

## POSTGRADUATE TRAINING AND THE DIVISION OF RESPIROLOGY, UT: THE EARLY YEARS

### Postgraduate Training

Before 1972 postgraduate trainees who successfully completed a four-year training program in Internal Medicine and wished to obtain further experience in Respiriology would spend one or two years in a hospital (not all of which were affiliated with a university), serving as a clinical apprentice on wards allocated to patients with chest disease. These patients were attended by General Internists with expertise in pulmonary disorders. Since Respiriology was not yet recognized as a subspecialty by the Royal College, there was no examination or certification following this additional training.

During the first half of the twentieth century, the most prevalent pulmonary disorders in Canada were tuberculosis and pneumonia. Apart from chest x-rays, the management of these disorders was based largely on clinical skills and experience. However, by the late 1960s, research advances enhanced considerably the understanding of lung function, enabling a more nuanced pathophysiological approach to several lung disorders, including emphysema, chronic bronchitis, bronchiectasis, cystic fibrosis, and asthma. At the same time, technological advances, particularly pulmonary function and exercise-testing laboratories and arterial blood gas electrodes, facilitated a more detailed investigation of patients and refined their management. By 1970 all teaching hospital Divisions of Respiratory Medicine had established Pulmonary Function Testing Laboratories. It was largely the skills required to use and interpret information from these technological advances that drove the recognition of the subspecialty of *Respiratory Medicine*, later changed to *Respirology*.

And so it was that in 1972 the Royal College approved the Postgraduate Training Program in Respiratory Medicine at the University of Toronto. As was the case with all Royal College postgraduate training programs, authority for the Program was vested in the University (not in hospitals); trainees had to register in the Postgraduate Medical Education Office of the University; and the training program required appointment of a Coordinator by the Chair of the Department of Medicine (Charles Hollenberg). The Coordinator chaired a committee that included all hospital Respiratory Division Heads. These requirements reflected the change in postgraduate subspecialty training from a hospital-based apprenticeship to a university-based educational program.

The initial Coordinator of the Respirology Training Program was Colin Woolf. He was followed by Anthony Rebeck, and in 1979 by Michael Hutcheon who served until 1984, when the position of Coordinator was subsumed by that of the Division Director. In 1991 the position of Program Director was established, with Charles Chan serving as the initial Director until 1995. He was succeeded in turn by Greg Downey, Liz Tullis, Jae Yang, and Chris Li.

*The first Coordinators of the Respirology Training Program was Colin Woolf, Dr Anthony S. Rebeck, Toronto General Hospital, 1974 -1979, and Dr Michael Hutcheon, Co-ordinator of the Respirology Program, 1979 – 1984*



*Dr Charles Chan, the first Respirology Program director, 1991-1995, followed by Gregory Downey, Liz Tullis, Jae Yang and Chris Li*





From its beginning, the Respiriology Training Program included several innovative elements. These included a half-day per week academic program that began in the late 1970s; an immersive course in clinical Respiriology at the beginning of each academic year, founded by Shelley Mintz (which attracted trainees from other universities); and two months of respiratory physiology based in the Division's pulmonary function labs, in recognition of the status of physiology as the core science underlying clinical respirology.

## **The Division of Respiriology**

In 1981, following a strategic planning process, The Chair of the Department of Medicine (Gerard Burrow) formalized the creation of university subspecialty divisions and the appointment of Departmental Division Directors (DDD's). In addition to responsibility for the subspecialty's training program and the allocation of trainees to the various hospitals based on educational considerations (rather than service requirements), the DDD's were invested with the authority and accountability for the planning and delivery of city-wide Divisional research programs and the approval of faculty appointments to their Division. Taken together, these elements strengthened the horizontal, hospital-wide and university-wide links of the subspecialty Divisions.

Well before 1983, when Eliot Phillipson was appointed as the initial Director of the Division of Respiriology, two important horizontal links were already well established. The first was the Tri-Hospital Respiratory Service headed by Colin Woolf that linked Toronto General, Mount Sinai, and Women's College Hospitals. This initiative integrated the clinical and consulting services of the three hospitals, and the unification of their Pulmonary Function Laboratories under a single Director (Noe Zamel). This PFT Lab Service became a focal point for joint research among the three hospitals and the Hospital for Sick Children (HSC), and a key component of the Respiriology Training Program when it was established in 1972.

The second horizontal link was created in 1971 when Eliot Phillipson was appointed to the University faculty. Together with Charles Bryan of HSC, he established a weekly Research-in Progress (RIP) seminar series that attracted respirologists from all U of T affiliated hospitals, in addition to interested faculty members, research fellows, and graduate students of the Departments of Pediatrics, Physiology, Anesthesiology, and Thoracic Surgery. When the Training Program in Respiriology was established in 1972, the RIP seminars became an integral component of the Program and provided trainees with an opportunity to consider a research rotation as part of their experience. The seminars also served as an incubator for the exchange of ideas among all Respiriology faculty members, leading to a multitude of joint research projects cutting across hospitals and university departments – one of the notable strengths of the Division from its inception.

Eliot Phillipson stepped down as Division Director in 1989 and was succeeded by Arthur Slutsky, who was followed in turn by Greg Downey, Liz Tullis, Charles Chan (Interim), Khalil Sivjee (Interim), Doug Bradley, and Chung-Wai Chow.



*Eliot A. Phillipson and Michael Hutcheon, with assistance from Charles Chan*