



RESPONSE TO

CYCLICAL REVIEW OF THE  
DEPARTMENT OF PEDIATRICS

Submitted to the Cyclical Unit Review Office by:

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Chair, Department of Pediatrics

## PREAMBLE

The Department welcomed this Cyclical Review as an opportunity to pause, assemble, reflect and evaluate its activities in the spirit that external scrutiny would yield positive recommendations that would lead to substantive improvements. The Department's documents, generated by the Chair and his Office, submitted for the review were disseminated for input prior to University submission to the Departmental Executive Committee, Departmental Leadership Council (which includes Division Directors & Program Directors), the Departmental membership at large and its post-graduate trainees. Inputs received were incorporated into the final report submitted.

The Cyclical Review was distributed *in-toto* when received to the entire Departmental membership, trainees and administrative staff. Comments were requested electronically. In addition, an open Town Hall meeting was held with the Departmental membership to discuss the Review, as were three facilitated meetings with the membership of the Departmental Leadership Council (Division and Program Directors). Points made during these fulsome discussions are included in this response.

We have accepted and appreciated the reviewers' recommendations contained in the Review's Executive Summary. However, we felt that some of the points were not adequately nuanced to the present challenging regional and provincial situational context. A few factual errors have also been noted in the document. In this official response, we have restricted our commentary to actionable items to be undertaken in response to the recommendations itemized within the Review's Executive Summary.

## RECOMMENDATION 1

Proceed soon with a strategic planning initiative (ideally with the help of external professionals in strategic planning) leading to the development of a 3-5 year departmental action plan that is feasible and inclusive of all faculty members.

A Departmental Strategic Planning Initiative was already underway prior to the Cyclical review under the leadership of Adrian Dancea MD, MBA (Associate Chair-Finance) with the intent of identifying focus areas and priorities for the Department over the next 5 years. The timing of the initiative was selected so as to occur after the successful completion of the Department's major operational challenge, which was the physical move of the Montreal Children's Hospital (May 2015) and a period of consolidation and situational awareness on the new site.

Plan:

- The suggestion to include the assistance of external professionals in this effort is an excellent one and will be pursued. Funding support for this will be sought from the Faculty and University in partnership with the Department's Practice Plan (MSSA).
- In addition, the Department recognizes that the move and the new physical geography of the Glen site have substantially challenged the Department's long established professional culture and collegiality. To address this, the Department will engage an

external consultant who, after assessing the situation, will bring forth concrete actions to rectify an unfortunate *zeitgeist* of fatigue, uncertainty and isolation despite enormous future opportunities now made available by the Glen site.

## **RECOMMENDATION 2**

*Establish a more participatory form of departmental leadership.*

Much work has already been undertaken in Departmental governance with the creation of an Executive Committee, Departmental Leadership Council, Budget Sub-Committee, Departmental Internal Rules & Regulation, Departmental Educational Leadership Committee, twice-annual Departmental Town Halls and annual informal Chair-Division breakfast meetings (approximately 12-15 per year).

### Plan:

- To improve participation, monthly meetings featuring a jointly set Agenda between the Chair and the Division Directors will be established.
- Consideration will be given to adding additional Departmental Town Halls and establishing a conduit for direct solicitation of membership suggestions, both nominated and anonymous, for action and improvements.
- The advisory nature of the Executive Committee will be emphasized in Departmental governance.

## **RECOMMENDATION 3**

*Perform an in-depth review of the current physician compensation model. This should be performed together with establishing both an administrative and leadership plan. This will ensure equity across the department for academic achievement – whether clinical, educational, in research or in hospital/university administration/leadership with a focus on start-up packages for new recruits.*

The present compensation model for the bulk of the Department (PMG members) was adopted with 85% voting support in 2014 subsequent to a two-year long Task Force review that involved all segments of the Departmental community. There has been a subsequent robust expansion of total physician incomes across the board thus enabling a review of the Department's Practice Plan (MSSA). Items to be considered include the size of the MSSA tax (currently 1.75%) and the revenues subject to this tax. Clearly, the case for additional revenues needs to be coupled with the Strategic Planning Initiative and the priorities that emerge from that process.

### Plan:

- From discussions generated by the Cyclical review, Departmental members appear to be receptive to an increase in MSSA contribution that is clearly aligned to the Department's Mission/Vision/Values and the academic priorities to be established through a consensual holistic Strategic Planning Initiative.
- Comparative data will be obtained from other Practice Plans within the Faculty and other Pediatric Departments in Canada. Key process issues to be considered in reviewing

compensation are:

- Is there a separate Departmental group considering this or is it part of the Strategic Planning Initiative?
- If separate, does it occur in parallel to the Strategic Planning Initiative or does it proceed subsequently?
- How do we maintain “sensitive responding” to the aspirations and goals of individual members throughout the activity?

#### **RECOMMENDATION 4**

Establish and fund new departmental leadership roles, especially for the residency subspecialty training programs and for change initiatives that will emerge from the new strategic action plan (clinical time “buy-out”).

The establishment of new leadership roles would clearly be a topic for consideration in the now underway Strategic Planning Initiative with the funding there-of to be considered in the process of responding to Recommendation 3. It should be noted that the Department’s Practice Plan and Academic Support from the hospital’s Foundation already provides much in the way of stipend support to Departmental leaders, often supplementing available stipend support from the Faculty. The Department is of the opinion that it would benefit from a fully transparent Activity-Based Budgeting model at the Faculty level in which revenues for an activity are matched objectively to expenses for that activity with a segment of funds allotted directly to the Department (eg PGME training for IMGs).

#### **RECOMMENDATION 5**

Develop a McGill Child and Youth Healthcare Network by pursuing formal partnership agreements with community-based paediatricians and practice sites.

The Department fully agrees with the need for an expanded and more integrated pediatric healthcare network that will address both service and educational components of our mission. Under the leadership of Aurore Cote (Associate Chair-Outreach) the emphasis in the past years has been on establishing tangible links between large Family Medicine Groups and Departmental pediatricians.

#### Plan:

- To guide future efforts, a full review and planning initiative dedicated to this topic under Aurore’s leadership can be anticipated involving Departmental and hospital leadership, community-based pediatricians, residents and subspecialists. One can anticipate that this effort will encompass interactions with local CIUSSS (Ouest de l’Île, Centre-Ouest) and large clinics in conjunction with outreach efforts by the hospital.
- In effect, the Department needs to reorient itself outwards. Such a re-orientation offers considerable opportunities in education and research (eg health service delivery models) in addition to improved health care for the pediatric population and will likely mandate an extension of Departmental governance.
- One can foresee the creation of such a network as the Department’s, and hospital’s

major operational challenge over the next 5 years.

### **RECOMMENDATION 6 [RESEARCH]**

Develop a vision for Child Health Research, ensuring exploration of the opportunities provided by the new adjacencies within both the basic and applied sciences. The space challenges of the clinical and epidemiologic research programs need to be resolved in as timely a manner as possible.

This is presently an active topic of discussion at the RI-MUHC, more specifically within its Child Health & Human Development (CHHD) Program that encompasses all the Department's investigators. Increasing synergistic interactions between basic and clinical investigators can be achieved through the following anticipated actions:

- Twice yearly off-site retreats of investigators of the CHHD;
- Situating each basic researcher or non-clinician investigator within a clinical home Division of the Department so as to enhance translational efforts and interactivity;
- Within the aforementioned strategic planning and budgeting discussions, the funding of startups and research-themed innovations such as pilot studies and bridge funding will be discussed;
- Increasing Grand Rounds invited presentations from the Departmental basic investigators;
- Joint clinical-basic RI-MUHC seminar and Departmental Grand Rounds presentations;
  - Including a research-themed topic in each Departmental renewal event,
  - Including a non-clinician basic investigator in the Department's Strategic Planning Initiative.

A 'human bridge' exists between the Department's research activities and the MUHC-RI as the Department's Associate Chair (Research) is the RI-MUHC's Deputy Scientific Director (Bruce Mazer). The space challenge of the Department's CORE will be resolved with their move on February 3<sup>rd</sup>, 2017 into Glen adjacent space at 5252 de Maisonneuve.

### **RECOMMENDATIONS 7 [EDUCATION]**

#### **7.1 Identify and support strong leadership for the education and training programs.**

The Department is of the opinion that the success of its UGME Clerkship Program and full accreditation of all its PGME programs, together with three national Clinician Educator Leadership Awards and two UGME Osler Awards in the past 5 years all suggest exceptionally strong leadership of its education and training programs.

Plan:

- Enhancing the support for this vital segment of the Department's academic activities will be a topic of major focus in forthcoming discussions on strategic initiatives and compensation.

## 7.2 Ensure that there is appropriate administrative support for the education and training programs.

Administrative support has been substantially increased over the past 2 years, however realizing the full value of this increase has been stymied by varied leaves taken and delays in replacing leaves as a result of the University's HR policies.

### Plan:

- Streamlining these policies at the University level to be more client-centered would be of assistance in this regard.
- Similarly the direct allotment to the Department of funds derived from educational activities under an Activity-Based Funding model mentioned above would also be beneficial in this regard.

## 7.3 Expand opportunities for all learners in community-based paediatrics.

- A community-based pediatrician (Olivia Tse) has just been appointed as Assistant Program Director of the General Pediatrics residency program. This novel appointment is envisioned to facilitate the expansion of community-based training opportunities at the post-graduate level.
- The opening of the adjacent Children's Clinic as a McGill-affiliated OPD facility that was driven by the Department also offers a proximate community-based learning experience.
- The Department will also petition the Faculty and University to enable the McGill appointment of community-based providers and provide opportunities for Faculty development and recognition of this increasingly important segment of educators.
- The Department's Educator Leadership Committee and the Department's Vice-Chair (Emmett Francoeur), a community-based pediatrician himself, will be mandated to explore these opportunities.

## 7.4 Refresh the core research curriculum for residents.

This has already been done in the past two years.

## 7.5 Undertake a department-wide review to determine if the 12 subspecialty training programs that are currently accredited by the RCPSC will be able to continue in light of restrictions recently imposed on the number of funded paediatric subspecialty training positions (6 for the entire province; field decided unilaterally by the government).

Rather than taking this reductionist approach, the Department will endeavor more positively to increase fellows (international) training in these programs. This will be effected through international bilateral agreements where feasible (one has already been signed with the Sidra Research & Medical Centre in Qatar) in collaboration with the Faculty and by increasing philanthropic or Practice Plan supports of fellowship funding. The ability to do so would be assisted by the University decreasing its tuition demands and assigning more exemptions to the

Department.

7.6 Continue to prioritize and recognize the good work that has been launched by a Task Force to support the transition to competence-based education and training.

The shift to a competency-based paradigm is indeed a major challenge facing all PGME programs. The Department is particularly well-placed to accomplish excellence and leadership in this domain as two of its members occupy leadership positions on this topic at the national (Farhan Bhanji-Royal College) and Faculty levels (Evelyn Constantin-Assistant Dean PGME)

### **RECOMMENDATION 8**

Increase philanthropic support for departmental strategic initiatives.

The Chair regularly engages with the Executive Director of the Montreal Children's Hospital Foundation (MCHF) and sits on the Board of the Foundation. Success in this interaction can be measured by the endowment of two nationally unique Departmental Chairs (Pediatric Medical Education & Social Pediatrics) and funding of a provincially unique pro-bono medico-legal clinic in the past two years. By necessity, funding from the MCHF must flow through the AED of the Hospital and has been constricted currently by operational funding challenges at the Foundation level that has seen its annual academic support drop 25% in the past year. Alignment of the Department's strategic priorities to that of the hospital's (now undergoing its own review process) will need to be both apparent and emphasized to achieve Foundation support. Already MCHF's funds have been specifically re-aligned within the Department to support educational and research activities as opposed to administrative stipends that are now directly funded by the MSSA.

We are hoping that the enormous effort expended on this Cyclical Review is not remaindered as documents that gather dust. If the Department's response is accepted by the Faculty and University, a set of concrete actions together, with an associated timeline and desired outputs, will be created that will assure future progress.

In conclusion, we would like to gratefully thank all those who contributed their time, energy, and intellectual capital to this important effort.

Respectfully submitted  
on behalf of the Department of Pediatrics by,

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