I hope that you had a joyful holiday season and that 2016 will bring happiness, health and all things good to you and your families. CAHS has had a very busy autumn since the Forum and AGM in September. Our Committees on Assessment and Annual Meeting Planning have been hard at work as you will read in their progress reports. We have activated our Government Relations Committee, led by our past-President, John Cairns. I have written to congratulate the Prime Minister and relevant Ministers and introduce the work of the Academy. We will be meeting with the Directors-General of the Ministry of Health in late January, to increase awareness of our capacity and willingness to carry out assessments on important health questions. We have also established a Committee on Development, led by Catharine Whiteside, a CAHS past-President, to develop a plan and materials to support a coordinated approach to fundraising. Both these Committees are directed to advancing our capacity as an Academy to provide evidence-based recommendations that will lead to better health for Canadians.

Partnerships are important to the growth of the Academy. The Board has developed guidelines to ensure that our partnerships are principled and strategic. One key partnership is with the Council of Canadian Academies (CCA). We have formally partnered with CCA on two assessment reports and look forward to more. We have also appreciated their assistance with the dissemination of our reports. We are delighted that Eric Meslin, one of our Fellows, has been named the new President and CEO of CCA. We look forward to evolving our relationship with CCA and with our sister Academies, the Royal Society of Canada and the Canadian Academy of Engineering. Another important partnership that we would like to advance is with the National Academy of Medicine (NAM, formerly the IOM). Linda Rabeneck and I will be visiting NAM in the spring to learn from our relationship with CCA and the brilliant administrative guidance of our Manager of Operations & Executive Assistant to the President Allison Hardisty.

In order to fulfill our mission to provide best evidence on important health issues of the day, we are exploring mechanisms beyond our annual Forums and formal Assessments. Howard Feldman and Carole Estabrooks wrote an op-ed on the findings of the Dementia Forum which was published at http://www.huffingtonpost.ca/../../howard-feldman/dementia-and-alzheimers_b_8842176.html. I co-authored an editorial with Paul Hebert and Bill Tholl which appeared in i-politics, calling for increased Federal investment in health research http://ipolitics.ca/2015/11/12/health-research-good-for-patients-for-the-economy-for-canada/; a second editorial on health care innovation is near completion. Visit the News and More page of the website to keep abreast of these types of activities http://cahs-acss.ca/news/. We are also considering mechanisms to generate rapid responses to topical issues where decision-makers need evidence sooner than the 18 months it takes for a formal assessment.
In response to my ongoing request, a number of Fellows have sent Forum suggestions to me for which I am very grateful. Other ideas continue to emerge through our regional meetings of Fellows.

Your Board has visionary ideas but we will be strategic and pragmatic in what we take on, while we seek to achieve sustained financial support. Our reality is that our organization is constrained by the fiscal reality that our membership dues do not allow us to do all that we could or wish to do. We appreciate your ongoing support for the work of the Academy.

Sincerely,

Carol Herbert, President

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**UPDATE ON GUIDELINES FOR REFUGEE HEALTH CARE**

We are grateful to **Walt Rosser** and **Nick Busing**, who volunteered to review best practices for medical assessment of refugees as we know that many health care providers are going to be asked to do assessments of new Syrian refugees who will arrive in Canada. They point out that many of the refugees have lived for up to four years in camps, which means that a number of problems may be seen that we would not normally see in a Canadian population. While the refugees will be screened medically before arriving in Canada, it is essential that Canadian health care providers are ready to provide an initial assessment and ongoing care to these new patients. The Evidence Based Preventive Care Checklist for New Immigrants and Refugees, found on the CCIRH website ([http://www.ccirhken.ca/ccirh/checklist_website/index.html](http://www.ccirhken.ca/ccirh/checklist_website/index.html)) is an excellent guide for primary health care professionals who are seeing newly arrived refugees. The Canadian Paediatric Society has also published helpful practice tools and guidelines ([http://www.cps.ca/en/issues-questions/immigrant-and-refugee-health](http://www.cps.ca/en/issues-questions/immigrant-and-refugee-health)). Kevin Pottie has also published a very useful article in CMAJ that is available on early view. ([http://www.cmaj.ca/site/misc/caring-for-a-newly-arrived-syrian-refugee-family-cmaj.151422.xhtml](http://www.cmaj.ca/site/misc/caring-for-a-newly-arrived-syrian-refugee-family-cmaj.151422.xhtml))

Health care providers may be concerned about seeing refugees because of language barriers, need for longer appointments, and their own limited medical knowledge or cultural competence.¹ Strategies to counteract some of these challenges, include accessing interpretation services, working in an interdisciplinary team, following the evidence based guidelines to provide care, and seeking out additional training opportunities. The Federal government is ensuring that refugees will have medical coverage which will eliminate financial barriers to care.


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**SPOTLIGHT – BOARD UPDATES**

**FELLOWSHIP NOMINATION PROCESS 2016**

The formal call for nominations has now been released. Support materials are available on our website and may be accessed through the site at [http://cahs-acss.ca/](http://cahs-acss.ca/) or directly here: [English](http://cahs-acss.ca/) [French](http://cahs-acss.ca/)

In keeping with the revised process put in place last year, the primary nominator is a CAHS Fellow. In addition to providing a letter of nomination that introduces the nominee and co-nominators, the primary nominator accepts responsibility to co-ordinate the entire application. The
deadline for nominations Friday, March 11, 2016.

Nominations will be adjudicated by the Fellowship Committee in April. Nominees will be advised of the outcome early in May, but information is embargoed until the Induction in September. The 2016 ceremony will be held on Thursday evening, September 15, 2016 at the Hotel Omni Mont-Royal, Montreal.

Because a large number of outstanding candidates are nominated each year, it is inevitable that some excellent candidates are not successful in their first year. Nominations remain active for three years and annual solicitations are made to primary nominators so that they can update the original nomination package during the current nomination period. An update can range from the replacement of one piece of the original submission to an entirely new nomination package.

Call for Volunteers! Volunteers are sought to serve on the FELLOWSHIP COMMITTEE. This Committee reviews nominations for Fellowship in the CAHS, assigns ratings and recommends to the Board a list of new Fellows of the CAHS. Membership is not onerous, the work is rewarding and orientation is provided. Participation in the annual web-based review meeting is however mandatory: the 2016 review meeting will be held on April 16th. If you are interested in serving in 2016, or having your name included in a pool from which we can draw in the future I would love to hear from you (via a.hardisty@utoronto.ca)

Linda Rabeneck, President-Elect and Chair of the Fellowship Committee

REPORT ON FRIESEN LECTURE

Dear Colleagues,
I attended the reception and dinner in honor of Sir Paul Nurse, the 2015 recipient of the Henry G Friesen International Prize In Health Research, held in Ottawa on December 7, 2015. It was an excellent celebratory event presented by the FCHIR, Royal Canadian Institute for Science and the Banting Research Foundation. Major sponsors included McGill University, the University of Ottawa and the University of Manitoba. Other sponsors included the Universities of Toronto, Calgary, and Alberta and the CAHS amongst others. A distinguished group of attendees came from the sponsoring organizations, and, as well as Sir Paul Nurse, Henry Friesen and Michel Chretien were in attendance.

I also attended the Roundtable held at University of Ottawa on the morning of December 8 co-chaired by Maryse Lassonade and Mona Nemer (VP Research at U of Ottawa). The topic was “Does
Canada have too many PhD’s?”  There were 10 presenters who gave 3-4 minute presentations covering a variety of issues. They included Michael Bloom from Conference Board of Canada, Brenda Bouwer, President of Canadian Association for Graduate Studies, Paul Davidson, President of Universities Canada, David Eidelman, Dean of Medicine of McGill University, Danika Goosney, Director of Science, KT and Ethics at CIHR, Mehrdad Hariri, CEO of Canadian Science Policy Centre, Rob Henderson, President and CEO of BioTalent Canada, Ted Hewitt, President of SSHRC, Reinhart Reithmeier, Head of Biochemistry at the University of Toronto and Janet Rossant, from the Hospital for Sick Children.

There was fairly general agreement that:

1. Canada has too few PhDs per capita, and is turning them out at a rate considerably below other nations. The rate of producing PhDs in Canada has risen sharply since 2002, but is still much too low.
2. There is general agreement that PhDs are essential to the innovation agenda and to national economic development and growth.
3. The jobs taken up by graduating PhDs in Canada are about 15% in academe and 85% not. This is thought to be somewhat below the ratios in other developed countries, not widely divergent. Some Canadian universities produce academics at much higher proportions than others.
4. There are concerns about the models of current PhD programs. Given that such a large % do not stay in academe, the strong sense is that there is a need to evolve the training programs. Students need to be prepared for jobs in the non-academic world. The supervisors may be unsuited for such training. There is need for input from industry and other fields.
5. The COI of current supervisors. Their goal may be driven by the need to produce research conducted by PhDs, and not by the needs of the PhDs in regard to eventual careers. There is also a culture of university research supervisors which sees non-academic careers as failures.
6. The idea of combined programs: MD PhD is a good model, what about combinations with business, engineering, policy, etc?
7. The problems with lack of private sector R&D in Canada. Lack of receptor sites for nonacademic PhD careers.
8. The need for data on the careers of PhDs. U of T is doing some good work in this area. Also, using prior PhD graduates as mentors for current graduate students.

Sir Paul Nurse was very engaged and felt that the ideas were extremely valuable. It is likely some attempt will be made to follow up on these ideas and take the discussions forward.

Regards
John Cairns, Past President

NATIONAL FORUM

Planning for Forum 2016 to be held in Montreal on Thursday, Sept. 15, 2016 at the Omni Hotel is proceeding well. Co-chaired by Jeff Reading and John O’Neil, the Scientific Planning Committee has developed a preliminary program, entitled "Solutions to Inequities in Indigenous Health: What Works and Why?" Linda Smith, a Maori expert in health services from the University of Waikato, has been confirmed to present a keynote address on international experience that can inform Canadian policy and practice. Malcolm King, Scientific Director of the CIHR Institute of Aboriginal People's Health, will present a keynote address to set the context for why we are where we are with respect to indigenous health in Canada. The Committee is considering panels on biological/epigenetic issues, self-governance, examples of successful interventions, and showcasing of work by indigenous researchers.
A one day meeting presents a huge challenge for selecting topics and speakers. In particular, while there are many Fellows with extensive experience as researchers in indigenous health, it is very important for us to hear from indigenous researchers, including some of those who have emerged from the capacity-building work of the CIHR Institute of Aboriginal People’s Health. We ask that those of you with expertise please share your thoughts about key elements to consider including in the Forum by e-mail with Carol Herbert, Chair of the Standing Committee on Annual Meeting Planning Carol.Herbert@schulich.uwo.ca remembering that the Forum is an opportunity to educate ourselves as Fellows and to articulate a question for deeper study by a formal assessment. We hope that as many Fellows as possible, will attend the Forum and contribute to the discussion.

One bright note: hotel costs are substantially lower for the Montreal venue so this is a great opportunity to attend an outstanding Forum and also enjoy Montreal.

STRATEGIC DIRECTIONS

REGIONAL MEETING UPDATES

MONTREAL Fellows in the Montreal region came together for a cocktail party format event on Nov 25th 2015. The gathering was sponsored by six faculties and research units from Université de Montréal: Faculty of Medicine, Faculty of Nursing, Faculty of Dentistry, School of Public Health, Institute for Public Health Research and the University of Montréal Hospital Research Center. CAHS President Carol Herbert brought greetings from the Academy. Approximately 25 Montreal area Fellows participated.

LONDON, ON The Western CAHS regional meeting is scheduled to take place on Jan 14th 2016. Regional Leads Davy Cheng and Michael Strong will submit a report on the outcomes for our next newsletter.

MANITOBA The Manitoba fellows gathered on Nov 2nd 2015 at St Boniface Research Centre. Organized by Allan Ronald, the event coincided with a visit by CAHS Past President John Cairns who delivered the Yetta and Jack Levit Distinguished Lecture. Fellows gathered in a session chaired by Peter Nickerson that began with John reviewing the history of CAHS, outlining the nature of our assessments and then discussing current initiatives, including government relations, fund raising and the importance attached to regional meetings. There ensued a discussion with various proposals for regional activities, including the possibilities of an assessment done at a regional level. Also in attendance were Hani El-Gabalawy, Henry Friesen, Lorne Kirshenbaum, Stephen Moses, Grant Pierce; Cheryl Rockman-Greenberg, Pawan Singal, Narangan Dhall, Arnold Naimark, and Leslie Degner. Several Fellows also attended a dinner that evening hosted by Dr. Dhall in honor of Dr. Cairns and the lectureship.

SASKATCHEWAN The Saskatchewan Region held a CAHS Fellows reception and networking session on January 6th 2016 at the University Club on the Campus of the University of Saskatchewan, hosted by Jay Kalra and Kishor Wasan, with representation from the University VP Research Office and Vice Provost of Health in attendance. Dr. Kalra provided an overview about CAHS and discussions were held as to next steps for the Saskatchewan Chapter. The group’s action plan moving forward
includes a strategy around recruiting new Saskatchewan Fellows, making presentations in Saskatoon and Regina on the importance of the Academy, and brainstorming future Forum topics to recommend to the national body.

EDMONTON The inaugural CAHS event in the Edmonton region will be held on Monday, January 18th 2016 in the Edmonton Clinic Health Academy. Hosts Anita Molzahn and Kim Raine report that it will be an informal meet and greet and discussion of what Fellows in that region might do together in the future.

BRITISH COLUMBIA A meeting of the British Columbia Fellows is scheduled for February 11th 2016 at the Djavad Mowafaghian Centre for Brain Health in Vancouver. Hosted by Director Brian MacVicar and his colleagues, the meeting will include presentations on “pithy highlights” of their programs of research by various Fellows associated with that Centre. Also on the agenda will be an update on the activities and initiatives of CAHS as well as a discussion of regional BC Fellow initiatives.

ASSESSMENT NEWS

ACADEMIC RECOGNITION FOR TEAM SCIENCE

The expert panel convened for their first in-person meeting October 22nd and 23rd 2015. A successful two-day meeting was held at the Council of Canadian Academies (CCA) offices in Ottawa. Panelists heard a detailed presentation from Professor Anne Ridley who chairs the Team Science panel for the UK’s Academy of Medical Sciences as well as panelist Dr. Holly Falk-Krzesinski who has worked extensively with several organizations conducting U.S. based team science research. The panelists also benefitted from a presentation made by the CCA’s senior program director, Andrew Taylor. A work plan and timetable were developed with specific tasks assigned to working groups.

A research project is underway to collect qualitative data on existing academic promotion and tenure policies and guidelines currently being used by Canadian universities and the extent to which they outline how to assess collaborative activity, multi/interdisciplinary research and team-based science. The results of the survey will be analyzed to provide current information on the Canadian experience. The second meeting of the panel is set to occur via teleconference in late January 2016.

Other assessments:
- The assessment entitled Health Professional Education in the Community has been tabled at the present time as insufficient funding to undertake the assessment has been forthcoming. This proposal will be reconsidered in a year or two.
- The report of the Dementia Forum held during the CAHS annual meeting is now available and the SCA is refining the question(s) proposed and looking at potential partners to
undertake an assessment.

- A new proposal on the medical aspects of marijuana use has just been received and will be considered by the SCA at their January meeting.

Jean Gray, Chair, Standing Committee on Assessments

MEMBER NEWS

Nano-material delivery researcher Molly Shoichet has received the Royal Canadian Institute’s Fleming Medal and Citation in honour of her outstanding contributions to the public understanding of science.

In December 2014, Bonnie Stevens was awarded the CIHR Knowledge Translation Award for 2014. Dr. Stevens has been a driving force behind important advancements in child health in Canada, including improvements in the way that we assess and treat pain in children.

Arthur Slutsky was awarded the CIHR Health Researcher of the Year Prize for 2014. Dr. Slutsky’s work in engineering and medicine has helped create a new field of health research in biotrauma - lung damage caused by life-saving mechanical ventilators.

The College of Family Physicians of Canada celebrated the 20th Anniversary of its Section of Researchers with an announcement of the ‘Top 20 Pioneers of Family Medicine Research in Canada’ at its Family Medicine Forum November 11-14th 2015. CAHS Fellows included in that list of the top 20 included Carol Herbert, Walter W Rosser, Moira Stewart and Richard Glazier.

An online commemorative book on the pioneers is available at http://issuu.com/cfpc-fmf/docs/top_20_pioneers

Congratulations to Jay Kalra, named CTV Saskatoon Citizen of the Year 2015.

http://saskatoon.ctvnews.ca/video?playlistId=1.2720119
• **March 11, 2016** Deadline for the submission of Fellowship Nominations
• **September 15 & 16, 2016** Forum and AGM, Hotel Omni Mont-Royal, Montreal