



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

VISION **BOUNDLESS** FOCUS HOPE REACH
CARE
SOCIAL RESPONSIBILITY
DETERMINATION PARTNERSHIPS
KNOWLEDGE HEALTH STUDENTS
LEARNING LEADERSHIP
FACULTY RESEARCH
COLLABORATION
DISCOVERY EXCELLENCE **IMPACT** EDUCATION
INTEGRATION INNOVATION

STRATEGIC PLAN 2011-2016
YEAR 1 ACTIVITY REPORT

DEAN'S MESSAGE



Catharine Whiteside,
MD, PhD, FRCP
Dean, Faculty of Medicine
Vice-Provost, Relations with
Health Care Institutions

It is my pleasure to share our first annual activity report on the Faculty of Medicine's 2011-2016 Strategic Academic Plan. We have been working hard to implement it for the past twelve months, and this report highlights our achievements to date. Our goals are ambitious as we pursue an updated *Vision* and *Mission* and commit ourselves to addressing the world's most urgent local and global health challenges.

This report focuses on quantitative and qualitative metrics that measure our academic activities. The Faculty takes seriously the adage "we can only manage what we can measure," and in this report we describe indicators that benchmark us against the best in the world. We also recognise that it will be necessary to create new benchmarks where they do not exist. A new, evolving data management system will serve to enhance our future reports. The indicators in this inaugural report tell us a great deal about our students, faculty and staff, giving us an opportunity to celebrate accomplishments and helping us to adjust our strategic directions. These measures are not merely metrics but are also about key programs or people who are making a difference. They tell us that we are well underway to successfully implementing our Strategic Plan. We have achieved progress on every goal and are en route to the completion of many initiatives undertaken since the launch of this plan in 2011.

The achievements within this report are the result of the work of our faculty, students, staff and academic leaders and our affiliated partners. I want to thank them as well as the Faculty of Medicine's Strategic Planning Oversight Committee for their ongoing commitment. Finally, my thanks to our Office of Strategy, Communications and External Relations for preparing this report.

OUR VISION

International leadership in improving health through innovation in research and education.

OUR MISSION

We fulfill our social responsibility by developing leaders, contributing to our communities and improving the health of individuals and populations through the discovery, application and communication of knowledge.

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A woman with brown hair, wearing a green lab coat, is looking through the eyepiece of a large, black microscope. The microscope is mounted on a stand. In the background, another person is partially visible, wearing a white headband and looking towards the microscope. The scene is set in a laboratory or clinical setting with various pieces of equipment.

U OF T FACULTY OF MEDICINE IS **RECOGNIZED FOR
TOP-RANKED, INNOVATIVE EDUCATION PROGRAMS
THAT APPLY LEADING-EDGE TEACHING AND LEARNING
MODELS AND NEW KNOWLEDGE RELEVANT TO ALL
HEALTH PROFESSIONAL AND GRADUATE STUDENTS.**

THEME	ACTIVITY
INTERDISCIPLINARY INTEGRATION	<ul style="list-style-type: none"> • Planning underway for a joint degree program combining the MD and a Master of Public Health (MPH), with the launch planned for 2014-15. The MD-MPH will serve as a model for future joint degree programs. • Reviewing curriculum for Determinants of Community Health courses; recommending that MD students have options for scholarly pathways in leadership/research/education/MPH/global health/humanities. • Offering interdisciplinary doctoral programs in rehabilitation science, medical science, health policy management and evaluation and biomaterials and biomedical engineering.
STUDENT DIVERSITY	<ul style="list-style-type: none"> • Approval of Faculty's Diversity statement (fall 2011): solidifying a commitment to equity for all Faculty of Medicine (FoM) learners, faculty and staff; this affirms our responsibility to prepare graduates to serve diverse communities. • Launched MD student diversity survey (fall 2011), designed to provide FoM leadership with demographics that will show results of increased efforts to diversify the MD student body. • Launched Indigenous Student Application Program (winter 2012), to help increase number of Indigenous (First Nations, Métis and Inuit) students in the MD program. • Awarded over \$4.3 million in financial aid for MD students including \$120,000 from the newly established MD Student Admissions Bursary (fall 2011), created to support students from lower-income backgrounds. • Introduced needs-based travel stipend (January 2012), assisting MD students with travel costs for core clinical rotations and family medicine longitudinal experience; over \$14,000 distributed in 2011-12.
INTER-PROFESSIONAL EDUCATION (IPE)	<ul style="list-style-type: none"> • Expansion of Interprofessional Education (IPE) curriculum. • Growth in IPE professional development through the "ehpic™" program (Educating Health Professionals for Interprofessional Care), raising FoM's international profile in the US and Middle East. • Launched second cohort of "Collaborative Change Leadership" program, an accredited program in Continuing Education and Professional Development (CEPD).
CURRENT CURRICULUM	<ul style="list-style-type: none"> • Launched Transition to Residency (TTR); TTR is a fourth-year MD program course designed to prepare students for residency by integrating concepts of the entire MD program in combined classroom and clinical settings. • Developed new curricula for implementation in MD/PhD and other Clinician-Scientist programs. • Introduced three new accredited psychiatry subspecialties into postgraduate medical education: child and adolescent, forensic and geriatric. • Improved access to CEPD programs through better technological tools — increasing both the number of programs offered and quality of program delivery.

THEME

ACTIVITY

SOCIAL RESPONSIBILITY

- Revised curriculum in undergraduate medical education (UME) Transition to Clerkship for third year MD students to include focus on the impact of poverty and outbreak management.
- Instituted new requirement (Fall 2011) for MD students to spend one month in a community-based site; to help improve understanding of the diverse settings in which clinical care is delivered and increase students' sense of social responsibility.
- Instituted a TTR requirement of one community-based selective; sessions have been introduced to help traditionally underserved groups including Aboriginal Canadians, LGBTQ community, people living in poverty, complex chronic care and palliative care patients and those with workplace-related illness/injury.
- Established the Acute Care Alliance in the department of Psychiatry; this program runs across the Toronto Academic Health Science Network (TAHSN) and uses cross-hospital data collection and reporting processes to reduce wait times in emergency departments and in accessing acute care inpatient beds. The goal is to lower rates of readmission.

SERVING CANADA'S HEALTH AND BIOMEDICAL HUMAN RESOURCE NEEDS

- Expanded graduate enrolment, particularly in professional masters' programs, where total student enrolment has grown from 677 in 2006-07 to 910 in 2011-12.
- Launched Mississauga Academy of Medicine (MAM) with 54 students; MAM promotes capacity building of teachers in the community and focuses attention on the need for health care providers for a growing population in the western GTA.
- Launched the Office of Integrated Medical Education, designed to build teaching and learning capacity in the community through a preceptor payment program and formal recognition of community-based teachers.



TRAINING A DIVERSE POPULATION OF PHYSICIANS IS VITAL TO FULFILLING OUR SOCIAL RESPONSIBILITY

As part of our social responsibility, U of T Faculty of Medicine aims to train a diverse population of physicians who are equipped to serve the needs of an increasingly plural Canadian landscape. A big step in that direction was taken in November 2011 when our undergraduate medical education admissions office launched its **Indigenous Student Application Program (ISAP)**. ISAP is designed to increase the number of First Nations, Métis and Inuit medical students at U of T by offering a welcoming and culturally safe application process for Indigenous students. Working collaboratively, the Indigenous Physicians Association of Canada (IPAC) and U of T Faculty of Medicine co-hosted a two-day course in January 2012 at the University of Toronto's First Nations House; the course focused on preparation for medical school entrance interviews and was open to Indigenous students who have applied to Ontario medical schools.

INTEGRATED LEARNING EXPERIENCES, INTEGRATED HEALTH CARE

Educating today's health professionals demands a multi-disciplined approach that offers unique, integrated learning experiences. The **Centre for Interprofessional Education (IPE)** has risen to this challenge over the past year, through a major expansion of its program offerings. From 2011 to 2012, IPE has tripled the number of elective activities available to students across the health science programs at U of T (dentistry, kinesiology & physical education, medical radiation science, medicine, nursing, occupational therapy, pharmacy, physician assistant, physical therapy, social work and speech language pathology). U of T Faculty of Medicine's commitment to IPE helps meet today's health care challenges by demonstrating best practices across the continuum of care and better serving patients' needs.



**U OF T FACULTY OF MEDICINE LEADS
RESEARCH INNOVATION THAT ANSWERS
QUESTIONS OF SOCIAL RELEVANCE.**

THEME	ACTIVITY
INTERDISCIPLINARY RESEARCH	<ul style="list-style-type: none"> • Launched Fraser Mustard Institute for Human Development, a collaboration between Medicine (physiology, paediatrics, obstetrics and gynecology, nutritional sciences, psychiatry) and OISE/U of T, examining the first 2,000 days of life and their impact on future health and disease trajectories. • Selected new Canada Research Chair (CRC) holders in July 2012 through open competition process across St. George campus, with institute and departmental representation. • Approval of Research Strategic Plan 2012-2017 (April 2012), identifying four integrating interdisciplinary research priorities: human development; global health; neuroscience and brain health; complex disorders.
RESEARCH INFRASTRUCTURE	<ul style="list-style-type: none"> • The TAHSN research institutes and St George campus collectively obtained over \$200 million to support the construction of new research space to accommodate inter-disciplinary and inter-professional research. • The Extra-Departmental Units are aligned with the interdisciplinary and interprofessional research priorities.
INCREASE REVENUES	<ul style="list-style-type: none"> • Research funding from Tri-Council Agencies did not increase in 2011-12 (\$162M vs. \$163M in 2010-11). • Funding from Foundations increased by 16%. • Funding from Health Canada increased by 40%.

RESEARCHER SPOTLIGHT: NATIONALLY RECOGNISED EXPERTISE IN FOUR PRIORITY AREAS

NEUROSCIENCE & BRAIN HEALTH: SANDRA BLACK, O.ONT, MD, FRCPC, FRSC (*Department of Medicine*)

Sandra Black is one of the world's pre-eminent clinician-scientists in the fields of both stroke and dementia and a pioneer at their complex interface. Her clinical research has focused on the cognitive aftereffects of stroke and stroke recovery and the differential diagnosis and monitoring of dementia using clinical, neuropsychological and neuroimaging measures. She has made fundamental contributions to neuroimaging, with rich data coming out of the Sunnybrook Dementia Study, and to clinical trials, as lead investigator in randomized controlled trials for donepezil in vascular dementia and severe Alzheimer's disease. Dr. Black holds the Deborah Ivy Christiani Brill Chair in Neurology Research; in 2012 she was awarded an Order of Ontario and elected to fellowship in the Royal Society of Canada.



COMPLEX DISORDERS: JUAN-CARLOS ZÚÑIGA-PFLÜCKER, MA, MD, MSC (*Department of Immunology*)

Dr. Juan-Carlos Zúñiga-Pflücker holds a Tier 1 Canada Research Chair in developmental immunology. His research focuses on the cellular and molecular mechanisms that govern the immune system. He recently discovered how to grow T cells in vitro, using embryonic stem cells. He also considers how certain cells respond to key molecular signals, making them develop into disease-fighting T cells. This research represents a key step in developing stem-cell based therapies for people with immune-related diseases, such as AIDS, and patients recovering from cancer treatments.





GLOBAL HEALTH: PRABHAT JHA, OC, MD, DPHIL (*Dalla Lana School of Public Health*)

Prabhat Jha is an epidemiologist who undertakes fundamental research to generate, synthesize and disseminate real-world evidence about the spread of HIV-1 and tobacco-related diseases, and to develop more effective intervention tools to control these major causes of premature death. His influential work has helped shape global health policy: Dr. Jha’s research on the epidemiology and economics of tobacco control includes the 1999 World Bank report of which he was the lead author, *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, which led to the first global treaty on tobacco. The Framework Convention on Tobacco Control provides a blueprint to adopt clean air laws, restrict advertising for smoking and raise cigarette taxes, among other measures. In 2012 Dr. Jha was named an Officer of the Order of Canada and received the Luther L. Terry award for Outstanding Research Contribution from the American Cancer Society.



HUMAN DEVELOPMENT: FREDA MILLER, PHD (*Department of Molecular Genetics*)

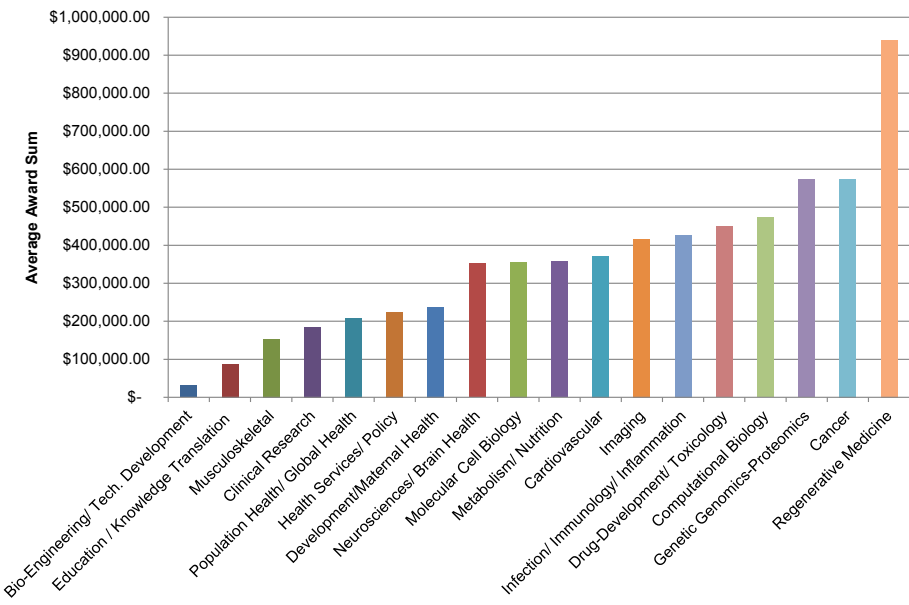
Freda Miller’s research examines how neurons differentiate, survive and establish connections during development, and how growth factors impact the survival of developing and injured neurons. Her recent work indicates that environmental cues, such as growth factors, influence the creation and survival of neurons. She also is working to determine whether a novel adult stem cell— Skin-Derived Precursors – can be used to treat debilitating nervous system disorders. Dr. Miller holds a Tier 1 Canada Research Chair in developmental neurobiology.

TASHN MAJOR INFRASTRUCTURE FUNDING

CANADA FOUNDATION FOR INNOVATION (CFI)/ ONTARIO RESEARCH FUND (ORF)/ FOUNDATIONS – 2011-2012

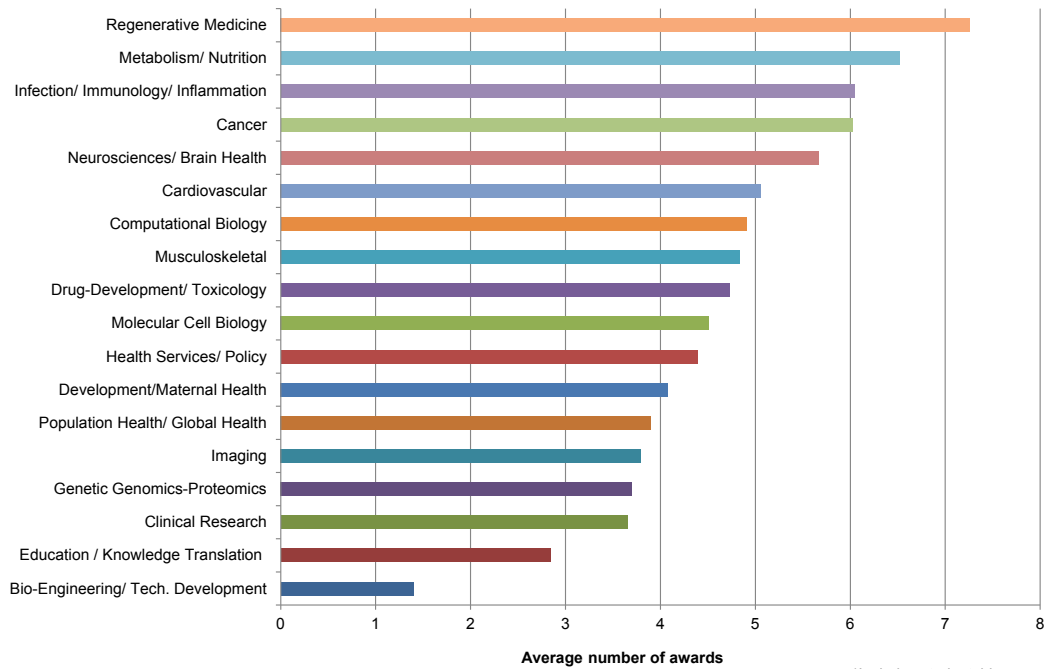
LOCATION	PROJECT	CFI & MATCH TOTAL 2011-12	TOTAL CFI & MATCH AWARDED
Hospital for Sick Children	HSC Research Institute	\$131,791,000.00	\$152M
University Health Network	Advanced Therapeutics Research Platform	\$19,578,045.00	\$153M
Centre for Addiction and Mental Health	Transforming Care	\$6,574,578.00	\$13.8M
Sunnybrook Health Sciences Centre	Centre for Image Guided Therapeutics	\$26,749,324.00	\$95.6M
TOTAL		\$184,602,947.00	\$414M

Award Values per Principal Investigator 2011-2012

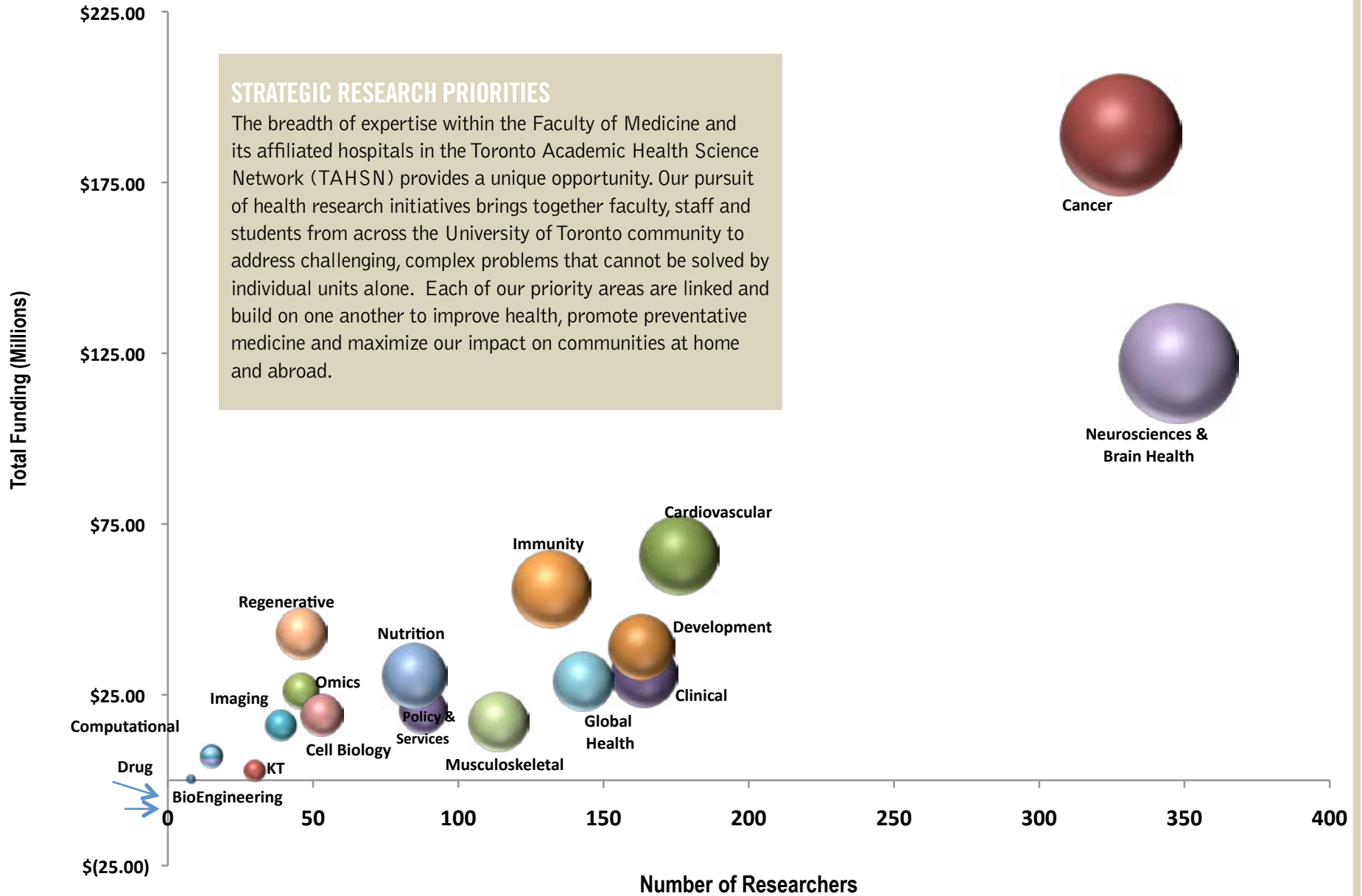


(Includes theme-specific Canada Foundation for Innovation/ Ontario Research Fund awards)

Number of Awards per Principal Investigator 2011 – 2012



RESEARCH FUNDING BY CATEGORY 2011 -2012



Note: the size of each bubble is proportional to the number of grants.

U OF T FACULTY OF MEDICINE **TRANSLATES**
DISCOVERIES TO IMPROVE HEALTH AND
PROSPERITY IN OUR COMMUNITY AND
AROUND THE WORLD.

THEME	ACTIVITY
INTERDISCIPLINARY COLLABORATION	<ul style="list-style-type: none"> • Participated in government advisory panel (chaired by Dr. Ross Baker, Institute for Health Policy, Management and Evaluation) which released a report in November 2011, Enhancing the Continuum of Care, addressing avoidable hospitalization; the report highlights the Virtual Ward as a model for integrated, interdisciplinary care. • Renewed partnership between Banting and Best Diabetes Centre and the University Health Network for the continued pursuit of interdisciplinary research leading new prevention and treatment strategies for Diabetes patients.
HEALTH SYSTEM REFORM	<ul style="list-style-type: none"> • Initiated the Canadian Interprofessional Health Leadership Collaborative (CIHLC), to help effect health system change through new and existing partnerships to create leadership programs that are cost-effective and accessible to communities across Canada. • Appointment of Dr. Samir Sinha (Department of Medicine) by the provincial government to lead a senior citizens care strategy, presenting solutions to ease the potentially crippling burden that complex and long term care poses on the health care system. • Launched the Supplemental Emergency Medicine Experience (April 2012), a fellowship program designed to provide family physicians with emergency medicine experience to meet the needs of the communities they serve; this innovative program demonstrates the Department of Family and Community Medicine’s leadership in researching and addressing health system gaps and improving the quality of health care in Ontario.
PERFORMANCE MEASUREMENT	<ul style="list-style-type: none"> • Developed FoM performance indicators (Summer/Fall 2012) to help measure and analyse our achievements across education, research, accreditation, advancement and administration. • Developed Research-specific metrics (Fall 2012) to enable performance measurement and monitor productivity of the Faculty’s research enterprise. By identifying areas for improvement, the intent is to increase activity in strategic areas resulting in increased funding and a higher national and international profile.
DEMONSTRATED IMPACT ON IMPROVED HEALTH	<ul style="list-style-type: none"> • Announced the BRIDGES program – collaboration between Departments of Medicine and Family Medicine – aimed at reducing avoidable hospitalization and readmission through integrated care (December 2011). • Released the Toronto-Ottawa Supervised Consumption Assessment study (April 2012), outlining recommendations to local governments concerning safe, monitored centres for drug use in urban areas. • Produced short film to encourage colon cancer screening – by Dionne Gesink, DLSPH – upon conducting research showing that 70% of Ontarians are foregoing the required fecal occult blood test to screen for the disease (Summer 2012). • Received a \$1 million Grand Challenges grant for The Biaber Project - Scaling up Interpersonal Psychotherapy (IPT) for Common Mental Disorders in Ethiopia. Co-principle investigators Dr. Clare Pain (Dept. of Psychiatry) and Dr. Dawit Wondimagegn, will train local health workers to provide improved access, screening and treatment of mental health disorders to chronically underserved communities in Ethiopia.

LEADING HEALTH CARE REFORM

When the U.S. Institute of Medicine asked global universities to develop new approaches to health education, Dr. Sarita Verma (Deputy Dean, Faculty of Medicine) and Maria Tassone (Director, Centre for Interprofessional Education) spotted an opportunity. Their project, the Canadian Interprofessional Health Leadership Collaborative, aims to help learners from different health professions work more closely together to better serve patients. The project – which includes the University of British Columbia, the Northern Ontario School of Medicine, Queen’s University and Université Laval – was chosen alongside projects from India, Uganda and South Africa. “Health disparities, the complexity of chronic illnesses and movement towards community-centred care require new ways of delivering care,” says Verma. “It’s important to focus on collaborative leadership skills that learners need to work in diverse environments.” Adds Tassone, “Our project brings together a diverse group of Canadian partners with experience serving Indigenous, Francophone and inner-city populations. Leveraging our own diversity allows us to bring ideas to the table that are transferable around the globe.”



MAKING AN IMPACT ON PUBLIC HEALTH

Could supervised consumption facilities limit the damage of drug abuse in Toronto and Ottawa? Yes, according to a report by researchers at the University of Toronto and St. Michael’s Hospital. Professors Carol Strike (Dalla Lana School of Public Health) and Ahmed Bayoumi (Department of Medicine and St. Michael’s Centre for Research on Inner City Health) led a four-year study that concluded supervised injection sites in both cities would prevent HIV and hepatitis C infections and improve the health of drug users. They also found the cost of the sites would likely prove a good investment of health care dollars, reducing strain on the health care system. The report grew from a 2005 Toronto City Council recommendation for a study on the benefit and feasibility of supervised consumption. This research is the most comprehensive assessment ever of the likely ground-level and health-system effects of this harm reduction strategy in Ontario’s two largest cities.



BUILDING BRIDGES TO INTEGRATE CARE (BRIDGES)

In December 2011, the Departments of Medicine and Family and Community Medicine jointly received a \$5.4 million, three-year grant from the Ministry of Health for a project entitled, “Building Bridges to Integrate Care (BRIDGES).” The project is co-directed by Dr. Wendy Levinson and Dr. Lynn Wilson, with Dr. Michael Schull (DoM) and Dr. Onil Battacharrya (DFCM) as co-principal investigators. BRIDGES is a major U of T initiative which develops, implements and evaluates new models of care delivery that link between the hospitals/emergency departments, medical specialists, family physicians and community services in the U of T network in order to improve the quality of care and decrease preventable hospitalizations and emergency department visits for patients with chronic disease.



U OF T FACULTY OF MEDICINE SHARES ITS INNOVATIONS AND EXPERTISE GLOBALLY THROUGH STRATEGIC PARTNERING TO ADVANCE GLOBAL HEALTH AND INTERNATIONAL RELATIONS.

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THEME	ACTIVITY
ENDORSEMENT OF OUR GLOBAL HEALTH VISION AND MISSION	<ul style="list-style-type: none"> • Approval of Global Health Roadmap by Faculty Council (September 2011). • Complete environmental scan of Faculty-wide global health activity (in progress). • Establishment of global health goals within academic units (in progress). • Full integration of global health programming in Family & Community Medicine, including curriculum, public lectures and international elective opportunities for residents.
ADVANCE RESEARCH SCHOLARSHIP IN GLOBAL HEALTH	<ul style="list-style-type: none"> • Established the Mats Sundin Fellowships in Developmental Health. • Approval of proposed Institute for Global Health Equity and Innovation (April 2012). • Pursued faculty development exchange with the University of Addis-Ababa in Ethiopia (ongoing). • Launched joint educational placement for doctoral students with Hong Kong University (HKU); the first iteration matches members of HKU's Department of Biochemistry in the Li Ka Shing Faculty of Medicine with members of U of T Faculty of Medicine's Department of Molecular Genetics (November 2011).
MUTUALLY BENEFICIAL AND SUSTAINABLE INTERNATIONAL PARTNERSHIPS	<ul style="list-style-type: none"> • Celebrated the 15th anniversary of annual International Exchange in Developmental and Perinatal Biology between U of T Faculty of Medicine and the Karolinska Instiutet in Stockholm, Sweden. • Established three joint areas of interest with BRAC University in Dhaka, Bangladesh: a joint centre of excellence for public health/primary care; chronic disease/epidemiology/nutritional sciences; and, public health doctoral training for Bangladeshi women. • Building on existing work with the Academic Model Providing Access To Healthcare (AMPATH) program with the Moi University School of Medicine; working towards sub-specialty electives for Kenyan residents with a focus on interprofessional education. • Established partnerships with University of São Paulo in Brazil including student exchanges, scientific meetings on cardio-thoracic-pulmonary health, cancer and neuroscience and exchange on best practices in primary care, inner city health (September 2012). • Conducted the FoM's second health and biomedical academic mission to China, with a focus on sharing expertise in the field of family medicine and expanding collaborations with in discovery sciences (October/November 2012). • Building upon existing partnerships through FoM's International Centre for Disability and Rehabilitation, growing research and clinical activity in Bangladesh, Cambodia, Cameroon, Ethiopia, Kenya, Pakistan, Philippines, Tanzania, Trinidad and Zambia. • Organized 28 clinical internships with international partners in Cameroon, Kenya, Tanzania and Trinidad for students in Occupational Science/Occupational Therapy, Physical Therapy and Speech-Language Pathology.



THE HUMAN RIGHT TO HEALTH

New and resurgent infectious diseases; increased global trade of unhealthy consumer goods; deteriorating natural environments; and, persistent poverty and social exclusion*: these are some of the factors contributing to more than two decades of steady decline in global health equity**. The Faculty of Medicine is assuming a leadership role in addressing these complex challenges through our newly established Institute for Global Health Equity and Innovation (IGHEI). With the collaborative work of researchers from the Faculties of Medicine, Arts and Science, Applied Science and Engineering and the Joseph L. Rotman School of Management, IGHEI's multi-disciplinary teams will create innovative research study design and methodology to examine pressing global health issues such as Indigenous and circumpolar health, population and public health, global health ethics, global governance of health and global infectious disease control. It will also encourage capacity-building in the areas of health promotion and social justice. IGHEI raises the bar for creativity in interdisciplinary research. From the proliferation of global health crises around the world comes a need for research and new knowledge, and its application in innovative ways consonant with the values of human dignity and social justice, as reflected in the human right to health***.

Globalization Knowledge Network 2007; **Braveman 2006; *Forman*



University of São Paulo
School of Medicine

INTERNATIONAL PARTNERSHIPS – BRAZIL: THE EMERGING INTERNATIONAL FORCE

In 2012, U of T and the Faculty of Medicine hosted officials from the University of São Paulo (USP), an important step in expanding current partnerships with Brazil's higher education sector. FoM educators and researchers have initiated mutually beneficial exchanges that we will build on to create a sustainable partnership with USP. Brazil's innovative, research-based economy is one of the world's fastest growing with a ten-fold increase in their research-skilled workforce in the last two decades including 500,000 new graduates and about 10,000 new PhD researchers each year. Five Brazilian universities ranked among the top 500 in the Taiwan Ranking of world universities, and USP ranked first in the QS Ranking of Latin American universities. Together, U of T and USP are exploring expanding current areas of collaboration in cardiology, neurosciences, surgery and oncology and developing new collaborations in: undergraduate student exchanges, family medicine curricular training, faculty development and inner city health.

U OF T FACULTY OF MEDICINE **CREATES** A COLLECTIVE VISION FOR A SHARED ACADEMIC FUTURE WITH THE TORONTO ACADEMIC HEALTH SCIENCE NETWORK (TAHSN), UNIVERSITY OF TORONTO FACULTIES, ESPECIALLY HEALTH SCIENCES, AND COMMUNITY PARTNERS.

THEME

ACTIVITY

COLLABORATION WITH OUR EXTERNAL PARTNERS

- Created the Office of Integrated Medical Education (fall 2011).
- Renewed full affiliation agreements with the Toronto Academic Health Science Network (TAHSN) hospitals (winter 2012).
- In process of renewing affiliation agreements with our community hospitals (winter/spring 2012).
- Developing a harmonized ethics review process through TAHSN's Research Committee, streamlining clinical research across the entire network.

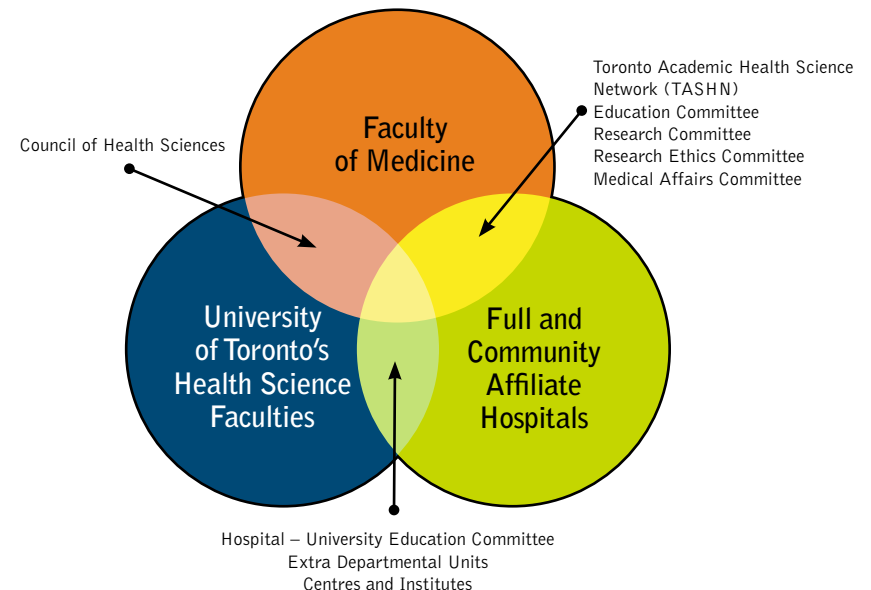
AFFILIATION AGREEMENTS RENEWED

For more than 30 years, U of T Faculty of Medicine has maintained up-to-date affiliation agreements with its full member hospitals which, together, constitute the TAHSN. Renewals are conducted every five years, enabling regular review and updates to address changes in practice, legislation, accreditation standards or university policy. These revisions also reflect the evolution of the relationship between the University of Toronto and the TAHSN hospitals. The 2011 renewal of U of T Faculty of Medicine's full affiliation agreements is fundamental to fulfilling the goals of our Strategic Plan. The revisions address a number of operational and policy concerns, including enhanced communications between U of T and the hospitals, updating any changes in accreditation standards, policies or legislation and revising research policies to reduce redundancies in the ethics review process.

FULL AFFILIATE HOSPITALS

1. Baycrest
2. Sunnybrook Health Sciences Centre (St. John's Rehab)
3. Holland Bloorview Kids Rehabilitation Hospital
4. Centre for Addiction and Mental Health (College Street, Queen Street)
5. Women's College Hospital
6. University Health Network (Toronto General, Princess Margaret, Toronto Western, Toronto Rehabilitation Institute)
7. Mount Sinai Hospital
8. The Hospital for Sick Children
9. St. Michael's Hospital

IMPROVING HEALTH THROUGH INTEGRATION



COMMUNITY AFFILIATE HOSPITALS AND CENTRES

1. North York General Hospital
2. St. Joseph's Health Centre
3. Toronto East General Hospital
4. Credit Valley Hospital and Trillium Health Centre
5. Royal Victoria Hospital
6. Southlake Regional Health Centre
7. Lakeridge Health
8. The Scarborough Hospital
9. Providence Healthcare
10. Hincks-Dellcrest Centre
11. Bridgepoint Health
12. Surrey Place Centre
13. Humber River Regional Hospital
14. West Park Healthcare Centre
15. George Hull Centre for Children and Families
16. Markham Stouffville Hospital
17. Waypoint Centre for Mental Health Care
18. Ontario Shores Centre for Mental Health Sciences



BUILDING CAPACITY THROUGH INTEGRATION

Integrated medical education (IME) responds to a clearly articulated concern across Canada over access to health care. IME is changing the way we think about – and engage with – medical education at U of T. In contrast to distributed medical education models which are based on “hub and spoke” type paradigm, IME is focused on closely interconnected partnerships between U of T, our community-based sites, fully affiliated hospitals and clinical departments. Learners benefit from a broad range of patient-centered, interprofessional, evidence-based health care settings (urban, suburban and community) which are more reflective of their eventual practice locations. Teachers gain improved access to resources that the university provides and are recognized for their contributions through the new preceptor payment program – which issued \$3.6 million in payments during 2011-12 – and also through initiatives such as the newly established OIME awards for excellence in community based teaching (to be awarded beginning in 2012-13).

U OF T FACULTY OF MEDICINE **INVESTS**
STRATEGICALLY IN ACADEMIC PRIORITIES TO
SUPPORT LEARNERS, FACULTY AND STAFF,
TO PROVIDE FOR THEIR SUCCESS.

THEME

ACTIVITY

EXPAND ALL OUR ENABLING PLATFORMS

Administration

- Conducted first orientation for new academic leaders (September 2012), providing incoming vice deans, chairs and directors with a high-level introduction to the academic, managerial and accountability elements of their respective portfolios.
- Implemented environmentally-friendly initiatives including a ban on bottled water, new energy-saving light bulbs and organic waste receptacles.

Advancement

- Launched \$500 million Boundless campaign, focused on driving research in health innovation and preparing tomorrow's health care leaders.
- Completed Alumni Relations strategic plan, outlining objectives for enhancing the level of engagement between our graduates and their alma mater.
- Installation of donor wall in Donnelly Atrium (with OSCER and Facilities Management), a major stewardship initiative, allowing us to publicly recognize and celebrate our donors.

Office of Strategy, Communications and External Relations

- Produced several internal and external communications pieces including the 2012 Dean's Report, Spring and Fall editions of Medicine Magazine, a promotional video in support of the Advancement campaign.
- ^a Developed a social media plan that has resulted in steady growth across multiple platforms (Twitter, Facebook, YouTube).
- Installed a student life pictorial display in MSB's Stone Lobby.
- Re-designed the FoM website's landing page (with Discovery Commons).

Discovery Commons

- Managed over 6,500 requests for technical support, up from 4,600 in 2010-11.
- Completed the first year of Mississauga Academy of Medicine's lecture videoconferencing, enabling curriculum delivery to offsite learners.
- Completed the initial rollout of clinically secure email accounts for medical students and residents, enabling privacy in communications regarding confidential patient matters.
- Development and approval of the Infostructure plan, the technical foundation for data integration projects, which will facilitate ongoing collection of data for multiple FoM uses.
- Launched the new FoM website design (with OSCER).
- Designed and implemented the T-IME preceptor payment system, allowing our community-based clinical teachers to receive compensation for their work.

Facilities Management

- Completed the FoM's Master Plan for Space, with a new vision for enhancing existing facilities in a manner that is user-friendly, accessible and optimized for teaching, research and common access uses; this will improve the academic experience for students and faculty alike as well as accommodating growing numbers of students.



Dean Catharine Whiteside addresses guests at the Boundless campaign launch event in September 2012.

SUPPORTING THE TRANSFORMATION OF HEALTH FOR THE 21ST CENTURY

This September, the Faculty of Medicine launched Canada's largest-ever fundraising and alumni engagement initiative for a medical school - our \$500 million Boundless campaign. Spearheaded by the Office of Advancement, the campaign leverages the Faculty of Medicine's unique integrating role to spark the discoveries and drive the changes that will transform health globally in the 21st century. It aims to nurture the creativity, leadership, diversity, social responsibility and resources needed to keep the Faculty at the top of health research and education. **Boundless** was officially launched on September 13, 2012 with an event that celebrated our many supporters, faculty members, staff and students and an announcement that we are already more than halfway to our goal, with \$251 million raised to date.



Our new landing page: www.medicine.utoronto.ca

COMMUNICATING OUR IMPACT

The Office of Strategy, Communications and External Relations (OSKER) promotes U of T Faculty of Medicine's brand by sharing knowledge and awareness of our achievements, both internally and externally. OSKER works with the U of T Faculty of Medicine community to showcase the teaching and research that takes place across our campus and clinical teaching sites; this is done through targeted plans for print, online, social media and by facilitating print and broadcast media interviews with our faculty experts. In the last six months OSKER has deployed a successful strategy and communications plan. This has resulted in: consistent local and national media coverage in major papers and television networks; a re-designed U of T Faculty of Medicine Magazine and landing page - medicine.utoronto.ca; nearly 200 daily news reports to inform faculty and staff of current U of T Faculty of Medicine media coverage; strengthened social media presence including Twitter (grown 100% in 10 months), Facebook (30% growth in page 'Likes'); and, a new YouTube channel created in September 2012. The Boundless campaign promotional video, produced by OSKER, has been viewed nearly 2,400 times, 1,800 of those views within the first 72 hours of posting. Coverage of the Faculty's mission to China (October/ November 2012) introduced some 380,000 Ontario Chinese-language readers to the Faculty's work - a new audience for the Faculty and University.

MEASURING OUR PERFORMANCE

Implementing the Faculty of Medicine's Strategic Plan requires development and application of measurements to assess performance against annual targets. In addition to traditional metrics and accreditation reviews, we have identified four primary performance indicators that will be our focus for the academic year. While they concentrate on specific objectives, there are far-reaching implications for the Faculty's success. Our current primary indicators are presented on the next page.

UNDERGRADUATE MEDICINE (MD) PROGRAM FULLY ACCREDITED FOR EIGHT YEARS

This fall, the Faculty of Medicine received a report based on the accreditors' survey visit conducted in May 2012. We were delighted to receive full accreditation of the MD program for the maximum allowed term of eight years. Medical school accreditation in Canada is conducted jointly by the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME).

CACMS/LCME identified several strengths of our Faculty, including:

- strong institutional support for education demonstrated by effective leadership at all levels
- a supportive culture for excellence in education evidenced by substantial financial investments
- a strong academy structure providing an educational home base for smaller groups of students, supported by the leaders of our affiliated hospitals

The accreditors noted that the Faculty has "effectively harnessed human, physical, financial and organizational resources to create a culture of healthy competition around excellence in education and research among its students, teachers and affiliated partners."

There are 128 accreditation standards reviewed by the accrediting bodies. A total of 119 were found to be fully in compliance. There were three standards not in compliance. These had previously been identified by us as requiring attention, and the issues identified are being addressed. There are six additional standards that were found to be "in compliance with monitoring" meaning that the CACMS-LCME wishes to have a follow-up report to ensure that measures put in place to address various issues are achieving the desired goals.

We congratulate the faculty, staff and students in the UME program for their time and expertise over the 18 month period of self-study leading up to the accreditation visit and thank everyone who participated in the survey visit.

PRIMARY PERFORMANCE INDICATORS

U OF T ACKNOWLEDGEMENT ON RESEARCH PUBLICATIONS

Recognition of U of T on all publications by our faculty members is critical to generating an accurate assessment of our research productivity. Encouraging faculty to recognize U of T Faculty of Medicine shows that we take great pride in their accomplishments, and we will work to ensure that journals accept the co-brand of the university and the hospital/research institute. Including this metric in our research indicators builds the reputation of our departments and research programs, wherever they are located. The global reputation of the University of Toronto, via international rankings, necessitates recognition of U of T.

Goal for Fall 2014¹: 85% or higher rate of faculty acknowledging U of T on publications.

Status as at Fall 2012: 80.3% in 2011

Previous years': 74.8% in 2010
74.2% in 2009
72.0% in 2008

ENHANCED ALUMNI RELATIONS ACROSS ALL UNITS

U of T Faculty of Medicine graduates over a thousand students each year. We must be a touchstone for every graduate throughout their lives. The goal for Alumni Relations at the Faculty of Medicine is to create lifelong alumni engagement. This requires Faculty-wide commitment, which can be measured in a number of ways, such as the articulation of "Alumni Relations" in departmental strategic plans or the development of meaningful alumni volunteer opportunities. Every academic unit and program should establish a process to keep in touch with and call upon their graduates to stay engaged with their academic and fund-raising activities, thereby fostering a culture of alumni relations.

Goal for Fall 2013: Progress towards meaningful alumni engagement across all departments.

Status as at Fall 2012: Completion of Alumni Relations strategic plan; engaging senior FoM leadership in building an alumni relations culture; working with unit heads to integrate principles of alumni relations into their strategic plans.

¹ The cycle of research publications is such that 2013 publications have already been submitted, and the impact of our current efforts to acknowledge U of T will not be evident until 2014.

INTEGRATED DATA MANAGEMENT SYSTEM

Effective integration of our data management systems enables accurate and efficient access to information for a variety of essential purposes. To improve integration, the professional management teams of the academic and administrative portfolios are called upon to work with Discovery Commons, the Deputy Dean and the Vice Dean Research and International Relations to increase the effectiveness of our reporting. A system that is both fast and inexpensive adds value for all users, and positively impacts us as an organization.

Goal for Fall 2013: Design and deploy an integrated data management system that offers secure and accurate quantitative and qualitative information about a wide variety of performance indicators.

Status as at Fall 2012: Working group established in August 2012 to complete key (non-technical) components of system design, including prioritization of metrics, documentation and standardization of data requirements.

ACHIEVEMENT OF FUNDRAISING TARGETS

U of T Faculty of Medicine relies on external lines of revenue (beyond the annual government BIU grant) to successfully support its academic mission. We are continually increasing endowed and expendable donations to fund both research and educational activities, and we have invested in expert fundraising personnel in our Office of Advancement to achieve our goal. Fundraising is about understanding how to link the passion of donors to our academic priorities. The integration of advancement activities in every department, centre and unit is essential for achieving our mission and vision.

Goal for May 2013: \$40 million

Status as at Fall 2012: \$20,687,995



FACTS AND FIGURES

ACADEMIC AND RESEARCH INDICATORS for the Faculty of Medicine are based on metrics required by the University of Toronto's Quality Assurance Process. They are used across postsecondary institutions as a measure of accountability that looks at inputs and processes that are traditionally associated with quality assessment.

The **facts and figures** in this section tell us about who we are, what we do, and how we can reach our highest potential. We know that the Faculty of Medicine is a large and complex institution, but size is not necessarily a measure of quality; thus, we engage in ongoing self-examination to **ensure continuous movement towards our Vision and Mission.**

OUR STUDENTS

Our undergraduate and graduate programs attract exceptional students from across Canada and around the world. We are committed to providing the best possible experience for all our students and ensure that our institutional supports – academic and financial – enable them to excel.

TOTAL STUDENT ENROLMENT 2011-12

Undergraduate	1294
Postgraduate.	3181
Graduate.	4207
TOTAL	8682

UNDERGRADUATE PROGRAMS 2011-12

Doctor of Medicine	927
Physician Assistant	28
Medical Radiation Sciences	339
TOTAL	1294

MD PROGRAM

(demographic data drawn from Admissions Office survey of 259 matriculants entering the MD program in 2011; response was n=198)

ENROLMENT	applicants	2,956
	interviews	528
	offers made	334
	entry enrolment (including 54 at MAM)	259
	offers accepted	77.5%
	applicants admitted	8%

GENDER	Male.....	44.4%
	Female.....	55.6%

AGE RANGE	18 – 20	3%
	21 – 25.....	80.8%
	26 – 30	13.6%
	31 – 35	1.5%
	36 – 40.....	0

ETHNIC IDENTITY (TOP 3)	White/Caucasian	50.0%
	Chinese	19.2%
	South Asian	16.2%

MEDICAL RADIATION SCIENCES

BScMRS 2011-2012	339 Total number of students
	112 in Radiological Technology
	90 in Nuclear Medicine
	137 in Radiation Therapy

PHYSICIAN ASSISTANT PROGRAM

Note: The PA program operates on a January intake period; students complete the program over 24 months, meaning that they complete their studies in December.

JANUARY 2012

Intake	21
Total enrolment	32

GRADUATE PROGRAMS

Masters (Professional Stream)	871
Masters (Doctoral Stream).....	888
Doctoral.....	1173
Physician-Scientist (MD/PhD)	43
TOTAL	2975

SOURCE: Cognos Cube

POSTDOCTORAL FELLOWS

U of T-based.....	273
Hospital-based	959
TOTAL	1232

POSTGRADUATE MEDICAL EDUCATION

Total	3181
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TRAINEES BY GENDER 2011-12

RESIDENTS	Male.....	46%
	Female.....	54%

CLINICAL FELLOWS	Male.....	60%
	Female.....	40%

FACULTY OF MEDICINE GRADUATE STUDENT MEAN AGE IN FIRST YEAR (2011)

	HEADCOUNT	MEAN AGE
Doctoral	130	28.4
Masters	382	26.1
Professional Masters	458	27.0
Grand Total All Degrees	970	26.8

Source: ROSI 20119 Download

FACULTY OF MEDICINE GRADUATE STUDENT GENDER BY PROGRAM FALL 2011 (TOTAL HEADCOUNT)

DEGREE STREAM	GENDER	FALL 2011 HEADCOUNT	%
DOCTORAL PROGRAM	Female	667	57.2%
	Male	500	42.8%
	Total Doctoral	1167	
MASTERS - DOCTORAL STREAM	Female	491	53.4%
	Male	428	46.6%
	Total Masters	919	
MASTERS - PROFESSIONAL STREAM	Female	765	84.1%
	Male	145	15.9%
	Total Professional Masters	910	
FoM GRADUATE GENDER TOTAL	Total Female	1923	64.2%
	Total Male	1073	35.8%

Source: Cognos Cube November 2011 Count

FACULTY OF MEDICINE TOP 10 COUNTRIES OF CITIZENSHIP OF REGISTERED GRADUATE STUDENTS - ALL DEGREE PROGRAMS

COUNTRY OF CITIZENSHIP	HEADCOUNT	% OF GRAND TOTAL
Canada	2443	80.47%
China	108	3.56%
Iran	74	2.44%
India	42	1.38%
Korea (South)	28	0.92%
United States	26	0.86%
Pakistan	17	0.56%
Taiwan	17	0.56%
Israel	16	0.53%
Bangladesh	14	0.46%

Source: ROSI

DEGREE OFFERED		NUMBER OF GRADUATES	TIME TO DEGREE (YEARS)	
			MEAN	MEDIAN
Master of Health Information	MHI	13	1.4	1.3
Master of Health Science	MHSc	101	1.8	2.0
Master of Management Innovation	MMI	22	1.0	1.0
Master of Public Health	MPH	95	2.0	1.7
Master of Science	MSc	258	2.6	2.3
Master of Science in Biomedical Communications	MScBMC	16	2.0	2.0
Master of Science in Community Health	MScCH	22	2.0	2.0
Master of Science in Occupational Therapy	MScOT	76	2.0	2.0
Master of Science in Physical Therapy	MScPT	85	2.0	2.0
Doctor of Philosophy	PhD	214	6.2	6.2

Source: School of Graduate Studies, U of T

AVERAGE AGE BY TRAINEE TYPE

TRAINING LEVEL TYPE	GENDER	AGE
Fellow	Female	35.6
	Male	36.9
	Fellow Total	36.4
PGY	Female	31.0
	Male	31.2
	PGY Total	31.1
All Trainee Level Types		33.0

EDUCATIONAL SUCCESS

Our students are provided with a rigorous and stimulating education that results in highly successful outcomes. MD graduates in Canada are required to take two exams known as the Medical Council of Canada Qualifying Examination (MCCQE parts 1 and 2). Part 1 is taken upon completion of the MD program, and part 2 is written in the second year of postgraduate training. Our students also experience positive outcomes in the Canadian Resident Matching Service (CaRMS) process; CaRMS is the mechanism by which MD students (both Canadian and International) apply for and obtain residency positions in Canada. We look at our CaRMS results from two perspectives: what percentage of our MD graduates gets matched in the first round and what percentage of our available residency spaces are filled in the first round. U of T Faculty of Medicine performs exceptionally well on both sides.

OUR 2011-12 RESULTS ARE AS FOLLOWS:

99% MCCQE 1 Pass rate

94% of our MD grads were matched in the first iteration of CaRMS

99% of our PGME spots were filled in the first round of CaRMS

86% U of T MCCQE2 Pass rate (PGME: CMG and IMG)

(Data sources: Undergraduate Medical Education accreditation database; MD Admissions Office; Medical Radiation Sciences program; Physician Assistant program; POWER; Graduate and Life Sciences Education office; Physician-Scientist Program)

RESIDENTS AND FELLOWS FROM CANADA AND AROUND THE WORLD

(Canadian Medical Graduates and International Medical Graduates)

U of T Faculty of Medicine is known around the world as a destination of choice for postgraduate medical education. In 2011-12, over 3,000 residents and clinical fellows were registered in 74 programs across 17 departments and units. This includes domestic students, foreign nationals and Canadians who earned medical degrees abroad.

MD COUNTRIES	2011-12	MD COUNTRIES	2011-12	MD COUNTRIES	2011-12	MD COUNTRIES	2011-12
AFRICA		AUSTRALASIA		Finland	3	Jordan	15
Algeria	1	Australia	73	France	6	Kuwait	12
Ethiopia	5	New Zealand	10	Germany	28	Lebanon	4
Ghana	1	CARRIBEAN		Greece	4	Libya	8
Nigeria	5	Antigua	1	Hungary	3	Oman	16
South Africa	12	Aruba	1	Ireland/Eire	91	Saudi Arabia	161
Sudan	4	Barbados	2	Italy	15	Syria	5
Tanzania	2	Cuba	3	Macedonia	1	Turkey	5
Uganda	1	Dominica	9	Netherlands	31	United Arab Emirates	5
Zimbabwe	2	Grand Cayman	2	Poland	11	Yemen	2
ASIA		Grenada	15	Portugal	3	NORTH AMERICA	
Bangladesh	4	Guyana	3	Romania	15	Canada	1717
Burma	1	Jamaica	12	Russia	20	Mexico	13
China	22	Netherland Antilles	4	Scotland	10	United States	86
Hong Kong	2	St Lucia	2	Serbia	2	SOUTH AMERICA	
India	98	St. Kitts and Nevis	10	Spain	15	Argentina	7
Japan	44	Trinidad & Tobago	8	Sweden	1	Brazil	53
Kazakhstan	3	EUROPE		Switzerland	17	Chile	11
Malaysia	3	Albania	2	Ukraine	12	Colombia	14
Nepal	2	Armenia	1	United Kingdom	90	Costa Rica	5
Pakistan	29	Austria	2	MIDDLE EAST		Ecuador	1
Philippines	10	Azerbaijan	1	Bahrain	9	Panama	1
Singapore	8	Belgium	6	Egypt	47	Peru	3
South Korea	6	Bulgaria	1	Iran	61	Uruguay	1
Sri Lanka	3	Czech Republic	3	Iraq	16	Venezuela	2
Thailand	15	Denmark	4	Israel	65	Total	3181

OUR FACULTY AND THEIR RESEARCH

The Faculty of Medicine is an international powerhouse of health and biomedical research. Our research enterprise accounts for more than half of the total research funding obtained by the University of Toronto and has been awarded approximately one-fifth of all available funds from the Canadian Institutes of Health Research. We are unwavering in our commitment to scholarly productivity and boundless discovery.

NUMBER OF FACULTY

Full-time.....	2553
Part-time.....	1248
Adjunct.....	1390
Status only.....	1635
TOTAL	6826

**TOTAL number of faculty
holding research awards.....1688**

PUBLICATIONS

6,447 publications in 2011 (includes articles, editorials, proceedings and reviews)

FUNDING TOTALS ACROSS TAHSN

10,331 research awards 2011

\$918 MILLION (total includes operating, infrastructure and other funding)

\$162 MILLION in Tri-Council funding 2011-12 (U of T & Toronto Academic Health Science Network - TAHSN)

- Includes Canadian Institute for Health Research, Natural Science and Engineering Research Council, Networks of Centres of Excellence, Social Sciences and Humanities Research Council, Canada Research Chairs
- 34% of all available Canada Research Chairs (CRCs) in the categories of Health and Biomedical Science held collectively by the Toronto Academic Health Science Network (TAHSN)

\$52 MILLION in industry funding

\$492 MILLION in funding from health charities, research contracts and foundations

**this is an estimate from the general ThomsonReuters InCites database.*

OUR GLOBAL STANDING

TIMES HIGHER EDUCATION GLOBAL RANKING¹

Produced by TSL Ltd., using Thomson Reuters data

RANKING TYPE	2008	2009	2010	2011	2012
Overall worldwide rank	-	-	17	19	21
Pre-clinical, clinical & health	-	-	12	17	22
Reputation ranking	-	-	-	17	16

NATIONAL TAIWAN UNIVERSITY RANKING²

Formerly known as the Higher Education Evaluation and Accreditation Council of Taiwan

RANKING TYPE	2008	2009	2010	2011	2012
Overall worldwide	14	11	9	9	7
Clinical medicine	12	6	5	4	4
National	1	1	1	1	1

QS WORLD UNIVERSITY RANKING³

QS is an education and career networking firm

RANKING TYPE	2008	2009	2010	2011	2012
Overall worldwide	41	29	29	23	19
Medicine	13	11	16	16	17
Academic reputation	9	9	11	12	14

ACADEMIC RANKING OF WORLD UNIVERSITIES⁴

Formerly known as the Shanghai Jiao Tong University Ranking

RANKING TYPE	2008	2009	2010	2011	2012
Overall worldwide	23	27	27	26	27
Clinical medicine & pharmacy	27	29	29	27	25
National	1	1	1	1	1

FOOTNOTES

1 Times Higher Education Global Rankings

The Times Higher Education (THE) World University Rankings employ 13 calibrated performance indicators grouped into five areas. These include: teaching (30 per cent), research (30 per cent), citations (30 per cent), industry income (2.5 per cent) and international outlook (7.5 per cent). THE's World Reputation Rankings are generated through an international survey; in the first two cycles of the invitation-only survey, almost 31,000 individual academics from 149 countries have engaged with the exercise. This year's table of the top universities by reputation is based on a record sample of 17,554 detailed responses.

2 National Taiwan University Ranking (formerly HEEACT)

The National Taiwan University Ranking employs Bibliometrics to analyze and rank the scientific paper performance of the top 500 universities in the world. Selection of the 500 universities in this ranking system is based on information obtained from the Essential Science Indicators (ESI) produced by Thomson Reuters. Among more than 4,000 research institutions listed in ESI, the top 700 institutions are selected based on the numbers of published journal articles and numbers of citations. Non-university institutions are removed from the list, and the remaining institutions are compared once again. Data assessment of university performance is drawn from the ESI of ISI and Web of Science, which includes SCI and SSCI, and Journal of Citation Reports (JCR).

3 QS World University Rankings

QS World University Rankings present a multi-faceted view of the relative strengths of the world's leading universities. They are based on data covering four key areas of concern for students: research, employability, teaching and internationalization. The research currently considers over 2,000 universities, and ranks over 700. The top 400 are ranked individually, whereas those placed 401 and over are ranked in groups. The rankings are compiled using the following six indicators: academic reputation (40%), employer reputation (10%), faculty/student ratio (20%), citations per faculty (20%), international faculty ratio (5%) and international student ratio (5%).

4 Academic Ranking of World Universities (formerly Shanghai Jiao Tong)

The Academic Ranking of World Universities (ARWU) is produced by the Graduate School of Education at Shanghai Jiao Tong University in China. It was originally intended to judge the performance of Chinese universities but has grown in its scope and is frequently referenced as a ranking of international significance. ARWU uses six objective indicators to rank world universities, including the number of alumni and staff winning Nobel Prizes and Fields Medals, number of highly cited researchers selected by Thomson Scientific, number of articles published in journals of Nature and Science, number of articles indexed in Science Citation Index - Expanded and Social Sciences Citation Index, and per capita performance with respect to the size of an institution. More than 1000 universities are actually ranked by ARWU every year and the best 500 are published.

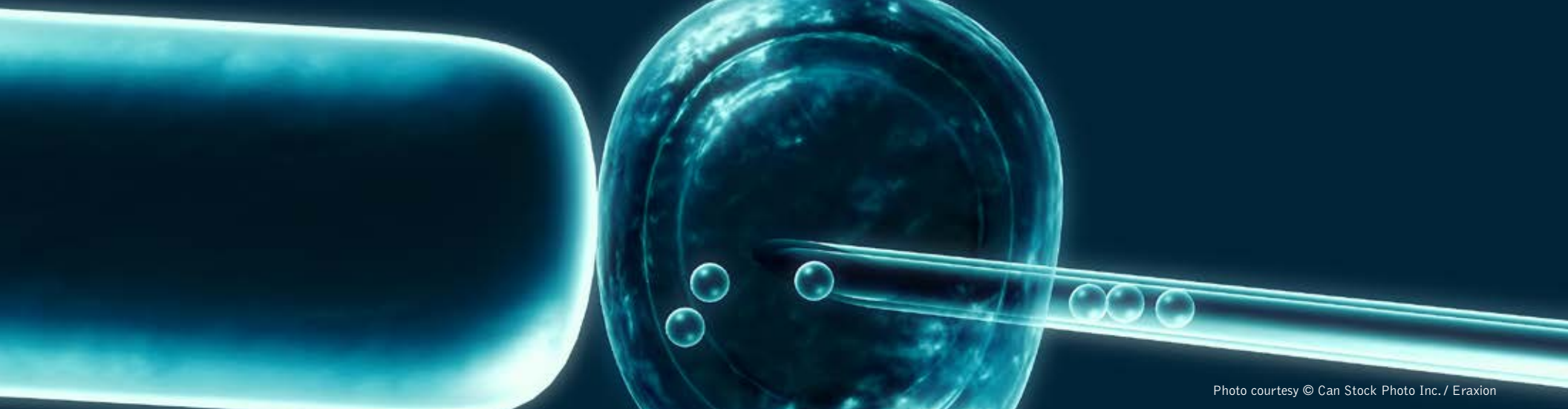


Photo courtesy © Can Stock Photo Inc. / Eraxion

OUR COLLECTIVE ADVANTAGE

The Faculty of Medicine is a large network with many internal and external partners. We are a major source of health human resources that serves the local, provincial, national and international community.

UNDERGRADUATE MEDICAL EDUCATION

38% of our graduating MD students chose family medicine in their residency match

POSTGRADUATE MEDICAL EDUCATION

36% of Ontario-trained family physicians currently practicing in Ontario are U of T trained

(Source: Ontario Physician Human Resources Data Centre - OPHRDC)

56% of Ontario-trained specialists currently practicing in Ontario are U of T trained

(Source: OPHRDC)

GRADUATE EDUCATION

25% of all Canada's health and biomedical PhDs are U of T Faculty of Medicine graduates

OVER 2,000 M.Sc./PhD students (all years) in 15 Graduate Departments engaged in research

CONTINUING EDUCATION & PROFESSIONAL DEVELOPMENT

21,591 registrants in 2011-2012

281 accredited events in 2011-2012

THE FACULTY OF MEDICINE STRATEGIC PLANNING OVERSIGHT COMMITTEE

Dimitri Anastakis, Katherine Berg, Alison Buchan, Mike den Haan, Luigi Girolametto, Avrum Gotlieb, Louise Lemieux-Charles, Howard Lipshitz, Stephen Matthews, Tim Neff, Meera Rai, Lloyd Rang, Wes Robertson, Jay Rosenfield, Jim Rutka, Salvatore Spadafora, Sarita Verma (Chair), Catharine Whiteside, Lynn Wilson

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STRATEGIC PLAN 2011-2016 YEAR 1 ACTIVITY REPORT

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