

CMAJ welcomes new senior editor

Winter dumped a near-record amount of snow on Ottawa, Ontario, and by late February 2008 most residents would have sooner donned a Toronto Maple Leafs jersey than seen another flake. But as far as Dr. Rajendra Kale was concerned, the more snow there was on the ground, the better. Of course, he had an excuse for his enthusiasm — it was his first Canadian winter.

“For me, there’s a big novelty factor,” says Kale, a native of Mumbai, India, who joined *CMAJ* as Senior Deputy Editor on Feb. 28, 2008.

Kale is a former senior editor at the *BMJ*, one of the world’s most widely read medical journals. He will contribute to all parts of *CMAJ* and hopes to increase the publication’s international standing.

“*CMAJ* is a very good journal but doesn’t get the exposure it deserves outside of Canada.”

Kale wore many hats during his years at the *BMJ*, overseeing various sections, including editorial, clinical review and practice. His experience will prove valuable to *CMAJ*, says Editor-in-Chief Dr. Paul Hébert.

“He’s adding a truly experienced voice to the journal,” says Hébert. “We’re really looking forward to working with him in making this a major international journal.”

After graduating from Grant Medical College in Mumbai, where he specialized in neurology, Kale completed a research fellowship in Dublin, Ireland. After returning to India, he practised as a neurologist in the city of Pune, located 150 kilometres east of Mumbai.

“I practised for several years, and somewhere along the line I became interested in medical journals,” says Kale.

In January 1994 he began a 1-year term as editorial registrar at the *BMJ*. His duties included writing articles, editing the letters section and providing critical appraisal of scientific papers. He returned to his Pune practice the following year, maintaining ties with the *BMJ* as a visiting editor. During his days off



Wayne Kondro

After arriving in Ottawa, Senior Deputy Editor Dr. Rajendra Kale was jokingly asked to pitch in to clear the *CMAJ* parking lot. Kale forwarded this photo to former colleagues at *BMJ*, where it was posted in the server and comments invited, prompting one wit to inquire: “Have they demoted you already?”

from practising, Kale contributed to publications for The International Bureau for Epilepsy and the International League Against Epilepsy. In 2001 he returned to the *BMJ*, as a senior clinical editor, where he remained until joining *CMAJ* this year. “The difficult part of this job will be to make a good journal better.” — Roger Collier, *CMAJ*

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From bedside to lab and back again

Canada must persuade more physicians to become more involved in research to ensure that bench science is being transferred to the bedside and that research protocols are properly informed by health needs, says the incoming President of the Canadian Institutes of Health Research (CIHR).

Decreased physician involvement in research, typically because of clinical demands, teaching loads or other adminis-

trative and financial pressures, is counterproductive to the health of the research enterprise because doctors are “key in the whole knowledge transfer system,” argues Dr. Alain Beaudet, who will step aside from his current duties as Fonds de la recherche en santé du Québec president to assume the CIHR helm on July 1.

The problem has been particularly acute in Quebec, where a regime governing distribution of physicians known as “regional general medicine manpower plans” has essentially punished university hospitals who allowed clinicians to become involved in research, Beaudet says.

In hopes of resolving that, the agency recently negotiated an agreement with the province to allow hospitals to calculate clinician-researchers differently in manpower plans. It also helped develop an agreement to financially compensate medical specialists for research activities and is now working on a similar arrangement for general practitioners.

As well, it will soon establish a new 5-year program aimed at encouraging and training more residents to become involved in research, Beaudet adds. “It’s going to fund the first years of research during the residency, then an additional 2 years of fellowship abroad and then the first year back into an academic setting to encourage our universities to hire them back and support for a first year until they get CIHR or FRSQ [Fonds de la recherche en santé du Québec] stipends and salary support.” The financial elements of the program, including exact level of support and the number of residents to be supported, have not yet been determined.

The affable neuroscientist (*CMAJ* 2008;178[9]:1128) stressed that it would be presumptuous, if not downright “incendiary,” to presuppose what sort of changes might be required at CIHR without first launching extensive consultations with the academic community and political decision-makers, including provincial health ministers, which he plans to undertake this fall.

But measures to make research more attractive to clinicians and to make CIHR collaborative programming more responsive to both provincial and national health needs appear to be personal priorities.

All too often, CIHR partnership programs take the “Canadian way of doing