

Joint Communiqué

The CRA Executive Retreat April 2004, Montreal, Quebec

The executive of the Canadian Rheumatology Association (CRA) met in Montreal at the end of April for three days, followed by a meeting of the Industry Council. The new CRA president, Michel Zummer, organized the meeting with outstanding administrative support from our executive coordinator, Christine Charnock. The



What have I done since stepping down as president? So far I've done Mount Everest without oxygen and just last week I actually made a correct diagnosis.



*Beauty and the Beast
(Sorry, John, I couldn't resist!)*

The new secretary-treasurer, Jamie Henderson, assumed the reigns from Carter Thorne, whose work and passion for the CRA has become legendary. Jamie will continue that legacy, although Carter was still at the meeting offering an opinion or two when "pressed."

The change in the CRA over the past 10 years is truly remarkable. It has matured to the point where there is now discussion about the need for a full-time executive director. The annual general meeting continues to be a success, with our largest turnout ever in 2004. The scientific committee, now under the leadership of Janet Pope, continues to work hard and do an amazing job. There are now eight committees working to fulfill the CRA's mission and all provided excellent reports at the retreat. A business plan was formulated for 2004 and I would encourage referral to the President's Message on the CRA website for details. There you will also find comments on the increasing requests for the CRA to endorse various projects and



Dianne is pretending to be interested while Carter plays solitaire and Kam is giving it the old thumbs up. No one knows why and cares less.



activities. This was a major point of discussion at the retreat and reflects the CRA's profile as well as the recognition that the CRA represents rheumatology in Canada.

The Industry Council meeting is unique. Several industry representatives commented that this meeting represented a unique and unrivalled opportunity to discuss issues in a frank and open matter. Guidelines are in place for the relationship between industry and the CRA. These were reviewed and, once again, there was agreement that they create a fair and level playing field meeting the needs of both parties. Problems arising at the last general meeting were discussed and resolved to everyone's satisfaction. Industry continues to be committed to supporting the annual meeting under our current guidelines. Both the industry as well as the CRA executive agreed that the CRA Needs Assessment has been extremely helpful.

The 2005 annual meeting will be in Mont Tremblant, Quebec, although the really exciting news is that in 2006, there will be a joint meeting with the Mexican College of Rheumatology in Cancun, Mexico. Our past president, Arthur Bookman, has done 20 or 30 "site visits" on behalf of the membership and assures us that the meeting and site will be fantastic. There will be more information on Mexico in the coming year.

.....so it goes.

— Gunnar Kraag, MD, FRCPC



If they don't get some better looking guys on this executive, I'm out of here!



The CRA Executive: Big, Bold and Beautiful.

The 2004 CRA Needs Assessment Results

“You can't always get what you want, but if you try sometimes, you might find you get what you need.”

When Mick Jagger uttered the above phrase, he probably wasn't thinking of the Canadian Rheumatology Association (CRA)'s 2004 Needs Assessment (NA). The CRA (in compliance with the modern sentiments of being evidence-based and needs-driven) polled its membership earlier this year to better understand the opinions and priorities of Canadian rheumatologists. To those of you who made the effort and completed the NA, rest assured that the CRA got what it needed. Here is the distilled version of the 2004 “mega” NA.

As a group, we are now older than we were at the last NA in 2000. There has not been a groundswell of new fellows to offset retirements. Approximately 5% of CRA members were younger than 30 years of age in 2000; 1% are younger than 30 years of age this time. One in seven rheumatologists will be of retirement age in the next five years.

The CRA received high marks for following the direction of the mission statement: 81% agreed or strongly agreed that this was being accomplished. This approval was further echoed through the generous ratings for the annual continuing medical education (CME) meeting and the *CRAJ*. The CRA website is the winner in this year's NA: 70% gave a strong or very strong approval of the website; 48% of CRA members have gone to the CRA website more than five times in the last six months. The membership lists, journal club and announcements are all valued by the membership.

These approvals do not mean we want to pay more for the CRA and its activities. Less than half of the members (43%) would agree to further hikes in membership dues to support activities. Creation of a charitable foundation to support CRA activities is endorsed by 56% of the membership.

The CRA is still doing better than the Royal College in overall approval for CME events: 36% of CRA members feel that the Royal College is providing enough CME events for a rheumatologist to reach the mandatory hours over five years and only 26% agree with the mandatory

nature of the Maintenance of Competence (MOCOMP) program. The majority (82%) agree that the Royal College should continue on the path to certify rheumatology as a specialty.

The CRA communication strategy over the past four years did not accomplish its goal of improving the general public's understanding of the role of rheumatologists. However, 40% (up from 23% in 2000) of respondents felt that other physicians and the government generally now have a greater appreciation of our role. More than 75% of the membership want the CRA to continue to advocate for rheumatology in the media and with other organizations. According to most CRA members, the “specifications” of the communication strategy need to be reformatted.

Fees continue to be viewed by the majority of respondents as a major issue in recruiting trainees to an economically challenged specialty. Furthermore, maldistribution of rheumatologists across the country is thought to be affected by the disparity in fees for services across provincial jurisdictions.

The new Personal Information Protection and Electronic Documents Act (PIPEDA) legislation about privacy and electronic documentation is endorsed by a paltry 12% of those polled.

There was definitely more information included in the 2004 “mega” NA. Although the number of responses this year were less than in 2000, the responses regarding most issues were similar. The major exception was the increased utilization of the CRA website. Steve Edworthy and Kam Shojania's efforts on the website are to be applauded. CME topics will be featured at upcoming national meetings as well as the Canadian/Mexican international meeting in 2006.

The CRA executive and its committees are studying the 2004 NA and will make it a priority to plan its programs based on your responses. To all who took the time to complete the 2004 NA, thank you from all your colleagues from coast to coast. It is our hope that, as Canadian rheumatologists, we all get what we need.

— *Glen T.D. Thomson, MD, FRCPC*
— *Denis Choquette, MD, FRCPC*

Activities of the Royal College of Physicians and Surgeons of Canada (RCPSC) Rheumatology Specialty Committee

The Rheumatology Specialty Committee held its annual meeting in Lake Louise, Alberta this past February. Items that were discussed included revisions of the Specialty Standards document, the Final In-Training Evaluation Report (FITER) and a report from the Examinations subcommittee. The committee heard from Dr. Veronica Wadey, an orthopedic surgeon from Calgary, who is currently working on the development of core curriculae for rheumatology, orthopedic surgery, physiatry, sports medicine and family medicine. This knowledge base will be further developed through a website to be incorporated into specialty training programs across Canada. Dr. Wadey hopes to present her rheumatology curricular findings at the American College of Rheumatology conference this fall.

Another topic discussed in February was the status of the Medical Stream Model (MSM) initiative proposed by the RCPSC. The MSM is being considered by the RCPSC Committee of Specialties (COS) as a way of altering the process of training residents in internal medicine (IM). With the MSM, residents would spend three years in “core” IM, write a “Principles of Medicine” exam and then choose to enter general IM (GIM) or a subspecialty. Residents choosing to take a fourth year in GIM would be regarded as specialists in IM if successful in their RCPSC written and oral exams. A resident choosing a subspecialty route would take his/her RCPSC written and oral exams at the end of training (two or three years) and, if successful, receive designation as a “specialist” in that area (see Figure 1). The resident would no longer have dual qualification in GIM. Please note: Medical disciplines currently known as “subspecialties” would be considered “specialties” in this model.

Concerns expressed by the chairs of the specialty committees when they met with the COS in May 2003 included the following:

- members of current subspecialties would no longer be

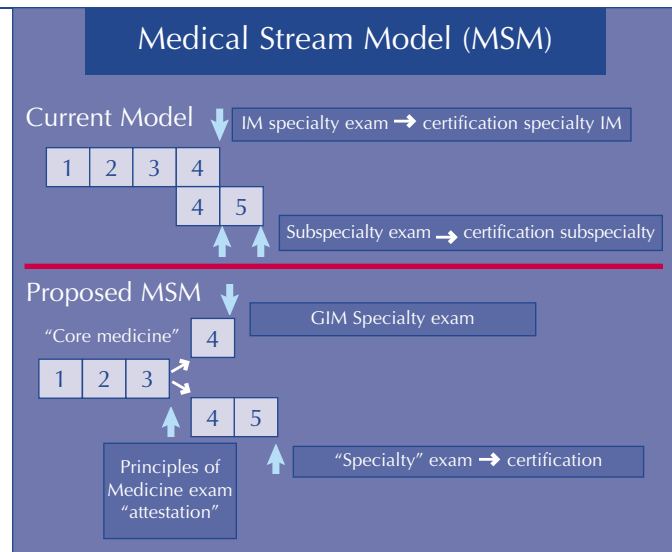


Figure 1

qualified to practice IM, which would have a large effect on manpower and patient care, particularly outside of large cities, as well as an effect on IM cross-coverage and “moonlighting;”

- the meaning of RCPSC “attestation” in IM would need to be fully understood and revisited after discussions with provincial licensing bodies and health authorities;
- the current subspecialties would want full input into the content and objectives of the three-year core training;
- clarification on the specific objectives and competencies to be acquired in fourth-year general IM.

These are vitally important outstanding issues. It is expected that the RCPSC COS will call another meeting of the specialty committees before fall, when solutions to these questions will be available.

— Avril Fitzgerald, MD, FRCPC
Associate Professor
University of Calgary

Provincial News from Alberta

Our manpower has been reduced by the retirement of stalwart Calgary clinicians Dr. Martin Atkinson, Dr. Gil Fagnou and Dr. Diane Gordon. Edmonton's loss is Calgary's gain, with Dr. Sharon LeClerq moving her practice south to begin full-time at the University of Calgary this summer. Along with this, Alberta's population is growing rapidly, outstripping the supply of general practitioners (GPs), making the shared care of rheumatic-disease patients extremely difficult as new patients cannot find family doctors and those seen in rheumatology have no follow-up with their respective GP's office. Another challenge is the lack of coverage for physiotherapy, and now the virtual absence of rheumatic disease physiotherapy in the training program at the University of Alberta.

All is not gloom. The doctors and government have reached an historic agreement in the past year, with a renewed vigor brought by the inclusion of primary-care initiatives, specialist-on-call settlements, and the Physician Office System Program. Ten rheumatologists will be using electronic medical records in their practices by the end of 2004.

The University of Alberta's "Alternative Funding Plan" has seen an appropriate increase in the security and benefits for academic rheumatologists, however, no new recruitments have occurred. Not to be left behind, Calgary has now followed suit, with an "Alternative Relationship Plan" which can include both university- and community-based rheumatologists. Dr. Liam Martin, Division Head of Rheumatology, underscores that rheumatology will be viewed in a different light by undergraduate and graduate trainees.

Dr. Martin, Dr. Walter Maksymowych, and Dr. Susan Barr have spent incalculable hours on behalf of all, attempting to get coverage for biological agents. Our provincial formulary now includes coverage for tumor necrosis factor (TNF)-alpha blockers, however, access to these medications is guarded by a complex and some say "Byzantine" set of rules.

The highly successful 2003 Western Alliance for Rheumatology (WAR) meeting was again held this past May 28-29 in Kelowna, British Columbia. Stimulating discussions regarding workforce issues, difficult cases, and the role of rheumatologists were held with colleagues from British Columbia, Saskatchewan and Manitoba and will be presented in the next issue of the *CRAJ*.



— Steve Edworthy, MD, FRCPC
Associate Professor
University of Calgary

Joint Communiqué

Campus News

McMaster University

Rheumatology in Hamilton, Ontario continues to prosper. A renewed commitment towards education has been made. Dr. Alf Cividino has been awarded an Arthritis Society Clinical Teaching Award and Dr. Bill Bensen has received an industry-funded award from Pfizer Canada Inc. towards furthering education in rheumatology. We have welcomed the addition of Dr. Nader Khalidi to our ranks. He is reviving the residency training program in rheumatology along with assistance from Dr. Elzbieta Kaminska and Dr. Pauline Boulos. Dr. Tulio Scocchia continues to provide major input into the teaching of the musculoskeletal clinical examination. Dr. Lawrence Hart will be moving down from the Chedoke campus to join the group at St. Joseph's Hospital, further consolidating rheumatology in the city. Our annual lecture, "The Joy of Rheumatology," organized by Drs. Bensen and Cividino, has been an overwhelming success. We believe that this event and our ongoing commitment to arthritis education will encourage young physicians to embark on a career in rheumatology.

In the area of research, we have done well in obtaining access to the first peripheral magnetic resonance imaging unit in Canada and a second-generation peripheral quantitative computed tomography unit. This has resulted in novel studies examining bone and cartilage structure. We continue to successfully participate in the design and conduct of clinical trials. Dr. Rolf Sebaldt has established a secure database program that utilizes the Internet and allows clinicians and researchers to follow their patients in a fashion that is compliant with the new privacy laws.

Finally, we are currently involved in negotiations towards an alternate payment program. Whether this will be of benefit to rheumatology remains to be seen.



— Rick Adachi, MD, FRCPC
Professor, Department of Medicine
St. Joseph's Healthcare - McMaster University