



AFMC

The Association of Faculties
of Medicine of Canada

L'Association des facultés
de médecine du Canada

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About AFMC

Founded in 1943, the Association of Faculties of Medicine of Canada (AFMC) represents Canada's 17 faculties of medicine and is the voice of academic medicine in this country. Our member faculties graduate over 2300 MDs a year; have 10,148 undergraduate medical students in training and 12,453 postgraduate trainees; and employ 21,687 full and part-time faculty members.

AFMC has 3 standing committees which provide guidance on continuing, postgraduate, and undergraduate medical education. Our fourth standing committee, which focuses on research and graduate studies, reflects the critical importance of research in our faculties, which undertook \$2.6 billion (\$2,607,386,000) of funded health research in 2007-08. Our 11 resource groups provide national engagement on a wide range of issues relating to our social accountability mandate such as diversity in our medical schools, global health, professionalism, and student affairs. This focus on social accountability reflects AFMC's firm commitment to the World Health Organization's statement that "[Medical schools have] the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public".

AFMC works to represent and support the mandates of our medical faculties – research, medical education, clinical care with social accountability. Our advocacy initiatives are tailored to keeping these issues high on the federal government's agenda and ensure that Canada's faculties of medicine serve as important resources to decision-makers in this country.

Representatives from the AFMC and CMA, along with students and public representatives are members of the Committee on Accreditation of Canadian Medical Schools (CACMS) which accredit the MD program in all 17 faculties of medicine in Canada. The accreditation is undertaken jointly between CACMS in Canada and the Liaison Committee on Medical Education in the U.S. Additionally, AFMC, through the Committee on Accreditation of Continuing Medical Education, also participates in the accreditation of the offices of Continuing Medical Education at all Canadian faculties of medicine.

The Canadian Post-M.D. Education Registry (CAPER) and the Office of Research and Information Services (ORIS) are the data-gathering and research arms of AFMC and house the nation's largest collection of data on medical education. CAPER and ORIS support Canada's faculties of medicine, academic researchers and policy-makers by publishing timely annual statistics on medical education which include information on medical school applicants and students, residents and fellows, international medical graduates, faculty members, graduate students as well as biomedical and healthcare research revenues. Often collaborating with regulatory authorities, certification and licensing bodies, governments and other health human resources stakeholders, CAPER and ORIS support numerous research initiatives by contributing expertise and customized data requests.

Since 2005, AFMC has also served as the secretariat for the Canadian Conference on Medical Education, delivered through a partnership between the AFMC, the Canadian Association for Medical Education, the College of Family Physicians of Canada, the Medical Council of Canada and the Royal College of Physicians and Surgeons of Canada. This conference is the largest annual gathering of medical educators in the country, and is an exceptional venue for our faculties and stakeholders to share experiences and plan new ways to better meet the needs of Canadians through our respective mandates.

Rebuilding Haiti's Faculties of Medicine

On January 12, 2010, Haiti was hit with a devastating 7.0 magnitude earthquake – the strongest Haiti has seen since 1770. The epicentre of the earthquake hit just 10 miles west of the capital city of Port-au-Prince, a city with 2 million inhabitants. The initial earthquake was followed by 33 aftershocks ranging in magnitude from 4.2 to 5.9. An estimated 3 million people were in need of emergency aid after the earthquake, and death toll estimates range from 50,000 to 200,000 depending on the source.

A devastating natural disaster such as this would be difficult for any country to recover from. In the case of Haiti, however, the challenges are monumental. This is perhaps nowhere more evident than in the area of healthcare. Haiti has the worst maternal mortality rate in the Americas; 630 maternal deaths per 100,000 live births. In terms of infant mortality, 1 out of 12 is at risk of dying before the age of five, most often as a result of diarrhea, fever or respiratory infection. Only 26% of births involve a trained health professional, and child vaccination rates are well under 40%.

At the heart of many of these problems is Haiti's significant shortage of physicians. With only 2.5 per 10,000 inhabitants, Haiti falls short of the Kampala vision of a minimum of 25 health workers per 10,000 inhabitants. Haiti's 4 medical schools, 1 public and 3 private, collectively graduate an average of 275 new physicians annually. While these numbers are low, they are further reduced by the high rate of attrition Haiti experiences; roughly 80% of its graduates are destined to leave the country.

Haiti's system of medical education is in dire need of reform. Medical training, both in terms of content and pedagogy, is not meeting common professional standards or the needs of its population. Haiti currently has no effective professional order or mechanism to ensure quality of medical training, continued professional development for practicing physicians, or quality of practice. There is thus no way of ensuring that graduating students achieve minimal competencies or that competencies are sustained after graduation. A major lack of resources, whether physical (laboratories, libraries, classrooms), human (technicians, demonstrators, laboratory technicians, librarians) or financial (inadequate salaries, part - time teaching) results in medical training that is, in essence, less than ideal. Its content is not systematically updated and is not subject to any structured educational approach.

The earthquake has dramatically intensified the impact of these problems. The healthcare needs of Haitians have only increased, as has the country's need for physicians. And yet, 2 of Haiti's 4 medical schools saw the total destruction of their infrastructure and were forced to suspend training. The pre-existing problems with the Haitian healthcare and medical education systems have now been exponentially compounded with the added need to rebuild its faculties of medicine.

The situation can be described as nothing less than tragic; however, the aftermath of the earthquake has presented an unprecedented opportunity for Haiti's 4 medical schools to work together and with the Haitian Ministry of Public Health and Population and several international organizations, including the AFMC, to not only rebuild their faculties of medicine, but to fundamentally transform their medical curriculum to ensure that future generations of Haitian-trained physicians are better able to serve their community and improve the health status of all Haitians.

On the heels of the earthquake, the AFMC and its 17 faculties across the country mobilized to provide assistance to their Haitian counterparts. Building on existing relationships between l'Université de Montréal, l'Université de Sherbrooke, and McMaster University, a meeting was held in Montreal on the 26th of May, 2010, which brought together over 50 stakeholders including the 4 Haitian Deans, representatives from the Haitian Ministry of Public Health and Population, the Haitian Medical Association, the Association of Haitian Physicians Abroad, the Royal College of Physician and Surgeons of Canada, the College of Family Physicians of Canada, the Society of Obstetricians and Gynecologists of Canada, and representatives from a US Inter - university Consortium (including University of Chicago, Dartmouth University, University of Illinois, Maryland University, University of Miami, University of Nebraska, University of Pennsylvania, University of Southern California, Tulane University) and the Conférence Internationale des Doyens et des Facultés de Médecine d'Expression Française. The purpose of the meeting was to identify the needs of Haitian faculties of medicine and the Haitian Ministry of Public Health and Population, and to identify the most constructive ways in which this AFMC-lead consortium could provide short, medium, and long-term assistance. While progress was made at this first meeting, a decision was made to send a Canadian delegation to Haiti in order to gather more information regarding the needs in Haiti and to further refine our proposed plan of action.

A second meeting was held in Haiti on July 1 and 2. During the first day, Canadian delegates conducted site visits to all 4 faculties of medicine and several hospitals, met with government officials, students, doctors, medical school instructors and administrators, all in an effort to ensure that our final proposal for assistance clearly reflected the articulated needs of these constituencies. The second day was comprised of a meeting with 65 participants, with the goal of prioritizing needs and potential Canadian interventions. These meetings have been critical and reflect our belief that any international collaboration must be built upon the self-identified needs of Haitian academic and government leaders.

What has emerged through our process of coalition building and consultation is a 6-year long proposal with 5 main components: (a) Improvements to medical school infrastructure, (b) Resources to enhance the quality of teaching in Haitian faculties of medicine, (c) Adaptation of medical school curriculum to the needs of the Haitian population, particularly mothers and children, (d) The development of stronger continuing medical education, and (e) Improvements to the governance structure of the system of medical education. The proposal, if funded, will not only greatly improve the quality of medical education in Haiti, but will serve to better adapt it to the particular needs of Haitians, ultimately resulting in an overall improvement of the health of Haitians, particularly women, children and the most vulnerable. Special attention will be paid to enhancing the skills and competencies of Haitian medical graduates in primary care/family practice, public health, health promotion, and population health.

Now is a pivotal time for Canada to provide tangible support to Haiti as it launches a co-ordinated collaborative initiative that merges the areas of expertise and strengths of its partners with those of Haitians, and which optimises the physical and human resources already being deployed to help Haitians rebuild their medical education and health system. The partnerships which have been built as a result of the processes leading to this proposal are significant and yield great transformative potential at a time when there is an unprecedented willingness of Haitian faculties and government officials to collaborate. This proposal, developed jointly by Haitians and Canadians, is designed to maximize these opportunities and is geared specifically for Haitian autonomy and the improvement of the health of all Haitians.

Given the enormous challenges being experienced by Haitian faculties of medicine, the unprecedented climate of collaboration in Haiti, and the emergence of an AFMC-led international partnership dedicated to assisting Haitian faculties of medicine to rebuild and revitalize, the Association of Faculties of Medicine of Canada is calling on the federal government to invest \$20M of it's foreign-aid budget in AFMC's 6-year project. Canadian faculties and their partners will be making in-kind contributions of close to \$3M to this project, and AFMC is also approaching private donors to cover the remaining project costs.

Health Human Resource Observatory

Canada rates very poorly on the physician supply indicator, ranking 25th out of 29 OECD nations in 2007 with respect to its doctor-to-population ratio. In 2008, the Canadian Medical Association, observed that "Canada would need an additional 26,000 doctors to meet the OECD average" doctor-to-population ratio"¹. According to Statistics Canada, "in 2008, 84% of Canadians aged 12 or older reported that they had a regular medical doctor, down from 86% in 2003". Furthermore, "among the 16% of Canadians who did not have a regular doctor, 56% reported that they had not looked for one while 43% reported they could not find a doctor"².

Canada's poor international standing on physician supply and the large number of people without family doctors are, in part, a legacy of our past. In the late 1980's and early 1990's, it was thought by many that Canada was facing a pending oversupply of physicians. As a result, entry level medical school class sizes were scaled back. In 1997, 1,577 students entered medical school compared to 1,812 in 1985 - a 13% reduction.

Over the past decade, faculties of medicine and provincial-territorial governments have taken great strides to close Canada's physician supply gap. Increased MD program class sizes have resulted in 5,938 more students entering medical school. This is in addition to the number that would have entered if the 1997 entry figure remained in effect. In total, 23,285 medical students have entered Canada's faculties of medicine since 1997.

However, the process of addressing health human resource (HHR) planning is as complex and intricate as the issues themselves. As health system planners and managers we must accept that the optimal health care delivery model in one setting is not necessarily the optimal model in another setting. For example, health workers in remote areas may arrive at different, yet entirely appropriate, solutions than collaborative networks in large urban centres. Communities may have unique needs that prompt health care providers to find new ways of working together. Legislative, administrative and regulatory frameworks can induce health care providers to practice in new ways. Therefore, collaboration and coordination is essential in such a complex system.

Numerous federal bodies play important roles in HHR planning, including Health Canada's HHR Strategies Division. Agencies like Statistics Canada and the Canadian Institute for Health Information work diligently to deliver timely, relevant health data. Federal, provincial and territorial governments endeavour to coordinate their health care planning efforts through bodies like the Advisory Committee on Health Delivery and Human Resources. Professional medical organizations do likewise through the Canadian Medical Forum.

The Health Council of Canada has taken on the important mission of assessing progress in improving the quality, effectiveness and sustainability of the health care system. Similar health quality agencies have been established in a number of Canadian jurisdictions. Moreover, provincial governments have established regional and local health authorities in an effort to have communities manage health care delivery in a way that meets their unique and immediate needs.

Many HHR conferences are held in Canada each year. A variety of organizations host important HHR conferences that promote knowledge exchange. These conferences foster improved understanding of issues as wide-ranging as aboriginal health care, recruitment and retention and healthy work places.

Reflecting on the collaborative nature of healthcare delivery, we must ask ourselves if our HHR planning efforts have been well coordinated. Unfortunately, one is left with the impression that our efforts are fragmented. Our common goals and objectives appear divided.

AFMC was very pleased to see that the first recommendation in the June 2010 Report of the Standing Committee on Health referenced the idea of a Health Human Resource Observatory. Without undervaluing the important HHR planning efforts that are underway in Canada, the Association of Faculties of Medicine of Canada calls for the establishment of a Health Human Resource Observatory for Canada. The observatory would provide a formal structure for the collection and analysis of Canada's disparate data sets, the collection of data where needed, and would serve as a resource to governments, federal and provincial, in matters of health human resources. The observatory would be broadly constituted and representative of federal, provincial and territorial governments, the public, a wide range of health care provider groups as well as health system managers and researchers.

As a first step in the realization of this project, AFMC is requesting \$600,000 to establish a secretariat and hold a series of national, regional and provincial consultations which would culminate in an actionable and fully-costed business plan for the observatory.

The multiplicity of HHR planning activities in Canada underscores the pressing need to coordinate our efforts. To date, our fragmented HHR planning efforts are analogous to a body of appendages that lacks a coordinating brain function. At the ground level – and more so than ever – diverse health care providers work together to care for patients. Canada's HHR Observatory must bring together care givers, patients, governments, managers, researchers and other stakeholders to analyze data, make evidence-based recommendations and build consensus around forward-looking strategies.

Health and Biomedical Research

The health research community was pleased to see the investment in health research in Budget 2010 which, in spite of difficult economic times, shows the federal government's recognition of the importance of health and biomedical research in the lives of Canadians. Investments in the tri-councils, particularly CIHR, Genome Canada, Health Infoway and the Rick Hansen Foundation demonstrate the significance that research plays for government and the importance of continued and increased investment.

The faculties of medicine play a major role in health research contributing to improved clinical care and health promotion for Canadians and the global expansion of knowledge in health and biomedical sciences. A rapid response to emergent medical crises requires a trained medical workforce and also a solid research base providing the information and insurance of best practice. Canada has had a proud history in fundamental discovery research leading in areas such as the ground-breaking work on neural stem cells or the sequencing of the SARS virus. Financial investment in funding for research programs in basic fundamental discovery is critical to maintain, ensuring our ability to respond to new challenges and understand basic properties of healthy and diseased tissue.

Canadian researchers are also internationally recognized for their unique large-scale pan-Canadian research programs of interdisciplinary teams such as the Canadian Cardiovascular Outcomes Research Team or the Canadian Longitudinal Study on Aging. Our success with these research endeavours is based on long-term investment by our government providing the necessary foundation in infrastructure, state-of-the-art resources and highly-skilled health research professionals. The vision for completion of these projects requires long-term planning and the financial support for long-term commitments.

The faculties of medicine have a unique position being part of the university system and working in close relationship with academic healthcare organizations. This is highlighted in the report titled *Three Missions, One Future... Optimizing the Performance of Canada's Academic Health Sciences Centres* which can be accessed at: <http://www.ahsc-ntf.org/?document&id=12>. ***The development of academic health science networks will be the engine to make Canada a leader in healthcare innovation and effective efficient healthcare delivery and needs to be a national and provincial priority.***

Support for infrastructure and indirect costs associated with these organizations are critical for researchers in the health professions. Over the years based on strategic initiatives of our granting councils, particularly the CIHR, there has been an unprecedented investment in interdisciplinary research teams resulting in alignment of clinical, biomedical, health services and community health research into multi- and interdisciplinary research teams tackling some of the major health issues of Canadians. Following on this approach, the CIHR has recently released for discussion a strategy on patient oriented research. The aim of this research will be to coordinate efforts “in patient-oriented research to improve the quality, accessibility and cost-effectiveness of its health-care system.” ***Canada's faculties of medicine are keen supporters of this strategy and encourage the federal government to provide investment for its implementation. AFMC is also supportive of the recommendation contained in the brief submitted by the Association of Canadian Academic Healthcare Organizations (ACAHO) that “the federal government invest funds in an incremental fashion that would, first, allow for the implementation of a series of pilot projects, and then if successful, move to a series of centres across the country.” ACAHO estimates the cost of each pilot project to be in the \$10 million range and recommends that 3-5 projects be undertaken to address a diversity of issues in all regions of the country.***

The federal government has recognized the strategic importance of training highly skilled research professionals through programs such as the Vanier awards and the recent investment in postdoctoral fellows. Nurturing young minds to work on critical issues in biomedical sciences, health promotion, health policy and clinical application is critical for Canada to remain at the forefront of research. ***AFMC strongly encourages the government to enhance training programs by investing in programs from early stages of research education at the undergraduate levels, through masters and doctoral studies. Secure funding for all stages of research training provides an opportunity to have a meaningful impact on a large cross-section of Canadians, resulting in a better educated population of decision-makers. We encourage the government to build this strong investment in research enhancing the infrastructure, state of the art research tools and next generation of highly skilled researchers.***

¹ OECD Health Data, 2009.

² Canadian Medical Association, 2008. See http://www.cma.ca/index.cfm/ci_id/84950/la_id/1.htm. Cited 3 December 2009.