



November 1, 2019

DEAN'S RESPONSE TO THE EXTERNAL REVIEW OF THE DEPARTMENT OF MEDICINE (2018-19)

On behalf of the Faculty of Medicine at the University of Toronto, I would first like to thank the external reviewers—Prof. Katrina Armstrong, Harvard Medical School and Graydon Meneilly, University of British Columbia—for a rigorous review of the Department of Medicine on December 3-4, 2018. I would also like to thank, on behalf of the Faculty, Prof. Gillian Hawker, Chair of the Department, the administrative staff, and all those who contributed to the preparation of the outstanding self-study report. I also thank the many faculty, trainees, and staff who met with the external reviewers; their input was invaluable. Much has been accomplished and the Department of Medicine is strongly positioned. The reviewers stated that “the DOM is exceptional; and should be complimented on its ongoing efforts to address the multiple aspects of its mission”.

The Faculty of Medicine greatly appreciates the time and effort the reviewers dedicated to providing a written report. It is insightful and comprehensive, and will serve to guide the future strategic directions of the Department of Medicine.

Below are comments on some of the specific areas addressed by the reviewers and their recommendations.

The next review is scheduled in the 2023-24 academic year. There will be follow up with the Chair on the implementation of the external review recommendations in 2021-22.

Sincerely,

L. Trevor Young

I Undergraduate Medical Education

Recommendation 2: Consider improving the UME ambulatory medicine experience, including a establishing a separate dedicated ambulatory rotation.

The Department will develop a third-year ambulatory care rotation in the medicine clerkship for the upcoming academic year.

Recommendation 3: Consider appointing a DOM liaison to the preclinical UME curriculum.

Dr. Luke Devine has been appointed as the Director of UME, a role that has now been expanded to include the preclinical years of the UME. The Department will consider the appointment of a Faculty Lead focusing explicitly on the preclinical Foundations Curriculum.

II Postgraduate Medical Education

Recommendation 4: The Department will need to work with its partners in the hospital system to develop alternative staffing models to support inpatients and the training programs.

The Vice Chair Education will strike a committee consisting of faculty from GIM and subspecialty programs to determine the most effective immediate approach to address the current changes in workflow and educational demand.

Recommendation 5: The Department should make the implementation of CBD as seamless as possible.

The DOM will continue to work with PGME to foster innovation and avoid duplication in assessments and analytics with the roll out of CBD.

Recommendation 6: Because point of care ultrasound (POCUS) is a core competency for all internists in future, the curriculum in this area should be enhanced and expanded.

The Vice Chair, Education will convene a committee to perform an environmental scan and make recommendations to the Department to optimize teaching and education of POCUS.

Recommendation 7: Attending presence in evenings should be evaluated across the inpatient services to ensure teaching and care is optimized.

The DOM will examine ways to increase staffing of CTUs and consultation services in the evenings, possibly through more flexible hours of care.

III Quality and Innovation

Recommendation 8: Consider a special track for QI research ethics as part of the ethics harmonization process.

The DOM will consider, with the Faculty's Vice Dean, Research & Innovation, a centralized process for the ethics review of QI projects while continuing to establish dedicated QI ethics processes at TAHSN hospitals.

Recommendation 9: Continue to invest in mentorship and advancement of junior faculty with a QI focus in partnership with hospitals.

The DOM will work closely with PICs to identify new and existing opportunities for MDs with QI expertise. In addition, a survey and retreat was held of CQI faculty, the results of which will lead to recommendations for next steps.

IV Research

Recommendation 10: The DOM should work with stakeholders to ensure that Clinician Investigators are receiving appropriate support for their research.

The DOM leadership will meet with the VPs of Research from TAHSN hospitals to achieve better alignment between the CIs in the DOM and the Research Institutes.

Recommendation 11: The DOM could be more proactive in ensuring clinical placements for trainees in the CSTP.

Availability of a clinical associate position to enable the trainees to maintain their clinical skills while pursuing graduate training is now a requirement for acceptance into the CSTP.

Recommendation 12: Efforts should continue to be made to recruit more women into the CSTP.

The DOM has expanded the CTSP selection committee and has established a diverse College of Supervisors to ensure a diversity of clinician scientist models.

Recommendation 13: The DOM should consider making a commitment of a faculty position to CSs while they are still in the program.

The DOM is working with the DDDs and PICs to work toward a plan for faculty recruitment at the end of training either at U of T or elsewhere.

Recommendation 14: Attention needs to be paid to providing a pipeline of basic clinician scientists and configurations that allow research during core residency.

The DOM has appointed a recent graduate of the MD/PhD program to chair a committee to make recommendations on how to optimize the basic science careers of these trainees. In addition, a Basic Science Mentoring Committee will be established.

Recommendation 15: Harmonization of ethics and contracts between sites needs to be addressed expeditiously. While the former is about to be addressed, the latter needs to be.

This will be addressed as part of the FoM's new Strategic Plan and through engagement of the TAHSN Research Committee.

Recommendation 16: Efforts to develop relationships similar to that with Computer Science with other basic science departments on campus.

The DOM is encouraging networks projects through the Research Network Program and have recently announced a funding call for such projects.

Recommendation 17: Contribution to mentorship should be recognized as part of the promotions process.

The DOM will be including mentorship activities in the new online faculty CV template.

Recommendation 18: Consideration should be given to make sure junior scientific faculty have mentors outside their own division.

The DOM will work with departmental leaders to facilitate these linkages for junior faculty.

Recommendation 19: The DOM should consider a reverse mentorship program for senior faculty by junior faculty.

The MED committee will be asked to make recommendations with respect to task specific coaching of senior faculty by junior faculty.

V Faculty

Recommendation 20: The DOM should continue efforts to develop a robust process for facilitating career transitions.

A previous task force struck by the MED Committee developed a tool kit for faculty considering retirement. The DOM will introduce confidential retirement coaches at each of the TAHSN hospitals to address local practice plan questions. In addition, the DOM has introduced a “welcome letter” for faculty which explicitly describes the expectation of full practice, financial planning for plan members. In addition, the DOM has developed a checklist of academic position descriptions, financial planning for retirement, and planned career transitions.

Recommendation 21: Consideration should be given to developing a better performance management system to assist in such difficult discussions.

Consistent demonstration of professionalism is now required for faculty appointment, promotion and awards, and leadership positions. For academic performance, revisions to the various documents related to the academic review and appointment processes have been made with improved attention to the alignment of faculty members’ activities with expectations.

VI Equity and Diversity

Recommendation 22: Continue to focus on increasing the number of women in the department and their progress through the ranks.

The DOM will continue its efforts with a data dashboard, adherence to guidelines around searches and recruitment, and additional diversity metrics. We believe these strategies are working as 50% of Divisional Directors are now women.

Recommendation 23: Continue to collect data on diversity and move forward with the task force expeditiously.

The next DOM Faculty Survey was launched in March 2019 and continues its focus on equity, diversity, professionalism, and wellness. These surveys have been critical to driving departmental initiatives. The Department has established a working group focused on diversity led by Dr. Sam Sabbah. The Department has also developed and implemented faculty and trainee workshops on a variety of topics related to diversity, e.g. ally-ship. The DOM will likely conduct additional faculty one-on-one interviews in 2020, using the survey data to drive the questions, to allow for more detailed information to guide future departmental activities.

VII Chairs Office

Recommendation 24: Continue to bolster cross-divisional research efforts and investment to ensure the future success of the research enterprise across all Divisions.

Former Chair, Dr. Wendy Levinson, had initiated Challenge Grants for this purpose. These were highly successful, but fiscal restraints prevented their continuation. In their place, the DOM has implemented the research networks and assisted divisions in fundraising to enable city-wide research/QI initiatives; many have been successful. The Department has also recently launched fundraising for the 2019 celebration of the Eaton Chair's establishment 100 years ago.

VIII Organizational and Financial Resources

Recommendation 25: The Department should aggressively pursue other sources of funding to replace high risk revenue sources such as tuition fees from Saudi residents.

Advancement is a major focus of the Chair's activities going forward. 2019, 2020 and 2021 have high potential for major gifts to the Department due to milestone celebrations (Eaton legacy endowment and discovery of insulin). Additional fundraising opportunities are being pursued through introduction of CME divisional activities, alumni events, and diversification of our funded fellowships.

Recommendation 26: The Department should consider further fundraising training for selected faculty.

The DOM has sent selected faculty leaders to attend the CASE conference this year and will continue to do so in future years.

Recommendation 27: The DOM should consider applying for an Alberta or Queen's style AFP.

The DOM strongly supports moving from the current fee-for-service (FFS) model of funding of physicians. A proposal for an AFP-type funding model was made prior to the current government being in place but is unlikely to move forward under the current leadership.

Recommendation 28: The Faculty leadership should make every effort to ensure that the departmental staff are moved into consolidated space as soon as possible, since this will maximize efficiency and effectiveness.

The DOM departmental office successfully moved into new space in the Naylor Building in October 2019.

Recommendation 29: The Faculty should consider increased IT support for the large postgraduate programs of the Department, particularly with the implementation of competency by design.

The Department is fully supportive of a better IT system for its over 1000 residents and approximately 450 fellows. The hospital chiefs and division heads have been asking for some time for centralized scheduling; this would reduce confusion about which resident is where and enhance the ability of the hospitals to proactively plan for gaps in resident coverage. It would also enhance the ability to account for resident attendance and has the potential to free up substantial staff time. This would enable some resources to be reallocated to other areas in education, notably CBD.

Recommendation 30: The Department should continue its plans to involve patient advisors in all aspects of the mission.

This is a priority for the DOM. Under the leadership of Dr. Andreas Laupacis, work in this area has progressed quickly. He has developed formal recommendations for integration of patients into the administration, research, education and QI activities of the Department.