Messaging

About DFCM

The LARGEST ACADEMIC DEPARTMENT of family medicine in the world. 1,900+ faculty, 1,000+ learners at all levels, 15+ hospital sites, 40+ teaching practices, from rural areas to urban centres.

Home to the WORLD HEALTH ORGANIZATION COLLABORATING CENTRE on Family Medicine and Primary Care.

Recognized internationally for excellence in TEACHING, RESEARCH and CLINICAL CARE.

BREAKING NEW GROUND in comprehensive primary care, ranging from office-based family practice to emergency medicine, palliative care, care of the elderly, mental health, Indigenous health and more.

Over the past 52 years the department has achieved incredible things, from the growth and expansion of our residency programs to the formation of our Divisions, the birth of UTOPIAN, the establishment of our Quality and Innovation work, the introduction of our WHO Collaborating Centre on Family Medicine and Primary Care and so much more. The new plan builds on this excellence and brings newschool thinking to the challenges of today.

About DFCM’s Strategic Plan

[Short version]

As the largest department of family and community medicine in the world, The Department of Family and Community Medicine (DFCM) has a duty to take on the biggest challenges facing the healthcare system. To answer them, we need a new plan, new energy, and newschool thinking.

DFCM’s 2022-2027 Strategic Plan focuses on Community, Relationships and Leadership. This work builds on our tradition of excellence in family and community medicine education, research and high-quality clinical care. We’re applying our tremendous academic skills to a newschool of thinking about the role of family medicine in the creation of healthy communities.
As the largest department of family and community medicine in the world, we have a duty to take on the biggest challenges facing the healthcare system. To answer them, we need a **new plan, new energy, and newschool thinking**.

DFCM’s 2022-2027 Strategic Plan focuses on Community, Relationships and Leadership. This focus builds on our tradition of excellence in family and community medicine education, research and high-quality clinical care. We’re applying our tremendous academic skills to a newschool of thinking about the role of family medicine in the creation of healthy communities.

A newschool of **accountability** is how we...  
build and support our workforce  
prioritize system-building research  
focus on wellness for colleagues and learners  
commit to decolonizing healthcare

A newschool of **action** is how we...  
centre family medicine at the heart of health  
bring leadership to tackling inequities  
build relationships that empower teams  
excel in education for a virtual world

A newschool of **inclusion** is how we...  
champion safe and supportive environments for all  
collaborate with communities to improve access and attachment  
connect our people to learn, share and grow  
build capacity for the global community

We’re ready to champion new ideas and approaches for the wellbeing of our communities and the training of future practitioners. A newschool of thought will get us there.
Developing the plan

Through this active engagement we reached approximately 500 people representing faculty, staff, learners, patients, partners, and more.

Key inputs:

- What’s at Stake document: outlines major issues facing primary care.
- Leadership circles: Internal Leadership Circle (e.g. DFCM leadership, staff, all sites); External Leadership Circle (experts in the field); Lived Experience Leadership Circle (patients and community members); Indigenous Leadership Circle (DFCM faculty who identify as Indigenous).
- Department-wide survey
- 12 DFCM workshops, each focused on a specific topic

Plan themes

Community: the expansive network of people we serve and want to serve.

Relationships: focusing on connection and collaboration.

Leadership: bringing our scholarly and academic skills to the task of improving health systems, locally and internationally.

Our newschool choices:

- We are choosing team-based care and exploring ways to incorporate more interprofessionalism into primary care delivery.

- We are choosing to address power dynamics and inequities by elevating the role of community in all aspects of the department’s work. This involves deeper and broader engagement with patients and families as well as more inclusion of learners and community partnerships.

- We are choosing to embrace and foster the technologies that enhance the patient-provider experience and facilitate more equitable care delivery.

- We are choosing to train learners and faculty who are not only clinical experts, but reflective and socially conscious so that they may deliver the best possible care for any person they encounter and sustain their own wellbeing throughout the most challenging days on the job.

- We are choosing to build our own internal community by creating a network for our department to collaborate, coordinate and connect in order to learn from each other’s successes.
and challenges, find opportunities to work across sites and focus areas, and be part of the vibrant community within the DFCM.

VISION
Outstanding primary care for all, powered by world-leading research, education, and innovation.

MISSION
We deliver the world’s best education for family doctors and propel knowledge, systems and teams to help people and communities thrive.

Supporting Quotes

“Primary health care is where the battle for human health is won and lost.”
– WHO Director-General’s address to the World Health Assembly (2019)

Community

“It’s not about EDI which is very corporate – it’s about justice. When we have a better understanding of the pieces and practices within us that are unjust, we will be better able to serve our communities.”
– DFCM Faculty Member

“[Is DFCM] serving the populations with the greatest, most complicated needs? Those who are historically underserved? We need to be more transparent about how we ask and answer those questions.”
– External Leadership Circle Member

“If we can create graduates who are willing to do that work [to determine and meet the needs of the communities they serve], and actually do, that would be the measure of a high-performing department to me.”
– External Leadership Circle Member

Relationships

“We need to treat cultural safety like any other kind of expertise and value it the same way.”
– Indigenous Leadership Circle Member

“Don’t ask ‘What’s the matter with you?’ ask ‘What matters to you?’”
– Lived Experience Leadership Circle Member

“Relationships are messy and can be difficult and hard… Our trainees will need a greater depth of training in relationship navigation.”
– External Leadership Circle Member (approved)
“The quality of your listening determines the quality of their speaking.”
– Frankie Abralind, New Horizons Speaker

Leadership

“There is a huge, untapped network of community-based physicians who could be empowered to lead, and are ready to create quick change in their communities, but they are maybe less interested in traditional leadership hierarchies and academia.”
– Member of the Internal Leadership Circle

“If we are to be healers as well as technicians, we have at some point to set aside our maps and walk hand-in-hand with our patients through the territory.”
– Ian R. McWhinney

“If I could choose to live in any time in history, I would choose tomorrow”
- Dr. Sandro Galea, New Horizons Speaker

Frequently Asked Questions

1. Why have a Strategic Plan?
   DFCM’s strategic plan is renewed every five years. The plan establishes important priorities for the department, which will then shape operational decisions related to staffing, budgets, new initiatives and policies.

2. How can people get involved:
   There are lots of ways to contribute to the next phase of this vital work:
   a. Stay connected. If you aren’t already receiving our Department newsletter, check them out here: https://dfcm.utoronto.ca/dfcm-newsletter and subscribe for the latest updates.
   b. Stay involved. Let us know the areas of the plan that you’re most passionate about. Send your thoughts to dfcm.chairsoffice@utoronto.ca