

News @ a glance

Med school review: The Association of Faculties of Medicine of Canada has launched a 2-year exercise to review all facets of medical education, including whether laxer entry requirements, shortened training periods and lower tuition fees would help to resolve the nation's projected shortage of physicians. Among options to be analyzed include allowing students to enter medical school without having obtained an undergraduate degree and shaving a year off basic medical training, which would allow students to graduate in 3 years, as opposed to 4. The latter was among measures recently urged by *CMAJ*'s editorial team (*CMAJ* 2008: 178(11)).

Rx for change: The Canadian Agency for Drugs and Technologies in Health and the Cochrane Effective Practice and Organisation of Care group have launched a publicly accessible electronic database on the relative merits of evidence-based interventions like academic detailing, therapeutics letters and e-detailing. It's aimed at providing health care policy-makers, health professionals and consumers with information about the effectiveness of strategies or programs to promote optimal drug prescribing. The database is available at www.cadth.ca.

Child-size: The World Health Organization has unveiled a "make medicines child size" campaign aimed at the development of antibiotics, pain medications and other drugs in dosage forms that are tailored to children's bodies and metabolic needs. The agency also released a list of 206 medicines that they deem safe for children's use. The WHO projects that roughly 6 million children under the age of 5 die annually from treatable conditions and could be saved with "readily available, safe, effective and affordable" medicines.

Triple B: The development of a strategic framework for health research is among 10 "calls to action" identified as national priorities in a report from the Association of Canadian Academic Healthcare Organizations entitled *From Bench to Bedside to Business*. Others include development of a "sustainable, multi-year

federal fiscal framework for public investments in health research" and new mechanisms for commercializing research findings. The report, which also surveys current metrics for ascertaining the return-on-investment in health research, is available at www.acao.org.

Bite-size: It's \$10 in Los Angeles and \$2 in Toronto. That's Starbucks or Tim Horton's. Taking a lead from a California medical centre that offers doctors \$10 Starbucks certificates if they wash their hands, Toronto's University Health Network will handout \$2 Timmy's certificates to doctors, nurses and other staff at its Princess Margaret, Toronto General and Toronto Western hospitals who are spotted complying with basic Network hand-hygiene policy aimed at reducing nosocomial methicillin-resistant *Staphylococcus aureus* infection rates.



Photos.com

Laurels: University of Toronto and McLaughlin-Rotman Centre for Global Health senior scientist and bioethicist Peter Singer has been awarded the Michael Smith Prize from the Canadian Institutes of Health Research. The prize, complete with \$500 000 contribution toward his research program, is awarded annually to Canada's "Health Researcher of the Year." Singer proposes to use the money in furtherance of efforts to help African researchers develop and commercialize products that address health problems on their continent.

Hiring spree: Canada's 92 universities and university colleges will have to hire as many as 35 600 new faculty by 2016 to address retirements and enrolment growth, which is projected to rise nationally by between 70 000 and 150 000 full-time students over the next decade, according to a new study by the Association of Universities and Colleges of

Canada. Further details are available at: www.aucc.ca.

Give a day: Upwards of \$400 000 "and counting" was donated during the 2007 Give a Day to World AIDS campaign, which challenged doctors, other professionals and all Canadians to contribute income earned on World AIDS Day (Dec. 1) to organizations that have programs aimed at fighting the pandemic in Africa. Launched in 2004 by Markham Stouffville Hospital physician Jane Philpott, the campaign raised over \$500 000 in 2006. Details are available at www.giveaday.ca. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.071796

PULSE

The joys of quality indicators

As a general rule of thumb, if you'd like better odds of surviving a visit to a Canadian hospital, hope that you are hospitalized in New Brunswick, Saskatchewan, Alberta or British Columbia.

Hope also that it's the Moncton, Calgary Foothills, Saint John Regional, Calgary Peter Lougheed or Regina General hospitals, or in a pinch, the Saskatoon Royal University, Hamilton McMaster or Vancouver General (Box 1).

Conversely, hope your hospital isn't in Newfoundland and Labrador, Manitoba or Ontario, and, in particular, that it isn't the Kitchener Grand River, St. Catharines Niagara or pretty much any hospital in Scarborough.

However fair or valid, such are the conclusions that will inevitably be drawn by Canadians accessing the newly minted hospital standardized mortality ratio report from the Canadian Institute for Health Information (CIHI).

The quality indicator is essentially a measure of the number of "observed" to "expected" deaths within a hospital or health region for diseases or conditions that account for 80% of in-patient mortality in Canada, after adjusting for such factors as age, sex, diagnoses,