GRAVITAS

m. (feminine gravitatis) a quality of substance or depth
m. (feminine gravitatis) caractère de ce qui a de l'importance

AFMC
The Association of Faculties of Medicine of Canada
L'Association des facultés de médecine du Canada

Funding for Basic Biomedical Research in the U.S. vs. Canada:

Is the grass always greener?

Michael N. Lehman, Professor and Chairman, Department of Anatomy and Cell Biology, Schulich School of Medicine & Dentistry, University of Western Ontario

As I write this, I am still flush with excitement over the recent election of Barack Obama, and the prospect of no longer having to be embarrassed by the lack of intelligent leadership in my homeland south of the border! I am equally excited by Obama's promise to double budgets of key U.S. science agencies, including the National Institutes of Health (NIH), over the next ten years. When I accepted the position as Chair of Anatomy and Cell Biology at the University of Western Ontario three years ago, the gloomy state of NIH funding was a major reason for my move: I was not concerned about my own research, but rather that of the junior faculty I would be hiring and who would eventually be coming up for tenure[1]. Although Canadian scientists often complain about the level of CIHR support, a consistent grant funding success rate of greater than 20% (with few exceptions) seemed quite enviable compared to the U.S. where the success rate for new NIH grants has been in the single digits for several years now. Equally disturbing had been a trend by NIH and the Federal government to place severe restrictions on basic research (e.g., stem cells) and favor commercially driven "big" science at the expense of investigator-initiated basic research. By moving to Canada, I was confident that the young faculty I recruited would have a much more solid foundation to establish their independent research careers and explore creative new directions for their research.

Another factor that contributed to my optimism about biomedical research in Canada vs. the U.S. was the striking difference in how basic science departments in medical schools were financially structured. In the U.S., most medical school faculties are heavily dependent on NIH indirect costs and salary recovery on grants to balance their budgets. In fact, the common model for basic science departments in U.S. medical schools is for the base budget to cover only 50% or less of tenured and tenure-track faculty salaries, with the rest being made up by research grants and/or a portion of the indirect costs generated by research in the department. In Canada, basic science departments operate in a financial manner more similar to that of undergraduate science departments in the U.S.; that is, faculty salary lines are covered by the department's base budget and not dependent on extramural grant funding (with the exception of CIHR salary awards for young investigators, and the Canada Research Chair program). In part this reflects the fact that "indirect costs" are a relatively new component of federal support for research, and have not been used to expand departments beyond their base budget as they have in the U.S.

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Réflexions *Nick Busing, Président-directeur général*

La récente élection fédérale a donné lieu à plusieurs analyses rétrospectives. Les plates-formes électorales du Parti libéral du Canada et du Nouveau Parti démocratique renfermaient un certain nombre de recommandations visant à accroître de façon marquée le nombre de professionnels de la santé exerçant au Canada. Malheureusement, la plate-forme du Parti conservateur du Canada était très modeste en ce qui a trait aux ressources humaines en santé. Pour faire face à la pénurie de médecins et d'infirmières, le Parti conservateur a annoncé qu'il financera 50 nouvelles places de résidence réparties dans les hôpitaux universitaires de l'ensemble du pays, qu'il créera un fond de 5 millions de dollars pour encourager les médecins canadiens qui exercent à l'étranger à revenir au Canada et qu'il mettra sur pied une série de projets pilotes avec des services d'infirmières pour étudier les meilleurs moyens de recruter et de fidéliser les infirmières.

Plus en détails, la plate-forme du Parti conservateur proposait le versement aux provinces d'une contribution annuelle de 10 millions de dollars sur quatre ans pour financer 50 nouvelles places de résidence, augmentant par conséquent le nombre de médecins et leur taux de maintien en poste dans des endroits prioritaires. En outre, on a promis la création d'un fond de 5 millions de dollars par année sur quatre ans pour aider les médecins canadiens qui vivent à l'étranger mais désirent revenir s'installer au Canada. Selon l'analyse des conservateurs, cette initiative pourrait permettre de rapatrier jusqu'à 300 médecins sur une période de quatre ans. Elle ignore cependant le fait qu'on dénombre plus de 1 500 étudiants canadiens étudiant la médecine à l'étranger et au moins autant de diplômés hors Canada et États-Unis (DHCEU) vivant au Canada sans exercer la médecine. Finalement, les conservateurs ont proposé d'affecter 5 millions de dollars sur trois ans à la mise en œuvre de projets visant à élaborer des stratégies de recrutement et de maintien en fonction des infirmières en collaboration avec les provinces et les territoires.

Ces initiatives, qu'on ne peut que qualifier de modestes, sont, selon moi, insuffisantes pour traiter les pénuries permanentes en matière de ressources humaines en santé que connaît notre pays. Les propositions ne tiennent pas compte des défis critiques et pressants liés à la formation et au recrutement d'un nombre accru de médecins en régions rurales, à l'augmentation du nombre de médecins de famille et de sous-spécialistes dans les secteurs urbains ou à l'amélioration de notre capacité à former et à recruter davantage de cliniciens-chercheurs. Malheureusement, ces propositions semblent avoir été élaborées sans qu'on ait effectué une analyse approfondie des besoins fondamentaux de notre pays en ce qui a trait aux ressources humaines en santé. Les propositions ne répondent pas à ce dont nous avons besoin, c'est-à-dire des solutions créatrices et innovatrices. Par exemple, on a omis d'examiner la question de l'éducation et de la formation interprofessionnelle, la promotion de différents modèles de prestation de soins ou l'ajout de ressources supplémentaires à notre fructueux Programme de chaires de recherche.

Dans une série d'éditoriaux présentés par l'AFMC durant la campagne électorale, nous nous sommes penchés sur plusieurs éléments livrables. Nous avons milité pour l'amélioration du système de rémunération et d'appui pour les quelque 18 000 enseignants cliniques et praticiens qui assurent la formation des futurs médecins canadiens. Nous avons demandé une augmentation marquée des ressources afin d'aider ceux qui effectuent des recherches de calibre international au Canada à créer et à maintenir des carrières actives sur le plan de la recherche et leur permettre de faire bénéficier le Canada du fruit de leurs recherches. Nous avons demandé un financement accru pour l'ensemble des chercheurs en santé et des chercheurs du secteur de la science biomédicale. Nous avons demandé un meilleur accès pour les DHCEU, en veillant toutefois à ce que ces entrées alternatives dans le système ne créent pas une situation de « deux poids deux mesures », en nous assurant que tous les praticiens canadiens respectent des normes similaires. Finalement, nous avons insisté sur le fait que le gouvernement fédéral doit élaborer un mécanisme de planification afin de mieux déterminer le nombre de médecins et de travailleurs de la santé dont nous aurions besoin au pays.

Bien que la question des soins de santé soit principalement de juridiction provinciale, le gouvernement fédéral doit veiller au bon fonctionnement du système. Sans un effort concerté de l'AFMC et d'autres organismes spécialisés dans les soins de santé, le gouvernement fédéral n'assumera probablement pas son rôle légitime de meneur dans ce secteur. Nous devons collaborer sans relâche pour persuader le gouvernement actuel de prendre les mesures qui s'imposent. Lorsqu'il le fera, nous devrons poursuivre notre collaboration pour lui offrir notre expérience, nos connaissances et nos conseils à mesure qu'il déterminera ses priorités et procédera à leur mise en œuvre. La santé doit être un enjeu neutre, tant pour les politiciens que pour ceux d'entre nous qui jouent un rôle de défenseur dans cette arène de premier plan.

Reflections *Nick Busing, President & CEO*

There have been several postmortems following our recent federal election. The election platforms of both the Liberal Party of Canada and the New Democratic Party contained a number of recommendations meant to significantly increase the number of health professionals practising in Canada. Unfortunately, the platform of the Conservative Party of Canada was very modest with regard to health human resources. To address the shortage of doctors and nurses, the Conservative party announced that it will fund 50 new residency spots in teaching hospitals across the country, create a $5 million incentive fund to encourage Canadian physicians practising abroad to return to Canada, and establish a series of pilot projects with nursing organizations to look at better ways to recruit and retain nurses.

In more detail, the Conservative platform proposed an annual contribution of $10 million over four years to provinces to fund 50 new residency positions, thereby increasing the supply and retention of physicians in areas of priority need. As well, a fund of $5 million per year over four years was promised to help Canadian physicians living abroad who wish to come home to relocate to Canada. This initiative could bring back as many as 300 physicians over four years, according to the Conservatives' analysis. This fund ignores the fact that there are more than 1500 Canadian students studying medicine abroad and at least as many international medical graduates (IMGs) living in Canada and not practising medicine. Finally, the Conservatives proposed to spend $5 million over three years to implement projects to develop recruitment and retention strategies for the nursing profession in collaboration with provinces and territories.

These initiatives can only be described as modest, and in my view, inadequate to address the ongoing health human resource shortages in our country. The proposals do not address the critical and pressing challenges of training and recruiting more rural physicians, increasing the number of family doctors and subspecialists in urban areas, or enhancing our ability to both train and recruit more clinician scientists. Unfortunately, these proposals appear to have been developed without the benefit of an in-depth analysis of the fundamental needs of this country in terms of health human resources. The proposals fall short of what we need – creative and innovative solutions. For example, consideration was not paid to inter-professional education and training, promoting different models of care delivery, or adding more resources to our successful Canada Research Chairs' program.

In a series of editorials put forward by AFMC during the election campaign, we argued for several important deliverables. We argued for improvements to the system of remuneration and support for the more than 18,000 clinical teachers, practising physicians who are helping train Canada's future physicians. We argued for a significant increase in resources to enable those who conduct world-class research in Canada to create and sustain active research careers and to enable them to apply their research for the betterment of Canada. We argued for more funding for the entire spectrum of health and biomedical researchers. We argued for improved access for IMGs that ensure that alternate entries for them to practise do not create a double standard, ensuring that all practising physicians in Canada maintain similar standards. And finally, we argued that the Federal government must develop a planning mechanism to better determine the numbers of physicians and health care workers required in this country.

While healthcare is an issue which falls largely in provincial jurisdictions, there is a role for the Federal government in ensuring that our system works. Without a concerted effort from AFMC and other healthcare organizations, the Federal government will not likely take its rightful leadership role in this area. We must all work together, tirelessly, to persuade this government to take action. When it does, we must continue to work together to offer our collective experience, expertise, and counsel as it develops and implements its priorities. Health ought to be a non-partisan issue, both for politicians and those of us advocating in this important arena.

STAFF UPDATE AFMC is pleased to announce that Yannick Fortin has been hired as AFMC's Data & Analysis Manager and will officially start in this position on January 5, 2009.

Yannick joined us in January 2008 as Project Manager for the IMG Database and has made a significant impact in many areas in moving this project forward. Combining his experiences at AFMC and Genome Canada, Yannick brings a wealth of experience managing concurrent projects and databases, both large and small. Yannick's unique skills in research design, data gathering, quantitative analyses and reporting will be enormously valuable in developing AFMC's research databases and information products.

Please join us in congratulating Yannick and wishing him well in his new position!

Gravitas is the official publication of The Association of Faculties of Medicine of Canada. It is published four times a year. Opinions expressed in this bulletin do not necessarily reflect the views of the Association. Contributions to Gravitas in either English or French are welcomed. Advertisements are also accepted. Gravitas is sent free of charge to members of the Association.

Gravitas est l'organe officiel de L'Association des facultés de médecine du Canada et paraît quatre fois par an. Les opinions exprimées dans ce bulletin ne sont pas nécessairement celles de l'Association. Les contributions à cette publication sont les bienvenues et peuvent être rédigées en français ou en anglais. Les annonces publicitaires sont également acceptées.

Coalitions

Irving Gold, Vice President, Government Relations and External Affairs

If you own a TV, read any print or internet media, or listen to the radio, you will likely agree that politics is the word of the day. Between the US primaries and presidential election, and our own federal and provincial elections, we have been inundated with political coverage. The intrigue of the current political crisis, which may culminate in the downfall of the 14-day old Harper government means that the headlines will likely be full of politics for the foreseeable future.

I think there is another word of the day: *coalition*. The announcement that the Liberals and New Democrats have hammered out a deal to topple the Harper government by proposing a coalition-government to the Governor General is a powerful signal. Since Confederation there has only been one coalition government in Canada's history: the Union Government of World War I. This coalition would come on the heels of Canadians electing two minority governments. In the face of an increasing number of 'players' in the Canadian political game, it appears as if victory will increasingly come through formal and informal coalitions as opposed to the every-party-for-itself ideology that has typified our modern system.

"Together, joined in effort by the burden, they staggered up the last steep of the mountain. Together, they chanted One! Two! Three! and crashed the log on to the great pile. Then they stepped back, laughing with triumphant pleasure..."

- William Golding, from Lord of the Flies

Coalitions are powerful devices. I spent one morning in early December at a press conference launching several documents aimed at addressing the important issue of under-representation of Indigenous Canadians in the Canadian health-care system. These documents are the fruit of a coalition between the AFMC, the Indigenous Physicians Association of Canada (IPAC), and the aboriginal communities they represent. No single organization could have achieved this alone; they are truly the product of an effective and respectful coalition.

The Canadian Conference on Medical Education, the nation's première medical education conference, is also the manifestation of an effective coalition, this time between AFMC, the Royal College of Physicians and Surgeons of Canada (RCPSC), the Medical Council of Canada (MCC), the Canadian Association for Medical Education and the College of Family Physicians of Canada. The partnership created by these groups means a conference that attracts more than a thousand delegates and integrates content from the entire spectrum of medical education.

The Health Action Lobby (HEAL), formed in 1991 out of concern over the erosion of the Federal government's role in supporting a national health care system, is an effective coalition of national health and consumer associations and organizations dedicated to protecting and strengthening Canada's health care system. It represents more than half a million providers and consumers of health care. The voice of HEAL is a respected one, and has a seat at the Advisory Committee on Health Delivery and Human Resources (ACHDHR).

In the health sector, we are seeing cries for more coalitions between the various health advocacy and professional organizations. These come from an almost universal realization that fragmented messages and sector-specific 'asks' often produce a cacophony of independent, and often conflicting voices. This is counter-productive. AFMC has heard these cries and is responding. We are working closely with our sister organizations and partners such as the Association for Canadian Academic Healthcare Organizations, Research Canada, HEAL, the Canadian Medical Association, MCC, RCPSC and others.

Working together is not simply a message for elected officials – it is also for those wishing to influence public policy for the health and prosperity of the nation and its citizens.

Articles of Interest

Visit the AFMC website for links to these journal articles at www.afmc.ca/news-articles-e.php

Rules of Engagement: Residents' Perceptions of the In-Training Evaluation Process Christopher J. Watling, University of Western Ontario; Cynthia F. Kenyon; Elaine M. Zibrowski; Valerie Schulz; Mark A. Goldszmidt; Indu Singh; Heather L. Maddocks; and Lorelei Lingard Academic Medicine October 2008

Making Interprofessional Education Work: The Strategic Roles of the Academy Kendall Ho, University of British Columbia; Sandra Jarvis-Selinger; Francine Borduas; Blye Frank; Pippa Hall; Richard Handfield-Jones; David F. Hardwick; Jocelyn Lockyer; Doug Sinclair; Helen Novak Lauscher; Luke Ferdinands; Anna MacLeod; Marie-Anik Robitaille; and Michel Rouleau Academic Medicine October 2008

Funding for Basic Biomedical Research in the U.S. vs. Canada: Is the grass always greener? *Continued from Cover*

The more stable financial base of basic science departments in Canadian medical faculties contributes to a much less anxiety-laden working environment, for new and established investigators alike. After all, when your salary is not dependent on the success of your most recent grant application, it frees you to concentrate on the science and not worry about paying your mortgage! In this regard, my department here at Western has been able to provide much more supportive environment for scientific career development than it would at a comparable medical school in the U.S.

However, the grass is not always greener, and some of the same concerns that my U.S. colleagues have voiced over the recent directions of the NIH are echoed in recent trends here in Canada. For example, it is clear that many Canadian scientists are seeing, and complaining about, an undue emphasis by the Harper government on commercially focused research over long-term basic research. Overall, science is hardly a priority of the Conservative government, and was barely mentioned the last federal election campaign[2]. Where science is mentioned, the government's plan[3] channels new science funds into four restrictive priority areas — natural resources, environment, health and information technology — that includes sub-priority areas with obvious commercial influences: e.g., 'clean oil sands production'. In an open letter last month, 85 prominent Canadian scientists presented evidence of the Harper government's politicization of science, in health research as well as other areas[4]. For biomedical research, the priority seems to be for disease-focused and commercially applicable research at the expense of basic research, a view that ignores the critical role that basic knowledge of the human body and its functions has played in the advances of modern medicine. From my discussion with Canadian scientists, it appears that the present restrictive attitude of the Harper government toward science, in many ways, echoes the Bush administration and its negative impact on basic research. Given the experience of our colleagues south of the border, we can only hope that an Obama-like change will eventually come to Ottawa as it has to Washington, DC.

1. Careers in Neuroscience, "From Protons to Poetry", Science, pp. 661-665, 26 October 2007.
2. "The other North American election", Nature 455, 263 (18 September 2008).
3. "Mobilizing Science and Technology to Canada's Advantage", Industry Canada, 2007.
4. "Canadian researchers call for end to 'politicization' of science". CBC.ca, 9 October 2008.

Malcolm King to head national Aboriginal health institute

Dr. Alain Beaudet, President of the Canadian Institutes of Health Research (CIHR), along with CIHR's Governing Council, recently announced the appointment of Dr. Malcolm King as incoming Scientific Director of CIHR's Institute of Aboriginal Peoples' Health (CIHR-IAPH). This appointment is effective January 1, 2009.

"Dr. King is a welcome addition to the CIHR leadership team and he joins us at a critical time given the growing recognition at all levels of society of the need to address Aboriginal issues, particularly health," said Beaudet in a press release. "His accomplishments in Aboriginal health-research and respiratory-health research will build upon the solid foundation created by the Institute of Aboriginal Peoples' Health over its first phase of development."

Malcolm King, a member of the Mississaugas of the New Credit First Nation, is a professor and an Alberta Heritage Foundation for Medical Research (AHFMR) Senior Scholar in the Pulmonary Medicine Division of the Department of Medicine at the University of Alberta (U of A). He also heads the U of A's Aboriginal Health Care Careers program and chairs its University Aboriginal Advisory Council. He is the Principal Investigator of the Alberta ACADRE Network for Aboriginal health research training, as well as a researcher in respiratory diseases. He also served as one of the founding members of the CIHR Governing Council from its creation in June 2000 until June 2004.

Appointments, awards and honours from Canada's faculties of medicine / Nominations, prix et honneurs décernés par les facultés de médecine canadiennes

Dalhousie University Dr. David Bell has been appointed Head and District Chief of the Department of Urology.

Université de Sherbrooke Julie Loslier est professeure au Département des sciences de la santé communautaire. Sawyna Provencher est professeure au Département de médecine nucléaire et radiobiologie. Paul Chiasson est professeur au Département de médecine de famille. Janie Lanteigne est professeure au Département de psychiatrie.

Queen's University Dr. John T. Fisher has been appointed Head of the Department of Physiology. Dr. Joel Parlow has been appointed Head of the Department of Anesthesiology.

University of Ottawa Dr. John Last is the recipient of the Sedgwick Memorial Medal for Distinguished Service in Public Health from the American Public Health Association (APHA). The medal is APHA's most prestigious award, and has been awarded only twice to Canadians since its inception in 1929.

In selecting Dr. Last, an emeritus professor of epidemiology and community medicine at the University of Ottawa, the APHA recognizes his long and preeminent career in public health. Dr. Last is considered a giant in the field of public health. His voluminous writings display a wide and comprehensive view of public health, including the global environment.

University of Toronto Professor Geoffrey Fernie of Surgery was inducted into the Terry Fox Hall of Fame Oct. 21. The Terry Fox Hall of Fame was created to recognize Canadians who have made extraordinary personal contributions to assist or enhance the lives of people with physical disabilities. Fernie was honoured for the many contributions that his research has made to improve the lives of those with disabilities in Canada and around the world. Armed with an engineering background and a passion to help people, Fernie is the pioneer behind a wide range of assistive devices and technology for people living with disabilities.

University of Western Ontario William R. Avison has been elected Chair of the Medical Sociology Section of the American Sociology Association.

University of Alberta Dr. Luis Schang is the recipient of the 2008 McCalla Professorship. Recipients are outstanding academics who have made significant contributions to their field of research, teaching and learning.

University of British Columbia Dr. Kendall Ho has been appointed Director, e-Health Strategy. Dr. David Fedida has been appointed Associate Dean, Research, Point Grey campus. Dr. Heather McKay has been appointed Director of UBC's Centre for Hip Health and Musculoskeletal Research. Dr. Barbara Fitzgerald has been appointed Assistant Dean for Student Affairs in the MD undergraduate program.

The Role of Data in De-politicizing Health Care Debates

Steve Slade, Vice President, Research and Analysis (CAPER-ORIS, AFMC)

For better or worse, health care issues often take on a political bent. In recent years, topics of debate have been as far-ranging as access to physicians to the ethics of IMG recruitment to the adequacy of health research funding. Opinions and views have been expressed by politicians, governments, medical organizations, the public and the media. When divergent views come head to head, it can be unclear how to break the stalemate.

A focus on data and information is perhaps one of the most effective ways of diffusing the energy attached to tough health care issues. As we roll up our collective sleeves to tackle a problem, it may be easier to enter into an initial discussion of how to measure the issue. This can entail a review of definitions, data sources and data quality. It is then an easier step to start talking about key indicators for gauging progress and providing feedback on an ongoing basis.

Ontario's effort to measure wait times is one example of how data has helped to tackle problems that are important to the public, politicians and health care providers alike. Figure 1 illustrates Ontario's current strategy for reporting wait time changes for a number of health care services. A visit to their website illustrates the care that has gone into identifying issues, sourcing data, establishing definitions and, ultimately, producing indicators that measure change.

Faculties of medicine certainly play a role in meeting health care needs vis-à-vis the physicians they train. They also play an important role in bringing relevant data to issues. To illustrate, Figure 2 shows recent changes in Ontario's number of postgraduate residents within a few surgical specialties. The selected specialties are particularly relevant to wait time areas targeted by the Province of Ontario. The data shows that, over the past few years, Ontario ministry-funded enrolment has increased by 27% in general surgery, by 16% in opthalmology and by 26% in orthopedic surgery.

Figure 1: Wait Times for Seleted Health Services in Ontario

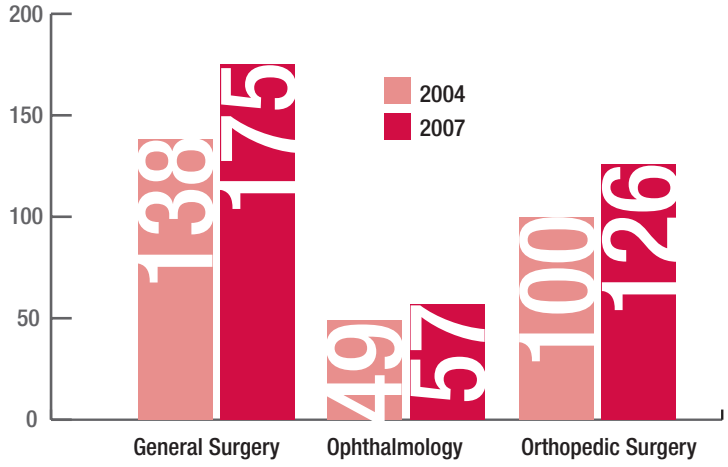
LEGEND significant decrease | no significant difference | significant increase

NOTE: significant change is defined as +/- 10%; must be > +/-3 days

	90 Percent Completed Within					
Service	Baseline (Days)	Current (Days) (Sep 08)	Access Target (Days)	Percentage Completed Within Target	Current vs. Baseline	
					Net change (Days)	Percentage change
General Surgery	121	127	182	96%	6	5.0
Ophthalmic Surgery	130	119	84-182	97%	-11	-8.5
Cataract Surgery	311	118	182	97%	-193	-62.1
Other ophthalmic surgery	114	132	84-182	91%	18	15.8
Orthopaedic surgery	190	186	182	90%	-4	-2.1
Hip replacement	351	180	182	90%	-171	-48.7
Knee replacement	440	205	182	88%	-235	-53.4
Other orthopaedic surgery	175	181	182	90%	6	3.4

Source: Ministry of Health and Long Term Care, Ontario, Canada.
http://www.health.gov.on.ca/transformation/wait_times/providers/wt_pro_mn.html, cited 25 November 2008.

Figure 2: Ministry Funded Postgraduate Trainees in General Surgery, Opthalmology and Orthopedic Surgery, Ontario, 2004 and 2007



Source: Canadian Post-MD Education Registry (CAPER), 2008.

AFMC's Office of Research and Information Services (ORIS) and the Canadian Post-MD Education Registry (CAPER) maintain a wealth of data on the medical education system. We do a service to Canadians when we bring our data to health care issues that are highly charged and in need of evidence. Our challenge - and great reward - is in knowing when and where to put our data resources to work.

Is There a Collective Will to Work Together to Meet Our Social Responsibilities?

Susan Maskill, Vice President, Education and Special Projects

Many well-meaning academic health and service organizations and governments are often espousing meeting the health needs of Canadians. Collaborative patient-centred care is the goal in many health circles these days. However, in spite of many worthwhile initiatives taking place to advance the Canadian health care system the state of primary health care in Canada is still not fully aligned with the needs of our communities.

We have a public system yet many Canadians, both urban and rural, do not have a family physician. Many hospital emergency rooms are filled with patients who often have to wait many hours for care. Diabetes 2 is growing at an alarming rate in both adults and youth in Canada.

In this time of economic instability dollars can become restrained unless we demonstrate effective and efficient use of these dollars in providing health and well-being to all Canadians. Each stakeholder, including the public, students and governments, carries unique strengths and expertise on health that when brought together in a collaborative manner along with health professional educators, researchers, practitioners, health managers, and national health organizations provide for the most innovative and effective solutions to the emerging needs of our communities and public health care system. Thus is the reservoir for creativity and efficacy in designing health services that align with health needs for Canadians.

How can we collectively support Canadians in seeking optimal health and well-being? How can we improve our medical education system so more medical students choose to train for family medicine, public health or one of the general specialties such as paediatrics, general surgery or internal medicine? How do we together, with the unique insights of all stakeholders, create a complete view of health, wellness and population health and focus our resources effectively? We Canadians have always been leaders in innovation so combining our talents and experiences will help us forge the kind of health system that will better serve us.

Some practical steps include governments supporting public wellness campaigns, like the old "participation campaign", which remind each of us, and our youth, of our responsibility to maintain fitness and be nutrition conscientious. Student interprofessional learning initiatives are amongst those leading the way in collaborative, efficient patient-centred care – often in rural or under-serviced sectors – these need to be supported and encouraged. These ensure the right provider is providing the right care to the right person at the right time. Politicians and ministry of health officials can help bring public, service managers, health professionals and health educators together to focus on emerging local needs. The most effective and efficient community-based care usually arises when all these partners are working together to overcome the challenges faced and meet arising opportunities for better service. Both regionally and nationally it is important to share exemplary practices in such areas as admissions, curricula, learning formats, learning technologies, faculty development, distributed medical education and community-based participatory research that informs these best practice innovations.

Together we are a powerful force for change!

Dr. Nick Busing, President and CEO of The Association of Faculties of Medicine of Canada, is pleased to announce two new staff appointments.

Ms. Colleen Ferris has been appointed Project Associate through August 2009. Colleen will be working with Project Manager Barbie Shore on two national initiatives in the areas of Aboriginal health and public health.

Ms. Ferris is a registered nurse with a strong interest in health policy and projects. Her areas of practice have included paediatrics, including providing care to Indigenous families from Baffin Island, and palliative care.

Ms. Ferris has also worked as the Program and Communications Officer for the Canadian Association of Schools of Nursing; as a Research Assistant with the Canadian Nurses Foundation and as a Nursing Policy Student Intern with the Canadian Nurses Association.

In September 2008 Ms. Angèlie Gilchrist joined the AFMC team taking on the newly created position of Conference Assistant. She will be assisting Conference Manager Chriss Holloway with the planning and execution of the Canadian Conference on Medical Education for which AFMC is conference secretariat.

Ms. Gilchrist earned her Bachelor of Commerce Honours in Marketing from the Telfer School of Management at the University of Ottawa. An Ottawa native, Ms. Gilchrist joins AFMC from the tourism sector with over 8 years of client service experience in both Canada and abroad. Her experience in sales, and marketing, as well as her acute attention to detail and organizational skills, will no doubt serve her well in her new responsibilities.

AFMC welcomes its newest members to the team!

GRAVITAS
The Association of Faculties of Medicine of Canada | L'Association des facultés de médecine du Canada

Save the Date: 2009 Canadian Conference on Medical Education (Edmonton, AB)

Dr. Ian Bowmer, Executive Director, Medical Council of Canada; Chair of the 2009 Scientific Program Committee

It is my pleasure to invite you to attend the 2009 Canadian Conference on Medical Education being held May 2 - 6, 2009 in Edmonton, Alberta. This conference is the largest gathering (over 1100 in 2008) of medical educators in Canada and offers a unique opportunity to network with colleagues across the country, to hear new ideas, to acquire new knowledge and to share your expertise. It is also an opportunity for our partner organizations to hold meetings and honour many of our colleagues with awards.

Our University of Alberta colleagues are hosting the conference at the Shaw Conference Centre. The theme of this year's conference is Diversity – Meeting Many Needs.

The Scientific Program Committee has secured some exceptional speakers for the three planned plenaries:

- *Teaching about First Nations, Inuit and Métis Health: Knowledge and Self-Reflection* (morning of Monday May 4th)
- *Intraprofessionalism: Collaboration/Collegiality for Better Patient Outcomes* (afternoon of Monday May 4th)
- *Diversity, Medicine and Education: From Professionalism to Social Awareness* (afternoon of Tuesday May 5th)

There will also be a Hot Topic plenary session on Tuesday May 5th in the afternoon. It will be announced in January.

The 2009 Scientific Program Committee includes: Dr. Kamal Rungta (the past chair – now representing RCPSC), Dr. David Blackmore (MCC), Dr. Dianne Delva (CFPC), Dr. Pierre Gagné (AFMC), Dr. Mark Goldszmidt (CAME), Dr. Margaret Kennedy (RCPSC), Dr. Paul Rainsberry (CFPC), Dr. Peggy Sagle (AFMC), Dr. Ivan Silver (CAME). Dr. Ian Bowmer (MCC) is the chair with support from Ms. Susan Maskill (Conference Secretariat, AFMC).

This unique collaborative effort continues to pay dividends both in improving the quality of the conference as well as in increasing attendance each year. Feedback from attendees was overwhelmingly positive and confirmed a high level of satisfaction on a wide array of workshops, research and development papers and posters.

By mid-January the Preliminary Program and abstracts for accepted workshops, oral and poster presentations will be available on the conference website. Many excellent submissions were received from Canadians and also from the UK.

Online registration will begin in January. A block of rooms has been set aside for conference delegates at the Westin Edmonton. Hotel reservations can be made online or by phone.

For more details on the conference please visit the new conference website at www.mededconference.ca. I look forward to seeing you in Edmonton.

Inscrivez cette date à votre agenda : Conférence canadienne de 2009 sur l'éducation médicale (Edmonton, AB)

Dr Ian Bowmer, Directeur exécutif, Conseil médical du Canada; Président du Comité du programme scientifique pour 2009

J'ai le plaisir de vous inviter à assister à la Conférence canadienne de 2009 sur l'éducation médicale qui se tiendra du 2 au 6 mai 2009, à Edmonton, en Alberta. Cette conférence est la plus importante réunion d'éducateurs en médecine au Canada (plus de 1 100 en 2008). Il s'agit pour vous d'une occasion unique d'échanger avec des collègues de l'ensemble du pays, de vous familiariser avec de nouvelles idées, d'acquérir de nouvelles connaissances et de partager vos compétences. C'est également l'occasion pour nos organismes partenaires d'animer des réunions et de décerner des prix à plusieurs de nos collègues.

Nos collègues de l'Université de l'Alberta sont les hôtes de la Conférence qui se tiendra au Centre des congrès Shaw. Le thème choisi pour la Conférence de 2009 est La diversité - Comment répondre à plusieurs besoins.

Le Comité du programme scientifique a réussi à garantir la participation de conférenciers exceptionnels pour les trois plénières prévues :

- *Enseignement relatif à la santé des Premières nations, des Inuits et des Métis : Connaissances et auto-réflexion* (dans la matinée du lundi 4 mai)
- *Intraprofessionnalisme : Miser sur la collaboration/collégialité pour offrir de meilleurs résultats aux patients* (dans l'après-midi du lundi 4 mai)
- *Diversité, médecine et éducation : Du professionnalisme à la prise de conscience sociale* (dans l'après-midi du mardi 5 mai)

Une plénière portant sur un sujet brûlant d'actualité aura également lieu dans l'après-midi du mardi 5 mai. Nous dévoilerons le sujet de cette plénière en janvier.

Pour 2009, le Comité du programme scientifique se compose des membres suivants : le Dr Kamal Rungta (ancien président – représentant maintenant le CRMCC), le Dr David Blackmore (CMC), la Dre Dianne Delva (CMFC), le Dr Pierre Gagné (AFMC), le Dr Mark Goldszmidt (ACÉM), la Dre Margaret Kennedy (CRMCC), le Dr Paul Rainsberry (CMFC), la Dre Peggy Sagle (AFMC), le Dr Ivan Silver (ACÉM). La présidence du Comité est assurée par le Dr Ian Bowmer (CMC) qui bénéficie de l'appui et de l'encadrement irremplaçables de Mme Susan Maskill (Secrétariat de la Conférence, AFMC).

Cet effort de collaboration unique continue à rapporter en améliorant, d'une part, la qualité de la Conférence et en augmentant, de l'autre, le nombre de participants d'année en année. Les participants ont émis des commentaires extrêmement positifs et ont confirmé leur grande satisfaction à l'égard d'un vaste éventail d'ateliers, de présentations par affiches ainsi que de documents de recherche et de formation.

D'ici la mi-janvier, vous aurez accès sur le site Web au Programme préliminaire de même qu'aux résumés des ateliers, des exposés oraux et des présentations par affiches choisis. Plusieurs excellents sujets émanant du Canada et même du Royaume-Uni nous ont été soumis.

Les inscriptions en ligne débuteront en janvier. Une section de chambres a été réservée pour les délégués à la Conférence au Westin d'Edmonton. Vous pouvez réserver votre chambre d'hôtel en ligne ou par téléphone.

Pour obtenir plus de détails sur la Conférence, n'hésitez pas à consulter le nouveau site Web de la Conférence : www.mededconference.ca. Je me réjouis à l'idée de vous voir à Edmonton.