



Today's Research, Tomorrow's Doctors La recherche d'aujourd'hui, les médecins de demain

Health Research in Canada: Canada's place in a competitive world

Submission to Standing Committee on Finance

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by the Association of Faculties of Medicine of Canada

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Background

The Association of Faculties of Medicine of Canada (AFMC) represents the country's 17 medical schools and is the national leader and agent of change for Canada's medical schools. Our organization was founded in 1943. It functions to support individually and collectively Canada's medical schools through promotion of medical education, research and clinical care. We have key linkages with our parent universities (represented by AUCC), and our affiliated health care institutions for clinical education and research (represented by ACAHO).

In 1997, following cutbacks to enrolment, our Faculties of Medicine admitted 1563 first year medical students and this number has increased back to 2370 in 2005. In December 2000 there were only 1548 first year residents in postgraduate training reflecting the lower undergraduate enrolment in the prior years and we have increased enrolment to 2,058 in 2005. There were 6,781 Masters and PhD students in Faculty of Medicine programs in 1997/1998 and in 2003/2004 there were 9,015 enrolled.

At the same time, full time and part time faculty have grown from 8,471 in 1997/1998 to 9,758 in 2003/2004.

Our Faculties of Medicine attract health research funding that exceeds 50% of the total research revenues of their parent universities. In 1997/1998, CIHR funding totalled 194 million dollars and total funding flowing to the schools totalled 947 million dollars. In 2003/2004, CIHR funding totalled 496 million dollars and overall funding for health research totalled 2.254 billion dollars.

The expansion of Faculties of Medicine enrollment has taken place through the development of the first new medical school in Canada in 30 years and the development of campuses distributed outside the main university centres. For example, the University of British Columbia has a four year medical school campus in Victoria and one in Prince George, the University of Western Ontario has a campus in Windsor, the University of Montreal has a campus outside Trois-Rivieres, and Sherbrooke has a campus in Moncton, NB.

AFMC has a major focus on identifying and encouraging the social accountability of medical schools. Particular projects such as those addressing the need for more aboriginal physicians and developing a culturally competent physician are a priority for AFMC. We are also working through a task force to develop appropriate curriculum in public health for all physicians. Our Faculties of Medicine focus increasingly on the communication skills that physicians need and on in-cultivating a full understanding and application of "professionalism" throughout all our activities.

AFMC Recommendations

1) Health Human Resources

Despite the recent expansion of medical student enrolment in our Faculties of Medicine and the increase in our health research budgets, there is evidence that Canada is not responding adequately to the needs of Canadians nor are we maintaining a competitive advantage.

We can work over time to shape the undergraduate medical education curriculum to better meet the needs of society. This is a long term investment. However, the ability to reduce medical wait times for critical procedures as well as to improve access to all providers is specifically dependant on the number of providers. System reform can help somewhat but without an adequate supply of health care providers, no system reform will entirely meet the expanding needs. Recent data regarding the physician supply in Canada indicates that Canada has 7.1 first year places in medical school per 100,000 populations. This is in contrast to 12.9 in the U.K. and 7.1 in the U.S. In total numbers, the admission to medical schools in the fall of 2005 was 2,355 in Canada, 7,821 in the U.K. and 21,178 in the U.S. The United Kingdom which has many similarities in its delivery system to that of Canada (with a strong primary care base) has almost double the medical opportunity that we have in Canada.

In our medical schools and on our new campuses, more teachers are required. Not only do we need more teachers but we need more resources to provide them with the appropriate teaching skills and the physical environment to receive students and residents in training.

As you are aware, there is an increase in International Medical Graduates (IMG) training in our medical schools; this has led to another pressure on our existing teachers and its resources.

On the research side, AFMC, with its partner ACAHO, is conducting a survey to determine the number of scientists who are “at risk”. This group includes PhD scientists and clinical scientists who have contract positions or are funded through grants that may not be on-going. This group of scientists is invaluable to the health of our research enterprise. We estimate there will be several thousand such scientists are risk, and we could lose not only a valuable investment, but much talent, and many research ideas well on the way to productivity.

A strategy is required to address the HHR shortfall in the country and AFMC firmly believes that there is a role for the Federal Government in facilitating the expansion of our human resources and finding new ways to finance the expansion.

The AFMC therefore recommends:

- 1. The development of a Pan Canadian needs based approach to determine HHR needs now and into the future.**

2. **A funding envelope to support a coordinating mechanism for HHR.**
3. **Increased funding to flow to the provinces in order to further expand faculties of medicine training capacity, including infrastructure and faculty costs.**

2) *Health Research*

There are many examples to cite that point to the fact health research improves the health of Canadians. Canada has a proud tradition of world class health research that needs to be maintained and enhanced. Research and development is an economic magnet and a key component of a knowledge based economy. Through research we can address the unique needs of Canada and help solve crucial problems such as timely access, hard to serve population concerns, rural issues and wait times. Our return on the investment in health research can be seen daily as we apply findings in areas such as genetics, diabetes and infectious diseases directly to the Canadian population. Through research we can also improve the response system for emerging issues. Unfortunately, Canadian expenditure on research and development is well below the OECD average. We need to flow more funding that can provide not only for targeted and focused health research but also to provide research in basic sciences that leads to the ground breaking discoveries that benefit all Canadians, and indeed all mankind. The Federal Government needs to continue to support the Research Hospital Fund and ensure that a cost sharing formula is achieved with the provinces.

In order to have a robust health research program there needs to be support through our granting councils for the direct cost of research. Of equal importance is support for the indirect costs for research which is allocated to support the components of the research environment: facilities, resources, management and administrative services, regulatory requirements in accreditation and intellectual property.

The AFMC therefore recommends:

1. **Increase in support for CIHR, up to 350 million dollars over the next three years.**
2. **Increase in support for CFI, up to an additional 1 billion dollars between 2007 and 2010.**
3. **Increase in support for the indirect cost for research to 40% for each dollar of direct cost support provided through the granting agencies**