2004 ACMC-AMS J. Wendell MacLeod Lecture

Dr. Jean Gray delivered her lecture entitled “Revolution and Evolution in Health Education” at this year’s Welcoming Ceremony. Associated Medical Services Inc. (AMS) was established in 1936 by Dr. Jason Hannah as a pioneer prepaid not-for-profit health care organization in Ontario. With the advent of medicare AMS became a charitable organization supporting innovations in academic medicine and health services, specifically the history of medicine and health care, as well as innovations in health professional education and bioethics. Dr. William Seidelman, President and CEO, Associated Medical Services (AMS) and Dr. Abraham Fuks, President, ACMC, presented Dr. Gray with a gift in appreciation of her contribution.

2004 ACMC-AstraZeneca Award for Exemplary Contribution to Faculty Development

This year’s recipient of the ACMC-AstraZeneca Award for Exemplary Contribution to Faculty Development was Dr. David Cook of the University of Alberta. Presenting the award were Drs. Abraham Fuks, Jean Gray and AstraZeneca Representative, Heather Moore. This award emphasizes the importance of faculty development and recognizes an individual or a group in Canada who has made an exceptional contribution in this area.
Memorial University of Newfoundland

Dr. Ford Bursey was named the new Assistant Dean of Professional Development. Dr. Bursey has worked with the OPD for a number of years in various capacities and brings extensive experience and innovative ideas to the field of Professional development and Continuing Medical Education. Other new additions to the OPD include: Dr. Elizabeth Bannister, Program Director for Assessment and Retraining; Dr. Carl Sparrow, Program Director for the Clinical Skills Assessment Training Program (CSAT); Dr. Don McKay, Director of Faculty Development; Dr. Vernon Curran, Director of Research and Development.

Dr. Paul Jeon was the 2003 recipient of the Dr. John G. Williams Clinical Teaching Award. This award was presented to Dr. Jeon by PAIRN in recognition of his excellence in teaching. This award was initiated by PAIRN to identify medical educators who are above average in their commitment to teaching in the medical system.

Dr. Desmond Robb was appointed Chair of the Discipline of Laboratory Medicine in the Faculty of Medicine.

Dr. Mary K. Wells is the new Assistant Dean for Undergraduate Medical Education. She has the responsibility for setting the overall direction of the office that

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2004 ACMC-GlaxoSmithKline Young Educator’s Award

Dr. Sharon Straus of the University of Toronto was this year’s recipient of the ACMC-GlaxoSmithKline Young Educator’s Award. Dr. Abraham Fuks and Dr. Jean Gray presented the award which recognizes individuals who have made a major contribution to medical education in Canada and are in the early years of their academic career.

From left to right; S. Straus, J. Gray and A. Fuks

2004 John Ruedy Award for Innovation in Medical Education

Dr. Patricia Stewart of the University of Toronto and Dr. Gustavo Duque of McGill University were this year’s recipients of the John Ruedy Award for Innovation in Medical Education. To honour Dr. John Ruedy on his retirement as Dean of Medicine at Dalhousie University in 1999, the Faculty of Medicine established a national award in his name. This award is presented to an individual or group who has developed innovative print materials, electronic learning aids or other teaching aids. These Canadian innovations can take the form of textbooks, software, CD-ROMS or other technology that has aided medical education initiatives in undergraduate, postgraduate or continuing medical education. Presenting the award were Dr. Abraham Fuks, Dr. John Ruedy and Dr. Jean Gray.

From left to right; P. Stewart, J. Gray, J. Ruedy, A. Fuks and G. Duque

2004 ACMC-MayCohen Gender Equity Award

This year’s recipient of the ACMC-May Cohen Gender Equity Award was Dr. Sheila Dunn of the University of Toronto. This award is an annual award to recognize outstanding effort or achievement of an individual(s), program(s), department(s) or school in improving the gender equity environment in academic medicine in Canada. The award is named in honour of Dr. May Cohen in recognition of her unique contributions, throughout her professional career, to promote women’s health issues, increase awareness of gender issues in health and health care, and enhance women’s role within the medical profession.
ANNOUNCEMENTS

ANNONCES

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scientifiques. Au cours des trois dernières années, il a siégé au CA du CHUS comme membre invité, au Comité de direction du CHUS et au CA de la Fondation de CHUS. Il était aussi membre de la Commission médicale régionale de l’Estrie. Il a enfin été sollicité pour participer à des comités avisateurs de trois compagnies pharmaceutiques et de certaines associations à but non lucratif. Il a également à son actif plus d’une centaine de communications touchant divers sujets en gastro-entérologie.

La docteure Nicole Gallo-Payet est nommée Vice-doyenne à la recherche de la Faculté de médecine. Au cours de sa carrière elle a occupé diverses fonctions dans plusieurs comités facultaires, dont le Conseil de la Faculté, le Comité d’éthique de l’expérimentation animale, le Comité de radioprotection et plus récemment, le Comité des études supérieures.

Le docteur Paul Grand’Maison a été nommé Vice-doyen aux études médicales prédoctorales à la Faculté de médecine. À titre de vice-doyen aux études médicales prédoctorales, il poursuivra la réforme de la formation clinique déjà entreprise au niveau du programme, mettra en place les structures nécessaires à l’accueil d’une clientèle étudiante en nombre croissant et coordonnera l’implantation de campus de formation médicale dans les régions de Saguenay/Lac St-Jean au Québec et de Moncton au Nouveau-Brunswick.

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ACMC /CAME Annual Meeting - Record Numbers!
Halifax, April 24th - 27th, 2004

The 61st Annual Meeting of the Association of Canadian Medical Colleges (ACMC), in partnership with the Canadian Association of Medical Education (CAME), had a record attendance - 653 participants! This represents about one hundred more than the previous two years. The Canadian Institute of Academic Medicine (CIAM) also held their annual meeting at the same venue on April 23rd and 24th. We have received much positive feedback from participants “becoming an excellent medical education forum”; “enriching and refreshing conference - nice venue, well organized”; “very good program - I enjoyed it!!”.

During the Sunday Welcoming Ceremony several Canadian medical educators were recognized for their contributions with awards from ACMC. Dr. Sharon Straus, University of Toronto, ACMC-GlaxoSmithKline Young Educator’s Award, Dr. Patricia Stewart, University of Toronto and Dr. Gustavo Duque, McGill University, ACMC-John Ruedy Award for Innovation in Medical Education, Dr. Patricia Stewart, University of Toronto and Dr. Roger Strasser, Founding Dean of Medicine, Northern Ontario Medical School, spoke about “Learning Medicine in Rural Communities” which included his experiences as an educator in Australia as well as the teaching environment that students accepted into NOMS will experience. Dr. Gordon Page, Director, Division of Educational Support and Development, College of Health Disciplines, UBC, addressed “UBC’s Distributed Medical School Program: A Partnerships Program” which is soon admitting undergraduate students to two new
campuses – in Victoria and Prince George. Small group sessions followed, each with its own focus - electronic learning, faculty development, multiple campus models and rural medical education so participants could explore these areas and offer feedback to the plenary session on their key messages.

The Tuesday plenary session, chaired by Dr. Harold Cook, Interim Dean, Dalhousie University focused on “Developing Scholars in the Health Sciences” - an important issue for medical schools. The four panelists: Dr. Dorothy Pringle, Professor and Dean Emeritus, Nursing, University of Toronto; Dr. Marielle Gascon-Barre, Associate Vice-rector, Research, Université de Montréal; Dr. Marshall Godwin, Professor, Family Medicine, Queen’s University and Dr. Greg Hirsch, Associate Professor, Surgery, Dalhousie University, gave the audience some wonderful insight into the state of clinical science research and challenges to the development of scholars in each of their domains. Dr. Mel Silverman, Director of MD/PhD Program and Clinician Investigator Program, University of Toronto, who has been involved for many years in promoting the work of young clinical scientists, mentioned in his overview “Lessons My Mother Never Taught Me: How Structure Informs Function in Developing the Health Scientist/Scholar”, some of the recent work by Canadian Institutes of Health Research (CIHR) in this area. Once again, the participants then had an opportunity in small groups to discuss one of four themes: barriers and rewards for inter-professional research and scholarship, mentoring and role-modeling, creating the optimal educational environment and creating flexible training programs. Each group reported their main suggestions back to the plenary session. Proceedings for the session will be developed and posted on the ACMC website. As well copies will be sent to Directors of MD/PHD and Royal College Clinician Investigator Program (CIP), the CIHR, the Royal College of Clinical Investigator Program (CIP), the College of Family Physicians of Canada, the Canadian Society for Clinical Investigation (CSCI), and the Canadian Institute of Academic Medicine (CIAM).

As always the CAME program had much to offer. Twenty-one workshops, 20 R & D sessions, four facilitated poster sessions and 51 posters were presented. Themes for the facilitated poster sessions were student skills, faculty development, student issues and clinical experiences. The CAME awards luncheon was filled to capacity. Dr. Peter McLeod, McGill University, winner of the CAME/Ian Hart Award for Distinguished Contribution to Medical Education certainly aroused the audience with his presentation “What If the Students Ran the Medical School?”. The presence of Dr. Hart to make the inaugural presentation of the newly named award was particularly special to his old friend, Dr. McLeod. Dr. Marcel D’Eon, University of Saskatchewan, won the CAME Junior Award for Contribution to Medical Education. During the CAME Business Meeting Dr. David Cook, University of Alberta, was the featured speaker. He spoke about “Preparing Students for Their Role in the Health Team”. Twenty-eight faculty from the 16 medical schools received Certificates of Merit for their local contribution to medical education. (See page 6 for the list of winners.)

ACMC would like to thank the Annual Meeting Planning Committee co-chaired by Drs. Karen Mann and Bill Wrixon of Dalhousie University for their dedicated efforts in developing the main scientific program. We would also like to thank Dr. Harold Cook and his fine Dal team for always being ready to assist – from finding local scribes for the various plenary breakouts to planning the Ceilidh! We must especially thank Anne Weeden for her outstanding assistance for our social program. The Ceilidh - now wasn’t that a party! Pier 21 was certainly rocking that night! As Dr. Jean Gray said - come to the biggest Maritime kitchen party - that it was! Certainly many left Halifax with fond memories of the 2004 meeting.

Not to be outdone, Dr. Bill Albritton and his local team at the University of Saskatchewan, are already working on next year’s social event! Remember next year’s medical education meeting will include additional new partners and will have more sessions to offer – including workshops, and posters. The theme for the 2005 meeting scheduled from Saturday, April 30th to Tuesday, May 3rd, 2005 is “Learning from Each Other”. The partners for next year’s meeting are ACMC, CAME, CFPC, MCC and RCPSC. A n a p p o i n t e d representative from each of these five organizations form the Scientific Program Committee chaired by Dr. Jean Gray. They have been meeting since late 2003.

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2004 CAME Awards for Contribution to Medical Education

Dr. Peter McLeod of McGill University was this year’s recipient of the CAME Ian Hart Award for Distinguished Contribution to Medical Education. Dr. Ian Hart presented this award which recognizes senior faculty who have made an exceptional contribution to medical education throughout their academic career.

Dr. Marcel D’Eon of the University of Saskatchewan was this year’s recipient of the CAME Junior Award for Contribution to Medical Education. Dr. Jean Gray, President of CAME presented the award which recognizes individuals in the first phase of their professional career (i.e., within seven years of first academic appointment), who have made a definite contribution to medical education.

2004 CAME Certificate of Merit Award Winners

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<th>Institution</th>
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<tr>
<td>Memorial University of Newfoundland:</td>
<td>Dr. William Pryse-Phillips</td>
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<td>Dalhousie University:</td>
<td>Dr. Ian Mobbs</td>
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<td>Université Laval:</td>
<td>D’ Paul René de Cotret</td>
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<td>Université de Sherbrooke:</td>
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<td>Ms. Donna Shepard</td>
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<td>Dr. David Begg</td>
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<td>Dr. Valerie Capstick</td>
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<td>Dr. Sylvain P. Codere</td>
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<td>Dr. Lois E. Donovan</td>
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<td>Dr. George Pachev</td>
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From left to right: P. McLeod and I. Hart

From left to right: M. D’Eon and J. Gray
Reflecting on your own continuing medical education (CME) experience, how much of the activities in which you participate explicitly identify and address the needs of the community around you, beyond the science of the content of the subject matter? For example, in considering the latest important therapeutic advances in the management of myocardial infarction, is there consideration or room for the affordability of these treatments by patients or the health system, which directly impacts on patient adherence or accessibility of these treatments in where you practice? While absorbing the facts of how to do one-on-one counseling of patients with addiction problems, is equal weight in the CME given to considering how a team of interdisciplinary health professionals should function seamlessly to provide support to the patients, and how to take into account the community factors that bear tremendous influence on the patients’ behavioural choices?

In 1995, the World Health Organization defined the social accountability of medical schools as “the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.”

When seeing through the lens of the community that our profession serves, continuing professional development (CPD) - the perpetual cycle of self improvement of health professionals to ensure the maintenance and excellence of their professional practices - is in fact a vital and socially accountable pursuit. New knowledge based on latest research that aims at improving health outcome needs to be incorporated into routine practice, and by-and-large traditional CME provides a medium to transmit this knowledge. However, the societal perspectives are often left unarticulated in the preference for “medical facts”, yet these perspectives are highly influential to our patients’ ultimate behavioural choices in the way they choose to manage their own illnesses. Furthermore, CPD and CME often concentrate exclusively on what we as doctors need to do, but rarely pay due attention to how doctors should function as part of an interdisciplinary health professional team to make our contributions in synchrony with other health professionals and patients in providing patient-centred care approaches.

One major challenge to fully manifest the spirit and intent of the WHO definition of social accountability is how to incorporate the voice of the community in the CPD development and implementation equation. How can medical schools take into account the concerns of the communities and governments, such as issues related to the social determinants of health, in the development of CPD and faculty development activities intended for health professionals? How do health professionals provide input into and feedback on the issues that they observe through treating their patient population, and bring them back for examination, debate, and professional learning? How can we attract and engage health professionals to these types of innovative educational events? How can we create an environment where both health professionals and health consumers can learn synergistically? How can faculty members transmit these values and ideas and pass them on to medical trainees?

Under the leadership of the Association of Canadian Medical Colleges (ACMC), and funded by Health Canada’s primary health care transition fund, all 17 medical schools across Canada are working together on a two year initiative titled “issues of quality and continuing professional development: maintenance of competence” CPDiQ. Our CPDiQ consortium is made up of representation from each of the 17 medical schools across Canada.

This initiative’s key objectives are:

- To support and facilitate the creation of a national interdisciplinary network of health professionals to foster, develop, and implement socially accountable CPD.
- To construct and evaluate different models and best practices of CPD that provide primary health care professionals with the knowledge, skills, and attitudes necessary to respond to the needs of their communities through an interdisciplinary and team based model,

continued on page...
To value, nurture, and encourage inter-professional (doctors and other health professionals) and intra-professional (generalists and specialists within the medical profession) collaboration amongst health professionals to maximize synergy and output of team base health practice that is patient centred.

We will be examining these objectives using the Four Principles of Family Medicine put forth by the College of Family Physicians of Canada5 and the CANMEDS 2000 roles of a specialist articulated by the Royal College of Physicians and Surgeons of Canada 6. We will be using the think-act-reflect-revise paradigm to enable us to innovate, implement, and refine best practices models of socially accountable CPD and faculty development initiatives under each of these objectives.

We welcome your perspectives and input, and your potential interest in participating with us in this initiative. Please direct your correspondence to cpdiq@cme.med.ubc.ca or fax 604-630-0827.

References:
5. College of Family Physicians of Canada. The four principles of family medicine. Accessible at http://www.cfpc.ca/English/cfpc/about%20us/principles/default.asp?c=1

Kendall Ho, MD FRCP
Associate Dean, CME
UBC Faculty of Medicine
On behalf of the National CPDiQ Consortium

The Retired Academics Database (RAD), which was launched by the Association of Commonwealth Universities (ACU) less than two years ago, has begun helping universities in the developing world tackle their staff recruitment difficulties. RAD is a database of retired academics and administrators from around the world that these universities can use to fill vacancies on a short-term basis.

Although the database has been receiving registrations since September 2002, the scheme was not opened for university use until the autumn of 2003. This allowed time to build up a sufficient database of university staff for universities to recruit from. There are now almost 700 academics and administrators registered on the database, from countries as far apart as Australia and Zambia.

RAD is keen to hear from academics (especially those with a medical background) who would be interested in serving a short-term contract at a university in the developing world. Although most applicants are retired, RAD also welcomes staff at an earlier stage in their careers who are interested in short assignments in the developing world. Remuneration typically includes local salary and a return airfare (often available for spouses as well). Universities in countries including Botswana, Swaziland and the West Indies have already used RAD for recruitment.

Piers Pennington is head of ACU’s academic recruitment unit, which is running RAD. “We’re really pleased that so many people have registered on the RAD database, and are delighted that universities are using it to recruit staff,” said Piers. “However, we are keen to encourage more people to register on RAD, as more universities use the scheme, the more we will need to increase our available pool of staff.”

 Interested university staff can register for the scheme by completing the online form on RAD’s website at www.acu.ac.uk/adverts/rad.

For more information please contact:

Jocelyn Law, Marketing,
ACU Advertising
Association of Commonwealth Universities
36 Gordon Square
London WC1H 0PF

Tel: +44 (0) 20 7380 6707
Fax: +44 (0) 20 7380 6776
Email: rad@acu.ac.uk
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Le docteur François Lajoie a été nommé Vice-doyen aux études médicales postdoctorales de la Faculté de médecine. Il est détenteur d’un certificat en psychologie des relations humaines obtenu en 1996 à l’Université de Sherbrooke et également il est détenteur d’un certificat en médecine sexuelle de l’Université de Montréal obtenu en 2003. Il est également maître instructeur en réanimation néonatale depuis plusieurs années et a contribué à former plusieurs intervenants dans toutes les régions du Québec dans le cadre de cette activité d’enseignement.

University of Toronto

Dr. Julia Alleyen, Department of Family and Community Medicine, was named on the 2003 Women of Influence in Sport and Physical Activity list compiled by the Canadian Association for the Advancement of Women and Sport and Physical Activity.

Professor Jameel Ali of Surgery was this year’s winner of the Trauma Achievement Award of the American College of Surgeons, Committee of Trauma, in recognition of his extensive work in education in COT.

Dr. John Bradley, Department of Anaesthesiology, was awarded the Canadian Anesthesiologists’ Society 2004 Clinical Teacher Award.

Professor Carole Cohen of Psychiatry was the winner of the 2004 Educator of the Year Award.

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VISIT THE ACMC WEB-SITE (www.acmc.ca - What’s New or Issues) FOR ACCESS TO THE FOLLOWING INFORMATION

• ACADEMIC MEDICINE, May 2004

  Exploring the Gap Between Knowledge and Behavior: A Qualitative Study of Clinical Action Following an Educational Intervention
  Tara Kennedy, Glenn Regehr, Jay Rosenfield, S. Wendy Roberts, Lorelei Lingard, University of Toronto

  The Effect of Limiting Residents’ Work Hours on Their Surgical Training: A Canadian Perspective
  Ken Romanchuk, University of Saskatchewan

• CANADIAN MEDICAL ASSOCIATION JOURNAL, April 2004

  Foreign-Trained Physicians Need Residency Spots
  Dina O’Meara, Calgary

  New Neurosurgeons Left Jobless: Where’s the Plan?
  Wayne Kondro, Ottawa

  Students Still Ambivalent About Family Medicine
  Patrick Sullivan, Ottawa

• MEDICAL EDUCATION, March 2004

  Do Students From Rural Backgrounds Engage in Rural Family Practice More Than Their Urban-Raised Peers?
  Wayne Woloschuk, Michael Tarrant, University of Calgary

  Student Perceptions of Effective Small Group Teaching
  Yvonne Steinert, McGill University

  An Admissions OSCE: The Multiple Mini-Interview
  Kevin W. Eva, Jack Rosenfield, Harold I. Reiter, Gregory Norman, McMaster University

FORUM Newsletter is now available on our website at www.acmc.ca/publications

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.
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of the American Association for Geriatric Psychiatry, given in recognition of innovative, educational accomplishments that have a direct impact on the quality of geriatric psychiatry.

Professor Tak Mak of Medical Biophysics was a co-winner of the Paul Ehrlich and Ludwig Darmstaedter Prize, Germany's most distinguished award for biomedical research.

Professor Charles Tator of Surgery was inducted into the Terry Fox Hall of Fame. He was recognized for his many accomplishments over the years including the establishment of the ThinkFirst Foundation of Canada, a national, non-profit injury prevention organization sponsored by Canada’s neurosurgeons, neurologists and neuroscience nurses, and in recognition for his enormous contribution in the field of prevention of spinal cord injuries.

Dr. Richard Weisel, Department of Surgery, was awarded the Earl Bakken Scientific Achievement Award of the Society of Thoracic Surgeons at their annual meeting in San Antonio, Texas.

Professor David Zakus of Health Policy, Management and Evaluation has been named President-Elect of the International Health Medical Education Consortium. Formed in 1991, IHMEC is a consortium of faculty and health care educators dedicated to teaching and/or evaluating professionalism. A total of 152 faculty members participated (with 243 encounters having taken place because of multiple registrations). This resulted in a presence of a cadre of skilled teachers for small group sessions, led to a major effort on curricular revision and to the testing of a new evaluation tool in collaboration with the University of Toronto. Dr. Ian Johnson next presented the University of Toronto’s experience with a system to evaluate professional behaviours throughout all four years of medical school. He presented data on the results obtained, with emphasis on identifying unprofessional behaviour and providing either remediation or requiring withdrawal. Finally, Dr. Dorothy Shaw of the University of British Columbia discussed her faculty’s development and implementation of a “Standards of Professional Practice” document. This document outlines the standards expected of students, residents and faculty and has received strong support from the university administration, from the hospitals and from the faculty and students. It is part of British Columbia’s Professionalism Program. An active discussion took place after each of these presentations.

The ACMC website on professionalism has been up and running since April of 2004. It can be entered by logging onto the ACMC home page and clicking on the professionalism icon in the lower right hand corner. It will be expanded and updated from time to time and all those who are interested are urged to make use of it and to contribute by submitting teaching and/or evaluating professionalism.

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McMaster University

Correction from the March issue of FORUM: Dr. Laidlaw was the Dean of the Faculty of Health Sciences at McMaster University and not of Medicine.

University of Manitoba

The Manitoba Medical Association will recognize several physicians at its annual general business meeting this month. The Distinguished Service Award will be presented to Dr. William Rennie, the Administrative Award to Dr. Oscar Casiro and the Physician of the Year Award to Dr. Chander Gupta.

Thomas J. Marrie received his MD degree from Dalhousie University in 1970. This was followed by three years of family practice in Newfoundland. He then returned to Dalhousie for training in general internal medicine and to the University of Manitoba for training in infectious diseases. He returned to Halifax to start the Division of Infectious Diseases at Dalhousie and was there from 1977 until June, 1999. Since July 1999 he has been Professor and Chair of the Department of Medicine, University of Alberta. Dr. Marrie’s major research interest has been community-acquired pneumonia. His studies have focused on the epidemiology and treatment of this illness.

New Dean at the University of Alberta

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Visit: http://www.acmc.ca/ann_meetings.htm to view the Preliminary flyer for the 2005 meeting, including the plenary session topics. Also watch for an update on the 2005 meeting in the September Forum. Hope to see you in Saskatoon in spring of 2005!

The ACMC Standing Committee on CME (SCCME) Report to the ACMC Board of Directors

Meetings of the SCCME held since the last ACMC meeting in April 2003:
Six one hour teleconferences (minutes available on request) were held on the following dates:
May 29th October 2nd, October 23rd, December 4th, 2003
February 12th, March 18th, 2004

Discussions over the past year have focused on:
Development of the new CACME accreditation standards for the accreditation of Canadian University CME offices (adopted by CACME in November 2003). The SCCME was consulted on several occasions during the development of the standards and had major input into their development. The new standards will be implemented for the upcoming surveys in the spring of 2004.

Development of the new CACME guidelines and accreditation manual. The initial draft version of this survey guide was developed during the Retreat 2003 (see below) and subsequent draft versions were reviewed. The survey guide will be available in time for the spring
2004 surveys but the SCCME will continue to provide input for subsequent versions based on improvements suggested at the time of the initial surveys.

Revision of the SCCME terms of reference (forwarded to ACMC in February 2004 for approval). The original terms of reference for the SCCME dated back to 1975 and had never been reviewed since. The SCCME felt it was appropriate to suggest an updated version.

Other items have included:
- the development of a CME deans/directors orientation guide (to be finalized in the spring of 2004),
- a survey of fees being charged for the approval of activities for credit,
- a survey regarding the organizational aspects around the approval of activities for credit,
- creation of an administrators listserv (October 2003).

Retreat 2003 (summary report available on request)

A one and half day retreat was held on November 2nd and 3rd, 2003 in Ottawa. The afternoon of the first day was organized to coincide with the RCPSC 1st Annual Accredited Providers’ Conference and as such was held at the RCPSC offices. The 2nd day was hosted by the CME office of the University of Ottawa at the Ottawa Hospital Civic Campus. Jean Gray (past chair of the SCCME) facilitated the meeting and office administrators were specifically encouraged this year to attend.

Two major topics were the focus of interest:
- review of the new CACME accreditation standards (draft version 23-10-03) and drafting of an initial version of the survey guide,
- the business of running an academic CME office. Specific issues addressed included: Information management, legal and ethical issues as well as the writing of business plans.

Liaisons

The SCCME continues to work closely with key players in the CME field in Canada including the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Foundation for Medical Practice.

This year, there has been considerable interaction with CACME (Dr. Robert Woollard-chair) considering the revision of the accreditation standards and guidelines.

Nomination of New Chair

Dr. Marianne Xhignesse’s two year term as chair ends in April of 2004. Two nominations for chair have been forwarded by the SCCME to the executive committee for consideration.

Marianne Xhignesse
Chair. ACMC Standing Committee on CME

ACMC Standing Committee on Research and Graduate Studies

2003-2004 Annual Report

During the past year, the activities of the Standing Committee on R&GS have focused on:

Health Research Advocacy (HRA)

A working group consisting of Jim Brien (Queen’s University), Alison Buchan (University of British Columbia) and Penny Moody-Corbett (Memorial University of Newfoundland) developed an ACMC-HRA message (17-page document) that focuses on the issues of knowledge generation and transfer and sustainability. The “message” depicts successful health research that contributes substantially to the health, well-being and prosperity of Canadians, and the current challenges facing health researchers in Canada. The “message” has been presented by David Hawkins, Executive Director of ACMC, and Earnscliffe (government-affairs consulting firm) to government officials and senior ministers of the federal government. Currently, a

Research

Research collaborations continue to be a topic of discussion within the SCCME and will likely be the focus of a future retreat. This year, within the context of funding obtained by the ACMC from Health Canada’s Primary Health Care Transition Fund initiative regarding “Issues of Quality and Continuing Professional Development: Maintenance of Competence” the Division of Continuing Education, University of British Columbia has taken the lead in structuring a Continuing Professional Development (CPD) group project. An initial meeting of the group was organized in Ottawa on February 20th and 21st. The CPD project will no doubt continue to foster research collaborations within the SCCME over the next year.

Nomination of New Chair

Dr. Marianne Xhignesse’s two year term as chair ends in April of 2004. Two nominations for chair have been forwarded by the SCCME to the executive committee for consideration.

Marianne Xhignesse
Chair. ACMC Standing Committee on CME

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more succinct one-page “flyer” document is being developed to complement the more detailed “message”. Earnsliffe suggested that inviting a Member of Parliament (MP) to visit a researcher’s laboratory would have much higher impact than visiting the MP in his/her office and making a presentation. The HRA endeavour is an ongoing commitment, and the “message” must be current and in multiple formats so that it can be understood by people with different levels of understanding of health research.

Human Research Ethics - Research Ethics Boards (REBs)
The ongoing issue of a national accreditation system for institutional REBs across Canada continues to receive substantial attention. Currently, there is an improved relationship with Health Canada on the development of an effective accreditation system. The R&GS Committee’s working group of Sam Ludwin (Queen’s University), Alison Buchan (University of British Columbia) and Penny Moody-Corbett (Memorial University of Newfoundland) is focusing on the development of a proposal regarding this issue. This working group will maintain close interaction between ACMC and Health Canada. To date, Health Canada has conducted general consultation, and has set up an Advisory Council. Health Canada will focus on the development of standards, and the Tri-Council Policy Statement will be used for the development of policy.

The matter of Data-Safety-and-Monitoring Boards (DSMBs) for clinical research investigations has been raised with the Canadian Institutes of Health Research (CIHR). At the present time, CIHR does not require separate DSMBs for individual clinical studies. However, an institutional Research Ethics Board can require a separate DSMB as a condition of ethics approval of a particular investigation.

Graduate Studies in the Health Sciences
The R&GS Committee will be dedicating more attention to the matter of graduate studies and training, focusing on ways to strengthen our programs and to take advantage of new opportunities. Ed Kroeger (University of Manitoba) and Frans van der Hoorn (University of Calgary) are developing a questionnaire on graduate student tuition, stipends and subsidies that will be sent to all Canadian universities.

Canadian Council on Animal Care (CCAC)
The R&GS Committee has a strong, continuing relationship with the CCAC, and one of the Committee members, Jack Bend (University of Western Ontario), is the Chair of this organization. This relationship is important to maintain in order to ensure that ACMC and the medical schools have direct interaction with the CCAC in relation to the accreditation of our experimental animal research facilities, the ongoing education of our researchers, and the coordinated response to federal legislation that impacts on experimental animal research.

Interaction with Other Health Research Organizations
The R&GS Committee has a strong interaction with the Association of Canadian Academic Healthcare Organizations (ACAHO) on health-research matters by having the Co-chairs of the ACAHO Vice-presidents (Research) Committee, Bernie Bressler (Vancouver) and Joe Gilbert (London), as participants in the fall and spring meetings of the ACMC-R&GS Committee and by having the Chair of the R&GS Committee participating in the fall ACAHO Research Committee meeting. It is recommended that this interaction be strengthened by being partners in health-research endeavours at the local, regional and national levels, and by having the ACMC-Council of Deans and the ACAHO-Council of Hospital CEOs meeting together to discuss health-research issues.

There is an ongoing interaction of ACMC with other national organizations that are engaged in health research advocacy, with the Chair of the R&GS Committee participating in regular meetings of the Health Research Advocacy Network that is coordinated by the Council for Health Research in Canada.

ACMC is a key member of the Steering Committee that is organizing a Leaders’ Forum on the future of health research in Canada, which will take place in Ottawa in late September, 2004 with about 100 health-research leaders as participants. This two-day event will initiate dialogue focused on the development of a comprehensive and integrated vision for health research in Canada. The Forum will provide the opportunity to develop advocacy “messages” and strategies that are consistent with the evolving health-research vision and that could be used immediately with federal and provincial governments. The Leaders’ Forum will demonstrate the importance that the health-research community places on working together to advance health research in Canada.

James F. Brien
Chair, Committee on Research & Graduate Studies
The Committee would like to thank the ACMC for supporting the full-day annual retreat that has taken place since 1999. This has proven to be an invaluable tool which has permitted the committee to be more productive and to develop a functional network assisting each Undergraduate Dean throughout the year. The committee also expresses its appreciation for the opportunity to meet with the Council of Deans this year. The committee had one meeting at the AAMC meeting in Washington, DC on November 9, 2003 which was attended by fifteen UGME deans or delegates from across the country. The April 2004 meeting was attended by every UG Dean and Dr. Dan Hunt representing NOMS. Incoming UG Deans also attended the meeting to ensure continuity within the committee and to integrate the new member into the network. The following projects and issues are presently the focus of the committee.

Matching to Residency Programs
The residency selection process continues to cause significant stress in undergraduate students and pressure on UG programs. After the elimination of the rotating internship, the majority of UG programs have changed to facilitate early decision making. The core clerkship presently takes place earlier in the final years of medical school and most students have an opportunity to undertake a reasonable number of electives prior to the application deadline. Postgraduate medical education, however, has failed to adapt to the new reality. Presently, of the 32 programs in the CaRMS Match, there are approximately 18 subspecialty programs which are listed as PGY1 entry. About half of these are surgical and the other half are medical subspecialty programs. It is not possible for students to obtain sufficient information and experience in these areas to enable them to make an informed choice. In addition, it is impossible for UG programs to incorporate a meaningful experience in these disciplines and still meet the broader requirements inherent in the accreditation standards. In 2003, the Chairs of the Standing Committees on UG and PG Medical Education, wrote to the Royal College of Physicians and Surgeons of Canada requesting there be a reduction in the number of subspecialty programs at the PGY1 entry level. This was followed by another communication in 2004 to Drs. Mikhael, Haslam and Kline articulating the same request. The Committee is encouraged by the recent decision of the RCPSC to define criteria of a specialty program and to review all of its programs with respect to inclusion as PGY1 level. The UG Committee continues to be concerned about the resolution of this problem. The Committee appreciates the support of the Council of Deans for the recommendation for the:

Establishment of a small number of core programs in major clinical disciplines for entry into postgraduate training (PGY1 level entry).

The UG Committee supports initiatives that will lead to greater flexibility in postgraduate transfers without undermining the integrity of the Match, and for increased opportunities for re-entry training after completion of residency training.

CaRMS Match Time Table
One other area of concern is the relative disregard of the impact on UG education programs of the decision making process around the setting of the CaRMS Match timetable. The majority of UG Programs have reorganized curriculum to allow the least disruption of education while still permitting students to fully participate in the Match cycle events. This year the interview period was moved to February in response to the outbreak of SARS in Ontario. Consistent with a prior agreement, the timetable for next year, 2005, the interview period was moved back to January. CaRMS will conduct a survey of PG program training directors and students, but not UG Deans about the impact of the February interview period. Given the time required to bring about reorganization of curriculum to adapt to a particular timetable, the instability of the timetable and discussion about change without requesting input from the UG programs is worrisome to many UGME deans. The duration of the national interview period in the proposed Match timetable for 2005 was noted to cause at least one UG program to be in violation of accreditation standards. At the joint ACMC UG-PG meeting, the UG Committee was supported in a proposal to limit the national interview period to no more than 2 weeks and the associated weekends as per the match cycles pre-SARS. Dates for the 2005 timetable were proposed and accepted by the full committees of UG and PG. The UG Committee expresses its appreciation to Sandra Banner,
Executive Director of CaRMS, Dr. Carol Herbert, outgoing Chair of the Board and incoming Chair of the Board, Dr. Sarita Verma for the resolution of this problem and the creation of CaRMS timetable Committee that will have 2 UG Deans as members.

ACMC National Clinical Skills Working Group and the Complimentary, Alternative Medicine Working Group (CAM), and Palliative Care and End-of-Life Care Objectives and Curriculum.

Dr. Alan Neville, reported on the third meeting of the ACMC National Clinical Skills Working Group that was held October 25/26, 2003. The Group plans to develop a list of clinical skills competencies that graduates should have achieved at the time of graduation. This list will be reviewed with the MCC to ensure that the expectations of the licensing body and the medical schools are similar with respect to required clinical competency.

As a first step, they are developing a list of competencies achieved prior to entry into clerkship. Given that students move across the country during the clinical training years, it was thought very useful to have identified core clinical competencies all students should have acquired regardless of the UG program in which they are registered. The Group is also developing curriculum for clinical skills education for pre-clerkship education. The committee expresses its appreciation for the support of the ACMC for the National Clinical Skills Working Group without which this goal can not be obtained.

Dr. Neville informed the Committee that a small working group is developing a proposal to establish a National Working on CAM (may request that it become an official ACMC sponsored committee), to establish a team to develop CAM curriculum and teaching materials for Canadian medical schools. The meeting in Saskatchewan was successful, representatives from each school attended, and core objectives were agreed upon to be shared with each home school.

Dr. Neville reminded the Committee of the special session that was going to be held at the ACMC Meeting specifically for the Undergraduate Deans on Palliative Care and End-of-Life objectives and curriculum development.

Canadian Dean’s Letters of Evaluation

Drs. Oscar Casiro, Joanna Bates, Cynthia Kenyon and Allan Jones are developing “a made in Canada” version of the Medical Student Performance Evaluation (MSPE) recently introduced for use in US schools. Given that the residency match is becoming increasingly more national i.e. students are applying broadly to a large number of CaRMS schools (13 out of 16 ACMC), it makes sense that the data provided to residency directors be comparable to some degree to allow fair competition. Also there should be a policy about what type of information should be provided to residency programs to maintain the integrity and reliability of the Dean’s Letter. Following the retreat at the 2003 ACMC, the working group developed a discussion document on policies regarding the nature of data e.g. failures in pre-clerkship and clerkship, reported in the letter as well as format issues. At the retreat this year, the Committee agreed that the Dean’s Letter was a letter of Performance Evaluation not a letter of recommendation, that the schools would work toward a common format and that policies of reporting information in the Dean’s Letter would be clearly identified in the letter so that differences between schools would be apparent. The UG Deans also agreed that issues of professionalism would be reported if of a recurrent nature and a revised Dean’s Letter would be sent to CaRMS if prior to the running of the match, or to the Program Training Director if a student has been matched, if there is a substantial change in performance noted in core or elective placements in the remainder of the UG program. This latter decision was reported at the joint UG-PG meeting since it was a major concern of the Postgraduate Committee. A formal report with a recommended template will be available for use in the match of 2005.

The Objectives of the Medical Council of Canada Examination

Dr. David Blackmore informed the Committee at the April meeting that the CD version of the objectives should be available to applicants and UG programs without charge by the summer of 2004. The MCC plans to distribute the objectives to the graduating classes at the time of registration for the exam. The Committee wants the objectives available to UG students well in advance of this. Dr. Peterson inquired if the schools would be permitted to web-mount the version for its faculty and students. Dr. Blackmore is going to see if the objectives could be web-mounted by the MCC as another way to achieve the same goal. The Committee urged the importance of
ensuring that the document be fully searchable if it is going to be useful to applicants and medical schools.

Reports of the Licensure Examination Results
The Committee thanked Dr. Robert Lee and Dr. David Blackmore for the changes implemented in the MCC exam result reports at the AAMC meeting in November 2003. The Committee would still like to see failure rates per school compared to the national failure rate included on the report. The trend analysis of this figure over the past 5 year period would also be very valuable for accreditation purposes. Dr. Blackmore indicated the MCC would look into this.

ACMC/MCC Undergraduate Question Bank
Dr. David Blackmore reported that MCQs continue to be collected in the bank for use of all schools. There are now over 2,300 questions available, thanks to the enormous effort of Dr. Richard Birtwhistle who is responsible for inputting 1775 items since the Québec City meeting. The greatest single barrier to a major infusion of questions by the schools is the lack of administrative assistance in getting the questions entered. The Committee wishes to voice its appreciation to Dr. Blackmore and Dr. Dale Dauphanee for the administrative support provided by the MCC for the entry of questions. Schools can send the questions electronically, in Word, Wordperfect or Access and an assistant at the MCC will input the questions. It will still be the responsibility of the UG program to tag the question with the required fields. A small working group will define the minimal required tags to further facilitate the entry of questions into the bank. The UG Deans are very appreciative of this support from the MCC and envision that it will be a great stimulus to the growth of the National Examination Question Bank.

AAMC Graduation Questionnaire
Dr. Deborah Danoff informed the Committee that the AAMC Graduation Questionnaire has been challenged in the United States in that the GQ is a research tool and coercion has been used to increase student participation rate. As such, the Public Citizen claimed that the AAMC was in violation of the regulations governing human research subjects. The AAMC has issued a clear statement that the GQ is an instrument of program evaluation, and does not require IRB approval, and that any use of GQ responses for research purposes is exempt from the requirements of the federal policy. Furthermore, no harm has come to students as a result of participating in the survey. Data is stripped of personal identifiers before being provided to the respective school. Dr. Jordan Cohen has indicated that schools use various methods to encourage student participation and the AAMC neither supports nor condones coercing “human subjects to enroll in research”. He is confident that member institutions join the AAMC in this declaration and in practices consistent with it.

The UG Committee was just informed by the AAMC that the programming for the Canadian GQ could now support a second language. A request will be made to the ACMC to fund the translation of the questionnaire into French out of respect for the francophone students based primarily in Québec and Ottawa. Presently 10 out of 16 medical schools are using the Canadian GQ. It is thought that provision of the French version will move this participation rate to 100%.

Impact of Infectious Disease Outbreak on UGME- The SARS Experience
Dr. Richard Frecker, described the impact of SARS on the medical students and faculty at the University of Toronto. Dr. Neville shared with the Committee a policy being developed by the Ontario medical schools to deal with a return of SARS or any other infectious disease outbreak. A well defined communication plan is a must between the faculty and students with clear directives to students about accessibility to the hospitals. All faculties must have contingency plans for educational activities in the event that hospitals become off-limits for all activities except patient care. The MCC also needed to relocate its testing facilities to Ottawa in order to handle the Part II Exam given that the exam which normally took place in the hospital in Toronto was not possible. The Ontario group told the Committee that it is essential to have good dialogue with the hospital CEOs and Medical Advisory Committees, and VP Academics in advance of any outbreak to define which medical students require access to the hospital and what risks the student can be expected to undertake in providing health care. Dr. Peterson discussed the necessity of schools affected by changes in requirements e.g. Mask fitting that would affect students doing electives at that school. Currently the Council of Faculties of Medicine of Ontario is developing policy on Mask Fitting to prepare for the next ID outbreak.
Critical Importance of Mission-Based Funding

The MD programs in the faculties of medicine across Canada are student-centered, emphasize self-directing learning and problem solving in small group sessions. Communication skills and physical diagnostic skills are taught in small groups with practising physicians. In many programs, there is a 1:1 relation between the preceptor and the learner. The number of faculty required to deliver these types of educational programs is vastly greater than that required for didactic traditional programs. There has been a dramatic shift of teaching responsibility from basic science faculty to clinical faculty so that more than 70% of teaching is currently delivered by the clinical departments in the pre-clerkship years. Several Canadian schools incorporated these features in their programs in advance of their inclusion into the current Accreditation Standards. In fact, Canadian schools have been leaders in medical education in this regard. Over the past several years, Canadian Medical Schools have undergone unprecedented expansion in terms of the numbers of students. Enrolment in many schools has nearly doubled while there has not been any substantial change in the numbers of faculty. Sustaining the type of curriculum that is now required by accreditation standards is threatened by the need to provide the same quality educational experience for a much larger number of learners. The Standing Committee on UGME appreciates the support of the Council of Deans for the recommendation to:

- Adopt mission-based funding for the faculty of medicine so that educational dollars are linked to educational activities. The Deans were urged to develop faculty expectations of teaching and ensure that medical students have access to clinical faculty.

Expansion of Postgraduate Training Programs

The anticipated expansion of PG training programs to match UG student expansion is about to commence. Given the demographics of specialty physicians as well as the documented need for more family physicians, the UG Deans support a rational expansion of PG training programs to ensure that the physician workforce is able to meet the health care needs of Canadians. Provincial Ministries of Health are dealing with several complex problems including physician types and distribution and the issue of internal medical graduates seeking to practise medicine in Canada. In the current climate of change, the UG Committee appreciates the support of the Council of Deans for the request that they work to:

- Ensure that every graduating medical student in Canada can continue in postgraduate training.

Linda Peterson,
Chair, UGME Committee

Queen’s University

Dr. David Walker is delighted to announce the release of the Queen’s School of Medicine’s Scrapbook of Memories 1954-2004 An Historical Tribute to the Sesqui-centennial, compiled by Dr. Donald Jennings. The Table of Contents can be viewed at the Sesqui website: http://meds.queensu.ca/sesqui04/ and click on the past link. The book can be purchased at the Queen’s Campus Bookstore or online at www.bookstore.queensu.ca for $25.
The ACMC PGME Committee meets twice yearly at the annual ACMC meeting in the spring and in mid-autumn in Ottawa at the time of a conjoint meeting with the Education Committee of the RCPSC. The Postgraduate Associate Deans from across the country regard these meetings as being enormously valuable. The following issues have been of particular concern to the Committee over the course of the last year:

Declining Recruitment into Family Medicine Residency Programs

The Committee has met with representatives of the CFPC at the spring and autumn meetings. Taking into account the social accountability of Canadian medical schools, the Committee has strongly endorsed continuation of the 60/40 split in the assignment of PGY1 entry positions between Royal College specialties and family medicine. Ongoing discussions have involved the CFPC and the Standing Committee on Undergraduate Medical Education in efforts to improve the profile of family medicine in the undergraduate curricula across the country. Some schools have modified the 60/40 split locally to accommodate provincial initiatives so that the overall general provincial trends were towards the 60/40 split objective. It should be noted that the overall percentage of assignment of positions to family medicine across the country does not meet this objective at present. The Committee asserts that the declining participation in family medicine programs is a critically important issue and deserves the concerted attention of the ACMC Board of Directors.

CaRMS

The revision of the CaRMS Match timetable necessitated by the SARS outbreak presents an opportunity to evaluate the consequences of a revision of the CaRMS Match timetable in the long term. A survey concerning the impact of the change in the timetable in 2004 will include input from Program Directors and Postgraduate Medical Education offices across the country.

The PGME Committee has had a number of concerns about the lack of standardization of the Dean’s Letter available to Program Directors in the Match and believes that an updated Dean’s Letter covering the period from the time of CaRMS application to graduation would be of value to Program Directors to whom individual candidates are assigned through the Match process. Both of these concerns have been brought to the attention of the UGME Committee for consideration.

The CaRMS Board adopted a Match Violations Policy in the Fall of 2003, which caused some concerns among the members of the PGME Committee with regard to process and sanctions. These concerns were taken back to the Board and the Match Violations Policy has been reconsidered in the light of this feedback.

Transfers/Switches

The PGME Committee has approved and forwarded a general guideline concerning resident transfers from one program to another and from university to university. Local transfer policies obviously take precedence in relation to intra-university transfers but the guideline should be applied to any transfers between schools. The Committee has agreed to continue to collect information concerning transfers among programs.

PGY-1 Entry Specialties

Following the 2003 conjoint meeting between the UGME and PGME Committees, a request was forwarded to the Royal College Committee on Specialties to consider reclassification of a number of PGY1 entry specialties as subspecialties with post-PGY1 entry. This request was based on the concern that the current number of PGY1 entry specialties distorts the CaRMS matching process, drives premature career choice by medical students and leads to compromise of generalist training in the undergraduate curricula by leading medical students to consider a limited cross-section of elective experiences in order to facilitate participation in the Match. Recent communication from the Royal College indicates that this input is being seriously considered by the Committee on Specialties in the Education Committee as part of a move to creation of more generalist “streams” at PGY1 and PGY2 levels.

PGME Representation

The PGME Committee has had concerns about the patchiness of representation by Postgraduate Associate Deans on Royal College
Education Committee
Subcommittees and on the CaRMS Board. It is proposed that a postgraduate Associate Dean be appointed to each of the Royal College Education Subcommittees and to the CaRMS Board as representatives of ACMC. The appointment would then be contingent on continued appointment as a Postgraduate Associate Dean.

R-IV Internal Medicine Subspecialty Match

The PGME Committee has noted with continued concern the trend toward decreasing numbers of trainees in general internal medicine and geriatrics through the R-IV Match and asserts that serious consideration be given by the ACMC Board of Directors to policy decisions limiting external non-ministry funding of medicine subspecialty positions to improve recruitment into general internal medicine and geriatrics.

The PGME Committee has liaised with the Association of Program Directors in Internal Medicine concerning perceptions of “violations” of the Match process and has again requested that individual Associate Deans be informed of any such perceived violations in order to attempt to deal with them expeditiously.

BCT/Common PGY-1 Year

The Committee meets annually with the Education Committee of the Royal College and with representatives of the CFPC. These discussions have led to specific input from the Committee that is supportive of development of the common PGY1 year initiative with both colleges.

Input to the Royal College

The PGME Committee has provided specific input to the Accreditation Committee of the Royal College concerning the development of descriptors for accreditation of the CanMEDS roles and of the Credentials Committee concerning delays in assessment. The latter discussion has led to consideration by the Education Committee of the Royal College of an external audit of the assessment process.

George Elleker,
Chair, Standing Committee on PGME

Schulich School of Medicine at the University of Western Ontario

Investing in our future doctors and training our next leaders in health care, education and research is the focus of a landmark donation to The University of Western Ontario.

Seymour Schulich, Canadian entrepreneur and philanthropist, has donated $26 million, the largest gift in Western’s and the City of London’s history.

Schulich’s transformational gift will provide an unprecedented level of financial support to more than 100 medical students and graduate students in medical sciences every year attending the Schulich School of Medicine at The University of Western Ontario. Sixty medical students, through years one to four, from Ontario and across Canada will receive $20,000 a year to fully support tuition and educational expenses, and 50 graduate students will receive $15,000 a year. Scholarships will begin to be awarded this fall.

The donation will also support two Canada Research Chairs (Edith Schulich Vinet Canada Research Chair in Human Genetics and the Dr. Brian W. Gilbert Canada Research Chair in Primary Health Care) and create the Tanna Schulich Chair in Neuroscience & Mental Health.

Schulich himself received a $2,000 scholarship to attend McGill University to obtain his MBA. “The most important $2,000 of my life,” says Schulich. “The world may be a better place because you help some people achieve a better education and improve health care.”

Schulich, a 64-year-old Toronto resident, earned his success in business creating Franco-Nevada Mining Corporation Ltd. In 2002, Franco-Nevada merged into Newmont Mining Corporation, the largest gold mining company in the world. Today, Schulich is Director of this company and Chairman of the merchant banking division, Newmont Capital Limited.

“Seymour Schulich is an extraordinary Canadian philanthropist, with a rare combination of leadership, vision and dedication,” says Paul Davenport, Western’s President. “This unprecedented donation...continued on page...20
to the University will make a difference in the lives of students, staff and faculty and Canada’s health care system for many years to come.”

“We are thrilled and honoured that Seymour Schulich has chosen our School for this generous donation,” says Carol Herbert, Dean of the Schulich School of Medicine. “The gift is truly transformational. It’s about making it possible for people to be successful, providing access for medical students, access for graduate students, support for research and it will allow us to help form the medical care system of the future.”

For the last 20 years, Schulich has donated millions of dollars to universities and health care centres across North America. Some of his benefactions include the Schulich School of Business at York University and the Schulich Heart Centre at Sunnybrook Hospital in Toronto, the Schulich Library of Engineering and Science at McGill University, as well as numerous scholarships across Canada, including Western. In recognition of today’s gift, the School of Medicine at Western will be renamed in Schulich’s honour, pending Senate approval.

“A gift of this magnitude is the key to a diverse physician population able to respond to the needs of a diverse society,” says Lisa D’Alessandro, President of Western’s student Hippocratic Council.

“It will encourage students of every background who share the same love of medicine and desire to help others to pursue a career in medicine and work towards improving the future of healthcare.”

Schulich’s gift will leverage $25 million in matching funds from the provincial government through the Ontario Student Opportunity Trust Fund, the Ontario Graduate Scholarship Program and from the federal government’s Canada Research Chairs program, bringing the total impact of this extraordinary donation to more than $50 million.

The University is also involved in a $38-million renovation of its medical and dental facilities that will help attract future students and faculty. It has set an ambitious fundraising target to raise $17.8 million in additional private donations over the next 10 years to further expand the number of scholarships and awards available to medical students.

Michael G. DeGroote School of Medicine at McMaster University

Canadian businessman and philanthropist Michael G. DeGroote has given $105 million to McMaster University in an unprecedented display of generosity.

McMaster’s medical school will be the beneficiary of the largest single cash gift in Canadian history. In tribute, the School of Medicine will now be known as the Michael G. DeGroote School of Medicine at McMaster University, the first Canadian medical school to bear the name of a benefactor.

DeGroote, formerly of the Hamilton area but now residing in Bermuda, said that his nearly 20-year friendship with the University reflects his belief in and support of McMaster’s vision and its commitment to quality education and outstanding research. Earlier gifts have benefited the business school, the McMaster Museum of Art, epilepsy research, literary criticism and the new student centre.

"This gift is intended to support health care research and education," said DeGroote. "Health and health care are clearly the most prominent concerns for Canadians. I am investing in new discoveries in health care and in the delivery of health continued on page...21
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care. The dividends of that investment will not only impact our community, but others around the world. I am confident of McMaster’s ability to maximize the impact of this gift so that its net effect will have far-reaching benefits.”

A noted entrepreneur, DeGroote purchased and grew Laidlaw Transport Ltd., a company that became the largest school bus operator and third largest waste management company in North America before it was sold in 1988. DeGroote’s business ventures have included U.S. companies such as Republic Industries, AutoNation Inc., Century Business Services, Capital Environmental Resource Inc., and the Hamilton Tiger-Cats of the Canadian Football League.

McMaster University President Peter George said he is honoured by DeGroote’s endorsement and support for the University.

“This is an historic gift,” he said. "It is not only a landmark for McMaster and the Hamilton community, but for all of Canada. I am profoundly grateful for this magnificent investment in our work and vision. Be assured that we at McMaster take seriously the great responsibility to ensure that we continue to advance our standard of excellence in education, research and innovation.”

John Kelton, dean and vice-president of the Faculty of Health Sciences, said the gift allows the University to take immediate steps in furthering a bold and groundbreaking vision for the School of Medicine.

“The DeGroote family will be proud of the impact this gift will have and will know that they will make many critically important initiatives possible,” he said.

He said the $105 million donation will be divided between a $64 million endowment fund, supporting education, health care and medical research in perpetuity and a $41 million capital fund directed to construction and outfitting of laboratories and hospital units.

The endowed fund of $64 million will be allocated as follows:

- $35 million will be directed to the establishment of three centres, all priority initiatives of worldwide interest. Each centre will have an internationally recognized leader in an endowed professorial chair who will build an exceptional team of scientists and caregivers. They are:
  - The $15 million Centre for Research, Education and Care in Pain with a special focus on thalamic pain. Akbar Panju, a professor of medicine and the chief of medicine for Hamilton Health Sciences, has been recommended to lead the Michael G. DeGroote Institute for Pain Research and Care. As interim director he will recruit the finest researchers and clinicians seeking to revolutionize the way pain is treated and managed.
  - The $10 million Centre for Research, Education and Care in Cancer, with a particular focus on the molecular determinants of cancer.
  - The $10 million Centre for Research, Education and Care in Infectious Diseases.
  - $25 million will create the Michael G. DeGroote Faculty of Health Sciences Development fund. It will enable McMaster to attract the best health sciences researchers, physicians and teachers.
  - $4 million will be directed to two immediate priorities with the establishment of:
    - An endowed chair in stroke prevention and treatment. The Medard DeGroote Chair in Medicine, an endowed chair named after DeGroote’s father. The recommended chairholder is Akbar Panju. The gift of $41 million will be designated toward capital expenditures with:
      - $26 million directed to the Michael G. DeGroote Centre for Learning & Discovery, currently under construction. This multidisciplinary, 300,000-square-foot building combines state-of-the-art classroom space, research laboratories, hospital units and faculty offices. When it opens in 2004, the centre will host faculty investigating new ways of learning as well as McMaster’s Institute for Molecular Medicine and Health, which recently made innovative steps in the development of the SARS vaccine.
      - $5 million directed to the Michael G. DeGroote Institute for Pain Research and Care that will provide appropriate facilities for a team of researchers and clinicians to revolutionize the way pain is treated and managed.
      - $10 million dedicated to the Michael G. DeGroote Pediatric Intensive Care Unit. Located on the second floor of the Michael G. DeGroote Centre for Learning & Discovery, it will be connected to patient units of Hamilton Health Sciences with an enclosed pedestrian bridge to the McMaster University Medical Centre.

The gift from DeGroote and his family will give McMaster’s School of Medicine the greatest launching pad ever provided for the exploration of medical education, care and research, said Kelton.

“This opportunity is too great, too unique for us not to be bold in seizing it, but we will also be prudent in ensuring its impact. We will make Mr. DeGroote proud of his commitment.”

The medical school currently has 410 undergraduate medical students and 490 medical residents.

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McMaster University, one of Canada’s leading research-intensive universities, has world-renowned faculty and state-of-the-art research facilities. McMaster’s culture of innovation fosters a commitment to discovery and learning in teaching, research and scholarship. Based in Hamilton, the University has a student population of more than 20,000 and more than 112,000 alumni in 128 countries around the world.

The above photo was taken at the President’s Dinner held during our annual meeting. Pictured here are ACMC’s new President, Dr. Carol Herbert, Dean, Schulich School of Medicine and School of Dentistry, University of Western Ontario and Dr. Abraham Fuks, Past-President, Dean, Faculty of Medicine, McGill University. An enjoyable evening was had by all at The Upper Deck in Halifax.

The above photo of the Dalhousie Medical School Chorale was taken at the Welcoming Ceremony at our Annual Meeting.

Watch for more committee reports in the upcoming September issue of FORUM!
### Order Form

**Canadian Medical Education Statistics, 2003**

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**A. General Information About Canadian Medical Schools:**
e.g. fees, remuneration of clinical trainees, etc.

**B. Undergraduate Medical Enrolment and Graduation Data:**
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**C. Graduate Medical Education**

a) Masters and PhD level enrolment and degrees awarded.
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