



Catharine Whiteside, MD PhD

Dean

Vice Provost, Relations with Health Care Institutions

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Professor Cheryl Regehr
Vice-Provost, Academic Programs
University of Toronto
Simcoe Hall, Room 225
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Dear Cheryl,

Following the external review of the Faculty of Medicine I am pleased to provide you with my response to the reviewers' report.

The Faculty of Medicine is most grateful to the External Reviewers for their insightful analysis of our education and research endeavours. The leadership of our Faculty is extremely proud of the accomplishments of our outstanding faculty, students and staff. The Reviewers' comment about the standing of our MD degree program at the University of Toronto being "among the highest in the world" is indeed a very significant accolade. Concern may arise that there was a decision to not follow the terms of reference that were widely disseminated for the review. The decanal team is pleased that the detailed self-study of the Faculty was useful and provided sufficient information, particularly about our education programs, to assist the external review process.¹

The External Reviewers raise important issues for the Faculty of Medicine, the University of Toronto and the leadership of our affiliated institutions. Many of these issues have been recognized and are being incrementally addressed through implementation of new directions. We recognize that more is needed. Academic medicine faces major challenges and the external review identifies opportunities that our Faculty of Medicine may seize to advance our mission and vision in collaboration with the affiliated hospitals/research institutes. Integration across disciplines and institutions, innovation in applying new knowledge, and measuring impact must emerge as key priorities within our new thinking and alliances. The leadership of the Faculty is now engaged in a comprehensive strategic planning process that is underway and will be completed by September 2011. We will

¹ A copy of the Self Study is available on the Faculty's website at:

http://www.facmed.utoronto.ca/about/dean/Faculty_Review_2010/Self_Study_and_Appendices.htm

build on the many foci of excellence in the Faculty of Medicine and engage our affiliated partners to invest more effectively together to achieve clearly articulated goals for improving health and the economy - the metrics for return on investment.

You have requested our administrative response to the external review report and the projected timeline for implementing recommendations. Specifically, you asked for comments on the issues raised by the reviewers about **research strategy, clinical services, organizational structure** and **medical education**. Accordingly, our response is organized under these topics and, in addition, provides further response to other recommendations in the report. The report was circulated to the members of the Dean's Executive, the Department Chairs and senior leadership of the undergraduate and postgraduate medical education programs for their comments that are incorporated in this response.

Research Strategy

We find it curious that the reviewers identify the Faculty of Medicine as one of the top three academic networks in health research — with Harvard and Beijing (Universities) — while at the same time identifying the lack of an integrated research strategy across TAHSN as a potential threat. The Faculty and TAHSN CEOs agree with the need for integrated planning and we are already engaged in addressing many of the reviewers' recommendations. Articulating a clearly formulated research strategy is the highest priority of a Faculty-TAHSN wide planning process that is being launched under the leadership of our new Vice Dean Research and International Relations, Professor Alison Buchan (who joined the Faculty in January 2011). Professor Buchan is working closely with the Vice Presidents Research at our fully-affiliated hospitals. The convergence of the recommendations of the External Reviewers and the TAHSN Hospital CEOs will enable the Faculty of Medicine to facilitate alignment of major research goals among the University and our affiliated partners. The strategic planning process will also involve all the Health Science Faculties at UofT and the Faculties of Applied Science & Engineering and Arts & Science. The Faculty of Medicine and TAHSN partners recognize that opportunities abound to enhance and publicize current inter-disciplinary innovations and discoveries, demonstrating the partnership's impact on local, national and international economic and community health.

The Faculty of Medicine is composed of Departments and Centres/Institutes whose faculty members engage in research in a collaborative matrix of programs. These programs are increasingly inter-disciplinary and inter-professional; connected across TAHSN and into our community partner sites. The research capacity of our faculty depends on both core and individual institutional infrastructure and operational support. Considering the complex distribution of faculty and resources the External Reviewers recommend re-organization of our departmental and budget structure. The reviewers have identified a challenge facing Chairs of Departments whose faculty are located primarily in the TAHSN hospitals/research institutes where the Vice Presidents Research oversee the provision of local research infrastructure and resources. While this can be seen as a challenge it is also a strength of TAHSN that facilitates true translational "bench to bedside" research. Led by our outstanding Department Chairs, we have established our record of achievements with international recognition. Examples of innovative, inter-faculty, inter-departmental TAHSN

based initiatives include the Stem Cell Network, the Institute for Biomaterials & Biomedical Engineering and the Donnelly Centre for Cellular & Biomolecular Research. It is not the intent of the Faculty of Medicine to disassemble University Departments. It is expected that all Departments will carefully examine the priority research goals of the affiliated hospitals/research institutes and plan strategically to build working relationships with the hospital Vice Presidents Research and other Department Chairs.

The Faculty/TAHSN members have had success at working together to co-invest in research, e.g., Canada Foundation for Innovation projects. The funding has been utilized to develop and expand infrastructure platforms including: genomics/proteomics, stem cell biology, pharmacogenomics, and health informatics. The platforms intersect with, and apply to, discovery and applied research in multiple organ- and disease- focused areas. The Faculty of Medicine aspires to empower its leadership (Department Chairs, Vice Chairs, Directors) to collaborate effectively and to share revenues with each other and with the Hospital Vice Presidents Research for mutual advantage.

A goal of our new strategic plan will be to identify overarching areas of collaborative excellence, focused on international leadership in personalized health care. Implementation of the plan will involve sustaining and building new programs. The new research plan of the UofT McLaughlin Centre (of Molecular Medicine) requiring matched funding for pilot projects is a great example of innovative collaboration between the Faculty of Medicine and our affiliated hospitals. Successful implementation of the strategic plan requires the Faculty/TAHSN to develop common indicators that track not only quantity of research output but also its impact. Effective application of knowledge into practice to improve health will be the future measure of our success in health and biomedical research.

The External Reviewers stated concern that, during their interviews with our distributed Faculty leaders in the TAHSN group, our collective research goals and objectives could not be articulated with clarity. An enterprise as large as ours (Faculty of Medicine and ten fully affiliated hospitals and research institutes) resists encapsulation in simple statements reflecting singular goals. It is the case that every individual Department Chair, Vice President Research or Hospital CEO can communicate very clearly their own departmental or institutional strategic research goals. Just as the leadership of the Faculty of Medicine has enabled integration of MD education among our Departments and affiliated hospitals, we must now turn our attention to facilitating the emergence of the collective research vision that includes all the Health Science Faculties at the University of Toronto with our ten fully affiliated hospitals/research institutes. This will be a value-add proposition among our collaborating partners to create recognition. Collective vision about the development of common infrastructure for human subject research, bio-banking, health informatics, private sector relations and commercialization are now underway, but much more must be accomplished over the next five years.

Clinical Services

The External Reviewers recommend increased engagement of our Clinical Departments with public health and primary health care, to lead the transformation of health care that must be patient- and family-centered, focused on disease prevention and health promotion. We agree entirely with this recommendation. The distinction between the mandates of public health and primary care differ in Canada compared to the UK or USA. However, there are multiple ways in which the Dalla Lana School of Public Health (DLSPH) and the Department of Family and Community Medicine (DFCM) interdigitate. These include, but are not limited to, the shared oversight of the Community Medicine Residency program and multiple cross appointments especially that of Professor James Orbinski, a member of the DFCM, who is now the inaugural Chair in Global Health in the DLSPH.

The Faculty of Medicine has the largest University DFCM in Canada. Its contributions to innovation in education and research are accelerating with the outstanding leadership in this Department. The central importance of primary care in enabling transformation of health care cannot be over emphasized. Our affiliated hospitals increasingly recognize the value of health care teams led by primary care physicians and other health professionals to deliver patient- and family-centred care. Management of chronic complex disease is another challenge of particular importance to our fully affiliated hospital partners. The Faculty agrees that our University Clinical Departments must assume leadership and accountability for improving health care and health systems. The recent strategic plans of the Department of Medicine and the DFCM exemplify these goals that are in implementation phase working closely with the TAHSN hospital partners.

Organizational Structure

The organizational structure that has evolved between the Faculty of Medicine and our affiliated hospitals/research institutes represents an integrated matrix model. Our view is that the current University Department structure will continue to provide a robust administrative and policy framework, recognizing that some new inter-disciplinary academic units may emerge. Although the Faculty has made remarkable progress since 2005, we agree that it is fundamental to explore new models in collaboration with our TAHSN partners that bring added value, including competitive advantage, to all stakeholders. Establishing a more effective accountability framework and oversight for academic deliverables is a major priority.

The External Reviewers discussed several options for the evolution of University Departments and governance of the Faculty of Medicine in the broader context of the Health Sciences. Undoubtedly, options for some departmental structural change will arise over the next few years. Through purposeful strategic planning, some departments including Health Policy Management & Evaluation, Nutritional Science, and Pharmacology & Toxicology may emerge in the near future as inter-disciplinary units that will facilitate integrated research across affiliated hospitals/research institutes and Faculties. Major strategic directions in disciplines such as cancer, neurosciences, cardiovascular sciences, musculoskeletal sciences can evolve in our environment without disruption of University

Departments. This will require the efforts of a creative coalition among academic leaders facilitated by the Faculty of Medicine Deans, Chairs and Directors.

In the Clinical Departments, academic practice plans supported in part by hospital-based alternate practice plans, provide remuneration for our many full-time clinical faculty. The Faculty of Medicine must work cooperatively and collaboratively with all stakeholders who share responsibility for the academic mission to ensure that new models emerge as stronger entities in support of the academic careers of individual faculty members.

Finally, the Faculty agrees that improved efficacy of communication would improve the international recognition of our academic achievements. To sustain our international rank and competitiveness the impact of our health and biomedical research and education at the University of Toronto must achieve a higher profile. As a top strategic priority, we will enhance the effectiveness of our communication in collaboration with our major academic partners within TAHSN and our Health Science partners on campus. The content of our communication must include outcomes and impact of our achievements. Measuring performance is recognized as a top priority within the Faculty of Medicine and TAHSN. Internal initiatives such as the Web CV project and external initiatives that link our partners through the *Task Force on Valuing Academic Performance* are already facilitating the improvement of our interlinked key performance indicators.

Medical Education

The Faculty of Medicine is deeply engaged in integrating MD education, at both the undergraduate and postgraduate levels, across our community-affiliated sites. This is not only a requirement set out by the Ministry of Health and Long Term Care in Ontario and required to meet accreditation standards, it is in the best interest of our medical students and trainees who will emerge with knowledge and skills to practice effectively in a community setting. The establishment of the Mississauga Academy of Medicine is an unprecedented opportunity to advance primary and generalist care teaching and learning. Further, our community-affiliated hospital partners have indicated intense interest in promoting inter-professional learning for all of our health professional students. The Faculty of Medicine strongly supports the mandate for core curriculum in inter-professionalism established among the Health Sciences at the University of Toronto. This initiative now led by the Centre for Inter-Professional Education, funded in part by the Provost's Academic Incentive Fund and strongly supported by the lead TAHSN Hospitals (University Health Network and Toronto Rehab Institute), is a national leader in this field of health professions education.

The many Extra-Departmental Units (EDUs) with the Faculty of Medicine as the lead Division, have provided significant value-added to our education and continuing education professional development environment over the last five to ten years. The affiliated hospitals have made major contributions, both to revenue and infrastructure, to enable these innovative initiatives. The External Reviewers identified these important contributions but raised concern about sustainability and access. They reasonably questioned whether a more cohesive governance and collectivity would create a larger

critical mass and further integration with hospital-based units such as the Li-Ka Shing Institute at St. Michael's; the leadership of the Faculty of Medicine and TAHSN has raised similar questions. We look forward to the evolution of governance among the EDUs and our education programs that is responsive to change and opportunity. TAHSN has now launched an Education Committee co-chaired by the Associate Vice Provost Health Professions Education, Professor Sarita Verma. The membership is composed of the Vice Presidents Education from the TAHSN Hospitals and representative Education Deans from the Health Science Faculties. Optimizing and evolving the role of the EDUs and other education resources among the TAHSN partners and the Health Sciences will be central to the goals and objectives of this Committee. The Faculty of Medicine welcomes the consideration of new models of academic governance that would improve accessibility to these resources and utilization by all faculty members across our constituencies.

Education and Internationalization

The reviewers state that *"...Without a doubt, the leading academic medical centre in the country with strong educational programs at every level attracting international students but not necessarily providing scholarship to create the next generation of leaders in terms of MD-PhD, research scientist graduates and there is a worry that for a global centre there is less than optimal internationalization in the student body, the trainees, or for that matter, the faculty"*. This multi-faceted comment raises several issues. If the reviewers mean that we do not market our undergraduate MD program to international students, this is correct. In view of the number of Canadian students who are eligible to enter our medical school, we have not deliberately advertised our program outside of Canada. On the other hand, we attract more international postgraduate clinical fellows into our specialty programs than any other medical school in Canada. This is by far the largest program in Canada and one of the largest in the world. It is true that we do not market our doctoral graduate program internationally because we simply cannot afford to do so in the absence of provincial funding for these students. By contrast, among our provincial medical schools, our Faculty of Medicine has taken the largest number of International Medical Graduates into our postgraduate MD clinical training programs in response to the request from the Ontario Ministry of Health and Long Term Care. With respect to the MD-PhD program, the University of Toronto was the first to establish this program in Canada and despite the fact that we have the largest program among Canadian medical schools, we are expanding enrolment with the intent to double this enrolment in the next five years. Our Faculty of Medicine trains the largest number of MD-Scientists in Canada and over the past two decades has populated leadership positions in all the clinical specialties nationally. This evidence was presented in the self-study report. To address the question of diversity among our student body and faculty, we are undertaking an analysis of ethnic and cultural background beginning with our medical students. This is an important issue that requires constant surveillance.

Summary

The Faculty of Medicine has begun a new strategic planning process to be completed in September 2011. We will build on our strengths, identify those fields of research in which we are globally competitive, and enhance our collaborations within the University and with our TAHSN partners. We will advance our leadership in research, education and clinical services. Importantly, we will work closely with the University to maximize integration of education and research, launch a new Academy in Mississauga and establish a major trajectory that accurately measures our research endeavours across our partnerships. To this end, a renewal of infrastructure and major fundraising are critical. It is the view of the Faculty of Medicine that we have achieved our *Vision* over the last decade – “international leadership in health research and education.” Our *Vision* and *Mission* will now focus more specifically on clearly articulated goals to achieve impact on improving health of individuals and populations.

Sincerely,

Catharine Whiteside, MD, PhD
Dean, Faculty of Medicine



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

2011

IMPORTANT ADDENDUM AND FACTUAL CORRECTION

Please be advised that there is an error of fact on page 3 of the Final Report of the External Reviewers that was inadvertently missed in our response.

The reference as follows is incorrect in referring to the Li Ka Shing as an Extra-Departmental Unit (EDU):

We thought there was an opportunity for the Extra-departmental Units (EDUs) focused primarily on education to be embedded in the educational component of the Deanery which would lead to a critical mass of pedagogical investigators which would lead to sustainability of these EDUs and provide an opportunity to make these and some other non-EDUs (such as the Li Ka Shing at St. Michaels) available to the entire Faculty of Medicine.

Correction

The Li Ka Shing Knowledge Institute is not an EDU. Comprising the Keenan Research Centre and the Li Ka Shing International Healthcare Education Centre, the Li Ka Shing Knowledge Institute fosters an environment in which inter-professional teams collaborate to bring established best practices and research discoveries to patient bedsides faster than ever before. For further information please see: <http://www.stmichaelshospital.com/knowledgeinstitute/about.php>

We apologize for any confusion this error may have caused.

Sarita Verma
Deputy Dean