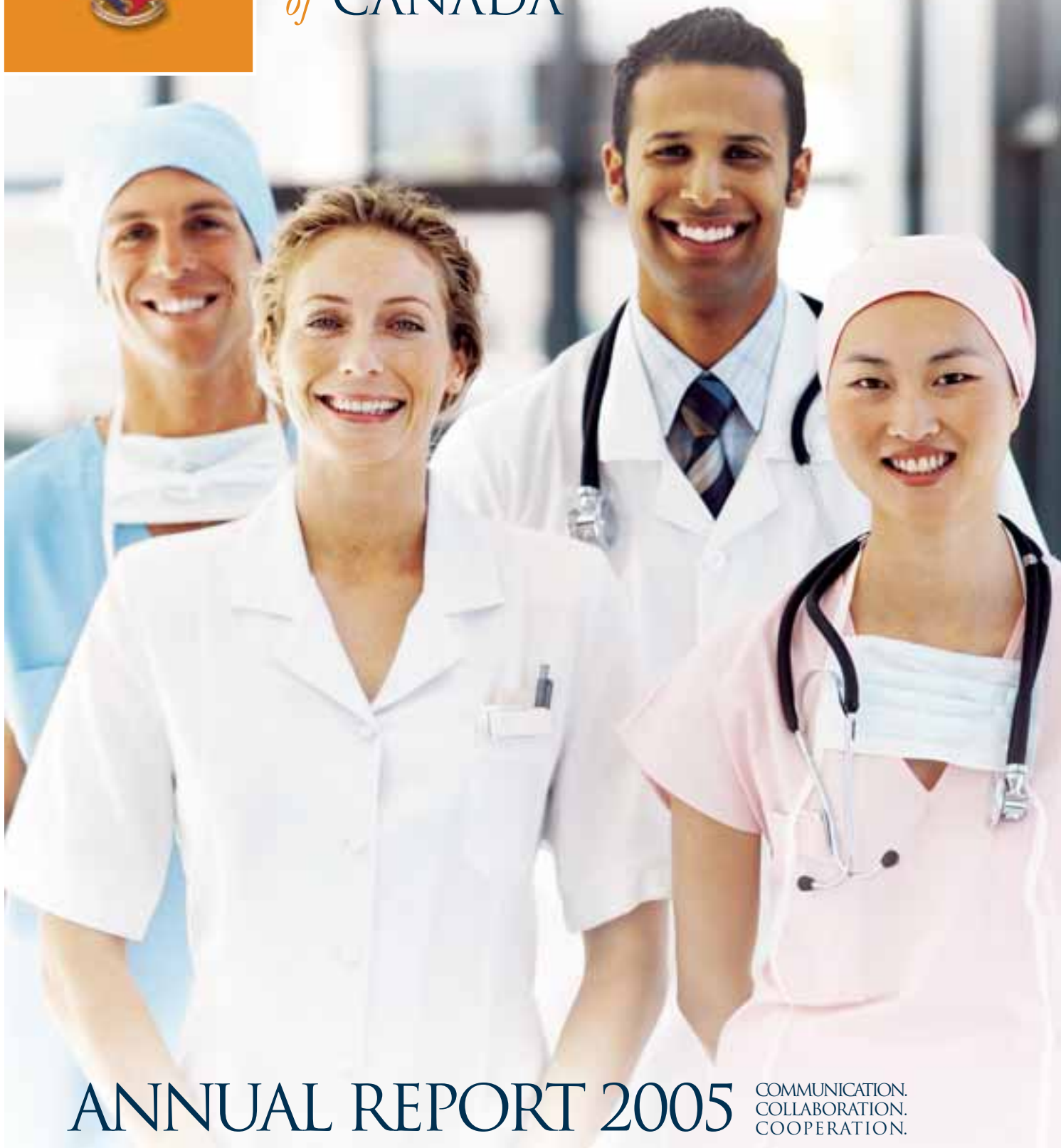




THE ROYAL COLLEGE *of*
PHYSICIANS *and* SURGEONS
of CANADA



ANNUAL REPORT 2005

COMMUNICATION.
COLLABORATION.
COOPERATION.



The Royal College of Physicians and Surgeons of Canada

Founded 1929

Business number: 119128858RR0001

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VARIATIONS *on a* THEME



Stewart M. Hamilton, MD, FRCSC

COMMUNICATION, COLLABORATION *and* COOPERATION

A MESSAGE FROM THE PRESIDENT

Like the College's activities of the past year, this Annual Report revolves around the themes of communication, collaboration and cooperation. Outreach to Fellows, the public and the health care community at large has always been crucial to the College's work, and the growing pressures on medical specialists across the country have made it even more essential for achieving our vision and mission.

Our awareness of these pressures, together with our ongoing recognition of the College's expanding role in influencing health care in Canada, led to the first Presidential Outreach program, which began in March 2005. The chief purpose of these meetings, in which we talked face to face with physician leaders and senior administrative officials across the country, was to gain a better understanding of the regional

perspectives that were—and are—of mutual importance to the regions and the College.

Among many other areas of concern, we discussed standards of practice in specialty care, health human resources, the Core Competency project for postgraduate medical education and the Maintenance of Certification (MOC) program. I am happy to say that this outreach work by the College drew strong support from all concerned, and that the Royal College Council confirmed that future presidents of the College should repeat the program at least every two years.

Another notable event of 2005 was the very successful launch of the newly revised CanMEDS 2005 physician competency framework. More than 50 CanMEDS workshops and presentations were offered to Canadian medical educators, physicians and specialty committees, and it is a measure of this framework's importance that the College continues to

receive many requests for CanMEDS resources, workshops and collaborations. Outside the CanMEDS sphere, the College also provided numerous specialty-specific workshops, basic modular workshops in evaluation and faculty development, and accreditation workshops for program directors.

A further 2005 milestone was the completion of the first five-year cycle of the MOC program. To recognize this important event and to plan for future cycles, the Royal College Standards Committee undertook a review of the program and proposed several revisions, including increased emphasis on identifying learning outcomes and on integrating the CanMEDS competencies into the MOC program.

In a broader perspective, developments in health care during the past few years have drawn the College further into the realm of health policy and advocacy. This in turn has led the College to develop initiatives that will help influence the health care environment. Among these initiatives were

- ◆ engaging governments, partner organizations and stakeholders in dialogues on health and public-policy issues such as patient safety, access to care and physician health and well-being;
- ◆ enhancing outreach to, and communications with, our members and stakeholders;
- ◆ ensuring a rigorous training program to improve the accreditation and examination processes for our future colleagues;

- ◆ providing benchmarks for postgraduate education and for continuing professional development; and
- ◆ developing a responsive policy on health human resources.

In the coming year, we will continue to strive toward these goals and strengthen our links with local hospital, regulatory and educational leaders in order to achieve them. By communicating freely and openly among ourselves, by cooperating with each other and with other institutions, and by collaborating to achieve the College's mission, we can help ensure that Canadians enjoy the highest standards of health care in the world.

In doing so, we are fortunate to have the support of more than 1,700 committed volunteers. Their time, energy and skills support virtually all areas of the College's work and allow us to sustain our existing programs and embark on new ones. Their contributions have been, and continue to be, indispensable to our success.

I would also like to acknowledge the invaluable contributions made to the Royal College by our two recently retired directors, Mr. Glen McStravick and Dr. Nadia Mikhael, and by Dr. Michel Brazeau, whose term as CEO ended in 2005.

And finally, on behalf of the College and its members I wish to extend my thanks to our excellent and dedicated staff, who have helped make 2005 such a successful year for all of us.

Stewart M. Hamilton, MD, FRCSC
President

ABOUT *the* ROYAL COLLEGE



MISSION

The Royal College of Physicians and Surgeons of Canada is an organization of medical specialists dedicated to ensuring the highest standards and quality of health care.



Royal College exam centre

VISION

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

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

- ◆ advocacy for quality health care,
- ◆ broad membership involvement,
- ◆ innovative technology,
- ◆ the highest standards of specialty medical education,
- ◆ partnerships and collaboration,
- ◆ appropriate funding, and
- ◆ efficient management.

ADVANCING THE STANDARDS OF MEDICAL PRACTICE

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

The Royal College provides governments, the public and other organizations with an important perspective on major specialty health care issues. Because it also collaborates with medical schools, professional associations, voluntary health organizations and government agencies, the College plays a central role in discussions that affect medical education, medical research and health policy.

The Royal College is a national, not-for-profit organization. While it is not a licensing or disciplinary body, it does have several responsibilities; these are to

- ♦ prescribe the requirements for specialty education in 60 areas of medical, surgical and laboratory medicine, and two special programs;
- ♦ accredit specialty residency programs;
- ♦ assess the acceptability of residents' education;
- ♦ produce and administer certification examinations;
- ♦ support the development of sound health policy;
- ♦ assure a high standard of specialist care through its MOC program; and
- ♦ promote high standards of professional and ethical conduct among its members.

THE YEAR IN NUMBERS

2005

Members worldwide	39,700
Fellows	36,800
Resident Members	2,900
Members in Canada	85.5%
Members in the United States	11.0%
Members internationally	3.5%
Physicians certified by the Royal College in 2005	1,500
Physicians admitted into Fellowship in 2005	1,300
Number of graduates sitting the College examinations	2,200
Number of Royal College-recognized disciplines, including specialties, subspecialties and special programs	60
Number of full- and part-time staff	160
Number of Fellows, Resident Members and non-members contributing as volunteers to Royal College activities	1,700

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

BENEFITS OF MEMBERSHIP

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

Some benefits of membership include

- ◆ the right to use the FRCPC/FRCSC designation that sets members apart from other physicians and gives patients and peers increased confidence in their abilities;
- ◆ a professional development program, Maintenance of Certification, that helps members organize and document their learning;
- ◆ affiliation with an organization of more than 39,000 like-minded professionals who are working to shape key issues in specialty medicine and health care;
- ◆ information and resources through members-only publications and the College website;
- ◆ a listing in the public online Directory of Fellows that lets patients find specialists and validate their Fellowship;
- ◆ the opportunity to participate in committees, thereby influencing the direction of specialty medicine; and
- ◆ opportunities for funding and recognition through the Awards and Grants program.

The McLaughlin Centre for Evaluation

The McLaughlin Centre for Evaluation (TMCE) is responsible for the planning, organization, production and administration of the certification examinations. This includes examination preparation, administration and scheduling, registration of candidates, appointment of examiners, quality assurance and translation of examinations, and administration of the standardized patient program.

By involving individuals trained to simulate specific medical conditions in the standardized patient program, the Royal College was able to eliminate the use of actual patients, which has helped to facilitate a greater standardization of the examination process.

The 2005 examination session took place over a period of 10 weeks in the spring and seven weeks in the fall.



Candidates register to take the Royal College examinations



SUPPORTING
EXCELLENCE

The Royal College is committed to promoting and upholding high standards in medical education and in the delivery of health care. The year 2005 saw a number of initiatives focused on supporting excellence.

LAUNCH OF THE CANMEDS 2005 PHYSICIAN COMPETENCY FRAMEWORK

The newly revised CanMEDS 2005 framework was officially launched in September 2005 at the Annual Conference and, simultaneously, on the Royal College website.

The CanMEDS physician competency framework was originally adopted in 1996 to support the College's mission of ensuring the highest quality of health care for Canadians. During the past 10 years, this framework has become a national standard for Canada, and has been adopted by other health professions both in this country and in numerous jurisdictions around the world.

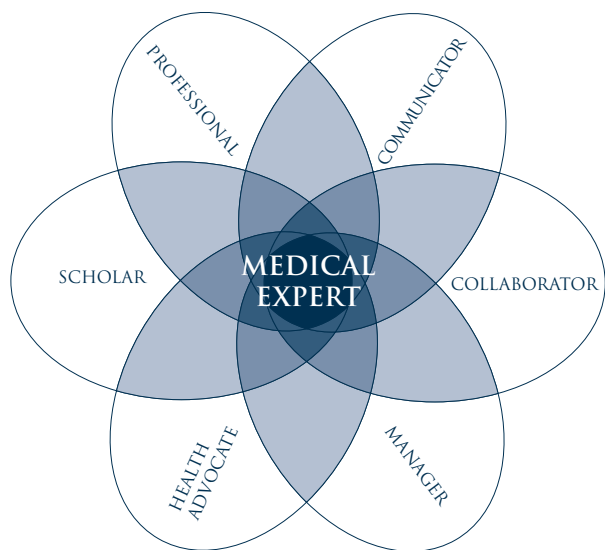
The CanMEDS framework is based on key physician competencies and has been revalidated, revised and updated during the last 18 months with assistance from hundreds of Fellows and other health care professionals. The seven CanMEDS Roles are

- ◆ Medical Expert (the central Role),
- ◆ Communicator,
- ◆ Collaborator,
- ◆ Manager,
- ◆ Health Advocate,
- ◆ Scholar, and
- ◆ Professional.

The definitions, descriptions, key competencies and enabling competencies of the CanMEDS 2005 framework have been improved for greater clarity and utility.

The 2005 framework launch was considered highly successful.

- ◆ More than 800 Canadian and international participants attended the CanMEDS-themed 2005 Annual Conference in Vancouver.



THE
CANMEDS
 ROLES FRAMEWORK

- ◆ More than 4,500 copies of the new publication, *The CanMEDS 2005 Physician Competency Framework: Better Standards, Better Physicians, Better Care* have been distributed.
- ◆ CanMEDS staff are receiving an increasing number of requests, both within Canada and from around the world, for CanMEDS resources, workshops, copyright permissions and collaboration in joint endeavours.

In 2005, more than 50 CanMEDS workshops and presentations were offered to medical educators, practising physicians and specialty committees across Canada. The new framework drew significant attention at the 2005 annual meeting of the Association of the Faculties of Medicine of Canada (AFMC) in Saskatoon, at the conference of the Association for Medical Education of Europe and at the Royal College's own Annual Conference.

CanMEDS pocket cards and posters are in production and will be available in 2006, and CanMEDS Train the Trainer workshops are now in the concept stage. During the next few years, the CanMEDS 2005 framework will be incorporated into educational standards documents for all 60 specialties.

ALTERNATIVE ROUTES TO CERTIFICATION

In recognition of the fact that international medical graduates (IMGs) represent nearly one-quarter of Canada's physician workforce, the Royal College has created several alternative routes to certification. While such certification is not a requirement for licensure and practice in Canada, all 13 Canadian medical regulatory authorities will grant full, unrestricted licensure to specialists who have been certified by the College.

There are four alternative routes to certification.

Academic certification

The academic route to Royal College certification helps Canadian faculties of medicine recruit and retain internationally trained specialists as full-time clinical faculty. It is the only alternative route to certification that grants Royal College certification without examination.

Certification through the Federation of Medical Regulatory Authorities of Canada

In collaboration with the licensing authorities, this route was developed to compensate for the shortage of specialists in various parts of Canada. IMGs who apply for this certification

The Credentials Unit

The Credentials Unit is often the first point of contact for future Fellows. The unit has two sections: regular assessment (for Canadian and American medical graduates) and alternative assessment (for foreign-trained medical graduates). Its main function is to evaluate a resident's training to determine eligibility to sit the certification examinations. In 2005, the Credentials Unit conducted 2,161 assessments of Canadian and American graduates and 240 assessments of international medical graduates (IMGs).

must have specialty certification in their country of origin, hold a current licence to practise in Canada, have successfully completed a Medical Council of Canada examination and have completed a clinical assessment period of at least three months.

Jurisdiction-approved training

This is meant for medical graduates who have trained in international jurisdictions that are deemed by the College as fulfilling Royal College criteria. The College assesses the training of such graduates to determine whether they have met College training requirements. If the requirements are met, the candidates are eligible to take the Royal College certification examination; if successful, candidates receive Royal College certification.

Volunteers and the accreditation and examination process

During 2005, more than 1,700 Fellows and other volunteers contributed thousands of hours to enable the work of the College. Many of these volunteers made the following key activities possible:

- 45 specialty/subspecialty certification examinations for over 2,200 candidates, and
- the accreditation of 138 programs in three regular and six special surveys.

Practice eligibility route

The practice eligibility route (PER) is currently under development. It is intended for specialists who are currently practising in Canada or the United States for a minimum of five years and whose training cannot be assessed through any existing route to certification. The PER, when complete, will be used to assess a specialist's practice in Canada and thus to determine his or her eligibility to sit Royal College certification examinations.



Residents on a break between components of the College certification examinations

ENSURING SUPERIOR STANDARDS *of* CARE



Ensuring that superior standards of care are available to all Canadians is one of the chief objectives of the Royal College. During 2005, the Royal College continued its work in this area through a number of major initiatives.

NEW FRAMEWORK FOR PROFESSIONAL DEVELOPMENT

The Royal College recognizes the tremendous importance of continuous learning. It offers two programs in support of professional development for medical specialists: the Maintenance of Certification (MOC) program for Fellows and the CPD Program for non-members.

In 2005, the Royal College established standards and regulations for a new professional development framework, to be implemented in 2006. As part of this initiative, the *Maintenance of Certification (MOC) Program Guide* was rewritten and published, as was the *Credit Validation Program (CVP) Guide* for the online version of the CVP; the latter was made available on the College website in September.

The completion of this project signals a move away from simply documenting learning activities toward identifying outcomes that are related to professional development and/or practice. The project has also helped identify how the MOC program supports and enables the competencies included in the CanMEDS framework, and thus provides a means for individuals to plan their professional development.

INTERNATIONAL PROFESSIONAL DEVELOPMENT PROGRAM REVIEW

The Royal College has more than 6,000 Fellows outside Canada. The international professional development program review was intended to

- develop an evaluation strategy to determine whether professional development programs in other countries are substantively equivalent to the MOC program,
- complete the review of all international program surveys, and
- inform all international Fellows of the result of the equivalency review in terms of their own program.

This undertaking will result in more flexibility for many international Fellows, who will be able to use their local professional development programs to satisfy Canadian MOC program requirements.

ANNUAL CPD ACCREDITED PROVIDERS CONFERENCE

The College held the third annual CPD Accredited Providers Conference in Vancouver in September 2005, in conjunction with the 2005 Annual Conference. In keeping with the Annual Conference's CanMEDS theme, the Accredited Providers Conference examined how CPD providers can use the CanMEDS framework to develop learning strategies and options for their members.

THE CENTRE FOR LEARNING IN PRACTICE

The Centre for Learning in Practice (CLIP) is the research unit within the College's Office of Professional Development. During 2005, CLIP carried out a number of research projects to foster the development of program evaluation strategies. The following initiatives were among them.

Cancer Care Ontario—Communities of Practice Consortium

Cancer Care Ontario and the Royal College signed a memorandum of understanding on the creation of a province-wide Communities of Practice Consortium in colorectal and ovarian cancer. The work of the consortium will ultimately enhance physician performance and improve patient results.

Factors influencing MOC participation

The factors that influence how different groups of specialists participate in the MOC program were examined and assessed. Results indicated that most factors, such as age, location and specialty, have a minimal to moderate effect on MOC participation rates. The findings were presented at the Society for Academic Continuing Medical Education's conference in Washington, D.C., in November 2005.

Communications Skills Assessment project

The purpose of this project, funded by the Medical Council of Canada, was to develop and psychometrically assess both the process and content of communication between physicians and their patients in order to develop a tool that physicians can use to assess this aspect of their professional practice. Data collection was completed in the spring of 2005 and was submitted to the Research in Medical Education (RIME) competition of the Association of American Medical Colleges (AAMC) for publication.

Program evaluation strategies

During 2005, CLIP defined the strategies to evaluate the effectiveness of the MOC program that will be pursued by the Office of Professional Development during the next three years.



Royal College staff members Jennifer Cossette and Yvonne Hajjar set up the registration desk for the CPD Accredited Providers Conference

SUPPORTING *our* PHYSICIANS



In 2005, the Royal College continued its dedicated support for the medical profession, as it has done for more than 75 years. Among its major initiatives were work on physician human resources and core competency for postgraduate medical education.

PHYSICIAN HUMAN RESOURCES

National Physician Survey

The Royal College was a key participant in the 2004 National Physician Survey (NPS), in collaboration with the College of Family Physicians of Canada (CFPC) and the Canadian Medical Association (CMA).

The NPS collected information about the current professional activities of all physicians in Canada, their views on societal health care needs and their career plans and intentions. This information, organized into a database that is the first of its kind in Canada, provides invaluable background for the development of physician training programs, the medical student/resident selection process and the physician recruitment process.

The NPS national-level data was released in October 2004. February 2005 saw a second major release of information, which provided insight into provincial and regional realities. Among these was the fact that many physicians consider on-call activities to be a particularly stressful part of being a physician. Levels of on-call activity were higher for physicians in smaller jurisdictions than in larger ones; in less-populated jurisdictions, nearly 20 per cent of physicians reported being on call more than 240 hours per month, or more than one night in three.

The 2005 information release also revealed that 16 per cent of physicians, at all stages of their careers and all across Canada, have reduced their weekly work hours during the past two years—a reflection of the fact that many physicians are striving for a healthier work-life balance. Physicians also reported difficulties securing access to hospital care, long-term beds and advanced diagnostic services for their patients. Regional differences in such access are seen by physicians as affecting the standard of care that is being provided for patients across the country.

The NPS is an ongoing initiative. There will be another NPS in 2007, and the Royal College will again work with

its partners to produce the information that governments, researchers, physicians, employers, professional associations and educators need to maintain and improve Canada's physician human resources.

Information on the NPS, including survey methodologies and results, can be found on the NPS website at www.nps-snm.ca.



Presentation on the National Physician Survey delivered to Royal College Council members

International Medical Workforce Collaborative

The Royal College has been playing a central role in the International Medical Workforce Collaborative for several years. The collaborative provides a forum in which health-system researchers and stakeholders from around the world—in particular, from Canada, the United States, the U.K. and Australia—can share information about the challenges confronting their health care systems and solutions. As part of the Canadian delegation, the Royal College contributes to the collaborative's content and research, learning from other jurisdictions and sharing Canada's experience and solutions with them.

Task Force Two: A Physician Human Resource Strategy for Canada

Task Force Two: A Physician Human Resource Strategy for Canada is a collaboration of Canada's major health organizations, the federal government and the provincial and territorial governments. Its goal is to develop a long-term physician human

resource strategy to ensure that all Canadians have timely access to physicians who possess the skills and knowledge necessary to our evolving health care system.

The Royal College has been intimately involved in helping to lead and coordinate this very large undertaking, in partnership with the CFPC and the CMA, since the Task Force was established in 2000. As one of the lead organizations in this initiative, the Royal College has provided leadership and support at all levels, heading both the Steering Committee and the Technical Advisory Committee.

Ultimately, a physician human resource strategy will benefit Canadian patients by enhancing timely access to qualified physicians. The Royal College is helping to achieve this goal by finding the best ways to nurture, develop and train our medical colleagues at all stages of their careers so that their knowledge and skills will be relevant to present and future health care challenges. The final report will be released in spring 2006.

CORE COMPETENCY PROJECT

The long-term objective of the Core Competency project (CCP) is to improve the educational standards and structure of post-graduate medical education (PGME) in Canada. The ultimate goal is to facilitate an enhanced educational experience and a high-quality residency education that is aligned with society's needs. Improvements will also be aimed at ensuring optimal flexibility in PGME training and appropriate timing for choosing a preferred medical discipline.

To achieve these goals, the Royal College is collaborating with the College of Family Physicians of Canada (CFPC) on a Core Competency project (CCP). The CCP is designed to examine Canada's current PGME system and recommend ways to build on existing strengths to create the best PGME system possible.

To date, the Royal College has consulted widely with stakeholders that include program directors, postgraduate deans, specialty committee chairs, residents, members of national specialty societies, representatives of the Committee on Specialties and provincial and territorial ministries of health. During the next 16 months, the Royal College and the CFPC will continue to conduct extensive research and consult with their governing bodies and key stakeholders to help evaluate proposed models for the CCP. It is expected that a detailed CCP concept will be completed by the fall of 2007.

REVALIDATION OF LICENSURE

Regulatory authorities in the provinces and territories are moving toward an annual revalidation process as part of annual licence renewal. While variation exists, most of the existing revalidation mechanisms share common elements. The College is collaborating with the Federation of Medical Regulatory Authorities of Canada (FMRAC) and individual regulatory authorities to work toward the inclusion of the College's Maintenance of Certification (MOC) program within the national revalidation strategies. In particular, the College is very interested in helping the regulatory authorities to integrate the educational requirements of the MOC program as one of the key elements in the revalidation process.

REGIONAL ADVISORY COMMITTEE SURVEY

In July 2005, the Royal College conducted a survey of Fellows in Region 5 (Atlantic Canada). This survey was intended to measure their satisfaction with the College and the Regional Advisory Committee (RAC), as well as their knowledge of RAC activities and initiatives. A random sample of 15 per cent of Fellows from Region 5 was surveyed; 44 per cent responded.

The survey results indicate that many Fellows

- ◆ consider physician well-being, patient safety, workforce issues and awards and grants to be important, but that the RAC and the College need to do more in these areas;
- ◆ want improved communications from the RAC and the College about issues, initiatives and meeting outcomes, but want the volume of communications to decrease; and
- ◆ do not fully understand the role of the RACs or the Royal College.

In response to this feedback and to meet the needs of its members more effectively, the Royal College has developed several ways to improve communication. During 2006, the College will

- ◆ refocus the content of *Dialogue*, the members' newsletter, to include more information about College initiatives in medical education, health policy and professional development;
- ◆ use the website and member newsletters to provide highlights of key discussion topics, initiatives and results of RAC and Council meetings;
- ◆ coordinate electronic broadcasts (e-blasts) for members so as to reduce the quantity and frequency of messages, while making message content more relevant; and

- ◆ conduct a full membership-satisfaction survey to improve understanding of Fellows' and Resident Members' needs, and to meet these needs in an effective way.

THE 2005 ANNUAL CONFERENCE

The theme of the 2005 Annual Conference was "Today's specialist: defining competencies through CanMEDS." Consistent with the goals of recent Royal College Annual Conferences, it was a forum for activities that reflect the Royal College's mission and core functions. More than 800 registrants attended, including undergraduate and postgraduate medical educators, administrators, front line physicians, young investigators, residents and medical students.



Annual Conference participants network around the cyber café and info booth

A highlight of the conference was the launch of the CanMEDS 2005 framework and its related programming. This was very well-received, as was clear from the highly positive on-site evaluations and the feedback given to the Office of Education after the conference. Attendance at the CanMEDS sessions and sessions within the newly inaugurated Program Administrators' Track were very well-attended.

Another notable highlight was the opening plenary session, "Walking the Talk as Health Advocates," featuring the riveting and inspirational G. Malcolm Brown lecture by veteran diplomat and humanitarian Stephen Lewis, who was conferred Honorary Fellowship with the College.



Top Left: Royal College Councillors, Euan Frew, MD, FRCSC; Máire Duggan, MD, FRCPC; and Gerald Todd, MD, FRCSC

Bottom Left: Royal College Councillors, David McKnight, MD, FRCPC; Richard Reznick, MD, FRCSC; and Cecil Rorabeck, MD, FRCSC

Top Right: Royal College Councillors, Ken Romanchuk, MD, FRCSC; and Stewart Hamilton, MD, FRCSC; and staff member Jason Frank, MD, FRCPC

Bottom Right: Royal College Councillors attend a meeting at College headquarters

The next Annual Conference will be held in Ottawa in September 2006. Building on the launch of the new CanMEDS 2005 Framework, the theme will be “Leadership in specialty medicine: enhancing and assessing physician competencies.”

REVIEW OF THE ANNUAL CONFERENCE

In 2005, the Royal College employed a consultant to determine whether the Annual Conference is sustainable in its present form. Upon review of the consultant’s recommendations, the Royal College Council decided that the College will continue to hold the Annual Conference until 2008, but will develop clear evaluation criteria by March 2007 to help determine its future. The Council also decided that the College should continue to explore collaborative opportunities for a national educational conference.

AWARDS AND GRANTS

The Royal College, in cooperation with medical schools and the national specialty societies, assists Fellows, Resident Members and other physicians in their continuing education through a program of national and regional awards and grants.

The first Royal College Medals were awarded in 1949. Since then, the Awards and Grants program has flourished, distributing over \$745,000 in 2005 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 2005, Fellows and friends of the Royal College contributed more than \$135,000 to the Educational Endowment Fund.

In 2005, the Royal College changed the name of one of its honorary regional awards from “Regional Award” to “Prix d’excellence.” The name change is part of a larger strategy

to increase the visibility of the award. The Prix d'excellence acknowledges those who show outstanding qualities and contributions as medical educators, outstanding service to the community and outstanding service to the Royal College.

In addition to the name change, a media relations package was developed to help Fellows in the regions use the local media to raise the visibility of both the Prix d'excellence and the Mentor of the Year awards and their recipients.

Honorary—National

James H. Graham Award of Merit

Jacques Des Marchais, MD, FRCSC, Montreal, Que.

Duncan Graham Award

James A. Silcox, MD, FRCSC, London, Ont.

Honorary—Regional

Prix d'excellence (formerly Regional award)

Region 1

Henry Mandin, MD, FRCPC, Calgary, Alta.

Region 2

Margaret Fast, MD, FRCPC, Winnipeg, Man.

Region 3

George Doig, MD, FRCPC, Thunder Bay, Ont.

Region 4

Hugues Beauregard, MD, FRCPC, Montreal, Que.

Region 5

A. Richard Cooper, MD, FRCPC, St. John's, Nfld.

Renn Holness, MD, FRCSC, Halifax, NS.

Mentor of the Year

Region 1

David Megran, MD, FRCPC, Calgary, Alta.

Louis Honoré, MD, FRCPC, Edmonton, Alta.

Region 2

Robert Cameron, MD, FRCSC, Regina, Sask.

Region 3

John Seely, MD, FRCPC, Ottawa, Ont.

Mary Seeman, MD, FRCPC, Toronto, Ont.

Region 4

Serge Dubé, MD, FRCSC, Saint-Philippe, Que.

Region 5

Chaker Hobeika, MD, FRCPC, St. John's, Nfld.

Competitive—National

Royal College Medal Awards

Medicine

Finlay McAlister, MD, FRCPC, Edmonton, Alta.

Surgery

Peter B. Dirks, MD, FRCSC, Toronto, Ont.

Canadian Research Award for Specialty Residents

Medicine

Sheila K. Singh, MD, Toronto, Ont.

Surgery

Lakshman Gunaratnam, MD, Resident Member, Ottawa, Ont.

K.J.R. Wightman Award for Research in Ethics

Barry Pakes, MD, Toronto, Ont.

Grants

Faculty Development Grants

Lisa Andermann, MD, FRCPC, University of Toronto

David Fairholm, MD, FRCSC, University of British Columbia

Yvonne Steinert, PhD, McGill University

RCPSC/AMS CanMEDS Research and Development Grants

Glen Bandiera, MD, FRCPC, University of Toronto

Kristopher Lundine, MD, Resident Member,

University of Calgary



Tricia Feener, MD, FRCPC (left) and Sharon Peters, MD, FRCPC (right) present the Region 5 Mentor of the Year award to Chaker Hobeika, MD, FRCPC

Medical Education Research Grants

Bernard Charlin, MD, FRCSC, University of Montreal
 Adam Dubrowski, PhD, University of Toronto
 Nancy Dudek, MD, FRCPC, University of Ottawa
 Joann McIlwrick, MD, FRCPC, University of Calgary
 Martin Pusic, MD, FRCPC, University of British Columbia
 and Kathy Boutis, MD, FRCPC, University of Toronto
 Andrée Sansregret, MD, FRCSC, University of Montreal
 Andrea Waddell, MD, Resident Member, University of Toronto
 Yvonne Ying, MD, Resident Member, McMaster University

*Fellowships***Royal College Fellowship for Studies in Medical Education**

Christopher W. Hayes, MD, FRCPC, Mississauga, Ont.
 Nicole A. Tenn-Lyn, MD, FRCPC, Toronto, Ont.
 Wade T. Gofton, MD, FRCSC, Ottawa, Ont.

Medical Education Travelling Fellowship

Raheem Kherani, MD, FRCPC, Vancouver, B.C.

Walter C. MacKenzie-Scotiabank Fellowship in Surgery

Joel Finkelstein, MD, FRCSC, Toronto, Ont.

Detweiler Travelling Fellowship

Henryk Kafka, MD, FRCPC, Belleville, Ont.
 Andrew Yan, MD, FRCPC, Scarborough, Ont.

Dale Needham, MD, FRCPC, Toronto, Ont.
 Sean Bagshaw, MD, FRCPC, Calgary, Alta.
 Anthony Bella, MD, FRCSC, London, Ont.
 Candace Y.W. Lee, MD, FRCPC, Winnipeg, Man.

International Travelling Fellowship

Jean Chamberlain, MD, FRCSC, Hamilton, Ont.
 Indrojit Roy, MD, FRCPC, Westmount, Que.

*Visiting Professorships***McLaughlin-Gallie Visiting Professorship**

Professor Al Aynsley-Green, London, U.K.

Royal College Visiting Professorship in Medical Research

Steven Shapiro, MD, Boston, Mass.
 Peter Liu, MD, FRCPC, Toronto, Ont.
 Bryan Richardson, MD, FRCSC, London, Ont.

Balfour M. Mount Visiting Professorship in Palliative Medicine

Harvey Chochinov, MD, FRCPC, Winnipeg, Man.


Honorary Fellows

Over the years, the Royal College has awarded Honorary Fellowships to distinguished physicians, surgeons and laypersons in recognition of their outstanding contributions in health care or areas related to health care. The following physicians were named Honorary Fellows in 2005.

John Allan Raymond Smith, FRCSC Hon., Sheffield, U.K.

Professor Muhammad Sultan Farooqui, MBBS, FRCPS, FRCP (Edin), FRCPS (Glasg.), MRCPsych (U.K.), FRACP (Australia), FCPS (Bangladesh), FAM (Sing), FAM (Malaysia), FCPSC (S. Africa), FSMSB (Sudan), FRCPC Hon., Karachi, Pakistan

Mary M. Horowitz, MD, MS, FRCPC Hon., Milwaukee, Wis.

Lieutenant General the Honourable Roméo A. Dallaire, OC, CMM, GOQ, MSC, CD (Ret'd), Senator, FRCPSC, Ottawa, Ont.

STRENGTHENING *our* COLLEGE



During 2005, the Royal College's outreach activities and its strong emphasis on improving communications brought solid results. This was amply demonstrated by the growing number of College members and the unwavering commitment of our leaders and volunteers.

PRESIDENTIAL OUTREACH PROGRAM

During 2005, College President Dr. Stewart Hamilton and CEO Dr. Michel Brazeau travelled the country to meet with leaders from faculties of medicine, regulatory authorities, hospitals, residency groups, policy centres and institutes, Council members and current and former Regional Advisory Committee members and the media. Their purpose was to gain insight into issues affecting health care and postgraduate medical education and to present the high-level strategic directions of the Royal College to these many stakeholders.

Equally, these outreach visits sought a better understanding of the different provincial and regional perspectives on specialty medicine, including standards of practice in specialty care, health human resources, the proposed Core Competency project, the MOC program and the CanMEDS framework. Recurring themes were expressed by stakeholders in all regions, and the perspectives gained have been invaluable.

The outreach program is intended to complement the work of the Regional Advisory Committees and to involve regional councillors in the outreach meetings. The program was launched in March 2005 in British Columbia, Alberta and Manitoba, and in June proceeded to Ontario and Quebec. In October, it ended with meetings in Montreal and Atlantic Canada.

COMMON VIRTUAL INFRASTRUCTURE PROJECT

Begun in 2005, the Common Virtual Infrastructure (CVI) project is a three-year initiative to update the College's information management practices to better support the work of the College and its members. This is a major undertaking that involves reviewing the College's business processes, incorporating new technology and creating a new website that will integrate College systems and services within a portal environment. As a result, members will benefit from improved online services and resources, enhanced search functionality and web-conferencing capabilities that combine to provide more convenient and efficient ways for members to interact with the College and each other.

COMMUNICATING WITH OUR MEMBERS

During 2005, the College continued its extensive communication with its members through an array of publications and corporate documents. Our major publications, which are constantly being improved through feedback from members and from the volunteers on the *Royal College Outlook* Editorial Advisory Board, were:

- ♦ *Royal College Outlook*, the College's quarterly flagship publication, which includes topics of broad and current interest;
- ♦ *Dialogue*, the College's quarterly newsletter, which updates members on College news and initiatives; and
- ♦ *OE News*, the quarterly newsletter of the Office of Education, which updates educators and committee members on initiatives and educational materials generated in collaboration with Fellows.

In addition, the content of the online synopsis of the spring and fall Regional Advisory Committee (RAC) meetings was enhanced. Called *Report from the RACs*, the report now includes a more thorough description of the discussions that take place during those meetings and the initiatives that arise as a result.

Some key corporate documents were updated in 2005. The Policies and Procedures for Certification and Fellowship were revised in July and posted on the website. The online version is regularly updated to reflect changes. In addition, the Royal College specialty committees began updating their specialty-specific documents, including Specific Standards of Accreditation (SSA), Objectives of Training Requirements (OTR), Specialty Training Requirements (STR) and Final In-training Evaluation Reports (FITER).

Among the College's key corporate documents, which are available to members on the College website, are:

- ♦ CanMEDS 2005 Physician Competency Framework,
- ♦ General Information Concerning Accreditation of Residency Programs, and
- ♦ General Standards of Accreditation.

PART-TIME MEMBERSHIP CATEGORY

In 2005, the Council approved guidelines for the reduction of annual dues for Fellows working on a part-time basis. Specifically, Fellows working fewer than 20 hours per week or fewer than six months of the year may have their annual dues



College president, Stewart Hamilton, MD, FRCSC, and public member of Council, Ruth Goldbloom, confer during a break from a Royal College Council meeting



Candidates wait to register for the Royal College certification examinations

reduced by 50 per cent. The fee reduction is applied annually when membership is renewed.

EMPLOYEE CLASSIFICATION AND EVALUATION SYSTEM

In 2005, the human-resource consulting firm Deloitte & Touche completed an evaluation of the College's employee classification and evaluation process. Based on their recommendations and input from an internal working group, the College refined its system and developed a new compensation framework.

Among other improvements, the new system clearly defines job bands and explains what they mean for the College and its employees. It also defines the job-evaluation process and facilitates the re-evaluation of job descriptions.

Our
LEADERSHIP



Royal College Councillors, Richard Reznick, MD, FRCSC; Richard Johnston, MD, FRCSC; Bill Fitzgerald, MD, FRCSC; Sharon Peters, MD, FRCPC, Gerald O'Hanley, MD, FRCSC; and Ken Romanchuk, MD, FRCSC

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

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

Each of the Royal College's five electoral regions has a Regional Advisory Committee (RAC), which functions as a vehicle for two-way communication with 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. The 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

COUNCIL (OCTOBER 2004 TO SEPTEMBER 2005)

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 2005.

President

Stewart M. Hamilton, MD, FRCSC

Immediate Past-president

John W.D. McDonald, MD, FRCPC

Members

Region 1

Máire Duggan, MD, FRCPC
Louis Francescutti, MD, FRCPC
Euan Malcolm Frew, MD, FRCSC
Gerald Todd, MD, FRCSC

Region 2

George Garbe, MD, FRCPC
Jeffrey Reiss, MD, FRCPC
Ken Romanchuk, MD, FRCSC
Brian Ulmer, MD, FRCSC

Region 3

John Fuller, MD, FRCPC
Richard Johnston, MD, FRCSC
David McKnight, MD, FRCPC
Richard Reznick, MD, FRCSC
Cecil Rorabeck, MD, FRCSC
Michael Sharpe, MD, FRCPC

Region 4

Vincent Bernier, MD, FRCPC
Andrée Boucher, MD, FRCPC
Dominique Dorion, MD, FRCSC
Markus Martin, MD, FRCSC
André Robidoux, MD, FRCSC
Louise Samson, MD, FRCPC

Region 5

William Fitzgerald, MD, FRCSC
Jean Gray, MD, FRCPC
Gerald O'Hanley, MD, FRCSC
Sharon Peters, MD, FRCPC

Appointed members

Public members

Sister Elizabeth Davis, MA, MHSc
Ruth Goldbloom, OC
Chief Roberta Jamieson, CM, LLB, LLD*
Bernard Shapiro, BA, MAT, EdD, LLD

Resident member

Valérie LeBlanc, MD

EXECUTIVE COMMITTEE OF THE COUNCIL

President

Stewart M. Hamilton, MD, FRCSC

Past-president

John W.D. McDonald, MD, FRCPC

Vice-presidents

Corporate Affairs

Brian Ulmer, MD, FRCSC

Education

Cecil Rorabeck, MD, FRCSC

Fellowship Affairs

Jean Gray, MD, FRCPC

Professional Development

Louise Samson, MD, FRCPC

Chief Executive Officer

Michel Brazeau, MD, FRCPC

*Term ended in March 2005.

CHIEF EXECUTIVE OFFICER AND DIRECTORS

Chief Executive Officer
Michel Brazeau, MD, FRCPC

Directors
Corporate Affairs
Glen McStravick, CA

Education
Nadia Mikhael, MD, FRCPC

Fellowship Affairs
James E. Hickey, MD, FRCPC

Professional Development
Craig Campbell, MD, FRCPC



Left to right

Back: Gerald O'Hanley, Jeffrey Reiss, Valérie Leblanc, David McKnight, Louise Samson, Markus Martin, André Robidoux, Richard Johnston, Sharon Peters, Louis Francescutti, Euan Frew, George Garbe, Máire Duggan, Kenneth Romanchuck, Michael Sharpe, Richard Reznick, Andrée Boucher, John Fuller, William Fitzgerald, Ruth Goldbloom

Front: Brian Ulmer, Jean Gray, Stewart Hamilton, John McDonald, Vincent Bernier, Cecil Rorabeck

Not shown: Gerald Todd, Dominique Dorion, Elizabeth Davis, Roberta Jamieson, Bernard Shapiro

Auditors' Report on
Summarized Financial Statements

To the Fellows of

THE ROYAL COLLEGE OF PHYSICIANS AND
SURGEONS OF CANADA

The accompanying summarized statements of net assets, 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, 2005, and for the year then ended on which we expressed an opinion without reservation in our report dated March 8, 2006. 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 Director of Financial and Administrative Services.

Collins Barrow Ottawa LLP

Chartered Accountants

March 8, 2006



The Royal College of Physicians and Surgeons of Canada

SUMMARIZED STATEMENT OF NET ASSETS

December 31 (in thousands)	2005	2004
Assets		
Current		
Cash and cash equivalents	\$ 7,597	\$ 7,380
Accounts receivable	956	1,055
Prepaid expenses	230	229
Cash and cash equivalents held in trust	4,071	3,181
	12,854	11,845
Investments	17,310	16,192
Investments held in trust	1,165	1,121
Capital assets	15,514	15,500
Deferred pension costs	2,560	2,141
	\$ 49,403	\$ 46,799
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	\$ 3,066	\$ 2,200
Funds held in trust	5,236	4,302
Deferred revenue	517	381
Unexpended grants	38	368
	8,857	7,251
Long-term		
Deferred rental revenue	1,703	1,648
Employee severance pay	1,201	1,155
Supplemental employee retirement plan	1,016	909
	3,920	3,712
Net assets		
Invested in capital assets	15,514	15,500
Restricted for endowment purposes	8,629	8,153
Pension plan funding differential	2,560	2,141
Internally restricted for Members' professional development	1,533	1,455
Unrestricted	8,390	8,587
	36,626	35,836
	\$ 49,403	\$ 46,799

The Royal College of Physicians and Surgeons of Canada

SUMMARIZED STATEMENT OF OPERATIONS

For the year ended December 31 (in thousands)	2005	2004
Revenue		
Annual Fellowship dues	\$ 13,602	\$ 12,909
Examination fees	5,202	4,851
Assessment fees	1,281	1,261
Association Management fees	1,192	1,113
Investment	1,040	932
External organizations	647	564
Rental	432	373
	<u>23,396</u>	<u>22,003</u>
Expenses		
Office of Education	9,302	8,289
Office of Fellowship Affairs	3,615	3,272
Office of Corporate Affairs	3,419	3,284
Office of the Chief Executive Officer	3,373	3,321
Office of Professional Development	2,001	1,725
CVI Project	1,372	-
	<u>23,082</u>	<u>19,891</u>
Excess of revenue over expenses for the year	\$ 314	\$ 2,112

SUMMARIZED STATEMENT OF CHANGES IN NET ASSETS

For the year ended December 31 (in thousands)	2005	2004
Net assets, beginning of year	\$ 35,836	\$ 33,442
Excess of revenue over expenses for the year	314	2,112
Increase in net assets held for endowment purposes	<u>476</u>	<u>282</u>
Net assets, end of year	\$ 36,626	\$ 35,836

THE ROYAL COLLEGE 
PHYSICIANS *and* SURGEONS

CANADA

<http://rcpsc.medical.org>