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Philip J. Smith, PhD FRHistS
Associate Director
Cyclical Unit Reviews
Office of the Provost and Vice Principal (Academic)
McGill University

Re: Departmental response to Cyclical Review Committee Report

Dear Dr. Smith:

On behalf of the entire Department of Ophthalmology, I would like to express my gratitude for the work you and your unit performed in assembling and coordinating the team that performed our recent cyclical review. As you know from the Review Committee report, the quality and helpfulness of the evaluation was superb. The committee was able to delve deeply into all aspects of our department, and provided helpful positive recommendations as well as challenges going forward. Their recommendations were on point, and they will be extremely helpful for our planning for the next several years. This response will discuss each of the areas on which the committee provided comments.

Comments on our overall evaluation

The committee gave us very high marks on our overall academic environment, noting that it has "improved dramatically over the last five years." They welcomed our "culture of inclusion that welcomes diversity of origin and ideas" and recognized the "new enthusiasm and team spirit (of) both faculties and trainees."

At the same time, they identified several crucial challenges, with the key ones being related to the growth of our faculty, financial pressures, and issues with our coverage of the Montreal General Hospital (MGH) and the consequent effect on the residency program.

Overall, the review was very positive, and I am personally grateful for the kind words regarding my leadership.

Developing faculty and growing team leadership

We have a large number of senior faculty, with a low ratio of junior faculty to senior faculty. The committee felt we need to take crucial steps for us to grow as a department.

Response

With respect to developing the next generation of leaders, including my own replacement, we will further develop our Faculty Development program. As we recruit new positions, we will use the evaluation of the recruit's potential for leadership as one of the assessment criteria. We will also increase resources dedicated to the Faculty Development program, run by Dr. Karin Oliver, and support her and her team's work to train our faculty for future leadership. Finally, we will align our work with that of the Faculty Development programs at the Faculty of Medicine as well.

With respect to team leadership, we will include in our operating procedures for the department the principle that decisions are shared and by consensus. I will continue to ensure that my own decisions utilize the input from our committees and other types of teams. We have already done this in designing our departmental practice plan and how we perform recruitment, and we will now do the same for other decisions within the department (see below).

Integration of scientists and clinicians into a cohesive team

The committee recognized the difficulties that we have had in integrating our clinicians and scientists, particularly with respect to education of trainees. The committee viewed very favorably our past year of joint basic science presentations with clinical cases at Grand Rounds, which is a good first step. However, we still have difficulty bringing together faculty and trainees located at sites outside of the MAEC, i.e. the JGH and MGH.

Response

We have already made the commitment to purchase an audiovisual system that includes videoconferencing across our network. Once that is set up, we will be able to link up with other institutions within our network which have videoconferencing systems. We will continue to explore other ways to use technology to bring our many sites together, as advised by the committee.

We will continue to increase the number of opportunities for basic scientists and clinicians to meet and work together. This will be one of the key tasks for the Executive Committee to brainstorm, and already, I have discussed this with our acting head of research, Dr. Frederick Kingdom. It will be on the agenda for our upcoming Strategic Research Plan retreat (see below).

Clinical research is an active component of our department and can be increased. We expect to foster increasing translational research activities, based on a preliminary meeting organized by Dr. Uri Saragovi (see below). Greatly increasing activities and involving all clinicians would enhance our overall cohesiveness. This will be a topic discussed at our Strategic Research Planning retreat.

On the trainee side, the committee also suggested improving cross-fertilization between residents and graduate students. At present we have a well-attended McGill Research Day, where basic research and clinically-related research are presented in the same day. We need to take advantage of opportunities for stronger interactions on that day and during the rest of the year. This is also on the agenda for our upcoming Strategic Research Planning retreat.

The committee recognized that anatomical, physiological, pathological, and clinical aspects of ophthalmology are not being taught to our graduate students, nor to graduate students in other departments who work in vision and are members of the Integrated Program in Neuroscience. As part of our Strategic Research Plan, we will discuss ways to address this problem by either creating a new course, or modifying existing courses within the Faculty of Medicine to address this important lacuna.

Building bridges to the Jewish General Hospital

The committee recognized that the constraints on patient numbers at the MUHC sites have restricted educational opportunities for our trainees. They suggested improving links with the JGH. The Jewish General Hospital (JGH) was recognized as being under severe pressures that detract from its mission because of lack of resources. The committee recommended that hospital leadership be educated about the pivotal role of the Department of Ophthalmology.

Response

I have met with the Chief of the JGH, Dr. Michael Kapusta, to begin planning a Strategic Clinical Plan for the JGH that would increase the proportion of tertiary and quaternary care patients seen there. We have also initiated two recruitments at the JGH for academicians, in the fields of retina and comprehensive ophthalmology, with the requirement that they devote fixed time to clinical research and teaching. We expect that over time, this approach to recruiting faculty that are interested in both applied research and teaching will be beneficial to the JGH and our entire department.

With respect to educating the hospital leadership, I will first meet with the Chief at the JGH, Dr. Michael Kapusta, and the clinicians at the site. We will jointly develop a plan that we will then address with the Director General of the JGH, Dr. Lawrence Rosenberg. Dr. Rosenberg has been a strong supporter of the academic mission of our department at the JGH. I believe that it is possible to develop a plan that addresses the clinical needs of the hospital and simultaneously uses innovation to advance the role of the Department of Ophthalmology at the JGH.

Finally, I have begun monthly meetings with the JGH chief, so that we can coordinate and educate our efforts.

Fellowship positions

The committee recommended increasing the number of fellowship positions.

Response

Increasing the number of fellows would require sufficient number of patients in each of the clinical subspecialties, and would need to be linked to our ongoing planning on how to distribute patients. At the moment, the McGill Faculty of Medicine is working on network planning, and has held a retreat which took place in April 2017. Once a plan has been proposed and reflected on, our department will better understand which subspecialties can see patients and at what volumes, with the goal of increasing fellowship training. More fellows will also require fundraising. Finally, we will be examining the potential for increasing the amount of research in the fellowship years. For example, we could explore having two-year fellowships in some subspecialties that are ordinarily one-year fellowships, with some of the added time being a structured research experience, e.g. MSc or MPH degree work.

Growing the faculty

The committee recognized our need to increase the number of academic faculty. We currently have few tenured faculty, and even fewer clinician-scientists who actively do funded research. The committee recognized the importance of funding for these positions, and suggested that partnerships with other departments may be a productive pathway to achieve this strategic goal.

Response

We plan to increase the number of basic science faculty, both non-clinicians and clinicians. I have already met with Dean Eidelman to discuss this recommendation, and identified seven potential sources of partnerships with departments that would align our research areas with theirs: (1) neuroscience; (2) medicine (complications of chronic disease, outcomes research, screening programs); (3) epidemiology/biostatistics; (4) family medicine (access to care, common eye diseases); (5) computational medicine; (6) biomedical engineering; and (7) physiology.

To coordinate the growth of the faculty, we have decided to develop a Strategic Research Plan. A retreat is being planned for June of this year, and will bring together our researchers. The primary goal will be to discuss what areas of research we want to focus on in the department for the next decade or more, recruitment, and how we want to work together as a department.

Our resources are limited, and we will need to focus on our research on what we do best. In moving to new areas, we will be identifying visual science areas that do not significantly overlap with other university departments of ophthalmology, e.g. the University of Montreal, the University of Toronto, and the University of Ottawa. We will find specific areas within the fields of stem cells, gene therapy, regenerative medicine, and translational medicine that align with areas where we either have expertise or can recruit into.

Along these lines, we also plan to strengthen the coordination of research across the department. At present we have five separate and autonomous research groups, with relatively few collaborations between pairs of groups. Despite the shared interest in the visual sciences, there are very few shared grants, and few opportunities for trainees to get exposure to different

methods. As part of our Strategic Research Plan retreat, we will explore how we can improve collaborations and joint training opportunities among our researchers.

The report mentioned the possibility of researcher appointments, or PIMs, as ways of recruiting scientists and providing support. We will discuss this with Dr. Mara Ludwig, the Vice Dean at the Faculty of Medicine, and explore how such a scheme could take place. This will require fundraising, and could be an excellent target for our major donors.

Fundraising

The committee highlighted the importance of having sufficient funds to support the many activities that we are planning, and recommended having a dedicated Development Officer.

Response

I have begun to explore this with the Dean. In the present financial situation of the Faculty of Medicine, it is apparent that there are insufficient funds for 100% funding of such a position. My goal is to find a way of jointly funding a development position so that we can move forward. We have strong fundraising opportunities, for example, patients who have either lost vision or had vision restored through surgery or medications. The key issues will be (1) to coordinate fundraising with the hospital foundations; and (2) find ways of focusing on needs that are important to our academic mission and do not overlap with hospital-based needs.

Neuroscience

The committee identified one of our greatest strengths as neuroscience and the McGill BRaIN initiative, and supported it as a focus for furthering relationships inside and outside of McGill.

Response

Neuroscience will be a topic discussed at the Research Strategic Planning retreat, recognizing that it is a key growth area. We all do visual neuroscience research, in varying degrees and levels. A recent new affiliate for our department from the Department of Pharmacology, Dr. Uri Saragovi, does visual neuroscience pharmacology. It is likely that members our department can identify other key collaborations, and in my role as chair, I will foster these to the best of my ability. With the move of my own laboratory to the Montreal Neurological Institute, I have identified two collaborations that I myself expect to begin in the next 2 to 3 months.

As recommended by the committee, we also plan to grow molecular and cellular neuroscience. Such a program would be aligned with what takes place in the laboratories of Dr. Robert Koenekoop, Dr. Reza Farivar, and my own group. We expect great synergies by integrating this area with other vision research taking place in the department.

Urgent need for a Montreal General Hospital clinic

The committee identified the most critical threat to our residency program re-accreditation planned for 2018, namely that our residents have to cover the MGH without having full-time faculty on site. The committee also recommended obtaining an additional PEM slot at the MGH.

Response

I have identified an MGH clinic as our most important clinical priority, and have asked our clinical team at the MUHC (made up of Drs. Devinder Cheema and Jean Deschênes) to make this their main priority for the next several months. I have also discussed strategies for building a clinic with the Dean, and based on his suggestions, we will be following an approach based on three prongs:

1. I will write a letter to the Dean, explaining that our accreditation is at risk if the problem is not fixed, and ask his assistance in working with the MUHC to have a permanent site for a daily clinic at the MGH. Our clinical and administrative team will then arrange for its faculty and secretarial staffing.
2. A request for space has been filed with the MUHC Space Committee for such a clinic, but the actual space has not been identified. I have asked Drs. Cheema and Deschênes to work with the MUHC on this, including a fundraising plan that the MGH Foundation could support.
3. I will continue to coordinate closely with the Director of Professional Services, Dr. Ewa Sidorowicz, on the importance of such a clinic, not just for the residency program, but also for the need for urgent ophthalmological care at a Level I Trauma Center.

I have discussed the recommendation of seeking a new PEM slot at the MGH with Dr. Sidorowicz. At the present time we are three over the allowed number of PEMs, but with the new Québec Bill 130 being likely to become law over the next few months, we will be given tools to better adjust our PEMs based on workload. This may include assignment of clinicians to the MGH without diminishing clinical resources in the rest of our network.

Montreal Children's Hospital

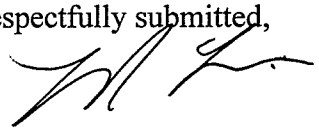
A major concern mentioned by the committee in the report is the lack of access to adult patients at the Children's Hospital for electrophysiological research and clinical care.

Response

We have discussed this issue with the Director of Professional Services at the MCH, Dr. Robert Barnes, and it is hoped that this can be solved locally. We have begun a fundraising effort to obtain a electroretinography unit for the MAEC, and if funds can be found to also staff it and use it for research, then we may be able to offer electroretinography at two sites, one for children and one for adults, meeting the need to evaluate both using this modality.

In summary, the critique and recommendations from the Review Committee were extremely helpful. As a result of recommendations in their report, we are developing a plan for the next several years that will greatly enhance the strength of our department. Although not everything can be done immediately, our planned process of retreats, negotiations, collaborations, and new ventures should make it possible to greatly strengthen our department.

Respectfully submitted,



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