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OPTIMIZING THE ALIGNMENT OF ACADEMIC HEALTH SCIENCE CENTRE PARTNERS: THE EDMONTON EXPERIENCE

Robert Bear, Capital Health Authority and University of Alberta; Sheila Weatherill, Capital Health Authority; Doug Owram, University of Alberta and Lorne Tyrrell, University of Alberta

The term Academic Health Science Centre (AHSC) refers to the manner in which health science faculties within universities align with affiliated teaching hospitals, yielding a functional unit devoted to the delivery of high quality patient care, health sciences education and research. A key determinant of success for an AHSC is the nature of the relationship of the health science faculties of the universities with the teaching hospitals or regional health authority with which they are affiliated. The Capital Health Authority in Edmonton and the University of Alberta have adopted a strategy orientated to the progressive enhancement of this relationship. In this article, elements of the strategy will be described under the headings of:

- A. Vision / Mission
- B. Communication
- C. Strategy Development, Advocacy, Implementation
- D. Financial Management
- E. Joint Ventures
- F. Recruitment and Retention
- G. Physician Accountability Structure
- H. Alternate Funding Plan Development
- I. Education Initiatives
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- K. Summary

A. Vision / Mission

As appropriate, the vision statements, mission statements, and specific business goals and objectives of the Capital Health Authority, the University of Alberta and the specific health science faculties of the University of Alberta emphasize the importance of the relationship between the academic partner and the service provider partner.

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OPTIMIZING THE ALIGNMENT OF ACADEMIC HEALTH SCIENCE CENTRE PARTNERS: THE EDMONTON EXPERIENCE

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Examples abound. In the business plan of the Faculty of Medicine and Dentistry, one of its six key initiatives is devoted to the relationship between the Faculty and the Capital Health Authority. The Capital Health Authority has adopted 'Support of Education and Research' as one of its five core business goals. There is abundant joint consultation in the development in these statements and documents.

B. Communication

The manner in which communication, formal and informal, takes place between and amongst the University of Alberta, the health sciences faculties (particularly the Faculty of Medicine and Dentistry) and the Capital Health Authority is a matter of constant and even obsessive attention.

Communication has been aided by the fact that one individual has been appointed to the senior management of both the Capital Health Authority (Vice President, Academic Affairs) and the Faculty of Medicine and Dentistry (Associate Dean, Clinical Affairs). In this dual role, this individual co-chairs (with the Provost and Vice President, Academic of the University of Alberta) a Joint Liaison Operations Committee (JLOC), through which matters of mutual interest and concern are formally discussed with a broad stakeholder group (health science deans, selected Capital Health Authority management staff, etc.). Additionally, cross representation occurs on other key committees including:

- * The Council of Health Sciences Deans
- * The Dean's Executive Committee of the Faculty of Medicine and Dentistry
- * The Planning and Priority Committee of the Faculty of Medicine and Dentistry
- * The Research Advisory Committee of the Faculty of Medicine and Dentistry
- * The Education Advisory Committee of the Faculty of Medicine and Dentistry
- * Faculty Council
- * The Capital Health Authority Executive Committee

- * The Capital Health Authority Regional Medical Staff Association Committee
- * The Capital Health Authority Board – Physician Liaison Committee
- * The Capital Health Authority Board Committee of the Whole (Dean as member)
- * The Provincial Health Science Council (CEO of Region; Dean)
- * The Boards of Capital Health Authority and the University of Alberta meet annually. The Senior Management Teams of the Capital Health Authority and the Faculty of Medicine and Dentistry meet quarterly to update and co-ordinate on strategic issues.
- * The Provincial Telehealth Committee

Abundant informal communication also takes place between and amongst the Presidents of both the University of Alberta and Capital Health Authority, members of the senior management teams of each organization, the health science deans of the University of Alberta and other senior officials.

There is mutual development of the external communication strategy regarding matters pertaining to the AHSC in Edmonton. Key strengths and objectives of the Academic Health Science Centre are explained pro-actively to senior officials of the local print and visual media, and as appropriate, news items are presented to them jointly.

C. Strategy Development, Advocacy, Implementation

Across a broad spectrum of issues (including clinical program development, research program development, recruitment and retention, development of alternate funding plans (AFPs), and capital development), considerable attention has been paid to both formal and informal involvement of both the University of Alberta (particularly the Faculty of Medicine and Dentistry) and the Capital Health Authority in strategy development. On key initiatives, a project manager from either the Faculty of Medicine and

Dentistry or the Capital Health Authority is identified, and bilateral representation is insured on strategy and planning groups. Bilateral representation also characterizes advocacy efforts, including advocacy to Federal and Provincial Governments and to funding agencies such as Alberta Heritage Foundation for Medical Research and the Canada Foundation for Innovation. Implementation work plans are jointly developed, and transparent. There are many examples of this conjoint approach. For example, in the contemplation and development of plans for new buildings for clinical care, for education or for research, the capital planning processes for each organization are fully melded.

D. Financial Management

Within AHSCs, there are many matters of mutual financial concern and/or overlap. It is not unusual for cross-subsidies to be based upon historical agreements, for which there may not be a clear 'paper trail'. In 1999, the Capital Health Authority, the Auditor General of the Province of Alberta and the Faculty of Medicine and Dentistry of the University of Alberta (and also the Calgary Regional Health Authority and the Faculty of Medicine of the University of Calgary) engaged in a transparency exercise intended to clarify the manner in which application of financial resources within the academic enterprise are aligned with discreet academic outputs; cross-subsidies were identified as a major issue; the prime outcome of this work was to confirm the complexity of the financial arrangements between the AHSC partners.

Nonetheless, on a going forward basis, progress is being made in the University of Alberta / Capital Health Authority environment in clarifying the above. As a consequence of joint advocacy, the Province of Alberta has provided \$6M of annual funding to be specifically devoted to recruitment and retention issues (Academic Enhancement Fund); these funds flow through the Regional Health Authority, but are administered by the Dean of the Faculty of Medicine and Dentistry in association with the Vice President, Academic Affairs / Associate Dean, Clinical Affairs. Another example of joint financial management relates to Alternate Funding Plans development, as will be discussed below.

E. Joint Ventures

The University of Alberta and the Capital Health Authority have developed a joint venture in clinical trials, the Northern Alberta Clinical Trials and Research Centre⁽¹⁾. Key elements of this initiative include:

- * the development of physical space,
- * the development of a joint management structure,
- * joint management of overhead revenue, the fundamental principle being one of pooling of overhead revenues for purposes of reinvestment in the research environment.

This joint venture has been an unqualified success, and will be described in detail in subsequent publication.

Developments are well underway to initiate a second University of Alberta / Capital Health Authority joint venture related to Outcomes Research. This venture will:

- * provide a coordinating structure for research activities in health services research, population health research, determinants of health research, and other varieties of outcomes research,
- * optimize communication and networking amongst researchers in this area,
- * improve success rate in external grant applications,
- * optimize relationships with governments and external agencies interested in these research areas,
- * yield a joint management structure.

F. Recruitment and Retention

Three year 'rolling' physician human resource plans are developed through the Capital Health Authority's Regional Clinical Program Councils; all program councils include the Academic Chair of each clinical department and the Director of the Training Program in that area. Recruitment needs identified by the councils are prioritized. Detailed impact analyses are developed to characterize resource needs associated to each prioritized recruitment. These resource needs are integrated into the annual budget process of the Capital Health Authority to

ensure that resources are available to support key recruitments. This process results in further prioritization of such recruitments. The Faculty of Medicine and Dentistry is involved, through its academic leadership, in every aspect of this complex process.

The recruitment of key academic individuals is managed conjointly. This conjoint effort includes advertisement development and management of recruitment costs. There is uniform Capital Health Authority representation on the Faculty Search and Select Committees for key positions. Financial liabilities are shared, in part through the Academic Enhancement Fund (see above) and in part through deployment of other assets.

G. Physician Accountability Structure

Clinical services throughout the region are organized through a number of Regional Clinical Programs. Physician leaders of these programs may or may not be the academic departmental chairs. The Vice-President Academic Affairs / Associate Dean Clinical Affairs attends the Faculty Evaluation Committee of the Faculty of Medicine and Dentistry to provide Capital Health Authority input.

The Faculty of Medicine and Dentistry and the Capital Health Authority recognize the importance of establishing an accountability framework for both clinical and academic leaders, through which roles and expectations are defined, along with compensation schemes, reporting lines and performance management processes.

Implementation of such an accountability framework is underway. Elements of the framework are enveloped in a formal contract with the clinical and/or academic leader. A single contract is developed on behalf of the Capital Health Authority and the Faculty of Medicine and Dentistry, and jointly signed. The academic and clinical responsibilities are defined separately, as is the compensation assigned to each.

H. Alternate Funding Plan (AFP) Development

Numerous physician group funding arrangements exist within the region; many are in the form of AFPs.

There is keen interest in the development of AFPs, which may incorporate costs associated

with teaching, research and administration and which provide incentives to the development of alternative and contemporary modes of delivery of multi-disciplinary care.

The Capital Health Authority and the Faculty of Medicine and Dentistry are jointly working to establish such AFPs. Planning funds have been received from the Government of Alberta. As with the Academic Enhancement Fund (recruitment and retention), such funds flow through the Regional Health Authority, but are co-administered with the Faculty of Medicine and Dentistry.

AFP agreements are signed by provider groups, by Government, by the provincial medical association and also by the Regional Health Authority and the Faculty of Medicine and Dentistry. Within these agreements, both service delivery commitments and academic responsibilities and commitments are clearly defined.

I. Education Initiatives

In the areas of healthcare provider education at the undergraduate, postgraduate and continuing education levels, there is abundant evidence of the commitment of both the health science faculties of the University of Alberta and the Capital Health Authority. The Capital Health Authority plays a major role with the Health Science Council in the facilitation of education through utilization of its facilities and by brokering arrangements with other health authorities, particularly in northern Alberta.

The Chief Nursing Officer of the Capital Health Authority is a member of the Council of Health Science Faculties of the University of Alberta. She has worked successfully with the Faculty of Nursing at the University of Alberta and with the Government of Alberta in achieving a significant increase in the number of training positions for registered nurses, and in ensuring appropriate clinical training venues with the Capital Health Authority. The Chief Nursing Officer has also brokered a closer relationship between the university and community college programs in nursing.

Resources to support undergraduate medical education are jointly developed by the Capital Health Authority and the Faculty of Medicine and

Dentistry and other Health Science Faculties (e.g. appropriately equipped classrooms, computer laboratories, and library facilities), etc.

Administrative resources devoted to undergraduate and postgraduate medical training exist within each Capital Health Authority facility. In the contemplation of changes to service delivery models within the region, consideration is always given to any potential effects upon residency training. As resident numbers have fallen and as resident roles have been focused predominantly upon educational objectives, the Capital Health Authority has worked with a broad stakeholder group to develop and implement a number of strategies (including models employing international medical graduates and advanced nurse practitioners) to provide 24-hour 7-day acute care coverage at each of our hospital sites, such coverage being fully integrated with coverage provided through resident rotations.

There has been effective joint planning and advocacy regarding the development of a new 'learning building' on the medical campus. This building will house multi-disciplinary lecture rooms, ambulatory care facilities oriented to ambulatory care education and academic offices related to the educational and clinical research enterprise.

J. Research

As mentioned, support of education and research has been adopted by the Capital Health Authority Board as one of its five core businesses, and this expresses itself in joint advocacy, resource development and planning of research buildings, in support for recruitment and retention of key academics and in additional planning and resource support for specific research programs (e.g. diabetes research, transplantation and perinatal research). Additionally, the Capital Health Authority and the University of Alberta have established a joint venture, the Northern Alberta Clinical Trials and Research Centre and are contemplating other such ventures. In a number of Capital Health Authority led clinical initiatives (e.g. Alberta Heart Institute), the organization ensures that basic science, translational and clinical research elements are supported. The major research institutes or

centres being developed in diabetes and cardiovascular research will be co-developed, with directors of the institutes or centres having joint reporting relationships to the Capital Health Authority and to the University of Alberta through the Faculty of Medicine and Dentistry.

K. Development of Culture of Scholarly Activity within the Capital Health Authority

The Board and the Senior Management of the Capital Health Authority believe strongly in the view that the service delivery arm of an AHSC should have a scholarly presence of its own. Accordingly, the region has appointed a Vice President, Academic Affairs, has invested in the development of a Health Administration Residency Program, has supported staff who have successfully applied for research grants in public health or health service delivery and has contributed to the dissemination of knowledge through support of staff involvement in both research publications and presentations. Board and staff are committed to the progressive development of a culture of scholarly activity within the organization and have asked that performance indicators for this be developed, tracked and reported.

L. Summary

The nature of the partnership between the university and the Teaching hospital / Regional Health Authority is a key determinant of success for an AHSC. The University of Alberta and the Capital Health Authority in Edmonton have identified key areas requiring aligned activity and have developed partnership-enhancing strategies for each. Implementation of these strategies has significantly strengthened the Edmonton AHSC.

(1) *Kordov K, Man P, Wiener J, Smith R, Stack P, Weatherill S, Tyrrell L, Bear A: The Northern Alberta Clinical Trials and Research Centre – A Joint Venture Between the Capital Health Authority (Edmonton) and the University of Alberta. FORUM – Association of Canadian Medical Colleges (Volume 35, No. 1, March 2002), pages 1 - 4.*

THE NORTHERN ALBERTA CLINICAL TRIALS AND RESEARCH CENTRE A JOINT VENTURE BETWEEN CAPITAL HEALTH AUTHORITY (EDMONTON) AND UNIVERSITY OF ALBERTA

Authors: Kim Kordov, Paul Man, Northern Alberta Clinical Trials and Research Centre; Joel Weiner, Roger Smith, Philip Stack, University of Alberta; Sheila Weatherill, Capital Health Authority; Lorne Tyrrell, Robert Bear, University of Alberta

The business of clinical trials is often under-organized within academic health science centres (AHSC). This may stem, in part, from the differences that have existed historically between basic science research and for-profit industry-sponsored research. Basic science research is rooted in the pursuit of knowledge, while industry-sponsored research seeks to apply new knowledge within a clinical setting with the intent of bringing a product to market. However, the research environment has and continues to change dramatically, and the lines are now increasingly blurred between basic science research, translational research and clinical research. Appreciating this changing environment, the Capital Health Authority and the University of Alberta have developed a joint venture with the purposes of both optimally facilitating and managing clinical research and clinical trials but also creating a revenue source for reinvestment in other initiatives along the continuum of research activity.

In the following paragraphs, the nature of the joint venture will be described, and some of its early accomplishments identified.

A Natural Joint Venture Opportunity

Both the University of Alberta, most notably through the Faculty of Medicine and Dentistry, and the Capital Health Authority have a long and distinguished history of involvement in clinical trials and clinical research. Investigators engaging in industry-sponsored research characteristically hold active staff appointments within the Capital Health Authority and academic appointments within one of the health science faculties of the University of Alberta. Historically, clinical research contracts were managed by each organization through parallel processes with

significant duplication of effort. For example, both the Capital Health Authority and the University of Alberta devoted resources to ethics review and risk management processes. Investigators could hold their accounts within either organization, indirect overhead revenue was distributed to each organization and used in different ways, and there was no common set of performance indicators in the administration of clinical research and clinical trials activities. Furthermore, clinical trials were conducted wherever space could be found within the Capital Health Region. The absence of a physical facility led to space management issues within the Capital Health Authority and within the university. While the amount of clinical research and clinical activity was significant, it had little profile.

Over the past several years, the missions of the Capital Health Authority and the health science faculties of the University of Alberta have become increasingly interdependent⁽¹⁾. Each organization has roles and responsibilities in the provision of medical education, in the undertaking of research at different levels and in the direct delivery of patient care. The business plan of the Faculty of Medicine and Dentistry acknowledges the importance of continuing to build a strong relationship with the Regional Health Authority; support of research and education is one of the five business goals adopted by the Capital Health Authority.

Accordingly, it seemed logical that the development of a dedicated administrative unit to manage clinical trials and clinical research would serve to strengthen the ability of both organizations to fulfill these inter-related missions. In 1998, the Capital Health Authority and the University of Alberta entered into an agreement to develop a joint venture which would support and enhance

clinical research occurring within the health region. Final legal documents were signed in 2001. The ensuring entity was named the Northern Alberta Clinical Trials and Research Centre (NACTRC).

Management Structure and Strategy

The management structure is detailed in Figure 1. The Management Board, is comprised of equal representation from both organizations, and governs the centre's operation. An annual budget is developed and approved by both the University of Alberta and the Capital Health Authority. The Management Board is responsible for policy decisions and oversees management of the centre within the approved budget. The Vice President (Research) of the University of Alberta appointee and the Vice President Academic Affairs of the Capital Health Authority ensure that decisions involving major expenditures (e.g. reinvestment of overhead funds into research initiatives) are pre-discussed by the executive teams of each organization, before being taken for final approval to the Management Board. The administrative team of the NACTRC is comprised of a physician Director and an Administrative Coordinator, who are responsible for the day-to-day management of the centre and for developing and implementing strategic, financial and marketing plans.

A key strategy to the success of this joint venture is the initial commitment of both organizations to re-invest their portion of indirect overhead charged on industry-sponsored clinical trials into the centre and more importantly back into research within the region. As such, indirect overhead revenues have not been absorbed into the operational budget of either organization, but have been directed towards various research-related initiatives in the region.

After legal agreements were approved, outlining the creation of the joint venture, its management structure and the processes relative to the conduct of the clinical research within the region, a business plan was developed which detailed the mandate of the centre. The principal elements of this plan were:

- development of a dedicated clinical research and clinical trials facility
- introduction of a Performance Management Approach
 - improving operational efficiency and quality
 - increasing volume of clinical research and clinical trials
- reinvesting in research initiatives

To date, implementation of the business plan has yielded a number of noteworthy accomplishments, as will be described below.

Physical Facility

In November of 1999, a dedicated facility housing researchers currently engaged in clinical trials was opened. The centre is situated in leased space, adjacent to the University of Alberta Hospital – Faculty of Medicine and Dentistry complex. The facility is 9,000 ft² and was extensively renovated so as to create an environment specifically oriented to optimum conduct of clinical trials. There is a reception area, a patient waiting area, a laboratory, meeting rooms and offices assigned to administration, clinical research and clinical trials research groups. Visually, the facility is portrayed distinctively as a joint venture project between the Capital Health Authority and the University of Alberta.

Development of this space has alleviated space pressures within the University of Alberta Hospital – Faculty of Medicine and Dentistry complex, has permitted the development of an administrative hub for clinical research and clinical trials within the region and has led to a higher clinical trials profile amongst pharmaceutical sponsors.

Introduction of a Performance Management Approach

Centralization of the region's clinical research and clinical trials administration offices has resulted in advances in quality and efficiency. Table I identifies a selected list of performance indicators and the effect the joint venture has had upon these. Legal fees related to negotiation of clinical trials contracts have been reduced, as have administrative costs. Administrative savings were

achieved by elimination of parallel clinical trials administrative structures that existed within the Capital Health Authority and also within the University of Alberta.

In the past, there were no standard operating procedures outlining the contract negotiation process or turn around benchmarks. Often, negotiations took more than four months, at times resulting in researchers being unable to begin a trial before it was closed to competitive enrolment. In April, 2000, a tracking system for contract turn around was implemented and standard operating procedures were developed and accepted by both Capital Health Authority and University of Alberta. Today, a benchmark for contract negotiation time is in place and is met in almost all cases; average turn around time is now 39 days. Risk management issues have been clearly defined⁽²⁾ and are managed through this process and others. Human resource issues have been identified and are being resolved.

The development of a dedicated, clearly identifiable administrative structure has produced many tangible benefits for both researchers and sponsors. A communication network has been established with the centre's 'customers' (i.e. researchers and sponsors). By actively soliciting input and feedback from these customers, the centre is able to gain a valuable understanding of how their needs can best be met and how the region's clinical research environment can be optimized. Quarterly 'Clinical Investigator Meetings' co-chaired by prominent clinical investigators are held and information is disseminated regarding new policies, administrative processes, etc. As well, researchers are able to raise their issues and concerns for the centre's administration to address in a suitable manner. Many of the issues identified in these meetings have been resolved, leading to increased satisfaction of researchers within the region. An e-mail network has been established to link and disseminate information to over 300 research coordinators and principal investigators.

One of the central mandates of the centre's business plan was the creation of an education unit to support researchers. An education coordinator was hired in September, 2000, to develop and administer a regional

education program. Examples of initiatives implemented to date include orientation sessions for new researchers, the creation of a 'clinical research handbook' detailing policies and processes for conducting clinical trials within the region, coordination of seminars on topics chosen by research coordinators and principal investigators and the delivery of formalized Good Clinical Practice and Research Coordinator training programs. Finally, the education coordinator acts as a resource for regional researchers advising them on a range of topics including writing ethics submissions, developing clinical trial budgets and regulatory requirements. This initiative has been extremely well received by both regional researchers and sponsors. Through the provision of educational support and resources for research staff, the centre is able to further advance the region's commitment to production of clinical research of the highest quality.

Although strategic planning to this point has focused predominately upon improving internal policies and processes to facilitate increased clinical research activities within the region, a concerted effort to implement a marketing plan will commence shortly. Marketing efforts to date have included the development of a visual identity and brochure. A web site has been developed and a promotional package is being developed and will be sent to a targeted sponsor market. An interesting occurrence from a marketing perspective has arisen from the development of the centre. As clinical trials' monitors of the sponsors visit their study sites in the centre, stronger relationships have developed between these monitors and the centre's administration. This connection is serving as a natural marketing link to sponsor companies. It also permits the centre to discuss the placement of trials where no established association between a sponsor and a specific researcher exists.

Reinvestment in Research

A touchstone element of the joint venture agreement between the Capital Health Authority and the University of Alberta was the agreement of each partner to pool, in the initial years and perhaps on a continuing basis, indirect overhead revenue for purposes of reinvestment in research.

This concept has been a highly successful one. Table II lists some of the research reinvestments made to date.

Conclusion

Many positive outcomes have resulted from the joint venture between Capital Health Authority and the University of Alberta in the management of clinical research and clinical trials in the Capital Health Region. The development of this joint venture has served to strengthen the relationship between the Capital Health Authority and the University of Alberta, has enhanced the researchers' ability to conduct research and has led to the opportunity for reinvestment of resources to further support and develop clinical research and clinical trials excellence within the region. Additionally, issues in the clinical research and clinical trials arena are now managed through a collaborative process, involving input on regional, university and researcher levels. It is expected

that this participatory process will continue to prove effective in issue management. Importantly, the efforts surrounding this joint venture are intended to create an environment committed to clinical research and clinical trials, recognizing the important role these activities play in the continuum of research.

- (1) *Bear R, Weatherill S, Owsram D, Tyrrell L: Optimizing the Alignment of Academic Health Science Centre Partners: The Edmonton Experience FORUM – Association of Canadian Medical Colleges (Volume 35, No. 1, March 2002), pages 5-8.*
- (2) *McNamara L, Bear RA: Risk Management Issues for Academic Health Science Centres Related to Clinical Trials. Risk Management in Canadian Healthcare, Volume 1, 11:84-87, 2000*

**FIGURE 1
MANAGEMENT STRUCTURE**

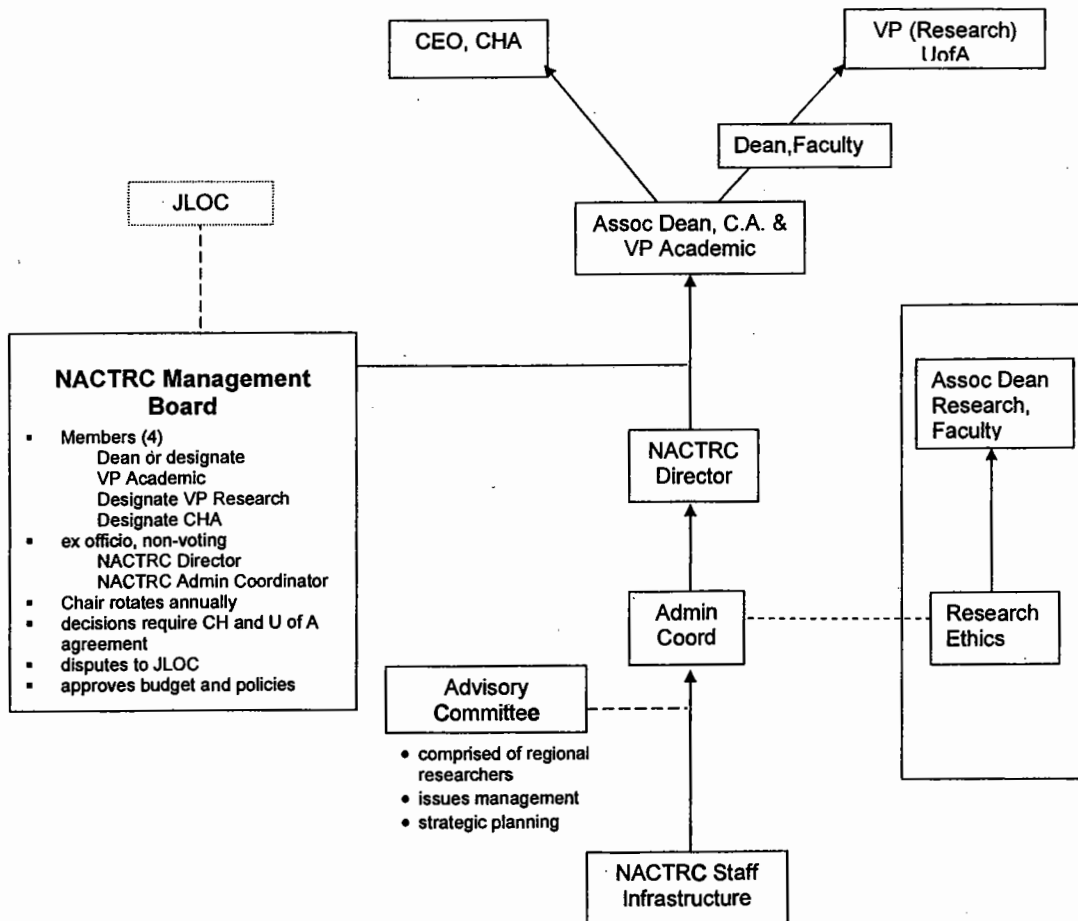


TABLE I
Selected Performance Indicators, NACTRC

Indicator	Pre-Joint Venture 1998-2001	Post-Joint Venture 2000-2001
Legal fees re: trials contracts		decreased 75%
Standard operating procedures re: - Contract processing - Risk management - Human resource policies	0 not available none	in place in place under development
Turn around time for contracts	not tracked – estimated 4 months	tracked – 39 days
Communication network for customers (investigators, sponsors)	not available	initiated
Education unit: - Orientation - Handbook - Seminars	none	initiated
Marketing plan: - Visual identity - Brochure - Web site - Sponsor surveys	none	initiated
Number of clinical trials initiated		increased 50%
Clinical trial deposits		increased 40%
Indirect overhead revenue developed		increased 40%
Indirect overhead revenue returned to investigators		increased 61%

TABLE II
Research Reinvestment, NACTRC

Reinvested To	Purpose
Canadian VIGOUR Centre, a nationally and internationally recognized academic CRO	Renovate space
Investigators who do large volume clinical trials	Incentive in support of clinical investigators
Faculty of Medicine and Dentistry, University of Alberta	Dean's bridge funding for clinical investigators
Contribution to Endowed Chair in Patient Health Management	Promotion of health outcomes research
Royal Alexandra Hospital Clinical Research Unit	Expansion of regional clinical research effort
Phase I Research Unit and Phase II/III intensive in-patient clinical trials	Matching dollars to ISRIP grant for equipment to establish Phase I Research Unit and enhance Phase II/III in-patient clinical trials

e-CaRMS - THE RESIDENT MATCHING PROCESS OF THE 21ST CENTURY

CaRMS has made a fundamental change in the selection process for residency positions in Canada. The introduction of e-CaRMS (an electronic application process using the internet) will provide services to the various stakeholders involved in selection to post-graduate training. The new e-CaRMS system will go live for the 2003 selection process on July 15, 2002. While initially e-CaRMS will be available for application to the R-1 level, in time it will be available for any selection process for postgraduate medical training, including R-4 positions in medicine and paediatrics as well as foreign trainees.

The most important feature of this process is the extension of the application time period for graduating students. It has long been a concern of medical educators and students that the graduating class is pressured to make career decisions prematurely. The use of the internet for electronic applications reduces the time pressure on final year students and extends their application opportunity from September 30 to November 14.

The history of e-CaRMS began with a white paper by Dr. Ian Bowmer, Dean, Memorial University of Newfoundland and Sandra Banner, Executive Director of CaRMS. That report explored the advantages of the electronic application technology as a means to:

- a) reduce the administrative time needed to manage the paper application process, and
- b) enhance the accuracy and reliability of the applicant file production and distribution the applicant file.

Subsequent to the paper the CaRMS Board of Directors appointed a task force chaired by Dr. Joanne Wright, Associate Dean, PGME, University of British Columbia, to develop the application model which would be adopted for e-CaRMS. The CaRMS Board considered using the ERAS system developed by the Association of American Medical Colleges in the US but then elected to develop a Canadian version using the application model that the Board had approved.

Ottawa is the ideal location to develop a project such as this having a wealth of software talent and experience to access. After a competitive bid process, CaRMS accepted the model and plans of Cognicase to develop the software.

With the planned e-CaRMS solution, graduating medical students, program directors, and central administrators will make use of modern technology and improved procedures to carry out specific activities as related to the residency application and matching function.

The three components of the e-CaRMS solution are:

The Applicant Webstation

This is the registration and application submission facility for postgraduate applicants which offers the necessary functions to complete, maintain and submit an application including the required supporting documentation. This facility will also offer an electronic payment option. Secure passwords and availability of internet access will allow students to work on their application at any time and from any location in the world.

The CaRMS Administration Workstation

This is the automated software application for the CaRMS central office staff which will manage security tokens, applicants, applications, and scanning documents to be attached to applications. Other functions include reports, program parameters, security, printing, exporting and system settings. The e-CaRMS is designed as a highly reliable, fail-safe infrastructure that includes both assured data integrity and availability.

The Program Director Webstation

This is the automated software application for program directors and other faculty on the selection committee who receive, review, manage and finalize residency applications. The PDWS offers control over automated scoring and how to

group and sort data as well as the capability for additional information to be recorded on applicants. One of the key features of the PDWS is that it allows for remote faculty at distant sites to participate in the selection process (assessment of candidates and transmission of confidential assessments). Large programs with 300 to 500 applications will appreciate the sort and selection capabilities which will allow sorting by whatever criteria is input. For program directors who have in the past sent paper files to members of the selection committee, using up-to-date browsers, the internet provides access to the files from anywhere with secure passwords and encrypted files.

The dedicated servers will be hosted with the Medical Council of Canada (MCC) at Group Telecom (GT), a Canadian Complete Local Exchange Carrier (CLEC). GT has a Canada wide high-speed data/voice network with offices in all cities where medical schools are located. Through the MCC, our servers will be directly connected to a national fiber-optic backbone. The

connection back to the CaRMS office will be a high-speed fiber-optic connection. These arrangements provide CaRMS and e-CaRMS users a state of the art back-up system with 24-hour monitoring and high quality internet connectivity which is critical to the e-CaRMS services.

User acceptance testing is being done in various locations including testing by final year students across Canada. Faculty and student training will be offered throughout the Spring and Summer.

The ACMC-ACAHO-CAME Annual Meeting in Calgary will be the first opportunity for faculty and students to see e-CaRMS at work. The CaRMS forum will demonstrate the Applicant and Program Director Web stations and a display will be set up to allow users to try the software and ask questions. In the meantime any questions you may have, you can direct to Sandra Banner in the CaRMS office at 1-800-291-3727.

DR. STEPHEN HART NAMED CANADIAN FAMILY PHYSICIAN OF THE YEAR

Dr. Stephen Hart, Residency Supervisor in the Department of Family Medicine, has been named the 2001 Canadian Family Physician of the Year by the College of Family Physicians of Canada (CFPC).

Dr. Hart began his medical career in 1972 after graduating from Dalhousie Medical School. His realization of a love for medicine came after he attended the University of King's College and taught school at the Trinity College School in Port Hope, Ontario.

"I originally began my studies at King's College as a divinity student," says Dr. Hart, whose father, Bill Hart, was a Canon in the Anglican Church and was awarded the Order of Canada for his many good works for social justice for New Brunswickers. "After a time, however, I realized that my real calling was medicine, particularly family medicine. And I knew right from the start I wanted to return home to New

Brunswick to practice there."

Dr. Hart received his certification in family medicine in 1980 and has grown his practice to serve 2,700 patients at the Nashwaaksis Clinic in Fredericton, New Brunswick, where he practices with a group of eight physicians. Additionally he is responsibly for several inpatients at the Dr. Everett Chalmers Regional Hospital in Fredericton, does emergency room shifts every month, is one of four physicians providing care to a 200-bed nursing home and supervises residents on a regular basis.

A member of the Dalhousie Department of Family Medicine since 1974, Dr. Hart has taught many residents and students the clinical skills necessary to become family physicians. He far exceeds these teachings to include skills that are best taught by example.

"Stephen is perhaps the best teacher a resident or student could have," says Dr. Richard

MacLachlan, Head of the Department of Family Medicine, "He not only has the breadth to teach a wealth of clinical skills, but is also an exemplary role model who reaches beyond the scope of excellent technical skills to teach compassion for his patients and their families. We are very fortunate to have such a stellar member of our Faculty."

Dr. Hart has been recognized for his many contributions to medical education and to the Dalhousie Faculty of Medicine on numerous occasions. Besides being routinely praised by his residents and students, he was awarded the Preceptor of the Year Award in Family Medicine in 1990, and a Community of Scholars Award of Excellence in Clinical Practice earlier this year; at the heart of his nomination for this award, were Dr. Hart's superior clinical skills and his commitment to his patients and their families.

Since returning to New Brunswick after medical school, Dr. Hart has worked tirelessly for the people of his home province. A long-time chairman of the New Brunswick Medical Society's Committee on Preventable Aspects of Motor Vehicle Death and Injury, Dr. Hart is perhaps best known for his tireless advocacy of seat belt legislation that finally became law in 1983.

With seat belt legislation in place, Dr. Hart and his medical society colleagues turned to drinking and driving as one of the committee's key issues. The group's next challenge was bicycle helmets, which are also now mandatory in the province.

Dr. Hart's contributions to community and social safety issues are not limited to New Brunswick. He serviced as national president of the CFPC in 1990/91, and served on the steering committee of the CFPC alcohol risk assessment and intervention program from 1993 to 1995, which was developed to educate family physicians about how to deal with alcohol use by their patients before it becomes a problem. "What we try to do," he says, "is inform our patients that alcohol use can be safe, but at certain levels it becomes unsafe and puts them at risk. As physicians we would much rather educate the patient on alcohol use before it becomes a chronic problem."

In addition, he was involved in the study of adolescent health, Native health care, health care education in public schools, multicultural health care, family violence and the association between poverty and poor health. "There's a definite correlation between going to bed hungry, not sleeping well, or not having a nutritious breakfast and poor health and social performance," says Dr. Hart, "and that's something we can do something about."

Another major project accomplished during Dr. Hart's tenure as president was the CFPC's first-ever adolescent health study, which led to the development of a key publication, "From an Acorn to a Tree," which addressed the need for physicians to have greater education in adolescent health.

In 1990 and 2000, Dr. Hart was the CFPC's representative to the national organizing committee that dealt with the major issue of "Removing Barriers: Keeping Values in Canadian Health Care."

Dr. Hart's newest challenge is serving as chairman of the New Brunswick Organ Donor Network, an effort to raise awareness of the importance of organ donations. "Organ donation is a vital issue, and not just here in Atlantic Canada. It's a problem across the whole country," reports Dr. Hart. "Even though tremendous advances have been made in the science of transplantation, we're still very far short of the number of cadaveric donors we require to meet our need."

Dr. Hart was presented with the Reg L. Perkin Award as the Canadian Family Physician of the Year during CFPC's Family Medicine Forum 2001 in Vancouver on October 24, 2001.

*Reprinted from the Dalhousie Medical School bulletin
CONNECTION*

BMW S

To be held in Calgary, May 1st, 2002, following the ACMC meeting

Basic Modular Workshops (BMWs) in Evaluation

The Royal College of Physicians and Surgeons of Canada, in keeping with the Office of Education mandate to provide faculty development opportunities for individuals appointed by the Royal College will be offering Basic Modular Workshops regionally by invitation.

These workshops are designed to acquaint participants with some of the procedural and educational aspects of the Royal College evaluation process and will be useful in other educational contexts as well. Modules to be presented include:

- standardization and conduct of oral exams
- developing multiple-choice questions
- developing short answer questions
- exam formats, CanMEDS roles, comprehensive exams, criterion referenced testing, acceptable competence, setting pass marks, borderline failures, examination blueprints, egregious errors and standardization.

Who can attend?

Preference will be given to:

- *members of examination boards and test committees*
and if space permits:
- *program directors and educators in the specialist medical community*

Upcoming Dates for BMWs:

April 17th, 2002 - University of British Columbia

May 1st, 2002 - University of Calgary

September 26th, 2002 - Ottawa

CME Credits

This event has been approved as an accredited group learning activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

For more information contact:
Marvel Sampson, Coordinator
Educational Research and Development Unit
Office of Education

Royal College of Physicians and Surgeons of Canada
Tel: 613-730-6279; Fax: 613-730-8262
e-mail: erdu@rcpsc.edu



ANNOUNCEMENTS / ANNONCES

Dalhousie University

Internationally renowned paediatrician, **Dr. Richard Goldbloom** has been appointed Chancellor of Dalhousie University for a three-year term. Currently a professor in the Department of Paediatrics, Dr. Goldbloom was the first Physician-in-Chief and Director of Research at the Izaak Walton Killam Hospital for Children. He has written over 200 peer-reviewed articles, books and textbook chapters, and held 76 visiting or distinguished lectureships at such institutions as Oxford University and the Mayo Clinic. His textbook on paediatric clinical skills has taught medical students across North America. He has received numerous awards for his service to his profession, including the Canadian Medical Association's Frederick Newton Gisborne Starr Award

Royal College of Physicians and Surgeons of Canada

The Royal College of Physicians and Surgeons of Canada (RCPSC) has named

Dr. Jock Murray recipient of the Mentor of the Year Award for 2001, for RAC 5 (Regional Advisory Committee 5, encompassing the Atlantic Region). This regional award recognizes fellows of the RCPSC for outstanding qualities and contributions as medical educators, and outstanding service to the community and the RCPSC. Dr. Murray is Professor of Medical Humanities, Director of the Multiple Sclerosis Research Unit and former dean of the medical school.

Université de Sherbrooke

Le docteur **Paul Grand'Maison**, médecin de famille, vice-doyen à la communauté et secrétaire de la Faculté de médecine, est un des récipiendaires du prix annuel, "Des médecins de coeur et d'action", de l'Association des médecins de langue française du Canada. Le prix reconnaît le rôle significatif qu'a joué le D^r Grand'Maison pour le développement de la médecine de famille au Québec et de la pédagogie médicale à la Faculté de médecine de Sherbrooke ainsi qu'aux niveaux national et international.

COMING EVENTS / À VENIR

University of Saskatchewan Continuing Medical Education

March 22 & 23, 2002
45th Cancer Symposium
Radisson Hotel
Saskatoon, Saskatchewan

Address Inquiries to:
CME Office
University of Saskatchewan
Box 60001 RPO University
Saskatchewan SK S7N 4J8
Tel: (306)966-7787 Fax: (306)966-7673

<p>ACMC-ACAHO-CAME 59th Annual Meeting April 27-30, 2002 Hyatt Regency Calgary, Alberta</p>

EXTRAIT DE L'ALLOCATION PRONONCÉE PAR LE DOYEN MICHEL BARON LORS DE LA COLLATION DES GRADES POUR LA REMISE DU TITRE DE PROFESSEUR ÉMÉRITE AU D^R JACQUES-ÉTIENNE DES MARCHAIS

La Faculté de médecine souligne aujourd'hui les trente ans de carrière exceptionnelle du docteur Jacques-Étienne Des Marchais, une carrière consacrée au développement de la pédagogie médicale universitaire.

Le docteur Des Marchais a obtenu son MD de l'Université de Montréal en 1964 où il a par la suite effectué une maîtrise en sciences, puis a été reçu spécialiste en orthopédie en 1972. Il a terminé ses études par une maîtrise en éducation médicale au Michigan State University en 1974. Nommé professeur titulaire en 1985 à l'Université de Montréal, il a exercé la fonction d'adjoint au doyen pour l'éducation médicale de 1981 à 1986, en plus de diriger l'Unité de recherche et de développement en éducation médicale (URDEM) de 1982 à 1986.

C'est d'ailleurs en 1986 qu'il répondait à l'invitation du doyen d'alors, le docteur Gilles Pigeon, de venir diriger la réforme pédagogique de la Faculté de médecine de l'Université de Sherbrooke. Il a été l'âme dirigeante de l'implantation de la réforme qu'a connue notre programme des études médicales prédoctorales de 1987 jusqu'à nos jours. Il a introduit l'apprentissage par problèmes comme méthode pédagogique. Ce changement significatif d'un curriculum traditionnel à un curriculum des plus innovateurs a été et demeure encore un modèle, tant sur la scène canadienne que sur la scène internationale. Ce changement a été résumé dans un volume intitulé *Apprendre à devenir médecin - Bilan d'un changement pédagogique centré sur l'étudiant* publié en français en 1996 et en anglais au printemps 2000.


Théoricien orienté vers l'action, pédagogue hors pair, formateur, il a été le mentor de toute une génération de professeurs de notre faculté de médecine. Grâce à son charisme et à sa grande compétence, il a su leur donner le goût de l'enseignement et les a encouragés à poursuivre leur carrière en pédagogie médicale,

contribuant ainsi à donner à la Faculté de médecine de l'Université de Sherbrooke un leadership maintenant reconnu mondialement. Il a contribué à de nombreuses activités de formation pédagogique, tant sur la scène provinciale et nationale, qu'internationale. Gestionnaire de qualité, leader et agent de changement efficace, il a su mener à bien l'ensemble des tâches qui lui ont été confiées par la faculté.

Président-fondateur et secrétaire du Club de pédagogie médicale du Québec et premier président de l'Association canadienne pour l'éducation médicale, il a occupé le poste de vice-président en éducation à l'Exécutif du Bureau des gouverneurs du Collège royal des médecins et chirurgiens du Canada. Il a siégé pendant 15 ans au Conseil médical du Canada, dont il a été le président en 1988. Sa contribution académique comprend 5 livres, 19 chapitres de livres, 96 publications et plus de 300 communications, symposiums ou conférences.

Sa contribution dans le domaine de la pédagogie fut reconnue à plusieurs reprises : Médaille du 150^e anniversaire de la Faculté de médecine de l'Université de Montréal; Prix d'Excellence de l'Association canadienne pour l'éducation médicale; Médaille de la Faculté de médecine de Nancy et de la ville de Saint-Étienne en France; et le prix Duncan Graham du Collège royal des médecins et chirurgiens du Canada plus récemment.

Le docteur Des Marchais a marqué son milieu. Il a été un artisan du développement de la Faculté de médecine de l'Université de Sherbrooke. Il a été l'un de ses ambassadeurs les plus prestigieux. Travailleur infatigable, il a marqué l'histoire de notre faculté et lui a laissé un héritage inestimable.

Reprinted from le Bulletin de la Faculté de médecine de l'Université de Sherbrooke. 

ACMC-ACAHO-CAME ANNUAL MEETING



Saddle up and get ready to rope-in the excitement of Round-Up Royale Cabaret, Calgary, 2002!

Kick back and socialize with your colleagues and friends from across the country.

Calgary 2002 will showcase the New West, while serving up that Old West hospitality.

This special evening will give you a taste of the wide array of fun that Calgary has to offer. Although the theme of "Round-Up Royale Cabaret" is western, the evening promises something for everyone to enjoy. Your head cattle wrangler, known in some parts as the MC, will tickle your funny bone with his special brand of humour. He will also keep tabs on a dazzling smorgasbord of entertainment: sit back and stomp your boots, or get up and dance as aboriginal hoop dancers, jugglers, contemporary and Celtic musicians take to the stage. It's Calgary - so you know we'll throw in a few surprises to boot!

Every nook and cranny of the Palomino Room will present the best of New West cuisine - those who love to mingle can spend the evening

grazing the many dinner temptations. From sushi to tasty pasta to good old-fashioned Alberta beef, we're sure to keep your tastebuds dancing and you appetites satisfied.

This **Don't Miss** event takes place at the Calgary Exhibition and Stampede Round-up Centre - one of only a few venues with a room tight enough to keep a lid on a party like this! Located just minutes from the Hyatt, the Palomino Rooms will be your destination for fun!

Transportation to and from will, of course, be provided. If you're lucky, you may win a ride in Canada's only Longhorn Limo!

Purchase your ticket (\$35) on the meeting registration form. Remember tickets are limited so do not delay!

So mark it down...no **BRAND IT** on your calendar! Monday, April 29, 18:30 - 21:30, Palomino Rooms (A-D), the Calgary Exhibition and Stampede Round-up Centre.

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 UPDATE
ANNUAL MEETING DATES: APRIL 27 - 30, 2002
HYATT REGENCY CALGARY

Main meeting sessions

Just a reminder that the Welcoming Ceremony, Sunday, April 28th, 4 p.m., features the Honourable Roy Romanow, Commissioner, Commission on the Future of Health Care in Canada. He will be discussing the work of the Commission. There will be an opportunity for dialogue with participants in this session.

The Monday morning plenary session "*Medical Errors: Helping Our Learners*" is intended to actively engage the audience in considering educational strategies for bringing this sensitive topic into the teaching curriculum for medical students and residents. Dr. Albert Wu, Associate Professor, School of Hygiene and Public Health, Johns Hopkins University, is the keynote speaker. He has published several articles on the topic of medical errors, including a recent BMJ editorial titled "*Medical Error- the second victim*". A thought-provoking session for all who attend is guaranteed!

"*Welcome to Canada? Integrating International Medical Graduates into the Canadian Physician Workforce*" is Tuesday morning's plenary session. This will also be of great interest especially given the physician shortage in Canada today. It will look at three provincial IMG programs and will also include the views of two IMG residents. The audience will have the opportunity to interact with the panel of speakers. Concluding remarks will be given by this year's ACMC-AMS J. Wendell MacLeod Memorial Lecturer, Dr. Mamoru (Mo) Watanabe, Professor Emeritus of Medicine, University of Calgary.

ACAHO Program Update

Keep tuned to the ACMC website (www.acmc.ca/AM_update.html) for the latest on

the ACAHO Symposium "*Where is Health Care Going - The Political Debate*" scheduled on Monday, April 29th from 2 - 5 pm. Senator Michael Kirby, Chair of the Senate Committee on Social Affairs, Science and Technology, will be discussing the work of his Committee to investigate the state of the Canadian health care system and examine the federal government's evolving role in this area. In addition to Senator Kirby, the Honourable Gary Mar, Alberta Minister of Health and Wellness, will speak on the spectrum of health policy issues and challenges in the province.

The Association of Canadian Academic Healthcare Organizations (ACAHO) is hosting a special luncheon during the Annual Meeting to honour its former Executive Director, Jim Flett Sr. and his assistant, Frankie Kirby, for their many efforts on behalf of their organization. ACAHO has moved its national office to Ottawa. It is located in the Royal College of Physicians and Surgeons building, as is the ACMC office. We welcome their new Chief Executive Officer, Glenn Brimacombe and ACMC looks forward to working more closely with Glenn and ACAHO.

CAME Program Update

CAME is pleased to introduce new awards this year - the CAME Certificate of Merit awards, to promote, recognize and reward faculty committed to medical education in Canada's faculties of medicine. The awards will be presented to fifteen recipients from ten schools during CAME's Annual Business Meeting scheduled immediately after the Welcoming Ceremony late Sunday afternoon, April 28th. Dr. Dave Davis, Associate Dean, Continuing Education, University of Toronto, will give a presentation "*Knowledge Translation: The Real Business of Medical Education*" during the meeting. A reception will follow.

On Monday, April 29th, the CAME awards luncheon will feature presentations by the co-winners of the CAME-Merck Frosst Award for Distinguished Contribution to Medical Education: Dr. Carlos Brailovsky, Université Laval, and Dr. Jean Gray, Dalhousie University. Dr. Brailovsky will speak on "*From Basic Sciences to Medical Education: A Rewarding Experience*". Dr. Gray's presentation is titled "*On the Shoulders of Giants*". The CAME-CAMP Junior Award for Contribution to Medical

Education will also be presented. This year's awardee is Dr. Marianne Xhignesse, Université de Sherbrooke. Don't miss this special luncheon to acknowledge Canadian leaders in medical education. It is strongly recommended that tickets be purchased ahead of time, using the meeting registration form, as they must be purchased by Saturday, April 27th (\$20 for CAME members, \$30 for non-members).

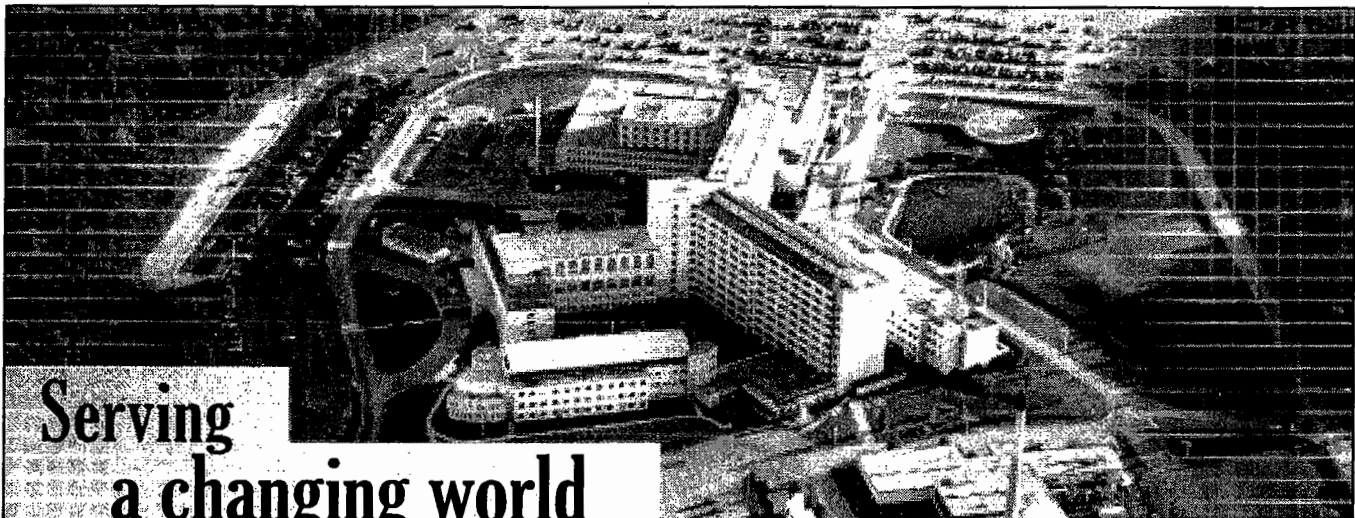
BEDROOM BLOCK FOR UPCOMING ANNUAL MEETING QUICKLY FILLING UP!

Our bedroom block at the Hyatt Regency Calgary is over 60% booked as of mid-February! Don't delay in making your reservation or you may have to stay at another hotel. The cutoff date for the convention rate of \$155. per night (single or double occupancy) is March 25th. However, the block might not last that long! As well, two other conferences are also taking place at the Hyatt Regency Calgary which overlap with our meeting so rooms will be at a premium. To make your booking, complete and fax the hotel reservation form included with the Annual Meeting Preliminary Program, directly to the hotel. If reserving by phone (hotel number: 1-800-233-1234 or 403-717-1234) and remember to mention the group code ACMC in order to receive the convention rate.

ACAHO - CHANGE OF ADDRESS

The Association of Canadian Academic HealthCare Organizations (ACAHO) has moved to the following address effective immediately:

774 Echo Drive
Ottawa, Ontario
K1S 5P2
Tel:(613)730-5818
Fax:(613)730-1196



Serving a changing world

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

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

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

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

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

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

Exercise national and international leadership in this domain.

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



ORGANISATION MONDIALE
DE LA SANTÉ

Faculté de médecine



UNIVERSITÉ DE
SHERBROOKE



Au service d'un monde en mutation

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

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

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

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

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

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

exercer un leadership national et international dans ce domaine.

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



ORGANISATION MONDIALE
DE LA SANTÉ



Faculté de médecine

UNIVERSITÉ DE
SHERBROOKE

**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.

**Bon de commande
Statistiques relatives à l'enseignement
médical au Canada, 2001**

Sujets traités

- 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

On peut commander ce livre auprès de l'AFMC

Order form / Bon de commande
"Canadian Medical Education Statistics / Statistiques relatives à l'enseignement médical au Canada"

The Association of Canadian Medical Colleges
L'Association des facultés de médecine du Canada
774, promenade Echo Drive, Ottawa ON K1S 5P2
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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.

ORDER FORM

PRICE INFORMATION

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Shipment in the USA:	\$25.00 U.S. per copy
Shipment overseas:	\$30.00 U.S. per copy

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ACMC is not a GST registrant

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