



## *The Journal of the Canadian Rheumatology Association*

Volume 14, Number 2

Summer 2004

### *focus on* **Education**

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The mission of the CRAJ is to encourage discourse among the Canadian Rheumatology community for the exchange of opinions and information.



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## Flying With the Eagles

I was visiting an ex-University of Manitoba emergency-physician acquaintance of mine in Mombassa, Africa more than 20 years ago. He counseled my wife (Janine) and I not to get sick in Kenya, or at least not outside a major city where there would be no private hospitals. The chronic shortage of physicians was “resolved,” in part, by training nurses to be the primary-care providers. As long as the patient was not seriously ill, he said this system worked; however, if the patient was seriously ill, he had his misgivings. Janine and I, despite one rather uncomfortable night spent with the African version of Montezuma’s Revenge, never had the opportunity to test his hypothesis, thank goodness.

This issue of the *CRAJ* focuses on rheumatology education for primary-care providers (pages 4-5). The shortfall in rheumatologists in many regions of Canada will not be resolved in the foreseeable future and it is hoped that more primary-care resources will recognize true arthritis in the haystack of musculoskeletal diseases, which will lead to earlier diagnosis and treatment. Too often, failure of therapy reflects an incorrect diagnosis with consequent improper management. The art and skills required for diagnosis must be taught and then practiced over years. Those with the most experience are steadily departing our profession. The results from the Canadian Rheumatology Association (CRA) Needs Assessment (page 14) again tell us that a sizable number of rheumatologists will be hanging up their stethoscopes within five years. Will there be a CRA strategy to keep senior rheumatologists practicing longer as the CRA hopes to encourage young rheumatologists into this intellectually stimulating and financially



*Flying with the Eagles*

challenging specialty? The report on the CRA Executive Retreat (page 12) covers the issues discussed by the new executive under President Michel Zummer. Dr. Zummer’s thoughts are also shared with us in this issue (page 6).

Changes in specialty certification will impact rheumatology. It is uncertain whether certification in rheumatology without the general medical certification will help or hinder recruitment. The report from the Royal College of Physicians and Surgeons of Canada (RCPSC) covers the issues facing its rheumatology specialty committee (page 15).

The Calgary Flames may have missed the Stanley Cup by a goal, but that didn’t stop Steve Edworthy’s Alberta report (page 18)! But over at McMaster University, they believe that Canada’s team is the Tiger Cats! Rick Adachi brings us all the Hamilton news that’s fit to print (page 19).

The best and brightest award-winning investigators’ interviews are featured in Northern (High)Lights (pages 7 and 11). If these don’t stimulate you to get up from your deck chair as you relax at the cottage or around the pool, then perhaps the Fickle Finger of Fame Award (page 10) will provide you encouragement to be all that you can be. Despite all the work, rheumatologists are an interesting—although quiet—bunch. This is the time to have your story told. Send us a note about what interesting things you have done or are doing. As for me, I will be flying with the Eagles (a soccer club for 12-year-old’s).

Have a great summer and remember the sunscreen.

*Glen Thomson*  
Editor-in-Chief, *CRAJ*

*Ian's advice to his father:  
"Don't give up your  
day job."*



## Getting a Grip on Arthritis

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In the winter of 2003, The Arthritis Society (TAS) and two arthritis researchers sat in a room and wrote a proposal. They had a plan to improve arthritis care across the country—they just needed funding to do it. Their plan was to implement a multidisciplinary approach to arthritis care in primary healthcare facilities across Canada. The plan was based on a pilot project—*Getting a Grip on Arthritis*—that had just wrapped up in Ontario in June 2003.

In November 2003, Dr. Mary Bell, a rheumatologist at Sunnybrook and Women's College Health Sciences Centre, and Sydney Lineker, a TAS researcher, received notice that TAS had been awarded the funding needed for *Getting a Grip on Arthritis*.

*Getting a Grip on Arthritis* is now rolling out across the country. It is a national program with the goal to improve the ability of primary healthcare providers and people with arthritis to manage the disease. The program is funded through Health Canada's Primary Health Care Transition Fund.

The program will target healthcare providers at primary healthcare organizations across Canada, including Community Health Centres, Family Health Networks (in Ontario) and *Centres Locaux de Services Communautaires* (in Quebec). Primary healthcare providers include doctors, nurses, occupational therapists (OTs), physiotherapists (PTs) and other healthcare professionals who treat people with arthritis. The program emphasizes arthritis prevention, early detection, comprehensive care, self-management, and timely referral to specialized care when needed.

*Getting a Grip on Arthritis* will involve 30 regionalized MAINPRO-C accredited workshops on arthritis best practices. The program will focus primarily on osteoarthritis (OA), as it is the most common type of arthritis, and rheumatoid arthritis (RA), as it is the most common of the inflammatory forms of the disease. The program will help healthcare providers distinguish between OA and RA and recognize RA as a medical emergency requiring early referral to rheumatology. The program will also give primary healthcare providers the skills to manage OA so inappropriate referrals do not end

up at rheumatologists' offices. As well, the program will encourage providers and patients to take advantage of TAS's services and other resources in their own communities, such as exercise programs.

*Getting a Grip on Arthritis* is unique from other interventions because it is not just a workshop for physicians. This program involves the whole healthcare team. And beyond the MAINPRO-C accredited workshop, the program includes a six-month follow-up, reinforcement activities to emphasize the skills learned at the workshop and support to help healthcare providers implement arthritis-care programs in their areas.

Rheumatologists and other arthritis specialists from the community (e.g., orthopedic surgeons, PTs and OTs with advanced rheumatology training) will be invited guests at the workshop when it presents in their region. "This is an opportunity for us to start building the relationships between primary healthcare providers and the arthritis specialists locally," says Dr. Bell, scientific advisor of the project. "Building community relationships will help to facilitate appropriate referrals."

Dr. Bell will be connecting with the rheumatology community in each province before the program rolls out in its region. Rheumatologists will be invited to attend stakeholder meetings in their province, to have the opportunity to participate in the planning process.

*Getting a Grip on Arthritis* is funded until March 31, 2006. The program is a joint initiative involving TAS and the following partners: Sunnybrook and Women's College Health Sciences Centre; Canadian Nurses Association (CNA); Arthritis Health Professions Association (AHPA); Canadian Rheumatology Association (CRA); Patient Partners in Arthritis; Arthritis Community Research and Evaluation Unit (ACREU); Canadian Alliance of Community Health Centre Associations (CACHCA); and the Ontario Family Health Networks. "It has been a collaborative effort right from the beginning," says Ms. Lineker, director of *Getting a Grip on Arthritis*. The program is supported by staff at TAS's national office and by regional coordinators and administrative staff in five cities across Canada.

The *Getting a Grip on Arthritis* team was invited to submit a poster to the CRA's annual conference. "It was



an excellent opportunity to let people in the arthritis community know about the project," says Jennifer Boyle, clinical research manager at ACREU. ACREU is providing the evaluation expertise for the project. Dr. Bell presented the project to the executive of the CRA. "The CRA is very much on board and excited about the project," says Dr. Bell. Dr. Dianne Mosher, who sits on the Advisory Committee for *Getting a Grip on Arthritis*, also made a presentation about the project to the CRA membership at its annual general meeting. As well, Ms. Lineker presented the project to the AHPA membership who attended the conference.

Dr. Bell speaks about the project with enthusiasm: "This project will affect national healthcare policy. A

national, integrated, client-centred approach to the management of arthritis will help pave the way to lower healthcare costs and improved client outcomes."

To learn more about *Getting a Grip on Arthritis*, please call toll free 1-800-321-1433.



## ExpertMD®: A Rheumatology Program Serving Patients in Canada

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It is not groundbreaking news to state that manpower in rheumatology is in high demand and that patient access to expert advice is too often delayed for unnecessarily extended periods of time. We could, consequently, be under the impression that primary-care physicians can easily compensate for this shortage. Unfortunately, this is not the case either. In fact, the training that primary-care physicians receive in diseases of the musculoskeletal system adds up to a few weeks—at the very most. It is definitely illusory to think that such training is sufficient to adequately manage the diagnosis and treatment of these diseases.

Based on these premises, a group of Canadian rheumatologists, with the financial and logistic support of Merck Frosst Canada Inc.'s department of on-line Continuing Medical Education, have developed a new rheumatology program known as ExpertMD®. Approximately 250 primary-care physicians, with a particular interest in diseases of the musculoskeletal system, were recruited and have been following intensive training on the multiple aspects of these diseases for the last 12 months. In the first phase, a module on the general approach to arthritis, followed by two other modules on arthrosis and rheumatoid arthritis, respectively, have been developed and given to these physicians. The second phase, consisting of three modules, is in the process of being completed. This phase covers the use of non-steroidal anti-inflammatory drugs/coxibs, depending on the scientific evidence available, followed by a module on soft-tissue diseases, with emphasis on infiltration indi-

cations and techniques. A module on lower back pain will be implemented in the fall of 2004.

Various adult-training strategies are used in all the courses, including formal educational meetings, tutorials and on-line clinical cases from the ExpertMD® internet site.

The modules can be transmitted in synchronous mode or asynchronously. All modules are preceded by a needs assessment, as well as an assessment of competence levels. The purpose of this learning mode variation is to allow better retention and better application of the knowledge acquired. The quality of the program is well proven by the fact that it has been granted 25 level C credits by the College of Family Physicians of Canada. This is the highest level of accreditation ever issued to an ongoing training program in Canada.

To date, comments have been very positive and very constructive; the assessments have also been very positive. The retention rate of physicians in the program exceeds 75%.

The ExpertMD® program is a very tangible example of a constructive partnership between a group of rheumatologists concerned about the progress of rheumatology in Canada, a pharmaceutical company, family physicians and two collaborating universities: the universities of Alberta and Laval.

— Denis Choquette, MD, FRCPC  
National President,  
ExpertMD® Rheumatology Program

## Greetings from Our New President

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### *Who is Michel Zummer when he is not at home?*

I'll start with my academic life... I received my Bachelor of Science from McGill University, where the best things I learned were how to play bridge and squash! Then I went to Queen's University where I received my Masters in Science in virology. Having seen enough of the "wet lab" I went to medical school at Université Laval. The best things I learned there were how to speak French and understand the jokes! I specialized in internal medicine at Université de Montréal—best things I learned: not much... although, for some reason, I developed a keen interest in rheumatology. So, back to McGill University I went, where I specialized in rheumatology. And what were the best things I learned? How to study medicine in English! And that rheumatology is the best specialty, of course. Now I am at the *Centre hospitalier Maisonneuve-Rosemont* working with a seven-member team who are all a delight to work with. Together, we started and developed the rheumatology division at this centre.

My time is divided as follows:

- 40% hospital (out-patient clinic, consults, seven rheumatology beds, teaching patients and students)
- 40% private office (attached to the hospital)
- 20% clinical research
- 10% administrative
- 20% CRA
- 20% family

Yes, I know that it adds up to more than 100%!

### *Who is Michel Zummer when he is at home?*

I used to be a full-time chauffeur: hockey–soccer–hockey–soccer. But I lost part of my job and became a part-time chauffeur: soccer–soccer–soccer. Now I have some time to swim twice a week with a masters swim team (absolutely no reflection on my meager abilities, since I cannot play squash anymore [MSK problems]), do some skiing in the winter, travel and take pictures. Alas, not much time for anything else.

### *What do you see as the upcoming challenges for Canadian rheumatology?*

Confirming the expertise of the rheumatologist in arthritis

care and taking a leadership role at the provincial levels. We must give direction to health policy in this very precarious climate.

### *What are the priorities of the Canadian Rheumatology Association (CRA) for the next two years?*

1) Ensuring adequate human resources, 2) improving the practice environment for rheumatologists and 3) facilitating education and communication on various fronts.

### *Will the Canadian–Mexican joint conference be a template for further international collaborative meetings?*

It's an "N of one trial." The membership has been very interested and this was confirmed by the last Needs Assessment. There are many challenges involved, especially when respecting the two associations. We shall see how it goes.

### *There is considerable growth and interest in regional Canadian meetings, particularly during warm-weather seasons. With the "greying" of the CRA membership, is there any consideration being given to a shift in the "ski meeting" format?*

We are constantly exploring options. It's not easy to reformat a successful meeting that brings out the greatest percentage of the membership of any association, notwithstanding the challenges of growth. The last Needs Assessment confirmed the popularity of the venue, however, we are always open to suggestions. Please send them to us.

### *On a personal level, what are you looking forward to in your position as CRA president over the next two years?*

Trying to choose the best tequila! And working with a great and well-motivated executive to improve the practice conditions of rheumatologists and to improve arthritis care in Canada.

— Michel Zummer, MD, FRCPC

## Up Close and Personal with Our 2004 Distinguished Investigator

ROBERT INMAN, MD

### *What other priorities/goals do you have at this time in your career?*

Recently, my biggest priority was my work on the Frontiers in Inflammatory Joint Disease Conference, which took place May 2004. This was a great opportunity to build a national research strategic plan encompassing the broad Canadian Institutes of Health Research (CIHR) pillars, and to enhance funding for arthritis research in Canada. This also brought together key stakeholders, such as the CIHR, the Canadian Arthritis Network (CAN), The Arthritis Society (TAS) and the Canadian Rheumatology Association (CRA), to coordinate a national comprehensive approach to arthritis research.

### *What have you found satisfying about your career in rheumatology?*

There are many aspects to this: the students, our lab team, the patients. But, certainly, one key element is my rheumatology colleagues in Toronto. I cannot imagine having a better group of coworkers. It has certainly been a privilege to be the director of the Rheumatic Disease Unit in Toronto for the past 11 years.

The Distinguished Investigator Award from the CRA is a real honour for me. The CRA has shown tremendous vitality and resilience as an organization over the past 10 years and it has enjoyed outstanding leadership. Of course, it will have to keep adapting to the changing scene in Canadian healthcare. Even if you are on the right track, you can still get run over if you just sit still!

### *What are the most important questions to be answered in the field of spondyloarthropathies (SpAs) today?*

There has been exciting progress made in the genetic area of SpAs and on therapeutic approaches to these diseases. The impact of the biologics in terms of treating these diseases has been great. However, there are likely 25% to 30% of ankylosing spondylitis (AS) patients who



***Centre: Dr. Robert Inman,  
2004 Distinguished Investigator***

are nonresponders to anti-tumor necrosis factor (TNF) therapy and we need to be alert to new therapeutic options. We are still lacking important information on the basic mechanisms which underlie chronic inflammation in the spine. Indeed, even the mechanism whereby human leukocyte antigen (HLA) B27 confers genetic susceptibility to AS remains unresolved. And the role of environmental factors, illustrated by discordant twin pairs, needs further study. The prospect of developing a comprehensive database for SpAs, involving multiple centers, has been a vision for the Spondyloarthritis Research Consortium of Canada (SPARCC). SPARCC investigators recently presented an exciting symposium at the CRA meeting in Lake Louise, Alberta. They summarized the forefronts in genetics, immunology, imaging, clinical outcomes and therapeutics in SpAs. Canadian investigators are playing a leadership role in this field and the development of an SpA network is timely. The integration of well-defined patient cohorts with genetic profiling, microarray approaches, and clinical variables, such as radiographic severity, will be realized best through collaborative multicenter approaches, such as the one SPARCC is undertaking.



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### *What do you think are prerequisites for success as a researcher?*

First and foremost: a sense of curiosity. Second: a healthy skepticism. Clues to watch for in a student are an interest in probing beyond the generalized truths of the textbooks and a desire to see the evidence first-hand. And that holds true for residents that we might set our sights on for rheumatology training. A good resident has the right answers. A great resident has the right questions.

Of course, other factors come into play in the decision to pursue a research career. For today's students and residents, financial pressures can be significant factors, as debt load is an increasing factor for our trainees. In the United States, the differential earning potential between community rheumatology and research careers is even greater. There it seems like the price of academic failure is financial success.

Successful researchers also need to be "thick-skinned" enough to accept any intermittent setback that might accompany a manuscript or a grant proposal that is so far ahead of its time the reviewers could not appreciate it. It may sometimes seem that researchers use grants like a drunk uses a lamp-post—more for support than for illumination. This is actually not so. Successful investigators see the grant as a means to an end, the tools needed to get the job done.

### *Who most influenced your life in medicine?*

Dr. Charles Christian was Chief of Rheumatology at the Hospital for Special Surgery, Cornell University where I did my fellowship. Chuck was a tremendous role model in terms of being an outstanding physician and researcher. His example proved to all of us who trained with him that seeking excellence in clinical medicine and in science could be integrated. I was fortunate to have had many other mentors at McMaster University, Vanderbilt, Cornell, Hammersmith and the University of Toronto.

### *Outside of rheumatology, what aspects of medicine intrigue you the most?*

Rheumatology covers the spectrum of internal medicine. The old adage, "To know syphilis is to know medicine," has now been updated to the following: "To know rheumatology is to know medicine." But infectious disease has always had a great attraction for me as well. And the example of peptic ulcer disease being finally attributed to an infectious agent is challenging. The answer may not always come where you expect it to appear. Researchers of pernicious anemia might have

studied the bone marrow for eternity, without realizing that the real problem lay in the gastrointestinal tract.

### *If you hadn't entered medical school, what alternative career would you have considered?*

Since I majored in English literature, I would have pursued English in some fashion. Judging from friends who have been writers, the relative pay scale may be lower than rheumatology. Writers and rheumatologists both have been under-appreciated and under-paid. Actually, that is not entirely true—many rheumatologists are greatly appreciated.

### *What advice do you have for the student considering a career in rheumatology?*

It is an incredibly exciting time in rheumatology. There are therapeutic advances with the advent of biologics that are changing the landscape and restoring lives disrupted by rheumatic diseases. There are new forefronts in the molecular aspects of auto-immunity that are just opening up. The applications of micro-array technology and genetic profiling are rapidly expanding our understanding of the fundamental aspects of disease processes. Yet, as the high-tech aspect of rheumatology advances, there is an interesting paradox, which is reminiscent of the astronomers studying the physics of the "big bang." They have been scaling a mountain of the origins of the universe, and as they reach the crest of the mountain, they encounter a wise old theologian who is there waiting for them. We, too, are scaling some exciting and challenging peaks these days, using sophisticated molecular probes. But as we reach the peak, we may encounter the wise clinician who has been listening to and examining his patients carefully all the while. Technically, we need accurate clinical phenotyping to accurately interpret our genotyping. Practically, it means returning to the patient with eyes and ears. It means a synthesis of the science of medicine and the art of medicine. It is back to the future.

It is up to us to effectively communicate the excitement and the challenge of a career in rheumatology, and we can do so in all sorts of ways. The CRA studentships are one such example. There has been an expression going around, referring to a not-so-difficult task, that "it doesn't take a rocket scientist to figure it out." The brain surgeon is, on occasion, the profession substituted. In any case, we have an opportunity. Faced with such a situation, the correct comment is, "Well, it doesn't take a rheumatologist to figure it out."



# *Fickle Finger of Fame Award*

*Are you still taking Swedish lessons in the fading hope that the Nobel Committee may have misplaced your address?*

*Are you now well past the cut-off age for the Canadian Rheumatology Association (CRA) Young Investigator Award and well short of the 500 publications for the CRA Ancient Investigator status?*

*Are you more in the running for the CRA*

*Extinguished—not Distinguished—Rheumatologist of the Year? **Do not panic!** The CRAJ wants to create hope for all its readers by announcing the Fickle Finger of Fame award. Your 10 minutes of glory are nigh if you are, well,*

*“interesting”—yes, that’s all—interesting. We want to find 10 Canadian rheumatologists who do more than just count joints, draw graphs, pipette cells and write long diatribes. The CRAJ is searching for the 10 rheumatologists with the most interesting pastimes, hobbies, locations, aspirations, vacations, facial hair, tattoos, children, you name it, etc. to be featured in interviews for our Holiday 2004 issue. Tell us about yourself or nominate a colleague in a brief note (photos are a bonus!). The CRAJ Editorial Board will then decide on this year’s group of most interesting arthritis specialists. The usual evanescent paraphernalia for such a prestigious and fleeting accomplishment will be presented at an appropriately effervescent time. Please send your message today. Applicants must be at least 18 years old and do not need a working knowledge of any Scandinavian language!*

## 2004 Young Investigator: A “Rae” of Hope

RAE YEUNG, MD

### *What attracted you to rheumatology as a specialty?*

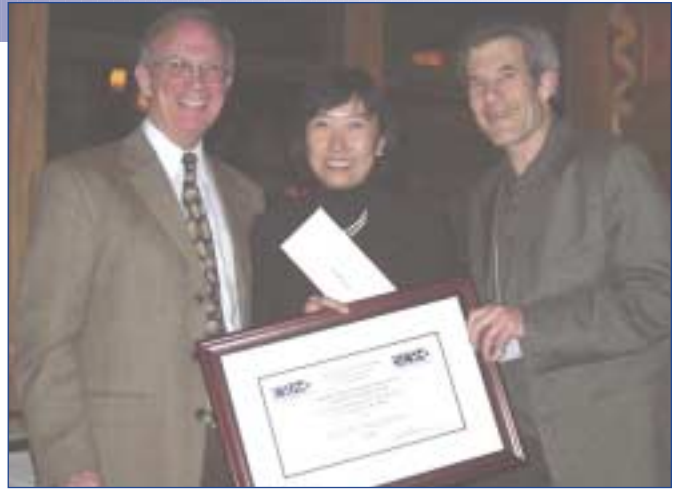
I guess one of the most important things that attracted me were the colleagues and the people who worked in rheumatology. In my case, it was the pediatric rheumatologists who served as my mentors and teachers when I was a trainee. And they were really just a fantastic bunch of people dealing with very interesting diseases. With the specialty itself, when dealing with children with rheumatic diseases, one of the things you learn very quickly is that kids really bounce back and are real troopers when they deal with chronic disease. It's really a pleasure dealing with chronic disease where you can watch children grow and be fantastic little champions and do well, despite their illness.

### *What are the challenges and rewards of your pursuit of arthritis research?*

One challenge is that it is difficult to see children, when they are so vibrant, being affected with diseases that are going to affect their whole life.

The particular aspect of research that I deal with is vascular inflammation or vasculitis, and the disease that I deal with is Kawasaki Disease, of which arthritis is one component but not the major component. So I see a lot of children affected by inflammation of the blood vessels, and the blood vessels involved are the coronary arteries. The challenge here is because it's the coronary arteries that are involved. In order to understand what causes a disease of the coronary artery, you can't just remove a piece of the artery for analysis—unlike a joint where we can actually take some fluid, etc. You can't just go biopsy a coronary artery in a child. So understanding a blood vessel disease is a great challenge in the absence of having the actual affected blood vessel to look at. Part of that challenge is trying to understand the disease. The way that we've done that in my research program is to develop an animal model that accurately reflects the human disease so we can look at the affected blood vessel.

In terms of the rewards, when you do have a further understanding of something, the fact that you can apply it, affect the treatment and, ultimately, affect the outcome in each case, is a great reward. And I think the families of the kids affected with this disease that I look after are



*Centre: Dr. Rae Yeung, 2004 Young Investigator*

unbelievably grateful for any kind of improvement in our knowledge. I think understanding what causes many of the diseases that we look after is really in its infancy: understanding what causes it, why it's happening in children and what we can do better. So it's rewarding to see the potential in the research that we do and how it may ultimately affect the lives of our patients.

### *Other than rheumatology, what are your other interests (academic or otherwise)?*

I think learning is a real interest of mine and I think that's part of the reason I went into research. Reading and learning and just being kind of a lifelong student is an interest of mine. I'm also very interested in some of the activities that my kids are into. I have taken more of an interest in skiing and skating since my children have taken it up. If I had a hobby I would say those are the hobbies I enjoy.

### *What do you hope to be doing in 10 years? Where?*

I hope to still be doing research and understanding what causes Kawasaki Disease. But I hope that we will have some more answers and that the research I'm learning in the lab will be translated into something that we can actually do in children with Kawasaki Disease. Where will I be doing it? Hopefully in a university/academic setting, wherever that may be—Toronto or elsewhere—so that I can teach other people and hopefully inspire students to go on to this area of research.

## 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!)*

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

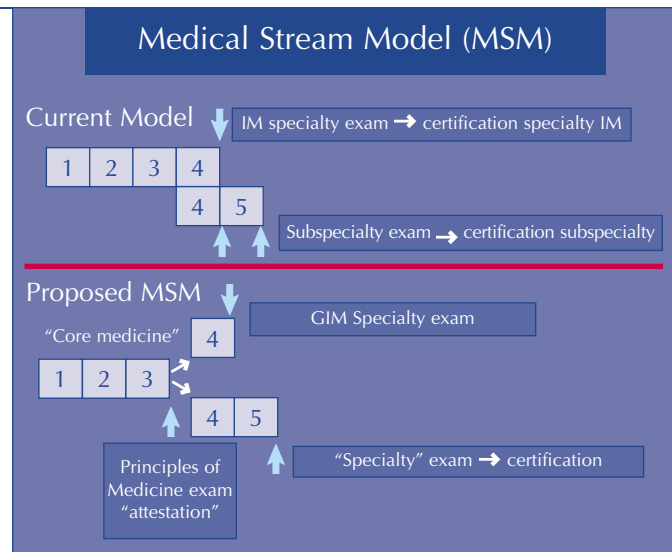


Figure 1

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