

careers. They stress the importance of solutions to ensure transition out of practice in a timely manner with grace and dignity. Mentoring new faculty recruits, increasing teaching and administrative activities and clinical job-sharing with young faculty members all remain part of a good transition plan.

These guidelines defined by the Department of Surgery at the University of Toronto will serve as a sound basis for ongoing conversations and discussion in our own institution. Thanks to the authors for helping surgeons and academic leaders to look at a difficult aspect of a normal surgical career.

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AUTHOR RESPONSE

We thank Dr. Carrier for his complimentary remarks regarding our guidelines on late career transitioning for academic surgeons. We agree that proper mentoring of new faculty recruits, increasing teaching and administrative activities, and job-sharing are important aspects of a graceful transition.

We fully appreciate that regional circumstances may dictate additional

approaches to late career transition planning. In this way, we hope our guidelines will serve as a starting point for important discussions among surgeons in academic centres across all provinces.

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SURGICAL RESEARCH AND INNOVATION DESPERATELY NEEDS SUPPORT: A REPOSE TO "TOWARD A NEW SCHOOL OF SURGICAL RESEARCH"

In the last issue of *CJS*, Dr. Vivian McAlister¹ suggested that surgical research needs a "New School" of thought and practice to progress. Facing the recent decline in successful grant applications for innovative surgical research, preclinical research from our academic surgical programs tends to disappear.

As usual, there is no simple solution to a difficult problem. There are opportunities, but no shortcuts to resolve this issue. In recent years, many of us have focused on improving the delivery of surgical health care to our patients and to the public while securing our own contracts and revenues from provincial governments. Have we forgotten to nurture clinical research?

It will always be difficult to combine a successful clinical career with competitive research. Grant applications, laboratory experiments, and manuscript preparation and submission combined with on-call

schedule, operating time and teaching duties remains a gigantic task. In my mind, it is the responsibility of group practices, hospital services and university departments to promote, train, support, and help those who wish to pursue a career of research and innovation in the field of surgery. There are so many unanswered questions that it is useless to list them; the real problem remains the source of funding to support research activities, laboratories and even newer technological applications.³ Independent surgical research activities, new technological development and related clinical applications will need to be promoted by health care decision-makers and supported by government agencies. The shortcoming of this will be not only a serious loss in our standing in research and academia at home and abroad, but also a true loss for the Canadian public in general. Surgical research and technological innovation needs support now.⁴

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