THE UNIVERSITY OF BRITISH COLUMBIA

Enrolment Services
Senate & Curriculum Services
Brock Hall
2016-1874 East Mall
Vancouver, BC V6T 1Z1

February 14, 2008

Memo to: Vancouver Senate

From: Academic Policy Committee

Re: Department of Emergency Medicine (approval)

The Academic Policy Committee has reviewed the proposal to establish the Department of Emergency Medicine in the Faculty of Medicine, including the proposed department's academic mandate, organizational structure and budgetary information. Currently, the Division of Emergency Medicine at UBC is apportioned among three parent departments: Family Medicine, Surgery and Pediatrics. The Committee agrees that a unified Department of Emergency Medicine will facilitate the development of a coherent, coordinated emergency medicine program through collaborative linkages with the Departments of Family Medicine, Surgery and Pediatrics.

As such, we recommend that Senate approve and recommend to the Board of Governors as follows:

> *That the Department of Emergency Medicine be established in the Faculty of Medicine;*
>
> *That the emergency medicine academic and research programs in the Departments of Family Medicine, Surgery and Pediatrics be transferred to the Department of Emergency Medicine;*
>
> *That Senate recommend to the Board of Governors that all faculty members in the discipline of emergency medicine with current appointments in the Departments of Family Medicine, Surgery and Pediatrics have their appointments transferred to the Department of Emergency Medicine with such faculty members to be specified by the Dean of Medicine in consultation with the relevant department heads.*

Respectfully submitted,

Dr. Paul Harrison, Chair
Senate Academic Policy Committee

THE UNIVERSITY OF BRITISH COLUMBIA

Provost and Vice President Academic
6328 Memorial Road
Vancouver, BC Canada V6T 1Z2
Tel: 604-822-4948
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MEMORANDUM

January 15, 2008

To: Senate Academic Policy Committee
c/o Lisa Collins, Assistant Registrar, Senate and Curriculum Services

From: David H. Farrar
Provost and Vice President Academic

Re: Establishment of the Department of Emergency Medicine within the Faculty of Medicine

Recommendation:

I recommend that Senate approve the establishment of the Department of Emergency Medicine within the Faculty of Medicine, effective as of the date of the last approval (approval by UBC Vancouver Senate and the Board of Governors is required).

Rationale:

The proposal to create a Department of Emergency Medicine was considered carefully and supported by the Emergency Medicine leadership in the Departments of Surgery, Family Medicine and Pediatrics as well as the External Review panel. The proposal was approved by the Faculty Executive on October 16, 2007 and by the Faculty of Medicine on November 26, 2007.

The detailed rationale is contained in the attached Proposal to Create UBC Department of Emergency Medicine, forwarded to me together with Dean Gavin Stuart's letter dated November 27, 2007, which is also attached.

There will be no financial implications to the University. Any additional resources will be the responsibility of the Faculty.

Attachment:
1. *Full Faculty Meeting, November 26, 2007: Proposal to Create UBC Department of Emergency Medicine: Background Information.*
2. Letter from Dr. Gavin Stuart, Dean, Faculty of Medicine to Dr. David Farrar, Provost and Vice President Academic, dated November 27, 2007

/cp

FULL FACULTY MEETING, NOVEMBER 26, 2007

PROPOSAL TO CREATE UBC DEPARTMENT OF EMERGENCY MEDICINE

BACKGROUND INFORMATION

At the Faculty Executive meeting on October 16, 2007, the Faculty Executive Committee passed the following motion: *"That the Faculty Executive recommend the proposal for a new Department of Emergency Medicine and that it be taken to the Full Faculty for approval."* This document provides some background information for your perusal.

The Academic Emergency Medicine program at UBC has been growing rapidly for the last 2 ½ decades. Divisions of Emergency Medicine were formed in the Department of Family Practice and the Department of Surgery in 1982. Concurrently, the Canadian College of Family Practice, Emergency Medicine (CCFP-EM) and the Royal College of Physicians and Surgeons (RCPC) Residency Training programs were created. The Division of Emergency Medicine in the Department of Pediatrics established the Pediatric Emergency Medicine Fellowship Program in 1998. All of these postgraduate programs have increased dramatically in size. There are now 15 residents in the Royal College Training Program, 6 residents in the CCFP(EM) Program and 4 fellows in the Pediatric Fellowship Program.

Emergency Medicine has been a compulsory rotation in Phase IV of the Medical School Curriculum for all medical students since 1997. Many students complete electives in Emergency Medicine in addition to their mandatory training. Each year the Emergency Medicine faculty provide over 80,000 hours of teaching while providing clinical care. In the Self-Study report prepared for the upcoming accreditation of the Faculty of Medicine, medical students ranked the Emergency Medicine training very highly. Faculty Members in Emergency Medicine provide significant levels of Continuing Medical Education, including two nationally recognized conferences annually. Researchers in Emergency Medicine at UBC are very productive. In the last seven years, UBC EM principal investigators have been successful in obtaining 124 grants worth $ 13.1 million. They have collaborated with other researchers to obtain an additional $ 10.3 million in research funding. In the same time period, faculty members in Emergency Medicine have been the primary or co-author of 226 peer review publications. They have also written 78 book chapters and 9 books. Emergency Medicine faculty members have also presented 309 research abstracts.

Four universities have already created Departments of Emergency Medicine in Canada. Two other Canadian universities (Calgary and Manitoba) have formally announced their intention to create Departments of Emergency Medicine. In the United States, Departments of Emergency Medicine have been created at 69 universities.

In April 2007, an External Review of the proposal was completed. The external reviewers were Dr. Martin Schechter, Head of the Department of Healthcare and Epidemiology, UBC, Dr. Brian Holroyd, Professor and Acting Head of the Department of

Emergency Medicine at the University of Alberta and Dr. David Walker, Dean, Faculty of Medicine, Queen's University. The external review process was both rigorous and comprehensive. Members of the External Review Committee were convinced that they had a good understanding of the administrative organizational and financial challenges faced by the Faculty of Medicine at this time. In this context they were unequivocal in their support for the creation of a Department of Emergency Medicine.

In response to the question of whether realigning the Division of Emergency Medicine to a Department would enhance the overall academic value and follow the strategic plan within the Faculty of Medicine, they stated:

> *...there was significant and consistent acknowledgement of the potential benefits and support for the proposed Department of Emergency Medicine at UBC amongst all of the individuals interviewed. The committee felt that the very significant contributions of the Emergency Medicine faculty have very significant potential to contribute to the achievement of the strategic goals of the UBC Faculty of Medicine. Furthermore, the proposal for creation of a Department of Emergency Medicine provides support for accomplishing the goals of the UBC TREK 2010 – A Global Journey and its pillars of People, Learning, Research, Community and Internationalization.*
>
> *In particular, contributions in knowledge creation and transmission in Emergency Medicine pertaining to health systems, trauma and conflict, disaster and public health, and the care of vulnerable populations can be generalized to a global context and align well with the vision and strategic goals of the University.*

The External Review Committee further stated that, *"they strongly support the Division of Emergency Medicine becoming a full academic Department at UBC as did virtually all of the respondents they interviewed. The Committee took special note of the strong support of the proposal offered by the Heads of the three academic departments most directly affected (Surgery, Family Practice, Pediatrics).*

An extensive departmental consultation process was conducted in the process of developing this proposal. The leadership in Family Medicine and Emergency Medicine developed and approved the document entitled: *Emergency Medicine Family Medicine Collaboration.* This document is a detailed description of how the collaborative interaction between the Department of Family Medicine and the Department of Emergency Medicine would occur. Similarly, the leadership in Emergency Medicine and Paediatrics developed and approved a document providing a detailed description of how the collaborative interaction between the Department of Pediatrics and the Department of Emergency Medicine would occur. The leadership in Emergency Medicine also consulted with numerous academic leaders at UBC including the Heads of Departments in the Faculty of Medicine.

The External Committee reviewed the inventory of scholarly output produced by Emergency Medicine faculty and felt that the research output of the current Division of Emergency Medicine at UBC was impressive.

They indicated that, *"The availability of recurring academic funding from the Ministry of Health in recognition of the research of the academic EM group provides an excellent resource for the establishment of a formal professoriate to facilitate and enhance academic development in the field of EM."*

There will be no financial impact on either the Faculty of Medicine or the University of British Columbia as a whole. Recurring academic funding from the Ministry of Health will be used to create the necessary infrastructure in the Faculty of Medicine. This recurring funding will also be used to establish a formal professoriate to facilitate and enhance academic development in the field of Emergency Medicine at the University of British Columbia.

In summary the External Review Committee recommended:

> *That the proposal to create a Department of Emergency Medicine be approved.*
>
> *In summary, we believe there exists:*
> - *A Critical mass of faculty to support the academic mission*
> - *A sufficient and distinctive body of knowledge*
> - *Active undergraduate, post-graduate and continuing professional programs in EM*
> - *Research success and national recognition*
> - *Broadly based support for the initiative to create a Department of Emergency Medicine at the University of British Columbia.*

We respectfully request that you vote to create a Department of Emergency Medicine at UBC, making it the fifth such Department in Canada.

Thank you for your consideration of this proposal.

Dr. Julian Marsden - Head Division of Emergency Medicine, Department of Family Medicine (Email: marsden@telus.net)
Dr. Ran Goldman - Head Division of Emergency Medicine, Department of Paediatrics (Email: rgoldman@cw.bc.ca)
Dr. Roy Purssell - Head Division of Emergency Medicine, Department of Surgery (Email: roy.purssell@vch.ca)

The following documents are available on request:

- Information package sent to the External Review Committee (150 pages)
- External Review Report (9 pages)
- Response to the External Review (6 pages)

THE UNIVERSITY OF BRITISH COLUMBIA

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Dean's Office

November 27, 2007

Dr. David Farrar
Vice President, Academic and Provost
University of British Columbia

Dear Dr. Farrar:

I am writing to request that you arrange for UBC Senate to approve a new Department in the Faculty of Medicine. The proposal to create the new Department of Emergency Medicine within the Faculty of Medicine is enclosed, and an electronic copy will also be forwarded to your office. This proposal was approved by Faculty Executive on October 16, 2007 and by the Faculty of Medicine on November 26, 2007.

I would appreciate it if this could be brought forward to the next meeting of Senate for approval.

Yours sincerely,

Gavin C.E. Stuart, MD, FRCSC
Dean

enclosure

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External Review Report of the Proposal for a UBC Faculty of Medicine Department of Emergency Medicine

External Reviewers

Brian Holroyd
Professor and Acting Chair
Department of Emergency Medicine
University of Alberta

David Walker
Dean, Faculty of Health Sciences
Queen's University

University Chair

Martin Schechter
Professor and Head
Department of Health Care and Epidemiolgy
University of British Columbia

April 12-13, 2007

The Review Committee is pleased to provide its input in answering the focus questions provided as a basis for this review process.

The Committee would like to acknowledge the dedication and enthusiasm of the UBC Emergency Medicine faculty in their work to develop an academic presence and contribution at UBC and to further that progress with the development of an academic Department of Emergency Medicine (DEM).

The Committee greatly appreciates the many respondents whom we interviewed who provided us with their thoughtful and candid opinions and guidance. The Committee wishes to express its appreciation to all concerned for the site arrangements and especially to Dean Stuart for his hospitality and to Darcie Prosser and Dee dee Wall for their care and attention.

Context

Prior to addressing the focus questions, it is important to consider the context within which this proposal is being made.

a) Like other clinical departments and divisions, the organizational framework within which the Division of Emergency Medicine functions is complex, involving multiple governing authorities. Major operational sites include St. Paul's Hospital (within Providence Health), Vancouver Hospital (within Vancouver Coastal Health), Children's Hospital (within PHSA), and Royal Columbian Hospital (within Fraser Health Authority), not to mention a number of distributed sites in the other Health Authorities in the province.

b) While the latter is also a complicating factor for most other clinical divisions and departments at UBC, a unique characteristic of Emergency Medicine concerns the multiple streams within training and practice. Emergency Medicine physicians may be trained and credentialed through several routes including Royal College residency programs (FRCPC), through the College of Family Physicians of Canada as Family Physicians with additional EM training (CCFP-EM), and as Pediatricians with additional EM training (FRCPC Pediatrics-EM). The presence, within a cognate clinical discipline, of separate types of qualifications and training can present significant challenges. At the same time, the diversity of qualifications and training offers significant opportunities.

c) The proposal also comes at a time of some unrest among emergency physicians in BC. Negotiations are currently underway between the BCMA and the Ministry of Health for a new master agreement for emergency physicians. There remains considerable controversy about appropriate recognition for clinical teaching in this discipline, and some key emergency medicine training sites are currently disengaged from the

academic enterprise. While the same is true in other clinical departments, it appears to be more acute in emergency medicine at the present time.

d) There is a growing consensus that the long-standing and complex departmental structure of the Faculty of Medicine may not be optimal for the decades ahead and should undergo significant revision. At the same time, two new departments have recently been created (while two have been removed through mergers). The proposal for a DEM follows on these recent changes and of recent GPOF cuts, cash calls and a recently announced university GPOF deficit. It thus comes at a time when the appetite for further departmental expansion may have significantly lessened. The Committee was cognizant of this overall context and took special efforts to consider this case on its own merits, focusing on the following specific questions posed to us by the Faculty of Medicine.

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1. Would re-aligning the Division of Emergency Medicine to a Department enhance the overall academic value and follow the strategic plan within the Faculty of Medicine?

There was significant and consistent acknowledgement of the potential benefits and support for the proposed DEM at UBC amongst all of the individuals interviewed. The committee feels that the very significant contributions of the Emergency Medicine faculty have very significant potential to contribute to the achievement of the strategic goals of the UBC Faculty of Medicine. Furthermore the proposal for creation of a DEM provides support for accomplishing the goals of the *UBC TREK 2010 – A Global Journey* and its pillars of People, Learning, Research, Community, and Internationalization.

In particular, contributions in knowledge creation and transmission in Emergency Medicine pertaining to health systems, trauma and conflict, disaster and public health, and the care of vulnerable populations can be generalized to a global context and align well with the vision and strategic goals of the University.

2. Would you recommend this Division be altered to departmental status?

The Committee strongly supports the Division of Emergency Medicine becoming a full academic Department at UBC as did virtually all of the respondents we interviewed. The Committee took special note of the strong support for this proposal offered by the Heads of the three academic departments most directly affected (Surgery, Family Practice, Pediatrics).

The proposed goals of the new DEM at UBC are comprehensive and laudable. We would suggest that with the creation of a DEM a realistic series of goals and

related timelines be developed to ensure the DEM has optimal impact and success.

Initially, we would suggest that the DEM focus on creating a presence within the Faculty and at the current 4 core hospital sites (St. Paul's, Vancouver Hospital, BC Children's and the Royal Columbian). Once appropriate milestones have been met with this foundation, the DEM should embark on an incremental series of steps to achieve their articulated goal of a provincial DEM. DEM leadership and the Faculty of Medicine should jointly develop performance metrics that will allow measurement of achievement of these goals.

The committee recognizes there are very significant expectations for the DEM to "solve" multiple problems facing the Faculty, related to delivery of the clinical teaching of Emergency Medicine in the province. With current resources and the realities of the startup of the DEM it is unrealistic to anticipate these issues being resolved in the short term and we do not believe that granting of Departmental status should be conditional on resolving issues beyond the control of this academic unit.

The Faculty of Medicine, academic leaders of Emergency Medicine and the Ministry of Health should articulate the goals in creation of the DEM and support creation of realistic expectations (particularly expectations that creation of a DEM will immediately have financial resources to resolve funding shortfalls i.e. funding for clinical teaching).

Many external to Emergency Medicine commented on the current structural complexity of EM within UBC and the consequent difficulty in engaging the discipline in an efficient and productive fashion. In particular, those in the expanded regional domain find frustrating the absence of a singular receptor site. Uniformly, there was consensus that a DEM would help to address this issue.

Similarly, the current structure of three divisions of three separate cognate Departments present recurring challenges to those working in the field of EM; the parent Department is of a different discipline, recognition and appreciation of the field may be problematic, and advocacy for discipline development in teaching and research is fragmented, lacking coherence, and dependent on other disciplines within the organizational structures.

The discipline of EM is now well established and functions within a discrete departmental structure in many universities including four others in Canada. Cognate coherence, simpler and more efficient organizational structure, and the resulting enhancement of academic profile and productivity will facilitate growth and recruitment and contribute to the mission of the Faculty and University.

Addressing the challenges related to clinical and academic deliverables within the complexities of the health authority structures in the province will be facilitated by a unified Department structure.

The committee acknowledges the nurturing environment of the Departments of Surgery, Family Practice and Pediatrics that have facilitated the academic growth of the discipline of EM at UBC.

3. Are the current activities in Emergency research at UBC appropriate and relevant to an academic health science department?

The Committee reviewed the inventory of scholarly activity produced by Emergency Medicine faculty and felt that the research output of the current Division of Emergency Medicine at UBC is impressive (particularly when it is considered that there are no GFT Emergency Medicine faculty). The Committee was independently aware of a number of seminal research contributions produced by UBC EM faculty and wondered whether the EM group might have a greater profile externally than it does within its own organizational structures.

4. What are the new academic opportunities available to the proposed department that should be focused upon?

The availability of recurring academic funding from the Ministry of Health in recognition of the research of the academic EM group provides an excellent resource for the establishment of a formal professoriate to facilitate and enhance academic development in the field of EM.

The development and enhancement of joint academic activities across sites (journal club, rounds, synergy of core elements of RCPSC/CCFP-EM programs) will enrich the research and training environment.

Creation of a regional academic teaching plan to achieve the educational objectives of the undergraduate, postgraduate and continuing professional development programs with eventual evolution to a provincial scope, will help address human resource issues related to training.

As the DEM develops in the future as an academic health science department, there is potential for a greater level of involvement in graduate student training. There exists remarkable opportunity for interdisciplinary collaborative research across a broad range of important health research issues.

Emergency medical treatment is a critically important interface between the public and the health care system. Leadership in health systems evaluation and

change in this highly complex organizational environment will be an asset to the Faculty, to decision-makers and to society.

5. What are the potential impediments to success?

It is essential that the Emergency Medicine faculty and core clinical sites comprising the DEM have a very high level of cooperation and cohesiveness with the initial creation of the DEM. The committee notes that UBC clinical and academic Emergency Medicine leaders have made significant progress in addressing collaboration between clinical sites. However, in the Committee's interviews, there were commonly expressed perceptions that the cooperation between clinical sites still has considerable opportunity for improvement. It is essential that more formal and objective evidence of collaboration (particularly between Vancouver Hospital and St Paul's clinical Emergency Medicine groups) be implemented in the process of creation of the DEM. This increased academic and clinical collaboration will also create a climate that will facilitate more widespread Emergency Medicine collaboration provincially.

Lack of alignment between the academic leadership and corresponding decision-making positions in the relevant health authorities is an important potential impediment. The academic, teaching and clinical care missions will all be better served if the academic leader of the DEM also occupies key decision making positions in the academic hospitals and regional health authority. We recommend the Department Head should have a seat at the regional Emergency Services Council and hold an equivalent key operational role for Emergency Services at VCH.

It is critical that the objectives and expectations of the Department be clearly enunciated. The enthusiasm for this initiative has led to very high levels of expectation. Success should be measured by achievement of realistic goals and be accompanied by appropriate expectation management.

6. Is there sufficient depth in terms of leadership and faculty membership?

The committee complements the UBC academic and clinical Emergency Medicine leaders, and the Academic Working Group, that have moved their specialty to a status where it can transition to a full academic DEM. It is assumed that the designation of a Head of the newly formed DEM will be consistent with UBC policies on Search and Selection processes. A newly created Department will require experienced leadership. We recommend that the Head of the Department have a physical presence and practice role in more than one of the core sites and site management (perhaps delegated) responsibilities.

The committee strongly supports feedback from interviews that emphasized the importance of Emergency Medicine creating GFT positions within the funding envelope described in the DEM proposal. In order for the DEM to “have the look“ of a UBC academic department, the DEM will need to define several key roles as being GFT positions. The committee understands and supports the use of part time positions and resources for support of educational initiatives at key clinical sites; however, this should not be accomplished at the exclusion of creation of GFT positions.

Otherwise, the review team acknowledges extensive clinical and academic resources within the discipline, more than sufficient for the establishment of an academic Department.

7. What is the optimal coordination of the Family Practice components of Emergency Medicine, the Pediatric components and the Royal College Program EM components in a proposed Departmental structure?

The proposal for creation of a UBC DEM articulates the relationships and coordination between the academic departments of Emergency Medicine, Family Medicine and Pediatrics. Uniformly in the interviews, representatives of all three constituencies strongly supported these arrangements and felt that this approach offered significant support for the success of a DEM. The Faculty appointments of individuals practicing rotation duty, full-time Emergency Medicine in sites around the province (whether certified through the Royal College or the CFPC), upon meeting Faculty qualifications, would logically fit into the DEM. Physicians in family practice who occasionally provide rural Emergency Department coverage and contribute to the Faculty of Medicine mandate, may be best served with continuing their appointment in the Department of Family Practice. Similarly, Pediatricians practicing Pediatric Emergency Medicine will be effective partners as a Division of Emergency Medicine within the Department of Pediatrics. Cross appointments will further strengthen these relationships.

A stronger central DEM will foster greater core site and post-graduate program integration and allow greater synergy and enhancement of educational programs and research development.

8. What are the key strengths?

Key strengths of this academic group and this proposal include:

- Enthusiastic and committed EM faculty
- Excellent training environments and extensive capacity for clinical medical education in the ED
- Strong highly-rated UGME and PGME medical education programs

- High level of national recognition for the UBC academic EM program
- Unique knowledge related to EM - core EM content and sub-specialties (e.g. toxicology, hyperbarics, pre-hospital care, emergency medical services) adds depth to the faculty
- Willingness of EM clinical groups to dedicate resources to develop academic EM mandates
- Strong collaborative arrangements and explicit supportive proposed interactions and mechanisms with Pediatrics and Family Medicine

9. What are the key challenges?

Key challenges that will need to be addressed include:

- Ensuring DEM goals and timelines are realistic within the limited resources available
- Potential for perception that creation of a DEM will allow for an immediate and widespread distribution of resources
- Creation of realistic expectations of DEM by various stakeholders
- Levels of cooperation and cohesiveness among Emergency Medicine faculty and clinical sites
- Pressures created by reluctance of selected clinical Emergency Department to provide clinical teaching, some of which may not be within the direct sphere of influence of a DEM
- Need to ensure strong cooperation between academic DEM at UBC and regional health authorities and consideration of formalization of representation of EM leadership in regional structures.

10. Any further recommendations?

A clear opportunity exists with respect to expansion of Emergency Medicine (RCPSC EM and CFPC-EM) postgraduate programs. There exist enormous untapped clinical and faculty resources. A vibrant and expanded postgraduate establishment enhances the academic mission, allows deployment throughout sites, and supports the expanded undergraduate responsibilities. There is also a serious PHR issue in EM in the province.

As noted above, funding in the amount of $1.27 m provided annually by the Ministry of Health in support of EM research can provide an important foundation for the DEM and obviate the need for scarce faculty funds. The review team was reassured by the Ministry project lead that the academic funding provided to date was to be sustained and its use in infra-structural academic development was appropriate. We recommend that a component of this be used to create F-slot equivalents. This will require expert and careful technical budgetary construction

with consideration of a grace period of funding protection from the usual revenue sharing formulae.

Resolution of the issues surrounding clinical teaching funding must be reached by the key stakeholders (EM, UBC, MOH) if a distributed DEM is to succeed and achieve its full potential.

Summary of Recommendations

R1. We recommend that the proposal to create a Department of Emergency Medicine be approved. In summary, we believe there exists:

- A critical mass of faculty to support the academic mission
- A sufficient and distinctive body of knowledge
- Active undergraduate, post-graduate and continuing professional programs in EM
- Research success and national recognition
- Broadly-based support for the initiative to create a Department of Emergency Medicine at the University of British Columbia

R2. We recommend that the DEM focus on creating a presence within the Faculty and at the current 4 core hospital sites (St. Paul's, Vancouver Hospital, BC Children's and the Royal Columbian). Once appropriate milestones have been met with this foundation, the DEM should embark on an incremental series of steps to achieve their articulated goal of a provincial DEM. DEM leadership and the Faculty of Medicine should jointly develop performance metrics that will allow measurement of achievement of these goals.

R3. The availability of recurring academic funding from the Ministry of Health in recognition of the research of the academic EM group provides an excellent resource for the establishment of a formal professoriate to facilitate and enhance academic development in the field of EM. We recommend that a component of this be used to create F-slot equivalents. This will require expert and careful technical budgetary construction with consideration of a grace period of funding protection from the usual revenue sharing formulae.

R4. It is essential that more formal and objective evidence of collaboration (particularly between Vancouver Hospital and St Paul's clinical Emergency Medicine groups) be achieved in the process of creation of the DEM. This increased academic and clinical collaboration will also create a climate that will facilitate more widespread Emergency Medicine collaboration provincially. The development and enhancement of joint academic

activities across sites (journal club, rounds, synergy of core elements of RCPSC/CCFP-EM programs) will enrich the research and training environment.

R5. The academic, teaching and clinical care missions will all be better served if the academic leader of the DEM also occupies key decision making positions in the academic hospitals and regional health authority. We recommend the Department Head should have a seat at the regional Emergency Services Council and hold an equivalent key operational role for Emergency Services at VCH.

R6. A newly created Department will require experienced leadership. We recommend that the Head of the Department have a physical presence and practice role in more than one of the core sites and site management (perhaps delegated) responsibilities.

R7. Serious consideration should be given to expansion of both Emergency Medicine (RCPSC-EM and CFPC-EM) postgraduate programs. A vibrant and expanded postgraduate establishment enhances the academic mission, allows deployment throughout sites, supports expanded undergraduate responsibilities, and helps address the serious PHR issue in EM in the province.

R8. Resolution of the issues surrounding clinical teaching funding must be reached by the key stakeholders (EM, UBC, MOH) if a distributed DEM is to succeed and achieve its full potential.

Respectfully submitted,

Martin Schechter, Head, Department of Health Care and Epidemiology, UBC [Chair]

Brian Holroyd, Professor and Acting Chair, Department of Emergency Medicine, University of Alberta

David Walker, Dean, Faculty of Health Sciences, Queen's University

April 24, 2007

Response to the External Review Report on the Proposal for a UBC Faculty of Medicine Department of Emergency Medicine

The Emergency Medicine Academic Working Group is pleased to provide this response to the report of the External Review held April 12-13th 2007 regarding the development of an academic Department of Emergency Medicine (DEM) at UBC.

We would like to formerly thank the members of the External Review Committee, Drs. Brian Holroyd, David Walker and the Chair, Dr. Martin Schechter for their time and commitment to this review. Their erudite comments, feedback and recommendations clearly demonstrated a comprehensive grasp of the key issues that we are faced with and will undoubtedly prove to be extremely helpful in our progression to, and we hope ultimate success in, becoming an academic Department. We also wish to express our appreciation to all involved who made this External Review possible and in particular to Dean Stuart, Darcie Prosser and Dee Dee Wall.

Finally, we wish to acknowledge and thank the UBC Department Heads of the three current Emergency Medicine Divisions, Drs. Bob Woollard of the Department of Family Practice, Dr. Bob Armstrong of Pediatrics and Dr. Garth Warnock, of Surgery, for their support and advice regarding this proposal in general and this External Review in particular.

We are very pleased that the External Review Committee strongly supported the proposal to create a UBC Department of Emergency Medicine. In this document, we provide point-by-point responses to the points raised by the reviewers. Of particular note, it should be pointed out that all the recommendations of the External Review Committee have now either been implemented or can be implemented promptly.

We first wish to concur with the perspective of the review committee regarding the context within which this review occurred. Although some challenges exist among emergency physicians in BC, we are confident that an Academic Department will strongly contribute to a successful resolution of the complex issues surrounding such things as emergency medicine teaching. In fact it is our belief that the current issues have, in part, arisen as a result of not having an organized DEM to coordinate the discussion and mitigate issues so that they don't became problems in the first place. We agree with the reviewers that the resolution of these issues, which exist in many medical disciplines across Canada, should not be a precondition to the granting of Departmental status.

Finally, we wish to acknowledge their statement on page 2 (d.) that: "the long-standing and complex departmental structure of the Faculty of Medicine may not be optimal for the decades ahead and should undergo significant revision." We again believe this possibility should not delay the formation of a DEM as we wish to continue to progress forward rather than be placed in academic limbo. We believe that it is essential for us to be granted Departmental status to achieve this.

We will now address each of the specific recommendations made by the External Review Committee.

Recommendation 1. ***We recommend that the proposal to create a Department of Emergency Medicine be approved.***

We are very pleased with this recommendation. The external review committee was clearly convinced that the criteria set out by the UBC FOM were met and that the necessary resources are in place. We believe that the creation of the Department of Emergency Medicine would provide the organizational structure required to proceed with a number of academic initiatives in Emergency Medicine. A robust Academic DEM would support the academic goals of the Faculty of Medicine as outlined in Health Trek 2010.

Recommendation 2. ***We recommend that the DEM focus on creating a presence within the Faculty and at the current 4 core hospital sites (St. Paul's, Vancouver Hospital, BC Children's and the Royal Columbian). Once appropriate milestones have been met with this foundation, the DEM should embark on an incremental series of steps to achieve their articulated goal of a provincial DEM.***

We are ultimately striving to have a provincial DEM but appreciate the importance of the careful development of a core structure prior to expanding from that. We have created the necessary committee structure to ensure Emergency Medicine has a strong presence within the Faculty of Medicine and the current core hospitals. This committee structure will ensure that Members of Faculty based a various institutions work together to support a single UBC academic entity. We have come to consensus on an incremental series of steps and a challenging but realistic timeline to achieve the goal of the creation of a Department of Emergency Medicine. We look forward to working with the Faculty of Medicine to develop mutually agreeable performance metrics.

Recommendation 3. ***The availability of recurring academic funding from the Ministry of Health in recognition of the research of the academic EM group provides an excellent resource for the establishment of a formal professoriate to facilitate and enhance academic development in the field of EM. We recommend that a component of this be used to create F-slot equivalents. This will require expert and careful technical budgetary construction with consideration of a grace period of funding protection from the usual revenue sharing formulae.***

We carefully reviewed our Departmental budget in light of the recommendation of the external review committee to create F-slots for UBC academics. We will be able to create at least two F-slot research positions at the time a department is launched. As such, we have revised our financial plan to include funding for at least two F-slot equivalents and we have created a search and selection committee select candidates for these F-slots. We intend to carry out an international search for each of these F-slot positions.

Recommendation 4. ***It is essential that more formal and objective evidence of collaboration (particularly between Vancouver Hospital and St Paul's clinical Emergency Medicine groups) be achieved in the process of creation of the DEM. This increased academic and clinical collaboration will also create a climate that will facilitate more widespread Emergency Medicine collaboration provincially. The development and enhancement of joint academic activities across sites (journal club, rounds, synergy of core elements of RCPSC/CCFP-EM programs) will enrich the research and training environment.***

We have already worked to enhance the research, educational and clinical collaborations between the core hospitals and in particular between St. Paul's Hospital and Vancouver General Hospital. The following collaborative initiatives are underway:

Research

i) We have struck an Emergency Medicine Research Coordination Committee.
ii) A Cross-Division Research Retreat is planned for the fall of 2007.
iii) A Faculty wide Emergency Medicine "Research Day", involving a visiting professorship by an internationally respected researcher in Emergency Medicine, has been scheduled for the spring of 2008.
iv) A Scholarly Activity Advisor Program, involving academics from different hospital sites, will commence in the fall of 2007 for all residents in the FRCPS-EM and CCFP-EM Programs
v) Methodology and Statistics education is currently given at both sites. The communication and collaboration on this has been enhanced, and in the future we will provide combined research methodology grand rounds.
vi) Emergency Medicine Journal clubs are attended by physicians from several academic sites. Specific future journal clubs in 2007-2008 will be devoted to discussions publications on local research, and will also involve discussions about planned and ongoing research.
vii) We are exploring the establishment of a formal UBC medical student elective in Emergency Medicine Research which will involve both sites.

Education

i) The Undergraduate program is already run in a way that aggregates members from across institutions in an effective and functional manner. Rotations, seminars courses are planned centrally and utilize Faculty from multiple sites
ii) Postgraduate rotations – St Paul's ED will be included as a compulsory rotation for FRCPC residents. CCFP EM residents will be accommodated at VGH if they desire.
iii) Postgraduate rounds – We will have agreed to have a common set of rounds involving Faculty from VGH and St. Paul's and residents from both the FRCPC and CCFPEM Programs. We already have regular rounds involving Faculty from

all sites in the lower Mainland. We have had several rounds where over 25 sites participated by telemedicine links and the rounds were also webcasted.

iv) Postgraduate seminars – We have polled program directors from all over Canada to determine how they achieve appropriate integration of FRCPC and CCFPEM Programs. We adopted a new system in September 2007 in which we have one set of seminars for junior residents in FRCPC Program and CCFP EM Residents and an advanced series of seminars for senior residents in the FRCPC Program

v) We have agreed to advertise all new CME courses and conferences as UBC EM, rather than hospital-specific, initiatives.

Clinical

i) Several physicians will work clinical shifts at both St. Paul's and VGH. A request for applications in this regard has already gone out, and has received favourable responses.

Recommendation 5. ***The academic, teaching and clinical care missions will all be better served if the academic leader of the DEM also occupies key decision making positions in the academic hospitals and regional health authority. We recommend the Department Head should have a seat at the Regional Emergency Services Council and hold an equivalent key operational role for Emergency Services at VCH.***

The senior leadership in the Faculty of Medicine, the Vancouver Coastal Health Authority and the Academic Leaders in Emergency Medicine at UBC have all indicated support for the concept of having the Academic Leader of the Department of Emergency Medicine occupying key decision making positions in the academic hospitals and the Regional Health Authority.

Recommendation 6. ***A newly created Department will require experienced leadership. We recommend that the Head of the Department have a physical presence and practice role in more than one of the core sites and site management (perhaps delegated) responsibilities.***

The Faculty Members in Emergency Medicine agree that a newly created Department of Emergency Medicine will require experienced leadership. We recommend that an International search be conducted to find and select the best candidate. The chosen candidate would be expected to work at both VGH and SPH and hold an administrative title in both Departments. The final structure for this is currently being reviewed.

Recommendation 7. ***Serious consideration should be given to expansion of both Emergency Medicine (RCPSC-EM and CFPC-EM) postgraduate programs. A vibrant and expanded postgraduate establishment enhances the academic mission, allows deployment throughout sites, supports expanded undergraduate responsibilities, and helps address the serious PHR issue in EM in the province.***

We strongly support expansion of both Emergency Medicine (RCPSC-EM and CCFP-EM) postgraduate training programs, and see this as important to meet the human resource needs in the discipline. We intend to be careful to ensure that the academic rigor of the Programs is maintained while we are implementing the innovative expansion strategies.

Recommendation 8. ***Resolution of the issues surrounding clinical teaching funding must be reached by the key stakeholders (EM, UBC, MOH) if a distributed DEM is to succeed and achieve its full potential.***

We agree. We take great pride in the fact that despite the acknowledged challenges in clinical teaching and the recognition that clinical teaching needs to be resourced fairly, appropriate educational opportunities have been provided for all medical students and residents in Emergency Medicine and other specialties while negotiations have continued. This highlights the commitment that EM Faculty place on teaching and their affiliation with UBC, and underscores the desire on the part of EM faculty to work with the UBC Faculty of Medicine to ensure appropriate education of students and residents is sustained.

It merits noting that the reviewers themselves made the following statement which we wholeheartedly agree with:

Page 3: "The committee recognizes there are very significant expectations for the DEM to "solve" multiple problems facing the Faculty, related to delivery of the clinical teaching of Emergency Medicine in the province. With current resources and the realities of the startup of the DEM it is unrealistic to anticipate these issues being resolved in the short term and we do not believe that granting of Departmental status should be conditional on resolving issues beyond the control of this academic unit.

The Faculty of Medicine, academic leaders of Emergency Medicine and the Ministry of Health should articulate the goals in creation of the DEM and support creation of realistic expectations (particularly expectations that creation of a DEM will immediately have financial resources to resolve funding shortfalls i.e. funding for clinical teaching)."

In conclusion, we are in complete agreement with the recommendations made by the reviewers and thank them for their considered delineation of the essential steps that must take place. We are confident that we are well along the road in establishing the necessary structure, both financial and administrative, to ensure that we create a progressive, productive and sustainable UBC Department of Emergency Medicine that is in keeping with the expectations of the UBC Faculty of Medicine Health Trek 2010 and we hope this important initiative to establish an Academic Department of Emergency Medicine at UBC will continue to be advanced.

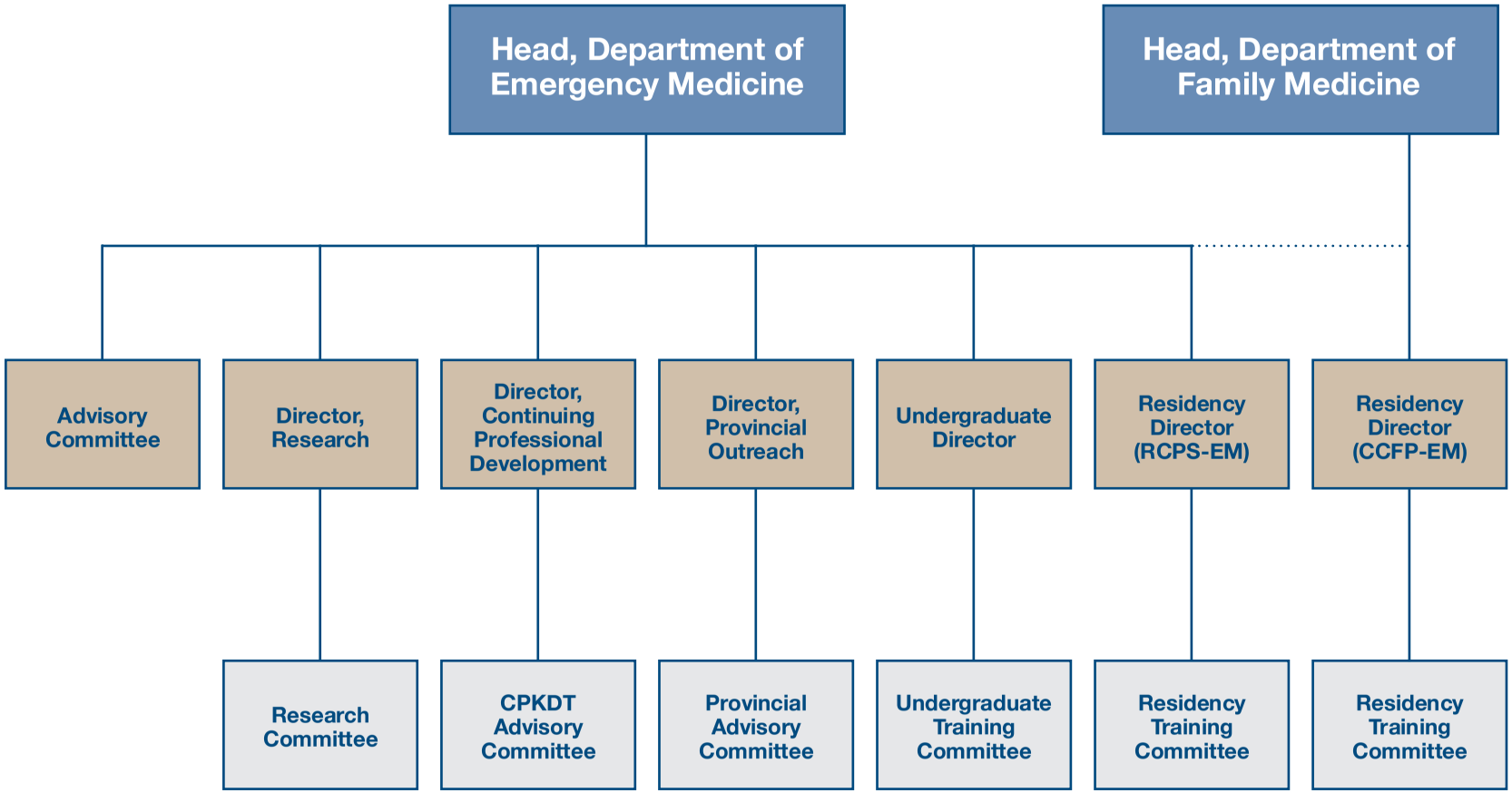
Respectfully Submitted on behalf of the Emergency Medicine Academic Working Group

Roy Purssell
Co-Chair
EM Academic Working Group

Julian Marsden
Co-Chair
EM Academic Working Group

cc. David Ostrow
Ida Goodrow

Appendix L: Proposed Administrative Structure Department of Emergency Medicine



Appendix M: Emergency Medicine Financial Plan FY2006/2007

	Total	Ministry of Health	Practice Plan	UBC	Other Sources
REVENUES					
Ministry of Health	$1,269,877.00	$1,269,877.00			
Practice Plan	$290,411.00		$290,411.00		
UBC - Department of Pediatrics	$152,904.00			$152,904.00	
UBC - Other Sources	$264,263.00			$264,263.00	
Other Sources - C&W, BCCHF	$119,352.92				$119,352.92
Total Revenues	**$2,096,807.92**	**$1,269,877.00**	**$290,411.00**	**$417,167.00**	**$119,352.92**
EXPENSES					
Central Office	$237,000.00	$223,000.00	$0.00	$14,000.00	$0.00
Postrgraduate Program	$238,253.00	$55,875.00	$10,813.00	$171,565.00	$0.00
Undergraduate Program	$447,298.00	$237,002.00	$131,598.00	$78,698.00	$0.00
Pediatric Program	$484,256.92	$212,000.00	$0.00	$152,904.00	$119,352.92
Research	$690,000.00	$542,000.00	$148,000.00	$0.00	$0.00
Total Expenses	**$2,096,807.92**	**$1,269,877.00**	**$290,411.00**	**$417,167.00**	**$119,352.92**
Surplus/ (Deficit)	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Appendix M: Emergency Medicine Detailed Financial Plan per Category FY2006/2007

	Total	Ministry of Health	Practice Plan	UBC	Other Sources
CENTRAL OFFICE					
Revenues					
Ministry of Health	$223,000.00	$223,000.00			
UBC - Undergrad Expansion	$14,000.00			$14,000.00	
Total Revenues	**$237,000.00**	**$223,000.00**	**$0.00**	**$14,000.00**	**$0.00**
Expenditures					
Head, Department of Emergency Medicine	$100,000.00	$100,000.00			
Secretary to Department Head	$50,000.00	$50,000.00			
Department Manager	$70,000.00	$70,000.00			
Office supplies, mail, phone	$10,000.00			$10,000.00	
Travel	$7,000.00	$3,000.00		$4,000.00	
Total Expenditures	**$237,000.00**	**$223,000.00**	**$0.00**	**$14,000.00**	**$0.00**
Excess of Revenues over Expenditures	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
POSTGRADUATE PROGRAM					
Revenues					
Ministry of Health	$55,875.00	$55,875.00			
UBC - PGME Program (coursed through SURG)	$171,565.00			$171,565.00	
Practice Plan	$10,813.00		$10,813.00		
Total Revenues	**238,253.00**	**$55,875.00**	**$10,813.00**	**$171,565.00**	**$0.00**
Expenditures					
Postgraduate Director (FRCPC)	$50,000.00	$16,875.00	$6,045.00	$27,080.00	
Postgraduate Secretary	$63,232.00	$15,000.00		$48,232.00	
Academic Education Positions[4]	$28,768.00	$24,000.00	$4,768.00		
Simulator - Stipend - Director of Program	$0.00				
• Development Scenarios	$0.00				

• Scheduled Simulator Teaching	$0.00				
• Other	$0.00				
Telemedicine - Stipend - Director	$0.00				
• Development of Scenarios	$0.00				
• Scheduled Teaching	$0.00				
• Other	$0.00				
DSSL	$0.00				
Admin Support	$0.00				
Scheduled Teaching	$26,000.00			$26,000.00	
Clinical Teaching - Patient Care	$48,450.00			$48,450.00	
Resident Activity	$21,803.00			$21,803.00	
Total Expenditures	**$238,253.00**	**$55,875.00**	**$10,813.00**	**$171,565.00**	**$0.00**
Excess of Revenues over Expenditures	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
UNDERGRADUATE PROGRAM					
Revenues					
Ministry of Health	$237,002.00	$237,002.00			
UBC - Undergrad Program	$78,698.00			$78,698.00	
Practice Plan	$131,598.00		$131,598.00		
Total Revenues	$447,298.00	$237,002.00	$131,598.00	$78,698.00	$0.00
Expenditures					
Undergraduate Director	$50,000.00	$36,666.00	$5,000.00	$8,334.00	
Undergraduate Secretary	$25,000.00			$25,000.00	
Academic Education Positions[4]	$42,000.00	$24,000.00	$6,598.00	$11,402.00	
DSSL - VGH	$17,500.00	$8,334.00	$5,000.00	$4,166.00	
• SPH	$17,500.00	$8,334.00	$5,000.00	$4,166.00	
• RCH	$17,500.00	$8,334.00	$5,000.00	$4,166.00	
• UBC	$17,500.00	$8,334.00	$5,000.00	$4,166.00	
• LGH	$17,500.00	$11,500.00	$5,000.00	$1,000.00	
• RGH	$17,500.00	$11,500.00	$5,000.00	$1,000.00	
Admin Support - VGH	$35,000.00	$20,000.00	$15,000.00		
• SPH	$35,000.00	$20,000.00	$15,000.00		

	Total	Ministry of Health	Practice Plan	UBC	Other Sources
UNDERGRADUATE PROGRAM					
Expenditures con't					
• RCH	$35,000.00	$20,000.00	$15,000.00		
• UBC	$35,000.00	$20,000.00	$15,000.00		
• LGH	$35,000.00	$20,000.00	$15,000.00		
• RGH	$35,000.00	$20,000.00	$15,000.00		
Teaching Phase IV Seminars	$0.00			-	
Phase V Clinical Teaching with Patient Care	$13,298.00			$13,298.00[1]	
Wound Management Course	$2,000.00			$2,000.00	
Total Expenditures	**$447,298.00**	**$237,002.00**	**$131,598.00**	**$78,698.00**	**$0.00**
Excess of Revenues over Expenditures	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
EMERGENCY MEDICINE - PEDIATRICS					
Revenues					
Ministry of Health	$212,000.00	$212,000.00			
Practice Plan	$0.00		$0.00		
UBC - Postgrad Funding (coursed through PAED)	$69,480.00			$69,480.00	
UBC - Undergrad Funding (coursed through PAED)	$20,000.00			$20,000.00[2]	
UBC - Pediatrics	$28,896.00			$28,896.00[3]	
UBC - MSC (coursed through PAED)	$34,528.00			$34,528.00	
Other Sources - PHSA	$119,352.92				$119,352.92
Total Revenues	$484,256.92	$212,000.00	$0.00	$152,904.00	$119,352.92
Expenditures					
Pediatric EM Division Head	$84,352.92				$84,352.92
Pediatric EM Division Secretary 0.3 FTE x $50K	$15,000.00			$15,000.00	
Pediatric EM Subspecialty Director	$18,750.00			$18,750.00	
Pediatric EM Emergency Physicians CTO Patient Care	$3,400.00			$3,400.00	
Pediatric CME Director	$40,000.00	$40,000.00			
Undergraduate Director	$28,896.00			$28,896.00	
Simulator Director	$35,000.00				$35,000.00
Undergrad Teaching - 50 hrs @ 80/hr	$4,000.00			$4,000.00[2]	

Undergrad Teaching - 50 hrs @ 80/hr	$4,000.00			$4,000.00[2]	
Undergrad Teaching - ER Physicians	$12,000.00			$12,000.00[2]	
Trauma/Transport & Critical Care Director	$40,000.00	$40,000.00			
Injury Prevention Research Director	$40,000.00	$40,000.00			
Quality and Safey Director/Clinical Pathways	$34,528.00			$34,528.00	
Postgrad Scheduled Teaching	$20,000.00			$20,000.00	
Subspecialty Resident Activity Funds	$1,530.00			$1,530.00	
International Medical Graduate Funds	$10,800.00			$10,800.00	
Academic Education Positions[5]					
Major Projects - 100K (2 projects)[5]					
Projects - 50 K (5 projects)					
New Investigator - 15K (4 proj)[5]					
Pediatrics- future requirements[4]					
Research Director	$50,000.00	$50,000.00			
IT Director	$42,000.00	$42,000.00			
Total Expenditures	**$484,256.92**	**$212,000.00[6]**	**$0.00**	**$152,904.00**	**$119,352.92**
Excess of Revenues over Expenditures	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
RESEARCH					
Revenues					
Ministry of Health	$542,000.00	$542,000.00			
Practice Plan	$148,000.00		$148,000.00		
Total Revenues	**$690,000.00**	**$542,000.00**	**$148,000.00**	**$0.00**	**$0.00**
Expenditures					
Research Director	$50,000.00	$40,000.00	$10,000.00		
Major Projects - 100K (2 projects)[5]	$200,000.00	$140,000.00	$60,000.00		
Projects - 50K (5 projects)	$250,000.00	$200,000.00	$50,000.00		
New Investigator - 15K (4 proj)[5]	$60,000.00	$52,000.00	$8,000.00		
CME/DPD Director	$50,000.00	$40,000.00	$10,000.00		
Provincial Outreach	$50,000.00	$40,000.00	$10,000.00		

	Total	Ministry of Health	Practice Plan	UBC	Other Sources
RESEARCH					
Expenditures con't					
Travel & Meetings	$30,000.00	$30,000.00			
Total Expenditures	**$690,000.00**	**$542,000.00**	**$148,000.00**	**$0.00**	**$0.00**
Excess of Revenues over Expenditures	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Summary					
Revenues	**$2,096,807.92**	**$1,269,877.00**	**$290,411.00**	**$417,167.00**	**$119,352.92**
Expenditures	**$2,096,807.92**	**$1,269,877.00**	**$290,411.00**	**$417,167.00**	**$119,352.92**

NOTES

1 Amount could change based on the number of students enrolled in the electives/selectives.

2 Amount still to be confirmed.

3 Soft funding from PAED to end June 30/2007. Funding is from McCreary Chair endowment at $25,800 pa and benefits of $3,096 pa.

4 Pediatrics future requirements ($50,000 for Rsch Director and $40,000 for IT Director = $90,000) is a future commitment so not included in the sources and uses of funds, but need to be disclosed.

5 Academic Education Position, Major Projects, New Investigator are funds available by "competition." These funds should be available to Pediatrics.

6 Year 1 of the proposal. Subsequent years allocation will be based on principles agreed to by AWG.

Appendix M: Emergency Medicine Financial Plan FY2006/2007

Use of Funds	Total Funds	Source Funds							Location Activity
		MOH	PP	UBC Postgrad	UBC Undergrad	UBC Pediatrics Soft	UBC MSC	Other	
PEDIATRIC EM-CURRENT									
Pediatric EM Division Head	$15,000							$15,000	C&W
Pediatric EM Division Head	$25,000							$25,000	BCCHF
Pediatric EM Division Head	$44,353							$44,353	C&W
Pediatric EM Division Secretary 0.3 FTEx$50K	$15,000			$15,000					UBC
Pediatric EM Subspecialty Director	$18,750			$18,750					UBC

Pediatric EM Emergency Physicians CTO Patient Care	$3,400			$3,400					
Pediatric CME Director	$40,000	$40,000							MOH
Undergraduate Director	$28,896					$28,896			UBC PAED
Simulator Director	$35,000							$35,000	C&W
Undergrad Teaching - 50hrs @ $80/hr	$4,000				$4,000				UBC
Undergrad Teaching - 50hrs @ $80/hr	$4,000				$4,000				UBC
Undergrad Teaching - ER Physicians	$12,000				$12,000				UBC
Trauma/Transport & Critical Care Director	$40,000	$40,000							MOH
Injury Prevention Research Director	$40,000	$40,000							MOH
Quality and Safey Director/Clinical Pathways	$34,528						$34,528		UBC
Pediatrics-a future requirements1									
Research Director	$50,000	$50,000							MOH
IT Director	$42,000	$42,000							MOH
Postgrad Scheduled Teaching	$20,000			$20,000					UBC
Subspecialty Resident Activity Funds	$1,530			$1,530					UBC
International Medical Graduate Funds	$10,800			$10,800					UBC
TOTAL:	**$484,257**	**$212,000**	**$0**	**$69,480**	**$20,000**	**$28,896**	**$34,528**	**$119,353**	

NOTES:

1 Pediatrics future requirements ($50,000 for Rsch Director + $42,000 for IT Director = $92,000) is a future commitment so not included in the report, but need to be disclosed.

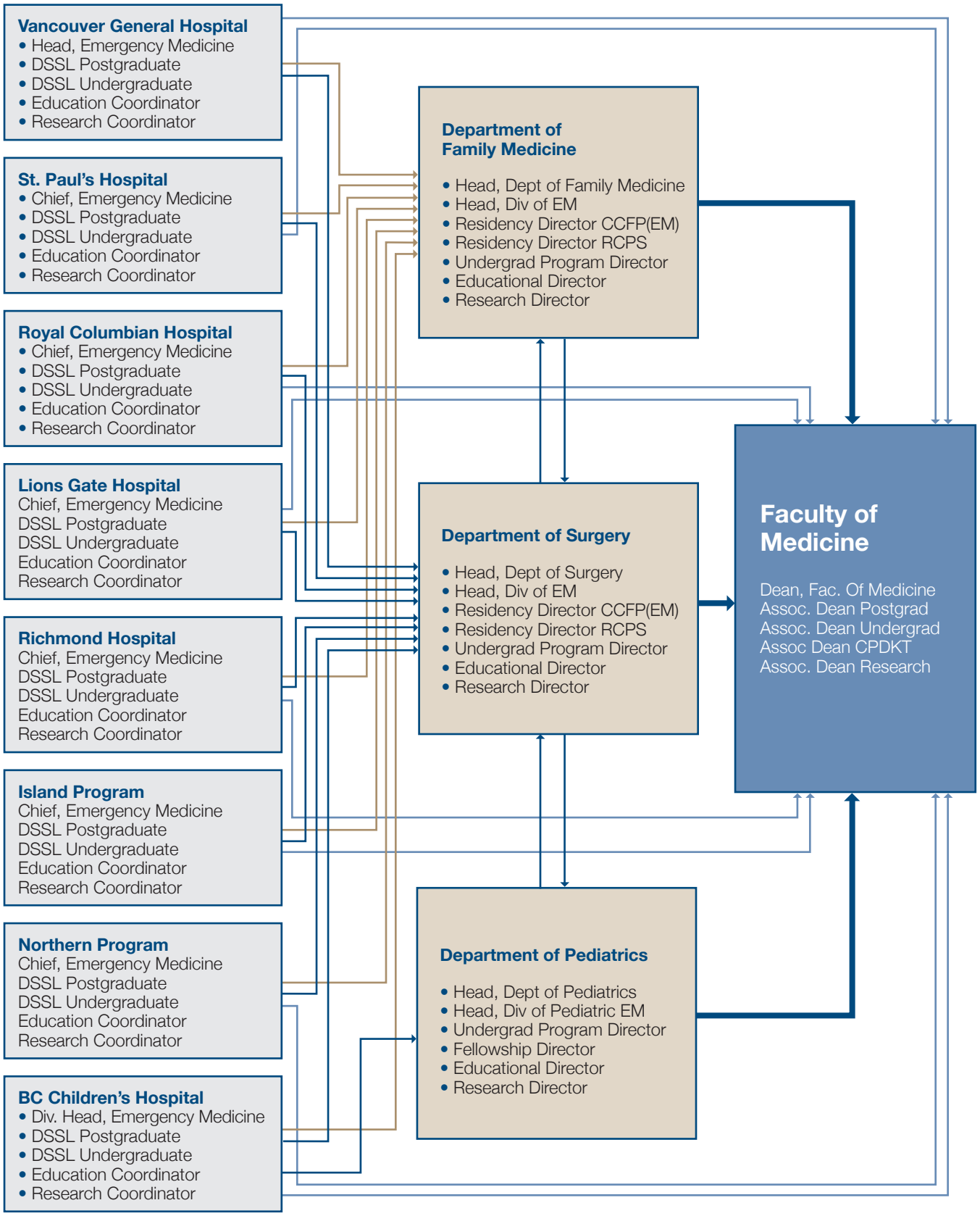
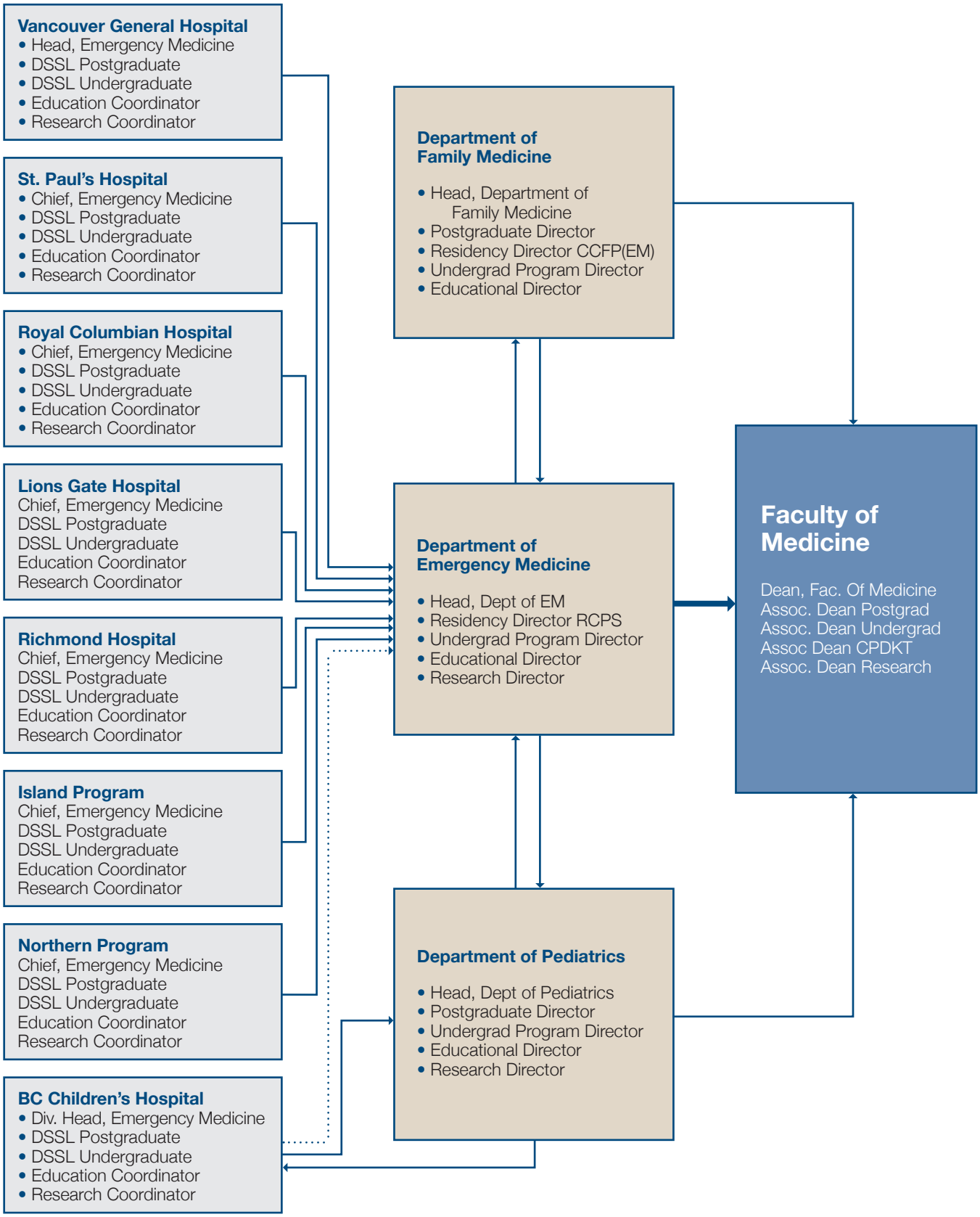
Postgrad Medical Education 06/07 funding for EM Pediatrics is:

- CTO Patient Care	*$3,400.00*
- CTO Scheduled	*$20,000.00*
- Resident Activity Fund	*$1,530.00*
- Program Director/Admin Support	*$33,750.00*
Total	*$58,680.00*

Source of information: Lois Moen , Postgrad Ed office

a. As discussed: August 31, 2006, Dr. Purssell's office.

Appendix N – Current Organizational Model



Appendix O – Proposed Organizational Model