



## EXTERNAL REVIEW | DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY Dean's Response

---

On behalf of the Faculty of Medicine and the University of Toronto, I thank Professor David Keefe, Chair of the Department of Obstetrics and Gynecology, New York University, and Professor Wylam Faught, Medical Head of the Ottawa Hospital Cancer Program, for their most comprehensive, thoughtful and very helpful review of the Department of Obstetrics and Gynaecology. May I also thank the administrative staff, faculty, and all who contributed to the preparation of the departmental self-study documents in advance of this extensive review. The Faculty of Medicine is most grateful to the faculty, students, trainees, and other leaders in the Faculty who met with the reviewers and provided their candid comments that enabled the reviewers to produce such an excellent analysis and report. Finally, I heartily commend Professor Alan Bocking for his remarkable leadership as Department Chair over the last decade. It is evident from this outstanding review that he has led our Department of Obstetrics and Gynaecology to new levels of success and academic achievement, an accomplishment in which the University takes great pride. Also thanks to Professor Bocking for his administrative response to the external review report.

The following focuses on the key issues raised by the reviewers that require consideration and strategic directions over the next few years.

### 1. EDUCATION

#### *Undergraduate Medical Education (UME)*

The success of the recent UME accreditation was, in part, a result of the Department of Obstetrics and Gynaecology providing excellent teaching and service to medical students in both the fully-affiliated and community-affiliated teaching sites. The leadership of Professor Meffe is appropriately applauded by the external reviewers, and the Faculty of Medicine adds its gratitude.

The size of the Department including an increasing number of part-time and adjunct faculty in community sites does present a challenge with respect to providing career development and support for their teaching activities. The medical students have identified areas that require attention including variability in ambulatory and surgical gynecology, low risk obstetrics and seminar quality. I agree with the reviewers that these areas of concern must be addressed as soon as possible. The Department must also recognize that medical students do not always feel part of the obstetrics team. Increasing the role of midwifery and family practice services in teaching normal obstetrics may help to address this issue.

I am confident that the Department will be able to replace Professor Meffe with an excellent UME program director with the oversight of Professor Heather Shapiro, the Vice-Chair of Education.

### ***Postgraduate Medical Education***

The reviewers have commented on a number of strengths of the program that are very important in light of the upcoming accreditation by the Royal College of Physician and Surgeons of Canada this year. They have identified some important issues that require the attention of the Department, which Professor Bocking has included in his response. I concur with Professor Bocking that the administrative support for education programs, including postgraduate medical education, must be enhanced in the Department through the recruitment of an additional administrative assistant. More attention to supporting the residents' and fellows' research needs, including access to support for biostatistics and research protocol preparation is important. Extending and enhancing simulation teaching and learning at all levels is a must.

### ***Continuing Education and Other Educational Activities***

A common theme in most clinical Departments is the continual tension experienced by academic physicians between the pressure of volume of clinical work and the requirement for continuing professional development and sustaining academic activities. Leadership development in continuing education and professional development, particularly in the community-affiliated sites, should be part of the strategic directions of the Department. Innovation in quality improvement and patient safety is an important new direction that the Department is encouraged to undertake. I agree that the role of the general obstetrician and gynecologist should be clearly defined in the postgraduate medical and continuing education programs.

## **2. RESEARCH**

The Department has successfully advanced new initiatives in research across many subspecialty areas over the past 5 years. Building more support and expansion of the Clinical Investigator Program remains a challenge. I agree that the lack of an integrated electronic medical record system across the affiliated hospitals limits the opportunity for clinical research. This issue is raised frequently with the affiliated hospital CEOs and some improvements are now evolving. I also agree that the challenge of the University Department of Obstetrics and Gynaecology and its leadership is to facilitate the integration of research across the Toronto Academic Health Science Network. The launch of the Fraser Mustard Institute for Human Development led by Professor Stephen Lye is a good example of this integrating leadership.

Improved research opportunities for postgraduate trainees to engage in research projects during their clinical training should be established to enable improved eligibility and competitiveness for entry into clinical-scientist training. By training more clinician-scientists in Toronto, and making available more faculty positions for these individuals, the Department of Obstetrics and Gynaecology will continue to grow in academic stature. The growth of strategic academic partnerships with other clinical and basic sciences departments will enable the Department to successfully expand its research enterprise.

This Department relies on a very close partnership with the fully-affiliated hospitals for support and infrastructure for both clinical and basic science research. In view of the current strategic directions of the hospitals/research institutes, it is highly likely that this investment will continue and the research undertaken by faculty in this Department will remain at the forefront. Increased attention to engagement in human subject research, population health and health system research should be considered in the next strategic plan of the Department.

### **3. LEADERSHIP IN GLOBAL HEALTH AND INTERNATIONAL RELATIONS**

Professor Bocking and his colleagues have prioritized global health initiatives in developing countries through partnership with prestigious collaborators in the USA and beyond. These projects are building an international reputation of the Department for making very significant and positive change in improving the health of women and infants across the globe. The Faculty is extremely proud of this accomplishment and strongly endorses the continuing engagement of the Department in leading the development of training and new models of care in developing countries.

### **SUMMARY AND CONCLUSIONS**

The Department of Obstetrics and Gynaecology at the University of Toronto, according to the external reviewers, is among the top tier departments in North America. The strengths are many, and weaknesses and threats are few. The morale of the faculty and trainees is excellent. The reviewers have provided an in-depth, critical analysis that will be most helpful for the strategic planning of the next Chair and the leadership of the Department. The outstanding leadership of Professor Bocking cannot be overstated. The Faculty of Medicine is most grateful for the many years of remarkable service of Professor Bocking—a great credit to his expertise and commitment.



*Catharine Whiteside*  
*Dean, Faculty of Medicine*  
*Vice-Provost, Relations with Health Care Institutions, University of Toronto*  
*(November 2012)*