



Smart Spending in Difficult Times: Investing in our Future

Submission to the Standing Committee on Finance

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**The Association of Faculties of Medicine of Canada
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Executive Summary

Budget 2009 was developed against a very difficult backdrop; the global economic downturn forced governments, and all Canadians to make extremely difficult decisions in terms of spending priorities. This occurred at a very unfortunate time - Canada's healthcare system had already started to show signs of strain and the federal government was poised to continue implementation of its Science and Technology Strategy to ensure that Canada maintains its global leadership position in scientific talent, discovery and application.

These fiscal realities resulted in significant spending meant to stimulate the economy and provide immediate relief to Canadians. This spending placed an enormous strain on our national treasury, and investments in research and healthcare were subsequently scaled back. According to experts and the Federal Government alike, Canada is well poised to be one of the first countries to emerge from the economic crisis. We are therefore in a position to begin to resume our investments in programs that will ensure continued national prosperity. In this submission, AFMC is presenting three recommendations for Budget 2010 that we believe are both realistic and necessary for Canada to secure a bright and healthy future.

Canada's shortage of doctors is widely acknowledged. Our faculties of medicine must train as many medical practitioners as possible destined for practice in this country to ensure that we can meet our collective healthcare needs of today and tomorrow. Our first proposal is built around increasing the number of residency positions made available to international medical graduates (IMGs), including Canadians studying medicine abroad, who wish to pursue post-graduate training and ultimately practice medicine in this country. **This proposal will cost \$86M over 5 years and will create 250 new postgraduate training positions for IMGs, including Canadians studying medicine abroad, to increase our medical workforce.**

In addition to an adequate supply of doctors, Canada must also ensure that the doctors it graduates are trained as medical experts but also equipped with the contextual knowledge necessary to provide the right care at the right time in line with the needs of our diverse population. **We propose that the federal government invest \$50M over ten years in a fund for Social Accountability in Medical Education to significantly expand the critical social accountability work already being done and to better understand and respond directly to community needs throughout the country.**

Ensuring that Canada has an adequately robust medical workforce that is trained to respond to the diverse needs of the populations they serve is critical. Equally critical is ensuring that these medical practitioners are accessing and creating the knowledge base they need to deliver optimal healthcare services in an evidence-based fashion. This means ensuring that Canadian researchers are able to conduct world-class research in established priority areas and continue their tradition of investigator-driven research that forms the foundation of future applied research. **In order to achieve the ambitious objectives outlined in Canada's new Science and Technology Strategy, AFMC is recommending that funding to the Canadian Institutes of Health Research be increased to equal 1% of national health expenditures (\$1.27B).**

Recommendation #1: Increasing residency positions

By all accounts, Canada has a doctor shortage. Our faculties, with support from federal/provincial/territorial governments, have gone to great lengths to increase the number of undergraduate students admitted to medical school each year. To increase the number of doctors practicing in this country, however, Canada must also ensure that there are sufficient postgraduate positions available for the graduates of our medical schools and for international medical graduates including Canadians studying medicine abroad.

One way of doing this is to reduce the number of postgraduate medical residency positions currently occupied by visa trainees – trainees who are expected to leave Canada after their training. There are many compelling reasons for Canada to have Visa trainees in our faculties – doing so helps us meet our important international social accountability obligations, visa trainees often provide supervised direct care to Canadians as part of their learning, and they add significantly to the cultural diversity of our trainee population. In light of our current doctor shortage, however, it may well be time to modestly reduce the number of visa trainees in Canada to create more capacity to train for IMGs, including Canadians studying medicine abroad.

In 2008, 1,299 IMGs applied for postgraduate training positions with 353 (27%) being matched to a residency position. In 2009, this number rose to over 400. There continue to be a number of qualified Canadians studying medicine abroad and other IMGs who are unable to secure a postgraduate position in Canada.

AFMC recommends that 50 new postgraduate training positions be made available to IMGs, including Canadians studying medicine abroad, for five consecutive years, starting with the 2010-2011 academic year. These 50 positions will replace some or all positions currently occupied by Visa Trainees in sites where residency training capacity is limited. The cost of this reallocation would be based on the assumption that the annual cost per residency position is \$125,000. This figure includes \$75,000 paid to faculties of medicine to cover training costs (costs that are currently paid through contracts with foreign sponsors) plus \$50,000 for residents' salary and benefits.

The reallocation strategy would result in an overall addition of 250 physicians to Canada's physician workforce. These additions would be realized over the period 2010-11 to 2018-19. The total estimated cost of the initiative would be \$85,937,500, or \$343,750 per physician added to the workforce.

AFMC recommends that the federal government allocate \$86M over the next 5 years in order to create 250 new postgraduate training positions for Canadian citizen/permanent residents thereby adding up to 250 new physicians to Canada's workforce targeting Canada's healthcare priorities.

Recommendation #2: Social Accountability in Medical Education Fund

The link between social accountability and medical schools was well articulated in 1995 when the World Health Organization published a monograph titled *Defining and measuring the social accountability of medical schools*:

“Social accountability of medical schools is 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.”

Following this report, Deans of Medicine, members of the Canadian medical community, national medical organizations, students and residents, the Federal/Provincial/Territorial Advisory Committee on Health Human Resources, provincial and territorial governments and Health Canada set out to identify a social accountability vision for Canada's faculties of medicine. This vision was articulated in a 2002 publication titled “*Vision Paper: Social Accountability of Canadian Medical Schools*”.

Since 2002, with support from Health Canada, the Social Accountability Initiative of AFMC has penetrated all of the medical schools in Canada and has involved countless partners in health care.

Local and national networks of academic health professionals and researchers have been developed and are being strengthened as they work to identify and meet the needs of their diverse communities. National initiatives have included projects aimed at educating future physicians in palliative and end-of-life care, the healthcare needs of Francophone Minorities outside Québec, professionalism, improving public health medical education, health needs of Canada's Indigenous Peoples, inter-professional practice, resources for teachers of Internationally Educated Health Professionals, consultation with young leaders from across Canada to inform medical education, and a major analysis of the state of medical education in Canada.

Each of these social accountability projects has been funded by modest, short-term financial contributions from Health Canada for which we are most grateful. These contributions have led to the creation of numerous reports, resources, and strategies to address some of Canada's most pressing healthcare challenges. Unfortunately, however, due to the short-term nature of the funding, these projects have fallen short of reaching their full transformative potential. An illustrative example is our work to help improve First Nations, Inuit and Métis Peoples health.

In partnership with the Indigenous Physicians Association of Canada and many others, a set of tools was developed to shape undergraduate medical school curriculum so that all medical students, residents and doctors are properly educated about the world view, culture, history and current realities of First Nations, Inuit and Métis (Indigenous) Canadians. Community engagement is central to our work in this area, and a national network of Indigenous health educators has been established. When current funding runs out in March 2010, AFMC will not have the resources to sustain the national network of educators needed to provide peer support for this work, maintain and develop resources for curriculum implementation, evaluation and faculty development, nor to do the ongoing consultation and create / sustain partnerships with First Nations, Inuit and Métis Peoples / organizations which is essential to this work.

Each year, some seats designated for self-identified Indigenous medical students remain vacant. To increase the number of Indigenous physicians in Canada, strategies and tools have been produced to improve recruitment and retention. A network of medical faculty Indigenous program offices has been established and national meetings have been held with admissions and student affairs office representatives to share challenges and successes and work to identify and address barriers within the admissions process. Much more work is needed, however. We need to develop supports for Indigenous students, improve outreach at early ages to both students and their families, and help improve access and quality of science education. We currently lack the resources to do this important work which takes time, consultation, and commitment.

AFMC has just completed a major analysis of medical education in Canada. The project, funded by Health Canada, is poised to make several recommendations which touch on existing as well as new and emerging social accountability needs. The report will highlight the need for a more diverse applicant base for medical school including a focus on Canadians from rural and remote communities and from lower socioeconomic strata, the need for a more robust process of assessing applicants to include more non-academic factors, and the need to provide more medical education in the community.

All of our social accountability initiatives suffer from a lack of sustained funding and subsequently, great potential left unrealized. Most medical faculties do their share at the local level to implement and sustain elements of this work, but without a national focus, drive, and sustained funding, there isn't the important consistency and national scope for these initiatives to be implemented across the country. We also lack the resources to address gaps in these programs and new and emerging social accountability needs. In order to truly achieve social accountability in medical faculties, increased, stable funding is needed.

This is perhaps most true in the present context. Social accountability is not a luxury that should only be funded in times of prosperity or through budgetary surplus. It is precisely during difficult economic times that these projects are of most import; the most vulnerable among us need to be protected and bolstered when times are difficult.

AFMC is recommending that the federal government allocate money in Budget 2010 in order to situate our social accountability work on solid footing and to allow us to bring our deliverables to bear across the country. These funds would be used to (a) create a stable scanning process to identify new and emerging social accountability needs in Canada, (b) create new programs and initiatives resulting from these scanning processes, (c) provide stable funding for existing social accountability activities in our faculties to be implemented nationally, (d) evaluate the impact of social accountability initiatives across the country, and (e) partner with other organizations in areas where our faculties should be involved but not necessarily lead.

AFMC recommends that the federal government allocate \$50M over ten years for the creation of a Social Accountability in Medical Education fund to be administered by the Association of Faculties of Medicine of Canada.

Recommendation #3: Strategically Increasing Research Support

Since its election, the present government has shown enthusiasm in the support of health and biomedical research, implementing a particularly strategic approach to funding with a focus on building national areas of expertise and moving the results of research into our hospitals, marketplace and ultimately to the community to improve the health of Canadians and to benefit our economy. Advantage Canada, our Science and Technology Strategy, and the most recent targeted federal investments in research are a clear sign that this government wishes to take an approach to research that is based on outcomes and value to Canadian society. We believe this is a well-founded approach and are confident that with adequate resourcing, our community of health and biomedical researchers are well poised and prepared to deliver on our national objectives.

The government's focus on increasing the competitiveness of Canadian health research and researchers is already bearing fruit. Investments made through CIHR, NSERC and SSHRC as well as the various Networks of Centres of Excellence initiatives, the Canada Research Chairs Program, Genome Canada and the Canada Foundation for Innovation are enabling Canada to become increasingly able to address the unique healthcare needs of Canadians and to solve crucial problems such as timely access, delivering care to difficult to serve populations, and the monumental challenge of reducing unacceptable wait times for health services. Canadian researchers are also directly applying research to areas such as chronic diseases, clinical genetics, cancer treatments, diabetes and infectious diseases, and we are building a foundation of world-class health researchers.

Our recommendation to the federal government for Budget 2010 is a strategic and balanced increase in research funding to CIHR. This increase must be balanced to cover the entire spectrum of health research; while biomedical and clinical research is vital to the basis of our health care system in Canada, health services and policy research and the broader social science research are critical for the health of the nation.

A balance must also be struck between the funding of fundamental and applied research, both of which are essential to achieve the government's goals. While the latter is most obviously tied to the commercialization agenda, it cannot be forgotten that great discoveries and innovations stem from investigator-driven, fundamental research. Moreover, priority research areas identified must take into consideration both current and emerging research areas that are on, or just below, the

horizon. The latter is particularly important to recruit and retain the best and the brightest researchers - those in the decade ahead who will be conducting innovative, groundbreaking research with enormous potential for return.

The Faculties of Medicine attract health research funding that exceeds 50% of the total research revenues of their parent universities and faculty-based research plays a pivotal role in the health and biomedical research enterprise in this country. The AFMC Research and Graduate Studies Committee speak for the research community of the 17 Faculties of Medicine. AFMC works closely with our colleagues in health and biomedical related fields of the universities and are intimately associated with the academic health care centres, our partner association ACAHO (Association of Canadian Academic Healthcare Organizations).

Each of the Faculties of Medicine has a critical tri-partite mission comprised of research, education and clinical care. While public attention is paid primarily to our role in training our future medical workforce, each of the three elements of our mission is equally important and critical to the success of the others; in particular, a healthy and strong research base situated in our faculties of medicine is of paramount importance to the health of our healthcare system and of Canadians. The pedagogical value of research is often overlooked, but our faculties are the spawning ground of Canada's future research community. To train the best and the brightest researchers of tomorrow, faculty-based researchers of today need active and world-class research programs. In addition, faculty-based clinician scientists are able to bridge the gap between research and the delivery of healthcare. These individuals provide us with leadership in evidence-based healthcare and are agents of change through translational research and the commercialization agenda.

There are three fundamental elements in maintaining world-class health research in Canada: a skilled workforce, the infrastructure to support research and the funding for operational costs to conduct the research. To maintain and accelerate our international health research position we must continue to make a commitment to all three of these fundamental building blocks in strides that keep pace in the global arena. In recent years Canada has made prominent investments in world-class research infrastructure. Indeed Budget 2009 provided one of the largest investments in research infrastructure in recent years. This investment by the federal government has sent a clear message to the research community that the government is committed to an accelerated research agenda. At present, Canada has a wealth of research talent and world-class research infrastructure; what is now needed is increased research funding to maximize the investments already made in these important resources.

AFMC recommends that the Federal Government increase its investments in health and biomedical research, in a balanced and strategic way, to bring the total amount to 1% of Canadian health expenditures. This 1% solution will capitalize on our past investments and enable us to reach the objectives set out in Advantage Canada and Canada's Science and Technology Strategy. Further, we recommend that a significant portion of this increase be allocated to programs aimed at enabling those who conduct world-class research in this country to create and sustain productive and transformative research careers, and to apply their research to the betterment of Canada.

Appendix 1: About AFMC

Founded in 1943 in response to the Canadian government's need to accelerate medical school programs to increase the number of graduates to meet wartime requirements during the Second World War, 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. AFMC supports medical education, research, and clinical care in our Faculties.

Currently our Faculties of Medicine enroll just over 2,500 first-year medical students annually and supervise the postgraduate education of 8,942 residents funded through Ministries of Health and an additional 3,019 residents and fellows funded from non-Ministry sources. Over 9,600 graduate students (masters, PhDs) are enrolled in medical faculties. Medical schools attract funding that generally exceeds 50% of the total research revenues of their parent universities.

AFMC contributes to the improvement of medical education in Canada in a number of ways. With our partner, the Canadian Medical Association, we accredit programs leading to MD degrees, a process done conjointly with the Liaison Committee on Medical Education of the United States of America, a unique international collaborative effort. With a number of partners, we also accredit offices of continuing medical education located in our faculties across the country. We play an active role in the accreditation of programs leading to certification in family medicine and in the more than 60 specialties sponsored by the Royal College of Physicians and Surgeons of Canada. We are an active partner in the Canadian Residency Matching Service (CaRMS), and we direct the Canadian Post-MD Education Registry (CAPER), a tracking system that allows us to predict entry into practice of our residents and fellows.

Vision: National and international leadership in health education, research and care to meet the needs of all Canadians.

Mission: To ensure the health of Canadians by promoting and supporting excellence in health education and research.

Strategic Goals:

1. To be a leading advocate and an expert voice on issues relating to health education, health research and clinical care.
2. To respond to changing societal needs with innovative educational programs.
3. To provide leadership in the development of a health human resource plan.
4. To define and advocate for appropriate funding to achieve the education and research missions of the Faculties of Medicine.
5. To enable and sustain academic careers for health and biomedical researchers through capacity building, education and funding.
6. To provide leadership in enhancing our accreditation programs and in developing a world class Canadian Conference on Medical Education.

Appendix 2: Our Faculties of Medicine

Memorial University of Newfoundland

Faculty of Medicine

Dean: Dr. James Rourke

Dalhousie University

Faculty of Medicine

Dean: Dr. Thomas J. Marrie

Université Laval

Faculty of Medicine

Dean: Dr. Pierre Durand

Université de Sherbrooke

Faculty of Medicine and Health Sciences

Dean: Dr. Réjean Hébert

Université de Montréal

Faculty of Medicine

Dean: Dr. Jean L. Rouleau

McGill University

Faculty of Medicine

Vice-Principal (Health Sciences) & Dean:

Dr. Richard I. Levin

University of Ottawa

Faculty of Medicine

Dean: Jacques Bradwejn

Queen's University at Kingston

Faculty of Health Sciences

Dean: Dr. David M.C. Walker

University of Toronto

Faculty of Medicine

Dean: Dr. Catharine Whiteside

McMaster University

Faculty of Health Sciences

Dean & Vice-President: Dr. John Kelton

University of Western Ontario

Schulich School of Medicine and

Dentistry

Dean: Dr. Carol Herbert

Northern Ontario School of Medicine

Dean: Dr. Roger Strasser

University of Manitoba

Faculty of Medicine

Dean: Dr. J. Dean Sandham

University of Saskatchewan

College of Medicine

Dean: Dr. William Albritton

University of Alberta

Faculty of Medicine & Dentistry

Dean: Dr. Philip Baker

University of Calgary

Faculty of Medicine

Dean: Dr. Thomas Feasby

University of British Columbia

Faculty of Medicine

Dean: Dr. Gavin Stuart