Medicine
UNIVERSITY OF TORONTO

SELF-STUDY REPORT

External Review 2018–2023
Volume 1: Sections 1 to 11

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UNIVERSITY OF TORONTO
Hematology
Division Director: Dr. Isaac Odame
Program Director: Martina Trinkaus
Temerty Medicine


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July 1, 2022 - June 30, 2023
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July 1, 2022 - June 30, 2023


MaRS

GLOSSARY OF ABBREVIATIONS

AACU	Acute Ambulatory Care Unit
AFP	Alternate Funding Plan
APD	academic position description
BBDC	Banting and Best Diabetes Centre
BMJ	BMJ (formerly British Medical Journal)
CaRMS	Canadian Resident Matching Service
CBD	Competence by Design
CBME	competency-based medical education
CCO	Cancer Care Ontario
CDA	Diabetes Canada (formerly Canadian Diabetes Association)
CFAR	Continuing Faculty Appointment Review
CGS	Canadian Geriatrics Society
CIA	Clinical Immunology and Allergy
CIHI	Canadian Institute of Health Information
CIHR	Canadian Institutes of Health Research
CISEPO	Canada International Scientific Exchange Program
CME	continuing medical education
COPD	chronic obstructive pulmonary disease
CPA	creative professional activities
CPD	Continuing Professional Development
CP&T	Clinical Pharmacology and Toxicology
C-QuIPS	Centre for Quality Improvement and Patient Safety
CREMS	Comprehensive Research Experience for Medical Students
CREOD	Centre of Research Expertise in Occupational Disease
CSTP	Clinician Scientist Training Program
CTU	Clinical Teaching Unit
CWC	Choosing Wisely Canada
DDD	Departmental Division Director
DFCM	Department of Family and Community Medicine
DoM	Department of Medicine
EM	Emergency Medicine
EPA	entrustable professional activities
FoM	Faculty of Medicine
GEMINI	General Medicine Inpatient Initiative
GI	Gastroenterology
GIM	General Internal Medicine
HSF	Heart and Stroke Foundation
HSRLCE	Heart and Stroke/Richard Lewar Centre of Excellence
ICES	Institute for Clinical and Evaluative Sciences
ICU	Intensive Care Unit
ID	Infectious Diseases
IDCCM	Interdepartmental Division of Critical Care Medicine
JAMA	Journal of the American Medical Association
JDRF	formerly Junior Diabetes Research Foundation
KT	knowledge translation
MAM	Mississauga Academy of Medicine
MD	Medical Doctor
MED	Membership, Equity and Diversity
MERS	Medical Education Research & Scholarship
MOHLTC	Ministry of Health and Long-Term Care (in Ontario)
MOTP	Medical Oncology Training Program
MSc	Master of Science
MScCH	Master of Science in Community Health
MSB	Medical Sciences Building (at U of T)
MSH	Mount Sinai Hospital
NIH	National Institutes of Health
OSCE	objective structured clinical examination
OTN	Ontario Telemedicine Network
PARO	Professional Association of Residents of Ontario
PBL	problem-based learning
PCC	person-centred care
PD	Program Director
PGME	Postgraduate Medical Education
PGY	postgraduate year
PhD	Doctor of Philosophy
PHO	Public Health Ontario
PI	Principal Investigator
PIC	Physician-in-Chief
PMCC	Princess Margaret Cancer Centre
PM&R	Physical Medicine and Rehabilitation
RCPSC	Royal College of Physicians and Surgeons of Canada
RPC	Residency Program Committee
SCOPE	Seamless Care Optimizing the Patient Experience
SHS	Sinai Health System
SMH	St. Michael's Hosptial
SMPA	St. Michael's Hospital Physicians Association
SPOR	Strategy for Patient-Oriented Research
TAAAC	Toronto Addis Ababa Academic Collaboration
TAHSN	Toronto Academic Health Science Network
TARRN	Toronto Antibiotic Resistance Research Network
TES	teaching effectiveness scores
TGH	Toronto General Hospital
TRI	Toronto Rehabilitation Institute
TWH	Toronto Western Hospital
UGME	Undergraduate Medical Education
UHN	University Health Network
UME	Undergraduate Medical Education
U of T	University of Toronto
VC	Vice Chair
WCH	Women's College Hospital
WCRI	Women's College Research Institute
WIHV	WCH Institute for Health Systems Solutions and Virtual Care

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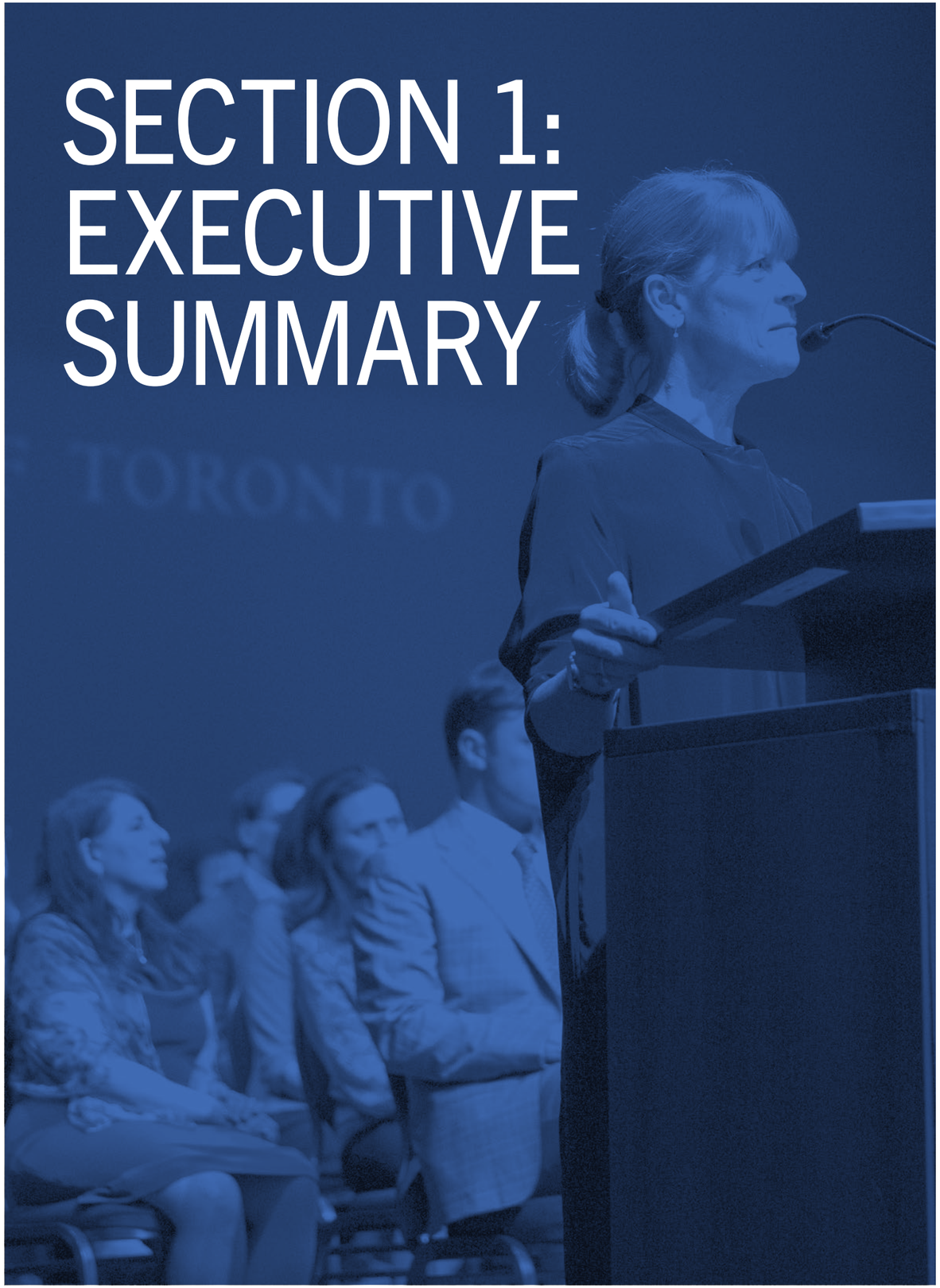
SECTION 1: EXECUTIVE SUMMARY



OVERVIEW OF THE DEPARTMENT OF MEDICINE

The Department of Medicine (DoM) at the University of Toronto is one of the oldest and largest in North America, dating back to the founding of the School of Medicine in 1843. (https://deptmedicine.utoronto.ca/)

Our **Mission** is to prepare future physician leaders, contribute to our communities and improve the health and healthcare experiences of individuals and populations through the discovery, application, translation, and communication of knowledge. Our **Vision** is to meaningfully impact health through international leadership in education, research, and the translation of new knowledge into better care and health outcomes. Our **strategic priorities**, updated in late 2019 in partnership with key stakeholders, including patient partners, trainees, and hospital leaders, are to:

- Create a clinical and academic environment that promotes mutual respect, compassion, integrity and inclusion, and thus fosters the wellbeing of our faculty and learners.
- Innovate in models of learning and care to promote a sustainable, person-centred healthcare system that meets current and future population needs.
- Promote, sustain, and amplify our international status as scholars in basic and clinical research, education, quality improvement and healthcare provision, ensuring that discoveries and new knowledge get to the patients and providers who need them.
- Get Political: Engage in transformational change as leaders, partners, and effective followers alongside decision-makers.

With 1,871 active faculty members, including 946 full-time clinical faculty, the Department constitutes approximately 27 percent of the faculty in Temerty Faculty of Medicine (TFoM). Overall, 39.3% self-identify as female, 59.6% as male, and 1.1% as non-binary. Among full-time clinical faculty members, who are recruited through a formal search process, the proportions are 42.0% female, 57.2% male, and 0.85% non-binary, respectively (p=0.047 for difference). The Department has grown substantially (789 full-time faculty members in 2018), largely to meet rising clinical and educational demands.

Full-time faculty members are distributed across six fully affiliated teaching hospitals and health systems within the Toronto Academic Health Sciences Network (TAHSN). Part-time and adjunct clinical faculty members are located predominantly at community-based private practices and a dozen community-affiliated hospitals/hospital systems (https://medicine.utoronto.ca/about-facultymedicine/university-affiliated-hospitals). Clinical faculty across all medical specialties hold two appointments: a clinical appointment at the hospital or site where they provide most if not all of their patient care, and an academic appointment at the university in one of 20 departmental divisions. They report dually to their hospital leadership, e.g., the hospital division head and Physician-in-Chief (PIC), and to the university departmental leadership, e.g., Departmental Division Director (DDD) and Chair of Medicine. The hospital PICs and Department Chair rely on the Vice Chairs and DDDs (https://deptmedicine.utoronto.ca/departmental-division-director-position-description) to build and maintain a thriving academic enterprise. These university leaders are essential in supporting community, purpose, leadership, mentorship, and communication within our academic community.

At appointment, all part-time and full-time clinical faculty members are assigned an Academic Position Description (APD), e.g., clinician scientist. In January 2023, this became a requirement for adjunct appointments as well. One's APD stipulates how much time one is expected to devote to clinical care, teaching – clinic-based and formal, academic (research and other scholarly activities) and administrative activities. While all faculty members are expected to demonstrate teaching effectiveness, the scope and intensity of teaching and scholarship varies by APD. Currently, 38% of full-time clinical faculty are Clinician Teachers, 22% each are Clinician Investigators and Clinician Scientists, 8% are Clinicians in Quality and Innovation, 7% Clinician Educators, and 2% Clinician Administrators. In 2023, we established a new APD – the Academic Clinician – to meet the growing clinical demands; these faculty members primarily focus on clinical care activities.

Full-time clinical faculty members must be enrolled in a university-approved **"conforming" practice plan** at one of the host hospitals. Although practice plans vary in their structures and governance, all provide financial support for members to engage in non-revenue-generating formal teaching, education, research, and quality improvement/patient safety initiatives. Most income to the practice plans comes from clinical earnings (claims to the provincial government for clinical services rendered; ~75-80%), followed by contributions from the university department in the form of stipends for leadership/administrative roles, e.g., departmental division directors and education leadership roles, salary support awards, chairs, and professorships, etc. Expenses to physicians vary across sites, with some charged rent and variable responsibility for secretarial and clinical administrative support. An individual's take home pay is broadly determined by their specialty (fee for service reimbursement schedule), APD (amount of time available to generate income), academic rank, expenses incurred, and annual assessment of academic contributions. On average, ~6-10% of a physician's income to the practice plan is used to support the academic mission of the Department.

The Department of Medicine has four large portfolios: **Education** (Vice Chair, Arno Kumagai), **Research** (Vice Chair, Jane Batt), **Quality and Innovation** (Vice Chair, Kaveh Shojania); and **Culture and Inclusio**n (Vice Chair, Umberin Najeeb). Each portfolio has one or more administrative leads who are overseen by the Director of Business and Operations, Kerri Bailey. These portfolios are described in detail below.

The Department is wholly committed to ensuring a **culture of inclusion and professionalism**. In 2015, the inaugural Vice Chair, Mentorship, Equity and Diversity, was appointed to oversee much-needed changes in our policies and practices. In 2019, following departmental review of our strategic priorities, we renamed the portfolio "Culture and Inclusion" to better reflect the intent. Culture comprises the organizational perspective, i.e., the shared assumptions and values that bind individuals within an organization, the identity perspective, i.e., attitudes and beliefs that shape how individuals see themselves within the culture, and the practice perspective, which is what actually occurs in practice. Culture may be either a barrier to or a facilitator of the changes that are inevitably required of an organization if it is to maintain its relevance (https://doi.org/10.1111/medu.14037).

Under the former Vice Chairs and current **Vice Chair, Culture and Inclusion**, the Department has established robust programs for mentorship across the academic lifespan, selection and recruitment processes to enhance diversity of learners and faculty, principles of fairness, transparency, equity and inclusiveness across all elements of the academic enterprise to support the academic success and well-being of all. Policies to guide our response to unprofessional behaviour by faculty members have been established and implemented. These policies have now been aligned and superseded by the Temerty Faculty of Medicine's statement regarding professional values (https://temerty medicine.utoronto.ca/professional-values) and guidelines for addressing resident complaints developed by the Office of Learner Assessment (https://meded.temertymedicine.utoronto.ca/learner-mistreatment). Sustained demonstration of professionalism is a requirement for successful continuing faculty appointment review at three years and for consideration for promotion to a higher academic rank. Although very rare, we have used this criterion to deny continuing appointment and senior promotion. Faculty expectations are communicated at new faculty orientation and have been disseminated department-wide consistently and repeatedly.

The Department is a **major contributor to education at all learner levels**, from undergraduate to continuing education, overseen by the **Vice Chair, Education**. The responsibility for pre-clerkship (Years 1 and 2) Undergraduate Medical Education (UGME) largely resides with the Faculty of Medicine. The Department is responsible for medicine clerkship rotations in UGME (Years 3 and 4) and for its postgraduate residencies and fellowships, reporting to the Undergraduate and Postgraduate Medical Education offices at TFoM, respectively. At present there are 1,004 postgraduate trainees registered in our programs, including 140 in PGY1 entry specialty programs, 244 in core internal medicine, 166 in PGY4 entry subspecialty programs, and 550 fellows. In addition, the Department supports and runs advanced programs to train future faculty members, including the **Eliot Phillipson Clinician Scientist Training Program**, the **Master Teacher Program**, and for advanced training in **Quality Improvement and Patient Safety**.

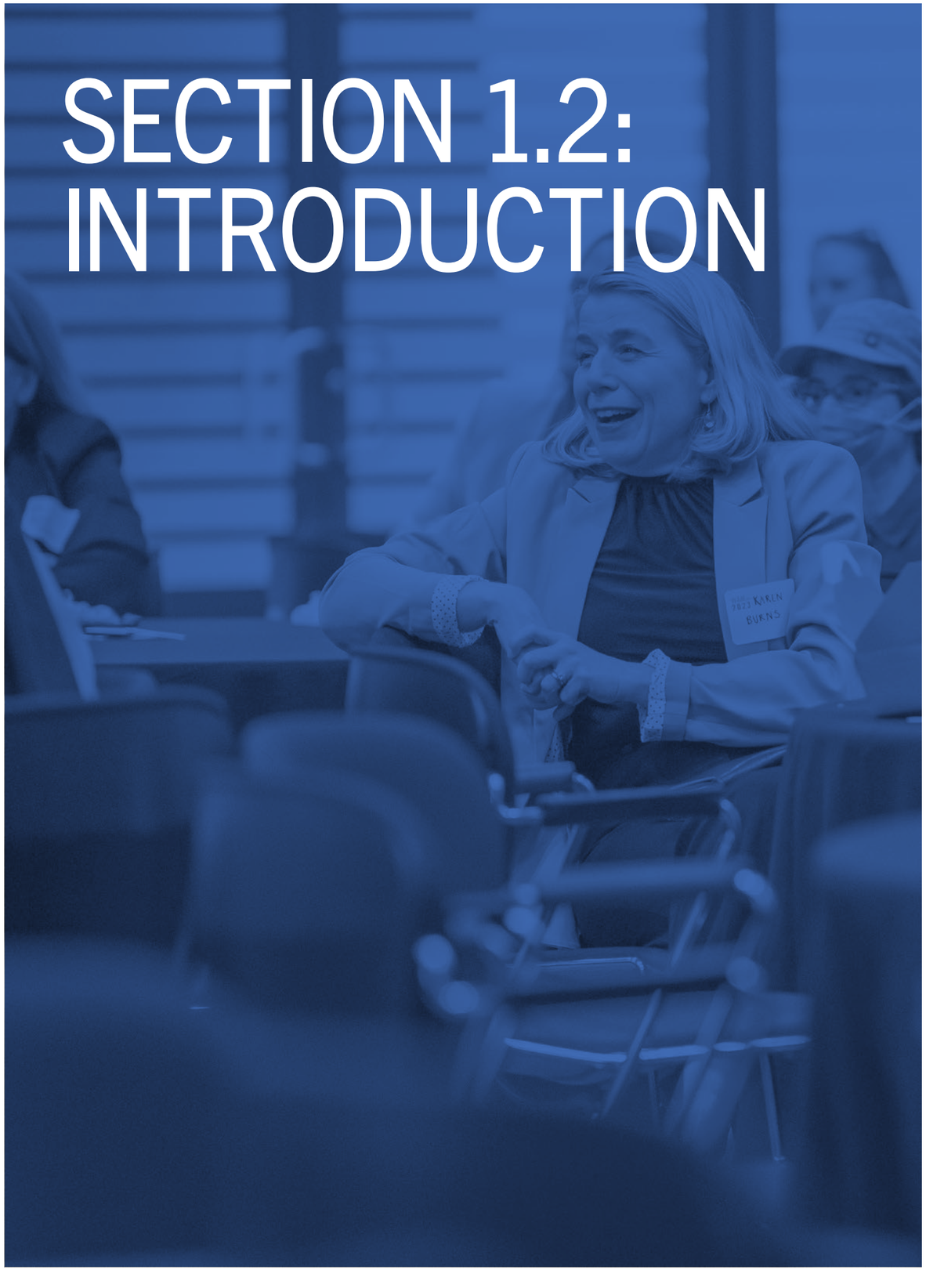
Although the Department is not a graduate department, our members are **actively engaged in graduate education**, principally through cross-appointments to the Institute for Medical Sciences (IMS) within TFoM and the Institute for Health Policy, Management and Evaluation (IHPME) at the Dalla Lana School of Public Health (DLSPH). Members of our faculty lead these graduate training programs: IMS (Lucy Osborne); IHPME – Clinical Epidemiology (Jill Tinmouth and Sindhu Johnson), and the Centre for Quality Improvement and Patient Safety (Brian Wong). Many faculty members also provide teaching and graduate supervision

in our extra-departmental units, e.g., the Banting and Best Diabetes Centre; the Wilson Centre; Lewar Centre; and others. More than one hundred faculty members hold cross-appointments to the Department; the majority have primary appointments in other clinical or basic science departments in the Temerty Faculty of Medicine.

The **Vice Chair, Research**, oversees **a portfolio of inquiry that covers the full spectrum of disciplines and methodologies:** fundamental science; translational research; clinical trials; clinical epidemiology; health services research; global health; AI and machine learning; quality improvement and patient safety, innovation; and education. In 2023, *Nature* ranked the University of Toronto as third globally in health sciences research output https://www.nature.com/articles/d41586-023-01867-4.

Over the five year period from 2017-2022, DoM faculty held $1.23B in funded research. These figures include funds held both on-campus and at our affiliated hospitals. Funding has increased year over year, from $195M in 2017-18 to $274M in 2021-22 (the last year for which we have complete data). This funding represents more than 13,100 individual awards, including 22 Canada Research Chairs (Appendix A).
In the past five years, the DoM has generated 21,468 peer reviewed publications (articles, editorials, proceeding papers and reviews) and 525,497 citations (Appendix B). It is difficult to compare these values directly with those of our prior report in 2018 as the analyses were done differently; thus, it is unclear to what extent the pandemic impacted our overall productivity.

While faculty members have for decades been leaders in health services research, healthcare quality at a clinical or hospital level was historically the purview of the hospitals. This changed in 2009 with the establishment of the U of T Centre for Quality Improvement and Patient Safety (CQuIPS), under the direction of Dr. Kaveh Shojania, and subsequent creation of the Clinician in Quality and Innovation (CQI) academic position description in the Department. In 2014, Dr. Shojania was appointed the first **Vice Chair, Quality & Innovation** to oversee the Quality and Innovation portfolio. There are now 79 full-time clinical faculty members appointed as CQIs. These individuals currently hold all QI leadership roles across the fully affiliated teaching hospitals. They are disproportionately represented among Infection Prevention and Control leadership and play key roles within Ontario Health. In 2022, the Department conducted a 10-year external review of the CQI position description, which was extremely positive, highlighting that it had provided an 'academic home' for faculty focused on quality improvement and other forms of innovation. To date, all CQI faculty candidates for probationary review and senior promotion have been successful.



SECTION 1.2: INTRODUCTION

SIGNIFICANT MILESTONES

Response to the COVID-19 Pandemic

Across all Toronto hospitals, medicine faculty members, principally those in the Divisions of General Internal Medicine (GIM), Emergency Medicine and Critical Care cared for the vast majority of COVID inpatients. This workload was in addition to maintaining ongoing routine inpatient and critical care service delivery. Department members led essential elements of the COVID response, including leading nationally and internationally recognized research initiatives, innovating in models of virtual care and education in the virtual environment. Department members led the Ontario Scientific Advisory Committee, provided guidance and consultation to Public Health Ontario and federal and international organizations, including the World Health Organization. All in all, the contribution of our faculty members, clinical associates, residents and fellows, alongside their healthcare professional colleagues, was truly outstanding.

Celebration of the 100th Anniversary of Insulin Discovery

In April 2021, the Departments of Medicine and Physiology held two outrageously successful events, *100 Years of Insulin: Celebrating its impact on our lives Public Celebration* and the *Insulin 100 Scientific Symposium*, to celebrate a century of health innovation with patients, donors, societies, and our global scientific colleagues. Even the World Health Organization showed up! Drs. Jackie James, Gary Lewis, and Diabetes Action Canada led the Public Celebration, and Dan Drucker led the Scientific Symposium. Both events exceeded expectations, with 1,212 and 7,047 registrants and 504 and 1,293 attendees for the two virtual events, respectively, from more than 75 countries.

Faculty member Dr. Dan Drucker, together with colleagues Joel Havener and Jens Holst, received the **2021 Canada Gairdner International Award** for their discovery of glucagon-like peptide hormones, GLP-1 and -2, and elucidating the mechanism by which these hormones influence glucose control through their effects on insulin and glucagon levels.

Building Capacity for Clinical Care

Over the past years of fiscal restraint, we have seen increasing institutional dependence on the Department faculty and learners to manage workload volumes, including non-remunerated work, without any demand control. This has negatively impact faculty and learner wellbeing and challenged our ability to deliver on our academic mission. With our hospital partners, the Department has engaged in a multi-pronged strategy to build capacity for clinical care and, in turn, reduce reliance on learners for clinical coverage. In brief, this has included:

- *Redesign of the clinical teaching units* (CTUs) using a continuous quality improvement approach to optimize the learner educational experience and better balance workload across learner levels. Standards have been developed regarding faculty and learner responsibilities and expectations. A scheduling working group has been established and is working with department programmers to enhance the fairness, transparency, and efficiency of our scheduling system. In 2023, the Department invested $2 million for pilot projects and infrastructure enhancement of the CTUs.
- *Recruitment of hospitalists* and establishment of *hospitalist training programs* across all sites.
- Creation of *Resident Independent Units* across sites to offload the CTUs.
- Creation of a new academic position description (APD) – the Academic Clinician – to strengthen the provision of care by highly qualified physicians in our fully affiliated teaching hospitals and enhance faculty members' capacity to focus on other academic activities, including teaching, education, quality and innovation, and research.

Promoting Inclusive Excellence in Research

Guided by an external review of our research portfolio conducted using an EDI lens by Professor Imogen Coe in late 2021, the Department revamped its policies and processes regarding admission into the Clinician Scientist Training Program, Start Up Funding for newly recruited clinician scientist faculty members, and the annual Salary Support competition for clinician scientists. The revised policies and procedures acknowledge the limitations of traditional research metrics and that success in academic medicine is influenced by the quality and quantity of mentorship, sponsorship, role models and social networks, by one's

personal circumstances and access to resources (e.g., support for clinical practice and philanthropy), and that these essential ingredients of success are not shared equally among department members. Together the executive committee developed and piloted a new rubric for evaluation of faculty for salary support (reference Appendix document Section 4 Research, Appendix A), which was presented and enthusiastically endorsed by the departmental research community. The first cycle of reviews in 2022 went extremely well – no changes to the rubric were deemed necessary. The second cycle of reviews is underway.

Core Internal Medicine Program Accreditation

In the fall of 2020, the residency programs at U of T were formally reviewed by the Royal College of Physicians and Surgeons (RCPSC). Although the initial recommendation was for re-review in two years, in May of 2021, we were informed that our Core Internal Medicine program had been put on Notice Intent to Withdraw Accreditation. Two major areas of concern were identified: the ability of residents to provide feedback about the program without fear of retaliation; and adequacy of attending physician supervision to ensure safe, high-quality care. Addressing these identified Areas for Improvement (AFIs) is a major focus for the Department these past two years. The efforts made by our IM Program Director, Jeannette Goguen, and her IM Residency Program team, including residents, faculty, and staff, have been truly spectacular. Among many changes that have been made, new guidance documents have been developed and approved to enhance awareness, fairness, and transparency for both learners and faculty members regarding our policies and practices for responding to critical learner feedback *(Optimizing Teaching Effectiveness and the Learner Experience in the DoM)* and to respond to the changes in need for supervision by faculty members *(DoM Standard for Physicians Supervising Learners)* with the goal of optimizing the learning environment by demonstrating a consistent and mutual understanding of roles and responsibilities.

Social Innovation & Transformational Change

The Department wholeheartedly embraces the concept that with our privilege comes responsibility. We are blessed to have MANY learners and faculty who, as individuals or small groups, are deeply engaged in advocacy efforts. In May 2022, 40 faculty members and learners from diverse backgrounds met virtually in a Social Innovation Think Tank, led by VC QI Kaveh Shojania with Cate Creede from The Potential Group, to discuss how the DoM could better galvanize its efforts towards transformative change. Among many topics that relate to health and healthcare, socioeconomic inequities & systemic racism, the organization & delivery of health care, climate change and the opioid epidemic were top of mind. There was palpable 'energy in the room' even though we were two years into the COVID pandemic at the time. A call for letters of intent to address the key identified areas went out in Spring 2023 and are being adjudicated currently.

Training Pathways to Inclusive Excellence

Recruitment to the Department full-time is done via a formalized search process that incorporates posting/circulation of the position description, and an application and interview process with attention to equity, diversity, and inclusion, and a requirement for unconscious bias training for all search committee members. The DDD sits on all hospital divisional search committees representing the university department. The Vice Chair, Research or Vice Chair, Education, sit on searches for endowed chairs and professorships. Leadership positions in the university department are filled using the same search process, led by the Chair. This has resulted in improved representation of women and other groups that have been historically under-represented in medicine (URM). As the number of role models for learners from URM groups has grown, we have been able to launch novel pathways to attract MD students and residents to our training programs who have come from non-traditional backgrounds and to expand mentorship and sponsorship opportunities for existing URM faculty members, and greater attention to intersectionality of self-identities in determining one's experience in medicine.

Building the University Brand

Over the past nine years, the Department has taken a multi-pronged approach to build pride of place with respect to membership in the Department. In-person orientations of new faculty recruits and residents and fellows now occur annually, in person and on campus when able (virtually during COVID), with careful attention paid to the complementary roles of hospitals and university. These have provided terrific opportunities to meet

colleagues from across the sites and across specialties, review expectations and outline resources available to support career development. PGY1 residents are given DoM sweatshirts that have become the go to clothing for on call! The Department also now hold an annual event to celebrate those promoted to Associate Professor, in addition to events to celebrate the Full Professors. These events have been well-attended and, once again, have helped to build a much-needed sense of comradery and pride among our faculty members. Communications resources have been standardized and customized by division for external presentations, online meetings, etc. As the DDD position description has evolved, they too make "brand" (community) a high priority. Most have a monthly newsletter, and many are active on social media, using these opportunities to celebrate the successes of their faculty and learners. Collectively, these and other strategies have increased faculty awareness and understanding of what the Department's role is, and hopefully enhanced a sense of community.

STRENGTHS AND POTENTIAL RISKS

Strengths

The People

The Department continues to attract superb people (learners and faculty) – brilliant, ambitious – who want to make things better, and bring high energy to their work. The demonstrable "impact per person" is incredible. These faculty members are magnets for other incredible individuals – residents, fellows, and faculty members. Everyone, irrespective of their academic position description, is engaged in scholarly activities – generating new knowledge and translating that knowledge into practice and policy. We are nimble – we are willing and able to adapt on the fly. The mindset is to try even if we might fail.

Department members collectively support the academic mission through substantial redistribution of their income, which is unique and signals to potential recruits that academic activities are a high priority. We work as a team.

The PICs work directly with the Chair, the Deputy-PICs work closely with the respective departmental Vice Chairs, and the Hospital Division Heads work alongside the Department Division Director according to their area of clinical specialty. We share common values and goals with respect to the academic mission of the Department.

Based on the numbers, the Department's researchers are driving the overall citation impact across our fully affiliated hospitals and have clearly contributed to the University's ranking third globally for health sciences by Nature in 2023.

The Department has demonstrated its commitment to inclusive excellence. Department members have led the development and implementation of strategies to address resident mistreatment, within the Department and at the TFoM. The focus on mentorship is very strong and has borne fruit in terms of career satisfaction and reducing the experience of burnout. Culture change has been tangible with respect to EDI and professionalism. Despite COVID-related fatigue, we have been able to attract excellent candidates for leadership roles. While many faculty identify more strongly with their base hospital than the university, more than half of our faculty members serve on one or more divisional or departmental committees. All complete unconscious bias training prior to participation in a departmental role, e.g., search process or committee. Their contributions of time and energy have been stupendous.

The Place

The University of Toronto has only one medical school and department of medicine. The department's residents and fellows are the glue that bind us together. While our large size can be a limitation, it is also a strength. There is unparalleled breadth and depth of training environments, scholarship and commitment to collaborative, interdisciplinary work. We are in a better place than many with respect to opportunities for scholarship and impact, but the sky would be the limit if we were to reduce cross-site barriers to collaboration.

Fellowship Training & Global Reach

In addition to its residents, the Department trains an impressive number of international fellows; of over 500 fellows, about 70% are international medical graduates that come to Toronto to receive advanced clinical skills training, e.g., interventional GI and cardiovascular procedures, management of rare disorders, fetal-maternal medicine, among others, and then bring this knowledge and skills back to their home countries. Thus, our fellowship programs have an impact on global health. Indicative of the commitment of faculty to this training, many of the fellowships are funded by faculty members through tithing over and above the practice plans.

RISKS

Provincial Fee Schedule for Physician Services

The Ontario fee schedule continues to reward procedural and inpatient activities more so than outpatient care, and while our teaching hospitals deal with exceeding complex cases, the **Ontario Medical Association**, which plays a major role in determining the fee schedule, places more emphasis on routine cases, and prioritizes community physicians. This contradicts our focus on increasing outpatient care to alleviate healthcare system pressures and improve the population health. It is also a barrier to meeting the growing demand for chronic, longitudinal care for complex patients in the outpatient setting, which has been more pronounced especially with the lack of primary care support in the Ontario Healthcare ecosystem. To address this mismatch, discussions are ongoing regarding a **comprehensive academic alternate payment plan**, but this it seems would be based on current billings, which may not adequately allow for the necessary recruitment of physicians we anticipate requiring. The Department is also exploring whether SRED tax credits might be leveraged to generate additional income to the practice plans.

Income from fee-for-service billings has furthermore not kept pace with cost of living (especially in downtown Toronto) and those doing the majority of clinical work (clinician teachers) are increasingly alert to the amount of base support being provided from their income generation. The Department has gained its international status as scholars due in large part to the long-standing commitment of its faculty to sustaining the academic mission. That full-time physicians give up income to protect time for scholarly activities that are not remunerative, including formal teaching and research, is unheard of in most other universities. Collectively, our faculty members, via their practice plans, agree to the redistribution of millions of dollars-mainly funds from clinician billings – to support the academic mission. For the reasons outlined above, this is insufficient to enable support of protected time to the degree it is expected and required to sustain academic excellence.

Health Care & Health Human Resources

Ontario healthcare is crumbling. Rapidly increasing demand for complex clinical care combined with insufficient health human resources, particularly nursing and primary care providers, and generational changes in preferences for work-life balance (both learners and faculty recruits), has been made worse by the COVID pandemic. As physicians are not employees of their hospitals, budget cuts resulting in reductions of administrative or health professional staffing invariably shift work to physicians. Thus, these changes have resulted in a substantial rise in administrative burden and reduced sense of control and autonomy among faculty members. This has contributed to burnout among both faculty and learners and has reduced access to "protected time" to pursue scholarly activities.

Academic Fulfillment & Burnout

Heavy clinical workloads combined with post-pandemic fatigue and the impact of the IM accreditation result have challenged the sustainability of other academic activities. Our teachers are devoted but struggling to find connection with learners. Teaching evaluations are a major source of tension, which has been heightened by implementation of Competency by Design and associated EPAs, and by the Royal College reviews.

Expansion of the TFoM Footprint

A major challenge for the next chair will be how to leverage and adapt to expansion of the TFoM footprint. Resident numbers and challenges pertaining to the delivery of competency based medical education have diminished the ability of teachers, and educators to execute on their academic expertise and purpose. Specifically, with some MD trainees at community sites, there has been a requirement to allocate medicine residents as well, but with no increase in the overall number of residents. In the absence of expansion of the overall allocation of residents to medicine, persistent resident shortages have posed a major threat to the academic mission. Increased workload for all, lack of residents, ability to support competency based medical education where physicians do not have to be in a conforming practice plan to access learners, and do not have to have advance degree training to obtain an academic appointment, has diminished the ability of educators to execute on our collective academic mission.

Clarifying the Value Add of Full-Time Academic Medicine

Several of the community sites have established research infrastructure and research chairs. For the first time, there are requests for adjunct and part time clinical faculty appointments as investigators and QI innovators in addition to teachers. Adjunct and part-time clinical faculty are not required to belong to a conforming practice plan (i.e., their income is not tithed) and do not have the same requirements as full-time faculty with respect to recruitment, probationary review, or expectations for academic contribution and achievement. As noted above, the Department has relied on the "goodwill" of its members to fund protected time to pursue academic activities; some are beginning to question the value of being a full-time faculty member. These issues appear to be disproportionately greater for the Department of Medicine than other clinical departments, possibly due to the very large role medicine plays in undergraduate MD training. Adding to these concerns is the high cost of living and working in downtown Toronto versus in the suburbs.

Barriers to Collaboration across the Toronto Academic Health Sciences Network (TAHSN)

The U of T is a rich resource for innovation and knowledge advancement; faculty members are keen to collaborate across sites (and departments and disciplines) but continue to face intolerable barriers to doing so due to redundancy of administrative and legal processes and frank competition among sites. While all are affiliated with the university, the sites at which our faculty work do not hold affiliation agreements with one another. Barriers to collaborate in scholarly activities across sites is undermining the "value add" of being a faculty member. The TAHSN-Research committee, co-chaired by Brad Wouters PhD, Vice President, Research at UHN, and Justin Nodwell PhD, Temerty Vice-Dean for Research, has stated that *"dismantling barriers to collaboration across TAHSN"* is their top priority. Ongoing work is focused on moving towards *"…creating the conditions, structures, and processes for seamless collaboration in research and innovation…"* by reducing administrative barriers; establishing TAHSN-wide core facilities and operations; strengthening collaborative approaches to clinical research and trials; and improving resources for data sharing. These have been issues for decades – they must be addressed once and for all if we are to maintain our global status as a research-intensive university.

Viability of the Physician Scientist

In addition to the challenges to sustaining the academic mission that are noted above, the past decade has seen no major increase in federal or provincial funding for research and, in fact, discontinuation of key programs, such as the CIHR New Investigator Award. CIHR operating grant success rates remain low, at about 15%, while operating costs, graduate student stipend expectations, tuition costs and costs of living have risen substantially. Although we have not seen a reduction in applicants to our Clinician Scientist Training Program, the past decade has seen a non-significant decline in recruitment of clinician scientists to the Department. High clinical demands have also shifted priority to recruitment of faculty members who will spend greater time engaged in clinical activities and lack of external funding for CS faculty support has reduced the capacity of departmental practice plans to support CS recruits.

Department Size

The large size of the Department and its decentralization across many hospitals and sites poses many challenges, including to communication and the perceived value of the university and department relative to the hospital site. It is challenging to create a true esprit de corps among faculty members. We have worked hard to be creative in our communications strategy, using a multi-pronged approach including social media, our website, regular newsletters, interactive debates, podcasts, storytelling and celebratory events. The monthly departmental newsletter (DoM Matters) focuses on key issues in the Department. A weekly departmental e-blast (DoM Digest) provides a list of events, job postings and other relevant notices. Photographs of events are posted on our website and in a Flickr account. Standardized branded templates are used for all newsletters and have been provided for presentations (PowerPoint) and virtual meetings (ZOOM backgrounds). All materials are circulated via email and online via our website. Finally, the Chair presents an annual report to the Department at the end-of-year Citywide Medical Grand Rounds.

Siloing Across Hospitals

For both faculty members and learners, there is greater allegiance to the hospital than the university. People perceive they are hired to a hospital and under-value their roles as academic faculty members. As is true, the economic status of faculty members depends on the income they receive from the practice plans. Although most of the income to the practice plans is from the Ministry of Health from fee for service billings for clinical care provided, faculty members largely perceive that this is money "from their hospital".

Expansion of the DDD role has helped somewhat with this issue, but at our most recent leadership retreat in fall 2022, participants indicated that the Department needed to do more to clarify to faculty members what the Department does for them personally and at a divisional level.

ENVIRONMENT OF THE DEPARTMENT

To take the temperature of our faculty members' wellbeing, we have been conducting biennial faculty surveys since 2015. Information gleaned from these surveys has directly shaped the Department's strategic priorities, policies and processes, resource allocation and divisional structure and support. They have informed not only what we do, but how we do it. For example, survey results provided the impetus for the departmental portfolio focused on workplace culture, diversity, and inclusion and for the launch of initiatives geared towards enhanced recognition and promotion of our clinician teachers (new lead for Valuing the Clinician Teacher & advocacy for promotion based on Sustained Excellence in Teaching). Faculty surveys were conducted in 2015,2017, 2019, and 2022 (delayed due to COVID), with response rates of 52-60%.

Results of the 2022 Faculty Survey

59.5% of full-time clinical faculty members (n=540) responded to the 2022 Faculty Survey. Respondents were highly representative of the Department overall in terms of age, sex/gender, rank, academic position description, specialties, and hospital sites. 43.8% self-identified as from a group that is **'under-represented in medicine', URM**, based on one or more of gender or sexual orientation (9.8%), race, religion, or ethnicity (19.8%), or other aspects, including age, language, immigration status, and family socioeconomic status (2.0%).

Mentorship

76.3% (78.3% female and 74.3% male faculty) indicated having at least one mentor (versus 47% 2017). 74.3% indicated they were somewhat or very satisfied with their mentorship compared with 65.8% in 2017. Satisfaction with mentorship was three times higher among early career faculty (first 5 years), two times higher among those whose mentors had helped with career planning, self-reflection, and had acted as sponsors, and 1.5 times higher among those whose mentors had helped navigate university culture. We found no relationship between satisfaction with mentorship and any of specialty, rank, APD, sex/gender, or race/ethnicity.

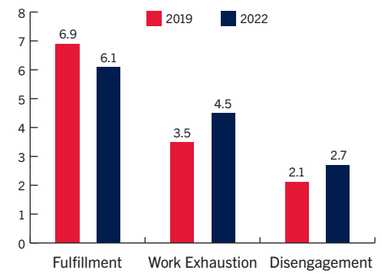
Impact of COVID on Academic Career

Among 2022 respondents, 76% strongly or somewhat agreed with the statement *"Overall, I am satisfied with my academic career"* compared with 85% in 2019. 42% described COVID as having negatively impacted their career (49.4% female faculty and 36.8% male faculty), while 41% and 17% reported no real impact or a positive impact, respectively. Asked to elaborate on the pandemic's career impact, some positives were noted: slowing down (closure) of some activities providing time for reflection; new opportunities for scholarship, e.g., COVID research, virtual care education, and new ways to teach; and enhanced focus on family, e.g., spending time with them. That said, many reported that personal obligations to family (elder parents and younger children) are enormous – and growing – clinical workloads haved taken a heavy toll. For example:

"The pandemic was an extremely trying period, and now the workload is very high post-pandemic. We never really had a rest, and there is no mechanism to protect time for academic work. The educational demands are also increasing relentlessly. Trying to find time and energy to commit to my research in the face of this is impossible."

Based on responses on the Stanford Professional Fulfillment Questionnaire in 2022 versus 2019, professional fulfillment had declined, while work exhaustion and disengagement had increased. Figure 1.1 shows mean scores (/10) for each of the three subscales in 2019 and 2022. Higher scores are better for professional fulfillment, but worse for work exhaustion and disengagement.

Figure 1.1: Mean Stanford Professional Fulfillment Scale Scores (/10)



Over half (54.8%) of respondents met criteria for severe symptoms of burnout compared with 31.8% in 2019. Burnout was higher among female (58.3%) than male faculty (52.0%), earlier versus later career faculty (59.8% of Lecturers/Assistant Professors vs 55.3% of Associate Professors and 45.8% of Professors), and among those who indicated that COVID had negatively impacted their academic career (82.8% vs 52.3% if neutral and 37.1% if the impact was perceived as positive).

The relationship between faculty members' age and burnout was different for male and female faculty. Among female faculty members, the proportion that met criteria for burnout was highest in those aged 51-60 years (73.1%) followed by those aged 41-50 years (66.0%). Among male faculty members, burnout was highest among the youngest faculty members (≤ 40 years, 67.9%) and declined with increasing age to 44.4% in those aged 71 or older.

On further analysis of the data, we found that satisfaction with mentorship was independently associated with greater career satisfaction and fewer symptoms of burnout. The prevalence of burnout was 52% in those who indicated satisfaction with their mentorship compared with 89% for those that did not. These findings supported ongoing attention to how we mentor, sponsor, and support our faculty members across the academic career lifespan.

Teaching Evaluations

Due to tensions regarding learner and faculty evaluation, we asked: In the past year, have you received a teaching score or comment that you felt was unsupported/caused you angst? 15.8% of respondents said yes. Open ended comments regarding the resident-faculty relationship are best demonstrated by the following comment from one respondent:

"I have never felt so vulnerable and bullied working with residents as I do right now. ...I dread filling out resident evaluations because residents now internalize any constructive feedback as an existential threat and project this back onto me and the rotation. At its core, the relationship between residents and faculty seems to be broken, and I don't know how it can be fixed."

Many factors are felt to have impacted the relationship between faculty and learners: EPAs in practice versus in theory, high clinical workload, COVID (loss of connection with the clinical team), generational changes in expectations of faculty, and others. We are working very hard to rebuild trust and a sense of connection.

As the Department emerges from the pandemic and people have a chance, finally, to take a break, we are hopeful that we will see fulfilment improve and burnout decline. We will survey faculty next in the fall of 2024.

EXCELLENCE THROUGH EQUITY

Informed by both qualitative and quantitative research, and an inaugural Summit on Women in Academic Medicine held in 2017, the Department developed and implemented a complex intervention to advance culture and inclusion. Elements of the intervention are:

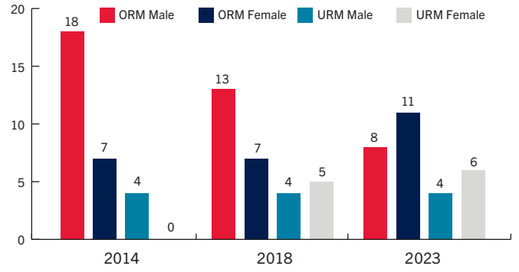
I. **Education and skills development to raise awareness and develop core competencies in cultural intelligence and self-awareness of implicit bias.** For example, we now require training in unconscious bias (e.g., Harvard Implicit Association Test) for all departmental leaders and members of departmental committees, including search committees. We have held regular workshops on topics such as allyship, conflict resolution and person-centred care. We created a new rubric by which to evaluate our scientists applying for salary support, which incorporates "distance travelled".

II. **Revision and implementation of organizational structure, policies & processes to improve fairness and transparency of appointments, honours, and awards and to address incivility in the workplace.** For example, a formal search requirement was implemented for all full-time departmental faculty recruits and leadership roles, including posting of the position with attention to gendered language, committee membership to ensure diversity of perspectives and a standardized approach to identify and vet potential candidates. Awards committees were struck to oversee nominations and selection for all departmental, national, and international awards. Self-nomination is no longer allowed. Stipends for leadership roles have been standardized based on time commitment. With respect to civility, we have a formal process of addressing negative comments on faculty teaching evaluations and complaints from colleagues; we use remediation coaching and other strategies as appropriate to assist physicians in addressing persistent unprofessional behaviours and achieving wellness.

III. **Modelling and mentorship to optimize career success and well-being.** For example, detailed position descriptions were established for all departmental leadership roles; all incorporated the expectation of mentorship, sponsorship and fostering a culture of inclusion and respect. A formal mentor is identified for all recruits, irrespective of career stage, and for all new leaders. A series of workshops were recently instituted for mid-late career faculty on the topic of planning for retirement. The first three years on faculty are probationary; to enhance academic career success, an informal check-in was implemented with the appropriate departmental vice chair mid-way to this review. A departmental 360-degree review was developed and has been used to assess all leaders every two years, in addition to a five-year external review. Leadership terms were set at 5 years, renewable once with successful review. Funding to support leadership development and coaching has been provided by the Department in partnership with the hospital

Informal feedback, responses to faculty surveys, and analyses of the faculty data have been used to evaluate and refine the intervention. Impact is demonstrated by the increase in representation of those who self-identify as traditionally under-represented in medicine among our learners, faculty members, and leadership team – overall and within specific specialties, such as cardiology, where disparities were greatest, improved satisfaction with mentorship, significant increase in senior promotions based on sustained excellence in teaching, and increased representation of female faculty members at the rank of full professor. Figure 1.2 below shows the self-identify of senior departmental leadership (DDDs and PICs) in 2014, 2018 and currently. In addition, we have invited members of the Culture & Inclusion leadership team and the early career faculty leads to join the departmental executive committee.

Figure 1.2: Department Senior Leadership (Chair, Vice Chairs, PICs and DDDs) by Self-identity



SELF-STUDY PARTICIPATION

This self-study has been prepared by the Department leadership team (faculty and staff) based on considerable input from key stakeholders as outlined below.

- Respondent feedback on the 2019 and 2022 faculty surveys
- Faculty teaching evaluations (undergraduate, postgraduate) and residency program site reviews
- External divisional reviews at 5- and 10-years
- 2019 Royal College accreditation visit
- External reviews of Education and Research portfolios
- External reviews of the Master Teacher Program and Clinician in Quality and Innovation position description
- Review and standardization of fellowships
- Departmental executive retreats (2019 and 2023); and
- Informal and formal feedback received to the monthly "Chair's Column" and annual City-Wide Medical Grand Rounds

RECOMMENDATIONS FROM PRIOR EXTERNAL REVIEW

The last external review of the DoM was conducted in 2018. The Reviewers were Drs. Katrina Armstrong and Graydon Meneilly. The review was very positive, with 31 recommendations made. Recommendations and response to recommendations are articulated below.

Education

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

Response: Implementation was delayed due to the COVID-19 pandemic and abrupt need to pause all in-person learning. Most ambulatory care teaching shifted to virtual learning and remote clinical care via telemedicine or Zoom. This pivot required extensive faculty and learner development. Faculty and learners from the DoM demonstrated tremendous innovation in this development. For example, faculty members from Rheumatology, Neurology, and Physical Medicine and Rehabilitation (PM&R), developed modules on virtual teaching of the musculoskeletal and neurological exam and others worked with residents to develop a 'Handbook on Teaching in the Virtual Environment'.

To coordinate and direct these efforts, a Faculty Lead for Virtual and Ambulatory Care Teaching was established in 2020, with Dr. Hemant Shah, a gastroenterologist from the University Health Network, as the augural lead. Dr. Shah in turn struck an advisory Virtual Care Continuing Professional Development Council to generate recommendations to the VCE in this area. In the fall of 2020, a special Citywide Medical Grand Rounds was devoted to the subject of teaching in a virtual environment, led by a faculty member from the Division of PM&R, Dr. Heather MacNeill,

who co-directs a graduate course in Technology in Education at the Institute for Health Policy, Management and Evaluation, and a PGY5 from PM&R, Dr. Jason Liang. In response to widespread interest, a faculty development workshop on teaching in a virtual environment was held summer 2021.

Ambulatory care initiatives and rotations in UGME resumed as soon as in-person learning restrictions were lifted. In comparison to the "pre-pandemic" curriculum, clinical teaching in DoM UGME rotations included a dedicated ambulatory experience for third-year clerks and was re-established and expanded at Women's College Hospital (WCH). WCH provides a unique ambulatory care facility and includes twice the number of clerks, compared to previous years. In addition, there is now a one-week ambulatory experience at North York General Hospital in addition to ambulatory rotations at UHN (Toronto Western Hospital and Toronto General Hospital), and Sunnybrook Health Sciences Centre.

Recommendation 3: Consider appointing a DOM liaison to the pre-clinical UME curriculum.

Response: There has been extensive discussion about establishing a departmental liaison to the pre-clinical curriculum amongst the DoM Director of UGME, VCE and senior leadership at TFOM regarding such a position. However, this has not been pursued for the following reasons: 1. TFOM declined to provide support for the position; 2. the DoM is disproportionately represented among the current course leads for the UGME curriculum; 3. the DoM Director of UGME keeps appraised of new developments and participates in the design of major new initiatives; and 4. both the VCE and Chair have served on the TFOM Curriculum Policy Committee (VCE from 2017-2022 and the Chair from 2020-present). More on this is addressed in the VCE report.

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 program.

Response: Due to the rising numbers and acuity of inpatients on clinical teaching units (CTU), the DoM has worked closely and collaboratively with the hospitals to develop or enhance alternate models of care. These include resident-independent inpatient medicine services, support from physician assistants and nurse practitioners, and new hospitalist clinical fellowship programs. To this end, the DoM provided a one-time grant over two-years of $400,000 per fully affiliated teaching site to be used to improve clinical support.

These changes were made to complement increases in clinical teaching staff, as well as major reorganization of the clinical teaching units through the GIM Redesign initiative. This project, which was launched in 2021, shortened overnight call hours, increased consistency of resident scheduling, and redistributed resident inpatient assignments to enhance the educational experience of DoM residents.

Recommendation 5: The department should continue to work diligently to make the implementation of CBD as seamless and streamlined as possible.

Response: Four years into the implementation of the Royal College-mandated Competence by Design (CBD), the DoM has acquired important lessons regarding the roll-out and educational value of CBD. Despite its stated aim to use enhanced direct observation and feedback to improve learning, the Entrustable Professional Activities (EPAs) that are the focus of documentation of learning—along with the entrustable/non-entrustable decisions that are an integral part of each EPA—have taken on an out-sized importance in teaching and learning. They have added to faculty and learner burdens, and overall dissatisfaction and burn-out without adding value. This opinion is widely shared among both learners and faculty members, not only in the DoM, but in training programs nationwide as well. In response to this situation and in consideration of discussions at the recent Internal Medicine Summit, the Royal College has announced a new openness and flexibility in Royal College requirements regarding CBD. The DoM is using this opportunity, with the support of PGME, to critically review existing EPAs and the utility of the entrustment function, to realign CBD with its original goals and objectives.

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

Response: Interest in Point of Care Ultrasound (POCUS) has been increasing among several programs in the DoM, most notably Emergency Medicine, General Internal Medicine, and Critical Care Medicine. Work in this field, however, has been siloed to individual divisions of individual hospitals among fully affiliated institutions. With the waning of the pandemic, there has been renewed emphasis in building a community of educational practice in POCUS, and despite clinical demands, the DoM is in the process of organizing a retreat to feature best practices in POCUS curricular design, implementation, and scholarship among individual programs and educators.

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

Response: Expectations for supervision, including the physical presence of attending physicians in the evenings and on weekends has been developed for the DoM as a whole and for individual divisions. This is now a practice in all fully affiliated teaching hospitals with CTUs in the DoM. In the Internal Medicine Residency Program, major changes in resident supervision are in place, including the rule of one attending coverage per inpatient CTU team on weekends. The DoM has emphasized improvements in this area given its identification as an Area for Improvement (AFI) in the accreditation reports of several programs.

As noted above, this was one of two areas of concern by the Royal College and has been a major focus of attention for the Department. Please see page 6, ***Core Internal Medicine Program Accreditation*** and the Education Report for details.

Quality Improvement

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

Response: Women's College Hospital developed a special track for ethics approval of QI projects at the time the previous 2018 Departmental review was conducted. This is considered a success by the CQIs working at WCH. University Health Network and Unity Health–St. Michael's Hospital have also developed dedicated ethics review processes for QI, which is equally effective. These improvements have been well received by the faculty who make use of the CQI track. Sunnybrook Health Sciences Systems has not modified their process as most CQIs felt there was no need to further enhance the ethics process.

Overall, the ethics process for QI projects works well. One exception is for multisite projects. Multisite projects face a challenge in obtaining timely approval of data sharing agreements. Dr. Shojania and Dr. Rob Wu are working to address this challenge but were delayed due to the COVID-19 pandemic. Efforts resumed in 2023 and have recently found a champion in Melanie De Witt, the Chief Legal Officer at Unity Health and the Chair of TAHSN Legal. Dr. Brian Wong, in his capacity as Director of CQuIPS, is working with Ms. De Witt to develop a streamlined process for standard multisite QI projects (i.e., ones with no special risks or potential intellectual property issues).

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

Response: As the number of CQIs grows, we have made significant effort to systematize the process of assigning mentors. Further details on this initiative are discussed under the subheading "Looking Forward". In addition to assigning at least one QI-focused mentor to each CQI, two additional faculty with QI expertise meet with each CQI 1-1.5-years into their appointment to assess progress before CFAR. The general success of the CQIs, including a highly favourable 10-year review in 2022, has not raised any concerns with mentorship. In terms of connecting the CQIs with hospital leadership, this has been significantly improved in recent years. Specifically, while the hospital directs QI at the major TAHSN hospitals, the CQI are faculty members in the Department of Medicine. These faculty include Drs. Adina Weinerman (Sunnybrook), Christine Soong (Sinai), Geetha Mukerji (Women's), Lucas Chartier (UHN) and Irfan Dhalla (Unity). In their roles as hospital directors of quality, they have organized periodic meetings of all the QI-oriented faculty at a given site.

Research

Recommendation 10: The Department should work with relevant stakeholders to ensure that Clinician Investigators are receiving appropriate support for their research at all sites.

Response: This position description is roughly 50:50 clinical and academic activity and has historically been the most challenging for faculty members. However, the Department has worked hard to shift the perception of Clinician Investigators as "scientists with less time to do research than Clinician Scientists" to integrators of clinical care, teaching, and scholarship. About one-third of all senior promotions each year are of CIs, who are promoted almost exclusively based on a combination of Creative Professional Activities (CPA) and related Research. CPA is a broad term that refers to activities that contribute to the development of professional practices, e.g., clinical practice guidelines, promote exemplary professional practice, e.g., models of care innovations, and professional innovations, e.g., patient education videos. The median number of years to promotion (i.e., Assistant to Associate or Associate to Full Prof) for CIs is 8 years (inter-quartile range 6-10 years), which is on par with CS faculty (7 years [IQR 6-9]). If recruitment into the CI position description is any indication of how it is perceived as a career choice, the picture is favourable. Of the 35-40 full-time clinical faculty members recruited to the Department every year, about half are CTs, followed by CIs

at ~9 per year. Further, analyses of the 2022 Faculty Survey data found no significant differences with respect to career satisfaction for CIs versus other position descriptions.

Recommendation 11: The Department could be more proactive in ensuring clinical placements for trainees in the Clinician Scientist Training Program.

Response: The VC Research has met with all Program Directors and presented at the DoM executive meeting. Plans to include researchers in the resident selection process, establishment of a divisional research committee and enhanced linkage with the TFOM MD-PhD program was delayed due to the COVID-19 pandemic. Recently, we have appointed a new Director for the Clinician Scientist Training Program and have initiated formal discussions with the training programs and MD-PhD program to better integrate research career aspirations into selection and progression plans. The recently appointed Vice Chair, Research, Jane Batt, while Research Lead for the Division of Respirology, made major changes to the resident research experience with documented improvement in resident satisfaction and interest in research. She will be working with the residency programs to implement the respirology model across divisions. We are also mandating interview by appropriate research faculty of resident candidates who indicate academic research career aspirations, to help attract them to U of T. As noted elsewhere, there is a steady number of excellent applicants to our CSTP, but we are aware that not all learners in the Department know about the resources available to pursue a research career.

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

Response: The Department has made considerable strides in the recruitment of women to the CSTP program over the past 5 years. While much of this change can be attributed to informal sponsorship and mentorship, the Department also renewed its CSTP selection committee to ensure better representation of female faculty members. Over the past three years, women have accounted for 58% of total applicants and 53% of those accepted into a funded position (Figure 1.3).

Recommendation 13: The Department and the associated institutions should consider making a commitment of a faculty position to clinician scientist trainees while they are still in the program, especially when they have fulfilled all of the milestones that were set for them.

Response: This has been a work in progress. The Department has articulated to the PICs repeatedly that individuals may apply for a position before they have completed training, with an offer of recruitment conditional on completion of advanced training. However, hospital medical affairs policies and procedures often make this difficult to execute due to lack of control of the Department over hospital resources, including clinic space. To get around this, as noted elsewhere, the career plans of all trainees are discussed regularly by the divisional executive committee. Residents and fellows identified as potential recruits are given Clinical Associate positions at the potential hospital to which they would be recruited and appointed as Adjunct Lecturers to enable formal evaluation of learners and development of a teaching dossier while they complete advanced research training. Thus, by the time they have completed their research training, they are in a good position for recruitment as full-time clinical faculty members.

Recommendation 14: Attention needs to be given to the pipeline of basic clinician scientists and configurations that allow continuous exposure to research during the core residency, such as a hemi-doc program, should be considered.

Response: Please see our response regarding Recommendation 11. Both the Director of the CSTP and new VC Research are basic scientists who commit attention to this need. Overall, integration of basic science research into clinical training has been challenging, largely due to clinical needs shift to CBD, which shifted training focus to EPA assessments, as well as strategy implementation delays due to the COVID-19 pandemic.

Figure 1.3: Number of CSTP Applicants by Gender

	Applicants		Funded Eliot Phillipson Scholars		CSTP Trainees (unfunded)	
Year	Total	Female	Total	Female	Total	Female
2018-19	9	3	2	0	4	1
2019-20	10	4	5	2	4	1
2020-21	11	7	4	2	5	5
2021-22	12	7	6	3	3	2
2022-23	10	5	5	3	3	2

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

Response: Please see section on Siloing Across Hospitals above. This is an ongoing priority for leadership at the hospitals and in the Department but will require a frank discussion about what is preventing this from happening. We expect it is competition across the foundations and policy differences between administrations. However, as noted above, addressing these barriers is now a TAHSN Research priority.

Recommendation 16: Efforts to develop relationships similar to that with computer science with other basic science departments on campus should be considered.

Response: We have made progress here. The Department continues to help facilitate collaborations between individual researchers and their colleagues in other TFOM departments. Our faculty have also participated in, or helped lead, several recent Faculty-wide initiatives, such as the Emerging and Pandemic Infections Consortium and the Temerty Centre for AI Research and Education in Medicine. Formal partnerships have been considered with other basic science departments, including immunology and biomedical engineering.

Recommendation 17: Contributions to mentorship should be recognized as part of the promotions package at the level of the faculty.

Response: Contributions to mentorship are now recognized as the part of faculty promotion and review process. Please reference the subheading of mentorship for more information on how efforts are recognized.

Recommendation 18: Consideration should be given to make sure that junior scientific faculty have mentors outside their own division or even department, in addition to mentors in their own divisions.

Response: We have advocated for junior scientific faculty to have mentors outside their division and department. This has improved in the last few years. Moreover, mentorship satisfaction was high in most recent 2022 faculty survey with disproportionately higher satisfaction among early career faculty.

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

Response: The Department introduced two "early career faculty" advisor roles on the DoM executive committee. Early career faculty members are also included on all the DoM standing committees.

Faculty

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

Response: Building on prior qualitative research, faculty survey responses, and stakeholder interviews, the Department appointed a Faculty Lead, Late Career Transitions, in 2021 (Dr. Eric Cohen). A series of workshops focussing on "career transitions" for mid–late career faculty members, introduced in spring 2023, were over-subscribed and preliminary feedbacks indicate they were well-received. We are currently working with the hospital department of medicine practice plans and PICs to improve the pathway from full time to part time and then Emeritus Professor.

Recommendation 21: Consideration should be given to developing a better performance management system to be applied at all ages that may assist with some of these difficult discussions.

Response: A checklist is developed to guide annual activity review with edits and revisions over time in an iterative manner. Both PICs and DDDs conduct "annual reviews". We now have a well-oiled process and policies to guide dealing with unprofessional behaviour among our faculty members and have used remediation and follow-up to end appointments of some faculty members related to the unprofessional behaviours.

Equity and Diversity

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

Response: Significant progress has been made in building equity-based procedures and policies and in increasing the number of women in academic medicine who are promoted and appointed in senior leadership roles. More information on this is available in the Chair's response under faculty and leadership composition.

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

Response: We continue to improve collection of data on diversity and to move forward with identifying areas of opportunity to improve diversity. In 2022, the Department conducted its first self-identification survey to assess the diversity of its faculty members. The development, execution and the results of the survey are discussed below.

Chair's Office

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

Response: This has been an ongoing priority. Several city-wide networks were initiated prior to the pandemic, and new initiatives, e.g., Long COVID, have emerged subsequently.

Organizational, Financial Resources and Other

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

Response: Working with TFOM advancement, we have been able to garner new donor funding for fellowship training in specific areas, which is extremely helpful.

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

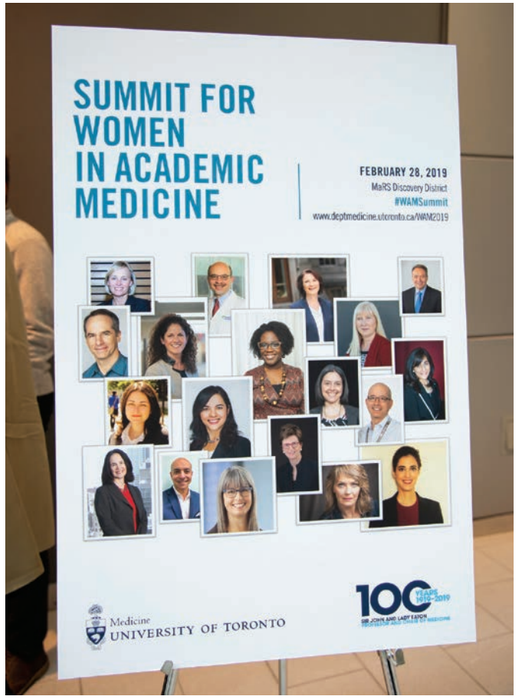
Response: We have taken an "all hands-on deck" approach to fund raising with our DDDs, who are best positioned to know their needs and who have established relationships with potential donors. To enhance their skills at fund-raising, we have had the DDDs meet one on one with advancement staff at least annually (not all have done so) and invited the TFOM advancement office to provide workshops in fund raising at the quarterly DDD meetings.

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

Response: There has been ongoing active discussion regarding a comprehensive AFP for academic medicine in Ontario, as well as discussions regarding AFPs for specific groups, e.g., Infectious Diseases, Hospital Medicine, and Geriatric Medicine. However, the proposed model for establishing these AFPs is to base them on current fee for service billings for the group. Billings are wildly discrepant across specialties and would not address the needs of key specialties where income is currently insufficient (e.g., classical hematology, infectious diseases). Further, there is concern regarding ability to recruit if we were to engage in an AFP, especially given high rates of recruitment currently. In the meantime, we have engaged consultants to provide us an opinion regarding implementing SRED tax credits managed centrally by the DoM to bring in additional revenue to support the academic engine.

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.

Response: Done.



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.

Response: The DoM has hugely expanded support for the postgraduate training programs, including the scheduling infrastructure.

Recommendation 30: The health system should consider adopting an integrated electronic medical record for all the teaching hospitals in Toronto, as this would have significant benefits for clinical care, clinical research, and the training program.

Response: This is beyond the purview of the Department, but we agree.

Recommendation 31: The department should continue its plans to involve patient advisors in all aspects of the mission.

Response: We identified two patient advisors just prior to COVID and had a series of discussions about how best to integrate into departmental operations. However, due to COVID, we have not moved this plan forward in a fulsome way. One of the two patient advisors joined us in our city-wide strategic planning activities and participated in the above-noted social innovation think tanks, which was invaluable.

SECTION 1.8: CHAIR'S REPORT

I remain immensely honoured to serve as Chair of this Department. The exhilaration I feel when speaking with or hearing about the achievements, big and small, of our faculty and learners is genuine. I am privileged to work alongside superb individuals – people who share a common goal: to make things better. As such, I can best describe my role as a catalyst and facilitator – I connect people and remove the barriers to fulfillment of an academic career as a physician, teacher, educator, and scholar.

The first five years (2014 – 2018) were truly a period of culture change for the Department. We engaged in major revisions and additions to our policies and practices to enhance fairness and transparency, equity, diversity and inclusiveness, and professionalism. For example, formal search processes were put in place to guide faculty recruitment and leadership appointments. We worked hard to enhance the perceived 'value add' of the Department to its faculty and the hospitals through clarification and expansion of the role of the DDD, creation of divisional funding streams, enhanced departmental support for residency and fellowship training, and creation of the above noted Quality & Innovation and Culture & Inclusion (initially named Mentorship, Equity & Diversity) portfolios. We were moving forward as a whole. The five-year review conducted in the fall of 2019 was very positive.

Following the review, we revisited and revised our Strategic Priorities, which were launched in January 2020, just weeks before the World Health Organization declared the global COVID-19 pandemic. If the first five years were about culture change, the past four years have been about endurance and sustainability in the face of turmoil. Approximately 60% of all in-patient beds are covered by the Department's faculty members and learners. We were struggling with supporting growing demands for clinical care from an aging population before the pandemic; COVID-19 made this more challenging still. The IM accreditation decision by the Royal College in May 2021 was an additional blow to the wellbeing of our department members. The accreditation re-review is this fall, around the time of the ten year departmental review. Thus, over the past five years the Department has operated within an environment of uncertainties and it has been difficult. I feel we have lost ground with respect to sustaining the momentum of culture change, although in so many ways the pandemic underscored the necessity of this change.

Despite the challenges, our department members have shown resilience and they have accomplished a lot about which they should be proud! They have continued to innovate and excel in both academic and clinical settings by revolutionizing the medical landscape, obtaining peer-reviewed grants, publishing in peer-reviewed journals and winning prestigious awards. Wellness, because of the pandemic, has emerged as a central focus. Our faculty demonstrated remarkable commitment to providing excellent patient care, education, quality improvement and research throughout this period. The faculty rose to every challenge presented by COVID-19. Their research informed the clinical care and education we delivered. Their caring, collegiality and compassion for patients, learners, and each other is present each day, in all of their interactions. I was motivated to apply for the position of Chair by two things. As a woman in medicine at this university, I had repeatedly witnessed and personally experienced unacceptable professional behaviours by faculty members. I was determined to create the circumstances whereby such behaviours would not be tolerated. Second, I was saddened by faculty members lack of allegiance to the university, which I hold in the highest regard. I believed that greater cohesion would enhance us academically and as a community. Over the past nine years, we have worked hard to address these issues. Based on my interactions with faculty and learners, I think we have made a difference – I believe most faculty would agree that the department cares about them. If so, we have been successful.

Gillian Hawker, MD MSc FRCPC
Sir John and Lady Eaton Professor and Chair
Department of Medicine, University of Toronto

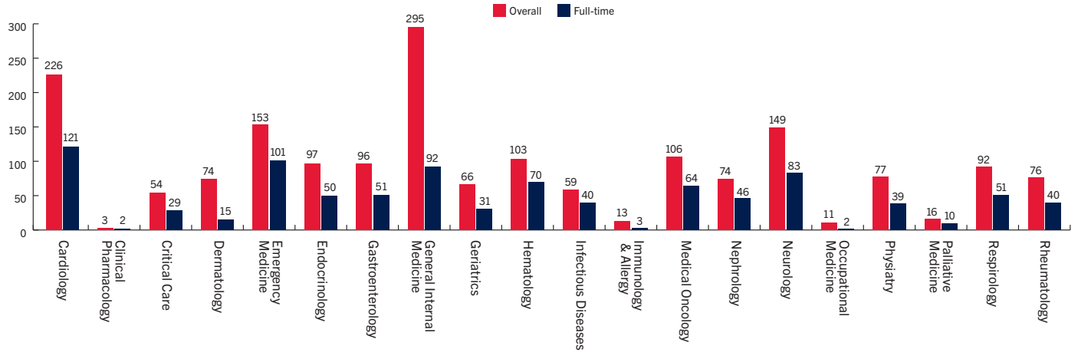
SECTION 2: PEOPLE

FACULTY COMPLEMENT

As of June 2023, the Department has 1,871 active faculty members; 946 hold full-time faculty appointments and 258 and 599, respectively, hold part-time and adjunct faculty appointments. We have continued to grow (711 full-time faculty in 2014, 789 in 2018 and 946 in 2023). The Department comprises about 27 percent of the Faculty of Medicine's full-time faculty members.

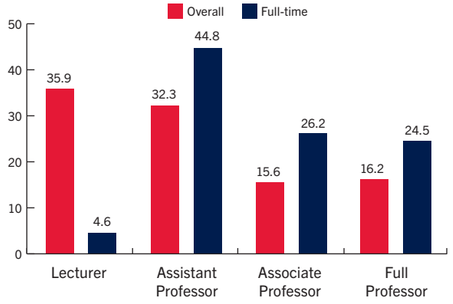
Of 20 departmental divisions, the largest are Cardiology, Emergency Medicine, General Internal Medicine (GIM), and Neurology. (Figure 2.1) We also have three very small divisions: Clinical Pharmacology & Toxicology, Clinical Immunology & Allergy, and Occupational Medicine. Given the size of our core internal medicine training program, and undergraduate medicine academies at U of T Mississauga, the largest group of faculty members overall are general internists. Since 2018, the largest expansion in faculty numbers has been in Emergency Medicine, GIM, Neurology, Malignant Hematology and Medical Oncology, related to clinical demand (aging population and multi-morbidity) and expansion of therapeutic modalities, e.g., bone marrow transplantation and personalized medicine.

Figure 2.1: Distribution of Faculty Members by Specialty – Overall and Full-time Faculty



Most faculty members hold the rank of Lecturer (35.9%), while 32.3% are at the rank of Assistant Professor, 15.6% at Associate Professor and 16.2% at Full Professor. Among full-time faculty members, who are generally recruited at the rank of Assistant Professor, the proportions are 4.6%, 44.8%, 26.2%, and 24.5%, respectively (Figure 2.2).

Figure 2.2: Distribution of Faculty Members by Rank



Currently, 42% of full-time faculty at the rank of Lecturer are female or non-binary. The proportions are 50.6%, 41.7% and 30.3% (versus 25% in 2018), respectively, among faculty at the rank of Assistant, Associate and Full Professor (Figure 2.3).

Figure 2.3: Proportion of Female and Non-Binary Faculty at Each Rank

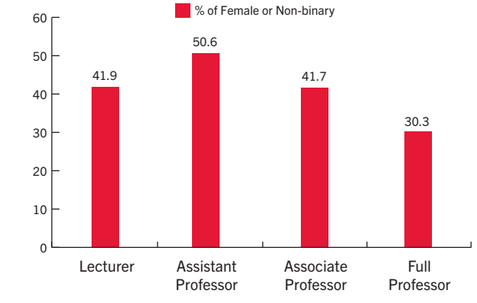
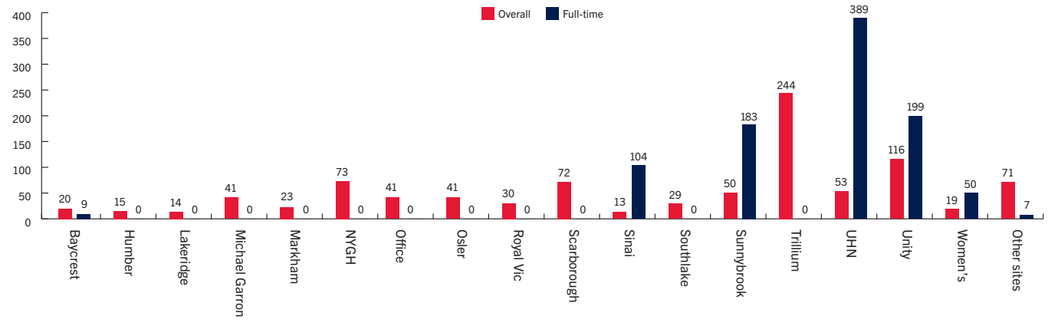


Figure 2.4: Distribution of Faculty Members by Location of Practice – Numbers Overall and Full-time Faculty



Departmental members are located across more than two dozen hospital sites and community-based office practices. Full-time faculty members are located at the fully affiliated teaching hospitals (Baycrest, Sinai Health System, Sunnybrook Health Sciences Centre, University Health Network, Unity–St. Michael's Hospital and Women's College Hospital) (Figure 2.4).

Of 1,871 active faculty members, 1,115 identify as male (59.6%), 736 as female (39.3%), and 20 as non-binary (0.1%). Among full-time faculty members, who are recruited through a formal search process, the proportions are 57.2%, 42.0% and 0.85%, respectively. The proportion of full-time faculty members that self-identifies as female or non-binary has increased from 36% in 2014 to 39% in 2018 and 42% currently. There has also been an increase in representation of females and non-binary faculty members in specialties where they were previously under-represented relative to resident graduates. For example, female and non-binary individuals represented only 16% of > 100 full-time cardiologists in 2014 compared with 27% currently.

From our 2022 Faculty Survey (60% response rate), 10% of 540 respondents reported being from a group that is under-represented in medicine (URM) based on gender/sexual orientation, 20% based on race, religion, or ethnicity, 2% based on other aspects of their identity (e.g., age, male gender, language, immigration status, socioeconomic status) and 7% preferred not to answer (thus, 43.8% self-identified as URM).

FACULTY APPOINTMENTS

Since January 1, 2018, we have recruited 554 faculty members (229 full-time, 71 part-time and 254 adjunct faculty members), not including status only and cross appointments.

The Department requires adherence to a formal search process for all full-time faculty recruits, as described on our website at https://deptmedicine.utoronto.ca/recruitment-faculty-members-department-medicine-university-toronto. The Department oversees and provides guidance regarding the scope of the search, i.e., local, national, or international, ensuring equity and diversity, constituency of the Search Committee, the position posting and circulation, strategies to identifying the best candidate, and the search and interview process. The decision to recruit and the recruitment process are undertaken jointly by the hospital and university. Searches for clinical faculty members, are led by the hospital PIC with the DDD representing the Department on the search committees. Increasingly, searches are being conducted collaboratively by multiple hospitals under the leadership of the DDD in large divisions where similar types of recruits are desired across sites. This reduces the workload for the hospital and division and helps to ensure a fair and transparent process for all. For university department leadership roles, the Department takes the lead, with broad engagement of all key stakeholders across sites.

Recruitment at the rank of Assistant Professor or higher requires demonstration of advanced training over and above residency and relevant to the future academic role, and relevant scholarly productivity. Advanced training may take many forms, including post-residency fellowship or graduate training in research, education, or quality and innovation

or another relevant field. Previously, recruitment at the rank of Lecturer was uncommon in the Department. However, due to increasing clinical demands and competition for our graduates, we now recruit individuals who are engaged in advanced training and have demonstrated potential in academic medicine as full-time clinical faculty members at the rank of Lecturer; these individuals are then eligible for promotion to Assistant Professor when they meet criteria, which is generally by the time of their three-year probationary review.

DDDs hold regular divisional executive committee meetings. It is expected that faculty health human resources are discussed at each meeting, including career goals of current trainees (residents and fellows), clinical and academic needs and retirement plans, if any. We have tried hard to get the hospitals to offer appointments to future recruits at an earlier stage, e.g., when embarking on advanced training, contingent on successful completion, but this has been slow to catch on. Recruitment open houses are held for interested trainees – these were not held during the pandemic but were restarted in 2023. DDDs are expected to meet with their specialty residents at least annually to discuss career goals, and to help facilitate transition to practice post training.

The Department supports advanced training in the research disciplines, quality improvement and patient safety, and health professions education. Research training is provided through the Eliot Phillipson Clinician Scientist Training Program and university-affiliated graduate departments. QI and PS training is via a Certificate Program in Quality Improvement and Patient Safety; the Veterans Affairs Quality Scholars Advanced Fellowship (Toronto is the only non-American site of the VAQS program); and an MSc in Quality Improvement and Patient Safety through the Institute for Health Policy, Management and Evaluation in the Dalla Lana School of Public Health. Health professions education training is provided through the Department's Master Teacher Program (established in 2002) and the Centre for Faculty Development within Temerty Medicine. Details of these programs are available under the Vice Chair portfolio reports.

All appointments are processed and reviewed by the Department Appointments Committee (DAC). Processes and procedures guiding the DAC review have been improved in a continuous quality improvement manner over time. DAC members represent the diversity of the Department, including our community affiliated sites. DAC meets monthly to review approximately 10-15 candidates for appointment; of these, 3-5 are for full-time faculty members and the remaining for part-time and adjunct faculty. Annually, reappointment of all part time and adjunct faculty is undertaken by the university departments; the Department chair and respective DDD reviews faculty members' activity reports and confirms adherence to professional code of conduct and teaching effectiveness before reappointing.

Full-time faculty appointment requests incorporate an academic plan, which is developed and approved prior to request for appointment by the hospital PIC/chief, the DDD and the designated formal mentor, in addition to their proposed academic position description and an updated CV. (https://www.deptmedicine.utoronto.ca/clinical-facultyacademic-appointments) The academic plan guides subsequent annual review to ensure alignment and address threats to success. In September of each year, new full-time faculty members are required to attend a departmental orientation in which relevant policies and expectations are reviewed. Initial appointments are probationary for a period of up to five years, pending successful Continuing Faculty Appointment Review (CFAR), described below.

EVALUATION OF FACULTY PERFORMANCE

Annual Faculty Review

All members of the Department are expected to undergo annual review and performance assessment. Depending on the specialty division, hospital, and position description, one or more annual reviews may be performed, e.g., by the PIC/chief, hospital division head, DDD, or Research Institute leadership. These reviews require submission of a standardized annual activity report, which summarizes activities performed in each of the following categories: clinical care, formal and informal teaching by learner level, research, and creative professional activities, and administrative service.

To enhance the standardization and rigor of the annual review process, the Department created a Review Checklist. This was launched just prior to the outbreak of COVID-19; the 2022 Faculty Survey suggested that the checklist was not well-used, and we are currently engaged in identifying strategies to improve uptake and use, including possible submission by hospital sites of a completed form.

A merit review of Clinician Scientists was implemented in the Department in 2012 to identify those who might receive bridge support following the end of career salary awards. In 2014, the review process was revised to simulate that of the Canadian Institutes of Health Research (CIHR) Salary Support Awards and the amount of funding was increased to $40K/year for five years as start-up for newly recruited CS faculty and $40K/year for three years, renewable on re-review, for those mid- or late-career. As noted above on under Towards Inclusive Excellence in Research, in 2022, further revisions were made to take into consideration variability in access to resources and life experiences (the journey travelled).

Continuing Faculty Appointment Review

http://www.deptmedicine.utoronto.ca/continuingfaculty-appointment-review-cfar

Initial full-time appointments are probationary for a period of up to five years, pending successful Continuing Faculty Appointment Review (CFAR). Expectations of faculty at review are discussed at faculty orientation, available on our website, and discussed by the relevant Vice Chair at the 1.5-year check in. A CFAR workshop is held annually. The CFAR review is conducted in the spring each year; those who have completed three full years on faculty are eligible for review. Deferrals may be requested due to competing demands, e.g., COVID. The clock is stopped on progression to CFAR for leaves of all kinds, e.g., parental or illness. Since 2018, 9 deferrals were requested and approved (1 administrative leave, 2 illness leave, and 5 parental leave; all but one of the deferrals was for a female faculty member).

The CFAR Committee is comprised of mid to late career faculty representative of all position descriptions and the overall demographics of the Department. The CFAR dossier is comprised of a faculty statement of progress and goals, letters from the DDD and PIC, an updated CV and teaching dossier. These documents are reviewed against the initial academic plan and expectations of the individual's academic position description. The committee makes recommendations to the Chair for either a pass, a deferral requiring resubmission in one to two years, or failure. Candidates are given a copy of the CFAR recommendation letter; irrespective of the outcomes, all faculty are provided feedback with a few to assisting in next steps of career development.

Since 2018, the Department has conducted 199 CFAR reviews of 190 unique faculty members. Of the 199 reviews, 4 were re-reviews of individuals placed on probation prior to 2018; all 4 were successful at re-review. Since 2018, 1 individual was placed on probation for an additional year to allow for further evidence of productivity as a scientist; this individual was successfully reviewed the following year. In 2023, 1 individual who had deferred due to illness had reached the five-year limit and thus was reviewed. This individual remains incapacitated due to illness and is moving to part time. Two individuals departed pre-CFAR. Thus, the overall success rate at CFAR is very high (99%).

Senior Promotion

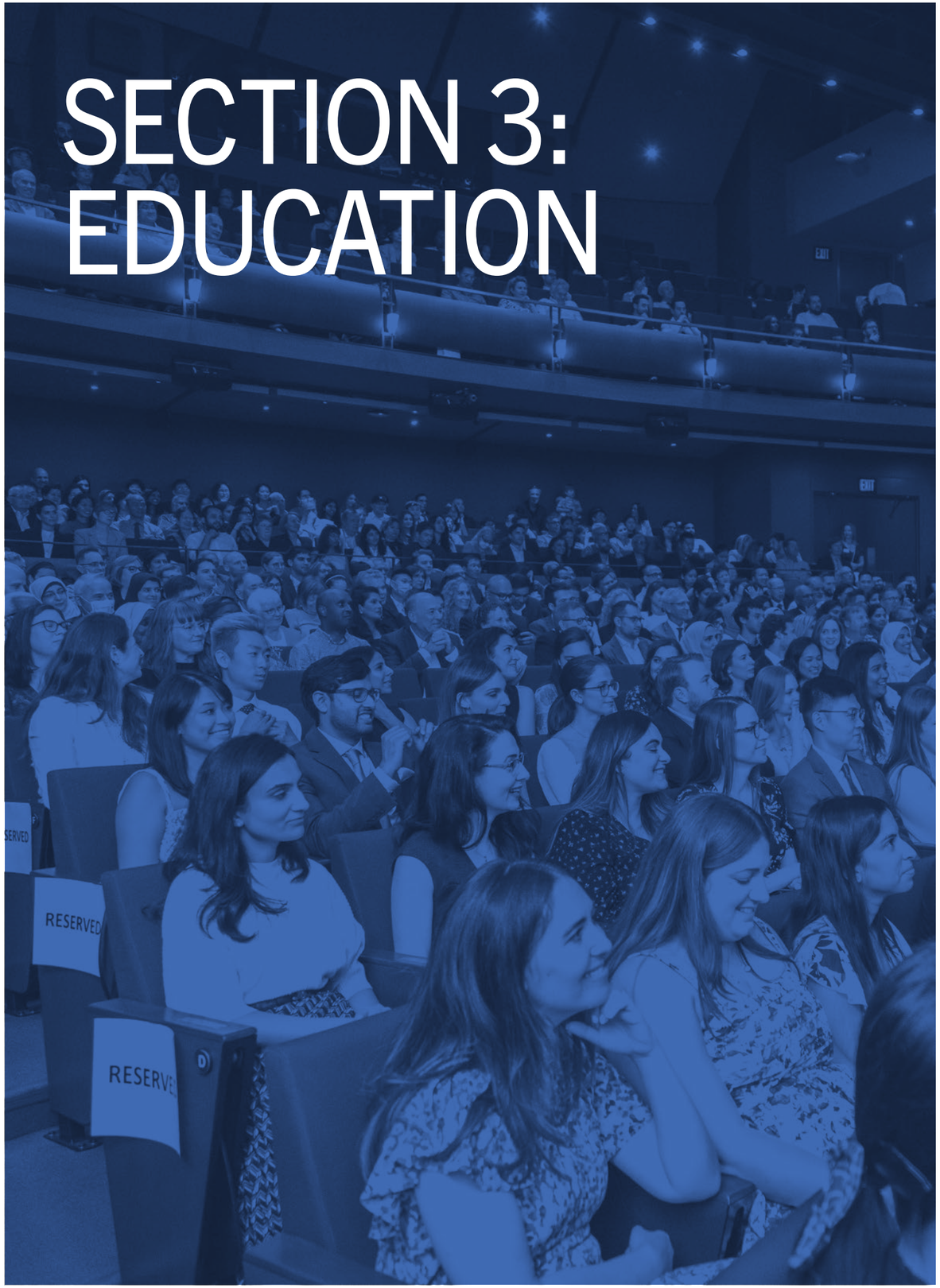
http://www.deptmedicine.utoronto.ca/senior-promotion

The Department promotions process follows the policies and procedures set down by the University and Faculty of Medicine (FoM). The process involves a detailed independent assessment of each candidate in the following steps: (i) hospital-based departmental review for eligibility for senior promotion, in consultation of the DDD, (ii) university-based department al review by the Teaching Effectiveness Committee (TEC); university-based departmental senior promotions committee review with recommendation to the Chair; and (iii) decanal promotions committee assessment and recommendation to the Dean. Eligibility for senior promotion is based on demonstration of excellence in at least one of: sustained excellence in teaching (SET), creative professional activities (CPA) or research AND demonstration of teaching effectiveness. For Associate Professor, candidates for promotion based on CPA or Research must demonstrate a national reputation for their work; candidates for Full Promotion must demonstrate an international reputation. As for CFAR, workshops are held annually for senior promotion candidates and administrative staff to review dossier requirements and timeline for review.

From 2018 to 2023, the Department sent 220 faculty members to the decanal committee for review; all were promoted (42.3% female, 32.7% to full professor). Of these 220, 20.0% were promoted based on SET, 35% primary based on CPA and 45.0% primarily on Research. An additional five faculty members were deferred for a year to optimize their documents; all have been successful at the decanal committee subsequently.

A particular focus of the Department has been to increase the number of Clinician Teachers (CTs) promoted to Associate and Full Professor and on the basis of SET. In 2018, data showed that 53% of CTs remain as assistant professors after 11 to 20 years of hiring (average time to promotion being 10 years, compared to 7 years for a clinician scientist). Among many strategies that we have used to achieve this goal, we were successful in getting the decanal promotions committee to remove its ten-year minimum requirement for academic promotion based on SET. The Department also shifted the Teaching Effectiveness Committee review to earlier in the process to enable more time for feedback and revision of dossiers for promotion based on SET. Since 2018, 20% of successful candidates for promotion have been based on SET and 25% have been CTs. This indicates a significant improvement (13.8% and 16.1%, respectively, between 2014 and 2017).

SECTION 3: EDUCATION



OVERVIEW

I have had the privilege of serving as the Vice Chair of Education since April of 2016, when I was recruited to Toronto from the University of Michigan by the Chair, Dr. Gillian Hawker. The following is a high-level overview of the educational organization and a summary of the educational activities, accomplishments, and upcoming plans for each of the sections under my portfolio. The summary will be organized by brief descriptions of each section; accomplishments will be organized according to the specific objectives of the Department of Medicine Strategic Plan. Detailed reports on deliverables, SWOT assessment and Education Strategic Plan are contained in Appendix A. Support materials such as position descriptions and additional program context can be found in Appendix B.

The DoM comprises of 286 full-time Clinician Teachers (CT) and 58 full-time Clinician Educators (CE) who are distributed across 20 Divisions and our affiliated teaching hospitals, including Toronto Western and Toronto General (University Health Network); Mt. Sinai Hospital, Women's College Hospital, Sunnybrook Health Science Centre and St. Michael Hospital. CTs have education and clinical care as their primary academic focus. They represent over 1/3 of all faculty in the DoM and perform most of the teaching for the DoM on both undergraduate and postgraduate levels.

For clinicians, there are eight academic position descriptions described in Appendix C and listed here:

- DoM Clinician-Teacher (CT) Academic Position Description
- DoM Academic Clinician (AC) Academic Position Description
- DoM Clinician in Quality & Innovation (CQI) Academic Position Description
- DoM Clinician Educator (CE) Academic Position Description
- DoM Clinician Investigator (CI) Academic Position Description
- DoM Clinician Scientist (CS) Academic Position Description
- DoM Clinician Administrator (CA) Academic Position Description
- Adjunct Faculty Academic Position Description

GOVERNANCE

The overall educational enterprise is directed by the Vice Chair of Education (VCE) with the assistance of the Education Executive Committee (EEC). The Vice Chair also attends monthly Departmental Executive meetings and quarterly Senior Executive meetings that are directed by the Chair, Department of Medicine.

Vice Chair of Education

Dr. Arno Kumagai was appointed as Vice Chair of Education within the Department of Medicine in 2016 and reappointed to a second term in 2020. He is a full professor and Clinician Educator within the Department of Medicine at the University of Toronto and holds the F.M. Hill Chair in Humanism Education from Women's College Hospital and the University of Toronto. Dr. Kumagai received his BA in comparative literature from U.C. Berkeley and his MD from UCLA School of Medicine. He completed a residency in internal medicine and an endocrine fellowship and postdoc in the UCLA system, as well as postdoctoral research at the University of Tokyo. Dr. Kumagai came to the University of Toronto from the University of Michigan Medical School where he was on faculty since 1996. An endocrinologist with expertise in the intensive management of type 1 diabetes mellitus, Dr. Kumagai is an internationally recognized educational scholar.

Executive Committee

The EEC meets monthly from September to June and consists of the VCE, the Program Director of the Internal Medicine Residency Program, the Director of Continuing Faculty Development and Quality Improvement, Dr. Brian Wong, the Director and Associate Director of Medical Education Research & Scholarship (MEdS), the co-Directors of the Department's Master Teacher Program, the Faculty Lead for Planning & Implementation of Competency by Design, and senior support staff, including two Managers of Academic Programs. To include more perspectives in the EEC's deliberations, starting in 2019, we have extended invitations to include two junior faculty representatives and learner representatives as follows: one senior medical student; two resident representatives from PGY1 programs; two resident representatives from PGY4 entry programs; and one clinical fellow representative. The junior faculty and learner representatives have 3- and 1-year terms, respectively, and are selected through competitive search processes. Starting in 2020, the Faculty Lead for Valuing the Clinician Teacher, the Faculty Lead for Continuing Professional Development in Virtual and Ambulatory Care, and the Faculty Lead for Black & Indigenous CaRMS Pathways were included in membership in the EEC. Due to great collaboration and overlapping work between the VCE's portfolio and that of the Vice Chair for Culture and Inclusion—especially in the areas of equity and inclusion and learning climate, the VC for Culture and Inclusion has been invited to sit on the Education Executive as well.

The DoM Educational Executive Committee membership for the 2022-23 academic year can be found in Appendix D.

External Review

Department of Medicine, External Review 2018

Recommendations from the DoM 2018 External review are articulated below. Actions taken to address these recommendations are explained in the Chair's report.

- Recommendation 2: Consider improving the UME ambulatory medicine experience including developing a separate, dedicated ambulatory rotation.
- Recommendation 3: Consider appointing a DOM liaison to the pre-clinical UME curriculum.
- 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 program.

- Recommendation 5: The department should continue to work diligently to make the implementation of CBD as seamless and streamlined as possible.
- Recommendation 6: Because point of care ultrasound (POCUS) is a core competency for all internists in the future, the curriculum in this regard should be enhanced and expanded.
- Recommendation 7: Attending presence in the evenings should be evaluated across the inpatient services to ensure that teaching and care is optimized.

EDUCATION

The Department of Medicine (DoM) is internationally known for the quality of its research, education and clinical care. The Temerty Faculty of Medicine (TFoM), of which DoM is an integral part, is located in the Great Toronto Area (GTA). For comparison, the GTA is approximately the same size as Chicago, and whereas Chicago has 5 medical schools, Toronto has only one. Spread out among six major affiliated hospitals and another 12 partially affiliated sites and educating over 450 residents and 500 clinical fellows, the DoM offers a clinical, educational, and research environment of almost unparalleled richness and variety. Medical education is a key here, since approximately one third of all subspecialists trained in Canada have graduated from the DoM at U of T.

Despite its size and resources, the DoM has faced some unprecedented challenges over the past 5 years. The single major challenge facing the DoM was shared by the entire world: the COVID-19 pandemic. Toronto was one of the epicentres in North America, and of all the clinical departments of the University of Toronto, the DoM and its members were arguably hit the hardest. The pandemic forced abrupt changes in education and clinical care and placed tremendous stress on the DoM and all its members. Learners, staff and faculty had to contend with profound changes in their work, work environment and in their personal lives. The decreased face-to-face contact in clinical interactions eroded heath professional-patient relationships, and a lack of in-person conferences, meetings, and events took a similar toll on a sense of community and on the learning environment. The witnessing of so much critical illness and death, as well as worries for the safety of one's patients, loved ones, colleagues, and oneself led to unprecedented levels of isolation and moral distress. Furthermore, the devastating impact of the pandemic on vulnerable communities that depend on the providers, hospitals and health centres affiliated with the DoM, along with the societal events, such as the murder of George Floyd and the discovery of unmarked children's graves at residential schools, highlighted vast disparities in resources and privilege that exist between groups in terms of race, ethnicity, Indigeneity, gender, gender identity, immigration, housing and food security, and socioeconomic class. These circumstances have compelled individual, institutional, and societal reckoning.

Despite these circumstances, the education community of the DoM engaged in major initiatives, both to address the challenges of the pandemic and to continue innovation in a variety of areas of medical education. These efforts are described below.

Undergraduate Medical Education (UGME)

The MD Program in the Temerty Faculty of Medicine (TFoM) at the University of Toronto is one of the largest programs in North America with approximately 270 students in each class over the 4 years of training. It holds a pre-eminent place among faculties of medicine in Canada and the U.S. and is ranked 4-7th among faculties of medicine worldwide by several different surveys. The MD Program is divided into 2 years of preclinical education (Foundations) and 2 years of clinical clerkships. Although the faculty of the DoM has a major presence in teaching during the first two years, the Department does not have primary responsibility over the curriculum until the clerkship years starting in Year 3. During the third and fourth years, the DoM supervises the Internal Medicine Clerkship, the Emergency Medicine Clerkship and the Dermatology Curriculum. Together, the Department members' preclinical and clinical teaching activities represent the largest such contribution from any department at the University of Toronto.

Preclinical: The most significant change made in the MD Program occurred in 2015, when a new Preclinical Foundations Curriculum was launched. Instead of traditional lecture-based preclinical studies, the Foundations Curriculum is divided into three major, cross-cutting curricular dimensions: longitudinal Courses, organizational Components, and interdisciplinary Themes. The overall goal of the Foundations Curriculum is the integration of preclinical knowledge with clinical activities and the development of physician leaders who can effectively contribute to the health and wellbeing of individuals and communities. The design, implementation, and assessment of the students and of the Foundations Curriculum itself have been informed by ongoing collaborations with internationally known educational scholars, including many who are members of the DoM.

Clinical: The Medicine Clerkship is an 8-week rotation that is nested in the 51 weeks of third-year clerkships. During the rotation, each clerk is assigned to a single Internal Medicine Inpatient Clinical Teaching Unit (CTU). In addition, they are given five or more half-day ambulatory clinics. Formal didactic teaching consists of a 1.5 days of centralized case-based seminar series, along with weekly seminars that occur locally at the hospital sites during the remainder of the rotation.

Major Accomplishments (UGME)

Major accomplishments of the UGME Program (MD Program) administration in the DoM under the stewardship of the VCE over the past four-years include:

Response to COVID-19 Pandemic

The major challenge facing UGME during the past 5 years was the pandemic. To protect learners, all clinical activities abruptly stopped during the early months following declaration of the pandemic and continued throughout the first year. In-person learning in the pre-clinical years shifted from lectures, conferences, and small-group interactive discussions, such as in the Portfolio doctoring course or the physical exam sessions, to a virtual environment. During clerkship training, the pause on in-person attendance on the wards and clinics required an immediate pivot to virtual sessions, necessitating great creativity and innovation on the part of educators, and equally great flexibility and patience from students. An example of the adaptability of the system was the Structured Clinical Oral Examination (SCO). During the COVID pandemic, the SCO had to be redesigned and transitioned to a virtual platform, leading to a virtual examination which has proven to be highly successful, displaying similar statistical performance characteristics to the in-person examination. Faculty and students have recognized the virtual assessment as a valuable exercise.

Person-Centred Care Curriculum (PCC)

Initiated in 2017, PCC was designed as a longitudinal educational experience starting in the clerkship year and extending to postgraduate training in the Internal Medicine Residency Program. Under the direction of the VCE and run by two PCC Faculty Leads, PCC was designed to integrate principles of educational theory and humanities disciplines to enhance active learning, dialogue, and critical reflection in the areas of patient-physician interactions, the sociohistorical dimensions of health care, issues of privilege and power, and equity, and social justice in medical education. Educational activities in the PCC curriculum are now fully integrated and required as part of the third-year Internal Medicine Clerkship (see above).

Student Assessments

The assessment in the 3rd year medicine clerkship course has historically been a paper-based test along with a multi-station Structured Clinical Oral Examination (SCO). Under the supervision of the Director of Undergraduate Programs for the DoM, Dr. Luke Devine, the Medicine Clerkship written exam has transitioned to a computer-based format, and as part of this process, existing exam questions were reviewed to enhance validity and to eliminate poorly constructed questions. The questions are banked in Examsoft, which is also used to create the exam based on a predetermined blueprint. Examsoft also facilitated the administration of the exam, and during COVID, allowed for remote administration and invigilation. After each exam, item review for poorly performing questions has taken place, along with statistical analysis of exam performance and distribution of individualized performance feedback to each student.

Faculty Teaching Evaluations

Historically the process by which faculty receive UGME teaching evaluation scores (TES) via the Medsis System has been challenging, particularly the timeliness and quality of feedback and usefulness for awards, performance reviews, and promotions. In 2018 and under the supervision of the VCE and the Director of UGME, the Department reviewed and restructured the delivery of Medsis data to faculty teachers, hospital and departmental leadership. This is in line with goals of recognizing the work of clinician teachers, enhancing faculty mentorship and success, as well as addressing issues of equity among different physician groups and position descriptions. The process of undergraduate teacher assessment via Medsis has been studied with a focus on improving access to TES for individual faculty teachers, physicians-in-chief (PICs), and departmental division directors (DDDs). Faculty who are going for Continuing Faculty Appointment Review (CFAR) receive are provided a copy of their TES scores to ensure they have had an opportunity to review and comment. To improve faculty access to TES, Dr. Luke Devine and DoM staff have worked with the TFoM to streamline reporting time and to allow creation of specific reports for PICs and DDDs. Improved communication to faculty regarding how to access Medsis and to answer frequently asked questions have also been developed.

If a teacher receives an unsatisfactory rating, this is flagged in Medsis and is reviewed to ensure any professionalism issues are identified. Together with review of Postgraduate TES, Undergraduate TES are reviewed annually to identify teachers that may need support to improve. Review of teachers who receive low teaching scores are on a case-by-case basis. One example of action may include meetings between the VCE and senior hospital leaders with faculty who have persistently low scores and/or critical comments, followed by individual coaching (either by notable DoM clinician teachers or consultants), as well as establishment of agreed-upon timelines for demonstration of improvement. In some cases, teaching privileges may be temporarily paused or indefinitely withdrawn if serious or repeatedly poor teaching interactions continue.

MD Program Accreditation

The preparation for Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation, originally scheduled for March 2020, was substantial and required the VCE's involvement in many initiatives and committees. Some examples included: participation in the Learning Climate Committee, the MD Program Curriculum Committee, and the Medical School Self-Study Committee, which reviewed standards (such as Faculty Appointment and Promotions and Financial, Human and Structural Resources). In June 2021, the MD Program received Full Accreditation by CACMS for the maximum possible term of eight-years. The program had 11 of 12 CACMS standards noted to be in Compliance or in Compliance with Monitoring. The program was found to be in Noncompliance with the academic and learning environment standards. Under the leadership of Dr. Reena Pattani, a member of the Department of Medicine and Director of Learner Experience Unit, several pathways for reporting and monitoring of learner mistreatment have been established, and extensive learner and faculty development initiatives have been done in this area.

Postgraduate Medical Education (PGME)

Overview: The DoM has 20 postgraduate residency training programs with more than 450 learners. The programs are divided into five PGY1 entry programs and 15 PGY4 entry programs. Prior to 2019, two directors—one for specialty PGY1 entry programs and the other for subspecialty PGY4 entry programs—provided direct supervision of program directors and programs and reported to the VCE. Since 2019, however, the VCE assumed direct overall supervision of both Specialty and Subspecialty programs of the DoM. This change allowed for ease of communication between individual programs and the VCE, as well as overall effective organization of the DoM's PGME initiatives. Dr. Cheryl Jaigobin has served as Director of Fellowship Programs for the DoM since her appointment in 2017. Residency programs, along with current program directors, are listed in Appendix E.

Major Accomplishments (PGME)

Major accomplishments and challenges of PGME are highlighted below:

COVID Response and Redeployment

n March 2020, the COVID-19 pandemic caused significant disruptions of personal lives, work schedules, patient care, and education. A major and immediate need was to organize and implement major changes in resident deployment in conjunction with changes in faculty clinical activities to ensure adequate coverage of patient services in the face of major increased demands on the healthcare system. Through twice-weekly meetings the VCE worked closely with hospital sites, the DoM and PGME administrative staff, DoM Training Program Directors, hospital, Intensive Care Unit and training site leadership, PGME, and the Toronto Academic Health Science Network education section (TAHSN-E) leads, to create and implement redeployment plans for residents to needed clinical services. This required responsiveness to rapidly developing situations (often with limited information or conflicting directives), collaboration with various groups (residents, program directors, PGME, hospitals and Infection and Control Committees), and sensitivity to, understanding of, and advocacy for, resident safety and wellness and the educational mission. Priority was placed on resident safety, and consequentially, medical services created to response to the influx of patients with COVID were organized exclusively with faculty, and although many medical teams eventually had COVID patients under their care, many patients with COVID were treated by faculty physicians.

Education in Virtual Care

One of the major and immediate changes in response to the pandemic was the closure of in-person outpatient clinics, administrative tasks, and educational conferences. This situation required a rapid pivot to online and virtual health care, as well as clinical and didactic education, through platforms such as Zoom, Microsoft Teams and the Ontario TeleHealth Network (OTN). Early on during the pandemic, a small group of clinician teachers, educators, and residents in the DoM created an online **Handbook on Teaching in the Virtual Environment** to provide faculty with teaching tips. This resource was widely advertised through the DoM and shared with other U of T departments **(Appendix F)**. To coordinate the larger departmental efforts in teaching in virtual and ambulatory care, the DoM created a new position, **Faculty Director for Education in Virtual and Ambulatory Care**, in 2020. This augural position was held by Dr. Hemant Shah, a hepatologist at University Health Network with expertise in delivery of virtual care and telehealth. Dr. Shah organized and chaired a Virtual Care Council (co-chaired by **Dr. McKyla McIntyre**, of the Division of Physical Medicine and Rehabilitation) that helped to set the direction of virtual care education for the DoM. In addition, **Dr. Heather McNeil**, a faculty member from the Division of Physical Medicine and Rehabilitation and an expert on the use of technology in health professions education, and **Dr. Jason Liang**, a DoM resident, were invited to give City Wide Medical Grand Rounds on Teaching in Synchronous On-line (September 16, 2020) and Dr. McNeil, with the Virtual Care Council, organized a series of "how-to" workshops for faculty and learners in 2020-21.

Learner Wellness

Given the tremendous pressures of the pandemic in addition to demanding educational programs, challenges to learner wellness were salient during the past 3 years. The VCE and senior department leadership worked closely with Residency Program Directors, Fellowship Directors, educational site leads, Chief Residents, as well as the Office of Postgraduate Medical Education and the Office of Learner Affairs of the TFoM to address individual and system-wide needs for learner support. Most programs and divisions also had Wellness Leads, and an overall Wellness Faculty Lead, Dr. Simron Singh, was appointed to work in the Culture and Inclusion portfolio.

Medical Resident Redeployment Program (MRRP)

Trainees within the DoM were redeployed during the pandemic outside of their own residency programs to help address acute clinical or workforce needs. Starting in 2021, the Province of Ontario authorized additional payment to residents working outside of their area of training through the Medical Resident Redeployment Program (MRRP). The MRRP was seldom used during the last few months of 2020; however, with the DoM's lead in advocacy and dissemination of information about the benefits of the program, the use of MRRP funds by the hospitals for both DoM and other residents was widely implemented throughout the 2021-22 academic year and through the end of the program in March 2023.

Citywide Restricted Registration Program

To further support for residents who wished to take on locum work within the hospitals served by the DoM, and importantly, to allow for residents to work at different fully affiliated hospital sites where clinical needs were most acute, the Department facilitated entry of residents who did not yet possess an independent license into the Restricted Registration Program (RR) sponsored by the College of Physicians & Surgeons

of Ontario (CPSO). One of the major challenges of the RR, however, was that CPSO registration was tied to individual hospitals rather than hospitals affiliated with a larger system, such as the University of Toronto. Consequently, residents had to reapply and pay a prohibitively expensive registration fee (around $1000 per new registration) each time they wanted to work at a different hospital within the system. To address the issue, the DoM spearheaded the establishment of a **citywide restricted registration program** that allowed for DoM residents to apply for registration at multiple fully affiliated hospitals through a single application and registration fee. To date, the program has been extensively utilized by DoM residents, and the VCE has consulted with other clinical departments at the U of T to set up similar programs for their residents.

Standardization of Onboarding Processes for Fully Affiliated Hospitals

Another major obstacle to resident movement between hospital sites for either educational or pandemic-related work was the redundant onboarding requirements at individual hospitals. These requirements consisted in completion of online modules dedicated to privacy, confidentiality, fire safety, and workplace disruptions and violence at each site and resulted in dozens of hours of extra work for residents. During the pandemic, the VCE worked closely with leadership of TAHSN-E to allow for cross-appointment of DoM learners at hospitals within the system, to facilitate movement of residents from one hospital to another as part of their training or redeployment.

Equity and Diversity in Selection Process and Programs

Leadership Selection Processes

In keeping with the Strategic Priorities of the DoM and to increase equity and transparency of selection processes, all leadership positions in the educational portfolio of the DoM have been selected by search committee. In close collaboration with the Vice Chair for Culture and Inclusion and the Chair's Office, we have standardized the search process in the Education Portfolio. These measures include posting position descriptions and job openings and creating diverse selection committees in terms of social identities, hospital sites and types of academic careers (research, teaching, quality and innovation). The interview questions and selection procedures have been standardized across all divisions, incorporating questions regarding equity and inclusion in all searches. In addition, there is a conscious effort on actively recruiting individuals from under-represented groups into leadership positions. The VCE has overseen efforts in all searches for DoM leadership in education with these requirements in place.

Resident Recruitment and Selection Processes

A perceived lack of standardization of selection processes, as well as a paucity of Black and Indigenous residents in DoM residency programs prompted the VCE to establish a **DoM CaRMS Working Group on Equity** (a subcommittee of the EEC) in 2018, to initiate a review and redesign of procedures for recruitment and selection in CaRMS for individuals from historically under-represented groups. These efforts are driven by the overarching goal of fostering equity, diversity, and inclusion within the educational programs of the DoM. By engaging in these efforts, the DoM aims to train physicians work with excellence, compassion and justice in increasingly diverse but unequal societies (SP1, SP2, SP3, SP4, SP5).

Several major EDI-related initiatives were launched over the past four years, some of which are highlighted below:

Current Implementation Efforts of Required Best Practices

Faculty development sessions on the importance of equity in selection and addressing implicit bias have been conducted for all residency program directors. Per DoM requirements, members of all search and selection committees in the Educational Portfolio are required to complete the Harvard Implicit Association Test and an e-learning module on unconscious bias developed by the Association of American Medical Colleges; "What You Don't Know: the Science of Unconscious Bias and What to Do about It in the Search and Recruitment Process." An attestation from each faculty member is required prior to participation in all search committees to ensure and document completion of the process.

EDI-informed Resident Recruitment and CaRMS Selection Practices

To better address inequities in resident selection and to enhance the inclusion of learners from historically marginalized groups in residency and beyond, members of the DoM have implemented several initiatives aimed at reframing selection criteria through a lens of equity, diversity and inclusion (EDI). These efforts includes a **CaRMS Standardization Project** to review and enhance selection processes, the first **Black and Indigenous CaRMS Pathway** for the Internal Medicine Residency Program in the country, the **Diversity & Inclusion in Cardiology Education (DICE)** group, a resident-initiated group in Cardiology centred on mentorship and research opportunities for undergraduates and medical students interested in a career in Internal Medicine or Cardiology, and the **Resident Interest Group in Social Advocacy (RIGSA)**, a resident-led group dedicated to development of anti-racist/anti-oppression curricula for the Internal Medicine Residency Program. Efforts, such as the CaRMS Standardization Project, are described below.

CaRMS Standardization Project

Launched in 2019, and delayed by the COVID-19 pandemic, implementation has now been disseminated to all programs in the DoM. The Project was developed with significant effort by DoM Administrators (**Sawan Feilings** and **Asia Ferrara**, under the guidance of the Manager of Academic Programs, **Sarah Jung**) and the VCE in collaboration with the Faculty Lead for EDI. Guiding principles of the project include engaging the DoM and its members in ongoing dialogues about how to make residency selection processes more equitable, transparent and proactive in the recruitment of trainees from historically marginalized groups. These efforts include a review of all steps in the CaRMS process through an EDI perspective, including reviewing outward-facing communications and advertising of all DoM residency programs on the CaRMS website. The file review and interview processes have also been assessed, with the development of a customizable question bank that has undergone close review based on EDI principles. To address possible implicit bias, reflexive approaches to interviewing have been implemented. Holistic review processes have been introduced to consider an individual's entire profile, considering factors such as background, social and intersectional identities, socioeconomic, historical and systemic obstacles (*"distance traveled"*), as well as societally relevant advocacy work and career plans, when selecting residents.

The Learning Climate

At the beginning of the VCE's term in 2017, the DoM leadership became increasingly aware of the impact of learner mistreatment by faculty on the learning climate within the DoM. It is important to note that these instances represented a very small minority of the total interactions, and the vast majority of faculty members have excellent-to-outstanding teaching evaluations by learners. Nonetheless, there was no consensus on the appropriate approach to the problem of learner bullying and mistreatment. Consequently, the VCE struck a **Learner Mistreatment Advisory Group** as a subcommittee of the Education Executive Committee that consisted of faculty and learners (approximately 50% of committee membership). The Advisory Group reviewed relevant policies of the TFoM and concluded that the existing policies and processes did not sufficiently consider issues of power dynamics between residents and faculty, ensuring safety of residents from intimidation or retaliation, or considering issues related race/ethnicity, gender, gender identity, religion, ability or national origin when addressing learner mistreatment by faculty.

In response, the VCE and DoM developed an internal process for collecting disclosures about, and addressing learner mistreatment in a confidential, safe, and effective manner. Much of this work in turn served as a blueprint for the establishment of similar processes by the TFoM over the past three years. The VCE and other members of the DoM served on the original TFoM design groups for the **Learner Experience Unit (LEU)**, and the VCE served on the search committee to appoint its inaugural Director. Since its establishment in 2019, the Learner Experience Unit (LEU), under the leadership of **Dr. Reena Pattani** (a member of the DoM) has developed robust processes to address learner mistreatment. The LEU works closely with the VCE and the DoM, as well as the U of T Wellness Office and the individual hospitals in reviews and actions. Over the past 3 years, the DoM and TFoM have worked to harmonize processes between the DoM, the individual hospitals, and the TFoM and to embed trauma-informed approaches to learners and their experiences. The overall process emphasizes learner safety and confidentiality, equity and justice, transparency of process, procedural fairness for faculty against whom concerns are raised, and restorative approaches that facilitate the flourishing of all members of the learning environment.

In recent years, two members of the DoM, **Drs. Tarek Abdulhalem** and **Leora Branfield-Day**, co-chaired another subcommittee of the DoM Education Executive that investigated the issue of **learner mistreatment by patients and families**, which had been identified in a variety of surveys as being another major negative influence on the learning climate. Their recognition of the lack of coordination of policies among different healthcare centres contributed to the establishment of a system-wide working group by the Toronto Academic Health System Network (TAHSN) to harmonize policies and disseminate relevant information. Members of the DoM serve on this working group and continue to actively participate in this process.

Medical Education Scholarship (MEd)

Over the past decade, the University of Toronto and the DoM have been at the forefront in international medical education research and scholarship, particularly in terms of assessment, simulation-based education, professionalism, humanism and cultural safety, and quality improvement and innovation.

Until 2021, the Medical Education Research and Scholarship (MERS) group, led by Drs. Shiphra Ginsburg and Ryan Brydges, organized or facilitated several activities to enhance education-related research. These efforts included:

- **Clinician Educator Training Program (CETP)**, a program that provided salary support ($75,000 annual for two years) to a promising medical education scholar to pursue research projects or a Master's degree in medical education scholarship;
- **Competence-Based Medical Education (CBME) Research Network** to develop projects to study CBME within the DoM;
- **Collaboration of Researchers, Educators, Scholars, and Teachers (CREST)**, a group established in 2011 as a series of seminars for DoM faculty and trainees with interests in MERS; and under the leadership of the Internal Medicine Residency Program Director, Dr. Jeannette Goguen;
- **Internal Medicine Medical Education Research Interest Group**, which holds monthly seminars to share research strategies, methodologies and projects. (Due to widespread interest within the DoM, this group was opened to participation by all DoM specialty and subspecialty residents within the first year of its existence.)

To better align resources with high-impact initiatives and to deepen the DoM's "bench strength" in medical education and scholarship among junior faculty and trainees, the VCE struck a redesign of the MERS portfolio in 2021. With the support of the VCE, **Dr. Ryan Brydges** (Director), **Dr. Christie Lee** (Associate Director), and **Ms. Judy Tran** (Administrative Coordinator) launched a new strategic direction in **the Medical Education Scholarship (MEdS) portfolio**. Established vision is articulated as "Leading in Medical Education Scholarship through commitments to diversity, partnership, and meaningful impacts for our people, patients and society." As key activities, the MEdS team aims to accelerate the academic impacts of education scholarship in the DoM, to support and mentor careers in teaching, education, and research, and to mobilize education research evidence to ensure timely responses to education challenges across the DoM. To promote innovation and research in education, MEdS paused the funding of a single investigator through the Clinician Educator Training Program and pivoted to the support of a number of seed grants in medical education.

MEdS successfully launched a **Bi-Annual Strategic MEdS Grant Competition** in November 2021. Over the first 18 months, the grant competition has awarded over $65,000 in seed funding, which has supported 7 projects in strategic areas focused on competency-based education and knowledge translation, education research in equity, diversity and inclusion, and innovations in teaching. This grant competition

has clearly met the aim of supporting pilot projects, with an emphasis on faculty members mentoring trainee-led initiatives. Applications require a learner playing a central role in the research, i.e., as lead investigator with mentoring from senior faculty scholars. Faculty and trainees from multiple divisions in the DoM have benefited from the funding, including those from General Internal Medicine, Respirology, Geriatric Medicine, and Critical Care Medicine.

The MEdS Portfolio has also focused on building a community and collaboration of like-minded faculty and trainees in their teaching and education practices. **Quarterly MEdS events** have been well attended, with 15-20 attendees regularly joining the Zoom sessions. To date, our events have focused on the role of education scholarship in Social Advocacy; Mentorship, Culture and Inclusion; Valuing the Clinician Teacher; Wellness and Burnout among Clinician Teachers; and Competency-Based Medical Education. Our goal is to provide opportunities for members to become aware of and to engage in scholarly education-focused collaborations across our many sites. MEdS also jointly offers Works in Progress rounds, partnering with the **Applied Education Research Operatives (AERO)** team at Unity Health Toronto. This "Safe pitch series" provides opportunities for faculty and trainees within the DoM to present work and receive feedback from their peers.

The MEdS team is also leading **a project on how the DoM supports and measures the teaching effectiveness of all Clinical Faculty** with an emphasis in developing more robust teaching assessments in addition to the traditional evaluation scores by learners. They have conducted over 20 interviews with different stakeholders in medical education and are preparing reports addressing the many tensions DoM leadership encounter when attempting to measure, report on, and recognize teaching effectiveness. Over the next 3-5 years, MEdS will be dedicated to enhancing how evidence moves from 'research to practice' via an Education Knowledge Mobilization initiative focused on Competence By Design implementation. They will also be partnering with colleagues in the Culture & Diversity portfolio to directly support special projects in this key growth area in the DoM. The MEdS team will continue working to meet their mission of building together to embed high-impact knowledge discovery, innovation, and knowledge mobilization within the DoM and beyond.

Valuing the Clinician Teacher

As with most academic medical centres, the vast bulk of the responsibility for teaching medical students, residents and clinical fellows is handled by Clinician Teachers (CTs), who are expected to spend up to 75% of their time in patient care and clinical teaching. Clinical teaching—i.e., bedside rounds, teaching in ambulatory clinics or in the emergency room—is considered "informal teaching." In contrast, "formal" teaching consists of didactic teaching during Morning Report, noon rounds, case conferences or Academic Half Days.

CTs are expected to participate in both formal and informal teaching on all levels—undergraduate medical student, postgraduate, and faculty teaching through continuing professional development.

The Department's 2017 Faculty Survey demonstrated that CTs felt undervalued and underappreciated. CTs are responsible for most of the clinical teaching done in the DoM and play a disproportionately large role in medical student teaching compared to other academic position descriptions (e.g., clinician scientists, clinician investigators, and clinician educators) and compared to faculty in other departments. Nonetheless, they have not received the recognition they deserve. Promotion based on 'sustained' excellence in teaching has been equated with a 10-year period of teaching by the decanal committee. The process is also cumbersome for clinicians' busy schedules, and administrative support for teaching, such as assistance in scheduling, has often been lacking. Importantly, challenges in compiling sufficient teaching evaluations for bonuses or milestone steps, such as Continuing Faculty Appointment Review (CFAR) or promotions, have been felt to be overwhelming for individual CTs, specifically for those work in ambulatory subspecialties or in emergency medicine.

At the recommendation of the DoM, in 2018, the VCE was invited to co-chair the Dean's Task Force on Valuing the Clinician Teacher to address these concerns. In 2019, **Dr. Martina Trinkaus**, a hematologist and the Hematology Residency Program Director, was appointed as the inaugural DoM Faculty Lead in Valuing the Clinician Teacher (VCT). Building on qualitative and quantitative data from faculty surveys, Dr. Trinkaus established an Advisory Committee for VCT and conducted more than 100 interviews of CTs in the DoM and stimulated DoM-wide conversations through over 20 presentations and Grand Rounds to inform recommendations to the VCE and Chair. Through the Faculty Lead, VCT and other DoM initiatives, we have seen the following accomplishments:

Increased recognition: The DoM now offers two Goldie Travel Awards in Medical Education: one for educational scholarship and one specifically devoted to teaching. The DoM regularly celebrates teaching recognition, such as personal letters to, and communications about, faculty members who are rated among the top 10% of the undergraduate (medical school) teachers in the TFoM. More faculty teaching awards have been established by divisions and hospitals than ever before.

Increased numbers of promotions and change in promotion criteria: The Chair has revamped the promotions process to streamline and support applications for promotion of CTs based on Sustained Excellence in Teaching. With the leading advocacy of the Chair and VCE, the Decanal Committee on Promotions of the TFoM reduced the number of years in rank required for promotion consideration under the category of Sustained Excellence in Teaching from 10 to 8-9 years.

Supporting career advancement: At the Chair's direction and starting in 2018, the VCE established scheduled and individual "**pre-CFAR Reviews**" approximately 1.5 years into faculty appointment for all CTs and Clinician Educators (CEs). The purpose is to review faculty members' accomplishments, identify gaps that may risk prolonging the probationary period, such as a paucity of teaching evaluations, and facilitate connections between individual CTs and others in the DoM with similar clinical or scholarly interests. The VCE holds approximately 20 individual "pre-CFAR" meetings annually.

My Teaching Evaluation (MyTE)

As mentioned above, the relative lack of teaching evaluations compared to the time and effort spent by CTs in teaching has been a major and persistent obstacle for the recognition and advancement of CTs. This problem is particularly acute in areas that are primarily focused on ambulatory or emergency medicine care. For example, while learners may spend up to four weeks at a specific site and have exposure to over 12 faculty teachers, postgraduate learners have been required to evaluate only 2 faculty members for the 4-week block via the TFoM's POWER system. This situation has resulted in many CTs being completely overlooked in evaluations and has compromised their ability to get feedback on their teaching or recognition of their efforts. To remedy this situation, **Dr. Esther Bui**, a faculty member in the Division of Neurology, developed **MyTE (My Teaching Evaluation)**, a mobile, online evaluation system that allows for encounter-based, in-the-moment assessment and feedback (see Appendix G.1).

This evaluation system is meant to supplement the POWER-based system and to augment the feedback and documentation of teaching. MyTE has been adopted by the DoM in faculty assessments for CFAR and promotion, and currently, Dr. Bui is consulting with other clinical departments in the TFoM, as well as other faculties of medicine in Canada and internationally, to introduce this platform to clinician teachers:

- **Appealing Teaching Evaluations:** Even the best teachers can occasionally receive negative teaching evaluations. While most are constructive, helpful and may highlight issues or behaviours causing an unwelcoming learning environment, some evaluations may be inappropriately personal, destructive and at times retaliatory to the critical evaluation of a learner's performance or have been directed to elements clearly beyond the individual clinical teacher's control, such as patient volumes or rotation structure. The traumatic impact of negative evaluations on faculty wellness and morale, as well as concerns for the consequences of the evaluations on promotions, advancement and reputation cannot be understated. The Education Portfolio of the DoM has enhanced and implemented a formal, arm's-length system for clinical teachers to appeal evaluations that are deemed inappropriate. A **DoM Appeals Committee**, chaired by a senior faculty member and consisting of another faculty member, the DoM statistician, and a learner adjudicate appeals on a quarterly basis. Contextual factors are considered (e.g., clinical loads, systemic issues, rotation structure), and past teaching evaluations are reviewed to identify trends. The individual faculty member is notified by the committee of its decision. If the appeal is successful, the negative evaluation and scores are expunged from the record.

Accreditation

The Royal College Accreditation occurred in November 2020 during the height of the COVID-19 pandemic. Of the 20 residency programs in the DoM, 14 programs received full accreditation with follow-up in 8 years; 3 programs with full accreditation with external review in 2 years (Emergency Medicine, Nephrology, and Neurology); 3 programs with full accreditation with Action Plans Outcomes Reports (APOR) in 2 years (Dermatology, Clinical Pharmacology, and Occupational Medicine); and 1 program with full accreditation but with Intent to Withdraw (Internal Medicine). The Areas for Improvement cited in the 3 programs requiring further external review and the IM program had two common themes: reported lack of appropriate supervision of some services at several hospitals and problems with the learning climate that prevented residents' honest feedback to leadership out of concerns for retaliation. These are areas that have been the subject of intensive work by the DoM in the years before accreditation and afterwards. Details are discussed below.

Internal Medicine (IM) Residency Program

The University of Toronto Internal Medicine (Core) Program is one of the largest internal medicine residency programs in North America, with approximately 70 residents in each Core Year (PGY1 – PGY3), and 10 - 15 residents stay for a PGY4 year of training. The rest of the resident's match into one of fifteen subspecialty programs upon completion of PGY3. Unlike the 19 other postgraduate training programs in the DoM, the Internal Medicine (Core) Program is not based in a single division within the DoM but instead is administered directly by the Department. It has a Program Director, **Dr. Jeannette Goguen**, and two Associate Program Directors, **Drs. Peter Wu** and **Jakov Moric**. [The "Core" PGY1-3 specialty program is to be distinguished from the PGY4-5 subspecialty residency program in General Internal Medicine, which is "housed" in the Division of General Internal Medicine.]

Trainees may enter the Core IM program as Canadian Medical Graduates (CMGs), International Medical Graduates (IMGs) or Internationally Funded Trainees (IFTs), as well as transfers from other residency programs. Once admitted into the program all trainees are valued for their unique perspectives and held to the same high standards.

There are no separate training streams, and the program ensures that all trainees have the same training opportunities and experiences.

There are five base hospitals and one core ambulatory site:

- Toronto General Hospital (UHN-TGH)
- Toronto Western Hospital (UHN-TWH)
- Sinai Health Systems (SHS)
- St. Michael's Hospital (SMH)
- Sunnybrook Health Sciences Centre (SHSC)
- Women's College Hospital (WCH) – Ambulatory Site

PGY1s spend a minimum of nine of 13 blocks in their first year at their base hospital. Subsequent years, residents do all their General Internal Medicine rotations at their base hospitals. For all three years, residents do subspecialty training across the six academic sites. In their Senior years (PGY2 & PGY3), residents are placed at community sites Trillium Health Partners (THP), St. Joseph's Health Centre (SJHC), North York General Hospital (NYGH), and Toronto East Health Network (TEHN) for an additional two blocks.

Residents who remain in the program in the PGY4 year complete their training split between community and academic hospitals.

Strengths

The Internal Medicine Program has an unparalleled variety and depth of clinical opportunities. The goal is to train outstanding physicians who are skilled clinicians with well-developed competencies across all RCSPC CanMEDS roles. It should be noted that up to 1/3 of all subspecialists in Canada received training at the University of Toronto. Therefore, the U of T IM Program represents a robust pipeline to academic and community careers for Canadians. Graduating trainees are expected to possess the necessary skills to become future leaders in Canadian medicine, whether they choose to pursue careers as generalists in internal medicine or as sub-specialists. As part of a social contract in medicine, we embrace diversity and inclusiveness for all trainees and support person-centred care.

What makes the U of T Internal Medicine Program unique are the opportunities that come with a program this size, including:

- Large number of engaged faculty, residents, and the full complement of internal medicine subspecialties;
- Clinical opportunities at six fully affiliated academic medical centres and over 15 partially affiliated community health centres across the Greater Toronto Area.
- Diverse scholarly opportunities in basic science, clinical epidemiology, quality improvement, medical education, and health humanities;
- Resident leadership opportunities (e.g., as committee representatives, Chief Medical Residents and as leaders on resident-initiated projects, such as the Resident Interest Group in Social Advocacy)
- **The Black and Indigenous CaRMS Pathway (2019-present):** Black and Indigenous physicians have been historically under-represented in training programs nationwide, including in the DoM. To urgently address this issue and under the direction of the VCE, the Internal Medicine Program Director, **Dr. Jeannette Goguen**, worked with the DoM CaRMS Equity Working Group, including **Dr. Lisa Richardson** (Indigenous Health Faculty Lead, TFoM and then-Vice Chair in Culture and Inclusion), **Dr. Umberin Najeeb**, **Dr. Katina Tzanetos**, and the VCE to design and implement a selection process for Black and Indigenous applicants to the Internal Medicine Residency Program. The process included file reviews by individuals with expertise in equity, diversity and inclusion (EDI), interviews with self-identified racial concordance between applicants and faculty and resident interviewers, and outreach efforts by the VCE and other DoM leadership to medical students of colour. The criteria for invitations and ranking is identical to the "non-Pathway" processes; equity is ensured by having assessors and supporters of EDI at the table when interview offers, and rank lists are made. After the first round of CaRMS, **Dr. Mireille Norris**, a geriatrician from Sunnybrook Health Sciences Centre with long-standing interests in equity, was appointed

as the inaugural faculty lead. Over three rounds of CaRMS processes, iterative enhancements based on feedback from applicants, residents and faculty have been made in the recruitment and selection process with a particular focus on outreach to Black and Indigenous students at the University of Toronto and nationwide, as well as the founding and support of the Black and Indigenous Medical Society (BIMS), dedicated to nurturing a climate of support and mentorship. The work involved has gradually yielded impactful results: in the 2023-24 CaRMS match, 4 Black and 2 Indigenous applicants were selected for the incoming PGY1 Internal Medicine Residency Program. Strong interest has been expressed among residency programs in other departments in the TFoM and nationwide, and lessons learned from this initiative have been disseminated at a workshop at the 2022 International Conference of Medical Education (ICRE).

- **Holistic Review**: As an enhancement of the overall selection process, the concept of holistic review has been incorporated into resident selection, not only in the Black and Indigenous Pathway, but throughout the entire selection process of the Core IM Program. This notion is based on an assessment of what "the whole person"—I.e., social identities, life experiences, goals and perspectives—brings to the training program in addition to academic excellence and commitment. The idea is that if we are trying to educate physicians who practice with excellence, compassion, and justice, the values of individuals admitted to the program must reflect the potential to embody these qualities.
- Within the holistic review, the notion of **"Distance Traveled"** has been implemented as a specific metric in selection. This concept recognizes that not all applicants come from similar backgrounds of privilege and opportunity, and some have had to shoulder additional responsibilities or overcome systemic, historical and other obstacles to arrive at a point where they are able to compete for top-tier residency programs. This sense of resilience and "grit" is a characteristic that we value in our trainees.
- Social Advocacy: In the same vein, if we are to produce socially responsible physicians, the role of social advocacy—and, for those individuals or communities who have been historically marginalized or oppressed—should be recognized and valued as part of the selection process. Trainees and physicians of colour spend disproportionate amounts of time and effort advocating for socially impactful causes and mentoring learners from equity-seeking groups. These efforts, which are traditionally overlooked or disregarded in the selection process, have been valued as part of ours.

- **Longitudinal Collaborative (peer/faculty) IMG/IFT Mentorship Program for International Medical Graduates and Internationally Funded Trainees in Core IM program.** Founded approximately 10 years ago by Dr. Umberin Najeeb, the current Vice Chair of Culture & Inclusion, and in keeping with the goals of equity and inclusion of the DoM, the Mentorship Program is designed to help support foreign-trained resident physicians and clinical fellows during their transition to Canadian Medical Education and the healthcare system. This program has gained international recognition through invited presentations and publications, and Dr. Najeeb has been consulted by the Medical Council of Canada and the Royal College of Physicians & Surgeons of Canada on this subject.
- Dedicated, carefully crafted weekly Academic Half Day unique for each postgraduate year.
- **Resident Interest Group in Social Advocacy (RIG-SA):** A resident-led initiative dedicated to promoting a culture of equity, diversity and inclusion within training programs in the DoM. RIGSA has been responsible for the development of the Inclusivity Guidelines for Teaching, including use of culturally appropriate terminology and approaches in teaching clinical medicine, as well as two academic half days on Allyship, Black Health, anti-Indigenous and anti-Black racism, and cultural safety.
- **Resident Interest Group in Medical Education (RIG-ME):** For enrichment in medical education practice and scholarship. RIG-ME is coupled with the Medical Education Scholarship (MEds) Portfolio to enhance the networking of residents and faculty with common interests in medical education research and scholarship.
- Unique elective experiences, such as **Healthy Debate** (see Appendix G.2) a podcast on themes in medicine and medical education that has attracted an international audience as well as electives, clinical allergy and immunology, toxicology and clinical pharmacology, clinical genetics, palliative medicine, and much more.
- Improving the educational environment: Robust process for addressing faculty and rotations with low scores or concerning comments. Led by the Associate IM Program Director, Dr. Peter Wu, who has expertise in Quality and Innovation, and aided by ***Heat Maps of Rotations*** developed by Ms. Yasmine Ishmael, the Core IM Program has been able to review—both at-a-glance and in detail—resident feedback regarding rotations and to work collaboratively with different divisions and sites to enhance the educational experience and value.

- **Mentorship:** Near-peer mentors and academic advisors help residents navigate the twists and turns of the residency experience, as do their Site Director and Program Director.
- **Wellness:** Robust wellness support, with wellness leads, a wellness subcommittee, and many projects are underway for program improvement.
- New Resident Navigator position was created May 1, 2023.

Challenges

The three big challenges to the Core Internal Medicine Program over the past 5 years were the COVID-19 pandemic; the increasing number and complexity of inpatient admissions; and the threats to program accreditation. The responses to these challenges are discussed below:

- **The Pandemic:** The inpatient services and ICUs in the Department of Medicine were at the epicentre of the COVID-19 pandemic in Toronto and in Canada. Although in the early days of the pandemic, almost all of the COVID services were staffed exclusively by faculty, the overwhelming number of patients, as well as the acuity of conditions, forced cancellation of electives and redeployment of residents to clinical services where they were most needed. These emergency measures, including pauses on all in-person conferences and teaching sessions, lasted up to 6-9 months and were extremely disruptive to education programs. In addition, all visiting electives both to and from were paused for the 2020-21 and 2021-22 academic years, which impacted recruitment of graduates from outside of Toronto, as well as the ability of University of Toronto students to "audition" at other schools in competitive subspecialties.
- **Clinical Volumes:** In a paper published in 2017 (see Appendix G.3), a team of DoM researchers led by Dr. Amol Verma reported that inpatient admissions to General Internal Medicine services increased by 32.4% between 2010 and 2015 in hospitals within the Toronto Academic Health Sciences Network (TAHSN). Even without accounting for changes in hospitalization patterns during the pandemic, it was projected this increase would double by 2020 (A. Verma, personal communication). This surge in patient volumes and increased complexity placed a major strain on the Clinical Teaching Units (CTUs) over the years and have posed a significant challenge to optimal educational experiences.
- **Program Accreditation:** In May 2021, the Internal Medicine Residency Program learned that the Royal College had revised its provisional designation from Full Accreditation with 2-year External Review to Full Accreditation with Intent to Withdraw. Coming amidst the surge of the Delta variant of COVID-19, the negative

impact of the Royal College decision on the wellbeing and morale of the faculty, staff and residents of the DoM, cannot be understated. The major areas for improvement (AFIs) identified at the Royal College Accreditation visit in November 2020 and communicated in the Final Report were:

1. There was an ongoing issue with resident supervision in the clinical environment on some sites, and a perceived lack of support from faculty, particularly of junior learners on subspecialty services and on the Clinical Teaching Units (CTUs) during weekends. This is felt by the residents to be impacting patient safety.
2. Some residents are afraid to raise substantial questions or issues with the program, for fear of repercussions, both within their training program and related to future employment in Toronto. This perception arises from observation of the treatment of residents who have spoken out.

   Response: To address these challenges, the DoM established the **Internal Medicine Residency Program Accreditation Task Force (AC Task Force)**, co-chaired by an Internal Medicine Resident and a senior Department of Medicine faculty member. The AC Task Force was struck to ensure a safe, arms-length process to collect information on residents' experiences in the program and their advice to address the perception of lack of support within components of the program and the potential repercussions for speaking out. The final report with recommendations was announced June 2022. Since then, the **Internal Medicine Accreditation Implementation Oversight Advisory Group (IM AIOAG)** has been established, and the DoM has developed plans to address resident concerns, with a focus on those above identified areas for improvement.

   It is important to note that some of the AFIs—and the AFI related to resident fears of intimidation or retaliation for speaking up—were the subject of important and pioneering innovations made by the DoM in the years before the pandemic and accreditation. Nonetheless, the Accreditation Report highlighted the fact that there was still much work to do. The DoM's response to the issues raised in the Report are described in detail below. In all the reviews and initiatives launched since the Accreditation Report was issued, the voices of residents were prominent. In fact, in both the AC Task Force and IM AIOAG, resident representatives were either a significant proportion (IM AIOAG) or the majority (AC Task Force) of the membership of the committees.

- **Resident Supervision:** Residents raised concerns about supervision on busy clinical services during daytime hours at some sites, particularly for junior residents who might be left responsible for busy clinical services such as CCU or acute code strokes, without the backup of senior resident, fellow or attending staff. Another related concern raised was that the faculty sometimes attended clinics in the morning while also being involved in consultation or inpatient services. And while subspecialty residents were often scheduled on service, this was not always the case, as they occasionally left for their own academic half days. Although most residents described very supportive and approachable staff, many residents did not feel comfortable reaching out to attending staff directly for assistance. A significant portion of the residents interviewed described having felt out of their depth in a clinical environment without adequate support, and a majority of those residents felt it impacted patient safety. Residents noted that it could be difficult to find attending staff to supervise procedures (and document competence via EPA assessments) but that Chief Medical Residents were often able to fill this gap.

Opportunities and Solutions (see Appendix G.4)

- **GIM Redesign:** To address the needs of inconsistent, highly variable, and frequently non-overlapping engagement of residents on high-volume inpatient General Internal Medicine (GIM) services, a major restructuring of all Clinical Teaching Units of the DoM at all fully affiliated hospital sites was undertaken. Although the planning for the GIM Redesign was in the works for several years, the Redesign itself was not implemented until July 1, 2021, i.e., four months before the Accreditation Site Visit. With the Redesign, the senior residents are present for 12 out of 14 days during the day with no overnight call and thus no post-call days, allowing for more consistent supervision of the junior learners. In addition, there is more consistency of residents present on CTU than previous systems. The full benefits of the GIM Redesign will be experienced after July 1, 2023, since there is a 2-year lag while the residents who have already had an extra CTU Junior block go through the senior year with one fewer senior rotation than the model requires.
- **Improvements to Support:** Communicating Attending Roles and Responsibilities: Prior to the last accreditation, the division of General Internal Medicine created and implemented a document entitled, CTU Roles and Responsibilities, outlining the responsibilities of attending physicians on the clinical teaching units. In September 2022, a new document, ***Standards for Supervision of Learners by DoM Physicians***, was developed and implemented across all divisions, not just GIM. The document outlines principles related to regular workdays, weekends and overnight supervision. These two documents stipulate that an attending physician must always be available to provide support to learners and ensure timely decisions related to patient care. The Standards for Supervision document was circulated to all faculty in the DoM Chair's newsletter. It was approved by the DoM Executive in October 2022, and endorsed by the IM Residency Program Committee and the Accreditation Implementation Oversight Advisory Group. The Chair has scheduled faculty townhalls to answer any questions faculty may have regarding these documents. At annual review, all faculty will be expected to attest that they have read the document and agree to behave in accordance with this document, along with the CPSO Professional Responsibilities in Medical Education document and the TFoM Faculty Code of Conduct (see Appendix G.5). In addition, the DoM requested the 13 subspecialty programs that have core IM residents rotate through their services update their Supervision Documents to align with the Standard for Supervision of Learners by DoM Physicians. The divisions' documents were sent to the IM AIO Advisory Group for review and approval in February 2023.
- **Improved support on weekends and off hours:** Since July 2021, attending staff on all GIM CTUs have been providing increased support on weekends, including: (1) assuming direct inpatient care activities when appropriate to reduce resident workload; and (2) ensuring that they are always available for supervision and guidance. Sites where attending staff previously cross-covered teams on weekends have made changes to their practices. Now each team has an attending physician present in the hospital during weekends. This practice has been in place at all five fully affiliated teaching base hospitals as of July 1, 2022. In addition, the GIM Redesign incorporates additional senior residents on evenings and weekends, who provide further support for junior residents. Residents have been provided with the background and summary of the GIM redesign on Quercus.
- **Faculty availability:** Both CTU and subspecialty faculty on call are required to ensure their schedule is sufficiently adjusted or even cleared to allow optimal supervision and availability during the workday. Those who have clinics or procedures scheduled while they are on service must either reschedule or find faculty cross-coverage so that a faculty member is always available if needed by the inpatient service. This understanding is outlined in the two supervision documents described above.

- **Additional new supports:** Individual hospitals and the DoM have collaborated in the recruitment of 45 new faculty members in GIM over the past 10 years (and 26 over the past 5 years alone) and have assisted in the funding of citywide CPSO restricted registration of eligible residents to enhance overnight coverage. All the hospitals have now implemented clinical fellow hospitalist training programs, and the clinical fellows assist with the ED and inpatient workload. Additional clinical associates, nurse practitioners and physician assistants have been hired at some of the busiest sites. To assist the hospitals in restructuring services to provide resident-independent patient care, the Department of Medicine has provided $400,000 to each base hospital to finance increased GIM support for the CTUs (Total $2 million) for the 2022-23 academic year.
- **The Learning Climate:** A learning climate free of intimidation, discrimination, and harassment is a foundational element of medical education. As mentioned, addressing mistreatment of residents by faculty was a particular focus of innovation in the DoM for years. Nonetheless, it was evident that many residents felt that disclosing such mistreatment or providing honest feedback about other aspects of training could result in retaliation. The Accreditation Report highlighted residents' concerns about speaking up within the program for fear of retaliation. This fear has had a significant impact on the residents, who feared that speaking out would negatively impact their success within the program and future job prospects. Residents commented that many residents now join Town Hall meetings anonymously, which suggests that reluctance to identify oneself is persistent and compromises the opportunity for a thoughtful exchange of ideas.

Response: The Accreditation Report highlighted obstacles encountered by residents in providing feedback and raising concerns through traditional channels such as hospital site, program or departmental leadership. To address these concerns, the DoM focused on providing multiple avenues for residents to voice concerns and contribute meaningfully to improve the program. As mentioned, both the **DoM's Accreditation Task Force** and the follow-up **Accreditation Implementation Oversight Advisory Group (IM AIOAG)** had robust resident representation. Additional Site Reviews at each of the fully affiliated hospital sites were conducted, and program and departmental leadership collaborated closely with the Chief Medical Residents and resident representatives on the Resident Program Committee to ensure that the residents' perspectives were heard. In addition:

- In response to feedback, the program no longer holds Town Hall Meetings with faculty and residents for feedback as this face-to-face method was felt to be unproductive and unsafe by residents. Instead, a **Navigation Tool** as been developed for residents to address serious concerns regarding patient safety, wellness, and mistreatment. Trainees can access the navigation tool on Quercus. In addition, at the recommendation of the Accreditation Task Force, a **Resident Advisor position** has been created in the DoM, occupied by a faculty member selected by a search committee residents and faculty who can act as an independent advocate for resident concerns.
- Other avenues for residents to provide feedback:
  - Participate in monthly Core IM and Subspecialty CMR debriefings at each base hospital.
  - Speak one-on-one to their CMR, Site director, PD, or IM Wellness Lead.
  - Provide feedback to their RPC reps, RTC (Base Hospital IM Rep), Wellness Reps, CBD Reps, AHD Reps.
  - Complete POWER rotation and faculty evaluation. The POWER system provides **weekly alerts** to the PD on Learner Assessment of Clinical Teaching (LACT) evaluations and rotation evaluations which are flagged for below-expectation ratings. The full reports are compiled twice yearly and reviewed by the Vice Chair Education, Departmental Division Directors and Physicians-in-Chief. **Heat maps** easily identify both underperforming and excellent rotations.
  - As of August 2022, RPC meetings are monthly, instead of 7 times a year, ensuring residents participation in decision-making. The program also developed an RPC Process Document, which outlines the RPC decision-making process and expectations for RPC members.
  - Starting in December 2022, residents have been invited to participate in the annual IM Resident Survey to provide an overview of the learning environment, which complements the biannual PGME Voice of the Learner Survey that surveys residents of all programs at the U of T.
  - Site reviews will be conducted annually in the spring going forward with an external reviewer with at least 30 min of confidential time with each resident group. Anonymized site reviews are reviewed by the RPC, and site leads report back on their action plans to address any concerns identified. Mini-Site Reviews will now occur six months after the Site reviews. (The latter was conducted December 2022).

- **Learner Mistreatment:** Since the Accreditation Site Visit, processes and policies have been enhanced and harmonized between the DoM and the TFoM. The Temerty **Learner Experience Unit (LEU)**, established in 2019, is the central office at the TFoM to handle confidential or anonymous learner disclosures of mistreatment. Situated within the **Office of Learner Affairs (OLA)** the LEU allows residents and faculty to disclose, discuss or report concerns regarding specific instances of mistreatment in real time for prompt actions. Reports from the LEU are reviewed by the LEU Director, who communicates with the DoM's VCE. The VCE communicates concerns to the Program Director and RPC to address (if appropriate). Egregious mistreatment, such as sexual harassment, discrimination based on gender, race/ethnicity, religion, gender identity, immigration status or ability, are addressed directly by the VCE and Physician-in Chief, with escalation to the Chair, the Dean's office or legal authorities as required. The complex processes of this approach have been enhanced and fully implemented since the Accreditation Site Visit in the fall of 2021.

As is evident in this report, despite the major challenges confronting the Internal Medicine Residency Program that have stemmed from the current state of healthcare in Ontario, the major impact of the COVID-19 pandemic, and the threat to Accreditation, the Internal Medicine Residency Program, and by extension, the DoM, have proven quite nimble in developing strategies to address areas of concern and spearhead further efforts in residency selection, education, and equity.

Additional Areas of Focus in Postgraduate Medical Education

Physician Scientist Training

The identification and nurturing of potential physician scientists early in their training is a major priority in the TFoM. A Dean's committee was formed in 2018 to develop programmatic approaches for this purpose. There are already programs in place, such as the Eliot Phillipson Clinician Scientist Training Program (CSTP) and the Clinician Investigator Program (CIP) that provide salary support for those aspiring physician scientists and investigators who have completed their training. However, there is a lack of specific pathways and programs to support these individuals during specialty or subspecialty residency. The gap may be partly responsible for the "brain drain" to the south, where promising academicians go to the United States for advanced training and faculty positions. To address this gap, the VCE has worked with the Vice Chair of Research, the Director of the Clinician Scientist Training Program, the Director ofthe Internal Medicine Residency Program, as well as recent MD PhD graduates of DoM Postgraduate training programs (Drs. Nathan Stall and Raymond Kim) to develop recruitment pathways for future physician scientists in training programs in the DoM. Initial steps to develop a formal recruitment pathway and mentorship program were under development but due to delays by the launch of Competence by Design in the Internal Medicine Residency Program and subsequently by the COVID-19 pandemic these efforts were paused. Nonetheless, informal processes to identify, attract and mentor future clinician scientists or investigators have been in place since the 2019-2020 CaRMS match, and the full development of the initiative is being restarted. Implementation will be coordinated with the Vice Chair of Research and is planned in the next 2-3 years.

Ambulatory Care

Internal Medicine postgraduate education in Canada has been disproportionately focused on training in the inpatient environment. With high volumes of patients requiring increasingly complex medical care in the community, greater exposure to ambulatory models of care was identified as a strategic priority by the Department. The main challenges to expanding ambulatory care education in internal medicine residency have been the small number of general internists experienced in providing care in the ambulatory setting and competing demand to provide in-hospital IM care, which is remunerated far more favourably by the provincial government than care provided in the out-patient setting. Despite these challenges, the Department has made important strides towards correcting this imbalance, with a view to reducing demands for emergency care.

Unique models of care: The SCOPE Program (Seamless Care to Optimize the Patient Experience) was developed over decade ago, with funding from the Ontario Ministry of Health, sponsored by Women's College Hospital (WCH) and University Health Network. This innovative model of care offers real-time internist consultation, mental health supports and hospital system navigation for community-based solo and small group practice family physicians. Due to its success in providing real-support clinical support to primary care physicians, curtailing use of the emergency department for urgent consultations, SCOPE is being scaled province-wide efforts.

WCH's Acute Ambulatory Care Unit (AACU) and telemedicine services educate residents on preventing unnecessary hospitalizations or delivering long-distance consultations. The Department has leveraged these programs to enable provision of training, particularly to residents specializing in General Internal Medicine, in communication, consultation, and collaborative care with primary care and other community providers. The Division of GIM has also enhanced its ambulatory care offerings for Internal Medicine residents across the fully affiliated sites. WCH, which is the only fully ambulatory teaching hospital, also offers various specialized ambulatory clinics, such as clinics in Indigenous health (Office of Wise Practices), refugee health (the Crossroads Clinic), HIV/AIDS, post-treatment cancer care, programs for survivors of violence or trauma and the Multicultural Dermatology Clinic that specifically treats skin disorders in individuals of colour.

Fellowships

There are more than 500 fellows in the DoM spread out across the 20 divisions of the Department and 6 major fully affiliated hospitals. Due to the diverse nature of individual fellowships, as well as the fact that most fellowships are under a single faculty supervisor and the proportion of clinical activities to research was highly variable, there was a pressing need for oversight and standardization of fellowship programs at the beginning of the current Chair's tenure. This project began with the recruitment of **Dr. Cheryl Jaigobin** as Director of Fellowship Programs for the DoM. Over the course of five years, Dr. Jaigobin has worked with the VCE to transform the landscape of the clinical and research fellowships in the DoM.

Major Accomplishments Include:

- **Formal reviews of all fellowship programs**, including selection/recruitment processes, fellow/faculty expectations, resources for education, clinical experiences, and research, and faculty and administrative support of fellows. Review committees were individualized for each division's programs and consisted of senior DoM leadership (C. Jaigobin), an external reviewer from DoM faculty, and representation from faculty and current fellows.
  I. Standardization of learning expectations. Each fellowship was required to develop specific learning objectives for fellows that was shared with current fellows and potential applicants;
  II. Assessment and Feedback to Fellows was emphasized as part of the formal expectations for each fellowship program;
  III. Standardization of fellowship funding. Programs were reviewed to ensure that stipends met university requirements;
  IV. Mentorship and career advising. Under Dr. Jaigobin's leadership, Fellowship Directors have been appointed for each division. In certain divisions in which there are a large number of fellows or different training sites (e.g., Cardiology, Medical Oncology and Hematology) more than one director has been named.
- **Unfunded fellowships:** The issue of unfunded fellowships was effectively addressed through the revamping of DoM Fellowship Programs. Unfunded fellowships mean that the fellow has no source of funding from governmental, institutional or investigator-initiated sources and must rely on self-generated funds during the fellowship. With potential risk for exploitation, stringent requirements have been developed for unfunded fellowships. Proposals are reviewed by the Unfunded Fellowship Committee chaired by Dr. Jaigobin. Between 2018-2023, less than 6 unfunded fellowships have been approved per year. Many of the graduates with unfunded fellowships have gone on to successful academic careers after completion of fellowship training.
- **Internationally Funded Fellowships:** Starting with the sudden announcement of the withdrawal of all learners from the Kingdom of Saudi Arabia (KSA) in the spring of 2018, major changes have occurred in the status of internationally funded trainees (IFTs) in Canada. These changes have exposed potential financial liabilities and vulnerability for postgraduate education at the U of T. The VCE and the Director of Fellowship Programs have worked closely with the fellowship directors of the different divisions of the DoM and the PGME Office to identify potential areas for new fellowships and alignment with international requests for fellowships in specific areas of study (SP7).
- **Learning Climate:** Instances of learner mistreatment, including bullying, harassment, denial of resources and discriminatory comments, were encountered in fellowship programs. The VCE worked closely with the Fellowship Director to investigate and adjudicate these cases in line with the general processes developed under the oversight of the VCE. Fellows in difficulty were also supported by the VCE and Fellowship Director in collaboration with PGME and more recently with the implementation of the formalized ***Clinical Fellow in Difficulty Pathway***. This Pathway has served as a exemplar for development of similar processes in other departments at the U of T.
- **Fellowship Communities of Practice:** Fellows rarely have had opportunities to meet and interact with other fellows, even within the same division. Efforts were made to foster a sense of community and support among fellows. With the support of the VCE, the Director of Fellowship Programs has hosted an annual series of informal get-togethers of new fellows in the DoM, developed a formal orientation program for new fellows into the DoM, and appointed and publicized the positions of **Chief Fellows** to advocate for the interests and wellbeing of all fellows within the DoM. The aim is to foster the identity (and pride) of fellows as part of the University of Toronto DoM community.
- **COVID-Related Impacts:** The pandemic delayed credentialing from provincial and other governmental agencies. It has presented a major challenge for starting fellowship programs. The VCE and the Director of Fellowship Programs have been working closely with PGME and licensing agencies to expedite approval of credentials and assisting new fellows. Town halls were held to address concerns and provide individual support to fellows during the pandemic. .
- **Growth in New Fellowships:** A formal process for application of new fellowships was led by DoM faculty, resulted in an increase in the number of new fellowships. This ensured adherence with DoM fellowship standards and in turn led to development of a wide variety of new fellowships. These include citywide collaborations within divisions, among departments with leadership from DoM supervisors, e.g., Brain Health fellowships; collaborations to provide training in highly specialized areas such as the ORNGE fellowship to provide training in emergency pre-hospital care. There is planning for fellowship training in Aerospace Medicine. The DoM also continues to support current AFC fellowships (Interventional Cardiology, Electrophysiology) and the development of new AFC fellowships (Point of Care Ultrasound, Transplant Medicine). The DoM also continue to support **Subspecialty Examination Affiliate Program (SEAP)** fellowships in multiple divisions to allow from international fellows to train in DoM hospitals.
- **Funding Sources Study:** Given the wide disparity of funding sources, a committee chaired by Dr. Jaigobin with representation from DoM Fellowship Directors, supervisors, PGME and current trainees has been formed and is currently in progress to review current sources of funding, current processes for salary payment to determine if there are gaps in salary payment and benefits for fellows.

Competence by Design (CBD)

One of the biggest tasks facing the DoM has been the implementation of Competence by Design (CBD), an assessment program mandated by the Royal College for all residency programs in Canada that consists of direct observation of residents. CBD has been launched in cohorts, starting in 2018 and continue to roll out.

The VCE has overseen the work of the DoM Faculty Lead for CBD, **Dr. Heather McDonald-Blumer** (2019-2022) and a senior administrator, **Yasmine Ishmael**, who have worked with Program Directors, residents, and faculty to implement DoM-wide and program-specific CBD initiatives, including assessment documents, analytics, faculty development, and learner feedback. The specific roles of the VCE in these areas have been to identify and advocate for the substantial human and financial resources required to support this effort; to work with the Office of Postgraduate Medical Education (PGME) to align DoM implementation efforts with those of the University; and to assist the Faculty Leads in coordinating outreach efforts.

Despite the progress made in implementing Competence By Design in each of the 20 programs in the DoM, it nonetheless remains one of the greatest challenges facing the DoM. Even in a staged roll-out, with divisions implementing CBD in cohorts each year, its challenge to the Department in terms of human resources (faculty and administrative time), financial support, logistics, informatics, and coordination is daunting. Below are several of the major challenges and the DoM's responses:

Challenges:

- Resistance from both faculty and residents, which is not unique to the DoM but in fact common among programs nationwide. Within the DoM, much of this resistance lies in the design of the assessments. A fundamental element of the encounter-based assessments of CBD is the **Entrustable Professional Activities (EPAs)**. On each EPA, there is a binary function—entrustable/non-entrustable—that attests to the residents' ability to do a clinical task autonomously or under supervision. Although this function is meant to be only one element of formative feedback, and at least theoretically, it is assumed that entrustment comes with repetition, ongoing learning, and professional development, it has been widely regarded as a "thumbs-up/thumbs-down" summative activity, and consequently, residents react negatively to the designation of "non-entrustable" in a manner similar to that of failing an exam. In a similar mindset, faculty members are reluctant to provide honest feedback, including assigning the designation of "non-entrustable" to residents out of concern for retaliation via negative teaching evaluations. Consequently, approximately 92% of EPAs performed in the residency programs in the DoM are rated as "entrustable," which robs EPAs of any true evaluative function. Furthermore, an emphasis on the completion of EPAs at each stage of progression has contributed to a culture of "bean counting" that emphasizes compliance with accumulation of EPAs over feedback and documentation of performance in a meaningful and educationally authentic manner. Given that several DoM faculty members have internationally recognized expertise in assessment, the VCE has consistently advocated for engagement of these experts on a TFoM level in the design, implementation, enhancement, and scholarly study of this intervention. Major revisions in the EPAs under consideration by the DoM are also being discussed at the Royal College and among residency programs nationally.
- **Faculty and Administrative Time:** CBD is resource intensive. The DoM has provided 0.30 salary support for the DoM CBD Faculty Lead, and 1.0 FTE for the administrative lead. The DoM is also supporting 0.1 FTE between two faculty development leads, and 0.1 FTE for the Faculty Lead for analytics, and $3000 annual stipend for each of 36 Academic Advisors for the Internal Medicine Program.
- **Financial Support:** The DoM estimates the total costs of CBD to be in the range of $750K per year when all of the programs have implemented CBD (i.e., as of 2024). Although the DoM is committed to implementation of this nationwide initiative, the resources necessary to fully launch and maintain CDB comes at the expense of other important initiatives, such as support for individual residency programs, the Eliot Phillipson Clinician Scientist Training Program, and Medical Education Scholarship activities, including seed grants for educational projects, and innovation of new educational programs.
- **Logistics:** Administrative support (e.g., reminders to the residents to ask for observation and filling out of competency assessment and EPA forms, scheduling competency committee meetings, etc.) are being done by administrative staff for each site (Core Internal Medicine) or program coordinators in each division. The senior administrator for CBD will oversee collection, analysis and dissemination of data to faculty, competency committees, and learners.

- **Information Technology:** Efficient and accurate processing of large volumes of assessment data for the postgraduate learners in the DoM is likewise challenging. The data is individualized, organized, and user-friendly for learners, Academic Advisors, Competency Committees, and educational leadership, as well as capable of notifying both learners and faculty of incomplete observations or necessary remediation. Most critically, the information coming from dozens of separate observations by different faculty for one learner must be organized to facilitate meaningful summative assessment and feedback. A major achievement by the DoM in this area is the "Scorecard for EPA Completion" developed by the CBD Faculty Lead and administrator and delivered quarterly to each division. The Scorecard displays the number of EPAs completed by individual faculty members and the number of EPA requests by learners that go unanswered and provides evidence of the relative workload for CBD performed by individual clinician teachers.

Continuing Medical Education and Professional Development (CPD)

The VCE has overseen various aspects of CPD in the DoM, including the work of the Director for Continuing Education & Quality Improvement, Dr. Brian Wong. CPD in the DoM has four major streams:

- **City Wide Medical Grand Rounds (CWMGR):** Held monthly, CWMGR features speakers of interest to the wider DoM. It is organized under the supervision of the VCE with input and assistance from the Chair, other Vice Chairs, and Physicians-in-Chief. One of the main purposes of the CWMGR is to introduce impactful research by visiting scholars or faculty in the DoM and to showcase up-and-coming junior faculty and their research. It has featured endowed lectureships, including the Wightman-Beris Lecture (sponsored by Sinai Health and featuring a Gairdner Award Laureate), the F.M. Hill lectureship on Women's Health (sponsored by Women's College Hospital), and the Levinson Lecture, named after the former Chair of Medicine, Wendy Levinson, and featuring a senior faculty member who has a sustained impact on research, clinical care or education in the DoM. Starting in 2019, the DoM established the Annual Dr. Miriam Rossi Lectureship on Black Health named in honour of the prominent Black Canadian physician, Dr. Miriam Rossi. DoM faculty featured in CWMGR have included:
  - Dr. Marissa Joseph ("Dermatology & Black Skin: Diversity Differences and Disparities in Care"),
  - Dr. Daniel Drucker ("100 years of Innovation, the Insulin Story"),
  - Drs. Tara O'Brien, Sam Sabbah, and Robert Wu ("Reducing Hallway Medicine"),
  - Drs. Heather Mac Neill, Jason Liang and Ms. Katarina Nemethy ("Teaching in Synchronous Online Environments"), and
  - Dr. Kaveh Shojania (Reshaping Research Priorities to Match the Massive Crises We Face").
  - Notable external CWMGR speakers over the past 10 years have included Dr. Anthony Fauci (NIH), Dr. Fatima Cody (Harvard Medical School), Saleem Razack (McGill Univ), and Robert Watcher (Chair of Medicine, UCSF).

  At the end of each academic year, the DoM Chair, Gillian Hawker is invited to give a State of the Department address in which she discusses the accomplishments of the DoM over the past year and the directions and challenges facing the DoM and its faculty in the year ahead.

- **The Master Teacher Program (MTP):** Established in 2002, the MTP has played a foundational role in faculty development in the DoM. It has served as one of the main paths for Clinician Teachers in the Department to pursue advanced training in teaching, which is a requirement for a faculty appointment as a clinician teacher in the DoM. The MTP is a small group-based educational initiative of 16 faculty participants and is currently directed by two senior faculty educators, **Drs. Danny Panisko** and **Umberin Najeeb**. Each cohort meets one afternoon per week for 2 years. The first year incorporates and expands on the Stanford Faculty Development Center's Clinical Teaching Seminar series. Throughout the two years, the participants are introduced to a variety of topics, concepts, and theories relevant to teaching clinical medicine; gain practical experience in trying out different instructional approaches and develop skills at assessment, feedback, and communication. The second year of the program includes working on a scholarly project in an area that would benefit their professions as educators and acquiring skills that would advance their career development.

  In 2021, at the request of the VCE, the MTP underwent its first external review. The review was performed by Dr. Karen Leslie of the Department of Psychiatry, who was the immediate past Director of the U of T's Centre for Faculty Development. Through interviews with current and past participants in the MTP, and division and departmental leadership, the Review reported that the strength of the program included the "knowledgeable, passionate and energetic leadership" of Drs. Panisko and Najeeb; the importance of development of a community of education practice among the participants; and the content—including use of the Stanford model—as well as the length of the program. Recommendations from the review included the formation of an advisory committee to review the curriculum on a periodic basis; a rigorous evaluation strategy for the program and enhanced support for the directors. A more robust communication strategy and exploration of new funding sources for the MTP was also suggested. These issues are the subject of future plans.

  In an era of shrinking budgets and growing importance and popularity of the MTP, serious consideration is needed to understand how to tailor the program for increased capacity while preserving its unique and individual approaches to faculty development.

- **Division-Based CPD Activities:** These activities have traditionally been siloed in individual divisions and have been used for continuing professional development of faculty and physicians in the community. The VCE and Dr. Wong have been in discussions with individual divisions and with Dr. Susan Schneeweis, the Associate Dean for CPD in order to identify best practices, facilitate networking and address logistical and ethical (e.g., funding from Pharma) challenges in holding these events.

- **Quality and Innovation/Patient Safety/Continuing Professional Development:** Over the past 10 years, the DoM has developed a robust education program in Quality Improvement and Patient Safety, led by **Dr. Brian Wong**. Much of this work has been supervised by the DoM Vice Chair for Quality and Innovation and former CQuIPS Director, **Dr. Kaveh Shojania**. Funding and administrative support and oversight has come from both the VCE and VC Quality and Innovation portfolios. Although the 27 educational activities of this program involve postgraduate education in QI, a major innovative component of the program is Continuing Professional Development represented by the Faculty-Resident Co-Learning Curriculum. This Curriculum has expanded from 3 subspecialty programs in its first year (2011) to over 30 programs across 8 departments at the U of T and beyond. The program's success has resulted in publications in top academic medical journals, including Academic Medicine, the Journal of Graduate Medical Education, BMJ Quality & Safety and the Journal of Clinical Infectious Disease and have been presented to national and international audiences.

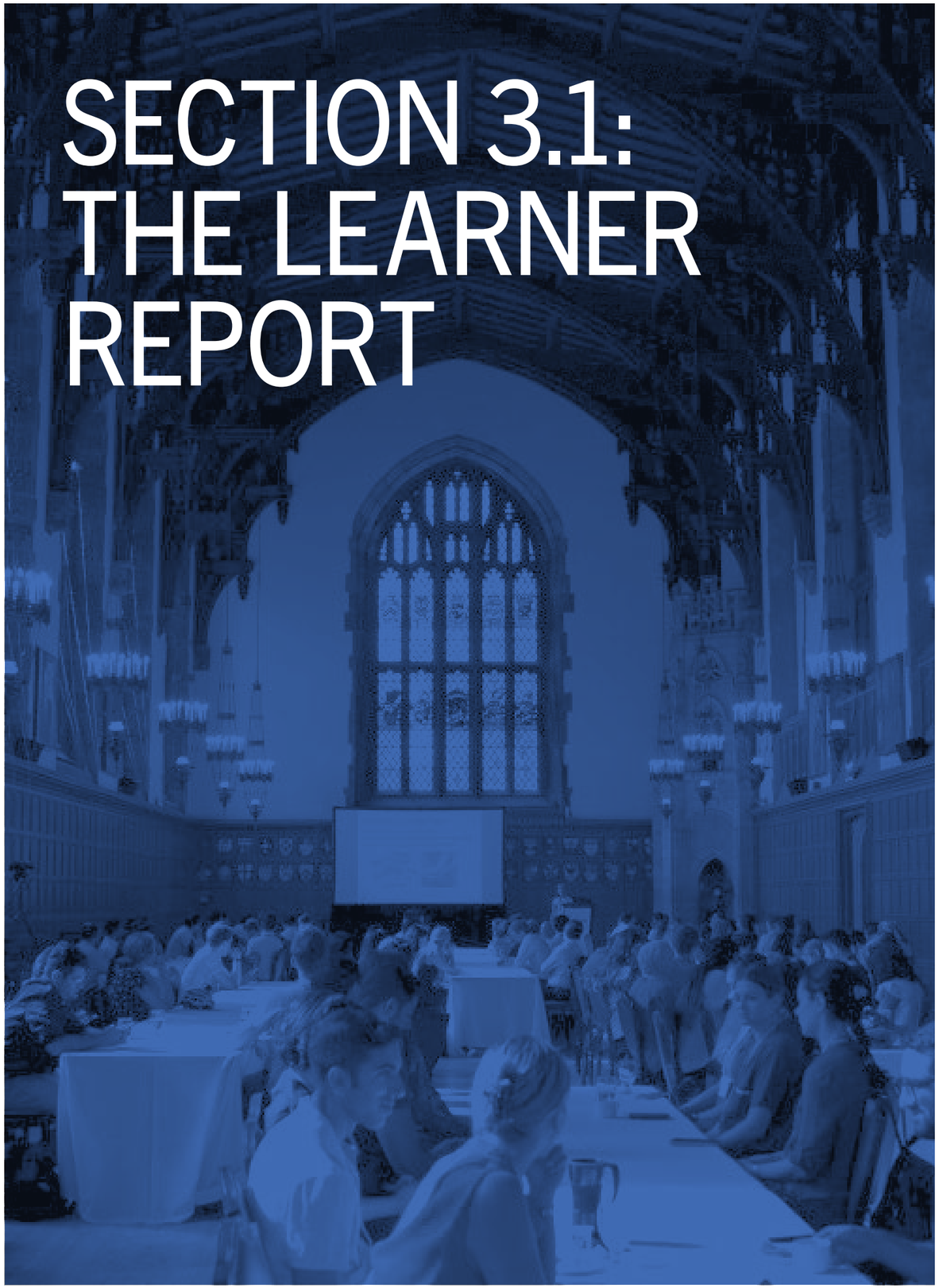
LOOKING FORWARD

The 2020-2024 Strategic Plans can be briefly summarized as follows:

1. Creation of an academic and clinical environment that fosters mutual respect, compassion, and inclusion;
2. Innovation in models of care and education that promotes a sustainable, person-centred healthcare system;
3. Sustain and amplify our international reputation in research, scholarship, education, and clinical care;
4. Engage in transformational change.

The Education Portfolio will continue to advance the Strategic Priorities of the Department of Medicine through the below initiatives:

1. **Fostering an Inclusive Environment.**
   - Continue to focus on addressing learner mistreatment, including expanding collaborations with TAHSN hospitals to align hospital, departmental and university policies to address learner mistreatment by patients and families.
   - Concentrate specifically on enhancing a climate of welcome and inclusion for learners and faculty from historically marginalized groups or international backgrounds.
   - Support and acknowledge clinician teachers by continuing to streamline promotions, enhancing the awards process for education, and promoting wellness in the learning environment.
   - Continue to expand efforts in equity, diversity, and inclusion (EDI) in PGME recruitment. This includes expanding the "lessons learned" and Guiding Principles from the development of the Black & Indigenous CaRMS Pathway in the Internal Medicine Program to all residency programs in the DoM.
2. **Innovation of models of education for sustainability and person-centred care.**
   - Examine and innovate teaching and learning through an EDI lens, including anti-oppression and anti-colonial curricula and teaching approaches and their application to medical education. Importantly, this is done in collaboration with learners, and in particular, learners who have lived experience as members of historically marginalized communities;
   - Application of social theory to enhance critical reflection and thinking of learners around health-related social issues;
   - Engage community members in the collaborative development of physician leaders who can help to meet population needs. Make this work a priority for fundraising efforts;
   - Re-innovate and re-imagine competence-based medical education (CMBE), including Competence-by-Design to foster authentic dialogues around teaching and learning;
   - Take innovations, enhancements, and "lessons learned" from the Royal College Accreditation process to improve education and the learning experience in all divisions of the DoM;
   - Encourage "fearless speech" against governing bodies (e.g., Royal College, Ministry of Health) when mandates do not fulfill learner, teacher or patient needs.
3. **Promote, sustain or amplify international reputation.**
   - Through MEds and similar education communities of mentorship and practice, continue to deepen bench strength in medical education research and scholarship;
   - In education, continue innovation through "idea mobilization," through the translation of rigorous educational theory and experimentation to practice;
   - Continue efforts to foster a reputation of patient, learner, staff, and faculty well-being and flourishing that rivals the DoM's international reputation in research and clinical care.
4. **Engage in Transformational Change.**
   - Continue to encourage—in the educational space and beyond—a critical examination of what it means to be a professional, a physician and a physician leader in areas that impact our society, communities, and the world;
   - Amplify models of care integration within training, e.g., through shared education with family medicine and psychiatry;
   - Engage in new technologies, e.g., AI, virtual and telemedicine, mobile and wearable tech, to enhance learning and patient care;
   - Engage new ways of knowing (e.g., Indigenous practices, community efforts, approaches learned from other fields) to address paramount global issues, such as climate change, increasing disparities in resource allocation, emerging pandemics, and increasing violence to adapt and expand Medicine's approaches to societal needs.



SECTION 3.1: THE LEARNER REPORT

OVERVIEW

From the perspective of the learners, we feel the Department of Medicine (DoM) provides a strong learning environment that is well-informed on current issues and needs of its learners. There is considerable effort to listen to the needs of learners and demonstrated action taken by the Department to address these concerns. Highlights include a strong focus on diversity, equity and inclusion, emphasis on teaching excellence and exposure to diverse population groups, significant investment into wellness, mentorship, and human resources support.

THE LEARNER CLIMATE

We, as learners, sense that there is a strong focus on diversity, equity, and inclusion within the Department of Medicine. One example is the presence of Vice-Chair, Culture, and Inclusion (currently held by Dr. Umberin Najeeb) which has led to additional support for faculty and learners. The Department has demonstrated fostering an inclusive workplace and valuing scholarship and work related to diversity and inclusion. There is also a recently developed Black and Indigenous Pathway for CaRMS interviews. This initiative seeks to recognize the impact of anti-Black racism and anti-Indigeneity, and how these forces have disproportionately impacted Black and Indigenous applicants to medicine. Dr. Christine Soong, the DoM's Faculty Lead in Equity, has also included learners in developing a DoM Equity Community of Practice. Also notable, there are subspecialty divisions, such as the Division of Rheumatology, that have division-specific Advocacy and Equity Working Groups with resident representation.

Within the Core Internal Medicine program, the Program Director Dr. Jeannette Goguen, has supported resident-led development of the Resident Interest Group in Social Advocacy (RIGSA). Through RIGSA, there have been curricular developments implemented in the Academic Half Day (AHD) curriculum for content related to diversity and inclusion, including an allyship workshop for PGY1s; PGY2 Black Health Day; and presentation by a patient partner in the PGY3 State of the Art Day. RIGSA has also created and developed "Guidelines for Inclusivity" through Women's College Hospital to guide teachers in making more inclusive teaching content; these guidelines have been disseminated across the Temerty Faculty of Medicine, Postgraduate Medical Education, and all Canadian Core Internal Medicine programs.

There is also an emphasis on teaching excellence and learning within the DoM. Learners consistently describe the presence of strong teachers as essential to their learning experiences both on general internal medicine and subspecialty rotations. The appointment of Dr. Martina Trinkaus as Faculty Lead – Valuing the Clinician Teacher has further enriched discussions regarding the critical role teachers play in resident education.

Further, there are also many human resources available to residents to support them in navigating challenges experienced in the learning environment. For example, each site has a site director, chief medical resident, and Resident Advisor (newly introduced role). These supports have led to considerable wellness support for learners. Residents can also approach the Office of Learner Affairs if requiring additional support with sensitive matters or if they prefer more anonymity compared with a site-based approach.

Mentorship opportunities are also available and accessible. Specifically, upon entering the Core Internal Medicine program, there is a Near-Peer Mentoring program for PGY1s. This program matches incoming PGY1s with more senior residents for guidance throughout their time in the program. Hospital sites also have local mentorship programs (i.e., matching faculty and learners based on communal areas of interest), as well as informal mentorship opportunities. There is an abundance of clinical faculty at the DoM which easily permits residents to informally seek out mentors in their field of interest.

Resident wellness is a priority for the Department, with clear actions demonstrated. There is a Wellness Committee within the Core Internal Medicine program with resident representatives and faculty lead (Dr. Rebecca Stovel). This committee has developed initiatives and resources related to resident wellness. Additionally, there is a recognition of the importance of everyday practices that tangibly promote resident wellness, such as ending the workday by 6PM whenever feasible, improving the vacation scheduling process, and consistent use of lieu days, to name a few. During program committee meetings, resident wellness has been a consistent focus. A notable example is that the program recently underwent a redesign of the CTU rotation based on resident feedback with an emphasis on eliminating 24H call for senior medical residents, integrating the ward and consult medicine rotations, and providing continuity of care for the benefit of patients and learners. The positive feedback to these changes has led our ICU rotations to pilot a similar model of avoiding 24H call. The feedback is also used to plan future improvements to the CTU rotation targeted at junior medical residents.

Communication remains a challenge, but significant improvement efforts are made. The size of the Core Internal Medicine program can lead to challenges in terms of communication. Specifically, it is sometimes difficult to determine what communication should be relayed on a local level versus more centrally from Core Medicine. Local communication for site-based issues is often easier to implement, given the longitudinal relationships between local leadership and learners. Recent site reviews consistently highlighted relationships between learners, CMRs, and site directors as a strength of the individual hospital sites. The learners note that multiple strategies have been employed by the program to help foster improved communication (i.e., faculty attendance at Academic Half Days). Resident feedback has also been obtained via a suggestion box, then reviewed by the Program Director. Action is regularly taken, and we have seen consistent improvements.

STRENGTHS, OPPORTUNITIES AND CHALLENGES

Strengths

One of the strengths of the DoM training program is the abundance and diversity of clinical experiences available to residents. For example, in the Core Internal Medicine program, residents can rotate through most medical specialties.

In the Rheumatology program, the entire PGY5 year is dedicated to subspecialty rotations. Additionally, the DoM is affiliated with several teaching hospitals, providing an abundance of clinical settings that residents can rotate through. Residents can learn from world-class experts who are at the forefront of their respective fields. We further highlight that the medicine program offers training for every Royal College Medicine subspeciality. The teaching sites often function as quaternary referral centres for the most complicated and specialised cases province-wide, offering learners exposure to rare and complex medical diagnoses. Further learners are taught, mentored, and coached by world class faculty who practice at the forefront of their field.

The DoM strives to ensure that every resident thrives and succeeds in their chosen fields and prepares them for their desired career paths. In addition to Academic Half Days, there are a variety of teaching rounds offered at each site, for both general internal medicine and subspecialty medicine programs. Often these opportunities include community partners and diversity by career stage and interest.

Opportunities

There are notable leadership development opportunities within the program. The primary opportunity is serving as the Resident Program Committee (RPC) representative or Chief Medical Resident (CMR) of a program. However, apart from which, formal opportunities for leadership development for learners in the DoM are limited. Mentorship is available and sought out by those interested but there is significant

room for growth in this regard. Specifically, the program has recently introduced a PG Leadership Certificate Program based on the LEADS in a Caring Environment Capabilities Framework and led by Dr. Anne Matlow, which provides longitudinal courses and mentorship meant to prepare learners for leadership roles in medicine.

Regarding resources for residents interested in pursuing research or further education during their training, there are a variety of formal training programs for interested trainees. Some trainees pursue Master's or Doctoral-level programs through various institutions at the University of Toronto (IHPME, IMS, OISE). Others pursue programs in teaching and education (Master Teacher Program, the Stepping Stones Program); training in Quality Improvement (Certificate for Quality Improvement and Patient Safety), or training in Global Health (Global Health Education Initiative).

From the learners' perspective, we see additional opportunities for education and the training program to grow. There remains a reasonably hierarchical approach to physician development that could be enhanced to actively engage and embrace learners in the physician environment.

Other potential partnerships or collaborations that the program could explore include working with the University of Toronto's Rotman School of Management, to further enhance the training experience. Currently a joint MD/MBA program for undergraduate medical students is available. However, there is no equivalent program for postgraduate learners. Similar combined training options could also be offered in Biomedical Communications, Education, and Public Health in conjunction with other existing postgraduate programs at U of T.

Further, opportunities exist to create systems that better prevent trainees from over-utilizing unplanned absences as this often affects the well-being of others. When gaps in call coverage arise due to unforeseen circumstances such as illness, the responsibility to find a replacement or to cover call often falls upon the CMR. Increases in backup resident activations, which have persisted even after the pandemic, have disproportionally exacerbated the overall call burden on residents without a clear solution plan. Specifically, call requirements vary depending on the training program and on the total number of residents within the program. In some subspecialty training programs, such as Rheumatology, multi-site call coverage is required. Some programs also have their call scheduled by the CMRs which can represent an additional administrative burden.

Challenges

The main challenges encountered during residency training arise from the size of the training program. Specifically, the large number of training centres equates to a large amount of training modules and registration requirements that residents need to fulfill. However, the program is piloting an effort to streamline this process between hospitals this year. Additionally, residents face a significant burden when it comes to fulfilling various administrative tasks, such as orientation to new hospitals and electronic medical records, completing teaching evaluations, EPAs (both requesting and completing them), commuting between hospital sites during a single call shift etc. These are examples of time requirements that residents struggle with.

Further, education about "real-life" tasks such as job search, billing, finances, etc. happens far too late in most residents' training and presents an opportunity for the DoM to introduce earlier into training. Time off and vacation scheduling can also be difficult due to timing (simultaneously on June 1) and due to the "first come, first served" approach, which can cause delays due to the volume of requests and the time required for review and approval. The program is piloting a new centralized vacation scheduling process this year to address some of these concerns.

The education-to-service ratio varies by training program. Inpatient services generally have higher service requirements. Outpatient services do not rely on resident coverage as much as inpatient services. During outpatient rotations, residents generally have a more balanced education-to-service ratio. Some training programs ensure that there is at least one-half day of protected time per week outside of Academic Half Day for residents to catch up on administrative duties. This is also reflective of life after residency.

By virtue of the large program sizes, resident funding for conferences and advanced training can sometimes be limited. Specifically, many advanced training programs require residents to pay out of their own pockets, which can be costly, sometimes amounting to thousands of dollars. As a result, residents may be less motivated to pursue further training. Per capita program funding for social events, retreats, and other similar things is low and could be improved to better support continuing education and career development.

Resources can vary between sites. For example, the availability and accessibility of point-of-care ultrasound (POCUS) devices vary greatly between the hospital sites and discourages consistent utilization of POCUS as a core part of the physical exam.

Pandemic-related modifications in educational activities such as reductions to Journal Clubs, morning rounds, lunchtime teaching, and bedside rounds were rolled back during the pandemic. These activities are starting to return post-pandemic.

SUMMARY CONCLUSION

Overall, the University of Toronto DoM training programs provide well-rounded and comprehensive residency training that prepares learners to excel in a variety of clinical roles. The Department is responsive to learners and invests in strategies aimed to meet evolving training needs. The DoM provides a balance of patient care, unparalleled depth and breadth of diagnoses, world class scholarly training, support and mentorship from faculty staff, and career coaching that aligns with each individual resident's career aspirations. Additionally, the DoM has made major strides advancing diversity and inclusion, learning climate, learner wellness, and being responsive to learner feedback that have modernized and strengthened an already excellent training program.

With Kind Regards,

Dr. Mobolaji Adeolu, FRCPC
PGY3, General Internal Medicine, University of Toronto
Mobolaji Adeolu is a PGY3 in Core Internal Medicine. He is planning to pursue subspecialty training in Medical Oncology. Special interests in pedagogy and mentorship.

Dr. Steven Wang, FRCPC
PGY5, Respirology, University of Toronto
Completed core internal medicine training and respirology at the University of Toronto, currently enrolled in Sleep Medicine Fellowship. Interests lie in quality improvement and integrating healthcare technology to improve access to healthcare resources.

Dr. Samik Doshi, FRCPC
PGY4, General Internal Medicine, University of Toronto.
Samik is a General Internal Medicine (GIM) physician at Mt. Sinai Hospital. He completed his core Internal Medicine training and subsequently his General Internal Medicine (GIM) fellowship at the University of Toronto. He served as the Chief Resident of the GIM fellowship program in the 2022-23 year. His interests include teaching, health systems, and physician leadership.

Dr. Alan Zhou, FRCPC
PGY4, Rheumatology, University of Toronto
Alan is a PGY4 Rheumatology resident and the current Chief Rheumatology resident at the University of Toronto. He has an interest in addressing the health disparities that patients of diverse backgrounds face within rheumatology using a quality improvement lens.

Dr. Nikita Kiran-Singh, FRCPC
PGY5, Critical Care, University of Toronto
A PGY-5, Critical Care resident in Toronto, she completed Core Internal Medicine training in Toronto and her Chief Medical Residency year at Toronto Western Hospital. She loves exploring the intersections between medicine, the arts, medical education, and social advocacy.

SECTION 4: RESEARCH & SCHOLARSHIP

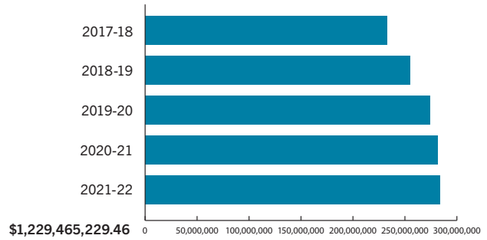
OVERVIEW

The Department of Medicine (DoM) at the University of Toronto (U of T) is recognized both nationally and internationally as a significant centre of research, with notable discoveries and innovations spanning the full spectrum of biomedical investigation. Research in the DoM is conducted citywide; on the U of T campus in the Medical Sciences Building (MSB), at the research institutes of our fully affiliated hospitals and at the hospitals themselves. At present, there are 208 clinician scientists (75-90% research, 10-25% clinical) and 212 clinician investigators (50% research, 50% clinical) in the DoM. Faculty members across all other position descriptions, alongside our trainees and fellows, are also vital contributors to our scholarship.

DoM faculty members are internationally renowned for numerous key research platforms. Our faculty collaborate extensively with universities across Canada, the United States and internationally.

Over a five year period from 2017-2022, DoM faculty held $1.23B in funded research across our university wide enterprise. These figures include funds held both on-campus and at our affiliated hospitals and have increased year over year, from $195M in 2017-18 to $274M in 2021-22 (the last complete data year). This funding represents more than 13,100 individual awards, including 22 Canada Research Chairs.

Figure 4.1: DoM Research Funding



Sponsor Type	SUM OF AWARDS 2017-18	2018-19	2019-20	2020-21	2021-22	Total
Government, Other	$16,389,036.70	$28,981,433.15	$18,614,094.94	$16,612,827.21	$26,904,197.50	$107,501,589.50
Not-for-Profit Sector	$83,920,100.65	$95,031,305.21	$115,052,878.71	$113,859,419.22	$116,314,042.64	$524,177,746.43
Private Sector	$58,383,508.90	$65,475,343.18	$80,168,421.75	$70,551,211.57	$82,558,877.74	$357,137,363.14
Tri-Agency	$36,120,760.45	$40,372,816.15	$45,526,801.44	$69,977,968.10	$48,650,184.25	$240,648,530.39
Total	**$194,813,406.70**	**$229,860,897.69**	**$259,362,196.84**	**$271,001,426.10**	**$274,427,302.13**	**$1,229,465,229.46**

Research productivity measured by publications for the years 2018-2023 is summarized for the DoM below.

	2017	2018	2019	2020	2021	2022	Overall
Scholarly Output (all publication types)	3140	3140	3497	3730	3979	3762	21468
Researchers	631	631	672	668	691	681	827
Citations	153596	153596	96107	89173	46325	11161	525497
Field-Weighted Citation Impact	2.81	2.81	2.5	2.26	2.45	2.27	2.47
Outputs in Top Citation Percentiles (top 10%, field-weighted)	24.1	24.1	21.7	20.4	20.3	18.4	21
Publications in Top Journal Percentiles (top 10% by CiteScore Percentile)	53.2	53.2	46.6	46.7	45.9	43.3	47.2
Citations per Publication	48.9	48.9	27.5	23.9	11.6	3	24.5
International Collaboration (%)	48.4	48.4	52.2	50.6	51.7	53.4	51.1
Academic-Corporate Collaboration (%)	7.9	7.9	8.6	7.8	8.6	9.1	8.2
Citing-Patents Count (patent office: All Patent Offices)	637	637	124	69	2	-	1066

Data generated using Scopus for the reporting period of 2017-2022, as provided by the Vice Dean of Research Office, indicates that the DoM produced 32% of all U of T scholarly outputs in the health sciences. This productivity was achieved despite the world COVID-19 pandemic (2020-2023). Notably, when comparing to other institutions, such as Harvard, some numbers report entire outputs in medical research and not just their respective departments of medicine. Previously reported scholarly outputs for 2014-2018 (using data generated by web of science), placed the DoM as producing 44% of all U of T's scholarly outputs in the health sciences (page 68, 2018 Self Study Report). Since 2014, the Department of Medicine has been responsible for approximately 38% of all U of T's scholarly outputs in the health sciences. In 2023, the scientific journal Nature ranked the University of Toronto as the second most prolific academic health sciences research institution in the world. As reported by the Globe and Mail on July 31, 2023, the category was added this year to the Nature Index, which tracks research publishing, and tallied the contributions of institutions to 60 highly acclaimed medical journals.
U of T's ranking was second only to that of Harvard University, and superior to numerous other prestigious schools, such as Johns Hopkins University, Yale University and the University of Oxford. More on these Rankings is reported by Nature and the Globe and Mail (Appendix A).

GOVERNANCE

The Vice Chair Research oversees all research initiatives in the DoM, and promotes equity, diversity and inclusion within research and training programs. The Vice Chair works with leadership at the Department, Faculty, and Hospital-levels and advocates for the needs of our researchers including protected research time, infrastructure and resources. The Vice Chair promotes increased collaboration between the Temerty Faculty of Medicine (TFoM) and the hospital research institutes, and advocates for increased and sustained financial support from foundations and funding councils. The role also chairs the DoM Research Committee and sits on numerous sub-committees, review panels, and search committees.

Entity	Scholarly Output	Citation Count	Citations per Publication	Cited Publications (%)	Field-Weighted Citation Impact
University of Toronto	67,285	1,395,067	20.7	84.7	2.02
Department of Medicine	21,477	603,471	28.1	87.3	2.48
McGill University	25,763	547,284	21.2	85.8	1.98
University of British Columbia	30,388	623,222	20.5	85.5	1.98
Karolinska Institutet	36,090	831,712	23	88.9	2.1
University of California at San Francisco	45,730	1,007,863	22	85.3	2.16
University College London	47,104	1,256,197	26.7	87.3	2.54
Johns Hopkins University	63,416	1,418,751	22.4	86.3	2.15
Harvard University	132,626	3,016,409	22.7	85.4	2.21

Dr. Michael Farkouh (left) and Dr. Jane Batt (right)

Vice Chair of Research

Dr. Jane Batt

Dr. Jane Batt was appointed Vice Chair Research effective June 1, 2023. Dr. Batt is an associate professor and clinician scientist within the Department of Medicine at the University of Toronto. They are a staff respirologist at the Keenan Research Centre for Biomedical Sciences, St. Michael's Hospital – Unity Health Toronto and have a cross appointment to the Interdepartmental Division of Critical Care. She is an internationally recognized researcher and runs a program aimed at delineating the cellular and molecular regulation of skeletal muscle mass and dysfunction in critical illness and trauma. She has served as Chair of the Division of Respirology Research Advisory Committee, Chair of the Ontario Thoracic Society, Medical Director of St. Michael's Hospital's Tuberculosis program, has chaired or served on multiple national and international research grant and award peer review committees and is guest editor of Frontiers in Physiology.

Dr. Michael Farkouh

Dr. Farkouh served as Vice Chair Research from December 2015 to February 2023, departing for a new role as Associate Dean Research and Clinical Trials at Cedars-Sinai. In partnership with his role as Vice Chair of Research, he is a full progressor and clinician scientist. His area of specialty is cardiology and he served as the Director of the Heart & Stroke Richard Lewar Centre of Excellence in Cardiovascular Research. He also held the Peter Munk Chair in Multinational Clinical Trials at the Peter Munk Cardiac Centre, University Health Network where he directed the Cardiovascular Clinical Trials and Translation Unit.

As Vice-Chair, Dr. Farkouh led the establishment of our "Network of Networks" – city-wide, interdisciplinary research teams that signify the best that the University of Toronto has to offer in science. He oversaw our diverse research program with over 400 clinician-scientists and clinician-investigators, and over $182 million in annual research funding. He led the recruitment of numerous endowed research chairs and represented our department at numerous tables locally and nationally. Throughout his tenure, Dr. Farkouh personally mentored numerous residents and fellows and was an inspiration and steadfast supporter of our Clinician Scientist trainees.

Administration and Committees

Research activities in the DoM are overseen by a comprehensive Research Committee comprising senior, mid-career and early-career investigators. Members are sited across our hospital research institutes and 20 DoM divisions. The Committee meets quarterly, with additional sub-group meetings occurring when required. For the duration of the COVID-19 pandemic, these meetings were moved to an intermittent schedule in response to increased faculty burnout rates. Dr. Farkouh maintained regular contact with members of the research committee to ensure their views were incorporated into Departmental activities.

In 2015, each department division was tasked with appointing a research lead to serve on the DoM Research Committee. For smaller divisions, this representation may come from their division director. In 2023 the DoM created a dedicated Divisional Research Committee consisting of these divisional research leads, with a focus on day-to-day departmental businesses and ensuring that opportunities and initiatives are shared broadly among our extensive community of researchers and research-trainees.

Under the leadership of Dr. Jane Batt, we will be reviewing our committee structure and Terms of Reference, with the intention of re-commencing regular meetings to address needs, opportunities and other areas of strategic importance in the department's research portfolio.

Department of Medicine, External Review 2018

Recommendations from the DoM 2018 External review are articulated below. Actions taken to address these recommendations are explained in the Chair's report.

- Recommendation 10: The department should work with relevant stakeholders to ensure that Clinician Investigators are receiving appropriate support for their research at all sites.
- Recommendation 11: The department could be more proactive in ensuring clinical placements for trainees in the clinician scientist program.
- Recommendation 12: Efforts should continue to be made to recruit more women into the CSTP.
- Recommendation 13: The department and the associated institutions should consider making a commitment of a faculty position to clinician scientist trainees while they are still in the program, especially when they have fulfilled all of the milestones that were set for them.
- Recommendation 14: Attention needs to be given to the pipeline of basic clinician scientists and configurations that allow continuous exposure to research during the core residency, such as a hemi-doc program, should be considered.
- Recommendation 15: Harmonization of ethics and contracts between sites remains an issue. While the former is about to be fixed, the latter needs to be addressed expeditiously.
- Recommendation 16: Efforts to develop relationships similar to that with computer science with other basic science departments on campus should be considered.
- Recommendation 17: Contributions to mentorship should be recognized as part of the promotions package at the level of the faculty.
- Recommendation 18: Consideration should be given to make sure that junior scientific faculty have mentors outside their own division or even department, in addition to mentors in their own divisions.
- Recommendation 19: The DOM should consider a reverse mentorship program for senior faculty by junior faculty.

The December 2019 external review of the DoM undertaken by Dr. Katrina Armstrong, Harvard Medical School, and Dr. Graydon Meneilly, University of British Columbia, noted a number of strengths in our research portfolio while making two key recommendations: "Enhance efforts to ensure the pipeline of basic clinician scientists and gender diversity in Clinician Scientist Training Program (CSTP)"; and "Continue current efforts towards equity, diversity, and inclusion and track the results".

While efforts to address career pathways for clinician scientists focusing on basic science is an ongoing concern with complicated externalities, we can show great progress in the gender diversity of trainees in our CSTP. In 2018-19, only 6 of 20 total applicants were women; in the three years since, 19 of 33 total applicants have been women, and they have represented more than half of those awarded the prestigious Eliot Phillipson Scholar designation and associated funding.

To further explore our commitment to EDI in research, the DoM contracted Dr. Imogen Coe in the summer of 2021 to conduct a review of the research portfolio with an emphasis on EDI and inclusive excellence. The opportunity to provide input was advertised widely across the department and Dr. Coe conducted more than 20 hours of interviews with members of the department. While efforts to address issues of equity, diversity and inclusion were already a key plank

of the department's strategic plan, the recommendations of the external review prompted the department to redesign our longstanding Clinician Scientist Merit program to a new Clinician Scientist Salary Support program. The redesign aimed to ensure that our limited departmental resources are utilized in such a way as to maximize impact on CS faculty members' career trajectories and success, rather than awarding prior success. The application process added new questions that allow applicants to outline career interruptions (such as for family care) and other obstacles they may have faced or continue to face in their careers. Further details about these changes are outlined below with our ongoing programs and initiatives.

Response to the COVID-19 Pandemic

The COVID-19 pandemic had an immeasurable impact on research in the Department of Medicine. For many of our researchers it accounted for a substantial interruption in their ongoing research programs, and the ability of researchers to sustain or to pivot their research varied tremendously depending on the specifics of their programs, the nature of their collaborations, changes or increases in clinical duties, and other factors.

While we would not characterize anything that resulted from the pandemic as a 'positive', we acknowledge that for some researchers the pandemic created new opportunities and a change in the research landscape. The Department of Medicine quickly launched a call for COVID-19 related research and awarded over $100K to five groups of DoM researchers within three months of the start of the pandemic. Another six awards were granted to DoM researchers as part of U of T's "Toronto COVID-19 Action Fund", and our faculty took advantage of numerous other COVID-19 specific 'rapid-response' research funding calls.

Among the many research contributions that our faculty made to confront the pandemic, a team of researchers including Drs. Rulan Parekh, Angela Cheung, Shahid Husain and Claudia dos Santos received $1.5M by the Canada Foundation for Innovation's (CFI) Exceptional Opportunities Fund to establish the UT COVID-19 Biobank, integrating existing COVID-19 biobanks across Toronto. This supported the collection of more than half a million samples of biologic data collected from more than 57,000 Canadians, including patients with COVID-19, family members, health-care professionals and controls. These samples have been collected in 72 U of T-led studies. Other contributions include DoM researchers working to create an interactive tool to help hospitals estimate their capacity to manage new cases of COVID-19; research looking at the popular antiviral drug remdesivir, documenting a rare case of bradycardia in a male COVID-19 patient shortly after he received the medication; an international trial lead by DoM faculty that tested and confirmed that heparin (an anticoagulant that helps prevent the formation of blood clots) could neutralize the effects of COVID-19, before patients were admitted to the intensive care unit (ICU); and many other important discoveries.

The Department of Medicine is immensely proud of how quickly our researchers mobilized to contribute to new knowledge and strategies to confront this deadly pandemic.

Ongoing Research Faculty Programs and Support

Clinician Scientist Start-up Fund

Early-career Clinician Scientists appointed at the rank of assistant professor, as well as those recruited at the rank of associate or full professor, are supported at the level of $40K per year for their first five years on faculty provided they do not hold a career investigator award. To encourage early career investigators to pursue external awards, the department issues a bonus of $10K/year for the duration of any external support. The start-up program has supported 49 DoM clinician scientists in total since its inception, and with 23 current start-up recipients receiving full or bonus funding it represents an annual contribution of approximately $650,000.

Clinician Scientist Salary Support Program (previously CS Merit Program)

The Clinician Scientist Merit Program was established in 2012 in response to reduced opportunities for external salary support for physician scientists. Each year of the program, 10 – 15 CSs were awarded 3-year funding worth $40K/year. Researchers were eligible to apply if they were not supported by CS start-up, and did not hold external salary support such as a career award or endowed chair. Applications were reviewed by the Merit Review Committee, comprised of senior scientists across the DoM, and though the process was open and transparent there was always considerable debate about how to define 'merit'.

In late 2021, after an EDI-focussed external review, the department began the process of building a new program that would recognize that the challenges facing our various CS faculty in their research career trajectories are not consistent. There exists considerable variability with respect to access to financial support, philanthropy, and social capital, and field-related journal impact factors and citation practices, in addition to the impact of unconscious and conscious biases. In academic medicine there is further variability in clinical support, e.g., availability of nursing and allied health, access to clinical space, and earnings.

In reflecting on external efforts to re-align the assessment of research, including the San Francisco Declaration on Research Assessment (DORA), and the Leiden Manifesto for Research Metrics, the DoM designed the CS Salary Support program to promote a model of "research excellence" that would consider traditional research metrics in combination with qualitative, expert assessment regarding the individual's expertise, experience, activities, and influence or impact on their field. To that end a new adjudication rubric (Appendix A) was developed and posted publicly, to implement a review process that ensures our limited departmental resources are utilized in such a way as to maximize impact on CS faculty members' career trajectories and success. The application process now asks that in addition to outlining research activities and productivity, applicants must outline the value of this funding to their research success and career trajectory, and also invites them to outline perceived obstacles to career advancement and career interruptions. The end result is a program that does not award prior success, but rather addresses need and impact.

The inaugural CS salary support review commenced in 2022 with a town-hall to discuss the rationale for the changes and was met with very positive feedback from across the spectrum of researchers in the DoM. We are currently in the process of adjudicating our second set of applicants, with results to be announced over the summer of 2023.

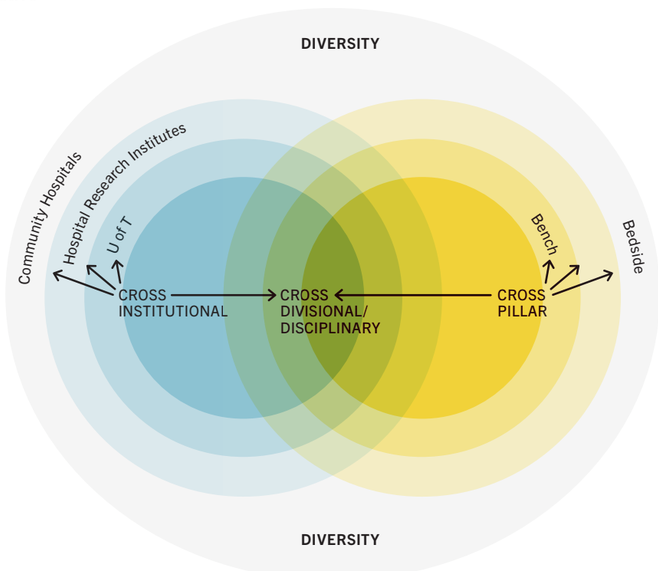
DoM Network Grant

In 2018, the DoM identified funds for the creation of a new Network Grant to provide support to novel network proposals that invigorate and promote collaboration not only across research institutes and pillars of research, but also across the health disciplines and divisions. This model was informed by the ground-breaking Toronto Dementia Research Alliance that was created under the visionary leadership of Dr. Sandra Black from the Division of Neurology. We term this the XYZ/D Initiative (see figure 4.2: XYZ Initiative)

With this model, we have been able to create collaborative research networks that promote cross-university multidisciplinary research and create platforms for competitive federal funding. Network grant competitions were run in 2019 and 2021 supporting six networks with $300K in total funding support. Research faculty are motivated by the extensive breadth of research, not just within the department, but across the Temerty Faculty of Medicine and have established numerous networks to extend the reach of their work and identify new and novel collaborations.

There are many nascent networks currently being developed, including networks focussed on: care transitions from pediatric to adult medicine for complex conditions, autoimmune/immune-mediated diseases, medical genetics, physical activity, and inflammatory bowel disease.

Figure 4.2: XYZ Initiative



Networks that have been established in the Department of Medicine include:

- TARRN. The Toronto Antimicrobial Resistance Research Network responded to the World Health Organization's declaration of an urgent public health threat from antimicrobial resistance. This complex multi-sectorial problem can be solved only through innovative multidisciplinary research collaboration. The TARRN harnesses the talent and expertise that exists across the University to tackle important issues such as skin testing to optimize antimicrobial use and antimicrobial de-escalation when appropriate.
- The General Medicine Inpatient Initiative (GEMINI). This initiative was created through a consortium of seven hospitals across the University to address the administrative data for patients with chronic disease who were admitted to general medicine wards. This initiative aims to improve scientific understanding and improve care by describing variations and processes of patient care outcomes and costs at the patient and hospital level.
- Critical Care Network. This network features an interdisciplinary approach to understanding the life cycle of survivors of intensive care unit admissions.
- Educational Research Network. This network is novel and unique to U of T since it combines the expertise and educational research from network centres across the city. The group has evaluated competency-based education as it has been introduced into our department.
- The HIV Network. The goal of the HIV Network is to improve the health and lives of people living with and at risk of HIV by generating new evidence and using these findings to drive changes in practice.
- CARDIA. This network examines the cardiac assessment of rheumatic disease and inflammatory arthritis. The network combines three of our institutions and a multidisciplinary clinic to evaluate cardiovascular risk in patients with inflammatory arthritis and, particularly, rheumatoid arthritis.
- Infectious Global Health Threats. This network has a focus on human migration, international air travel and the globalization of newly emerging and re-emerging infectious diseases.
- Medical Oncology/Personalized Medicine. The precision medicine oncology program is a multidisciplinary and multi-institutional program. It aims at improving the prevention, early recognition and management of systemic toxicity from cancer treatment. There is a special emphasis on breast cancer.
- Stroke Network. Through collaboration, education and innovation, the Stroke Network aims to collaborate with all major stakeholders within U of T to ensure leadership in cutting-edge research and quality stroke care to improve the outcomes and experiences of persons with stroke and their families.
- Heartful Collaborative. Heartfull provides regionally organized, collaborative home-based care near the end of life for patients with Heart Failure (HF) while continuing to build palliative care capacity. Researchers associated with this initiative from the Divisions of Cardiology, General Internal Medicine and Palliative Medicine are studying a cohort of hospitalized patients who survived to discharge with an exacerbation of HF and an estimated 1-year mortality of >50%. The research network aims to improve access to high-quality end of life care for patients with advanced heart failure so that the right patient gets the right care at the right time.
- Network to Extend Well-being and Life after Transplant (NEW Life) – Secondary Survivorship in Solid Organ Transplant Recipients who Develop Cancer. Established in June 2019, their goal is to improve long-term quality and quantity of life for Solid Organ Transplant Recipients (SOTR) and to bring it to the level of the healthy general population. The network is uniquely positioned to perform transformational research and improve transplant care, as Toronto performs the largest number of SOTs annually (> 700 in 2020) in North America.
- LiverCareNetwork. This network focuses on data arising from the GEMINI cohort, to measure current quality markers in liver disease management, and drive the development of a quality intervention (care pathways and checklists for patients admitted with specific liver disease complications).
- Novo Nordisk Network for Healthy Populations. Established with a generous $40M investment by Novo Nordisk and the University of Toronto, the network is a partnership between the Temerty Faculty of Medicine, the Dalla Lana School of Public Health and University of Toronto Mississauga, focusing on interdisciplinary collaboration to accelerate on-the-ground diabetes research, education and outreach. The inaugural director is DoM faculty member Dr. Lorraine Lipscombe, and the network has supported other DoM faculty including a new endowed chair for Dr. Baiju Shah, and grant support for Dr. Calvin Ke.

Oversight of Endowed Chairs

There are currently 20 endowed chairs in the DoM held by our faculty, and a further 9 chairs in the Temerty Faculty of Medicine that are currently held by DoM faculty. Additionally, there are approximately 20 hospital-based chairs held by DoM faculty, and 22 Canada Research Chairs (10 Tier 1).

While a few of the Endowed Chairs are tied to leadership roles, the vast majority support research endeavours. In the DoM these include the Heart and Stroke Polo Chair, the Rose Chair in Palliative Care, the Hunt and Trimmer Chairs in Geriatric Medicine, the Ontario HIV Treatment Network Chair in Infectious Diseases and HIV, and several others. The Vice Chair, Research, is responsible for the five-year and end-of-term reviews of the chairs as well as the Search Committee for subsequent incumbents. The Vice Chair Research also sits on the search committees as the DoM representative for Hospital-based endowed chairs that require University of Toronto-approval for new and incumbent recipients.

While these funding competitions are organized, adjudicated and awarded by the chair holder, the Vice Chair, Research portfolio creates award records, administers the funding, and prepares reporting that aids in donor stewardship.

Internal Grant Competitions

In addition to the DoM Network grants and various endowed chair seed grants named above, the Research portfolio also runs or supports a number of smaller internal grant competitions such as the Elizabeth Reid and Marilyn Hernandez Grant in Immune-Mediated Peripheral Neuropathy Research, the Medical Oncology Strategic Planning Innovation Fund, and the GIPPEC grant for Collaborative Research. Since 2018 these internal grants, including the Network grants and Endowed Chair seed grants, have provided approximately $2M in funding to DoM researchers.

Several of the chair holders in the DoM opt to use additional funds connected with their held chair to provide seed funding for other researchers in their division. Examples include the Heart and Stroke Foundation/U of T Polo Chair in Cardiology Young Investigator Award, the Respirology Pettit Block Term Grant and the Yeo Chair in Benign Hematology seed grant competition. Award amounts range from $9 thousand to $20 thousand for a one-to-two-year term grant. These internal grant competitions are a valuable source of seed funding for junior and mid-career researchers and promote collaboration and innovation.

Medical Sciences Building (MSB) Oversight Committee

The DoM has 10 laboratories in the MSB on campus and is responsible for their oversight and management. The building has gone through a number of significant renovations to laboratories occurred to make them comply with advanced regulations. There is centralization of glass washing, autoclaving and freezer farms to support Departmentwide, faculty-wide collaboration. In 2025 the MSB will undergo a massive extension, replacing the west wing with a new James and Louise Temerty Building.

Ongoing Research Trainee Programs and Support

Eliot Phillipson Clinician Scientist Training Program

For nearly 30 years, the department's Clinician Scientist Training Programs has been supporting clinical trainees to pursue graduate research training at the University of Toronto. To date the program has trained more than l00 individuals; approximately 80 percent go on to assume academic research positions as clinician scientists or clinician investigators, primarily in Canada.

In 2021, Dr. Robert Chen stepped down after 12 years as Director of the Clinician Scientist Training Program. After a formal search, Dr. Mamatha Bhat, a staff Hepatologist and clinician-scientist at UHN's Multi Organ Transplant Program, was announced as the new Director.

The program supports trainees with a stipend of $75K/year (plus tuition expenses), that is comprised of operating funds, internal scholarships, and external scholarships that the trainees are expected to pursue. The calibre of the trainees selected to be part of the CSTP is demonstrated by the number of prestigious scholarships and grants awarded to them, including CIHR fellowships and Vanier awards. Between 2018-2022, CSTP trainees received external funding worth $2.45M, in addition to $1.63M in internally adjudicated scholarships and fellowships. While CSTP trainees enter and depart the program based on the timelines and needs of their respective graduate and research programs, this funding, together with DoM operating funds, supported 40 different trainees during this period.

The CSTP is designed specifically for individuals interested in academic careers in clinical, translational and/or basic science research. To maintain a robust pipeline of future academicians, these programs are essential. However, budgetary restrictions have limited the DoM's ability to support all promising candidates. We have averaged a cohort size of 17 funded trainees per year over the past 5 years, but with an average of l0 new applicants each year, we can typically only extend a funding guarantee to 4 new trainees each year. Application numbers have been consistent year over year, and while we cannot fund all applicants, we do include them in program activities and share other internal and external funding opportunities as they arise. Expansion of the program will depend in part on donor recruitment and development.

We have made efforts to increase the number of women in the program; over the past three years, 19 of 33 applicants have been women, with 8 provided a funding guarantee (alongside 7 men). Keeping these programs in place is a major DoM priority. Over 50 of our current 200+ Clinician Scientists went through the CSTP program (in addition to 10 Clinician Investigators and 3 Clinicians in Quality Improvement), and we recruit approximately 75% of CSTP graduates to our faculty, while others have gone on to academic positions in other Canadian and US medical centres. In the past 5 years the program has had representation from 15 of our 20 DoM divisions. We engage in outreach with all divisions to encourage their participation and to help identify potential applicants.

The Clinician Scientist Training Program (CSTP) typically organizes quarterly meetings to review the work of fellow Phillipson Scholars and various 'fireside chats' on topics ranging from grant writing to the transition from trainee to independent researcher. These activities were disrupted by the pandemic, and many trainees took on additional clinical duties at the height of the pandemic, delaying or interrupting their own research work.

Over the past five years, a noticeable decline has occurred in the number of applicants pursuing the careers in research in the basic sciences; most applicants pursue training in clinical epidemiology and health services research. Under the leadership of Dr. Bhat, the program is commencing a review to better understand the reasons for this change, and to develop strategies that will entice talented researchers with basic science training to consider careers as Clinician Scientists.

The CSTP program helps to identify future clinician scientists and provide them with mentorship and continual research opportunities as their clinical training progresses. It is thus important that we identify these trainees as early as possible. During the PGY1 and PGY4 orientations, the Vice Chair Research meets with new trainees to introduce them to the full range of programs designed to promote opportunities for research during residency, but we increasingly recognize that this outreach must begin much earlier and are developing plans to provide outreach to undergraduate and MD students.

Trainee Scholarships and Research Awards

The department administers a number of graduate trainee awards. This includes smaller project-focussed awards such as the Brian Morrison Graduate Memorial Award in Palliative Medicine or the Jay Keystone Global Health Award, as well as awards to support stipends of both clinician scientist trainees and non-MD researchers supervised by DoM faculty. The main source of this additional stipend support is the Queen Elizabeth II Graduate Scholarships in Science and Technology. Designed to encourage excellence in graduate studies in science and technology, this program is supported through funds provided by the Province of Ontario and the private sector. The Vice Chair, Research, and members of the DoM Research Committee review and approve the applications. These awards are used to offset the cost of student stipends to their supervisors. There are four different types of QEIIs adjudicated in the DoM; approximately 15–20 awards are given out each year, depending on available funds.

Internal Medicine Research Proposal Scholarly Activity Committee

Scholarly activity in residency programs is mandated by the Royal College of Physicians and Surgeons of Canada. Each resident is required to complete a research project, normally distributed over one or two research blocks, supervised by a faculty member. Our committee reviews the proposals for originality, feasibility and relevance to the field of study. Supervisors are required to complete resident assessments and provide the resources necessary for successful completion of the project. For the past two years senior trainees (3+ years) in the Clinician Scientist Training Program have been invited to serve on this review committee to gain valuable experience as reviewers

AWARDS & HONOURS

The Vice Chair Research, together with staff and faculty in the DoM and partners at the Temerty Faculty of Medicine, U of T Office of the Vice-President Research and Innovation, and hospital research institutes collaborate on research award nominations at the local, national and international levels.

Several notable awards and recognitions were received by DOM faculty members in the last five years.

Gairdner Foundation

- Frances Shepherd, Canada Gairdner Wightman Award (2018)
- Daniel Drucker, Canada Gairdner International Award (2021)

Order of Canada

- Andreas Laupacis, Officer of the Order of Canada (2022)
- Sharon Straus, Member of the Order of Canada (2021)
- Heather Ross, Member of the Order of Canada (2020)
- Susan George, Member of the Order of Canada (2020)
- Bernard Zinman, Officer of the Order of Canada (2019)
- Arthur Slutsky, Member of the Order of Canada (2018)
- Allen Detsky, Member of the Order of Canada (2018)
- Peter St George-Hyslop, Officer of the Order of Canada (2018)

Governor General of Canada

- Kamran Khan, Governor General's Innovation Award (2018)

This award celebrates excellence in innovation across all sectors of Canadian society, inspires Canadians, particularly youth, to be entrepreneurial innovators and fosters an active culture of innovation that has a meaningful impact on our lives.

University of Toronto – President's Impact Awards

- Ontario COVID-19 Science Advisory Table Leadership (2023) (including DoM faculty Peter Jüni, Fahad Razak, Paula Rochon, Nathan Stall, Andrew Morris)
- Donald Redelmeier (2022)
- Stephen Hwang (2020)
- Kamran Khan (2019)
- Andreas Laupacis (2018)

The President's Impact Award recognizes and celebrates U of T faculty members whose research has had a significant impact beyond academia. With only 5 awards issued annually across all faculties of the University of Toronto, DoM researchers have been particularly well recognized for their important contributions.

Awards Processes and Nomination Strategy

In 2016, the DoM's Research Awards Committee was established to determine how to better encourage and recognize meritorious scientists with external awards. The Committee is comprised of DoM scientists, many of whom have received international research awards, and Chairs of the DoM Promotions Committee and Toronto Academic Health Science Network Research (TAHSN-R) Committee.

The primary responsibility of the Committee is to identify candidates for the major DoM annual awards, including the Eaton Scholar Clinical Researcher of the Year, the Eaton Scholar Basic Science Researcher of the Year and the William Goldie Prize (which is awarded to an early-career scientist within 10 years of his or her first faculty appointment). The Committee provides oversight for other honours through a subcommittee's nominations to the American Society of Clinical Investigation, the American Association of Professors of Medicine, the Royal Society and the Canadian Academy of Health Sciences, to name a few.

The Committee aims to achieve equity and diversity among nominees. We believe this approach will lead to even greater success and recognition on the national and international fronts. Previous recipients of the Eaton Scholar Researcher of the Year and the William Goldie Prize are listed below.

Eaton Scholar Researcher of the Year

2023 Jordan Feld
2022 Allison McGeer (Honorary)
2022 Ken Croitoru (Basic Science)
2022 Rob Fowler (Clinical)
2021 Rob Chen (Basic Science)
2021 Angela Cheung (Clinical)
2020 Mansoor Husain (Basic Science)
2020 Paula Rochon (Clinical)
2019 Robert Rottapel (Basic Science)
2019 Margaret Herridge (Clinical)
2018 Aaron Schimmer (Basic Science)*
2018 Murray Krahn (Clinical)*

The William Goldie Prize and Travel Award in Research

2023 Fahad Razak (Clinical)
2023 Lorraine Kalia (Basic Science)
2022 Dinesh Thavendiranathan
2021 Carmela Tartaglia
2020 Harindra Wijeysundera
2019 An-Wen Chan
2018 Andrea Gershon

LOOKING FORWARD

While we are pleased with the productivity and growth of our research enterprise over the past five-years, there remain opportunities to grow and important challenges we will seek to address. While we confront a still evolving post-pandemic research landscape, key challenges we will explore include:

1. Clinical demands/Health Human Resources shortages – The funding challenges facing the health care sector in Ontario makes it increasingly challenging to protect time for research & other scholarly activities. While the new Academic Clinician position description introduced at the DoM may offer some help in this area we must continue to advocate for Clinician Scientists and Clinician Investigators as critical contributors to the long-term health of patients and the health care system.
2. Siloing across hospitals – We continue to have redundancies in ethics, contracts, and data sharing and this has led to delays and lost opportunities. Toronto is a unique centre for research with a large and diverse patient population and single-payer system and we are not sufficiently leveraging this, nor the full breadth of research across the biomedical spectrum. Recently DoM faculty member Dr. Antonio Strafella was announced as the Temerty Faculty of Medicine Director of Clinical Research. Together with Dr. Jane Batt, he will work with TAHSN-R to address this issue.

3. Lack of funding for salary support, operating grants – While the department has increased its total funding support over the past 5 years, we have entered a period where this support has become less predictable. There are fewer and fewer external opportunities for salary support. Both the university and the hospitals have been able to establish new endowed chairs, and we are grateful to our donors, however we cannot rely on this as a sustainable means to support a growing complement of physician researchers. New expenses that the department has absorbed as a result of externally mandated Royal College requirements (i.e., Competence by Design), also create strains on financial support the department might otherwise provide for researchers and research initiatives.
4. Hospital research institutes have appeared less interested in recruiting basic scientists who are physicians vs PhDs due to cost/value for money. It is increasingly difficult to find lab space for physician scientists. The Temerty Faculty of Medicine is currently undertaking a large renovation and expansion of laboratory space at the Medical Sciences Building. Collaboration with the Vice Dean, Research, will be critical to ensure that our basic science community at the MSB receive space considerations.

SECTION 4.2: QUALITY & INNOVATION (QI)

OVERVIEW

Individual members of the Department have for decades played national and international roles in characterizing quality problems and leading efforts to address them. Such individuals include both the current Chair, Dr. Gillian Hawker, and her predecessor, Dr. Wendy Levinson, as well as numerous other senior Department members, including at least three of the current Physicians-in-Chief, Drs. Kathryn Tinckam, Sharon Straus (Unity), Chaim Bell (Sinai), and Gary Naglie (Baycrest). But healthcare quality did not historically constitute a focus for the Department, as clinical care has fallen mainly under the purview of the hospitals.

The Department began to make healthcare improvement more of an academic focus with the establishment of the U of T Centre for Quality Improvement and Patient Safety (CQuIPS) in 2009. A few years later, this commitment was reinforced by the creation of the Clinician in Quality and Innovation (CQI) academic position description. At that time, only a small number of faculty focused on patient safety or other forms of quality improvement. These faculty were typically mid-career or more senior Department members who had the option to apply for promotion based on the existing mechanism of creative professional activity (CPA) or leveraging their accomplishments as teachers or researchers. Yet earlier career faculty faced the challenge of the need to demonstrate success according to the metrics for teachers or researchers (depending on the academic position description) to pass their Continuing Faculty Appointment Review, while also trying to pursue their interests in quality and innovation (Q&I).

The development of the CQI faculty track aims to address this disconnect, allowing faculty to be recognized, supported and assessed at the outset according to their academic goals. As described in a JAMA commentary (written by Drs. Shojania and Levinson), the CQI position aims to support and acknowledge faculty whose scholarly work primarily relates to assessing and improving healthcare quality, developing innovative models of care, or other forms of innovation outside of traditional ‘discovery research’.
The number of Department members in the CQI job description has grown from just one faculty member in 2013 to 78 full-time CQIs in 2022, with an additional 11 part-time faculty. Over this time, other major departments began appointing some of their faculty members as CQIs, including Anesthesia and Pain Medicine, Family and Community Medicine, Laboratory Medicine and Pathology, Medical Imaging, and Psychiatry.

The CQIs in the Department of Medicine work at all the major teaching hospitals (University Health Network, Unity Health, Sinai Health, Women’s College Hospital and Sunnybrook Health Sciences Centre) and span 16 of the Department’s 20 Divisions. The Tables below show the distribution of the 78 full-time CQIs faculty across hospital sites, subspecialty Divisions, and academic ranks.

Figure 4.3: Distribution of Full-time CQI Faculty Across Hospitals*

CQI	CQIs	Total Faculty in Department
Sinai Health System	11	96
Sunnybrook	18	177
University Health Network	28	380
Unity Health Toronto	15	200
Women's College Hospital	6	52

** Part-time CQIs are based at additional hospitals: Trillium Health Partners, Michael Garron Hospital, William Osler Health System*

Figure 4.4: Distribution of Full-time CQI Faculty Across Subspecialty Divisions†

CQI	CQIs (Total=78)	Faculty in Division (Total=915)
Cardiology	5	120
Critical Care	2	29
Dermatology	1	16
Emergency Medicine	12	100
Endocrinology and Metabolism	3	52
Gastroenterology and Hepatology	3	49
Geriatric Medicine	6	30
Hematology	4	64
Infectious Diseases	5	36
Internal Medicine	11	90
Medical Oncology	4	60
Nephrology	3	44
Neurology	4	81
Physician Medicine and Rehabilitation	7	38
Respirology	6	50
Rheumatology	2	41

† Four of the Department's smaller Divisions have no CQIs and therefore do not appear in the above Table: Clinical Pharmacology & Toxicology, Clinical Immunology and Allergy, Occupational Medicine, and Palliative Medicine

Figure 4.5: Distribution of Full-time CQI Faculty Across Academic Ranks

CQI	CQIs	Total Faculty in Rank
Lecturer	8	47
Assistant Professor	54	390
Associate Professor	14	248
Professor	3	230

GOVERNANCE

The overall QI enterprise is directed by the Vice Chair of Quality and Innovation (VCQI), with the assistance of the Quality & Innovation Committee (EC). (Appendix A)

Vice Chair, Quality and Innovation

Dr. Kaveh Shojania was appointed Vice Chair in 2015 and reappointed for a second term in 2020. They are a full professor, clinician investigator and Vice Chair (Quality & Innovation) in the Department of Medicine at the University of Toronto. There is a staff internist at Sunnybrook Health Sciences Centre and his research has focused on identifying and further developing effective strategies for achieving improved healthcare quality. He has published over 175 papers indexed in Medline, including the New England Journal of Medicine, JAMA and the Lancet. Google Scholar lists over 20,000 citations to his work (h-index of 67).

Dr. Shojania was an early advocate for applying more rigorous approaches to evaluating improvement interventions, a perspective he brought to his role as Editor-in-Chief at BMJ Quality & Safety from 2011-2020. During this period, the journal's impact factor rose from under 2 to over 7, so that it now ranks 2nd in impact among the 90+ journals in its category, which includes not just healthcare quality and safety, but also all of health services research, clinical informatics, health policy, and medical education.

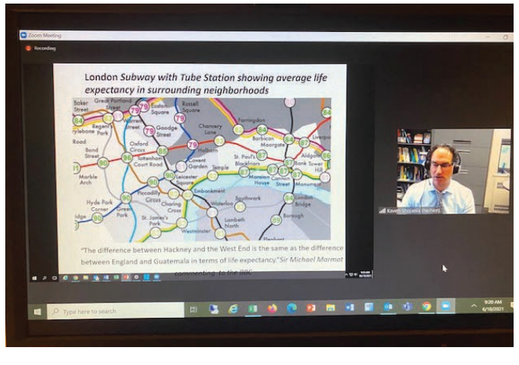
Dr. Shojania obtained his undergraduate medical training at the University of Manitoba (1994), followed by internship at the University of British Columbia and residency training at Brigham and Women's Hospital (Harvard University) in Boston. From 1998-2000, he was the first fellow in Hospital Medicine at the University of California San Francisco—and the first such 'hospitalist fellow' in the US. (Hospital Medicine has since grown to become the second largest subspecialty of Internal Medicine, after Cardiology.) During this fellowship and subsequent faculty appointment at UCSF (2000-2004), Dr. Shojania began his focus on patient safety and healthcare quality more broadly.

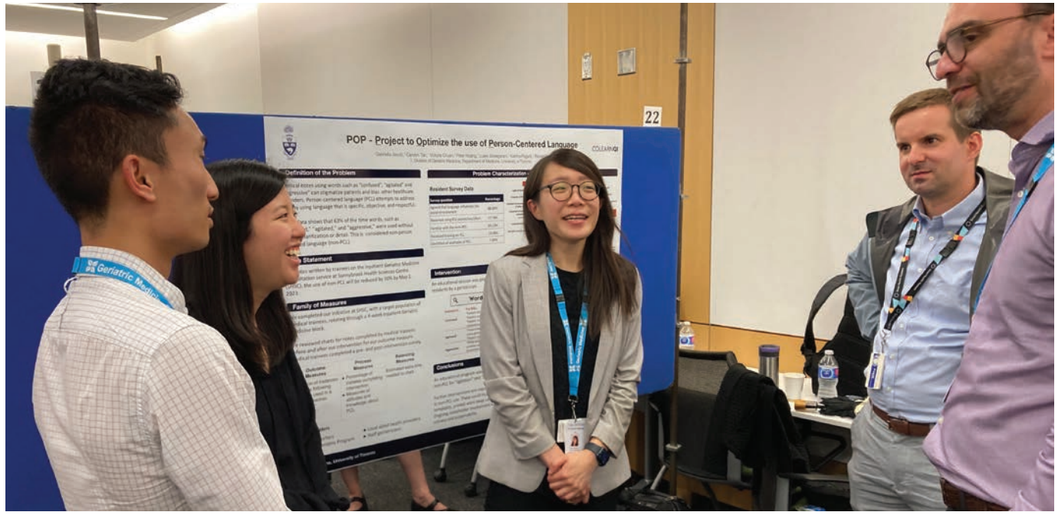
Dr. Shojania returned to Canada– first to the University of Ottawa, where he held a Canada Research Chair in Patient Safety and Quality Improvement, and then to the University of Toronto. Shortly after moving to Toronto in 2008, Dr. Shojania became the inaugural Director of the Centre for Quality Improvement and Patient Safety, an extra departmental unit (EDU) funded by the University of Toronto's Temerty Faculty of Medicine and two of its major teaching hospitals, Sunnybrook Health Sciences Centre and the Hospital for Sick Children. From 2009 to 2019, he grew CQuIPS from a team of just four people to 28 staff and core members. The Centre has also developed widely successful, award-winning education programs which have nurtured over 2500 graduates. And the number of partner organizations grew to include Women's College Hospital and the Institute for Health Policy, Management and Evaluation in the Dalla Lana School of Public Health.

As part of his efforts to increase local capacity to develop improvement initiatives, Dr. Shojania has developed the CQI academic career. This novel academic pathway grew out of ideas he had articulated in a JAMA commentary a few years earlier. As already noted, this job description has grown from having one faculty member in 2013 to approximately 80 in 2023.

Executive Committee

The executive committee has broad representation across DoM Divisions and Sites (Appendix A). As a group they meet quarterly to organize academic talks and rounds, planning retreats for CQIs, and to address issues that affect CQIs work. Issues with Research Ethic Board (REB) approval were common in the past, but each of the hospitals now have a process for handling QI projects. More recently, issues have emerged regarding the timely approval of data sharing agreements for multi-site QI projects. This issue is now being addressed by the Committee with the help of CQuIPS and one of the members of the TAHSN Legal committee.





External Review

Department of Medicine, External Review 2018

Recommendations from the DoM 2018 External review are articulated below. Actions taken to address these recommendations are explained in the Chair's report.

- Recommendation 8: Consider a special track for QI research ethics to be developed as part of the ethics harmonization process.
- Recommendation 9: Continue to invest in mentorship and advancement of junior faculty with a QI focus in partnership with the hospital leadership.

Clinicians in Quality & Innovation – a novel academic track, 10-year review 2022

In 2022, when the CQI position description entered its tenth year, the Department funded an independent review to assess how the position has evolved over time, its impacts, and challenges. The external reviewer, a PhD educational scientist affiliated with CQuIPS and also a member of the Department, interviewed 23 CQI faculty and 7 Department Leaders (3 PICs and 4 DDDs). She also reviewed relevant internal documents, such as minutes from QI committee meetings and past external reviews.

Numerous quotes from interviews with CQIs, DDDs and PICs indicated that the 'Clinician in Quality and Innovation' position has largely met its principal goal of providing an 'academic home' for faculty focused on quality improvement and other forms of innovation (hereafter abbreviated as Q&I). The full report (see Appendix B.1) is available on the Department's website. Key excerpts and recommendations that demonstrate how the CQI position description has aligned with the career interests and goals of faculty members are also highlighted below:

- In many ways, the existence of the CQI job description was the first glimmer of hope I had that what I was doing was actually academically meaningful. As opposed to, that it was a barrier. Actually, for me, it was the first like, "So what I am doing could be academic? Excellent!" And so in many ways that CQI role description was a game changer for me because it gave some legitimacy to what I was doing. So I think in that way I consider it a big gift. (CQI Interview #5)
- So, in that sense, I was always struggling with what my identity is. And I was kind of ambivalent with the university because I never fit in. But that was fine… I was just going to work around it regardless. So when the CQI role came in, I really felt it was an accurate description because I felt I now had an academic description in a home. So that was good. (CQI Interview #16)
- Other participants were at an advanced training or early career stage at the time that the CQI position was created. For some in this group, the existence of the CQI position created an awareness of the opportunities that the field provided as a pathway, encouraging them to pursue further training and an appointment as a CQI. Others were already interested in Q&I and embraced the simultaneous development of the academic pathway.
- Then luckily, when that job description came about, it aligned perfectly for when I was looking to be appointed. So it was a bit of serendipity and a bit of my own passions and interests…aligning with the job description… (CQI Interview #12)

Some expressed concerns and uncertainties related to the newness of the CQI job description and lack of clarity about some key details. There was also a sense, though, that this open-ended nature of the position description could offer advantages:

- And so I think that my only hesitation was that it was such an unknown at the time, that it was going to be very difficult to navigate. And as much as there was a lot of support, there was also a lot of, I would say, genuine confusion about how it was going to be addressed, how it was going to be embraced, and what the parameters of the role were. (CQI Interview #17)
- ... Having that [CQI job] description gave validity to what I was already doing. And it gave me a career path within academia that valued the type of work and said 'Yes, the problems that you're seeing and the things you're trying to solve, Yes, that is academic work and Yes, we do value it.' So I think that was important. And that wasn't a challenge. That was an opportunity. (CQI Interview #6)

The report also found that the existence and growth of the CQI position fostered greater awareness amongst Department Leaders and would-be faculty members about the value and academic legitimacy of Q&I work.

Other major findings are summarised below:

- Areas of focus for the work CQIs have carried out include: improving health care processes, reducing unnecessary tests and treatments, antimicrobial stewardship and infection prevention and control, developing new models of care, changes in care delivery in response to COVID, clinical informatics, further developing QI capacity through education and training, and research identifying or characterizing healthcare quality problems. (Table 2 in the full report (see Appendix B.2) provides greater detail and numerous supporting publications.)
- The CQIs published over 1200 articles indexed in Medline (up to September 2022). As the number of CQIs grew, we also saw many examples of publications with multiple CQIs. In the most recent 5 years alone, CQIs published 135 papers with at least two CQIs as authors and some had multiple CQIs. Interviews with department leaders also noted how good the CQIs are at collaborating – not just with each other but with other health professionals across Departments.
- CQIs have increasingly taken on leadership roles. The medical directors of quality at all of the major teaching hospitals are CQIs. They also play key roles in leading major hospital operations like clinical informatics and infection control. And, the PIC at UHN, Dr. Kathryn Tinckam, is a CQI and so was the past PIC at Trillium, Dr. Amir Ginzburg.
- The full-time CQIs include nine Lecturers, 53 Assistant Professors, 13 Associate Professors, and three Full Professors. Promotion has been successful, as all 29 applications for the promotion of CQIs have succeeded on the first attempt. The CQIs have also maintained a 100% success rate for Continuing Faculty Appointment Review (CFAR).

- The few challenges or tensions noted by the reviewer were as follows. Articulated comments following some of the bulleted points reflect possible solutions discussed at the Q&I Committee in response to the report. The report was only completed in Dec 2022, so we have not yet had time to fully develop or implement the changes that are being considered.
- The widespread perception that the abbreviation CQI stands for Clinicians in Quality Improvement (not Clinician in Quality and Innovation) has sometimes led some CQIs who are not carrying out traditional QI projects to question how they 'fit' in this role. For instance, a few CQIs have backgrounds in journalism and focus their scholarly activities in that area. Another combines expertise in Q&I with occupational health to work on issues related to it.

We are working on ensuring that none of the CQIs feel left out. As the CQIs continue to grow in number and so does the heterogeneity of their interests, this problem may naturally resolve:

- Despite the success achieved in promotion and CFAR, some CQIs reported challenges in reaching the stage of being deemed ready for promotion. There were also concerns that successful promotion seems to continue favoring traditional research metrics, such as publications and grant, rather than taking into account the full range of impacts included in the University's Creative Professional Activity (CPA) framework. While progress has been made on this front, additional efforts are required to ensure consistent recognition of the varied types of impact associated with the work performed by CQIs.

We have tremendous strides in terms of improving the recognition of Q&I work as legitimate academic work. But, it is still a work in progress. The DDDs and PICs are all on board and, increasingly, the decanal committee is too. But, at individual sites, core researchers, including some who sit on merit review committees, still this work askance. Several of the sites now have explicit frameworks for judging the contributions of Q&I work and/ or they have make a point of including more senior CQIs in the review process:

- Department Leaders (PICs and DDDs) reported that CQIs are highly valued in hospitals for their work in healthcare improvement. There was recognition of the need to support CQIs and align their work with hospital priorities and senior CQIs at their hospitals. However, it was also acknowledged that certain instances of CQI work focused on hospital priorities did not necessarily align with the academic expectations set by the university. CQIs have grappled with this tension, as they aimed to address local quality problems while recognizing that these efforts often hold little academic value. Thus, there is a need to resolve the tensions between work valued by hospitals and activities that are more likely to garner academic credit and recognition.

We are considering approaching the decanal committee with an analogue to 'sustained excellence in teaching' (i.e., sustained excellence in quality improvement). This would allow CQIs who have conducted multiple successful local improvement projects to submit a kind of dossier and list any awards or other forms of recognition for their work – again, analogous to promotion on the basis of sustained excellence in teaching.

- A small number of participants discussed the need for the CQI position description to be responsive to developments in the field and changes in the nature of CQI work over the course of one's career. For instance, participants described problems amplified by the pandemic, such as equity issues and the social determinants of health, the overall organization of the healthcare system, as well as the impacts of impending threats such as the climate crisis. In other words, some CQIs felt that solely focusing on addressing narrow quality problems within their specific clinical contexts no longer seemed worthwhile in the face of significant threats to population health and the healthcare system as a whole. (The Vice Chair for Quality, Dr. Shojania, articulated some of these concerns in a commentary in CMAJ commentary entitled What problems in health care quality should we target as the world burns around us? (see Appendix B.3)

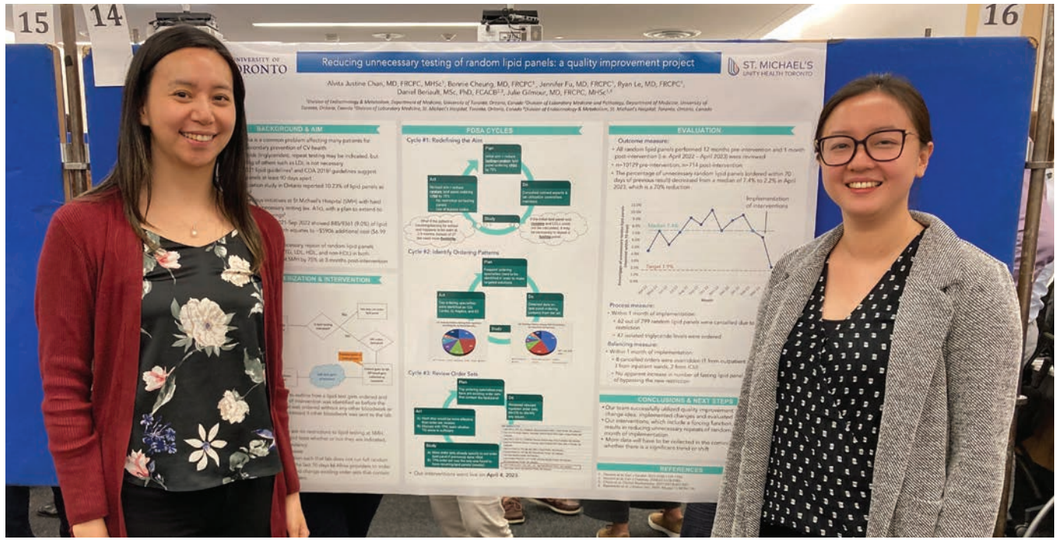
To address this concern, which was not limited to the CQIs, Dr. Shojania has organized a group of about 40 Department Members who held an initial retreat in May 2022 and met periodically since then to discuss ways of having more of our academic work relate to major threats to population health and the sustainability of the health system like the climate crisis. Many who attend these meetings have noted that, even when no concrete actions result form the discussion, they help with wellness. One recent concrete action has been a funding call for projects addressing the climate crisis, the social determinants of health, or projects targeting transformations to the health system, including but not necessarily limited to: how care is delivered, health human resource issues, and working conditions for all stakeholders.

EDUCATION

Synergies Between Faculty Development and Resident Education

The Co-Learning Curriculum in Quality Improvement began as a pilot program in the DoM in 2011–12 with three subspecialty Programs (Endocrinology, Nephrology and Medical Oncology). This novel approach of bringing faculty and residents together to learn about QI achieved two primary goals of supporting resident QI project efforts while ensuring that faculty develop the necessary skills to supervise and teach QI effectively. The need to address these two goals was identified from a research led by Dr. Brian Wong (now the Director of CQuIPS) when he was a fellow working under the supervision of Dr. Shojania. This research included a systematic review of QI programs for residents and follow-up interviews of the program directors. These follow-up interviews revealed that many of the published educational programs mentioned in the systematic review floundered or ceased to exist altogether because too few faculty had the necessary skills to support the residents and eventually became overwhelmed by the volume of supervisory work.

The Co-Learning Curriculum in Quality Improvement tackles this bandwidth problem by having two faculty members from each subspecialty program participate in the curriculum along the residents. In the initial participation, while many of the faculty do not yet have the QI knowledge to teach the curriculum and their involvement contributes to the projects' progress. They ensure that colleagues know about and are supportive of a given project and help the residents in connecting with clinical managers and/or obtaining hospital data from decision support personnel when needed. But we anticipated some faculty would gain more expertise over time, and indeed, a number have gone on to teach in the curriculum as well. As the CQI track grew, some of the CQIs joined the curriculum as teachers, providing additional support for the residents but also sometimes providing the faculty with the opportunity to develop projects that the residents in their subspeciality program might choose to take on as a group.



Within a few years, the popularity of the program meant that it had spread to 15 of the Department's subspecialty training programs. With help from Dr. Wong, the Departments of Surgery and Pediatrics adopted the program. As of the 2022-23 academic year, 35 training programs and more than 200 residents across the Departments of Medicine, Paediatrics, Surgery, Laboratory Medicine, and Anaesthesia participate each year in the Co-Learning QI Curriculum. The Departments of Medicine at two other Canadian universities (McMaster and Western) have replicated the program with the help of Dr. Wong. And Virginia Tech in the US decided to implement it after reading a publication (see Appendix B.4) describing the more mature version of the program.

Resident QI projects have been accepted and presented at national and international conferences and resulted in nine peer-reviewed manuscripts. Due to the program's success in engaging residents to complete QI projects, the New England Journal of Medicine (NEJM) invited Dr. Brian Wong to join a steering committee to establish a resident QI competition for the NEJM Resident 360 online platform. The challenge launched in 2020 and featured 90 posters from across North America. Three of the top 11 finalists were projects arising from the Co-Learning Curriculum at the U of T.

Projects arising from this curriculum have also been presented as abstracts at provincial, national and international meetings. Six projects have received conference awards, including the President's Award at the Endocrine Society meeting; top QI award at the Canadian Hematology Society meeting; first place in the resident research competition at the Canadian Association of Physical Medicine and Rehabilitation; best QI poster award at the Canadian Society of Hospital Medicine; the Garner King award for best QI project at the Canadian Critical Care Forum; and the best QI poster at the Intensive Care Society scientific meeting.

One of the first projects to generate a peer-reviewed publication (see Appendix B.5), undertaken by the faculty and trainees in infectious diseases, appeared in Clinical Infectious Diseases, accompanied by an editorial (see Appendix B.6), highlighting that the publication represented the outcome of a quality-improvement project by trainees. This project generated a subsequent prospective multi-centre evaluation (see Appendix B.7), and led to a sustained change in local practice. Antimicrobial stewardship programs at the three participating hospitals now routinely carry out point-of-care beta-lactam allergy skin testing to ensure that patients are not prescribed suboptimal antibiotics due to questionable allergy histories.

In addition to the obvious impact and recognition of the program in terms of its dissemination to other TFoM departments, and to departments at universities in Canada and the United States, the Co-Learning Curriculum received the University of Toronto Helen P. Batty Faculty Development Award for innovation in program development and design in 2016. Dr. Wong has also delivered invited presentations on the Co-Learning faculty development model to national and international audiences (e.g., the Royal College of Physicians and Surgeons of Canada and Association of American Medical Colleges) on the Co-Learning faculty development model.

Postgraduate Medical Education (PGME)

Master of Science in Quality Improvement and Patient Safety (QIPS)

The Institute of Health Policy, Management and Evaluation (IHPME) at the Dala Lana School of Public Health offers a MSc concentration in Quality Improvement and Patient Safety (see Appendix B.8). It is one of the first graduate programs in English Canada to offer a specific focus on Quality Improvement and Patient Safety. The Department's Vice Chair for Quality, Dr. Shojania, helped create this program in 2012 and was one of the core faculty for many years. About ten other Department members have also taught in the program and others have mentored students on specific projects.

Certificate Course in QIPS

The CQuIPS Certificate in Quality Improvement and Patient Safety consists of over 60 hours of in-person class time over ten months. The course is designed for healthcare professionals, including clinicians, researchers and administrators, and covers core concepts in QI/PS using a mixture of didactic lectures, interactive sessions, workplace-based exercises and presentations by participants.

Excellence in Quality Improvement Certificate Program

The Excellence in Quality Improvement Certificate Program (EQUIP) is designed for academic physicians aiming to integrate QI into their clinical work and scholarly activities in a meaningful and rigorous manner. The program focuses on QI methodologies, leading and publishing QI work and teaching QI, with the aim of developing capacity in QI across academic departments and universities. The EQUIP program consists of six days of in-class training over the course of ten months, three initial days in July and three final days the following May.

Veterans Affairs Quality Scholars (VAQS) program

The VAQS program (see Appendix B.9) is a two-year fellowship run through the Department of Veterans Affairs in the US. It is designed to develop leaders and train scholars in healthcare improvement. The scholars come from nine academic medical centers in the US and participate in weekly half-day meetings on Friday afternoons and the VAQS Summer Institute in Houston, Texas. Toronto's participation as an affiliate site was launched by Dr. Chaim Bell (PIC, Sinai) in 2012. Dr. Bell was the original director but it now has two co-directors, including Dr. Jessica Liu, (head of GIM at UHN) and Nelly Amaral, a NICU nurse at Sinai Health and a graduate of the CQuIPS Certificate course in QIPS.

Quality & Innovation Programs within the Department of Medicine

The Centre for Quality Improvement and Patient Safety (CQuIPS)

CQuIPS (see Appendix B.10) is a partnership between the University of Toronto's Temerty Faculty of Medicine and three of its major teaching hospitals, Sunnybrook Health Sciences Centre, the Hospital for Sick Children ('SickKids') and Women's College Hospital. The University constituted CQuIPS as an extra-departmental unit ('EDU'), which is defined as a flexible, multidisciplinary entity organized around emerging areas of research and teaching that extend beyond traditional disciplines. The mission of CQuIPS is to advance knowledge and practice related to quality improvement and patient safety through scholarship and education, training future QIPS professionals and leaders. As of 2022, over 2500 learners have participated in CQuIPS educational programs. Recent years have also seen growth of the research footprint of CQuIPS, with recent grants from CIHR and the US Agency for Healthcare Research and Quality. CQuIPS also played a lead role in developing the LTC+ program described below.

Although housed within the Temerty Faculty of Medicine, CQuIPS has been shaped by a number of members of the Department. Dr. Shojania led CQuIPS from its inception in 2009 through to 2020, growing it from a small team of four to 28 staff and core members. Other Department members have held leadership roles within CQuIPS, including Dr. Brian Wong who took over from Dr. Shojania in 2020. Dr. Amanda Mayo (PM&R, Sunnybrook) is one of the Associate Directors and several other Department members (e.g., Drs. Adina Weinerman and Bourne Auguste) play major roles in delivering CQuIPS' educational programs.

Long Term Care Plus (LTC+)

LTC+ (see Appendix B.11) was established to support providers and residents in long-term care and prevent unnecessary transfers of long-term care residents to hospitals. An initial version was launched before the pandemic, but LTC+ really took off during 2020. LTC+ is a hub and spoke model in which specialist physicians and advanced practice

nurses at six acute care hospitals provide virtual support/ advice to family physicians covering long-term care homes. Family Physicians can reach out to the hospital hub affiliated with their LTC and receive a call back from a specialist physician within 30 minutes. The program can also provide onsite diagnostic imaging and lab services. These services help avoid transfers to hospital Emergency Departments just to obtain an x-ray for a resident who may have been injured after a fall.

The LTC+ program currently involves six hospitals and 54 sites, with a confirmed plan to expand to include an additional two acute care hospitals covering approximately 84 LTC homes, which would mean that virtually all LTCs in the City of Toronto / Ontario Health Toronto will now be supported by LTC+. To date, the program has provided 444 general internal medicine (GIM) consults and the nurse navigator has received an additional 332 calls. ED transfer was avoided for approximately half of these calls. Primary care providers have generally been extremely satisfied with the service.

The core team has received CIHR funding to evaluate the uptake and impact of LTC+. This evaluation is currently wrapping up and will soon be submitted for publication. Existing publications related to LTC+ are listed below:

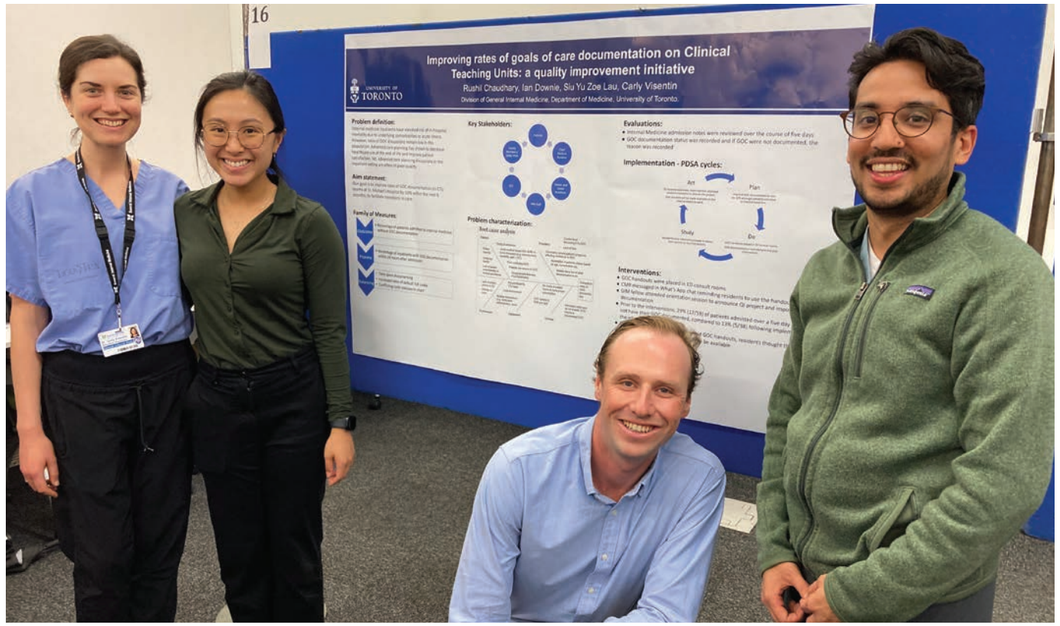
- Ng G, Larouche J, Feldman S, Verduyn A, Ward S, Wong B, Mayo A. Virtual Fracture Care in LTC Homes Avoiding ED Visits. Journal of the American Medical Directors Association. 2023 Mar 1.
- Wong BM, Rotteau L, Feldman S, Lamb M, Liang K, Moser A, Mukerji G, Pariser P, Pus L, Razak F, Shojania KG. A Novel Collaborative Care Program to Augment Nursing Home Care During and After the COVID-19 Pandemic. J Am Med Dir Assoc. 2022:304-7.
- Razak F, Shin S, Pogacar F, Jung HY, Pus L, Moser A, Lapointe-Shaw L, Tang T, Kwan JL, Weinerman A, Rawal S, Kushnir V, Mak D, Martin D, Shojania KG, Bhatia S, Agarwal P, Mukerji G, Fralick M, Kapral MK, Morgan M, Wong B, Chan TCY, Verma AA. Modelling resource requirements and physician staffing to provide virtual urgent medical care for residents of long-term care homes: a cross-sectional study. CMAJ Open. 2020 Aug 20;8(3):E514-E521.

In addition to the faculty mentioned above, many other Department members have played key leadership roles in overseeing the program, developing its components and evaluating its effectiveness. Department members on the LTC+ team also contributed to clinical practice guidelines published by the Ontario Science Table on the management of COVID in LTCs (Therapeutic Management of Residents of Long-term Care Homes with COVID-19, Ontario COVID-19 Drugs and Biologics Clinical Practice Guidelines Working Group, Ontario COVID-19 Congregate Care Working Group and LTC+ on behalf of the Ontario COVID-19 Science Advisory Table) (see Appendix B.12). LTC+ is now a funded program through Ontario Health Toronto.

Choosing Wisely Canada

Choosing Wisely Canada (CWC) was initiated in the Department of Medicine in 2014 under the leadership of Dr. Wendy Levinson, who was Chair of the Department at that time. Since then, the campaign has flourished under the continued leadership of Dr. Levinson (still a member of the Department) and many other Department members have leadership roles on the CWC team or contribute significantly to the campaign. Highlights of CWC activities in recent years as well as the DoM members' roles in some of these accomplishments are outlined below:

1. **Clinician Engagement:** Collaboration with clinician societies (representing physicians, nursing, pharmacists, and other health professions) remains foundational to Choosing Wisely Canada. To date, Choosing Wisely Canada has partnered with over **80** specialties, representing **90%** of the clinical workforce across the country. This has led to the development of over **450** recommendations about overused tests, treatments, and procedures.
2. **Student Engagement:** Choosing Wisely Canada has engaged medical students, residents, faculty, universities, professional organizations, and regulatory bodies to embed resource stewardship principles into medical education. STARS (Students and Trainees Advocating for Resource Stewardship) is a grassroots medical education campaign present at all **17** medical schools in Canada. To date, **seven** student cohorts have participated and involved over **250** medical student leaders. STARS is led by Dr. William Silverstein (see Appendix B.13) (a newly appointed faculty member in GIM at Sunnybrook), who co-created the program in 2017 in his final year of his undergraduate medical training.
3. **Fellowship Program:** In 2022, the Choosing Wisely Canada stream within the Centre for Quality Improvement and Patient Safety (CQuIPS) (see Appendix B.14) Fellowship Program launched. The one-year program, coordinated through the CQuIPS Improvement Fellowship Program (see Appendix B.15)., combines a core curriculum



focused on quality improvement and research methodologies to address overuse and de-implementation. Four scholars with a keen interest in resource stewardship were chosen to participate in this program. This work is led by Dr. Brian Wong (GIM at Sunnybrook).

4. **Implementation:** Choosing Wisely Canada's implementation began as grassroots projects but has gradually transitioned to large-scale initiatives with the creation of national quality improvement programs. These efforts to date have largely focused on the hospital sector and demonstrate the value of a unified, scalable approach to implementation. Highlights from the program include:
   - **Hospital Designation Program** (see Appendix B.16): Recognizes hospitals that take actions to reduce overuse through Quality Improvement or Leadership Status designations. This program was recently refined in 2021-2022 to focus on sustaining efforts and is led by Dr. Christine Soong (GIM at Mount Sinai).
   - **Using Blood Wisely** (see Appendix B.17): A national quality improvement initiative that challenges hospitals to benchmark blood transfusions against national appropriateness benchmarks. This program is led by Dr. Yulia Lin (Hematology and Laboratory Medicine at Sunnybrook).
     i. Successes:
     ii. **242** enrolled in the program
     iii. **123** hospitals have received the Using Blood Wisely designation
     iv. This represents **74%** of blood transfused in the hospital (*Excluding Quebec)
   - **Using Labs Wisely** (see Appendix B.18): A national quality improvement collaborative that aims to change the lab utilization landscape in Canada. Hospitals implement change, share data, and participate in a learning collaborative. Over **100 hospitals** enrolled in the first cohort that launched in May 2022. This program is co-led by Dr. Adina Weinerman (GIM, Sunnybrook) and Dr. Janet Simons (Lab Medicine and Pathology at UBC).
   - **Using Antibiotics Wisely** (see Appendix B.19): A sub-campaign aimed at decreasing the overuse of antibiotics and led by Dr. Jerome Leis (ID at Sunnybrook). This campaign focuses on treatment of upper respiratory tract infection in family medicine (with materials tailored for both adult and pediatric populations, and also for urinary tract infection in long-term care facilities.
5. Choosing Wisely Canada and the Canadian Institute of Health Information (CIHI) released the 2022 report titled "Overuse of Tests and Treatments in Canada" (see Appendix B.20) as a follow-up to their 2017 study on Unnecessary Care in Canada. The report examines the overuse of 12 selected tests and treatments by looking

at trends and variation in use across the country. Over a five-year period, the overuse of **8 out of the 12** tests and treatments decreased by 10% or more. While some areas show reductions, variation among provinces and territories shows there's still room for improvement.

6. The BMJ and the international collaboration with Choosing Wisely campaigns partnered on publishing a series of 12 articles (see Appendix B.21) that describe evidence-based practice changes aimed at reducing overuse across a variety of clinical contexts. Seven of the 12 articles featured at least one author from the U of T's Department of Medicine.

General Medicine Inpatient Initiative (GEMINI)

GEMINI is a research and advanced analytics program based in the Li Ka Shing Knowledge Institute at Unity Health Toronto and led by physicians across the Department of Medicine. As Canada's largest hospital-data based research network, and one of few examples globally, GEMINI captures granular clinical information generated as part of routine care, including bloodwork, transfusions, medications, radiology reports, intensive care admissions, and CIHI administrative data. GEMINI has grown from its initial seven hospitals and currently contains data on more than 1.8 million hospitalizations from over 30 Ontario hospitals, representing approximately 60% of all medical and ICU beds in Ontario, making it a "living laboratory" to study hospital-based care. GEMINI data can be accessed via a dedicated and secure high-performance cloud-based computing environment and is currently being used by more than 200 researchers and students with a variety of interdisciplinary focuses, leading to over 20 active grants and more than 100 publications and presentations. GEMINI has strong partnerships across the health system with institutions such as Ontario Health, the Vector Institute, and hospitals and universities across Ontario.

The Ontario General Medicine Quality Improvement Network (GeMQIN) is a provincial program delivered by Ontario Health in partnership with GEMINI. GeMQIN uses GEMINI data to create physician- and hospital-level reports for General Medicine physicians and clinical care teams. In 2022, GeMQIN delivered physician-level "MyPractice" reports to over 600 physicians and risk-adjusted hospital-level "OurPractice" reports to 24 hospitals about general medicine care. These personalized and confidential reports inform physicians and hospitals about their clinical care patterns and patient outcomes, with quality indicators focusing on length of stay, readmission, in-hospital mortality, advanced imaging, routine bloodwork, and appropriate blood transfusions. Report uptake has been positive, with 81% of physician survey respondents identifying practice areas they could improve and 91% reporting that they were interested in receiving similar practice data feedback following the initial round of MyPractice reporting. Participating hospitals are encouraged to host local divisional retreats, which allow physicians to review their data as a group and strategically plan quality improvement initiatives. For example, some quality improvement efforts across the province have aimed at reducing use of routine echocardiography in stroke patients, identifying potentially avoidable admissions to General Medicine, and examined the physical redesign of ward structures to reduce length of stay and readmission.

During the COVID-19 pandemic, GeMQIN informed the clinical and organizational aspects of hospital care and through its 300+ member Community of Practice helped clinicians and administrators navigate the rapidly evolving evidence base. Monthly webinars focused on topics ranging from "how to organize a COVID-19 ward" to "surge and triage protocols" to "patient-transfer/load sharing initiatives". GeMQIN also co-led the implementation of LTC Plus at the pandemic's outset. LTC+ delivers virtual care services to more than 50 long-term care homes in Toronto, and has now delivered over 400 virtual care consults, with approximately 50% resulting in averted transfers to the emergency department. The GEMINI and GeMQIN programs have thus emerged as a core data and quality asset for Ontario and a unique platform for clinical engagement, quality improvement, research and innovation, and system transformation in adult medicine.

LOOKING FORWARD

The Division will hold a strategic planning retreat on October 4, 2023, to discuss portfolio planning for the coming five years. Discussion will include important planning considerations such as:

Addressing recommendations from the 2022 10-year review of the CQI position description.

CQIs have generally enjoyed academic success, with 100 percent success rate for passing CFAR and for promotion. Many hold leadership positions, but still, some issues around merit require attention. Specifically:

- Developing metrics that capture and articulate research impact of Q&I work. Specifically, addressing issues about application of traditional research metrics to Q&I work and how this can impact promotion evaluations;
- Resolving tensions between hospitals and education scholarship. Specifically, work valued by hospitals do not always translate to academic credit and recognition. For example, solutions valued by the hospitals may not generate peer-reviewed publications or invitations to present at national/international conferences.
- Mentorship and community building. As the CQI faculty composition continues to grow, an updated mentorship model will be explored. One potential model is to create a multiplier effect where a minority of senior Q&I faculty supervise a larger group of mid-career CQIs. In turn, mid-career faculty will mentor an even larger group of CQIs in their early years of their faculty appointment, thereby addressing the mentor pipeline.

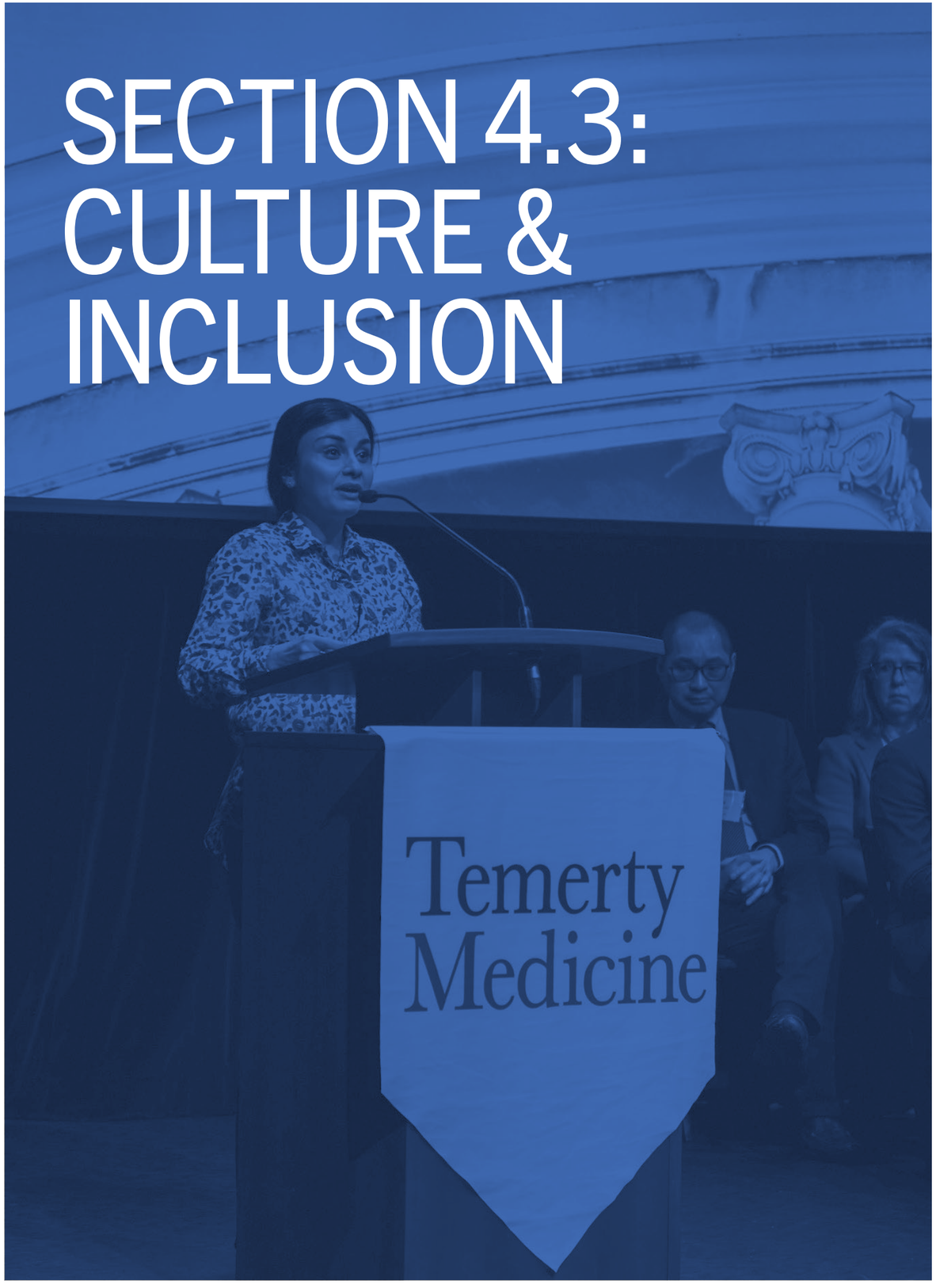
Deciding if the portfolio ought to evolve to have a new/different theme as its organizing principle.

The initial CQI position description (PD) titled faculty as "Clinician in Quality Improvement" to provide a home for clinicians who engaged in quality improvement work. However, to capture faculty not engaged in typical QI work the PD was updated to "Clinician in Quality & Innovation". This revised PD now captures a sizable group of CQIs who focus on innovations related to healthcare quality that were not traditionally captured. Examples of works include PDSA-type QI projects, healthcare journalism and even the intersection of healthcare and climate crisis or social determinants of health. Importantly, we will explore how to maintain momentum of the portfolio with such a broad composition in subject area. We will also explore how to best articulate organizing principles to avoid a "grab-bag" of anything that does not fall under traditional research or traditional education.

Succession planning.

The current Vice Chair for Q&I will finish in 2024. Fortunately, there are several CQIs who would support the Vice Chair role well. They include several CQIs who hold the position of Medical Directors of Quality at the major hospitals. There are also a number mid-career and more senior faculty with major academic track records relevant to the Q&I portfolio. Dr. Shojania plans to meet with these individuals in the coming year and will also solicit suggestions from the Chair, PICs, and DDDs.

SECTION 4.3: CULTURE & INCLUSION



OVERVIEW

Following its external review in 2018, the Department revisited its strategic priorities. It was decided that the Mentorship, Equity and Diversity (MED) portfolio should be renamed the Culture and Inclusion (C&I) portfolio as a better reflection of the ongoing and planned activities and goals. Following Dr. Sharon Straus as Vice Chair MED, Dr. Lisa Richardson held the role of Vice Chair for Culture and Inclusion (VCCI) from 2020-2021, when she was appointed Associate Dean, Inclusion and Diversity, at Temerty Faculty of Medicine (TFoM). In January 2023, Dr. Umberin Najeeb was appointed to this role. The C&I portfolio continues its efforts to advance support for the wellbeing of all members of the Department, taking actionable steps to identify and address systemic barriers, towards creation of an equitable society. More information on these efforts and their impact are described below and in the Chair's section.

The VCCI portfolio supports the Department's vision of creating a clinical and academic environment that promotes mutual respect, compassion, and inclusive excellence. The three key pillars of the C&I portfolio – **Wellness, Equity, Diversity and Inclusion** (EDI); and **Mentorship** – are deeply interconnected. With the Chair of DoM, the C&I leadership team works closely to integrate these values into all aspects of the DoM. The goal is to foster a culture that actively attracts, embraces, supports, and advances diverse talent throughout the academic lifecycle. Guided by the 2019-2024 departmental strategic plan, the Vice Chair Culture and Inclusion oversees and supports C&I Faculty Leads in establishing working groups for their portfolios and in the development and implementation of a five year plan with explicit, meaningful, and measurable deliverables.

GOVERNANCE

The portfolio works closely with the Chair of the Department of Medicine (DoM), to advance and entrench core principles of equity, diversity, inclusion, and culture of inclusive excellence within all Departmental activities.
Specific leadership is articulated below.

Vice Chair, Culture and Inclusion

Dr. Umberin Najeeb (2023 – present) is an Associate Professor and Clinician Educator in the DoM, a centre researcher at the Wilson Centre and staff internist at Sunnybrook Health Sciences Centre. She completed her medical training from the University of Peshawar and an accelerated residency in Internal Medicine from the University of Toronto (U of T) followed by the Education Scholars Program from the Center of Faculty Development.

Dr. Najeeb's scholarly work is two-fold, centered on the (a) transition and integration of internationally educated health professionals into their training and working environments and (b) health profession education with specific focus on curriculum design, program development, faculty development and mentorship.

As a part of her work supporting internationally educated health professionals, Dr. Najeeb developed and implemented a research based longitudinal collaborative mentorship program for international medical graduate (IMG) physicians and has been the faculty lead for the IMG mentorship program since 2012. Currently, she is the Co-Director of the department's Master Teacher Program. In December 2022, she completed her term as the inaugural Senior Advisor on Islamophobia in the Office of Inclusion and Diversity at the Temerty Faculty of Medicine. She served as the inaugural Faculty Lead, Equity (2021-2023) and the founding Faculty Lead for the PGY4 Internal Medicine (2012-2018) Program in the Department.

Dr. Najeeb leverages her voice and lived experiences to serve as an ally and advocate in her many roles. She teaches around the constructs of equity, diversity, inclusion, (EDI) and allyship at undergraduate, postgraduate, and faculty development levels. She actively contributes to committee and policy work related to social justice and EDI.

Faculty Leads (Appendix A)

Faculty Lead, Physician Wellness: Dr. Simron Singh (Jan 2021-present)

Dr. Simron Singh is an Associate Professor of Medicine at U of T and co-founder of the Susan Leslie Clinic for Neuroendocrine Cancers at the Odette Cancer Centre Sunnybrook Health Sciences Centre.

Faculty Lead, Equity: Dr. Christine Soong (Feb 2023 – present)

Dr. Christine Soong is an academic hospitalist and an Associate Professor in the Division of General Internal Medicine and in the Department of Family and Community Medicine at U of T.

Faculty Lead, Mentorship: Catherine Yu (Jan 2021 – present)

Dr. Catherine Yu is a Staff Endocrinologist at St. Michael's Hospital, Unity Health Toronto, Associate Professor of DoM and Dalla Lana School of Public Health.

Faculty Lead, Black and Indigenous Resident Application and Mentorship Program: Dr. Mirielle Norris (June 2021 – present)

Dr. Mirielle Norris is an Assistant Professor and internist/ geriatrician based at Sunnybrook Health Sciences.

Faculty Lead, Late Career Transitions: Dr. Eric Cohen (Mar 2021 – present)

Dr. Eric Cohen is an Associate Professor at the DoM and a cardiologist at Sunnybrook, having recently served as Deputy-Head of Cardiology.

Faculty Lead, Valuing Clinician Teacher: Dr. Martina Trinkaus (Nov 2021 – present)

Dr. Martina Trinkaus is an Associate professor and staff hematologist at St. Michael's Hospital with the University of Toronto.

Vice Chair Culture and Inclusion Executive Committee

The VCCI executive committee consists of Vice Chair Culture and Inclusion and the Faculty Leads in the C&I portfolio; the committee is governed by terms of reference developed in 2020 and further modified in 2023. The VCCI term is five years, renewable once following a successful external review. Faculty Leads are appointed after a competitive search process and can be renewed every three years following an external review. The VCCI serves on the Department of Medicine Senior Executive Committee and the DoM Executive committee to provide a culture and inclusion perspective to department-related activities. Faculty Leads in C&I portfolio also attend the DoM Executive committee as needed. The VCCI and Faculty Leads in the C&I portfolio also serve on various committees across the university, and beyond (Appendix B).

The Committee advises the VCCI and is expected to support the Vice Chair in all aspects of the role. Its responsibilities include, but are not limited to, the following:

- Manage the DoM C&I-associated events, mentorship and humanism awards and leadership development, including faculty networking, Women in Academic Medicine summit, DoM Story Slam, support for leadership training, and other DoM activities in Culture and Inclusion portfolio
- Assist, develop, and provide resources for mentorship across the academic lifecycle of faculty members.
- Apply an Equity and Inclusion lens across all DoM practices and processes, **including but not limited to** recruitment, awards, promotion and retirement.
- Foster transparency in all the DoM practices and processes.
- Foster faculty and learner wellness and quality of life, emphasizing civility and professionalism.
- Develop and implement meaningful benchmarks to measure the success of the overall portfolio, focusing on wellness, equity, diversity, inclusion and mentorship.
- Oversee the development and administration of the biennial DoM faculty survey.

Terms of reference for the VCCI Executive Committee are included in Appendix C. Faculty Leads Wellness, Mentorship, and Valuing Clinician Teacher also have their own committees with terms of reference for each of them.

Strategic Planning

Priorities in focus include the below and are described further under "Future Directions". Establish a new portfolio, Vice-Chair Culture & Inclusion with three themes of work:

Equity, Diversity & Inclusion

- Continue to implement policies and practices to enhance EDI
- Promote broad engagement of faculty with diverse perspectives in all departmental activities

Wellness

- Promote QI projects that have potential to improve joy and meaning at work
- Implement strategies to enhance a sense of community
- Improve the experience of late-career transition

Mentorship Across the Academic Lifespan

- Develop metrics to assess faculty mentorship
- Champion mentorship as a criterion for academic merit and promotion
- Augment mentorship to mid- and late-career faculty
- Increase opportunities for faculty development and peer support

External Review

Department of Medicine, External Review 2018
Recommendations from the DoM 2018 External review are articulated below. Actions taken to address these recommendations are explained in the Chair's report.

Recommendation 17: Contributions to mentorship should be recognized as part of the promotions package at the level of the faculty.

Recommendation 18: Consideration should be given to make sure that junior scientific faculty have mentors outside their own division or even department, in addition to mentors in their own divisions.

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

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

Recommendation 21: Consideration should be given to developing a better performance management system to be applied at all ages that may assist with some of these difficult discussions.

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

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

MAJOR ACCOMPLISHMENTS AND IMPACT

The establishment of a departmental portfolio to oversee Culture and Inclusion, and appointment of Faculty Leads, e.g., Late Career Transition and Valuing Clinician Teacher, is an accomplishment on its own. To our knowledge, such a robust and inclusive portfolio does not exist in the other Departments locally or nationally.

The traditional benchmarks of Education, Research and Scholarship, and Faculty Development are grouped together and shared below in each tenet of the Culture and Inclusion portfolio with references and resources. The Vice Chair Culture and Inclusion is actively involved in the development, further refinement, and dissemination of all these initiatives.

Physician Wellness

The concept of physician wellness has shifted from individual resilience practices (yoga, exercise, nutrition, etc.) to a focus on system level change. There has been a significant shift in the understanding and definition of physician wellness. In the DoM, a key goal has been to redefine faculty wellness and establish an organizational structure that supports systemic improvements. Creating a leadership structure (Faculty Lead Wellness) and organizational framework to improve faculty wellness and reduce burnout has been a major accomplishment.

Our wellness program is unique in that it addresses not only the challenges of physician wellness in clinical care but also the wellbeing of our faculty and their considerable academic mandates. Following the Stanford model for wellness, we have identified three unique domains:

- culture of wellness,
- efficiency of practice and
- personal resilience

Our focus is to create a culture within the DoM that prioritizes faculty wellness. Dr. Singh (Faculty Lead Wellness since 2021 to date) started by:

- Engaging leaders such as Physician-in-Chiefs and Divisional Directors, which is an essential step to change culture in a meaningful way.
- Forming a wellness committee (Appendix D.1), and engaging faculty in this new shift in understanding of wellness remains and is an ongoing goal.
- Events to support the culture of wellness such as a Story Slam (Appendix D.2), and WAM PLUS (Appendix D.3) (Women in Academic Medicine with People who Look to Us for Support) summit are examples of such events, both held in May 2023.

We value recognition and appreciation as part of our culture change. We have undertaken initiatives to show our appreciation for our leaders and faculty, e.g., through provision of coffee cards, personalized letters of thanks etc. We are continuing to work on making our promotion/awards nomination process easier for our faculty. As our relationship with learners continues to evolve, our program has been very active to incorporate a faculty wellness framework.

From an **efficiency of practice perspective**, despite limited influence over the hospital culture, we have supported the CTUs during the challenging times of COVID and co-led a large working group within the TAHSN (Toronto Academic Health Sciences Network) to help standardize wellness initiatives across the multiple academic institutions where our faculty is housed in.

Supporting our **individual faculty resiliency** has been and continues to be a priority. During COVID we convened a special session of City-Wide Grand Round (Appendix D.4) to share resources and strategies with our faculty to cope with the stresses from the pandemic. In addition, we have instituted guidance on in-person activities and wise emailing. A comprehensive list of resources and support for our faculty in distress is available on C&I webpage (Appendix D.5). We will continue to support our faculty with the skills and necessary support to ensure a fulfilled and joyful work.

Equity, Diversity and Inclusion

The concepts of equity and diversity, along with intersectionality and cultural safety, are usually discussed in the medical education literature in reference to interactions with diverse patient groups. Equity entails more than providing extra access to resources, but also involves recognizing and addressing systemic inequities within medical education. We must provide our faculty with the knowledge and skills to deliver and advocate for equitable, anti-oppressive care for their patients as well as a likewise learning environment for learners. Similarly, diversity needs to go beyond selecting learners or working with faculty members of diverse backgrounds in our learning and work environments. We believe that diversity should encompass meaningful contributions and true intellectual diversity that leads to fulsome inclusion.

We are creating a community of leaders across the DoM who are held accountable for advancing equity, diversity, and inclusion through equitable hiring, promotion, pay, and other aspects of day-to-day treatment. We hope to transform our DoM faculty membership to be fully inclusive of the communities and the learners we serve.

Dr. Najeeb served as the Equity Lead for the DoM (Jan 2021 – Jan 2023) to further advance the department's policies and practices using an equity lens. To continue to **build knowledge**, Dr. Najeeb led 60 DoM leaders in completion of the San'Yas online course in Indigenous Health in the summer of 2021, revised the Land Acknowledgement (Appendix E.1) (364 page views in the last 2 years) and developed a curated list of educational resources (Appendix E.2) (983 page views in the last 2 years) and a glossary of terms (Appendix E.3) (435 page views in the last 2 years) related to EDI. This work helped DoM faculty and learners to gain deeper understanding of our history, differences, and how to achieve inclusion.

Other major accomplishments include:

- Developed and conducted the department's first Self-identification survey (Appendix E.4) to capture the diversity of our department's faculty members in a more holistic manner. Prior faculty surveys had collected only high-level information. The survey was conducted anonymously and the survey results (Appendix E.5) have helped us to monitor progress towards EDI, and in the development of our policy, procedures and resources.
- The inaugural 2021 self-identification survey was developed using a scholarly approach with careful consideration around language of the survey questions. The survey has since been adopted by University Health Network Patient Partners and three other University of Toronto departments and selected elements of survey will be used by the Royal College of Physicians and Surgeons of Canada in their own upcoming demographics survey.
- The Department had previously developed **guidelines for DoM searches** (Appendix E.6) for faculty and leadership recruitment through a gender lens. These have now been revised and updated with an intersectionality lens to ensure that the DoM is representative of the learners we educate and the communities we serve and to aligning diversity in hiring practices in the DoM community.
- Enhanced the current **Black and Indigenous CARMS application pathway** in Core Internal Medicine Program to increase Black and Indigenous faculty members to ensure sustainability of the program and proportionate population representation. The 2021 DoM self-identification survey showed that only 2.3 % of our faculty identified as Black and 0.8% as Indigenous. This task was undertaken in collaboration with Dr. Kumagai, Vice Chair Education and Dr. Norris, Faculty Lead — Black and Indigenous Resident Application and Mentorship Program. Currently best practices are being implemented across all the PGY1 and PGY4 CaRMS pathway in the DoM.
- Continue to **support existing and the development of new Affinity Groups** i.e. LGBTQ2S+ Think Tank (Appendix E.7), WAM Group, Black and Indigenous Medical Society (BIMS) (Appendix E.8).
- Continued support for **Annual Lecture in Black Health, yearly DoM Pride Event** and return of **WAM PLUS in 2023** are examples of regularly scheduled events for different Affinity Groups that respect their various preferences and values.
- In collaboration with Office of Inclusion and Diversity at the Temerty Faculty of Medicine and The Resident Interest Group in Social Advocacy (RIGSA), the **"Guidelines for Inclusivity"** were developed to provide a framework for faculty members for incorporating EDI principles in all teaching activities. This work was recently presented as two peer-reviewed oral presentations (Appendix E.9, E.10) at 2023 International Congress on Academic Medicine.

Dr. Christine Soong has started in the role of Faculty Lead-Equity, as of Feb 2023 and is continuing to ensure that equity principles are evident amongst all members of the department and brought to life by the work that we do as teachers, learners, researchers, quality improvers and leaders.

International Medical Graduates (IMG)

Dr. Najeeb developed an innovative, evidence based, longitudinal collaborative peer/faculty mentorship program for International Medical Graduate residents of the U of T Department of Medicine (DoM) in July 2012. This program was the first of its kind and addresses an unmet need related to the success and wellness of a large number of trainees from diverse backgrounds. The mentorship program is highly valued based on a formal, scholarly program evaluation funded by a U of T DoM Education and Scholarship Grant (2013-2015). The collaborative model of this network of faculty-peers who share similar experiences and backgrounds, provides mentees with validation and practical tools for academic and clinical growth. The mentors found the act of 'giving back' very rewarding. Participation is not mandatory, yet 134 IMG residents from 2012-2023, have attended these sessions during their personal time and continue to participate as peer-mentors after their first postgraduate year. The IMG mentorship program has served as the foundation upon which subsequent programs like the CaRMS Equity Working Group and the Black and Indigenous Resident and Mentorship Program were developed.

Black and Indigenous Resident Application and Mentorship Program

In 2018, the Department of Medicine created the CaRMS Equity Working Group to meet our commitment to equity and social accountability and to ensure the CaRMS selection process is fair, inclusive and equitable for learners from equity-deserving groups. This led to the creation of the Black and Indigenous CaRMS pathway in our Core Internal Medicine Program in 2020.

With the support of Faculty Lead, Dr. Mirielle Norris, Black and Indigenous Resident Application and mentorship program (Appendix F.1) was developed to facilitate application and mentorship of Black and Indigenous residents in the DoM by fostering mentorship opportunities among students, residents and faculty.

- This pathway promotes a culturally safe application, file review, interview, and selection process, aligning with individuals of similar identities and backgrounds, or by allied with training and longstanding interest in equity, diversity and inclusion (EDI) work. The pathway was presented as a peer-reviewed workshop at 2022 International Conference on Residency Education (Appendix F.2).
- This pathway was implemented in partnership with a mentorship program for Black and Indigenous learners, providing mentorship opportunities throughout their medical education, particularly during key transition points like residency applications.
- Black and Indigenous Medical Society (BIMS) (Appendix F.3) – an Affinity Group – was developed in 2021 to advocate on behalf of Black and Indigenous Faculty, Fellows, Residents and Medical Students in the DoM and provide a safe space for networking and mentorship.

Each CaRMS cycle has strengthened our commitment to an EDI-centred pathway to residency matching within our department. This year we have reached an important milestone with **three Black and two Indigenous pathway applicants matched to our Core Internal Medicine Program** starting as of July 1, 2023 (Appendix F.4). Effective March 1st, 2023, Dr. Mireille Norris was appointed Medical Education Black Health Theme Lead, Temerty Faculty of Medicine. The Black Health Theme Lead position relates to the support of health education regarding the Black people of Canada. The VCCI will launch a search for her replacement in the coming months.

Mentorship

The Department has developed a very strong Mentorship Program over the past decade, under the leadership of former and current VCs CI and the current Faculty Lead for Mentorship, Dr. Catherine Yu. Our vision is to develop a pervasive culture of mentorship, expand our capacity for mentorship and evaluate and calibrate our mentorship program outcomes for a meaningful impact. We collaborate with other portfolios and institutional leads to highlight equity and promote wellness.

- Dr. Yu received a competitive peer-reviewed grant from the Royal College of Physicians and Surgeons of Canada in 2021 (Appendix G.1) to review the status of the mentorship program – a needs assessment. The assessment identified strengths, limitations, and opportunities for the existing Mentorship program, including specific needs of underrepresented groups. This work is now submitted for peer-reviewed publication and continues to inform our ongoing work.

Informed by this needs assessment and results from our Faculty Surveys, the Mentorship group has:

- Relaunched a **user-friendly website** (Appendix G.2) **with mentorship toolkits** for mentors and mentees designed to facilitate relationship initiation, mentorship activities, and recognition
- Piloted **practical mentorship tools, e.g., annual review checklist** for mentees and mentors
- Showcased new tools and activities via **DoM Mentorship Matters** (Appendix G.3) (a monthly blog highlighting mentorship challenges and accomplishments), Medical Grand Rounds at each academic site (n=4), resident and faculty orientation sessions, medical education fora (e.g., MEdS), along with Divisional and Portfolio retreats
- Conducted a department wide survey of divisional mentorship activities, including the prevalence of divisional awards/forms of recognition for mentorship
- Launched the novel **Mentorship Masterclass** (first session delivered on June 6th, 2023), as a form of faculty development, particularly aimed at enhancing mentorship of underrepresented groups and building capacity with respect to handling mentorship challenges (e.g., navigating mistreatment and microaggression)

- Creating a **mentorship database**, which includes existing mentee/mentor pairs, as well as capacity for additional mentorship (currently in progress)
- Delivering a **mentorship consultation service** to facilitate dyadic mentorship relationships based on faculty needs, enabled by launch of a mentee needs questionnaire
- Examining the relationship between mentorship and faculty wellness/burnout using 2022 DoM faculty survey data (currently in progress)

Late Career Transitions

The DoM believes that transition toward and through retirement should be a planned and rewarding part of one's academic medical career. To achieve this, the Department created a new position, Faculty Lead for Late Career Transition. Dr. Eric Cohen has been serving in this role since March 2021. The broad steps in support of this goal include the following:

- Providing practical advice and support to faculty in transition.
- Promoting a culture change that turns late career transition into a planned and fulfilling process instead of an ad hoc and feared one.
- Developing a framework for transition planning that respects the needs of the late career faculty member, as well as the needs of the department.

To achieve these goals a specific work plan was developed and is currently being delivered.

- Developing an inventory of currently available resources to support faculty in transition (partially complete).
- Offering "career transition workshops" for mid to late career DoM faculty on career transition to eventual retirement. Two sets of workshops were delivered on April 23rd & May 3rd, and May 9th & 23rd, the workshops were facilitated by Dr. Rob Madan and received very positive feedback.
- Discussing the concept of a more planned and structured late career transition at division and department levels. Multiple presentations conducted at two division exec meetings, two hospital DoM exec meetings, and one practice plan exec meeting. More presentations are in planning.
- Developing a "white paper" to guide the discussion on the framework for transition planning (in progress, due in September 2023).

Faculty Lead – Valuing Clinician Teacher (VCT)

Data from departmental faculty surveys conducted in 2015, 2017 and 2019 identified not all faculty members felt equally valued. Clinician Teachers specifically, perceived that they were less valued and respected than others, particularly those whose focus included research. Concomitantly, inequities in the decanal promotion processes made senior promotion based on sustained excellence in teaching more difficult than promotion based on other criteria. To address this, the Department established a leadership role that is devoted to addressing such inequities. Following a formal search process,

LOOKING FORWARD

VCCI with the C&I Executive Committee are grateful to the Chair of Medicine, Dr. Gillian Hawker for the creation and ongoing support of the Culture and Inclusion portfolio. The sustainability of the portfolio is considered critical to continuing the Department's work in mentorship, physician wellness and EDI. This portfolio requires ongoing financial and administrative support to continue ongoing innovations, and to measure and track EDI and wellness initiatives. Dedicated funding for C&I scholarship initiatives for faculty members belonging to equity deserving groups, and incentivization for mentorship activities will require close attention.

Future goals remain to continue fostering and developing tools for evaluation and to continue modification of existing tools that assess impact of innovative work in the C&I portfolio. We will continue to share outcomes and themes broadly through publications and presentations.

Specific initiatives and their future directions are further articulated below.

Physician Wellness

Dr. Martina Trinkaus became the inaugural Lead for Valuing the Clinician Teacher in November 2021. After reviewing data previously gathered and building on this as a foundation, informal interviews were conducted with almost 100 Clinician Teachers (CTs) in various stages of career. The identified themes from the environmental scan have been presented broadly through a series of presentations locally, provincially and nationally. Major accomplishments to date include:

- Environmental scan findings were presented at four medical grand rounds outside of the DoM (2021-2023).
- The environmental scan led to the development of an educational deliverable accepted as a workshop for 2023 International Conference on Residency Education.
- A new VCT webpage with resources and information for CTs was developed and added to the DoM C&I website (Appendix H.1).
- To celebrate the accomplishments and contribution of Clinician Teachers in the DoM a monthly newsletter titled "Clinician Teacher Tribune" launched in June 2023. (Appendix H.2).
- Faculty Development sessions focussed on CT teaching will launch in the fall of 2023.

We plan to expand the wellness initiatives across DoM (at all academic sites) in collaboration with Toronto Academic Health Sciences Network (TAHSN) and provincial bodies (e.g., OMA) and move into areas including implementation of common measurement strategies, toolkits for integration of wellness leads into the leadership structure of hospitals, and work to better understand the impact of the electronic health records on the health and wellbeing of our faculty and learners.

Equity

To continue our work towards creating a safe and inclusive environment for all faculty, and establishing formal and informal communities of support for under-represented groups, we will:

- Conduct DoM self-identification surveys every 2 – 3 years to evaluate and communicate the results of our work (e.g., the data will enable creation of a diversity dashboard). Increased faculty comfort and security in reporting self-identities will also reflect progress.

- Establishing a Community of Practice of Equity Leads and Champions in the DoM and renewal/ implementation of guidelines for DoM search committee across DoM. Further, the self-identification survey will help us ascertain if the implementation of this policy is enhancing faculty diversity specifically in the areas of low representation.
- Adopting a quality improvement lens to equity, using measurement, interventions trials and evaluating the impact of various EDI initiatives.

Black & Indigenous Pathway

- The best practices from Black & Indigenous CaRMS pathway are now being implemented into CaRMS process across all PGY1s and PGY4s programs in the DoM with help and support from the Vice Chair Education.

Mentorship

The 2022 DoM faculty survey reported 76.3 % of our faculty members having either one or more mentors as compared to 47% in the 2017 DoM survey. Mentorship satisfaction rate has also improved to 74.3 % in 2022 from 65.8 % in 2017. This data is very encouraging and speak highly to the department's commitment towards enhancing access to and satisfaction from mentorship. However, to ensure that all aspects of effective mentorship are being implemented, the Iterative refinement of the mentorship website/ toolkit and faculty development resources will continue. The Mentorship Masterclass initiative started in June 2023 now has planned sessions to address the identified needs of mid-career faculty members in the upcoming academic year. The next step is to develop evaluation strategies to measure the impact of the mentorship work and standardize the mentorship awards process across the DoM.

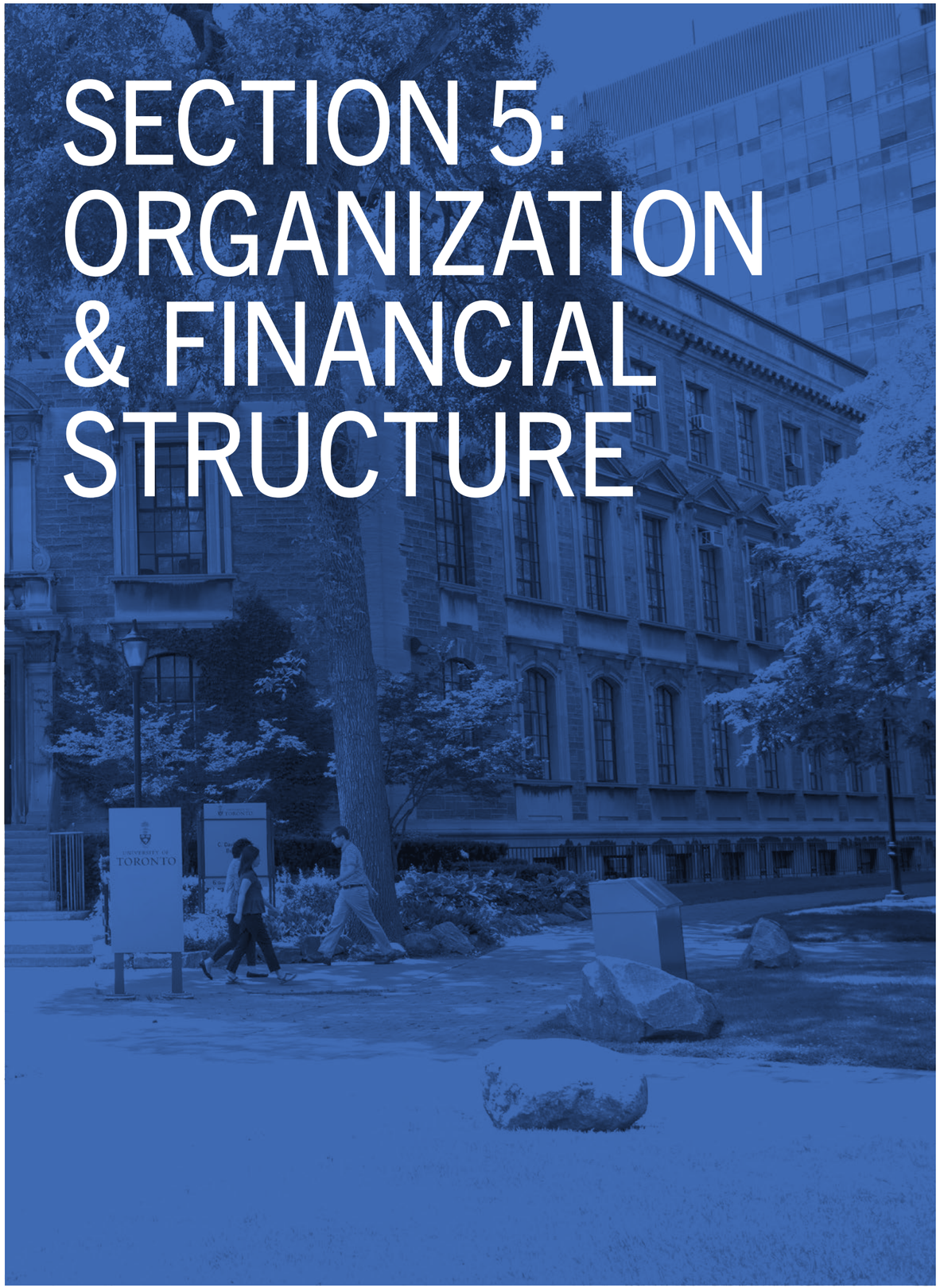
Late Career Transition

Late career transition workshop series will continue to be offered to all interested DoM faculty members. The content of the workshop will be modified accordingly, based on received feedback.

Faculty members who are nearing retirement require very specific information and advice, particularly around retention of access to certain university privileges. We will update a n existing peri-retirement checklist and are organizing additional workshops with a more practical and immediate focus. Insights offered from the workshop's participants will also be used to advocate for changes in the DoM practice plans and appointment status to provide better clarity when transitioning from active full time to emeritus status.

Valuing Clinician Teacher

DoM is continuing to advance the promotion process of Clinician Teachers with concrete changes in the Departments' policies and procedures. Department is also actively working to modify the Teaching Evaluations appeal process to ensure that the process is fair and easy to navigate. Planning is also underway for a Clinician Teacher conference (Invest in the Best) at the end of this year along with the development of multimodal strategies to highlight the important contributions of Clinician Teachers in the Department of Medicine.



SECTION 5: ORGANIZATION & FINANCIAL STRUCTURE

GOVERNANCE

The Department Chair reports to the Dean, Temerty Faculty of Medicine. She is supported in her role by four Vice Chairs: Dr. Arno Kumagai, Education; Dr. Jane Batt, Research (2023- ; formerly Dr. Michael Farkouh); Dr. Kaveh Shojania, Quality and Innovation (QI); and Dr. Umberin Najeeb, Culture and Inclusion (2022 -). The Department is governed by an Executive Committee that includes the Chair, Vice Chairs (VCs), Physicians-in-Chief (PICs), Departmental Division Directors (DDDs), leaders of key educational programs, and two "early career faculty" representatives. The Committee meets monthly and is responsible for approving major policies and procedures for the Department. There are also quarterly meetings of the DDDs that are focused on divisional matters and of the Senior Executive (VCs and PICs) to monitor progress, discuss barriers and make decisions about priorities and use of resources. Recently, in response to feedback from DDDs of small divisions, we struck a separate "Small Division DDD Meeting", now held quarterly, to enable a focus on their specific needs, e.g., expanding their discipline across sites, capacity for leadership roles, etc. Standing committees are led by the VCs and education program leads. Since the close relationship of the Chair and PICs is critical, this group also meets monthly to coordinate efforts.

Parallel to the Department Executive Committee, each division has an executive committee, chaired by the DDD, and comprised of the hospital division heads, residency program director, and selected other members as determined by the DDD (e.g., Fellowship Director, CBD lead, leads for quality, research, mentorship, wellness, etc.). The Divisional Executive Committees are critical to decision making about the recruitment of new faculty members across the city and to management of department programming across divisional sites. Each hospital PIC also has a departmental executive committee, comprised of hospital division directors, leads for education, research and QI, practice plan lead, and others.

The Chair meets one-on-one with each DDD, PIC and VC monthly.

STRATEGIC PLAN & LONG-RANGE PLANNING CHALLENGES

As noted earlier, the Department revised its **strategic priorities** in late 2019 following the five-year external review. These are as follows:

Create a clinical and academic environment that promotes mutual respect, compassion, integrity and inclusion, and thus fosters the wellbeing of our faculty and learners.

Over the initial five-years, the Department played a key role in shaping the evolution of work across Temerty Medicine and beyond in equity, diversity, and inclusion (EDI), professional behavior, humanism in medicine and, more recently, physician wellness and job satisfaction. In revisiting our priorities in 2019, we confirmed our strong desire to continue deepening our existing strengths, while adding an explicit role for advocacy for equity, wellness, and sustainability. We felt we were truly benefiting from greater diversity of voices and experiences around our departmental leadership table but needed to consolidate this good work and evaluate uptake and impact. Put simply, we wanted to continue to move towards creation of a workplace culture where we look after one another. Specific deliverables were:

Establish a new portfolio, Vice-Chair Culture & Inclusion with three themes of work:

EDI:

- Continue to implement policies and practices to enhance EDI
- Promote broad engagement of faculty with diverse perspectives in all departmental activities.

Wellness:

- Promote QI projects that have potential to improve joy and meaning at work
- Implement strategies to enhance a sense of community
- Improve the experience of late-career transition

Mentorship Across the Academic Lifespan

- Develop metrics to assess faculty mentorship
- Champion mentorship as a criterion for academic merit and promotion
- Augment mentorship to mid- and late-career faculty
- Increase opportunities for faculty development and peer support.

Innovate in models of learning and care to promote a sustainable, person-centred health care system that meets current and future population needs.

One of our paramount goals is to ensure that our training programs are providing residents and fellows with the skills and knowledge they will need to provide the highest quality care to patients in the future. Specifically, we wondered to what extent they understood the role of artificial intelligence in health and clinical decision making? What about use of digital technologies? Will they be equipped to care for a more diverse population than ever before, the widening gaps between the rich and poor, and the overarching impact on mental health that accompany these social determinants of health? Specific deliverables were:

- To develop and implement strategies to improve the quality and quantity of teaching evaluations.
- Ensure our training is aligned with RCPSC expectations for equipping learners to practice with empathy, strong communication skills in complex decision making, virtual and distance-based care, use of artificial intelligence in clinical decision making, and integrated primary specialty care
- Develop and implement a co-learning curriculum with Department of Family & Community Medicine on integrated complex care for multi-morbid patients
- Better align resources with high-impact initiatives and to deepen the DoM's "bench strength" in medical education and scholarship among junior faculty and trainees
- Continue to advance initiatives that foster an Inclusive environment, advancing innovation of models of education for sustainability and person-centred care, promote, sustain or amplify international reputation, and to engage in transformational change that includes engaging in new technologies and new ways of knowing to adapt and expand medicine's approaches to societal needs.

Promote, sustain, and amplify our international status as scholars in basic and clinical research, education, quality improvement and healthcare provision, ensuring that discoveries and new knowledge get to the patients and providers who need them.

We aspire to world-class scholarship. With relatively small investments, city-wide inter-disciplinary networks had been established and were thriving. We wanted to strategically leverage our collective assets to create new networks. We felt we had done a good job shifting the perception of scholarship from research alone to a broad array of activities that generate new knowledge that impact health and health care, and that this could not be sacrificed. Specific deliverables were:

- Implement strategies to increase collaboration of faculty and hospital leaders for Quality Improvement (QI) initiatives
- Incorporate impact on clinician/learner wellness as a goal of QI projects
- Enhance focus on and capacity for translational research to ensure discoveries make their way from bench to bedside and evidence makes its way into practice in a scalable manner
- Leverage TAHSN committees to address research ethics board (QI/non-QI) and contracts issues
- Focus fundraising on sustaining and augmenting the Clinician Scientist pipeline, from training to later-career
- Ensure ongoing success of city-wide platforms, e.g., GEMINI
- Build capacity for using artificial intelligence in scholarly work.

Get Political: Engage in transformational change as leaders, partners, and effective followers alongside decision-makers.

At our departmental retreat in late 2019, we invited Kevin Smith, CEO of UHN, to give us his perspective on our five-year priorities. He challenged us to become more active in the political discourse about health care and training. We had individuals in our department who work closely with key decision makers at the Royal College, Ministry of Health, Ontario Medical Association, federal government and others, but as a department we had not had a voice at these tables. We decided we wanted to use our position to play a more coordinated and active role in health system transformation. Specific deliverables were:

- Use our voices: Ensuring effective representation and advocacy at Ontario Medical Association, Canadian Institutes of Health Research, Ontario Ministry of Health, and the Royal College
- Advocate for change on behalf of approaches to transformational healthcare, such as physician payment for complex integrated care provision and research overhead from federal funders.
- Establish working groups to explore where the Department can advocate and make recommendations on action in the following areas: climate change; responding to the Truth and Reconciliation recommendations; underrepresented populations in the clinical setting; and the patient and family voice.

Progress to date on the above deliverables is summarized throughout this report. Obviously, at the time these deliverables were drafted, we were blissfully unaware of the global pandemic that would soon arrive. As noted elsewhere, the pandemic had an enormous impact on our capacity to address some of the above-noted deliverables. Still, we have accomplished or put into motion the work required to achieve most.

LONG TERM PLANNING CHALLENGES

Please refer to *Strengths and Potential Risks* above, and to *Future Directions*, below.

ADMINISTRATIVE STAFF

The Department currently employs 44 full-time administrative staff (was 35 in 2018 and 22 in 2014), who report to the DoM Director of Business and Administration. (Kerri Bailey (2022-present), Margaret Mah (2019-2021) and Clare Mitchel (2013-2019). Indirectly, the Director of Business and Administrations oversees 35+ hospital-based administrators, coordinators, divisional supports and senior support leads. Two key challenges are discussed in detail below, including funding to support DoM staffing and overall growth of the Department. Current funding sources include allocated funds by the University operating budget, and the Department's share of funding from foreign-trained residents and fellows.

Figure 5.1: University of Toronto, Department of Medicine Organization Structure

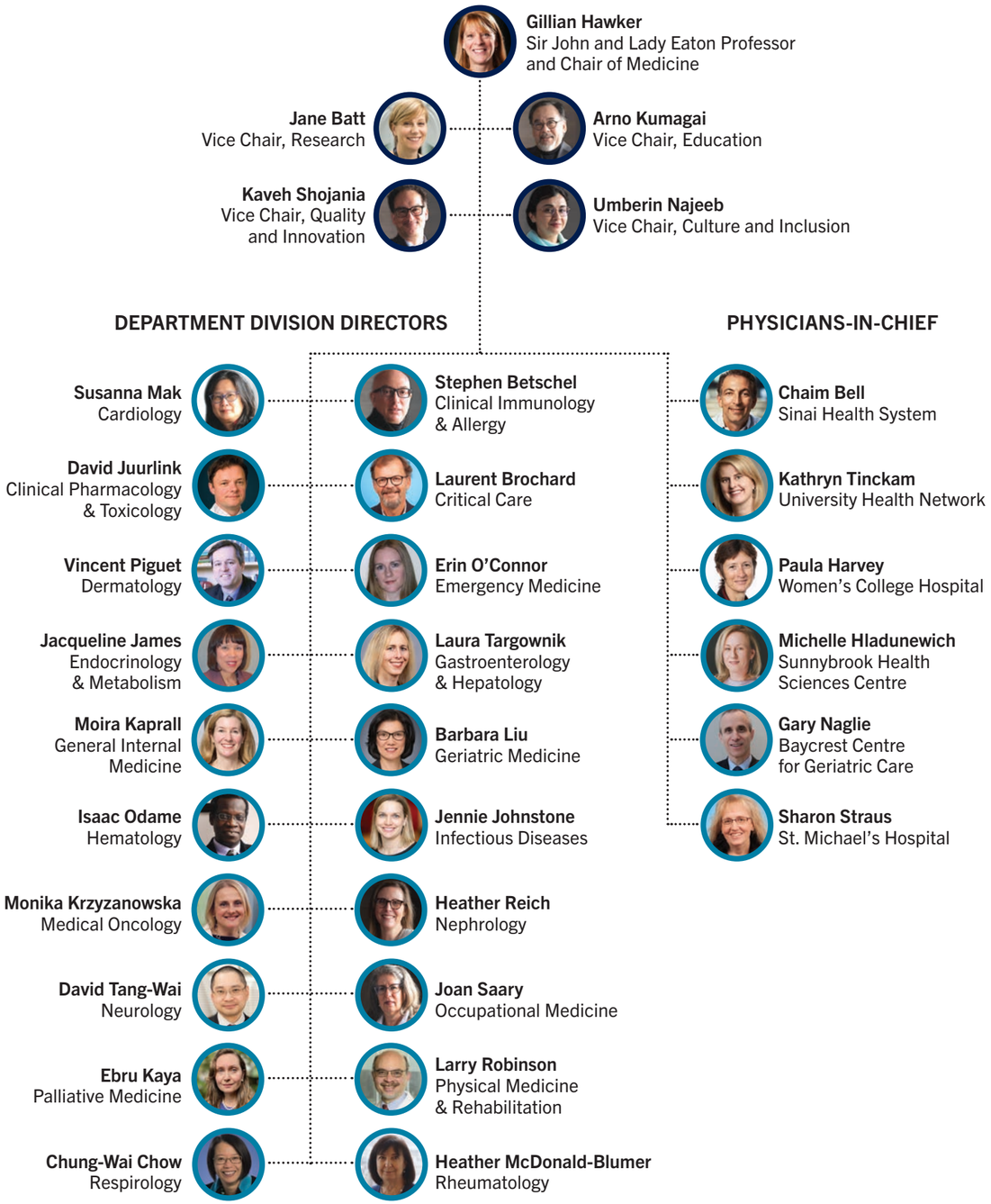


Figure 5.2

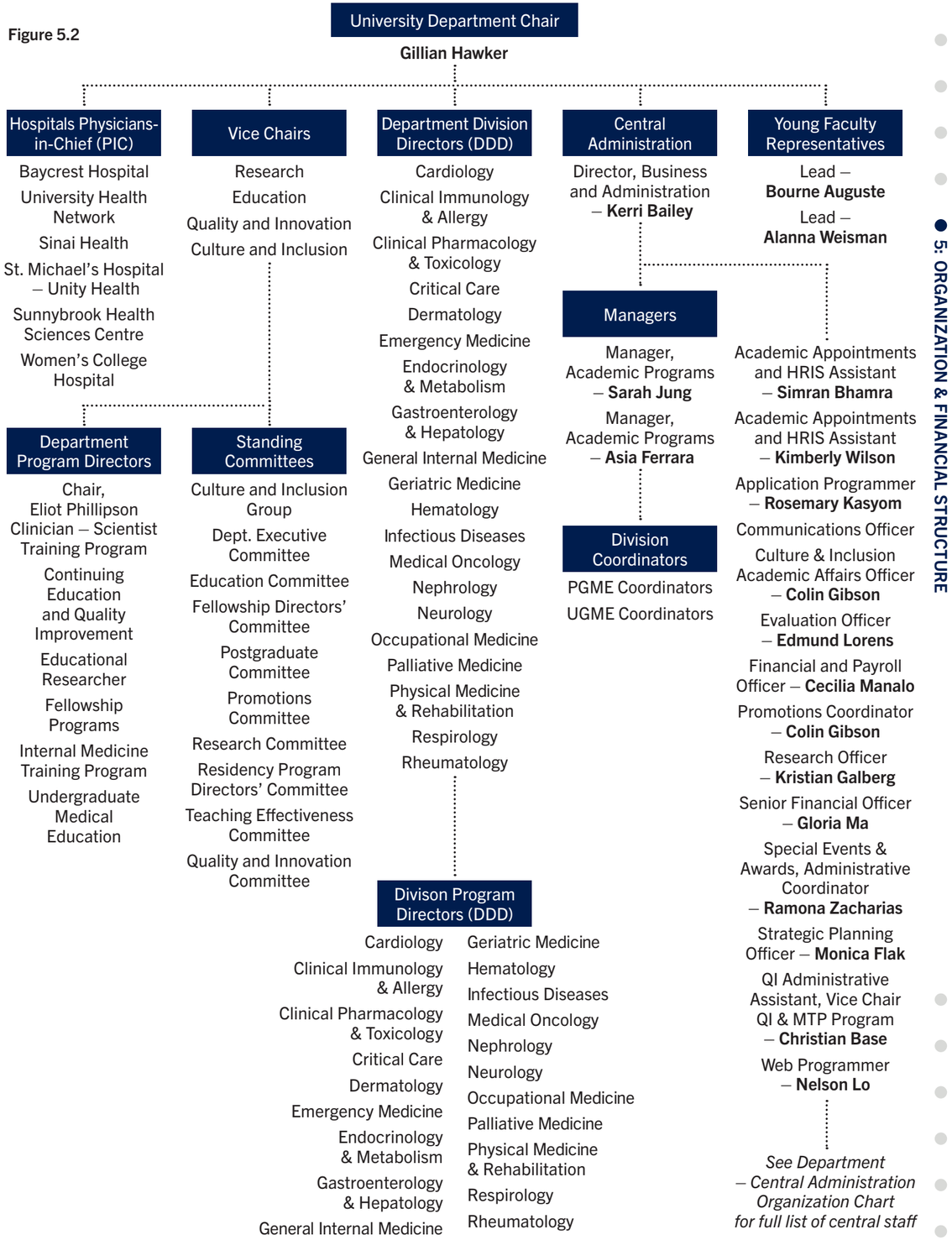
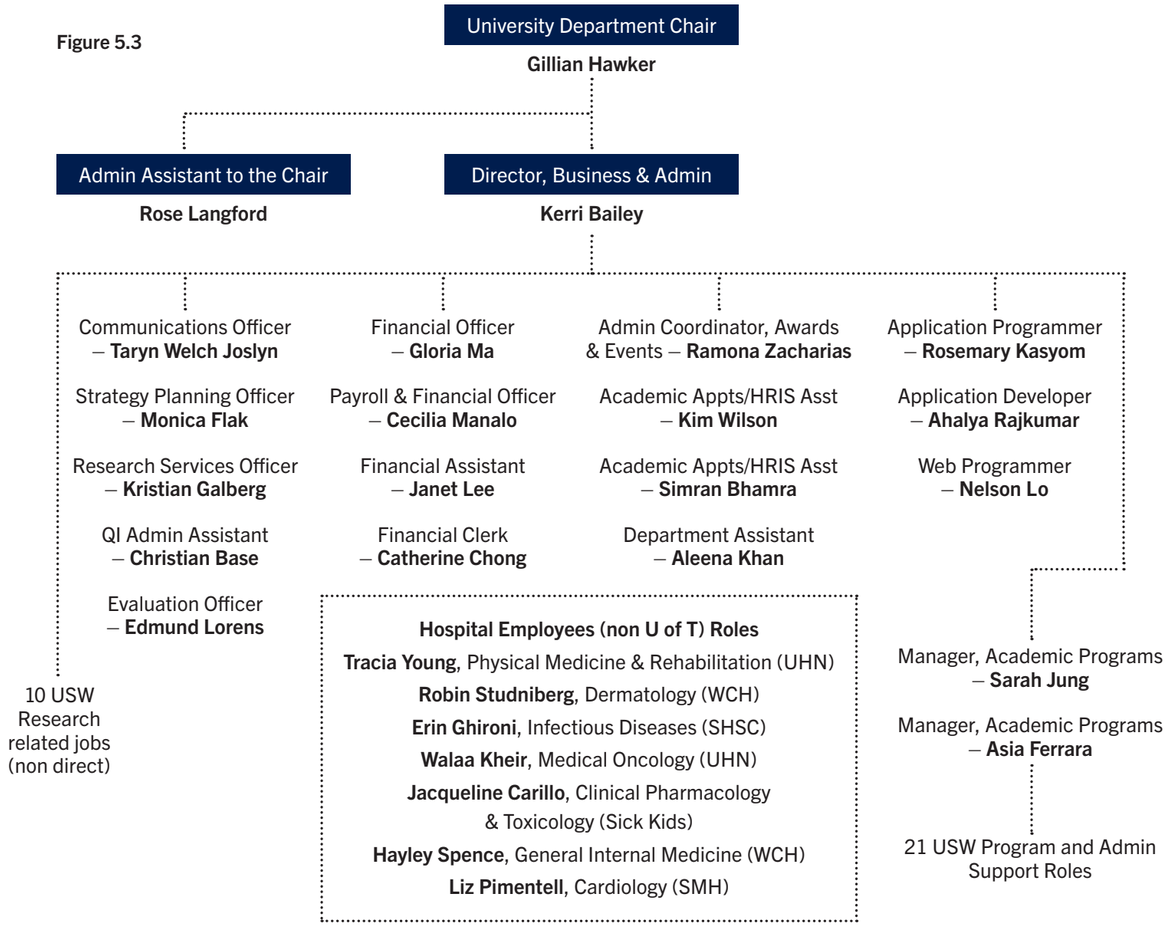
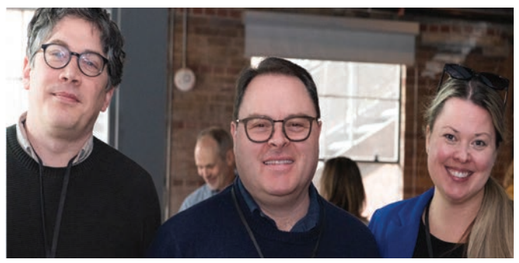


Figure 5.3





In October 2019 the DoM administrative office moved from its rented space at the Toronto General Hospital (education, MED, QI, Business Administration) along with staff located on the 2nd floor C. David Naylor Building on campus (communications, finance, research, advancement) moved to the newly renovated C. David Naylor Building – 3rd floor. Staff currently work in a hybrid work-model, whereby they participate in the physical office two-days per week. Office space is shared due to size of staff complement, but each staff member currently continues to have their own assigned desk, and there is adequate meeting space to support group meetings and or private calls. There is an Emeritus Faculty lounge open to both Faculty and Staff, 3 small meeting rooms available for day-of-booking, a Chair's meeting room with AV that accommodates up to 10 people, and a large boardroom that has state of the art AV and accommodates up to 50 people.

Over the past ten -years, there has been significant reorganization of administrative responsibilities, roles and personnel due to changes in program priorities, retirement, budget reductions and turnover. Turnover is a particular challenge, as posting and the hiring process are often delayed due to central human resource backlogs. Nevertheless, the Department is committed to improving staff wellness and does conduct exit interviews for all positions that turnover. Information gathered is then used to inform planning for recruitment. While the Department has not initiated a staff satisfaction survey, staff have openly voiced satisfaction with the DoM's hybrid work-model and recognize significant efforts by Kerri Bailey to promote continuing education, team building and networking opportunities. Clear pressure points include increases to work volume, salary freezes, competition and continued high staff turnover.

As a first step to address administrative pressures, new positions have been created to support divisional leaders and residency programs within the Department's education portfolio. This includes hiring two Managers (Sarah Jung and Asia Ferrara, hired in 2020 and 2023, respectively). These roles support Academic Programs and full-time program support staff both on- and off-site. With the support of central TFoM Human Resources, the Department standardized position descriptions and funding for education program coordinators in 2020, which has enhanced equity and transparency within the role and across divisions. Still more work is needed. Continued effort will be required by the Chair and Director of Business and Administration to further assess and address pressure points as able, particularly how to better manage staff wellness and heavy work volumes. Our staff are some of the very best at the University and we have every intention of doing our best to continue to recruit, support, and promote these incredible people within the department.

FINANCE

Revenue to the DoM

The Department's annual budget is comprised of a budget allocation from the TFoM, a portion of central Postgraduate Medical Education (PGME) tuition revenues for residents and international medical graduates, and income from the department's endowments and trust funds. The DoM does not receive revenues from hospital practice plans.

Since 2014, total funding to the DoM has decreased by approximately 17%. Department funding was approximately $23M in 2014-15 and in 2017-18. It was reduced to $19M in 2022-23. Almost two thirds of this budget represent monies that flow through the department from the hospital practice plans and is unavailable for department operations. The annual funds available to the department was approximately $14.4M in 2014-15 and 2017-2018. The budget declined to $12.7M in 2022-23. Of this amount, the budget allocation from the TFoM in 2014-15 was $5.3M, decreased in 2017-18 to $4.55M, and further decreased in 2022-23 to $4.2M. Since 2014, the budget allocation from the TFoM has decreased by approximately 20%. Some of these reductions have been offset by increased revenue from resident training, which was approximately $3.0M in 2014-15, $3.3M in 2017-18, and $3.7M in 2022-23; and endowment revenue, which has remained relatively stable at approximately $3.1 million, assuming a rate of return of 4 per cent per reporting term.

In addition to the annual allocations noted above, the department is allowed to carry forward annual savings which have been earmarked for future strategic initiative. However, carry forward allowances of these funds as permitted by the University have been reduced by approximately 90% since 2014. In 2014-15, the amount allowed to carry forward had no restriction, but the university subsequently reduced allowable carry forward to 15-20% and more recently to 10%, clawing back monies reserved in excess of this amount and disrupting and reducing the department's capacity for strategic funding. In total, the Department has had over $8 million clawed back.

Expenses to the DoM

The above-noted budget restrictions have occurred concurrent with a **33% rise in full-time faculty** complement and community expansion. Growth in our faculty number has required increased administrative staff to support the academic life cycle, e.g., appointments, renewals, continuing faculty review and senior promotion. Revenue changes have also occurred contemporaneous with major changes and increases in expectations for residency and fellowship training and support, in particular the implementation of competency-based medical education and preparation for and response to the 2021 Royal College accreditation. **Since 2014 staff complement has grown 100% and since 2018, the budget for the postgraduate office and academic education administrative staff has risen by 56%.** In addition to increasing DoM on-site administration, the DoM also purchases annual salary support from affiliated host hospital payrolls in the sum of $500,000 per year. This investment protects administrative time for administrators who support education leaders.

Increased support has also been required to support resident rotation scheduling across the hospital sites, resident wellness, and equity, diversity, and inclusion initiatives related to postgraduate education. This includes annual management and improvements in our **Online Base Hospital and Rotation Selection system (ORBS)**, which was developed to facilitate integration of hospital site scheduling and resident assignments. ORBS-related expenditures include funding for staff at each of the sites, program coordinators in the DoM, two full-time programmers and some part-time support staff. As a result, in the current year, approximately $12.3 million is allocated to education priorities, including funding for senior leadership stipends, staffing and departmental leadership initiatives. Further, a one-time-only commitment of $2 million was required to support the hospitals in addressing trainee workload on the CTUs.

Beyond education, the department commits $3.5 million (including benefits) for **Senior Leadership salary support**, inclusive of 4 Vice Chairs, 20 Division Directors, 6 Physicians-in-Chiefs, and the Chair stipend. An additional $1 million is invested in salary and benefits for **DoM Central Administration**, including funding for our Director of Business and Operations, and staff oversight of Finance, Research, Communications, Strategic Planning, and Academic Appointments and Senior Promotion, while $800,000 is committed for tenured faculty salaries and benefits. Additional commitments are for: divisional and departmental strategic planning, recruitment, advancement of culture and inclusion initiatives and other special projects further described in this report. Approximately $1 million is allocated to Divisional initiatives and activities, e.g., city-wide collaborations, continuing education events and communication, direct resident and fellow support, research awards, and additional program and division leadership roles by way of Divisional UDAF funds.

The department provides central support for faculty development through: the **Master Teacher Program (MTP)**, which is a requirement for full-time faculty appointment as Assistant Professor and Clinician Teacher; the **Quality Improvement and Patient Safety Co-Learning Curriculum**, annual support for seed grants to support research in medical education **(MEds Grants)** and their organization; and the **Phillipson Clinician Scientist Training Program (CSTP)**. Excluding the CSTP, funding for these initiatives is modest, at approximately $250k per annum overall.

The department commits approximately $300.000 per year to its portfolios in Culture and Inclusion and Quality and Innovation. This includes a recent 10-year review of the CQI position description in 2022, and an investment of $104,000 to fund pandemic research relief. An additional $200,000 is committed every year to support Departmental events such as Annual Day, Graduation, Resident and Faculty Orientation, and City-Wide Grand Rounds. There was a notable reduction in expenditures in 2022 related to events due to the COVID-19 pandemic and the requisite shift in focus to patient care and resident and faculty wellness. With the return to in-person teaching, meetings, celebrations, the meteoric rise in the rate of inflation and cost of some programming, we expect the budget will need to grow to meet minimum program needs.

Figure 5.4

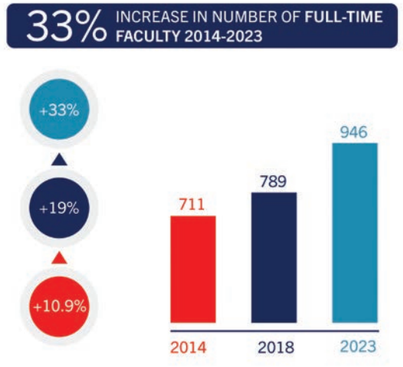
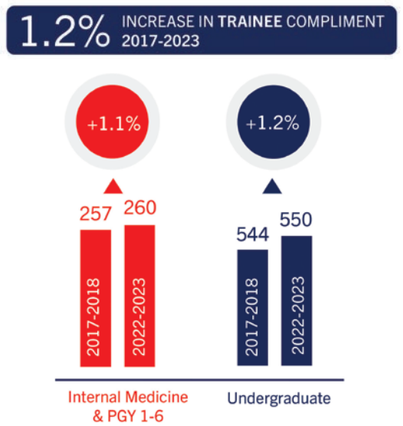


Figure 5.5



DoM is a research-intensive department; approximately half of the faculty spend 50% or more of their professional time engaged in research. The increased demands posed by a growing faculty and enhanced expectations for learner support have shifted resources away from our research portfolio. At the same time as federal funding for research operations and salary are on the decline, this puts tremendous strain on the department's ability to sustain its research mission. Since 2018, we have increased the allocation of funds to support our CSs, from $3 million to $3.6 million. An additional $500,000 is allocated annually to support the management and oversight of the department's research funds, including on- and off-site research labs, grants applications and utilizations, support staff, and students.

Summary

Revenue to the department has remained relatively flat from 2014-2022 and was reduced by approximately 17% in 2023. Reconciling the departmental operating needs has resulted in a disproportionate allocation of funds to the educational mission, at the expense of research and strategic innovations. The department has grown, and new educational programs have been introduced by the TFoM and Royal College, and administrative work continues to be downloaded to the department from all levels of the division and university without any new funding to the department. Programs have required major expansion of DoM administrative staffing and increased spending to support faculty leadership, resulting in disproportionate allocation of funds to the educational mission. The department is in the process of examining how best to re-balance expenditures, including enhanced opportunities for advancement and advocacy for enhanced funding of the department based on performance.

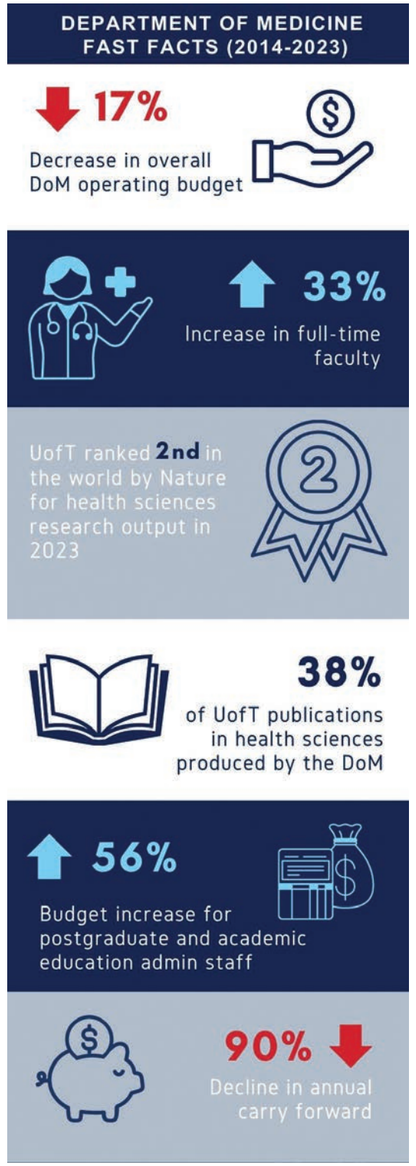
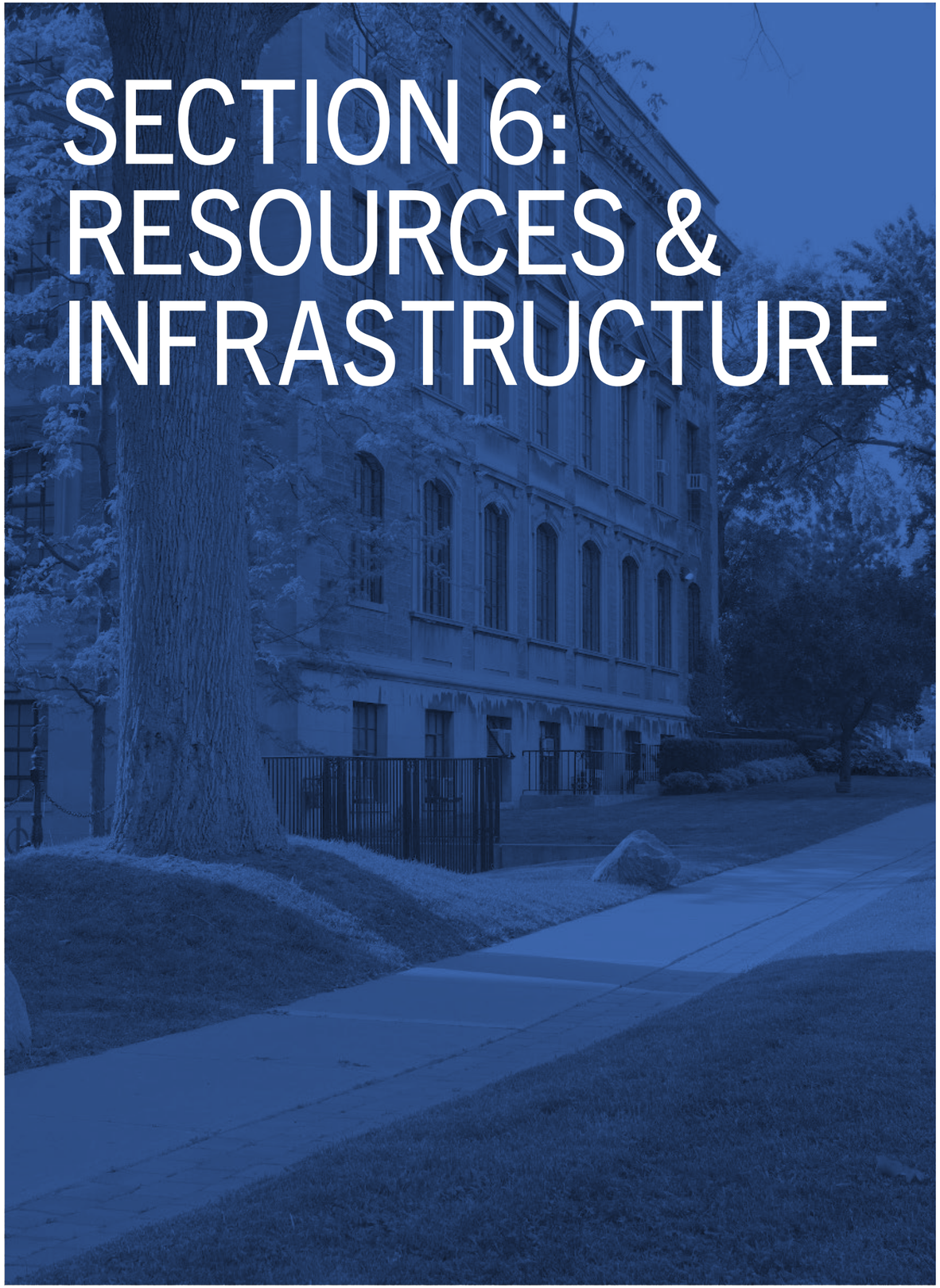


Figure 5.6

	2018-19	2019-20	2020-21	2021-22	2022-23	Total
CS Salary Support (prev. 'Merit')	$1,200,000.00	$1,080,000.00	$1,560,000.00	$1,526,666.67	$1,966,666.67	$7,333,333.34
CS Start up	$885,000.50	$909,999.67	$895,834.00	$910,334.00	$836,666.67	$4,437,834.84
CSTP – DoM operating contribution	$586,294.74	$223,581.23	$333,083.86	$409,574.58	$342,761.67	$1,895,296.08
CSTP – U of T scholarship (DoM + other)	$325,405.26	$262,993.77	$275,750.14	$272,793.00	$495,619.75	$1,632,561.92

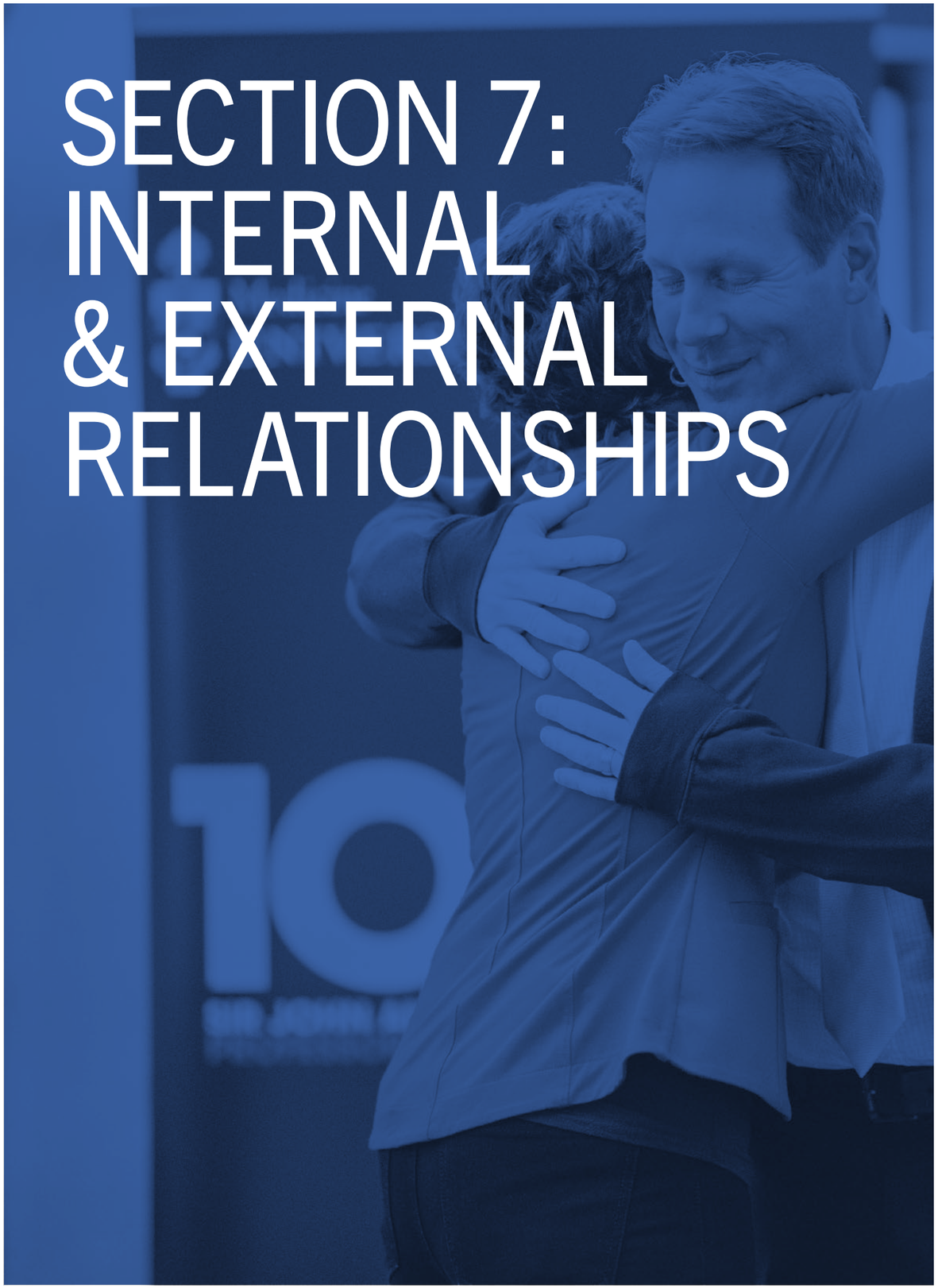


SECTION 6: RESOURCES & INFRASTRUCTURE

The major challenge facing the Department is with respect to IT infrastructure. Due to the Department's size and scope working across multiple sites, with varying levels of administrative support and data security protocols, we cannot reliably count on IT services from the central University or TFoM to meet our needs. Major areas of concern include ongoing improvements and integration of necessary IT infrastructure to support scheduling of residents and fellows (ORBS); and support for an electronic CV interface that meets the needs not only of researchers but also QI and teaching/education focused faculty members. The Department has invested considerable funds into the above IT initiatives.

We have seen a large increase in operating costs year-over-year, notably due to the increase in cost of licensing and central IT support. In 2019 DoM IT expenditures totaled $245,000, of which 50% were for WebCV. In 2023 investment increased to $305,000, of which $150,000 was for WebCV. Remaining expenditures related to staff IT support as DoM staff numbers increased and software licensing price increases. Further anticipated increases will see IT expenditures surpass $400,000 in 2024, which includes WebCV as it is offboarded to Discover Research, centralised services for equipment purchases, software support and other IT staff related support.

SECTION 7: INTERNAL & EXTERNAL RELATIONSHIPS



Given the size of the Department, it is near impossible to provide a summary of all the relationships that have been established internally and externally. There are many. For examples, please refer to the faculty CVs (Appendix A) and the Vice-Chair and Divisional reports. As an example, in October 2019, the VC CQI held a symposium attended by members of the U of T Departments of Medicine, Computer Science and ten faculty members from the Department of Medicine at the University of California San Francisco (UCSF), including its Chair, Dr. Robert Wachter. The meeting sought to develop a partnership project in the digital health space, including clinical informatics and remote patient monitoring technologies, and artificial intelligence. The symposium generated interest in collaboration around several areas but with the emergence of the COVID-19 pandemic just a few months later, momentum was interrupted. Nonetheless, the group has continued to work together, producing several papers. The group held a conference in February 2023 in San Francisco entitled “Managing the EHR Inbox 2023” focused on the challenges of handling the crushing volumes of inboxes and other platforms allowing patients to directly message providers. They are currently working to develop a joint fellowship in clinical informatics, where fellows from U of T would spend time at UCSF and vice versa.

With respect to building a sense of community and inclusivity in the Department, actions taken are summarized in both our Vice Chair reports and in each of our Divisional reports.

With respect to the social impact of the Department (outreach to local, national, and international communities), many department members are actively engaged in outreach activities with Indigenous communities, the homeless population, those with mental health and addiction issues, global health and climate change. The Department has extensive partnerships with other universities. Please refer to the CVs of our leadership team for detailed information. Some highlights of partnerships include the Department’s participation in the Toronto Addis Ababa Academic Collaboration (TAAAC).

SECTION 8: ALUMNI & ADVANCEMENT PROGRAMS

EXECUTIVE SUMMARY

Over the past five years, the Department of Medicine has been an excellent partner to Advancement, strengthened by Dr. Gillian Hawker's leadership. A focused approach to donor pipeline development, alumni engagement, and promoting the impact of the Department in communications has enabled support for academic priorities of the of the Chair.

Philanthropic Funding for Department – Summary

Over the past 5 years, approximately $23M has been raised for the Department of Medicine from over 600 donors. Of these gifts, 91 were commitments over $25,000, and 7 were $1M+.

Highlights include a, $3M to establish the *AbbVie Chair in Ethnodermatology*, one of the first of its kind in the world to support diversity in dermatology research, training and care, $2M donation to create a series of innovation grants to address catalyze COVID-19 research and projects related to Aging and Place, $1M to establish the Slamen-Fast New Initiatives in Neurology Fund, a self-investment program designed to enhance the development of the academic mission of the division by providing a limited grant support for faculty to complete successfully an initial project for their career development, and $1M to establish the Juan and Stefania Speck COVID-19 and Human Viruses Research Fund.

Additionally, a significant announcement was made in February 2021 with the creation of the *Novo Nordisk Network for Healthy Population*. Novo Nordisk's $20-million donation reunites U of T and Novo Nordisk to commemorate the 100th anniversary of the discovery of insulin and is a partnership between the Dalla Lana School of Public Health, the Temerty Faculty of Medicine and University of Toronto Mississauga. The network is focusing on new ways to support healthier urban populations and draws on U of T's leading expertise in public health research and education programs to impact the global fight against diabetes and other serious chronic diseases. The Department of Medicine is that Faculty's academic home for the network and Dr. Lorraine Lipscombe, Associate Professor in the Department of Medicine was appointed the Network's inaugural Director (funded by a new endowed chair) as of September 2021. The gift also includes an additional chair and significant support for clinician-scientists, early careers researchers and research activity in the Department of Medicine. $6M of the donation supports the department of medicine directly (director, chair, clinician scientist fund), but department of medicine faculty and trainees are also eligible for network-wide grants and awards.

Donor Identification and Cultivation

Over the last 5 years, there has been a focus on the identification, cultivation and solicitation of donors at all levels, with an emphasis on major gifts. Many different constituent groups have been engaged as prospective donors, including alumni, grateful patients, foundations, corporations, and community leaders.

The Advancement team also engages donors to the Department with reporting on the impact of previous gifts. Advancement currently prepares approximately 30 customized annual reports for donors to the Department of Medicine, that includes detailed financial statements for endowed funds.

Alumni Engagement, Awards and Events

As of June 2023, there are 6,037 alumni of the Department of Medicine. In the last 5 years, 873 of these alumni (14.5% of the total) have been engaged with the Department and the University of Toronto in some way. Engagement is counted in the form of event attendance, participation in meetings with advancement, volunteerism and philanthropic giving.

During these five years, seven faculty members and/or alumni of the Department have been recognized as part of the Dean's Alumni Award for their outstanding contributions. The Temerty Faculty of Medicine Dean's Alumni Awards are among the highest honour from the Faculty and highlight the contributions of alumni as they advance clinical care, health research and medical education. Recipients include Sharon Straus in the category of Lifetime Achievement (Global Impact), Brian Wong in the category of Emerging Leader, and Anju Anand and Adrienne Chan, both with the Humanitarian Award.

Our alumni team also supports annually the Postgraduate Medical Education graduate ceremonies by providing planning and logistical support, and strategies to engage alumni early-on with the Department of Medicine.

Raising Profile Through Communications

A concerted effort has been made to produce content that demonstrates the impact of the Department of Medicine, and amplify stories across the Temerty Faculty of Medicine and University communication channels. This includes the Temerty Faculty of Medicine's Twitter (31,100 followers), Instagram (11,800 followers) and Facebook (8,000 followers).

The Office of Advancement benefits from a dedicated three-person communications team focused on advancement priorities and collateral, including donor and alumni profiles. In the last 5 years, many stories featuring the Department of Medicine and its faculty members, students and alumni were posted to the Temerty Faculty of Medicine website and amplified on social media channels (see Appendix I below for references to several of these stories). This includes profiles of faculty members who are leading fundraising priority campaigns, such as one on faculty member Dr. Joan Saary (linked here), to help raise the profile of aerospace medicine.

Faculty members and alumni from the Department of Medicine are regular contributors to the UofTMed magazine. The digital distribution for the magazine is approximately 40,000, and it is mailed to approximately 20,000 donors, alumni and community members, raising the profile of the Department to an audience outside of Temerty Faculty of Medicine alumni, and reaching the wider U of T community.

Advancement has partnered with the Department of Medicine on a variety of events with support ranging from advisory to operational, and successful partnerships include annual graduation ceremonies to an intimate "Coffee with the Department of Medicine" event in 2019 with alumni featuring Dr. Kamran Khan, Professor in the Department of Medicine. Other highlights include the 2023 Dean's Lunch for donors to the Temerty Faculty of Medicine which also featured Dr. Kamran Khan as the keynote speaker.

In 2021, faculty members Dr. Sacha Bhatia and Dr. Sharon Straus were featured in a virtual discussion in the Temerty Medicine Talks series, hosted by the Globe and Mail's André Picard. The engaging discussion delved in to how the spaces we inhabit impact aging, what we've learned from the COVID-19 pandemic, and opportunities to transform how (and where) we grow older in the future, and was well attended by Temerty Medicine alumni, donors and the wider community. The recording was posted to YouTube and continues to be visited regularly, raising the profile of the Department and the research led by faculty members such as Drs. Bhatia and Straus.

Also in 2021, TemertyTalks featured Aerospace Medicine: Taking Health to New Heights, which featured Dr. André Picard in discussion with aerospace expert Dr. Joan Saary, where they discussed Canada and U of T's rich history in aerospace medicine, as well as what the future might hold for this far-reaching field. Both of the TemertyTalks saw record attendance, with 300+ viewers.

Transformative and Collaborative Gifts to the Temerty Faculty of Medicine

Several gifts have been received in the last 5 years that have a wide impact across Departments, benefitting many of our faculty members and learners. As the University has entered a new campaign as of December 2021 (the Defy Gravity Campaign) we anticipate these Faculty-wide gifts will become more common, to the benefit of Departments such as Medicine.

One example is the $16.4M commitment made by Hold'em for Life Charity Challenge in 2019, supporting residents and clinical fellows conducting cancer research. 30 trainees from the Department of Medicine have successfully competed for and received the fellowships valued at $50,000 from 2019 – 2022. Trainees are encouraged to apply to the annual call for applications.

On September 24, 2020, the Faculty of Medicine announced a historic $250-million gift from James and Louise Temerty and the Temerty Foundation – the largest gift in Canadian history. This gift is advancing biomedical research and innovation, medical education, and health care in Toronto, Canada and beyond, and renamed the Faculty in recognition of this historic gift to be the Temerty Faculty of Medicine. The faculty members and learners of the Department of Medicine, like many departments, are benefitting from this investment as there is significant funding for fundamental, translational and clinical research.

Specifically, $10M of the Temerty Foundation gift was designated to assist with urgent COVID-19 priorities, such as isolation accommodation during the spring/summer 2020 wave of COVID-19. During this time, 54 trainees from the Department accessed isolation accommodation in hotels and short-term rentals, allowing them a safe place to isolate

from vulnerable family members and roommates while they worked on the front-line in the hospitals. An additional six trainees from the Department benefitted from transportation support (car rental) to allow them to safely commute to the hospital without using public transportation. 12 international fellows from the Department received a contract extension from July – September 2020 to continue working in Toronto until it was safe to travel to their home countries.

Urgent researching funding was awarded from the University's COVID Action Fund and this benefitted 5 researchers[1] from the Department of Medicine with over $1.5M.
An additional $75,000 was provided by the Dean to support two of the research projects that had a demonstrated focus on equity, diversity and inclusion with potential impact for marginalized groups.

As a result of the Temerty Foundation gift, the Temerty Knowledge Translation Grant competition launched in spring 2021. These grants support research focusing on health inequities, and two faculty members[2] from the Department successfully competed for and received a grant. In fall 2022, Dr. Amol Verma, Assistant Professor in the Department of Medicine was appointed to the Temerty Professorship in AI Research and Education in Medicine for a 5-year term, a position made possible by the donation from the Temerty Foundation.

The *Banting & Best Distinguished Scholar Award Program* was also established from the Temerty Foundation gift, and faculty member Dr. Richard Horner received this in 2021. The Award provides bridge funding for two years after a researcher has ended a Tier 1 Canada Research Chair and recognizes some of the most distinguished researchers in the Temerty Medicine community.

[1] **$325,000** Ahmed Bayoumi, The effects of the COVID-19 pandemic response for people who are marginalized; **$325,000** Laurent Brochard, Careful ventilation in patients with ARDS induced by COVID-19; **$575,000** Angela Cheung, The Ontario COVID-19 prospective cohort study; **$42,000** Paul Dorian, Evaluation of a small gas-powered and patient-responsive automated resuscitation/ventilation; **$494,750** Jordan Feld, Interferon lambda for immediate antiviral therapy at diagnosis: a phase II randomized, open-label, multicentre trial to evaluate the effect of peginterferon lambda for the treatment of COVID-19

[2] **$80,000** Sharmistha Mishra "Community-led and community-tailored COVID-19 transmission and response modeling among First Nations communities in Ontario; **$85,000** Sharon Strauss "Evaluating the impact of resource navigators to support LTCH PSWs during COVID-19"

Appendix I – Communications to Build Profile

Sample of news stories led by Advancement:

February 2023: *Racing to Stop Sudden Cardiac Deaths in Children and Young People*

January 2023: *Novo Nordisk Network for Healthy Populations Hosts First Pitch Event*

October 2022: *New Fund in Aerospace Medicine Honours the Legacy of the late Colonel Carl Walker*

September 2022: W*omen in Medicine: Giving Back to the Next Generation*

September 2022: *Professor Baiju Shah Appointed Inaugural Novo Nordisk Research Chair in Equitable Care of Diabetes and Related Conditions*

February 2022: *AbbVie and the University of Toronto Establish Endowed Chair in Ethnodermatology*

December 2021: *Common Diabetes Drug Not Effective Against Early-Stage Breast Cancer, Landmark Trial Reveals*

November 2021: *Insulin 100: Parks Canada Unveils Commemorative Bronze Plaque at U of T*

November 2021: *It's Especially Important to Get a Flu Shot this Year: U of T Expert Susy Hota*

November 2021: *U of T Researchers Seek to Understand COVID-19 Recovery*

October 2021: *Drucker Lab Broadens Focus on Gut Hormone GLP-1, the 'Swiss Army Knife' of Metabolism*

October 2021: *Even With Vaccines, Health Self-Assessments Remain Important: U of T Experts*

August 2021: *U of T Study Finds Iron Deficiency Affects Half of Pregnancies, yet Many Women Aren't Screened*

August 2021: *Low-glycemic diet reduces cardiometabolic risks for people with diabetes: U of T study*

June 2021: *U of T Endocrinologist to Lead 'Powerhouse' Diabetes Research Network*

April 2021: *Honouring Impact: 2021 Dean's Alumni Awards*

April 2021: *Insulin100 Symposium Draws World Experts in Diabetes Research and Care*

April 2021: *Towards a Cure: Insulin100 Scientific Conference Draws World's Leading Diabetes Researchers*

April 2021: *U of T Supports Launch of WHO's Vision for Global Diabetes Prevention and Management*

April 2021: *International Gairdner Award Goes to U of T Scientist for Metabolism Research*

March 2021: *Public Event to Mark U of T's Discovery of Insulin and Map Future of Diabetes Care*

November 2020: *Drucker Family Innovation Fund to Support Research on Diabetes and Metabolism*

November 2020: *'Our very first biotech win': How U of T's discovery of insulin made it a research and innovation powerhouse*

September 2019: *U of T Professor Celebrated for Diabetes Research*

June 2019: *Department of Medicine Celebrates the Impact of Its Faculty and Legacy of the Eaton Chair*

April 2019: *Drucker Named 2019 Hamm Prize Laureate*

January 2019: *New Gift to Department of Medicine Marks 100 years of U of T's First Endowed Chair*

October 2018: *U of T Professors and Grad Take Three Manning Awards*

May 2018: *Professor Kamran Khan to Receive Governor General's Innovation Award*

SECTION 9: FUTURE DIRECTIONS

The value proposition for academic medicine is objectively diminishing in the eyes of department members. With rising costs of living, there is increased focus on comparing the income of full-time academic faculty members with that of peers in the community setting. The value of the academic setting to achieve work-life balance and professional fulfillment is being seriously questioned. To counter this, the Department must continue to advocate for increased learner numbers in the TAHSN network, enhanced funding for academic activities, exploration of alternate methods of physician funding, and continued recruitment to address workload issues. Ongoing efforts to enhance the experience of career transitions and to provide flexible work opportunities will also be critical for future health human resource planning. The healthcare system is at a critical juncture. It is not meeting the needs of a growing, aging population and is faced with significant health human resource and funding challenges. Substantial and disruptive changes are required to how and where care will be provided in the future. The Department is well positioned to provide leadership in this healthcare transformation and needs to carve out the required time to devote to these efforts. We have already invested considerably in developing and evaluating innovative models of integrated care. Many of these models are now being scaled provincially (e.g., LTC+ and SCOPE) and have been adopted nationally and internationally. We must now strengthen our partnerships with hospitals, government, and research funding bodies to address and advocate for health equity and a more holistic and integrated system of health care that places greater emphasis on the community.

The Department remains dedicated to providing the very best learning environment. This dedication has been clearly demonstrated by the collective efforts of our faculty members to addressing the areas of concern identified by the Royal College accreditation review of our core internal medicine program. Ongoing efforts to show our respect and appreciation for those who do the lion's share of teaching will be needed.

We are also wholeheartedly committed to prioritizing the issues of physician wellness, equity, diversity, and inclusion, and promoting inclusive excellence across the department. Delivering on these priorities will require greater attention to developing a city-wide HHR plan for the Department and addressing the value proposition for academic medicine noted above.

To preserve the teaching and research agenda of the Department, it is urgent to recruit physicians who can care for patients in direct care models without the expectation of learner presence including overnight coverage and ED Coverage. The creation of the new academic position description, Academic Clinician, is therefore a positive move. However, a potential limitation is that we will be competing for recruitment of these individuals with our community partners, who are offering increasingly competitive stipends to incent daily service even before fee for service billing occurs. As individuals who provide this care are in greater demand than there is supply, these daily and nightly stipends are rapidly increasing which the academic environment cannot sustain. A highly anticipated "hospitalist APP" is currently undergoing negotiation between the MOH and the OMA (PIC Chaim Bell is co-leading this work) and will be required to support these essential experts in the academic setting.

Fundraising, at the university and hospitals, does not necessarily align with needs or priorities. As a result, there is both interdepartmental disparity and within-Department inequity, producing a have and have not situation, unrelated to the excellence of the individuals or groups. This imbalance contributes to challenges in supporting the academic mission and contributes to burnout. Together with the DDDs, the Chair must focus renewed energy on fundraising, particularly to identify new sources of funding for the 'have not' divisions like Infectious Diseases and Classical Hematology.

In conclusion, it is a true privilege to serve as Chair of this outstanding Department. The quest for providing the best possible care to the population through training and scholarship is sincere. While I am confident that the Department can pivot and innovate to sustain and even grow its impact, doing so will likely require fundamental changes to how we work, and how we are paid and a compelling narrative to continue to attract the best and the brightest to train and practice at the University of Toronto.

SECTION 10: FACULTY REPORT

The Department conducts faculty surveys every two years to take the pulse of the Department. The last survey was conducted in 2022. Please see the section on The Environment of the Department for detailed results

SECTION 11: HOSPITAL REPORTS

BAYCREST HEALTH SCIENCES

OVERVIEW

Baycrest is an academic health sciences centre providing a continuum of care for older adults, including independent living, assisted living, long-term care, and a post-acute hospital, all within one campus. Fully affiliated with the University of Toronto (U of T), Baycrest is committed to providing state-of-the-art care to older adults including those with neurodegenerative illnesses. With an extensive clinical training program, it plays an important role in training future professionals who will care for our aging population.

Baycrest provides care to thousands of people each year through a unique spectrum of services including wellness programs and residential housing, ambulatory and community outreach services, adult day programs, a day treatment centre (day hospital) and a 472-bed nursing home.

The 262-bed hospital offers rehabilitation services, palliative care, a behavioural neurology unit, an inpatient geriatric psychiatry unit and a transitional care unit. In addition, the hospital's Complex Continuing Care Program provides assessment, treatment and care for older individuals who have multiple chronic complex medical conditions.

Outpatient services include specialty clinics that focus on comprehensive geriatric assessment, memory, movement disorders, wounds, audiology and mental health, as well as subspecialty clinics (cardiology, neurology, dermatology, rheumatology, physiatry, ophthalmology, otolaryngology, urology and uro-gynecology). Baycrest provides community outreach services that focus on comprehensive geriatric assessment, mental health and behaviour support for individuals with dementia.

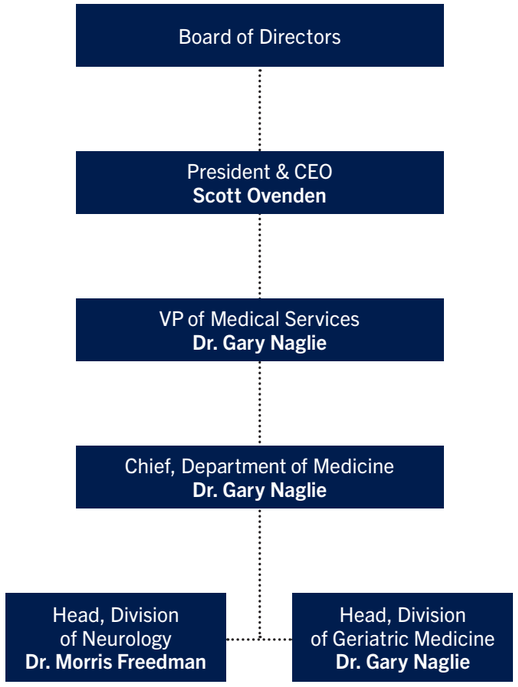
Baycrest is home to a robust research and innovation network, including one of the world's top research institutes in cognitive neuroscience; the acclaimed Rotman Research Institute, which includes the Kunin-Lunenfeld Centre for Applied Research and Evaluation (KL-CARE), is a unit that supports clinical research, program evaluation and the application of research findings directly to patient care. It is also the scientific headquarters of the Canadian Consortium on Neurodegeneration in Aging, Canada's largest national dementia research initiative.

Primary focuses of Baycrest include the maintenance of mobility, function and brain health, and treatment of physical frailty and neurological dysfunction from disorders associated with aging. By virtue of its care models, research and education, Baycrest is a world-class leader in innovation in aging. It is also the home base of the Centre for Aging and Brain Health Innovation (CABHI), which accelerates the development and testing of technologies and services from around the world to reduce the challenges of aging and has an emphasis on mobility, falls and dementia.

GOVERNANCE

Physician-in-Chief (PIC)

Dr. Gary Naglie is a full professor in the Department of Medicine and the Institute for Health Policy, Management & Evaluation at the University of Toronto. He held the George, Margaret and Gary Hunt Family Endowed Chair in Geriatric Medicine until September 2022 and is in his second term as PIC, Department of Medicine. Dr. Gary Naglie is also the Vice President (VP) of Medical Services and Chief of Staff, which reports to the President and Chief Executive Officer at Baycrest Health Services.



Executive Committee

Chaired by the PIC, who is also the Head of the Division of Geriatric Medicine, the committee includes the Head of the Baycrest Division of Neurology, Morris Freedman, and a representative from the Division of Geriatric Medicine.

Members of the Department of Medicine play a key role in leadership positions at Baycrest. Gary Naglie, the Head of our Division of Geriatric Medicine in the Department of Medicine, is also the VP of Medical Services and Chief of Staff, and the Chair of the Medical Advisory Committee. The Chief of the Department of Medicine is a member of Baycrest's Executive Leadership Team. Shelley Veinish, geriatrician, is the Medical Director of Specialized Geriatric Care. Thiru Yogaparan, geriatrician, is the Executive Medical Director of the Baycrest Hospital. Morris Freedman, Head of the Division of Neurology, is the Medical Director of Cognition and Behaviour.

Members of our Department of Medicine also play significant leadership roles at U of T. The Chief of Medicine is a member of U of T's DoM Executive Committee and Senior Executive Committee. He is also a member of the Division of Geriatric Medicine's Executive Committee and Residency Program Committee, and he is the Chair of the Research Committee. Thiru Yogaparan is U of T's past TFoM lead for the Care of the Elderly/Geriatrics undergraduate education. Thiru Yogaparan is also the University's Division of Geriatric Medicine postgraduate and undergraduate education representative for the Baycrest Hospital site and is a member of the Division of Geriatric Medicine's Residency Program Committee. Terumi Izukawa is Co-Lead for the Royal College's Competence by Design implementation for the Division. Morris Freedman serves as the Director of the Behavioural Neurology section and is a member of the Research Committee of the University's Division of Neurology. He is also the University's Division of Neurology continuing education representative.

FACULTY

Baycrest's Department of Medicine consists primarily of two divisions: Geriatric Medicine and Neurology. The Division of Geriatric Medicine has six full-time and two adjunct members of the U of T Department of Medicine (DoM). Baycrest has recruited three Clinical Associates over the past five years, one of which was recently promoted to full-time Active Staff. The Division of Neurology has three full-time and five part-time neurologists. In addition, Baycrest's Department of Medicine has an adjunct member in the Division of Physical Medicine and Rehabilitation. Over the past five years, Dr. Thiru Yogaparan has been promoted to Associate Professor, and Dr. Carol Ott and Dr. Victoria YY Xu have been promoted to Assistant Professor. Our previous colleague, Dr. Michael Gordon, was also granted an Emeritus Professorship. Most recently, Dr. Gary Naglie was nominated for the Dean's Alumni Award in Lifetime Achievement, Temerty Faculty of Medicine.

The University job descriptions for the full-time members include two clinician scientists and one clinician investigator, all of whom have appointments with Baycrest's RRI, and six clinician teachers. Faculty at Baycrest have held a few Chairs, including U of T Chairs in Geriatric Medicine, the Mary Trimmer Chair in Geriatric Medicine Research and the George, Margaret and Gary Hunt Family Chair in Geriatric Medicine. Dr. Howard Chertkow also holds the Chair in Cognitive Neurology and Innovation and Senior Scientist, at the Baycrest Academy for Research & Education.

Recent external appointments for the DoM members include Dr. Howard Chertkow as a member of Roche's National Alzheimer's Disease Advisory Board, Canada in December 2021. Dr. Morris Freedman was elected as a Trustee of the World Federation of Neurology in September 2020 and was invited to be a member of the Rare Neurologic Diseases Specialty Group, World Federation of Neurology in January 2021. Dr. Galit Kleiner is also a member of the newly formed paratonia working group of the Canadian Movement Disorders Society.

Figure 11.1: Faculty by Academic Position Description as of April 2023

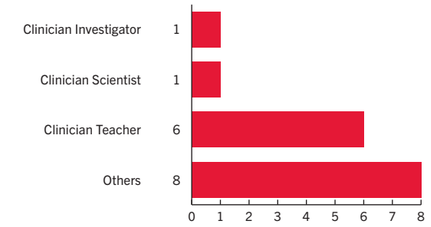
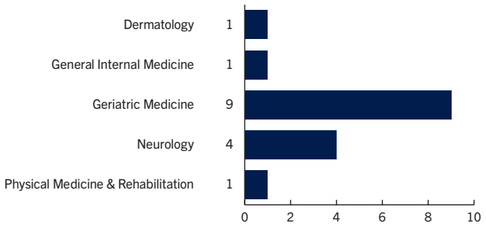


Figure 11.2: Faculty by Division as of April 2023



Strategic Planning

The institution is currently engaged in a strategic planning process for a new strategic plan for 2024-2029. The Department of Medicine will review its strategic directions once the institution's new strategic plan has been completed. The Department of Medicine has five strategic goals:

1. to provide high quality effective person-centred clinical care to our patients;
2. to strengthen and promote opportunities for quality improvement and creative professional activities, including the development of innovative, scalable models of care;
3. to strengthen and promote opportunities for teaching and education;
4. to strengthen and promote opportunities for research activities; and
5. to strengthen and build the capacity of the Department of Medicine within Baycrest and the community.

The Department of Medicine is working towards providing leadership in several key areas: increasing the institutional integration of clinical care, education, research and innovation; innovating the educational experience for medical-student and resident electives and rotations in geriatric medicine; developing and evaluating new, innovative and scalable models of care for frail, complex older adults living in their own homes, supportive housing or long-term care; embracing technology to improve efficiencies of care and patient/family-centredness, including evaluating new roles for virtual care; prioritizing the focus on quality care and patient safety with repeated PDSA (plan-do-study-act) cycles for continuous quality improvement; creating an environment that routinely makes use of process and outcomes data along with best evidence to influence clinical practice; and developing closer ties with the Departments of Family and Community Medicine and Psychiatry to identify synergies for improving the care, education and research pertaining to older adults with complex medical and psychosocial issues.

FINANCE

The Department of Medicine Practice Plan was instituted to support the academic and clinical goals of its members. With the introduction of the Alternate Funding Plan (AFP), academic practice plans, including Baycrest's, were reviewed and determined to meet U of T standards. Membership in the practice plan is limited to members of the Department who have a full-time academic appointment in the DoM at U of T and who are active Baycrest medical staff. Practice plan funds are committed to support research and education (e.g., supporting junior staff to pursue scholarly activities; and providing travel funds to support staff who attend and present at academic conferences). In addition, the practice plan receives Ontario Ministry of Health AHSC AFP funding to support academic work as an agent and distributes these funds to the members as a monthly stipend. The apportioning of these allocated funds to individual members of the practice plan is determined by a point system for participation in teaching (undergraduate, graduate, and postgraduate), research, quality improvement and other creative professional activities.

INNOVATIONS AND MAJOR ACCOMPLISHMENTS

In the past five years, members of the Baycrest Department of Medicine have been funded as principal investigators, co-principal investigators or site principal investigators:

- for numerous research studies by several funding organizations totalling over $63 million. (Appendix A)
- for 6 innovation projects funded by the MOHLTC's AFP Innovation Fund totalling $331,750. (Appendix B)
- We have published or have in press 23 journal articles by a principal or senior author and 89 by co-authors. (See table below.)

Of note, Dr. Howard Chertkow, Dr. Morris Freedman, and Dr. Gary Naglie were recognized as being in the Top 2% Most Cited Scientists in the World by Stanford University in 2020.

	Principal/Senior Author		Co-Author	
No. of Publications	**Published**	**In Press**	**Published**	**In Press**
Journal Articles	22	1	88	1
Chapters	2		1	
Report			1	

Dr. Gary Naglie has co-led the Driving and Dementia Team of the Canadian Consortium for Neurodegeneration in Aging (funded by CIHR), which has brought together the leading researchers in Dementia from across Canada, and launched the Driving and Dementia Roadmap web resource in October 2022 (www.drivinganddementia.ca), which is currently being disseminated nationally and internationally.

Dr. Galit Kleiner created and validated the Non-Motor Fluctuation Assessment (NoMoFA) Questionnaire, which was acquired by The International Parkinson and Movement Disorder Society. https://www.movementdisorders.org/MDS/MDS-Rating-Scales/NoMoFA.htm

The Women's College Hospital Wound Care Clinic, under the direction of Baycrest's geriatrician, Dr. Carol Ott, was awarded The Excellence in Collaborative Ambulatory Care Award for an individual or team that exemplifies excellence in collaborative, patient centred care and demonstrates a bold commitment to improve quality of care and patient experience.

EDUCATION

In the past five years, we have made important teaching contributions. Baycrest geriatricians have trained 74 geriatric medicine subspecialty residents and our neurologists have trained 10 neurology residents and 7 behaviour neurology fellows. Both our geriatricians and neurologists have trained 135 family medicine residents (including palliative care residents), 51 psychiatry subspecialty residents, 2 psychiatry fellows, and 55 medical students:

Dr. Thiru Yogaparan has made substantial contributions to revisions of the geriatric medicine undergraduate education curriculum in her role as the U of T's TFoM theme lead for the Care of the Elderly/Geriatrics undergraduate education from 2015 to 2020. She also received the Canadian Geriatrics Society Peter McCracken Physician Innovator in Education Award in May 2021, which recognizes her work establishing core geriatric curriculum and increasing educational time on this topic for undergraduates.

Shelley Veinish was awarded the Baycrest Annual Teaching Award for Outstanding Medical Education in 2022. Terumi Izukawa was awarded the 2022 Barry J. Goldlist Teacher of the Year Award from the Division of Geriatric Medicine, University of Toronto. Dr. Victoria YY Xu was awarded the University of Toronto's MD Program 2020-2021 Teaching Excellence Award by the Temerty Faculty of Medicine, in recognition by the students of the MD Program for exemplifying excellence in undergraduate medical education. Dr. Michael Angel was presented with the Teaching Excellence Award from the Temerty Faculty of Medicine MD Program, Division of Neurology, University of Toronto, in 2023.

Since 2010, Baycrest has hosted bimonthly Geriatric Medicine Rounds that are shared virtually across Ontario and nationally.

Since 2005 our Chief of Neurology, Morris Freedman, has led an initiative to sponsor monthly International Video Conference Behavioural Neurology Rounds. American, Argentinean, Brazilian, Canadian, Chilean, Cuban, Israeli, Jordanian, Palestinian, Russian, South African, Spanish and Swiss hospitals have participated. These rounds link countries across the world in an academic activity under the auspices of the Peter A. Silverman Global e-Health Program, the Canada International Scientific Exchange Program (CISEPO) and the Canadian Neurological Sciences Federation. He also facilitates the weekly Behavioural Neurology Rounds that are shared by video conference through the Ontario Telehealth Network.

Program	Medical Residents (PGYs)	Medical Fellows	Medical Students	Total
Geriatric Medicine	74	-	16	90
Family Medicine	135	-	29	164
Neurology	10	7	6	23
Psychiatry	51	2	4	57
Total	**270**	**9**	**55**	**334**

RESEARCH

In 2018, the Chief of the Department of Medicine, Gary Naglie, was reappointed for a five-year term as the holder of the University of Toronto's George, Margaret and Gary Hunt Family Chair in Geriatric Medicine.

Both Dr. Gary Naglie and Dr. Galit Kleiner have become affiliated investigators of the newly instituted Katz Interprofessional Research Program in Geriatric and Dementia Care at the Rotman Research Institute of the Baycrest Academy for Research and Education.

Dr. Morris Freedman was awarded the 2021 Sam & Ida Ross International Prize in Alzheimer's Research for:

- Significant advances in research related to Alzheimer's diseases, including international partnerships and training for scientific and clinical advances
- Instrumental role in ensuring that Baycrest moved forward during the pandemic in developing new methods to treat and support individuals living with dementia, and linking those clinical approaches with research Virtual Behavioural Medicine (VBM)
- Efforts to build a clinical and research database through VBM, as well as through the Sam and Ida Ross Memory clinic and other neurology-related units that enable development of new AI tools to optimize care
- Ongoing leadership of the International Behavioural Neurology Rounds and generous time and commitment to education of researchers, clinicians, front-line care workers and trainees around the world to advance behavioural neurology.

Dr. Freedman was also awarded the 2021 University of Toronto's Department of Medicine Quality and Innovation Award for career-long and continued efforts to innovate in the areas of dementia care and behaviour management as well as in international virtual education in behaviour neurology.

The Anne & Allan Bank Centre for Clinical Research Trials, led by Dr. Chertkow, focuses on Alzheimer's Disease-modifying therapy studies, and Baycrest is now carrying out more clinical trials on Alzheimer Disease and dementia than any other Canadian centre. There are currently seven studies either underway or about to begin recruitment, being either early (Phase 2) or late (phase 3) trials. The trials are evaluating not only anti-amyloid medications for Alzheimer's Disease, but also examining a range of potential approaches to slow and stop Alzheimer's Disease, including drugs that work against brain inflammation and tau protein as well as amyloid.

Furthermore, the Centre continues to support studies of non-traditional therapies such as electrical brain stimulation and CT scanning, being developed by Rotman scientists Drs. Howard Chertkow and Morris Freedman, respectively. All of the studies are offered as voluntary experimental additions to the standard clinical treatment that patients receive in the Sam & Ida Ross Memory Disorders Clinic at Baycrest.

The Canadian Consortium on Neurodegeneration in Aging (CCNA) (www.ccna-ccnv.ca), is now entering its final year of its five-year Phase 2 stage, and continues to direct 19 teams across the country from its Baycrest scientific headquarters. This includes the Driving and Dementia Team led by Dr. Gary Naglie, which launched the Driving and Dementia Roadmap web resource in October 2022 (www.drivinganddementia.ca) and that is currently being disseminated nationally and internationally. The Driving and Dementia Roadmap has been selected as a resource for inclusion on the World Health Organization (WHO) Global Dementia Observatory Knowledge Exchange Platform after an extensive review process involving professional experts and people living with dementia. An international review committee reviewed CCNA's activities and productivity in a "Midterm Report", and the results were positive and the CCNA is going forward with a Phase 3 stage (2024-2029) application, which will be written in September 2023, again with Baycrest as the scientific headquarters. CCNA is in the midst of its national dementia prevention program (Can Thumbs UP), based out of the Rotman Research Institute and led by Dr. Howard Chertkow. This study involves 350 Canadians who are receiving an online education program called Brain Health Pro, and examines whether it is feasible to deliver lifestyle dementia prevention education and achieve risk factor modification through weekly modules. Wearable technology and personalized memory testing on a smartphone are being used to track changes in lifestyle and cognition over 10 months' time. This study is successfully being offered online to individuals in Toronto and across Ontario under the direction of Dr. Chertkow.

QUALITY IMPROVEMENT AND INNOVATION

The members of the Department of Medicine are also heavily involved in quality improvement projects across the Baycrest campus. These projects include: the development and evaluation of virtual behavioural medicine, palliative response to care, pressure injuries, LTC+ direct admissions from the Apotex (LTC) to Sunnybrook Internal Medicine (bypassing the Emergency Department), a model of geriatric medicine assessments in the Terraces (assisted living), delirium screening and management, polypharmacy assessment and management, recognizing and communicating changes in patient status, optimizing behavioural neurology inpatient unit discharge summaries, the development of a physician dashboard to improve clinical efficiencies, and central navigation of referrals to clinical programs. Dr. Naglie is on the Quality and Safety Committee of the Board and Dr. Naglie and Dr. Yogaparan are on the Hospital Quality & Risk Committee as well.

ANALYSIS OF STRENGTHS, CHALLENGES, OPPORTUNITIES AND THREATS

Strengths

- Baycrest is a unique geriatric centre that is fully affiliated with a University, with a strong commitment to research and education, in addition to exceptional person-centred care
- Baycrest's campus spans the spectrum of older adults from well seniors through post-acute care, retirement home/ assisted living, to long-term care offering a wealth of opportunities for older adult care, research and innovation
- Baycrest is a very ambitious organization with a focus on innovation and regional, national and international impact
- Baycrest's Rotman Research Institute is the #1 most research-intensive hospital in Canada, according to Research Infosource's latest rankings for Canada's Top 40 Research Hospitals
- Baycrest is the scientific headquarters of the Canadian Consortium on Neurodegeneration in Aging (CCNA), Canada's largest national dementia research initiative
- Baycrest's Kunin-Lunenfeld Centre for Applied Research & Evaluation (KL-CARE) is a support-and-services hub that works with physicians and other point-of-care staff, researchers, educators, students, companies, and not-for-profit organizations to facilitate and implement evaluations as well as applied research to inform care and optimize efficiencies
- Baycrest's Centre for Aging and Brain Health Innovation (CABHI) is a solution accelerator for the aging and brain health sector that provides funding and support to innovators for the development, testing, dissemination, and adoption of new ideas and technologies that address unmet brain health and older adults' care needs
- Baycrest's small Department of Medicine "punches above its weight" with major contributions in education, research, innovation, including innovative, scalable models of care, and creative professional activities

Challenges

- Baycrest's Department of Medicine is very small and hence its relatively small practice plan dollars limit the financial support that the practice plan can provide its members
- The majority of Baycrest's Department of Medicine physicians are senior career, which creates a gap for succession planning
- Being a non-acute institution located in northern Toronto away from the downtown university hub makes it more challenging to recruit academic physicians
- The absence of acute hospital beds, reduces remuneration opportunities for our physicians
- Baycrest has been excluded as a site providing Internal Medicine trainees their mandatory rotation in geriatric medicine, which hinders our clinician teachers' opportunities from obtaining teaching evaluations from internal medicine trainees

Opportunities

- The aging of the population creates a demographic imperative to focus resources and effort on older adult care and research
- The emergence of dementia as a globally recognized public health challenge is channeling more resources to dementia care, research and education
- The above two points have led to an increased interest of trainees in pursuing the specialty of geriatric medicine and is impacting trainees' appreciation for what Baycrest has to offer as a potential location to pursue their careers
- Leading healthcare transformation for older adults in their homes, wherever that may be
- Developing innovative models for dementia and specialized geriatric care that can be scaled regionally, nationally and internationally
- Providing leadership in the introduction of technology and innovation in the field of seniors' and dementia care

- Continued cuts to global healthcare funding making it increasingly difficult to meet care needs and the academic mission
- Failure of our existing healthcare system to adequately meet the needs of our aging population that has resulted in long wait lists for the specialized care services offered at Baycrest
- Physician and healthcare staff burnout that has been exacerbated by the COVID-19 pandemic and has contributed to healthcare human resource shortages at Baycrest and across the entire healthcare sector
- Insufficient public funding for research making it more difficult for clinician scientists and investigators to succeed and leading trainees away from pursuing careers with a significant commitment to research
- Increased competition in the seniors' care sector, including non-traditional players, which may draw funding and trainees away from Baycrest
- Ageism as a persistent barrier to funding the care for and wellness of older adults across the spectrum of their care needs
- Stigma associated with dementia as a barrier to supporting the care for and wellness of older adults with dementia

LOOKING FORWARD

The healthcare system is at an important juncture. It is not meeting the needs of a growing, aging population and is faced with significant health human resource and funding challenges. This speaks to the need for substantial and disruptive changes in how and where care will be provided in the future. Baycrest as an institution and Baycrest's Department of Medicine are well positioned to provide leadership in the transformation of the healthcare system for meeting the care needs of older adults with frailty, cognitive impairment/dementia and complex needs. The Department of Medicine will continue to focus on developing and evaluating innovative, scalable models of care for older adults through the application of quality improvement and research methods. We also remain dedicated to improving our educational programs and the quality of the experience for our learners. We are committed to prioritizing the issues of physician wellness, equity, diversity and inclusion, and in the coming years in partnership with the University of Toronto and TAHSN. We have embarked on a very active approach to recruit and build our pipeline of exceptional academic geriatricians and neurologists at Baycrest.

ST. MICHAEL'S HOSPITAL – UNITY HEALTH

OVERVIEW

The University of Toronto's St. Michael's Hospital (SMH) is a Catholic teaching and research hospital founded by the Sisters of St. Joseph in 1892 to care for the sick and poor of Toronto's inner city. St. Michael's is renowned for providing exceptional patient care. As downtown Toronto's adult trauma centre, the Hospital is a hub for neurosurgery, complex cardiac and cardiovascular care, brain health including MS and stroke, critical care, and care of those experiencing homelessness or other known vulnerabilities.

Fully affiliated with the University of Toronto (U of T), St. Michael's provides outstanding medical education to healthcare professionals in 29 academic disciplines. Home to the Li Ka Shing Knowledge Institute, made up of the Keenan Research Centre and the Li Ka Shing International Healthcare Education Centre, the Hospital is at the forefront of bringing together researchers, educators and clinicians to translate best practices and research discoveries into patients care with remarkable speed. St. Michael's provides 460 acute adult inpatient beds and has over 78,000 emergency visits annually. From March 2020 to the present, providing care for patients with COVID-19 was a significant focus of our clinical work; St. Michael's has received more patients with COVID transferred from other hospitals than any another other acute care hospital in Ontario; these patients were largely accepted onto our General Internal Medicine inpatient units.

SMH with Providence Healthcare and St. Joseph's Health Centre have operated under one corporate entity (Unity Health Toronto) since August 1, 2017. Providence and St. Joseph's Hospital are partially affiliated with the University of Toronto. The three organizations serve patients, residents and clients across the full spectrum of care while investing in world-class research and education. Their services span primary care, secondary community care, tertiary and quaternary care services, post-acute through rehabilitation, palliative care and long-term care. Unity Health's total revenue for 2022 was $1.2 billion.

FINANCE

The SMPA, the Department's practice plan, changed to a cost-sharing association in 2018 called the SMPA Admin Agent Inc. All full-time active members of SMH's Department of Medicine must be associates of the SMPA, which handles the revenues and expenses of the Department's members. The practice plan is a fair and transparent cost-sharing association in which all associates are treated equitably. The cost-sharing agreement requires that all revenue received from the practice of medicine be included. Almost all such income arises from billings to the Ministry of Health and Long-Term Care (MOHLTC), but the definition includes alternative funding plans and non-MOHLTC sources such as institutional salaries or stipends from the hospital, the research institute, the University or granting agencies.

Clinical practice revenue is the major source of income for the cost-sharing association, comprising about 72 percent of all revenue. Funding from U of T comprises approximately 2.4 percent of total revenues; 5 percent comes from other external and internal sources; 2.9 percent comes from personal support grants; 5.7 percent comes from the Hospital and the research institute; and 12 percent comes from the alternate funding plan.

The SMPA is governed by an elected board of directors, who in turn elect a chair, vice chair and deputy vice chair. These positions are held for two-year terms. The PIC is an ex officio, non-voting member. The SMPA provides support for the academic activities of Department of Medicine members:

- Approximately $7.5 million of total practice plan revenue funds academic base support.
- 60 percent of academic base support is allocated to clinician scientists and investigators; 40 percent supports clinician educators and teachers.
- $400,000 is provided for stipends for specific academic roles.
- $200,000 is provided in short-term research operating support.

GOVERNANCE

The Department has a well-developed organizational structure. The Physician-in-Chief (PIC) is Dr. Sharon Straus, who has primary oversight for clinical care and operations. Each division is led by a division head (Appendix A). Dr. Natalie Wong is the Deputy PIC. The division heads, along with the chairs of our three standing committees (Education, Finance, Equity), form the Department's Executive Committee. The Executive Committee meets monthly and advises the PIC on all major clinical and academic policies. The Department's full-time members are members of the SMH practice plan. (See below.) Each committee has formal and updated terms of reference to guide their activities that were created with an equity lens, and each lead has a written position description.

Physician-in-Chief (PIC)

Appointed PIC in 2018, Dr. Sharon Straus is a full professor and clinician scientist in the Department of Medicine, University of Toronto. They are a geriatrician and clinical epidemiologist who trained at the University of Toronto and the University of Oxford. Appointed as both Director of the Knowledge Translation Program and Physician-in-Chief, St. Michael's Hospital, Dr. Straus holds the Mary Trimmer Chair in Geriatric Medicine and a Tier 1 Canada Research Chair in Knowledge Translation and Quality of Care.

Executive Committee

The PIC, Dr. Sharon Straus, chairs the departmental Executive Committee, which also includes the division heads:

- Allergy and Clinical Immunology – Dr. Peter Vadas
- Cardiology – Dr. Kim Connelly
- Dermatology – vacant
- Endocrinology and Metabolism – Dr. Andrew Advani (interim)
- Gastroenterology – Dr. Gary May
- General Internal Medicine – Dr. Yuna Lee
- Geriatrics – Dr. Sharon Marr (interim)
- Hematology/Oncology – Dr. Michelle Sholzberg
- Infectious Diseases – Dr. Linda Taggart (interim)
- Nephrology – Dr. Jeff Zaltzman
- Neurology – Dr. Gyl Midroni
- Occupational Medicine – Dr. Linn Holness (interim)
- Respirology – Dr. Liz Tullis (changes to Dr. C. Li Sept 9/23)
- Rheumatology – Dr. Dharini Mahendira
- Critical Care – Dr. Jan Friedrich

Strategic Planning

Since developing our strategic plan for 2011–16, *Innovation for a New Era*, we achieved significant progress across three strategic areas and some examples from the past three years are provided below. (Appendix)

1. Clinical Care
   - Development of the General Internal Medicine (GIM) RAPID Assessment Clinic to enhance patient flow from the Emergency Department and avoid hospital admission; the model of which is now being adopted by other hospitals.
   - Initiation of geriatric medicine consultation and teaching clinics within Family Practice Unit/Family Health Team, as well as modifying the Acute Care of the Elderly Unit
   - Creation of the BARLO MS Centre
   - Development of the Regional Stroke Program
   - Creation of Geriatric Outreach initiative to shelters
   - Creation of geriatric consultation service at Providence
   - Creation of Transgender Clinic
   - Opening of a new Satellite Dialysis Centre in Thorncliffe Park
   - Promotion of Quality programs across the Department including Choosing Wisely campaigns, implementation of CHARTWatch and other AI tools as reflected in the increasing number of Quality presentations at our annual Higgins Day
   - Participation in the citywide approach to restructure GIM Clinical Teaching Units (CTUs)
   - Development of a Hospitalist Training Program
   - Development of a Nocturnist Program
   - Opening of a new inpatient tower during COVID-19, which includes inpatient units for respirology, heme-onc, general internal medicine and critical care amongst others.
   - Creation of COVID-19 inpatient units on GIM and in the critical care over the past three years of the pandemic
   - Creation of virtual COVID-19 service
   - Pivot to virtual ambulatory care during the initial pandemic waves
   - Support of COVID-19 Assessment Centre
   - Support of COVID-19 vaccination clinics – including adverse events seen by the Division of Clinical Immunology and Allergy
   - Partner with Dr. M. Mamdani's AI and Data Sciences Team to develop various tools to optimize clinical care and health workforce planning
2. Education
   - Education Committee led by Dr. Eric Tseng
   - Availability of outpatient experiences for trainees across all departmental programs
   - Financial support provided for formal training in education to enhance educational scholarship
   - Participation in the citywide restructuring of the resident night and weekend on-call system
   - Informal networking events for residents and faculty to enhance diversity in academic medicine and optimize mentorship opportunities
   - Financial support provided for faculty development in leadership, education, and communication
   - Creation of online scheduling tool
   - Creation of patient education resources
   - Creation of education materials for teaching in virtual clinical environment
   - More than half of the medicine residency program directors are based at SMH including Cardiology, Neurology, Endocrinology amongst others

   - DoM members hold various education leadership roles at the University level including undergraduate assessment
3. Research
   - Research recruitment to areas of clinical strength have included clinician scientists and investigators to programs in GIM, neurology, nephrology, GI
   - Leadership in development of General Medicine Inpatient Initiative (GEMINI) to provide data that will be used to optimize patient care
   - Use of modeling data to inform development of COVID-19 units and iteratively revise the staffing model
   - DoM clinician scientists bring in the majority of peer-reviewed research dollars to our institution and also publish the largest number of peer reviewed publications
   - DoM members hold 23 research chairs including seven Canada Research Chairs; DoM members also hold three professorships

A departmental online community was developed at www.smhdom.com, serving as a resource for trainee scheduling and rotation information. It also provides updates on departmental activities and hosts the minutes of departmental meetings. A departmental e-newsletter has also been created; it publishes Hospital and University news and events and celebrates departmental members.

Figure 11.3: Faculty by Academic Position Description as of April 2023

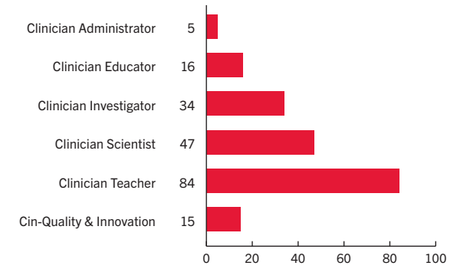
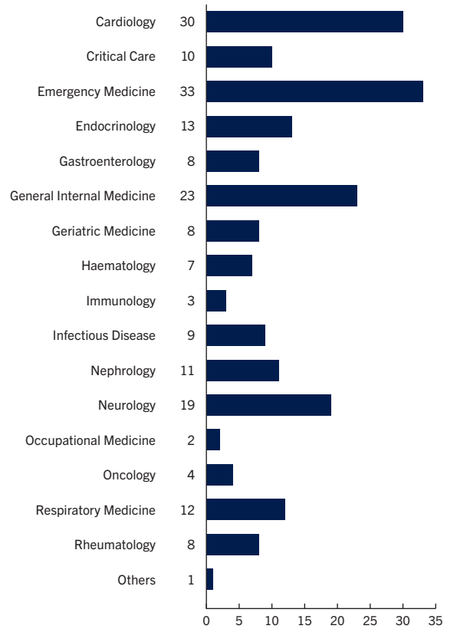


Figure 11.4: Full-time Faculty by Division as of April 2023



FACULTY

As of July 1, 2023, St. Michael's Hospital had 237 faculty members with a primary appointment at the U of T Department of Medicine (DoM). An additional 17 faculty members were cross- appointed with other U of T departments or academic health science centre.

170 of these faculty members had full-time appointments. Six faculty had part-time appointments, 40 were adjunct, and four were PhD researchers.

Among full-time faculty, the distribution according to academic position description was well balanced.

Equity, Diversity, Inclusion and Anti-Racism

This committee was led by Dr. Seema Marwaha and Dr. Howard Leong-Poi and they developed a comprehensive roadmap for the Department including developing policies for searches and awards. DoM policies have been reviewed and revised with an intersectionality and anti-oppression lens.

Promotions

The SMH Promotions Committee is chaired by Dr. Straus and includes representation from DoM members from all job descriptions. These individuals review all promotion applications and provide coaching for those who are approved to move forward to the University DoM promotion process.

EDUCATION

Postgraduate Education Program Director Dr. Eric Tseng chairs the departmental Education Committee that also includes divisional education directors. This group meets quarterly.

The Residency Training Committee that Dr. Tseng chairs along with the chief medical resident meets bimonthly. And, our Education Subcommittee that includes Dr. Tseng, the PIC, Deputy PIC, GIM Division Head, Clerkship and Undergraduate Education Coordinator, Hospitalist Fellowship Director, and the Chief Medical Resident meets weekly to discuss education operations.

SMH's Department of Medicine consists of approximately 170 full-time clinicians and scientists and 130 part-time physicians and clinical associates. All full-time physicians

hold faculty appointments in the U of T DoM, as do the majority of part-time physicians. All full-time members receive academic base support, which depends on their job descriptions, to compensate for the time spent on non-remunerative activities such as teaching, quality improvement and research. Base support is funded by the SMPA through a tithe on all partners' net income.

ANALYSIS OF STRENGTHS, CHALLENGES, OPPORTUNITIES AND THREATS

Strengths

- The Department is known for its collegial and supportive culture, with a strong tradition of mentorship.
- People feel valued and are loyal to the institution and Department.
- High-quality clinical care is delivered and recognized across the Hospital.
- Recruitment has grown and enhanced the research and quality improvement expertise; the need to enhance recruitment in educational scholarship has been recognized.
- Excellent track record in teaching, mentorship and research.
- Overall, DoM members contributed to COVID-19 care including the inpatient and outpatient services; our subspecialty inpatient units worked with the GIM units to flex up/down as needed, providing a supportive and collegial environment for patient care.

Challenges

- Faculty exhaustion
- Impact of Royal College Accreditation results on the faculty and residents
- Rollout of Competence by Design with few resources to optimize its implementation
- Increasing patient volumes and complexity without additional resources
- Increasing competition for peer-reviewed grants; limited salary support for clinician scientists
- Modest support from the University for various administrative initiatives including undergraduate, postgraduate activities
- Need to increase faculty diversity
- Lack of space to facilitate recruitment, including ambulatory space
- New EPR to be deployed in the next 5 years
- Inability to recruit IMGs at rank of Lecturer; they are often unable to complete additional training required for Assistant Professor appointment given the licensing requirements and University requirements.
- Physical infrastructure is old with call rooms requiring roof repairs etc.
- We experienced the loss of two amazing DoM members in the past two years, Dr. R. Sargeant (Division Head, GIM) and Dr. P. Kortan (GI); the loss of these individuals had a profound and deep impact on our DoM family.

Opportunities

- Ability to develop partnerships across SMH (e.g., Family and Community Medicine, Critical Care), the network, the University DoM, the new TMU medical school and affiliated academic hospitals to enhance clinical care, research and education
- Recruitment of individuals with a focus on educational scholarship and quality improvement
- Potential to develop an ambulatory plan for short, medium and long-term given space constraints

LOOKING FORWARD

The past five years were challenging for many, particularly, the healthcare system, faculty, learners, and patients. However, our faculty demonstrated remarkable commitment to providing excellent patient care, education, quality improvement and research throughout this period. The faculty rose to every challenge presented by COVID-19. Their research informed the clinical care and education we delivered. Their caring, collegiality and compassion for patients, learners, and each other is present each day, in all of their interactions.

Threats

- Resident shortages, which are anticipated to continue
- Increased clinical and education demands on faculty could affect retention and physician wellness
- Impact of COVID-19 on wellness
- Recruitment in some areas depends on successful career transition of senior members
- Optimising value of being a fully-affiliated academic hospital, given that many partially-affiliated sites have similar benefits but without the administrative requirements

SUNNYBROOK HEALTH SCIENCES CENTRE

OVERVIEW

The University of Toronto's Division of Sunnybrook Health Sciences Centre is a member of the Toronto Academic Health Sciences Network (TAHSN) and a core teaching site for the Department of Medicine (DoM) at the University of Toronto (U of T). The Hospital provides a full continuum of care within a network of integrated sites and campuses. It has three principal sites—Bayview Campus, Holland Orthopaedic and Arthritic Centre, and St. John's Rehab, as well as an ambulatory dialysis satellite at the Canadian National Institute for the Blind at 1929 Bayview Avenue. Other sites include Bellwood Health Services, Humber Church Reactivation Care Centre, Pine Villa, Pre-Hospital Medicine (Brown's Line), Central Ambulance Communications Centre, and Pregnancy and Infant Loss Network (PAIL).

Sunnybrook is a 1,354-bed tertiary care centre with 718 acute care beds currently in service for the fiscal year 21/22. Sunnybrook activities are shaped by its mission to care for patients and families "when it matters most." The hospital uses a programmatic organizational structure to guide its clinical and academic activities within 10 programs:

Dan Women's and Baby, Holland Bone and Joint, Hurvitz Brain Sciences, Integrated Community, Odette Cancer, Precision Diagnostic and Therapeutics, Schulich Heart, St. John's Rehab, Tory Trauma, and Veterans' Services. The Sunnybrook Department of Medicine plays a key role in all these programs.

The hospital's mandate is to provide "world class compassionate care in two distinct areas": (1) a specialized hospital providing complex care for the entire province, and (2) a hospital for its "North Toronto" community and geography. The 2021-2025 Strategic Plan was developed to achieve goals and activities aligned with the following Strategic Directions:

- personalized and precise treatments,
- integrated and sustainable models of care,
- quality and creating a better care experience, and
- high-performing teams.

Department of Medicine

The Sunnybrook Department of Medicine (DoM) has all the divisions and services expected of a tertiary care academic science centre. Although Emergency Medicine and Critical Care Medicine, which are divisions within the University DoM, are separate departments at Sunnybrook, we maintain a close collegial relationship with these departments and interact with them in concert with university promotion processes. To better align our services, we have recently created the Division of Hematology and Thromboembolism and the Interdepartmental Division of Palliative Care Medicine. We have also renamed the Division of Medical Oncology and Hematology to the Division of Medical Oncology and Malignant Hematology.

FINANCE

Overview of the Sunnybrook Department of Medicine Practice Plans

All full-time members of Sunnybrook's Department of Medicine must be a member of a conforming practice plan according to U of T faculty policy. The Department has two such conforming practice plans, including the Sunnybrook Medical Oncology Alternate Payment Plan (SMOAPP) for the Division of Medical Oncology and Malignant Hematology and the Sunnybrook Department of Medicine Association (SDMA) for all other Department members.

Sunnybrook Department of Medicine Association (SDMA)

The SDMA has 110 members. The Association is governed by an association agreement that explicitly addresses issues such as eligibility, admission, withdrawal and expulsion, transparency, confidentiality, conduct of the association business, and conflict resolution. The association agreement has been reviewed and complies with both the University faculty agreement as well as the Ontario Ministry of Health and Long-Term Care (MOHLTC) AFP agreement.

An elected management committee governs the SDMA. The associates' elect members to a two-year term and directly elect the Vice-Chair of the Committee, who transitions into the Chair after 2 years. The Physician-in-Chief is a non-voting ex-officio member. The Association supports the academic mandate of the Department in keeping with the strategic priorities of the Department.

Sunnybrook Medical Oncology Alternate Payment Plan (SMOAPP)

The medical oncologists are funded through the alternate payment plan (APP) from the Ontario MOHLTC. This plan includes dedicated funding to protect time for academic activities. The medical oncologists as a group have formed a legal partnership and tithe their APP revenue to support recruitment of members without APP salaries and to support educational programs. Each year, the Division prepares a report outlining the academic productivity of its members and the investments made to support the academic mission. This data is presented to the Department of Medicine Executive to ensure it is aligned with the principles of the Sunnybrook Department of Medicine Association (SDMA) agreement.

GOVERNANCE

Physician-in-Chief (PIC)

Dr. Michelle Hladunewich was appointed PIC in 2019. They are a Professor in the Department of Medicine and a recognized expert in the diagnosis and management of kidney disease in pregnancy as well as glomerulonephritis. She is the Clinical Trials Director at the Toronto Glomerulonephritis Clinic and Registry and is currently the Ontario Renal Network Medical Lead for Glomerulonephritis and Specialty Clinics. She has been invited to act in a lead role for several large international cohort studies and randomized controlled trials and has held leadership roles with several US research networks (CURE GN Study Network and NEPTUNE Study Network). As a result of her extensive clinical experience and research track record, Dr. Hladunewich is highly sought after as a speaker and author. She has delivered over 100 international invited lectures and has been invited to author more than 10 book chapters and 15 reviews for several prestigious international publications. Her outstanding clinical care has also been acknowledged with the Human Touch Award from the Ontario Renal Network and Cancer Care Ontario.

Deputy-Physician-in-Chief

The PIC is ably assisted by Dr. Lynfa Stroud, the Deputy Physician-in-Chief, who has primary oversight for clinical care and operations. Dr. Stroud is an Associate Professor in General Internal Medicine, and the 2018 award recipient of the DoM U of T Faculty of Medicine Award for Excellence in Postgraduate Medical Education – Development and Innovation. This award recognizes outstanding contributions of faculty members in program development, administration, and innovation in postgraduate medical education.

Each hospital division within medicine is led by a division head (Appendix A). The heads, along with the chairs of our five standing committees (Education, Research, Quality, Finance, and Faculty Well-Being), form the Department's Executive Committee. The Executive Committee meets monthly and advises on all major clinical and academic policies. The Department's full-time members are members in one of our two practice plans. (See below.) Each committee has formal and updated terms of reference to guide their activities, and each lead has a written position description.

Strategic Planning

Our strategic planning process was started in 2020 however, due to the urgent priorities resulting from the COVID-19 pandemic, planning was paused. We have recently resumed the process, aiming to complete by Fall 2023. Three key areas have been identified as priorities for the department:

1. Patient Care – Provide excellent care to patients and community members.
   - Strengthen health care delivery and outcomes for patients with complex and specialized needs;
   - Enhance internal and external partnerships to provide integrated care and care transitions to the community.
2. DoM Sustainability – Create a sustainable DoM.
   - Improve health and wellness in the workplace;
   - Enhance the sustainability of DoM funding and human resources.
3. Quality, Research and Education – Lead health system Quality, Research and Education for tomorrow.
   - Strengthen infrastructure and support for research and quality improvement (QI);
   - Promote patient engagement in QI, research, and education;
   - Enrich the learning environment and the learner teacher/educator experience.

FACULTY

Our department has grown over the last five years. We presently have 289 staff physicians comprising 139 full-time members, a 24% increase from 2018 (112 members) and 150 part-time members. The four charts that follow summarize staff by division, rank and job description.

Wellness

The Faculty Well-Being Committee actively engages Sunnybrook Department of Medicine members to cultivate a positive working environment and a sense of belonging. A previous University-wide faculty survey shows that Sunnybrook physicians describe a keen sense of identity and belonging as one of the unique features of working at Sunnybrook. We have continued to foster this unique sense of family through social events, though the COVID-19 pandemic limited most traditional social events. We adapted our annual departmental awards ceremonies via Zoom; while different from meeting in person, it was an opportunity to see each other and socialize virtually. We continued with weekly Department of Medicine Grand Rounds throughout the course of the pandemic, which allowed us to collaborate and participate in the research projects throughout the Department. Recently we restarted our quarterly Department of Medicine Wellness Lunches, where divisions take turns 'hosting' a lunch for all DoM full-time faculty. The lunches are purely social and help to remind us that we are stronger together and that we are each other's support network here at Sunnybrook.

The Faculty Well-Being Committee continues to expand its role and address the physician burnout that has been exacerbated throughout and post-COVID-19. Fostering interdepartmental collegiality within the hospital is a unique undertaking. Novel approaches to reduce physician workload and stressors while fostering healthy relationships at Sunnybrook continue to be the Committee's main agenda. We seek to enhance networking and collegiality amongst the faculty from different disciplines and academic job descriptions.

Awards and Recognition

Over the past five years, members received numerous awards. A selection of External Awards is summarised in Appendix B.

EDUCATION

Our vision for Sunnybrook Department of Medicine Education seeks to inspire learners and researchers to:

Be inclusive (respect diversity, invite different perspectives, be conscious of the hidden curriculum – as an example, diversity in the Education and Grand Rounds Committees);

Reach more learners (within the Department and with our community partners – e.g., grand grounds – using the Zoom platform for Grand Rounds to include community leads and share content between departments);

Foster an environment where learning is bi-directional and less "top down";

Transform creative energy into applicable innovations. Learn where it worked and where it did not. (Example: virtual physical exams, virtual OSCEs, Quercus curriculum, etc.);

Figure 11.5: Faculty by Academic Position Description as of April 2023

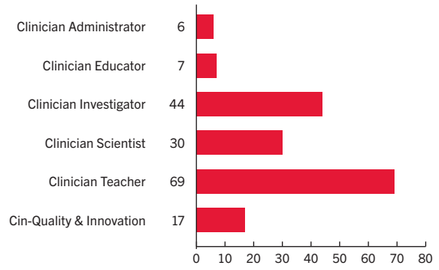
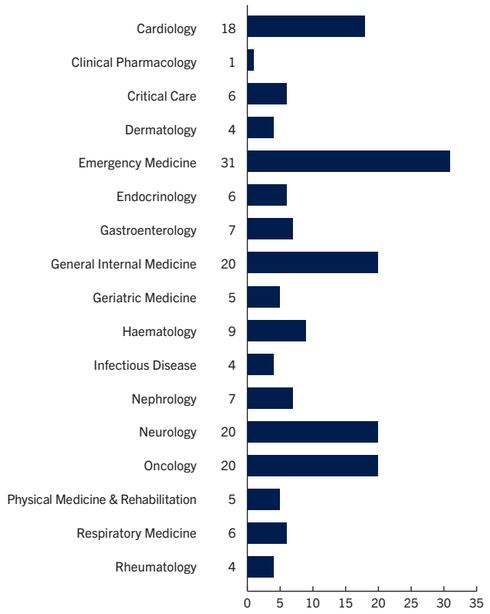


Figure 11.6: Full-time Faculty by Division as of April 2023



Support mentorship at all levels for continuing professional growth (e.g., showcase trainees; help them build links as they grow into independent consultants; support existing faculty in promotion efforts; create mentorship opportunities for younger members to inspire them to engage in scholarship);

Work with partners in Quality and Research to ignite ideas and encourage collaboration across disciplines;

Be transparent.

Despite the COVID-19 related pressures on education throughout the past years, SHSC DoM teachers delivered high-volume, high-quality teaching. We continue to be one of the largest contributors to undergraduate teaching. Initiatives to help students potentially affected by the pandemic were committed, including extra teaching sessions in the Peters-Boyd Academy.

Dr. Gemini Tanna and Dr. Alireza Zahirieh have been appointed Director and Associate Director of the Peters-Boyd Academy for a five-year term effective April 1st, 2022. As Directors, they are the University of Toronto Temerty Faculty of Medicine Dean's representatives and are responsible for all academic and administrative matters relating to the Academy and its educational programs. They also work in collaboration with Sunnybrook's Vice President Education and are responsible for ensuring alignment with the MD Program's Goals and Competency Framework and Sunnybrook Health Sciences Centre corporate strategic plans.

RESEARCH

The vision for research in the Sunnybrook Department of Medicine is to create an environment in which our members will lead, collaborate on, and contribute to world-class, innovative, high impact research. We will accomplish this vision by:

a. Supporting protected time for DoM researchers to conduct their research activities;

b. Promoting research conducted by DoM researchers;

c. Increasing the profile of clinical research at the Sunnybrook Research Institute (SRI);

d. Promoting collaborations with scientists at the SRI;

e. Mentoring and supporting trainees and junior faculty;

f. Collaborating with DoM Education and Quality Improvement portfolios and DoM members in those portfolios;

g. Being transparent and inclusive.

The Department's clinician investigators and scientists have a strong focus on our three cross-cutting themes: health services research, quality and patient safety, and educational research and scholarship. Our scientists support hundreds of trainees' research activities at all levels from high school, undergraduate, medical school, graduate, to postdoctoral. Our scientists maintain the highest levels of research scholarship.

Highlights of the work led by members of the DoM focused on healthcare quality include:

- Launching of the Sunnybrook Program to Access Research Knowledge (SPARK) for Black and Indigenous Medical Students in 2020-2021. This innovative program offers extensive supports to Black and Indigenous medical students to explore research and achieve their career goals. In 2022-2023, we expanded the program to eight students and partnered with Departments/Programs outside of the DoM (Surgery, Tory Trauma program, and Novo Nordisk Network for Healthy Populations). Students participated in the seminar series for Sunnybrook Research Institute Summer Students Program, and we offered four additional SPARK-specific sessions. We secured funds from the Black Physicians' Association of Ontario and the Sunnybrook Alternative Funding Plan to evaluate the program. This rigorous ethnographic evaluation, led by Dr. Csilla Kalocsai, is well underway and findings will be used to support the evolution of the program.
- Obtaining funding to carry out critical COVID-19 research, including leading the Canadian arm of the World Health Organization's SOLIDARITY Trial. To support the plethora of COVID-19 inpatient trials currently being conducted at Sunnybrook, we secured funds for a research coordinator, who will coordinate communications and processes related to these studies to minimize the impact on health personnel and to optimize patient access and experiences with studies.
- We introduced a new format to present Sunnybrook DoM research at Medical Grand Rounds called "Spotlight on Department of Medicine Researchers." These rounds occur three times per year and comprise podium-style presentations by three DoM researchers on recently published, innovative studies. The rounds are advertised both within and outside Sunnybrook, targeting potential collaborators (e.g., SRI, ICES, U of T) and supporters.

QUALITY AND INNOVATION

Our Clinician in Quality & Innovation (Q&I) vision is to support Department members with expertise in healthcare quality in improving care at Sunnybrook and advancing the field of quality improvement. The Department of Medicine includes 15 physicians who are CQIs. Many of them have played key roles in responding to the COVID-19 pandemic, developing virtual models of care, and making other important contributions to patient care.

Dr. Kaveh Shojania is Vice Chair for Quality and Innovation in the University DoM, Dr. Brian Wong leads the U of T Centre for Quality Improvement and Patient Safety (CQuIPS) and is the University DoM Director of Continuing Education and Quality Improvement. Dr. Adina Weinerman (General Internal Medicine) is the Medical Director of Quality for the whole of Sunnybrook. Dr. Ilana Halperin is the Chief Medical Information Officer for Sunnybrook, overseeing the digital health infrastructure for all of Sunnybrook's clinical sites as well as the virtual care and other digital technologies. Dr. Amanda Mayo is the CQuIPS Associate Director at Sunnybrook Hospital and Dr. Bourne Auguste is the CQuIPS Certificate Program Course Director.

Highlights of the work led by members of the DoM focused on healthcare quality include:

- Establishment of the Department of Medicine Virtual Care Task Force in March 2020, which facilitated the rapid uptake of virtual care for a range of subspecialties, including creating tools for clinicians, clinic support staff, and patients;
- Development and implementation of a novel strategy (LTC+) for protecting residents in long-term care homes. This strategy received media coverage, generated a successful CIHR grant, and continues to evolve and expand;
- Promoting COVID-19 vaccine uptake among Sunnybrook staff;
- Development of a Protected Code Stroke Protocol for management of hyperacute stroke in a pandemic setting.

ANALYSIS OF STRENGTHS, CHALLENGES, OPPORTUNITIES AND THREATS

Strengths

- Our researchers continue to excel despite the challenges posed by reduced national and international research funding and support. However, despite these challenges, faculty have received over $25 million in research funding and have authored over 1,000 peer reviewed publications.
- The PIC and Executive Committee work closely and collaboratively with the Chair, Department of Medicine, and our partners to facilitate strategic recruitment that build opportunities for scholarships in medicine.
- The department fosters a culture of collaboration, collegiality, support, and global academic and clinical leadership.
- Fair and transparent practice plan, led by a Management Committee that meets monthly.
- Excellence in clinical care despite ongoing challenges.
- The department promotes health and wellness through its Faculty Well-being Committee and hospital and University wellness committees. Department members are also champions of Equity, Diversity, Inclusion and Belonging (e.g. SPARK program)
- Academic and clinical excellence is demonstrated by members being recipients of prestigious awards.

Challenges

- Strain caused by significant patient load affects all facets of medical care; particularly research, teaching and learning. In the coming year we will work to think through these issues, including re-thinking models of care.
- Infrastructure constraints negatively impact recruitment and retention.
- Increasingly complex patient population and needs stretch resources.
- Inadequate research funding and support.
- Faculty burnout.
- Decreased numbers of learners.

Opportunities

- Build new internal and external partnerships (Hospital, University and Ontario Health Teams) to address and advocate for health equity and to provide integrated care and care transitions to the community.
- Development of an Ambulatory care space/facility.
- Create Patient and Family Advisory Councils across the department to enhance patient care by improving health care delivery and outcomes.
- Build Q&I and research capacity through collaboration and integration with the Sunnybrook Research Institute and the Sunnybrook Foundation.
- Provide leadership in digital/technological initiatives (EMR).
- Relocate to off-site facilities to address on-site space issues.
- Collaborate with the U of T and TASHN to develop strategies to better address learners' issues.

Threats

- Patient volume, complexity of care needs and lack of accompanying infrastructure may negatively impact the learners' experience and may also result in increased risk of stress and burnout amongst faculty, staff, and learners.
- Competing priorities within the Hospital may sideline funding and investment by the site into the Department of Medicine.
- Inadequate resources to address learners' needs.

LOOKING FORWARD

Over the past five-years the Department of Medicine has operated within an environment of uncertainties due to the COVID-19 pandemic. Despite the challenges, our department members have shown resilience. They have continued to innovate and excel in both academic and clinical settings by revolutionizing the medical landscape, obtaining peer-reviewed grants, publishing in peer-reviewed journals and winning prestigious awards. Wellness, because of the pandemic, has emerged as a central focus. We are now re-energizing the strategic plan that was halted due to the pandemic. Looking forward, recent planning efforts will permit us to place emphasis on models of care that patient load, while also prioritizing physician wellness. I am proud of our accomplishments and look forward to a future of continued growth and excellence.

UNIVERSITY HEALTH NETWORK

OVERVIEW

The University Health Network (UHN) is comprised of four unique sites: Toronto General Hospital (TGH), Toronto Western Hospital (WTH), Toronto Rehabilitation Institute (TRI) with its 3 sites, and Princess Margaret Cancer Centre (PMCC), in addition to one independent educational facility (The Michener Institute), along with additional long-term care (LTC) facilities. Altogether, there are 905 acute care beds (Appendix A) within the UHN ecosystem.

There are two Emergency Departments (TGH and TWH) with an urgent care centre at Princess Margaret. In the UHN structure, the Emergency Department is a separate Department from the Department of Medicine, and is led by Dr. Sam Sabbah. Similarly Physical Medicine and Rehabilitation is also a separate Department and led by Dr. Mark Bayley. (PM&R is led by Dr. Chris Fortin at Sinai Health System and is housed within the joint Department of Medicine). In May 2018, Dr. Kevin Smith was appointed as the new President and Chief Executive Officer. Dr. Smith is a highly experienced healthcare leader who possesses a great understanding of the UHN system and in particular, of the unique role of physicians in the Toronto ecosystem and TAHSN network. He particularly supports the vital role of Internal Medicine Physicians and Programs in enabling the overall success of the Hospital and Health System Mission.

The Department of Medicine within UHN

With 326 active full-time staff and 154 clinical associates/part-time staff, the UHN Department of Medicine is the largest single hospital-based department in Canada. The department has grown from a prior size of 278 full-time members in 2018, with a majority of this growth comprising early career faculty. Both academically and financially, the UHN Department of Medicine operates as a shared department with Sinai Health System.

While physicians in the Department are organized into 13 different Divisions, they execute their clinical activities within the UHN Program Structure. Each UHN Program is comprised of a number of Divisions (often medical, surgical and other departments), aligned along a disease specific focus. The Program Leadership is comprised of a Medical Director and a Clinical Vice President in a dyadic partnership responsible for all clinical operations within that program; as physicians require access to operational infrastructure to perform their clinical activities, close alignment and partnership of Department and programmatic leadership is essential. The Department however has no direct authority or control over distribution of programmatic resources for the access of Department Members, except for those divisions within the Medicine Program. The complexities of a Department-Program matrix are amplified in the current healthcare human resource challenges, where Department Physicians' requests for additional supports from Physician Assistants and Nurse Practitioners are constrained by Program resources and priorities. The DoM's Division Services plays a crucial role in supporting patient care in every single UHN Program. They contribute both as Program Divisions and by providing expert consultation. (Appendix B)

Clinical Activity Overview

UHN has two very large and busy Emergency Departments at TGH and TWH that drive admissions to Department Divisions that deliver Inpatient Clinical Service, predominantly GIM and DMOH, with smaller distribution to Cardiology, Neurology, Respirology and Nephrology. Additionally, via the Ajmera Transplant Program there is significant inpatient activity supported by transplant medicine subspecialty services in Nephrology, Hepatology, Cardiology, Respirology and Infectious Diseases. The Department also provides substantial consultation support to the Emergency Department. (Appendix C)

The General Internal Medicine Division provides the largest single inpatient coverage contribution at UHN. With 100 budgeted beds per site, the TGH site service frequently covers more than 160 patients and the TWH site often covers more than 130 patients. Notably many subspecialty Divisions do not provide inpatient coverage of patients, such that the GIM Division is the de facto admitting services for patients whose primary complaints are within these subspecialty areas of expertise. Additionally, the growth of Cancer patient admissions has been significant in the last five years which impacts patient volumes at all three acute inpatient sites. A high volume of quaternary care occurs at UHN resulting in the generation of many unusually complex cases in cancer, multiorgan transplantation, cardiology, critical care, neurology, rheumatology, lung disease, liver disease, red blood cell disorders, thrombosis and glomerulonephritis that are cared for in the outpatient setting. In addition to the challenges posed by complexity of these patients, there is increasing need for chronic care and longitudinal ongoing follow-up in the outpatient department setting, which has been more pronounced especially with the lack of primary care support in the Ontario Healthcare ecosystem. This has put additional strain (financial and academic) on Divisions.

The Department offers sub-specialized services, including but not limited to immunocompromised infectious diseases, national expertise and leadership in tropical medicine, unique interstitial lung disease and pulmonary hypertension, specialty rheumatology clinics in lupus, scleroderma, psoriatic arthritis, vasculitis and spondylitis, in addition to multidisciplinary clinics in diabetic renal disease, glomerulonephritis lupus nephritis, antiphospholipid antibody syndrome, scleroderma and neurofibromatosis.

Impact of the COVID-19 Pandemic

During the COVID-19 pandemic, the Division of General Internal Medicine physicians (full-time and clinical associate) covered more than 85% of the COVID-19 service weeks. Between March 2020 and March 2023, the Division of GIM operated at least one, and at times up to six COVID services continuously, responsible for more than 70% of the COVID inpatient care. The remainder of the COVID inpatient care was provided in the critical care space, predominantly staffed by members of the Division of Respirology and Critical Care. This workload was in addition to maintaining ongoing routine inpatient and critical care service delivery.

Department members (Infectious Diseases, GIM, Nephrology) were instrumental in establishing and initially operationalizing the outpatient Connected Care COVID Clinics which provided outpatient support and follow-ups for patients with COVID, resulting in a significant drop of Emergency Department visits and admissions. GIM and Critical Care members continue to lead nationally recognized research and initiatives on the long-term sequelae of COVID-19 in the critical care and outpatient setting.

FINANCE

UHN-SHS Department of Medicine Practise Plan

The UHN-SHS Department of Medicine Practice Plan (DoMPP) is a Conforming Practice Plan. The Plan is set in accordance with the Policy for Clinical Faculty at the University of Toronto and the procedures set out in the Procedures Manual for the Policy for Clinical Faculty (Appendix D.1), collectively referred to as the "Clinical Faculty Policy." Membership in a conforming practice plan – or equivalent as determined by the Dean – is required for a full-time clinical academic appointment in the Temerty Faculty of Medicine.

The UHN-SHS DoM Practice Plan comprises the policies and procedures that we operate under within Department of Medicine of Sinai Health System and the University Health Network. It is not a legal entity. Members are independent practitioners who have agreed to these policies and practices via their Memorandum of Appointment upon joining the Department. They affirm their acceptance of the outlined terms in the annual letters received at the start of each academic year.

We follow strict principles of cash accounting both at the individual and Department Level. This means that all earnings by members, after deducting individual and department expenses (the latter covered by Department tithe), are returned to members at the end of the fiscal year. No member can be in debt to the practise plan; all members must contribute sufficiently to cover off their received income, expenses and tithe. For specifics of the tithe and the allocation of the remaining funds, please refer to Appendix E.

There are concerns about our practice plan's lack of transparency, which the leadership has attempted to address with work ongoing. In the last three years, all non-role-based Department discretionary stipends have been discontinued. This past year for the first time, a revised practise plan summary was provided to all members detailing their individual contributions, and tithe rates. This has been generally well received.

The provincial fee schedule continues to reward procedural work and inpatient work much more than outpatient care, which contradicts our focus on increasing outpatient care to alleviate healthcare system pressures and improve population health. While our institution deals with exceedingly complex cases, the Ontario Medical Association, which plays a major role in determining the fee schedule, places more emphasis on routine cases and prioritizes community physicians. An exploration of a comprehensive academic alternate payment plan is ongoing which may address some of the discrepancies between academic and community-based practise in all Divisions of the Department (Source: Dr. Barry Rubin, Academic Medical Organization).

Philanthropy at UHN

UHN has two highly effective and impactful foundations: The UHN Foundation and Princess Margaret Cancer Foundation. They are very successful at raising funds (each over $100 million per year) to support clinical and research endeavours. Members of the DoM collaborate with the UHN Foundation in raising approximately $40 million per year. The DoM Division of Medical Oncology and Hematology has important collaborations with the Princess Margaret Cancer Foundation. However, no specific figure is available that quantifies the DoM's unique fundraising role distinct from other Oncology services, such as Radiation Oncology or Surgical Oncology (a division of the Department of Surgery).

Members of the Department currently hold 42 Hospital/University Endowed and Expendable Chairs. We note that the fundraising for Chairs is driven by grateful patients and major gifts which reflects the historical fundraising priorities at the discretion and direction of the Foundation Leadership and the Foundation Board, and does not necessarily align with hospital/departmental needs or priorities. As a result, currently the DoM has one chair for every eight members while other hospital departments have one chair for as few as every three members. In addition to this interdepartmental disparity, there is within-Department inequity where some Divisions have a great many chairs, and other divisions have as few as 1 chair per 25 members. It is crucial to recognize that this inequity is not a reflection of individual or divisional academic achievement or deservingness but rather the consequences of longstanding fundraising trends. At the departmental level this imbalance contributes to challenges in supporting the academic mission and exacerbates issues relativity, ultimately contributing to burnout amongst members.

GOVERNANCE

Department Leadership (Appendix F)

The Departments of Medicine at University Health Network and Sinai Health, despite being sperate entities, operate as a single Department of Medicine for education, research and clinical purposes. They are jointly led under the combined leadership of the SHS and UHN Physicians-in-Chief.

Almost all members of the DoM have staff appointments at both SHS and UHN. All members of the DoM are members of the same Practice Plan, and the Subspecialty Divisions are merged under unified single Division leadership.

The Department has a well-codified organizational structure overseen by the joint Physicians in Chief at UHN (Dr. Tinckam) and SHS (Dr. Bell). There are thirteen Division Heads, four Section Heads (well defined areas of clinical expertise within a given Division), and currently 2 Deputy PICS for Research, 1 Deputy PIC for Education, 1 Deputy PIC for Economics and 1 Deputy PIC for Faculty Development (Teachers and Educators – new role in 2022). A Deputy PIC-EDIA role has been defined and approved with search to commence in Summer 2023. (Figure 2)

Since April 2021, new Division Heads have been appointed in General Internal Medicine, Rheumatology, Infectious Diseases and Endocrinology (Interim). In 2022 the UHN MAC, CEO and Board of Directors unanimously approved the creation of a Division of Clinical Genomics (from the former section of Genetics within DMOH). The leadership search for this role is expected in early 2024.

The diversity in Department Leadership has evolved over the last decade. Eight out of 13 division heads are women, as is the new Deputy PIC and the PIC at UHN, who is the first woman appointed to this role in the institution's 190-year history. Six Division Heads represent visible racial diversity, and an additional three are Jewish. Among the section heads, one represents a racial domain, and two are Jewish, but none are women (Appendix F).

The PICs work directly with the University Chair of Medicine while the Division and Section Heads work alongside the Department Division Director according to their area of clinical specialty. The Deputy PIC Education works closely with the Vice Chair of Education, and it is anticipated that we will formalize the working relationship of the new DPIC-Research and DPIC-EDIA with their corresponding Vice Chairs in the Department.

The DPICs in Research from SH and UHN have exceeded over 10 years in their roles and a search for a unified DPIC Research is anticipated in Summer 2023.

Three standing committees are accountable for Department decision making and direction: The Executive Committee, The Senior Advisory Committee and The Economics Committee. All meet monthly to address the financial, administrative, academic and faculty functions of the department. The list of members can be found at Appendix G.

Physician-in-Chief (PIC) UHN

Dr. Kathryn Tinckam

Appointed PIC of UHN in 2021, Dr. Tinckam is a Professor of Medicine at the University of Toronto, and is a Transplant Nephrologist, Laboratory Medicine Physician (HLA Laboratory), and Program Medical Director (Interim), Laboratory Medicine at the University Health Network.
Dr. Tinckam completed her MD and Internal Medicine training at the University of Manitoba, her Nephrology and Transplant Fellowships at the University of British Columbia, and an HLA Fellowship at Brigham and Women's Hospital in Boston MA along with an MMSc from Harvard University. She recently completed her MBA from the Rotman School of Business, University of Toronto.

Dr. Tinckam joined the University Health Network in 2007 and has held numerous internal and external roles since. In addition to her ongoing clinical and academic work in transplant nephrology, she has served as Co-Director of HLA from 2007-2013, Director of HLA from 2013-2017 and Division Head of HLA from 2017-2020. She was the Director of Quality and Innovation for the UHN (now Ajmera Family) Transplant Program from 2017-2019. She became the Interim Program Medical Director for the Laboratory Medicine Program in 2019.

Prior to 2021, Dr. Edward Cole served as PIC for two terms. They are a full professor and were integral to building community, consensus, and partnership between UHN and U of T. Their leadership facilitated significant advancements in knowledge translation for academic medicine, as is further described below.

Figure 11.7: Faculty by Academic Position Description as of April 2023

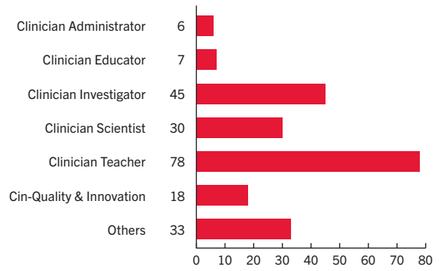
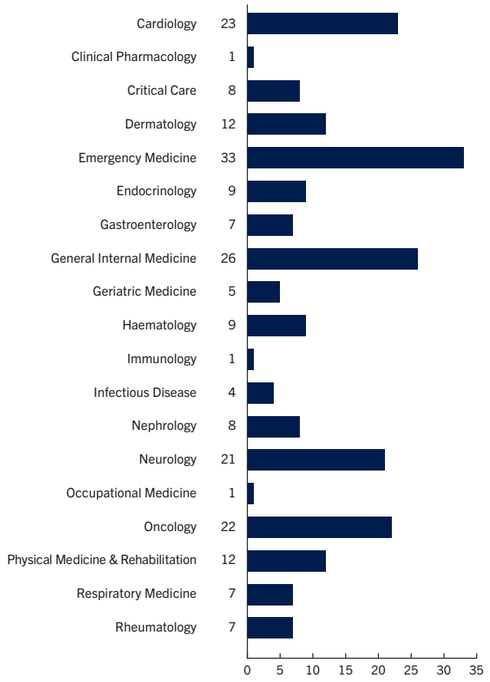


Figure 11.8: Full-time Faculty by Division as of April 2023



Physician-in-Chief (PIC) SH

Dr. Chaim Bell

Please see Sinai Health site report for more information.

Executive Committee

The Executive Committee meets once a month to conduct the academic, professional and economic business of the Department at both the strategic and implementation levels. Its activities include approving recruitments and financial sustainability of new recruits, approving changes in role description, reviewing the operations of the practice plan, discussing and approving any changes to practice plan expenditures, and making strategic decisions. It consists of the PICs, DPICs and two members at large selected from the Division Heads. Members at large will rotate through the committee for two year terms starting in 2023. Current members at large were appointed without term limits by prior department leadership, but they are willing to rotate off the committee as agreed.

Senior Advisory Committee

The Senior Advisory Committee meets 11 times per year to review, inform and execute on policy and strategy relating to all academic, professional and economic business of the Department. The membership is also responsible for the execution of policy within their stakeholder groups and can form ad hoc working groups to address specific projects or workplans including but not limited to department awards, and special projects. This committee is chaired by the PICs, and includes the PICs, all Division Heads, Section Heads and the PMD of the Ajmera Transplant Program.

Economics Committee

The DoM's Economics Committee consists of members chosen by each Division, with the Physicians-in-Chief serving as ex-officio non-voting members, aligning with the participation of PICs Economic Committee in other University teaching hospitals. Two to three members of the Department are appointed as ad hoc members of the committee based on self-expressed interest. The elected Chair of the committee is currently Dr. Christopher Chan (2017). To ensure continuity in operations, each term for the Chair, Deputy-Chair and Past-Chair is five years. The Economics Committee reviews the key economic indicators for the Practice Plan and advises the Physicians-in-Chief on economic policies and procedures.

Strategic Planning

The UHN Department of Medicine operates within the University Health Network Ecosystem. As such Department Strategic Priorities must align with the overall hospital priorities. UHN Developed a 2018-2023 Strategic Plan that can be reviewed at Appendix D.2. As expected, the COVID-19 pandemic which spanned more than 3 years of this plan, has prevented the full realization of the plan, and it is well recognized that a burned-out workforce will be unable to meaningfully participate in entirely new strategic planning work. UHN will refresh its strategic plan in Fall of 2023, with a focus on patient experience, workforce engagement and wellness and the use of technology and innovation in care. The Department of Medicine will refine its specific goal-setting, such as interpretation of the UHN Strategic Plan Pillars specific to the activities and goals of the Department shortly after. Moreover, developing multiple independent strategic plans can be costly, and Departmental Leadership is cognizant that its budget for such activities comes from collective physician income. However, as stewards of the Practice Plan, we endeavour to use such resources extremely judiciously and will be working with hospital leadership to access hospital resources for this goal-setting work.

We must acknowledge the previously defined hospital priority programs that have led to greater funding for some parts of the Department and less for others, so that goal-setting and planned activities cannot be homogeneous across Divisions in different programs. One key goal for the Department is to align philanthropic support with overall hospital priorities, ensuring equitable interpretation across the Department and alignment with activities that advance the hospital's mission.

FACULTY

The distribution of department members by position description and rank can be found in Appendix H.

Since 2018 we have doubled the number of CQI in the department at UHN representing an increasing, but far from complete commitment to quality improvement. During the last five years, UHN has appointed a Medical Director of Quality and Safety who is tasked for providing a framework for physician integration in hospital quality and safety initiatives, as well as supporting a small amount of funding for QI. This individual has recently been appointed the VP of Quality and Safety at UHN, and a search for a new Medical Director of Quality is ongoing. At the departmental Level, we have defined and held a position open for a Deputy Physician-in-Chief – Quality. However, we are currently delaying the appointment as we await the mandate from the new dyadic partnership of the VP and Medical Directors of Quality, to define the role more transparently prior to a search.

We have recruited young clinicians with expertise in quality improvement. UHN is supporting this cohort by developing an advanced program that specifically assesses the quality of care in non-procedural areas. The University group of general internists, including some key contributors from UHN, have developed the GEMINI project, which aims to improve the assessment of quality of care in GIM. Quality improvement in the outpatient setting including remote patient monitoring in cardiology and respirology have demonstrated significant innovation with impact across the hospital system.

Clinician Scientists and Investigators comprise the majority of the Department. While this dominance has historically supported the extraordinary international research reputation, the mid-career scientists and investigators are facing increasing pressure to obtain research and salary funding. While our department provides significant base salary funding to all scientists and investigators (>$9.5M annually), this is insufficient to cover the expected protected time for research and has not kept up with cost of living. As more than 85% of these funds come from clinician billings, those doing the majority of clinical work (Teachers and CQI) are increasingly alert to the amount of base support they receive from their income generation. A sound HHR plan for the Department is required to ensure the sustainability and satisfaction of the Department financial engine while supporting the academic mission.

Burnout continues to pose a significant threat to all physicians. Contributors include but are not limited to:

- Lack of team connection in person due to pandemic restrictions;
- Increasing patient volume and complexity with diminishing physician remuneration;
- Reduction in learner activity within the teaching environment, impacting models of care and staffing;
- Loss of learners to the community settings where physicians have flexibility in practise to access learners, and do not have to possess advance degree training to obtain an academic appointment;
- Loss of learner access diminishes the ability of teachers and educators to execute on their academic expertise and purpose;

- Higher service/academic time ratio across all position descriptions required to meet system volume demands;
- Greater burden on remaining physicians due to increased absenteeism and limited backup, which is a consequence of systematic underfunding of medical school and residency positions over the last two decades;
- Impact of the Royal College Accreditation and the perception that staff physicians must continue to provide increasing amounts of largely non-remunerated personal labour to ensure successful reassessment through improved learner satisfaction;
- Decreased funding both internally and for supporting the academic mission;
- Internal and external narratives that place members with different academic position descriptions, and different healthcare positions against each other in a zero-sum game narrative;
- Inequity of funding and perceived and actual support within the hospital ecosystem between programs and divisions;
- Disproportionate impact of COVID-19 on the DoM's workload, and particularly affecting some Divisions within the Department without time for recovery, causing a sustained higher baseline workload level with reduced learner presence;
- Ongoing challenges with Competency by Design (CBD): CBD was introduced by the University over 5 years ago, based on Royal College edict, and requires more time commitment from our teachers, further reducing time to perform other activities, and without significant compensation;
- Recent implementation of Epic in June 2022;
- Limitation of Programmatic budgets to provide additional HHR support such as Physician Assistants and Nurse Practitioners; areas with greater philanthropic support can access funds for such roles but many areas cannot. In these areas physicians are asked to use their own income to support these HHR roles to sustain provision of service;
- Ongoing challenges with (lack of) professionalism, bullying, and hostile work environments;
- Decrease in physician remuneration overall from the MOH/OHIP.

In summary, the value proposition for academic medicine is diminishing for department members and a greater focus is now on comparing income to the community setting and questioning the value of the academic setting in terms of work-life balance and professional fulfillment. The ongoing advocacy of the U of T Department Leadership to increase learner numbers in the TAHSN network is necessary, and greatly appreciated. The ongoing funding of research by the University Department is similarly foundational to the academic success. Recruitment efforts are ongoing to address workload issues. The Career Transitions portfolio in the U of T Department is a necessary and appreciated domain of support in career transitions for members.

The recent addition of a new academic position description, the Academic Clinician, is a welcome addition to the Academic Hospital Environment as it will facilitate the full-time faculty membership of clinicians whose main focus is clinical practise, within the traditionally academic space. The need for such physicians is identified in the acute inpatient settings where the constraint of patient volumes on CTUs is leaving 50% (TGH) and 30% (TWH) of patients to be cared for outside of traditional learner team-based models. In order to preserve the teaching and research agenda of the department, it is urgent to recruit physicians who can care for patients in direct care models without the expectation of learner presence including overnight coverage and ED coverage. In 2023 we are launching three formal and anticipated permanent resident independent units at TGH and TWH, with an associated 10 academic clinicians recruited. Additional resident independent service at PMCC is being supported by six new academic clinicians. A limitation to the role description is that for these recruitments the community hospitals are offering an increasingly competitive stipends (from various sources) to incent daily service even before fee for service billing occurs. As individuals who provide this care are in greater demand than supply, these daily and nightly stipends are rapidly increasing which the academic environment cannot sustain. A highly anticipated "hospitalist APP" is currently undergoing negotiation between the MOH and the OMA, to support these essential experts in the academic setting.

UHN has appointed a Physician Wellness Lead to address some of the focus areas within their control, such as Epic support, communication training on enhancing professionalism and creating a healthier work environment. Additionally, Department Leadership, supported by Medical Affairs, is actively addressing professionalism concerns through remediation, health support and coaching to improve workplace behaviours.

Equity, Diversity, Inclusivity and Accessibility

In 2022/23 we defined and approved a new DPIC role focused on EDIA. A search for this role will occur in mid 2023. Responsibilities of this role will include the following and the role will be expected to closely collaborate with the Vice Chair Inclusion and Mentorship at the U of T DoM. (Appendix I)

EDUCATION

The combined Departments of Medicine at UHN/SH plays a major role in both undergraduate and postgraduate medical education. Many of our members have University leadership roles in both areas (see Organizational Chart). The UHN Department of Medicine trains hundreds of residents and fellows each year.

Each academic year, the UHN Department of Medicine trains:

- 130 Medical Students in the pre-clerkship students (Years 1 and 2)
- 75 Medical Students in clerkship (Years 3 and 4)
- 220 Residents in (Core) Internal Medicine
- 170 Residents in the medical subspecialties who complete at least one rotation at UHN
- Fellows

In 2017, Dr. Wayne L. Gold assumed the role of Deputy Physician-in-Chief – Education. Dr. Gold oversees our educational programs and chairs several committees, including the combined UHN/SHS Residency Program Committee and the Educational Coordinators Committee. Dr. Gold reports directly to Dr. Kathryn Tinckam, Physician-in-Chief, UHN Department of Medicine. The Residency Program Committee includes Site Directors from UHN and SHS: Dr. Peter Wu – Toronto General Hospital (term end, 30 June 2023); Dr. Ryan Luther (term start, 01 July 2023); Dr. Lindsay Melvin – Toronto Western Hospital and Dr. Barry Goldlist – Sinai Health System, the Chief Medical Residents, and resident representatives from each site and each level of training (PGY1-3). The Site Directors receiving stipends to support their positions from the Department of Medicine Practice Plan.

Dr. Gold also chairs the Educational Coordinators Committee that oversees teaching in the medical subspecialties within the Department. Each division has an Education Coordinator who also receives a stipend from the Practice Plan. Dr. Gold also meets with the Educational Coordinators representing the subspecialty programs a minimum of twice annually to address concerns identified in the Rotation Effective Scores and to work with the divisions to implement changes. An example of a positive change was the restructuring of the rotation in Gastroenterology to allow for experiences in liver disease at Toronto General Hospital and in inflammatory bowel disease and luminal gastroenterology by including time at Mount Sinai Hospital. This change received significant positive feedback from learners, and the Educational Coordinator, Dr. Scott Fung, was recognized in 2019 with an award for Leading (Positive) Change in Medical Education.

In response to the report of the Royal College Physicians and Surgeons accreditation visit in November 2020, we have focused considerable effort on the learner experiences on our General Internal Medicine and sub-specialty rotations for trainees. The focus areas include the (i) the learning climate; (ii) clinical supervision; (iii) trainee workload. A significant effort is being made to address the issue of rising patient volumes while the learner numbers reduced. We will implement several strategies with the plan of completing launches by 30 June 2023. The Department has hired many physicians as Academic Clinicians to allow for the creation of resident-independent care teams (3 teams will be active by July 2023 across 2 sites at UHN). At Toronto General Hospital, Nurse Practitioners and Physician Assistants have been integrated into the resident units to improve the ratio of residents to patients. These changes have positively impacted the learner experiences by stabilizing the CTU numbers, and ensuring adequate time for teaching and clinical activities.

In 2019, a working group for Merit Based on Teaching was created to ensure that there is appropriate recognition of teachers and educators in the DoM. Its primary focus was to acknowledge the teaching efforts of teachers across divisions and encompass the full spectrum of teaching activities within the Department. This included the creation of new teaching awards as well as standardizing academic merit for significant educational achievements. These changes recognize excellence in teaching and education and incentivize educational efforts and are at present, additive to merit scores derived from research and CPA.

Continuing Education and Development for Teachers and Educators

The novel role of Deputy Physician-in-Chief for Faculty Development Clinician Teachers/Clinician Educators was created in March 2022, and following a competitive citywide search, Dr. Lori Albert was appointed.

This has enabled the engagement of CT/CE faculty from across the Department with a variety of activities and opportunities. Currently, there is a series of monthly, virtual "Round Tables" that provide all teachers with the opportunity to connect with one another and share challenges and successes on topics relevant to their daily teaching practice. Faculty Development events are also organized, led by external speakers as well as experts within the DoM. Topics such as "Difficult Conversations with Learners" (February 2023) and "Embedding EDI into the Clinical Learning Environment" (September 2023) have been chosen because of their relevance to CT/CE at all career stages. Plans are underway for smaller, targeted sessions emphasizing specific teaching skills, communication skills, time management and other areas of need identified by faculty. A CT/CE Education mini retreat is also being considered for spring 2024.

In addition to traditional faculty development and community building, faculty are offered formal and informal coaching and mentorship for teaching practice, career development and promotion. A "User's Guide" for new CT/CE is currently in development to supplement the CT/CE SharePoint webpage which houses important resources and opportunities for teachers. Planning continues to be informed by consultation with DoM members along with a small Advisory Group, DoM Leads for Valuing the Clinician Teacher and Culture and Inclusion, and the Faculty Development Lead Community hosted by the Centre for Faculty Development (Chaired by Dr. Latika Nirula).

Education Leadership

Department Clinician Teachers and Educators also have significant educational leadership positions at the university (Appendix J).

The Dr. Ho Ping Kong Centre for Excellence in Education & Practice (CEEP) at Toronto Western Hospital, directed by Dr. Rodrigo Cavalcanti (GIM), has focused on improving medical education at the bedside through innovation and scholarship. The group is pioneering new ways of using high fidelity simulation for teaching clinical skills and emphasizing the importance of the Art of Medicine. Several new recruits to the UHN Department of Medicine are appointed to the centre, including Dr. Lindsay Melvin, who has a focus on competence-based medical education. Dr. Daniel Panisko is also the current Gladstone and Maisie Chang Chair in Teaching in Internal Medicine and is on the Executive Committee of CEEP.

RESEARCH

The research productivity of the Department remains world-class, with more than $150 million invested in grant support in 2021-22. Data presented are complete up to end of 2021.

All Department members are affiliated with one of the seven UHN Research institutes or the Research Institute at SHS. Some clinician scientists are fully appointed members of the research institutes while others and all other Department Members are "affiliated" with the institutes. New budgetary constraints require covering total cost of research, which is financially understandable but has put additional strain on PIs given that the overhead coverage of grant funding in Canada is negligible. Minimal mentorship is provided to clinician scientist RI members and competition for salary support chairs with PhD members of the institutes create ongoing tension. Annual review formatting requirements for the RIs differ than those of the hospital Department, leading to annual frustration.

Publication output remained high per member (Figure 1) with citation impact being > 1 across the board (Figure 2). Importantly it is clear that Department Researchers are driving the overall citation impact across all Clinical Programs at UHN (Figure 3).

Clinical research is an essential part of our hospital's mission, but unfortunately both contract services and research financial services have not functioned optimally to best facilitate the work of our researchers. Regrettably, we have encountered instances where contract delays have resulted in missed opportunities to participate in important trials. There is an ongoing review of the REB to identify opportunities to smooth operations and turnaround times for this process. Additionally, a new arm of review (the Quality Improvement Research Committee – QIRC) has been established in 2020 to streamline review for QI projects that may not fit specifically into research review frameworks.

We undertook a Research External Review of the Research portfolio in our hospital Department in late 2022. The output will define the mandate for the new DPIC Research, aiming for enhanced integration with the operations of the multiple research institutes and closer alignment with the University Research structures.

The previous PIC Dr. Ed Cole noted in the 2018 self-study, *"Research funding is becoming harder to attract, so our research enterprise is threatened. This is particularly true of our younger researchers in the early phases of their careers. I suspect that, in the future, only large and highly successful groups may have sufficient funds to succeed. This change in grant funding, and limited Hospital and departmental resources, may well limit the amount of research that we can support."* And *"I believe that we, relative to other teaching hospitals, have many scientists and investigators, who come at a substantial cost to the practice plan. We also provide base support for educational leadership roles and teaching. Inevitably, this situation affects the take-home income of our members, and I suspect that we will have to make some difficult decisions about which areas to prioritize."* These observations remain prescient today and the calls for increased financial equity within the department is louder than ever. This may influence funding decisions as departmental priorities are considered.

QUALITY AND INNOVATION

Quality and Safety remains a key strategic focus at UHN. However, it is now acknowledged that physicians were not sufficiently engaged in the development of the current quality infrastructure framework. Three years ago, a physician lead in Quality and Safety was appointed for the organization and has improved the connection between physicians engaged in QI work and the overall organization initiatives. Nonetheless, meaningful quality engagement is lacking with all physicians in the organization, including the Department, primarily due to the lack of compensation for this important yet time-consuming work.

With the upcoming refresh of the strategic plan, we anticipate a shift in the organizational focus on Q and S, towards a more holistic approach of optimizing the Patient Experience. All members of TeamUHN will be able to identify ways to achieve this strategic objective within the activities of their daily work through optimizing culture and engagement. The UHN PIC is also the Executive Lead for Patient Experience at UHN and is well positioned to ensure alignment with this priority and the Department's overall goals.

A new Epic Electronic Record was implemented in June 2022, and now is in the stabilization phase. It is anticipated that greater integration of clinical activity with a single source of data will allow for more grassroots QI initiatives and associated business intelligence.

Focused areas of active QI are a source of pride for the Department. The ongoing optimization of the outpatient GIM clinics at Toronto Western Hospital continues to shorten the inpatient stays and facilitate avoidance of ED and admissions. To support an Innovation hub at TGH, a new Chair in Innovation has been established. Local leaders in GEMINI continue to use these important data to drive clinical change at UHN, noting that data privacy regulations specific to UHN (compared to other participating sites) are hampering the optimization of these analyses. Our Department Leadership (Dr. Chris Chan) in the Integrated Care and Connected Care Programs will support innovative models of home-based care across all UHN programs.

ANALYSIS OF STRENGTHS, CHALLENGES, OPPORTUNITIES AND THREATS

Strengths

- Faculty excellence in clinical care, research, education, QI and leadership
- Broad experience across multiple domains
- Wide range of clinical activity offering an optimal research and education environment
- Diversity in leadership
- Excellent interdepartmental relationships
- Support of hospital leadership on important initiatives
- Departmental commitment to the academic agenda
- Practise plan size and stability, ensuring a stable monthly draw for all members, and economies of scale using pre-tax income for common expenses
- New efforts to value CT/CE via the Faculty Development DPIC role

Weaknesses/Threats

- See contributors to burnout (above) notably:
  - Clinical volumes and complexity increase across all settings but especially inpatient;
  - Inequity in philanthropic funding within and between departments;
  - Diminishing value proposition for academic medicine considering learner redistribution to the community;
  - Decreased research funding sources in general;
  - Increasing discrepancy between community and academic remuneration;
  - Professionalism and wellness concerns (we note that the ombudspersons previously appointed and outlined in the previous self-study are neither university nor hospital medical affairs recognized roles. They are important as coaches/advisors but all professionalism concerns must be definitively managed through the new Physician professionalism policies all supported by HR);
- Departmental costs of supporting the academic agenda;
- Increasing impact of relativity between subspecialities in OHIP fee schedule;
- Increasing appeal of community practise given access to learners and no restrictions of practise plans;
- Increasing institutional dependence on the Department of Medicine to manage workload volumes without any demand control;
- Increasing requests on MDs for non-remunerated work;
- Growth of other hospital programs with downstream impacts on DoM not considered in program planning;
- Challenges in sustaining research support for clinicians and scientists, in the current fiscal environment.

Opportunities

- Recruitment and retention of Academic Clinicians, noting the need for a fully funded APP for this group to fully realize sustainable impact in the academic setting;
- Comprehensive HHR planning for sustainable workforce;
- More equitable distribution of fundraising efforts and philanthropic dollars to and within the Department;
- Opportunities for Department SRE&D being explored to optimize return on academic base funding contributions;
- Leadership alignment toward practise plan reform (greater equity, transparency and communication) to support trust within the department;
- Stronger advocacy at TFoM for appropriate learner distribution to academic centers with appropriate constraints in non-regulated community settings;
- Enhanced post-pandemic connectivity at hospital and among Department Members.

SINAI HEALTH SYSTEM

OVERVIEW

In 2015, Mount Sinai Hospital (SHS) amalgamated with Bridgepoint Active Healthcare (a rehabilitation and chronic continuing-care facility) and, together with Circle of Care (a home-care organization) and the Lunenfeld-Tanenbaum Research Institute, The Sinai Health System (SHS) was formed. SHS has an operating budget of almost $750 million. Its vision is "We discover and deliver life-changing care." Its mission is "Sinai Health delivers excellent and compassionate care in hospital, community and home. Focusing on the comprehensive needs of people, we push boundaries for health solutions and innovative models that connect care across the continuum, and the lifespan. We discover and translate scientific breakthroughs, and educate future clinical and scientific leaders." Its purpose is "We care, create possibilities and offer hope". And its values are "Service, humanity, inclusivity, and discovery".

SHS has six core values: (i) person-centred care; (ii) excellence; (iii) accountability; (iv) equity; (v) collaboration; and (vi) innovation. SHS is renowned for its Women and Infants Program, which includes a Level 3 Neonatal Intensive Care Unit, and one of the largest high-risk obstetrical programs in North America. Other hospital priorities include complex orthopedics, cancer care, diabetes care, inflammatory arthritis, emergency care, geriatrics, chronic complex conditions and inflammatory bowel disease. There are four strategic priorities: (i) clinical excellence; (ii) operational effectiveness; (iii) growth and investment; and (iv) research and education.

Bridgepoint Active Healthcare (now the Hennick-Bridgepoint Hospital) has nearly 440 beds split between complex continuing care, rehabilitation and palliative care. For the most part, these are staffed by family doctor hospitalists as most responsible physicians with some general internal medicine attendings as well. There are individuals providing general medicine, geriatric, and endocrine consultations. There is also a 32-bed hemodialysis unit; it has up to 10 beds designated for inpatients receiving peritoneal dialysis.

The UHN-SHS Department has a unitary committee structure, including committees like Economics, Gender and Diversity Considerations, Senior Advisory, and Executive. There is also a single business office. Education programs are merged under a Deputy Physician-in-Chief for Education. Some of the divisions within the UHN-SHS structure are almost entirely situated in UHN (e.g., nephrology). Most other divisions have a presence at both sites. In particular, the Physiatry Division is centred at Hennick-Bridgepoint

Hospital whereas Physiatry at UHN is centred at Toronto Rehabilitation Institute and is a separate Department with a separate practice plan.

At Sinai, the divisions execute their clinical activities within the Program Structure. Each Program is comprised of several Divisions (often medical, surgical and other departments), aligned along a disease specific focus. Most of our Department are included in the Urgent and Critical Care, Cancer, or Inflammatory Bowel Disease programs. The Program Leadership is comprised of a Medical Director and an Administrative Director in a dyadic partnership responsible for all clinical operations within that program; as physicians require access to operational infrastructure to perform their clinical activities, close alignment and partnership of Department and Programmatic leadership is essential. The Department, however, has no direct authority or agency over distribution of programmatic resources for the access of Department Members. The complexities of a Department-Program matrix are amplified in the current health system human resource challenges.

Sinai Health System Department of Medicine (DOM)

The Department of Medicine largely resides within the Mount Sinai Hospital campus and is the largest department at Sinai. It is an acute care academic health sciences centre, located on University Avenue. Mount Sinai Hospital has over 450 inpatient beds (including bassinets), and almost 29 thousand admissions. The activities of the Department of Medicine will be the primary focus of the report. Under the leadership of Dr. David Dushenski, the Emergency Department is a separate Department, which attends to nearly 63 thousand annual Emergency Room visits.

The Departments of Medicine at SHS and University Health Network (UHN) are, strictly speaking, two separate departments in two separate hospitals. However, de facto, the two separate Departments function as one for education, research and clinical purposes under the combined leadership of the SHS and UHN Physicians-in-Chief. In this report, we have presented those overlapping elements jointly.

Sinai-DOM Inpatient Clinical Activity Overview

Sinai has a busy Emergency Department that drives admissions to Department Divisions that deliver Inpatient Clinical Service, including General Internal Medicine (GIM), Cardiology, and Gastroenterology. The Intensive Care Unit (ICU) also falls under the Department of Medicine. The ICU's admissions are split between Emergency Department admissions, surgical admissions and transfers from GIM. The GIM Division provides the largest single inpatient coverage contribution at Sinai. There are 88 budgeted beds, but the service frequently covers more than 100-110 patients. Notably, other subspecialty Divisions do not provide inpatient coverage, making the GIM Division the de-fault admitting service for patients in those areas of expertise. Additionally, the growth of Cancer patient admissions (from Sinai, Princess Margaret Hospital, and outside hospitals) has been significant in the last five years, impacting patient volumes. The Cardiology ward includes both regular beds and a 6-bed Coronary Care Unit (CCU). The Gastroenterology ward largely focuses on patients with Inflammatory Bowel Disease as Sinai is a major centre for this diagnosis.

COVID-19 at SHS

During the COVID-19 pandemic, the Division of GIM physicians covered most of the COVID-19 service weeks, while all other Divisions contributed some medical coverage to COVID-19 patient services. Between March 2020 and March 2023, GIM operated at least one, and at times up to three COVID services continuously. In addition to care provided by Department of Medicine members, we did have a successful program for a few months where General Surgeons were the leads for COVID inpatient care. COVID care was of course, also provided in the critical care space, dominantly staffed by members of the Division of Respirology and Critical Care as well as some from GIM. This workload was in addition to ongoing routine inpatient and critical care service delivery.

We are indebted to our UHN colleagues where Department members (Infectious Diseases, GIM, Nephrology) were instrumental in establishing and operationalizing the outpatient Connected Care COVID Clinics. These clinics provided outpatient support and follow-up for COVID patients, leading to a significant avoidance of ED visits and admissions. GIM, Infectious Diseases, and Critical Care members provided local, provincial, national, and international leadership in managing and responding to COVID. They continue to lead nationally recognized research and initiatives on the long-term sequelae of COVID-19 in the critical care and outpatient setting. Additionally, Hennick-Bridgepoint Hospital had the second-most patient transfers in the province during the many waves of COVID. This practice helped several acute care hospitals in the region care for newly admitted patients with COVID and other diagnoses. It definitively helped manage overwhelming patient volumes and staffing challenges at several of our most affected facilities in the Toronto region. Finally, we were also part of several important special projects/undertakings. The Sinai ICU provided coaching and support to the SickKids ICU when they were involved in caring for adult patients. The Sinai GIM wards were tasked with transferring all adult patients who were cared for at SickKids. This partnership was historic and represents one of many collaborations during this period that we are proud of.

FINANCE

UHN-SHS Department of Medicine Practise Plan

The UHN-SHS Department of Medicine Practice Plan (DOMPP) is a Conforming Practice Plan. The Plan is set in accordance with the Policy for Clinical Faculty at the University of Toronto and the procedures set out in the Procedures Manual for the Policy for Clinical Faculty, collectively referred to as the "Clinical Faculty Policy." Membership in a conforming practice plan – or equivalent as determined by the Dean – is required for a full-time clinical academic appointment in the Temerty Faculty of Medicine.

The UHN-SHS DoM Practice Plan comprises the policies and procedures that we operate under within Department of Medicine of Sinai Health System and the UHN. It is not a legal entity. Members are independent practitioners who have agreed to these policies and practices via their Memorandum of Appointment upon joining the Department. They affirm their acceptance of the terms stated in the annual letters that they receive at the beginning of each academic year.

We follow strict principles of cash accounting both at the individual and Department Level. This means all earnings by members, after deducting individual and department expenses (the latter being covered by Department tithe), are returned to members at the end of the fiscal year. It follows that no member can be in debt to the practise plan; all members must contribute sufficiently to cover their received income, expenses, and tithe.

There are concerns about our practice plan's lack of transparency, which the leadership has attempted to address with work ongoing. In the last three years, all non-role-based Department discretionary stipends have been discontinued. This past year for the first time, a revised practise plan summary was provided to all members detailing their individual contributions, and tithe rates. This has been generally well received.

The provincial fee schedule continues to reward procedural work and inpatient work much more than outpatient care, which contradicts our focus on increasing outpatient care to alleviate healthcare system pressures and improve the population health. While us institution deals with exceedingly complex cases, the Ontario Medical Association, which plays a major role in determining the fee schedule, places more emphasis on routine cases, and prioritizes community physicians. An exploration of a comprehensive academic alternate payment plan is ongoing which may address some of the discrepancies between academic and community-based practise in all Department Divisions (Source: Dr. Barry Rubin, Academic Medical Organization).

GOVERNANCE

The Departments of Medicine at University Health Network and Sinai Health System are, strictly speaking, two separate departments in two separate hospitals. However, de facto, the two separate Departments function for education, research and clinical purposes as if they are a single Department of Medicine under the combined leadership of the SHS and UHN Physicians-in-Chief.

Almost all members of the Department have staff appointments at both SHS and UHN. All members of the Department of Medicine are members of the same Practice Plan, and the Subspecialty Divisions are merged under unified single Division leadership.

The Department has a well-codified organizational structure overseen by the joint Physicians-in-Chief at UHN (Dr. Tinckam) and SHS (Dr. Bell). Dr. Tinckam is in her first term as PIC

at UHN. Dr. Bell was recently reappointed in 2023 for a second five-year term. The report for the review (Appendix A) and the slides (Appendix B) from the reappointment presentation are attached.

There are 13 Division Heads, four Section Heads (well defined areas of clinical expertise within a given Division), and currently two Deputy PICS for Research, one Deputy PIC for Education, one Deputy PIC for Economics and 1 Deputy PIC for Faculty Development (Teachers and Educators – new role in 2022). A Deputy PIC-EDIA role has been defined and approved with search to commence in Summer 2023.

Since April 2021, new Division Heads have been appointed in General Internal Medicine, Rheumatology, Infectious Diseases and Endocrinology (Interim). Additionally in 2022 the UHN MAC, CEO and Board of Directors unanimously approved the creation of a Division of Clinical Genomics (from the former section of Genetics within DMOH). This is led by an interim head currently with a leadership search anticipated in early 2024.

We would like to highlight the notable diversity within the Department Leadership which has evolved over the last decade. Eight out of 13 Division Heads are women, as is the new Deputy PIC and the PIC at UHN (the latter being the first woman appointed to this role in the institutions in 190-year history). Six Heads represent visible racial domains of diversity, and an additional three are Jewish. Among the section heads, one represents a racial domain, and two are Jewish, although none are women.

The PICs work directly with the University Chair of Medicine, while the Division and Section Heads work closely with the Department Division Director in their respective clinical specialty. The Deputy PIC Education works closely with the Vice Chair of Education, and we plan to formalize the working relationship of the new DPIC-Research and DPIC-EDIA with their corresponding Vice Chair in the Department.

The DPICs in Research from SHS and UHN have exceeded more than 10 years in their roles and a search for a unified DPIC Research is anticipated in summer 2023.

Physician-in-Chief (PIC)

Dr. Chaim Bell

Dr. Chaim Bell is a Professor of Medicine and Health Policy, Management and Evaluation at the University of Toronto. He is a Clinician Scientist and a hospital-based general internist at Sinai Health. Dr. Bell is an adjunct scientist at the Institute for Clinical Evaluative Sciences (ICES) in Ontario and a Core Member of the University of Toronto Centre for Patient Safety. He is also a member of Cancer Quality Council of Ontario (CQCO) an expert in the areas of health system policy and administration, performance measurement and health services research, and sits on multiple Ontario Ministry of Health and Long-Term Care expert advisory panels.

Dr. Bell received his medical degree from the University of Toronto and completed his specialty training in Internal Medicine and Clinical Investigation at the University of Toronto. He was a Visiting Fellow at the Harvard School of Public Health and then received his PhD in Clinical Epidemiology and Health Services Research from the University of Toronto. Dr. Bell's research focuses on patient safety and the quality of patient care in hospitals as well as the transition from hospitals to the community. For the past five years he has been the Research Director for the Mount Sinai Hospital-University Health Network Antimicrobial Stewardship Program.

Committees and Membership

Three standing committees are accountable for Department decision making and direction including The Executive Committee, The Senior Advisory Committee and The Economics Committee. All meet monthly to address the financial, administrative, academic and faculty functions of the department. The lists of members of the three committees are available in Appendix C.

Executive Committee

The Executive Committee meets once a month to conduct the academic, professional and economic business of the Department at both the strategic and implementation levels. Its activities include but are not limited to: approving recruitments including financial sustainability of new recruits, approving changes in role description, reviewing the operations of the practice plan, discussing and approving any changes to practice plan expenditures, and strategic decision making for the department. It consists of the PICs, DPICs and two members at large drawn from the Division Heads. Members at large will rotate through the committee for 2-year terms starting in 2023. Current members at large were appointed without term limits by prior department leadership and are agreeable to rotating off the committee.

Senior Advisory Committee

The Senior Advisory Committee meets 11 times per year to review, inform and execute on policy and strategy relating to all academic, professional and economic business of the Department. The membership is also responsible for execution of policy within their stakeholder groups and can form ad hoc working groups to address specific projects or work plans including but not limited to department awards and special projects. This committee is chaired by the PICs and includes all Division Heads, Section Heads and the PMD of the Ajmera Transplant Program.

Economics Committee

The Department of Medicine's Economics Committee consists of members chosen by each Division, with the Physicians-in-Chief serving as ex-officio non-voting members. Two to three members of the Department are appointed as ad hoc members of the Committee depending on self-expressed interest. The elected Chair of the Committee is currently Dr. Christopher Chan (2017). To allow continuity in operations, each term for the Chair, Deputy-Chair and Past-Chair is five years. The Economics Committee reviews the key economic indicators for the Practice Plan, and advises the Physicians-in-Chief on economic policies and procedures.

Sinai-specific Committees

There are two separate SHS-only committees: one for Research and the other for Education. These groups address academic topics and also decide on the dispersal of budgets provided by the Sinai Department of Medicine Research Fund. The Research Committee is presently led by Dr. John Floras, the DPIC Research. The Committee consists of several Clinician Scientists and Investigators at SHS. They discuss research-related issues, especially as they relate to the LTRI (SHS research institute). They also decide upon various funding priorities for the allocated budget. Similarly, the Education Committee consists of education leaders. They also disperse funds for academic educational priorities.

Strategic Planning

In August 2017, the SHS PIC initiated development of a strategic plan for SHS's Department of Medicine. Although SHS and UHN have a merged Department of Medicine—with joint Division heads and medical faculty cross appointed to both organizations—this strategic plan focused uniquely on SHS's Department of Medicine. With the PIC's reappointment, a process has been undertaken to revise the Department Strategic Plan in Spring/Summer 2023.

The Strategic Plan for 2017-2022 is available in Appendix D. Extensive consultations to identify goals and priorities were conducted with more than 50 internal and external stakeholders. These included meetings with individuals as well as with the Education and Research Committees. The reflection and feedback with stakeholders, including all Department members, resulted in the final report. It was disseminated to the entire Department as well as senior executives and stakeholders. The overarching guiding principles included the following:

- The Department of Medicine will evolve strategically by leveraging SHS's unprecedented growth and its focus on exceptional care, integrated health systems and academic excellence.
- The Department of Medicine's strategic goals will advance quality practices and outcomes in all areas of endeavour.
- The Department of Medicine's strategic goals will align with the priorities of SHS, U of T's DoM, and UHN's Department of Medicine.
- The Department of Medicine will partner with the Sinai Health Foundation to engage donors and invite their philanthropic support for the Department of Medicine's initiatives.

The Strategic Plan was a major contributor to our Department's focus and success over the last few years and particularly during the pandemic. It guided our recruitment and growth approaches as well as lay the foundation for philanthropic undertakings. The extensive time dedicated to reflection and feedback was intentional to ensure opportunities for widespread support and ensuring that department members felt they contributed to its creation. We look forward to the revised document which will help lay out our path forward for the next five years.

FACULTY
UHN-SHS DOM

Virtually all members of the Department have staff appointments at both SHS and UHN.

Please see the UHN report for additional context.
All members of the Department of Medicine are members of the same practice plan, and the subspecialty divisions are merged under a single leadership. The current practice plan has been operating successfully since 1990 and has more than 350 full-time members. There are approximately 85 individuals whose primary practice is at SHS. The number of part-time physicians and clinical associates exceeds the number of full-time faculty. All full-time physicians hold a faculty appointment in the University of Toronto (U of T) Department of Medicine (DoM), as do the majority of the part-time physicians. All full-time members receive an academic base support dependent on their job description to compensate for the time spent on non-remunerative activities such as teaching and research. Base support is funded by the practice plan through a tithe on all members' net income.

SHS has had significant growth in the CQI job description in the Department at Sinai representing an increasing, but far from complete commitment to quality improvement. During the last five years, Sinai has appointed a Medical Director of Quality and Safety (Dr. Christine Soong – a member of our Department) who has a mandate for establishing a framework for physician integration in hospital Quality and Safety initiatives and providing some funding for QI. At the Departmental Level, we have defined and held a position open for a Deputy Physician-in-Chief – Quality. However, we are holding on the hiring process, as we await the mandate provided by the new dyadic partnership of the VP and Medical Directors of Quality at UHN, to define the role more transparently prior to a search.

SHS has recruited young clinicians who have expertise in quality improvement. There is also a hospital-specific forum for clinicians with an interest in quality led by Dr. Christine Soong. The University group of general internists, including some key contributors from Sinai, have developed the GEMINI project, which aims to improve the assessment of quality of care in General Internal Medicine. Quality improvement in the outpatient setting including remote patient monitoring in cardiology and respirology have been notable areas of innovation with impact across the hospital system.

SHS Clinician Scientists and Investigators comprise the majority of the Department. While this dominance has historically supported the extraordinary international research reputation, the pressure felt by mid-career scientists and investigators to obtain research operational funding and salary funding is increasing. While our Department provides significant base salary funding to all scientists and investigators (>$9.5M annually between UHN and SHS), this is insufficient to cover the expected amount of protected time for research and has not been able to keep pace with cost of living, as more than 85% of these funds come from clinician billings. At the same time those doing the majority of clinical work (Teachers and CQI) are increasingly alert to the amount of base support being provided from their income generation. A sound HHR plan for the Department is required to ensure the sustainability and satisfaction of the Department's financial engine while supporting the academic mission across all domains.

The tables of Department Members by Division and Academic Position Description, and Academic Rank are available at Appendix E.

Burnout continues to pose a significant threat to all physicians. Contributors include but are not limited to:

- Lack of team connection in person due to pandemic restrictions.
- Increasing patient volume and complexity with diminishing physician remuneration.
- Reduction in learner activity within the teaching environment, impacting models of care and staffing.
- Loss of learners to the community settings where physicians do not have to be in a conforming practise plan to access learners, and do not have to have advance degree training to obtain an academic appointment.
- Loss of learner access diminishes the ability of teachers and educators to execute on their academic expertise and purpose.
- Greater service/academic time ratio across all position descriptions required to meet system volume demands.
- Greater burden on remaining physicians due to increased absenteeism and limited backup, which is a consequence of systematic underfunding of medical school and residency positions over the last two decades.
- Impact of the Royal College Accreditation and the perception that staff physicians must continue to provide increasing amounts of largely non-remunerated personal labour to ensure successful reassessment through improved learner satisfaction.

Figure 11.9: Faculty by Academic Position Description as of April 2023

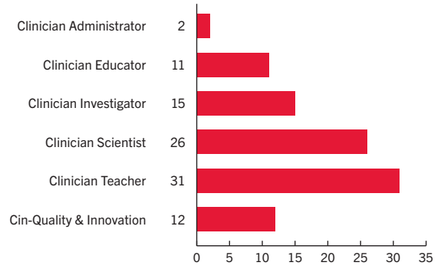
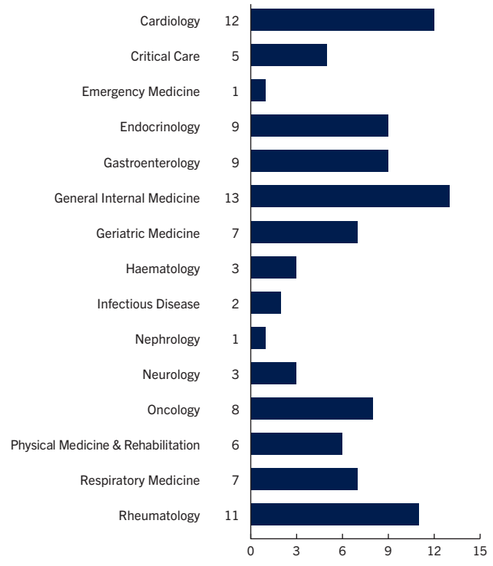


Figure 11.10: Full-time Faculty by Division as of April 2023



- Decreased funding both internally and to support the academic mission.
- Internal and external narratives that place members with different academic position descriptions, and different healthcare positions against each other in a zero-sum game narrative.
- Inequity of funding and perceived and actual support within the hospital ecosystem between programs and divisions.
- Disproportionate impact of COVID-19 on the Department of Medicine workload, and particularly affecting some Divisions within the Department, without time for recovery, causing a sustained higher baseline workload level with reduced learner presence.
- Ongoing challenges with Competence by Design (CBD): CBD was introduced by the University over 5 years ago, based on Royal College edict, and still requires more time commitment from our teachers, reducing their ability to perform other activities, and without significant incremental compensation.
- Limitation of Programmatic budgets to provide additional HHR support such as Physician Assistants and Nurse Practitioners; areas with greater philanthropic support can access funds for such roles but many areas cannot. In these areas physicians are asked to use their own income to support these HHR roles.
- Ongoing challenges with (lack of) professionalism, bullying, and hostile work environments.
- Decrease in physician remuneration overall from the MOH/OHIP.

In summary, the value proposition for academic medicine is objectively diminishing in the eyes of department members and a focus is now comparing income to the community setting and questioning the value of the academic setting to achieve work-life balance and professional fulfillment. The ongoing advocacy of the U of T Department Leadership to increase learner numbers in the TAHSN network is necessary, and greatly appreciated. The ongoing funding of research by the University Department is similarly foundational to the academic success of the Department. Ongoing recruitment to address workload issues occurs in the context of many Department members working late into their careers. The Career Transitions portfolio in the U of T Department is a necessary and appreciated domain of support in career transitions for members.

The recent addition of a new academic position description, the Academic Clinician, is welcome to the Academic Hospital

Environment as it will facilitate the full-time faculty membership of clinicians whose main focus is clinical practise, within the traditionally academic space. The need for such physicians is identified in the acute inpatient settings where the constraint of patient volumes on CTUs is leaving patients to be cared for outside of traditional learner team-based models. In order to preserve the teaching and research agenda of the Department, it is urgent to recruit physicians who can care for patients in direct care models without the expectation of learner presence including overnight coverage and ED Coverage. A limitation to the role description is that for these recruitments the community hospitals are offering an increasingly competitive stipends to incent daily service even before fee for service billing occurs. As individuals who provide this care are in greater demand than there is supply, these daily and nightly stipends are rapidly increasing which the academic environment cannot sustain. A highly anticipated "hospitalist APP" is currently undergoing negotiation between the MOH and the OMA and will be required to support these essential experts in the academic setting.

EDUCATION

The combined Department of Medicine at UHN-SHS plays a major role in both undergraduate and post graduate medical education. Many of our members have University leadership roles in both areas (see Organizational Chart). The UHN Department of Medicine trains hundreds of residents and fellows each year.

In 2017, Dr. Wayne Gold assumed the role of Deputy Physician-in-Chief – Education. Dr. Gold oversees our educational programs and chairs several committees, including the combined UHN-SHS Residency Program Committee and the Educational Coordinators Committee. Dr. Gold reports directly to the Physicians-in-Chief. The Residency Program Committee includes Site Directors from UHN and SHS: Dr. Peter Wu – Toronto General Hospital (term end, 30 June 2023); Dr. Ryan Luther (term start, 01 July 2023), Dr. Lindsay Melvin – Toronto Western Hospital, and Dr. Barry Goldlist – Sinai Health System (term end, 30 June 2023); Dr. Gillian Spiegle (term start, 01 July 2023), the Chief Medical Residents, and resident representatives from each site and each level of training (PGY1-3). The Site Directors receiving stipends to support their positions from the Department of Medicine Practice Plan.

Dr. Gold also chairs the Educational Coordinators Committee that oversees teaching in the medical subspecialties within the Department. Each division has an Education Coordinator who also receives a stipend from the Practice Plan. Dr. Gold also meets with the Educational Coordinators representing the subspecialty programs a minimum of twice annually to address concerns identified in the Rotation Effective Scores and to work with the divisions to implement changes. An example of a positive change was the restructuring of the rotation in Gastroenterology to allow for experiences in liver disease at Toronto General Hospital and in inflammatory bowel disease and luminal gastroenterology by including time at Mount Sinai Hospital. This restructuring has received significant positive feedback from learners and the Educational Coordinator, Dr. Scott Fung, was recognized in 2019 with an award for Leading (Positive) Change in Medical Education.

In response to the report of the Royal College Physicians and Surgeons accreditation visit in November 2020, we have focused considerable effort on the learner experiences on our General Internal Medicine and sub-specialty rotations for trainees. The focus areas include (i) the learning climate; (ii) clinical supervision; and (iii) trainee workload. Significant efforts are being made to address the issue of rising patient volumes while the learner numbers reduced. We will implement several strategies with the plan for completed launches by 30 June 2023. The Department has hired many Academic Clinicians to allow for the creation of resident-independent care teams.

In 2019, a working group for Merit Based on Teaching Performance was created to ensure that there is appropriate recognition of teachers and educators in the Department of Medicine. Its primary focus was to acknowledge the teaching efforts of teachers across divisions and encompass the full spectrum of teaching activities within the Department. This included the creation of new teaching awards as well as standardizing academic merit for significant educational achievements (Appendix F - UHN SHS Recommendations for Merit Based on Teaching Performance). These changes recognize excellence in teaching and education and incentivize educational efforts and are at present, additive to merit scores derived from research and CPA.

Faculty Development for Teachers and Educators

The novel role of Deputy Physician-in-Chief for Faculty Development Clinician Teachers/Clinician Educators was created in March 2022, and following a competitive citywide search, Dr. Lori Albert was appointed.

This has enabled the engagement of CT/CE faculty from across the Department with a variety of activities and opportunities. Currently, there is a series of monthly, virtual "Round Tables" that provide all teachers with the opportunity to connect with one another and share challenges and successes on topics relevant to their daily teaching practice. Faculty Development events are also being organized, led by external speakers as well as experts within the DoM. Topics such as "Difficult Conversations with Learners" (February 2023) and "Embedding EDI into the Clinical Learning Environment" (September 2023) have been chosen because of their relevance to CT/CE at all career stages. Plans are underway for smaller, targeted sessions emphasizing specific teaching skills, communication skills, time management and other areas of need identified by faculty. A CT/CE Education mini retreat is also being considered for spring 2024.

In addition to traditional faculty development and community building, faculty are offered formal and informal coaching and mentorship for teaching practice, career development and promotion. A "User's Guide" for new CT/CE is currently in development to supplement the CT/CE SharePoint webpage which houses important resources and opportunities for teachers. Planning continues to be informed by consultation with DoM members along with a small Advisory Group, TFoM Leads for Valuing the Clinician Teacher and Culture and Inclusion, and the Faculty Development Lead Community hosted by the Centre for Faculty Development (Chaired by Dr. Latika Nirula).

Education Leadership

Department Clinician Teachers and Educators also have significant educational leadership positions at the hospital and university. Dr. Andrea Page (ID) is the Wightman-Berris Academy Director, Dr. Jacqueline James (Endocrinology) is the VP Education at SH, Dr. Luke Devine (GIM SHS) is the Director of UGME.

Dr. Barry Goldlist has been the Postgraduate Education Program Director, and he chairs the Departmental Education Committee that also includes Divisional Education Directors. Dr. Gillian Spiegle will start in the position as of July 1, 2023 and has been overlapping with Dr. Goldlist for the last few months. Finally, Dr. Shiphra Ginsburg is the first Canada Research Chair in Medical Education Research. She provides a great deal of leadership and mentorship to Clinician Teachers and Educators at UHN-SHS as well as others at the University of Toronto.

For a complete list of all Educational Leaders from our Department contextualized in the broader city-wide University Environment, please see the Appendix G – Educational Leadership Structure

RESEARCH

SHS is fortunate to have several clinician scientists and clinician investigators at all stages of seniority. Overall, our researchers have achieved significant success, with notable expertise in areas such as diabetes, inflammatory bowel disease, critical care, cardiology, and rheumatology. Notably, there have been six early career Clinician Scientists (2 GIM, Endocrine, ICU, Geriatrics, and Gastroenterology) and one Clinician Investigator (Physiatry) recruited over the last few years. These individuals have made important clinical and education contributions, including receiving multiple teaching awards and providing research supervision to trainees.

EQUITY, DIVERSITY, INCLUSIVITY AND ACCESSIBILITY

In 2022/23 we defined and approved a new DPIC role focused on EDIA. A search for this role will occur in 2023. The role is expected to closely collaborate with the Vice Chair Inclusion and Mentorship at the U of T DoM. The responsibilities and implementation roles can refer to Appendix H.

Senior leader within the DoM will:

- Lead EDI work for the Department, including the development, implementation and monitoring of an Action Plan
- Chair the SHS-UHN Department of Medicine EDI Committee
- Serve as a content expert to leaders in the Department
- Support PIC and Division Heads with EDI concerns and complaints, navigating existing processes, including consults and referrals across the ecosystem
- Support culture change such that EDI is valued in research, education, clinical care and QI work across the Department

STRENGTHS, CHALLENGES, OPPORTUNITIES AND THREATS ANALYSIS

Strengths

- Department is highly collegial
- Strong loyalty and identity toward the institution and Department
- High quality clinical care delivered and recognized across the Hospital
- General hospital with some highly specialized programs (e.g., obstetrical medicine, certain cancer programs, inflammatory bowel disease)
- Excellent reputation in clinical care, teaching and research
- Separate research and education fund that supports various competitive projects and programs
- Outstanding renewed senior leadership team; many of whom are Department members

Challenges

Some are germane to all Toronto institutions:

- Implementing Competence by Design with few resources for optimization
- Rising patient volumes and complexity without additional resources
- Increasing competition for peer-reviewed grants and limited salary support for clinician scientists
- Modest support from the University for various administrative initiatives including undergraduate, postgraduate activities
- Need to increase faculty diversity

Others are unique to Sinai:

- Managing staff renewal with many senior faculty still on staff
- Maintaining identity with respect to UHN
- Navigating the relationship with basic scientist–dominated Lunenfeld-Tanenbaum Research Institute
- Implementing the Electronic patient record and improving communication with other hospital sites and outpatient electronic record
- Developing an ambulatory care strategy that aligns needs for the Department and Sinai-provided resources
- Improving transparency within practice plan—have already standardized academic base support
- Addressing the feeling of "haves" and "have-nots" which is based on priority program

Opportunities

- Partnerships across Sinai include psychiatry, palliative care and family medicine
- Integrating clinical care at the Bridgepoint site into the greater Department of Medicine
- Recruitment of properly trained clinician scientists and clinician teachers
- Alignment of recruitment with SHS's overarching priorities, including obstetrical medicine, complexity medicine, and oncology
- Cadre of people trained in quality and safety who can work toward a strong departmental emphasis on measurement and improvement
- Special relationship with Princess Margaret Cancer Centre (next door) for cardiology and critical care, including consults, resuscitation and rapid response team

Threats

Some are germane to all Toronto institutions:

- Continued resident shortages—biggest threat to academic mission
- Increased clinical and educational demands on faculty affects recruitment and wellness (e.g., Competence by Design from Royal College)
- Government fee negotiations and dilution of Alternate Funding Plan

Others are unique to Sinai:

- Resident shortages requiring cutbacks in resident allocations to many teaching services mean resident-independent services
- Lack of succession planning with some highly successful individuals
- Dependence on UHN for certain clinical consultation

WOMEN'S COLLEGE HOSPITAL

OVERVIEW

For more than 100 years, Women's College Hospital (WCH) has been developing revolutionary advances in healthcare. In 2006, after eight years of amalgamation with two other hospitals, WCH was directed, by provincial decree, to de-amalgamate and given the specific mandate to rebuild as the first fully ambulatory academic hospital in Ontario. Seventeen years later, WCH is a successful and innovative academic hospital that keeps people out of hospital. WCH is also a leader in health for women, health equity and health system solutions designed to improve the patient experience and reduce system costs. The Hospital has significant and intersecting local, national and global roles as healthcare partner, academic leader, system innovator, capacity builder and advocate.

WCH has two distinct multidisciplinary research institutes and is ranked among Canada's top 40 research hospitals by Research Infosource. The Women's College Research Institute (WCRI) was established in 2006 and is one of only a few hospital-based institutes worldwide that has a significant focus on women's health and where the majority of scientists are women. WCRI brings a sex and gender lens into health research so that the known gaps in diagnoses and clinical treatments for women can be solved through discoveries that transform knowledge and practice. The WCH Institute for Health System Solutions and Virtual Care (WIHV) was established in 2013 with mandates to develop, implement and evaluate new models of care and policy solutions and to scale successful solutions provincially and beyond. Since its inception, WIHV has grown to become one of the leading applied research centres in Canada. WIHV faculty include health services researchers, quality improvement specialists, implementation science experts and policy experts, all working collaboratively with academic organizations, government agencies and industry to develop innovative approaches and virtual care solutions to improve critical issues such as wait times, variation in quality of care and optimization of services. In 2021, WCH introduced a bold new strategy, leveraging the collective strengths of the WCRI, WIHV, and the hospital's interprofessional teaching and education scholarship to create a new portfolio integrating research, innovation, and education, advancing WCH as a Learning Health System.

WCH is also the proud home to META:PHI (Mentoring Education and Clinical Tools for Addiction: Primary Care-Hospital Integration). This provincial initiative based at WCH coordinates and supports the establishment of Rapid Access Addiction Medicine (RAAM) clinics across Ontario. Starting as a pilot with seven sites, there are now over 75 funded RAAM clinics in Ontario, and more cropping up in other provinces. The META:PHI program provides these clinics with educational, training, and evaluation supports. META:PHI is Ontario's leading source of medical education and innovation in addiction. The WCH Department of Medicine (WCH DoM) team is involved in clinical innovation and evaluations of new META:PHI protocols at the grassroots level, ensuring the most current, evidence-based care for patients and positioning the WCH team as leading-edge clinicians, teachers, and advocates provincially and nationally for people who use substances.

The COVID-19 pandemic highlighted the pressures our healthcare system currently faced. Under extreme stress, WCH played a vital role in multiple initiatives to support their health system partners. (Appendix A)

Building upon its predecessor Healthcare Revolutionized, WCH launched the [r]Evolution Build Back Better Strategic Framework from 2022 – 2024. WCH is globally renowned for pioneering new care pathways for equitable care. Emerging from the shadows of a global pandemic, WCH recognizes the deep and systemic inequity in care delivery, research and education. What was once a small group advocating for change, has turned into a united chorus voicing to build back better. The four specific strategic goals for the next two years are:

1. Ensure the right care environment and broaden access to care.
2. Foster the right work environment that supports wellness and resilience.
3. Deliver on our commitments to equity and deepen our community partnerships.
4. Enable the intersection of research, care innovation and education.

Figure 11.11: Faculty by Academic Position Description as of April 2023

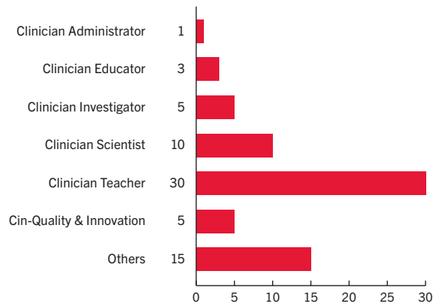
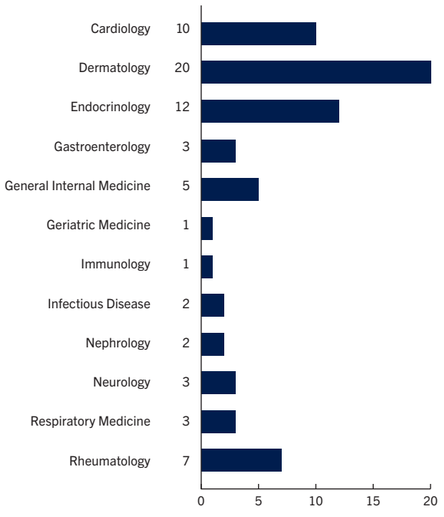


Figure 11.12: Full-time Faculty by Division as of April 2023



Department of Medicine

The WCH DoM has been through many changes, including relocation to new facilities in a two-stage process. (Stage one occurred in 2013, and the second in 2015.) Concurrent with stage one of the move, a transition from a private office-based system to a centralized shared-care model occurred. The new model is designed to connect providers to improve effectiveness and efficiency of care.
The multidisciplinary model includes shared space, administrative support and technical staff with clinic processes governed by common standards and procedures. The shared clinic space is co-located with laboratory testing where appropriate (e.g., cardiology programs are co-located with non-invasive cardiac testing; respirology programs are co-located with pulmonary function testing). In 2015, the electronic medical record (Epic EMR) was implemented in waves across all subspecialties of medicine. This implementation was completed in 2016. The DoM recently collaborated with IT/ Epic leads in the implementation of a new Referral Management System. Every Division and subspecialty program has different needs to be accommodated by the overarching process and this is an ongoing quality improvement process with IT and in partnership with Health Information. Referrals are retrieved through Epic by Health Information Management and transcribed before being forwarded to the appropriate clinic physician or program for triage through Epic. A new trial of e-consult for incoming referrals, deemed suitable for advice and not requiring full comprehensive consultation is also planned.

After the transition to the shared-care model, faculty no longer have personal administrative assistants, but each division is assigned an academic coordinator. The Academic & Education Coordinator role is unique to the WCH DoM. The role has become integral to supporting the Department's academic and educational activities. Acting as a first point of contact for all education and academic inquiries, the role serves as a liaison with the University of Toronto (U of T) at both the level of the DoM and the undergraduate education program. The coordinators oversee trainee scheduling, education rounds, annual activity reports for annual reviews and merit allocation, the Continuing Faculty Appointment Review (CFAR) and the senior promotions process.

Most recently, the Department created the role of Project Manager in 2022, to provide support to the Physician-in-Chief (PIC) and faculty members with special projects and other activities related to their academic and educational roles.

WCH DoM focuses on new opportunities for collaboration and innovation. Much of the clinical care is provided through overarching multispecialty medical programs. The WCH DoM has grown substantially over the past five years. It has a total of 18 new faculty recruits in multiple subspecialties and job descriptions. The WCH DoM focused on recruiting faculty clinicians in quality and innovation (CQI) to place at least one CQI faculty member in each subspecialty division. The WCH DoM has 56 full-time academic faculty plus, eight active secondary, 43 courtesy and 30 clinical associates (a total of 137 physicians) credentialed within the Department. The regeneration of the WCH DoM in the nearly two decades after de-amalgamation has produced a preponderance of early- and mid-career faculty, all of whom align with the focus on innovation and multi-faceted, multidisciplinary collaborations.

Equity, Diversity, Inclusion and Mentorship

WCH DoM continues to take meaningful steps to further our work in fostering a culture of Equity, Diversity, and Inclusivity (EDI) for our faculty, learners, and community partners.

Our DoM Faculty is highly diverse, which is vital in our recruitment efforts. We value the perspectives and experiences a diverse team brings, fostering innovation and promoting our organizational values. A diverse team can reduce disparities in health care access and outcomes for patients. Our structured process involves job posting, review of applicants for short-listing of candidates, and the interview and decision processes. We focus on EDI when forming each appointment selection committee and ensure it is diverse based on multiple factors, such as sex and gender, Black, Indigenous and People of Colour (BIPOC) representation, while also having learner representation. Furthermore, we provide ongoing mentorship and support to ensure our new recruits are integrated into our DoM and are provided the tools to succeed in their academic careers, while carving out their own unique footprint in Medicine.

Our governing WCH DoM committees (Executive, Economics, Education, QuIRC, and Merit) also have diverse representation in terms of sex, gender and BIPOC. This is applied where relevant across job description (CT, C-QI, CI, CE and CS), subspecialty and faculty income, allowing for a wide range of voices steering our values and polices.

Since its inception more than 100 years ago, WCH has embraced values of equity, diversity and collaboration. WCH's value of equity is rooted in the Hospital's history of advancing health for women and women in leadership. WCH continues to build on this rich legacy. It reflects the diversity of the world we live in and provides and advocates for excellent healthcare for all. These values, embedded within the culture of the WCH DoM, are reflected in the composition of our faculty, the leadership positions held, the awards received combined with the programs developed, and the education and research conducted by our faculty.

The WCH DoM has three unique endowed chairs that reflect these values: the F.M. Hill Chair in Humanism Education held by Dr. Arno Kumagai, the F.M. Hill Chair in Health Systems Solutions held by Dr. Rulan Parekh, and the F.M. Hill Chair in Academic Women's Medicine held by our PIC, Dr. Paula Harvey. The mandate of the latter chair is to create academic opportunities for women in medicine, promote academic and educational activities in women's health and offer support and mentorship to staff (particularly women) in developing and managing their careers. The F.M. Hill Lecture is presented by an invited woman physician in academic medicine in November of each year. Humanitarian and mentoring awards for resident staff who have been nominated for their outstanding humanism and mentorship qualities and contributions are presented annually at the F.M. Hill Lecture. The F.M. Hill Trust also supports the WCH DoM's Lead for Virtual Care, Dr. Edward Etchells.

WCH DoM faculty have been acknowledged nationally for mentorship and advocacy contributions. Notable awards and advocacy achievements are included in Appendix B.

FINANCE

All full-time active members of the WCH DoM who hold full-time faculty appointments in the DoM of the Temerty Faculty of Medicine (TFoM) at the U of T are required to be members of the WCH DoM Practice Plan. The Plan is a formal association in which members agree to pool their income and share expenses to support the academic mission and vision. In certain circumstances, part-time Academic Physicians who make significant contributions to leadership and unique subspecialty programs may also be members of the Practice Plan. We also accommodate the needs of full-time faculty who are transitioning to retirement and reduce their appointment to between 0.5 and 0.8 FTE. This allows for flexibility, respect, mentorship and succession planning as the member moves towards retirement. The PIC represents the WCH in all financial dealings with either the group or any member. The economic policy document (see Appendix G) outlines the practice plan in detail.

Practice plan members are encouraged to serve on Hospital and departmental committees, such as the Research Ethics Board, Economics Committee, Merit Committee and Education Committee, as required. Members who wish to take pregnancy or parental leave are strongly supported. They are encouraged to hire a locum to cover clinical work with overhead tax paid to the member on leave to supplement their income (rather than to the WCH DoM), and they may spread their annual income at a reduced rate over the term of their leave to provide financial security.

Financial activities of the Department, including the practice plan, are supervised by Business Manager Angela Wall, supported by a part-time assistant who is a chartered accountant. Ms. Wall is transitioning to retirement and Ms. Amanda Gosse is in training to take over the position full-time. (See organizational chart below.)

The practice plan year aligns with the July 1 to June 30 academic year. Each member receives an annual contract from the PIC, outlining their projected income and expenses, including their monthly draw, which is determined according to university rank. Members do not receive "base funding" as such, but Alternate Funding Plan (AFP) funds are divided equally among faculty, and additional financial support is provided, based on job description, for leadership roles and other related academic activities of the Department. More information on the practice plan is available in Appendix G.

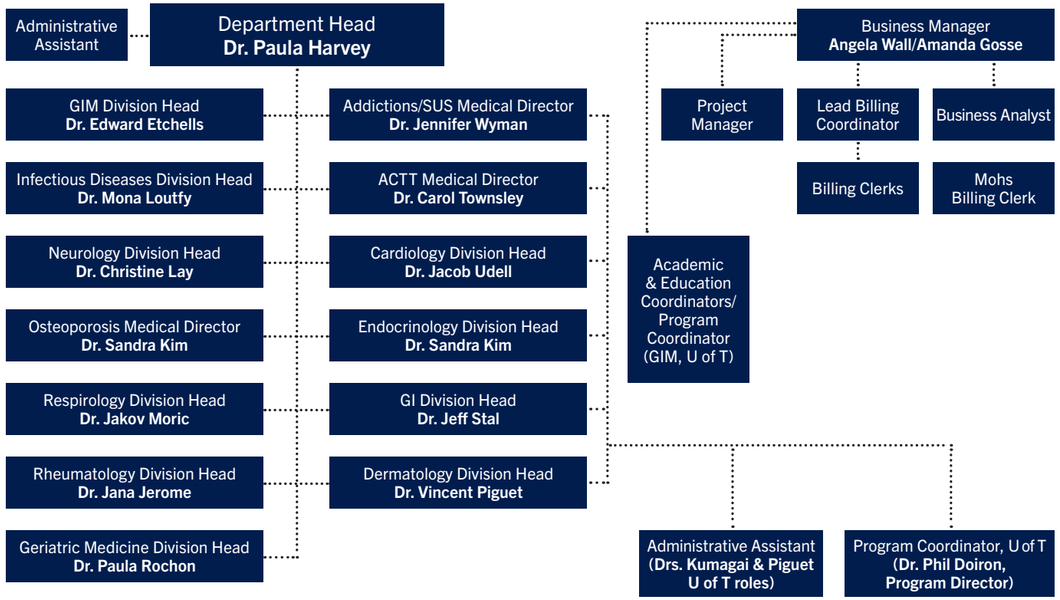
Merit is awarded annually upon completion of an annual activity report submitted to the Merit Committee for review. The merit award is to recognize accomplishments from the previous 12 months and to encourage accomplishments in the next year. Merit is awarded based on academic and administrative activities such as research, creative professional activity, teaching (with different weightings for clinical teaching and formal undergraduate, graduate and postgraduate teaching hours), quality improvement, academic administration or any other meritorious. A detailed merit document outlining the composition of the Merit Committee (which includes representation across all job descriptions), eligibility for merit and merit award distribution is included in the economic policy document. (Appendix G.)

Clinical practice revenue is the major source of income of the practice plan, which comprises about 57 percent; the AFP follows at 10 percent. Funding from U of T accounts for about seven percent of total revenue; six percent comes from taxing of members, one percent comes from WCH Foundation, three percent comes from personal support grants, six percent comes from WCH, one percent comes from research institutes, and nine percent comes from other sources within the Hospital.

GOVERNANCE

The WCH DoM is led by the Physician-in-Chief (PIC), Dr. Paula Harvey, who oversees clinical care and operations. Each division is led by a Division Head. The Division Heads, along with the Medical Directors of major clinical programs and representatives of administrative and operational leadership, form the Department's Executive Committee. This Committee meets monthly and advises the PIC on all major clinical and academic policies. Other standing committees include Education, Merit, Promotion and Quality Improvement and Research Committee (QuIRC). Each committee now has updated terms of reference to guide their activities, and each lead has a written position description.

Organizational Chart



Physician-in-Chief (PIC)

Dr. Paula Harvey

Appointed PIC in 2015, Dr. Paula Harvey is an Australian medical graduate. After completing her specialty training and subsequent PhD in 1999 she re-located to Canada as a NH&MRC Scholar to complete post-doctoral training in cardiovascular physiology at the University of Toronto. In 2002, Dr. Harvey was appointed to faculty in the Division of Cardiology, University Health Network. In 2010, Dr. Harvey joined Women's College Hospital (WCH) as Director, Cardiovascular Research and subsequently also as Medical Director, Women's Cardiovascular Health Initiative, the WCH cardiac rehabilitation program. In December 2013, Dr. Harvey was appointed Division Head, Cardiology, and most recently, in 2015, Physician-in-Chief, Women's College Hospital.

Dr. Harvey's clinical and research focus is on cardiovascular disease in women across the lifespan, with a special interest in hypertension and atherosclerosis, cardiovascular disease prevention through lifestyle interventions (such as exercise) and cardiovascular disease in women with multiple complex diseases.

Division Heads

In the past five years, following formal search processes, new Division Heads have been appointed to GIM (Dr. Edward Etchells), Endocrinology (Dr. Sandra Kim) and the Substance Use Service Program (Medical Director, Dr. Jennifer Wyman). There is one interim Division head, Dr. Jacob Udell in Cardiology. A search for permanent leadership to fill this interim position will be completed within the next few weeks.

The PIC represents the WCH DoM as a member on many Hospital-wide committees such as the Medical Advisory Council (MAC), Executive Search Committees (e.g., CEO, VPs, Clinical Directors, and Department Heads), Medical Assistance in Dying (MAiD), WCRI Executive Council, Quality Operations, as well as the Resource Utilization, and Epic EMR Steering Committees. The PIC is the Dean's representative on the WCH Academic and Medical Services Management Group (WCHAMSG). The PIC works closely with the WCH Foundation and meets with potential donors to speak about the WCH DoM clinical programs in general, as well as her own cardiology-related clinical and research initiatives.

Of note, the WCH DoM has strong representation across the Hospital in key leadership positions. Dr. Rulan Parekh (Nephrology) is VP, Academics; Dr. Paula Rochon (Gerontology) was the VP, Research from 2009-2021; Dr. Sacha Bhatia (Cardiology) was the Director, WIHV until 2021; Dr. An-Wen Chan (Dermatology) is Vice Chair (VC), Research Ethics Board; and Dr. Geetha Mukerji (Endocrinology) is Medical Director, Digital and Virtual Care.

List of WCH DoM committees available in Appendix C.

INNOVATIONS AND MAJOR ACCOMPLISHMENTS

Over the past five-years, the WCH DoM has focused on the following:

i. Growing the Department across all medical subspecialties to support the mandate and priorities of the Hospital as an academic centre of excellence and innovation in ambulatory models of clinical care, education and related research;

ii. Recruiting, supporting and mentoring early and mid-career faculty to build leadership and impact locally, nationally and internationally across the spectrum of ambulatory clinical care, education and quality improvement (QI);

iii. Continuing to build capacity in quality improvement and innovation to achieve CQI faculty representation in all subspecialty programs with a collective vision and Department-wide QI collaboration to advance QI and best practices in innovative ambulatory care; and

iv. Building and consolidating internal and external collaborations with the University community, partner hospitals and community organizations to successfully spread and scale innovations and new knowledge to affect policy and models of care beyond WCH.

WCH has achieved notable successes. Of note, following an international search, Dr. Rulan Parekh, Professor and Clinician Scientist at Department of Medicine was appointed Vice President of Academics at WCH. In her role, Dr. Parekh leads the hospital's efforts to build sustainable world-class research, innovation, and education, advancing WCH as a Learning Health System. Our faculty have been recognized for their contributions to WCH as an academic centre of excellence and innovation in ambulatory models of clinical care. Two of our faculty were inducted into the Academy of Master Clinicians (Dr. Paula Harvey and Dr. Edward Etchells, 2023). Additionally, Dr. Harvey was nominated as an International Healthcare Pioneer and her team's innovative approach to Postural Orthostatic Tachycardia Syndrome (POTS) was recognized globally, earning them the Syncope Pioneers award from the Syncope Trust and Reflex Anoxic Seizures (STARS) group in the United Kingdom (2022).
We have cultivated leadership within the organization with mid-career faculty appointed to leadership positions at U of T that include Program Directors (PDs) for Respirology (Dr. Jakov Moric), Dermatology (Dr. Phil Doiron), Rheumatology (Dr. Jerome), GIM subspecialty (Dr. O'Brien), Associate PD for Gastroenterology (Dr. Talia Zenlea), and Site Director for Internal Medicine (Dr. Shoba Sujana Kumar). Additionally, WCH DoM faculty have been appointed to the roles of Director of Divisional Research for Rheumatology (Dr. Lihi Eder), and Director of the Novo Nordisk Network for Healthy Populations (Dr. Lorraine Lipscombe). Dr. Geetha Mukerji was appointed Medical Director, Digital and Virtual Care at WCH, serving as the liaison between Medical Staff, IM/IT, and the Women's Virtual Team.

EDUCATION

The WCH DoM is fully invested in and committed to leading the U of T DoM in the development, implementation and evaluation of education curriculums designed for ambulatory medicine and infused with an equity and humanism lens. We provide mentorship, teaching, and leadership to our learners in an ambulatory environment committed to collaborative and innovative models of cares. Of note, residents have cited the commitment of our faculty to the resident experience, fostering a clinical and academic environment that promotes the wellbeing of learners through mutual respect, compassion, integrity, and inclusion. Of note, several WCH DoM faculty are playing a pivotal role in shaping the educational landscape and exposure to ambulatory medicine in their leadership roles as Program Directors for U of T training programs.

Faculty have been recognized by prestigious teaching awards (Appendix D).

Recent innovations in education in the WCH DoM include the following:

- A virtual care elective, allowing trainees to experience the delivery of GIM care through innovative virtual care models.
- The Gastroenterology (GI) Division started its first dedicated WCH ambulatory rotation for U of T PGY5 GI residents, focusing not only on the medical expert component of teaching, and also preparing residents towards independent practice after residency.
- Our expertise in Ambulatory Care has resulted in an increased number of subspecialty programs bringing their residents to WCH for their core and/or longitudinal curriculum (Cardiology, Endocrinology, GI, GIM, Neurology, and Rheumatology).
- Unique ambulatory rotations, designed for learners at all levels to attend a variety of subspecialty and general medical clinics, along with attendance at didactic teaching sessions. These rotations include the AACU, through which learners may take care of acute, high acuity ambulatory patients. The After Cancer Treatment Transition (ACTT) Clinic, a clinic devoted to post-cancer treatment of patients and the Substance Use Service that includes the Rapid Access Clinic and exposure to the program's patient-centred, trauma-informed approach to care. Our faculty have maintained high-quality education even during the COVID-19 pandemic, with a pivot to largely virtual care during the early phases, accompanied by a pivot to teaching and learning on optimizing education in virtual settings. Residents praised the exemplary experience at WCH in ambulatory medicine, citing the usefulness of learning how to manage patients in the ambulatory setting, how to keep patients safely out of hospital, and how to manage this in the virtual setting, as well as in person. New monthly teaching sessions were introduced to address knowledge gaps in the virtual learning environment, including physical exam rounds and procedure simulation rounds to help trainees catch up on practical knowledge.
- An increase in unique post-residency fellowships within the subspecialty divisions, tailored for advanced training in ambulatory medicine and relevant research training.
- Appointment of an inaugural Chief Medical Resident (CMR), an important leadership role within academic hospitals. Playing a vital role during the pandemic, the CMR provided mentorship for learners rotating at WCH, ensuring the prioritization of trainee wellness, and addressing safety concerns regarding PPE. Appointment to this position is now highly competitive, and we continue to attract outstanding candidates for this role, averaging eight applicants per year.

Subspecialty Programs and Collaborations

For more information on subspecialty programs and collaborations in the divisions of GIM, Oncology, Endocrinology, Dermatology, Rheumatology, Neurology, Infectious Diseases, Cardiology, Gastroenterology, Respirology, and the Substance Use Service Program, please see the Appendix E.

RESEARCH

Over the past five years, WCH has prioritized strategic recruitment of clinician scientists and investigators to strengthen our unique research programs and collaborations, as we work to revolutionize healthcare. WCH DoM faculty comprise approximately 50 percent of all full-time scientists appointed to WCRI and 66 percent of all MD scientists. Over the last six AFP Innovation Fund competitions, WCH DoM secured 31.86 percent of funds available to WCHAMSG ($531,068.00 out of $1,667,121.00). Researchers' expertise spans health services research, clinical epidemiology, clinical trials (design, ethics and outcomes), integrative physiology, QI and basic science. Their work is deeply enmeshed within

the clinical programs at WCH. WCH has world-renowned expertise in hereditary breast and ovarian cancers, diabetes, osteoporosis, osteoarthritis, psoriatic arthritis, human immunodeficiency virus (HIV), cardiovascular diseases, and inflammatory skin diseases.

Research faculty have received many prestigious awards and accolades for their outstanding work and impact. Several senior faculty hold the highest academic honours in Canada, including fellowship in the Royal Society of Canada and the Canadian Academy of Health Sciences. A selection of additional highlights of WCH DoM research achievements over the past five years is included in Appendix F.

Summer Students

The WCH DoM supports the WCRI summer student program, which is designed to introduce undergraduate students to the world of scientific and medical research. The program is tailored to give students practical research experience to help prepare them for their education and careers. The WCH DoM usually provides funding for up to five summer students per year. In the past, students have worked on ongoing research projects and special projects related to clinical programs and innovation endeavours. The program was able to continue to operate throughout the pandemic, with our researchers increasing their scholarly output.

QUALITY AND INNOVATION

WCH is proud of program innovations and accomplishments in quality, innovation, and virtual care as well as collaborations to support patients with complex diseases, as outlined here.

Quality Improvement Research Committee: Quality improvement and innovation are critical to the success of the goals, mission and vision of WCH. The Quality Improvement Research Committee (QuIRC) was designed to improve data infrastructure and scholarly output in QI by encouraging peer support, collaboration and professional development among WCH DoM faculty. The Committee comprises representatives from all major subspecialty divisions (many non C-QI faculty are also focused on QI work) and is supported by the Hospital through a dedicated member of the Information Technology (IT) Department. QuIRC's current initiatives include the following:

- Creating a collaborative QI community at WCH
  - Quality clinicians are asked to share their ongoing research on a rotating schedule to allow for knowledge sharing, potential collaborations and feedback to modify projects.
- Encouraging continuing medical education in quality improvement
  - Experts of QI are asked to regularly present to the QuIRC group so that members can stay informed on current QI initiatives in the university and new techniques/paradigms of conceptualization/ investigation.
- Providing feedback to the DoM regarding optimizing career performance/recognition/remuneration for QI physicians
  - At the request of the PIC, QuIRC members are engaged in updating and evaluating the way C-QI physicians are recognized through the Merit program metrics within the DoM at WCH.
- Development of Quality Indicators
  - Evaluation of physician and program performance and improvement, to create, implement and evaluate models that decrease inappropriate treatment and care, while increasing quality of care and improving value and costs.
- The WCH DoM supports two QuIRC grants per year to the sum of $10,000 per grant (established 2017), thus creating a pathway for individuals who are not traditional scientists to support their research and innovative projects related to clinical care. Applications are peer-reviewed by a committee of QI researchers independent of the grant application process. The competition is open to all DoM faculty and statistical expertise is also resourced (cost covered) by the WCH DoM.
- The Transitions of Care Committee, co-chaired by two QI faculty, is a collaboration with broad subspecialty membership. Its vision and mission are to develop a centralized transition program to fulfill the needs of patients, their families and pediatric and adult healthcare providers. The committee is currently developing an online platform to provide resources for young adults, their caregivers and healthcare providers.

Quality Awards: Faculty have been recognized for their outstanding achievements in QI that include the Canadian Association of Gastroenterology Young Scholar in Quality Innovation Award (Dr. Bollegala, 2020), and the William Goldie Prize and Travel Award in Quality & Innovation (Dr. Sacha Bhatia, 2017; Dr. Geetha Mukerji, 2020).

Virtual Care: Prior to the pandemic, there was a focus on designing, implementing, and evaluating new models of virtual care leveraging digital technologies. Our Virtual Clinics, with virtual consultations built into the infrastructure of the program enabled a smooth transition to virtual care during the pandemic with minimal disruption. We recognize the importance of having the expertise to manage patients outside of hospitals. Committed to ensuring the right care environment and broadening access to care, the Rheumatology Regional Outreach Program is providing in-person and virtual care to underserviced areas of eastern and northern Ontario. The Osteoporosis Telemedicine Program, supported by the Ontario Ministry of Health and Long-Term Care Ontario Osteoporosis Strategy, is providing virtual multidisciplinary care to complex high-risk patients with osteoporosis living in rural communities, and our Virtual Cardiac Rehab Program and in particular the virtual POTS Bootcamp supports many non-local patients from across the Province.

ANALYSIS OF STRENGTHS, CHALLENGES, OPPORTUNITIES AND THREATS

Strengths

- As WCH rebuilds, the Hospital has the unique opportunity to strategically recruit faculty who collaborate and invest in innovations in clinical care, ambulatory education, QI, and research with an equity lens.
- Despite growth, the DoM and the Hospital maintain agility, adaptability and strong collaboration due to their small size. These strengths lead to unique multidisciplinary partnerships in clinical care and research that extend beyond the Hospital to the community partners and inpatient organizations.
- Ambulatory care and virtual care are the core mandate of the Hospital and are integral to the future of healthcare. WCH is unique in this mandate as we are the only academic fully ambulatory hospital in Ontario.
- U of T DoM fully supports and promotes innovations in ambulatory education and supports WCH DoM in developing leadership in this area.
- All faculty, across job descriptions, are invested in WCH as a living laboratory for innovation and evaluation.
- The new model, with a centralized clinical program and academic coordinators to support faculty in academic activities, has been a great asset to the WCH DoM.

Challenges

- Resources and financial constraints exist, such as effective decreases in hospital operating funds; limited dollars impede program development and support. Until a few years ago, the WCH Foundation was constrained by the need to cover the hospital capital development costs for the new facilities and thus provided little financial support for the research institute and/or individual scientists' research programs/opportunities for chairs, etc. The practice plan covered the shortfall, but this tactic is not sustainable in a fee-for-service model. The renewed focus of the Foundation on fundraising is critical to the support of our academic faculty and their education/research endeavours.
- We need to strengthen expertise in ambulatory education with recruitment of mid-career faculty to enable strong mentorship. However, ambulatory care is a new focus in medical education, making recruitment of mid-career faculty more difficult and competitive.
- While having primarily early- and mid-career faculty can be advantageous, it does limit the opportunities for effective and broad faculty mentorship and for impact in leadership at U of T and beyond.
- As we do not have an inpatient service income, opportunities in the fee-for-service model are reduced and could affect the practice plan. A lack of inpatient access may also affect maintenance of clinical skills in the more inpatient-focused specialties. These factors may impede recruitment for these specialties; however, to date we have been able to forge partnerships with inpatient hospitals to allow access to inpatient service opportunities. This model has been very successful thus far but is dependent, to some extent, on good will combined with reciprocity and bidirectional value.
- Although we have excellent teaching evaluations for both individual teachers and the programs, the ambulatory environment is disadvantaged at the University.

Centralized evaluations of most POWER (Postgraduate Web Evaluation and Registration) and MedSIS scores focus on inpatient CTUs. This disadvantage affects our faculty for CFAR and senior promotions and the elevating of faculty profiles within the University for leadership roles and awards. Furthermore, since the onset of the COVID-19 pandemic there has been a significant reduction in room availability for teaching. Our increasing lack of space in the clinical setting has also impacted our ability to provide both high-quality care and clinical teaching, with several divisions noting they have considered reducing the number of trainees accepted for rotations.

- Faculty transition to retirement affects the recruitment of new faculty who have the latest training and expertise. We are working with our senior faculty to support them as they transition from full-time to retirement by providing flexibility with respect to financial arrangements and opportunities for mentorship and succession planning.

Opportunities

- We have established creative partnerships with U of T inpatient hospitals with many collaborations and cross appointments to allow clinics and ward service contributions (e.g., cardiology, respirology, GIM, gastroenterology, dermatology and neurology). In two of these subspecialties, cross appointments to The Hospital for Sick Children (pediatrics—neurology and dermatology) occurred, allowing for creative clinical models of patient-centred care. Recently, joint recruitment processes occurred: e.g., stakeholders from both WCH and University Health Network (cardio-oncology) participated in the Posting and Search Committee and the appointment process/provision of resources and operating funds.
- We are in a unique space (i.e., intermediate care— the conduit between the community resources and inpatient hospitals). We have room to innovate and have an impact not covered by our inpatient or community partners.
- With the ambulatory and innovation mandate, WCH can reduce duplication of services, reduce Emergency Department (ED) visits and prove more cost efficient than the inpatient organizations.
- Virtual Care is the leading innovation in ambulatory care, and WCH's mandate includes virtual care as a priority.
- The equity lens in all WCH endeavours enables WCH to lead in humanist education and equity for all, including underserved populations.

Threats

- The pandemic has taken a toll on our faculty and our teams, causing significant workload and competing demands, coupled with vocational and personal stress. Many of them struggled with wellness and burnout. As we navigate our future, we will meaningfully evaluate and address the factors that nurture and support our faculty's health and passion for their important work vs. factors that contribute to burnout and negatively impact their sense of wellbeing and eventually patient empathy, clinical care, and the energy and spirit that nurtures innovation.
- We are small and surrounded by multiple amalgamated hospitals; therefore, we are under constant threat of re-amalgamation even though this has been attempted twice in the past. One attempt was successfully resisted, and one was ultimately unsuccessful and led to de-amalgamation.
- Provincial government may be a threat to the organization if the need for ambulatory care and innovation, and our successes in these areas, are not effectively communicated or understood. Pressure could be added to an already financially stressed system or put us at risk of amalgamation.
- Many resources are already scarce. Scarcity is reflected in the Quality-Based Procedure (QBP), which favours economy of scale. We may need to be creative with partnerships to maintain access to services. For example, endoscopy services were closed at WCH and the organization partnered with Mount Sinai Hospital to pool our volumes and create efficiencies to cope with QBP-based funding. In this partnership, WCH has been disadvantaged with reduced access to urgent endoscopy and exclusion from management decisions. This situation is being rectified by full WCH representation (the Division Head of GI at WCH plus management representation) on a new Endoscopy Management Committee. It was established to review the partnership and joint decision making in the future.

- The branding of our organization remains an issue. The public and, in particular, potential donors do not necessarily understand the meaning of "ambulatory hospital" and "complex chronic conditions". We need to continue to strengthen branding and our profile to attract and maintain funding and support.

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