

September 2001

Office of the Chair

Governance Task Force Report

In May, the Faculty considered a report which was prepared to identify ways in which departmental communications and administrative processes might be improved and modified in light of the merger with the graduate program in clinical epidemiology and health care research and expansion of our research programs. Thirty-one departmental members representing full-time, cross-appointees and status-only faculty and students were interviewed and a number of recommendations were made. A Communications Task Force chaired by Tina Smith has been struck to consider these recommendations which are listed below and have been grouped under Communications and Administration:

**Communications**

1. Use Newsletter to profile work of Faculty and highlight seminars and special events.
2. Circulate in electronic form minutes of major departmental meetings.
3. Encourage Faculty to set up "virtual" nodes for activities such as student supervision, research projects and/or teaching techniques. A list of these nodes should be made available to all members of the Department.
4. Schedule Faculty meetings to accommodate members of the Clinical Epidemiology Program Executive.
5. Schedule a full Departmental meeting twice each year with a "social" component.
6. Communicate expectations for different types of appointees in the Department.  
Develop clear criteria for the appointment and promotion of status-only members.

**Administration**

1. Establish guidelines setting out normal expectations for Departmental activities such as service on committees.
2. Invite students to serve on all departmental administrative committees for which they are eligible.
3. The Chair engage the Department in a discussion about administrative processes for the Department which are congruent with its larger size and expanded mandate and, with the strategic goals of the Faculty of Medicine and the University.

The full report is available electronically. If you would like a copy please e-mail Jeanne Kerr at [had.chair@utoronto.ca](mailto:had.chair@utoronto.ca). Please do not hesitate to contact Tina Smith at [tina.smith@utoronto.ca](mailto:tina.smith@utoronto.ca) if you have comments or suggestions.

## Research

### Clinical Practice Guideline Initiatives in Ontario

The Guideline Advisory Committee (GAC), a joint committee of the Ontario Medical Association and the Ministry of Health and Long-Term Care, is a group established under the auspices of the OMA-MOHLTC Comprehensive Agreement and is chaired by Dr. Dave Davis of the Department of Health Policy, Management and Evaluation at the University of Toronto. The Committee mandate is as follows:

1. Develop and recommend to the Physician Services Committee (PSC) appropriate strategies for the implementation and monitoring of practice and referral guidelines.
2. Make recommendations for assisting in the implementation of prescribing guidelines.
3. Consult widely with the profession in the development of its recommendations.

As part of its activities the GAC is assessing clinical practice guidelines (CPGs) in order to make them more accessible to practicing physicians. The goal is to assess published guidelines in a number of clinical areas using an "Appraisal Instrument for Clinical Guidelines" (Cluzeau et al, 1997). Workshops are held across the province to recruit and train community-based physicians to use this methodology.

Recognizing that the GAC requires input from a number of different organizations to help carry out its mandate, a group of representatives from key stakeholder organizations across the province has been convened to form the Ontario Guideline Collaborative. It is anticipated that this group will develop innovative strategies to ensure that recommended clinical practice guidelines are disseminated to Ontario physicians and implemented into local practice. More details about the Guideline Advisory Committee's efforts to identify well-developed guidelines and some of the strategies being proposed for their dissemination, implementation and evaluation, are found in "Promoting Effective Guideline Use in Ontario" in the July 24, 2001 issue of the Canadian Medical Association Journal. [CMAJ July 24, 2001 Issue](#)

The GAC has recently launched a website with recommended guidelines in 10 clinical areas and would appreciate feedback. You can access the site at: [www.gacguidelines.ca](http://www.gacguidelines.ca)

For more information on GAC initiatives, please contact Erin Gilbert, Research Coordinator at (416) 946-7108 or e-mail: [erin.gilbart@utoronto.ca](mailto:erin.gilbart@utoronto.ca).

## Education

### **New PhD Stream in Clinical Epidemiology**

The Graduate Department of Health Policy, Management and Evaluation's new PhD stream in Clinical Epidemiology is off to a great start with ten students (six new, four transfer) entering the stream this fall. The Clinical Epidemiology stream is targeted at students with clinical training, (e.g. Medicine, Nursing, Pharmacy, Rehabilitation). It draws upon the disciplines of epidemiology health outcomes and services research, biostatistics, decision sciences, and health economics. It trains students to examine the outcomes of health interventions, and will produce well-trained researchers who can function as independent investigators in hospitals, research institutes, and universities. The program consists of 10 half courses and a thesis. The program can be taken on a either full-time or flex-time basis.

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### **The HPME Student Funding Policy: A Draft for Discussion**

The University of Toronto has recommended that all graduate units "work towards providing a guaranteed minimum level of financial support to all its full time doctoral stream students equivalent to \$12,000 per year (indexed according to cost of living) plus tuition (domestic or visa) for the first 5 years of study, including, where necessary, 1 year at the master's level". "Doctoral students" refers to students in doctoral stream graduate studies, i.e. MSc and PhD students.

When constituting the packages, the policy suggests "units should ensure that, to the greatest extent possible, individual students are funded through a mixture of different sources of funding, including internal/external awards, TA-ships and research grants. Student loans, such as OSAP, should not be part of these guaranteed funding packages. It is also important that there is consistency in the allocation of TA assignments across a department's student population, to ensure that students are not overburdened by the demands of their TA responsibilities. In departments in which faculty hold research grants, it is expected that graduate supervisors will provide some level of funding from their grants to help support graduate students".

For post-4 PhD students, the policy suggests that such students will be provided with an as-of-right completion grant for years 5 and 6 of their program, equivalent to \$2,500 per annum (effective September 2000 for a four year period, after which its efficacy will be assessed). These grants are not tied to unit funding.

The policy also recommends that "units should establish a policy for funding that is well advertised, transparent, and which is monitored" and that "students should be made aware of these policies prior to their admission".

The Faculty of Medicine, in adopting the University of Toronto's Student Funding Policy, has prepared their own policy statement on student funding, enrollment planning and disbursement of U of T Open Fellowship funds. This policy is in accordance with the University of Toronto policy, but allows for the exemption of students who are engaged in employment and earning \$15,000/annum plus tuition or over, from the funded cohort. Many graduate units in the Faculty of Medicine have also agreed to bonuses of \$2,000 to \$3,000 for students who obtain external competitive awards of significant value.

#### THE DEPARTMENT OF HEALTH POLICY, MANAGEMENT AND EVALUATION FUNDING POLICY - DRAFT

- The minimum stipend for all new and continuing full time graduate students (with the exception of students in the MHSc program) is \$12,000 plus tuition per annum, effective September 1, 2001.
- Students who receive an external, competitively reviewed award valued at or over \$15,000/annum (CIHR, NHRDP, OGS) will be awarded a bonus of \$2,500 per year.
- Full funding will be guaranteed for a minimum of 1 year for students in the MSc program and 4 years for students in the PhD program.
- Students who are engaged in employment who are earning at least \$12,000 plus tuition per annum will NOT be eligible for graduate funding. Licensed MDs who are involved in clinical training or duties on a full time basis are NOT eligible for graduate funding.

### Honours and Awards

No Honours and Awards during the months of July and August.

### Appointments

#### **New Status Only Appointment to the Department of Health Policy, Management and Evaluation during the month of July**

- Dr. Andreas Maetzel, Assistant Professor, University Health Network Research Unit

## Students

### **Students off to a Great Start**

First year students in the Graduate Department of Health Policy, Management and Evaluation enjoyed a very successful fall orientation program. The program which included an overview of the policies and procedures governing graduate students at the University of Toronto, a welcome lunch for faculty and students, and a series of practical how-to workshops was well attended and enjoyed by all.

### **MSc/PhD Seminar Series, Fall 2001**

All faculty and students are welcome to attend this Fall's MSc/PhD Seminar Series. The seminar series is held Wednesday mornings from 9:00 a.m. - 10:30 a.m. in Room 3283 of the Medical Sciences Building. This year's line-up includes a wide variety of influential speakers presenting on topical issues across the spectrum of health policy, management and evaluation. Please mark the following dates in your calendar. We look forward to seeing you there. The Seminar Series Schedule can also be viewed at the HPME Website at [SEMINAR SERIES SCHEDULE](#)

## SEMINAR SERIES SCHEDULE

When: Wednesday 9:00 – 10:30 a.m.  
 Where: Room 3283 Medical Sciences Building (MSB)

Date	Presenter	Topic
September 19	Rhonda Cockerill/ Gillian Hawker	Student Funding Policy/ How to apply successfully to CIHR
September 26	<i>Student Meeting</i>	
October 3	Dr. Homer Dixon	The Ingenuity Gap: Can we Solve the Problems of the Future?
October 10	<i>Meeting with Program Director</i>	
October 17	Julie Gilbert	The Impact of Primary Care Continuity on the Demand for Health: An Application of Grossman's Model
October 24	Kumanan Wilson	A Policy Analysis of the Canadian Blood Systems Handling of Issues Relating to Creutzfeldt-Jakob Disease and the Blood Supply - Demonstrating the Value of an Integrated Approach to Policy Analysis
October 31	Raisa Deber	The Policy Implications of Moving Care to the Community
November 7	William Sibbald	Using Leadership Concepts to Translate Research and Change Behaviour
November 14	Ross Baker	Organizational Research Issues in Patient Safety
November 21	Patty Lindsay	Development of Clinical Indicators of Performance for Ontario Emergency Departments
November 28	Liane Soberman	Perceptions of Hospital Performance Data at the Front Line: Development of Test of Conceptual Model
December 5	Dorris Howell	Quality of End-of-Life Care in the Home Setting
December 12	<i>Meeting with Dr. Louise Lemieux-Charles, Interim Chair of the Department of Health Policy, Management and Evaluation</i>	

## Alumni

### **Ian Campbell Named CEO of the South Muskoka Memorial Hospital**

Congratulations to Ian Campbell (Class of 1983) who has recently taken on the position of Chief Executive Officer of the South Muskoka Memorial Hospital in Bracebridge. The 80 bed hospital provides both acute and long term care services. "I am excited about the challenges of leading the hospital forward as a facility of excellence" said Ian. Ian previously held the position of COO of the Hamilton Regional Cancer Centre.

## Other Notables

### **Pam Spencer Chairs Insight Conference: Latest Business Opportunities for Hospitals**

Pam Spencer a second year student in the MHS Health Administration Program will be Chairing the October 3, 2001 Insight Conference: "**Latest Business Opportunities for Hospitals**" to be held in Toronto at the Old Mill. In addition to being a student and mother, Pam chairs the Toronto Health Law Group and is a Partner at the law firm of Fraser Milner Casgrain LLP.

"Hospitals are operating in a new and challenging business climate" says Pam "one that demands new ideas and partnerships. This Insight conference has been designed to bring you the latest ideas on business opportunities for hospitals. With existing cutbacks in government funding and growing demand for healthcare services from an aging population, hospitals are facing painful restructuring unless they can find alternative revenue sources or refocus their core mandate of patient care away from ancillary non-core activities. Exploring public private alliances is one response to these pressures and realities. The faculty we have assembled for this one-day conference are at the forefront of change and have key lessons to share on how to structure public-private alliances in the healthcare sector and how to build and develop successful and long-term financing arrangements."

For more information about this conference or to register, please visit [www.insightinfo.com](http://www.insightinfo.com)

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## **Peace-building in the Middle East: Canadian International Scientific Exchange Program (CISEPO)**

The Isabel Silverman Canada International Scientific Exchange Program (CISEPO) is based at Mount Sinai Hospital and the University of Toronto. Headed by Dr. Arnold Noyek, its mandate is to contribute to peace-building in the Middle East by involving Canadian, Israeli, Jordanian and Palestinian academics and researchers in joint initiatives which span political frontiers. For example, one ongoing project funded in part by CIDA (Canadian International Development Agency), aims to assess and treat hearing loss in 12,000 infants in Jordan, Israel and the Palestinian Authority, and to strengthen the capacity of health care professionals across the region to manage hearing loss.

A. Paul Williams, Associate Professor in the Department of Health Policy, Management and Evaluation, and Consultant to CISEPO, joined CISEPO's most recent Middle East mission in late June. With Dr. Catherine Chalin (Public Health Sciences) he took a lead role in evaluating ongoing efforts at Al-Quds University in the Palestinian Authority to bring together individual health sciences faculties in an integrated health sciences complex. He then participated in a series of meetings in Haifa, Tel Aviv, Jerusalem and Amman, Jordan, with senior academics, diplomats and political leaders including His Royal Highness, Prince Firas bin Raad, Patron of the Middle East Association for Managing Hearing Loss (MEHA), CISEPO's flagship program. Demonstrating that even in difficult times, academics can find common interests and help build crucial bridges across borders, the mission culminated with a face-to-face meeting in Jerusalem of Deans and Faculty from Al Quds University, Ben Gurion University of the Negev, Bethlehem University, The Hebrew University, Tel Aviv University, and the University of Toronto. Paul looks forward to continuing to contribute his expertise in health policy and health professional education to CISEPO's ongoing peace-building initiatives.