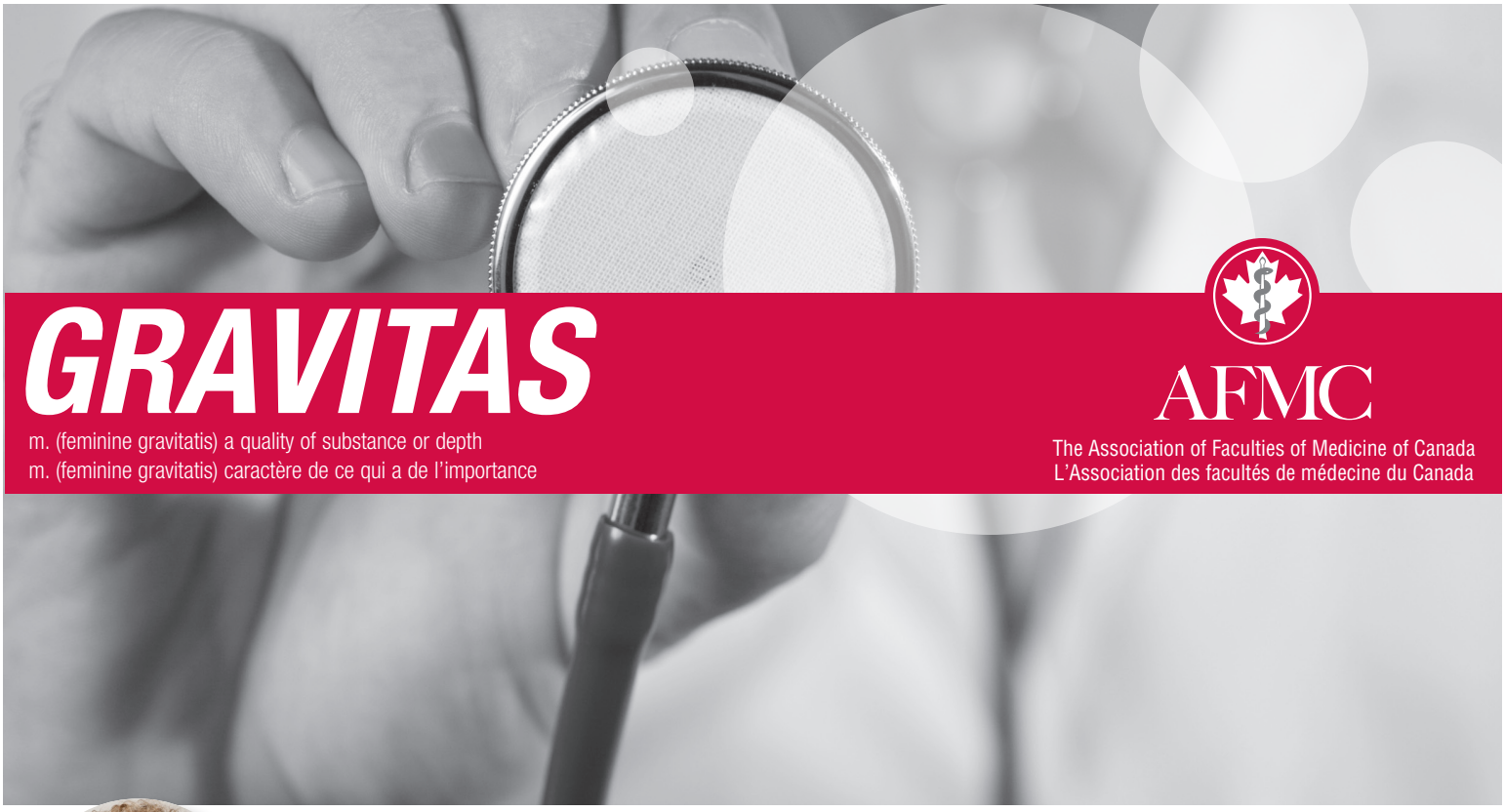

GRAVITAS

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

Réflexions *Nick Busing, président-directeur général*

L'AFMC vient tout juste de publier le rapport du projet sur l'AEMC EMPo qui renferme 10 recommandations touchant des changements à apporter. Ce plus récent volet du projet faisait naturellement suite au volet prédoctoral du projet sur l'AEMC qui renfermait lui aussi 10 recommandations. L'AFMC et ses partenaires du consortium ont déjà reçu des commentaires à l'effet que le Canada était à l'avant-garde du changement dans le domaine de l'éducation médicale dans un monde post-Flexner. Nos recommandations reflètent celles du rapport de la Fondation Macy sur l'éducation médicale postdoctorale et complètent les directives énoncées dans le rapport de The Lancet intitulé *Education of Health Professionals for the 21st Century*.

Les deux volets du projet sur l'AEMC et leurs activités correspondantes ont renforcé en mon sens plusieurs questions. Ils ont démontré que le Canada possédait un système d'éducation médicale de première classe, sans égal dans le monde. Ils ont mis en lumière l'abondance d'éducateurs médicaux solides et dévoués qu'on retrouve au Canada et qui ont fait preuve d'un engagement exceptionnel afin d'offrir la meilleure expérience possible en matière d'études médicales aux étudiants et aux résidents. Finalement, les projets ont mobilisé et préparé le milieu canadien de l'éducation médicale à entreprendre d'importantes mesures transformatrices afin de mettre en œuvre les recommandations qui en découlent.

J'aimerais mettre en lumière certaines des recommandations découlant du projet sur l'AEMC EMPo, en particulier celles qui misent sur les recommandations énoncées dans le cadre du projet sur l'AEMC EMPr. La deuxième des recommandations,

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soit **Cultiver la responsabilité sociale par le biais de l'expérience acquise dans divers milieux d'apprentissage et de travail**, s'intègre bien à la recommandation du projet sur l'AEMC EMPr intitulée **Diversifier les contextes d'apprentissage**. Ces deux recommandations abordent sans détour l'importance d'élargir les milieux d'apprentissage pour veiller à ce que les étudiants et les résidents soient en mesure d'être formés là où ils finiront par exercer, qu'il s'agisse de collectivités éloignées, de milieux régionaux ou de centres urbains.

Parmi les autres recommandations méritant d'être soulignées, pensons à **Créer des milieux positifs propices à l'apprentissage et au travail**. Cette recommandation est un prolongement des recommandations du projet sur l'AEMC EMPr intitulées **Exposer le curriculum caché** et **Faire progresser la pratique interprofessionnelle et intraprofessionnelle**. Pour favoriser un milieu d'apprentissage positif, nous devons traiter des enjeux pour les étudiants et les résidents au sein de la culture et du climat d'apprentissage. Les facultés de médecine, les hôpitaux universitaires et tous les emplacements qui accueillent des apprenants doivent offrir un milieu positif et favorable, tant pour les apprenants que pour les enseignants.

Finalement, la recommandation du projet sur l'AEMC EMPo intitulée **Intégrer des programmes de formation fondés sur les compétences dans les programmes postdoctoraux** cadre bien avec la recommandation du projet sur l'AEMC EMPr intitulée **Adopter une approche flexible**. Nous ne pouvons développer un milieu fondé sur les compétences et axé sur les résultats pour les étudiants et non pour les résidents, ou vice versa. Nous devons nous assurer que tous nos diplômés font davantage que simplement compléter les stages requis et connaître les expériences exigées. Nous devons également rassurer le public et l'assurer que les médecins de demain possèderont les compétences nécessaires pour prodiguer les meilleurs soins possibles.

Comme le montrent les trois exemples susmentionnés, nos études des milieux prédoctoral et postdoctoral de l'éducation médicale illustrent clairement l'interrelation existant entre ces deux systèmes. Plusieurs des améliorations potentielles relatives à l'éducation médicale prédoctorale nécessiteront l'adoption d'améliorations connexes relativement à l'éducation médicale postdoctorale et vice versa. C'est en accordant une attention soutenue à la totalité du système d'éducation médicale que nous pourrons atteindre notre objectif, soit un changement profond qui nous permettra de continuer à répondre aux besoins en constante évolution des Canadiens.

Je suis emballé par les défis qui s'offrent à nous en tant que collectivité et fier de notre capacité à mettre en œuvre les changements requis. J'envisage l'avenir avec espoir. Progressons ensemble.

A Time for Change – Family Medicine Supports FMEC PG Recommendations

Ivy Oandasan, Associate Director, Academic Family Medicine, The College of Family Physicians of Canada

The Future of Medical Education in Canada Postgraduate (FMEC PG) project provides us with an unprecedented opportunity to envision our collective future together as medical educators and medical leaders in Canada.

The consortium partnership amongst the Royal College of Physicians and Surgeons of Canada, The College of Family Physicians of Canada (CFPC), the Collège des médecins du Québec and the Association of Faculties of Medicine along with the steering committee of key stakeholders and the hundreds of contributors across the country, have created a call for action. The postgraduate education system as a whole in Canada needs to step forward and be seen as a critical player in addressing the recruitment and retention solutions for ensuring we have the right number, mix and distribution of family physicians, other specialists and health care professionals who are able to address the healthcare needs of our aging, diverse and dispersed population. The role of a robust postgraduate medical education system has yet to be fully recognized as key in influencing health human resource issues, patient care outcomes, and healthcare and education system efficiencies. An untapped opportunity exists for us to work together as a strong coalition to continue to influence the healthcare system we all value.

The provision of quality medical education is also valued by our medical educators in Canada. Ensuring that the methods used to develop physicians, are continually adapted, based upon the best evidence available, with updated knowledge of the evolving needs of the public and diverse opportunities to share best practices, should foster continued confidence of physicians by Canadians.

For the CFPC, the timing of the FMEC PG project could not have been better. Having just completed its extensive review of family medicine postgraduate medical education, we are pleased to see how our renewed approach to family medicine postgraduate education through the triple C competency- based curriculum is aligned well with the recommendations set out in the FMEC PG project report. The call for an outcomes approach to designing curriculum, with the need for relevant learning activities focused on the learning needs of our residents with a process of ongoing assessment is welcomed by the CFPC. For the consortium to be successful in advancing its curriculum renewal recommendations in the report it needs to support of all consortium partners including the hundreds of clinical teachers across all geographic settings in the country. The need to support and recognize their roles is critical to the success of postgraduate medical education. Anchored by principles related to patient-centred, intra-professional and interprofessional care, patient safety and system innovation, the CFPC supports all of the recommendations in the report.

Change is upon us. The CFPC is ready for this change. It is the right time for collaboration amongst all partners to be maximized. Ensuring that residents are ready to enter their specialty fields with confidence, competence and passion is our collective goal. With government, we all have a role to play. Our residents are relying upon us. Canadians are counting on us. It's a time for action.

Dr. Ivy Oandasan is the Associate Director Academic Family Medicine at the College of Family Physicians of Canada (CFPC). Her main focus has been in leading the implementation of the Triple C Competency Based Curriculum in Canada. She was actively involved in the Future of Medical Education in Canada - Post-graduate Project which launched its recommendations in March of 2012. Dr. Oandasan is well known as a leader in academic family medicine and in medical and interprofessional education (IPE). She is an Associate Professor and Research Scholar in the Department of Family and Community Medicine at the University of Toronto and has an active part-time family practice at The Toronto Western Hospital where she has been involved in teaching and research since 1997. Passionate about enhancing the education provided to all health professional learners, Dr. Oandasan's main scholarly focus has been in curriculum development and research related to interprofessional education. She strongly advocates for changes needed in health professions' education to ensure that it responds to the current and future needs of Canadians.

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

L'Avenir de l'éducation médicale au Canada – volet postdoctoral

Charles Bernard, président-directeur général, Collège des médecins du Québec

Le projet l'Avenir de l'éducation médicale au Canada - volet postdoctoral est une occasion unique pour transformer le système d'éducation médicale postdoctoral canadien et en faire un adapté aux réalités du 21e siècle. Ce projet fait suite au projet - volet doctoral qui a été mis en œuvre par les dix-sept facultés de médecine au Canada en 2010.

Nous avons de nouveaux défis dans notre système de santé qui incluent non seulement le vieillissement de la population et les maladies chroniques, mais aussi l'évolution rapide des connaissances scientifiques et des technologies médicales. Présentement nos étudiants en médecine, nos résidents et nos moniteurs (Fellows) bénéficient d'une des meilleures formations au monde. Mais pour répondre aux besoins changeants de la société, il faut que nos médecins, en plus d'être experts en soins primaires et communautaires, puissent continuer à être à la fine pointe des nouvelles technologies et à contribuer à des percées scientifiques à tous les niveaux.

Il y a quatre partenaires dans ce projet : l'Association des facultés de médecine du Canada (AFMC), le Collège des médecins de famille du Canada (CMFC), le Collège des médecins du Québec (CMQ) et le Collège royal des médecins et chirurgiens du Canada (CR). Tous les multiples volets de ce projet ont été très utiles. Pour le CMQ, un élément important a été le vaste processus de revue de la littérature, de consultations et de validation auprès de multiples intervenants.

Chacune des dix recommandations qui émanent de ce rapport aura un impact positif sur le secteur médical. Nous anticipons que la communauté médicale et les autres intervenants en santé vont travailler ensemble pour implanter ces recommandations. Nous avons beaucoup d'espoir que plusieurs de ces recommandations puissent être mises en œuvre assez facilement.

Le CMQ a un rôle primordial à jouer avec les trois autres partenaires, l'AFMC, le CMFC et le CR, pour veiller à ce que ces recommandations soient réalisées le plus tôt possible. D'ailleurs, le plan stratégique du CMQ inclut une section sur la participation du CMQ à la transformation de l'éducation médicale au Canada. Les actions découlant de cette stratégie visent la mise en œuvre des recommandations de ce projet. Ainsi, notre système d'éducation médicale continuera à évoluer selon les besoins de la population.

Le docteur Charles Bernard a gradué en médecine de l'Université Laval en 1975 comme médecin de famille, reconnu maintenant comme une spécialité. Il a été fondateur de la Clinique médicale de l'Université Laval. Il a occupé le poste de médecin directeur de la Clinique médicale Ste-Foy. Il a agit comme médecin clinicien à Québec ayant occupé plusieurs postes en établissement à l'Hôpital Laval, dont l'Institut universitaire de cardiologie et de pneumologie de Québec. Depuis octobre 2010, il occupe le poste de président-directeur général du Collège des médecins du Québec.

Revitalizing the Future of PGME in Canada

Andrew Padmos, Chief Executive Officer, Royal College of Physicians and Surgeons of Canada

What needs to change in PGME to help Canada's medical system adapt to the realities of the 21st century? What traditions must be preserved? What must be boldly improved?

The Royal College of Physicians and Surgeons of Canada was delighted to participate as part of the consortium participating in the Future of Medical Education in Canada Postgraduate (FMEC PG) project. The big challenges confronting the postgraduate arena — generalism, competency-based medical education, addressing societal health needs and others — lie at the heart of the Royal College's mandate to set the highest standards for specialty medical education in Canada.

As the healthcare demands of Canadians shift, as population ages, as a new generation of physicians seek ways to address work-life balance, educators face an increasingly complex set of variables in delivering high-quality training. More than ever, postgraduate medical education must ensure that its practices and policies are informed by evidence, adhere to best current practices and meet the population needs.

The Royal College produced 11 white papers examining key policy issues in postgraduate medical education to help inform the FMEC PG project's process. Extensive consultations were conducted nationwide with Fellows and stakeholders, including inviting input via a blog dedicated to the discussion series. Participants were encouraged to boldly consider how Canadian residency training could be improved, while preserving the best of the contemporary PGME enterprise. The recommendations of the white papers align very well with those of the FMEC PG project.

Together, the FMEC PG recommendations and white papers provide the organization best up-to-date practices for addressing these pressing issues. Based on extensive research and consultation with specialists across Canada, they also articulate a clear vision for what the future of postgraduate training will look like. For Royal College Fellows and their patients, this work is invaluable.

What comes next? For the Royal College, the challenge now is to translate these recommendations and ideas into practical policy changes. This will require leadership and cooperation from stakeholders across the medical education continuum — with the potential to significantly revitalize how training is delivered in Canada.

The Royal College's white paper series is available at royalcollege.ca. They will continue to be refined and will help guide the organization to addressing the recommendations from the FMEC PG project. We look forward to working with our consortium partners and other stakeholders in moving the recommendations into implementation.

Andrew Padmos, BA, MD, FRCPC, FACP, is the Chief Executive Officer of the Royal College of Physicians and Surgeons of Canada. A hematologist, Dr. Padmos practised medicine in Calgary, Alta. for two years before a 15-year term at King Faisal Specialist Hospital and Research Centre in Riyadh, Saudi Arabia. During this time, he introduced a bone marrow transplant program, developed a large clinical program in hematology/oncology and served in many administrative capacities.

Since returning to Canada, Dr. Padmos has served as commissioner of Cancer Care Nova Scotia, head of the Cancer Care Program at the QEII Health Sciences Centre, associate dean for cancer programs in the Faculty of Medicine at Dalhousie University and VP Research, Academic Affairs and Quality for Capital District Health Authority. He is also a former Director and CEO of the Kingston Regional Cancer Centre in Kingston, Ont., and professor and head of oncology at Queen's University, Kingston General and Hotel Dieu hospitals.

Canadian University Collaborative to lead global health education reform

Five Canadian universities have been chosen by the prestigious U.S. Institute of Medicine (IOM) to represent North America as one of 4 global innovation collaboratives on a project to lead innovation in health education across the globe.

The partnership – called the *Canadian Interprofessional Health Leadership Collaborative* (CIHLC) – is being led by the University of Toronto and consists of the University of British Columbia, Northern Ontario School of Medicine, Queen's University and Université Laval. The CIHLC is a multi-institutional and interprofessional partnership that includes the faculties and schools of medicine, nursing, public health and programs of interprofessional education (IPE), representing numerous health care professions at each of the five universities.

The IOM's Board on Global Health chose the CIHLC as one of 4 innovation collaboratives following an international competition among academic institutions around the world. The collaboratives are intended to incubate and pilot ideas for reforming health professional education called for in the seminal Lancet Commission report (2010) and will be a key part of IOM's new Global Forum on Innovation in Health Professional Education, to be launched in March 2012. The CIHLC itself will be looking at emerging societal trends, such as health disparities, the complexity of chronic illnesses, and the movement towards community-centred care, and how collaborative leadership can transform health and teaching across Canada and North America with approaches that can be transferable globally.

"This is an exciting opportunity for health professions and medical schools across Canada to help lead a global conversation about the ways we can improve health education," said David Naylor, President, University of Toronto, and member of the Lancet Commission. For more information about the announcement of the CIHLC, click here.

Reflections *Nick Busing, President & CEO*

AFMC has just released the FMEC PG report, containing 10 recommendations for change. This latest phase of the project was a natural progression from the FMEC MD phase which also contained 10 recommendations. AFMC and our consortium partners have already had feedback that we in Canada are on the leading edge of change in medical education in a post-Flexner world. Our recommendations mirror those of the Macy Foundation's report on graduate medical education, and complement the directions as outlined in the Lancet report titled *Education of Health Professionals for the 21st Century*.

Both FMEC projects and their associated activities have reinforced many issues for me. They have demonstrated that we have a first-class medical education system in Canada, second to none in the world. They have highlighted Canada's abundance of strong and committed medical educators who have demonstrated an outstanding commitment to pursuing the best medical education experience for our students and residents. Finally, the projects have mobilized and primed the medical education community in Canada to undertake major transformative action to implement the projects' recommendations.

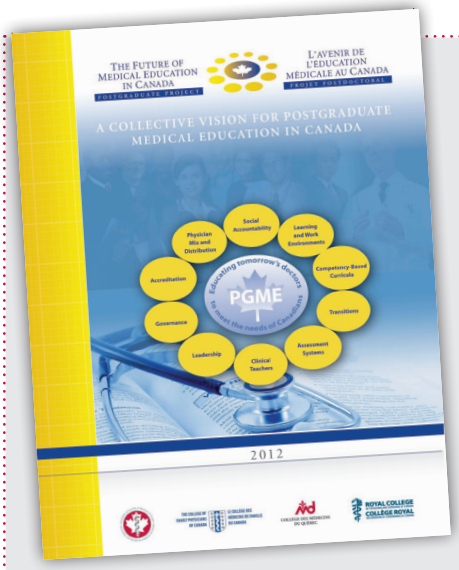
I would like to highlight a few of the FMEC PG recommendations, in particular, those that build solidly on recommendations in FMEC MD Recommendation #2, **Cultivate Social Accountability through Experience in Diverse Learning and Work Environments**, maps well onto the FMEC MD recommendation titled **Diversify Learning Contexts**. These two recommendations both squarely address the need to broaden learning environments to ensure that students and residents are more likely to be educated where they will ultimately practice, be it in remote communities, regional environments, or urban centers.

Another recommendation worth highlighting is titled **Create Positive and Supportive Learning and Work Environments.** This recommendation is an extension of the FMEC MD recommendations titled **Address the Hidden Curriculum** and **Advance Inter-and Intra-Professional Practice**. To ensure a positive learning environment, we need to address issues for both students and residents within the culture and climate of learning. Faculties of medicine, teaching hospitals, and all locations where leaners are placed need to ensure a positive and supportive environment, not only for learners but also for teachers.

Finally, the FMEC PG recommendation titled **Integrate Competency-Based Curricula in Postgraduate Programs** aligns well with the FMEC MD recommendation titled **Adopt a Competency-Based and Flexible Approach**. We cannot develop a competency-based outcomes-focussed environment for students and not for residents, or vice versa. We must ensure that all of our graduates do more than simply complete the required rotations and experiences; we must also reassure the public that tomorrow's physicians are graduating with the competencies necessary to provide the best possible care.

Our studies of undergraduate and postgraduate medical education, as illustrate by the above three examples, illustrated clearly how intertwined these two systems are. Many of the potential improvements to undergraduate medical education will require associated improvements to postgraduate medical education and vice versa. It is through a sustained focus on the entire spectrum of medical education that we will be able to achieve our goal: transformative change that will continue to meet the ever-changing needs of Canadians.

I am excited by the challenges we face as a community. I am proud of our capacity to bring about required changes. I am hopeful for the future. Let's move forward together.



FMEC PG Project Release Ten Recommendations for Postgraduate Medical Education

The Future of Medical Education in Canada Postgraduate (FMEC PG) project consortium partners are proud to release the groundbreaking final project report, *A Collective Vision for Postgraduate Medical Education in Canada*, available on the project website at: www.afmc.ca/fmecpg

The FMEC PG national launch took place on Thursday, March 29. For those who were unable to participate in the national launch, a video recording of both the English and French sessions are available at this link: http://webcasts.welcome2theshow.com/fmec2012/1050

FMEC MD and FMEC PG: The Vision is Strikingly Aligned

Geneviève Moineau, Vice President, Education and Secretary, CACMS/CACME

The Future of Medical Education in Canada Postgraduate (FMEC PG) project lays out a bold and innovative vision for educating our residents. Building on the work of the FMEC MD project, it has examined postgraduate medical education as part of the learning continuum for physicians, beginning with medical students as they move into postgraduate training and eventually into practice. The consistent message coming from both the FMEC MD and the FMEC PG projects is striking. I have attempted to combine both sets of recommendations in the text below.

It is our responsibility to produce the right mix, distribution, and number of generalist and specialist physicians—including clinician scientists, educators, teachers and leaders, to care for Canadians. Our admissions process must select a diverse mix of individuals with the capacity to develop the knowledge, skills, values and attitudes that will address the needs of our society.

Students must become life-long learners in the scientific basis of medicine, evidence-based clinical medicine, prevention and public health. Learners must experience diversified contexts with exposure to generalist and specialist practice within inter and intra-professional teams. Education programs must focus on competencies and provide formative and summative assessment throughout training. Learning and work must occur in environments where the hidden curriculum is identified and addressed for the sake of patient and learner safety. Finally, learners need to experience effective transitions from UGME into PGME, within PGME, and from PGME into practice.

We must support and recognize our clinical teachers and ensure that all future physicians are prepared for this important role. Faculty development must be provided in a variety of modalities. Leadership development must be fostered in all learners as an essential element for the future of our healthcare system.

Accreditation standards and processes must be aligned across the learning continuum to reduce redundancy for our schools and allow for focus on meeting the healthcare needs of Canadians. Finally, we need to integrate the regulatory and certifying colleges, and educational and healthcare institutions into a collaborative governance structure in order to achieve efficiency and provide clarity on strategic directions and decisions related to the Canadian medical education environment.

Effective, sustainable change will require implementation of all recommendations. This can only occur with an increase national collaboration and capacity for change.

I hope this aligned vision becomes the Canadian Flexner Report of the 21st century and that the next generation of Canadian physicians has the privilege of learning in this new reality.

Residents' Perspective on the Future of Postgraduate Medical Education in Canada

Adam Kaufman, President, Canadian Association of Internes and Residents

I was honoured to attend the National Forum for the *Future of Medical Education in Canada* postgraduate (FMEC PG) project in January 2012 and to view firsthand, the enthusiasm of national stakeholders, medical educators, and medical trainees in Canada for improving and transforming our postgraduate medical education system. As a resident and one who will very soon be an independent practicing physician, it was encouraging and inspiring to observe and contribute to the vision for postgraduate medical education, provided by this collaborative endeavour.

The Canadian Association of Internes and Residents is pleased to have been involved in the extensive consultation process both as a member of the Steering Committee and now as a member of the Strategic Implementation Group. Resident input was solicited and provided on each recommendation leading up to the final report and we have valued the opportunity to provide feedback throughout this process. This re-examination of our learning environment is valuable when it is used to drive concrete innovation and change and when it is underpinned by our ever-changing healthcare context in technologies, research, resources and population needs.

The FMEC PG project brings forward some important recommendations that will have a positive impact on our learning environment:

1. Addressing the role that duty hours, sleep deprivation, and chronic fatigue play as a key component in patient and resident safety and well-being.

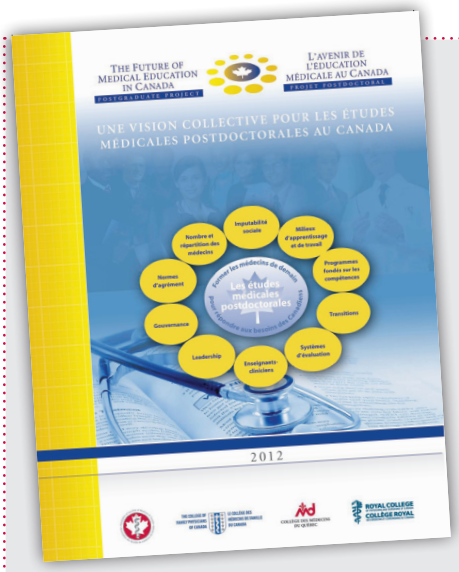
2. Defining and addressing the hidden curriculum. This should include work to elucidate those aspects of the hidden curriculum that historically have fostered intimidation, harassment, abuse, and devaluing of colleagues, patients, trainees and allied healthcare providers. Our final goal as envisioned by the FMEC PG recommendations must be to inculcate the safest, most respectful and positive learning environment possible. Such an environment will form the basis for developing and maintaining, within the medical community, a culture of high quality patient care and respect for our colleagues, our patients and ourselves.

3. Fostering residents' leadership development as all residents should have an opportunity to develop their leadership skills during training and be engaged in developing innovative ideas to create positive change in our healthcare and residency education system.

4. A strong focus on formative, regular feedback rather than an emphasis on final, summative examinations. The appropriate timing of regular on-going assessments is an essential part of strengthening learning opportunities and supporting the progressive development of clinical competencies that are needed for entry into independent practice.

As key stakeholders, resident physicians and their organizations must continue to be active and key contributors in the implementation phase of this project. As residents we look forward to seeing the final recommendations and maintaining this collaborative endeavour. We hope that the FMEC PG project will help our postgraduate medical education system transform and innovate as it meets the evolving realities of our educational environment and the healthcare needs of our patients.

Dr. Adam Kaufman is the 2011-2012 President of the Canadian Association of Internes and Residents (CAIR). Dr. Kaufman graduated from the University of Toronto medical school in 2009 with honours. He is presently a third-year resident in family medicine at the University of Toronto's Department of Family and Community Medicine, Division of Emergency Medicine. Dr. Kaufman has actively represented residents' interests at the College of Family Physicians of Canada and the Canadian Medical Association in a number of capacities and as a resident surveyor on Accreditation reviews. Dr. Kaufman is also a founding member of the World Medical Association (WMA), Junior Doctors Network of Associate Members and has informed policy discussions there on issues ranging from postgraduate training and safe working conditions, to social media and global health.



Publication de dix recommandations touchant l'éducation médicale postdoctorale dans le cadre du projet sur l'AEMC EMPo

Les partenaires du consortium responsable du projet postdoctoral sur l'Avenir de l'éducation médicale au Canada (AEMC EMPo) sont fiers de publier l'important rapport final du projet intitulé *Une vision collective pour les études médicales postdoctorales au Canada*. Vous trouverez ce rapport sur le site Web du projet : www.afmc.ca/fmecpg

Le lancement national du rapport sur l'AEMC EMPo s'est déroulé le jeudi 29 mars dernier. Nous avons mis à la disposition de tous ceux et celles qui n'ont pu y assister un enregistrement vidéo des séances en français et en anglais. Cliquez sur le lien suivant pour y accéder : http://webcasts.welcome2theshow.com/fmec2012/1052

Le rapport de l'AEMC sur la formation postdoctorale : un pas important vers l'éducation médicale de demain

Charles Dussault, Président, Fédération des médecins résidents du Québec

La médecine est une science et une profession en constante évolution. L'explosion des connaissances et des technologies dans le domaine se font de plus en plus fréquente et nous oblige à revoir notre façon d'enseigner et nos approches et outils d'apprentissage. Avec l'arrivée de cohortes toujours plus importantes en formation doctorale et postdoctorale pour répondre aux besoins croissants de la population, le questionnement amorcé par l'Association des facultés de médecine du Canada (AFMC) en 2009 sur l'avenir de l'éducation médicale au Canada était devenu inévitable, notamment dans le but de permettre à la profession médicale canadienne de maintenir son leadership en matière d'éducation médicale.

Dans le cadre de la démarche mise sur pied par l'AFMC, il importe de souligner le souci de l'organisme d'intégrer tous les acteurs concernés par la formation médicale. Ceux-ci se sont sentis impliqués et écoutés, et ils se reconnaîtront dans les recommandations qui ont été mises de l'avant dans ce rapport. Comme représentant d'environ 3 200 médecins résidents œuvrant dans plus de 100 établissements de santé au Québec, je ne peux que me réjouir de la place qui a été accordée aux médecins en formation à toutes les étapes de l'exercice.

Les points qui ont plus particulièrement retenu notre attention au fil des discussions concernent la révision du mode d'évaluation des médecins en formation postdoctorale, de même que la formation et le soutien auprès des médecins enseignants. L'apprentissage de la médecine a beaucoup évolué depuis ses origines, mais il reste qu'au-delà des connaissances que l'on retrouve dans les livres, de la formation en ligne et des nouveaux outils de simulation, c'est de leurs mentors que les médecins apprennent leur profession. Raison de plus pour reconnaître et supporter leur travail. Maintenant, il ne nous reste plus qu'à faire preuve de détermination afin que les recommandations proposées dans ce rapport puissent être mises en place.

Le Dr Charles Dussault a été élu président de la Fédération des médecins résidents du Québec (FMRQ) depuis le 1er juillet 2010. Durant cette période, il a contribué à faire reconnaître les droits de ses collègues sur le plan académique, du bien-être, des effectifs médicaux et des conditions de travail. Parmi les réalisations de la FMRQ depuis son arrivée en poste, soulignons l'abolition des gardes en établissement de 24 h et l'établissement d'une prime à l'enseignement pour tous les médecins résidents du Québec. En 2009-2010, il était président de l'Association des médecins résidents de Sherbrooke (AMReS), après avoir été vice-président aux affaires syndicales de l'AMReS, l'année précédente. De 2006 à 2008, il a assumé la présidence de l'Association générale des étudiants en médecine de l'Université de Sherbrooke et siégé au conseil d'administration de la Fédération médicale étudiante du Québec (FMEQ). Le Dr Dussault est récipiendaire de nombreux prix et distinctions. Il complète actuellement une maitrise en sciences cliniques – cheminement recherche médicale. Il est R4 en cardiologie à la Faculté de médecine de l'Université de Sherbrooke.

GUEST EDITORIAL

Reforming GME: Concordant Themes Emerge Between the U.S. and Canada

Debra F. Weinstein, Vice President for Graduate Medical Education, Partners HealthCare System and Assistant Professor, Medicine, Harvard Medical School

Across the United States some medical educators are calling for urgent reform of graduate medical education (GME) while others complain that change is occurring more rapidly then they can accommodate. Both groups are right: much has changed, but much remains the same.

In recent years, GME has incorporated closer supervision of trainees and strict limitations on duty hours. Resident activities are now planned according to an explicit curriculum, rather than assuming that simply immersing trainees in a hospital environment will ensure sufficient learning. Also, greater emphasis has been placed on ambulatory-based education. These changes are largely attributable to updated accreditation requirements, influenced by evolving public expectations.

At the same time, however, the foundations of residency and fellowship education have not changed over several decades, despite a substantial reorganization of the healthcare delivery system. GME remains predominantly hospital-based and organized in specialty and disciplinary silos. The duration of training is prescribed by national specialty organizations' standards, determined decades ago, without acknowledgment that individuals reach competence at different rates. In addition, the number of physicians trained in each specialty is determined by independent programs, without coordination or planning with respect to the need for services.

In order to consider the challenge of GME reform, George Thibault, M.D., President of the Josiah Macy Jr. Foundation, convened a series of two conferences, each attended by 30-40 physician educators with deep experience in GME. Participants from across the U.S. were drawn from key constituencies (deans, hospital leaders, GME program directors, trainees), various types of teaching institutions, and from diverse specialty backgrounds. The first conference, held in October 2010, focused on GME regulation and financing. The report called for an immediate increase of 3000 PGY1 positions, targeted to undersupplied specialties; accreditation policies and other mechanisms to enable innovation; and an independent review of governance and financing (which is about to be undertaken by the Institute of Medicine of the National Academy of Sciences).

I was privileged to chair the second conference, held in May 2011, which tackled the content and format of GME. With knowledge that the Future of Medical Education in Canada (FMEC) project was engaged in a comprehensive review of postgraduate medical education, we were delighted to include Canadian GME (PG) leaders who could help to ensure communication between the two planning efforts in addition to contributing their considerable expertise as medical educators. We are indebted to Nick Busing, Brian Hodges, Glenn Regher, and Richard Reznick for their active participation.

Dr. Debra Weinstein is Vice President for Graduate Medical Education at the Partners Healthcare System, with responsibility for more than 200 GME programs with 2000 residents and fellows. Dr. Weinstein is a graduate of Wellesley College and Harvard Medical School. She trained in Internal Medicine and Gastroenterology at Massachusetts General Hospital, and served as Chief Resident and as Associate Chief and Program Director in Internal Medicine. She is an Assistant Professor of Medicine at Harvard Medical School and maintains a limited practice in gastroenterology.

Dr. Weinstein serves on the Board of the Accreditation Council on Graduate Medical Education (ACGME) and the Board of the MGH Institute for Health Professions. She is Chair of the Massachusetts Medical Society's Committee on Publications, and a past chair of the Association of American Medical Colleges' Group on Resident Affairs. Dr. Weinstein has led or served on several national task forces related to graduate medical education, and chaired the 2011 Macy Foundation Conference on reforming GME. She was a 2006-7 Fellow of the American Council on Education and is a recipient of the ACGME's "Parker Palmer Courage to Lead Award".

CANADIAN CLINICAL TEACHING COLLABORATIVE

AFMC, as the secretariat for the 14 member Canadian Clinical Teaching Collaborative, a National Forum on Clinical Teaching on February 3, 2012. There were 65 registered stakeholders in attendance representing the hospital sector, government, provincial medical associations, Committee on Accreditation of Canadian Medical Schools, medical education stakeholder groups, Future of Medical Education in Canada initiative, and faculties of medicine, including distributed sites, rural programs, students and residents.

The goal of the Forum was to build consensus among stakeholders on priority issues related to recommendations in the AFMC Working Document, The Study of Clinical Teachers in Canadian Faculties of Medicine, and to develop a collaborative plan of action.

The stakeholders provided feedback on the recommendations and identified priorities for action and opportunities for moving forward. The key areas of focus included defining the role of the clinical teacher, aligning recommendations with accreditation standards, coordinating a network for educational sharing, developing a repository of tools and resources, faculty development, recognition, aligning educational structures, and teaching capacity and quality.

As next steps, the Steering Committee will review the priorities areas and identify a strategy for moving the initiative forward. Champions have been identified in several of the priority areas. For more information please visit http://www.afmc.ca/clinical-teachers-e.php.

The conference report

(http://josiahmacyfoundation.org/docs/macy_pubs/Macy_GME_Report,_Aug_2011.pdf) offers recommendations rooted in the concept that GME is a public good, supported by public dollars, and must therefore be responsive to the public's needs. Another basic principle was that the GME system has an obligation to not only produce competent physicians, but also to educate the appropriate number and mix of physicians and to ensure that the educational process is optimally efficient.

The Macy conference recommendations are closely aligned with those emerging from the FMEC postgraduate project. They emphasize the need for transparency and greater public involvement in GME; call for an expansion in the sites and content of training; and highlight the importance of inter-professional education. The conferees also noted that GME leaders must be empowered to ensure that program design is driven by educational needs. Flexibility at the program level and for individual trainees was considered essential for preparing individuals to fill the variety of physician roles.

Transitions into and out of GME were carefully considered, leading to recommendations for enhancing the final year of medical school, incorporating "preliminary" training into core specialty programs, and providing a period of "monitored independence" toward the end of GME.

Perhaps the boldest recommendation was to replace the current time-delimited training model with one where graduation from GME occurs when competency is achieved (Outcomes of the Orthopedics program pilot at Queen's University will be of great interest as this recommendation receives further consideration). Because competency-based graduation will take time to accomplish, it was suggested that—as an interim measure—unnecessary time in GME could be eliminated, such as by defining a shorter period of "core" training for subspecialists.

The Macy report urges an expansion in health professions education research so that evidence can guide the utilization of best educational practices. In addition, the report notes that successful implementation of several recommendations will require a) broadly accepted competency standards and assessment tools, b) relaxation of current regulations that inhibit innovation, and c) extensive faculty development.

Though the scope of the Macy conferences is quite limited compared to the extensive FMEC project, the strong concordance in principles, recommendations, and requirements for implementation is striking, and suggests that we are all on the right track. Ongoing collaboration between U.S. and Canadian GME reform efforts will help to advance our shared vision for improving the preparation of tomorrow's physicians.

Acknowledgment: On behalf of the Macy conference participants I want to extend gratitude to George Thibault, M.D., President of the Macy Foundation, for his visionary and ongoing support of this effort.

Measured Steps: Now is the time to sort out the data we'll need to measure progress toward a new Collective Vision for Postgraduate Medical Education in Canada

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

Even if you have only a passing interest in research, analysis, evaluation and the like, the data angles come readily to mind looking at our newly-minted recommendations for the future of postgraduate medical education in Canada. One might expect to see residents rating their rotations more favorably as we endeavour to "create positive and supportive learning environments". The effort to "diversify learning and work environments" might be measured by increased parity of time spent by learners in large academic health science centres, community hospitals and small clinics. The call to "implement effective assessment systems" speaks to the direct use of data – both quantitative and qualitative – as part of an enhanced and robust teaching-learning environment. Success in "developing, supporting, and recognizing clinical teachers" may translate into an increased percentage of physicians reporting teaching activity as part of their professional lives. These few examples barely scratch the surface of what might be measured as the FMEC PG recommendations are taken up by those who will implement change.

There can be no doubt that the FMEC PG report points the way toward change. Each recommendation includes a set of specific actions that will lead to measurable change along with the organizations best positioned to lead the change. This approach attests to a shared sense of determination and commitment to effect change throughout PGME, and indeed throughout Canada's healthcare system and population. As a result, I would like to suggest there is some urgency for us to collectively think of what our data needs are, going forward.

Now is the time to look at our current data holdings and ask how they map on to the FMEC PG recommendations. In setting about the task, I'm confident we will find many present day data elements ready to serve as strong baseline measures against which to gauge future progress. Conversely, I think we will find other data in want with respect to its ability to measure progress on certain FMEC PG recommendations and actions. Of course we will also encounter areas where there is an absolute dearth of data.

Looking forward, the sooner the better as far as evaluating our current data strengths and weaknesses goes. As a start, I believe we will find – or fail to find – the data in a variety of places. We can look to pan-Canadian data sources like CAPER and CaRMS, local and national resident survey databases, program level administrative systems, medical exam and certification results, accreditation databases, in-training evaluations, and elsewhere. As one who is very much mired in the world of data, I look forward to supporting the effort to gauge the impact of the FMEC PG project.

The FMEC Report on Postgraduate Training : An important step towards tomorrow's medical education

Charles Dussault, Président, Fédération des médecins résidents du Québec

Medicine, as a science and a profession, is constantly evolving. Knowledge and technology in the field are expanding at a dizzying pace, forcing us to take a fresh look at how we teach and at our learning approaches and tools. With the enrolment of ever larger cohorts in undergraduate and postgraduate training in order to meet the growing needs of the population, the questioning initiated by the Association of Faculties of Medicine of Canada (AFMC) in 2009 on the future of medical education in Canada had become inevitable, particularly if Canada's medical profession were to maintain its leadership in medical education.

In the context of the AFMC's approach, it is important to underscore the Association's concern to include all those concerned by medical education. These stakeholders have felt involved and listened to, and this feeling will be reinforced as they read the recommendations put forward in this report. As the representative of some 3,200 medical residents working in more than 100 healthcare establishments in Quebec, I am delighted at the space that has been made for physicians-in-training at every step in the exercise.

Among the points upon which we focussed in the course of the discussions were the review of how doctors in postgraduate education are evaluated, as well as the training of and support given to physicians teaching. Much has changed in the teaching of medicine since the profession began, but the fact remains that, beyond book knowledge, online training and new simulation tools, it is from their mentors that doctors learn their profession – yet another reason to acknowledge and support their work. All that remains for us now is to show determination in ensuring that the recommendations put forward in this report are implemented.

Since Dr. Charles Dussault became president of the Fédération des médecins résidents du Québec (FMRQ) on July 1, 2010, he has contributed to gaining recognition for his colleagues' rights on the academic front, and with respect to wellness, physician resources and working conditions. Among the FMRQ's achievements since he took up the presidency are the abolition of 24-hour call duty in an establishment, and the introduction of a teaching premium for all Quebec medical residents. In 2009-2010, he was president of the Association des médecins résidents de Sherbrooke (AMReS), having been that association's vice-president for union affairs the previous year. From 2006 to 2008, he was president of the Association générale des étudiants en médecine de l'Université de Sherbrooke and a member of the board of the province-wide Fédération médicale étudiante du Québec (FMEQ). Dr. Dussault has received numerous awards and distinctions. He is currently completing a Master's in Clinical Sciences – Medical Research track. He is an R4 in cardiology at the Université de Sherbrooke medical faculty.

My Experience with the FMEC Postgraduate Project

Sarkis Meterissian, Associate Dean, Postgraduate Medical Education, Faculty of Medicine, McGill University

In early 2010 I received a phone call from Dr. Sarita Verma of the University of Toronto asking whether I wanted to join with their university and the University of British Columbia in a group application to AFMC for a research team on the Future of Medical Education in Canada postgraduate project. The group wanted to apply to be both the environment scan consultant and the liaison and engagement consultant. It was very clear right from the initial conversation that these two activities would entail considerable work, considerable travel, and considerable sacrifice of precious time and would cut into an already full plate of activities and commitments I undertake as McGill University's Postgraduate Dean.

Thus the decision was obvious: I accepted. How could one refuse an opportunity to work on a project that could redefine how we train our future doctors and how we organize and implement postgraduate medical education in Canada? This was clearly a once-in-a-lifetime opportunity to innovate, to think outside the box and to make Canadian postgraduate medical education the envy of the world of medical education.

The environmental scan consultant mandate beautifully brought together three major universities working towards the common goal of identifying, researching and defining the hottest topics in postgraduate medical education. The liaison and engagement consultancy, however, was an opportunity to feel the pulse of the postgraduate world, hear their ideas, feel their frustrations and live their dreams. My responsibility in this contract was to cover the Quebec medical schools as well as Dalhousie University and Memorial University. This novel approach was the result of feedback received during the Future of Medical Education in Canada undergraduate project whereby some in the undergraduate medical education world voiced their concerns that their opinions had not been adequately heard during the project and prior to the formulation of the final recommendations. In order to correct this lacune, AFMC, along with its partner colleges, devised the liaison and engagement consultant and it certainly served its purpose.

I first visited the six medical schools to receive their input on the initial phases of the project. I also met with the college of physicians of the various provinces, the resident associations, and the leadership of major hospitals as well as provincial health leaders. I brought their comments, their opinions and their wish lists back to the steering committee. When the draft recommendations came out, I revisited all of the above in the month of August and September 2011. I made nine separate visits collating important information that would influence the nature and content of the final recommendations.

Now that the final recommendations are launched, what do I think of the process? The word that best describes it is: comprehensive. I was exhausted on September 30th but relieved that we had accomplished our task of getting the folks who educate our future doctors to be involved in the process and boy did they participate. At one town hall at Dalhousie University there were well over 100 people who listened, argued, applauded and gave their opinions on this important project. After the announcement of the recommendations, the hardest phase will start: the Implementation phase. The AFMC, the Collège des médecins du Québec, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada know full well that this phase will require full participation and engagement of the folks that attended our meetings – in other words the folks in the trenches. In the end the recommendations cannot be implemented without buy-in from the postgraduate medical education world and it is this buy-in that the liaison and engagement consultants successfully achieved.

Dr. Sarkis Meterissian obtained his MD from McGill University in 1985 and then completed a residency in general surgery at the McGill Teaching Hospitals from 1985 to 1990. He then spent 2 years at the New England Deaconess Hospital in Boston completing a surgical oncology research fellowship under the supervision of Dr. Glenn Steele. Following this, he went to the MD Anderson Cancer Center in Houston, Texas where he completed a 2-year clinical fellowship in surgical oncology under the supervision of Dr. Charles Balch. Along the way Dr. Meterissian completed a Master's degree in experimental surgery under Dr. Armour Forse. He returned to McGill University in 1994 as an assistant professor of surgery and oncology. From 1997 to 2001 he was program director of the general surgical oncology program. In 2001 he was promoted to associate professor with tenure and also became program director of general surgery. He remained program director until 2007 when he took his current position as associate dean of postgraduate medical education. In 2010 he was promoted to full professor. He has been a core faculty member of the Center for Medical Education since 2001 and was president of the Canadian Society of Surgical Oncology from 2007 to 2009. He is the chair of the AFMC Standing Committee on Postgraduate Medical Education as well as the president of the Quebec postgraduate deans group. He is also president-elect of the Canadian Association of University Surgeons as well as Breast Surgery International.

Dr. Meterissian was named Outstanding General Surgery Teacher in 2000 and 2001 as well as Outstanding Teacher in the Department of Surgery in 1996. In 2005 he was named to the Faculty Honor List for Teaching and in 2007 he was awarded the Philip Wolfson Outstanding Teacher Award from the Association for Surgical Education. From 2007 to 2009 Dr. Meterissian was an International Medical Education Travelling Scholar visiting Utrecht and Stockholm.

Moving Beyond our Comfort Zone

Irving Gold, Vice President, Government Relations and External Affairs

The Future of Medical Education in Canada project, with its two reports dealing with MD and postgraduate education, has culminated in a comprehensive vision for the future. The 20 recommendations contained in the two reports, once implemented, will no doubt have a transformative effect on both the training that physicians receive in Canada, as well as the care Canadians receive.

Implementation of the recommendations, as with all such ambitious projects, will not be easy. To be sure, we are not starting from zero; many faculties of medicine across the country had already begun processes of change in the direction of the recommendations, even before the project was launched. Others enthusiastically and immediately embraced the principles contained in the reports. From my perspective, the question is not whether we will be able to achieve transformative change, but rather when, and more importantly, how.

One thing is certain – the recommendations pertaining to postgraduate medical education, more so than those addressing MD education, will require a collective will to implement. Medical education lives at the intersect of a complicated Venn diagram with the circles representing multiple stakeholders – faculties of medicine, universities, provincial governments, regulatory authorities, professional colleges, and others. To quote Dr. Ian Bowmer, President and CEO of the Medical Council of Canada:

"There are a lot of vested interests in the room that creates this report. We all are very secure in our own comfortable place and we are going to have to change. And one of the things that we are going to have to do, that we are going to have to give up … is some of [our] autonomy. Because it will only happen if we collaborate."

These words ring true for many of the challenges facing the Canadian healthcare system; indeed, facing Canada as a whole. Whether it is working with the Federal Government to enhance the processes we use to fund health and biomedical research in Canada to generate greater impact for Canadians, rethinking how healthcare services are best delivered by multiple healing professions to achieve better health outcomes, imagining a Canada where First Nations, Inuit and Métis populations no longer experience dramatic health and social disparities from the general Canadian population, or embarking on a more rational system of health human resource planning in this country, we are all going to have to become less protective of our territory and learn to think, and act, in new ways.

The optimist in me believes we can, and will get there. The signs are everywhere that we, as a large and diverse community, are ready to roll up our sleeves and get to work. But the devil is always in the details. Agreement in principle does not automatically translate into concrete action. Canadians, and the governments that represent them, will be looking to us to demonstrate, in very concrete terms, that our collective commitment to Canada's healthcare system extends well beyond our platitudes.

That change is afoot is a foregone conclusion. We face a collective choice; we can be part of the process of change and contribute to it, or it will be imposed upon us. I, for one, would prefer the former.

WINNING CASES - CHEC-CESC VIRTUAL PATIENT CHALLENGE

The Association of Faculties of Medicine of Canada (AFMC) and Canada Health Infoway are pleased to announce the winners of the CHEC-CESC Virtual Patient Challenge 2011. This year's Challenge was an initiative of the *AFMC-Infoway Physician in Training e-Health Curriculum and eLearning* project. The focus of the challenge was on virtual patients that incorporate the use of electronic health records (EHRs) and other e-health components that can be used to improve patient care.

The winning cases and authors are listed below. Each represents a creative and valuable new learning object which will be displayed during the Canadian Conference on Medical Education, in April 2012 and included in the CHEC-CESC national repository online. Winning authors will be awarded cash prizes as follows:

WINNERS:

First Place, $1000 award - A PERIPHERAL PREDICAMENT
Author: Adil Shamji, University of Toronto; Faculty Advisor: Marcus Law

Second Place, $600 award - POPPY GONE: PRENATAL CARE
Author: Carly Glasner, University of Calgary; Faculty Advisor: David Topps

Third Place, $400 Award - A NIGHT IN THE CCU
Author: Martin Betts, University of Toronto

All submissions to the CHEC-CESC Virtual Patient Challenge 2011 will be housed in the Virtual Patients Collaborative online. Interested parties are invited to explore the cases online and connect with authors for more information.

Canada Health Infoway and AFMC thank all participants for their excellent work and contribution to the CHEC-CESC Virtual Patient Challenge and national repository of Canadian-based virtual patient cases. The competition was tight and all cases represent solid contributions to e-health and e-learning.

CHEC-CESC
Canadian Healthcare Education Commons
Collaboration pour l'éducation en santé au Canada

Canada Health Infoway
Inforoute Santé du Canada

Défi Patients virtuels de la CHEC-CESC

GAGNANTS DU DÉFI PATIENTS VIRTUELS DE LA CHEC-CESC

C'est avec plaisir que l'Association des facultés de médecine du Canada (AFMC) et Inforoute Santé du Canada annoncent les gagnants du Défi Patients virtuels de la CHEC-CESC de 2011. Le Défi de cette année est une initiative des *Programmes éducatifs de cybersanté et du cyberapprentissage à l'intention des médecins en formation de l'AFMC-Inforoute*. Le Défi portait sur les cas de patients virtuels qui ont recours aux dossiers médicaux électroniques (DME) et à d'autres composantes de cybersanté dans le but d'améliorer les soins aux patients.

Les cas et les auteurs gagnants sont énumérés ci-dessous. Chacun représente un nouvel objet d'apprentissage créatif et utile qui sera exposé lors de la Conférence canadienne sur l'éducation médicale en avril 2012 et qui fera partie du répertoire national électronique de la CHEC-CESC. Les auteurs gagnants recevront des prix en argent comme suit :

GAGNANTS :

Première Position, Prix de $1,000 – A PERIPHERAL PREDICAMENT
Auteur : Adil Shamji, Université De Toronto; Conseiller Académique: Marcus Law

Deuxième Position, Prix de $600 - POPPY GONE: PRENATAL CARE
Carly Glasner, Université De Calgary; Conseiller Académique: David Topps

Troisieme Position : Prix de $400 - A NIGHT IN THE CCU
Martin Betts, Université De Toronto

Tous les cas participants du Défi Patients virtuels de la CHEC-CESC de 2011 figureront en ligne dans la Coopérative Patients virtuels. On invite les personnes intéressées à explorer les cas en ligne et à communiquer avec les auteurs pour de plus amples renseignements.

Inforoute Santé du Canada et l'AFMC remercient tous les participants de leur excellent travail dans le cadre du Défi Patients virtuels de la CHEC-CESC et de leur contribution au répertoire national de cas de patients virtuels canadiens. La compétition était serrée et tous les cas représentent des contributions solides à la cybersanté et aux cyberapprentissage.

CHEC-CESC
Canadian Healthcare Education Commons
Collaboration pour l'éducation en santé au Canada

Canada Health Infoway
Inforoute Santé du Canada

Heather Munroe-Blum, Principal and Vice-Chancellor of McGill University, is pleased to announce the appointment of one of McGill's foremost clinicians, researchers and administrators, Dr. David H. Eidelman, as Vice-Principal (Health Affairs) and Dean of the Faculty of Medicine, effective January 1, 2012.

Founded in 1821, McGill is Canada's leading research university, with an international reputation for outstanding students and faculty, scholarly achievement and scientific discovery.

McGill

David Eidelman, MDCM, FRCPC

A McGill graduate and native Montrealer, Dr. Eidelman has served as Chair of the Faculty's Department of Medicine and Physician-in-Chief at the McGill University Health Centre (MUHC) since 2004. In his leadership role, he was responsible for overseeing the largest clinical department in the Faculty of Medicine, encompassing academic activities at the MUHC, the Jewish General Hospital and St. Mary's Hospital Center.

Dr. Eidelman is an accomplished clinician-scientist, whose research in inflammatory disorders of the airways is based at the Meakins-Christie Laboratories in Montreal. His research interests have centred on the physiology of the airways, particularly in conditions such as asthma and cystic fibrosis. His current work focuses on the immunology of obstructive lung diseases.

In addition to his administrative successes as Chair and Physician-in-Chief, Dr. Eidelman has served as Director of McGill's renowned Division of Respiratory Diseases. He brings extensive knowledge of the Quebec health care system to his new position, and is an active leader in clinical medicine and research in Canada and internationally.

Dr. Eidelman received his MDCM (Doctor of Medicine and Master of Surgery) degree in 1979, and continued training in internal medicine at the University of Toronto, first at St. Michael's Hospital and then at Toronto General Hospital. He returned to Montreal shortly thereafter to pursue advanced training in respiratory medicine and research at McGill.