DEPARTMENT OF UROLOGIC SCIENCES
EXTERNAL REVIEW
REPORT OF THE REVIEW COMMITTEE

[March 10-11, 2020]

Dr. Michael Jewett, Professor, Department of Surgery (Urology), University of Toronto (External Chair of Review Committee)

Dr. Kirsten Greene, Professor and Chair, Department of Urology, University of Virginia (external reviewer)

Dr. Kathleen Kobashi, Section Head, Urology and Renal Transplantation, Virginia Mason Hospital and Medical Center (external reviewer)
Executive Summary

The Department of Urologic Sciences (DUS) is a complex department in the Faculty of Medicine (FOM) comprising more than 250 staff that includes 29 full time faculty (13 clinician-scientists and 16 basic scientists), 60 clinical faculty, 60 graduate students, and 18 clinical trainees), and spans 5 Centres, 8 Sections/Programs, and 5 multidisciplinary research centres within the Vancouver Prostate Centre (VPC). It is known for:

- **An international reputation for excellence.** The clinical and research faculty in this department, led by Martin Gleave, are thought leaders in their areas of expertise, excellent clinicians, and outstanding teachers. When asked to name the top Urologic departments in North America, this is always one of the top on any list and is uniquely positioned due to the strength of its research portfolio.

- **An international reputation for transformative prostate cancer research.** This department’s research portfolio is one of the best in the world. The prostate cancer research is not only prolific, but it yields multiple patents and function as an incubator for biotech talent. The annual number of publications, the extensive grant funding, and the sheer volume of research faculty is unique to this program and sets it apart as a true jewel in the crown of the UBC medical center.

- **Excellence in patient care.** All areas of urology, including less common subspecialty programs such as gender affirming surgery, are represented in the department. The UBC Department of Urologic Sciences is recognized as a quaternary center of excellence for complex urologic care in nearly all subspecialties of urology.

- **Excellence in residency training.** The program recently underwent a successful Royal College review and the residents are clearly very proud of their program. The clinical training is high volume and geared to graduating clinically excellent urologists who will serve the people of British Columbia.

- **High faculty morale in clinical and research arenas.** Both clinical and research faculty expressed their pride in and identification with the department, even more so than with the University. They demonstrated a sense of identity and joint commitment to excellence in patient care and discovery. The faculty survey was very positive and had only one or two low scores.

- **Exemplary philanthropic support.** This department has nearly unparalleled philanthropic support and is a role model in this regard. Dr. Gleave has used this to fund one of the most robust and cutting-edge research programs in the world and is actively planning to continue this expansion.
• **Strong departmental leadership.** Martin Gleave was described by all senior university leaders as one of the top five, if not top three, most successful chairs in the university. He is trusted and is viewed as a partner by medical center and university leadership.

The DUS is poised for evolution to an Institute. This endeavor poses both an opportunity and a risk, and the process requires a strategic review and plan that should involve all stakeholders in a transparent fashion. The process should include a review of current and future Faculty of Medicine support as well as the development of a robust governance structure and communications strategy.

While postgraduate residency education has recently been reviewed and fully accredited, there is significant potential to increase resident involvement in academic opportunities. Fellowship training is currently not affiliated with the international subspecialty societies, which are embraced by other Canadian urology units. Several programs would benefit from review and possible reorganization/further support, including renal transplant and female pelvic medicine and reconstructive surgery. The processes of supervising non-MD graduate students appear complex, and students need support to address the challenges posed by the geographic separation between the main campus and the VPC. Continuing professional development and medical education could be strengthened. The DUS has matured into a strong department that could further explore research and education with a specific faculty appointment in education. Additionally, there is room for further evolution of clinical collaboration through evaluation of practice plans, policies, and procedures regarding secondary care vs focus on tertiary care.
RECOMMENDATIONS FROM PREVIOUS REVIEW AND UNIT’S PROGRESS

The last departmental review was conducted in 2011, and Dr. Jewett was one of the 3 reviewers. The faculty response was provided with the Review report. The following statements and recommendations from the 2011 Review were reviewed and comments are included.

1. *The UBC Department of Urologic Sciences was then being led effectively by Dr. Larry Goldenberg.* **Recommendation:** Reappoint Dr. Larry Goldenberg as the Head of the UBC Department of Urologic Sciences.

   Dr. Larry Goldenberg was reappointed after the last review, and 5 years ago, Dr. Martin Gleave, an internal candidate, was appointed to succeed Dr. Goldenberg. The current review team was informed that our mandate was to review the Department and not specifically Dr. Gleave’s leadership since his appointment. In 2011, it was the opinion of the reviewers that the Department looked and felt like a department and morale was high. (“we sit at the table now”, “we call our own shots”). Academic productivity had definitely not suffered with the transition from a Division to a free-standing Department. Now, in 2020, these opinions appear to have been correct.

2. *Sustainability is a major challenge for the department which has grown exponentially by benefaction as well as research, teaching and clinical excellence. There are many grant tenure and grant tenure track positions that could be at risk with funding reductions. The Faculty of Medicine (FOM) cannot be expected to treat DUS preferentially when it comes to fully funded faculty spots.* **Recommendation:** Dr. Goldenberg and the Faculty of Medicine must work together to assure future funding for the faculty of DUS. Future f-spots assigned to the FOM should be considered, where appropriate, for DUS.

   Dr. Goldenberg, Dr. Gleave, and the faculty have been successful in obtaining 2 f-spot faculty positions, and with the current resources, the Dean stated that the Department is in a strong competitive position to apply for more f-spot faculty positions.

3. *The Vice-Chair positions shown in the Departmental organization chart need to be clarified and authorities and responsibilities determined. There appears to be a useful role for such positions. Effectiveness of the current administrative structure with the “Executive Council” appears to be suboptimal.* **Recommendation:** Job Descriptions should be formulated for Vice-Chair Research and Vice-Chair Education and appointments formalized.

   The organizational structure of the Department is complex with mandated Royal College training requirements for residents, FOM medical student educational needs, and graduate student education. The Department of Urologic Sciences (DUS) research program’s Vancouver Prostate Centre (VPC) has a parallel governance structure. The reviewers were not
provided with detailed job descriptions for all the positions defined in the organizational structure. The faculty and students interviewed seemed to understand that a management structure existed and functioned. Overall, the reviewers felt that management structure was light and that the desired nimbleness fostered by leadership would not be diminished by a review of process and structure. Efforts to be nimble should not reduce transparency and democracy.

4. Many Department members appear to be willing to support the Department financially with at least a tithe on income. Young department members are also supportive of a “pooled income” approach to compensation management. **Recommendation:** a “pooled income” plan should be developed to preserve the clinical and research strength of the department. In addition, those faculty unwilling to join a “pooled income” plan should accept a tithe on their income. Joint practice by the younger faculty could be used to encourage a department-wide plan.

The Department leadership stated that they do not see a benefit for pooling income. Leadership, having considered the pros and cons of a shared income model, had a very thoughtful and solid reason why they would decline to move in this direction. The tremendous academic output of this unit has persisted and increased in the face of a non-pooled model, while the clinical productivity of the DUS has remained very robust. The transition to a shared model would encompass a huge culture shift and in the opinion of its leadership, may not result in a more productive an outcome.

5. The Men’s Health program must be fully discussed with the department before it is fully developed. It has the potential to dilute fund raising and attention to existing and still growing programs including Stone and STELLAR as well as Female Urology. Despite the fact that Men’s Health has been on the table for over a year, most faculty members refer to it as a “new” program and express concerns as to how it will be implemented without diluting the resources for other programs. **Recommendation:** Dr. Goldenberg must obtain the support of the entire department before embarking on this as a new program within the Department.

This is no longer an issue. Men’s Health as a program is established and appears to be functioning well as an integrated component of the Department.

6. The scientists in the Department require greater input to departmental policy. **Recommendation:** a process to allow the departmental scientists full input into decision making should be established.

It appears that relevant issues are discussed by the appropriate members of the Department. For example, purely clinical matters or resident training issues, are discussed primarily by the clinicians and clinical teachers, whereas VPC issues are primarily addressed by the scientists
(including those who are also clinicians). There was no apparent animosity or sense of disenfranchisement of either group except that strategic/planning meetings rarely if ever occur. There is an Annual General Meeting of the Department which is primarily an information session.

7. **Renal transplantation is performed at both Vancouver General Hospital and St. Paul’s Hospital.** Recommendation: consideration should be given to combining the transplant programs of the two hospitals into a single program with combined medical staff.

Transplantation as a service remains within Urologic Sciences and renal transplants are still performed at the 2 sites. The volumes have increased dramatically, in part due to increase availability of donor organs due to the fentanyl crisis. See Health Care Delivery, Opportunities and Recommendations.

8. **CME activities have been limited.** Recommendation: the Department should re-evaluate the need for CME and if indicated, strengthen its CME activities to both primary care physicians and specialist urologists.

The current reviewers raise this issue again as the Department does not conduct a CME program for urologists or primary care providers as many Urology departments/divisions in Canada do. The Department faculty participate in CME events of other UBC clinical groups and feel that they are providing ongoing education. As well, there are a number of subspecialty regional meetings in which they are actively involved.

9. **Potential future leadership by an internal candidate in the department is unclear.** Recommendation: Dr. Goldenberg should act as a mentor to potential department leaders.

Dr. Goldenberg did and continues to provide mentorship for Dr. Gleave and others, as does Dr. Gleave for several of the faculty.

10. **It is unclear how faculty success is measured.** Recommendation: the Department should collect performance metrics for both educational excellence and research success.

The reviewers did not get clear picture of how performance is currently assessed. The reviewers understand that there are annual faculty meetings with the Chair. See Recommendations.

11. **The fellowship program should be modified to assure that scheduling of fellows does not negatively impact the residents’ experience.** Recommendation: the Department should consider the Society of Urologic Oncology fellowship model.

There are relatively few clinical fellowships in the Department and none participate in any match. While residents remain concerned that fellows may affect their volumes, clinical
volumes remain high and more than exceed minimum number targets for trainees, even if all of the proposed fellowship positions were filled.

12. Young surgical faculty are not as productive as expected. **Recommendation:** research mentoring for young faculty should be strengthened.

This is no longer the case and new faculty (Drs. Black, So, Flannigan, Kavanagh, and Chew) are great examples of productive young academic faculty.
The University of British Columbia (UBC) Department of Urologic Sciences (DUS) is a highly regarded, exceptionally productive, and multifaceted unit whose stated mission is “to provide excellence in urologic patient care, research, and teaching.” DUS is well-managed and clearly represents a “jewel in the crown” of the UBC Faculty of Medicine (FOM). The unit provides excellent tertiary and quaternary clinical care in nearly every discipline of urology, and the world-class research endeavors of the department unequivocally emerge as one of its greatest strengths.

The current strategic plan of DUS is clear and ambitious and was well thought out by its leadership to enable transformation from Division to Department. The members of the DUS generally understand and are aligned with the direction of the Department. With its current growth trajectory, factors that could be critical to the success of the DUS over the next 5 years include sustainability insofar as funding of its members and infrastructure, continued communication and transparency regarding the unit’s direction and strategic plan, and the succession plan as the leadership changes within the next decade. The succession plan for the executive leadership is not apparent to the reviewers, but with the magnitude of the endeavors of the DUS, this will be an important consideration.

There seems to be a solid mentor and career development culture amongst the faculty, and the newest clinical and basic science faculty appear to feel well-supported by the DUS as they launch their careers. At the resident level, the reviewers independently noted a missed opportunity to provide and encourage exposure of the trainees to world-class research, though none of the residents and few of the faculty expressed concern, stating that CIPs are available for those who are interested in research. Overall, it was clear that the environment provided to the staff, faculty, and trainees was one of mutual respect, diversity, strong support and inclusivity. However, there was a pervasive perception that there was a substantial need for further administrative support and that the Department was financially under-supported by UBC (will be referred to in other parts of this report and in Recommendations).

DUS faculty has demonstrated dedication to the educational mission of the UBC FOM. Not only are they fully committed to excellent training of their residents and fellows, but they have contributed commendably to the development and implementation of the medical student curriculum and have an elected member of the DUS faculty serving on the Senate.

The research that is being pursued and accomplished in the DUS is virtually unparalleled by urological units in Canada and internationally. The portfolio and productivity of this unit is extraordinary and continues to grow. The unit represents an exemplary model for multidisciplinary work that successfully achieves the translational “laboratory bench to the patient” journey. The leadership continues to drive a steep and commendable trajectory. The
innovation of this research team will undoubtedly continue to translate into patents, commercialization, and revenue for UBC for years to come.

An overarching goal over the next 5 years is the transition toward the designation of “Institute of Urologic Sciences” in an effort to expand the brand beyond prostate cancer, increase recognition of the DUS within UBC, train their clinician scientists to cultivate their partnerships with others, and importantly, further proliferate opportunities for funding through philanthropy and grant support. The vision, administrative organization, and foundational structure to pursue this endeavor appear to be in place, and the great majority of the members of the DUS seem to be engaged and valued, and this was reflected in the survey.
Dr. Gleave was appointed Department Chair 5 years ago and has provided strong and respected leadership within the DUS, UBC, and external to the institution, both nationally and internationally. The reviewers heard no criticism of his leadership and he is held in high regard. The clinical staff are highly productive and widely regarded as good clinicians. There was no suggestion that anything but a high level of patient care is provided.

The Department is large with approximately 29 full time faculty including 13 clinical scientists and 16 basic scientists, 60 clinical faculty with 2 endowed Chairs, and a BC Leadership Chair. The very successful Vancouver Prostate Centre (VPC) is an integral part of the DUS and its success is internationally recognized as a centre of excellence.

There is a high level of cohesiveness and high morale in the DUS with a collective spirit. Dr. Gleave leads by example to foster the University values (including but not limited to civility, diversity, equity, inclusion, opportunity, and respect across the unit for learners, faculty and staff and for its stakeholders). Dr. Gleave is appropriately acknowledged as a world leader in prostate cancer translational science and medical practice.

Dr. Gleave and his faculty have recently concluded that the Department has reached a ‘brand ceiling’ with the Vancouver Prostate Centre (VPC) and accordingly, is evaluating rebranding to an Institute of Urology with a core oncology unit (VPC) and branded centres/units/cores for endourology, renal transplantation, andrology, etc. to further engage and empower staff to transform their programs.

The research and clinical communities expressed unanimous support for the current leadership and direction of the Department. There has not been a strategic planning exercise involving all faculty and staff since the last Review, and this should be considered in light of the proposal to develop an Institute of Urology. There was an undercurrent of concern that support from the FOM was disproportionately lower than that provided to other departments despite recent new faculty positions funded in part by the University. The term ‘fake faculty’ was heard from several faculty to describe the practice of self-funding of several recent faculty appointments using clinical earnings (termed geographic full-time vs tenured and grant tenured for appointments using soft or grant support). This has precedent in at least one other Canadian faculty of medicine as a vehicle to increase staff numbers in constrained budgets, but a ‘town hall’ type meeting of senior UBC Faculty of Medicine (FOM) with DUS faculty and staff should be considered to clarify the current level of support compared to that in other departments, centres and institutes. Departmental infrastructure to support clinical scientists and research staff is thin compared to that of the reviewers’ home departments, and this appears to be limiting research productivity. Efforts to provide such support would be expected to disproportionately expand research productivity given the size and potential of this group.
See recommendations: 1, 2, 3, 5
SUSTAINABILITY OF THE UNIT

From the reviewers’ discussion with the finance manager and the operations leadership, the DUS has an endowment that could sustain the unit until 2028 or 2029. Efforts are underway to expand and sustain these endowments and capturing more scientific grant support. The philanthropic efforts of the executive leadership have historically been outstanding, and the researchers have been remarkably successful at earning grant support. However, neither philanthropy at that level nor grant support are guaranteed.

The staff leadership expressed the challenges that have resulted from the increasing workload of an expanding DUS in the face of fixed staffing and resources to support this growth. In a complex department of greater than 250 staff that includes 29 full time faculty (13 clinician-scientists and 16 basic scientists), 60 clinical faculty, 60 graduate students, and 18 clinical trainees), and that spans 5 Centres, 8 Sections/Programs, and 5 multidisciplinary research centres within the Vancouver Prostate Centre (VPC), the projected need for administrative support would be a staff of >10. Currently, the DUS budget includes support for 3. Though the DUS has managed, through philanthropic and grant funding, to support funding for the staff needed to cover necessary services such as human resources (HR), information technology (IT), and operations of the unit, this does pose a looming threat to the sustainability of the DUS at the very foundational level and represents an opportunity for UBC FOM to provide increased direct support for new faculty and support staff in the DUS. This would represent a small investment on the part of the FOM for a tremendous return in the DUS.

*See recommendation(s): 1, 5, 19*
The mission of DUS is to “provide comprehensive undergraduate, graduate, postgraduate and fellowship training”. The self-study description of FOM undergraduate medical education, postgraduate residency training, fellowships and graduate school education is very thorough. The statement, “DUS at UBC has a national reputation for excellence in teaching at both the undergraduate and post graduate level, currently supporting 15 residents, 4 fellows, 47 undergraduate, 25 MSc, and 39 PhD students.” is certainly true and representative of the breadth and scope of their educational programs.

- Do the activities within the education portfolio align and help to advance the Transformative Learning Commitment within the Faculty’s strategic plan?

The FOM “Transformative Learning Commitment” was not shared with the external review committee, so we were unable to assess if the DUS’s education portfolio aligns and helps this process. However, the DUS demonstrates adherence to their own strategic plan and expectations for education as described in detail in their Self Study Document. Dr. Stothers, a member of the DUS, is a member of the Senate and is dedicated to the education of learners at all stages (undergraduate, medical school, postgraduate training).

- Describe how the educational programs are evolving to meet changing societal needs. Do the programs reflect priorities identified in the strategic plans of the University, Faculty and Unit, such as, global research excellence, transformative teaching and mentoring, Indigenous initiatives, sustainability and wellbeing, equity and diversity?

The educational programs in the undergraduate sphere target stimulation of interest in the field of urology and ensure that the urologic diseases are well represented in the curriculum. Students are offered scholarships to further explore their interest in urology, and several elements of urology have been established as mandatory within the first and second year curriculum, a practice which is rare in undergraduate medical education elsewhere. This is a testament to the dedication of the urology faculty to contribute to curriculum design. Their graduate medical education program was recently reviewed and has received full accreditation. All residents have passed their Royal College Urology Qualifying examinations in recent years. Resident wellness is reported as a priority, and strategies are in place for safety and well-being at all levels of training.

- Are trainees being well served by the unit?

The DUS Residency program received full accreditation by the Royal College shortly before this external review. Additionally, the reviewers had the opportunity to conduct in-person interviews and review anonymous comments from the survey. It appears that the trainees
are being very well served and are pleased with their program. Residents are enthusiastic about the volume of cases and the quality of clinical training they receive. They report high morale, good mechanisms for bringing problems forward, and a faculty who is very responsive to change. They were able to give recent examples of how their curriculum and rotations had been changed in response to their feedback and describe their program director and chair as supportive. The focus of the training program is to produce competent clinical urologists who generally appear to practice in British Columbia. Given the high level of research activity and accomplishment in DUS, there is an opportunity to engage those residents interested in an academic career in a Clinical Investigator Program (CIP). Graduate students have access to some of the most ground-breaking and cutting-edge research in urology in North America and the world. Feedback from the survey was positive with the exception of a single trainee.

- **Describe the strengths, challenges and opportunities for the next 5 years for any MD undergraduate programs**

The FOM undergraduate program is as distributed model with students primarily based in other cities, e.g. Victoria, has 32 of the 288 undergraduate medical students. Some postgraduate programs are also distributed. Relationships with the ‘distributed’ sites was characterized as ‘non-existent’ by Victoria suggesting that DUS is not perceived as being in a leadership role at least.

**Strength:** The DUS is highly regarded nationally and internationally, and the School of Medicine has access to these faculty as participants in curricular design, teachers, and research mentors.

**Challenges:** Many Schools of Medicine are limiting urology content. As the population ages and more urologists retire over the next decade, a shortage of urologists is anticipated. Lack of exposure in medical school may result in fewer providers trained to care for urologic problems in general.

**Opportunities:** The urology faculty appear very engaged and enthusiastic about undergraduate medical education and curriculum design. The School of Medicine has the opportunity to partner with the faculty in this internationally recognized department to create and maintain the best urology curriculum and research opportunities in North America.

- **Describe the strengths, challenges and opportunities for the next 5 years for any graduate and postdoctoral programs (Residency)**
This program has innumerable strengths including clinical volume and training, research opportunities at one of the most prolific Urology departments in North America, and notable faculty in every discipline of urology. By all accounts, this is one of the strongest Urology residency programs in North America.

Challenges: The cost of living in Vancouver will remain a challenge as it is in many major cities. Recruiting talent could be affected by this financial burden but the strength of the program has outweighed this concern to date. Residents receive such excellent, high volume clinical training that there is little time left for them to do research which is a lost opportunity at such a world-renowned center of research excellence.

Opportunities: Getting residents more involved in research, whether that is a dedicated research block or through development of more outcomes-based research so that they may accomplish more without dedicated lab time, would be a potential advantage for residents.

- Describe the strengths, challenges and opportunities for the next 5 years for any postgraduate programs

The challenges for residents are similar regarding cost of living in Vancouver. While there is always the concern that resident case volume will suffer with the introduction of fellows, this program has more than enough volume for all trainees to receive sufficient training. In fact, the introduction of fellows may free up time for residents to be more engaged in research.

Resident publication appears low, which is a missed opportunity considering this Department is one of the strongest in the world with its track record of research, publication, and funding. Creating a mechanism (rotation/protected time/database manager and statistician, etc.) to get residents more engaged in research and help them publish would be a benefit to their careers and could stimulate a future interest in an academic career.

- Continuing Medical Education (CME)/ Continuing Professional Development (CPD) programs

DUS participates in CME/CPD in several ways and is considered to have a ‘medium range’ of involvement by the FOM. Dr. Joel Teichman (who the reviewers did not meet) was described as an active member of the Faculty CPD Advisory Committee. The annual primary care update is supported by DUS faculty upon request. A case-based prostate cancer teaching module has been developed by Dr. Alan So for British Columbia Cancer. Overall, there is a sense that DUS could do more in this educational domain and the reviewers noted that there is no formal program for provincial urologists.

See recommendation(s): 6, 7, 8, 9, 13, 15
RESEARCH

The research program and Centres associated with the DUS are world class and categorically competitive with the best in the world. The portfolio of this unit is expansive, and the program arguably sets the leading edge for global urologic research efforts. The strategic plan of the DUS includes a fervent commitment to multidisciplinary research, with a keen dedication to the recruitment and retention of outstanding basic science researchers, translational scientists, computer scientists, and clinician-scientists. The DUS’s deliberate and tactical recruitment of its faculty and the collocation of its team members in an environment that fosters innovation and excellence has resulted in unparalleled academic and research productivity.

The research activities of this unit indisputably contribute to the advancement of the Research Innovation and Excellence Commitment within the FOM’s strategic plan. The focus of the unit’s research endeavors has been to attract philanthropic and grant-funding to further build its endowments, support scientist salaries, and establish Chairs to fund Grant Tenured positions. They have been remarkably successful in these efforts having recruited 10 scientists and 8 clinician-scientist faculty in the past 10 years to add to the multidisciplinary, multinational team of >200 research scientists, postgraduate and undergraduate students, and research associates housed in the Vancouver Prostate Centre (VPC).

The leadership has successfully striven to create a cohesive corps that spans the basic science, translational and clinical realms. A symbiosis and collegiality amongst the members of the DUS is apparent. One opportunity to strengthen this bond may be for the DUS leadership to implement an annual retreat that facilitates communication of the body’s central goal and vision for research to the individuals within the entire department. There was a mention of desire for more transparency within the department with regard to the recruitment process and empowerment of the next levels to contribute to the growth strategy. In an effort to improve general transparency within the research arm, a research advisory board was formed, and this seems to have been somewhat helpful. Engagement may be cultivated by galvanizing the members to contribute their ideas to the strategic planning. At the UBC FOM level, an opportunity to further engage the faculty of this team could entail support of those who are representing the University in the national and international forums. Several individuals from all sectors of the DUS expressed the sentiment that they embodied “fake faculty” in that they were UBC in name only, and while they held the UBC flag at prestigious meetings and through holding impactful leadership positions (and in doing so, benefitted the University), they did not feel that they received any support from UBC. This sentiment was disheartening and frustrating to several individuals.

The members of the DUS and VPC clearly take great pride in their work and in being a part of this powerful team. It is unrivaled as a research unit and ranks first within the UBC FOM in research funding, patents, and company formation. The DUS publishes an average of nearly 200 peer-
reviewed manuscripts annually, and the work that is generated by this team is extraordinarily impactful to the field of urology at the highest international level.

See recommendation(s): 3, 5, 6, 7, 12, 13, 16, 17
**HEALTH CARE DELIVERY**

The reviewers had limited opportunity to directly evaluate clinical care issues. There were no instances of complaint or criticism from Hospital Site Heads, Program and Centre Directors, DUS Faculty, or Vancouver Coastal Health but Dr. Geoffrey Cundiff, Head, Department of Obstetrics & Gynecology lamented the lost opportunity of Female Pelvic Medicine and Reconstructive Surgery (FPMRS). By this statement, he referred to the potential for more collaboration between the Department of Obstetrics and Gynecology and the DUS to develop a multidisciplinary program in FPMRS.

The reviewers heard concerns regarding the consolidation of transplant to St. Paul’s which might impair the high academic output of the transplant team in the current structure. The projected productivity of this team on its current growth trajectory is impressive, and further discussion around launching a well-planned and carefully thought-out unification of the VGH and St. Paul’s transplant teams, taking into consideration, the perspectives of both the surgeons and nephrologists, could potentially result in a powerhouse of academic output. The logistical benefits of having the team co-located would be consolidation of resources and the building of camaraderie and process improvement that is more difficult in a divided and duplicated team. It might also help to address the current onerous workload.

See recommendation(s): 11, 14, 18
SERVICE AND COMMUNITY PARTNERSHIPS

Unfortunately, we did not have an opportunity to meet with a representative of British Columbia Cancer. Dr. Kim Chi was unable to join for his scheduled interview to discuss the issues (if any) relevant to the DUS, VPC, or other.

Dr. Marcel Dvorak of Vancouver Costal Health strongly endorsed the DUS as well led and strategic. He noted that other groups have created practice plans to support new recruits and level income across the group membership. He also expressed concern that some secondary care might be better provided in the community and noted that cancer wait list targets are not being met.

It appears that many, if not most, of the British Columbia urologists are graduates of the DUS residency training program. There may be an opportunity to lever this relationship to establish referral policies and procedures to optimize quality and use of resources. This issue was not explored during the review.

See recommendation(s): 11
**STRENGTHS THE UNIT**

- **International reputation for excellence**
  The clinical and research faculty in this department, led by Martin Gleave, are thought leaders in their areas of expertise, excellent clinicians, and outstanding teachers. When asked to name the top Urologic departments in North America, this is always one of the top on any list but is uniquely positioned due to the strength of its research portfolio.

- **International reputation for transformative prostate cancer research**
  This department’s research portfolio is one of the best in the world. The prostate cancer research is not only prolific but yields multiple patents and function as an incubator for biotech talent. The annual number of publications, grant funding, and sheer volume of research faculty is unique to this program and sets it apart as a true jewel in the crown of the UBC medical center.

- **Excellence in patient care**
  All areas of urology, including less common subspecialty programs such as gender affirming surgery, are represented in the department. DUS is recognized as a quaternary center of excellence for complex urologic case in all sub disciplines.

- **Excellence in residency training**
  The program recently underwent a successful Royal College review with Full Accreditation and the residents were clearly very proud of their program. The clinical training is high volume and geared to graduating clinically excellent urologist who will serve the people of British Columbia.

- **Faculty morale in clinical and research arenas**
  Both clinical and research faculty expressed their pride in and identification with the department, even more so that with the University itself. They evidenced a sense of identity and joint commitment to patient excellence and discovery. The faculty survey was very positive and had only one or two low scores.

- **Philanthropic support**
  DUS has nearly unparalleled philanthropic support and is a role model in this regard. Dr. Gleave and Dr. Goldenberg have used this to fund one of the most robust and cutting-edge research programs in the world and is actively planning to continue this expansion.

- **Departmental leadership**
  Martin Gleave was described by all senior university leaders as one of the top five if not top three most successful chairs in the university. He is trusted and is viewed as a partner by medical center and university leadership.
CHALLENGES FACING THE UNIT

The DUS is a strong unit that leaves little uncovered within the realm of urology. There are several opportunities to consider for development, much of which is already being contemplated. These include further deliberation regarding consolidation of the transplant program into one site, maturation of some of the benign disease programs (which is already largely in progress in several disciplines), and development of a stronger female pelvic medicine and reconstructive surgery (FPMRS) program that could potentially be done in collaboration with the gynecology department.

On a practice management level, there was a proposition to consider organizing a shared practice plan. There was also a suggestion to entertain the idea of altering the community position of the DUS from a broad “empire” to a focus on tertiary and quaternary level of care, thereby further allowing the community capacity to absorb the care of the general urology patient population. This would facilitate shortening of the wait list and bring targets closer to reach. The DUS leadership, having considered the pros and cons to a shared income model, had a very thoughtful and solid reason why they would decline to move in this direction. The tremendous academic output of this unit has persisted and increased in the face of a non-pooled model, while the clinical productivity of the DUS has remained very robust. The transition to a shared model would encompass a huge culture shift and may not result in as productive an outcome.

As mentioned multiple times in this report, the DUS is very well lead with a strong strategic vision, and the leadership, being well aware, has already considered virtually all of the above suggestions. Several of the points were issues that appeared in the previous review in 2011. One of the concerns regarding the consolidation of transplant to St. Paul’s is the perception that the high academic output of the transplant team in the current structure would be impaired. The projected productivity of this team on its current growth trajectory is impressive, and further discussion around launching a well-planned and carefully thought-out unification of the VGH and St. Paul’s transplant teams, deftly taking into the consideration the perspectives of both the surgeons and nephrologists, could potentially result in a powerhouse of academic output. The logistical benefits of having the team co-located would be consolidation of resources and the building of camaraderie and process improvement that is more difficult in a divided and duplicated team.

The DUS is already investing in the development of several ‘benign’ urology service lines, including stone disease, regenerative medicine, and reconstructive surgery. Clinical faculty has been strategically recruited to cover these fields, and all new members have been remarkable in launching and establishing these service lines. These initiatives further support consideration of establishing an Institute of Urology. One visible deficit remains FPMRS, though this is represented at UBC primarily by the gynecology department. The opportunity to partner with gynecology, as is widely being done in institutions across the Americas, should not be overlooked.
The DUS is very enthusiastic about transitioning to an Institute, which the reviewers feel is a laudable pursuit. The challenges will be to integrate and align this concept into the institutional vision, and with careful consideration given what was discussed during this review, that should be accomplishable.

See recommendation(s): 1, 10, 11, 14, 18
Given that opportunities and threats have been addressed by the reviewers within the body of this Report, we have provided a list below that summarizes our suggestions.

**Opportunities:**
- Transition of the DUS to an Institute
- Further growth of benign urology service lines, well underway in many disciplines
- Development of a Female Pelvic Medicine and Reconstructive Surgery (FPMRS) service line in partnership with the Department of Gynecology
- Navigation between hospital and University (geography)
- Increase transparency and communication to the “general membership”
- Expose the residents to their world class research
- Formalize the fellowships through the respective societies
- Increase community outreach (CME)
- Consolidation of transplant into one location

**Threats**
- Funding
- Perceived relative lack of support from UBC FOM
- Shortage of resources and staff support
- Some researchers were quietly disgruntled (e.g. regarding the need for faculty sponsorship for partner members to mentor graduate students)
- Clinical load is heavy

See recommendation(s): 1, 2, 3, 4, 5, 6, 7, 9, 12, 13, 14, 17, 18
Faculty demographics and diversity
- Diversity is apparent throughout the DUS. There is broad representation of gender, ethnicity, age, education, and academic backgrounds.
- Given the emphasis on indigenous population and racial and gender diversity and inclusion in Canada and British Columbia in particular, it was heartening to see that 2/3 invited reviewers were women and efforts had been made to recruit female faculty in the past. Given the predominance of women in medical school, it is incumbent on leadership to encourage access to this talent pool going forward.

Space and geographic considerations
- Space does not yet appear to be a limiting issue for the DUS, however, with its continuing expansion, it may become an issue in the near future.
- The “open space” model in VPC lab facilitates collaboration and idea sharing amongst the researchers.
- Several staff commented on the challenges presented by the geographic separation between UBC campus and VGH, which is most problematic for the graduate students.

Mentorship, performance review, career development, succession planning
- Performance review did not seem to be formally structured, and this provides some opportunity for the DUS to implement a more formalized assessment plan in order to provide valuable feedback and acknowledgement of achievements to each individual. Use of some objective measures (e.g. patient satisfaction, 360 reviews, etc.) may be helpful.
- Regarding mentorship, there is a Faculty Mentoring Plan (page 52, Appendix 1), though it is unclear how closely this is followed.
- Several faculty stand out as being on a track for leadership and/or “extra” career support (e.g., Black, Chew, Flannigan), and none of the faculty expressed much concern about mentorship or support for their career development within the DUS.
- The residents seemed happy, but the reviewers felt that though there was not as much focus on their experience as there could be (in comparison with programs in the United States). That said, the UBC Urology residency recently passed their RCS review with Full Accreditation, and the Program Director (Dr. Nguan) seems fastidious and dedicated to a strict running of the program. Additionally, UBC has contributed to resident education at the national level (Dr. MacNeily) so is clearly very familiar with the current standards around postgraduate urologic education.
- The non-MD graduate and post-graduate students are a huge focus of this department under the directorship of Dr. Cox. There is a tremendous dedication to this sector as it falls under the research pillar of the DUS.

Fundraising
- Non-issue under the current leadership
See recommendation(s): 4, 13, 16
1. **Develop a formal DUS Strategic Plan for the next 3-5 years.**
   The proposed Urology Institute structure, sustainability, and leadership have many ramifications which are well understood by the DUS leadership. Evaluation of the adequacy of current resources, administrative structure, intradepartmental communication and methods of clinical compensation would be worthwhile areas to explore in a transparent manner to better inform and empower the faculty and staff. The strategic planning process should involve all faculty and staff, including clinical faculty if possible, and other stakeholders. As the scope of individual clinician practice narrows, an Institute composed of sub-disciplinary units would be achievable and potentially immensely productive [e.g., andrology and gender affirmation with Dr. Kavanagh, stone disease with Dr. Ben Chew)]. The current initiative in the FOM to establish an Academy of Translational Medicine provides a potential opportunity for collaboration in resourcing if not leadership. Overall, the reviewers felt management structure was light and that the desired nimbleness fostered by leadership would not be diminished by a review of process and structure. Efforts to be nimble should not reduce transparency and democracy.

2. **Review organizational structure.**
   Strategic planning should include a review of the organizational structure, including job descriptions. As stated above, the Department is complex with multiple educational responsibilities and research components. The management is nimble with a structure that is relatively light and centralized. Attention to transparency and communication will be a continuing requirement, especially if the Department reorganizes and expands to a more complex Institute structure.

3. **Reassess communications strategy.**
   Consider implementation of a more formal communication strategy within the department, including regular all-department faculty meetings, annual retreats, and periodic meeting of all researchers. While faculty believe in their leadership, they appear to be uninformed of what plans are being implemented and seem to feel as though they do not have a voice to affect the course of change.

4. **Evaluate the process for annual faculty review.**
   This could include collecting information from other Canadian and international faculties. A structured measurement of teaching performance, research productivity, administrative contribution, and other activities has been effectively utilized in other institutions to foster transparency and accountability.

5. **Evaluate current and future FOM support for DUS.**
Consider holding a ‘town hall’ meeting (or similar process) of senior UBC Faculty of Medicine (FOM) and DUS faculty and staff to clarify the current level of University support compared to that of other departments, centres and institutes. There is a widely held view by faculty members that they are relatively under-supported by the FOM. There was a pervasive perception that there was a substantial need for further administrative support. This presents a potential opportunity for increased cost sharing between the FOM and the DUS. This might also be a forum for the FOM to address the perception that there is a faculty stream termed ‘fake faculty’. Several individuals from all sectors of the DUS expressed the sentiment that they embodied “fake faculty” in that they were UBC in name only, and while they held the UBC flag at prestigious meetings and through holding impactful leadership positions (and in doing so, benefitted the University), they did not feel that they received any support from UBC. This sentiment was disheartening and frustrating to several individuals.

6. **Clinician Investigator Program for residents.**
   Reconsider developing a resident training stream for trainees interested in clinician scientist/educator/administrator careers that would complement and leverage the world class research and academic environment of the Department. There may be an attraction/applicant bias now that has created the current environment and philosophy that the training program does not need a complimentary research training stream. To the reviewers, this would be a relatively straightforward evolution given the Departmental research resources and the University Faculty philosophy. There are clearly ample clinician-scientist and scientific mentors available.

7. **Increase resident academic productivity.**
   Currently resident academic productivity is low by Canadian training program standards. Resident publications are apparently not prioritized, and this represents a missed opportunity considering that this Department is of one of the strongest in the world with regard to research, publication, and funding. Creating a mechanism (rotation/protected time/database manager and statistician, etc.) to get residents more engaged in research and help them publish would be a benefit to their careers and could stimulate a future interest in an academia.

8. **Re-evaluate participation in the established Fellowship match programs.**
   If fellows are involved in both clinical and research activities, they would have an opportunity to participate in the educational structure and receive recognition from their respective subspecialty societies, e.g., the Society of Urologic Oncology; these are respected credentials. The arguments for participation are not foreign to the DUS leadership, who lived through and benefited from the adoption of a Canadian residency match (CaRMS), a process that is widely perceived as more equitable by the applicants.
9. Further evaluation of CME.
Consider enhancing the urological CME contributions of the Department to include an annual event for urologists and/or family physicians in BC and beyond. Dr. Joel Teichman was not interviewed but is highly regarded as engaged in his role on the CPD Advisory Committee.

10. Reconsider professional income sharing.
Reconsider clinical income sharing and alternatives to exclusive fee for provision of urological services. Practice plans have been created in other groups to support new recruits and level income across the group membership.

It appears that many, if not most, of British Columbia urologists are graduates of the DUS residency training program. There may be an opportunity to leverage this relationship to establish referral policies and procedures to optimize quality and use of resources. Some secondary care that is now provided by DUS faculty might be better provided in the community with appropriate realignment of residency training and service provision. This issue was not explored with faculty during the review.

12. Clarify and simplify graduate student supervision regulations.
Clarify and simplify the supervision requirements of graduate students of faculty appointed to the ‘partner’ research category. Researchers in this category are struggling to be able to mentor graduate students and are required to find a non-partner member to serve as proctor every time they attempt to mentor a student. After speaking with multiple academic administrators, it does not appear that this should be happening, but it nevertheless continues to occur for all partner researchers.

13. Further address issues in graduate education arising from geographic distance to the main UBC campus.
Based on the pre-Review Survey administered to the Department members, geographic distance between the main campus and VPC poses a challenge. Further evaluation of the current graduate student experience in terms of dealing with this distance and cultivating their interpersonal relationships could be fruitful. One survey response suggested that there are fewer social interaction opportunities than in the past. Though this may or may not be a generally held view, it is an important issue in science training.

14. Reconsider the consolidation of the renal transplant program.
The reviewers would encourage a re-evaluation of staffing and the relative advantages of a one vs the current 2-site delivery model to enable further academic productivity and retention/recruitment of staff.
15. **Consider recruitment of a clinician educator.**
Consider recruiting or training a clinician educator to add educational research to the extensive research portfolio of the Department.

16. **Re-evaluate the non-VPC research infrastructure.**
Re-evaluate the adequacy of research infrastructure for non-VPC activities/programs. The reviewers heard at least one example of perceived difficulty accessing relatively minor support for supplies for a pilot project.

17. **Strengthen the DUS infrastructure.**
Departmental infrastructure to support clinical scientists and research staff is thin compared to that of the reviewers’ home departments, and this appears to be limiting productivity (both clinical and academic). Efforts to provide such support would be expected to disproportionally expand productivity given the size and potential of this group. The staff leadership expressed the challenges that have resulted from the increasing workload of an expanding DUS in the face of fixed staffing and resources to support this growth.

In a complex department of greater than 250 staff that includes 29 full time faculty (13 clinician-scientists and 16 basic scientists), 60 clinical faculty, 60 graduate students, and 18 clinical trainees), and that spans 5 Centres, 8 Sections/Programs, and 5 multidisciplinary research centres within the Vancouver Prostate Centre (VPC), the projected need for administrative support would be a staff of >10. Currently, the DUS budget includes support for 3. Though the DUS has managed, through philanthropic and grant funding, to support funding for the staff needed to cover necessary services such as human resources (HR), information technology (IT), and operations of the unit, this does pose a looming threat to the sustainability of the DUS at the foundational level and represents an opportunity for UBC FOM to provide increased direct support for new faculty and support staff in the DUS. This would represent a small investment on the part of the FOM for a tremendous return in the DUS.

18. **Continue efforts to create robust benign urology services**
The DUS has recently invested attention and energy to the development of some benign urology service lines, including stone disease, andrology, and gender affirmation, to name a few. Development of a more robust Female Pelvic Medicine and Reconstructive Surgery (FPMRS) section is an opportunity for the DUS. At UBC, FPMRS is currently represented primarily by the gynecology department. The opportunity to partner with gynecology, as is widely being done in institutions across the Americas, should not be overlooked.

19. **Formalize succession planning.**
Although this is 7 ½ years out and a search will likely be preceded by another Review, identifying and mentoring potential future leaders in the department now will be instrumental in both faculty development and transition planning.

**APPENDIX 1: MATERIALS REVIEWED**

The reviewers were provided with the following material immediately prior to the Review.

1. Review Report Urologic Sciences 2011
2. Response to External Review Urologic Sc 2011
3. Results of the Survey of Departmental members
4. Review overview and process document
5. Self-study report (of the Department)
6. Review Report Template
7. Review itinerary

**APPENDIX 2: ITINERARY OF REVIEW**

- To Dean’s staff - Please include the 2-day review itinerary and note those who did not attend/call in (e.g., Dr. Kim Chi).

<table>
<thead>
<tr>
<th>EXTERNAL REVIEWERS:</th>
<th>Dr. Michael Jewett, Chairman, Department of Urology, University of Toronto</th>
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<tbody>
<tr>
<td></td>
<td>Dr. Kathleen Kobashi, Section Head, Urology and Renal Transplantation, Virginia Mason Hospital and Medical Center</td>
</tr>
<tr>
<td></td>
<td>Dr. Kirsten Greene, Professor and Chair, Department of Urology, University of Virginia</td>
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</tbody>
</table>

Please take a taxi to hotel upon your arrival

**TUESDAY, MARCH 10, 2020**

08:00 am (~20-minute ride) take taxi to location below & Garima and Kenny will meet you on the 11th floor

*Location: DHCC 11282 (11th floor), 2775 Laurel Street, Gordon and Leslie Diamond Health Care Centre, Vancouver*

09:00 am – 09:45 am **Conferences: ID 30207**
Dr. Dermot Kelleher, Dean, Faculty of Medicine and Vice President Health, UBC (by VC)

*Location: DHCC Room 6150 (6th floor), 2775 Laurel Street, Gordon and Leslie Diamond Health Care Centre, Vancouver*

09:45 am – 10:15 am Dr Eric Eich, Vice Provost and Assoc. Vice-President Academic Affairs (by TCON)

10:15 am – 10:30 am **BREAK**

10:30 am – 11:15 am Dr. Martin Gleave, Head, Department of Urologic Sciences and Director, Vancouver Prostate Centre
11:15 am – 12:00 pm  
**Program Directors**  
Dr. Christopher Nguan, (Residency) Postgraduate Training Program Director  
Dr. Brian Mayson, Undergraduate Program Director

12:00 pm – 12:15 pm  
Time for reviewers to eat lunch prior to the next meeting

12:15 pm – 1:00 pm  
**LUNCH** – External Reviewers working lunch (delivered)

1:00 pm – 1:45 pm  
**Research/Center Directors**  
Dr. Robert McMaster, Interim Exec. Associate Dean, Research and VP Research, VCH  
Executive Director, VCHRI; Assoc. Dean Research UBC  
Dr. Pierre Guy, Director, Centre for Hip Health and Mobility

1:45 pm – 2:15 pm  
**Hospital Site Heads**  
Dr. Andrew MacNeil, Head, Division of Pediatric Urology, BC Children's Hospital  
Dr. Michael Eng, Head, Division of Urology, Providence Health Care

2:15 pm – 3:00 pm  
**Programs and Centre Directors**  
Dr. Larry Goldenberg, Professor, Director of Clinical Research, Prostate Centre at VGH  
Dr. Alex Kavanagh, Clinical Assistant Professor, Reconstructive Urology  
Dr. Ryan Flannigan, Assistant Professor, Centre for Male Reproduction & Sexual Medicine

3:00 pm – 3:30 pm  
**BREAK/Walk to the next room**

**Location:** DHCC 11282 (11th floor), 2775 Laurel Street, Gordon and Leslie Diamond Health Care Centre, Vancouver

3:30 pm – 4:15 pm  
**Decanal Education: VC-Conferences: ID 30201**  
Dr. Maria Michelle Hubinette, Asst. Dean, Equity, Diversity and Inclusion  
Dr. Ravi Sidhu, Assoc. Dean, Postgraduate Medical Education  
Dr. Bruce Wright, Regional Assoc. Dean, Vancouver Island (By portable)  
Dr. Brenna Lynn, Assoc. Dean, Continuing Professional Development (CPD) (By VCON)

4:15 pm – 4:30 pm  
**Break**

**Location:** DHCC 6150 (6th floor), 2775 Laurel Street, Gordon and Leslie Diamond Health Care Centre, Vancouver

4:30 pm – 5:15 pm  
**Faculty Group**  
Dr. Peter Black, Professor, Vancouver Prostate Centre (VPC) Dept. of Urologic Sciences  
Dr. Michael E. Cox, Senior Research Scientist, Associate Professor, Dept. of Urologic Sciences, Faculty of Medicine  
Dr. Colin Collins, Professor, Dept. of Urologic Sciences, Faculty of Medicine  
Dr. Christopher Ong, Associate Professor, Dept. of Urologic Sciences, Faculty of Medicine  
Dr. Nathan Lack, Assistant Professor, Dept. of Urologic Sciences, Faculty of Medicine  
Dr. Nada Lalious, Assistant Professor (Partner), Dept. of Urologic Sciences, Faculty of Medicine  
Dr. Soojin Kim, Clinical Assistant Professor, Dept. of Urologic Sciences  
Dr. YZ Wang, Professor, Dept. of Urologic Science, Faculty of Medicine
7:00 pm –

**DINNER**

**WEDNESDAY, MARCH 11, 2020**

07:45 am (≈ 20 minute taxi ride)  
take taxi to location below Garima and Kenny will meet you on the 6th floor

*Location: Dept. of Urologic Sciences, Room 6150 (6th floor), 2775 Laurel Street, Gordon and Leslie Diamond Health Care Centre, Vancouver*

08:15 am - 09:00 Am  
**Department Heads**  
Dr. Geoffrey Cundiff, Head, Department of Obstetrics and Gynecology  
Dr. Don Brooks, Head, Department of Pathology & Laboratory Medicine

09:00am – 09:30 am  
**Health Authorities**  
Dr. Kim Nguyen Chi, Provincial Health Svcs Auth (PHSA) BC Cancer Agency – Vice President and Chief Medical Officer  
Dr. Marcel Dvorak, Vancouver Coastal Health - Associate Senior Medical Director (by TCON)

09:30 am – 10:15 am  
**Dean’s Executive**  
Ms. Shanda Jordan Gaetz, Executive Director, Faculty Affairs and Interim Executive Director, Finance and Operations, Faculty of Medicine  
Dr. Mike Allard, Vice Dean, Health Engagement, Faculty of Medicine

10:00 am – 10:30 am  
**BREAK**

10:30 am – 11:15 am  
**Faculty Group**  
Dr. Faraz Hach, Assistant Professor, Dept. of Urologic Science, Faculty of Medicine  
Dr. Amina Zoubeidi, Professor, Dept. of Urologic Science, Faculty of Medicine  
Dr. Caigan Du, Associate Professor, Dept. of Urologic Science, Faculty of Medicine  
Dr. Alexander Wyatt, Assistant Professor (Partner)  
Dr. Lynn Stothers, Professor, Dept. of Urologic Science, Faculty of Medicine

11:15 am – 12:00 pm  
**Staff**  
Mr. Brian Shankaruk, Finance Manager  
Ms. Helen Wong, Administrative Manager  
Ms. Caroline Okulicz, Executive Assistant to the Dept. Head  
Ms. Timea Oroszi, Education Program Assistant  
Ms. Karen Jung, Finance Coordinator

*Location: DHCC 11282 (11th floor), 2775 Laurel Street, Gordon and Leslie Diamond Health Care Centre, Vancouver*

12:00 pm – 1:00 pm  
**LUNCH** – External Reviewers working lunch  
**Conferences: ID 30204**  
Dr. Dermot Kelleher, Dean, Faculty of Medicine and Vice President Health, UBC (by VC)

*Location: Dept. of Urologic Sciences, Room 6150 (6th floor)*

1:00 pm – 2:15 pm  
Dr. Martin Gleave, Head, Department of Urologic Sciences and Director, Vancouver Prostate Centre (meeting will include tour of Clinical Trials Unit and Prostate Centre)

2:15 pm – 5:00 pm  
Discussion Preparation of a Review Report
Group meetings are 45 minutes

Onsite contact: Ms. Helen Wong, Administrative Manager, Dept. of Urologic Science, Faculty of Medicine helen.wong@ubc.ca

Itinerary contact: Kenny Olabanji, Administrative Assistant, Searches and Reviews, Faculty of Medicine at 604.822.1395 or Email: kenny.olabanji@ubc.ca Or Garima, Asst. Manager, Searches and Reviews Faculty of Medicine at 604.822.9639 or Email: garima.g@ubc.ca