CUMMING SCHOOL OF DIVICINEUNIT REVIEW

Summary Report

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Reviewer Recommendation and Unit Response Follow-up

Area of Recommendations: Cumming School of Medicine

Strategy

Reviewers Recommendation 1:

That Dean Meddings and the University of Calgary assume leadership in developing a plan implementing Precision Health for Alberta, using as a template Phospectus that was carefully designed for the Alberta Academic Health Network.

SchoolResponse:

This decision is not the University's to make. Nonetheless, Dr Meddings is one of three leads in the Alberta Health Network in directing the Precision Health Plan for Alberta and works closely with Dr Richard Fedorak, Dean, University of Alberta and Dichia Belanger, Chief Medical Officer, Alberta Health Services in this initiative. They have recently appointed Dr Francois Bernier (Calgary) and Dr Oksana Suchowersky (Alberta) as the leads for Precision Health under AHN.

Reviewers Recommendation 2:

That the term "Precision Health for Alberta" be adopted.

SchoolResponse:

The term, Precision Health, has been adopted by the AHN in its work. Within CSM, it is more appropriate to maintain the terms Precision Medicine and Precision Public Health abetteent connotes the work of the CSM. However, at a campide level involving nursing, social work and other groups, the term Precision Health would be a better term

Reviewers Recommendation 3:

That an expert consultant team be engaged to give advicte microbiome component of the Precision Health for Alberta strategy.

SchoolResponse:

CSM may consider in the future appointing a Strategic Advisory Board for the Microbiome component

5. Cancer (Colon Cancer and some other specific areas)

ReviewersRecommendation 4:

That action on the informatics component start as soon as possible.

SchoolResponse:

Strengthening the health informatics and bioinformatics capacity of the CSM is a key priority and work is well underway. Potential recruits haveen identified to lead d an

Reviewers Recommendation 7:

That the communication strategy ensures that all faculty members in all Departments and Institutes are aware of the vision of the School.

SchoolResponse:

There has been dissemination of the vision through various mechanisms in the linear dership Forum, Faculty Council, departmental/institute/education committees, public sessions and the All Med News Digest. We recognize that for 500tfolle and 2500 clinical faculty who are located across AB to become fully familiar with a strategy (o)60.001 ategtecnoil (2.698 0 Td ()Tj896.021 Tc 0.003 Tw -7.001).

Clinician Scientist Training

Reviewers Recommendation 19:

That the CSM ressess its strategy for development of Clinic arientist career paths in all Clinical Departments, including enhanced support for the Clinician Investigator Protogram fill the vision of leadership in Precision Health.

SchoolResponse:

Currently, career tracks for cliniciscientists include both the Leaders in Medicine (LIM, UME) and the Clinical Investigator Programs (CIP, PGME). Dr Beattie, Associate Dean, Graduate Science Education is currently working with the Associate Deans, PGME and UME to develop a strategy to better support and expand these programs. This includes providing additional administrative support, and strategies to allow the Associate Deal Greased time for this work. We will be reviewing and renewing committees and leadership roles related to both LIM and CIP.

Graduate Education

Reviewers Recommendation 20:

That thesisbased Master's and Doctoral students in the Dept of Communityth Saiences be provided with the same access to stipends and financial support as other graduate students within the CSM.

SchoolResponse:

We have already engaged in meetings and discussions with CHS, the GSE office and FGS to develop and implement a potty to offer a minimum level of support for all PhD students. CHS has access to the same funds as the other programs in CSM from the FGS, however historically the majority of stipends in other programs are paid through supervisors' operating grants, tice programs are paid through supervisors' operating grants, tice programs are not yet been readily adopted by CHS (in part as these grants are substantially less than those in other health research pillars). We are working to change that culture as well as centralizing some of the current funding and processes to adopted TA positions to ensure student funding. With these approaches, the program will have a guaranteed minimum level of support for PhD students.

Reviewers Recommendation 21:

That graduate students in CSM be allowed to access GAT opportunities fonteexperience that will better position them best for career opportunities.

SchoolResponse:

There are relatively few GAT positions available in CSM. The numbers of undergraduate courses is limited compared to other Faculties, and we only have a fewppartunities at the graduate level. However, in collaboration with the BHSc program and the GSE office, we will be improving procedures for the allocation of TA positions which will make them more eq [(p)-0.8 (ro)-nnio.2 enee

decisions which preclude the creation of a general procedure related to participation on all committees. Although we are closely aligned it must be recognized that UC and AHS are separate organizations and there are some meetings at which only employees should attend.

Reviewers Recommendation 25:

That the AH**S**oard be encouraged to seek advice on how much of its budget could be devoted to research.

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SchoolResponse:

There are ongoing discussions with AHS pertaining to res /Footer /Type / (e25 (o)-/()-1.1 (oR4e2(oR4e2(op.7)))