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2006 Medical Education Conference (London ON)

“Partnerships:

Interprofessional Teams for Better Health”

Monday, May 1, 2006

Partnership and collaboration are the buzz words of the beginning of the 21st century. What does this mean for health care, health care research and medical education? The theme of the conference attests to the benefits of partnership for the exploration of medical education. Join us at the first plenary session to explore the benefits of: “Partnerships: Interprofessional Teams for Better Health”.

A superb panel of policy advisors, research experts and opinion leaders in the field of interprofessional education and health care will set the stage by addressing the evidence in support of teams providing improved health care, education and research opportunities. Just as the airline industry has shown the benefits of teamwork for passenger safety, examples of successful Canadian endeavors will be described to allow participants to evaluate how teams could be developed and integrated into their own situation.

Ross Baker, Co-chair of Patient Safety Institute and a CIHR researcher, will address the issues of effective team functioning to prevent medical error and the benefits of collaboration in advancing health care research. Ian Bowmer, former Dean of MUN and Chair, Primary Care of the Health Council of Canada, will discuss the policy directions to support the development of collaboration.

John Gilbert, Principal of the College of Health Disciplines will describe the innovations in developing interprofessional programs at UBC and Ivy Oandasan, a leader in the Health Canada initiative on Interprofessional Education for Collaborative Patient-Centred Practice, will share a framework for thinking about interprofessional practice and education.

Breakout sessions will allow interactions with individuals in your field and affiliated disciplines to share experiences and develop logical next steps in interprofessional team creation. The conjoint nature of the conference including family physicians, specialists, educators, researchers, administrators and health care funders make this the perfect venue for partnerships. Use the next few months to examine how collaboration and partnership can support your work and come prepared to share your ideas!



Sir Frederick G. Banting Square
“The birthplace of insulin”



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FORUM is the official publication of the The Association of Faculties of Medicine of Canada. It is published four times a year. Opinions expressed in this bulletin do not necessarily reflect the views of the Association. Contributions to *FORUM* in either English or French are welcomed. Advertisements are also accepted. *FORUM* is sent free of charge to members of the Association. The annual subscription fee for non-members is \$30.00.

FORUM est l'organe officiel de L'Association des facultés de médecine du Canada et paraît quatre fois par an. Les opinions exprimées dans ce bulletin ne sont pas nécessairement celles de L'Association. Les contributions à cette publication sont les bienvenues et peuvent être rédigées en français ou en anglais. Les annonces publicitaires sont également acceptées. L'abonnement annuel à *FORUM* est de 30.00\$ sauf pour les membres de L'Association qui le reçoivent gratuitement.

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Reflections ...

I am delighted to have arrived as your new President and CEO. AFMC has been a strong organization to date ably led and nurtured by my predecessor Dr. David Hawkins. I hope, with your help, that we can make it an even stronger, more effective organization, and one which is clearly the national leader for academic medicine in Canada. We have many issues to tackle together, guided by our strategic directions. We should advocate more for our research and education mission as they are critical to the health of all Canadians. There are many contextual issues that should guide us and I want to briefly highlight two of them today.

Fostering collaboration should be a key focus for us. Collaboration in practice, in education and in research must ensure a synergy in which the total collective contribution is greater than the sum of individual contributions provided in isolation. Collaboration has to be meaningful, primarily addressing the needs of our patients while supporting our needs as providers. On an organizational level I hope AFMC will collaborate more widely and effectively with other organizations. Some that come to mind are ACAHO (with a very parallel mission to ours), our students and residents (whom we're here to help nurture into the future clinicians, educators and researchers), and our long-standing partners such as CAME, CFPC, CMA, FMRAC, MCC and RCPSC. Additionally we have to find increasingly effective methods of collaboration with governments at all levels. Together we will be able to address many health issues facing Canadians; working in isolation will render us much less effective.

A context of professionalism should guide all our activities. Though we all have an understanding of the importance of professionalism, we are challenged to always act consistently. As individuals we have to create the right balance between the interests and needs of others and our own interests. We have to put the patients' legitimate interests and needs foremost. We continue to be challenged to work and behave ethically, and to embrace core humanistic values such as honesty, integrity, empathy and compassion. Our professional roles extend to responding to societal needs and in this context our social accountability agenda is a central activity of our organization.

We must commit to striving for excellence in providing patient care, in our educational initiatives, and in our research agenda. In future editions of this column, I want to address the important issue of our Aboriginal health needs and the health needs of other underserved communities. I welcome your feedback and advice and please join me in helping move the organization forward.



Nick Busing
President & CEO
Président directeur général

Réflexions ...

Je suis ravi de me joindre à vous en tant que nouveau président-directeur général. L'AFMC a été jusqu'à maintenant une solide organisation dirigée de main de maître par mon prédécesseur, le D^r David Hawkins. J'espère qu'avec votre aide, nous pourrions en accroître encore davantage la solidité et l'efficacité afin qu'elle puisse clairement s'imposer comme le meneur national sur le plan de la médecine universitaire. Guidés par nos orientations stratégiques, nous devons nous pencher ensemble sur plusieurs points. Nous devrions promouvoir davantage notre mission en matière de recherche et d'éducation, deux secteurs critiques pour la santé des Canadiens, et nous laisser guider par les nombreux enjeux contextuels qui nous entourent. Aujourd'hui, je vous entretiendrai brièvement de deux d'entre eux.

Encourager la collaboration devrait être un de nos principaux objectifs. La collaboration sur les plans de la pratique, de l'éducation et de la recherche, doit assurer une synergie dans le cadre de laquelle la contribution collective dans son ensemble est supérieure aux contributions individuelles. La collaboration doit être significative et porter principalement sur les besoins de nos patients tout en tenant compte de nos besoins à titre de fournisseurs de soins de santé. Sur le plan organisationnel, j'encourage une collaboration plus élargie et plus efficace de l'AFMC avec d'autres organisations. Je pense à cet égard à l'Association canadienne des institutions de santé universitaires (ACISU), dont la mission est très parallèle à la nôtre, à nos étudiants et résidents, que nous aidons à devenir de futurs cliniciens, chercheurs et éducateurs, ainsi qu'à nos partenaires de toujours comme l'ACÉM, l'AMC, le CMC, le CMFC, le CRMCC et la FOMC. Nous devons en outre trouver des méthodes de plus en plus efficaces de collaboration avec tous les paliers gouvernementaux. Ensemble, nous pourrions nous pencher sur les nombreuses questions de santé auxquelles sont confrontés les Canadiens. Nous serions beaucoup moins efficaces en faisant cavalier seul.

Toutes nos activités devraient baigner dans un contexte de professionnalisme. Bien que nous comprenions tous l'importance du professionnalisme, il nous faut toujours agir de façon conforme, ce qui peut constituer un défi. Nous devons trouver le juste équilibre entre les intérêts et les besoins d'autrui et nos propres intérêts. Nous devons accorder la priorité aux intérêts et besoins légitimes des patients. Nous devons relever le défi de travailler et d'agir en respectant des normes éthiques et d'adopter des valeurs humanistes fondamentales comme l'honnêteté, l'intégrité, l'empathie et la compassion. Nos rôles professionnels englobent la satisfaction des besoins sociaux et dans ce contexte, notre programme de responsabilisation sociale constitue l'activité centrale de notre organisation.

Nous devons nous engager à viser l'excellence sur les plans des soins que nous produisons aux patients, de nos initiatives en matière d'éducation et de notre programme de recherche. Dans des éditions futures de cette chronique je traiterai de l'importante question des besoins en santé des Autochtones et des autres communautés mal desservies. N'hésitez pas à me faire part de vos suggestions et commentaires. Je compte sur vous pour vous joindre à moi afin de faire progresser notre organisation.

2006 Medical Education Conference (London ON)
“Future of Assessment Across the Education Continuum”
Tuesday, May 2, 2006

This plenary session which will be held on Tuesday afternoon will focus on newer aspects of assessment in medical education and practice. By the end of this session participants will be able to:

- present new ideas on assessment approaches across the continuum of medical education from medical student to the practising physician,
- outline common strategies for assessment that can be used across the education continuum,
- highlight areas of recent development in evaluation.

Dr. Dale Dauphinee, Executive Director, Medical Council of Canada, will chair this plenary and introduce you to the speakers and facilitators for the afternoon. This group of internationally known educators and experts in assessment will stimulate you to reconsider your currently held beliefs about assessment and help you look at new possibilities for the future.

The opening speaker for this plenary is Dr. John Norcini, President and CEO of the Foundation for Advancement of International Medical Education and Research. He will present an overview of assessment in medical education — where it has been, where it is and where it’s going. Dr. Norcini’s pres-

entation will set the stage for your participation in a series of mini-workshops related to evaluation. You will be able to participate in up to two mini-workshops, allowing the opportunity to explore specific areas of evaluation in more detail with the facilitators and fellow participants.

You will have a choice of the following workshops and presenters:

- Assessment of Professionalism – Dr. Yvonne Steinert, McGill University
- Use of Simulation in Assessment – Dr. David Backstein, University of Toronto
- Assessing Physicians in Practice – Ms. Joan Sargeant, Dalhousie University
- In-training Evaluation – Dr. Tim Allen, College of Family Physicians of Canada and Dr. Nadia Mikhael, Royal College of Physicians and Surgeons

Dr. Norcini and Dr. Dauphinee will observe the workshop activities and close the session by highlighting some of the ideas generated and discussed during the afternoon. Join us for an exceptional program that will have you thinking in new ways about the future of assessment across the continuum.

2006 Medical Education Conference (London ON)
“Social Accountability: Affirmative Action or Freedom of Choice”
Tuesday, May 2, 2006

“Be it resolved that all health professional education programs should employ an affirmative action program to ensure that health care providers are matched to the demographics of the patients that they serve.”

Whether you are an admissions officer, a curriculum developer, a faculty member, or a user of the health care system, there must have been times when you wondered whether or not the processes for admitting individuals into health professional training programs and developing their educational programs reflected the needs of the population in which these same people would subsequently work. Now you will have a chance to reflect more deeply on this issue and participate actively in a discussion about who and how we should be training in Canadian health professional schools.

As Canadian medical schools and other health professional training programs move toward increasing social accountability, this plenary session will examine admissions programs and curricular content to determine if there is a mismatch between medical school enrolment and teaching and the population at large. And difficult as it may be, we do need to consider whether or not Canadian health professional institutions should be considering affirmative action as a means of meeting the health care needs of the country. So join us for a very lively discussion!

To set the stage, Dr. James Rourke (Dean of Medicine at MUN) will examine the needs of Canadians for practitioners and the challenges facing some groups of students attempting to enter health professional educational programs at all levels. Dr. Blye Frank (Co-chair of the AFMC Gender and Equity Issues Committee) will look at other social groups and examine similar questions. Then the debate begins!

Arguing in favour of the motion will be: Dr. Shanthi Radcliffe (Founder of the London Inter Community Health Centre and President of the Multicultural Health Coalition of Ontario), Dr. Dorothy Shaw (Past-chair of the AFMC Gender and Equity Issues Committee) and Dr. Roger Strasser (Founding Dean, Northern Ontario School of Medicine). The team who will argue against the motion includes: Ms. Jessica Lefort (a medical student at UWO), Dr. David McKnight (Chair of the RCPSC Ethics and Equity Committee) and Dr. Dominique Tessier (Past-president of the CFPC). Given the passion and the oratory skills of these individuals, this session promises to really involve the audience and assure an active discussion of this issue. And you will be involved — first in determining your position on this issue before the debate begins and again following the debate. So come prepared to participate. Consider how you feel about this issue over the next few months so that you can be an active participant in the discussions. We look forward to seeing (and hearing) you in London!

Come and Enjoy London, the Forest City (2006 Conference Host)

With a rich history that dates back hundreds of years when it was a Native settlement, to 1793 when Lieutenant Governor John Graves Simcoe considered it as the future site of the capital of Ontario, to its official designation as a city in 1855, London is a multicultural urban centre of 340,000. It boasts stately Victorian buildings and beautiful parks along its heritage river, the Thames.

Long considered one of Canada's most beautiful and prosperous cities, London is home to Banting House National Historic site, the Guy Lombardo Museum, the Canadian Medical Hall of Fame and the Grand Theatre, considered by some to be the "most exquisite theatre in the country." More than 20 golf courses, an array of fine specialty shops and large regional malls, the downtown Covent Garden Market, the critically acclaimed Orchestra London, and the bistros and funky upscale shops along Richmond Row make London a visitor's delight. Within a short driving distance are the beaches of two Great Lakes at Port Stanley, Grand Bend and Bayfield, and the most famous theatre in the country, the Stratford Festival.

Visit the London MEC web link at <http://www.schulich.uwo.ca/MEC/>. Brand new to the conference this year will be the availability of daycare for conference guests. Eager Schulich staff and faculty will also man a concierge table providing

helpful information — places to go, where to eat and what to see — in London and surrounding area. Conveniently close to theatres, fine dining and music, there will be something for everyone. For those attendees who just can't miss their daily exercise, take some time at the downtown YMCA or follow one of Schulich's own faculty members for a run, or check out the website for a map of beautiful walking trails.

Another highlight will be an evening at the London Convention Centre, on Monday, May 1st. Join us for toe-tapping jazz music and cocktails, and don't miss Schulich's own Medical School Choir! Enjoy a lovely dinner of regional specialties and a fine glass of local wine from the nearby Peel Island Winery. Swing to the sounds of our feature entertainment, London's own "Prime Time Big Band". Check them out on this link: <http://chrw.usc.uwo.ca/mp3/2002/The%20Prime%20Time%20Big%20Band%20-%20The%20London%20Sessions/prime.htm>. Where better than London — home of the world renowned Guy Lombardo — to dance into the night with big band music?

You'll find getting around a breeze. The hotel, conference centre and other amenities are all located within two blocks.

We know our delegates from across Canada will take great pleasure in visiting London, the heart of Southwestern Ontario!

Watch for More Details *Distributed Medical Education Workshop – May 3 (London)*

AFMC is organizing a one-day post conference workshop on distributed medical education. With so many of our faculties engaged in or entering this type of learning environment the time is right for this workshop. It will be held on Wednesday, May 3rd, immediately after the 2006 Medical Education Conference (London ON). Mark this date in your calendar. This will be a great opportunity for the medical schools to share experiences and develop common methods for evaluation. Questions to pursue, among many, include "How can the data be captured so the outcomes of these "experiments" can be tracked"; "Should a national AFMC proposal be developed to do research in this area?"; and "How can schools most effectively learn from each other?"

Lots to discuss and work together on. Dr. Karen Mann, Dalhousie University (which has a long history in organizing such programs) will Chair the committee organizing the workshop. We will send out an email to the deans' offices in the near future with more details. More details will also be posted at www.afmc.ca/pages/annual_meetings_2006.html by mid-December.

Season's Greetings!

AFMC Staff



Meilleurs voeux!

Le personnel de l'AFMC

2006 MEDICAL EDUCATION CONFERENCE (London ON)

AFMC - CAME - CFPC - MCC - RCPSC

**April 29 – May 3
London Convention Centre and Hilton London**

For up-to-date information, visit
www.afmc.ca/pages/annual_meetings_2006.html

The Preliminary Program, registration information and hotel reservation forms will be available on the web-site in late December.

The following submissions were received for consideration for the education sessions:

- 60 Workshop abstracts
- 115 R&D abstracts
- 71 Poster abstracts

CONFÉRENCE DE 2006 SUR L'ÉDUCATION MÉDICALE (London ON)

ACÉM - AFMC - CFPC – CMC - CRMCC

**du 29 avril au 3 mai
Centre des congrès de London et Hilton de London**

Pour des renseignements à jour, rendez-vous sur le site:
www.afmc.ca/pages/fr_assemble_annuelles_2006.html

Le formulaire d'inscription à la conférence de même que le formulaire de réservation d'hôtel seront disponibles fin décembre. Vous pourrez consulter le Programme Préliminaire sur le web à la fin décembre.

Les soumissions suivantes étaient considérées pour les sessions en éducation.

- 60 résumés des ateliers
- 115 résumés sur la R&D
- 71 résumés pour les affiches

Ten Reasons to Attend the London Meeting

- Participate in the premier medical education conference in Canada
- Be challenged to think about current and future issues facing medical education programs and research
- Join dedicated medical educators from a range of disciplines, geographic locations and levels of medical education to share ideas, challenges and solutions
- Get ideas for programs that you can bring back to your own school
- Celebrate cutting edge medical education research and development
- Introduce a mentee to the Canadian medical education scene
- Share your innovations and research with others — you will add to your scholarship in education and others will benefit from your expertise
- Grow your professional network — establish and renew relationships with colleagues who also have an interest in medical education
- Influence the future direction of medical education in Canada
- Get re-energized with new ideas for program development and research initiatives

Dix raisons d'assister à la réunion qui se tiendra à London

- Vous participerez à la principale conférence matière d'éducation médicale au Canada.
- Vous serez invité(e) à vous pencher sur les enjeux actuels et futurs des programmes d'éducation et de recherche sur le plan médical.
- Vous vous joindrez à des enseignants en convaincus médecine provenant d'une vaste gamme de disciplines de même que de divers emplacements géographiques et niveaux d'éducation médicale avec lesquels vous partagerez des idées, des défis et des solutions.
- Vous récolterez des idées de programmes à mettre en œuvre dans votre faculté
- Vous célébrerez la recherche et le développement d'avant-garde en matière d'éducation médicale.
- Vous ferez découvrir à un mentoré le domaine de l'éducation médicale au Canada.
- Vous partagerez vos innovations et vos recherches avec d'autres — vous élargirez et approfondirez vos connaissances en éducation, permettant aux autres de profiter de votre expertise.
- Vous élargirez votre réseau professionnel en établissant en renouvelant des liens avec des collègues partageant votre intérêt pour l'éducation médicale.
- Vous influerez sur l'orientation future de l'éducation médicale au Canada.
- Vous vous recyclerez grâce à de nouvelles idées en matière de création de programmes et d'initiatives de recherche.

The National International Medical Graduates Database (IMGs) “tracking the acquisition of Canadian credentials and access to practice”

Dianne Thurber, Director, CAPER

CAPER has started development of the new national database which will add essential but currently missing information on the dynamics of Canadian physician supply. The CAPER database (located at AFMC) maintains individual longitudinal records of all physicians who were ever registered in accredited post-M.D. training or fellowship training at our faculties of medicine. With the addition from the CMA masterfile of postal code data we have excellent information concerning the flow of post-M.D. trainees into practice in all provinces and territories and also out of Canada. Although we know that IMGs comprise 22% of the physician workforce across the country (and up to 52% if we look at each province individually), we have not been able to document the flow of IMGs from the MCC exams and the various assessment processes now available across the country, to the attainment of licensure and into practice. This pan-Canadian database has been designed to provide, in conjunction with CAPER, this “moving picture” of the routes IMGs follow through Canadian evaluation and training into practice and their eventual contribution to the Canadian physician workforce. The information derived from this database will inform policy development in such areas as medical education, post-M.D. training, IMG evaluation, licensure and practice.

Background

The IMG database is one of the six recommendations from the *Report of the Task Force on Licensure of International Medical Graduates*, February 2004. The task force was created by the Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources. Specifically, the task force summary document states “The Task Force recommends the development of a national database to track all IMGs from the time they enter the system to ten years into practice.” Additional information about this task force may be obtained from the CAPER website at www.caper.ca by going to the IMG section and then entering IMPG papers.

CAPER was asked (in 2004) by Health Canada to do a feasibility study

concerning the development of this database, and in April 2005 AFMC signed a contribution agreement with Human Resources and Skills Development Canada (HRSDC) for CAPER to develop this database over the next 4 years.

The 4 objectives of the database are:

1. Determine the number of unique IMGs in Canada who have engaged with the Canadian evaluation/licensure agencies for the purpose of attaining a licence to practice medicine in Canada. These are IMG physicians who have
 - a. **passed** any of the MCC examinations;
 - b. been **assessed** by regional assessment centers, RCPSC or CFPC;
 - c. **entered** a Canadian post-M.D. training program;
 - d. **achieved** Canadian certification;
 - e. **achieved** any category of licensure in any province/territory.
2. Determine the **flow** of physicians through the assessment, educational processes and assess potential blockages to the flow.
3. Determine **correlates of achievement** of licensure and entry to post-MD training.
4. Describe the IMG workforce **as part** of the Canadian and regional physician workforce.

In view of their involvement in assessment, evaluation, and licensing, we will require that data be submitted from the following:

- Thirteen Medical Regulatory Authorities
- IMG Assessment Centres currently in 7 provinces
- Seventeen Canadian faculties of medicine (through the CAPER data submissions)
- College of Family Physicians of Canada
- Royal College of Physicians and Surgeons of Canada
- Medical Council of Canada

Progress to Date

With a feasibility study conducted in 2004, funding for management of the database by HRSDC was confirmed with continuing assessment of the utility of the data. The CAPER Subcommittee

for the National IMG Database has been set up with representatives from the anticipated data provider organizations and the data users.

Development of the database has been approved by the CAPER Executive Committee and was presented to the Board of Directors of the Association of Faculties of Medicine of Canada in May 2005.

The new Director of the IMG database joined the CAPER staff in September 2005. We welcome Ms. Rita Forte who has started work in this endeavour by developing the essential network of collaborators who will be providing the data for the database. Communication has already been initiated with the Medical Council of Canada, the Federation of Medical Regulatory Authorities of Canada and IMG Ontario (one of the regional IMG Assessment Centres).

This national IMG data project is funded by the Government of Canada’s Foreign Credential Recognition Program.

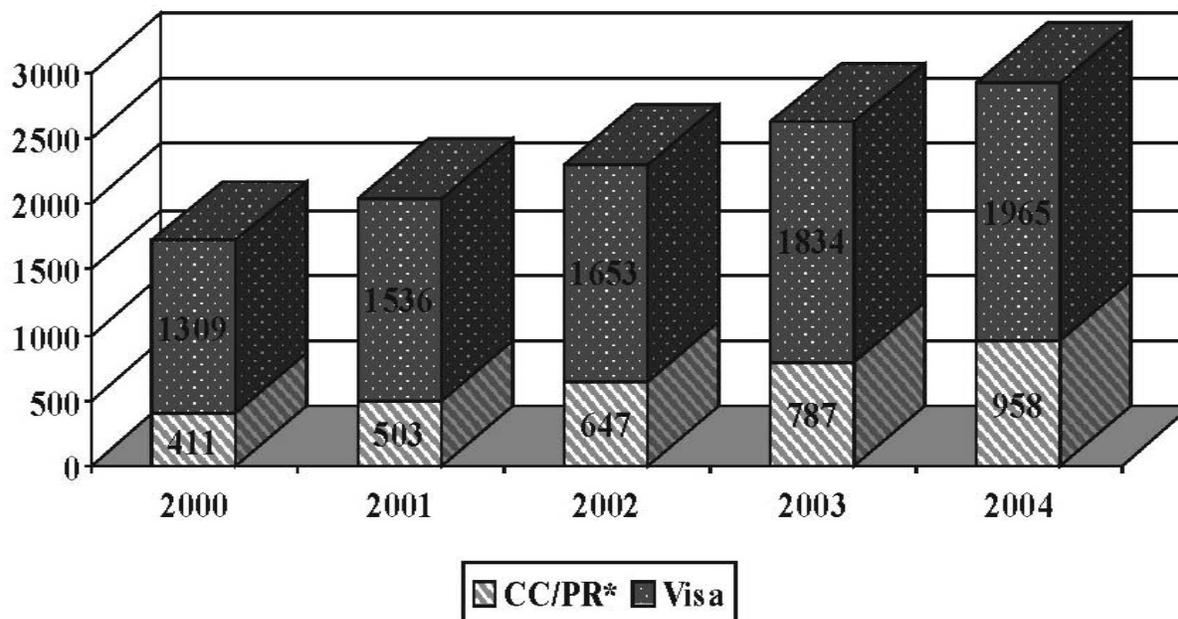
What Will Be Required from Each Data Provider

The data from all the data providers in Canada consist of two parts: current numerical facts concerning the number of IMGs in the provinces and territories to give us a quick snapshot, and also a data set consisting of individual records containing information pertaining to each IMG physician. In order to develop the tracking or “flow” data showing the progress of IMGs through the pre-licensure activities, CAPER will be receiving identifiable information from the data providers. To make this process possible, CAPER has put in place a data Privacy Policy that is based on PIPEDA principles and will establish a Data Sharing Agreement with each data provider agency.

We look forward at CAPER to the activities involved in developing the new database and we welcome ideas from the AFMC community.

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International Medical Graduates in Canadian Post-M.D. Training Programs Across All Rank Levels, 2000 – 2004



*CC/PR: Canadian Citizens/Permanent Residents
Data Source: Canadian Post-M.D. Education Registry (CAPER)

Visit the New CAPER Website at www.caper.ca

The members of the CAPER Policy Committee decided at their annual meeting in April 2005, that the data now published in the *CAPER Annual Census of Post-M.D. Trainees* be made available on the CAPER website.

The new website is now up and “running” and contains all of the information previously published in the *CAPER Annual Census*. The 2004-05 data can be found by entering the “CAPER Annual Census” section. You will find the individual specialty tables, the Quick Facts and the data tables previously on our old website in the “Data” section.

In the IMG database section you will find links to relevant organizations and papers of interest. We plan to add IMG specific data to that section. As soon as our 2005-06 data are available, you will find the tables and the new census document on the website.

The website has been a truly collaborative effort of the three CAPER staff, H el ene LeBlanc, Les Forward and Rita Forte who is responsible for the IMG content.

We would appreciate your suggestions as to other information you would like to find on the website. Please call us (613-730-1204) or send an e-mail caper@afmc.ca.

ANNOUNCEMENTS

ANNONCES

Memorial University of Newfoundland

Dr. Patrick Parfrey, University Research Professor, has been appointed as the first Associate Dean of Clinical Research in the Faculty of Medicine and Clinical Research Chief for Eastern Health. He is an internationally renowned scientist and clinical epidemiologist and his recognition of the potential benefit of multidisciplinary research has given rise to many important collaborative studies. His latest project, Canadian Prevention of Renal and Cardiovascular Endpoints (CANPREVENT), involves specialists from across the country who will identify and treat individuals with early state chronic kidney disease using multiple risk factor intervention.

University of Ottawa

Dr. Leo Renaud of the Ottawa Health Research Institute and Director of Research at the University of Ottawa Department of Medicine has been appointed the first Dr. J. David Grimes Research Chair at the University of Ottawa. The position will advance the understanding of neurological and psychiatric disorders.

University of Toronto

Professor Jane Aubin of Medical Biophysics was elected Vice-president of the International
continued on page 11

AFMC Committee on Admissions and Student Affairs May 2005 (Saskatoon)

The committee met on three separate occasions during the annual AFMC conference in Saskatoon in May 2005. There were representatives from 15 of the 17 medical schools present.

The first session on Saturday morning was devoted to our regular cross country check up. This affords an opportunity for members to get up to date information on changes in admissions policies, recent trends and current problems in the various schools.

Saturday afternoon was devoted to a discussion of specific issues submitted by members as well as new issues arising from the cross country check up. Bruce Fleming suggested a letter of appreciation be sent to the Callahan Foundation for the financial support they provide to medical students facing special and unusual financial challenges. He also proposed the idea of a Canadian version of the AAMC group on Student Affairs which would also include admissions issues and has agreed to establish the first stages of a list serv for members. Immunization policies have some similarities across the country and it hopefully will be possible to have a uniform way of dealing with this issue not only for admissions but also for elective students in their final year traveling to the various schools. The committee agreed to work on this.

Francis Chan provided an update on the planning for the June 2005 Aboriginal workshop in Vancouver and encouraged attendance from as many schools as possible.

Student indebtedness often comes up for discussion and it was suggested that time be set aside for a more detailed discussion at a future meeting. One of the members expressed concern about the levels of stress that students appear to be working under and debtload is a contributing factor.

The previous schedule for Sunday morning was modified somewhat this year to allow members to attend the CaRMS session. Committee members felt this was an important information session particularly for those offices dealing with student affairs and career counseling.

The remainder of the morning was devoted to further presentations and discussion.

Verna Yiu from the University of Alberta gave a presentation on the Gold Humanism Honors Society and contact information for schools wishing more information.

There was a brief discussion on the issue of criminal record checks for applicants to medical schools much like that which occur in some American schools. No specific recommendations or policies were suggested. It was suggested that a representative from the Canadian Federation of Medical Students be invited to attend the Saturday afternoon component of the meeting. Members felt that it would be valuable to hear from students themselves particularly on some of the admissions issues. A standing agenda item will be established to facilitate this.

The Admissions Directors met separately on Sunday afternoon and considered in more detail various aspects of the admissions process including FOIPOP requirements, coordinating interviews, decision appeals, etc.

Sharon Graham, Director of Admissions and Student Affairs at Dalhousie University, has taken on the task of updating names and contact information for all the admissions and student affairs offices in Canadian medical schools. This information needs to be regularly updated and available for all members. The responsibility for updating the list will rest with AFMC and this list will be available for those needing contact information.

Once the list serv is available, communication between the various admissions and student affairs offices in the 17 medical schools should be more efficient. This will facilitate the discussions of issues that arise between annual conferences since there are no other scheduled meetings of this committee.

The meeting was a productive one and members are looking forward to the 2006 annual conference in London, Ontario.

Dan Hughes
Chair

AFMC Committee on Libraries

Report to the AFMC Council of Deans on Library Journal Costs May 2005 (Saskatoon)

Journal prices have been increasing at a rate well beyond the cost of inflation for many years. Between 2000 and 2004, the cost of academic medical journals increased by 38.56%. During the previous twenty years, journal prices increased by well over 200%. The average price of journals in the sciences is significantly higher than in other disciplines, although the average price in the health sciences (\$975) is less than in chemistry (\$2,695) or biology (\$1,377)¹.

There has been an explosive growth of electronic publishing over the last 10 years. Initially, there was optimism that this would provide some relief to the pattern of escalating costs. The AFMC Libraries Committee have been innovative in working together to take advantage of consortial pricing arrangements provincially, federally and through local institutional partnerships. As a group we have been able to provide expanded access to medical information resources and have done this at less overall cost than would have been the case had each of the libraries negotiated independently. Despite these efforts, there is good evidence of an inflationary pattern for electronic journals, similar to that of their print equivalents.

Most libraries have cancelled print titles in preference to electronic. This has not resulted in the savings one might expect. A contributing factor to the inflationary pattern for electronic journals is the publishers' reaction to the canceling of paper subscriptions and their intent to maintain a consistent bottom line. In the print environment, it was common for important journals such as *Science* or *Nature* to be held in multiple copies by libraries and often to be subscribed to individually by faculty (using research funding). As libraries and individuals cancel their print subscriptions, publishers and scientific societies have been quick to adopt pricing algorithms to compensate for this. Many electronic licenses are based on concurrent use or calculated according to the number of full-time equivalent faculty and students.

To provide an example of what this means, 2 print copies of *Science* previ-

ously cost one library \$960.00 per year. A site license for the electronic version now costs \$11,750, based on usage figures². Institutional-wide savings resulting from individual cancellations have not, to date, been redirected to the library or faculty budgets that now pay for broad access site licenses.

Other factors contributing to the high cost of electronic resources include the following:

- The explosive growth of new titles in all medical research areas and particularly in new and emerging fields and in cross-disciplinary pursuits.
- Bundling of electronic titles by publishers. This has resulted in expanded title access but provides less flexibility to pay for only what is most needed.
- Many publishers are now digitizing their back-files and making these available at an added cost. This is a great benefit to the research community but represents a new cost and means that libraries will need to pay a second time for what they have already purchased in print.
- Recent mergers and buyouts in the publishing community has resulted in a consolidation of activity. A very small number of publishers control the market for the highly ranked peer reviewed journals.
- New clinical support tools which didn't exist in the print environment. Examples of these are *Up-to-Date*, *MDConsult*, *FirstConsult* and other PDA resources. These are now considered essential tools. The cost of licenses for these tools are very high (ranging up to \$100,000 per institution depending on numbers). In most cases, separate licenses are required for the affiliated hospital sites. These resources are a new budgetary item for libraries and faculties of medicine. Students are purchasing fewer text books and relying on distributed access to these electronic resources.

Another factor which needs to be taken into consideration is the increased

research activity due to improvements in federal grants and funding. This is resulting in more publishing activity and increased demand by researchers for expanded access to additional journal titles. In most institutions, there is little co-relation between funding to support new research and funding for information resources to support these new areas of research.

Open Access is a new model of publishing introduced in recent years. It is intended to address the issues of cost and control of scholarly communication by providing free access to scholarly research. It is premised on an author-pay model rather than a user-pay model. The Public Library of Science (PLOS) and BioMed Central are two examples of open access publishing. Neither has yet been successful at developing a sustainable funding model and there has been resistance on the part of authors to pay. BioMed Central has promoted an institutional membership arrangement for libraries which allows authors to publish free of charge. The membership costs are now based on level of publishing activity and the inflationary increase for membership, for libraries at research-intensive institutions this is turning out to be greater than the increase in the cost of commercially published journals. A recent study at Cornell University showed that it would cost the library more to support open access publishing than to fund traditional library subscriptions and licenses³. Conversely, the Wellcome Trust has just published a report which estimates that the cost of scientific publishing would be reduced by up to 30% if open access were the norm. The Wellcome Trust report cites the Human Genome Project as a successful example of open access publishing⁴.

Knowledge transfer and scholarly communication in the medical sciences is complex. It is influenced by a number of factors including its international context, peer review, the tenure process, and an existing hierarchy of rankings of prestigious journal titles.

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Bone and Mineral Society. She will serve as Vice-president until 2007 and as President from 2007 to 2009. The society is the major international association for promoting the generation and dissemination of knowledge of basic biology and clinical science of the skeleton and mineral metabolism, with members representing 60 countries worldwide.

Professor Laurie Morrison of Medicine was the winner of the Canadian Medical Association 2005 May Cohen Award for Women Mentors, presented to a woman physician who has demonstrated outstanding mentoring abilities by encouraging, facilitating and supporting the mentee in career and leadership development and acting as an effective role model in medicine or medical leadership.

University Professor Emeritus Louis Siminovitch of Medical Genetics and Microbiology was the recipient of the Canadian Medical Association 2005 CMA Medal of Honour in recognition of his contributions to the advancement of biomedical health research, his leadership of a variety of research entities and his role as a scientific adviser for many panels and agencies over the course of his career.

Drs. James Till and Ernest McCullough won the prestigious 2005 Albert Lasker award, considered to be "America's Nobel Prize." The pair were honoured for their groundbreaking

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A useful website for exploring cost issues in more depth is published by the American Library Association: <http://www.ala.org/ala/acrl/acrlissues/scholarlycomm/scholarlycommunicationtoolkit/faculty/facultyeconomics.htm>. This site discusses inflationary price increases, new alternatives for disseminating scholarly research, bundled electronic content, author control of intellectual property and publisher mergers and acquisitions.

On a positive note, the electronic publishing environment has allowed for greatly increased access to information beyond the library walls, anywhere, anytime. The convenience and time and cost savings to the research community are substantial. The ratio of added value to cost is higher than it was in the print environment. The current costing model has helped to level the playing field and close the information access gap between larger and smaller institutions. The electronic environment provides an opportunity for integrating information into teaching, learning and research in a way that wasn't possible in the print environment.

Collaboration between the libraries, the Deans, faculty, clinicians and the research community is needed to meet the challenges of costs and to take advantage of new opportunities. The AFMC Libraries Committee welcome continued discussion on this topic.

Recommendations:

1. Calculate the considerable cost savings from individual journal

cancellations and redirect this research funding to the budgets that now pay for broadly distributed electronic journals.

2. Explore the possibility of granting agencies covering the cost of open access publishing to promote broad dissemination of research without adding an additional burden to library budgets.
3. Ensure that funding for new areas of research includes the cost of new information resources required to support that research at each institution.
4. Consider the best funding model to support decision support tools and PDA-compatible electronic textbooks which will be increasingly used by students and faculty in the clinical setting.
5. Add the influence of the AFMC Deans to the ongoing international discussion on scholarly communication, publishing and knowledge transfer issues.

*Joan Leishman
Chair*

¹<http://www.ala.org/ala/acrl/acrlissues/scholarlycomm/scholarlycommunicationtoolkit/faculty/faculty.htm>

²University of Toronto data.

³<http://www.libraryjournal.com/article/CA498857>

⁴http://www.wellcome.ac.uk/doc_WTD002874.html

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discovery demonstrating the existence of stem cells in the blood-forming system.

University of Western Ontario

Dr. Robert Petrella of London's Lawson Health Research Institute, has been appointed to the Beryl & Richard Ivey Research Chair in Rehabilitation and Geriatric Care. Dr. Petrella is medical director of the Canadian Centre for Activity and Aging and Associate Professor at the University of Western Ontario's Schulich School of Medicine & Dentistry.

University of Alberta

Renowned Hepatitis B Researcher **Dr. Lorne Tyrrell** has captured the Manning Foundation's \$100,000 EnCana Principal award, the latest in a long list of awards and recognition for the Edmonton MD. Born and raised in Alberta, Dr. Tyrrell developed lamuvidine, a new Hep B oral treatment now licensed in 120 countries.

University of British Columbia

The Department of Family Practice is very pleased to announce that **Dr. Evan Adams** has accepted the position of Aboriginal Health Division Director as of September 15, 2005. Dr. Adams joins the department as a

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Report of the AFMC Resource Group on Institutional Advancement May 2005 (Saskatoon)

The AFMC-GIA (Group on Institutional Advancement) consists of 45 fundraisers, alumni and communications and marketing specialists from every medical school in Canada who have met each year for the past 8 years concurrent with AFMC meetings across the country. Our purpose is to provide professional development opportunities for our members and to learn how we can better support the advancement objectives of our Deans.

Our 2005 program in Saskatoon last April was chaired by Vincent Duckworth, formerly of the University of Alberta Faculty of Medicine and Dentistry and now with the University of Calgary's Schulich School of Engineering. The actual program was designed by a hard-working group of members who put the emphasis on "Best Practices" presentations. These were the highlight of our meetings along with institutional presentations that allowed our members to see and understand how other medical schools get the job done. Thanks to Nadine Saumure, Gay Hovland, Danielle Dupre and Margaret Miller for helping to develop our excellent program, and special thanks to Gay and her team who made us feel so welcome and so happy to be in Saskatoon.

Key presentations were made over the two-day program by Vincent Duckworth, University of Alberta, **Challenges in Naming and Recognition**; Nadine Saumure, McGill University, **Reunion Giving at Its Best**; Margaret Miller, Memo-

rial University of Newfoundland, **Research \$ and Philanthropic \$ — Establishing and Defining the Difference**; and Dilly MacFarlane, Charmaine Gaudet and Joan Matheson, Dalhousie University, **Collaborating for Success — Opportunities for Integrated Advancement**.

The program also included a roundtable discussion on the big advancement issues and challenges we will face in the coming years. Key among these issues were leadership and social accountability. On the short term agenda, our group is meeting online to prepare a website that will serve as a resource to our members and promote the best principles of advancement to the national medical community. We are also defining criteria for a leadership award to recognize outstanding advancement initiatives on the part of our Deans.

Taking up the Chair of AFMC-GIA 2006 is Jeff O'Hagen of UWO who assures us that our London meetings will be memorable indeed. For more information about who we are, what we do and how we can help you, please contact dilly.macfarlane@dal.ca.

Holiday Greetings from the AFMC-GIA and best wishes to you all until we meet again in London in April, 2006!

*Dilly MacFarlane
Executive Director
Dalhousie Medical Alumni Association*

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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member of the Sliammon First Nation (Powell River, BC). He has just completed his residency as Chief Resident in the Aboriginal Family Medicine program in Vancouver, BC. He is also a founding Council member of the Canadian Aboriginal Leaders in Medicine (CALM) which is a student and resident-run organization that looks at Aboriginal health curricula and issues of collegiality between Aboriginal medical students, residents and physicians nationally. Dr. Adams is also a Board member of the Indigenous Physicians Association of Canada (IPAC) and a member of AFMC's Aboriginal Health Task Group.

Dr. Richard Hegele has been appointed as Head, Department of Pathology and Laboratory Medicine for a 5 year term. Dr. Hegele came to UBC in 1989 as a Medical Research Council of Canada Fellow to do a PhD in experimental pathology. He was appointed as an Instructor in the UBC Department of Pathology and Laboratory Medicine in 1992 and currently holds the rank of Professor. Dr. Hegele has an extensive background and expertise in basic and translational research in viral and inflammatory lung diseases, and he is a Principal Investigator of the James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research at St. Paul's Hospital.

COMING EVENTS

À VENIR

University of Saskatchewan

January 21, 2006

Palm Pilot Workshop (Level 1)
Room 161, Murray Building (Library), U of S
0800-1200
Saskatoon, Saskatchewan
Limited Registration

February 9 & 10, 2006

Pogo – Pediatrics, Obstetrics & Gynecology*
Regina, Saskatchewan

March 17 & 18, 2006

The 3rd Annual Peter & Anna Zbeetnoff Memorial
Drug Therapy Decision Making Conference
Hilton Garden Inn (formerly Quality Hotel)
Saskatoon, Saskatchewan

April 29, 2006

26th Annual Saskatchewan Psychiatric Association*
Continuing Education Conference
Regina, Saskatchewan

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- **ACADEMIC MEDICINE**

Multischool, International Survey of Medical Students' Attitudes Toward "Holism"

October 2005

Katja Schmidt and Charlotte Rees, Universities of Exeter and Plymouth, United Kingdom; Sheila Greenfield, University of Birmingham, United Kingdom; Andy M. Wearn, University of Auckland, New Zealand; Ian Dennis, University of Plymouth, United Kingdom; Nivritti G. Patil, University of Hong Kong, Hong Kong; Hakima Amri, Georgetown University, United States; and Heather Boon, University of Toronto

- **CANADIAN FAMILY PHYSICIAN**

Defining Core Procedure Skills for Canadian Family Medicine Training

October 2005

Stephen J. Wetmore, University of Western Ontario; Christine Rivet, University of Ottawa; Joshua Tepper, Society of Rural Physicians of Canada; Sue Tatemichi, Dalhousie University; Michel Donoff, University of Alberta; Paul Rainsberry, Canadian Family Physicians of Canada

The Four-Legged Kitchen Stool

Recruitment and Retention of Rural Family Physicians

September 2005

James Goertzen, McMaster University

Who Gets into Medical School?

Comparison of Students from Rural and Urban Backgrounds

September 2005

Peter Hutten-Czapski, Halleybury, ON; Roger Pitblado, Laurentian University; and James Rourke, Memorial University of Newfoundland

Canadian and Immigrant International Medical Graduates

September 2005

Olga Szafran, Rodney A. Crutcher, University of Alberta; Sandra R. Banner, CaRMS; and Mamoru Watanabe, University of Calgary

Factors Influencing Family Physicians to Enter Rural Practice

Does Rural or Urban Background Make a Difference?, September 2005

Benjamin Chan, Health Quality Council, Saskatoon; Naushaba Degani, Institute for Clinical Evaluative Sciences, Toronto; Tom Crichton, University of Ottawa; Raymond W. Pong, Laurentian University; James T. Rourke, Memorial University of Newfoundland; James Goertzen and Bill McCready, McMaster University

- **MEDICAL EDUCATION**

Heuristics and Biases — A Biased Perspective on Clinical Reasoning

September 2005

Kevin W. Eva and Geoffrey R. Norman, McMaster University

Routinely Collected Educational Data: Challenges to Ethics and to Privacy

September 2005

W. Dale Dauphinee, Medical Council of Canada; and Richard C. Frecker, University of Toronto

'You Learn Better Under the Gun': Intimidation and Harassment in Surgical Education

September 2005

Laura J. Musselman, Helen M. MacRae, Richard K. Reznick and Lorelei A. Lingard, University of Toronto

Order Form
Canadian Medical Education
Statistics, 2005

Contents

- A. General Information About Canadian Faculties of Medicine:** 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. Revenues for Biomedical and Health Care Research**
- 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 faculties of medicine; impact of repeaters on admissions.

Bon de commande
Statistiques relatives à l'enseignement
médical au Canada, 2005

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. Recettes pour la recherche biomédicale et en science de la santé**
- F. Étude des candidatures à l'admission :** taux comparatifs de succès des candidats selon les caractéristiques des candidats (citoyenneté, âge, province de domicile, langue d'instruction des facultés de médecine, résultats des candidats aux tests "MCAT", antécédents scolaires des candidats); repostulants; l'effet des repostulants sur les admissions.



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This booklet outlines the selection criteria of each of the seventeen faculties of medicine. It also includes statistical data derived from an annual study of applicants to Canadian faculties of medicine. Success rates are provided based on sex, legal status, residence, age, and first-time/repeat application. Practical information on obtaining applications and further information is provided.

This publication is available on AFMC's web-site www.afmc.ca.

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