



Family & Community Medicine
UNIVERSITY OF TORONTO

Primary Connections:
Linking Academic Excellence
to High Quality Patient-Centred Care



Strategic Plan 2009 to 2013

Department of Family & Community Medicine – Strategic Plan

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I am pleased to share with you the 2009 - 2013 Strategic Plan of the Department of Family and Community Medicine (DFCM) at the University of Toronto. The DFCM is the largest academic Family Medicine program in North America. We are proud of our numerous clinical, educational and research accomplishments. However, we are in a time of unprecedented growth and change. This is likely to continue well into our future.

In order to deal optimally with growth and change and to take full advantage of our strengths and opportunities, the DFCM needs to have a meaningful Mission, Vision and Values and a carefully developed and executed Strategic Plan. I believe that, together, we have successfully created these entities.

Our Strategic Plan provides a road map for an exciting future together. While respecting the autonomy of individual clinicians, Family Medicine Teaching Units and researchers, it challenges us to work towards a future in which the “whole is greater than the sum of its parts”.

I would like to thank the members of the DFCM Strategic Planning Steering Committee who provided thoughtful guidance and gave freely of their time. Well over 100 DFCM faculty and staff members were interviewed and/or attended our faculty retreats in order to provide input into planning. Your enthusiasm and inspiring ideas are very much appreciated.

Strategic Planning Steering Committee

Dr. Lynn Wilson	Chair, Department of Family and Community Medicine Chair, Strategic Planning Committee
Ms. Kathleen Ayre	Executive Assistant to the Chair (Interim)
Ms. Helena Axler	Helena Axler and Associates
Ms. Angela Gaspar	Executive Assistant to the Chair
Dr. Rick Glazier	Chair, Section of Researchers of the College of Family Physicians of Canada Senior Scientist, ICES; Associate Professor, DFCM
Dr. Karl Iglar	Director, Postgraduate Education, DFCM
Ms. Marie Leverman	Clinical Faculty Appointments Coordinator, DFCM
Ms. Cindy Mallory	Communications and Strategic Plan Coordinator, DFCM
Dr. Jennifer McCabe	Director, Undergraduate Education, DFCM
Dr. Jamie Meuser	Director, Professional Development, DFCM
Dr. Paul Philbrook	Chief, DFCM, Credit Valley Hospital
Dr. Katherine Rouleau	Deputy Chief, DFCM, St. Michael's Hospital
Dr. David Tannenbaum	Chief, DFCM, Mount Sinai Hospital
Ms. Susan Tremblay	Helena Axler and Associates
Ms. Caroline Turenko	Senior Administrative Officer, DFCM
Dr. Ross Upshur	Director, Joint Centre for Bioethics. Associate Professor, DFCM
Dr. David White	Chief, DFCM, North York General Hospital
Dr. Cynthia Whitehead	Women's College Hospital, Postgraduate Program Director
Dr. Heather Zimcik	Family Practice Residents Association (FRAT), Co-President, DFCM

I look forward to working with all of you in helping to make this Strategic Plan a reality.

Sincerely,



Lynn Wilson, MD, CCFP, FCFP
Professor and Chair

The Department of Family and Community Medicine (DFCM) is North America's largest Department of Family Medicine with over 900 faculty, 248 postgraduate trainees, 226 clinical clerks, 26 funded researchers and a broad array of fellows and elective students. Throughout its history, the Department has demonstrated creativity and leadership in many areas – primary care renewal, emergency medicine, inner city medicine, palliative care, women's health, faculty development, knowledge translation and international health. Achievements in recent years have centred on the Family Medicine Longitudinal Experience (FMLE) in undergraduate medical education, new graduate, fellowship and Postgraduate Year 3 (PGY3) programs, increased numbers of research scholars, significant expansion of the postgraduate program, faculty development and mentorship initiatives, and the creation and early success of the Centre for Effective Practice.

The Department continues to be front and centre of many changes – primary care renewal and transformation to Academic Family Health Teams, growth and expansion across all educational programs, shifts to distributed medical education and engagement with new teaching sites, as well as major thrusts in interprofessional care and education. In early 2008, Dr. Lynn Wilson, newly appointed Chair of the Department, launched a strategic planning process to create a detailed roadmap of strategies and goals to guide the Department's activities for the next four years. The planning process has resulted in a new vision and mission for DFCM and an ambitious plan around key themes of revitalizing research, expanding and enriching educational programs and advancing innovations in primary care practice. The Department has agreed to focus efforts on building the research enterprise, strengthening supports and connectivity for clinical practice, addressing leadership, and driving forward a quality improvement plan.

The DFCM Strategic Plan outlines six strategies:

- 1. Revitalize our research mission, enterprise and impact**
- 2. Expand and enrich our educational programs**
- 3. Develop, disseminate and evaluate innovations and advancements in primary care practice**
- 4. Attract, retain and nurture faculty for leadership and sustained excellence**
- 5. Strengthen communications and connectivity within the DFCM and collaborations with strategic partners**
- 6. Reinforce our infrastructure and funding base**

DFCM Vision, Mission and Values

Vision

Excellence in research, education and innovative clinical practice to advance high quality patient-centred care

Mission

We teach, create and disseminate knowledge in primary care, advancing the discipline of Family Medicine and improving health for diverse and underserved communities locally and globally.

To fulfill our mission we:

- Provide comprehensive, compassionate and continuous care to patients in the context of their families and communities
- Teach the principles and practice of Family Medicine to undergraduate and postgraduate trainees and learners from other health professions
- Promote scholarship through professional development of teachers of Family Medicine and continuing education of primary care practitioners
- Conduct research to promote quality and effective practice in primary care and to contribute to evidence-informed health policy
- Engage in international health care through research, education and knowledge exchange

Principles and Core Values

We are committed to the four principles of Family Medicine:

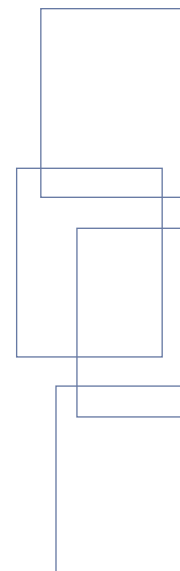
- The family physician is a skilled physician
- Family Medicine is community based
- The family physician is a resource to a defined practice population
- The doctor-patient relationship is central to the role of the family physician

We are guided by our core values:

- Integrity in all of our endeavours
- Commitment to innovation and academic and clinical excellence
- Lifelong learning and critical inquiry
- Promotion of social justice, equity and diversity
- Advocacy for access and quality patient care and practice
- Multidisciplinary and interprofessional collaboration and effective partnerships
- Professionalism
- Accountability and transparency within our academic communities and with the public

Goals and implementation actions provide the roadmap for each strategy.

Strategies	Goals
1. Revitalize our research mission, enterprise and impact	1-1 Recruit leadership to shape and guide a renewed vision for research 1-2 Enhance the central infrastructure to engage and support research across the department and build a more robust DFCM research community 1-3 Build human resource capacity and promote research training and mentoring 1-4 Confirm and advance distinctive research priorities, building on existing and emerging strengths and collaborative relationships 1-5 Reinforce research as a valued activity in the Department
2. Expand and enrich our educational programs	2-1 Inform and participate in a renewed undergraduate medical education curriculum, with expanded exposure to Family Medicine 2-2 Undertake PG curriculum renewal to achieve a robust competency-based curriculum 2-3 Advance and support distributed education, expanding the PG program to four new teaching units by 2010 2-4 Lead, implement and evaluate interprofessional education initiatives 2-5 Implement and grow the two new graduate programs and PGY3 Enhanced Skills programs 2-6 Support and expand Professional Development and Continuing Education programs 2-7 Strengthen the use of informatics and teaching technologies in education
3. Develop, disseminate and evaluate innovations and advancements in primary care practice	3-1 Develop, test, showcase and evaluate renewed and innovative models of primary care and support Academic Family Health Teams as they evolve 3-2 Facilitate the development and evaluation of tools, guidelines and practice resources and strengthen knowledge transfer to support interprofessional primary care practice 3-3 Foster quality improvement across the DFCM 3-4 Inform and contribute to primary care policy at regional, provincial, national and global forums 3-5 Expand global health presence and advance practice through academic fellowships, faculty development and research collaboration
4. Attract, retain and nurture faculty for leadership and sustained excellence	4-1 Develop a comprehensive career development program that facilitates faculty support for various career options, including advancement and promotion, through early to senior career 4-2 Support faculty recruitment and faculty development in the new expansion sites and in new areas of curriculum across the medical education continuum 4-3 Foster and support leaders and leadership development 4-4 Strengthen faculty recognition and rewards
5. Strengthen communications and connectivity within the DFCM and collaborations with strategic partners	5-1 Develop a communication strategy to strengthen communications throughout the Department and heighten the DFCM's profile 5-2 Review and revise the departmental organizational structures and processes to ensure cohesive engagement and connectivity across the Department 5-3 Nurture relationships with key strategic partners
6. Reinforce our infrastructure and funding base	6-1 Enhance infrastructure and funding to support all strategies 6-2 Strengthen the electronic infrastructure to support research, education, and practice 6-3 Optimize revenue generating opportunities, promote an advancement culture and raise funds for current and future highest priority needs 6-4 Address space requirements



The implementation and advancement of the strategic plan will be guided by the Chair of the Department, Executive Committee and Implementation Task Force. A number of Department Committees, currently in place, will have responsibilities for specific areas relative to their mandate. An Accountability Framework will provide a tool for monitoring progress with goals and actions. The DFCM's plan is well aligned with the Faculty of Medicine's new strategic directions and progress towards its goals will help advance their shared vision of academic and clinical excellence. A number of implementation priority tasks have been outlined for immediate attention in the first year. Successful achievement of the priority tasks will lay the foundation on which to advance additional goals and implementation actions.

Year One Implementation Priorities

1. Recruit Research Director and enhance central infrastructure and effective mechanisms to support research efforts across academic units
2. Confirm and develop Quality and Effective Practice as a priority research theme for DFCM
3. Advance Family Medicine in the UME curriculum by expanding FMLE and piloting an integrated clerkship with another program
4. Focus on faculty development for expansion sites and for IPE
5. Implement four new Family Medicine Teaching Units by July 2010 that are adequately resourced and sustainable
6. Implement PGY3 Enhanced Skills programs in Global Health and Indigenous Health
7. Articulate and establish a quality agenda for the Department with a view to creating a Quality Improvement laboratory
8. Establish a Leadership Task Force to plan for building leadership capacity, including recommendations for mentoring, career development and succession planning
9. Develop a communications strategy, engaging faculty and exploring creative and diverse communications technologies
10. Clarify the evolving relationship between the new independent Centre for Effective Practice and the DFCM
11. Advance collaboration between the DFCM and the Dalla Lana School of Public Health through creating a joint faculty position and establishing shared priorities and work plan
12. Establish an EMR Task Force to facilitate implementation of common features to support data sharing, measurement and evaluation across academic units
13. Build fundraising capability

The Department of Family and Community Medicine is in a period of tremendous growth and change. The Department has made substantial gains in many areas over the past few years and is now on the threshold of propelling Family Medicine to new heights in clinical practice, research and medical education. This Strategic Plan sets a very ambitious course for the next four years. New funding and resources provide a unique window of opportunity to drive forward on the aspirations of the many talented and committed faculty. The Department is well poised to achieve its vision of "excellence in research, education and innovative practice to advance high quality patient-centred care".

Introduction

The Department of Family and Community Medicine is on the threshold of tremendous opportunity to significantly advance our roles in clinical practice, research and education. We are in the midst of province-wide primary care renewal that is truly transforming how care is delivered. Our educational programs are growing rapidly in the face of a nation-wide strategy to dramatically increase the number of family physicians. The time is ripe to grow and strengthen our research enterprise. Our future has never been this bright. Our challenge is to move forward in a thoughtful and coordinated fashion that builds on the excellence and passionate commitment of our faculty.

Dr. Lynn Wilson, Chair, Department of Family & Community Medicine.

The Department of Family and Community Medicine (DFCM), established in 1970, is one of the largest in the world, with over 900 faculty members, 248 postgraduate trainees, 226 clinical clerks, 26 funded researchers and a broad array of fellows and elective students. The Department is broadly distributed across 10 core teaching units in fully-affiliated and community affiliated hospitals, 31 teaching practices and three rural sites. Faculty are highly engaged in teaching in educational programs that include undergraduate medical education, the two-year postgraduate Family Medicine program, Post Graduate Year 3 (PGY3) Enhanced Skills programs and clinical fellowships.

The DFCM is one of the few Canadian departments of Family Medicine to have its own graduate programs. The graduate program has been recently redesigned to a professional graduate degree program - Master of Science in Community Health (MScCH) – in two streams, Family and Community Medicine and Health Professions Teacher Education.

The Department also has a major thrust in faculty development and continuing medical education. Over the past number of years, the Centre for Effective Practice (CEP) has undertaken numerous initiatives to support clinical practice and facilitate the transformation of our clinical teaching units to Academic Family Health Teams (AFHT). In July 2008 CEP became an independent, not-for-profit organization. Working through this new and evolving relationship between the DFCM and the Centre will be an implementation priority early in the new strategic plan.

The Department's research enterprise has grown over the past decade and a number of researchers are now recipients of CIHR and other prestigious external awards.

Over its history, the Department has demonstrated creativity and leadership in many areas – primary care renewal, inner city medicine, palliative care, emergency medicine, women's health, interprofessional education, faculty development, knowledge translation and international health. At this point in time, the pace of change continues to accelerate resulting in both opportunities and challenges for the Department.

In September, 2007, Dr. Lynn Wilson was appointed the Chair of the DFCM. In beginning a five-year term, Dr. Wilson reflected on the enormous change in the environment of primary care practice and in the Department's teaching and research arenas, and launched a strategic planning process to establish a comprehensive and robust roadmap for the next four years. A Strategic Planning Steering Committee was struck to oversee the process.¹ An early task was to establish Planning Principles to set the tone and context for the planning process.² Over 100 people participated in a broad consultation process which was followed by a faculty survey.³ A planning retreat was held on June 13th and 14th, 2008, in which more than 60 faculty members participated in debating, testing and confirming the strategies and goals which are outlined in this plan.⁴ The plan that follows provides an overview of the environmental context, the recent accomplishments of the Department and the strategies, goals and priorities which will guide the DFCM for the next four years.

Setting the Context – The Changing Landscape

The Department of Family and Community Medicine is well-acquainted with a very dynamic environment in primary care practice, education and research. The following trends and events represent a range of opportunities and challenges which the Department must consider in shaping its future directions:

- Province-wide **primary care renewal** has impacted the Department's teaching units as they transform to Academic Family Health Teams, characterized by new team care approaches, interprofessional education, implementation of electronic medical records (EMRs), blended funding models, and new governance and management structures.
- Reorganization of Ontario's health system to **local health integration networks (LHINs)** has challenged Family Medicine teaching units and practices to find mechanisms to ensure that primary care has a voice in planning health services in these regional networks.
- Growing policy and practice emphasis on **chronic disease prevention and management** has created opportunities to influence policy directions and to innovate and support new care models.
- The Faculty of Medicine has recently released its new strategic plan in which **benchmarks for excellence, integration and collaboration** across the Toronto Academic Health Science Network and its community affiliates, as well as embracing **social responsibility** as academic responsibility are key strategic directions, all of which play into the strengths of DFCM.
- The University of Toronto thrust to build and lead in the area of **interprofessional education** provides significant opportunities for the DFCM. The Department has been looked to as the leader in the development and implementation of interprofessional education models.

¹ Appendix I includes the Strategic Planning Committee membership.

² Appendix II includes the Planning Principles approved by the Strategic Planning Committee in February 2008.

³ A faculty survey of 10 questions was distributed to 750 faculty members. A total of 177 responses were received for a 24% response rate. The survey results can be accessed through the DFCM Office.

⁴ See Appendix III for Planning Retreat Participants

- The Faculty of Medicine's commitment to promote the understanding of '**generalism**' and its stature in the undergraduate medical education (UME) curriculum delivers a strong message on the importance of Family Medicine and generalism overall. The Department has a critical role in embedding 'generalism' as part of the curriculum; this role is expected to increase significantly with the reform of the UME curriculum currently underway at U of T.
- The growth and **expansion** of the number of undergraduate medicine student positions and of Family Medicine residency positions is tremendously important to the future of medicine and fulfilling our social responsibility. It does, however, put more pressure on the rapid expansion to new teaching sites, the need to recruit new faculty for teaching and to evaluate the impact of these changes.
- The Faculty of Medicine is intent on strengthening its relationship with its community based teaching and practice sites. Increasingly, there is a shift to **distributed medical education** which is very aligned to the DFCM's expansion strategy. New teaching sites and new faculty will add increasing requirements for faculty development and technologies to effectively link a highly distributed faculty.
- Access to **new funding** through expansion, alternate funding plans and renewed University budget models is providing possibilities for the Department that may have not been available in the past.
- New exciting collaborations are beginning to develop. The University of Toronto recently announced the **Dalla Lana School of Public Health**, and the Faculty's success in securing the "**Institute for Clinical Evaluative Sciences (ICES) on Campus**" provide significant opportunities for the DFCM, particularly in research.

The DFCM is, indeed, on the front lines of many changes in clinical practice, education and research.

Building on Recent Progress and Achievements

The Department has been busy in recent years implementing the recommendations from the 2006 Executive Retreat.

- The Family Medicine Longitudinal Experience (FMLE) has been piloted in the second year of undergraduate medical education (UME) and been evaluated highly by both students and faculty.
- Work has been initiated in developing the content for core competencies for the postgraduate program.
- A Learner-Teacher dyadic model has been established in rural/remote communities.
- The Equity and Diversity Task Force has developed a faculty survey and will be providing recommendations to the DFCM.

- The Basics Program and the Mentorship Network have been developed to meet the faculty development needs of new and experienced faculty.
- The Academic Family Health Team (AFHT) Forum has developed evidence-based interprofessional primary care practice guidelines in priority areas (which include 18-month well-baby visit, depression, diabetes, end-of-life care and obesity).
- Through the creation and early success of the Centre for Effective Practice, the Department has established itself as a leader in the creation and dissemination of knowledge supports for interprofessional primary care.
- An International Health Primary Care Advisory Board has been established and a PGY3 program in Global Health has been initiated.
- A Residency Research Fellowship has been established with one student recently graduating.
- A \$5 million dollar CIDA grant has been awarded to strengthen primary care in Brazil.
- An Educational Researcher position has been established.
- The number of supported DFCM Research Scholars has increased to 26.

In addition to the above achievements, in the past two years the Department has established two new divisions, Palliative Care and Emergency Medicine. As well, in anticipation of the establishment of the new Dalla Lana School of Public Health, with support of the Dean of Medicine, a joint faculty position has been created to foster strong working relationships between Family Medicine and Public Health.

Recognizing the infrastructure that is required to enable these varied and multiple activities, the Department has added support to a number of key activities. Examples include the appointment of a Distributed Medical Education (DME) Coordinator, the creation of a New Site Implementation Manual, the appointments of a Remediation Coordinator and local Professional Development representatives, and the formation of the Mentorship Program. Most recently, a communications consultant has been brought on board along with the appointment of a Communications Coordinator.

In consultation with members of the DFCM in the strategic planning process, a survey asked faculty to rate the Department's performance in several areas. The results are profiled in Figure 1. While the Department's performance is seen as very good and excellent in several areas, in particular clerkship teaching and postgraduate teaching, there are a number of important areas where faculty have identified opportunities for improvement. This provides somewhat of a baseline in contemplating our future directions and goals for the next four years. In addition to the faculty survey results, an analysis of the Department's strengths, weaknesses, opportunities and challenges (threats) was conducted which provided further input into the strategic vision and directions which are outlined in the following sections⁵.

⁵See Appendix IV for Summary SWOT analysis

Figure 1: Faculty survey performance rating for key elements of DFCM



DFCM – Looking to the Future

Mission, Vision and Values

The Strategic Planning process provided an opportunity for the DFCM to revisit its mission, vision and values. One rich source of input was the survey of DFCM faculty, in which respondents articulated their aspirations for a preferred future for the Department:

- “a dynamic force generating research in Family Medicine, transmission of models for primary care to medical students and clinical clerks, highlighting interprofessional care and being in the vanguard of measuring this trend...grooming new leaders for positions of responsibility”
- “the department of choice in Canada for those faculty interested in patient care, education and research”
- “a department which promotes and encourages the sustained professional development of family physicians from undergraduate years through residency, practice and faculty years...which is a leader nationally and internationally in research in primary care/Family Medicine”
- “a dynamic and innovative, highly connected and collaborative group of individuals who actively participate in shaping the practice of family medicine through involvement in policy, research, education and clinical practice”
- “encouraging, exciting department that engages all...promoting and encouraging leaders to step forward and maintain a healthy work-life balance”
- “a culture that is inclusive and supportive with appropriately trained leaders. A leadership that is held accountable to faculty for their actions...an environment where faculty not only has responsibilities, but also rights that are clearly stated and protected through explicit mechanisms”

The following vision, mission and values provide the touchstone for the Department in all of its activities. It aligns with the vision, mission and values of the Faculty of Medicine, as well as builds on the DFCM mission statement articulated in 2002.

Vision

Excellence in research, education and innovative clinical practice to advance high quality patient-centred care

Mission

We teach, create and disseminate knowledge in primary care, advancing the discipline of Family Medicine and improving health for diverse and underserved communities locally and globally.

To fulfill our mission we:

- Provide comprehensive, compassionate and continuous care to patients in the context of their families and communities
- Teach the principles and practice of Family Medicine to undergraduate and postgraduate trainees and learners from other health professions
- Promote scholarship through professional development of teachers of Family Medicine and continuing education of primary care practitioners
- Conduct research to promote quality and effective practice in primary care and to contribute to evidence-informed health policy
- Engage in international health care through research, education and knowledge exchange

Principles and Core Values

We are committed to the four principles of Family Medicine:

- The family physician is a skilled physician
- Family Medicine is community based
- The family physician is a resource to a defined practice population
- The doctor-patient relationship is central to the role of the family physician

We are guided by our core values:

- Integrity in all of our endeavours
- Commitment to innovation and academic and clinical excellence
- Lifelong learning and critical inquiry
- Promotion of social justice, equity and diversity
- Advocacy for access and quality patient care and practice
- Multidisciplinary and interprofessional collaboration and effective partnerships
- Professionalism
- Accountability and transparency within our academic communities and with the public

Achieving our Vision - Strategies and Goals

The Strategic Planning process confirmed six strategies – three key strategies, aligned with the tripartite role of the Department, and three enabling strategies – to guide the Department’s efforts in achieving its ambitious vision and mission.

Key Strategies



Enabling Strategies



The six strategic directions are interdependent, with success along each of the tracks, important to overall achievement of a vibrant, cohesive department which can demonstrate leadership in Family Medicine locally and globally. The above directions are also closely aligned to the Faculty of Medicine’s new strategic directions, which promote benchmarks for excellence, integration and collaboration, leadership and succession as well as enabling directions such as advancement, infrastructure and communication. The Faculty of Medicine has articulated a sixth strategic direction, “social responsibility as academic responsibility” which is at the core of DFCM’s values and is evident in many of the goals and actions which are presented in this document.

Goals and implementation actions were developed for each strategy and are outlined in the sections which follow.

Strategy #1: Revitalize our research mission, enterprise and impact

The Department of Family & Community Medicine benefits from a small but impressive group of researchers. While the original focus of the DFCM was primarily medical education, a formal Research Scholar program was developed in 1995. Support largely came from the Department, local practice plans and collaborating organizations. Requirements included 20 to 80% time commitment, a designated mentor, a detailed research plan and achievement of DFCM targets for grants and applications. Today there are 26 funded Research Scholars, with variable stipends and amounts of protected time. Departmental supports include a Research Director, a research administrator and a DFCM biostatistician. Funded awards include the Giblon Professorship, an endowed Sidney G. Frankfort Chair in Family Medicine Research at Mount Sinai Hospital and a Resident Research Fellowship.

Research Scholars: Select Awards

Ross Upshur: first FP to be named Canada Research Chair (2005)

Rick Glazier: CFPC's FM Researcher of the Year (2005)

Warren McIsaac: CFPC's Outstanding FM Research Article of the Year (2008)

Karen Tu: CIHR Short Term Investigator Award (2006)

Leah Steele: 5-year MoHLTC Career Scientist Award (2005)

In 2002, the Department confirmed the three priority research themes of Effective Practice, Equity and Education. From 2004 to 2007, DFM researchers were awarded 127 operating grants and published 214 peer-reviewed original research articles.

In February 2008, the DFCM Chair commissioned an external review of the research program. While there was recognition of the achievements to date and of the accomplishments of individual researchers, there were a number of areas of concern and recommendations offered to strengthen the program. Key issues included the lack of a research "brand", that is, an overarching theme or body of knowledge for which DFCM researchers are known; lack of consistent mentorship for junior researchers; lack of cohesion amongst researchers, leading to missed opportunities for large grants or research competitions; insufficient central infrastructure and support for researchers (e.g., grant writing, methodology support) and insufficient protected time for some researchers.

If we are the largest department, why shouldn't we be the best?

- Train new investigators, reimburse them like clinical care, mentor them like crazy
- Use ICES & EMRs now and build Practice-Based Research Networks
- Have an identity, be the "go to people", indispensable knowledge source for clinicians, decision makers & educators

Professor Rick Glazier, Planning Retreat

Over the past number of months, an international search has resulted in the successful recruitment of a new Research Director, the Research Professional Development fund has been established, two community-based practitioners have had protected time increased from .20 to .40 FTE and two new Research Scholar positions have been created. A Research Task Force has been meeting since April 2008 and with the input gathered from the Strategic Planning Retreat (June 2008) will make final recommendations in the fall for revitalizing research productivity and impact within the Department.

The goals and implementation actions outlined below received strong support at the June 2008 Planning Retreat. Research was endorsed as a fundamental priority and core mission of the Department, which required the investment and support from leaders and faculty across the Department. Quality and Effective Practice was supported as an important overarching research theme for the Department which could engage researchers as well as clinicians. With the extent of innovation and growth in education, strengthening educational research and scholarship was embraced, with support for recruiting an educational researcher and strengthening linkages with the Wilson Centre. It was agreed that each Family Medicine Teaching Unit (FMTU) needs to “own” research and that a “culture of inquiry” must prevail across the DFCM. The timing is ripe to reinforce the role of research as creating “new information to guide practice policy and training” and the Department’s ability to deliver on this mandate.⁶

The following goals and implementation actions are proposed to revitalize research in the Department:

Goals	Implementation Actions
1-1 Recruit leadership to shape and guide a renewed vision for research	<ul style="list-style-type: none"> • Complete the successful recruitment of a new Research Director and provide support as the latter shapes a new vision for research
1-2 Establish the central infrastructure to engage and support research across the department and build a more robust DFCM research community	<ul style="list-style-type: none"> • Re-engage and revitalize the Research Committee, with regular meetings, onsite and by videoconference • Establish mechanisms to connect research across the Department including database of researchers • Invest in central research office, including methodologist, grant writer, additional research administrative supports, etc. • Establish an EMR research database to capitalize on the data evolving with EMR implementation • Explore optimal organization of research communities and infrastructure support (e.g., network, pods, central hub) • Create a research newsletter and other communication vehicles
1-3 Build human resource capacity and promote research training and mentoring	<ul style="list-style-type: none"> • Ensure that clinicians who participate in research are provided with appropriate training, administrative support and protected time • Provide workshops to strengthen and develop clinical and health services research skills • Create formal mentoring and development supports to build individual and team skills, which provide multiple pathways to research careers, including supports for community based clinicians • Increase the number of graduate students and post-doctoral fellows collaborating with DFCM research scholars • Enhance studentships and fellowships, and enhance the profile of the DFCM Residency Research Fellowship

⁶ Rick Glazier, in “Opportunities for Research in Primary Care”, presentation at the DFCM Planning Retreat, June 13, 2008

Goals	Implementation Actions
1-4 Confirm and advance distinctive research priorities, building on existing and emerging strengths and collaborative relationships	<ul style="list-style-type: none"> • Develop Quality and Effective Practice as priority research theme for DFCM • Strengthen Educational Research through faculty development, recruitment of a dedicated educational researcher, establishment of an inventory of education research projects, engagement of residents in educational research and working collaboratively with the Wilson Centre • Pursue research opportunities with key partners such as HPME, the new Dalla Lana School of Public Health, new Joint Centre for Patient Safety and Quality; ICES on Campus, Joint Centre for Bioethics, MoHLTC, • Capitalize on leadership role in primary care, IPE/IPC and AFHTs to drive applied health research and educational scholarship • Influence EMR choice and implementation. Explore opportunities to standardize information and data input
1-5 Reinforce research as a valued activity in the Department	<ul style="list-style-type: none"> • Work with Chiefs of Academic Units to establish equitable funding and supportive working conditions for research to flourish • Recognize, promote and profile research achievements; build into department communication strategy • Establish effective benchmarks as measures of performance impact • Invest in mini-sabbaticals, support travel allowance to present research nationally and internationally

Strategy #2: Expand and enrich our educational programs

The DFCM is highly engaged in undergraduate medical education, the two-year postgraduate program in family medicine, PGY3 fellowships, clinical and academic fellowships as well as two graduate programs. Significant changes are underway in many of these programs. Curriculum renewal for undergraduate medical education is in the planning stages. The DFCM can expect to have a large and more extensive role in the new UME curriculum, particularly in areas related to the generalism focus, early community-based exposure, longitudinal linkages and placements, and interprofessional practice.

Postgraduate education in Family Medicine is facing two major thrusts – one related to shifting to a competency based curriculum, and the second related to significant expansion to more community-

based sites. Four new core teaching sites will be launched by 2010, bringing the number of teaching sites to 14⁷. Curriculum renewal is underway in the Faculty of Medicine and pilots are anticipated in 2009. An Expansion Working Group has been collaborating with the new sites to develop project plans, a new Site Implementation Manual and faculty development plans.

Interprofessional education is a major priority for the Faculty of Medicine and the DFCM is taking a leading role. The Academic Family Health Teams are ideal venues for focusing increased efforts on interprofessional care or practice and for interprofessional education. More work is needed to ensure an understanding of the knowledge, skills, attitudes and core competencies for interprofessional practice and education, and for determining the DFCM role among several other professions, departments and faculties. Faculty development will, necessarily, be a high priority to bring interprofessional care and education into the mainstream of practice and teaching.

The Department has recently implemented two new graduate programs – MScCH in Family and Community Medicine and MScCH in Health Professional Teacher Education. New courses and updated curriculum in existing courses will be needed. Work is underway to build the staff complement to teach in the new programs. As well, the Department is increasing its PGY3 Enhanced Skills programs in such areas as Indigenous Health and Global Health.

Professional development and continuing education programs are highly important to the DFCM and continue to be a major vehicle for supporting and driving change and advancement in practice.

The following goals and implementation actions are proposed to expand and enrich our educational programs:

Vice Dean Jay Rosenfield outlined proposed UME curriculum changes with potential DFCM impact:

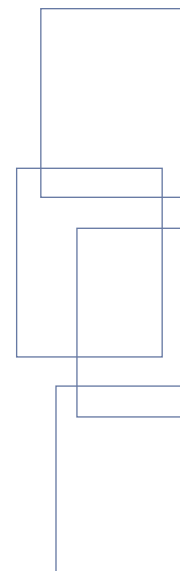
- *Employ an integrated primary health care model and build longitudinal experience into the overall learning objectives from pre-clerkship through clerkship*
- *Increase longitudinal linkages and placements within interprofessional teams, especially with diverse and vulnerable populations and mandatory rural/under-serviced experience*
- *Introduce community-based exposure early in training and continued exposure throughout the four years*
- *Implement more FMLE-type initiatives*
- *Promote and achieve greater community engagement to establish new clerkship sites for a distributed educational experience*
- *Pilot Integrated Primary Care Clerkship— Paediatrics/Family Medicine..mental health/ women's health*
- *Engage community as we build the new curriculum to acknowledge and reflect their realities in the curriculum*

From UME Curriculum Retreat May 2008

⁷ The four sites include Trillium, Southlake, Markham Stouffville and the Royal Victoria Hospital (Barrie)

Goals	Implementation Actions
2-1 Inform and participate in a renewed undergraduate medical education curriculum, with expanded exposure to Family Medicine	<ul style="list-style-type: none"> • Expand Family Medicine Longitudinal Experience (FMLE) to entire medical school class • Participate actively in curriculum renewal, identifying opportunities to enhance generalism and integrate primary health care model early in medical student careers, including preclerkship and clerkship • Develop models of shared teaching with other generalist specialties, e.g., Mental Health, Paediatrics; collaborate in creating an integrated clerkship model • Develop strategies to further engage and support community-based teachers to fill increasing educational roles, including expansion to diverse learning environments (see Strategic Direction #4)
2-2 Undertake PG curriculum renewal to achieve a robust competency-based curriculum	<ul style="list-style-type: none"> • Support the PG Curriculum Subcommittee in developing a competency-based curriculum • Design professional development around the core competencies • Pilot and evaluate core competency curriculum by 2009
2-3 Advance and support distributed education, expanding the PG program to four new teaching units by 2010	<ul style="list-style-type: none"> • Support the Expansion Working Group in developing and refining the implementation of new teaching sites – task schedule and implementation manual • Guide the process of marketing of DFCM and the new teaching sites within a common framework • Support undergraduate teaching and electives at the new teaching sites as part of the expansion
2-4 Lead, implement and evaluate interprofessional education initiatives	<ul style="list-style-type: none"> • Develop the knowledge, skills and attitudes for interprofessional collaborative practice and interprofessional education across the spectrum from undergraduate learners to faculty level • Engage AFHTs in the development of IP teaching environments and collaborative practice models • Collaborate with the Office of IPE to advance IPE teaching and curriculum development with a primary care focus • Work with Quality Improvement and Innovation Partnership (QIIP) to lead and get funding support to intensify IPE initiatives • Create and implement faculty development programs for IPC and IPE • Develop mechanisms to share IPE expertise and practices across DFCM • Work with other health professions' faculties to promote and develop primary care teaching and placements

Goals	Implementation Actions
2-5 Implement and grow the two new graduate programs and the PGYs Enhanced Skills programs	<ul style="list-style-type: none"> • Undertake the development of new courses (e.g., IPE, Leadership, Undergraduate Education, Postgraduate Education) and update curriculum in existing courses • Build the staff complement to support the new graduate programs in MScCH in Family and Community Medicine and MScCH in Health Professional Teacher Education • Implement PGY3 Indigenous Health and Global Health Enhanced Skills programs • Develop marketing and outreach strategies to promote the new programs to broad audiences • Nurture linkages with professional development and continuing education
2-6 Support and expand Professional Development and Continuing Education programs	<ul style="list-style-type: none"> • Target faculty development efforts at community based physicians at existing and new expansion sites • Clarify the role of the Centre for Effective Practice and collaborate to optimize CE programs
2-7 Strengthen the use of informatics and teaching technologies in education	<ul style="list-style-type: none"> • Undertake an environmental scan and best practice survey to better understand needs, opportunities and achievements in this area⁸ • Participate in local, regional and national initiatives for advancement of on-line learning



Strategy #3: Develop, disseminate and evaluate innovations and advancements in primary care practice

The DFCM plays a significant role in supporting practitioners in advancing the practice of primary care. Numerous faculty have engaged in programs to design, implement and evaluate practical tools and services that improve clinicians’ capacity to practice optimal primary care. Much of this work has been facilitated by The Centre for Effective Practice. DFCM’s role in supporting effective practice was reaffirmed in the faculty survey, in which respondents identified the following practices as very important or important:

- Sharing best practices and information (88% respondents)
- Creating evidence-based practice approaches to key clinical areas, e.g., diabetes, 18 month examination, depression (85% respondents)
- Knowledge support for daily clinical work of practitioners (82% respondents)
- Creating uniform data fields and indicators for electronic health record systems (75% respondents)

⁸ Strategic Direction #6, Implementation action for goal 6-2, includes recruiting and Innovations in Educational Technology Coordinator.

The DFCM has been engaged over the past few years in the transformation of the teaching unit sites to Academic Family Health Teams, in alignment with Ontario's primary care reform strategy. This transformation has involved tremendous work in recruiting and orienting new professional positions, developing team practice models, implementing electronic medical records, engaging with community agencies and provider groups and creating new governance and management structures. The CEP has supported the AFHTs with a number of tools and practice resources, and is supporting targeted collaborative work to create evidence-based interprofessional primary care practice guidelines for specific areas, e.g., depression, 18-month well-baby visit, diabetes, end-of-life care and others. The core teaching units will continue to move this transformation forward and advance greater team and interprofessional practice in the coming years. Continuous and ongoing support is required to sustain the clinical practice and cultural change that are necessary for the long term success of these AFHTs.

One of the Department's future key priorities is the embedding of quality improvement (QI) in primary care practice. The Department's size provides a large laboratory for quality improvement initiatives, with electronic records to enable measurement of a range of indicators. The DFCM should be leaders in setting performance targets. Quality improvement techniques are critically important to advancing the quality agenda. Development of QI skills in areas such as systems analysis, process mapping, fast track processes, change management, and measurement will be required to fully practice quality improvement in primary care. Dr. Ben Chan, CEO of the newly-created Ontario Health Quality Council challenged the Department to consider several opportunities to strongly entrench QI in practice.

Opportunities and Ideas for Quality Improvement (QI) in the DFCM

- *All FP residents graduate with core QI skills*
- *Faculty use QI skills in internal improvement*
- *Skills for evaluating & publishing QI projects*
- *QI integrated with interdisciplinary education*
- *Family physician leadership development in QI*

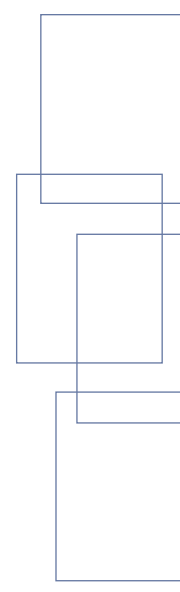
**Dr. Ben Chan, CEO,
Ontario Health Quality Council**

It is important that the DFCM identify and concentrate on contested areas in primary care where arguments are advanced to indicate that Family Medicine could be replaced by more specialized health professionals and clinics (e.g., anticoagulation management, diabetes). Disseminating evidence of high quality care by family physicians, grounded in research on Family Medicine patients, assures academic legitimacy and bolsters arguments which support the essential value of family medicine in the Canadian health care system.

As the DFCM is the largest department of its kind in Canada and has the largest scope of educational programs in Family Medicine, there is an important role in contributing to primary care policy at regional, national and international levels. A clear message throughout the consultations, was the opportunity and expectation for the DFCM to take on greater leadership roles in such areas as advancing primary care reform, interprofessional practice and developing innovative education and curriculum models. DFCM has already demonstrated its commitment to social responsibility through a number of its PGY3 programs, such as global health, emergency medicine, women's health and indigenous health, and in the future there are opportunities to enhance its reach through concerted strategies with national and international partners.

The following goals and implementation actions were proposed to develop, disseminate and evaluate innovations and advancements in primary care practice:

Goals	Implementation Actions
<p>3-1 Develop, test, showcase and evaluate renewed and innovative models of primary care</p>	<ul style="list-style-type: none"> • Continue collaborative AFHT development activities and advocate with MoHLTC for ongoing funding. • Conduct needs assessment for AFHTs to determine level of support required for ongoing sustainability for both quality care and provider satisfaction • Pursue research opportunities to enable evaluation • Collaborate with partners around chronic disease prevention and management priorities
<p>3-2 Facilitate the development and evaluation of tools, guidelines and practice resources and strengthen knowledge transfer to support interprofessional primary care practice</p>	<ul style="list-style-type: none"> • Implement and disseminate evidence based and interprofessional care guidelines developed by the AFHT Forum; develop formal mechanisms for sharing AFHT clinical initiatives • Expand initiatives around knowledge transfer, ensuring broad access to tools, guidelines and other practice supports
<p>3-3 Foster quality improvement across the DFCM</p>	<ul style="list-style-type: none"> • Establish a working group or task force to lead QI to: <ul style="list-style-type: none"> ○ Undertake targeted initiatives across multiple sites ○ Build a database for QI indicators and measures ○ Facilitate linkage of site EMRs for QI • Undertake faculty development programs in quality improvement techniques and processes; identify and train quality champions • Establish a QI faculty representative at each FMTU • Establish a PGY3 position to train at the Ontario Council for Quality Improvement
<p>3-4 Inform and contribute to primary care policy at regional, provincial, national and global forums</p>	<ul style="list-style-type: none"> • Develop position papers on relevant topics related to primary care practice, education and research • Collaborate with appropriate organizations to provide a stronger, more cohesive voice for Family Medicine • Establish forums for exchange among researchers, clinicians and policy makers • Seek out and advocate for greater representation at national, provincial and LHIN tables
<p>3-5 Expand global health presence and advance practice through academic fellowships, faculty development and research collaboration</p>	<ul style="list-style-type: none"> • Promote international relationships with WONCA, WHO • Pursue an application to become a WHO Collaborating Centre or UNESCO site • Continue building primary care capacity in South America (e.g., Brazil CIDA grant) and assess similar opportunities in Africa



Strategy #4: Attract, retain and nurture faculty for leadership and sustained excellence

The DFCM has a large and growing faculty, numbering around 900. The level of engagement in departmental activities varies considerably, and the faculty are widely distributed across the GTA at coreteaching units and community practices, as well as outside the GTA in suburban and rural communities. A focus on attracting and supporting faculty is critical to the ongoing success of the Department.

The faculty survey identified a number of areas where the Department could focus some efforts to better support and advance faculty. The respondents confirmed interest and need for more comprehensive career development, succession planning, faculty development, new models for leadership, and support for promotion.

Faculty Survey 2008 results about faculty

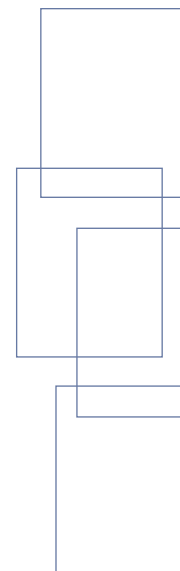
- 68% reported have a successful and rewarding academic career
- 60% reported feeling part of a team
- 57% reported interest in exploring new opportunities for academic roles or leadership roles
- 55% reported satisfaction with work-life balance

Faculty development initiatives will be increasingly important to support new faculty at expansion sites and current faculty as they engage in interprofessional practice and education. Faculty should be encouraged to participate in programs beyond the Basics Program, e.g., the DFCM Clinical Teacher Certificate, Academic Fellowship and MsCH Family and Community Medicine graduate programs. In April 2008, the Department's Walter Rosser Academic Day focused on leadership, mentorship and professionalism. Speakers and participants identified a number of strategies to attract more people to leadership positions and to support individuals currently in leadership positions. The Department has several leadership positions currently becoming vacant and will need to find solutions to make these roles more attractive and sustainable.

The following goals and implementation actions were proposed to attract, retain and nurture faculty for sustained excellence:

Goals	Implementation Actions
<p>4-1 Develop a comprehensive career development program that facilitates faculty support for various career options, including advancement and promotion, through early to senior career</p>	<ul style="list-style-type: none"> • Strengthen mentoring and other activities targeting all career stages and academic administrative areas • Create and support communities of practice enabling sharing between faculty and others with specific interest areas • Encourage and support more faculty through academic promotion • Explore further ways to support faculty in their clinical roles

Goals	Implementation Actions
4-2 Support faculty recruitment and faculty development in the new expansion sites and in new areas of curriculum across the medical education continuum	<ul style="list-style-type: none"> • Promote the integration of expansion site faculty into the department collegium • Expand the Basics Program to include additional areas of skill development • Work with the Faculty of Medicine Centre for Faculty Development to augment programs and support for both family physician and specialist teachers at the new sites and ensure their accessibility, usefulness, and congruence with DFCM faculty development programs • Stay connected with graduates as potential future teachers • Target faculty development for community based faculty engaged in undergraduate teaching (e.g., FMLE project)
4-3 Foster and support leaders and leadership development	<ul style="list-style-type: none"> • Establish a Leadership Task Force to develop and implement a leadership plan that addresses recruitment, development and support (e.g., mentoring, administrative support, protected time) • Work with academic units to assist with succession planning for all leadership positions • Define transprofessional and team leadership models; provide team development and training in topics as transitions, change management, conflict, high performing teams
4-4 Strengthen faculty recognition and rewards	<ul style="list-style-type: none"> • Ensure applicability of all DCFM faculty supports and awards to community-based teachers • Revisit DFCM awards to identify if valued behaviours and performance are being recognized and rewarded



Strategy #5: Strengthen communications and foster connectivity across the DFCM and collaboration with strategic partners

The DFCM is highly distributed across 10 core teaching units, 31 teaching practices, three rural sites and many individual community offices, which, overall presents many challenges to ensuring effective communications and a sense of connectivity across the Department. The Faculty Survey 2008 confirmed the challenge of communicating - 42% of survey respondents indicated that they were well informed about the DFCM priorities and initiatives; 35% of respondents rated the DFCM as excellent or very good in sharing information on DFCM activities.

The expansion in the number of teaching sites to a total of 14 presents further challenges to the Department in fostering connectivity and sharing across the sites. New organizational structures or

geographic networks among sites may be considered for improving the connectivity and collaboration among units.

The Faculty Survey further pointed out the need to improve engagement and connectivity with community physicians. Several faculty expressed concerns about the limited communications and linkages with community physicians who participate in the Department’s teaching activities. As considerably more community physicians will need to be recruited to the UME FMLE initiative in order to provide students earlier community exposure, it will important to engender strong relationships with community-based physicians.

Never before has it been so critical that we work collaboratively across units and practices, to leverage the tremendous strengths and assets that are broadly distributed in our Department. We should not be reinventing at each unit – we don’t have time for that. We have to be much better at learning from each other.

Dr. Lynn Wilson, Chair DFCM

The DFCM has nurtured strong relationships with a number of strategic partners, including, for example, the hospitals that host the teaching units and Family Medicine-related associations such as the Ontario College of Family Physicians. With the development of the Centre for Effective Practice to an independent not-for-profit organization, it will be important to establish a new and productive relationship between the Department and the Centre. The new Dalla Lana School of Public Health, the new Centre for Patient Safety and Quality, as well as the soon to be established ICES on Campus, represent new initiatives and partnerships that require priority attention in the early years of this plan.

The following goals and implementation actions were proposed to strengthen communications, connectivity and strategic partnerships:

Goals	Implementation Actions
<p>5-1 Develop a communication strategy to strengthen communications throughout the Department and heighten DFCM’s profile</p>	<ul style="list-style-type: none"> • Build communications capacity centrally around key audiences, e.g., faculty, alumni, unit administrators hospital administrators • Undertake a needs assessment to develop a broad communications strategy • Support the establishment of virtual communities through existing technologies, e.g., LinkHealthPro
<p>5-2 Review and revise the departmental organizational structures and processes to ensure cohesive engagement and connectivity across the Department</p>	<ul style="list-style-type: none"> • Examine possible models of “twinning” teaching units for sharing and coordinating teaching resources • Strengthen linkages and engagement with community-based physicians, enhancing efforts to integrate them into the U of T collegium

Goals	Implementation Actions
5-3 Nurture relationships with key strategic partners	<ul style="list-style-type: none"> • Work with the Centre for Effective Practice to establish a productive relationship as it evolves into an independent not-for-profit organization • Explore relationships with new university schools and centres (e.g., Centre for Patient Safety and Quality) and identify potential opportunities for collaboration • Leverage the joint faculty appointment in DFCM and the Della Lana School of Public Health to identify shared priorities and a work plan to address these priorities

Strategy #6: Reinforce our infrastructure and funding base

The Department's considerable growth and plans for further expansion and change must be supported by appropriate infrastructure and funding to be successful. Several recent enhancements to strengthen the infrastructure have included the appointment of a DME Coordinator, the creation of a New Site Implementation Manual, the appointments of a Remediation Coordinator and local Professional Development representatives, and the formation of the Mentorship Program. Most recently, a communications consultant has been brought on board along with the appointment of a Communications Coordinator and a Clinical Faculty Appointments Coordinator. These additions are important to supporting the strategies and priorities in moving forward.

The DFCM Strategic Plan identifies many new initiatives and areas of focus that will need further support. The Department has experienced some growth in funds through expansion, new funding models and the University new budget model. These funds will be targeted to strategic priorities that require the extra support to flourish. An intensified focus on advancement will be needed to support the Department's expanding strategic agenda.

The following are proposed goals and actions:

Goals	Implementation Actions
6-1 Enhance infrastructure and funding to support all strategies	<ul style="list-style-type: none"> • Conduct needs assessment and develop business plans to determine infrastructure supports required departmental priorities, including research and for education

Goals	Implementation Actions
6-2 Strengthen the electronic infrastructure to support research, education, and practice	<ul style="list-style-type: none"> • Establish an IT Implementation Team • Recruit an Innovations in Educational Technology Coordinator⁹ • Enhance web based support for research (research tools archives, research wiki's, password protected collaborative environments) and dissemination and outreach (podcasts, RSS feeds) • Establish an EMR Task Force to facilitate implementation of common features to support data sharing, measurement and evaluation across units
6-3 Optimize revenue generating opportunities, promote advancement culture and raise funds for current and future highest priority needs	<ul style="list-style-type: none"> • Work with Faculty of Medicine to develop and implement advancement strategies for DFCM • Recruit a Senior Advancement Officer • Explore a diverse range of funding strategies including grant funding, university funding, government funding and industry partnerships • Work with hospital partners to identify joint opportunities for chairs, endowments, fellowships, etc.
6-4 Address space requirements	<ul style="list-style-type: none"> • Develop and implement space plan to support DFCM expansion

Moving Forward – Implementation Priorities

The key strategies and implementation actions outlined in this plan provide guidance to advancing the Department of Family and Community Medicine for the next four years. Several critical themes are evident in moving forward:

1. *Maximizing the synergy and collaboration of multiple teaching practices and sites.* The Department must engender greater sharing and collaboration across all the teaching sites to truly capitalize on the breadth and depth of talent and innovation.
2. *Nurturing and sustaining a strong research enterprise.* A Department the size and scope of the DFM must drive forward a more robust and intensive research program. Research must be valued and supported broadly across the Department.

⁹This is a key enabling action for goal 2-7.

3. *Engaging and supporting all faculty.* As the educational programs of the Department continue to grow into more community-based sites, more efforts will be required to support and foster relationships with community-based faculty into the broader collegium.

Successful implementation of this strategic plan is dependent on several conditions:

- Committed and engaged leadership
- Accountability and transparency; with assigned responsibility to individuals or committees; and clear timelines and performance targets
- Supporting resources (staffing, expertise, technology, funding)
- Tracking and reporting of progress towards goals
- Communications with both internal and external stakeholders

The implementation of this plan will be the responsibility of the Department Chair, with the support of the Department Executive. A number of committees and task forces are already in place and will take the lead responsibility for various strategies and implementation actions. Examples include:

- Academic Family Health Team Forum
- Research Task Force
- Expansion Working Group
- Postgraduate Curriculum Working Group
- Interprofessional Education Committee
- Finance Committee

Further task forces may be formed to assume roles in specific areas. An Implementation Task Force, with leads for each of the six strategic directions, is recommended as an active oversight body to drive this plan forward. An accountability framework is proposed as a structure to monitor progress of implementation towards targeted timelines and objectives.

Monitoring Progress – Indicators and Performance Measures

This Strategic Plan is designed as a “living document”, providing a roadmap for advancing the Department’s activities over the next several years. It will be important to incorporate mechanisms for monitoring and measuring progress and achievement of targeted strategies and goals. An accountability framework is one tool that can assist in tracking progress, providing timelines, performance measures and a person/committee responsible for delivering on each goal. The Implementation Task Force will have responsibility for developing a set of realistic measures and indicators to track progress against the goals in the Strategic Plan. The DFCM will need to build capacity to develop and monitor both qualitative and quantitative measures.

Examples of such measures or indicators include:

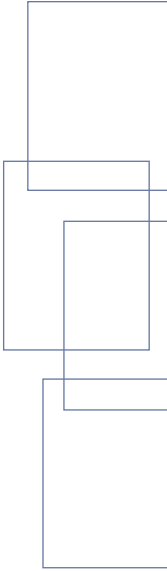
Research	<ul style="list-style-type: none"> • Number of research studies, awards and grants • Number of faculty participating in research; number with awards • Amount of funding and number of funders • Number of publications, national and international presentations • Number of Residency Research Fellows, Post Doctoral Fellows, Graduate Students
Education	<ul style="list-style-type: none"> • Number of students and trainees, PGY3 positions • Percentage of U of T undergraduate students choosing FM • Satisfaction scores and Teaching Effectiveness Scores • Percentage of residents passing CFPC certification • Percentage of residents in difficulty who are successfully remediated • Innovations in student and trainee teaching • Evaluation results on pilots of competency-based curriculum • Number of applicants to graduate programs • Comparative measures with other University programs • Number of professional development and CE programs; and attendance • Number of publications, national and international presentations
Primary Care	<ul style="list-style-type: none"> • Scope of data collected through EMRs • Uptake measures for tools, guidelines and practice resources • Number of quality improvement initiatives; related QI indicators • Measures for interprofessional care/ practice • Number of faculty, residents and students participating in Quality initiatives and in the development of practice resources • Number of faculty on provincial and national councils and other policy forums • Linkages with international groups (e.g., WONCA)
Faculty	<ul style="list-style-type: none"> • Recruitment and retention data • Faculty satisfaction measures through regular surveys • Number of junior and senior promotions • Attendance at leadership development programs
Communications and Connectivity	<ul style="list-style-type: none"> • Access to website information • Attendance at Department wide forums (e.g., city-wide grand rounds) • Extent of sharing of practice and education materials • Faculty satisfaction
Infrastructure and Funding	<ul style="list-style-type: none"> • Number of Professorships and Endowed Chairs • Funding support from fully- and community-affiliated teaching hospitals • Number of new revenue streams and associated funding

An early task of the Implementation Task Force and the leads for each area will be to establish a preliminary set of measures and indicators and to compile baseline data.

Year One Implementation Priorities

The Strategic Plan outlines a number of implementation actions and clearly not everything can be tackled at once. Several priority actions stand out for immediate attention in the first year of the plan.

Strategies	Year One Priorities - Overall
1. Revitalize our research mission, enterprise and impact	1. Recruit Research Director and enhance central infrastructure and effective mechanisms to support research across academic units 2. Confirm, support and develop Quality and Effective Practice as a priority research theme for DFCM
2. Expand and enrich our educational programs	3. Advance Family Medicine in the UME curriculum by expanding FMLE and piloting an integrated clerkship with another program 4. Focus on faculty development for expansion sites, and for IPE 5. Implement four new Family Medicine Teaching Units by July 2010 that are adequately resourced and sustainable 6. Implement PGY3 Enhanced Skills programs in Global Health and Indigenous Health
3. Develop, disseminate and evaluate innovations and advancements in primary care practice	7. Articulate and establish a quality agenda for the Department with a view to creating a quality improvement laboratory
4. Attract, retain and nurture faculty for sustained excellence	8. Establish a Leadership Task Force to develop a plan for building leadership capacity, including recommendations for mentoring, career development and succession planning
5. Strengthen our communications and foster connectivity within the DFCM and collaborations with strategic partners	9. Develop a communications strategy, engaging faculty and exploring creative and diverse communications technologies 10. Clarify the evolving relationship between the new independent Centre for Effective Practice and the DFCM 11. Advance collaboration between the DFCM and the Dalla Lana School of Public Health through a joint faculty position and establishing in shared priorities and work plan
6. Reinforce our infrastructure and funding base	12. Establish an EMR Task Force to facilitate implementation of common features to support data sharing, measurement and evaluation across units 13. Build fundraising capability



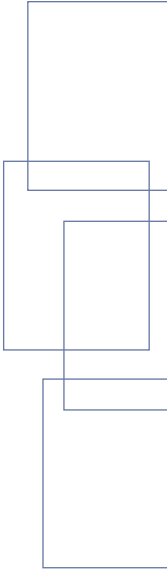
Concluding Remarks

The Department of Family and Community Medicine is in a period of tremendous growth and change. Primary Care Renewal including the creation of Family Health Teams, expansion in the number of undergraduate medical students and postgraduate residents, curriculum renewal for both undergraduate and postgraduate education, and expansion in the number of teaching sites have, collectively, opened up many new opportunities and placed challenges and pressures across the entire Department. The DFCM has made substantial gains over the past few years and is now on the threshold of taking Family Medicine to new heights in clinical practice, education and research.

This Strategic Plan sets a very ambitious course for the next four years. New funding and resources provide a unique window to drive forward on many of the aspirations of a very committed and passionate group of faculty. There has never been a better time for Family Medicine at the University of Toronto.

AFHT	Academic Family Health Team
CaRMS	Canadian Resident Matching Service
CE	Continuing Education
CEP	Centre for Effective Practice
CFPC	College of Family Physicians of Canada
CIDA	Canadian International Development Agency
CIHR	Canadian Institutes of Health Research
DFCM	Department of Family and Community Medicine
DME	Distributed Medical Education
EMR	Electronic Medical Record
FHT	Family Health Team
FM	Family Medicine
FMLE	Family Medicine Longitudinal Experience
FMTU	Family Medicine Teaching Unit
FP	Family Physician
GTA	Greater Toronto Area
ICES	Institute for Clinical Evaluative Sciences
IPC	Interprofessional Communication
IPE	Interprofessional Education
LHIN	Local Health Integration Network
MoHLTC	Minister of Health and Long Term Care
MScCH	Master of Science in Community Health
PG	Postgraduate
PGY3	Postgraduate Year 3
QI	Quality Improvement
QIIP	Quality Improvement & Innovation Partnership
UG	Undergraduate
U of T	University of Toronto
UME	Undergraduate Medical Education
WHO	World Health Organization
WONCA	World Organization of Family Doctors

- I Strategic Planning Steering Committee Membership**
- II Planning Principles**
- III Planning Retreat Participants**
- IV Strengths, Weaknesses, Opportunities and Threats Analysis**
- V Accountability Framework and Measures**



Appendix I: Strategic Planning Steering Committee

Dr. Lynn Wilson	Chair, Department of Family and Community Medicine Chair, Strategic Planning Committee
Ms. Kathleen Ayre	Executive Assistant to the Chair (Interim)
Ms. Helena Axler	Helena Axler and Associates
Ms. Angela Gaspar	Executive Assistant to the Chair
Dr. Rick Glazier	Chair, Section of Researchers of the College of Family Physicians of Canada; Senior Scientist, ICES; Associate Professor, DFCM
Dr. Karl Iglar	Director, Postgraduate Education, DFCM
Ms. Marie Leverman	Clinical Faculty Appointments Coordinator, DFCM
Ms. Cindy Mallory	Communications and Strategic Plan Coordinator, DFCM
Dr. Jennifer McCabe	Director, Undergraduate Education, DFCM
Dr. Jamie Meuser	Director, Professional Development, DFCM
Dr. Paul Philbrook	Chief, DFCM, Credit Valley Hospital
Dr. Katherine Rouleau	Deputy Chief, DFCM, St. Michael's Hospital
Dr. David Tannenbaum	Chief, DFCM, Mount Sinai Hospital
Ms. Susan Tremblay	Helena Axler and Associates
Ms. Caroline Turenko	Senior Administrative Officer, DFCM
Dr. Ross Upshur	Director, Joint Centre for Bioethics; Associate Professor, DFCM
Dr. David White	Chief, DFCM, North York General Hospital
Dr. Cynthia Whitehead	Women's College Hospital, Postgraduate Program Director
Dr. Heather Zimcik	Family Practice Residents Association (FRAT); Co-President, DFCM

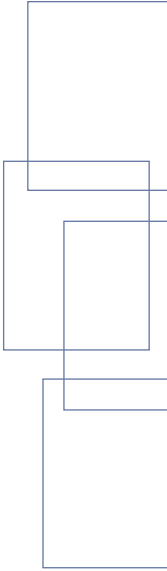
Appendix II: Planning Principles (Approved February 2008)

The strategic planning process for the Department of Family and Community Medicine will:

1. Reinforce our commitment to excellence and leadership in education, research and patient care.
2. Align with and build upon the vision, mission and values of the Faculty of Medicine and the University of Toronto.
3. Identify research, educational and clinical priorities that will guide the Department for the next five years, while encouraging attentiveness and flexibility to externalities that may influence priorities.
4. Outline the human resources, internal structures and infrastructure resource requirements to support identified priorities.
5. Foster innovation and contributions to the health system, including leading efforts to develop, test and showcase renewed models of primary care.
6. Develop collaborations with local, national and international partners to advance shared clinical, teaching and research missions.
7. Benchmark against the best.
8. Expand the resource base of the Department while ensuring fiscal responsibility and accountability.
9. Strengthen communication strategies that profile the unique identity and strengths of the Department and catalyze interfaculty networking.
10. Be open and consultative.

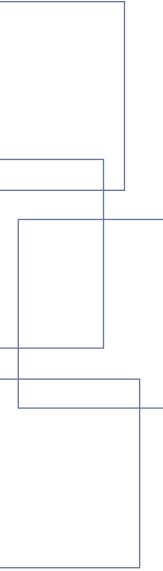
Appendix III: DFM Planning Retreat Participants

Pauline Abrahams	Rick Glazier	Nick Pimlott
Scott Allan	Maureen Gottesman	Sarah Reid
Viola Antao	Karl Hartwick	Jay Rosenfield
Kathleen Ayre	Bart Harvey	Jim Ruderman
Helen Batty	Linda Heustis	Leah Steinberg
Tupper Bean	Karl Iglar	Yves Talbot
Erin Bearss	Meldon Kahan	David Tannenbaum
Bob Bernstein	David Kaplan	Karen Tu
Jeff Bloom	Flo Kim	Caroline Turenko
Monica Branigan	Lynne Lawrie	Sarita Verma
Paul Caulford	Marie Leverman	Ian Waters
Ben Chan	Larry Librach	Kinglsey Watts
David Clarkson	Dara Maker	Karen Weyman
David Eisen	Cindy Mallory	David White
Philip Ellison	Danielle Martin	Cynthia Whitehead
Debbie Elman	Jennifer McCabe	Mary-Kay Whittaker
Geordie Fallis	Warren Mclsaac	Anne Wideman
Kymm Feldman	Deana Midmer	Lynn Wilson
Sid Feldman	Leslie Nickell	Roy Wyman
Risa Freeman	Paul Philbrook	Heather Zimcik



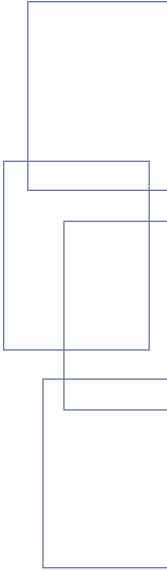
Appendix IV: DFCM Strengths, Weaknesses, Opportunities & Challenges (Threats) – SWOT (May 2008)

<p>Strengths</p> <ul style="list-style-type: none"> • Largest academic program in Canada; among the largest in the world, with great breadth & depth • 900 faculty members – full-time, part-time and adjunct • highly competent and dedicated leadership • comprehensive and richly diverse training programs • attract top caliber residents (perform well on CaRMS match) • strong cadre of clinical teachers, with funding model that recognizes teaching and clinical contributions • solid contributions to undergraduate medical education • strong rural residency program, PGY3 programs, Masters graduate program and fellowship (research and academic) programs; CME and professional development programs including innovative Centre for Effective Practice • major teaching sites transformed to academic family health teams • leading role in international health capacity building • small, but strong core of productive health services researchers • leading collaborations for new guidelines, protocols and toolkits • leaders in interprofessional education 	<p>Weaknesses</p> <ul style="list-style-type: none"> • increasing challenges to attract academic leadership, with several vacant positions; need for greater supports for leadership roles and supports for new leaders • poor infrastructure for research; limited research capacity and coherence/ coordination around research themes; no designated space, limited administrative supports • limited mentoring, guidance & funding support for junior researchers; insufficient protected time for researchers • limited recognition, profile and visibility of FM in undergraduate medical education • insufficient communication, collaboration and cohesiveness amongst & across the units; “sum is not greater than the parts” • limited representation and profile on national and provincial committees • limited use of educational technology and electronic communications amongst sites • relatively few number of professors and endowed chairs
<p>Opportunities</p> <ul style="list-style-type: none"> • expansion of student and resident numbers • new curriculum thrusts in undergraduate medical education could expand role and presence of DFCM (e.g., 6 week rotation in clerkship); more opportunities for distributed education; new FMLE longitudinal experience being piloted in second year UG • implementation of Task Force on Generalism recommendations will improve profile and positioning; potential for shared teaching with other “general” disciplines, e.g., paediatrics • expansion from 10 to 15 academic units, with enhanced clinical placement, health services delivery and research opportunities; potential for new clinical organization model/network of units, with 500k+ patients • evolving deployment of EMRs will provide rich foundation for evaluation and research; should provide greater integration of units to hospitals and units to each other 	<p>Challenges (Threats)</p> <ul style="list-style-type: none"> • establishing & integrating multiple new teaching sites; preparing large number of new clinical teachers/faculty • maintaining a strong central core PG program, leveraging local strengths & assets across multiple teaching sites • promoting cohesiveness across growing number of units; harnessing the power of large network • recruiting and retaining academic human resources (large percentage of retirements in next 10 years) • change fatigue; enormous amount of change work with implementation of family health teams, EMRs and other • creativity in job sharing/support for academic leadership roles & develop new models, particularly with increasingly high percentage of women in FM • differentiating and balancing interests between graduate programs and academic fellowships

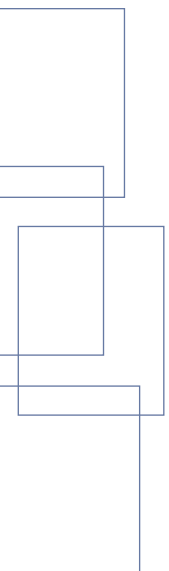


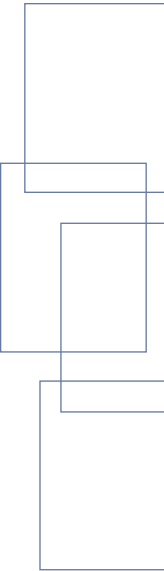
- government focus on Primary care reform, chronic disease management and interprofessional collaborative care presents major opportunity for FCM
- leading developmental work with regards to physician role in family health teams and other models
- expanded mentorship, career development targeted to mid-career faculty
- primary care practitioners/educators well positioned for impact in global health; new academic fellowship
- Centre for Effective Practice offers research and knowledge transfer opportunities; new possibilities as spin-off organization
- major opportunities for educational scholarship, health services research and revitalizing research mission

- building a more secure funding base for academic family medicine; ensuring new primary care funding models support teaching and academics
- strengthening relationships and collaboration with Faculty of Medicine, its departments and other parts of the university
- enhancing external relations at the policy level and exerting greater influence on national and provincial primary care policy development
- potential new medical school at York and other programs, with focus on primary care and interest in community clinical placements
- trends in primary care that challenge family medicine

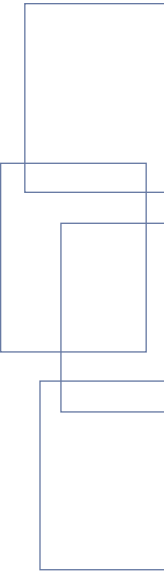


Strategies	Goals	Year 1 Implementation Priorities	Year 1 Measures	Long-Term Measures and Indicators
<p>1. Revitalize our research mission, enterprise and impact</p>	<p>1-1 Recruit leadership to shape and guide a renewed vision for research</p> <p>1-2 Establish the central infrastructure to engage and support research across the department and build a more robust DFCM research community</p> <p>1-3 Build human resource capacity and promote research training and mentoring</p> <p>1-4 Confirm and advance distinctive research priorities, building on existing and emerging strengths</p> <p>1-5 Reinforce research as a valued activity in the Department</p>	<p>1. Recruit Research Director</p> <p>2. Establish central infrastructure and create effective mechanisms to support research efforts across academic units</p> <p>3. Confirm, support and develop Quality and Effective Practice as a priority research theme for DFCM</p> <p>4. Establish infrastructure to support educational research</p>	<ul style="list-style-type: none"> • Research Director in place • Central supports established for research • Number of applicants for Research Fellowship 	<ul style="list-style-type: none"> • Number of research studies and grants • Amount of funding and number of funders • Number of faculty participating in research • Number of publications (include peer reviewed journals, books, chapters and try to capture the translational literature and presentations (especially provincial, national, international)) • Number of publications in high impact journals; number of citations of research • Number of Residency Research Fellows • Number of faculty with awards e.g., Career Scientist, Canada Research Chair • Number of Graduate Students • Number of Post Doctoral Fellows



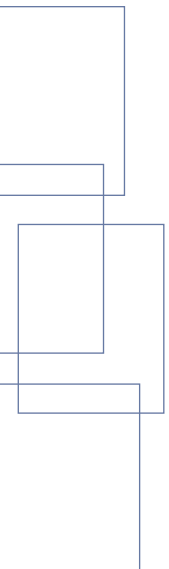


Strategies	Goals	Year 1 Implementation Priorities	Year 1 Measures	Long-Term Measures and Indicators
<p>2. Expand and enrich our educational programs</p>	<p>2-1 Integrate renewed undergraduate medical education curriculum, with expanded exposure to Family Medicine</p> <p>2-2 Undertake PG curriculum renewal to achieve a robust competency-based curriculum</p> <p>2-3 Advance and support distributed education, expanding the PG program to four new teaching units by 2010</p> <p>2-4 Lead, implement and evaluate interprofessional education initiatives</p> <p>2-5 Implement and grow the two new graduate programs – MSCH Family and Community Medicine and MSCH in Health Professional Teacher Education</p> <p>2-6 Support and expand professional development and continuing education programs</p> <p>2-7 Strengthen the use of informatics and teaching technologies in education</p>	<p>5. Advance Family Medicine in the UME curriculum by expanding FMLE and piloting an integrated clerkship with another program</p> <p>6. Focus on faculty development for expansion sites, and for IPE</p> <p>7. Implement four new Family Medicine Teaching Units by July 2010 that are adequately resourced and sustainable</p> <p>8. Implement PGY3 Enhanced Skills programs in Global Health and Indigenous Health</p>	<ul style="list-style-type: none"> • Number of students in the FMLE • Number of physicians from new sites completing faculty development • Number of new sites in place by 2009 • Number of Global Health fellows • Number of Indigenous Health fellows 	<ul style="list-style-type: none"> • Number of students and trainees • Percentage of U of T undergraduate students choosing FM • Satisfaction scores and Teaching Effectiveness Scores • Innovations in student and trainee teaching • Evaluation results on pilots of competency-based curriculum • Number of applicants to graduate programs • Comparative measures with other University programs • Number of professional development and CE programs; and attendance • Number of PGY3 positions • Results of CaRMS match



Strategies	Goals	Year 1 Implementation Priorities	Year 1 Measures	Long-Term Measures and Indicators
<p>5. Strengthen our communications and foster connectivity across the Department</p>	<p>4-3 Foster and support leaders and leadership development</p> <p>4-4 Strengthen faculty recognition and rewards</p>	<p>11. Develop a communication strategy, engaging faculty and exploring creative and diverse communications technologies</p> <p>12. Clarify the evolving relationship between the new independent Centre for Effective Practice and the DFCM</p> <p>13. Advance collaboration between DFCM and the Dalla Lana School of Public Health through a joint faculty position and establishing shared priorities and work plan</p>	<ul style="list-style-type: none"> • Communications strategy developed • Terms of CEP and DFCM relationship established • Shared priorities and workplan for DFCM and School of Public Health established 	<ul style="list-style-type: none"> • Access to website information • Attendance at Department wide forums • Extent of sharing of practice and education materials • Number of evidence based guidelines, tool kits disseminated through CEP • Number of joint initiatives, research publications with strategic partners
<p>6. Reinforce our infrastructure and funding base</p>	<p>6-1 Enhance infrastructure supporting research and education</p>	<p>14. Address space and technology requirements that will be fundamental enablers for above strategies</p>	<ul style="list-style-type: none"> • Space inventory and space plan established • Advancement officer in place • EMR Task Force in place 	<ul style="list-style-type: none"> • Number of Professorships and Endowed Chairs • Funding support from fully and community-affiliated teaching hospitals

Strategies	Goals	Year 1 Implementation Priorities	Year 1 Measures	Long-Term Measures and Indicators
	<p>6-2 Strengthen the electronic infrastructure to support research, education, and practice</p> <p>6-3 Optimize revenue generating opportunities and raise funds for current and future highest priority needs</p> <p>6-4 Address space requirements</p>	<p>15. Establish an EMR Task Force to facilitate implementation of common features to support data sharing, measurement and evaluation across academic units.</p> <p>16. Build fundraising capability</p>		<ul style="list-style-type: none"> • Number of new revenue streams and associated funding • Number of large scale joint evaluation projects





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