DEPARTMENT OF FAMILY & COMMUNITY MEDICINE

STRATEGIC PLAN 2015–2020

Advancing Family Medicine Globally through Scholarship, Social Responsibility and Strategic Partnerships



Family & Community Medicine UNIVERSITY OF TORONTO

CONTENTS

Message from the Chair	1
Introduction	3
Reflecting on Our Five Year Achievements	4
Our Changing Environment	6
Vision, Mission and Values	7
Five Years Forward	8
Strategic Enablers	26
Implementing our Plan	28
Glossary	29

OUR STRATEGIC DIRECTIONS:



5

MESSAGE FROM THE CHAIR



On behalf of the Department of Family and Community Medicine (DFCM) at the University of Toronto, I am delighted to share our new strategic plan, *Advancing Family Medicine Globally through Scholarship, Social Responsibility and Strategic Partnerships.*

Our new plan builds on the strong foundation established by the successful implementation of our 2009–2014 strategic plan, *Primary Connections: Linking Academic Excellence to High Quality Patient-Centred Care.* This plan has served us well. The last five years have been ones of growth, innovation and collaboration: our Department has grown considerably; we have demonstrated leadership throughout the many changes introduced at all levels of education; our research efforts have been revitalized; four new chairs have been created; the Office of Educational Scholarship has been developed and we have launched UTOPIAN, an innovative practice-based research network, among numerous other achievements.

As we chart our course for the next five years, we have reflected on changes in our environment, the opportunities that have been created through our collaborations and partnerships, and our commitment to social responsibility and accountability that compel us to achieve greater health for all. Achieving the goals laid out in the plan will require the ongoing commitment and collective efforts of all members of our Department. We will hold ourselves accountable for realizing the vision set out in this plan and will stay connected with each other and our key stakeholders to see how we are doing.

This strategic plan has benefited from the insights and efforts of the DFCM strategic planning committee and Program Leads who provided sustained leadership for this effort. A special thank you to our strategy consultants, Helena Axler and Sonya Corkum for their expertise and to our administrative team, headed by Cecil Canteenwalla, who provided support throughout the process.

The success of the previous strategic plan is largely due to the hard work and dedication of DFCM's frontline faculty and staff, and those at our teaching units, community sites and hundreds of others working diligently to make a difference in family medicine.

I look forward to continuing to work together with all of you as we pursue our shared vision for the next five years.

Lynn Wilson

MD, CCFP, FCFP, Professor and Chair, Department of Family and Community Medicine

"As we chart our course for the next five years, we have reflected on changes in our environment, the opportunities that have been created through our collaborations and partnerships, and our commitment to social responsibility and accountability that compel us to achieve greater health for all."

—Lynn Wilson

Chair, Department of Family and Community Medicine

INTRODUCTION

The Department of Family and Community Medicine (DFCM) at the University of Toronto is one of the leading departments of family medicine in the world and the largest in Canada. It is composed of health care professionals dedicated to leadership in education, research, clinical care and the advancement of the discipline of family medicine locally, nationally and internationally. Our commitment to enhancing health equity to further meet the needs of our diverse communities, particularly those that traditionally experience barriers to access and quality care, continues to be a central tenet of all our work.

We train almost 40% of Ontario's family physicians. DFCM is highly engaged across the continuum of medical education; in addition to undergraduate and postgraduate education, faculty development and continuing education, we provide an array of graduate programs and academic fellowships.

The last five years have been extraordinary years of growth and innovation for DFCM. The Department now boasts 14 Academic Family Health Teams, more than 10,000 hours annually of undergraduate medical teaching, over 400 family medicine residents enrolled at the postgraduate level and has an interprofessional faculty numbering over 1,500 (see more under section "Reflecting on our Five-Year Achievements").

This is a critical time for family medicine in Ontario. Great strides have been made in our discipline with respect to primary care renewal and growing a culture of quality improvement (QI) and research. Over the next five years, DFCM must play a central role in advancing health system integration and cost-effective care, while preserving our focus on enhancing equitable access to care. These priorities must be reflected in our clinical, education and research endeavours. As we develop new evidence and best practices, we must also increase our impact through knowledge translation and dissemination.

"THIS IS SUCH A WONDERFUL DEPARTMENT AND SO INTEGRAL TO OUR EDUCATION... IT HAS HAD MASSIVE IMPACT ON THE UNDERGRADUATE, POSTGRADUATE AND GRADUATE CURRICULUM"

Dr. Jay Rosenfeld

Vice-Dean, Undergraduate Education Faculty of Medicine

In July 2014, the Department embarked on developing its next five year strategic plan. Implementation leads for each program continued as a strategic planning committee headed by the Chair of the Department. Consultation with internal and external key informants provided views on current and future directions for the Department. A planning retreat, held in September 2014 with approximately 70 faculty, staff and invited academic and health systems leaders, provided a forum for dialogue and debate around the strategic directions, goals and priorities for the next five years.

Together, the following five strategic directions were determined:

- Develop strategic partnerships to improve health and family medicine scholarship
- Increase our impact on health through education, clinical and health services research
- Advance quality primary care through scholarship and innovation across all of our education endeavours
- Enhance health services through quality improvement and health system integration
- Promote engagement and leadership in our faculty and staff

The strategic plan that follows reflects an iterative process of ongoing consultation and refinement aimed at producing a framework to inspire, engage and focus the collective talents of an exceptional Department.

REFLECTING ON OUR FIVE-YEAR ACHIEVEMENTS

Guided by our 2009–2014 strategic plan, *Primary Connections: Linking Academic Excellence to High Quality Patient-Centred Care*, our Department has achieved tremendous progress in each area of its strategic priorities. Select highlights of these milestones are outlined below.

EDUCATION

- Family Medicine Longitudinal Experience (FMLE) piloted and expanded to all undergraduate medical students
- Family medicine clerkship increased from four to six weeks; core clerkship sites expanded from eight to sixteen, including Rural Ontario Medicine Program
- Phase two of postgraduate expansion completed with 98 new residency positions and three new Enhanced Skills programs; four new teaching sites fully operational
- Postgraduate learning outcomes developed in competency-based framework and innovative competency assessment tools implemented
- Office of Education Scholarship (OES) established
- Academic Fellowship and Graduate programs restructured and expanded to include a Master of Public Health (MPH), and a Master of Science in Community Health (MScCH) with Family and Community Medicine (FCM) and Health Practitioner Teacher Educator (HPTE) streams

- First Division of Clinical Public Health in North America established jointly with the Dalla Lana School of Public Health (DLSPH)
- Ethiopia's first family medicine residency program launched in partnership with DFCM and Addis Ababa University
- A five-year Memorandum of Understanding signed with Fudan University in Shanghai, China to build capacity in family medicine education, quality improvement and leadership
- Ministry of Health and Long-Term Care (MOHLTC) funding received for the Supplemental Emergency Medicine Experience (SEME), an innovative education model to expand rural emergency medicine capacity for the province
- DFCM Open established
- Creation of Toronto International Program in Strengthening Family Medicine (TIP-FM)

RESEARCH

- Establishment of UTOPIAN, our DFCMwide practice-based research network
- New educational initiatives developed including the Clinician Scholar Program, Clinical Research Certificate Program and Undergraduate Medical Education (UME) Research Course
- DFCM Investigator Awards Program renewed with new awards and positions (Graduate Studies and New Investigators)

- Internal grant review and research mentorship programs created
- Four new endowed chairs established; The Gordon F. Cheesbrough Research Chair in Family and Community Medicine; The Frigon Blau Chair in Family Medicine Research; The Fidani Chair of Improvement and Innovation in Family Medicine; The Chair in Patient Engagement in Child Nutrition



QUALITY IMPROVEMENT AND INNOVATION

- Inaugural QI program developed
- Creation of a comprehensive QI curriculum for postgraduate learners and faculty
- Chair in Improvement and Innovation established
- Along with the Departments of Medicine and Psychiatry, development of Building Bridges to Integrate Care (BRIDGES) an incubator for the development and evaluation of integrated care models
- Provision of provincial and national leadership in QI

LEADERSHIP AND FACULTY DEVELOPMENT

- Faculty development initiatives designed and disseminated to support DFCM academic priorities
- Development of nationally-recognized faculty development and mentorship programs
- Professional Development Scholarship Coordinator position established
- New initiatives created to advance leadership skills for faculty
- Collaborated with the College of Family Physicians of Canada (CFPC) on Entrustable Teaching Activities Framework
- Health Links and health policy development at the local and provincial level to increase coordination between health care service providers
- Creation of academic partnerships at the University of Toronto (U of T), including the Centre for Child Nutrition, Health and Development (CCNHD) and the Centre for Integrative Medicine

OUR CHANGING ENVIRONMENT

Numerous changes in DFCM's external environment have informed the creation of this strategic plan.

- Access, quality, value and integration continue to be emphasized in government policy and strategy
- The federal and provincial governments' efforts to contain the rising costs of health care means increased expectations for performance measurement, reporting and demonstrating value and impact on investments
- Our aging population necessitates a focus on training family physicians with increased expertise in addressing chronic disease and complex comorbidities
- Family physicians are expected to provide everincreasing leadership in the health care system, particularly in the care of vulnerable populations during times of economic constraints
- Opportunities and support for family medicine research is growing
- Domestic and international partnerships are a major priority for the Faculty of Medicine
- There are increasing expectations to create alternate revenue streams



VISION, MISSION AND VALUES

The Department reconfirmed its mission, vision and values and its deep commitment to social responsibility. These statements serve as a compass to the Department as it embarks on the strategic directions outlined in this plan.

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 policy
- Engage in international health care through research, education and knowledge exchange

PRINCIPLES

We are committed to the four principles of family medicine:

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

CORE VALUES

We are guided by the following values:

- Integrity in all 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
- Professionalism
- Accountability and transparency within our academic community and to the public

FIVE YEARS FORWARD

OUR STRATEGIC DIRECTIONS

The Department of Family and Community Medicine is committed to leveraging its expertise to enhance health equity in the local and global context through robust family medicine and primary care. In order to achieve a positive impact and our vision, this commitment will be embedded within the five strategic directions' goals and actions.



DEVELOP STRATEGIC PARTNERSHIPS TO IMPROVE HEALTH AND FAMILY MEDICINE SCHOLARSHIP



INCREASE OUR IMPACT ON HEALTH THROUGH EDUCATION, CLINICAL AND HEALTH SERVICES RESEARCH

ACHIEVING IMPACT

- We improve the lives of vulnerable populations locally and globally
- Our research changes practice and improves the health of individuals and populations
- Our education scholarship advances family practice across the globe
- We transform the future of primary care
- Our faculty and staff are highly engaged and effective academic, clinical and health system leaders



ADVANCE QUALITY PRIMARY CARE THROUGH SCHOLARSHIP AND INNOVATION ACROSS ALL OF OUR EDUCATION ENDEAVOURS



ENHANCE HEALTH SERVICES THROUGH QUALITY IMPROVEMENT AND HEALTH SYSTEM INTEGRATION



PROMOTE ENGAGEMENT AND LEADERSHIP IN OUR FACULTY AND STAFF

OUR VISION

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

"THE FACULTY OF MEDICINE IS COMMITTED TO CREATING A DYNAMIC ENABLING ENVIRONMENT FOR STUDENTS AND FACULTY... OUR JOB IS TO BECOME THE PREFERRED PARTNER FOR OUR TWO DOZEN PARTNER ORGANIZATIONS AND TO FACILITATE PARTNERSHIPS PROVINCIALLY AND INTERNATIONALLY... THINK BIG... DFCM CAN PLAY A MAJOR ROLE IN GENERATING THE BIG IDEAS TO ATTRACT THESE PARTNERS..."

Dr. Trevor Young Dean, Faculty of Medicine

DEVELOP STRATEGIC PARTNERSHIPS TO IMPROVE HEALTH AND FAMILY MEDICINE SCHOLARSHIP

Over the past five years, DFCM has enhanced its position as a leader in primary care renewal, health system transformation and family medicine education and scholarship through its partnerships and strategic alliances. Partnerships such as BRIDGES and the CCNHD have allowed the Department to play an integral role in developing and disseminating innovative methods to integrate care across the continuum and across disciplines. DFCM is excited to also be playing a significant role in the Medical Psychiatry Alliance.

Moving forward the focus will be on partnerships that facilitate further research and quality improvement initiatives in primary care, with the utilization of UTOPIAN as a laboratory for collecting and utilizing data, and knowledge translation. Partnerships within the University and increased provincial, national and international collaborations will allow DFCM to expand the breadth and impact of its work.

Partnerships are of particular importance for improving access and quality care for vulnerable populations. Through external connections, DFCM and its Global Health Program will work to promote health equity locally and internationally while advancing the role of primary care across the globe.

	GOALS		ACTION STEPS
1-1	Develop innovative and effective strategies for care of vulnerable populations	•	In collaboration with the DLSPH and its new Division of Clinical Public Health, create a Task Force to articulate the scope of vulnerable populations that reflect our academic and clinical care mandates and define core competencies and related learning opportunities in relation to the care of these populations
		•	Collaborate with DLSPH's Institute of Indigenous Health to focus on specific health equity issues for this population
		•	Engage with international partners to innovate regarding best practices in the care of vulnerable populations globally
1-2	Continue to leverage the collective expertise of DFCM to enhance department-wide innovation	•	Develop coordinated processes for the use of tools such as needs assessments, surveys and performance evaluations, that support Department-wide initiatives
	and impact	•	Develop metrics/benchmarks that reflect Department-wide collaboration
1-3	Optimize alliances with local academic units and community partners	•	Provide leadership for the primary care activities of the Medical Psychiatry Alliance
		•	Continue to develop and implement education and research opportunities for current partnerships, such as the CCNHD, UTOPIAN, the Centre for Integrative Medicine and the Women's College Institute for Health Systems Solution and Virtual Care (WIHV)
		•	Pursue additional cross-departmental partnerships and collaborations with the Departments of Medicine, Psychiatry, Paediatrics and Obstetrics and Gynecology
		•	Explore processes and initiatives to promote integration of primary care and public health
		•	Continue to collaborate with our relevant five Local Health Integration Networks (LHIN), including the provision of leadership for Health Links
1-4	Strengthen DFCM's provincial and national partnerships and	•	Build on our strong collaboration with the MOHLTC to inform practice and policy through evidence and participate on provincial expert committees, task forces and think tanks
	collaborations	•	Explore opportunities for increased collaboration with Health Quality Ontario (HQO)
		•	Increase our collaboration with the College of Family Physicians of Canada (CFPC) and the Ontario College of Family Physicians (OCFP)
		•	Continue to provide leadership for Choosing Wisely Canada
1-5	Continue to grow and strengthen our international partnerships and collaborations	•	Expand and evaluate our sponsored trainee postgraduate program Through needs assessments and marketing, increase enrollment of international learners in our Academic Fellowship and Graduate Studies (AFGS) Program



"THE OVERARCHING OBJECTIVE OF THE DFCM RESEARCH PROGRAM IS TO DEVELOP THE CAPACITY WHEREBY RESEARCH IS PART OF THE EVERYDAY FABRIC OF THE DISCIPLINE OF FAMILY MEDICINE."

Dr. Eva Grunfeld DFCM Giblon Professor and Vice-Chair (Research)

INCREASE OUR IMPACT ON HEALTH THROUGH EDUCATION, CLINICAL AND HEALTH SERVICES RESEARCH

The Department made significant investments in growing its research enterprise. This helped to create new graduate awards and clinical investigator positions over the past five years. DFCM also launched UTOPIAN, a practice-based research network that is our laboratory for conducting primary care research and knowledge translation.

Overall, the number of DFCM faculty conducting research is still relatively small for such a large academic department. Focus in the years ahead will be to strengthen interest and engagement in research, build the skills required for students, residents, faculty and clinicians to effectively conduct research and to provide the mentorship necessary to sustain and grow these efforts. Collaboration with DFCM's other programs will be essential for creating a culture of research across the Department. Similarly, collaboration with the OES and QI will be key enablers to advancing efforts in clinical, health services and education research.

Governments at all levels are seeking a robust evidence base from which to make decisions regarding the future of primary care. DFCM is in an ideal position to produce and disseminate this evidence and, therefore, to impact the health of individuals and populations through its work.

GOALS	ACTION STEPS
2-1 Increase research quality, productivity and meaningful dissemination	 Encourage sites to conduct a needs assessment to identify gaps and specific research education, mentoring and resource requirements to ensure that sites are 'research ready'
	 Recruit new faculty with research expertise
	 Encourage a higher standard of quality and productivity of existing faculty (improved productivity, international impact)
	 Facilitate knowledge of and access to non-traditional funding sources
	 Engage fully with cross-appointees and all faculty members who are interested in research
	 Develop a plan to implement mandatory internal grant application reviews
	 Promote educational activities related to grant writing, manuscript preparation and presentations
	 Conduct an external review of the Research Program, including the Investigator Award program
	 Hold a research retreat to identify research strengths and future themes
	 Develop science of and mechanisms for knowledge translation of family medicine research developed within the Department
2-2 Increase research knowledge	Increase number of research courses and learners
and skills so that faculty and students become better producers and consumers of	 Imbed a research culture throughout DFCM through involvement in DFCM committees and other activities
research evidence	 Increase the number of faculty with appointments in graduate studies and participating in supervising graduate students
2-3 Increase research collaboration and	 Encourage research collaborations across U of T departments and faculties
partnerships	 Encourage provincial, national and international research collaborations
	 Introduce new criteria related to the assessment of collaboration by DFCM Investigator awardees
	 Develop mechanisms for patient engagement in family medicine research

2-4 Increase research mentorship	 Ensure that there are mentorship activities embedded in all UTOPIAN projects
	 Optimize mentorship roles associated with DFCM Investigator Awards
	 Increase the number of researchers participating in the mentorship website
2-5 Continue UTOPIAN's implementation	 Improve access to electronic medical record (EMR) data for research via the Safe Haven
	 Provide research support (e.g., via UTOPIAN, research facilitators and advice from senior researcher site visits)
	 Provide learning opportunities to DFCM faculty interested in research (e.g., Idea to Proposal course leading to Master's and PhDs) with a view to doubling the number of principal investigators at DFCM
	 Increase the number of research ready sites to 100 by the end of 2015 and all sites by the end of 2017
	 Increase the number of multi-site research projects by 30% in 2015-16 and 20% after that
	 Increase the number of new research collaborations by 30% in 2015-16 and 20% after that
	 Increase the number of new research mentorship relationships by 50% in 2015-16 and 20% after that
	 Implement a cost-recovery model for UTOPIAN services
	 Ensure UTOPIAN's policies and procedures for collaboration are maintained



ADVANCE QUALITY PRIMARY CARE THROUGH SCHOLARSHIP AND INNOVATION ACROSS ALL OF OUR EDUCATION ENDEAVOURS

DFCM continues to embrace trends in medical education, including competency-based learning, interprofessional education, social accountability, effective use of technology and education scholarship.

Over the next five years, emphasis will be on further enhancing and intensifying education scholarship, refining our current postgraduate competency-based curriculum and further defining the competencies required by the family physician of the future. In addition, we will continue to ensure that our education programs are responsive to societal needs and emerging trends (e.g., chronic disease management, increasing morbidities of an aging population, the need to work effectively in multidisciplinary teams, and an increased emphasis on quality and accountability). We will also create further curricula related to access and quality care for vulnerable populations.

DFCM developed detailed goals and actions for all of our education programs. Included below are education goals which have been synthesized to highlight shared priorities across these programs. Select actions are included to illustrate how these goals might be achieved.

"WE ARE COMMITTED TO BEING NATIONAL AND INTERNATIONAL LEADERS IN EDUCATION SCHOLARSHIP IN ACADEMIC FAMILY MEDICINE THROUGH COMMUNITY BUILDING, CAPACITY BUILDING AND CULTURE CHANGE."

Dr. Risa Freeman

Vice-Chair Education, Director of the Office of Education Scholarship (OES)

GOALS

3-1 Build education scholarship capacity within DFCM and embed a culture of recognizing, supporting and valuing education scholarship in all programs

CTION STEPS

- Consult with each education program to better understand their scholarship activity and education scholarship needs
- Build DFCM-specific education scholarship opportunities for faculty, staff and learners
- Coordinate, facilitate and manage a service arm of OES
- Identify pathways for increasing personal capacity in education scholarship
- Support programs and sites to identify stakeholders for a community of practice
- Explore ways to support education scholarship at the site level, including identifying, developing and supporting local champions to increase dissemination and impact of scholarship
- Infuse education scholarship into DFCM processes such as hiring, curriculum change and evaluations
- 3-2 Develop and implement recruitment strategies for learners at all levels

UNDERGRADUATE

- Increase exposure to family medicine in the pre-clerkship years by enhancing our Department's role in curriculum design, clinical and academic teaching, mentorship, observerships and the promotion of scholarship in family medicine
- Enhance and extend student support structures such as the Interest Group in Family Medicine (IgFM) through to the clerkship level
- Engage faculty and students in advocacy for family medicine inside and outside of the formal curriculum

POSTGRADUATE

- Expand our sponsored resident trainee pool by refining admission and selection criteria, developing a needs-based curriculum, offering electives and observerships, and promoting the program internationally
- Implement recommendations generated at the Canadian Resident Matching Service (CaRMS) retreat to improve the recruitment and selection of postgraduate trainees
- Investigate and create a selection process for Canadian medical graduates for the purpose of decreasing the number of interviews conducted

3-2 Develop and implement recruitment strategies for learners at all levels (Continued)

ACADEMIC FELLOWSHIP AND GRADUATE STUDIES (AFGS)

- Increase the number of AFGS learners
- Ensure the relevance of and access to our programs for DFCM faculty
- Optimize promotion of AFGS educational offerings through increased targeted outreach and marketing in collaboration with the Global Health and International Programs
- Enhance education scholarship by AFGS learners and faculty

GLOBAL HEALTH

- Increase registration for TIP–FM and Global Health Summer Primer (GHSP)
- Conduct a needs assessment of international learners to identify their learning needs and better inform the development of educational activities and programs

3-3 Improve retention, recruitment and support of our clinical teachers to strengthen teaching capacity Ensure excellence of all DFCM education programs through strong collaboration with DFCM's Professional Development Program

UNDERGRADUATE

- Develop and maintain a database to delineate current and prospective teaching activities
- Collaborate with the Director of Faculty Development for UME to enrich current and develop new innovative and engaging faculty development programs and tools
- Determine the appropriate vehicle to build connections and community among new and long-standing undergraduate faculty

POSTGRADUATE

- Provide formal mentorship and support to teaching sites to enable them to deliver on their teaching mandate
- Further develop faculty, administrative staff and residents in the fluency and delivery of competency-based education

GLOBAL HEALTH

- Build on our Toronto Addis Ababa Academic Collaboration Family Medicine initiative to advance faculty development and leadership in family medicine in Ethiopia
- Engage and support faculty in global health teaching in Canada and abroad

- 3-4 Undertake curriculum renewal, development and delivery that is informed by education scholarship and will define and advance the role of the family physician of the future
- Advance interprofessional education
- Integrate new teaching modalities and technologies into our programs

UNDERGRADUATE

- Continue to provide leadership for the UME preclerkship curriculum renewal ensuring appropriate exposure to content that reflects the diversity of family medicine clinical contexts and practice
- Combine technology, best practices and creative solutions to develop and recommend novel family medicine-based curricular methods for the undergraduate medical curriculum
- Integrate and evaluate educational technology tools (e.g., e-modules, The Hub) across medical disciplines in the clerkship program
- Support the development and maintenance of a patient panel at the Mississauga Academy of Medicine and through the Longitudinal Integrated Clerkship Programs
- Collaborate with the OES to inform optimal design, delivery and evaluation of family medicine preclerkship and clerkship curricula

POSTGRADUATE

- Review curriculum successes and challenges by conducting site visits and holding a retreat
- Develop an electronic platform for the progress test and explore offering the test nationally
- Continue to implement, refine and evaluate the competency-based curriculum
- Collaborate with University of Toronto Postgraduate Medical Education (PGME) to develop a leadership curriculum relevant to family medicine
- Review curriculum every two years to ensure that it remains relevant and meets accreditation standards of the CFPC
- Develop benchmarks related to comprehensiveness, continuity of care and patient volumes in the clinical experience of residents

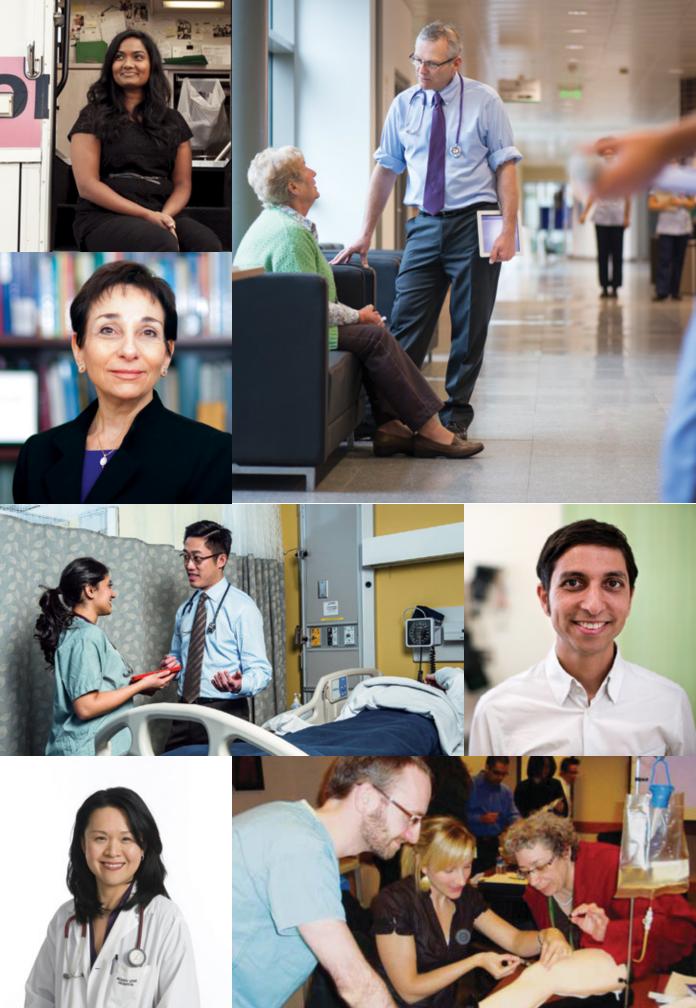
ACADEMIC FELLOWSHIP AND GRADUATE STUDIES

- Develop, modify or retire AFGS courses based on curriculum review and needs assessment
- Enhance distance-accessible learning

GLOBAL HEALTH

- Outline core competencies in global health and implement in collaboration with the Postgraduate Program
- Develop a comprehensive educational pathway to enhance the ability of family physicians to address the needs of local poor and vulnerable populations

3-4 (continued)	 Investigate and create a mandatory rotation in public health/global health and care of vulnerable populations for all DFCM residents Continue to strengthen global health offerings including engagement of other DFCM programs in global health education and refine assessment of learners' needs and evaluation processes
3-5 Expand quality improvemen curricula in DFCM's education programs	 Collaborating with the QI Program, identify and implement effective strategies to introduce the QI curriculum across DFCM education programs UNDERGRADUATE EDUCATION
	 Introduce QI during the family medicine clerkship
	 Engage in site visits and other initiatives to ensure high quality preceptors in all undergraduate programs
	POSTGRADUATE EDUCATION
	 Achieve QI milestones outlined in CanMeds 2015
3-6 Promote increased collaboration between	 Expand continuing education programming that is responsive to the needs of communities and care providers
programs to facilitate transitions across the continuum	 Collaborate with the Professional Development Program to develop strategies for clinical teachers/educators to facilitate effective transitions across the education continuum
	UNDERGRADUATE EDUCATION
	 Better support the transition from preclerkship to clerkship within and outside the formal curriculum
	 Play a key role in supporting medical students around career choice and CaRMS
	POSTGRADUATE EDUCATION
	 Provide greater support to residents as they transition into practice
	 Increase connectivity with current residents and DFCM graduates and alumni
	 Implement a longitudinal survey to assess educational outcomes of the Postgraduate Program
3-7 Enhance benchmarking and performance measurement	
in education	 Recommend, pilot and implement a system and related tools to measure and report on DFCM-wide scholarly activity
	 Track outcomes of our postgraduate competency-based curriculum by surveying our graduates over time
	 Track impact of education programs in global health





"THE PATH TO QUALITY IMPROVEMENT WITHIN THE FOREST OF COMPLEXITY OF OUR HEALTH SYSTEM IS FOUND BY WALKING IN THE FOOTPRINTS OF THE PATIENT."

Dr. Philip Ellison

Fidani Chair of Improvement and Innovation in Family Medicine and Director, DFCM Quality Improvement Program

ENHANCE HEALTH SERVICES THROUGH QUALITY IMPROVEMENT AND HEALTH SYSTEM INTEGRATION

DFCM's Quality Improvement (QI) Program remains at the forefront of primary care QI utilization in Canada. Over the previous several years, we have built capacity in QI through faculty and staff training, particularly in the use of additional skills from the LEAN and Six Sigma methodologies, and support for the development and implementation of QI projects.

Over the next five years, the focus will be on stronger coordination and improved standardization across all of DFCM's academic sites and a clearer understanding of the core QI competencies expected of all faculty. We look to further improve and innovate by increasing capacity in quality improvement measurement and awareness of the effectiveness of team-based models of care.

The QI Program is seen as a key enabler of further integration both internally (across Department sites) and externally (across primary care delivery in Ontario). We will improve performance through education, the application of structured improvement methodologies, scholarly rigor, and continuous professional development for faculty, staff and community-based health care professionals.

GOALS	ACTION STEPS
4-1 Transform to a leading QI organization	 Develop and implement a publication plan and related dissemination strategies for program activity
	 Partner with external associations and organizations to procure funding for additional projects or sustainability of current foci
	 Focus on alignment and integration, coordination and control, standardization and competencies
4-2 Build capacity and capability for QI leadership	 Build capability of the central DFCM QI Program team through strategic hiring and consultant engagement
and innovation	 Enhance professional development strategies to expand capability in utilizing additional quality improvement methodologies, e.g., LEAN and Six Sigma
	 Create a new academic role of DFCM QI clinician
4-3 Strengthen DFCM and primary care quality through leadership, system thinking and education	 Implement communities of practice for DFCM QI practitioners Partner with DFCM programs, DFCM QI site representatives, OES and other U of T quality-related programs and divisions for collaboration and shared opportunities Pursue a measurement focus that supports learning and identification of opportunities for improvement
4-4 Broaden QI leadership and teaching strategies	 Develop and implement a Teaming curriculum Build a repository of workshops, webinars and other learning
	tools for focused concepts e.g., measurement, patient safety
	 Develop formal strategies and persons responsible to disseminate work
	 Engage with DFCM programs to develop QI knowledge translation strategies
	 Develop knowledge and capacity in patient engagement and activation; engage in shared decision-making projects
	 Demonstrate national leadership in the quality dimension of safety by developing and disseminating a patient safety program for primary care
4-5 Continue to support the development, implementation and evaluation of new models of care including those that advance health system integration	 Pursue opportunities to utilize the learnings from BRIDGES and other system integration initiatives to promote the development of provincial advances in primary care through mentorship, coaching and training



"DFCM AIMS TO ATTRACT, RETAIN AND NURTURE OUR FACULTY AND HEALTH PROFESSIONS EDUCATORS FOR SUSTAINED EXCELLENCE IN THEIR ROLES AS TEACHERS, SCHOLARS AND LEADERS."

Dr. Barbara Stubbs Director, DFCM Professional Development Program

PROMOTE ENGAGEMENT AND LEADERSHIP IN OUR FACULTY AND STAFF

The success of DFCM is largely due to the values, skills and dedication of our exceptional faculty, students and staff and the ongoing investment of the Department in their continued development. DFCM has a long history of engaging, developing and supporting leaders across the Department for local, national and international advancement of primary care, and will continue to do so over the next five years.

DFCM has incorporated mentorship and a focus on resilience and wellness as part of our ongoing professional development endeavours. Over the next five years, the Professional Development (PD) Program will further intensify its commitment to collaborate with other DFCM programs by supporting and enhancing the scholarship skills of DFCM faculty and students.

	GOALS		ACTION STEPS
5-1	Develop strategies and activities to support DFCM faculty with career development, wellness and resilience	•	Expand the PD Program's offerings in wellness and resilience Develop a strategy for more effective use of PD Plans Continue to increase the number of junior and senior promotions Provide early education and support for new assistant professors on achieving senior promotion Collaborate with other programs in creating job descriptions and performance reviews for all site representatives Implement a process to determine staff professional development needs and develop appropriate supports
5-2	Enhance collaboration with OES and others to advance education scholarship	* * *	Invite local education and education scholarship consultants to work with PD representatives Design, develop and evaluate Scholarship Basics events for PD representatives, chiefs and faculty Incorporate questions about education scholarship into the Professional Development Needs Assessment Survey Disseminate scholarly work coming from PD through peer-reviewed presentations and publications, including DFCM Open
5-3	Develop knowledge, skills and scholarly activities of PD representatives, their chiefs and other education leads to support faculty in their multiple roles		Design, develop and evaluate a new central PD rounds series to disseminate information about emerging topics (e.g., ethics, promotions, CV strategies and new CFPC initiatives, Mainpro and Entrustable Teaching Activities) Continue to produce relevant professional development offerings (both central and site-based) Pilot and implement DFCM chiefs' academic leadership annual review
5-4	Encourage faculty to engage in our Basics series** and advanced professional development offerings***	+ + +	Develop and identify strategies to encourage our faculty to take AFGS courses and provide them with relevant information about supports Develop and maintain an effective mentorship database Provide mentorship supports for faculty who take on leadership roles Enhance distance accessibility for programs and courses
5-5	Integrate supports for health professional educators (HPE) across all programs	•	Work with new HPE leads to develop initiatives to support HPE, e.g., with faculty appointments process, ongoing faculty development and relevant committee representation

^{**}Basics for New Faculty, Beyond Basics and Leadership Basics ***Clinical Research Certificate, Clinical Teachers Certificate, Master's programs

STRATEGIC ENABLERS

A number of cross-cutting themes and strategic enablers are key to successfully fulfilling our five strategic directions and achieving our mission and vision. These enablers will be accomplished through internal and external collaborations.

STRATEGIC ENABLER

KNOWLEDGE TRANSLATION

DFCM will build knowledge translation (KT) capacity in its researchers and knowledge users. The specific KT activities will be appropriate to the stage of the research and the target audiences. Knowledge users will include students, faculty, primary care providers, and health care policy-makers. DFCM will also advance the science of knowledge translation through rigorous evaluation of effective knowledge translation strategies in primary care.

ACTIONS

- Create continuing professional development activities to increase capacity in both the science and practice of knowledge translation
- Promote integrated knowledge translation by developing mechanisms to improve the linkage between researchers and knowledge users

MEASUREMENT AND ACCOUNTABILITY

As part of our culture of continuing improvement, each program within DFCM will establish key measures reflective of what it is trying to accomplish, integrated within DFCM's overall strategic directions.

- Establish and report on a measurement framework that will reflect progress and improvement towards achieving each program's goals
- Identify changes that will enable each program's continued improvement
- Implement evidence-based best practices in each program where applicable

FUNDING AND ADVANCEMENT

DFCM will intensify its efforts in seeking and securing alternate revenue streams and will set ambitious advancement goals.

- Continue to pursue revenue streams through international primary care capacity building activities
- Grow our sponsored resident trainee program
- Increase advancement capacity of our core sites and programs through collaboration, training and support
- Improve our engagement with DFCM alumni

STRATEGIC ENABLER

STRATEGIC COMMUNICATIONS

DFCM will ensure it communicates to its audiences with a clear and consistent voice and image. To do this, DFCM's brand will be refreshed and reintroduced along with new identity standards, an updated style guide and key messaging with a focus on centralizing support for communications activities. DFCM and all its activities will be promoted to both internal and external audiences.

ACTIONS

- Design and launch new website and updated visual identity
- Discover best practices in developing and maintaining communities of practice
- Follow Faculty of Medicine style guide and provide professional development for faculty and staff on writing for the web
- Collaborate with Faculty of Medicine on assisting faculty with managing their online brand
- Improve connectivity across DFCM through online tools and platforms

ONLINE/ELEARNING

The Faculty of Medicine's *eLearning Task Force Report* will guide DFCM in its efforts to build capacity in medical education eLearning. To do this, DFCM will utilize the knowledge and skills of its own faculty and staff and will promote collaboration with experts from within the Faculty of Medicine and beyond.

- Discover and create professional development opportunities in eLearning for faculty and staff
- Use appropriate and effective eLearning to fill curricular gaps

IMPLEMENTING OUR PLAN

The Department of Family and Community Medicine has made tremendous strides over the past five years and the corresponding strategic plan has served us well. This 2015–2020 strategic plan builds on the former and focuses on consolidating and deepening current initiatives, programs and partnerships that will help advance family medicine locally and globally. We have set ambitious goals in our core mission areas of research, education and clinical practice, with each area being supported and enabled through the integrating efforts of the QI and PD programs, and the OES. We are also more intentional in our areas of social responsibility, including the commitment to improving the care of vulnerable populations at home and abroad.

MEASUREMENT

DFCM's previous 2009–2014 strategic plan included key performance indicators (KPIs) for each of its goals. These support the annual evaluation of our success in implementing the plan. Over the next five years, we will continue to use these KPI's, with additions and alterations as necessary.

OVERSIGHT

Our 2009–2014 strategic plan is widely considered a success. Our accomplishments are due to the outstanding efforts of our faculty and staff, the establishment of a strategic planning implementation committee with identified leads for each priority, the ongoing measurement of our KPIs and annual public reporting of our progress. As we implement our 2015–2020 strategic plan, we will continue to use these approaches to ensure its success.

GLOSSARY

AFGS Academic Fellowship and Graduate Studies **BRIDGES** Building Bridges to Integrate Care CaRMS Canadian Resident Matching Service **CCNHD** Centre for Child Nutrition. Health and Development **CFPC** College of Family Physicians of Canada **CIM** Centre for Integrative Medicine **DFCM** Department of Family and Community Medicine **DLSPH** Dalla Lana School of Public Health **EMR** Electronic Medical Record FCM Family and Community Medicine FMLE Family Medicine Longitudinal Experience **GH** Global Health **GHSP** Global Health Summer Primer **HPE** Health Professions Educators **HPTE** Health Practitioner Teacher Educator HQO Health Quality Ontario IgFM Interest Group in Family Medicine **KPI** Key Performance Indicators **KT** Knowledge Translation LInC Longitudinal Integrated Clerkship **MOHLTC** Ministry of Health and Long-Term Care **MPH** Master of Public health **MScCH** Master of Science in Community Health **OCFP** Ontario College of Family Physicians **OES** Office of Educational Scholarship **PD** Professional Development **PGME** Postgraduate Medical Education **QI** Quality Improvement **SEME** Supplemental Emergency Medicine Experience **TIP-FM** Toronto International Program in Strengthening Family Medicine **UME** Undergraduate Medical Education **UTOPIAN** University of Toronto Practice-Based Research Network **WIHV** Women's College Institute for Health Systems Solution and Virtual Care

STRATEGIC PLANNING COMMITTEE

Lynn Wilson, Chair Cecil Canteenwalla Philip Ellison Kymm Feldman Risa Freeman Abbas Ghavam-Rassoul Eva Grunfeld Curtis Handford Karl Iglar Paul Krueger Azadeh Moaveni Trish O'Brien Katherine Rouleau Barbara Stubbs Caroline Turenko

DEPARTMENT OF FAMILY & Community medicine University of toronto

500 University Avenue, 5th Floor Toronto, Ontario M5G 1V7

T: 416-946-5938 F: 416-978-3912 E: dfcm.reception@utoronto.ca

www.dfcm.utoronto.ca

DEPARTMENT OF FAMILY & Community Medicine UNIVERSITY OF TORONTO

500 University Avenue, 5th Floor Toronto, Ontario M5G 1V7

T: 416-946-5938 F: 416-978-3912 E: dfcm.reception@utoronto.ca

www.dfcm.utoronto.ca



Family & Community Medicine UNIVERSITY OF TORONTO