16 medical schools was conducted in the Fall 2001 by Sarita Verma and Sandra Banner (CaRMS). All of the schools allow switching between programs within their schools and 13/16 permit switching between different schools. Ontario and Quebec have provincial policies to govern transfers within their provinces.

The survey revealed that all the schools do not collect the data on transfers and that certain trends were apparent. Although the actual number of transfers has stayed constant at all the schools, there has been a slight increase in requests for transfers since 1998. Over that period of time there has been a slight increase in the numbers requesting a transfer from family medicine into a RCPSC program at the PGY 1 level (98 to 113) and also at the PGY 2 level (88 to 111).

As a follow up to the survey, and in collaboration with CaRMS and CAPER, Dr. Verma drafted a national policy , reporting mechanism and process for consideration at the ACMC meeting in Calgary.

The draft document is currently under review and a further iteration will be discussed in November, 2002.

Meetings with the RCPSC Committee on Education.

The committee met with the RCSPC Committee on Education in November, 2001. There is excellent representation of the PGME committee on all RCSPC committees. Many PGME deans have participated in accreditation site surveys and an ongoing system of communication with the RCSPC has been very fruitful.

Meetings with the CFPC Executive

At our request, we were pleased to meet with the executive committee of the College of Family Physicians of Canada. The PGME committee continues to have concerns about strategies to address the shortfall of candidates choosing family medicine as a career. We hope to meet with the executive on a regular basis on this issue and others of mutual concern.

Meetings with CaRMS

The process for the complete 'electronification' of CaRMS and training of residency program directors and their staff is underway. The information and analysis by Ms. Banner of the match and the post-match survey continue to be very valuable for the PGME committee.

Sarita Verma
Chair
Standing Committee on PGME

Appendix A, Survey covering 2001/2002 on following page...

Summary of 2001/02 PGME Changes - ACMC: PGME Deans Meeting April 27, 2002

	Question	Memorial	Dalhousie	Sherbrooke	Laval	Montreal	McGill	Ottawa	Queen's	Western	Toronto	McMaster	Manitoba	Saskatchewan	Calgary	U of Alberta	UBC	TREND
1.	UGME Enrollment	Fixed	No change	+55 2001 +55 2002				+ 73 in Sept 2001 (+ 47 expected in 2002)					Expect 85 by Sept 2002 ↑ 20%	+ 5 (from 55 to 60)	+ 11 (from 89 to 100)	125 entry 104 exits	MoH $ for campuses in Prince George and Victoria—date unknown	↑
2.	PGME numbers	23 FM 40 Spec.	No change	Tied to grads (60% spec./ 40% FM) ↑ 2 spec, ↑ 9 FM				+ 25 spec in July 2002 FM drops from 39 to 36% of positions					+15 positions (3 for re-entry) ↑ 3 spec, ↑ 9 FM	No change	+ 10 FM rural 47% FM, 53% spec	+ 10 FM rural	-First Nations FM program -PG will match UG positions	
3.	New Provincial Initiatives	Unfilled CaRMS to special funded with ROS	No new funding	Infinite re-entry, additional positions at R2 and higher level				-2 rural and regional training networks; -↑ 25 PGY3 FM positions; -$ to PAIRO for matching new physicians to communities in need; -MoH/OMA rural clerkship program; -Northern ON Med Schl. (55 students in 2004)					+ 3 re-entry positions - bursary/grants for senior med students and residents in FM and "traditional" specialties	4 re-entry: (2 rural FM and 2 urban FM)	20 rural FM entries; 11 IMG entries		Same re-entry program (unfilled positions may be allocated to CaRMS)	↑ Re-entry
4.	IMGs	Routes: 2nd iteration; special funded program	Routes: 2nd iteration; restricted licence; sponsorship by health district	CMQ exams, then residency, 3 mo. Evaluation if equivalent				-New 3 month IMG assessment program -OIMG up from 36 to 50 positions					-2nd iteration; - MLPIMG (up to 10 for 'enhanced' training)	2nd iteration and unfilled re-entry positions	AIMG program		+2 (for a total of 4) positions in IMG FM program	Most in CaRMS 2nd iteration
5.	CaRMS match	14 unfilled, 2nd iteration	Unfilled 17: 3 int.med. 1 psych 1 rad.onc. 12 FM	Only a few FM positions unfilled; all spec. filled (only 1 of the 4 schools participates in CaRMS)				19 FM unfilled 2 psych unfilled 21 unfilled					Significant unfilled FM positions		OK			↓ FM interest
6.	PAIR / FMRQ issues	Contract expired 06/2001	Reasonable relationship	Renegotiating now				-Contract with OCTH up for renewal in Spring 2002 -Reps on PGE-COFM						Contract expired Dec 2001; under negotiation	Contract expires June 2002		Agreement not yet ratified	
7.	College issues Accreditation issues	Credentialling of IMG BCT		Accreditation surveys: Laval 1999 McGill 2000 Montreal 2002				UWO 2000 U of T 2001 Defn of Fellows clarifies					PG accred in Feb 2002 – feedback useful	UG Accred. Survey this spring; PG in Sept 2003	UG accred. Feb. 03	OK	Licensing program for moonlighting residents –few applicants	Accreditation continues
8.	Other	IMGs in PGME: -participation in R4 match; -electives at alternate univ.											None	↓ing districts from 32 to 12 (to be called Health Authorities)		None		

REPORT OF THE STANDING COMMITTEE ON UNDERGRADUATE MEDICAL EDUCATION (UGME) ACMC BOARD OF DIRECTORS MEETING APRIL 30, 2002

The committee had one meeting at the AAMC meeting in Washington on November 4, 2001 attended by 6 UGME deans from across the country. The following activities and issues were discussed:

1. Clinical Skills Task Force

At the ACMC meeting at Toronto in April, 2001, a Task Force was established to generate proposals for improving the teaching of clinical skills in Canadian undergraduate medical schools. The purpose was to develop an evidence-based clinical skills curriculum. The report submitted by Alan Neville was received and discussed. Some of the suggestions are: to develop a database of clinical skills curriculum content in Canada and to look at material being developed by GEA project on professionalism.

2. Medical Council of Canada

- **UGME Question Bank**. Dr. Blackmore reported that 319 questions have been entered in the bank. The UGME deans will continue to enter more questions over the next year. It was reiterated that questions must be original due to concerns about intellectual property rights.

- **MCC Objectives.** Dr. Dale Dauphinee reviewed objectives development by the MCC including the need for help in objective review by the schools. Several of the UGME deans had not been informed of the agreement between their schools and the MCC to review specific objectives and were surprised by the request. Some schools need to address the issues of who are their appointed university representatives and communication with the UGME dean.

- Dr. Dauphinee also addressed the UGME deans' concern with the development of scientific objectives by the MCC that was outlined in a letter by Dr. Birtwhistle to Dr. Mandin. Two samples of the newly added "applied scientific objectives" were provided. The intent is to complete the project and then let the schools decide if it is useful. The shortened scientific objectives are an improvement on the lengthy examples shown previously. Dr. Dauphinee reiterated there is no intent to examine this component of the objectives.

- **CD-ROM version of LMCC Objectives.** The MCC will license ACMC to print MCC objectives because they are moving to a CD ROM format. Each CD will cost about $35.00. However the UGME deans would favor an electronic version rather than paper and want the MCC to explore the possibility of an institutional license for general use at each medical school.

- **MCC Part I Report**. Drs. Allan Jones and Oscar Casiro have been working with Dr. Blackmore on a new report format.The new report provides bar graphs with confidence intervals. The bars are color coded to differentiate individual Canadian schools' graduates from norming groups and IMGs. The pass/fail rate will be provided to schools with a fail rate >5% or a pass rate of 100%. The reason for this is that if very few students have failed the exam, the school will be able to identify those who opted not to reveal their marks to the school and failed. The MCC is concerned about issues of protection of privacy, has obtained legal advice on this matter and will not release aggregate data that could inadvertently disclose private information to which students have not consented. The MCC agreed to explore the possibility of providing pass rates over a three to five year period of time. The new report format includes an analysis on ability level; there will be a table outlining the difficulty level of questions by discipline and by medical school, and a new analysis on 5-year scores by discipline. The ad hoc group will continue working on the CACMS component of the report in consultation with Dr. David Hawkins.

3. AAMC Graduation Questionnaire

Dr. Debra Danoff reported that in 2001 three Canadian schools participated in a pilot project with the AAMC. The response rate was 35%, compared to a response rate of 80 to 90% for U.S. schools. Six Canadian schools can participate next year and the Canadian questionnaire will be available on the website in January. Some of the questions on the Canadian version of the questionnaire have been modified for Canadian context. There will be no cost to Canadian schools who wish to participate. The goal will be to make it a national questionnaire in Canada. Debra Danoff would like to work with the deans of francophone schools to develop a French version of the questionnaire.

4. CurrMit Update

Mr. Al Salas from the AAMC reported that the new version of CurrMit curriculum database management system contains new features and significant improvements. The information stored in this database will allow AAMC to respond to surveys, eliminating the need for each school to respond to these frequent requests for information. The database will also be useful for self-study before accreditation and to plan for mission budget management. Meetings have taken place with LCME to explore the creation of standard accreditation reports and accreditation wizards to decrease the work for each school. There is no cost to Canadian medical schools to use CurrMit.

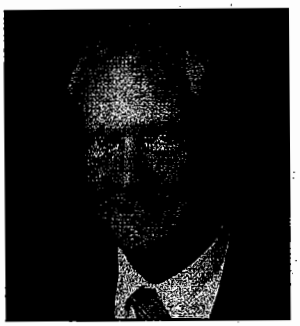
5. Increased Enrolment

Although there are no ongoing activities around increased enrolment by the committee, there are concerns about the resources available to maintain excellence in the MD programs across the country. Increasing class size will affect teaching space, clinical teaching capacity and the ability for schools to take students for elective clinical rotations of particular non-North American visiting students.

Dr. Richard Birtwhistle

Chair, Standing Committee on Undergraduate Medical Education

NEW DEAN OF MEDICINE APPOINTED AT UNIVERSITY OF SASKATCHEWAN



The Alabama native who headed the Department of Microbiology and the Section of Pediatric Infectious Diseases at the University of Saskatchewan from 1984-89 is heading north to Canada again, this time to assume the role of Dean of Medicine.

The appointment of Dr. William Albritton, who is currently Medical Director at the Children's Medical Services (CMS) Pediatric HIV Clinic in Pensacola, Florida, was made public February 18th after an extensive national and international search. In announcing the search results, the University of Saskatchewan Vice-President Academic & Provost, Michael Atkinson, praised Albritton's extensive record of teaching and scholarship as well as the leadership he has shown throughout his career.

Born in Andalusia, Alabama, Albritton, 61, studied Arts and Science at Tulane University before earning a B.Sc. in biology and math from the University of Alabama in 1963. His MD came from the Medical College of Alabama, followed by a PhD in biochemistry from the University of Tennessee. He went on to do his internship, residency and a post-doctoral fellowship in pediatrics (developmental biology) at Stanford University Medical Center. A second pediatric post-doctoral fellowship in infectious diseases came from the University of Manitoba.

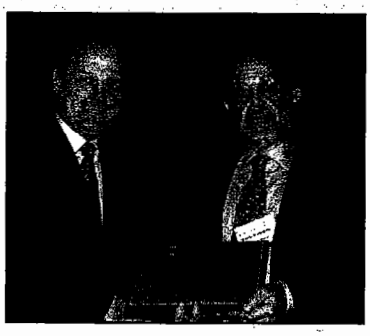
Albritton's distinguished career has included various appointments at the Centers for Disease Control in Atlanta, Georgia, a position as guest biochemist at the Brookhaven National Laboratory in Long Island, New York, and work in the Departments of Medical Microbiology and Pediatrics at the University of Manitoba.

After leaving the University of Saskatchewan in December, 1989, Albritton moved to Edmonton where he taught in the Department of Medical Microbiology and Infectious Diseases and the Department of Pediatrics, served as Director of the Provincial Laboratory of Public Health/Division of Clinical Microbiology at University of Alberta hospitals and, in 1994, took over as Director of the Division of Pediatric Infectious Diseases in the University of Alberta's Department of Pediatrics, He moved to Florida in 1995.

When Albritton begins his five-year term on July 1st, he will replace Dr. Charles Baker who has served as Acting Dean since July last year. Baker will resume his post as Dean of the University of Saskatchewan's College of Dentistry.

ACMC-ACAHO-CAME ANNUAL MEETING, CALGARY, ALBERTA

continued from front cover...



The **CAME-Merck Frosst Award for Distinguished Contribution to Medical Education** went to Dr. Carlos Brailovsky from Université Laval and Dr. Jean Gray from Dalhousie University. The award, presented by Dr. Paul Grand'Maison, recognizes an individual who has made an exceptional contribution to medical education through academic impact on institutional, national or international development and promotion of medical education. Nominators and nominees must be members of CAME.

This year's recipient of the **CAME/CAMP Junior Award for Contribution to Medical Education** was Dr. Marianne Xhignesse from the Université de Sherbrooke. The award, presented by Dr. Paul Grand'Maison, recognizes an individual in the first seven years of their first academic appointment, who has made a definite contribution to medical education through publication, development or implementation of educational innovations. Nominators and nominees must be members of CAME.

The recipients of this year's **ACMC John Ruedy Award** for Innovation in Medical Education (Dr. Ruedy presenting) were Dr. Michael Allen and Dr. Joan Sargeant both from Dalhousie University. The award recognizes an individual or group who has developed innovative print materials, electronic learning aids or other teaching aids deemed as a valuable addition to the educational toolkit for undergraduate, postgraduate or continuing medical education.

The winner of the **ACMC-AstraZeneca Award for Exemplary Contribution to Faculty Development in Canada** was the Centre de Pédagogie en Sciences de la Santé of the Université de Sherbrooke. Patrick Burke of AstraZeneca presented the award to (from left to right) Drs. Paul Grand'Maison, Martine Chamberland, André Plante and René Hivon. The award recognizes an individual or a group in Canada who has made an exceptional contribution in the area of faculty development. Criteria focus 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 Call for Nominations is sent to the Deans and to members of CAME.

CAME Certificate of Merit Awards were presented to the following individuals:

Danielle Bourgaux, Université de Sherbrooke
Marquis Fortin, Université de Montréal
Erin Keely, University of Ottawa
Tzu-Kuang Lee, University of Alberta
Jeffrey Nisker, University of Western Ontario
Serge Quérin, Université de Montréal
Toni Susuki Laidlaw, Dalhousie University
Kurt Williams, University of Saskatchewan
Ward Flemons, University of Calgary
Peter Haase, University of Western Ontario
Cheryl Kristjanson, University of Manitoba
Susan Moffatt, Queen's University
Jean-Victor Patenaude, Université de Montréal
David Rayner, University of Alberta
Guy Waddell, Université de Sherbrooke

The social event at the Calgary Exhibition and Stampede Round-up Centre on Monday evening was a fantastic experience. We were promised talented entertainers and great food and all those who attended can agree that Calgary delivered! We wish to express our thanks to Grant Gall and his staff at the University of Calgary for their efforts in making this event such a success. We look forward to seeing everyone in Québec City in 2003 - April 26-29. Mark it on your calendar now!!

ACMC ANNOUNCEMENT

The ACMC Board of Directors is pleased to announce the appointment of Abe Fuks of McGill University as our new president. Also, the following committees/resource groups have newly appointed chairs: Marianne Xhignesse, Continuing Medical Education; James Brien, Research and Graduate Studies; Allyn Walsh, Faculty Development Officers; Ada Ducas, Medical School Libraries, Dorothy Shaw, Co-Chair, Gender and Equity Issues, René Lamontague, Finance and Administrative Affairs Officers.

INTERDISCIPLINARY RESEARCH IN THE HEALTH SCIENCES: INAUGURAL SYMPOSIUM OF THE FRIENDS OF THE CANADIAN INSTITUTES OF HEALTH RESEARCH (FCIHR)

April 30, 2001
Westin Harbour Castle, Toronto

A Summary of Proceedings by
Arnold Naimark, University of Manitoba

Introduction

The mandate of the Canadian Institutes of Health Research covers the full spectrum of health research from molecules to populations and from biological systems to social organizations. The CIHR is thus by definition multi-disciplinary in its scope, and its structure and organizing principles are designed to reflect this attribute. The intent however is to go beyond mere multi-disciplinarity (i.e. support of a variety of kinds of health research) to inter-disciplinarity, meaning the support and fostering of research in which investigators from various disciplines interact with each other to tackle important research questions that cannot be addressed effectively otherwise. Creating the conditions and designing the strategies by which interdisciplinary research can flourish are challenging tasks that require a sound understanding of the factors that are either conducive or inimical to its development. These factors include elements that involve funding agencies and the institutions under whose aegis the research is carried out.

The CIHR - an organization that seeks to promote the achievement of the broad aims of the Canadian Institutes of Health Research including its special commitment to interdisciplinary research – organized a symposium to bring together some of the key players involved in fostering interdisciplinary health research. They addressed the topic from two perspectives: the special nature of interdisciplinary research and emerging models for facilitating it.

In his welcoming remarks Dr. Aubie Angel, President of FCIHR, noted: "This is our first conference as a new association and we thought that it was important to encourage our medical schools and our health research institutes and teaching hospitals to facilitate collaborations. We hope that this symposium will help provide a deeper appreciation of the meaning of inter-disciplinarity by examining various challenges and strategies to achieve the expanded mandate of CIHR."

The symposium consisted of two sessions; the first dealing with the challenges inherent in interdisciplinary research and the second with strategies for fostering such research.

The following summary of the proceedings touches only the highlights of the excellent presentations and the lively discussions that took place.

Session 1: Dealing with Challenges

The session was chaired by Dr. Kevin Keough, Chief Scientist in Health Canada, who noted that the creation of CIHR was based on the premise that an agency was needed to support health research at all levels (from molecules to populations) and foster the full range of research strategies including interdisciplinary research. He also observed that, while interdisciplinary research is essential for solving certain kinds of important problems, it involves special efforts to assemble and manage interdisciplinary teams of researchers and an adaptation on the part of researchers to working in a collaborative mode.

1.1 Definitions – What is meant by interdisciplinary research and does it make a difference?

David Naylor, Dean of Medicine, University of Toronto, addressed this question by referring to Rosenfield's classification of research collaboration among disciplines into three types: (Social Science and Medicine, 1992)

- Multi-disciplinary research in which researchers work in parallel or sequentially from a discipline-specific base to address the same problem. The risk being, of course, that one simply may redefine the problem and not make the truly innovative or paradigm-shifting approach required for its resolution.
- Interdisciplinary research in which researchers from two or more disciplines work jointly on a particular problem and collaborate in the design of research strategies and in the analysis of outcomes.
- Trans-disciplinary research in which researchers work jointly from a shared conceptual framework that draws together discipline-specific theories, concepts and approaches to address a particular problem.

Naylor suggested that the failure to develop a shared analytical framework may be a critical limiting factor in realizing the full potential of collaborative research. He then illustrated some of the features of collaborative research by reference to his own experiences in establishing a clinical epidemiology unit consisting of researchers from several disciplines. He used as an example of the benefit of working in an interdisciplinary/trans-disciplinary mode the effort in his unit to address the problem of determining what is a significant clinical difference. The collaboration of a cognitive psychologist, decision scientist and clinical trialists led to an analytical approach (The Treatment Trade-off) that would not likely have emerged otherwise.

Dr. Naylor described the important influence of the evolution of convergence in science as a driver of increasing inter-disciplinarity and trans-disciplinarity. In evaluative clinical sciences, he described how studies on variations in clinical practice led to exploring variations in the incidence and severity of disease and eventually to delineating the social determinants of health status – an evolution in which an ever-widening circle of social scientists and community health specialists were involved.

Similar convergence is emerging in the area of genomics where not only the boundaries between basic biological disciplines are disappearing but where social scientists and geneticists are working together on the societal implications of basic discoveries including the interaction of genetics and the environment and the life-course effects of influences on fetal development. Technological advances (e.g., bioinformatics) also act as a stimulus to convergence of physics, chemistry and biology. Naylor concluded by observing: "This kind of convergence speaks to the way in which, despite our own resistance, sometimes shifts in scientific thinking and transformative paradigms will drive us to be more transdisciplinary than we would have imagined....In the CIHR, we have a set of structures that are likely to move ..(ultimately).. to a more trans-disciplinary approach. ... I remain optimistic that some of the greatest advances in the next 20 to 30 years will actually come from the convergence of disciplines driven by both new funding structures as well as changes in scientific thinking."

1.2 Unique challenges to interdisciplinary research: Effects of discipline, science, culture and region.

Cam Mustard, Scientific Director, Institute for Work and Health, University of Toronto, illustrated the effects of discipline, science, culture and region by reference to his recent experience as Scientific Director of the Institute. The Institute is non-profit, self-governing, affiliated with three universities in Ontario, and has a staff of about 70 of whom about 20 are scientists. The institute's research mandate is to advance understanding of the causes of disability and illness as they arise in our working lives and to evaluate the treatment of disabilities in order to facilitate productive re-engagement in work life.

Within the institute are a number of clinicians and researchers with expertise in clinical medicine, rehabilitation, epidemiology, public health, biostatistics, sociology, psychology, economics and chiropracty. Mustard noted that the potential for conflict is always present and needs to be managed, including by reminding the various members of the institute of the importance of the common mission and the value of constructively collaborative work in solving complex "real world" problems. Tensions in the organization have arisen around:

- "who owns the territory" surrounding a particular issue –" about whose paradigm is the right one to understand a particular problem". Mustard noted that interdisciplinary approaches to complex problems require an intellectual environment in which scientists are prepared to accept the possibility that more than one paradigm ("explanation of the world") may be valid.
- the validity of different research strategies and traditions (randomized controlled trials versus studies where randomization is not feasible) and what constitutes substantive evidence
- the relative value of primary prevention versus secondary prevention

The environment in the institute results in a process of natural selection. Those who can adapt to the interdisciplinary characteristics and the tensions they generate stay on; those who can't, leave. This has implications for recruitment in that it is desirable to select recruits who are likely to adapt successfully. Clarity of the mission and explicit understanding of the working style are important, as is some prior experience in working with other disciplines.

In closing, Mustard noted the importance of core funding in providing the ability to facilitate interdisciplinary research. He also noted that with CIHR's commitment to interdisciplinary research "...(one can) now conceive of ways ..(to) .. put problems together in their totality into the peer review process, rather than breaking them up into a series of disciplinary questions."

1.3 When ethical constructs collide.

Henry Dinsdale, Professor Emeritus, Queen's University, began with general comments about some of the tensions that have arisen in the context of the industrialization of clinical research as seen in the rapid expansion of clinical trials. He noted that until recently, 80 percent of trials in the United States were conducted in academic medical centers. Currently, only 35 percent are conducted in such centers with a rapidly increasing proportion being done in community practices where the physicians involved are simply acting as patient recruiters with no involvement or responsibility for the scientific direction of the work, its ethical oversight or the manner in which trial results are used.

Dinsdale then noted some of the interdisciplinary tensions surrounding the formulation of the Tri-Council Statement on Ethics Involving Research on Human Subjects and its practical applications. Some of these have to do with the concern that the approaches used in the biomedical sciences may not be suitable for some of the social sciences. He cited the example of the requirement that the research protocol must be for a specific and clearly understood question. Yet some anthropologists and sociologists will argue that in some cases the research question and methodology may have to evolve through an iterative process involving the subjects themselves. Another example of differences in ethical perspective noted by Dr. Dinsdale involved the definition of minimal risk. He observed that the effort to evaluate the Tri-Council Statement's effects with a view to refining it (including reconciliation of different disciplinary perspectives) lost some momentum when attention had been focused on the creation of CIHR and he called for the effort to be re-energized.

In the final part of his presentation, Dr. Dinsdale mentioned work done by a task force for the National Council on Ethics in Human Research (an organization whose main role is to be a resource for research ethics boards) on the oversight of research ethics boards. The main thrust is on the development of a system of accreditation that would serve to reassure the public that ethical review systems are in place and working effectively. The key elements of the accreditation process are that it is voluntary, peer based, employs sound standards and criteria, operates at arms length from vested interests, is transparent, flexible,

simple and has "buy-in" by major stakeholders. Dinsdale noted that accreditation processes can have an important educational function through which some of the differences in the ethical perspectives of various disciplines can come to be better understood and misunderstandings corrected.

Discussion Session 1

Question (Dorothy Pringle):
Dr. Pringle asked if the existence of special administrative structures such as institutes was a key to successfully moving to a trans-disciplinarity approach.

Response (David Naylor):
David Naylor agreed that structural strategies are part of the answer but he observed that other influences were also important. He categorized the drivers of inter-disciplinarity as including:

- structural (e.g., the creation of institutes)
- scientific (when the disciplines change and the boundaries are washed away by innovation)
- incentives (e.g.; CIHR, setting up specific competitions and creating funding strategies that promote inter-disciplinarity or transdisciplinarity)

He observed that no single driver may be sufficient or necessary. He cited the convergences going on within existing academic departments in universities.

Response (Cam Mustard):
Cam Mustard noted that there are probably several explanations for why these organizations (institutes) popped up outside the universities, in addition to the fact that it is easier to create a convergence of different disciplines in a "green field" situation rather than try to weld it together within the university.

Question (Henry Friesen):
Henry Friesen inquired about the emergence of commercial research ethics boards (REBs).

Response (Henry Dinsdale):
Henry Dinsdale noted that some commercial REBs are well-established, and respected but we don't know enough about others. He suggested, in particular, that one needs to know if the scientific component of proposals gets as much attention in commercial REBs as in institutionally based REBs. In some countries, and in Alberta, commercial REBs are either prohibited or unnecessary because of special arrangements.

Question (Henry Friesen):
Henry Friesen asked if a focus on interdisciplinary research is a detriment to academic career advancement (e.g.; in consideration of promotion and tenure).

Response (Cam Mustard):
Cam Mustard indicated that it is too early to tell if career advancement is affected by working researchers in cross-disciplinary areas and it is not yet clear that effective mechanisms exist to evaluate them.

Response (David Naylor):
David Naylor agreed and added the particular need to develop a better appreciation of contributions to team research and the multi-author publications that result. He felt that career progress was not blocked by involvement in interdisciplinary work but tended to be slower than the norm for other academics.

Comment
The audience member is a cognitive psychologist working in an academic medical centre housing a research institute who holds appointments in two clinical departments. He found the departments to be more supportive of collaborative research than the institute.

Comment (Raisa Deber):
Raisa Deber sits on a health research REB and raised a concern about a lack of proportionality in the rules of procedure. The result is that research involving relatively trivial interventions must follow the same procedures as proposals for more complex and serious interventions thereby creating unnecessary impediments.

Response (Henry Dinsdale):
Henry Dinsdale suggested that problems of that sort would benefit from ongoing dialogue among institutions and their REBs so that approaches that are effective in providing for proportionality can be widely shared and adopted.

Question
The audience member asked Dr. Naylor if universities have been able to adapt their policies on graduate studies to be "truly interdisciplinary"

Response (David Naylor):
David Naylor identified several examples within the University of Toronto where interdisciplinary graduate studies were being actively fostered. However he expressed misgivings about the continuation of schools of graduate studies in universities, given an adequate external regulatory environment with a council of graduate studies as an accreditor. He viewed as preferable "driving ..(the control)..down to the front lines of scholarship..(by) vesting the responsibility for graduate studies within faculties and the re-creation of interfaculty graduate programs and interdepartmental programs".

Rapporteur's Note: Not all provinces have external accreditation mechanisms for graduate studies.

Session 2: New Models

Chair: Dr. Peter Walker, Dean of Medicine, University of Ottawa

2.1. CIHR: 21st century models

Dr. Stephanie Atkinson, Member, Governing Council of CIHR, observed that the mandate of CIHR is not only broad in terms of the disciplinary scope but includes the facilitation of the transfer of the knowledge gained to practice, education, advocacy and policy and an evaluation of the impact of the research in improving the health of the population and in contributing to economic growth. The CIHR sees itself as being pro-active, integrated, innovative and competitive. It has evolved an organizational structure that supports central functions (peer review, ethics, partnerships, finance planning, evaluations, clinical research and international linkages) and distributed functions associated with the various institutes (scientific directors and institute advisory boards) and CIHR university delegates. A major feature of all of these groups is their diversity in terms of representing the CIHR's four thematic pillars and various societal sectors (voluntary organizations, government, industry).

Dr. Atkinson described the funding structure of CIHR, the expansion of the membership and the number of peer review committees in order to include representation of the four thematic pillars. She made special note of the fact that the peer review committees are at arms length from both the Governing Council

and from the institutes. The strategic programs of CIHR include those inherited from MRC (HIV/AIDS, human genome, hepatitis C, etc.) and the transition programs established to get the health research community ready for the new CIHR mandate. The latter were illustrated by reference to activities associated with the IHRT (interdisciplinary health research teams) and the CAHR (community alliance health research) programs that were designed to be interdisciplinary from their inception. Going forward, strategic initiatives will be developed at the Governing Council and institute levels. Proposals for such initiatives will be peer-reviewed but likely by special committees to avoid an excessive burden on the regular peer review committees. Both innovations in programming are anticipated in a variety of areas including in capacity building and in industry-related programs that are broad in scope and critically evaluated.

Dr. Atkinson concluded her remarks by identifying two linked major challenges facing CIHR in meeting the objective of being internationally competitive: the realization of the next major tranche of funding from the Government of Canada and convincing Canadians that supporting CIHR is a valuable investment in improving their health status.

2.2. From medicare to home and community (M-THAC): A community alliances for health research Project of CIHR

Prof. Raisa Deber, Director of M-THAC described the project that was officially launched on May 10, 2001. It is based in the Department of Health Management and Evaluation (University of Toronto) and draws researchers from a number of different organizations/universities and variety of disciplinary backgrounds. The objective of the Community Alliances for Health Research (CAHR) program of CIHR is to sponsor excellent research relevant to community groups and agencies. It includes a strong emphasis on training dissemination and partnership. The M-THAC program is one of 19 projects recommended for funding. The funding allocated to M-THAC was $225,000 per year for 5 years, a sum too small to fully fund research projects. It is therefore being focused on infrastructure to facilitate and disseminate research with a strong emphasis on student training and working with community partners.

Within the overall objective of fostering research and partnership in a way that informs policy and service delivery, M-THAC will examine the effects of moving health care from institutions into the community. The examination will involve three themes:

* A systems level analysis of the effects of moving health care from doctors and hospitals to the community.
* Evaluation at the level of service delivery (e.g. best practices; supply and demand for services).
* Human resource issues.

Professor Deber went on to describe the range of scientific and professional disciplines involved in the project and the three broad categories of partners: national organizations, regional partners in Toronto and other parts of Ontario including professional colleges and both for-profit and not-for-profit service providers, and an international partner. She also described the training programs in which students can be involved either as a research associate on a particular project or as an M-THAC fellow and she outlined M-THAC's role in knowledge dissemination.

Prof. Deber identified lessons learned in developing M-THAC:

* The existence of sharply differing views of intellectual property and the implications of such differences for working in a collaborative mode require that this matter be addressed at the beginning of the engagement of researchers in the project.
* The need to defend the validity of qualitative research and a broad view of what constitutes valid evidence
* In working with partners it is important to guard against promising more than can be delivered; to avoid being co-opted by the special interests of partners; and to make sure that partners understand

that they do not control the results emanating from research, and that in working with them, researchers are not working for them. She emphasized that in any such endeavor, partners need to recognize that this type of integrity is essential or the enterprise has no credibility. Clarity at the outset is essential; the M-THAC partners fully recognize the above points and have been highly supportive.

2.3 The Institute of Neurosciences, Mental Health and Addiction (INMHA) of CIHR: Unique challenges and opportunities.

Dr. Rémi Quirion, Director of INMHA, began by showing a graphic in which the 13 CIHR institutes are portrayed as pieces of a puzzle that must fit together to achieve the interaction that is a central feature of the concept of CIHR. The INMHA is the largest institute in terms of current funding to individual scientists. Its Advisory Board represents a variety of scientific disciplines and voluntary organizations. Dr. Quirion noted that the INMHA covers scientific territory that in the US is covered by 6 National Institutes of Health (NIH) and indicated that the CIHR arrangement was more likely to foster interdisciplinary research than the NIH arrangement. He further observed that in his round of visits to universities across Canada there was great interest expressed by scientists in developing research collaboration across disciplines. Two other important objectives are to enhance training in the field of neurosciences, mental health and addiction, and to assist in reducing the social stigma often associated with brain disease.

Among the challenges facing the INMHA is the very size of the neuroscience enterprise and the fact that there are several excellent scientists in the field in Canada who are not represented in the CIHR database and who need to be integrated into collaborative arrangements. Dr. Quirion felt that meeting the challenge of obtaining cooperation from a variety of disciplines relevant to neuroscience, mental health and addiction was progressing faster than he had expected. He also noted that the challenge of ensuring that the INMHA gets its fair share of resources is likely to be complex but so far there is a generally positive attitude amongst his fellow institute directors and he has identified several opportunities for inter-institute collaboration.

Dr. Quirion described two programs of special note launched by the institute: the Brain Star Program to provide recognition and encouragement to young scientists and a strategic grants program in 4 areas.

2.4 Researchers and decision makers: Promoting linkage and exchange.

Dr. Kevin Smith, Vice-President, St. Joseph's Hospital, Hamilton, expressed the view that fundamental to the success of the research enterprise is still the individual researcher asking an important question with methods that are state-of-the-art and with an infrastructure that allows them to ask those questions in a meaningful way. Decision makers generally do not recognize or care much about the niceties of the distinction between multi-disciplinary, interdisciplinary, and trans-disciplinarity types of research. Styles of research are less important to decision makers than the relevance of research outcomes to the kinds of issues about which they must make decisions.

He observed that attitudes about relevance and accountability amongst scientists have changed in recent years. Whereas formerly scientists would claim they are primarily accountable to peers in their respective disciplines, they now often include accountability to funders, to institutions and to the public. This bodes well for building linkages between researchers and decision makers that can not only aid in the knowledge transfer function but can also help in establishing an agenda for policy-relevant research. On the decision maker side, Dr. Smith noted a significant interest in collaborating in the research process in an appropriate way.

It is important to recognize that researchers and decision makers respond to different motivators when it comes to research. Researchers are mainly driven by what they believe to be the scientific importance of a particular line of investigation. A decision maker's interest on the other hand may be sparked by media attention to some untoward occurrence in the health care system that arouses public concern. The

"evidence" used by decision makers includes not only the knowledge acquired through research but also the concerns of the public and a sense of the public acceptability of various potential courses of action.

Dr. Smith identified several strategies for increasing the capacity of decision makers in the health system to understand and promote relevant research including:

* building a research component into the training programs for health system managers
* adopting a recruitment philosophy - shared by the highest level of institutional governance - that seeks out institutional leadership with a core commitment to evidence-based decision making
* creating opportunities for researchers and decision makers to interact and to gain a greater appreciation of their respective cultures and expectations
* creating mechanisms for mentorship and career development in policy-relevant research
* developing a "marketing plan" that communicates the importance of policy-relevant research for improving the health care system in ways that are suitably tailored to the needs of particular audiences (the public, governments, media, industry, etc.).

Dr. Smith noted that the CIHR could play an important part in implementing one or more of these strategies. There are also opportunities for hospital and university research centres to contribute to linkage and exchange by investing in faculty development focused on interdisciplinary collaboration since the issues confronting the health care system require an interdisciplinary approach.

Discussion

Professor Deber cautioned against going overboard on inter-disciplinarity. The nature of the research problem should determine what kinds of disciplines are required to tackle it. She stated: "There is still an enormous need for well-trained people working at the fundamental level within a single discipline.... you can't just have everybody be a jack- of-all-trades." She also noted that decision makers are often influenced as much or more by values and ideology than they are by objective knowledge and that one cannot assume that decision making is a purely technical enterprise. In response to a query from Dr. Smith she said her comments were not intended to discourage dialogue but were a call for realistic expectations.

Dr. Aubie Angel closed the symposium by thanking the presenters and the discussants for their animated participation. He noted that the topic should be pursued further and in other forums in order to explorefully the evolution of interdisciplinary research. It is also clear Dr. Angel noted that national meetings of organizations central to the academic health sciences enterprise offer excellent venues to discuss opportunities and issues that relate health research to advanced health care. Accordingly, and as part of its mission to promote a robust health research agenda for Canada, the FCIHR will continue to sponsor symposia on timely topics.

Contributions for publication in 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.

Order Form
Canadian Medical Education Statistics, 2001

Contents

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.

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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 (2e cycle) et doctorats (PhD/3e cycle): inscriptions et nombre de diplômes décernés.

b) Formation clinique post-MD/résidence: tendances dans le nombre de stagiaires, selon la spécialité de formation, la citoyenneté des stagiaires, le choix de carrière des femmes, le pays d'acquisition du doctorat en médecine, etc.

D. Personnel enseignant

E. Dépenses affectées à la recherche

F. Étude des candidatures à l'admission: taux comparatifs de succès des candidats selon les caractéristiques des candidats (citoyenneté, âge, province de domicile, langue d'instruction des facultés de médecine, résultats des candidats aux tests "MCAT", antécédents scolaires des candidats); repostulants; l'effet des repostulants sur les admissions.

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