

### INTRODUCTION

The Division of Respiriology held its last Strategic Planning Retreat/Meeting in Oct 2018 that laid out a vision and plan for 2018-2023. Two major outcomes arose from this meeting:

1. **Identification of Airways Diseases (AWD)** as an area of focused development and the appointment of Chung-Wai Chow to lead this initiative from 2018.
2. **Enhanced support for interventional pulmonology (IP)** and the tuberculosis/non-tuberculous mycobacteria (TB/NTM) as potential new areas of excellence for future development

During this time, the Division had several notable achievements:

1. The Respiriology Training Program underwent a successful and highly complimentary RCPSC accreditation in 2020. The program was renewed for another 8 years to 2028.
2. The IP program increased its faculty with hiring of 3 new faculty to facilitate growth in this area.
3. The establishment of the Pettit Block Term grants to provide seed funding for research projects has led to multi-site collaborators, joint publications and new funding from peer-reviewed agencies.
4. The AWD group flourished with significant productivity with respect to publications and new funds from group grants to the NIH and CIHR.

The **COVID-19** pandemic had a significant, both positive and negative, impact on the Respiriology faculty. While some faculty members seized the opportunity to focus on data analysis and write up of manuscripts of previously collected data, many junior faculty had to contend with juggling family responsibilities while working from home. This was particularly difficult for many who had toddlers and school age children. In addition, many faculty within our Division took on primary responsibility in the care of COVID patients, serving as MRPs in COVID wards, clinics and vaccination sites. Due to the skillsets of respirologists and the fact that many faculty in Respiriology are actively engaged in acute care medicine (Transplant, IP, ICU), divisional members contributed disproportionately to the clinical load and human resource deployment throughout the pandemic when compared to other specialists and sub-specialists.

The faculty are proud of their contributions during COVID and would not hesitate to do so again if another need were to arise. That said, there is no doubt that by 2022-2023 when the impact of COVID was beginning to abate, the faculty were exhausted and, in some cases, burnt out. Everyone was looking for some downtime to care for themselves and their families.

The **DDD transition** took place in January 2022, when COVID was still at one of its peaks. Toronto was still in total lockdown. Chung-Wai Chow, the new DDD was actively serving as MRP in the COVID wards until April 2022. During 2022 and 2023, Dr Chow spent this time meeting (virtually) with as many of the divisional members as possible to gain a better understanding of their needs, aspirations, issues and the overall sense of well being. Insights gained from these meetings led to several initiatives in 2023 and the 2024 focused Strategic Planning Meeting which are detailed below.

**Survey** of the faculty both formally and via one-on-one meetings revealed a consensus that the Division is functioning well and that many of our programs are meeting the needs and aspiration of the Division members. These are itemized below.

### 1. VISION

The 2018 statement was “International leadership in innovative, productive and world class respiratory research and training programs”. This resonated strongly with the group.

## **2. GOVERNANCE STRUCTURE**

The current executive group consists of the hospital division heads for respirology, program director, fellowship director and research advisory chair. A new lead for equity, diversity and inclusiveness, a new portfolio since 2024 will be added moving forward. The continuing medical education lead continues as a ad hoc structure.

## **3. DIVISIONAL MEMBERSHIP**

We hired 3 new faculty members from 2022-2024, one in TB/NTM and 2 in AWD. The lead for the AWD has transitioned from Chung-Wai Chow to Andrew Kouri. Two faculty members have retired, Michael Hutcheon and Victor Hoffstein. Realignment of hospital, divisional and university appointments occurred with transition of hospital division heads at UHN/SHS (Liane Singer from 2021 onward) and SMH (Chris Li from 2023 onwards). At present, the Division is comprised of 52 full time academic faculty members.

## **4. RESEARCH**

Research remains a strong component of our academic mission. We continue to support the Pettit Block Term Grants and the research component of the residency program. The chair of the Research Advisory Committee (RAC) has transitioned from Jane Batt to Dmitry Rozenberg who has revised and renewed the RAC committee membership.

## **5. RESIDENCY & FELLOWSHIP TRAINING PROGRAMS**

These remain strong programs. Exit interviews of learners with the Program Director, Fellowship Director and DDD provide useful insights regarding programs that are working well and items for further improvement. There have also been significant changes in disease and practice patterns over the past 5-10 years.

The transition of the Respirology Program Director from Chris Li to Jakov Moric occurred in early 2023. Examples of changes made include the addition of a formal AWD rotation, removal of the CF rotation (as the new CFTR modulations have revolutionized CF care such that patients are no longer sick and requiring prolonged hospitalizations) and decreasing the number of ICU rotations from 2 to 1 as ICU is a decreasing component of practice of Respirology.

Dr. Chaparro (Fellowship Director) has significantly enhanced the experiences of the learners in the Fellowship program. However, there are many vexatious issues that are universal across the divisions within the Department of Medicine, which we hope can be addressed at the Faculty of Medicine PGME office.

1. Fellowships are growing in terms of numbers of learners and number of subspecialty programs offered due to changes in clinical practice.
2. There is no funding nor infrastructure support for fellowship programs (at the divisional level). As a result, funds and support are being cannibalized from the core training program or running of the division.
3. The cumbersome appointment process at the University and hospital levels multiplies the administrative burden for all.
4. The Royal College AFC designation is anticipated to be an important component of the medical training system. Presently, there is no institutional support at either the university nor hospital levels to support initiatives to obtain and maintain the AFC status.

## Division of Respiriology: Strategic Plan 2024--2029

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5. Fellowship applicants are increasingly coming from countries outside of Canada. They play major roles in the growing international reputation of the University; yet the university provides no support to divisions to accept and train these fellows. Moreover, it is increasingly clear that basic medical training and the training of respirologists across the world is highly variable. Metrics to evaluate and rate graduates from international medical centres are sorely needed.

### 6. CONTINUING MEDICAL EDUCATION (CME)

The Respiriology CME Program continues to be run successfully by John Thenganatt. With resumption of in-person activities, the semi-annual CME events continue to attract attendance from physicians across the GTA and beyond. These events are well attended, highly rated, and revenue positive.

### STRATEGIC PLAN 2024-2029

Reassessment of the strategic priorities of the Division began when Chung-Wai Chow accepted the role of DDD in 2022 when many faculty members were still actively engaged as MRP of COVID patients. Fatigue and social isolation were major issues.

After taking pulse of the faculty (formal 1:1 meetings, informal small group meetings and other networking events), Dr. Chow leveraged the occasion of the 50<sup>th</sup> anniversary of the founding of the Division of Respiriology to hold a 50<sup>th</sup> Anniversary gala in June 2023.

A planning committee was struck in mid 2022. It included current faculty members, alumni, faculty from affiliated community hospitals, residents and fellows. The committee met regularly (every 4-8 weeks). In addition to planning the event to celebrate the achievements of the Division, these meetings achieved several additional goals: community building, engagement and sense of belonging and fun. The June 2023 event was spectacularly successful, attended by over 180 faculty and alumni, including many who came from afar (e.g. UAE, US, Caribbean).

Much of the feedback and conversations during the planning for and the day of the 50<sup>th</sup> anniversary celebrations funnelled into the development of the new Strategic Plan, with an in-person retreat held in May 2024.

#### *A) Preparation for the new Strategic Plan*

1. 2023 – the division leads (PD, FD, specific subspecialty program directors, research advisory chair, hospital heads) were asked to provide updates on their program, adding to a self-study reported that was prepared by Doug Badley at the end of his term in 2021
2. 2023/2024– a faculty wide survey was sent out to the Division to help develop the agenda for the in-person meeting; a second survey was sent to the hospital heads to determine the hiring needs of the different hospitals
3. Interviews with potential facilitators to find the best fit.

#### *B) The Strategic Retreat*

This was a full day event held at the Faculty Club, University of Toronto. Only full-time faculty members were invited to attend. Special guests included the DDD for Critical Care Medicine and Pediatric Respiriology. DDDs for Thoracic Surgery and Allergy and Clinical Immunology were invited but unable to attend. Overall, attendance was 42, from a total of 52 full time faculty.

**1. Leadership forum:**

This was held in the morning with attendance of all the hospital divisional heads along with the Residency Program, Fellowship, and Research directors as well as the Mentorship lead (E. Tullis). John Granton and Jane Batt were invited in their respective PGME and Research roles.

The discussion was focused on alignment of the hospital and university vision with respect to research and education, specifically focused on faculty development and support in their academic roles. Several hospitals are or will be in active recruitment phase in the next 2 years. As such, there was significant discussion around the identification, training and support of residents and fellows who would be potential faculty recruits.

**2. Faculty wide forum:**

The afternoon was attended by all faculty with the Facilitator, E. Tullis and CW Chow circulating amongst the tables to provide clarification or to refocus the discussion should they run off-topic. The faculty was asked address 3 questions.

- i. What is working well?
- ii. What is the major barrier that is preventing you from achieving your goals?
- iii. What is the one ask of the DDD (within the DDD domain of influence)?

*C) Outcome of the Strategic Retreat and Priorities*

1. Reaffirmed commitment to the vision statement
  - i. plan to tweak the wording over the next year.
2. Increased Visibility and Celebration of Faculty Achievements
  - i. New awards to capture exceptional contributions to the academic vision of the University made by Division of Respirology faculty.
  - ii. Regular FAME (faculty academic and medical education series)
3. Maintain sense of community and inclusiveness
  - i. Create small group meetings (focused on topic or disease e.g. AWD, long term vent; training/fellowship issues)
  - ii. Support EDI portfolio.
4. Faculty Development particularly for the CT where the pathway for promotion is not as clearly defined as CS and CI
  - i. Develop workshop for CTs.
5. Engage University in support of fellowship programs.
6. Reevaluate and rename the current 'priority programs' to reflect more accurately the areas of excellence and areas for growth, and at the same time align these with the assemblies of the international societies such as the ATS/ERS