



EXTERNAL REVIEW REPORT FORM

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| CLINICAL DEPARTMENT UNDER REVIEW | Department of Family & Community Medicine (DFCM) |
| COMMISSIONING OFFICER | Professor Trevor Young, Dean |
| REVIEW DATE | March 2-3, 2021 |

Reviewers are asked to provide a report that satisfies the following:

- *Identifies and commends the Clinical Department's notably strong and creative attributes*
- *Describes the Clinical Department's respective strengths, areas for improvement, and opportunities for enhancement*
- *Recommends specific steps to be taken to improve the Clinical Department, distinguishing between those the Clinical Department can itself take and those that require external action*
- *Recognizes the institution's autonomy to determine priorities for funding, space, and faculty allocation*
- *Respects the confidentiality required for all aspects of the review process*
- *Addresses all elements of the terms of reference*

PREVIOUS EXTERNAL REVIEW *[Indicate if, and how, the Clinical Department addressed the findings of the previous review.]*

The previous external review was more than eight years ago; since then, much has changed, including the unprecedented adaptations required by the current COVID pandemic. Many of the recommendations of the external review from 2012 have been implemented; some have been superseded by subsequent events. The 2012 review took place just after a period of rapid expansion; that expansion has now been consolidated and the teaching sites are mature in comparison.

The proportion of graduates of U of T medicine choosing family medicine appears to have fallen from the 39.2% quoted in the previous external review, and the current rate is not well-known or targeted by the DFCM. The called-for increase in family medicine leadership, visibility, and contribution at the undergraduate level has improved since the last review. The longitudinal integrated clerkship recommended in 2012-13 has been tried and subsequently abandoned

Resident comments about the need for more support for research appear to have been addressed. Comments about the length of the QI curriculum made previously were not brought to our attention on this visit.

The noted Rural Northern Initiative (two week visit with preceptors and residents to rural communities) which was previously positively reviewed was not mentioned in our review this year.

Comments made about transparency and disparity of funding between affiliated and partially-affiliated teaching sites persist, but the chair's response in 2012 addresses the issue in the same manner as does the current one. We continued to hear in this review about the unevenness of resources across sites and a desire for more transparency in decisions about funds allocated to individual sites, such as for faculty and staff stipends.

Comments in the 2012 report concerning re-labelling or reorganizing the content of the academic fellowships, certificate programs, and masters programs do not seem to have been implemented. We support this previous recommendation.

1. Education

A. UNDERGRADUATE MEDICAL EDUCATION

- **Please comment on the size, scope, quality, and priority assigned to undergraduate medical education.**

DFCM makes a significant contribution to undergraduate teaching. At the pre clerkship level medical students identified family physicians as providing key teaching in several parts of the curriculum, including clinical skills. A six -week clerkship is offered in third year, which is longer than some other medical schools. Hundreds of electives are also offered, although uptake of these has been diminished somewhat during the COVID pandemic.

Medical students described being well-supported by DFCM faculty during the pandemic, who were lauded as being strong role models. The demise of the longitudinal integrated clerkship is unfortunate. We were informed that this program was discontinued after several years because of cost, complicated logistics, and the difficulty of providing such an experience to all undergraduate students rather than a subset. Because of the importance of longitudinal relationships in family medicine, we recommend consideration be given to a longitudinal experience in family medicine integrated into the block rotation system (for example, a day in family medicine every two weeks for a year), which might also foster continuity of relationships between learners and preceptors. The logistics of reforming the family medicine clerkship into a longitudinal experience, without fundamentally changing block rotations for other clerkships, should be much more feasible than revamping the entire core clerkship curriculum into a longitudinal format. There are successful models at several medical schools of a longitudinal family medicine clerkship operating in concert with traditional block rotations for other clerkships.

The leadership of family medicine in the undergraduate curriculum was acknowledged and is valued by the decanal team. Dr. Marcus Law heads up the Foundations Program which helps bring a generalism lens to the curricular offerings. He and other department members were praised for their innovative approaches, flexibility, and willingness to innovate.

It is unclear to many we interviewed as to how the Temerty Faculty of Medicine perceives itself to be accountable for meeting the societal need for generalist family physicians. It appears that about 30% of graduating medical students enter family medicine residencies. It would be useful for the faculty and the department to track on an annual basis the percentage of graduating students who make family medicine their first choice, the percentage who match to family medicine programs, and to articulate a goal for graduates entering family medicine, by which to measure the accountability of the Faculty of Medicine and DFCM to societal need for family physicians.

B. POSTGRADUATE MEDICAL EDUCATION

- **Please comment on the size, scope, quality, and priorities of postgraduate education programs.**
- **Do current programs offer adequate training in different settings?**

The postgraduate program is the major unifying element of the department. It has recently undergone a successful accreditation review by the College of Family Physicians of Canada. Although the written report is not yet available, the verbal exit report was positive. The postgraduate program is the first in North America to be accredited by WONCA, the world organization of family doctors. These two reports speak to the quality of the postgraduate programs on offer and we did not attempt to redo the accreditors' assessment of the quality of the program during the short time of our review. Dr. S. Murdoch's leadership in this area was well-recognized by those we interviewed, along with the leadership of site chiefs.

Resident assessment is partly by direct observation in workplace settings using a competency framework. In addition, there are assessment instruments such as formative multiple choice examinations every six months. We were not provided with information on success rates on the CFPC, which would be another metric of quality which could be tracked.

The resident leaders we interviewed spoke highly of the opportunities for training in family medicine offered by the DFCM. These include a small but robust rural program, opportunities for inner city health work, and a large variety of other learning sites.

This is a very large program, with 395 residents in the core two years of training. The distribution of residents to 14 hospital units allows for more manageable and personalized attention to residents' learning needs.

The department has an innovative program which integrates the PGY2 year with some PGY3 training in additional skills. This has the promise of allowing residents to experience integrating additional skills into their general family practice.

The Temerty Faculty of Medicine has the capacity to provide a great deal more opportunities for family medicine residents and practising physicians to gain additional skills in areas such as obstetrics, enhanced surgical skills, anesthesia, care of the elderly, palliative care, addictions medicine, to name a few. Currently there are 41.5 funded PGY3 positions available; expansion of this number would help meet goals of educating generalist family physicians equipped with additional skills to meet community need. If the Ontario Ministry of Health allocates new resources to the Faculty of Medicine to increase the number of residency positions, we suggest that the Faculty consider investing a portion of those resources into additional PGY3 positions in DFCM to expand the integrated 3 year residency program model.

C. CONTINUING EDUCATION + QUALITY IMPROVEMENT

Please comment on the size, scope, quality, and priorities of continuing education programs.

Continuing education was previously addressed by the DFCM mainly through participation in a large primary care conference; this relationship has ended and continuing education is now organizationally the responsibility of site quality improvement leads as we understand it. The self-study report notes that a plan for continuing education is to be developed, building on the success of the quality improvement curriculum.

The Quality and Innovation program at the DFCM is an ambitious and energetic group led by Dr. Tara Kiran, who state as their mission making primary care in Canada and the world even better. It has a well-articulated strategic plan which builds on the current resident education curriculum and includes ongoing work on faculty development, liaison with UTOPIAN and provincial databases to potentially map geographical distribution of patients at teaching sites along with quality indicators, and development of a department-wide patient experience tool, as examples. A well-attended international conference with published proceedings, and several scholarly publications, are testimony to their efforts. This program has become recognized in Canada and beyond as a model of academic family medicine asserting leadership in integrating quality and process improvement across clinical, educational, and research missions. The program exemplifies a Learning Health System approach to research, with research questions being generated by clinical teams and pragmatic studies being conducted with sufficient rigor to provide information of value to clinical stakeholders and generate generalizable knowledge for scholarly dissemination. For the next stage of development for the Q&I program, 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.

Additional opportunities for continuing education are provided by graduate programs, certificate programs, and academic fellowships. Many of these courses and programs were lauded for providing practical easy-to-access content which is accessible around the world. They are disparate, however, and in some cases not meeting learners' needs. As per the previous external review, consideration could be given to rationalizing and describing some of these programs in a different way. A more in-depth review of these programs is likely warranted, particularly given the drop-off in applications for the academic fellowship due to the pandemic. Consideration of adding a PhD program could be part of such a review.

D. OTHER EDUCATIONAL ACTIVITIES

- Describe briefly. (e.g., leadership, faculty development)

Faculty development is a well-structured program with offerings ranging from the “basics” for individuals early in their careers as clinician educators, to masterclass leadership development opportunities. We were impressed with the obvious collegiality and flexibility of this group. During the COVID epidemic, their on-line offerings have led to even better uptake of program offerings than previously. Offerings related to faculty wellness have been prioritized during the pandemic. The relationship with the Office of Educational Scholarship is a strength, as are the opportunities for formal and informal mentorship. The work in faculty development for non-physician health professional educators is commendable. The wide scope and robustness of the faculty development activities in DFCM may require a more distributed leadership structure, with faculty leads for specific components, especially those falling outside the core component of skills development for faculty educators. For example, in Section 2 below we comment on consideration of more structured support for faculty promotions; this is an example of a focused area that may benefit from a dedicated faculty lead reporting up through the Vice Chair of Leadership.

The Office of Educational Scholarship is a strength for this department, not replicated in other Canadian departments of family medicine. Consideration should be given to recruiting more BIPOC educational scholars, with a view to studying the impact of various new initiatives and curricula in equity, diversity and inclusion and anti-racism.

One area suggested for improvement relates to orientation and onboarding of faculty taking on leadership roles, such as site chiefs and educational program leaders. Although individuals interviewed commented that the senior DCFM faculty are supportive of individuals in these roles, a more structured and standardized onboarding process would be welcomed by some.

Teacher evaluations of specialty teachers by family medicine learners are not made available to the specialty department, according to one cognate department chair. Faculty development for specialty teachers of family medicine learners may be an area to explore.

The physician assistant program is a well-managed one which makes a contribution to health human resource needs. More clear definition of accountability for practice location on graduation would be helpful. Can this program contribute to meeting resource needs in rural, remote, and remote indigenous communities? DFCM and the Faculty of Medicine may wish to consider developing a more focused mission statement for the PA program that emphasizes preparing health professionals to meet the needs of underserved communities, rather than what appears to be the fairly broad current mission of the program. It is a relatively small program with a large application pressure; future developments will depend on provincial policy decisions.

E. LEARNER WELLBEING

- Describe the initiatives taken to promote learner wellbeing and resiliency in the educational environment.

DFCM has handled the challenges to learner wellbeing during the pandemic very well. Both undergrad and postgrad 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. Policies relating to redeployment or pivoting to virtual learning were well-articulated from the point of view of the learners.

Some sites identify a “wellness lead” on their leadership teams.

One undergrad learner expressed appreciation for the counselling services provided by the Faculty of Medicine, but expressed a wish for more evening hours for counseling so that any stigma associated with taking time away from clinical duties could be avoided.

2. Faculty / Research

- Please comment on the scope, quality, and relevance of research activities.
- Are the research activities appropriate for the residents and fellows in DFCM?
- Have opportunities for recruitment of young investigators been identified?
- Are the levels of research activities (e.g., funding and peer-reviewed publications) appropriate relative to national and international comparators?
- Please comment on the faculty complement plan.
- Address the appropriateness and effectiveness of DFCM’s use of existing human resources.

[In making this assessment, reviewers must recognize the institution’s autonomy in determining priorities for funding, space, and faculty allocation.]

As might expected from such a large department, the research productivity in terms of grant funding, citations, and impact factor are outstanding. The self-study reports shows excellent performance against the selected national and international comparators. DFCM research spans a diversity of topics of scientific inquiry. The department appears to be finding a reasonable balance between the approaches of “letting a thousand flowers bloom” among talented independent investigators pursuing their scholarly interests, and defining areas of research emphasis for the department for collaborative scholarship and fundraising initiatives. As one individual interviewed commented, the department’s research enterprise is a “flower bed with edging.”

Residents all undertake a research project in PGY2, as do some fellows. There is ample support for these activities.

Support for young investigators was more difficult for us to judge. New investigator awards are available on a competitive basis. There are also some funds available at the 14 hospitals and through their foundations. Nevertheless we heard a plea for more seed money for both new and established investigators. DFCM may wish to consider using future philanthropic gifts not just for endowed chairs, but to have a flexible pool of funds to support pilot studies and other forms of seed funding for research projects.

Appreciation was often expressed for the services of the DFCM central research office, including the biostatistical and research methodology support. Several individuals interviewed stated that research programs would benefit from reinstating the position of a librarian. Additional expertise in qualitative research would also be appreciated.

The UTOPIAN practice-based research network has been a major DFCM research initiative over the past decade. We were impressed by the ability of UTOPIAN to successfully integrate electronic medical record data on primary care services from the department's diverse practice sites and disparate electronic medical record systems, and by the recognition by site chiefs of the value of UTOPIAN. Plans to link UTOPIAN to the province-wide POPLAR practice-based research network as well as to the hospital medicine GEMINI data base would enhance the scope of UTOPIAN as a "living lab" for primary care research. The ten year anniversary of UTOPIAN provides an opportunity for a more formal and systematic review by DFCM and other stakeholders of the accomplishments of UTOPIAN, and articulation of a strategic plan for the next 3-5 years. The discipline of practice-based research is undergoing a sea change with the advent of digital data warehouses extracted from EMR content, providing unprecedented opportunities for practice-based research networks to engage in clinical trials, "big data" machine learning research, learning health system research, and population health research. UTOPIAN is well-positioned to be a leader in this evolving research space, and should carefully consider how to position itself for success in this emerging field. A strategic planning process would also provide DFCM an opportunity to consider practical issues in the operation of UTOPIAN, such as what appears to be a cumbersome process for data sharing agreements to allow sites to collaborate on studies, the traditional requirement that clinical researchers in DFCM are obligated to use UTOPIAN, and the financial model to support the UTOPIAN infrastructure.

The faculty numbers about 1800. The 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 individuals interviewed remarked on the burdensome process imposed by the Faculty of Medicine for applying for promotion. It was also noted that compensation for many faculty members is determined by clinical sites, and promotion in the Faculty of Medicine may not always confer an increase in compensation, diminishing to some degree the motivation to apply for promotion, particularly given the extensive effort required to prepare a promotion application. A more structured approach for early career faculty and adjunct faculty might help with career advancement, providing explicit timelines and milestones to individual faculty members for the promotions process, as well as coaching in the promotion process. DFCM might also consider dedicating administrative staff support to assist faculty members to regularly update their CVs and prepare materials for the promotion application.

3. Relationships

- **Please comment on the strength of the morale of the faculty, learners, and staff.**
- **Please comment on the initiatives taken to enhance a sense of community in DFCM.**
- **Please comment on the scope and nature of DFCM's relationships with cognate Departments/EDUs at the University of Toronto, affiliated hospitals, and external government, academic, and professional organizations.**
- **Address the extent to which DFCM has developed or sustained fruitful partnerships with other universities and organizations in order to foster research, creative professional activities, and to deliver teaching programs.**
- **Please comment on the social impact of DFCM in terms of outreach—locally, nationally, and internationally.**

Morale appears to be good amongst learners, staff, and faculty. With such a distributed program and a limited sample of faculty and learners interviewed, it is difficult to be confident of that our assessment fully captures the breadth of experiences among members of DFCM. However, we detected an esprit de corps in coming together to pivot to elearning, redeploy to provide clinical services in a virtual way or in an area of need, and now in the planning and administration of COVID immunization. Linking on-line for committee meetings and learning events has perhaps paradoxically increased camaraderie; it has certainly helped attendance. The conferences, retreats, awards, and celebrations outlined in the self-study report were referred to, and have helped morale and sense of community as well.

Relationships with the Decanal team are supportive and collegial. DFCM members expressed appreciation for the help received by the postgraduate and undergraduate deans, and for Dean Young's leadership. Conversely the work of the department is appreciated by the decanal group, particularly for the innovation, enthusiasm, and flexibility displayed by its leadership.

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. The succession of interim and short-term chairs has made it difficult to build these partnerships, and they look forward to more stable leadership, while still expressing appreciation for Dr. Tannenbaum's work.

DFCM faculty have played important leadership roles in provincial and national positions, particularly in family medicine organizations. Dr. David White's role as President of the College of Family Physicians of Canada is but one example of this.

Dr. Rouleau's secondment to the WHO to cover the primary care portfolio for six months is a testament to her reputation as well as that of the DFCM. The academic fellowship program is a longstanding important resource for international learners which has contributed to leadership development in many countries around the world. The current offering of V-TIPS, a virtual edition of the longstanding Toronto International Program to strengthen Family Medicine and Primary Care is another important example of this reach. The Ethiopia project has become mature and self-sustaining, which is a tribute to the ethical and supportive way this program was configured.

Consideration should be given as to how the DFCM could contribute to Ontario Health Teams.

4. Organizational + Financial Structure

- **Please comment on the appropriateness and effectiveness of DFCM's organizational and financial structure, and its use of existing human, physical, and financial resources in delivering its program(s).**
[In making this assessment, reviewers must recognize the institution's autonomy in determining priorities for funding, space, and faculty allocation.]
- **In the broadest sense, how well has DFCM managed resource allocation, including space and infrastructure support?**
- **Please comment on opportunities for new revenue generation.**

The hub and spoke organizational structure appears to work very well. The structure is similar at each of the teaching units; individuals with similar portfolios link in department-wide committees.

Financial resources appear to be adequate to carry out the department's mission. The department has a large number of endowed and expendable chairs, at a much higher number than any other department in the country.

As per the previous external review, there is perception of inequity of distribution of financial support across all sites, particularly for those sites without an academic alternative funding plan. We were also told that teaching stipends have been frozen for many years. It is difficult to assess the physical resource needs of the DFCM in the future, given the large number of faculty and staff who are carrying out academic and administrative work from home during the COVID lockdown.

Staff have large and demanding portfolios. Several staff reached out to us to express their satisfaction with the structures and support of the administrative leadership at the DFCM. Additional support in IT might be of use given the additional pressures of on-line work.

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.

The effect on the provincial budget post-COVID is a potential threat to financial stability.

5. Long-Range Planning Challenges

- **Please comment on the vision for the future of DFCM.**
- **Has DFCM clearly articulated a strategic academic plan that is consistent with the University's and Faculty's academic plans?**
- **Please comment on whether there is consistency with the Faculty's commitment to inclusion, equity, and diversity.**
- **Please comment on the planning for advancement and leadership in approaching alternative sources of revenue, and appropriateness of development/fundraising initiatives.**
- **Please address any space and infrastructure considerations.**
- **Please comment on the management, vision, and leadership challenges in the next 5 years.**

The future is bright for this strong department, but the DFCM would benefit from taking some time to consolidate its many strengths and articulate more clearly which communities it seeks to serve. Certainly, the patients of the 14 teaching sites would be included in those communities. After that point, opinions diverged within the department. Some would add care of at-risk populations, particularly in the GTA, to the definition of the community which DFCM serves. Others would add responsibility for meeting the physician human resource needs of the province or the country, proportionate to the size of the institution, and including in that the importance of serving rural and remote indigenous communities. Others see a global responsibility, acknowledging that global health encompasses more than international health.

Why is defining the community which DFCM seeks to serve important? One key reason is that community engagement is not possible without this. We were struck by important work on patient engagement, but a lack of community advisory councils or other evidence of community engagement. Perhaps some of this is occurring at individual sites or with some teams, but we were not made aware of this.

The commitment to equity, diversity and inclusiveness is certainly well understood at the departmental leadership level, and is aligned with the faculty's commitments in these areas. The appointments of leads in indigenous health, social accountability, and equity, diversity and inclusion speak to this. Development of metrics and evaluation of these efforts will be important.

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. A department chair who is able to inspire loyalty, navigate the complicated and diverse features of the program, and be a trusted and skillful "chief executive officer" for this large and multifaceted department, would attract the commitment of faculty and staff members.

6. National + International Comparators

- **Please assess the stature of DFCM compared to others of similar size in national and international universities, including areas of strength and opportunities.**

The DFCM is acknowledged as the largest in Canada and likely in the world. It has a strong reputation in Canada and is known internationally. Nationally it is known for its innovations, generosity in sharing and leading in family medicine venues, and for usually filling in the CARMS match on the first iteration, a testament to its reputation amongst medical students. Internationally it is known for its academic fellowship programs, its program in Ethiopia, and its contributions to the WHO and WONCA.

7. Conclusions

- Provide an overall assessment of strengths and concerns, and recommendations for future directions.

The DFCM is an outstanding department, functioning well, with good morale and no major risks except the possibility of budget cuts post-COVID. The department will benefit from stability in leadership from a new chair who understands the culture of the department, the faculty, and the university, and can harness the many talents of the faculty, staff and learners to meet its vision and mission. Strategic discussions to further define the communities which the department seeks to serve will be helpful. More structured community input and advice will aid in defining the mission of the department, and will also strengthen efforts in equity and inclusiveness.

Clearly defining and tracking a goal of the number of exiting medical students beginning family medicine residency is suggested. At the undergraduate level a reexamination of ways to enhance longitudinal continuity with patients and preceptors during the clerkship is recommended. DFCM should pilot additional methods of assessing clerkship progress beyond multiple choice examinations. The postgraduate programs were not examined in detail at the time of this review; addressing the concerns of the CFPC accreditation review will be important. An opportunity exists to explore additional opportunities for funded PGY3 positions and expanding the integrated three-year programs.

A well-articulated plan for e-learning, digital health, and artificial intelligence, which interfaces with the T-CAIREM program will help make the case for philanthropic support, and define the unique contribution of family medicine to this endeavor.

In addition to the area of AI, DFCM should strive to articulate how its many assets may contribute to and help shape other initiatives of the Faculty of Medicine and University, and of other key stakeholders such as the Ministry of Health. There is considerable opportunity for greater synergy among DFCM programs and people and these broader initiatives, given the wealth of talent and innovation in the department. Greater alignment may have value both for achieving greater impact, and for attracting resources to enhance DFCM programs.

The UTOPIAN platform has tremendous potential, which is not yet fully realized. An external review of how to move UTOPIAN to the next level might aid in strategizing how to support this important resource.

DFCM and the Faculty of Medicine should leverage the Office of Educational Scholarship to evaluate the impact of the various workshops and other initiatives being undertaken in the area of anti-racism, equity and inclusion. Engagement of BIPOC educational scholars will aid in this. DFCM evidences a clear commitment to equity, diversity, and inclusion, and individuals interviewed consistently expressed a sense of belonging. We would encourage DFCM to continually push itself beyond its comfort zone in creating safe and brave spaces for all department members in the pursuit of truth and reconciliation.

Continue the tradition of excellence, innovation, flexibility, and civility!

EXTERNAL REVIEWERS

*Dr. Kevin Grumbach – Dept. of Family and Community Medicine,
University of California, San Francisco*

*Dr. Ruth Wilson – Dept. of Family Medicine,
Queen's University*

SIGNATURES

