



August 4, 2021

DEAN'S RESPONSE

External Review | Department of Family & Community Medicine

On behalf of the Temerty Faculty of Medicine at the University of Toronto, I would first like to thank the reviewers, Dr. Ruth Wilson and Dr. Kevin Grumbach, for a fulsome and rigorous review of the Department of Family & Community Medicine (DFCM) on March 2-3, 2021. On behalf of Temerty Medicine, I would also like to thank Dr. David Tannenbaum, Interim Chair of DFCM, the administrative staff, and all those who contributed to the preparation of the outstanding self-study report. I also wish to thank the numerous administrative staff, trainees, and faculty members who met with the external reviewers and provided invaluable input.

The reviewers reflected that, *“the DFCM is an outstanding department, functioning well, with good morale and no major risks except the possibility of budget cuts post-COVID.”* Temerty Medicine greatly appreciates the insightful and comprehensive report provided by the reviewers. It serves as an invaluable guide for future strategic directions of the DFCM. I am in full agreement with Dr. Tannenbaum's response of the Interim Chair. After consultation with him, I comment below on some of the recommendations and findings of the external reviewers cited and summarized under key themes.

Undergraduate Medical Education

1. *“The demise of the longitudinal integrated clerkship is unfortunate....we recommend consideration be given to a longitudinal experience in family medicine integrated into the block rotation system.”*

DFCM acknowledges this concern and continues to actively seek opportunities for additional exposure to family medicine starting in the pre-clerkship years. At this time, it is unclear whether a fully longitudinal family medicine clerkship experience would be possible within the current model of the clinical clerkship. DFCM continues to explore the possibility of a fully-integrated family medicine clerkship experience and is exploring creative solutions to allow continuity for learners in relationships with patients and preceptors.

2. *“DFCM should pilot additional methods of assessing clerkship progress beyond multiple choice examinations.”*

A broader clerkship OSCE has now replaced a family medicine-specific OSCE assessment. In light of this, DFCM continues to advocate to ensure that the current OSCE effectively assesses necessary competencies in family and community medicine.

Postgraduate Medical Education

1. *This is a large program and the major unifying element of the department that has recently undergone successful accreditation by the College of Family Physicians of Canada and WONCA.*

The accreditation review recently performed by the College of Family Physicians of Canada confirmed the strength and excellence of the postgraduate education program. The leadership team led by Dr. Stuart Murdoch will ensure that needed changes are made to address any areas for improvement that were noted by the accreditation review team.

2. *Resident assessment is comprehensive. “We were not provided with information on success rates on the CFPC, which would be another metric of quality which could be tracked.”*

Success rates for University of Toronto trainees typically exceed the national average. The specific information requested is included in the “5-Year Performance Report” accompanying the Interim Chair’s Response.

Other Educational Activities

1. *The Quality and Innovation program at the DFCM is well recognized as a “model of academic family medicine asserting leadership in integrating quality and process improvement across clinical, educational, and research missions.” For the next stage of development, “DFCM will need to consider how to optimize synergy with UTOPIAN. Additionally, the Faculty of Medicine may wish to consider how the DFCM Q&I Learning Health System approach can be generalized at the University to promote greater integration of clinical practice improvement and pragmatic research across specialties, with academic credit for this applied form of scholarship.”*

During the COVID-19 pandemic, CPD activities led by DFCM together with various partners have been highly successful and highly valued. Learnings from the creation of these educational activities will form the basis for development of new and comprehensive CPD offerings through the Quality and Innovation Program. The creation and optimization of a comprehensive integrated learning health system is being explored and, as noted by the reviewers, critical examination of how UTOPIAN and Temerty Medicine can optimally contribute and collaborate will be essential.

2. *A more “structured and standardized onboarding process” for faculty taking on leadership roles, such as site chiefs and educational program leaders would be welcomed by some. “Faculty development for specialty teachers of family medicine learners may be an area to explore.”*

A more standardized onboarding process for new leaders, including training addressing leadership, equity, and organizational management would be very beneficial. There are important opportunities to partner with Temerty Medicine and the Toronto Academic Health Science Network to develop educational resources that can be used by multiple stakeholders working across the system.

Learner Wellbeing

“Student leaders identified a culture of responsiveness, caring, and proactive attention to wellness from staff and faculty. All patient-facing learners with whom we spoke have been immunized against COVID.”

The wellbeing of learners in Temerty Medicine is of utmost importance. In recent years comprehensive surveys including “Voice of the Resident” have been used to critically examine and identify issues that impact learner wellness. In addition to departmental programs addressing DFCM learner wellbeing, resources have been implemented across Temerty Medicine. These include the recent appointments of Dr. Reena Pattani as Director, Learner Experience and Dr. Heather Flett as inaugural Temerty Professor in Learner Wellness. As new programs are developed to facilitate reporting and to respond to learner needs, regular evaluation of the impact of these programs is planned.

Research

1. *“The UTOPIAN practice-based research network has been a major DFCM research initiative over the past decade.... UTOPIAN is well-positioned to be a leader in this evolving research space.” The ten-year anniversary is an opportunity for a more formal and systematic review of UTOPIAN.*

As noted, UTOPIAN has been an important enabler of research in DFCM and a formal review would be beneficial. New opportunities for data collection and analysis will be afforded through DFCM’s key role in Primary Care Ontario Practice-based Learning and Research Network (POPLAR).

2. *“DFCM has had success in achieving promotions for candidates it advances. However, many faculty members stay at the rank of lecturer for many years.” Many highlighted the “burdensome” Temerty Medicine promotion process and that compensation is not always reflective of promotion. A more structured approach for early career faculty and adjunct faculty might help with career advancement, as would dedicated administrative staff support for CV updates and preparing promotion materials.*

This is an important issue for members of the DFCM faculty and for members of other Departments in Temerty Medicine. To address this gap DFCM has created the position of a faculty lead for appointments and promotions, reporting to the Vice Chair, Family Doctor Leadership. In Temerty Medicine, a “Valuing Clinical Teachers” working group chaired by Drs. Alison Freeland and Arno Kumagai was commissioned to identify strategies to optimize academic recognition of the valuable contributions of our faculty, including community-based faculty. Targeted workshops for faculty from historically marginalized and underserved communities have been piloted. These workshops specifically address academic appointment, academic promotion, and mentorship for faculty from communities under-represented in medicine. The initial response has been overwhelmingly positive and in coming years Temerty Medicine will expand such offerings.

Relationships

1. *“Relationships with the Decanal team are supportive and collegial....Cognate department chairs expressed a wish for the new chair to be a partner with them and had several ideas about the forms these partnerships could take, particularly in joint educational programs.”*

As noted in the Interim Chair’s Response, expansion of DFCM partnerships with other Departments and programs across Temerty Medicine will be important and will benefit scholarship, innovation, education, quality improvement, and clinical care across the system.

2. *“Consideration should be given as to how the DFCM could contribute to Ontario Health Teams.”*

DFCM faculty and sites have played an important role in development of OHTs. New opportunities for DFCM to lead and guide will arise as OHTs undergo further maturation and refinement.

Organizational and Financial Structure

“The recent philanthropic gifts received by the Temerty Faculty of Medicine have led DFCM members to ask how philanthropic support might be used in their department, particularly to support an endowed chair for the new department head. DFCM members could benefit from thinking through what it is about family medicine, family physicians, and the educational and research mission of the department that could attract donor support.”

As DFCM identifies important priorities to support its mission the Office of Advancement, Temerty Medicine will collaborate closely to help make these goals a reality. Philanthropic support will continue to be important for DFCM. Endowed chairs should be sought to support the DFCM Chair and Vice Chair Education and Scholarship positions.

Long-Range Planning Challenges

1. *“The future is bright for this strong department, but DFCM would benefit from taking some time to consolidate its many strengths and articulate more clearly which communities it seeks to serve.... We were struck by important work on patient engagement, but a lack of community advisory councils or other evidence of community engagement.”*

The breadth of the work of DFCM allows it to excel broadly across multiple domains. Clear articulation of DFCM’s mission and vision will guide decision making and priority setting and will allow needed engagement of community advisors.

2. *“The commitment to equity, diversity and inclusiveness is certainly well understood at the departmental leadership level, and is aligned with the faculty’s commitment in these areas.... Development of metrics and evaluation of these efforts will be important.”*

DFCM has identified equity, diversity, inclusion, anti-racism, Indigenous health and social accountability as priorities, and as such, has appointed faculty leads in these areas. It will be important for DFCM to regularly evaluate the impact of these efforts and to make iterative changes as needed. DFCM equity leads are key members of Temerty Medicine’s faculty-wide Diversity Advisory Council and as programs evolve and mature there are many opportunities for closer alignment and integration of DFCM’s equity work with the broader work of Temerty Medicine.

3. *“The fairly frequent turnover in chairs, all of whom are talented individuals, has left the DFCM longing for some stability. The new department chair might well be found amongst internal candidates who have a good understanding of the complexity of this department.”*

As noted, leadership enhancement and priority setting will be needed in DFCM to ensure ongoing and future success. As such, it will be important that the next Chair and leadership team have a good understanding of the current state of DFCM, the relevant issues that will impact upon future directions, and the opportunities and challenges on the horizon.

Sincerely,



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