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The 2nd Canadian Partnered Medical Education Conference April 29 – May 03, 2006 London, ON

by *Meridith Marks, Chair, 2006 Scientific Planning Committee*

The second five-partnered Medical Education Conference was another success story for the sponsoring organizations —Association of Faculties of Medicine of Canada (AFMC), Canadian Association for Medical Education (CAME), College of Family Physicians of Canada (CFPC), Medical Council of Canada (MCC) and the Royal College of Physicians and Surgeons of Canada (RCPSC). Over 700 participants attended which is a record breaking number!

Consistent with the theme of this year's conference, "*Partnerships for Improved Health Care*", these organizations partnered to provide a rich forum for discussion of issues related to the education of health care professionals in Canada. Attendees were provided the opportunity to interact and engage in discussions regarding innovations and known best practices related to medical education across the continuum of education. Three plenary sessions encouraged attendees to consider issues related to interdisciplinary education, assessment and social accountability from multiple perspectives —possible because of

the breadth of participation from multiple groups with an interest in medical education. The research and development sessions, as well as facilitated poster sessions, allowed participants to understand the breadth and quality of innovation and research being carried out in Canada in the field of medical education. Also, workshops provided participants with practical ideas and skills to be implemented in their own education programs or applied to their own teaching.

Perhaps even more important than the formal program, was the opportunity to interact with various members of the medical education community in more relaxed settings. Discussion of the faculty development modules for Teachers of International Medical Graduates unveiled at the meeting and the new Gender & Health Collaborative Curriculum also introduced in London, were common themes of conversation in the hallway, at various receptions and during meals. This buzz created by groups of educators from different sectors, who do not often have the opportunity to interact, was music to the ears of the

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*PLENARY SESSION –Partnerships:
Interprofessional Teams for Better Health
From left to right: John Gilbert, Ian Bowmer, Ross
Baker, Ivy Oandasan, Carol Herbert*



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Reflections ...

The Task Force for a Physician Human Resource Strategy for Canada (frequently referred to as Task Force II) has produced a final report after more than 5 years. The work was supported and funded by the Government of Canada's Sector Council programs, Health Canada and the medical community. A stakeholder group, including medical organizations, other health organizations, lay persons, consumer representatives, and governments sat on the steering committee for this complex and ambitious project. The objectives of the project were to a) examine the range of existing and emerging models for organization and delivery of medical care; b) assess implications for physician supply and education requirements with a view to promoting optimal delivery of care and c) develop options for a long-term human resource strategy for physicians that is sensitive to Canada's provincial and territorial realities.

There is a comprehensive set of recommendations emerging from the five years of work (the full final report and other reports and newsletters can be read or downloaded from www.rcpsc.medical.org) as well as some critical themes that transcend all the recommendations. These themes include the necessity and importance of improving the capacity of our health system to adapt to change; the need for a responsive and ongoing pan-Canadian approach to health human resource planning; and the importance of a lasting ongoing effort to study, plan, implement and monitor Canada's physicians and other health human resources.

There are many valuable perspectives in the final report that AFMC and the academic community should pay attention to. The final report is focused on five overarching strategic themes, with a number of core strategies within each theme area. I want to highlight two of these themes. (But I want also to emphasize that the strategic directions highlighted here should be seen as part of a comprehensive plan and any attempt to implement them in a piecemeal manner may well not produce the results that would best serve the needs of Canadians.)

The first strategic direction to highlight is "education and training of physicians and other health care providers throughout their professional life cycle must meet the needs of Canada's diverse population". A core strategy within this strategic direction is that we must "plan an education and training system to create a physician workforce that reflects the population diversity and needs". This strategic direction challenges AFMC and our medical schools to address through education and training the unique health needs of all Canadians including First Nations/Inuit/Métis populations. The focus we are putting on First Nations/Inuit/Métis needs to be redoubled if we are to increase the number of Aboriginals in our medical schools and develop culturally competent physicians to address Aboriginal health needs. Going beyond our Aboriginal communities we need to ensure our physicians understand and address the specific needs of many other groups including the inner city dwellers living in poverty, patients with AIDS, and our rural and remote communities to highlight but a few. Our accreditation



Nick Busing
President & CEO
Président et
directeur général

Réflexions ...

Après cinq ans de délibérations, le Groupe de travail Deux —Une stratégie en matière d'effectifs médicaux pour le Canada, a rendu public son rapport final. Le travail a été appuyé et financé par le Programme des conseils sectoriels du gouvernement du Canada (PCS), Santé Canada et la communauté médicale. Un groupe d'intervenants composé d'organisations médicales, d'autres organisations de la santé, de profanes, de représentants des consommateurs et des divers gouvernements a siégé aux réunions du comité directeur dans le cadre de ce projet complexe et ambitieux. Les objectifs du projet consistaient à a) examiner la gamme de modèles nouveaux et existants relativement à l'organisation et à la prestation de soins médicaux; b) évaluer les implications pour l'offre de médecins et les exigences en matière d'éducation en gardant à l'esprit de promouvoir une prestation de soins optimale et c) élaborer des options en ce qui a trait à une stratégie de ressources humaines à long terme destinée aux médecins et tenant compte des réalités provinciales et territoriales du Canada.

Ces cinq années de travail ont permis d'élaborer une gamme exhaustive de recommandations (on peut lire ou télécharger le rapport final entier et d'autres rapports à partir du site <http://crmcc.medical.org/index.php?pass=1>) et de dégager certains thèmes critiques qui transcendent toutes les recommandations. Ces thèmes couvrent notamment la nécessité et l'importance d'accroître la capacité de notre système de santé à s'adapter au changement, la nécessité de mettre sur pied une approche pancanadienne sensible et continue relative à la planification des ressources humaines en santé ainsi que l'importance d'un effort continu durable pour étudier, planifier, mettre en œuvre et contrôler le personnel médical et spécialisé en soins de santé du Canada.

Le rapport final renferme plusieurs perspectives intéressantes auxquelles devraient s'attarder l'AFMC et la communauté universitaire. Ce rapport s'articule autour de cinq thèmes stratégiques déterminants et chacun des thèmes comprend un certain nombre de stratégies fondamentales. Je mettrai ici l'accent sur deux de ces thèmes. (Je tiens cependant à insister sur le fait que les orientations stratégiques mises en lumière ici devraient être vues comme faisant partie d'un plan exhaustif et que toute tentative visant à les mettre partiellement en œuvre pourrait ne pas dégager les résultats escomptés pour répondre aux besoins des Canadiens.)

Voici la première orientation stratégique dont je parlerai : «L'éducation et la formation des médecins et des autres fournisseurs de soins de santé tout au long de leur vie professionnelle doivent répondre aux besoins des diverses populations du Canada. » L'une des stratégies fondamentales dans le cadre de cette orientation stratégique propose de «planifier un système d'éducation et de formation afin de créer des effectifs médicaux qui reflètent la diversité et les besoins de la population. » Cette orientation stratégique met l'AFMC et les facultés de médecine au défi de traiter, par le biais de l'éducation et de la formation, les besoins en santé uniques des Canadiens, y compris ceux des membres des Premières nations, des Inuits et des Métis. Nous

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Dianne Thurber is Retiring from CAPER

Dianne Thurber is the founding Director of CAPER. After 20 years of service Dianne will be taking her much earned retirement. CAPER and AFMC honoured Dianne at the AFMC President's Dinner on Sunday, April 30, 2006 in London where she was presented with a pewter water jug and pewter candle sticks with a snuffer.

Due to Dianne's hard work and diligence, CAPER is internationally recognized for its precise and comprehensive database and reporting on post-MD trainees in Canada.

We wish Dianne all the best in her retirement!

'Changing of the Guard'

AFMC is pleased to announce that Dr. Gavin Stuart, Dean, Faculty of Medicine, University of British Columbia has been appointed Chair of AFMC's Executive Committee and Board of Directors. We want to sincerely thank Dr. Carol Herbert for her tremendous contribution during her two years as Chair.



From left to right: Nick Busing, Carol Herbert, Gavin Stuart

A 'Blast from the Past' at the President's Dinner in London on April 30, 2006

Dr. Douglas Bocking was Dean of Medicine at the University of Western Ontario when both Gavin and I went to medical school in the same class, graduating in 1976. Both Gavin and I were admitted as an experimental group of 6 students after only one year of university. The experiment was later shut down but too late as we got in, got through and have some how managed to get along in our careers! *Jim Rourke*



From left to right: Gavin Stuart, Douglas Bocking, James Rourke

The 2006 CAME –Junior Award for Distinguished Contribution Was Presented to Dr. Kevin Eva at the 2006 Medical Education Conference in (London ON)



Dr. Eva completed his PhD in cognitive psychology with Lee Brooks by examining the psychological factors pertaining to premature closure during diagnostic decision-making. During that time he also completed a fellowship in Health Professional Education under the supervision of Dr. Geoffrey Norman. He is currently an Assistant Professor and the Associate Chair in the Department of Clinical Epidemiology and Biostatistics at McMaster University and a member of both McMaster University's Program for Educational Research and Development and the University of Toronto's Wilson Centre for Research in Education. His research interests include the development, maintenance, and evaluation of competence and expertise, including such issues as the selection of students for medical school, the impact of aging on clinical decision-making, and the role of self-assessment in professional practice. He maintains expertise in psychometrics, cognitive psychology, and statistics and currently sits on the editorial boards of four journals while chairing the Quality and Standards Advisory Group for the editorial board of Medical Education.

Update on the Public Health Task Group by Jean Parboosingh, Consultant and Ian Johnson, Chair, PHTG

The establishment of the AFMC Public Health Task Group (PHTG) was described in the March 2005 issue of the *afmc Forum* (Volume 38 No 1 page 5). The mandate of the PHTG is to identify a list of recommendations concerning learning objectives in public health that could be incorporated in the medical curriculum and to propose strategies for human resource issues in the field.

In May 2005, the PHTG, under the initial chairmanship of Dr. Tom Noseworthy, presented the Council of Deans with recommendations related to:

- increasing awareness of the need to apply public health concepts within educational and research activities and in practice;
- enhancing undergraduate education by the adoption of curriculum objectives specific to public health;
- expanding the work of the Task Group to include postgraduate education and continuing professional development; and
- addressing health human resource issues.

Since then the Task Group, under the chairmanship of Dr. Ian Johnson, has expanded its membership to include student representation as well as representation from the Canadian Association of Schools of Nursing, College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. After identifying activities underway in other organizations, such as the Public Health Agency of Canada, the CFPC and the RCPSC, it was determined that the PHTG focus on the area of undergraduate education as an area of currently unmet attention by other organizations and one directly within the mandate of AFMC and the Faculties of Medicine.

To that end, the PHTG prepared and presented a paper to the Council of

Deans (http://www.afmc.ca/docs/2006_april_afmc_public_health_vision_paper.pdf) at the recent annual meeting outlining a future vision for incorporating the concepts of public health based on the following principles.

- All medical faculties in Canada should integrate public health concepts into the education and training curricula and link them to the widely accepted Four Principles of Family Medicine of the CFPC and to the RCPSC's CanMEDS goals.
- All medical faculties in Canada should determine the impact of their activities (education and training, service and research) on the enhancement of the health of the population they serve and of the health care system as a whole.
- All physicians graduating from Canadian medical faculties should be able to practise medicine with the concepts of public health as key elements in their day-to-day activities (this could apply to the community in which they work and/or their practice population), and see themselves as a key component of the public health system.
- All medical faculties should recognize that incorporating public health into their activities and roles is a socially accountable thing to do.

A number of recommendations and the strategies for implementing these recommendations are included in the paper for consideration by the Council of Deans. The strategies include: reaffirming the educational objectives in public health presented to the Council of Deans in 2005; creating a collaborative environment for teachers of public health through the establishment of a network; developing and sharing resources for curriculum enhancement, faculty development and student assessment; through

faculty development raising faculty awareness of the imperative to improve training of students and the establishment of student interest groups; incorporating public health concepts into examination and assessment processes, such as the LMCC; developing partnerships with national governmental and professional organizations and with local organizations with a public health mandate; advocating for enhanced funding for public health research, teaching and human resources; and exploring linkages for inter-disciplinary studying and networking.

Challenges that must be overcome include the availability of faculty with expertise in public health to serve as teachers, mentors and role models; lack of time for including public health concepts into the curriculum; and lack of resources and appropriate community-based settings for training purposes. The recommendations within the paper suggest strategies for overcoming these challenges: linking with public health units/regional health authorities to share expertise and to provide community settings; and the development and sharing of educational resources for curricula and faculty development.

It is hoped that the resources developed for undergraduate education can be utilized for graduate and postgraduate education and for continuing professional development. Ultimately it is hoped that enhancing the undergraduate curriculum will result in an increased interest amongst students so that the human resource issues can be alleviated and that all physicians apply the principles of public health in their practice.

Recent events such as SARS, E. coli outbreaks, the risk of bioterrorism, and increases in preventable chronic diseases and youth suicide have placed a new emphasis on the need for enhanced public health practice and education.

Aboriginal Health –Joint Partnership of AFMC and Indigenous Physicians Association of Canada!

by Sue Maskill, Director of Administration, AFMC

The Association of Faculties of Medicine (AFMC) and the Indigenous Physicians Association of Canada (IPAC), at a meeting March 16th, agreed to co-lead Aboriginal health initiatives undertaken by the AFMC, in collaboration with the medical faculties in Canada. This will include a national curriculum framework for Aboriginal health in undergraduate medical education as well as activities concerning recruitment and retention of Aboriginal students in medicine and the other health disciplines.

As a result of this agreement the Aboriginal Health Task Group (AHTG) formed by AFMC in November 2004 is henceforth known as the AFMC-IPAC AHTG. It has thirteen members of whom ten represent Aboriginal students, residents, physicians, and other Aboriginal stakeholders. AFMC non-Aboriginal academic members include: Dr. Francis Chan, Assistant Dean, Admissions and Student Affairs, Schulich School of Medicine & Dentistry, UWO; Dr. Dan Hunt, Vice-dean, Academic Activities, Northern Ontario School of Medicine; and Dr. Alan Neville, Assistant Dean, MD Program, Faculty of Medicine, McMaster University. This group will provide leadership for all AFMC Aboriginal health activities.

Dr. Chan has agreed to be the AFMC Co-chair of the AFMC-IPAC AHTG. For the AFMC-IPAC Curriculum Sub-committee, Dr. Neville has agreed to be the AFMC Co-chair and Dr. Barry Lavallee, Aboriginal Health and Wellness Centre, Winnipeg, has agreed to be the IPAC Co-chair. The Curriculum and Recruitment and Retention Sub-committees are being struck over the next month. The Curriculum Sub-committee is planning to invite various Aboriginal and academic stakeholders to a workshop in September to reach consensus on core competencies for Aboriginal health in the undergradu-

ate medical curriculum. A draft of these competencies, developed by Dr. Neville, is presently being circulated for feedback from stakeholders. It has received very good initial reviews from various Aboriginal stakeholders.

On March 17th and 18th, AFMC and IPAC organized a workshop in Winnipeg with the assistance of Health Canada whose objective was to develop strategies to increase the number of Aboriginal physicians in Canada. As reported by Dr. Nick Busing in his 'Reflections' column of the March 2006 *FORUM*, there are presently only about 200 Aboriginal physicians in Canada whereas there should be about 1500 if there are to be the same proportion of physicians to population as for the rest of the Canadian population.

The March workshop included about 35 invited participants representing Aboriginal education and health organizations (Aboriginal Nurses Association, National Aboriginal Achievement Foundation (NAAF), Inuit Tapirit Kanatami (ITK), Métis National Council, National Aboriginal Health Organization (NAHO), Vision 2020, Congress of Aboriginal Peoples), two Aboriginal Manitoba elders, IPAC representatives (whose members include medical students, residents and physicians), and AFMC representatives involved in education and recruitment from eight of our faculties of medicine. Also, both the RCPSC and CFPC each had a representative.

The workshop began with three presentations to set the stage for small group discussions concerning strategies to consider for various target groups including kindergarten to grade 12 –both on and off-reserve; undergraduate post-secondary institutions; other health professional schools, those not attending school/in the workforce and the medical faculties.

Prof. J. Elston, from James Cook University in Australia, gave an enlightening presentation about their efforts to recruit and retain Indigenous medical students. There was some very rich discussion by the groups, including the last morning when each group was asked to develop one main strategy –including its challenges and how to overcome them.

These discussions are captured in the workshop proceedings which will be posted to the AFMC website under 'Social Accountability Activities/Aboriginal Health' by early July. It was agreed the AFMC-IPAC AHTG will take responsibility to review the recommendations from this workshop and determine which will become priority for them and advise Health Canada which others may better be handled by another organization with input from AFMC-IPAC AHTG.

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.

AFMC Standing Committee on Undergraduate Medical Education Report to the Board of Directors, May, 2006

The Committee would like to thank the AFMC for supporting the full-day annual retreat that has taken place since 1999. This year the retreat workshop, held in London on April 28th, was on professionalism. The focus was on Professionalism in the Curriculum and on Professional Competencies, including modules facilitated by Drs. Kevin Eva, Sue Baptiste and Bryan Magwood.

The Committee met at the AAMC meeting in Washington DC in November 2005 which was attended by seventeen UGME deans or delegates from across the country. The Committee appreciates the support of the AFMC in allowing incoming UG deans to attend meetings and retreats to ensure continuity within the Committee and to integrate the new member into the network. The Committee welcomed Dr. Geneviève Moineau who has taken over from Dr. Linda Peterson at the University of Ottawa Anglophone program. The Committee expressed their appreciation to Dr. Peterson for her significant contributions over the years.

Almost every medical school in Canada is in the process of increasing student enrolment and some are also distributing their students into distant sites. This growth presents challenges as well as exciting opportunities for infrastructure and curricular renewal, the recruitment of new faculty and the development of a new cohort of clinician educators. The Committee is being enriched by the participation of newly recruited associate deans at various distributed sites.

The following projects and issues were the main focus of the Committee during this past year:

- 1) **Matching to Residency Programs.** The residency selection process continues to cause significant stress in undergraduate students and disruption of UG medical education programs. UGME deans believe that every graduate from a Canadian medical school has a right to obtain postgraduate medical education in Canada and that the national attributes of the residency match must be preserved. The Committee continues to be concerned about the large number of sub-specialty programs at the
- 2) **National Clinical Skills Working Group.** This group which has representation from most of the Canadian medical schools met in October 2005 to complete the evidence-based clinical skills document. A draft of work to date was distributed to the UG deans. The document has been revised and a section on Procedural Skills and Pediatric Examination added. The plan is to have the document ready to send around to the medical schools in 2006.
- 3) **Educating Future Physicians on Palliative and End of Care Project (EFPPEC).** Dr. Larry Librach presented an update to the group in Saskatoon. Sixteen out of seventeen medical schools in Canada have developed local EFPPEC groups. Undergraduate competencies have been mapped out but still need further refinement. Although the initial goal was to develop undergraduate curriculum, some attention is being paid to areas which should probably be taught in the postgraduate arena. The project will also address issues of assessment—for example, OSCEs or questions on the LMCC. Currently groups at each medical school are being encouraged to interact with curriculum planners around the forthcoming competencies developed by members of the Management Working Group of EFPPEC at AFMC. A learning commons of learning resources is rapidly being identified which will be available on a server managed by the Pallium organization. Reports on the progress of this working group will be presented at the annual meeting.
- 4) **The Complementary and Alternative Medicine in UME Project** has PGY1 entry level, although encouraged by the steps taken by the Educational Committee of the Royal College to define criteria of a specialty program and to review all of its programs with respect to inclusion as PGY1 level. The Committee appreciates the continued support of the Council of Deans for the establishment of a smaller number of core programs in major clinical disciplines for entry into postgraduate training (PGY1 level entry).
- 5) **AAMC Canadian Graduation Questionnaire.** Mr. Raj Sabharwal from AAMC worked with input from the Committee on a revision of the Canadian version of the AAMC graduation questionnaire. AFMC will translate the new version into French. Students will be able to use their AAMC number to log in, or create a new number if they have not done MCAT or USMLE exams.
- 6) **MCC Report.** Mr. Robert Lee from the MCC presented a report during the meeting in Washington and then again during the meeting in London outlining the status of the Evaluating Exam and the Qualifying Exams Parts 1 and 2, including changes to the reporting system for Part 1, i.e., the new graphic representation. In May, 2006, there will be a Family Medicine subscale score. Fees for the MCC exams are remaining stable. The third edition of the MCC objectives is available electronically. There are new CLEO objectives particularly around cultural awareness which will not be tested until 2007. Robert Lee was asked to develop a communications strategy so that all medical schools are aware of these changes to the CLEO objectives.
- 7) **MCQ Question Databank Task-force Update.** A Working Group has been developing a potential national collaborative exam question bank, with representation from the Medical Council of Canada. The MCC is to provide the hosting and connectivity infrastructure to the project at their cost. Budget for a pilot phase requested by the Steering Committee for the period January-December 2006 would

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be \$36,790. The UGME deans support in principle a National Question Bank for Canadian medical schools and agreed to provide funding of \$2,500 from each school for this pilot project. It was also resolved that the Steering Committee for this question bank project would become a subcommittee of the UGME Committee of AFMC. Francophone schools will nominate someone to this subcommittee. Dr. Maggie Rebel from UWO will chair the subcommittee and draft terms of reference. UGME Committee will approve these terms of reference.

- 8) **Student Electives Diversification Working Group.** Dr. David Rayner from U of A chairs a Working Group created by the undergraduate and postgraduate deans at the joint UGME/PGME meeting at AFMC in Saskatoon to explore reducing the number of auditioning electives for CaRMS. The small group deliberating on this has so far recommended that students be required to complete electives in at least three disciplines, each elective lasting a minimum of two weeks. This was met with general support at the UGME Committee meeting in Washington. It was felt there were still issues about how this would be enforced and how buy-in from postgraduate program directors would be obtained. There are also issues about students applying to the US match. At the AFMC meeting in London, a motion was passed that 'Electives in the clinical clerkship must be organised so that, by the final year, each student has had an elective experience in a minimum of three different disciplines, each of which shall take place for a minimum of two weeks.

- 9) **Medical Student Performance Report Update.** Considerable effort has been made over the past three years by the UGME group towards development of a national 'Dean's Letter'. The Committee identified the need for consistency across schools. This consistency may be very difficult to achieve given the differences between schools in their exam frequency, structures and remediation required, as well as the content of the

transcript. We recognize that a common Dean's Letter across the country is not an attainable goal at the moment. The UG deans agreed to disclose what, how and where individual schools report certain items of student characteristics and performance, as well as their key policies on evaluation and remediation. The UG deans do not support reporting of comparative descriptions of performance, considering the underlying philosophy of the Canadian schools is moving away from competitive performance and towards pass/fail structures. Over the past decade the majority, if not all, medical schools in Canada have fostered an atmosphere of team building and collaborative learning. This would undo these major efforts of undergraduate deans. We agreed on components of a disclosure form template and will work towards a consistent format across all schools. Each school is developing a disclosure form based on this template. This form will help program directors understand how a particular school evaluates and reports student performance. Some schools already included their disclosure form with the documentation submitted to CaRMS for the 2006 match. The Committee continues to work on a common disclosure form template and to increase the number of schools reporting this information for the 2007 match.

- 10) **CMPA Patient Safety — Risk Management e-Curriculum Project.** Dr. Gord Wallace, Director of Education at the CMPA was invited to make a presentation about this new educational initiative of the CMPA at the meeting in Saskatoon. The CMPA has done a lot of work reviewing cases brought against physicians and a number of consistent themes have emerged from their research. This research has driven the educational offering being developed. The CMPA has done a number of face-to-face presentations, major symposia, regional conferences and presented to undergraduate and residency programs. These presentations are usually done at no cost to attendees except for symposia. They are usually CME-accredited. The CMPA wants to develop a useful national curriculum for UG, PG and physicians in practice.

- 11) **College of Family Physicians of Canada.** CFPC obtained funding from Health Canada to look at ways to enhance student understanding of family medicine as a career choice and standardize the experience students have in family medicine as a discipline. This CFPC project is looking at resources for teaching at the academic and clerkship levels, a survey of what is currently being done and the resources available to training programs. The goal is to come forward with recommendations and strategies to enhance this role appropriately and encourage more interest in family medicine as a career choice for students. This project is conjoint with the efforts CFPC is undertaking to support the development and maintenance of family medicine interest groups at each school. Dr. Casiro represented the UG deans at a planning committee for this project and attended a national meeting in March of this year.

- 12) **Canadian Federation of Medical Students.** During the past year, CFMS drew the attention of the UG deans to the following items:

1. Within the student body there is an interest in global health and one student will be identified at each medical school to encourage other students to undertake electives.
2. In relation to discussions around possible changes to the PGY1 year it is apparent that students do not want to see the length of training extended but they do want the flexibility of changing career paths.
3. CFMS approved a code of professionalism. Students believe they should be involved from the beginning of their training in considering professionalism. The document will be published in the back of clipboards that are given to first year medical students and it will also appear in the annual CFMS report.
4. CFMS and FMÉQ are conducting an independent research project under the supervision of Dr. Ian Johnson (U of T) to survey medical students attending all medical schools in Canada. The survey will characterize the medical student population and compare it to data obtained in 2002 to determine trends in regards to financial status, career choices and student debt loads.

Oscar G. Casiro, Chair

AFMC Standing Committee on Postgraduate Medical Education (PGME) Report to the AFMC Board of Directors, May, 2006

The AFMC PGME Standing Committee continues to meet twice yearly. These occur at the time of the annual Medical Education Conference in the Spring and again in the late Fall in Ottawa at the time of the conjoint meeting with the Education Committee of the RCPSC. We added to our ranks this year by having the Associate Dean of Postgraduate Medical Education Planning from NOSM join our group. All the postgraduate Associate Deans value these meetings and the following is a summary of issues which have been discussed by this committee:

PGY1 Entry Specialties

This continues to be an item of great interest. At the joint meeting of the PGME and the Education Committee of the RCPSC, this was discussed in some detail. This resulted in the Co-chairs of the PGME Committee writing a letter to the Royal College in support of the core competency model of entry to postgraduate training.

Transfers

As noted in last year's report the Committee continues to review the rate of transfers between programs within a university and between universities. There is a further interest in reviewing all of the transfer policies across the country.

DND & Visa Trainee Contracts

There was a discussion about the variability of the contracts with the Department of National Defence and also the contracts with visa trainee sponsors. In general it was felt that transparency between universities would help in the negotiation of these contracts. For the visa trainees there is interest in renewing negotiations on a national basis.

Integration of IMGs into the Canadian Workforce

This item received significant discussion. PGME offices across Canada are receiving both pressure and support to address this issue. This also prompted a specific letter from the PGME Standing

Committee to Dr. Busing in his new role as President and CEO of AFMC. There was active discussion throughout the meeting regarding this issue with all the stakeholders. This led to a specific series of motions from the AFMC Board of Directors recommending integration of IMGs into the first iteration of CaRMS. The specifics will vary by province and the eligibility criteria will be clarified by each Canadian medical school by mid-June 2006.

PGME and Linkages to UGME Committee

There is broad support at the postgraduate level to encourage mandating a broader range of electives for undergraduates and to ensure that this does not jeopardize candidate acceptability into postgraduate programs that have traditionally been competitive and have required 'audition electives'. There was fruitful discussion which has led to a motion supporting diversity of electives for medical students.

Standardized Dean's Letter

The PGME and UGME representatives have changed the Undergraduate Standardized Dean's Letter. They have finalized a national template for a 'Medical Student's Performance Review'.

Collaboration Between FPT/MOH and Postgraduate Deans

There has been resurrection of the joint meetings between federal, provincial and territorial ministries of health personnel and the Postgrad Deans. There is substantial will in both groups to work cooperatively regarding important issues including physician human resource planning, allocation and funding of residency positions and increased inter provincial coordination of PGME activities.

*Kamal Rungta and Kristin Sivertz
Co-chairs*

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*Memorial University of
Newfoundland*

Dr. Jennifer Connor joins MUN as Associate Professor, Division of Community Health and Humanities. She will be developing graduate level courses on biomedical communication, looking at the larger theoretical issues in this area so students can apply rhetorical analysis to a document and their own writing. Dr. Connor is author of the 2001 book *Guardians of medical knowledge: the genesis of the Medical Library Association*.

Dr. Jim Connor is Associate Dean for the newly-expanded Division of Community Health and Humanities which has a larger number of faculty, staff and students. The division has a faculty and staff complement of over 50 along with 40 graduate students. Previously known as the Division of Community Health, the addition of Humanities to the name reflects the integration of faculty in Humanities, Ethics, and Law in Medicine. Dr. Connor joined the Faculty of Medicine in November 2004 as the John Clinch Professor of Medical Humanities and History of Medicine, which he will continue to hold.

The 2005 Dr. Young Kee Jeon Award, given annually in honour of Dr. Jeon, a family physician who contributed over 20 years service to the rural community of Brookfield, Newfoundland, went to **Dr. Steve Darcy** (Class of 1991), a family physician in Brookfield. The award recognizes excellence in teaching family medicine residents; contributions to the Discipline of Family Medicine either administratively or in time to residents.

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Ministry Funded PGY-1 Training Positions in Canada 1995-2005

by Dianne Thurber, Director, CAPER

Graduating Canadian medical students have been concerned about the tight fit between the number of trainees and available positions in the first iteration of the CaRMS match. Prior to 1992 when most students entered the rotating internship, new graduate physicians were more confident about their chances of entering a desirable first year of training. The "competition" for specialty positions was pushed to the next year of training or later after a time in the workforce.

For a number of years national medical organizations through the Medical Forum have been recommending that provincial ministries fund 20% more PGY-1 positions than the number of new Canadian graduates each year. The intention was that these additional buffer positions would provide more flexibility for new Canadian graduates in choosing their PGY-1 programs and extra space for those who would like to change specialties requiring an additional PGY-1

year of training. In addition, the national medical organizations recognized that the number of graduates of Canadian faculties of medicine would not provide adequate physician resources for Canada over the next few years and an additional 20% entering at the post-M.D. training level from international medical schools would serve Canadians well.

Table 1 compares the actual number of Canadian M.D. graduates to the number of R-1 level ministry funded positions over the last 11 years. Note that the number of Canadian graduates who meet the criteria for entry to the CaRMS match dropped to 1469 graduates in 2001 and is anticipated to increase to 1948 by 2006. The number of International Medical Graduates (IMGs) in ministry funded positions increased up to 300 in 2004 and has leveled off in 2005. The number of PGY-1 trainees who were re-entry trainees or previous year graduates entering post-M.D. training for the first time has remained relatively stable, rang-

ing between 86 and 97 residents in the last 5 years.

The two right-hand columns give the number and proportion of R-1 positions funded by provincial Ministries of Health that are above the number of match eligible current year Canadian M.D. graduates.

It is important to note that most of the additional (19%) ministry funded positions do not appear in the match. In recent years (2003-05) there have been only about 5% (CaRMS website, match reports) more positions offered in the match than there are qualified match registrants seeking to enter PGY-1. Many of the additional (19%) funded PGY-1 positions shown in Table 1 for recent years are "dedicated" positions offered for re-entry or IMGs which are filled outside the CaRMS matching process. Often these positions require return of service by the resident upon certification. Although these positions have resulted in an increase in entry to

Table 1 (including International Medical Graduates)

Comparison of the Number of Canadian M.D. Graduates and Ministry Funded R-1 Level Positions in Canada**

Year	Graduates of Canadian Medical Schools*	R-1 Trainees who are Current Year Canadian Graduates	First Time R-1 Trainees who are Previous Year Graduates	Canadian Graduates R-1 Trainees (Repeaters, Re-entry, etc.)	R-1 Level International Medical Graduates	Total R-1 Ministry Funded** Trainees	Difference†	Additional R-1 Level Trainees††
1995	1705	1624	24	65	68	1781	76	4.5%
1996	1645	1562	25	82	72	1741	96	5.8%
1997	1548	1473	26	82	73	1654	106	6.8%
1998	1558	1496	23	95	85	1699	141	9.1%
1999	1552	1475	28	99	84	1686	134	8.6%
2000	1507	1444	24	95	88	1651	144	9.6%
2001	1469	1404	30	97	146	1677	208	14.2%
2002	1477	1397	33	86	199	1715	238	16.1%
2003	1590	1541	31	81	193	1846	256	16.1%
2004	1690	1608	26	89	300	2023	333	19.7%
2005	1828	1755	42	91	294	2182	354	19.4%
2006	1948	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* AFMC preliminary data: Graduates of Canadian Medical Schools (visa graduates are not included) 2005 estimate based on 1878 expected to graduate minus 50 visa students. The 2006 estimate is based on 1993 expected to graduate minus 45 visa students. 2007 estimate is 2066, 2008 is 2170.

** Ministry funded includes trainees funded for training within the province providing funds or ministry funds transferred to another province (e.g., N.B. funding)

† Total R-1 ministry funded trainees (minus) – graduates of Canadian medical schools as given in the first column.

†† The percentage given is the additional number of ministry funded training positions (difference) divided by the actual number of Canadian M.D. graduates that year according to AFMC data given in the first column.

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Dr. Marshall Godwin has returned to the Faculty of Medicine as Director of the new Primary Healthcare Research Unit. His priority is to establish a practice-based research network for primary health care. He said the research areas for the new Primary Healthcare Research Unit will be in the areas of hypertension and cardiovascular health. He is interested in investigating ways of most effectively treating elderly patients with multiple health problems.

Dr. Andrea Jones joins MUN as Assistant Professor of Epidemiology and Public Health, Division of Community Health and Humanities. With a background as a veterinarian she adds a new perspective to the expertise in the Faculty of Medicine. In her new position she will be looking at doing a study on perceptions of drinking water, as well as seeing in what ways her expertise in infectious diseases — particularly foodborne, waterborne and zoonotic infections — can be applied to provincial research needs.

Dr. Ken LeDez is the new Chair of the Discipline of Anesthesia. He is a specialist in Diving and Hyperbaric Medicine and Director of the Centre for Offshore and Remote Medicine (MEDICOR), a special unit of the Faculty of Medicine. Under his leadership, MEDICOR has established and expanded a treatment program for patients with medical conditions that benefit from hyperbaric oxygen.

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post-M.D. training, they have not contributed to alleviating the tight fit between the number of physicians entering the match and the number of positions available to them.

There are a number of new circumstances pertaining to the match this year (2006). First, the three francophone faculties of medicine (Université Laval, Université de Sherbrooke, and Université de Montréal) will take part in the match, adding both more positions and also more applicants to the match. Also, Ontario faculties will be accepting IMGs in the second iteration of the match. Finally, additional opportunities for IMGs in the training programs have been funded in some provinces.

Whether these changes increase the number of positions available to new Canadian graduates entering will depend on the number of graduates entering the first iteration of the match relative to the number and specialty distribution of positions offered in that iteration.

Summary

Although Ministries of Health in the Canadian provinces have been funding 19% more PGY-1 positions than there are new Canadian graduates available to enter them, the “tightness of fit” for Canadian graduates entering the first iteration of the match has remained acute.

Reference

Task Force On Physician Supply in Canada. Prepared by Lorne Tyrrell and Dale Dauphinee on behalf of the Canadian Medical Forum Task Force, November 22, 1999 (available on the CAPER website: www.caper.ca)

Definition

PGY-1 (post graduate year-1) as used here refers to positions for trainees in their first year of training for the first time.

R-1 (residency-1) as used in the table applies to PGY-1 positions and also positions at the entry level to training which may be filled by physicians who have been at that training level previously.

Open Access – Recommendations to the AFMC Board from the Committee on Libraries May 2, 2006

On May 1, 2006, the AFMC Committee on Libraries convened a Workshop and Panel Discussion on Open Access. As a result of the discussion, the Committee recommends that the AFMC, as “a national leader and agent of change”, support improved access to research and knowledge translation by:

- Giving high priority to the discussion of open access to peer-reviewed research output as part of research policy for the Canadian context
- Endorsing the principle of unrestricted access to Canadian research output
- Endorsing existing or modified versions of international statements such as the Berlin Declaration (<http://www.zim.mpg.de/openaccess-berlin/berlindeclaration.html>)
- Developing initiatives to educate AFMC members about the issues and choices such as:
 - Impact on knowledge translation
 - Impact on scientific societies
 - Costs and cost models, including institutional budgeting issues

– Quality control

– Promotion and tenure

- Encouraging and contributing to the development of funding agency policies, especially CIHR
- Encouraging AFMC members to create new means of recognizing scholarly performance so that wider sharing of research results is rewarded in the promotion and tenure process
- Engaging actively in supporting institutional and international biomedical repositories
- Encouraging consultation within AFMC by establishing a formal group to ensure input is received from all constituencies

An immediate step should be that the AFMC Board communicate with the CIHR Advisory Committee on Access to Products of Research by completing its questionnaire at <http://www.cihr-irsc.gc.ca/e/30948.html>.

*Joan Leishman
Chair*

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Dr. Sue Moore joins MUN as Assistant Professor of Pediatrics and is expanding her research interest in her new position. Her new research projects involve the genetic epidemiology of the neuronal ceroid lipofuscinoses in Newfoundland and Labrador. These are a group of neurodegenerative disorders of which Batten Disease is one. She is also involved in an ongoing study on the genetic epidemiology of epilepsy in the province.

Dr. Amin Ali Muhammad joins MUN as Professor of Psychiatry. He brings an extensive range of research interests, teaching experience and administrative experience. His research interests are in the areas of psychiatry, ethnopsychiatry, juvenile prison services, community epilepsy programs and rural psychiatry. He has taught medical students, nurses, social workers, community health workers and junior and postgraduate doctors throughout his medical career.

Université de Montréal

Docteur Guy Lalonde s'est joint à la direction facultaire à titre de vice doyen aux études médicales post-doctorales. Cardiologue, professeur agrégé au Département de médecine, il a une vaste expérience pédagogique et administrative. Il était jusqu'à tout récemment chef du Département de médecine de l'Hôpital du Sacré Cœur.

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Groupe ressource de l'AFMC pour les communautés francophones minoritaires du Canada AFMC Resource Group on Francophone Minority Communities in Canada May 2006



Within the framework of its commitment for the social accountability of faculties of medicine of Canada and their responsibility to meet the needs of all communities, AFMC identified in 2000 the francophone minority communities as a population of intervention. In 2003, AFMC obtained from Health Canada a \$880,000 grant for the project «Des médecins et des soins de qualité pour les communautés francophones minoritaires du Canada » (November 2003 –June 2006).

Ce projet a permis à 40 étudiants provenant de ces communautés de compléter un stage clinique de formation en français dans ces communautés ou au Québec leur permettant d'améliorer leurs habiletés à interagir en français comme médecin et à considérer les besoins de ces communautés dans leur choix de pratique future. Le projet a soutenu la réalisation de 12 activités de formation pédagogique ou clinique distribuées dans des communautés francophones minoritaires du Canada (activités dans 6 provinces et les TNO ; plus de 140 participants). Il a tenu deux rencontres nationales d'échanges et de formation

reliées à la santé de ces communautés conjointement avec les assemblées annuelles du Collège des médecins de famille du Canada (novembre 2004, Toronto, 58 participants) et de l'Association des médecins de langue française du Canada (octobre 2005, Montréal, 40 participants). Les démarches actuellement en cours devraient assurer un financement à long terme et permettre la poursuite des activités de ce projet.

Committed to pursue its leadership for the improvement of the medical workforce to serve the francophone minority communities of Canada and considering the successes of the above-mentioned project, AFMC recently established the AFMC Resource Group on Francophone Minority Communities in Canada / Groupe ressource de l'AFMC pour les communautés francophones minoritaires du Canada. Its mandate is to support the development of the medical workforce for the francophone minority communities with the aim of improving the delivery of medical services and the health of the population of these communities. Collaborating with other AFMC

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University of Toronto

Professor Khosrow Adeli of Biochemistry will receive the 2006 Canadian Society of Clinical Chemists Award for Outstanding Contribution to Clinical Chemistry, presented to a resident of Canada as a mark of recognition of outstanding achievement in the field of clinical chemistry. The award recognized Adeli's many contributions to clinical chemistry as well as the additional time and effort he has contributed to the society as editor-in-chief of the *Clinical Biochemistry Journal*.

Professor Earl Bogoch of Surgery has been selected to receive an Award of Merit of the Canadian Orthopaedic Association. The award is given in recognition of Bogoch's outstanding contributions to orthopedic surgery, his work in osteoporosis education and treatment of patients who are treated for fragility fractures by orthopedic surgeons.

Professor Robert Byrick of Anesthesia has been selected as the 2006 recipient of the Canadian Anesthesiologists' Society Gold Medal, the society's highest award. This award is given in recognition of a significant contribution to anesthesia in Canada through teaching, research, professional practice or related administration and personal leadership.

Professor Carl Cardella of Medicine was this year's recipient of the Canadian Society of Transplantation Lifetime Achievement Award, the highest honour bestowed by the society. The society's purpose is to further all aspects of transplantation in Canada by providing and maintaining a national professional forum for physicians and surgeons, scientists and others occupied in clinical and scientific aspects of transplantation.

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committees, members of the Group will develop and implement actions (networking, promotion of clinical rotations in French for students, exchange activities, etc.) at their faculty level and will contribute to national actions aiming to improve the health professional workforce for these communities.

En plus d'échanges multiples par téléphone et courriel, les membres du Groupe se rencontreront au moins une fois par année lors de la réunion annuelle de l'AFMC. La première rencontre a eu lieu le 29 avril 2006 à London lors de la Conférence 2006 sur l'éducation médicale. Les membres actuels de ce Groupe ressource sont les suivants :

U. Memorial	<i>to be confirmed</i>
U. Dalhousie	<i>to be confirmed</i>
U. Laval	Joan Glenn
U. Sherbrooke	Paul Grand'Maison
U. Montréal	Raymond Lalande
U. McGill	Pierre-Paul Tellier
U. Ottawa	Brigitte Bonin
U. Queen's	Danielle Blouin
U. Toronto	<i>to be confirmed</i>
U. McMaster	Alan Neville
U. Western Ontario	Robert Gagnon
Northern Ontario School of Medicine (NOSM)	Louise Logan
U. Manitoba	José François
U. Saskatchewan	Anne Leis
U. Alberta	Marc Moreau
U. Calgary	Jean François Lemay
U. British Columbia	Brian Conway
Programme de formation médicale francophone du NB	Aurel Schofield
Bureau des affaires francophones	Jean Roy
Personnel administratif AFMC	Claudine Le Quellec
Membre invité (2006-2007)	Dorothée Ouellette *

* Soutien professionnel et administratif pour le projet «Des médecins et des soins de qualité pour les communautés francophones minoritaires du Canada ».

By establishing this Resource Group, AFMC will pursue its commitment for the improvement of the medical workforce for the francophone minority communities.

Les actions accomplies pour cette minorité et les leçons apprises sont transférables à d'autres minorités du Canada permettant ainsi aux facultés de médecine de mieux remplir leur responsabilité sociale envers celles-ci.

Paul Grand'Maison
Président

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Marc Chretien of Laboratory Medicine and Pathobiology, a junior fellow at Massey College since 2003, and **Professor John Dirks** of Medicine, a senior fellow since 1998, are the 2006 Clarkson Laureates in public service, established in 2004 to mark the 40th anniversary of Massey College. Named in honour of Adrienne Clarkson, former Governor General of Canada, this honour is awarded to members of the Massey College community whose conspicuous commitments to public service are worthy of emulation and appreciation.

Professors Zane Cohen of Surgery, **Jacqueline James** of Medicine and **Fay Weisberg** of Obstetrics and Gynecology and **Dr. Barnett Giblon**, medical alumnus representative, were the 2004-2005 winners of the Colin R. Woolf Continuing Education Award, created to recognize outstanding contributions to continuing education courses. Cohen won for course coordination of Update in General Surgery 2005; James for course coordination of Diabetes Update 2005; Wiesberg for excellence in teaching; and Giblon for long-term contributions to continuing education.

Professor Aileen Davis of Physical Therapy, Rehabilitation Science and Health Policy, Management and Evaluation has been selected to receive one of six Institute for Musculoskeletal Health and Arthritis Quality of Life Research Awards, created to recognize outstanding research that focuses on diseases and conditions of the musculoskeletal system. The institute is one of 13 under the umbrella of CIHR that enhances active living, mobility & movement and oral health.

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The AFMC Committee on Admissions and Student Affairs 2006 Report

The Committee on Admissions & Student Affairs met on three occasions during the 2006 Medical Education Conference in London, Ontario. There were representatives from 15 of the 17 medical schools present.

Highlights from the meeting included:

- Louie Chan, a Co-founding member of the Gay, Lesbian, Bisexual and Transgendered (GLBT) medical students of Canada, made a brief presentation in order to bring to the attention of our Committee the long standing challenges, prejudices and marginalization of their members.
- Francis Chan and Richard McLaughlin updated us on the June '05 workshop in Vancouver and the Mar '06 meeting in Winnipeg on Aboriginal issues particularly on the issue of increasing the numbers and support for Aboriginal medical students.
- Paul Grand'Maison outlined for the Committee the AFMC project for Francophone Minority Communities.
- Harold Reiter from McMaster reviewed the proposal for a national admissions database and discussion followed on the Multi-mini Inter-

view (MMI) being tried in several medical schools.

- Verna Yiu from Edmonton, along with Sandra Gold and Allison Sole from the Gold Foundation, encouraged participation from Canadian medical schools with their presentation on the Gold Humanism Honors Society.
- Dean James Rourke from MUN reviewed for the Committee his survey of medical schools on the subject of admission of rural students.
- Thalia Field and Lorine Pelly, medical students from Dalhousie University presented a survey of immunization policies across the majority of Canadian medical schools with recommendations for a national immunization policy that would apply to entering medical students and those carrying out electives. The recommendations are based on NACI (National Advisory Committee on Immunizations) guidelines. The recommendations are being sent to all faculties of medicine to be reviewed by their appropriate bodies and hopefully accepted.

*Daniel Hughes
Chair*

AFMC – CAME – CFPC – MCC – RCPSC
Mark Your Calendars Now!

*“THE DISTRIBUTED MEDICAL SCHOOL –
DISMANTLING THE IVORY TOWER?”*

2007 Medical Education Conference (Victoria BC)
May 5 - 9, Victoria Conference Centre & The Fairmont Empress

Watch for the Call for Abstracts
in the September issue!

AFMC Resource Group on Professionalism Report to the Board of Directors, May 2, 2006

The Resource Group on Professionalism has been in existence for over 3 years. When the Board of Directors (of the then ACMC) approved and endorsed the International Charter on Medical Professionalism in 2003, it suggested that steps should be taken to promote professionalism. A 'Working Group' was established under the Chairmanship of Drs. Richard and Sylvia Cruess. Each faculty was requested to nominate two individuals to sit on the Working Group with a suggestion that one should be drawn from the undergraduate field and a second from the postgraduate field. The response of the Deans of Canada's faculties of medicine was enthusiastic and the first meeting was held 3 years ago. An early decision was made to have open meetings and attendance has grown each year, with approximately 75 individuals attending last year's meeting.

The objective established by the Resource Group has been straightforward. It is to 'share knowledge and experience'. The format of the meeting has been unchanged the past two years. There is a round table to introduce individuals and to briefly report on any new activities in their institutions and then our discussions around prearranged topics with a speaker

introducing the subject. The 2005 meeting discussed the professionalism section of the CanMEDS roles and how best to meet our obligations to teach professionalism. The second subject discussed the difficulties in reconciling unionization (with most physicians in Canada being members of a union) and the principles of professionalism. The 2006 meeting discussed the relationship between admissions policies and professionalism as well as peer assessment of professionalism.

The level of presentation discussion has been quite sophisticated, and it is felt that a true exchange of information has taken place. It is important that this take place in a national context. While the principles of professionalism are generally regarded as being universal, how professionalism is expressed does vary depending upon national characteristics, varying cultures, and of course, the health care system. The threats to professionalism in Canada are very different than those of the UK or the United States because of the reasons noted above. It is therefore important that there be a forum within which these issues can be discussed. The Resource Group on Professionalism, through its annual meeting, appears to provide such an opportunity at a relatively informal atmosphere.

The second major effort of the Resource Group has been the establishment of the Professionalism website, which is embedded within the AFMC website. This includes a French and English version of the Charter, definitions drawn from a variety of sources, an annotated bibliography, links to other websites containing professionalism, teaching materials from the various Canadian faculties of medicine, as well as reports from successes and failures in the schools. During the past year, additional material has been added to the website, including one of note. The George Shorrows Foundation has established the 'Institute of Medicine as a Profession (IMAP)' with its base at Columbia University. IMAP has built a library on medical professionalism consisting of a large number of articles which are gathered into an annotated bibliography. The AFMC Professionalism website is linked to IMAP and their material is accessible through our website.

Plans for the forthcoming year are to expand the material within the website and to continue the activities linked to the Medical Education Conference.

*Richard and Sylvia Cruess
Co-chairs*

Report of the AFMC Resource Group on Institutional Advancement 2006 Meetings in London, ON

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 9 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 2006 program in London was chaired by Jeff O'Hagan from the host faculty, the Schulich School of Medicine & Dentistry at the University of Western Ontario. The 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 Holly Doty, Floyd Mann, Bonnie Moore and Joan Matheson for helping to develop our excellent program.

Key presentations were made over the two-day program by Floyd Mann, McMaster University, **Endowed Chair Fundraising**; Bonnie Moore and Jennifer Fawcett, Lakehead University, **Northern Ontario School of Medicine – Update**; Jeff O'Hagan, Schulich School of Medicine & Dentistry, **Performance Measures for Development Staff**; George Hood, Queen's University, **Ethical and Social Accountability – Gift Acceptance Policies**; Kris Dundas, Schulich School of Medicine & Dentistry, **Branding and Communications in Advancement**; Margaret Miller, Memorial University of

Newfoundland, **Decanal and Faculty Involvement in Advancement**.

The program also included roundtable discussions on the big advancement issues and challenges we will face in the coming years.

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 have tentatively confirmed that Barbara Becker, Associate Director of Development & Alumni Relations from the University of Manitoba will Co-chair the 2007 conference with another member to be named.

The AFMC-GIA looks forward to Victoria in 2007!

Jeff O'Hagan, Chair

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Professor Daniel Drucker of Medicine has been elected to the Association of American Physicians, a non-profit professional organization founded in 1885 by seven physicians, including Dr. William Osler, for "the advancement of scientific and practical medicine". Each year 55 individuals who have attained excellence in achieving the goals of its members are recognized by nomination for membership.

Professor Andrew Howard of Surgery is the inaugural recipient of the John Sharrard Memorial Medal, presented by the British Society for Children's Orthopaedic Surgery to recognize academic contributions to children's orthopedics. Founded in 1984, the society's aim is promoting pediatric orthopedic surgery in the UK and providing a forum for discussion of research advances and results of surgical procedures.

Professors Mark Katz and **Jodi Lofchy** of Psychiatry are the 2006 winners of the American College of Psychiatrists Award for Creativity in Psychiatric Education, given in recognition of a teaching program that demonstrates outstanding creativity in psychiatric education.

Professor Susan King of Pediatrics has been appointed to the Order of Saint Lucia, receiving a 2006 Medal of Merit (gold) of the order. Given in honour of Independence Day (February 22) by the government of Saint Lucia, King was honoured for long and meritorious service in the field of medicine. The order is considered an honour society for the purpose of according recognition to citizens of Saint Lucia and other persons for achievement, acts of bravery or meritorious service.

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The Case for Global Health in Medical Education *Executive Summary*

Traditional medical education is challenged by the globalization of neglected diseases, disparity of treatment access, and other determinants of good health. As Canadian medical school educators respond to the changing reality, and the emerging need to equip our graduates with the skills to respond, there is an opportunity for collaboration and innovation in the development of curriculum about the global burden of disease, impact of interventions, and challenging questions in urgent need of research. The question is not "Will global health issues need to be incorporated into the curriculum?" but when and how. The appointment of a Resource Group on Global Health at AFMC enables a national discussion of core curriculum, best practice models of delivery and sharing of resources for implementation.

The AFMC initiative will

- Enable Canadian medical schools to join the global movement to train physicians, other health workers and scientists to address global health disparities,
- Stimulate medical students and physicians to work with underserved populations and in underserved regions, both within Canada and abroad,
- Capitalize on widespread and growing student interest in global health to attract the best and the brightest individuals to Canadian medical schools,
- Position medical schools and their faculties to compete more effectively for expanding Canadian and international research funding on global health issues.

To meet the challenges created by globalization and to set new standards for medical education, nationally and internationally, the **AFMC Resource Group on Global Health recommends that AFMC establish the following national objectives for Canadian medical schools:**

- An inventory of available faculty and resources for global health teaching,

- A central clearing house for international health educational tools, curricula and resources through the AFMC,
- Minimum learning objects and core materials to be introduced into the undergraduate medical curriculum over the next 3 years,
- Minimum international health knowledge and skills to be assessed in comprehensive examinations within 5 years.

To achieve these objectives, the **AFMC Resource Group encourages Deans to undertake the following actions at each school:**

- Identify a faculty member to oversee international health activities at each school, and provide him/her with sufficient resources to undertake necessary activities,
- Meet with international health student liaisons and faculty representatives to establish priorities in setting up undergraduate global health curricula,
- Provide the Resource Group with assistance in identifying local resources and making them nationally available; eg a website within AFMC to house global health tools accessible to all Canadian medical schools and faculty,
- Support faculty who have developed courses and resources for individual schools to make these resources nationally available, with appropriate recognition and credit,
- Allow medical students to register across schools to participate in international health courses and electives as space and resources allow.

By establishing and achieving these objectives, Canadian medical schools will take the lead in meeting the needs of our students preparing for work in our global society, and the challenges of meeting the goal of health for all.

*Anne Fanning
Chair*

Resource Group on Faculty Development

2006 Report to the AFMC Board of Directors

The Resource Group on Faculty Development meets annually at the Medical Education Conference and includes not only official university representatives, but also any others who are interested and involved in faculty development activities in Canadian medical education. It is quite clear that there is increasing activity in this sphere across the faculties of medicine, as well as interest in developing opportunities to share ideas and strategies between programs and sites.

Faculty Development Program for Teachers of International Medical Graduates

For the past two years, this project has been a major activity involving members of this group. Initially, Health Canada approached AFMC, which turned to this group to write the original proposal and to create the program itself. Funding was received in early 2004, and the program was officially launched at this year's conference. The out-going Chair, Allyn Walsh and former Chair, Yvonne Steinert, along with Sue Maskill from AFMC and Maxine Mott from CASN have been the project leaders. The project is designed to help prepare teachers to work effectively and collaboratively with IMGs and to enhance the learning and practice experience of IMGs.

There are six modules on topics important to teachers of IMGs, as well as an over-all guide to developing faculty development activities. The modules are: Educating for Cultural Awareness (Patricia Thille, Blye Frank, Dalhousie University); Orienting Teachers and IMGs (Heather Armson, Rod Crutcher, University of Calgary); Assessing Learner Needs and Designing Individually Tailored Programs (Allyn Walsh, McMaster University, Yvonne Steinert, McGill University); Delivering Effective Feedback (Allyn Walsh, McMaster University); Promoting Patient-Centred Care and Effective Communication with Patients (Nancy

Fowler, McMaster University); Untangling the Web of Clinical Skills Assessment (Lynn Russell, University of Toronto).

Each module includes key concepts, teaching and learning strategies, faculty development activities and a variety of teaching tools and resources (PowerPoint presentations, video scenarios, IMG narratives, etc.). This material will be of particular interest to all of those involved with preparing international medical graduates for Canadian practice, including postgraduate deans, individual program directors, those involved with faculty development, and those involved in specific programs for IMGs.

Three binders containing all the materials will be delivered to each faculty of medicine this Spring, as well as to various IMG programs. In addition, all the material will be posted on the AFMC website.

AFMC Astra Zeneca Outstanding Contribution to Faculty Development in Canada Award

The 2006 award recipient is Dr. Meridith Marks, from the University of Ottawa.

This annual award comes with a grant which is to be applied towards a faculty development initiative. Presently, several projects are underway, as follows:

- Wayne Weston from the University of Western Ontario (2003) —How to develop and use videotapes to impact on clinical teaching
- David Cook from the University of Alberta (2004) —Assessment of the long term impact of a faculty development program on bedside teaching
- Helen Batty from the University of Toronto (2005) —Assessment of a faculty development model to expanding national medical education programs

Selection of a New Committee Chair

As Allyn Walsh has completed two terms as Chair of the committee, a selection committee was struck to recommend a new Chair to the Board of Directors. The Board has confirmed that Blye Frank, Dalhousie University, will be the new Chair.

Faculty Reports and Updates

Committee members submit their annual reports in advance of the conference, using a set template. This allows for careful review and permits meeting time to be used for more in-depth discussion of topics of general interest. The members are able to maintain email contact throughout the year.

Annual Business Meeting

At the annual business meeting in May 2006, a variety of presentations and topics of interest to the group were reviewed, including the Gender and Health Curriculum, newly launched at the 2006 Medical Education Conference. The review of the Centre for Faculty Development at the University of Toronto was discussed, as it held many good ideas for review of other programs. Other useful ideas and initiatives discussed during the meeting included a teaching skills attainment award offered by the University of Ottawa and a list of valuable books to recommend to teachers.

*Allyn Walsh
Chair*

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Professor Richard Reznick of Surgery is one of five recipients of the President's Inaugural Teaching Award. His research accomplishments in medical education focus on developing new methods of assessment and skill acquisition for training doctors and medical students. He was an instrumental contributor to the OSCE, a national performance-based examination for assessing the technical competence of physicians.

Professor Norman Rosenblum of Pediatrics is the inaugural winner of the American Pediatric Society New Member Outstanding Science Award, given in recognition of contributions to research. Members elected to the society have demonstrated excellence and leadership in education, clinical care or research in child health or in more than one of these areas of activity.

Professor Emeritus Louis Siminovich of Medical Genetics and Microbiology was the recipient of the Toronto Biotechnology Initiative Lifetime Achievement Award. The initiative is a non-profit organization committed to promoting the growth of biotechnology in Toronto and the surrounding region.

Professor John Wedge of Surgery has been named an Officer of the Order of Canada, the second highest distinction after Companion. An international authority on reconstructive hip surgery, he has used his knowledge and skills to improve the lives of young patients. As a professor he has enhanced the education and training of young surgeons from around the globe.

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Medical Council of Canada Announces a New Executive Director

The appointment of Ian Bowmer, MD, FRCPC, as Executive Director will be effective January 1, 2007. Dr. Bowmer replaces Dr. W. Dale Dauphinee who is retiring on December 31, 2006. Dr. Bowmer is a Professor of Medicine at Memorial University of Newfoundland and served as Dean of Medicine for eight years. He has received a number of awards for his work in medical education. In 2003, he was elected and inducted into the Royal College of Physicians of London; although not a member of the college, he was proposed for election because of his contribution to medicine and medical education. In 2003, the MCC awarded him the Dr. Louis Levasseur Award for outstanding contributions towards the vision and mission of the MCC. In 2004 he received the Canadian Professors of Medicine Christie Award, awarded to a former Chair of Medicine who has made an outstanding contribution to academic medicine in Canada, as well as being appointed to the new Health Council of Canada. Dr. Morris VanAndel, MCC President, noted that Dr. Bowmer 'is a physician with an excellent reputation both as a clinician and a medical administrator. The MCC considers itself very fortunate to be able to attract such a highly qualified individual who is known not only in Canada but also internationally'.

COMING EVENTS

À VENIR

University of Saskatchewan

October 13 & 14, 2006

Practical Otolaryngology 2006
Sheraton Cavalier, Saskatoon

November 24 & 25, 2006

Practical Management of Common Medical Problems
Hilton Garden Inn, Saskatoon

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COMING EVENTS

À VENIR

McMaster University

The following interdisciplinary Workshops/Short Sessions/Seminars provide an excellent forum for scholarly networking and are beneficial to both novice and experienced faculty and educators. Events will be held in the Faculty of Health Sciences, McMaster University (MUMC), or Michael G. DeGroote Centre for Learning & Discovery (location will be confirmed upon registration). These academic events are approved for study credits by the McMaster University Continuing Education Program, Faculty of Health Sciences; the College of Family Physicians of Canada; the Royal College of Physicians and Surgeons of Canada and the American Medical Association PRA Category 1. Please see FACULTY DEVELOPMENT website www.fhs.mcmaster.ca/facdev (re: online registration & additional information).

REGISTER EARLY TO AVOID DISAPPOINTMENT.

October 5, 2006 (08:45 –16:30)
Problem Based Learning in Small Groups

October 6, 2006 (08:45 –16:00)
Role of the Tutor in Small Group Learning

Teaching & Learning in the Clinical Setting Series

November 9, 2006 (08:45 –16:30)
Part 1: Learning Styles and Structuring the Clinical Experience

November 10, 2006 (08:45 –16:00)
Part 2: Effective Questioning & Feedback and Evaluation Tools

November 24, 2006 (08:45 –12:00 or 12:45 –16:00)
Tutorial McBloopers (Tips for Tutorials Gone Wrong — *Advanced Tutor Training Workshop*)

For more information, please contact:
Ms. Annette Sciarra, Program Administrator
Tel: (905) 525-9140, x. 22954
E-mail: facdev@gmail.com
www.fhs.mcmaster.ca/facdev

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Professor Trevor Young of Psychiatry has been elected to the status of Distinguished Fellow of the American Psychiatric Association in recognition of his eminent career as a member of the APA and his many contributions to professional and academic life. He has also been selected to receive the 2006 Heinz Lehmann Award of the Canadian College of Neuropsychopharmacology, given in recognition of outstanding contributions to research in neuropsychopharmacology in Canada.

Professor Ari Zaretsky of Psychiatry was one of this year's recipients of the American Psychiatric Association's Irma Bland Award for Excellence in Teaching Residents in recognition of his outstanding and sustaining contributions to resident education in the Department of Psychiatry. The award was created to honour Bland, a nationally recognized educator, clinician and administrator in the mental health arena.

University of Saskatchewan

Dr. Robert Card has been named the Associate Dean, Faculty Affairs for the College of Medicine. Dr. Card, a graduate from Queen's University, was first appointed to the Department of Medicine at the University of Saskatchewan in 1973. Since that time he has consistently been promoted and has served as Department Head for the Department of Medicine, Associate Dean for Undergraduate Medical Education, Acting Associate Dean for Undergraduate Medical Education and Associate Dean, Clinical Affairs and Vice Dean.

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VISIT THE AFMC WEB-SITE
(www.afmc.ca/pages/articles_links.html)
FOR ACCESS TO THE FOLLOWING INFORMATION

- **ACADEMIC MEDICINE**
Giving Learners the Best of Both Worlds: Do Clinical Teachers Need to Guard Against Teaching Pattern Recognition to Novices?
April 2006
Tavinder K. Ark, Lee R. Brooks, McMaster University

- **CANADIAN FAMILY PHYSICIAN**
Duration of Rural Training During Residency: Rural family physicians prefer 6 months
February 2006
Benjamin T.B. Chan, Health Quality Council, Saskatoon SK; Naushaba Degani, previously at the Institute for Clinical Evaluative Sciences; Tom Crichton, North Eastern Ontario Family Medicine Program, University of Ottawa; Raymond W. Pong, Centre for Rural and Northern Health Research, Laurentian University; James T. Rourke, Southwestern Ontario Rural Medical Unit, University of Western Ontario and Memorial University of Newfoundland; James Goertzen and Bill McCready, Northwestern Ontario Medical Programme, McMaster University

What Is Medicine? Recruiting high-school students into family medicine
March 2006
Jared Bly, (a second year postgraduate student at The University of Alberta's Rural Alberta North Family Medicine Residency Program when this article was written)

- **CANADIAN MEDICAL ASSOCIATION JOURNAL**
How Do We Choose Our Specialty?
March 14, 2006
Mark O. Baerlocher, Toronto

Increasing Interest In Family Medicine
March 14, 2006
Vishal Avinashi and Elizabeth Shouldice, Canadian Federation of Medical Students

- **MEDICAL EDUCATION**
Whither the Need for Faculty Development?
February 2006
Kevin W. Eva, McMaster University

Making Sense of Grounded Theory in Medical Education
February 2006
Tara J.T. Kennedy and Lorelei A. Lingard, University of Toronto

Empirical Evidence for Symbiotic Medical Education: A Comparative Analysis of Community and Tertiary-based Programmes
February 2006
Paul Worley and David Prideaux, Flinders University, Australia; Roger Strasser, Northern Ontario School of Medicine; Anne Magarey and Robyn March, Flinders University, Australia

The Acquisition of Tacit Knowledge in Medical Education: Learning by Doing
February 2006
P.J. McLeod and Y. Steinert, McGill University; T. Meagher, McGill University Health Centre; L. Schuwirth, Maastricht University, The Netherlands; D. Tabatabai and A.H. McLeod, McGill University

Caring for a Common Future: Medical Schools' Social Accountability
April 2006
Robert F. Woollard, University of British Columbia

A Study of a Multi-source Feedback System for International Medical Graduates Holding Defined Licences
April 2006
Jocelyn Lockyer, University of Calgary; David Blackmore, Medical Council of Canada; Herta Fidler and Rod Crutcher, University of Calgary; Brian Salte and Karen Shaw, College of Physicians and Surgeons of Saskatchewan; Bryan Ward, College of Physicians and Surgeons of Alberta; Norman Wolfish, Children's Hospital of Eastern Ontario

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University of British Columbia

Ms. Lori Charvat has been appointed Associate Dean, Equity for a three year term. She brings an array of legal and conflict resolution skills and experience to her portfolio. In addition to her role with the Faculty of Medicine, Lori has also served in UBC's central Equity Office since 2002, where she advises students, faculty and staff on their human rights concerns. She has a keen interest in conflict resolution system design, organizational development, and dialogue – interests that will contribute to the innovative spirit of the Faculty of Medicine's management team.

Dr. Brian Warriner has been appointed Head of the newly formed Department of Anesthesiology, Pharmacology and Therapeutics. He has been a member of the UBC Faculty since 1980 and has chosen to practice clinically at Vancouver General Hospital and at St. Paul's Hospital. He takes on leadership of the new department at a time when translational research, education and patient safety can best be addressed by a new configuration of Faculty of Medicine departments.

Collège des médecins du Québec

Doctor Anne-Marie MacLellan has been appointed Director, Medical Education Division and Assistant Secretary of the College. She was a pediatrician at the McGill University Health Centre (Montreal Children's Hospital). In addition to her clinical practice, she occupied various important positions in the McGill Faculty of Medicine, namely as Director of the Pediatric Residency Program (1991-1993) and Associate Dean, Postgraduate Medical Affairs (1993-2002).

Reflections continued from page 3

systems at the undergraduate, postgraduate and continuing medical education level are all providing an increased focus on how we educate for the changing needs of the Canadian population. We need to address as many of these specific needs by adapting our educational processes by looking at the location of training, the teachers and curriculum content.

The second strategic direction I wish to highlight is 'interprofessional collaborative practice where physicians and other health care providers have clearly identified and valued roles'. If our medical schools agree to make a commitment to interprofessional education (undergraduate, postgraduate, continuing professional development) we need to more fully explore what this means for our medical schools and how in fact we are going to make this happen.

A core strategy within this direction is to 'create a culture for interprofessional collaboration'. Bringing various health professionals together will not be enough to ensure that practice is truly

collaborative and interprofessional. We have to examine closely our undergraduate, postgraduate and continuing professional development curricula to look at the content, the delivery, and more importantly, its underlying assumptions and attitudes. The unique identity and contribution of the physician (or the nurse, or the pharmacist, etc.) will need to be acknowledged and maintained as we look at changing our educational and practice models.

I am confident that the social accountability agenda embarked upon by so many of our schools has within it the capacity to address these challenging issues and to develop an educational environment that benefits not only the diverse population of Canada but the many other health care providers in our system as well.

I look forward to an ongoing dialog with many of you individually and collectively as we take on these challenges.

CAME PRESENTATIONS

At the 2006 Medical Education Conference in London, CAME presented the following awards:

2006 CAME Certificate of Merit Award Winners

Ann Colbourne, *Memorial University of Newfoundland*; Evelyn Sutton, *Dalhousie University*; Luc Côté and his team at the Centre de développement pédagogique, *Université Laval*; Paul Bessette, Eve-Reine Gagné and Serge Langevin, *Université de Sherbrooke*; Christian Bourdy, Jean Pelletier and Bernard Lespérance, *Université de Montréal*; Srinivasan Krishnamurthy, David McGillivray and Sandra Miller, *McGill University*; Pierre Bourque and Susan Humphrey-Murto, *University of Ottawa*; Catherine de Metz and Jennifer McKenzie, *Queen's University*; John Bohnen, William Chapman and David Tannenbaum, *University of Toronto*; Denise Marshall and Lennox Huang, *McMaster University*; David Colby and William McCauley, *University of Western Ontario*; Bruce Martin, *University of Manitoba*; Anurag Saxena, *University of Saskatchewan*; Margaret Sagle and Karen Madsen, *University of Alberta*; Jeffrey Schaefer and Kevin Busche, *University of Calgary*; Joan Fraser, Sharon Salloum and Jean Jamieson, *University of British Columbia*.

2006 Research Awards

Best poster – 'Medical Admissions Panel Interview: Prediction of First-year Performance in the Program' by Carol-Ann Courneya, Vera Frinton and George Pachev, *University of British Columbia*

Best R&D presentations – 'Role Modeling and Professional Competence in Clinical Education: Implications for Faculty Development – An Example of an Innovative Program for Clinical Teachers' by Martine Chamberland and René Hivon, *Université de Sherbrooke*

'Growing Future Physician Leaders – A Randomized, Controlled, Single-blind Trial of an Educational Intervention in Postgraduate Trainees' by Hema Patel, Saleem Razack, Laurel Taylor, Karl Moore and Linda Snell, *McGill University*

Scientific Program Committee including, **Rick Birtwhistle** (MCC), **Francis Chan** (UWO), **Diane Delva** (CFPC), **Jean Gray** (Past-chair), **Ken Harris** (RCPSC), **Carol Herbert** (AFMC and host Dean at UWO), **Ramses Wassef** (CAME), **Sue Maskill** (secretariat services) and **Meridith Marks** (Chair).

This Canadian Medical Education Conference is proving to be a great success, allowing members of the five sponsoring organizations to network, share knowledge and develop partnerships to advance medical education in Canada. The agenda for the 3rd partnered Medical Education Conference is already being planned around the theme of *“The Distributed Medical School — Dismantling the Ivory Tower?”*. Plan to join us in Victoria, British Columbia from May 05 –09, 2007.

devons redoubler d’efforts à l’endroit des Premières nations, des Inuits et des Métis si nous voulons voir augmenter le nombre d’Autochtones dans nos facultés de médecine et former des médecins possédant les compétences culturelles appropriées pour traiter des besoins en santé de ce groupe. Et au-delà de la question autochtone, nous devons veiller à ce que nos médecins comprennent et traitent les besoins précis de plusieurs autres groupes, notamment les habitants des centres-ville vivant sous le seuil de la pauvreté, les patients atteints du Sida et les résidents des communautés rurales et éloignées, pour n’en nommer que quelques-uns. Nos systèmes d’agrément au premier cycle, au niveau postdoctoral et en formation médicale continue mettent davantage l’accent sur la manière dont nous formons les étudiants pour leur permettre de mieux répondre aux besoins changeants de la population canadienne. Nous devons nous pencher sur le plus grand nombre possible de ces besoins précis en adaptant nos processus éducatifs en examinant le lieu de la formation, les enseignants et le contenu du programme.

La seconde orientation stratégique sur laquelle je désire m’attarder est la suivante : «Une pratique interprofessionnelle en collaboration, où les médecins et les autres fournisseurs de soins de santé ont des rôles clairement définis et appréciés. » Si nos facultés de médecine acceptent de s’engager à offrir une éducation interprofessionnelle (premier cycle, niveau post-

doctoral, formation médicale continue), nous devons explorer plus avant ce que signifie pour elles une telle situation et ce que nous entendons faire pour que cette situation se réalise.

L’une des stratégies fondamentales de cette orientation consiste à « créer une culture pour la collaboration interprofessionnelle ». Nous devons examiner attentivement nos divers programmes d’enseignement –premier cycle, niveau postdoctoral et formation médicale continue –afin d’en examiner le contenu, la prestation et, de façon plus importante, les hypothèses et les attitudes qui les sous-tendent. L’identité et la contribution uniques du médecin (de l’infirmière, du pharmacien, etc.) devront être reconnues et conservées alors que nous examinons des moyens de changer nos modèles d’enseignement et de pratique.

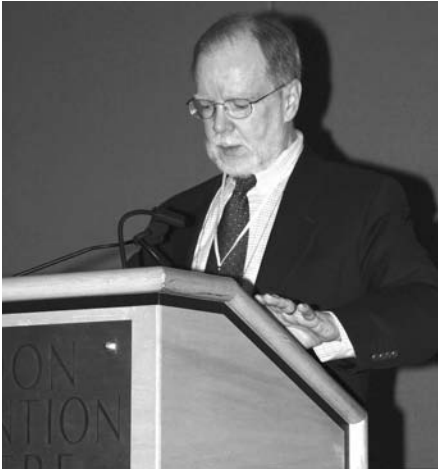
Je suis persuadé que le programme de responsabilité sociale envers lequel se sont engagées plusieurs de nos facultés sera en mesure de traiter de ces enjeux stimulants et de développer un environnement éducatif qui profitera non seulement à la population diversifiée du Canada, mais également aux nombreux autres fournisseurs de soins de santé de notre système.

Je me réjouis à l’idée d’entretenir avec plusieurs d’entre vous un dialogue permanent, tant individuellement que collectivement, alors que nous nous préparons à relever ces défis.

Greetings from Presidents at the Welcoming Ceremony and AFMC-AMS J. Wendell Macleod Memorial Lecture, April 30, 2006

From left to right: Louise Samson, President-elect, RCPSC; Louise Nasmith, President, CFPC; Marcel D’Eon, President, CAME; Nick Busing, President & CEO, AFMC; Carol Herbert, Chair, AFMC Board of Directors





**AFMC-AMS J. Wendell Macleod Memorial Lecture, April 30, 2006
“Whither Faculty Development — Can We Make a Difference”**

Wayne Weston, University of Western Ontario

**PLENARY SESSION
Social Accountability — Affirmative Action or Freedom of Choice, May 2, 2006**



From left to right: Shanthi Radcliffe, Roger Strasser, Dorothy Shaw



From left to right: David McKnight, Francine Lemire, Jessica Lefort



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- 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
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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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