

Review Report

Terms of Reference: Part 1

UTQAP Review

Doctor of Medicine (M.D.)

Program under review:	Doctor of Medicine, M.D.	In conjunction with Provostial non-UTQAP review of Faculty of Medicine
Commissioning officer:	Vice-President and Provost	
Date of scheduled review:	February 27 th – March 1 st , 2019	
Reviewers (names, affiliations):	<ol style="list-style-type: none">1. David Brenner, Vice Chancellor – Health Sciences, Dean, School of Medicine, University of California, San Diego2. Dermot Kelleher, Dean, Faculty of Medicine, Vice-President, Health, University of British Columbia3. Moira Whyte, Vice-Principal and Head of the College of Medicine and Veterinary Medicine, University of Edinburgh	

The Terms of Reference are intended to establish the parameters of the cyclical review process and provide the framework of the review report. (UTQAP reviews are still required even when accreditation reviews have been conducted.) Reviewers are asked to comment explicitly upon the following:

1 Program

Overview

University of Toronto is a big, diverse University with a single medical school distributed across four academies on teaching hospital sites. It is a leading Faculty of Medicine by international standards with very high rankings across a range of international surveys. All interviewees were uniformly enthusiastic about Dean Trevor Young's leadership of the Faculty of Medicine. He was particularly noted for his commitment to diversity and inclusion, his skills in government relations, and his work to improve relations with the affiliated hospitals. Everyone also stated with pride the continued high international rankings of University of Toronto Medicine. The positive impact of his financial management of the Faculty was also highly commended. Furthermore, it was universally noted that Dean Young has a collaborative, considerate leadership style.

For **the M.D.** program under review, consider and comment on the following:

Objectives

Consistency of the program with the University's mission and Faculty of Medicine's academic plans.

- The Faculty of Medicine operates in accordance with the overall mission of the University. It is committed to, and succeeds in, fostering an academic community in which learning and scholarship flourish. Particularly under the current leadership, staff have shown clear commitment to the principles of equity, diversity and inclusion.
- The Faculty of Medicine Strategic Plan 2018-2023 emphasizes core objectives and initiatives in the following three areas (i) an ecosystem of collaboration (ii) ground-breaking imagination and (iii) excellence through equity. It is clear that the Dean and the Faculty of Medicine are committed to these goals and that much of the strategic activity is focussed on the achievement of objectives in these three areas. Examples include the enhanced approaches to admission of a diverse student community and the focus on increasing the coherence of TAHSN (the Toronto Academic Health Science Network).

Admission Requirements

Appropriateness of admission requirements to the learning outcomes of the program.

- The MD programme utilizes a combination of admission requirements which are in accordance with those used by other schools and which are appropriate for the requirements of the programme. In addition, the MD programme has developed enhanced-support admissions processes to increase recruitment of two specific student groups in accordance with its strategic plan, namely (i) an Indigenous student cohort and (ii) a black student cohort. The Faculty has built strong relationships with the relevant communities in advancing these programmes and has achieved significant recruitment, particularly in the black student cohort.
- In addition, there is a stream for admission of MD PhD candidates that has a limit of 8 students per year. While this appears to be progressing well, we suggest that capacity in this programme should not be limited to 8 per year in a research-intensive Faculty if adequate funding can be obtained.

Curriculum and Program Delivery

Curriculum reflects the current state of the discipline or area of study.

- The recently introduced curriculum (from 2016 entry) is very substantially changed in Years 1 and 2 and the Foundations curriculum fully reflects the current state of the discipline. Given the curriculum is in its third year, the final outcomes cannot be fully assessed but the Faculty are very actively seeking student feedback in “real time” and are making changes where indicated. The students are very engaged by the Foundations curriculum. The documentation does have some lack of clarity around the systematic approach to learning, described by some learners as organ-based and by others as specialty-based.

- Unlike the radical successful changes in the preclinical curriculum, the clinical curriculum is very traditional. There had been a serious and highly commendable attempt at a novel longitudinal clerkship experience which was discontinued because it was expensive, labor intensive, and not generalizable. Others have had similar experiences with such curricula. We hope that elements of this format can be incorporated into a hybrid model in the future.
- The clerkships varied with respect to responsibility given to the learners. Learners reported satisfaction with the clerkships however; they were identified as generally well structured and effective. By contrast, shadowing was felt to be of limited value during the Foundation period.

Appropriateness and effectiveness of the program's structure, curriculum, length and delivery to its learning outcomes and degree level expectations; clarity with which these have been communicated.

- The programme does appear to have been appropriately mapped using a spiral curriculum structure and there has been thoughtful input into the design of the clinical cases at the heart of the 72-week Foundations curriculum. Students in the third year of the programme were aware of how the spiral curriculum was informing their progression in their clerkship programmes. There is significant self-learning time designated during the Foundations curriculum and it will be important to monitor how effectively this time is being used with regard to learning objectives. The panel support the emerging consensus that exit to PhD for MD PhD students would be best occurring at the end of Y2.

Evidence of innovation or creativity in the content and/or delivery of the program relative to other such programs.

- There was significant evidence of innovation in programme content and delivery. The capacity to complete a degree programme in engineering provides substantial opportunity for students who choose this route as does the MSc in Health Policy, Management and Evaluation (Strategic Leadership and Innovation). The Computing for Medicine Not-For-Credit Certificate and the Graduate Diploma in Health Research are further evidence of an innovative approach to the overall programme. The Health Science Research component of the curriculum is innovative and has some attractive components, including the capacity to track review of research articles to other components of the spiral curriculum. The project component of the programme (writing a grant application) was, however, seen as artificial and of limited value by the students that we spoke to and we would suggest that the learning objectives be reviewed. The Community-Based Service-Learning (CBSL) component was seen as having mixed value by students as their time was variably utilized. Similarly this should also be reviewed. Early inter-professional learning opportunities through the Family Medicine Learning Experience are seen by the panel as innovative and a very useful introduction to integrated care practises.

The appropriateness and effectiveness of the program's clinical and service learning requirements and opportunities to its learning outcomes.

- As per notes above. It has not been possible to evaluate the full 4 years of the new curriculum (since it is only in its third year). However both Year 4 (old curriculum) and Year 3 (new curriculum) students expressed satisfaction with their experience and opportunities. Students spoke very highly of almost all their clinical experiences. Nonetheless much of the year 4 elective time is occupied by the process of preparing for

and applying to the Canadian Resident Matching Service (CaRMS) match. This represents a highly stressful time for students and one where the learning experiences may be sub-optimal. The current Year 4 curriculum misses opportunities, such as reviewing basic knowledge after the clinical experience, genomics and informatics.

Opportunities for student research experience.

- There is substantial opportunity for research experience within the curriculum both during self-learning time during the week in the spiral curriculum and in the summer in Y1, Y2 and Y4. The programme organisers could consider whether opportunities are equally accessible to students at Mississauga Academy of Medicine (MAM).

Assessment of Learning

Appropriateness and effectiveness of the methods used for the evaluation of student achievement of the defined learning outcomes and degree-level expectations, especially in the students' final year of the program.

- The students are assessed frequently within the programme using an impressive range of different assessment approaches, including quizzes, MCQs and OSCEs. The portfolio approach is commended in assessing the students' reflectiveness on their learning experiences.
- We understand that Y4 in the new curriculum will closely resemble current Year 4. There are challenges to providing equity of clinical experience in Y4 as a result of students' need to use elective and selective periods to gain relevant expertise for, and interview time in, the CaRMS matching process. This issue is common to all Canadian medical schools. Despite this, current Y4 students were clear that they feel very well-prepared by the programme for clinical practice.

Quality Indicators

Assessment of program against international comparators.

- A formal international assessment has not been completed. However, all three visiting Deans consider the structure of the curriculum is in line with international best practise.

Quality of applicants and admitted students; enrolment.

- The programme receives large numbers (approximately 15 per place) of very high quality applicants and those admitted have exceptional GPA and MCAT scores. A rigorous mini-interview process is conducted.

Student completion rates and time to completion.

- Completion rates are high and comparable to other medical schools. Similarly time to completion.

Quality of the educational experience, teaching, and graduate supervision.

- Student feedback across all years of the programme attested to a high quality educational experience, delivered by extremely well-qualified and committed Faculty. This was true in all 4 of the medical Academies and across all Departments as far as could be ascertained. Graduate supervision, principally for MD PhD students in the context of this programme, can

be seen to be somewhat remote from the University as many of the research sites are not on the main University campus. Although they have an excellent “re-entry” to clinical medicine course, the MD PhD students felt some thought could be given to keeping them in touch with the MD programme whilst they are undertaking their PhD.

- There is tremendous student stress about residency match, made acute by last year’s national failure to match. The CARMS match dominates Y4 including travelling.
- Student surveys reported 60% of students reported harassment, which includes student to student harassment. Students need skills to treat each other better and this has been recognised by Faculty with action plans being considered. The faculty should consider gathering additional information regarding the source and nature of such mistreatment and using such information to develop a comprehensive action plan.

Implications of any data (where available) concerning post-graduation employability

- While there were significant issues with regard to the CARMS match last year, in which the Dean was strongly involved in resolution, this year’s match appears to have been highly successful with a limited number of unmatched students on first iteration.

Availability of student funding.

- Student funding has been realigned to target benefit to those with greater need.

Provision of student support through orientation, advising/mentoring, student services

- The panel were impressed with the work of the Office of Health Professions Student Affairs (OHPSA), particularly commending the Resilience Curriculum and the focus on student wellness. The SCORE programme for returners from absence is also very effective. Student support is accessed by around a quarter of students and several students volunteered they were impressed by the quality and timeliness of the support offered. Careers advice and support has been identified as an area for further development.

Program outreach and promotion.

- See Section 2

Quality Enhancement

Initiatives taken to enhance the quality of the program and the associated learning and teaching environment.

- The Faculty have undertaken an internal assessment of quality enhancement and identified clear future aspirations. The near real-time quality improvement in the new Foundations curriculum was particularly noteworthy.

Extent to which initiatives have been undertaken to enhance the program’s diversity and accessibility (i.e., for students requiring physical or mental health accommodations).

- Dr Robinson's work on diversity and inclusion was warmly welcomed by the panel and she has identified disability as an area for further work, building on excellent achievements around equality of opportunity for gender and race. Many of the Faculty we met expressly volunteered their commitment to diversity and inclusion and referred to strong leadership from the Dean in this area.

2 Faculty/Research

For the M.D. program under review, consider and comment on the following:

Scope, quality and relevance of faculty research activities.

- Toronto's high position in a range of international league tables assessing research power and quality speaks to the excellence of research undertaken in the Faculty and the wider Toronto ecosystem of hospital partners and institutes. Research strengths in the Faculty underpin the basic science curriculum and support from other Faculty areas appears fully available, notably from the new Dalla Lana School of Public Health and the Faculty of Arts and Science.

Appropriateness of the level of activity and funding relative to national and international comparators.

- The Faculty has a research income of approximately \$130M and the wider Toronto partnership of \$900M, attesting to its international standing. Research overheads (IDC) provided by the main funder, CIHR, are however inadequate and do not allow full cost recovery. This impacts on financial balance in the Faculty and there is need for investment in the quality of research space in order to continue to recruit excellent researchers and undertake cutting-edge science. This issue is discussed in greater detail in Part 2 of this report.

Appropriateness of research opportunities and activities for medical students.

- Medical students have access to a wide and impressive range of research opportunities, beginning early in Year 1, and supplemented by further opportunities. The panel particularly enjoyed hearing about the Comprehensive Research Experience for Medical Students (CREMS) research taster programme and look forward to seeing how it progresses.

Appropriateness and effectiveness of the Faculty's use of existing human resources. In making this assessment, reviewers must recognize the institution's autonomy in determining priorities for funding, space, and faculty allocation

- The current Dean has effectively rebalanced budgets across the Faculty and there is a robust process for space review and allocation for new research space. Several Faculty members praised the openness and objectivity of the senior management team in reaching and explaining such decisions.
- Overall, despite the success in balancing the budget, we were concerned that the current budget provided insufficient funds for continued success and expansion that will be needed for new recruitments, new and/or renovated research space, new investments in research

cores, and scholarships. The leadership felt that the current budget model encourages silos and limits collaboration across U of T.

3 Relationships

For **the M.D.** program under review, consider and comment on the following:

Strength of the morale of faculty, students and staff.

- Morale appeared to be high among the faculty, students and staff. Students at all levels spoke freely and were appreciative of the support of faculty and staff. Faculty and staff were strongly supportive of the strategic approach of the Dean, which was noted to have increased the cohesion of the Faculty with regard to its partners and also to have strongly supported activities in equity and diversity. Of note, research faculty and graduate students did report a lack of association with the University as compared to the host research institute and favoured their stronger relationships with the partner institutions where the research was performed (whilst acknowledging progress in this area, particularly in the Dean's engagement of the TAHSN partners).

Scope and nature of relationships with cognate Faculties, academic departments and units.

- Relationships appeared to be collegial and strong with other faculties and such relationships have led to significant strategic developments, including for example the Biomedical Engineering programme and enhanced relationships with the Faculty of Science and Arts. The support of the Dean in enhancing relationships was noted by the cognate Faculties. Relationships with academic departments appeared to be collegial. Difficulties in strategic developments of departmental strengths were acknowledged relating to funding constraints.

Extent to which the Faculty has developed or sustained fruitful partnerships with other universities and organizations in order to deliver the M.D. program and foster research and creative professional activities

- Although not a particular focus of the review, the Faculty have developed some interesting international partnerships, taking a highly selective and strategic approach which the panel commends. The Faculty makes a major contribution to the University's Addis Ababa collaboration and has an interesting research partnership with the prestigious Zhejiang University in Hangzhou, China in the areas of neuroscience and molecular genetics. Family Medicine also has the prestigious status of a WHO collaborating centre.

Scope and nature of the Faculty's relationship with affiliated hospitals, external government, academic and professional organizations.

- The panel heard from many sources, including relevant CEOs, that TAHSN is working well and that the Faculty Dean and other staff are contributing to this. This was evident in almost all hospital CEOs attending a meeting with the panel and others described the value of new TAHSN committees for Practice, Clinical, Education and Research. This is a crucial relationship for the Faculty and there are opportunities to further strengthen this partnership working (see Part 2). Relationships with the community hospitals appear good.

- The Dean personally co-ordinates the relationship with external government, the Royal Colleges and AFMC, building communication and trust.

Social impact of the Faculty in terms of outreach and impact locally, nationally and internationally with respect to M.D. education.

- Please see Part 2

4 Organizational and Financial Structure

For the M.D. program under review, consider and comment on the following:

The appropriateness and effectiveness of the Faculty's organizational and financial structure, and its use of existing human, physical and financial resources in delivering the M.D. program. In making this assessment, reviewers must recognize the institution's autonomy in determining priorities for funding, space, and faculty allocation.

- The Faculty has a clear organizational structure for delivery of research and teaching, retaining a traditional Departmental model but with good integration for education across the academies. The new MD programme, by its nature (small group teaching is a key feature) is more labor-intensive and may stretch resources across some areas of curriculum delivery.
- There were a couple of areas that the reviewers felt might sit better at Faculty level, e.g. uniting the fundraising team rather than basing the majority in Departments and some aspects of graduate student training could be co-ordinated to support a Faculty identity. The panel recognized the lack of autonomy with regard to capital investment in research equipment and space.
- Because of the relationship with TAHSN and the concentration of resources within TAHSN, the U of T chairs have less resources and responsibilities than their peers at comparable institutions. Perhaps the function of the chairs could be expanded to work on greater synergies across TAHSN and UT.

The appropriateness with which resource allocation for the M.D. program, including space and infrastructure support, has been managed.

- As far as the review could ascertain, sufficient Faculty resource is invested in the MD programme, and investment in the new curriculum has been a Faculty priority. The programme administration operates from the Medical Sciences Building (MSB), with some significant space constraints. The programme has been identified as resource intensive and this is an area that will require further monitoring.
- The Dean is a Vice-Provost and not a Vice-President. The Dean, because of the enormity of his job, the nature of his relationships with the leaders of the health organizations and the size of the enterprise should have a seat at the table where major decisions are being made. We would recommend that consideration be given to structuring this position at a Vice Presidential level.

5 Long-Range Planning Challenges

For the M.D. program under review, consider and comment on the following:

Consistency with the University's and Faculty's academic plans.

- Please see Section 2

Appropriateness of:

Complement plan, including balance of clinical, tenure-stream and non-tenure stream faculty

- The panel consider that there is a good balance of staff across the programme but resource may be required to strengthen certain teams, e.g. OHPSA, in light of increasing student demand. High-quality teaching faculty, particularly for underpinning basic science, does require the ability to recruit and this will be hampered by the tight fiscal situation and poor-quality research space.

Plans for advancement and leadership in approaching alternative sources of revenue, and appropriateness of development/fundraising initiatives.

- Faculty success in fundraising is low by comparator standards both nationally and internationally and particularly in light of the Faculty's international stature. The panel recognise other strong local offerings competing in health philanthropy but think the Faculty could develop some "big ticket" collaborative strategic proposals. The panel recommend that the fundraisers are encouraged to focus more on larger strategic goals in addition to the priorities of individual departments.

Management, vision and leadership challenges

- The management and leadership have successfully addressed the challenge of a balanced budget and have invested in a transformation of the MD programme; there were multiple reports that the leadership is effective, strategic and popular. Future challenges around strategic research priorities and estate can only be addressed in partnership with the University.

Space and infrastructure considerations

- The MSB, which is now 50 years old, provides adequate but not luxurious space for MD students and delivery of the programme. Investment in new Anatomy facilities has been beneficial, as has a new Admissions and Enrolment Office and an MD Student Lounge.
- UT research space needs replacement or renovation with approximately 80% of space in unsatisfactory to unusable space. The older space is designated by departments without benchmarks (such as \$ per square foot) and does not seem to be redistributed based on needs. A UT Medicine space committee could be formed to assess space utilization and handle space for recruitment and redistribution.

6 International Comparators

Assessment of the M.D. program relative to the best, including areas of strength and opportunities.

- The panel consider the revised MD programme to be of high quality and internationally competitive. The curriculum redesign has been successful and adjustments are being made where required to optimise student learning and experience. A structured commitment to diversity and inclusion is allowing under-represented groups to access medical education. Innovations in the curriculum provide multiple opportunities for research experience in keeping with the academic reputation of the University of Toronto. Strong education science expertise in the Faculty provides an opportunity to assess those aspects of the curriculum that are most associated with positive outcomes for preparedness for practice.

Review Report

Terms of Reference: Part 2

2018-19 Provostial Non-UTQAP Review

Faculty of Medicine

Division under review:	Faculty of Medicine	In conjunction with UTQAP Review of M.D. program
Commissioning officer:	Vice-President and Provost	
Date of scheduled review:	February 27 th – March 1 st , 2019	
Reviewers (names, affiliations):	<ol style="list-style-type: none"> 1. David Brenner, Vice Chancellor – Health Sciences, Dean, School of Medicine, University of California, San Diego 2. Dermot Kelleher, Dean, Faculty of Medicine, Vice-President, Health, University of British Columbia 3. Moira Whyte, Vice-Principal and Head of the College of Medicine and Veterinary Medicine, University of Edinburgh 	

The Terms of Reference provide the framework for the review report. Reviewers are asked to comment explicitly on the following:

1. The consistency of the Faculty’s academic plan with the University’s long-range plan in particular, the commitment to excellence in teaching and research.

The University of Toronto long term mission is stated as per the Framework document as “The University of Toronto will continue to be distinguished by a research-intensive culture, the academic rigour of its educational offerings and the excellence of its faculty, staff and students across three distinctive campuses and in many partner institutions”.

The Faculty of Medicine is consistently highly ranked in international rankings relating to both research and educational activities. Its success is highly dependent on a range of collaborative activities with partner institutions, most notably within the TAHSN group of health partners including the Trillium group responsible for the newest Academy at Mississauga. It is clear that the relationships between the Faculty and its external partners through TAHSN have improved substantially during the period of the present Deanship and that more effective and meaningful collaboration is taking place. However, the University role in developing strategic initiatives in research is hampered by aspects of the current budget model which impact on the Faculty’s ability to effectively lead with regard to the research agenda of TAHSN. Consideration should be given to providing financial support in a new budget model or through complementary funding

with the budget model to enable the FoM and the University to provide more comprehensive co-ordinating research functions at TAHSN, thereby strengthening its leadership potential in research strategy.

2. Progress towards the Faculty's academic priorities, including the capacity to meet opportunities and challenges ahead successfully.

The FoM has outlined three major domains of focus: (i) Ecosystem of Collaboration (ii) Ground-breaking Imagination and (iii) Excellence through Equity.

(I) Ecosystem of Collaboration

- The FoM has invested substantial energy in enhancing the nature of the interactions with TAHSN as reflected by the supportive comments of the CEO's, the Heads of Department and the cognate Deans. The contribution of TAHSN to the educational mission is readily demonstrated through the Academies, whereby the partner organization provides physical learning spaces for undergraduate and postgraduate education within the system, and by the large and successful postgraduate medical education programmes.
- At a research level, the TAHSN CEO's have identified two major priorities for University collaboration, namely AI/Machine Learning and Wellness. There are clearly significant opportunities for cross-institutional collaboration across the AI/Data Science domain which can be supported within the FoM and the University and would map well to local, national and international opportunities. Integration of wellness, respect and resilience is a priority for all elements of TAHSN and University leadership in this area can be further extrapolated through integration of FoM hiring policies and practises with the TAHSN partners.
- We believe that further strengthening of collaboration with respect to research co-ordination and management will require University and FoM investment to produce co-ordinated approaches in areas such as joint research ethics, joint grant coordination and ultimately joint research strategy setting. Integration of research process would demonstrate exceptional value to members of TAHSN at all levels and provide a platform for further joint working to the benefit of the University.

(ii) Groundbreaking Imagination

- The FoM has a demonstrated capability to work in an interdisciplinary way across the faculty boundaries with substantial successful collaborations with Engineering, Arts and Science, Nursing among others. Continuation of these efforts are encouraged with considerable encouragement for the development of cross-cutting data science / AI initiatives. Some of this activity is likely to require funding in the data science/ AI space in order to catalyze meaningful activities intended to influence the likely changes in medicine over the next 10-20 years.
- FoM is taking a concerted approach to broadening the horizons for future medical graduates with a series of complementary programmes from certificate to diploma level in engineering, management and leadership and data science in addition to

increasing the research focus of the UG curriculum. It would be useful to enhance the current approaches to entrepreneurship through enhancing co-operation on IP and tech transfer across the partners in TAHSN and consideration of joint programmes with the Business School.

- A novel program is the IMS translational research program that includes a masters in translational research. This includes a very clever student incubator with connections to biotech experience and investors.
- Rehabilitation research should benefit from enhanced interdisciplinarity between clinical areas and with areas such as biomedical engineering.
- The clinician scientist will have a critical and enlarging role in translational research and in academic medicine. Because of the current complicated mechanisms for flowing funds, there is a serious concern that the clinician scientist in the Faculty of Medicine will be overwhelmed with patient care and administration.

(iii) **Excellence through Equity**

- It is very clear that Dean Young has invested considerable leadership in the issue of equity and that this is recognized Faculty-wide. Notable success has been achieved in increasing the number of black and Indigenous students and in promoting the concept of equity with regard to both student and faculty recruitment and promotions. We were very impressed that the requirements for admission were not changed for URM applicants. Data indicated that URM applicants had issues with logistics, not academics. We were impressed with the commitment to recruit a more diverse medical school class. This included summer mentorship program, application navigators, mock interviews, free MCAT prep course, and the presence of community members on selection committee.
- It will now be important to ensure that external partners are fully aware of the Faculty's approach to equity in faculty hires and that this approach begins to inform recruitment processes within the partner organizations.
- An effective and responsive OHPSA has been established with most student queries having a response time of less than 24 hours. The students were pleased with the mental health support, including counselors and referrals. Of particular importance, 2 students freely stated without any stigma that they had used the services.

3. The appropriateness of the approach to undergraduate and graduate education and its enhancements to support students' academic experience.

- The new undergraduate medical curriculum has been well received by students and faculty alike. It is apparent that the curriculum is substantially more resource intensive than its predecessor and the future resource implications will have to be managed carefully.

- The students were pleased with the mental health support, including counsellors and referrals. Of particular importance, 2 students freely stated without any stigma that they had used the services. It was impressive that there appeared to be no stigma attached to the use of the mental health services.
- Post MD education appears to be well organized and co-ordinated with considerable effort going in to addressing the uniform quality of the experience.
- Graduate students with a significant research component are largely placed in partner organizations. While the quality of the experience appears to be monitored through University procedures, students otherwise report a disconnect with the University and a lack of identification as U of T students. Efforts should be focussed on connecting research-based students with their identity as U of T students and alumni and in enhancing the quality of the U of T experience.
- As most such students do NOT pursue an academic career there is a need for additional alternative career advice. In some departments this is provided by alumni. Some but not all departments have professional development personnel for their graduate students and we recommend that if assessment shows that this is effective, this approach should be extended across the system.

4. The effectiveness of the Faculty's efforts to foster a strong culture of excellence and achievement in research and scholarly activity, including the effectiveness of support structures.

- The Faculty has a clear commitment to excellence in research and scholarly activity. However, much of this activity takes place within the partner organizations supported by U of T structures with regard to students and faculty. It was noted that PhD scientists within the partner institutions do not receive the same faculty privileges as their MD counterparts and this may be a cause of some disenfranchisement. The University is aware of this issue and the background is complex but we feel that consideration should be given to approaches that enhance inclusiveness for this cohort.
- Further consideration should also be given as to how the University can invest in providing the "glue" to help co-ordinate the overall research effort of the TAHSN in particular e.g. coordination of research ethics, joint research management activities, creation of a Joint Research Office as discussed above, demonstrating both leadership and added value within the network. Such investment could not only facilitate the co-ordination of research but could enhance the University's ability to more strongly drive the co-ordination of research strategy.
- In order to operate more effectively within this milieu and to provide leadership within the system, due consideration should be given to appointment of the Dean as a Vice President as such a position would more accurately reflect the system-wide activity and responsibility of the Dean with regard to healthcare partners at President/CEO level.

5. The effectiveness of the Faculty's internal organizational and financial structure including the appropriateness of resource allocation with respect to budget, plans for new revenue generation, faculty complement, infrastructure and advancement.

- While structures internally appear to be efficient and have proved effective in reducing the faculty budget deficit substantially, it does appear that it will be impossible for the Faculty to grow strategically in a manner reflecting its current international status within the current budget model. There are pressing needs for strategic recruitments and for capital investment in research which cannot be met effectively.

6. The scope and nature of the Faculty's relationships with other University of Toronto campuses and divisions.

- These relationships appear to be strong and appropriate. The collaborations with Engineering and Public Health were particularly strong. The teaching of courses in the biological sciences by the Faculty of Medicine is a creative way to encourage cross-campus synergies.

7. The scope and nature of the Faculty's relationship with affiliated teaching hospitals and community health sectors.

- Much of this has been commented on in preceding sections. The Dean clearly commands the respect of the TAHSN network and has contributed significantly to a more collaborative approach at this table. Relationships with community organizations have developed very substantially, with a large community contribution to family practise and an enthusiastic engagement with the Faculty of Medicine. This will likely be further enhanced through partnership working to deliver the revised curriculum and an increased emphasis on interprofessional learning.
- Although the TAHSN construct has demonstrated significant benefits, in order to unlock its full potential, TAHSN will need to better harmonize IRB approvals, intellectual property agreements, contracts, data sharing, and uniform forms. A barrier to commercialization was the concerns over I.P. distribution between UT and hospitals. Because of the relationship with TAHSN, the U of T chairs have less resources and responsibilities than their peers at comparable institutions. Perhaps the function of the chairs could be expanded to assist in the focus on greater synergies across TAHSN and U of T.
- More substantial influence, particularly with TAHSN, will depend on University investment to enhance true strategic collaboration in this domain.

8. The scope and nature of Faculty's societal impact in terms of outreach to local, national, and international organizations and communities.

- These issues are being addressed at an educational, research and systemic level. Increasing reflection by students regarding their role in society is encouraged through the portfolio elements within the curriculum, in addition to the CBSL component in the Foundation Programme. Success in recruitment of black and Indigenous students has been made possible by deep and meaningful community engagement. Outreach to society is also reflected in many of the research programmes which address current pressing societal needs, including

for example mental health and addictions, and in international activities in places like Ethiopia. Systemic engagement should be facilitated through engagement with current health re-organization and it is important that the FoM, in addition to other health and social care partners within the University, engage actively with this process.

9. Extent to which initiatives have been undertaken to enhance the accessibility (i.e., for students requiring physical or mental health accommodations) and diversity of the Faculty in the areas of academic programs, student and faculty complement and recruitment.

- This issue has largely been addressed in item 1. In the area of disability we have been informed that there has been an increase in the number of individuals self-reporting disability status, which has enabled support services to more effectively engage.