

COLLABORATING FOR EXCELLENCE

STRATEGIC PLAN: 2005-2010



UNIVERSITY OF TORONTO DEPARTMENT OF MEDICINE

FOREWORD

I am delighted to share the strategic plan that will guide the work of the Department of Medicine over the next five-years (2005-10). This plan reflects the thoughtful input received from over 300 people including the Chairs of a variety of Departments within the Faculty of Medicine, the Chief Executive Officers of our partner hospitals, many of our colleagues in community health care settings, and especially the faculty and trainees within our Department.

Collectively, we have reflected on the many changes that are taking place in the internal and external environments that are reshaping the practice and organization of medicine and demanding changes in the way we carry out the academic mission. What are our real strengths? What are the opportunities that will allow us to tap the full potential of these strengths? What do we need to do to be one of the best Departments of Medicine in North America and the world? The answers to these and other important questions have culminated in the strategic directions identified in this plan.

There is no doubt that our greatest strength lies in the breadth and scope of our collective work and the enormous potential this gives us to take advantage of large-scale opportunities that will build our education, research and clinical care programs. In order to do this we will need to overcome barriers of competitiveness and limited collaboration that presently detract from our potential to capitalize on the enormous talent pool that exist within the Department and among our many partners.

The title of this report – *Collaborating for Excellence* – represents the strongest theme that emerged from the extensive

consultation process that was undertaken as part of the strategic planning process. Responding to the challenges before us will require a shared vision and a renewed commitment to working together in different ways with old and new partners both within and outside the ‘traditional’ academic environment. Of course, a plan is just the beginning of a process of change. The real work begins now as we seek to implement the plan.

Many of you have shared your time and serious reflections about the future. I want to thank each and every one of you for your generous input and hope that you will see your ideas reflected in the plan. One of the truly inspiring aspects of the entire process has been the recognition of the incredible talent that exists among our faculty and trainees. We now need to come together and provide the resources and supports necessary for these superb faculty members to be creative in responding to the strategic directions outlined in our plan.

I especially want to extend a sincere thank you to the members of the Strategic Planning Steering Committee as well as our external consultants, Helena Axler and Beverley Nickoloff. I am honoured to have had the opportunity to work with such a talented and terrific team.

I am excited about the opportunities that lie before us and look forward to working with all of you to translate this plan into actions that will help us achieve excellence in all that we do.

Wendy Levinson, Chair,
Department of Medicine
Sir John and Lady Eaton Professor
and Chair of Medicine

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ABOUT THE DEPARTMENT OF MEDICINE

The Department of Medicine (DOM) of the University of Toronto is one of the oldest and largest in North America, dating back to the establishment of the School of Medicine in 1843. The Department houses over 400 full-time faculty members who are distributed among several teaching hospitals and the University campus, 18 Divisions, and 500 postgraduate trainees and fellows in Internal Medicine and in the medical specialties. Members of the Department supervise over 130 graduate students through the Institute of Medical Science, the Program in Clinical Epidemiology and Health Care Research and through numerous departments of basic sciences as well as Health Policy, Management and Evaluation and Public Health Sciences. The Department plays a major role in the undergraduate M.D. program, and supports an extensive program of continuing education.

The Department is organized into Divisions, each headed by a Division Director. The major mandate of the Divisions is to bring together Department members within their respective discipline from across all teaching hospitals to create cohesive and integrated clinical, research and education programs. A particular responsibility of the Divisions is the organization and delivery of the Royal College Postgraduate Training Programs that fall under the umbrella of Internal Medicine, including 6 entry-level specialty programs and 13 subspecialty programs.

In carrying out its mandate, the Department depends greatly on its strong relationships with the University of Toronto fully-affiliated teaching hospitals, in particular the Baycrest Centre for Geriatric Care, Mount Sinai Hospital, St. Michael's Hospital, Sunnybrook and Women's College Health Sciences Centre, the Toronto Rehabilitation Institute and the University Health Network. The Department is currently focused on developing new affiliations with other hospitals and community agencies in the Greater Toronto Area.

DEPARTMENTAL DIVISIONS

Cardiology
Dermatology
Emergency Medicine
Endocrinology & Metabolism
Gastroenterology
General Internal Medicine
Geriatric Medicine
Haematology
Immunology
Infectious Disease
Nephrology
Neurology
Occupational Medicine
Oncology
Clinical Pharmacology
Physiatry
Respirology
Rheumatology

EXECUTIVE SUMMARY

IN July 2004, Dr. Wendy Levinson, newly appointed Chair of the University of Toronto Department of Medicine, initiated a strategic planning process for the Department. As part of the process, more than 300 faculty, staff, students and other key stakeholders provided insights into the internal and external environment that were likely to have the greatest impact on the organization and practice of medicine in the future. The process also provided an opportunity to reflect on the many achievements of the Department and to share ideas about how best to respond to current and future challenges. This broad input, combined with the leadership of a Strategic Planning Steering Committee established to oversee the

process, culminated in the development of a new strategic vision and a clear plan of action for the Department to help it achieve that vision over the next five years.

The vision is well aligned with the goals of the Faculty of Medicine and the University of Toronto, while reflecting the unique ambitions and guiding principles of the Department.

WHERE ARE WE NOW?

The strategic planning process confirmed that the Department's future strength will continue to depend not only on the dedication and high performance of its outstanding faculty, staff and students, but also on its ability to respond effectively to key challenges and changes in its envi-

ronment, namely:

Rapid progress in systems biology and biomedical research that is changing the nature of research and clinical practice.

Increases in acuity and changes in caseload within academic centres challenging the Department to provide education in 'super-specialized' hospital settings, increasing competition with community hospitals for faculty, creating both the need and the opportunity for educational experiences in community settings

Growing and changing health care challenges arising from the need to deal with complex chronic disease management in an aging population, stimulating opportunities for new multi- and inter-disciplinary clinical models of care and the broader adoption of new technologies

Increased accountability and focus on issues related to the quality and costs of clinical care, education and research, compelling the Department to take a more active role in developing performance benchmarks at the hospital, departmental, and faculty levels.

Diminishing university resources and cutbacks in CIHR funding for career scientists, creating greater dependency on hospital resources and increasing pressure to secure new external and sustainable sources of revenues.

Responding to these challenges will require strong leadership, a shared vision and a commitment to building collaborations with old and new partners. The Department will need to overcome the competitiveness and limited inter- and intra-divisional collaboration that has characterized the current environment and has detracted from the Department's greatest strength, its enormous breadth and

scope. It will need to find new mechanisms and structures to manage its complexity and facilitate large-scale opportunities that take advantage of the Department's critical mass and collective talent.

The next five years will see a greater emphasis on integration (clinical, academic, and financial) both within and outside the Department, development of inter-disciplinary collaborations in teaching and research, greater interaction with 'new' partners (particularly community hospitals), and a more proactive role for the Department in promoting the development of integrated information systems and performance measures, particularly related to "quality". The increasing competition for top calibre faculty and the growing tension between the benefits and burdens of careers in academic medicine will intensify the need to mentor trainees and faculty members throughout their careers and develop a culture that recognizes and rewards their contributions. Underpinning all of these initiatives are several key enablers: new sources of funding, enhanced communication strategies and technologies, and a commitment to promote and profile the strengths of a unified Department of Medicine.

WHERE DO WE WANT TO BE IN FIVE YEARS?

Based on the findings emerging from the strategic planning process, six strategic priorities were identified. Specific goals were also identified (see below) to provide a framework for focusing the Department's resources and efforts over the next five years. A number of detailed implementation strategies were developed to advance each of the goals. These are articulated in the main text of the strategic plan.

VISION

International leadership in health research, education, and patient care.



MISSION

Through the discovery, application, and communication of knowledge, we prepare future physician leaders, contribute to our communities, and improve the health of individuals and populations locally and globally.

CORE VALUES

- Innovation, critical inquiry, and self-evaluation
- Respect for diversity in culture and perspectives
- Partnership and collaboration
- A supportive and collegial environment
- Accountability to our community of scholars and to the public

STRATEGIC PRIORITIES	FIVE-YEAR GOALS
1. Achieve greater integration across the Department and beyond traditional disciplinary boundaries	<p>1-1 Facilitate greater collaboration across divisions, Departments and among affiliated hospitals</p> <p>1-2 Promote and support integration of information technology and health information management systems across affiliated hospitals</p> <p>1-3 Achieve equitable and secure payment for all faculty across all divisions and hospitals</p> <p>1-4 Promote and enhance the profile of a unified Department</p>
2. Enhance attractiveness, productivity, and impact of research	<p>2-1 Enhance partnerships and inter-disciplinary opportunities with hospital-based research institutes and other University of Toronto Departments</p> <p>2-2 Increase research funding and infrastructure support for scientists and a high impact research agenda</p> <p>2-3 Promote, support, and expand the Clinician-Scientist program</p> <p>2-4 Support translational research as a research priority of the Department</p>
3. Transform and enrich teaching programs	<p>3-1 Strengthen partnerships with and among fully affiliated teaching hospitals to collaborate for excellence</p> <p>3-2 Formalize relationships with network of community hospitals to enhance teaching experience and placements</p> <p>3-3 Increase exposure to ambulatory medicine</p> <p>3-4 Operationalize <i>CanMEDS</i> attributes for all levels of training</p> <p>3-5 Leverage new teaching modalities and technologies</p> <p>3-6 Promote faculty development and educational scholarship</p> <p>3-7 Enhance benchmarking and performance measurement in education</p>
4. Advance quality care and develop performance measures in this area	<p>4-1 Champion the “quality agenda” within the Department and promote leadership in this endeavour</p> <p>4-2 Explore opportunities to collaborate with affiliated hospitals on quality</p> <p>4-3 Develop internal expertise for performance measures (including benchmarking and health informatics)</p> <p>4-4 Ensure the quality agenda is central to clinical training</p> <p>4-5 Innovate, test, and assess new models of clinical care and new technologies</p>
5. Retain, attract, and nurture faculty	<p>5-1 Recognize and reward the contributions of all faculty</p> <p>5-2 Strengthen mentorship and career path development for all faculty at various stages of their career</p> <p>5-3 Intensify efforts for strategic recruitment of top calibre faculty</p>
6. Reinforce the funding and infrastructure base	<p>6-1 Develop and implement a diverse set of strategies to stabilize and grow the Department’s resource base</p> <p>6-2 Identify and pursue local and global partnerships that will facilitate achievement of the Department strategic agenda</p> <p>6-3 Establish a dialogue and develop guidelines for managing ethical issues with industry and government partnerships</p>

HOW WILL WE GET THERE?

A critical success factor for implementation will be the ability of the Department to collaborate with key partners in other Departments at the University of Toronto and with the affiliated hospitals to advance the strategic priorities and goals identified in this process. Delivering on the goals and implementation strategies will also require the leadership and support of the Department’s Divisional Directors, Physician-in-Chiefs, faculty and staff.

An *Implementation Steering Committee* will be estab-

lished by the Department Chair to support and oversee implementation of the plan over the next 6 months. The *Implementation Steering Committee* will work with the faculty ‘leads’ to oversee advancement of the strategic priorities. The initial focus of the group will be to proceed with plans for implementing the immediate priorities to be addressed in the first year (see below). As part of its work, the Committee will identify the resources, timelines, and performance measures required to support, implement, and monitor these initiatives.

STRATEGIC PRIORITIES	IMMEDIATE PRIORITIES (YEAR ONE)
#1 Integration	<ul style="list-style-type: none"> ■ Continue or establish regular meetings of PICs, Department Division Directors and Divisional Executive Committees to facilitate communication across the Department ■ Support Division Directors in developing divisional plans to align with the priorities and goals included in the DOM strategic plan ■ Promote integrated IT strategy, including identification of priority areas for leadership by DOM in advancing health information management to support the academic mission ■ Establish a <i>DOM Finance Committee</i> with an initial mandate to: <ul style="list-style-type: none"> - Develop standardized job descriptions for Faculty supported by equitable payment structures across the Department - Establish shared principles across all DOM practice plans - Establish principles to inform and advance the AFP negotiations ■ Develop a DOM marketing and communications strategy
#2 Research	<ul style="list-style-type: none"> ■ Establish DOM Research Committee with an initial mandate to oversee and facilitate implementation of research goals and actions articulated in strategic plan ■ Stabilize career scientist funding for ‘at risk’ faculty holding time limited CIHR investigator awards ■ Address & implement short term strategies to strengthen Clinician-Scientist program ■ Establish infrastructure to enable success in pursuing NIH and other large funding opportunities ■ Develop DOM strategy for enhancing translational research
#3 Education	<ul style="list-style-type: none"> ■ Work with Faculty of Medicine to achieve mutually beneficial educational placements in community settings ■ Identify opportunities to increase ambulatory care exposure ■ Operationalize <i>CanMEDS</i> attributes for all levels of training
#4 Quality	<ul style="list-style-type: none"> ■ Clarify the role of the Department in the “quality agenda” including – ■ Confirmation of current activities focused on quality ■ Identification of specific priorities where the Department can lead to advance the quality agenda ■ Champion leadership within the Department ■ Establish working relationship with hospital partners for targeted quality initiatives
#5 Faculty	<ul style="list-style-type: none"> ■ Create a leadership position in Faculty Development, with defined job description, expectations, and administrative support ■ Establish a formal Mentoring Program ■ Develop new non-tangible benefits to recognize and acknowledge contributions and skills (i.e., initiate “Celebrate the Professor”)
#6 Funding & Infrastructure	<ul style="list-style-type: none"> ■ Establish a <i>Departmental Finance Committee</i> with terms of reference focused on integration across hospital-based practice plans respecting the new Clinical Faculty agreement with the University of Toronto ■ Establish advancement capability for Departmental fundraising in conjunction with Faculty of Medicine, within the established ethical framework ■ Strike <i>Fundraising Subcommittee</i> reporting to Finance Committee ■ Submit AIF for January 2005 ■ Establish an appropriate working framework for effective and collegial relationships with the private sector

Advancing the strategic priorities in this plan will require the collective efforts of a unified, cohesive department with a shared commitment to embrace the change agenda. A common commitment to implementing the strategic priorities outlined in this plan can provide the Department with

a real opportunity to enhance its educational and research programs, market its strengths and uniqueness to the world, and in so doing, position it to realize its vision of achieving “international leadership in health research, education and patient care.”

STRATEGIC PLANNING PROCESS

PRINCIPLES

IN July 2004, Dr. Wendy Levinson was appointed the new Chair of the Department of Medicine at the University of Toronto. In addition to a change in leadership, this appointment marked an important opportunity for the Department to revisit its mission and establish a roadmap to help it respond to its immediate and longer-term challenges.

The strategic planning process was initiated in the summer of 2004. Led by the Department Chair, a Steering Committee with diverse representation from across the Department was established to oversee the planning process. One of the first tasks undertaken by the Steering Committee was the development of a set of Planning Principles (Figure 1) to set the tone and context for the strategic planning review. The committee also provided input into development of a broad consultation process focused on generating insights and ideas from a broad range of individuals within and outside the Department.ⁱ The information gathering process culminated in a Planning Retreat held on November 2, 2004 in which over 120 faculty, staff, trainees, and key external stakeholders participated in testing, debating and confirming a series of strategic priorities and supporting goals that emerged from the consultations.

Keynote Speakers – Planning Retreat

Alan Hudson, Lead, Ontario’s Access to Service and Wait Times Initiative

Our changing external environment: The Transformation

Bruce Bradley, Director, Health Care Strategy & Public Policy, General Motors Corporation

Focus on Quality: Lessons from Industry – Opportunities for Academic Health Centres

Jeff Lozon, President, St. Michael’s Hospital

Tom Closson, President, University Health Network

Collaborative opportunities with our teaching hospitals

John Challis, Vice President, Research, University of Toronto

David Naylor, Dean, Faculty of Medicine

International Leadership in Health Research and Education: Views from the University of Toronto and the Faculty of Medicine

John Evans, Chair, Canada Foundation for Innovation

Collaborating for big opportunities: achieving international impact

**THE MOST IMPORTANT
THING WE CAN DO
TOGETHER IS TO CHART
OUR OWN FUTURE.**

WENDY LEVINSON,
CHAIR, DOM STRATEGIC
PLANNING RETREAT

FIGURE 1: DOM PLANNING PRINCIPLES

The strategic planning process for the Department of Medicine will:

1. Reinforce our commitment to academic excellence in clinical care, teaching, and research.
2. Recognize the complex components of the academic enterprise – including the unique roles of various components such as the Department, Faculty of Medicine, teaching and community hospitals, research institutes, foundations, community and non-institutional sectors, and individual faculty members-- and the need to respect, nurture and leverage the strengths of each of the components.
3. Align with the vision, mission and values of the Faculty of Medicine and the University of Toronto.
4. Identify research, educational and clinical priorities that will guide the Department for the next five years.
5. Demonstrate strong leadership to advance innovation, regional program development and new delivery models in clinical care through forging new collaborative initiatives between and among teaching and community hospitals, the community sector and other partners.
6. Stimulate discussions concerning new and emerging models of health care funding, delivery and physician remuneration consistent with Departmental priorities.
7. Benchmark against the best, being curious about those who are doing things better than us, learning from and partnering with global leaders in Medicine and other disciplines.
8. Be entrepreneurial in working with key partners to expand the resource base of the Department to support further growth and development and strengthen the Department’s influence over the use and distribution of funds.
9. Intensify efforts to develop ‘branding’ and marketing strategies that will profile the unique identity and strengths of the Department.
10. Be open and consultative, inviting input, debate and dialogue from all Faculty and provide open communications as to the progress of the process.

VISION, MISSION AND VALUES

The strategic planning process also contributed to the development of a vision, mission and core values^{iv} for the Department.

The vision is well aligned with the goals of the Faculty of Medicine and the University of Toronto, while reflecting the unique ambitions and guiding principles of the Department.

VISION

International leadership in health research, education, and patient care.



MISSION

Through the discovery, application, and communication of knowledge, we prepare future physician leaders, contribute to our communities, and improve the health of individuals and populations locally and globally.

CORE VALUES

- Innovation, critical inquiry, and self-evaluation
- Respect for diversity in culture and perspectives
- Partnership and collaboration
- A supportive and collegial environment
- Accountability to our community of scholars and to the public

^{iv} These statements are modeled on the University of Toronto Faculty of Medicine Vision, Mission and Values. Both the vision and values statements have been modified to reflect the passions of the Department of Medicine.

^v Department of Medicine External Review, 2003, p.8.

^{vi} See Appendix A for an overview of the consultation process including a copy of the survey questionnaire circulated to all full-time faculty. The Summary of Response to the Faculty Survey and the Synthesis of Issues Emerging from the Consultation is available on the DOM website at <http://medicine.facmed.utoronto.ca>

WHERE ARE WE NOW?

IN 2003, the DOM underwent an external review. The review acknowledged the Department as being one of the best in the country: "...among the 16 medical schools in Canada, its collective academic portfolio ranks at the top."^{vii} The review, however, also flagged some immediate priorities to be addressed by the Department. These included: pressures to address recruitment of top faculty and staff, grappling with continued resource pressures at the university and at affiliated hospitals, and realigning traditional roles and relationships to respond to changing forces in the internal and external environments.

Issues emerging from the external review as well as a number of additional priorities identified by the Chair of the Department at the outset of the strategic planning process (see Figure 2) were used as a starting point for dialogue amongst faculty, staff and students during the consultation process.^{vi}

FIGURE 2: INITIAL PRIORITIES IDENTIFIED BY THE CHAIR OF THE DOM

- Embracing the breadth and depth of the Department by building a shared vision
- Recognizing and valuing faculty and staff
- Enhancing the external profile of the Department
- Profiling the issue of quality of health care on the Department's agenda
- Initiating a fund-raising capability within the Department

These issues are not unique to the University of Toronto. In fact, they are strikingly similar to concerns being faced by other medical schools throughout North America. The combination of a variety of environmental trends and pressures are challenging the culture and traditions of academic medicine and highlighting the importance of establishing new connections and collaborations with partners that extend beyond traditional 'silos'.

ORGANIZATION OF A SUCCESSFUL MEDICAL SCHOOL OR DEPARTMENT MUST BE DYNAMIC. IT NEEDS TO BE CONTINUALLY RESHAPED TO EVOLVE. IT SHOULD NOT BE IMMOBILIZED BY TRADITION, LEGACY, AND ASSUMPTIONS OF OWNERSHIP.

ANDREW SCHAFER, CHAIR DOM,
UNIVERSITY OF PENNSYLVANIA,
STRATEGIC PLANNING RETREAT (NOVEMBER 2004)

STRENGTHS AND CHALLENGES: BUILDING ON THE BEST

The results of the consultations undertaken during the strategic planning process confirmed that the Department's greatest strengths are its size and outstanding faculty of physicians and scientists. The faculty and staff – many leaders in their respective disciplines – have been crucial to the Department's success and have contributed to its 'uniqueness' in being able to provide the critical mass and expertise needed to sustain and mentor a broad and diverse range of career choices and opportunities.

While the Department's size and enormous resource pool are considered to be major strengths there is also a widely held belief that the Department has not leveraged the benefits of its size and its location^{viii} to their fullest. In addition, it was broadly acknowledged that the size of the Department also presents some unique challenges in setting future priorities. These challenges arise from the inherent difficulties in managing such a large, complex enterprise (with many varied needs and interests) as a single entity. Competitiveness between Divisions and among hospitals, lack of integration and inter- and intra- divisional collaboration, and the absence of a shared vision and focus emerged repeatedly throughout the consultations as current weaknesses that needed to be addressed. Figure 3 summarizes the list of strengths, weaknesses, opportunities and threats (challenges) identified through the consultation process.^{viii}

ACHIEVING INTERNATIONAL EMINENCE THROUGH LOCAL RELEVANCE IS A VERY GOOD ROUTE TO TAKE... IF YOU WANT TO BE AT THE TOP, AIM FOR SOMETHING THAT YOU HAVE IN YOUR OWN BACKYARD... SEEK OUT OPPORTUNITIES TO BE A PIONEER IN MEETING THOSE NEEDS.

JOHN EVANS,
STRATEGIC PLANNING RETREAT

FIGURE 3: DEPARTMENT OF MEDICINE: STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS ANALYSIS

<p>Strengths</p> <ul style="list-style-type: none"> ■ Size, scope, diversity of Department ■ Strong core of committed excellence in basic science and clinical research, clinical teachers and clinicians; with pockets of international recognition across the Department ■ Talent at the individual faculty member and strong academic division and program leaders ■ Affiliated teaching hospitals with well established hospital based Research Institutes ■ Leading Clinician-Scientist and Clinician-Educator programs ■ Diversity of research portfolio and productivity of researchers across the Department ■ Over 200 clinical fellows across Divisions ■ Situated within single Faculty of Medicine serving diverse, multi-ethnic population of 5 million+ 	<p>Weaknesses</p> <ul style="list-style-type: none"> ■ Lack of shared vision/focus across DOM ■ Poor inter- and intra-divisional collaboration; limited leveraging of breadth and depth of talent in Department ■ Inter-hospital non-collaboration ■ Perceived disparities in income across practice plans ■ Continuing and successive cuts to University budget, eroding income base ■ Aging workforce ■ Insufficient “integrators” who can translate basic science findings to practice ■ Limited expertise in leading and mounting clinical trials ■ “Super-specialization” of teaching hospitals, with decreasing lower acuity patients for teaching ■ Low external profile
<p>Opportunities</p> <p>Research</p> <ul style="list-style-type: none"> ■ Advances in molecular medicine and technology, with in house expertise in this area ■ Translational research (e.g., stem cell research, regenerative medicine) ■ Collaboration within and outside the Department for large multi-institutional, inter-disciplinary programs; ■ CIHR Clinical Research Centres of Excellence ■ Academic Incentive Fund (AIF) for infrastructure grant to support NIH applications <p>Clinical Care</p> <ul style="list-style-type: none"> ■ Quality, performance measurement (wait lists, etc) in collaboration with hospitals ■ Advisory role to Ministry of Health on Transformation Agenda ■ Greater linkages with Public Health; chronic disease management <p>Education</p> <ul style="list-style-type: none"> ■ Expanded relationships with community hospitals for teaching, research and health services delivery ■ Leadership in training for CanMEDs attributes ■ Ambulatory medicine ■ Inter-professional education ■ Hospitalist training program <p>Faculty</p> <ul style="list-style-type: none"> ■ Horizontal AFP for all DOM faculty ■ National & International recruitment ■ Innovative career and faculty development options <p>Funding</p> <ul style="list-style-type: none"> ■ Industry partnerships ■ CFI infrastructure grants (2005) ■ NIH and international granting agencies <p>Technology</p> <ul style="list-style-type: none"> ■ Leverage tele-medicine & e-health for stronger linkages with community & industry ■ Health informatics 	<p>Threats/Challenges</p> <p>Research</p> <ul style="list-style-type: none"> ■ Securing stable salary support for career investigators with termination of CIHR awards ■ Declining number of applicants for Clinician- Scientist program <p>Faculty</p> <ul style="list-style-type: none"> ■ Retaining and recruiting staff in a highly competitive environment, including competition from GTA community hospitals, the rest of Canada and U.S. ■ Increasing difficulties for staff to balance clinical & academic missions with practice plan pressures ■ Increasing medical school class size, with growing demands for clinical teaching faculty ■ Feminization of academic medicine with need for role models, career path development and supportive policies to nurture success <p>Collaboration and greater integration with teaching hospitals</p> <ul style="list-style-type: none"> ■ Effective and timely joint planning and priority setting to strengthen clinical and academic components & establish centres of excellence ■ Lack of alignment between university departmental structure and hospital programmatic structure <p>Health system</p> <ul style="list-style-type: none"> ■ Instability in the hospital sector & health system (funding & governance) ■ Primary care reform and defining the role of the generalist and specialist ■ Increasing demands for accountability from government, public ■ Poor state of information technology and information management within Ontario’s health care system. <p>Funding</p> <ul style="list-style-type: none"> ■ Generating alternative sources of revenue that are not in conflict with academic mission

ENVIRONMENTAL TRENDS: DRIVERS OF CHANGE

There are a number of environmental trends impacting heavily on the ability of the DOM to fulfill its mission. The major trends identified during the consultation process are summarized below.

Impacts of scientific innovation and emerging information technologies

- Rapid progress in systems biology and biomedical research that is changing the nature of research and clinical practice (i.e., need for a more dynamic and flexible organizational structure within the Department, stronger collaboration with PhD scientists, and a supportive infrastructure that supports an ability to assemble critical masses involving diverse disciplines around emerging fields).
- The Institute of Medicine in the U.S. has reinforced the need to develop science in a transdisciplinary fashion. Today’s complexities require expertise and knowledge that cannot be accomplished from a single discipline.
- Growing recognition of information as a commodity and the steadily changing role of information technologies transforming processes for generating, storing, and transmitting knowledge and challenging traditional methods/structures of education.

Continued funding pressures and greater demands for accountability

- Budget pressures at the university and faculty level resulting in increased pressure to secure new sources of funding and the need for greater accountability in the use of resources.
- Increased accountability and focus on issues related to the quality and costs of clinical care, education and research, compelling the Department to take a more active role in developing performance benchmarks (and indicators for measurement) at the hospital, departmental, and faculty levels.
- Development of an alternate funding plan (AFP) model impacting on physician incomes as well as academic, research, and clinical mandates.

Pressures impacting on the organizational structure of the Department

- Significant reform initiatives taking place within the broader health care sector (i.e., implementation of hospital restructuring agenda, establishment of Local Health Integrated Networks (LHINs), greater demands for accountability, and changes in hospital funding) demanding changes to traditional methods and modes of clinical care, education and research.
- Implementation of the hospital restructuring agenda resulting in “super-specialization” of teaching hospitals (treating higher acute/complex patients) and an expanded “tertiary” role including growing patient volumes and strong areas of clinical specialization within community hospitals. These changes are challenging the Department’s ability to provide education in ‘super-specialized’ hospital settings, increasing competition with community hospitals’ faculty, and creating both the need and the opportunity for educational experiences in community settings.
- Growing and changing health care challenges arising from the need to deal with complex chronic disease management in an aging population, stimulating opportunities for new multi- and inter-disciplinary clinical models of care (e.g., ambulatory care, virtual health teams) and the broader adoption of new technologies (i.e., tele-health, tele-monitoring).
- Increasing misalignment between medical school departments and hospital service lines (i.e., University Departmental Divisions vs. Hospital Departmental Divisions and Programs).
- Strengthening of hospital-based Research Centres/ Institutes creating the need for greater collaboration and alignment of research agendas.
- Globalization of knowledge, careers, and students (i.e., training of foreign students, cross border research collaborations) placing new demands on the content and process of education, on the relevant agendas for research, on the training and support for faculty, and on the links between the university and diverse communities in the GTA, the country and abroad.

WHERE DO WE WANT TO BE IN FIVE YEARS?

The strategic planning process resulted in the confirmation of following six key strategic priorities:

1. Achieve greater integration across the Department and beyond traditional disciplinary boundaries
2. Enhance attractiveness, productivity and impact of research
3. Transform and enrich teaching programs
4. Advance quality care and develop performance measures in this area
5. Retain, attract, and nurture faculty
6. Reinforce the funding and infrastructure base

These directions provide the platform for the respective divisions within the Department to plan their activities over the next five years (2005-10). A series of specific goals and implementation strategies were also identified to support advancement of the strategic priorities.

STRATEGIC PRIORITY 1: ACHIEVE GREATER INTEGRATION ACROSS THE DEPARTMENT AND BEYOND TRADITIONAL DISCIPLINARY BOUNDARIES

Changes in the environment demand new relationships and configurations in the way research is conducted, training and teaching programs are carried out, and health care services are delivered. The ability to deliver high quality patient care and conduct “high impact” research is increasingly dependent on the ability of the Department to develop stronger collaborations involving diverse, multi- and inter-disciplinary teams. The Department can no longer afford the internal competitiveness and the lack of inter- and intra-divisional collaboration that have limited our capabilities and created missed opportunities. Today and in the future, to be competitive on a national and international scale, will require the marshalling of the DOM’s collective strengths to bring together the intellectual and technical expertise from a variety of disciplines that would not be possible from one institution.

The growing competition for faculty and resources, not only among teaching hospitals, but also with community hospitals has added a further layer of complexity with respect to the ability of the Department to manage the change process. Clinical activities (e.g., medical oncology, dialysis, interventional cardiology) that were formerly undertaken exclusively by fully affiliated teaching hospitals are now being managed at community hospitals. These changes have resulted in significant shifts in the type and volume of clinical activity that are now being undertaken in academic centres. Collectively, these trends have exposed many of the barriers presented by current funding structures that are based on clinical volumes not caseload complexity (i.e., physician fee-for-service payment, hospital budgeting processes).

Enhancing integration across teaching and research programs will require strong leadership within the Department to bring together the strengths of each of the respective divisions and programs and to expand the development of inter-disciplinary and collaborative relationships with other Departments, other Faculties in the University, affiliated hospitals and key stakeholders (e.g., respirology with thoracic surgery, multi-organ transplantation, radiation oncology, pathology, and diagnostic imaging or quality of care improvements with hospitals, the Department of HPME and the Ontario Ministry of Health and Long-Term Care).

The importance of integrating information systems across academic centres was also emphasized as a fundamental lever necessary to achieving greater coordination and clinical coherence. In particular, pursuing greater integration of clinical information systems that

WE HAVE A RESPONSIBILITY TO REACH-OUT IN A COLLABORATIVE FASHION AND CREATE A MUCH MORE INTEGRATED HEALTH CARE SYSTEM ACROSS OUR REGION.

FEEDBACK FROM
DOM FACULTY SURVEY

THE CHALLENGE IS ENORMOUS, BUT THE POTENTIAL BENEFITS OF IMPLEMENTING A COMMON INFORMATION SYSTEM WITHIN GTA HOSPITALS DELIVERING CARE TO A POPULATION OF OVER FIVE MILLION PEOPLE COULD PROVIDE A STRONG POWERHOUSE TO UNDERTAKE FUTURE EPIDEMIOLOGICAL HEALTH SERVICE RESEARCH, IMPACT STUDIES, ETC.

JOHN EVANS,
STRATEGIC PLANNING RETREAT

will provide comprehensive data about patient populations and clinical interventions was viewed as an essential strategy for the Department. While this could be an overwhelming strategy for the DOM to undertake on its own, it was recognized that there are significant opportunities for the Department to collaborate with its hospital partners in this area.^{xi}

Achieving greater financial integration across the Department, through securing more equitable and secure payment for all faculty will be an important step to retaining and attracting top calibre faculty.

Collectively, the integration goals identified below are seen as critical facilitators to achieving high impact in research, education and patient care.

GOALS	IMPLEMENTATION STRATEGIES
1.1 Facilitate greater collaboration across Divisions, Departments and among affiliated hospitals	<ul style="list-style-type: none"> ■ Support Division Directors in developing divisional plans to align with the priorities and goals included in the DOM strategic plan ■ Develop collaborative recruitment strategies with Divisions to enhance alignment with departmental priorities ■ Promote cross-appointments between hospitals and practice plans ■ Pursue strengthened relationships with community hospitals ■ Identify and collaborate on “big opportunities” (i.e., CFI grants, Centres of Excellence, DOM Clinical Research Centre)
1.2 Promote and support integration of information technology and health information management systems across affiliated hospitals	<ul style="list-style-type: none"> ■ Define specific areas where the Department can take a leadership role in integrating health information management. ■ Promote and work with hospital partners to develop a “front end shell” for a uniform interface with hospital based patient data systems. ■ Create a common database of research and education activities as a resource (including web-based CVs) ■ Support and invest in city-wide communications using modern technology (i.e., make greater use of videoconferencing, web-casting and telecommunications) ■ Assume a more pro-active role as an advocate and facilitator of change to secure the necessary investments to accelerate IT integration
1.3 Achieve equitable and secure payment for all faculty across all divisions and hospitals	<ul style="list-style-type: none"> ■ Establish a <i>DOM Finance Committee</i> with an initial mandate to: <ol style="list-style-type: none"> a. Develop standardized job descriptions for faculty supported by equitable payment structures across the Department b. Establish shared principles across all DOM practice plans c. Establish principles to inform and advance the AFP negotiations for a horizontal AFP across the DOM
1.4 Promote and enhance the profile of a unified Department	<ul style="list-style-type: none"> ■ Develop a marketing and communications strategy for the Department ■ Develop a visible “brand identity” to be used on all slides, papers, posters, etc. ■ Improve the DOM website to enhance its effectiveness as a communications tool

^{xi} CEOs of the Toronto Academic Health Sciences Center (TAHSC) are engaged in a process to appoint a Regional TAHSC Chief Information Officer (CIO). The key role of the CIO will be to enhance clinical information integration by enabling an integrated service delivery approach to patient care that addresses elements of quality and safety, research and education excellence. A key project objective in this goal will be the creation of an integrated electronic health record among the TAHSC hospitals.

**STRATEGIC PRIORITY 2:
ENHANCE ATTRACTIVENESS, PRODUCTIVITY AND
IMPACT OF RESEARCH**

In recent years, the Department of Medicine has had tremendous success in attracting research funding. Between 1994 and 2004 funding in the Department doubled from approximately \$30 million to over \$72 million annually. Despite this success, there are significant challenges to be addressed. For example, the dramatic decline in clinician-scientist applications (declined from an average of 25 trainees per annum to 9 in 2004/05)^{xii} combined with the impact of the recent CIHR decision to withdraw mid- and senior career investigator awards^{xiii} has placed immediate pressures on the Department to establish ongoing, sustainable sources of funding to enhance and support the research agenda. The CIHR decision is particularly significant for Ontario given that the province lags significantly behind other provinces (e.g., Alberta and Quebec) that have well-established provincial career support awards.

These and other trends (Figure 4) have placed a greater emphasis on the need for research to be more “results focused”, to focus more on ‘translational’ and applied research, and to develop inter-disciplinary and team-based approaches to research.^{xiv} Responding to these changes requires adoption of different approaches and paradigms. It also requires the investment of significant funding and staff resources at the Departmental level to build a modern infrastructure that will facilitate new partnerships, attract new investments, and develop the information and communications technologies necessary to enhance the attractiveness, productivity and impact of research.

FIGURE 4: KEY TRENDS IMPACTING ON RESEARCH

- Increasing complexity of research requires bridging across disciplines and expertise
- Increasing difficulty in protecting time for clinician-scientists (aggravated by termination of CIHR investigator awards)
- Growing number of junior investigators (good) who will soon be looking for mid-career support (a problem)
- Increasing expectations for more formalized training for clinician-researchers, similar to basic science research training
- Enhanced expectation by public and funders for accelerated cycles of translating knowledge into practice
- Increased emphasis on translational research – outcome focused
- Greater emphasis on Centres of Excellence
- Growing tension between the benefits and burdens of academic medicine and clinician-scientist careers

There are enormous opportunities to improve research funding within the Department and to further enhance the development of high-impact research. However, to tap this potential the Department will need to –

- Work with others, lobby the provincial government to provide salary support to researchers similar to the programs in Quebec and Alberta.
- Better position itself to increase funding from the NIH pool and other granting agencies (including the new Ontario Government Research Infrastructure Pool, CFI, CIHR clinical research initiative, Genome Canada)
- Place a stronger emphasis on innovation and encourage high-risk research
- Encourage and incent cross-fertilization, inter-disciplinary partnerships, and public-private partnerships to exploit the benefits of team-based research; and
- Tap the potential arising from commercialisation of research products.

**FINDING WAYS TO TRANSLATE
RESEARCH INTO PRACTICE IS
AN AREA WITH HUGE POTENTIAL.
EVERY WARD IS A ‘HOT BED’
FOR TESTING HOW TO GET
RESEARCH INTO ACTION AND
PROVIDING US WITH A VIRTUAL
CYCLE OF TRANSLATING
RESEARCH INTO EDUCATION
AND CLINICAL PROGRAMS.**

GOALS	IMPLEMENTATION STRATEGIES
2.1 Enhance partnerships and inter-disciplinary opportunities with hospital-based research institutes and other University of Toronto Departments	<ul style="list-style-type: none"> ■ Recognize and pursue opportunities to increase inter-disciplinary and team-based approaches to research with partners outside the Department ■ Encourage divisions to identify their research strengths and priorities as a vehicle for – <ul style="list-style-type: none"> - Influencing future and emerging research priorities - Developing stronger collaborations with hospital based research institutes and other Departments ■ Collaborate with other Departments and the Faculty of Medicine to establish performance measures and benchmarks to recognize and reward inter-disciplinary activity
2.2 Increase research funding and infrastructure support for scientists and a high impact research agenda	<ul style="list-style-type: none"> ■ Establish a DOM Research Committee with an initial mandate to: <ul style="list-style-type: none"> - Oversee and facilitate implementation of research goals and actions articulated in strategic plan. - Re-examine job descriptions and reward structure for Clinician-Scientists. ■ Stabilize support for mid-career and senior investigators through stronger advocacy efforts aimed at – <ul style="list-style-type: none"> - Creating new offerings by CIHR - Increasing salary support for career scientists from the provincial government to reduce dependency upon inconsistent funding sources (similar to Alberta and Quebec). ■ Establish infrastructure to enable success in pursuing NIH and other large funding opportunities ■ Undertake a mandatory internal grant review for new faculty members to increase success rate of applications
2.3 Promote, support and expand the Clinician-Scientist program	<ul style="list-style-type: none"> ■ Identify and address the barriers to choosing the clinician-scientist career path ■ Introduce staged mentorship for senior trainees and faculty to support research success (similar to Hospital for Sick Children model) ■ Develop clear guidelines for hiring and long term support of clinician-scientists
2.4 Support translational research as a research priority for the Department	<ul style="list-style-type: none"> ■ Create a strategy to develop translational research as one of the Department’s research priorities ■ Provide seed funds targeted at new inter-disciplinary groups ■ Develop a city-wide infrastructure for clinical research ■ Prepare application for funding for CIHR/CFI new research initiative (i.e., Clinical Research Centres)

^{xii} The length of training, age of applicants entering medical school, the increasing debt load of medical education, and competitiveness of community hospital positions, were identified as possible factors contributing to this decline.

^{xiii} Termination of CIHR Investigator Awards. 29 DOM Faculty scheduled to terminate awards over next 5 years, with no obvious source of salary replacement funds.

^{xiv} Translational research involves efforts to test in humans novel therapeutic strategies developed through experimentation and going back from the bedside to the laboratory with observations made in human studies. *Journal of Translational Medicine*, 2004

**STRATEGIC PRIORITY 3:
TRANSFORM AND ENRICH TEACHING PROGRAMS**

The teaching programs within the Department of Medicine are well recognized for their excellence and popularity with students and trainees at all levels of training.^{xv} During the implementation of this strategic planning period the DOM will be undergoing accreditation by the Royal College of Physician and Surgeons (RCPS) of all of its postgraduate programs. A new component of this accreditation will be an evaluation of the programs' success in operationalising the seven CanMEDS attributes. This presents both an opportunity and challenge for the DOM to collaborate with the Faculty of Medicine and lead in the development of training approaches for several of these new attributes.

There are also challenges and opportunities emerging on other fronts. Increasing class sizes, growing resource constraints, changing volume/mix of patients in traditional teaching hospitals as well as other trends (see Figure 5) require that the Department re-examine its education approach, range of educational offerings and teaching placements. There is now less volume and less routine cases for undergraduate students and trainees to gain a comprehensive experience in fully affiliated teaching hospitals. Addressing this challenge will require the creation of complex specialty education partnerships between academic centres and other new partners (e.g., community hospitals and the broader community sector) that will enhance teaching and training programs at all levels.

Creating new strategies to transform and enrich the education/teaching experience also requires creativity around the use of resources and the creation of 'new' horizontal structures that transcend the traditional 'silos' of individual hospital-based organizations. In particular, new resources and new organizational structures will be needed to support the development of inter-professional experiences, increase exposure to ambulatory care, and leverage the benefits presented by new opportunities arising from the use of innovative technologies that need to be incorporated into the educational experience (e.g., tele-health).

TO BECOME AN INNOVATOR IN EDUCATION INVOLVES CHANGE, AND NECESSARY RISK. IF RESEARCH AND INNOVATION IN EDUCATION BECAME A PRIORITY AND AN APPROPRIATE MILIEU WAS CREATED, THE DEPARTMENT COULD BECOME A LEADER IN CHANGE.

FEEDBACK FROM DOM FACULTY SURVEY

FIGURE 5: KEY TRENDS IMPACTING ON TEACHING PROGRAMS

- Increased class size/trainee positions at the undergraduate and postgraduate level
- Greater alignment with changing education goals of the Faculty of Medicine
- CanMEDS emphasis on attributes including inter-disciplinarity, collaboration, manager
- Decreased clinical bed resources at teaching hospitals increasing the need to secure teaching resources in the community.
- Increased need for ambulatory care training and new methods of teaching ambulatory care.
- Enhanced teaching modalities with new technologies (eg. tele-medicine), simulation, and web-based capabilities
- Increased pressure to train International Medical Graduates (IMG)
- Growing demand for hospitalists and other 'new' clinical care models
- Greater emphasis on benchmarking and performance measures

GOALS	IMPLEMENTATION STRATEGIES
3.1 Strengthen partnerships with and among fully affiliated teaching hospitals to collaborate for excellence	<ul style="list-style-type: none"> ■ Enhance alignment of existing and new revenue to support the education mission ■ Clarify and confirm teaching roles and expectations with faculty ■ Recognize excellence in teaching ■ Reinforce successful efforts in integration of the undergraduate education program across hospital sites and pursue more consistently across postgraduate education specialties ■ Develop, test and evaluate new teaching methods and systems, particularly inter-professional approaches
3.2 Formalize relationships with network of community hospitals to enhance teaching experience and placements	<ul style="list-style-type: none"> ■ Confirm and clarify teaching opportunities within the Department for all levels of students and trainees, including specifying objectives for undergraduate and postgraduate training experience ■ Work with Faculty of Medicine to align objectives and strategies with current strategy for community affiliated hospitals ■ Collaborate with community hospitals to define resource and infrastructure requirements ■ Develop criteria for identifying optimal community hospital teaching placements
3.3 Increase exposure to ambulatory medicine	<ul style="list-style-type: none"> ■ Provide opportunities with academic centres and community hospitals for ambulatory medicine experience ■ Develop benchmarks and measures to evaluate ambulatory care education
3.4 Operationalize <i>CanMEDS</i> attributes for all levels of training	<ul style="list-style-type: none"> ■ Clarify expectations of <i>CanMEDS</i> attributes ■ Work with Faculty of Medicine to develop skills and competencies in new <i>CanMEDS</i> attributes ■ Provide leadership to RCPS task forces in development of curricula for select competencies
3.5 Leverage new teaching modalities and technologies	<ul style="list-style-type: none"> ■ Provide increased training for next generation of physicians to increase use of technology and electronic communications including use of remote clinical care teaching/education through application of tele-health technologies ■ Enhance exposure to simulation laboratories ■ Explore opportunities for revenue generating strategies through testing and applying new educational technologies
3.6 Promote faculty development and educational scholarship	<ul style="list-style-type: none"> ■ Target faculty development programs to develop skills required for new teaching areas (e.g., ambulatory care, inter-disciplinary teams, <i>CanMEDS</i>) ■ Collaborate with Centre for Faculty Development and Centre for Research in Education to enhance skills in priority areas
3.7 Enhance benchmarking and performance measurement in education	<ul style="list-style-type: none"> ■ Confirm specific goals to enhance benchmarking and performance measurement for all levels of training ■ Identify appropriate performance measures and indicators ■ Develop feedback loops to support trainees and teachers

^{xv} In the 2003 External Review the quality of the undergraduate education was evaluated as "excellent to outstanding", the postgraduate education program was recognized the size and scope of its training programs and was acknowledged as the largest program in Canada with over 500 residents in training. The Continuing Medical Education program was commended for its scope and comprehensiveness.

**STRATEGIC PRIORITY 4:
ADVANCE QUALITY CARE AND DEVELOP PERFORMANCE
MEASURES IN THIS AREA**

The demand for greater accountability is being seen at all levels (e.g., government, the university, the faculty, hospitals, and the public). Publication of patient satisfaction rates, clinical outcomes, and complication rates that can be accessed by the public are indicative of a changing health care system that compels health care providers and organizations to be increasingly proactive in self-assessment, quality assurance, and promotion of their successes. Furthermore, medicine is being practiced increasingly in an outpatient setting which requires effective outcome measures for this clinical setting, as well as the interface between the inpatient and outpatient setting. Providing leadership in advancing quality of care in a changing health care environment will require an investment of time and resources at the Departmental level to stimulate innovative thinking about the development of appropriate accountability and measurement frameworks that will clarify the role of the department in this area.

There are immediate opportunities to collaborate with hospital partners in joint efforts to address this issue. Administrators and Boards of teaching hospitals are committed to providing high quality care but require the support of physician leaders to implement many of the changes necessary to enhance quality improvement. Academic leaders are key partners in advancing this agenda. In addition, the current “Transformation Agenda” announced by the Ontario Ministry of Health and Long-Term Care includes a strategy to decrease waiting time for the public. While the current emphasis on decreasing wait time is focused on surgical procedures, there is an opportunity for the Department to set priorities and standards for specific medical procedures. Establishing priorities and standards to support work in this area will allow the Department to take on a strong leadership role in this area and, in the process, determine how it can improve its current delivery models to enhance quality of care.^{xvi}

**IF WE HOLD OURSELVES TO A
STANDARD OF EXCELLENCE, WE
MUST BE WILLING TO SET STANDARDS
FOR CLINICAL EXCELLENCE, DEVELOP
BENCHMARKS AND IMPLEMENT
SYSTEMS TO MEASURE QUALITY.**

WENDY LEVINSON, MEDINEWS, NOV. 2004

GOALS	IMPLEMENTATION STRATEGIES
4.1 Champion the “quality agenda” within the Department and promote leadership in this endeavour	<ul style="list-style-type: none"> ■ Clarify the role of the Department in the “quality agenda” including – <ul style="list-style-type: none"> - Confirmation of current activities focused on quality - Identification of specific priorities where the Department can lead to advance the quality agenda - Confirmation of leadership within the Department ■ Promote the concept of “quality” in the DOM ■ Facilitate interest by physicians to provide evidence of excellent care
4.2 Explore opportunities to collaborate with affiliated hospitals on quality	<ul style="list-style-type: none"> ■ Identify priority areas for benchmarking and measurement (e.g., waiting lists, drug order entry) ■ Articulate appropriate benchmarks and expectations for specific care conditions in respective areas of clinical expertise (e.g., by Division)
4.3 Develop internal expertise for performance measures (including benchmarking and health informatics)	<ul style="list-style-type: none"> ■ Promote, incent and/or recruit faculty to lead and support the quality agenda ■ Develop performance measurement and evaluation skills within the Department to support the quality agenda ■ Collaborate with the Department of Health Policy, Management and Evaluation and others to develop required competencies
4.4 Ensure the quality agenda is central to clinical training	<ul style="list-style-type: none"> ■ Expose and introduce trainees to quality and performance measurement early in their training ■ Incorporate quality and performance measurements as formal educational objectives
4.5 Innovate, test, and assess new models of clinical care and new technologies	<ul style="list-style-type: none"> ■ Collaborate with health care professional partners to develop and evaluate new care models ■ Develop outcome measures for ambulatory care and the interface between the hospital and outpatient settings (e.g., palliative care) ■ Identify and confirm priorities for implementation (e.g., inter-professional models, chronic disease management models, hospitalist models)

**STRATEGIC PRIORITY 5:
RETAIN, ATTRACT AND NURTURE FACULTY**

In an era of intense competition and scarce resources, grooming, attracting and retaining the best faculty and staff will be an ongoing challenge. The ability to secure a stable funding base for physicians involved in academic medicine (e.g., development of a horizontal AFP) and identifying new streams of revenue to support innovation, research, recruitment, and faculty development are critical to responding to this challenge. Growing competition for top faculty and staff also makes the issue of university/faculty reputation and image more important than ever and challenges the Department to think more

strategically about how it might benefit from enhanced marketing and exposure. It is clear that successful recruitment strategies will require the Department to increasingly market itself in the national and international arenas.

The “feminization of medicine” is an emerging trend that brings with it many benefits and complexities. This trend challenges the Department to look creatively at job descriptions, career path development and work-life balance for all faculty.

The declining numbers of graduating trainees choosing academic medicine as a career path requires a better understanding of the drivers and implementation of effective strategies needed to retain the Department’s top trainees.

GOALS	IMPLEMENTATION STRATEGIES
5.1 Recognize and reward the contributions of all faculty	<ul style="list-style-type: none"> ■ Establish job activity profiles and formal job descriptions linked to equitable salary guidelines and annual performance reviews ■ Develop new non-tangible benefits to recognize and acknowledge contributions and skills (e.g., create an awards ceremony for promotion to full professor)
5.2 Strengthen mentorship and career path development for all faculty at various stages of their career	<ul style="list-style-type: none"> ■ Create a Mentoring Program and develop a reward structure for mentors to support it. The focus of this program will be to – <ul style="list-style-type: none"> - Provide role models, mentoring and counseling for faculty at key stages of their academic careers - Promote an environment where faculty can achieve balance in professional and personal goals (address unique needs of women, job sharing, maternity leave etc.) - Develop opportunities to support leadership training for junior faculty - Reassess the roles and involvement of retiring faculty ■ Create a training program for mentors ■ Expand mandate and activities of the Gender Issues Committee
5.3 Intensify efforts for strategic recruitment of top calibre faculty	<ul style="list-style-type: none"> ■ Develop a leadership position in the Department responsible for Faculty Development ■ Collaborate with PICs and Division Directors in recruitment efforts to – <ul style="list-style-type: none"> - Determine best fit for faculty - Facilitate alignment of Department and hospital priorities - Collaborate in joint recruitment between hospitals and research institutes

**STRATEGIC PRIORITY 6:
REINFORCE THE FUNDING AND
INFRASTRUCTURE BASE**

Continued erosion of the university budget, ongoing financial constraints on hospitals, and the recent withdrawal of the CIHR funding for mid-career and senior scientists have placed enormous pressures on the Department to support the increased number of junior investigators. This situation is being compounded by the growing demands for new programs, new technologies, and increased salary support that are essential to retain the Department’s world-class competitiveness. These trends make the task of seeking and securing new and alternate sources of sustainable revenue a priority for the Department over the next five years.

Implementing the strategic priorities included in this plan will only be possible through strong collaborations and partnerships. This will require reinforcement of long-term partnerships with traditional teaching hospitals and their respective research institutes as well as with University Departments

within and outside the Faculty of Medicine. It will also, however, require exploration of new partnerships with community hospitals and other community partners and greater dialogue with partners at the Ontario Ministry of Health and Long-Term Care.

There are also opportunities to be pursued with industry that extend beyond the traditional “donor” relationship, with respect to partnerships in large multi-disciplinary efforts. These need to be entered into cautiously, keeping in mind lessons learned from teaching hospitals and the University in terms of engaging in mutually beneficial relationships and addressing ethical issues, including the importance of independence in research and avoidance of potential conflict of interest.

Finally, the Department will need to develop partnerships and strategies that will allow it to extend beyond its local boundaries and reach out globally. This will allow the DOM to enhance its international reputation while sharing its knowledge and expertise with developing nations who are also seeking to improve the health of their communities.

GOALS	IMPLEMENTATION STRATEGIES
6.1 Develop and implement a diverse set of strategies to stabilize and grow the Department’s resource base	<ul style="list-style-type: none"> ■ Develop a strategy that identifies priority needs, sources of funds and potential partners ■ Explore and pursue strategies on a variety of tracks that may include: <ul style="list-style-type: none"> <i>Fundraising</i> <ul style="list-style-type: none"> ■ Strike Fundraising Subcommittee reporting to Finance Committee ■ Target endowed chairs for each Division and program ■ Target alumni for specific fundraising tasks <i>Grant Funding</i> <ul style="list-style-type: none"> ■ Pursue large inter-disciplinary, multi-institutional grants with NIH and other agencies ■ Collaborate on CIHR/CFI Clinical Research Centres of Excellence ■ With others, convince the Ontario Government to increase support for researchers <i>University Funding (AIF)</i> <ul style="list-style-type: none"> ■ Generate proposals that align with University, FOM, and DOM priorities <i>Government Funding</i> <ul style="list-style-type: none"> ■ Target new sources of funding arising from provincial government’s Transformation Agenda (i.e. wait lists, chronic disease prevention and management, quality and accountability) <i>Industry Partnerships</i> <ul style="list-style-type: none"> ■ Confirm mutual priorities to bring together large multi-disciplinary teams ■ Pursue CIHR matching grants with industry

GOALS	IMPLEMENTATION STRATEGIES
6.2 Identify and pursue local and global partnerships that will facilitate achievement of the Department strategic agenda	<ul style="list-style-type: none"> ■ Seek new partnerships with basic science departments and research institutes for commercialisation ■ Explore partnerships with the Toronto Regional Research Alliance, MaRS Discovery District ■ Explore global health opportunities, sharing relevant experiences in inner city health and northern outreach
6.3 Establish a dialogue and develop guidelines for ethical issues with industry and government partnerships	<ul style="list-style-type: none"> ■ Review existing frameworks and similar initiatives within the Faculty of Medicine, University and affiliated teaching hospitals ■ Consider appointing a DOM Ombudsman for this area

HOW WILL WE GET THERE?

IMPLEMENTATION CONSIDERATIONS

The implementation strategies highlighted in this plan are intended to be a starting point for action. It is expected that subsequent actions will arise to advance the strategic priorities based on the development of divisional and program plans.

A critical success factor in implementing this plan will be the ability of the Department to collaborate with key partners in other Departments and affiliated hospitals to achieve the priorities and goals identified in this process. Delivering on the priorities and goals will require the “buy-in” of these partners as well as the leadership and support of the Department’s Divisional leaders, Physician-in-Chiefs, faculty and staff.

The strategic priorities identified in this plan will also need to resonate amongst students and trainees as they make their choices regarding further training and academic career paths. More than ever, faculty within the Department will need to play an important leadership role in supporting the core functions of the Department and in undertaking new responsibilities to achieve the strategic priorities and goals outlined in this plan.

Activity is already underway in a number of areas to advance the newly articulated strategic priorities and goals. These and other immediate priorities need to be advanced in Year One to establish some ‘quick wins’ and build momentum for further change within the Department.

IMMEDIATE PRIORITIES (YEAR ONE)

An Implementation Steering Committee, with the following proposed membership and terms of reference, will be established by the Department Chair to support and oversee implementation of the strategic plan over the next six months:

Membership:

Faculty members appointed to lead each of the six strategic priorities, as well as a representative of the Division Directors and the Physician-in-Chiefs.

Terms of Reference:

- To develop a dissemination and communication strategy to ensure that all faculty understand the key elements of the plan (i.e., what’s new and what’s different) and are aware of the implementation process and timelines.
- To establish a process to work with the “leads” for each strategic direction to confirm the development of priorities/actions supported by performance indicators, timelines, and resource requirements to advance the goals within their area.
- To compile the overall performance measures, timelines, and resource requirements (building on the work of the leads for each strategic direction) required to support implementation and to secure/allocate the necessary resources (people, dollars, infrastructure) to assist with implementation of the priorities.
- To support and facilitate the work of Division Directors who will undertake implementation planning within their respective divisions to advance the strategic priorities and goals included in the plan.
- To review the current organizational structure of the Department and recommend changes to facilitate implementation of the strategic priorities included in the plan.
- To monitor achievement of expected outcomes based on performance indicators and objectives established through this process.

The *Implementation Steering Committee* will work with the identified faculty ‘leads’ for each strategic priority and will oversee the advancement of the specific goals and implementation strategies (see Figure 6).

STRATEGY PRIORITY/ DOM LEAD	IMMEDIATE PRIORITIES
#1 Integration Lead: Wendy Levinson	<ul style="list-style-type: none"> ■ Continue or establish regular meetings of PICs, Department Division Directors and Divisional Executive Committees to facilitate communication across the Department ■ Support Division Directors in developing divisional plans to align with the priorities and goals included in the DOM strategic plan ■ Promote integrated IT strategy, including identification of priority areas for leadership by DOM in advancing health information management to support the academic mission ■ Establish a Departmental Finance Committee with an initial mandate to: <ul style="list-style-type: none"> - Develop standardized job descriptions for Faculty supported by equitable payment structures across the Department - Establish shared principles across all DOM practice plans - Establish principles to inform and advance the AFP negotiations to secure a horizontal AFP across the DOM ■ Develop a DOM marketing and communications
#2 Research Lead: Greg Downey	<ul style="list-style-type: none"> ■ Establish Departmental Research Committee with an initial mandate to oversee and facilitate implementation of research goals and actions articulated in the strategic plan. ■ Stabilize career scientist funding for 'at risk' faculty holding time limited CIHR investigator awards ■ Address & implement short term strategies to strengthen Clinician-Scientist program ■ Establish infrastructure to enable success in pursuing NIH and other large funding opportunities ■ Develop DOM strategy for enhancing translational research
#3 Education Lead: Kevin Imrie	<ul style="list-style-type: none"> ■ Work with Faculty of Medicine to achieve mutually beneficial educational placements in community settings ■ Identify opportunities to increase ambulatory care exposure ■ Operationalize CanMEDS attributes for all levels of training
#4 Quality Lead: TBD	<ul style="list-style-type: none"> ■ Clarify the role of the Department in the "quality agenda" including – <ul style="list-style-type: none"> - Confirmation of current activities focused on quality - Identification of specific priorities where the Department can lead to advance the quality agenda - Champion leadership within the Department ■ Establish working relationship with hospital partners for targeted quality initiatives

#5 Faculty Lead: Laurie Morrison	<ul style="list-style-type: none"> ■ Create leadership position in Faculty Development, with defined job description, expectations and administrative support ■ Establish Mentoring Program ■ Develop new non-tangible benefits to recognize and acknowledge contributions and skills (i.e., initiate "Professor's Day")
#6 Funding & Infrastructure Lead: ^{xvii} Catharine Whiteside (Transitional leader)	<ul style="list-style-type: none"> ■ Establish a Departmental Finance Committee with terms of reference focused on integration across hospital-based practice plans respecting the new Clinical Faculty agreement with the University of Toronto (see additional terms of reference for this group under strategic priority #1) ■ Establish advancement capability for departmental fundraising in conjunction with Faculty of Medicine ■ Strike Fundraising Sub-committee reporting to Finance Committee ■ Establish an appropriate working framework for effective and collegial relationships with the private sector ■ Submit AIF for January 2005

MONITORING OUR PROGRESS:

OUTCOME MEASURES AND INDICATORS

Achieving greater accountability through ongoing performance measurement will be an important activity that will be incorporated into the work and culture of the Department of Medicine. In the coming years, all Divisions and programs, faculty and staff will be involved in various initiatives focused on achieving the strategic goals outlined in this plan. In order to ensure that these initiatives are being advanced and are aligned with the overall strategy, an effective performance measurement and improvement system

will be developed. [This will dovetail with Strategic Priority 4 related to quality and performance measure.] This strategy will involve the identification of specific performance measures and indicators at both the departmental (corporate) and divisional levels related to each of the strategic priorities. Where appropriate, specific benchmarks and targets will be established to measure progress and assess the challenges arising with respect to implementation of the specific goals associated with each of the directions. As part of communicating its progress, the Department will develop regular updates reporting on its progress.

CONCLUDING REMARKS

Advancing the strategic priorities in this plan will require the collective efforts of a unified, cohesive Department with a shared commitment to embrace the change agenda. A common commitment to implementing the strategic priorities outlined in this plan can provide the Department with

a real opportunity to enhance its educational and research programs, market its strengths and uniqueness to the world and, in so doing, position it to realize its vision of achieving "international leadership in health research, education and patient care."

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