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Author - Industry Canada - Health Industries Branch

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I. PREAMBLE

This document was created to provide information on the Canadian continuing medical education industry. Continuing medical education is the ongoing training of health personnel at all levels. Providers of continuing medical education may be involved in staff development and training, program development and delivery, and public and occupational health.

This initiative is following with Industry Canada's commitment to provide information products that will encourage job creation and growth. The document is not meant to be an exhaustive study of the Canadian continuing medical education industry. It details the industrial strengths and challenges, as well as listing some of the providers, their projects, and export markets.

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II. INTRODUCTION

Total health expenditure in Canada has gone from \$12,254.8 million in 1975 to \$72,462.6 million in 1994. In constant 1986 dollars, this has been a real increase in spending from \$26,305.9 million to \$56,779.1 million. The private sector is financing an increasing amount; the private share of total health expenditures went from 23.6% in 1975 to 28.2% in 1994. Health care is a labour intensive industry primarily producing services. The importance of labour generates a demand for education and training of those employed in the profession. In 1994, the second largest category of total health expenditure, after hospitals, was on physicians. Real total spending on physicians has gone from \$3,824.4 million in 1975 to \$8,402.1 million in 1994, while real total spending on other health professionals increased from \$2.105.4 million in 1975 to \$4,449.7 million in 1994 (Appendix A). Real private spending on other he alth professionals increased from \$1782.6 million in 1975 to \$3,846 million in 1994 (Appendix B).

The demand for highly trained professionals creates a reliance on formal education. The health industry has traditionally made lower investments in continued training and development than other industries. Although entry into the field requires lengthy education, practising health professionals have often regarded more training as unnecessary. This attitude is changing as continuing medical education (CME) has become an essential element of world class health care. CME reduces the gap between the formal education process and medical practice.

There are five groups of CME providers:

- professional associations;
- universities and colleges;
- pharmaceutical firms,
- organizations;
- private service companies.

A problem in maintaining a high level of training is the source of funds for CME events in view of increased government cutbacks in health care spending. There is a tremendous amount of information available to physicians and a successful CME industry will provide the required information quickly and at a reasonable cost. The pharmaceutical industry has traditionally been involved in the promotional aspect of CME event sponsorship. CME funding was provided through the marketing offices of pharmaceutical firms but there has been a shift in recent years with firms now setting up a separate CME office that provides the CME budget.

CME is important for remote physicians and specialists, but they are often least able to receive it due to difficulties in leaving their practices. Peer consultation is often unavailable, further contributing to the need for

CME. This fear of slipping behind in a profession enhances the problem of bringing physicians and specialists to remote areas. Eighty percent of Canadians live within 320 kilometres of the United States border but the remaining 20 percent deserve the same quality of health care. Non urban educational health needs include the following:

continuing education for physicians, nurses, and other health professionals;

teaching and training programs for administrative and support staff;

community health education and improved education for health workers and families

The Canada Health Act established the following principles: accessibility, universality, comprehensiveness, portability, and public administration. Thus, the mandate is for health professionais to offer the best possible services to their patients regardless of location. This has been addressed through the development of the long distance CME industry in Canada.

Canada has had an initial international advantage in long distance CME through such mediums as satellite, fiber optic, and the Internet. A geographic disr tvantage that led to an early demand for long distance health education has anticipated present international health needs. However, it is important for Canada to maintain our comparative advantage through continued investment, innovation, and upgrading. Domestic suppliers of education in Canada have faced low competition in the past, but there is increased pressure from U.S. suppliers of technology-based training.

Foreign markets are another source of demand for Canadian expertise. Although there are considerable variances across countries and regions, 50 percent of global spending on health care is by the private sector (Table 1). When the public sector cannot meet the health demands of a population, private providers will often emerge. An example of this occurrence is the development of a private market in China to meet the demand for rural health services. Although there are many international opportunities in CME, the majority of Canadian players are domestically oriented. Export challenges include acquiring market intelligence, competitive pricing, establishing contacts, and forming partnerships. Methods of financing are often an obstacle for the developing countries, and Canadian suppliers have not had great success in receiving contracts from the international financial institutes. Although Canadians offer a high quality product, this can be disadvantage in attracting foreign customers who may prefer to wer quality if it is accompanied by a lower price.

Export markets for Canadian CME are not restricted by country income. Although most international trade in education is from the industrialized countries to the lesser developed countries and the newly industrialized countries, there are other opportunities. The middle income countries require training expertise to respond to the growing middle class and the emergence of first world diseases. The industrialized countries have a high demand for quality health care services, often publicly provided. However, the industrialized countries are experiencing increased private consumer demand for health products and information, in particular from the highly educated "silver" markets.

Continued training of the medical profession is internationally recognized as an essential investment for a healthy population. The developing countries are often unable to keep up with medical news due to the expense of journals and other sources of information. Communication with colleagues is often impossible due to prohibitive costs. Health professionals often work in an environment without access to mail delivery, telephone service, or fax. Ninety percent of the world's health problems arise in the Southern hemisphere, where only 5 percent of the world's human, technical, and financial resources are located. Canadian expertise in training can help bridge this knowledge gap by providing the developed world with affordable CME.

Table 1, Public and Private Percent of Total Health Expenditures

Region	Public	Private
Former Socialist Economies	71	29
Established Market Economies*	76	39
Latin America and Caribbean	61	39
China	59	41
Middle East	57	43
Sub Saharan Africa	53	47
Other Asian and Pacific Economies	39	61

India	22	78
Canada	72	28

^{*} includes Canada

Sources:

Private and Public Initiatives: Working Together in Health and Education, Jacques van der Gaag, The World Bank, February 21, 1996.

National Health Expenditures in Canada 1975-1994, Surnmary Report, Policy and Consultation Branch, Health Canada.

When countries import the curriculum for their medical programs, what is taught is often not what is needed in the community. This is a particular problem for developing countries using the research topics of industrialized countries. It is important that the education and training services exported are not only those that bring the highest profits, but those that meet a country's need. In centuries past, European expansion led to the adoption of Western medical practices by the colonized countries. Medical schools were established by the graduates of European or American schools using, although not always appropriate, Western teaching methods. A successful CME curriculum must provide the recipients with relevant program content through effective delivery methods. Meeting local needs is necessary when building a favourable reputation of Canadian exporters. Canada is at an advantage as we have world class suppliers of health education, but to maintain this reputation we must continue to deliver the right information.

The sale of services, such as CME, often requires a longer term presence in the local market than that of medical devices or pharmaceuticals. These relationships are important for the international growth of the Canadian health services industry. Export opportunities are not only an immediate source of revenue, but also a chance to create a long term presence in the market. Access to foreign markets will result in a continued demand for Canadian expertise, and the Canadian goods our experts use.

Government restrictions on the sale for profit of medical expertise vary between countries. Partnerships may be required in order to access certain markets. Although finding appropriate partners can be expensive and time consuming, strong partnering arrangements are beneficial even when not a requirement. Partners can be found within Canada, the importing country, and other countries with exporting suppliers. Alliances for Canadian exporters of CME can include the following groups:

country agencies;

private sector companies;

content providers (universities, colleges, associations)

The country agencies can provide access to the market, market segmentation, and local content. The private sector is often able to provide the appropriate technology, marketing tools, management skills, and methods of financing. The content providers can assure substance, quality, continuous improvement, and methods of accreditation appropriate to the local community.

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III. ASSOCIATIONS

The Royal College of Physicians and Surgeons of Canada

The Royal College of Physicians and Surgeons of Canada, established in 1929, is responsible for assisting its members with professional development. It sets and assures educational standards, as well as providing continuing education for specialist physicians in Canada. It is a privately funded organization and operates in cooperation with its 29,000 members, the 16 university medical departments, and the national specialty societies.

Its accredited CME events are sponsored by one of the university medical schools or one of the national specialist societies. These events are oriented toward small size learning groups rather than the professor at the podium style of teaching. In prior years, CME events favoured an academic approach and therefore discouraged attendance of those who required practical information. Emphasis is now place on what is learned and how this learning is applied. It is recognized that training does not come from one source alone and that a lot of teaching is self directed, through working. The College has created MOCOMP®, the Maintenance of Competence Program, the voluntary CME program for its members.

The MOCOMP® program holds collaborative pilot projects in:

Australia - The Royal College of Pathologists of Autraliasia Germany - German Medical Association Mexico - Academy of Medicine Denmark - Danish Medical Association.

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The College of Family Physicians of Canada

The College of Family Physicians of Canada (CFPC), founded in 1954, is a national voluntary organization that plays a key role in the undergraduate, postgraduate, and continuing medical education of Canadian family physicians. There are currently over 13,000 members representing the majority of practicing Canadian family

doctors.

Since its founding, the CFPC has required that its members undergo 50 hours of self-directed continuing medical education annually. These requirements are now coordinated through the College's CME program MAINPRO® (Maintenance of Proficiency/Maintien de la compétence professionnelle). MAINPRO® is based on the fundamentals of lifelong, self-directed, practice-based learning which support the principles of adult learning. Members of the CFPC are able to pursue their professional development from a wide array of approved educational activities. The Maintenance of Certification component of MAINPRO® is based on encouraging members to seek enhanced high-quality CME.

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 - · Université de Montréal
 - Université de Sherbrooke
 - University of Alberta
 - University of British Columbia
 - University of Calgary
 - University of Manitoba
 - · University of Ottawa
 - University of Saskatchewan
 - University of Toronto
 - University of Western Ontario
 - University of Victoria

Carleton University

Carleton University has developed a Certificate/Diploma Program in Health & Social Policy & Planning to meet the needs of policy makers, educators, researchers, and practitioners responding to the changing health needs of Third World populations. The program has been designed by members of the Norman Paterson School of International Affairs (Carleton University), the Centre for International Health & Development (University of Ottawa), the Canadian Association of University Schools of Nursing, the Canadian University Consortium for Health and International Development, and the International Development Research Centre.

This program is designed to offer health practitioners and policy makers, from Canada and abroad, an academic opportunity of professional upgrading in the field of international development. Emphasis is placed on learning the policy environment of health services in development, including indigenous medicine, rather than

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on the transfer of Western medical technologies.

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Dalhousie University

The following are some of the international CME projects at Dalhousie University.

- The School of Physiotherapy and the Cardiac Prevention Research Centre of Dalhousie University are sending 40 professionals to Kuwait to set up a rehabilitation unit for physiotherapy, cardiovascular, and respiratory problems.
- Dalhousie University has recruited students for its medical school from Kubangsaan Medical School in Kuala Lumpur, Malaysia sponsored by the Malaysian government.
- ·Three Russian undergraduate medical students are currently enrolled in the Faculty of Medicine.
- Dalhousie University has been a major source of training for residents in manydisciplines from both Saudi Arabia and Libya. Funding for the Saudi residents comes both from the Saudi Arabian Educational Mission and from ARAMCO. The Libyan residents are trained with funds from CBIE.

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url; www.mcms.dal.ca

McGill University

Contact:

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McMaster University

McMaster University established the Centre for International Health as an educational and research centre for faculty, students, global and local communities. It promotes international health activities within the Faculty of Health Sciences, and partnerships with other universities and organizations involved in international health.

The following are some of the international CME projects at McMaster University.

·McMaster-Iridia Health Sciences Group has ongoing programs in cardiovascular epidemiology, micronutrients, stroke epidemiology, and an epidemiology research unit. There are also programs underway for neonatal follow-up and primary health care.

Health Priorities Based Education in Chile is a project to develop educational programs for health professionals in Chile in partnership with Universidad de la Frontera (UNFRO), Temuco, Chile.

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The Health of Children in War cones is a project to develop health tools appropriate for war zones with partners in Sri Lanka, Gaza/West Bank, and several republics of theformer Yugoslavia.

- The Afghanistan Working Group is involved in providing rehabilitation in Afghanistan, primarily for disabilities due to land mines.
- •The McMaster-Makerere-CIDA Health and Society Linkage Project was developed to provide CME to nurses in Uganda.
- The Healthy Cities-Maternal Child Health in St. Petersburg Project as developed to provide maternity and newborn care in St. Petersburg, Russia in partnership with Mount Sinai Hospital, Toronto and the World Health Organization, Copenhagen.
- •The New Canada Ukraine Partners Program, Partners in Health is to provide rehabilitation for the disabled in Ukraine.

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url: www-cih.csu.mcmaster.ca

Memorial University of Newfoundland

The Faculty of Medicine at Memorial University in St. John's, Newfoundland provides continuing medical education programs to the provincial medical community through its Professional Development Office. The Faculty of Medicine has been involved in long distance medical education since 1977, with the creation of the Telemedicine Centre. This provincial communications resource provides audioconferencing, medical data transfer, interactive audiographics, and videoconferencing capabilities through an effective, cost-efficient system that augments health and continuing education services. It currently provides 250 access sites in 150 communities throughout the province.

TETRA, Telemedicine and Educational Technology Resources Agency, was created in 1988 as a joint project between the Telemedicine Centre and the Division of Educational Technology at Memorial University. It is an outward looking, service oriented agency with expertise in the design and delivery of multi-media/distance medical education programs that respond to the telecommunication need of health care professionals. It provides consulting, research, and training services in the areas of distance education and telecommunications. TETRA has been involved in numerous programs providing consultation on network development and integration, and program design and development to the international community.

Memorial's international projects include:

- •Child and Maternal Health Program in partnership with the Paediatric Department of Makerere University, Kampala, Uganda;
- SHARE project through the University of the West Indies, Kingston, Jamaica;
- Community health and telemedicine courses in the Philippines in partnership with the College of Public Health, Manilla, Philippines;
- SatelLife project provides the North American gateway service for developing countries to access an e-mail link for information transfer.

Contacts:

Dr. C. W. Robbins	Janice L. Cooper	
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url: aorta.library.mun.ca/med/telemed

Queen's University

Queen's University has embraced internationalization as a component part of its mission, and this is mirrored in the vision of the Faculty of Health Sciences. A new direction in Continuing Education is the dedication of resources to identify and address the needs of health professionals working in remote and isolated settings. The recent amalgamation of the Schools of Medicine, Nursing, and Rehabilitation Therapy into the Faculty of Health Sciences encourages true interdisciplinary education and inquiry, of particular relevance to international health endeavors.

Within the Faculty of Health Sciences, major emphasis has been placed on international health, particularly on rehabilitation and primary care in third world countries. International health programs at Queen's University include the following:

extensive involvement in Bosnia of the School of Rehabilitation Therapy and the Department of Family Medicine, funded by the Canadian International Development Agency; rehabilitation for the disabled in Ukraine.

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Université de Laval

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url: www.fmed.ulaval.ca/fmed/BFMC/1bfmc.htm

Université de Montréal

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Université de Sherbrooke

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University of Alberta

International health programs at the University of Alberta include

reform of the national nursing education curriculum in Ukraine

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University of British Columbia

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University of Calgary

The Faculty of Medicine at the University of Calgary has expertise in:

international education in foreign countries, as well as international medical students, residents, and faculty attending the University of Calgary;

International consultation in CME and general medical education.

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University of Manitoba

International expertise at the University of Manitoba includes the Physicians Assessment and Enhancement Program (UM-CAEP) which manages areas of physician competency and physician-patient boundary relationships.

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University of Ottawa

The Faculty of Medicine at the University of Ottawa has expertise in the following areas:

- physician continued education;
- nursing formal education;
- -para-professional formal education;
- health services management continued education;

Markets for exports have included:

- Malaysia;
- Thailand.

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University of Saskatchewan

international projects include:

mental support to youth, women, and families, and clinical pharmacy reform in Ukraine

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uri: www.usask.ca

University of Toronto

The Department of Family and Community Medicine has a program of educational leadership for family physicians working outside of urban centres.

The following are some of the international CME projects at the University of Toronto.

- The department is currently working with the Brazilian government to provide training to family physicians in primary health care clinics. The year long program will provide teaching in the principles of family medicine, as well as training on teaching other teams.
- The university is involved in the New Canadian Ukraine Partners Program to provide clinical pharmacy reform and a health service administration program in Ukraine.

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University of Western Ontario

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University of Victoria

The School of Health Information Science at the University of Victoria offers a program leading to a Bachelor of Science in Health information Science, as well as offering health care informatics research development and consulting. The university has expertise various areas of health information: management information, resource management, application software, training and education, and networks and communication. Current export markets include:

- United States:
- South East Asia:
- · Nestern Europe:
- Central America:
- South America.

The School has future interest in:

- Japan;
- Australia:
- New Zealand;
- Eastern Europe;
- the countries of the former Soviet Union.

Centact:

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V. COLLEGES

British Columbia Institute of Technology

The British Columbia Institute of Technology has health care programs in:

- ·Biomedical Engineering:
- ·Cardiovascular Technology:
- ·Cytogenetics:
- ·Environmental Health:
- ·Health Care Management:
- ·Medical Imaging:
- Nursing Specialties (Critical Care, Emergency, Neonatal/Pediatric Critical Care, Perinatal, Perioperative,
- Occupational Health, Nephrology):
- Occupational Health and Safety:
- Prosthetics and Orthotics.

International projects include:

- experience in Asia, the Caribbean, Africa, and the Middle East;
- assistance in the transfer of programs from the Ministry of Health, Malaysia, to the Institut Teknologi MARA (ITM) training institute:
- international training and consultation in the area of Biomedical Engineering and Health Technology Management; past projects in Cameroon, Kuwait, and China; presently working on the development of a globally accessible training program that involves computer-mediated communication.

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VI. ORGANIZATIONS

Appui Inc.

Appui Inc. is an NGO with a name bank of over 150 professionals for contractual work. Appui Inc. is registered with the World Bank, Asian Development Bank, African Development Bank, and the Inter-American Development Bank.

International experience includes the following countries:

- ·Ecuador:
- ·Morocco:
- ·Peru.

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The Canadian Society for International Health

An international project of the Canadian Society for International Health is the New Canada Ukraine Partners Program, Partners in Health, financed by the Canadian International Development Agency. This project is to help Ukraine develop a national health policy and delivery framework, and support partner organizations in Canada and Ukraine to exchange knowledge and skills among health professionals.

There are five projects within the New Canada Ukraine Partners Program:

- 1. Health Information/Promotion Project
- ·healthy schools
- ·health system information
- 2. Clinical Pharmacy Project
- 3. Environmental Health/Healthy Cities Project
- community health population health
- ·community health oral health
- ·community health health promotion
- 4. Medical Service Reform Project
- ·health administration
- ·nursing

- ·rehabilitation
- ·mental health
- 5. Development of Professional Associations Project

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url: www.csih.org

HEALNet/RELAIS

HEALNet/RELAIS, the Health Evidence Application and Linkage Network/Le Réseau de liason et d'application de l'information sur la santé, is a multidisciplinary research initiative to provide health care information tools and the related infrastructure. Its aim is to improve the health of Canadians, and to increase Canadian exports through the promotion of Canada's comparative advantage in health solutions.

CHIRA, Canadian Health Information and Research Alliance, is a HEALNet initiative to bring together the leading Canadian companies and universities to promote research and technology for an improved health environment. It will function, through alliances, to promote Canadian jobs and technology by reducing fragmentation in the health care industry. CHIRA is a for profit corporation; researchers are invited to participate on a project by project basis. Applications include multimedia such as: diagnostic and visualization tools, learning (CME) tools, and consumer awareness programs.

Contact:

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Managing Director, HEALNet/RELAIS
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L8N 3Z5

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email: wentzell@fhs.csu.mcmaster.ca url: hiru.mcmaster.ca/nce/de.ault.htm

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VII. PRIVATE SERVICE PROVIDERS

HealthLink Communications Inc.

HealthLink Communications Inc., a subsidiary of Greenlight Communications Inc., is a service company involved in the development, production, and distribution of health care programs for pharmaceutical companies, health care professionals and consumers. HealthLink provides its services using educational multimedia: video, print, satellite conferencing, and Internet communications projects.

The following are some of HealthLink's international projects include the following.

·HealthLink is producing CME for the international community in partnership with the Canadian International Development Agency, the Royal College of Physicians and Surgeons of Canada, Health Canada, and the Department of Foreign Affairs and International Trade. Markets for this service are India, China, South Africa, and Malaysia.

HealthLink has started a pilot project to deliver CME to India for cardiology, neurology, and oncology. Methods of presentation are live interactive satellite video conferences, videotaped lectures, and print.

Contact:

Tim Patterson
Director, CME Development
HealthLink Communications Inc.
150 York Street, Suite 1100
Toronto, Ontario
M5H 3S5

Tel: 416-214-9500 Fax: 416-214-5898 email: tjcp@ican.ca

HealthSat

HealthSat is a Canadian health education provider, established in 1989 as an interactive satellite health care network. It provides hospitals in Canada and the world with accredited CME programming. To date, it has reached more than 80,000 physicians on three continents. In 1995 HealthSat was acquired as a subsidiary of Prime Net Communications Inc., a Canadian public satellite distance education company.

HealthSat is responsible for the dissemination of the information, but not the programming content. Canadian content is provided by the medical profession's societies, associations, and colleges as well by the universities and the government. HealthSat also has agreements with various U.S. universities and associations to access their libraries of video materials.

HealthSat's international projects include:

- joint China-Canada CME project with the goal of exporting CME programs to 65,000 Chinese hospitals;
- involvement in India;
- ·looking for partnering agreements in South America.

Contact:

Raymond J. Homer
President & CEO, PrimeNet Communications Inc.
SkyDome, Gate 7
1 Blue Jay Way, Suite 1200
Toronto, Ontario
M5V 1J3

Tel: 416-341-2086 Fax: 416-341-2080

email: primenet@cycor.ca

InterHealth Canada Limited

InterHealth Canada Limited is a private, for-profit Canadian corporation. Its purpose is to obtain international contracts for its member health sector firms. It links different segments of the health sector for collective marketing to export markets.

The roles of InterHealth include:

- ·market intelligence and international networking;
- project management;
- ·market opportunities' development;
- ·administrative support.

Members of InterHealth involved in CME include:

BCIT:

HealthLink:

- ·Maritime Medical;
- ·Mitchener Institute;
- Sebra.

Foreign markets for CME include:

- Thailand:
- China:
- India.

Contact:

Skip Schwartz InterHealth Canada Limited 409 Markham Street Toronto, Ontario M6G 2L1

MOG ZLI

Tel: 416-531-3025 Fax: 416-530-4305

email: ihcan@interhealthcan.com url: www.interhealthcan.com

International Development Consultants

International Development Consultants is a consortia of multi disciplinary consultants providing services to institutions and groups in the developing world. Services provided include education, health services management, and planning. International Development Consultants is registered with the World Bank and the Inter-American Development Bank.

Export markets include the following:

·Barbados;

Cayman Islands;

Dominican Republic.

Contact:

Stuart Black International Development Consultants 2635 West 7th Avenue Vancouver, British Culumbia V6K 1Z2

Tel: 604-739-1034

Synapse Publishing Inc.

Formed in 1993, through startup capital provided by Canarie Inc., Synapse Publishing Inc. was the first organization to bring together the power of Internet based publishing, the demands of health care reform, and the science of evidence based medicine.

Synapse Publishing Inc. has three roles:

•the creators of Disease Guidance Systems (the Stroke Disease Guidance System has just come out of testing, future systems will include epilepsy, dementia, and breast cancer);

the online publishers of medical documents, such as the Cochrane Database of SystematicReviews; software development (Clinical Trial Registy is under development).

Synapse Publishing Inc. is a "bi-directional publisher." Synapse disseminates literature related to best practice and captures data related to patient outcome. Both these functions are merged in the Disease Guidance System.

Contact:

Tracy Stewart
Online Editing Specialist
Synapse Publishing Inc.
P.O. Box 52146
Edmonton, Alberta
T6G 2T5

Tel: 403-492-2985 Fax: 403-492-7253

email: tracy.stewr+@medlib.com

url: www.medlib.cc.m

Training Services

Training Services is a Canadian company specializing in training, education communications, and occupational health and safety.

Export markets include the following:

·United States;

·Mexico.

Contact:

John A. Ford Executive Manager Training Services 24 Baylor Crescent Georgetown, Ontario L7G 1A6 Tel: 905-873-3031 Fax: 905-877-7147

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APPENDIX A

Year	Physicians	Other Professionals	Total
1975	3824.4	2105.4	5929.8
1976	3976.1	2243.0	6219.1
1977	4140.3	2501.4	6641.7
1978	4285.3	2690.3	6975.6
1979	4307.3	2821.7	7129.0
1980	4457.4	2949.3	7406.7
1981	4764.4	3027.4	7791.8
1982	5053.6	3136.9	8190.5
1983	5501.1	3170.6	8671.7
1984	5773.7	3253.7	9027.4
1985	6158.9	3474.8	9633.7
1986	6675.3	3631.2	10306.5
1987	7062.4	3730.7	10793.1
1988	7247.5	3830.8	11078.3
1989	7480.8	4024.5	11505.3
1990	7876.8	4182.5	12059.3
1991	8524.9	4352.6	12877.5
1992	8663.5	4424.7	13088.2
1993	8527.3	4416.8	12944.1
1994	8402.1	4449.7	12851.8

Public sector financing methods are federal direct health expenditures, provincial and territorial government health expenditures, municipal government health expenditures, and Workers' Compensation Board health expenditures.

Physician expenditures include professional health services provided by physicians and psychologists. The renumeration of physicians on payrolls of hospital, public health agencies and the like are excluded. Payments to physicians for administrative services are not considered physician service expenditures for the purposes of national health expenditures.

Other professional expenditures include dentists, denturists, chiropractors, optometrists, podiatrists, osteopaths, naturopaths, private duty nurses and physiotherapists.

Source: National Health Expenditures in Canada 1975-1994, Summary Report, Policy and Consultation Branch, Health Canada.

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APPENDIX B

Year	Physicians	Other Professionals	Total
1975	55.6	1782.6	1838.2
1976	56.7	1898.5	1955.2
977	58.7	2110.8	2169.5
978	63.8	2265.1	2328,9
979	79.5	2353.1	2432.6
980	69.6	2378.3	2447.9
981	62.13	2371.8	2433.9
982	77.7	2524.4	2602.1
983	86.2	2578.0	2664.2
984	84.6	2642.7	2727.3
985	85.2	2860.0	2945.2
986	76.8	2973.3	3050.1
987	73.6	3086.5	3160.1
988	72.6	3183.9	3256,5
989	74.0	3356.2	3430.2
990	75.1	3479.0	3554.1
991	76.6	3597.1	3673.7
992	78.7	3691.9	3770.6
993	80.8	3762.2	3843 (
1994	81.6	3846.0	3927.6

Private sector health expenditures include expenditures from health insurance firms, out-of-pocket expenditures of individuals, and patient and non-patient services revenue of health care institutions. In addition, the private sector includes expenditures on capital and health research.

Source: National Health Expenditures in Canada 1975-1994, Summary Report, Policy and Consultation Branch, Health Canada.

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