



12^h International Medical Workforce Collaborative Conference New York, NY – May 2-5, 2010

GUIDELINES – AUTHORS AND DISCUSSANTS

1 – Preamble

The two themes using the traditional approach for the development of papers are:

- The Social mission of Medical Schools in a Time of Expansion (lead country: U.S.) (guide to authors for preparing this paper is available at http://rcpsc.medical.org/publicpolicy/imwc/US_Theme_Social_Mission_of_Medical_Schools.pdf)
- Health care organization efficiency and the physician workforce: Reducing physician requirements through improving practice and organizational efficiency (lead country: UK) (guide to authors for preparing this paper is available at http://rcpsc.medical.org/publicpolicy/imwc/Reducing_PhyRequire_improv_Prac_OrgEff_UK01.pdf)

2- General structure of the paper

Authors from each of the four participating nations (Canada, Australia, United Kingdom, United States) are expected to prepare papers using a standardised format. This allows better comparison of information from each country, and allows the papers on a theme to be integrated into a single manuscript following the conference (eg. Data from each nation could be integrated into common figures and tables that compare results across nations for the same types of items). A standard guide to authors has been prepared for each topic. The guide covers the content of the paper and includes core issues and data that each paper should cover.

Papers should follow the detailed topic brief and should consist of:

- Abstract of less than 500 words
- Text: minimum length of 2500 words to a maximum length of 4000 words
- Evidence based wherever possible

Authors must be willing to make a good faith effort to produce data, analysis and comment that meet these specifications.

Discussants must be willing to commit to carrying through the editorial process of synthesising the key content of papers into a coherent final manuscript (contingent on submission of good quality papers by individual authors). We expect all authors and discussants on a topic to be listed as co-authors on the final manuscript.

3- Roles of Discussants and Authors

Discussants are selected for their knowledge of the topic under discussion. They have several key roles:

- Involvement in the design of the research questions
- Tracking individual author's progress on preparation of their manuscript to ensure they meet the deadline for submission of their paper
- Involvement in the design of the research questions
- Presentation of a brief verbal summary and analysis of papers, teasing out common themes and differences from the four countries

- Conducting the full plenary discussion, drawing out emerging themes and controversies
- Following the conference, work with the authors to edit the papers into a combined manuscript suitable for journal publication.

Authors are selected for their knowledge of the topic under discussion. They have several key roles:

- Preparation of the manuscript following a standard format
- Contribute to the plenary discussion
- Following the conference, papers will be combined into a single report and published on the Conference website.

Authors do not deliver a verbal presentation of their paper at the conference, although lead authors comprise a panel and have an opportunity to provide a brief oral update (5 mins max) before the general discussion at the plenary. Authors also may be requested to facilitate discussion groups that meet after the plenary session. All papers are distributed to attendees in advance with the expectation that attendees read the papers before arriving at the conference. This provides maximum time for discussion of the issues by conference participants.

4-Submission deadlines:

Papers should be submitted electronically to Debra Krohl at dak05@health.state.ny.us **by March 5, 2010** to allow time for reproduction and distribution to discussants and conference attendees. Papers should be prepared in Microsoft Word, and a PDF version should also be supplied if possible.

Papers will be posted on the International Medical Workforce Collaborative website in March 2010.

5- Presentation and discussion of paper during the IMWC conference

Each of the four IMWC partner jurisdictions (US, UK, Canada and Australia/Australasia) will prepare separate papers addressing each of these themes and the lead country is responsible for identifying and supporting a discussant who, among other things, present a brief verbal summary and analysis of the papers, teasing out common themes and differences from the four countries.

Plenary sessions are structured such that a discussant will introduce the topic, focusing on common themes and differences between the participating countries, as set out in the pre-circulated papers. The discussant's introduction will be followed by an opportunity for authors to update their papers or clarify any issues of fact. Each plenary session will last around 3 hours as follows:

- *The first 1 1/4 hour are for presentations by the authors (5 - 10 min each) and discussant(30 min) and for general questions and answers;*
- *One hour for breakout discussions;*
- *45 min for presentations from each of the breakout sessions followed by a general discussion. The last 20-30 min of the discussion will focus on:
What has been learned and what are appropriate next steps, i.e.,
Does the topic need more specific research?
Do the findings lead to recommendations for action in each country?*

