



The Royal College of Physicians and Surgeons of Canada



**Annual
Report**
2004

The Royal College of Physicians and Surgeons of Canada
Founded 1929
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For additional information please contact:

The Royal College of Physicians and Surgeons of Canada
774 Echo Drive
Ottawa, ON Canada K1S 5N8
Tel.: 613-730-8177 / 1-800-668-3740
Fax: 613-730-8830
publications@rcpsc.edu

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Advancing our cause through cooperative advocacy

A message from the President and the Chief Executive Officer

In recent years, The Royal College of Physicians and Surgeons of Canada has continued its primary activities in postgraduate medical education and continuing professional development, and has continued to advocate for specialty care in Canada in a way that is increasingly responsive to societal needs.

For example, the College has been calling for governments to ensure better access to quality specialty care and to address medical workforce issues. We believe that our advocacy on behalf of specialty medicine and our vision of “the best health for Canadians” will be most successful if it is carried out in a cooperative manner that respects the views of our partners in healthcare. By using this approach, we hope to ensure that governments will continue to welcome us to their policy discussions and that our voice will be heard when issues are being decided.

From the same perspective, we also understand and appreciate the need to work within cooperative frameworks such as the National Physician Survey (NPS). This project has already demonstrated how much can be achieved when Canadian medical organizations work together.

The College recognizes that the Canadian healthcare system is evolving and the system must change if it is to cope with emerging needs and issues. The College is helping to promote the necessary changes in several ways:

- A new national umbrella organization, the Federation of National Specialty Societies, has facilitated the College’s ability to communicate and collaborate with national specialty societies, and hence our Fellows, on issues of common interest that affect specialty medicine.
- The College is committed to improving the health of Aboriginal Canadians and to enlarging the presence of Aboriginal Peoples in the medical workforce. We are continuing to explore these initiatives and are examining ways to increase the provision of culturally safe care to diverse minority populations.
- During the past year, College working groups began updating the College’s CanMEDS framework to reflect the realities facing today’s physicians.

*Dr. John W.D. McDonald, FRCPC, President and
Dr. Michel Brazeau, FRCPC, CEO*



Our commitment to constructive healthcare change was also reflected in the College's 75th anniversary celebration in June 2004. The anniversary theme, "Informed by our past, focused on our future," accurately expresses the fact that the College's history, experience and reputation uniquely position it to be a leader in strengthening specialty medicine.

The College will continue to advocate for change. We will collaborate in identifying new models of healthcare that will enhance the provision of specialty medical care. We will continue to work toward our vision of the best health for Canadians. In everything we do, whether it is in medical education, professional development or setting standards, we keep foremost in our minds the individual and collective success of our members and the needs of patients for safe and high quality care.

None of this would be possible, of course, without the solid support of volunteers. For this reason, we would like to thank the 1,300 Fellows and Resident Members who volunteer every year and who provide indispensable expertise and energy in virtually all areas of the College. During 2004, their dedication was evident in their service to committees, task forces, accreditation and examination processes, specialty residency programs and continuing education programs.

We would also like to thank our donors for their generosity, gifts and enduring commitment as we marked the 45th anniversary of the College's Educational Endowment Fund this past year. This fund and the other special endowment funds provide a source of financial support that helps prepare our next generation of medical specialists.

Finally, the Royal College continues to benefit from the support of highly skilled and committed staff.

Thanks to you and your support, our work will continue.

Dr. John W.D. McDonald, FRCPC,
President

Dr. Michel Brazeau, FRCPC,
CEO

Turning our vision into action

Our mission

The Royal College of Physicians and Surgeons of Canada (RCPSC) is an organization of medical specialists dedicated to ensuring the highest standards and quality of healthcare.

Our vision

The Royal College is dedicated to the best health for Canadians and to leadership in specialty medicine.

The vision of the College is founded on innovation, on the ongoing pursuit of excellence and on the highest ethical values of our profession. Through the teamwork of its Fellows, volunteers and employees, the College achieves its vision in a variety of ways:

- advocacy for quality healthcare
- broad membership involvement
- innovative technology
- the highest standards of specialty medical education
- partnerships and collaboration
- appropriate funding
- efficient management



Working for the health of Canadians

Since its establishment in 1929 by a special Act of Parliament, the role of the College has been to oversee the medical education of specialists in Canada and to advance the standards of postgraduate medical education and practice.

The College provides governments, the public and other organizations with an important perspective on major specialty healthcare issues. In recent years, it has increased its involvement in medical research, the assessment of specialist physician resources and the advancement of high standards of specialist practice through its promotion of continuing professional development. The College also collaborates with medical schools, national specialty societies, national professional associations, voluntary health organizations and government agencies. As a result, it can play a central role in discussions that affect medical education, continuing professional development, medical research and health policy.

The Royal College is a national, not-for-profit organization. While the College is not a licensing or disciplinary body, it does have several responsibilities:

- prescribing the requirements for specialty education in 60 medical, surgical and laboratory disciplines and two special programs;
- accrediting specialty residency programs;
- assessing the acceptability of residents' education;
- conducting certification examinations (except in Quebec, where it shares this responsibility with the Collège des médecins du Québec);
- advancing a high standard of specialist care through its Maintenance of Certification program;
- promoting high standards of professional and ethical conduct among its members; and
- contributing to the development of sound health policy.



The year in numbers

Members worldwide in 2004	39,000
Fellows	35,900
Resident Members	3,100
Members in Canada	85%
Members in the United States	11%
Members internationally	4%
Physicians certified by the College in 2004	1,400
Physicians admitted into Fellowship in 2004	1,200
Number of College-recognized disciplines, including specialties, subspecialties and special programs	60
Number of full- and part-time staff	160
Number of volunteers—Fellows and non-Fellows—contributing to Royal College activities	1,300

(Note: the figures in the above table have been rounded down.)



*Fellows and staff
circulate in the atrium
for a refreshment break
while attending a
Royal College meeting.*

The benefits of membership

Membership in the College is voluntary. Medical and surgical specialists certified by the Royal College join the College as Fellows. Medical residents may become Royal College Resident Members if they are registered with the postgraduate office of a Canadian medical school, enrolled in a College-accredited residency program and have not previously been certified by the Royal College.

Some benefits of membership include:

- the right to use the professional designation FRCPC (Fellow of the Royal College of Physicians of Canada) or FRCSC (Fellow of the Royal College of Surgeons of Canada), which identifies the medical specialist as a Fellow of the College and denotes a standard of specialty education and achievement recognized worldwide;
- the Maintenance of Certification program through which Fellows can plan and document their continuing professional development and thereby demonstrate the transparency and accountability increasingly expected by the public;
- affiliation with an organization of more than 39,000 like-minded professionals working to shape key issues in specialty medicine and healthcare;
- access to extensive online information, resources and College publications;
- listing in the publicly accessible online Directory of Fellows;
- funding and recognition opportunities through awards and grants programs;
- opportunities to influence the direction of specialty medicine by voting and holding elected office within the College;
- opportunities to participate in College committees or act as an examiner; and
- networking opportunities through workshops, the Annual Conference and committees.

Setting the standard for continuous improvement

The Royal College is dedicated to the ongoing improvement of educational standards and to ensuring that these standards are met. The year 2004 saw a number of key initiatives focused on improving training and assessment, accreditation and professional development.

The new CanMEDS framework

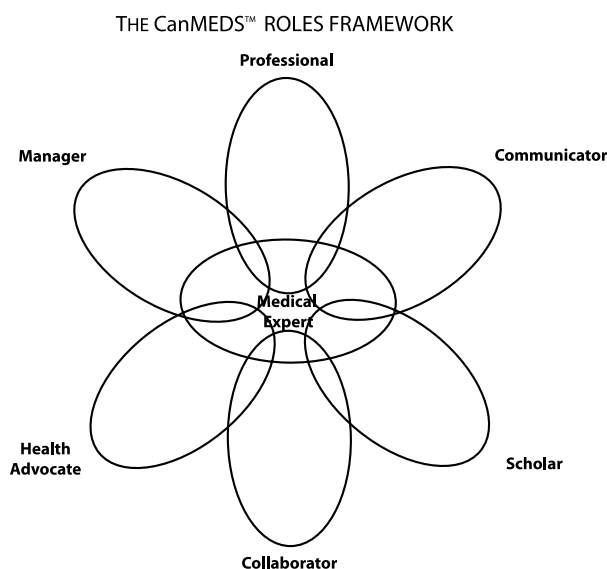
In 1996, the College's Council adopted a framework of core competencies for all specialists, called the "CanMEDS Roles." The framework is the basis for the standards of the Royal College's educational mission and has been incorporated into accreditations, evaluations and examinations, as well as

objectives and standards for training and continuing professional development.

Revision of the 1996 CanMEDS framework, which began in 2003, is part of the College's continuous improvement of educational standards. The goals of this revision were to ensure the CanMEDS Roles are relevant and to

update the CanMEDS framework according to current evidence and practices. The revision included modernizing the definitions of the essential Roles and competencies, clarifying the wording in some of the competencies and explaining certain overlaps among the Roles. To achieve these goals, the College commissioned eight working groups to review and update the decade-old CanMEDS competencies. These groups were composed of Fellows, family physicians, medical educators and other healthcare professionals and were supported by College staff.

The result was the new CanMEDS 2005 framework, to be presented at the Royal College Annual Conference in September 2005. Peer reviewers have praised the framework, noting that its clarity will make teaching and evaluation easier. The framework will be incorporated into medical education standards during the next few years.



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Standardized evaluation of residency programs

The Royal College is responsible for accrediting all specialty residency programs in Canada. In 2004, the College established a standardized evaluation process, based on the general Standards of Accreditation, for determining each residency program's accreditation status.

To achieve this, the College's Accreditation Committee defined descriptors and anchors for each of the Standards of Accreditation to increase the objectivity of the assessment. Survey teams of medical educators will use this information to assess residency programs' compliance with Royal College standards for postgraduate medical education (PGME) programs.

The ultimate result will be the standardized evaluation of residency programs across specialties and universities. The PGME process will, consequently, be more transparent and objective for universities, programs, surveyors and Accreditation Committee members.

Developing alternative routes to certification

To respond to societal needs and to address the shortage of specialist physicians in Canada, the Royal College has developed alternative routes to certification so that qualified specialist physicians, including international medical graduates (IMGs), can attain full Royal College certification. In 2004, the College continued to fine-tune these routes.

Pathways to certification:

The traditional route

The academic route

The Federation of Medical Regulatory Authorities of Canada process

The Royal College International Medical Graduates process

The practice eligibility route

For example, during the past year the College began updating its policies for all certification routes to clarify policies and to address the changing needs for credentialing physicians. The updated policies will go before Council for approval in 2005, and the resulting policy changes will be incorporated into the online version of "Policies and Procedures for Certification and Fellowship". The online format, replacing the previous print version, allows these and future policy changes to be incorporated efficiently.

The Federation of Medical Regulatory Authorities of Canada (FMRAC) process—primarily a licensing authority process in which the College participates—is another alternative route to certification that was fine-tuned during the past year. The College focused on improving its liaison with the licensing authorities to ensure that applicants received all the required information for certification. In 2003–2004, 30 candidates took the Royal College examinations through the FMRAC process, with an aggregate pass rate of 70 per cent.

During the past year, the College also developed the concept for a new alternative route to certification. Still under development, the proposed practice eligibility route will permit certification of individuals who did not meet the requirements of the existing pathways. It will assess the physician's actual practice experience, rather than his or her preparatory training, to determine eligibility to take the Royal College examinations and thereby attain Royal College certification.

In 2005, the College will evaluate the alternative routes to certification (except academic certification) to determine the effectiveness of each and make recommendations for further modifications to the systems.

Delivering educational workshops and instructional materials

As part of an ongoing goal to standardize Royal College examinations, the College enhanced its examination process by developing and delivering training sessions and materials to members of examination boards, test committees and other Royal College volunteers.

Several initiatives have been developed to achieve this:

- An online workshop was set up to help examiners create questions for Royal College exams.
- The number of distractors used for multiple-choice questions was reduced.
- Nine French-language video vignettes for the basic modular workshops were developed.
- Workshops were developed to assist volunteers in their work with the College. Among these were specialty-specific workshops, basic modular workshops in evaluation and faculty development workshops for program directors.
- A workshop on the use of teaching portfolios was held in April 2004 regarding information about portfolio software for medical education and professional development.
- A structured process for the annual review of all College examinations was developed to help Evaluation Committee members perform examination reviews. It also provides feedback to chairs of examination boards about their examination processes and procedures.

In all, more than 50 workshops were held during 2004 to support the training of more than 800 examiners, program directors, surveyors and chairs of examination boards.

<http://rcpsc.medical.org>

Contributing on an international level

During 2004, the Royal College continued to be recognized as a leader in medical education worldwide. Representatives from the Royal College were invited to give workshops and presentations on Royal College initiatives in medical education and were asked to participate in various committees and taskforces. Among the latter were the International Standard Setting meeting at the Institute for International Medical Education in New York, and a World Federation for Medical Education seminar in Barcelona, Spain. Through these and other opportunities, the College shared its experiences with global medical education forums, increased the visibility of the College and the work of its Fellows, and contributed to setting global standards in medical education.

During 2004, over 1,300 candidates took their specialty exams at the College. Here the Council room has been transformed into an exam room.



Upholding the quality of care

One of the chief objectives of the Royal College is to uphold the highest standards and quality of healthcare for Canadians. During 2004, the College undertook a number of major initiatives to ensure that these standards will continue to be met.



Revising the College's Maintenance of Certification program

The College began this initiative to ensure that the Maintenance of Certification (MOC) program remains relevant to the continuing professional needs of Fellows. Specifically, the goals are to:

- shift the MOC program's current emphasis away from documenting continuing professional development participation and move toward documenting the effects of learning on practice; and
- ensure that the MOC program is linked to the competencies required to foster evidence-based practice.

During 2004, the College's Standards and Professional Development Committees completed an extensive review of the MOC program and submitted recommendations to the Executive Committee, the Council, all Regional Advisory Committees (RACs), the national specialty societies and the CME offices in the Canadian faculties of medicine.

Feedback regarding the goals, principles and directions of the changes has been positive. Specific tools and processes to implement these changes will commence in 2005.

In 2004, 89 per cent of active Canadian members participated in the College's MOC program.

Establishing a support strategy for the Maintenance of Certification program

During 2004, the College created and implemented a specialty-specific support strategy for participants of the MOC program. This was in response to requests from Fellows for assistance with specialty-specific educational strategies for integrating the MOC program into their practices.

The goal was to help Fellows plan a continuing professional development program that would be relevant to their scope of practice and learning preferences. To achieve this, the College collaborated with the national specialty societies to provide information about courses and workshops, self-assessment programs, audit tools and mentoring support. The support was well-received and gave Fellows the opportunity to create continuing professional development plans relevant to their specialties and practices.

Revising accreditation standards for national specialty societies

National specialty societies that have been approved as accredited providers plan, develop and deliver quality activities for MOC participants. In order to be an accredited provider, national specialty societies must meet the College's established standards. In 2004, the College's accreditation standards for national specialty societies applying or reapplying for accreditation were revised and enhanced, and the CPD Accreditation Committee was established to evaluate how well the national specialty societies are meeting the standards.

The purpose of revising the standards was to allow the College to implement a process of continuous quality improvement that would be rigorous, transparent and accountable. To support this, the College developed a survey to be completed by national specialty societies. This survey posed specific questions and stipulated the documentation that each society must submit to the CPD Accreditation Committee for review.

This initiative also created a criterion-referenced review process that improves the College's ability to provide precise and detailed feedback to each society, allowing the College to recognize areas where compliance is exemplary, identify issues that require attention and help the national specialty society develop strategies that will enhance standards adherence.

Strategies for integrating the CanMEDS framework and MOC program

In the longer term, the College intends to develop strategies to integrate these two initiatives. This will have two major benefits: it will promote education across the continuum—from postgraduate education to continuing professional development—and will help link learning activities to the competencies required for practice.

The goal of the integration is to develop educational and evaluation strategies that are relevant to residents in postgraduate education and Fellows in practice. To achieve it, the College will set up working groups to review the CanMEDS framework and MOC program and recommend ways to integrate them.

The integration of the College's CanMEDS framework and MOC program will support educational and evaluation strategies that are relevant to both residents and Fellows.

Supporting our profession

The Royal College has a 75-year history of supporting the medical profession. The year 2004 saw a number of major initiatives that uphold this tradition.

The National Physician Survey (NPS) is a collaborative initiative to address the issues concerning physicians, second-year medical residents, and medical students in Canada:
www.nps-snm.ca

The National Physician Survey



The Royal College was a key participant in the National Physician Survey (NPS), a project intended to provide the information that is needed for effective resource planning. Prior to the NPS, this information was unavailable.

The goal of the NPS is to produce a database that documents the current professional activities of all physicians in Canada. This includes not only their responses to societal healthcare needs, but also their personal interests and career plans. In addition, the database records the perspectives and the professional intentions of the physicians of tomorrow. This information will provide background

for the development of physician training programs, the medical student/resident selection process and the physician recruitment process.

The NPS is a collaborative project of the College of Family Physicians of Canada (CFPC), the Canadian Medical Association (CMA) and the Royal College. A working group drawn from these organizations was used to develop the survey questions and the self-reported survey was carried out in 2004. It was sent to 59,389 licensed and practising physicians in Canada; of these, 21,296 replied, for an overall response rate of 35.9 per cent.

The NPS national-level data was released in October 2004. It confirms that many Canadians experience difficulty obtaining access to both family doctors and medical specialists and, more importantly, provides insight into some of the causes. There will be a second major release of information from the NPS in February 2005, which will provide additional insights into provincial and regional realities. Specialty level data will subsequently be added to the NPS Web site.

The 2004 Annual Conference

The theme of the 2004 Annual Conference was “Informed by our past, focused on our future.” Consistent with the goals of recent Royal College Annual Conferences, it was a forum for activities that reflect the College’s mission and core functions. Registrants included undergraduate and postgraduate medical educators, physicians and administrators involved in continuing professional development, Fellows who volunteer with the College, researchers, academic scientists, clinician-investigators, and individuals and organizations with an interest in the Conference’s theme and focus.

For 2004, the focus was “The Virtual Specialist.” Conference activities offered participants many opportunities for exploring the effects of technology on specialty practice, the evolution of medical education and the expectations of a new generation of patients and residents. Ethics, the history of medicine and health policy were other key topics of discussion.

More than 500 people attended the 2004 Annual Conference. Evaluations of the plenary sessions and workshops were very positive, and general evaluations indicated that program content and networking with peers were the major reasons for the respondents’ decision to attend the Conference.

The next Annual Conference will be held in Vancouver in September 2005. The theme will be “Today’s Specialist: Defining Competencies Through CanMEDS.”

Developing a revalidation of licensure program for Ontario specialists

During 2004, at the invitation of the College of Physicians and Surgeons of Ontario (CPSO) the Royal College participated in discussions regarding the development of a licensure revalidation program for all specialists in Ontario.

The CPSO is developing a strategy to revalidate physician licenses every five years and the invitation was extended to the Royal College in an effort to determine how the two colleges could cooperate in designing such a program. This is in response to the growing demand from patients and regulatory authorities that specialists be accountable for their specialty-specific knowledge, skills and competencies.

The ultimate goal is to establish a revalidation of licensure program by January 1, 2006. The College’s participation is intended to ensure that the MOC program is integrated into the licensure program. The Royal College will work with the College of Family Physicians of Canada and the Medical Council of Canada on the Revalidation Task Force and will participate in a small working group to develop the program recommendations. Results of this initiative will be available during 2005.

Developing a Core Competency Model for restructuring PGME

Many discussions on restructuring PGME have taken place over the past decade and have led to this latest initiative, the development of the Core Competency Model. The Core Competency Model was consolidated at the end of 2004 and will become a focus of the College’s activities for 2005. The project addresses educational and health-policy concerns related to PGME and will form the basis for restructuring PGME.

The proposed new structure would integrate the common competencies among groups of specialties into a common core program. This would provide an educational structure for future physicians that would enable them to practise in diversified settings—for example, to meet societal needs in urban or rural environments—as well as to address issues of early career choice and flexibility for program switching.

The Royal College’s Core Competency Model—a significant collaborative project to restructure postgraduate medical education (PGME) in Canada—is an educational response to issues with broad health and public policy implications and supports the College’s mandate of ensuring the best healthcare for Canadians.

Awards and grants

The Royal College, in cooperation with medical schools and the national specialty societies, assists Fellows in their continuing education through a program of national and regional awards and grants. The College awarded its first Royal College Medals in 1949 and since then the awards and grants program has flourished, distributing over \$750,000 in awards and grants during 2004 alone. These are funded in part through the generosity of our donors, who have been contributing to the Royal College's Endowment Funds since 1945. In 2004, Fellows and friends of the College contributed over \$100,000 to the Educational Endowment Fund.

This year the College, in collaboration with Associated Medical Services, Inc. (AMS) established the RCPSC/AMS Donald Richards Wilson Award—a new award for a medical educator or leader who has demonstrated excellence in integrating the CanMEDS Roles into a Royal College residency program.

Honorary—National *James H. Graham Award*

Mr. W. John A. Bulman, Winnipeg, Man.

Duncan Graham Award

Dr. Murray Urowitz, FRCPC,
Toronto, Ont.

Honorary—Regional *Mentor of the Year*

Region 1

Dr. Ben Ruether, FRCPC, Calgary, Alta.

Region 2

Dr. Alexander Vajcner, FRCSC,
Winnipeg, Man.

Region 3

Dr. Claudio Cinà, FRCSC,
Hamilton, Ont.

Region 4

Dr. Robert Kinch, FRCSC, Montreal, Que.

Region 5

Dr. Robert N. Anderson, FRCPC,
Halifax, N.S.

Regional Award

Region 1

Dr. André Ferland, FRCPC, Calgary, Alta.

Region 2

Dr. Jose Lopez, FRCPC, Saskatoon, Sask.
Dr. Chiranjib Talukdar, FRCPC,
Regina, Sask.

Region 3

Dr. Hui Lee, FRCPC,
Sault Ste. Marie, Ont. (posthumous)

Region 4

Dr. Lucien Latulippe, FRCPC,
Quebec City, Que.

Region 5

Dr. Andrew D. Lynk, FRCPC, Sydney, N.S.
Dr. Alban Haché, FRCSC, Dieppe, N.B.

Competitive—National *Royal College Medal Awards* *Medicine*

Dr. Gordon A. Francis, FRCPC,
University of Alberta

Surgery

Dr. John Antoniou, FRCSC,
McGill University

Canadian Research Award for Specialty Residents

Medicine

Dr. George M. Yousef, Resident Member,
Memorial University

Surgery

Dr. Anand Ghanekar, Resident Member,
University of Toronto

KJR Wightman Award for Research in Ethics

First prize

Dr. Duncan Webster, Resident Member,
University of Alberta

Second prize

Dr. Todd E. Gorman, FRCPC,
Université de Montréal

RCPSC/AMS Donald Richards Wilson Award

Dr. Glen Bandiera, FRCPC,
University of Toronto

Dr. Jill Nation, FRCSC,
University of Calgary

*Dr. Oscar Rivera presents the
Regional Award for Region 2
to Dr. Chiranjib Talukdar.*



Grants

Faculty Development Grants

Dr. James A. Silcox, FRCSC,
University of Western Ontario
Yvonne Steinert, PhD, McGill University
Dr. Wayne Weston, FCFP,
University of Western Ontario

RCPC/AMS CanMEDS Research and Development Grants

Dr. Hema Patel, FRCPC, McGill University
Dr. Saleem Razack, FRCPC,
McGill University
Dr. Ivy Oandasan, FCFP, McGill University

Medical Education Research Grants

Dr. Ravindar Sidhu, FRCSC,
University of British Columbia
Vicki R. Leblanc, PhD,
University of Toronto
Dr. Jason Park, Resident Member,
University of Toronto
Dr. Melina C. Vassiliou,
Resident Member, McGill University
Dr. Rose Goldstein, FRCPC,
University of Ottawa

Fellowships

Royal College Fellowship for Studies in Medical Education

Dr. Jason Park, Resident Member,
Winnipeg, Man.
Dr. Sarah Woodrow, Resident Member,
Toronto, Ont.

Medical Education Travelling Fellowship

Dr. Veronica Marie Wadey, FRCSC,
Calgary, Alta.

Walter C. MacKenzie-Scotiabank Fellowship in Surgery

Dr. John F. Jarrell, FRCSC, Calgary, Alta.

Detweiler Travelling Fellowship (Academic Practice)

Dr. Aly Karsan, FRCPC, Vancouver, B.C.
Dr. Martin Osmond, FRCPC, Ottawa, Ont.

Detweiler Travelling Fellowship (Still in Training)

Dr. Jamil Bashir, FRCSC, Vancouver, B.C.
Dr. Mohit Bhandari, FRCSC,
Hamilton, Ont.
Dr. Vidal Essebag, FRCPC, Montreal, Que.
Dr. Joseph Kim, FRCPC, Toronto, Ont.
Dr. Colin LaGrenade-Verdant, FRCPC,
Montreal, Que.
Dr. Michael Taylor, FRCSC, Toronto, Ont.



Visiting Professorships McLaughlin-Gallie Visiting Professor

Dr. Graham Thorncroft, London, U.K.

Royal College Visiting Professorship in Medical Research

Dr. Jean Lucien Rouleau, FRCPC,
Montreal, Que.

Janes Visiting Professorship in Surgery

Dr. Jack Rootman, FRCSC, Vancouver, B.C.

KJR Wightman Visiting Professor in Medicine

Dr. Douglas R. Wilson, FRCPC,
Edmonton, Alta.

Detailed descriptions of each of the awards and grants, as well as lists of recipients, are available on the College Web site at <http://rcpsc.medical.org/awards>

Building a strong College

A growing membership, committed leaders and volunteers, and an increased focus on communications all contribute to the strength of the Royal College. The College's activities in this area during 2004 were both ambitious and successful.

Increasing Resident Membership



The key role that residents will play in the future support and success of the College is not lost on current College leaders. The College is, therefore, becoming more focused in encouraging trainees to become Resident Members. As part of this strategy, the College has offered free membership to medical residents since 1997.

The College's first membership-related goal for 2004 was to inform residents about the value of Fellowship within the College, with the expectation that they will become Fellows after certification. The second goal was to increase

Resident Membership by five per cent during the year. New approaches assured that both goals were met: an enhanced marketing strategy promoted Resident Membership benefits to potential members, a comprehensive follow-up strategy targeted membership renewals and an online application process facilitated both new memberships and membership renewal.

As a result, the College saw a 13 per cent increase in Resident Membership over 2003. For 2005, the College's goal is to increase Resident Membership by a further 10 per cent.

Improving communications with members

In spring 2004, the College launched *Royal College Outlook*, a new quarterly magazine for members, and redesigned the College's quarterly newsletter, *Dialogue*. These changes were intended to benefit members by increasing the value of College communications materials and by encouraging communication between the College and its members. *Royal College Outlook* is the College's flagship publication and provides members with broad-interest, topical information about health issues around the globe.

Together, the newsletter and magazine will further establish a recognizable identity for College publications and will promote a greater understanding of the College and the values for which it stands. Interested Fellows and Resident Members are invited to serve on the editorial advisory board and contribute articles to the magazine. This ensures that it will truly reflect our members' interests. The request for editorial advisory board members attracted more than 300 applications, which is a positive indicator that members value this new publication.

By the end of 2004, the College had published four issues of *Royal College Outlook*, with a distribution of more than 35,000 copies per issue. Each issue was also posted on the members' section of the College Web site. To date, the magazine has received very favourable feedback from members both in Canada and abroad.

The Royal College celebrated its 75th anniversary by publishing *The Evolution of Specialty Medicine 1979-2004*, a collection of essays that explored significant achievements in the history of the College and specialty medicine in Canada. This publication, the third historical volume to mark a College anniversary, focused on the period since the College's 50th anniversary and provided an opportunity for the College's members to become familiar with the College's many initiatives and achievements during that time. The authors, mostly Fellows of the College, were selected for their familiarity with the topics. Copies were distributed to friends of the College and are available to College members. An electronic edition of the volume will be posted on the College Web site in 2005.



As part of the celebration of the Royal College's 75th anniversary, a commemorative book was created to document the history of specialty medicine in Canada. Copies were made available to Fellows and to visitors at the College. Dr. Scovil takes a moment to pick up his copy.



Improving communications with members (cont'd)

In 2004, the College also celebrated the 45th anniversary of the awards and grants program, the recipients who have benefited from that program, and the generosity of its volunteers and donors by publishing *Philanthropy: Celebrating our Past, Nurturing our Future*. The publication was sent to members toward the end of 2004 and posted on the College's Web site, thus supporting the College's commitment to industry standards of reporting, accountability and donor recognition. During 2004, the College saw a 75 per cent increase in

funds donated to the Educational Endowment Fund over the previous year.

The College's commitment to creating value for members by strengthening its communications with them is also evident in *OE News*—a quarterly e-newsletter that provides brief and regular updates on activities and tools for those involved in the College's education programs. The newsletter is e-mailed to program directors, deans, postgraduate deans, exam committees, education committees, specialty committees and regional advisory

committees, and is posted on the College's Web site. *OE News* was launched in December 2003, and celebrated its first full year of publication this year. Feedback indicates that this publication is a relevant and informative resource for medical educators in Canada.

Visit <http://rcpsc.medical.org/publications> to view and download these and other Royal College publications.



Development of a Web-based meetings communication system

Feedback from Fellows and other members prompted the College to improve its process for planning meetings. A Web-based communication system was established to allow participants to receive and confirm attendance arrangements via e-mail and the Web. The system also allows committee coordinators to distribute meeting agendas, thus reducing the need for paper mailings.

Since the system was established, compliance by all committees has been very high. Many positive comments have been received from Fellows and coordinators have already noted the expected efficiencies. Further improvements and additions to the system will be considered in response to user feedback.

Updating the Employee Classification and Evaluation System

Investing in an organization's human capital is a central pillar of sustained success. To the end, the College is reviewing and updating the Employee Classification and Evaluation System. The primary objective is to ensure that staff duties and training are refined as needed, thus ensuring that College staff are properly positioned to address the College's future needs.

The College aims to review its classification system approximately every five years and in 2004 employed Deloitte & Touche to carry out the evaluation. A College working group has been established to review the recommendations, and the new system will be implemented during 2005.

Our leadership

The Royal College's Council—the College's ultimate decision-making body—is responsible for the policies, decisions and actions of the College. Its members include 24 elected councillors (12 from the Division of Medicine and 12 from the Division of Surgery) representing each of the College's five electoral regions. In addition, up to four public members and three additional Fellows may be appointed. Residents, as future Fellows of the College, have a participant as well.

The College's Executive Committee makes recommendations to Council on major policy issues and monitors operations of all College functions. Within the authority delegated by Council, the Executive Committee acts on the Council's behalf between Council meetings.



Royal College Council

Members, left to right: (back row) G. Garbe, R. Johnston, V. Bernier, M. Martin, C. Rorabeck, M. Mossing, Rev. W. Phillips, G. O'Hanley, D. McKnight, W. Fitzgerald; (middle row) S. Hamilton, J.-V. Patenaude, A. Robidoux, E. Frew, S. Kline, J. Reiss, S. Peters, R. Goldbloom; (front) B. Ulmer, R. Haslam, L. Samson, J. McDonald, B. Langer and J. Gray.*

Not shown: A. Jones, K. Romanchuck, J. Seely, D. Dorion, R. Jamieson, S. Parsons, R. Runte

(At the time this photo was taken, Dr. Langer was past-president on Council.*

His term ended September 2003.)

Council (January to October 2004)

New committee appointments typically come into effect at the time of the Annual Business Meeting each fall. This list of Council members reflects those who held office until October 2004.

President (to October 2004)

Dr. John W.D. McDonald, FRCPC

President-elect (to October 2004)

Dr. Stewart M. Hamilton, FRCSC

Members

Region 1

Dr. Allan Robert Jones, FRCPC

Dr. Stephen A. Kline, FRCPC

Dr. Euan Malcolm Frew, FRCSC

Region 2

Dr. George Garbe, FRCPC

Dr. Ken Romanchuk, FRCSC (appointed)

Dr. Jeffrey Reiss, FRCPC

Dr. Brian Ulmer, FRCSC

Region 3

Dr. Richard Uren Johnston, FRCSC

Dr. David McKnight, FRCPC

Dr. Morley Mossing, FRCSC

Dr. Cecil Rorabeck, FRCSC

Dr. John Seely, FRCPC

Region 4

Dr. Vincent Bernier, FRCPC

Dr. Dominique Dorion, FRCSC
(appointed)

Dr. Markus C. Martin, FRCSC

Dr. Jean Victor Patenaude, FRCPC

Dr. André Robidoux, FRCSC

Dr. Louise Samson, FRCPC



Region 5

Dr. G. William N. Fitzgerald, FRCSC

Dr. Jean Gray, FRCPC

Dr. Gerald P. O'Hanley, FRCSC

Dr. Sharon Douglas Peters, FRCPC

Appointed members *Public members*

Ms. Ruth Goldbloom, OC

Chief Roberta Jamieson, CM, LLB, LLD

Rev. William Phillips, ThD

Ms. Roseann Runte, PhD

Fellow at Large

Dr. Robert Haslam, FRCPC

Resident member

Dr. Steve Parsons

Executive Committee of the Council

President

Dr. John W.D. McDonald, FRCPC

President-elect

Dr. Stewart M. Hamilton, FRCSC

Vice-presidents

Corporate Affairs

Dr. Brian Ulmer, FRCSC

Education

Dr. Robert Haslam, FRCPC

Fellowship Affairs

Dr. Jean Gray, FRCPC

Professional Development

Dr. Louise Samson, FRCPC

Chief Executive Officer

Dr. Michel Brazeau, FRCPC

*Drs. Rorabeck and Duggan attend a
Royal College meeting.*



Regional Advisory Committees

Each of the Royal College's five electoral regions has a Regional Advisory Committee (RAC), which functions as a vehicle for two-way communication in the College. RACs act in a consultative capacity by serving as a sounding board and advising in the development of College policies and programs where appropriate. RACs also receive input from Fellows and Resident Members in each region on issues affecting specialty medicine and channel that feedback to the College's committees and Council.

RACs are composed of Fellows, Resident Members, councillors and representatives from faculties of medicine and other medical organizations.

The College's electoral regions are:

Region 1

British Columbia, Alberta, the Yukon and Northwest Territories

Region 2

Saskatchewan and Manitoba

Region 3

Ontario and Nunavut

Region 4

Quebec

Region 5

New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador

Chief Executive Officer and Directors

Chief Executive Officer

Dr. Michel Brazeau, FRCPC

Directors

Corporate Affairs

Mr. Glen McStravick, CA

Education

Dr. Nadia Mikhael, FRCPC

Fellowship Affairs

Dr. James E. Hickey, FRCPC

Professional Development

Dr. Craig Campbell, FRCPC

Summary of Financial Statements



Auditors' Report on Summarized Financial Statements

To the Council and Fellows of
The Royal College of Physicians and Surgeons of Canada

The accompanying summarized balance sheet and statements of operations and changes in net assets are derived from the complete financial statements of The Royal College of Physicians and Surgeons of Canada as at December 31, 2004, and for the year then ended on which we expressed an opinion without reservation in our report dated March 1, 2005. The fair summarization of the complete financial statements is the responsibility of the College's management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements, which are available from the College's Director, Office of Corporate Affairs.

A handwritten signature in cursive script that reads "Collins Barrow Ottawa LLP".

Collins Barrow Ottawa LLP
Chartered Accountants

Ottawa, Ontario
March 1, 2005





The Royal College of Physicians and Surgeons of Canada

Summarized Balance Sheet

December 31

2004

2003

Assets

Current

Cash and cash equivalents	\$ 7,379,953	\$ 5,471,083
Accounts receivable	1,055,443	798,871
Prepaid expenses	228,561	232,781
	8,663,957	6,502,735

Investments

16,191,427

15,237,406

Capital assets

15,499,760

14,597,217

Deferred pension costs

2,140,443

1,296,246

\$ 42,495,587

\$ 37,633,604

Liabilities and Net Assets

Current

Accounts payable and accrued liabilities	\$ 1,894,080	\$ 1,006,412
Deferred revenue	380,711	271,014
Unexpended grants	368,334	157,042
	2,643,125	1,434,468

Long-term

Deferred rental revenue	1,648,086	884,862
Employee severance pay	1,155,044	1,008,946
Supplemental executive retirement plan	909,268	681,579
	3,712,398	2,575,387

Net assets

Invested in capital assets	15,499,760	14,597,217
Restricted for endowment purposes	8,153,499	7,872,108
Internally restricted for		
Members' professional development	1,454,892	1,404,783
Pension plan funding differential	2,140,443	1,296,246
Unrestricted	8,891,470	8,453,395
	36,140,064	33,623,749

\$ 42,495,587

\$ 37,633,604

The Royal College of Physicians and Surgeons of Canada

Summarized Statement of Operations

For the year ended December 31	2004	2003
Revenue		
Annual Fellowship dues	\$ 12,891,892	\$ 11,571,732
Assessment fees	1,261,420	1,099,175
Investment income	646,543	240,871
McLaughlin Centre for Evaluation	4,922,160	4,136,170
Office of Corporate Affairs	1,425,613	1,269,435
Office of Fellowship Affairs	68,122	104,074
Office of Professional Development	233,303	291,112
Other	60,630	82,976
	21,509,683	18,795,545
Expenses		
Amortization of capital assets	634,375	593,100
Office of Corporate Affairs	4,064,892	3,258,834
Office of Education	8,259,512	7,485,747
Office of Fellowship Affairs	3,198,049	2,699,723
Office of Professional Development	1,729,018	1,640,378
Office of the Chief Executive Officer	2,233,110	1,281,616
Pension plan funding differential	(844,197)	287,574
	19,274,759	17,246,972
Excess of revenue over expenses for the year	\$ 2,234,924	\$ 1,548,573

Summarized Statement of Changes in Net Assets

For the year ended December 31	2004	2003
Net assets , beginning of year	\$ 33,623,749	\$ 31,979,232
Excess of revenue over expenses for the year	2,234,924	1,548,573
Increase in net assets held for endowment purposes	281,391	95,944
Net assets , end of year	\$ 36,140,064	\$ 33,623,749



The Royal College of Physicians and Surgeons of Canada
<http://rcpsc.medical.org>