



Fidani Chair in Improvement and Innovation

2024-2025 Impact Report



Fidani Chair in Improvement and Innovation



This past year has been a special one for me. In 2024-25, I had the privilege of taking a sabbatical – taking a break from my clinic and university responsibilities and focusing on my professional growth and research. This gift of time allowed me to simultaneously grow the impact of my work and explore new horizons.

Much of my time between 2022 and 2024 was spent leading OurCare, the largest engagement of patients and the public on primary care ever conducted in Canada. In February 2024, we published our final report, summarizing the results of our engagement with nearly 10,000 people over 16 months. The report introduced the “OurCare Standard”, six statements that distill all we heard in our engagements and that describe what every person in Canada should expect from the primary care system. Our goal was to make that patient and public-created vision a reality across the country, starting with having governments adopt the OurCare Standard as the North Star.

In June 2025, a momentous step was taken in that direction. Ontario became the first jurisdiction to pass a law that codifies governments’ responsibility for delivering high quality primary care to patients. The new Primary Care Act 2025 was based on the OurCare Standard. It specifies six objectives for the primary care system and these six objectives match the OurCare Standard concept for concept. It’s a remarkable achievement for the people in Ontario and our hope is that other jurisdictions will soon follow Ontario’s lead.

At the same time as we were advocating for the OurCare Standard to become reality in Canada, I had the privilege of travelling internationally to understand how other countries have achieved systems with strong primary care. I visited colleagues in Denmark, the Netherlands and Spain and brought lessons back that I am now sharing with colleagues and health leaders here in Canada. My visits have reinforced for me that there are solutions to our primary care problems, we just need to learn from what is working and have the courage to think—and act—differently.

Thinking and acting differently is what we continue to do in our Department of Family and Community Medicine (DFCM) at the University of Toronto. I am grateful to my colleague, Dr. Noah Ivers, who took on the Vice-Chair role in my absence and to Dr. Noor Ramji who also took on more responsibilities while I was away. As you can see from the contents of this report, our Quality Improvement leaders continue to be active in leading the way in many exciting areas—improving efficiency in the clinic setting, improving patient experience, offering innovative professional development, teaching locally and internationally and working hand-in-hand with patients in everything we do.

I continue to be immensely grateful to the FDC Foundation for their generous donation that makes my work—and the work of our Quality and Innovation program—possible.

Thank you also to our wonderful leadership team, including our Practice Improvement Program Director, Noor Ramji; Quality Improvement Education Lead, Margarita Lam-Antoniades; Continuing Professional Development Program Director, Eleanor Colledge; Program Manager, Denis Tsang (covering for Erin Plenert); Research Officer, Vanesa Berenstein (covering for Kirsten Eldridge); Administrative officer, Marisa Schwartz; and Patient & Family Engagement Specialist Dana Arafeh. Special congratulations to Dana Arafeh whose contributions were acknowledged with the 2025 DFCM Staff Excellence in Quality and Innovation Award.

It is our privilege to lead the way in building a better primary care system in and around Toronto—and across the country and around the world.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tara Kiran', written in a cursive style.

Tara Kiran

Fidani Chair in Improvement and Innovation and Vice-Chair, Quality and Innovation,
Department of Family and Community Medicine,
Temerty Faculty of Medicine,
University of Toronto

Highlights from 2024-2025

The Quality & Innovation (QI) Program of the Department of Family and Community Medicine is proud to highlight our achievements throughout 2024-2025. Our accomplishments will be presented within the themes of leadership, relationships, and community, which are the three pillars of the 2022-2027 Department of Family and Community Medicine Strategic Plan.

We extend our heartfelt gratitude to the FDC Foundation for their generous support, which has been instrumental in advancing many of our initiatives. In addition to supporting Dr. Kiran's time and much of our core work, the funds have also contributed to supporting the work of our summer students and providing a number of scholarships to our faculty to enable growing their capacity through the completion of either the [Centre for Quality Improvement and Patient Safety \(CQuIPS\) Certificate Course](#) or the [Excellence in Quality Improvement Certificate Program \(EQUIP\)](#).

2024-2025 CQuIPS Recipients

1. Dr. Anne Holland, Unity Health Toronto

Dr. Anna Holland led a quality improvement (QI) initiative at the St. Joseph's Health Centre Urban Family Health Team to address lower colorectal cancer (CRC) screening rates among patients with Alcohol Use Disorder (AUD), a group at elevated risk for CRC. Through a nurse-led outreach using standardized scripts and EMR tools, the initiative engaged 46% of targeted patients, with additional patients either pending results, unreachable, or declining. Early findings suggest that targeted, structured outreach can effectively initiate CRC screening in marginalized populations. This project highlights Dr. Holland's growing leadership and QI skills, demonstrating her ability to identify care gaps, design data-informed interventions, and lead interdisciplinary teams to improve equity in preventive care.

2. Dr. Annie (Dan Ni) Wang, Sunnybrook Academic Family Health Team

Dr. Annie Wang's QI project, *Improving Access and Timeliness to Skin Cancer Diagnosis in North Toronto Primary Care*, aims to reduce skin biopsy wait times from 8 weeks to 6 weeks. This target aligns more closely with Cancer Care Ontario's recommendation of 14–28 days for suspicious skin lesions. The project leverages SCOPE infrastructure to create a centralized referral pathway to Sunnybrook's Connect Clinic for faster access to biopsies. Key outcome measures include time from lesion detection to biopsy and the percentage of patients biopsied within 6 weeks. This work highlights Dr. Wang's leadership and growing QI skills in addressing system gaps and improving cancer care access.

Additionally, these funds have also enabled the vital roles of **Drs. Erica Li and Debbie Elman** as Patient Experience co-Leads, **Dr. Adam Cadotte** as the QI Data Science Lead, and **Ms. Dana Arafeh** as the Patient & Family Engagement Specialist. These leadership roles have enabled us to advance patient partnership in our department and improve patient experience at our academic sites and beyond – becoming leaders in these two domains nationally and internationally. These contributions have been invaluable in fostering our mission to enhance patient care and quality improvement.

Leadership

1. OurCare

In February 2024, Dr. Tara Kiran and the OurCare team released their final report summarizing 16 months of consultations with patients and the public across Canada. Over that time, they engaged nearly 10,000 people who collectively spent nearly 10,000 hours sharing their experiences of care and what they wanted to see in a better primary care system. The engagements were done in three phases. The first phase was a national survey in the fall of 2022. The second phase was a series of five provincial priority panels that each brought together about 35 randomly selected residents for 30-40 hours to learn and make recommendations. The third phase was a series of 10 community roundtables to understand the unique needs of marginalized communities, held in partnership with community organizations. The OurCare final report summarized the findings from all three phases of engagement and introduced the “OurCare Standard”: six simple statements that describe what every person in Canada should expect from the primary care system.

Over the last year, Dr. Kiran and colleagues have been working hard to share the findings of the OurCare engagements and recommendations across the country—through dialogues with politicians and senior civil servants, presentations to professional organizations, clinical leaders and primary care professionals, media coverage, academic publications and more. Dr. Kiran gave the keynote address at several healthcare conferences in Ontario, Manitoba and Alberta. In January 2025, the OurCare team released a seven-minute public education video describing the primary care crisis in Canada and the solutions put forth by participants in OurCare.

Notably, the OurCare Standard was the basis for Ontario’s new Primary Care Act. When Ontario enacted the Primary Care Act on June 5, 2025, it became the first province to legally enshrine the six patient-centred objectives in the design, implementation, and maintenance of the publicly funded primary care system within Ontario. The alignment between the OurCare Standard and the Act marks a historic shift in health policy, embedding public values and evidence-based recommendations at the heart of system transformation. The influence of OurCare demonstrates how broad and inclusive public engagement can drive legislative change and set a national benchmark for patient-centred primary care reform.

More information about OurCare can be found here: <https://www.ourcare.ca/>

The OurCare Standard	Ontario's Primary Care Act
1. Everyone has a relationship with a primary care clinician who works with other health professionals in a publicly funded team.	1. Province-wide: Every person across the province should have the opportunity to have ongoing access to a primary care clinician or team.
2. Everyone receives ongoing care from their primary care team and can access them in a timely way.	2. Convenient: Every person should have access to timely primary care.
3. Everyone's primary care team is connected to community and social services that together support their physical, mental and social well-being.	3. Connected: Every person should have the opportunity to receive primary care that is coordinated with existing health and social services.
4. Everyone can access their health record online and share it with their clinicians.	4. Empowered: Every person should have the opportunity to access their personal health information through a digitally integrated system that connects patients and clinicians in the circle of care.
5. Everyone receives culturally safe care that meets their needs from clinicians that represent the diversity of the communities they serve.	5. Inclusive: Every person should have the opportunity to receive primary care that is free from barriers and free from discrimination.
6. Everyone receives care from a primary care system that is accountable to the communities it serves.	6. Responsive: The primary care system should respond to the needs of the communities it serves and everyone should have access to information about how the system is performing and adapting.

Comparison of the OurCare Standard and Ontario's Primary Care Act, highlighting shared priorities such as timely access, coordinated care, cultural safety, and system accountability.

Looking ahead: Dr. Kiran and the OurCare team launched a new national survey in April 2025 to understand how people's experiences of care measure up to the OurCare Standard. In partnership with the Canadian Medical Association, the new survey will provide comprehensive data about access and experiences with primary care in every province and territory. In April 2025, Dr. Kiran also launched her own podcast, [Primary Focus](#), that tells stories that demonstrate how we can implement the OurCare Standard in Canada.

2. Learning from International Examples

In 2024-25, Dr. Kiran made visits to three European countries with high-performing primary care systems: Denmark, The Netherlands, and Spain. These short trips were packed with visits to local clinics, university research departments, teaching sites, after-hours centres, information technology hubs, and more. During her travels, Dr. Kiran shared her insights through LinkedIn posts and opinion pieces in a national medical news magazine, the Medical Post. Insights from the visits soon gained traction and were featured in various media including a column by the Globe and Mail's renowned health columnist Andre Picard and on CTV's The Social. Dr. Kiran also collaborated with CBC's White Coat Black Art to contribute to two episodes, one on Denmark and the other on the Netherlands.



Dr. Kiran visits CAP Vilafranca, a health centre located in the rural outskirts of Barcelona.



Dr. Kirean visits a GP practice in Nijmegen in the Netherlands, hosted by Dr. Tim Olde Hartman and Dr. Suzanne Ligthart.

Looking ahead: In April 2025, Dr. Kiran launched her own podcast, [Primary Focus](#), that tells stories from innovative clinics and health systems in Canada and around the world to help us raise our imagination about the kind of primary care system that is possible and how the OurCare Standard can be realized in Canada.

3. Leading in Practice Improvement

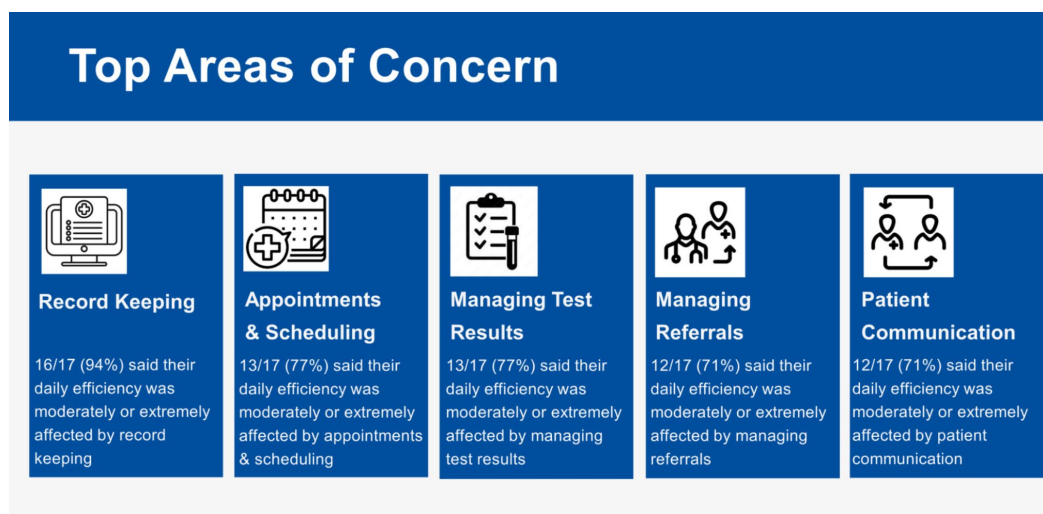
Under the leadership of Dr. Noor Ramji, our department continues to demonstrate excellence in providing high-quality, accessible primary care at all of our 15 family practice teaching sites. Over the last couple of years, our specific focus has been to improve practice efficiency at our sites as a route to improving timely access for existing patients, growing capacity to take on new patients, and supporting physicians to feel more joy at work.

In 2025, we conducted evidence scans and DFCM-wide discussions on high-impact changes to streamline record keeping, appointment scheduling, and test result management. We explored innovative

solutions such as AI scribes and online appointment booking pathways, promoting cross-learning to support implementation at local sites.

Our teams seek to improve access for everyone, while at the same time recognize that we need to take an equity-oriented approach to our improvement work to ensure those most in need are able to access and benefit from primary care. Relatedly, we are working with sites to optimize collection of sociodemographic data. Dr. Archna Gupta and Dr. Noor Ramji are co-leading a Community of Practice on Health Equity Data Collection to support this work across all of our 15 sites.

We also continue to support capacity building and leadership development for the Quality Improvement Program Directors at each of our sites. This year, we supported knowledge exchange and capacity building by offering a learning subscription to the sessions and Masterclasses offered by the Centre for Quality Improvement and Patient Safety ([CQUIPS](#)). We will be working with CQUIPS to develop a primary focus masterclass in 2025-26.



Top operational challenges impacting daily efficiency among family physicians in primary care.

Looking ahead: We are building a collaboration with a research team in Quebec that has developed tools to support practices to improve timely access. As a first step, we have supported two of our teaching sites to apply for the [Health Excellence Canada - Primary Care Access Initiative](#) Grant to get access to practice coaching and timely data that can support improvement work in this area.

4. Leading in Continuous Professional Development

Under the leadership of Dr. Eleanor Colledge, our department continues to offer innovative programming to support the professional development needs of family physicians at the University of Toronto and beyond. This year, a major focus was the development of a new professional development offering for early career family physicians: a First Five Years Community of Practice.

Research from the Department of Family and Community Medicine and other physician-focused organizations has shown that many early-career family physicians find it challenging to establish and maintain a comprehensive practice. Common concerns cited include feeling unprepared to balance clinical care with practice management responsibilities. Increasing administrative demands—such as

billing, paperwork, and human resources—are also often described as disincentives to working in community-based practice.

To better support new graduates, Dr. Colledge and Dr. Ryan Banach launched the *First Five Years Community of Practice*—a new initiative for early career family physicians.

This program was designed to provide the opportunity for early career physicians to attend a low-barrier accredited professional development session where they could learn practical strategies for early-career success. From September 2024 to June 2025, we hosted a monthly evening webinar series tailored for new University of Toronto graduates, faculty, and Toronto-based family physicians in their first five years of practice. Designed to address the unique challenges of early-career physicians, each session delivers highly practical content and fosters interactive learning, allowing participants to engage directly with expert speakers and peers.

Throughout the first 10 months, this community hosted nine sessions with close to 400 unique participants. Topics included broad areas of professional development from practice management tips through EMR optimization and efficient use of referral pathways to financial planning to developing sustainable work habits. Feedback has been very positive with post-session evaluations consistently indicating increased confidence in managing practice-related challenges. This initiative plays a vital role in equipping early-career family physicians with the knowledge, confidence, and connections needed to thrive as they launch their careers.

Participant Testimonials:

“Hearing about roster sizes, weekly clinical schedules, balancing after hours care/outside use, and inbox management has been so helpful.”

“I greatly enjoyed the real-life advice from experienced colleagues.”

“I appreciate the first-hand detailed anecdotes about what my peers are doing.”

First Five Years
Community of
Practice

Jan 8, 2025

Speakers:
Mr. John Stocking
Mr. Jarrett Holmes
Mr. Jesse Francis

Moderators:
Dr. Ryan Banach
Dr. Eleanor Colledge

Prescription for Prosperity:
Accounting and Financial Planning for
Early-Career Physicians

Family & Community Medicine
UNIVERSITY OF TORONTO

First Five Years
Community of
Practice

Nov 13, 2024

Speaker:
Dr. Ali Damji

Moderators:
Dr. Ryan Banach
Dr. Eleanor Colledge

AI Scribes – are they worth it?
Tips for tackling the inbox with Dr. Ali Damji

More information about this community of practice is available here:

<https://dfcm.utoronto.ca/first-five-years-community-practice>

Looking Ahead: Our team is gathering feedback to improve these sessions and exploring partnership opportunities to ensure sustainability and broaden impact. Planning is underway for the next series, starting in September 2025.

Relationships

1. Patient Engagement

In 2025, the Department of Family and Community Medicine (DFCM) continued to expand its patient engagement efforts, with the Patient and Family Advisory Committee (PFA Committee) entering its third year. More than 64 patient partners are now embedded across education, research, and quality improvement activities.

Committee members played a central role in shaping our patient experience survey strategy, reviewing [site-specific videos and infographics](#) and supporting efforts to share results with patients. They also collaborated with faculty to co-design a new social accountability rotation for residents and participated in executive meetings, contributing to department-wide conversations on key issues impacting primary care.

Outside the Committee, patient partners contributed to work across the department, including participating in the hiring of new departmental chairs, serving on the Physician Assistant Program Selection Committee, and providing input on the Digital Health Committee, mental health competency renewal, AI scribe integration, and survey question design. Their voices helped shape major initiatives and decisions affecting patient care, education, and system innovation.

At the 2025 DFCM Conference, patient partners co-led a workshop for faculty and residents on how to engage patients meaningfully, offering tips on inclusion, power-sharing, and building engagement capacity. A patient-led poster highlighted collaborative work to increase awareness of the role of resident doctors in clinical care. To further support meaningful engagement, we also developed a budgeting tool to help faculty plan and allocate resources for patient engagement initiatives, alongside an intake form with question prompts designed to guide thoughtful planning for future projects.



Poster presentation co-led by patient partners at the North American Primary Care Research Group (NAPCRG) Conference 2024 in Québec City.



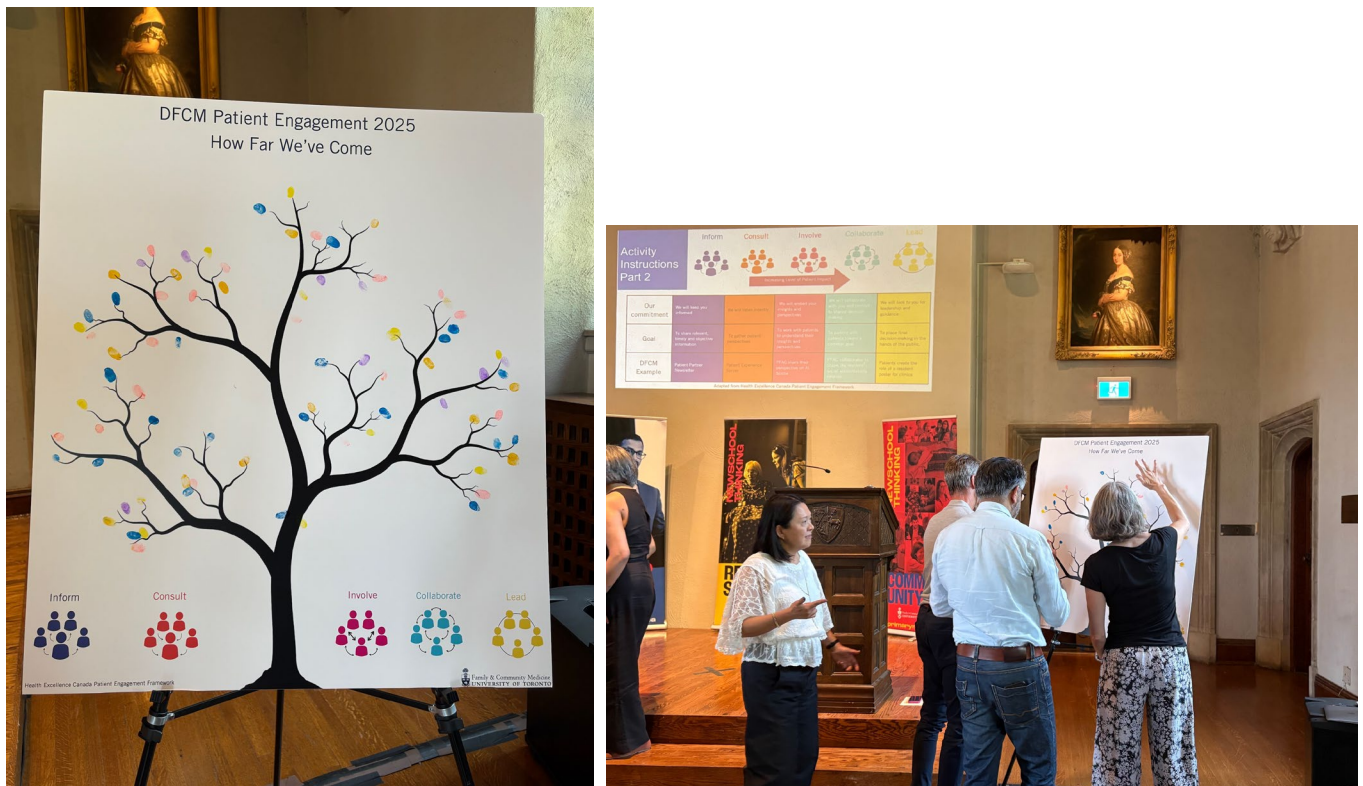
Patient partners attending the DFCM Executive Committee Meeting at the University of Toronto.

DFCM shared its approach to patient engagement at several local, national, and international conferences and continued to contribute to national communities of practice such as the National Health Engagement Network (NHEN) and the Patient Engagement in Medical Education Network.

Evaluation data have shown that 86% of patient partners felt supported, 76% agreed their contributions were recognized, and faculty reported that patient input improved equity and strengthened decision-making across initiatives. Across all these activities, the impact has been clear: stronger partnerships with patients, deeper integration of patient perspectives in core departmental work, and enhanced support for faculty, learners, and staff so they can meaningfully engage with the communities they serve. Together, we are creating a culture where patients are not only at the center of care but also at the table—actively shaping the future of family medicine.

More information about patient engagement can be found here:

<https://dfcm.utoronto.ca/patient-partners-dfcm>



Patient partners creating the “Tree of Engagement” with their fingerprints at the DFCM Executive Committee Meeting.

Looking ahead: The department will focus on building a community of practice to strengthen engagement in primary care teaching clinics, creating a pathway for Committee alumni involvement, and continuing to share our patient engagement approach and lessons learned through academic scholarship and external partnerships.

2. Improving Patient Experience

Drs. Debbie Elman and Erica Li continue to lead our cross-site patient experience survey in their shared role as QI Patient Experience Measurement Co-Leads. Centralizing this effort has continued to reduce the time local teams spend collecting data and allows them to prioritize improving the experience of care for patients.

Since the launch of our department-wide patient experience survey in 2020, 12 iterations of the survey have been circulated to thousands of registered patients at each teaching site. The survey continues to include the recently-adopted [Person-Centered Primary Care Measure](#) (PCPCM), a validated patient-reported outcome tool that captures a comprehensive view of primary care quality from the patient's perspective. By assessing unique domains such as the patient-physician relationship and alignment of care with patient goals, the PCPCM ensures that the patient's voice is central to quality improvement. This year, we introduced two additional questions to gain a clearer understanding of whether patients who self-identify as having a disability experience barriers when accessing care at our teaching clinics. Furthermore, we continued to broaden our selection of patient-facing materials and provide site-specific infographics summarizing the results of the latest survey.

This year, we received funding from Ontario Health to support the evaluation of new primary care teams in Ontario that are outside our department. As part of that broader work, we supported four new teams to participate in our patient experience survey.

More information about the patient experience survey can be found here:

<https://dfcm.utoronto.ca/measuring-and-improving-patient-experience>

PATIENT EXPERIENCE SURVEY

What: A survey to collect patient feedback from all 14 University of Toronto family medicine teaching clinics.

When: Distributed and analyzed twice a year since June 2020.

Why: To learn what works for patients, what doesn't work, and where we can improve. This survey is vital in helping us make advancements across all our sites, and the latest results show a positive impact.

14,507 total patients completed the latest survey

WHERE WE IMPROVED

Survey 8—Summer 2023
Is compared with Summer 2022

Phone wait times and bookings

45% of respondents reported a 0- to 2-minute wait, compared to 36% last year

69% of respondents reported an excellent or very good booking experience, compared to 64% last year

Access to urgent care

62% of respondents were able to access same-day or next-day urgent care, compared to 55% last year

55% said it was easy to access urgent care after hours and on holidays, compared to 45% last year

Thanks to our Summer 2023 respondents, DFCM received an impressive score of **3.35 on the Person-Centered Primary Care Measure** which assesses several aspects of primary care, including accessibility, advocacy, goal-oriented care, and prevention management.

Thank you for sharing your feedback!

If you have noticed any differences or have any ideas, please share with our clinic staff. To learn more about the Patient Experience Survey, visit dfcm.utoronto.ca/share-beam

PATIENT EXPERIENCE SURVEY

12,658 total patients completed the latest survey

The survey is distributed and analyzed twice a year. We look at the results over time to see what changes we need to make to give better care.

WHAT WE LEARNED

68% respondents know how a resident doctor differs from a family doctor compared to 65% in the last survey

This question helped us understand the usefulness of the resources shared to explain the role

33% of patients reported needing urgent care compared with 16% in 2020

However, same day/next day access to urgent care has **remained stable**

PATIENT-CENTERED CARE OUTCOMES

75% of patients always felt involved in **decision making** about their care and treatment

69% of patients said that their doctor or nurse practitioner **spent enough time** with them

63% of patients said they are **very satisfied** with their care

Looking Ahead: Our patient experience survey has grown since 2020 and we will be updating our data collection and analytic methods to ensure the processes are efficient for our teams. We also anticipate supporting more community-based teams to conduct patient experience surveys.

3. Peers for Joy in Work

Following the COVID-19 pandemic, there have been numerous reports of physician wellness issues, including a high rate of burnout, anxiety, depressive symptoms, and moral distress. The long hours, intense pressure, and emotional toll of patient care have worsened physicians' pre-existing worries about burnout, mental health, career satisfaction, and financial hardship. In an effort to promote faculty and physician wellness, our team - led by **Dr. Tara Kiran**, **Dr. Noah Ivers**, and **Dr. Navsheer Gill** and in collaboration with Women's College Hospital and [Certified Professional Coach Dr. Sarah Smith](#) - developed the Peers for Joy in Work program.

This program aimed to help physicians reclaim what they love about family medicine through one-on-one support with a family physician that has been trained as a Peer Guide for Joy in Work. Our team invited all DFCM faculty members to become trained Peer Guides—family physicians equipped with the tools and expertise to assist other physicians in regaining control of their daily lives and rediscovering joy in their work.

Evaluation of the inaugural cohort from September 2023 to June 2024 demonstrated that both Peer Learners and Peer Guides reported a significant increase in their likelihood to recommend family medicine as a career, with Peer Learners' scores rising from 5.5 to 7.0 (P=0.004) and Peer Guides' scores increasing from 6.44 to 7.50 (P=0.003) over 19 weeks. In addition, Peer Learners experienced validation, increased motivation, and improved joy at work, along with new strategies for managing work-life balance. Peer Guides developed valuable coaching skills that they could apply to support colleagues in their own practice environments. Building on the success of the inaugural cohort, this program was expanded in Fall 2024 to Winter 2025, matching 47 Peer Learners with 22 Peer Guides. The Peer Guides facilitated three 30-minute peer coaching sessions with each Peer Learner. The sessions focused on helping family physicians regain control over their work life by sharing practical strategies to manage daily clinical challenges and foster joy in primary care practice. Both Peer Guides and Peer Learners earned Mainpro credits for their participation in this professional development initiative.

The following testimonials illustrate how these sessions have benefited family physicians:

"In general, the program was a very positive experience and I really enjoyed it. I thought it was helpful. It happened to come at a time when I was already thinking of making changes to my practice after feeling burnt out through the pandemic. The program helped me reinforce the things that I was doing and felt validated that I was on the right path. It reminded me that I wasn't the only one experiencing this. I felt like I was taking time away from my patients for myself, and there was a little bit of a sense of guilt or sense of selfishness, but I think the program just helped me reinforce the balance that I needed, and I thought that was helpful." - Peer Learner

"Peers for Joy in Work has been a ray of light during such challenging times for our patients, and for our profession. Being able to share, work with, and be coached by a colleague who is in the trenches with you is incredibly beneficial for everyone involved and keeps me at my best so I can continue to grow and best serve my patients and thrive in my practice!" - Peer Guide

More information about Peers for Joy in Work can be found here: <https://dfcm.utoronto.ca/peersforjoy>

Looking Ahead: An evaluation of the program is currently in progress to assess the impact of the second session on both Peer Guides and Peer Learners. The findings will help identify which elements of the program may be most effective to scale and adapt for virtual delivery, enabling broader participation from physicians beyond the Greater Toronto Area.

Community

1. Community of Practice

Since its inception over five years ago, the COVID-19 Community of Practice has grown into a vibrant and indispensable resource for family physicians and renamed as [Changing the Way We Work Community of Practice](https://dfcm.utoronto.ca/changing-way-we-work-community-practice). In collaboration with the Ontario College of Family Physicians, the Community of Practice has hosted 91 sessions between April 2020 and May 2025, drawing close to 8,000 total unique attendees. This community has established itself as a cornerstone of ongoing medical education for family physicians across Ontario. Each session consistently attracts over 500 participants with more than 80% being family physicians from a wide range of practice settings, including urban, rural, general, and specialized care. This diversity not only demonstrates the broad appeal and practical relevance of the community, but also fosters a rich exchange of knowledge and experience, enhancing the educational value of every session.

The program's adaptability is a defining feature. While continuing to deliver timely updates on infectious diseases, the community has expanded its focus to address other pressing and emerging topics in primary care. Recent sessions have covered management of obesity, leveraging AI to reduce administrative burden, and practical approaches to diagnosing and supporting ADHD in clinical practice. This responsive approach ensures that content remains current and directly applicable, equipping participants with the latest knowledge and best practices to meet evolving healthcare challenges.

More information about this community of practice is available here:

<https://dfcm.utoronto.ca/changing-way-we-work-community-practice>



Changing the Way We Work Community of Practice for Ontario Family Physicians

May 23, 2025

Dr. Allison McGeer
Dr. Tara Kiran

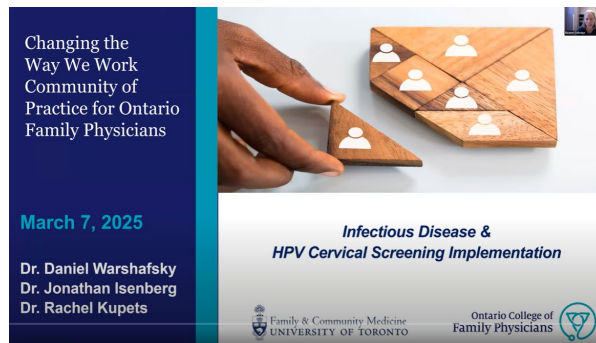
Infectious Disease and Opportunities for Improving the Way We Work

Family & Community Medicine UNIVERSITY OF TORONTO

Ontario College of Family Physicians

The poster features a central image of hands placing wooden puzzle pieces with white human icons into a larger wooden shape. Logos for the University of Toronto and the Ontario College of Family Physicians are at the bottom.

Session delivered in May 2025 by Dr. Allison McGeer and Dr. Tara Kiran.



Changing the Way We Work Community of Practice for Ontario Family Physicians

March 7, 2025

Dr. Daniel Warshafsky
Dr. Jonathan Isenberg
Dr. Rachel Kupets

Infectious Disease & HPV Cervical Screening Implementation

Family & Community Medicine UNIVERSITY OF TORONTO

Ontario College of Family Physicians

The poster features a central image of hands placing wooden puzzle pieces with white human icons into a larger wooden shape. Logos for the University of Toronto and the Ontario College of Family Physicians are at the bottom.

Session delivered in May 2025 with a focus on the new HPV Cervical Cancer Screening Implementation.

Looking Ahead: Future topic planning and program design will be informed by participant feedback to support the continued growth of this dynamic community. Building on the success of the two existing Communities of Practice, we are also exploring the development of an additional Continuing Professional Development (CPD) program focused on enhancing practice efficiency.

2. Educational Series

In the 2024-2025 academic year we implemented a new curriculum in patient safety, driven by our QI Education Lead, Dr. Margarita Lam-Antoniades. This incorporates small group patient safety incident discussions for our residents across all 15 academic teaching sites. Dr. Lam-Antoniades and team were honoured with the 2024 Cynthia Whitehead Award for Peer-Reviewed Education Scholarship Dissemination for [related research](#) that has helped advance patient safety education in Canada.

In addition to the three complimentary QI self-learning e-modules for primary care physicians, family medicine faculty & teachers, and family medicine residents and learners, two toolboxes were developed to support primary care education and practice. The Patient Safety Education Toolbox provides practical tools and structured methods for discussing and analyzing patient safety incidents, including a fillable resident discussion guide and facilitation tips. The Environmental Sustainability and QI Toolbox offers resources to incorporate environmental sustainability into quality improvement initiatives, featuring toolkits and examples aligned with six domains of healthcare quality. We have also established a Resident QI Project Repository to provide current residents and faculty with access to a database of previous years' quality improvement projects. This resource serves as a valuable reference to support the development of new QI projects.



More information about the three QI e-modules is available here: <https://dfcm.utoronto.ca/qi-courses>

Looking Ahead: Building on the success of this year's curricular innovations, we plan to deepen resident engagement in patient safety and sustainability by expanding the integration of real-world quality improvement initiatives into academic learning. We plan to pilot educational approaches for the use of personal practice data to stimulate self-reflection, identify opportunities for improvement, and enhance quality of patient care.

3. International Partnerships

The DFCM Q&I program continues to foster a meaningful partnership with the Kwame Nkrumah University of Science and Technology in Ghana as part of the Africa Health Collaborative, supported by the Mastercard Foundation. The Africa Health Collaborative fosters a transformative approach to building Africa's primary care capacity, advancing local priorities, and working towards creating sustainable health sector employment. In May and July of 2025, Quality Program Committee representatives travelled to Ghana to co-deliver the third iteration of the Healthcare Quality Improvement course. Designed for clinicians and health administrators from selected healthcare facilities, the course offers practical, interdisciplinary training aimed at building capacity in Quality Improvement, with a focus on primary health care. Our second cohort successfully completed their projects in the spring of 2025, appreciating the teaching, mentorship and insights gleaned. DFCM faculty who have participated have commented how

the experience has reignited passion and joy for their own work in improving primary care here in Canada.



The 2025-2026 QI course cohort.

The DFCM's online quality improvement modules continue to be used by the Aga Khan University in Nairobi, Kenya. The Centre for Global Child Health, based out of Sick Kids, is working on an adaptation for our DFCM online Quality Improvement curriculum for use in teaching QI for pediatricians and pediatrics residents in Barbados. This is a reflection of our curriculum's ongoing strength and relevance, not just in Canada but globally.

Looking Ahead: The DFCM partnership with Ghana will continue for a minimum of five years as part of the Mastercard Foundation Africa Health Collaborative.



2025-2026 QI course faculty and participants.

Academic Site Achievements

Our program's excellence stems from the great leadership of our QI Directors throughout our 15 teaching sites.

1. Southlake Academic Family Health Team



Dr. Alis Xu

This year, we improved access by enhancing online booking, increased physician usage of secure email communications, and updated our urgent care booking criteria to reduce inappropriate bookings. We implemented a Health Equity Questionnaire to better connect patients with resources such as social work. We continued our project on primary care integration of heart failure by collaboration with the Southlake heart function clinic. Collaborating with the Weight Management clinic, we started a project aiming to improve cancer screening rates in patients with obesity. Excitingly, we implemented a tracking system for forms to ensure timely and organized completion.

2. Toronto Western Family Health Team



Dr. David Kepecs

The Toronto Western Family Health Team's Quality Improvement Committee strategically focused on Strategic Plan priorities this past year, including projects to improve access, reduce administrative burden, promote health equity, enhance patient experience, and optimize safety.

Moving forward, we will provide comprehensive training in quality improvement project design and implementation for all clinical team members (physicians, nurses, and



Dr. Nitai Gelber

administrative staff). This initiative aims to increase engagement and enhance the quality and scope of our work.

3. Scarborough Family Medicine Teaching Unit



Dr. Susanna Fung

This year, our quality improvement program focused on implementing breast cancer screening for women between ages 40-49 as per the new guidelines. We used reminders to improve screening and distributed a helpful infographic created by our residents. Early results demonstrate improved screening rates. We presented the patient safety incident analysis form as a potential QI tool for preceptors to use with residents during their family medicine clinics if any safety incidents occur.



Dr. Preeni Rathuge

4. Royal Victoria Hospital - Family Medicine Teaching Unit, Barrie



Dr. Lynda Ekeh

Our multidisciplinary Patient Safety Committee analyzed the safety issues surrounding the communication of urgent and abnormal results which led to a new standardized workflow. Some of our residents were involved in a QI initiative sponsored by the BAOHT that focused on opportunistic screening for COPD in patients with respiratory symptoms or smoking history. Other residents attempted to improve rates of AAA screening in their patients and others attempted to address climate change by switching patients from MDI to DPI inhalers. Our REQIP (Research, Education and QI

Program) committee continues to support QI initiatives within our medical community.



Dr. Laura Fruchter

5. Sunnybrook Hospital Academic Family Health Team



Dr. Debbie Elman

The Sunnybrook Academic FHT Quality Improvement team continues to focus on equity and phone wait times. We have automated distribution of the equity survey and are analyzing the data to determine next steps. We are implementing online booking, which has proven challenging in a teaching setting. With IT creativity we have a partial solution to this problem and are currently in a pilot phase. We implemented mandatory PFAC involvement in resident QI projects and ran focus groups to assess the intervention. The results were presented at the DFCM conference, and we'll be using what we learned to implement changes for the coming year.

6. Women's College Academic Family Health Team



Dr. Susie Kim

This year, in addition to continuing to improve Patient Advisor integration, communications and access, we focused on improving screening and lifestyle management through the Better Program and Nurse Practitioner-run pap clinics. We on-boarded nearly all our physicians onto Online Appointment Booking (OAB). Addressing our phone lines was a priority identified by our patients. OAB, using kiosks and other strategies, has improved wait times and access. We hope to implement AI Scribe for all our providers this year and look forward to the reduced administrative burden.

7. North York Family Health Team, Toronto



Dr. Tiffany Florindo



Dr. Michael Taglione



Dr. Jen Stunburg

We have grown our partnership with the local OHT's Primary Care Network beyond our initial AI scribe project to continue delivering diverse digital solutions via quality improvement initiatives to our primary care physicians, with the aim of reducing family physician burnout. We also successfully implemented the new patient safety curriculum with our residents this year and supported them as they developed and executed quality improvement projects at their home clinics. Our monthly Do It Better Rounds continue to receive positive feedback and we are now working together with our colleagues to incorporate discussions around practical digital solutions during faculty rounds.

8. Mount Sinai Academic Family Health Team



Dr. Sakina Walji

Our Family Health Team is advancing quality care through several initiatives. We've implemented a patient-driven EMR-integrated family history (FH) collection strategy, enabling tailored screening and management and evaluation of completion rates and staff perceptions. We are also exploring how to responsibly and sensitively collect sociodemographic data to guide both individual care and broader population insights, in collaboration with the Sociodemographic Data Community of Practice and our hospital. Staff well-being is a priority, measured using the Maslach Burnout Inventory, with multiple ongoing changes reflecting positive trends. Finally, we are exploring AI integration to enhance clinical efficiency and support sustainable, high-quality patient care.

9. Credit Valley Family Medicine Teaching Unit, Mississauga



Dr. Ali Damji

This year, our QI efforts spanned both local and global contexts. Internationally, we led capacity-building workshops in Ghana, with upcoming collaborations in Kenya and through the PRIMAFAMMED consortium of residency programs in Sub Saharan Africa. Locally, residents advanced projects to improve access for French-speaking patients, osteoarthritis care, and screening for intimate partner violence. We also implemented a new patient safety curriculum and adopted QI methods to learn from safety incidents. Notably, we've begun integrating AI tools into clinical workflows in a thoughtful, evidence-informed way. We are committed to innovation, equity, and continuous improvement in care, at home and abroad.

10. Markham Family Medicine Teaching Unit, Markham



Dr. Karuna Gupta

Markham would like to highlight work done this year to reboot the resident patient safety curriculum using significant event analysis. With the leadership and guidance of Dr. Margarita Lam-Antoniades at DFCM, Markham held a patient safety week in May after workshops were conducted for both faculty and learners earlier in the year. More than 60% of our residents and most staff were able to participate in the activity. Feedback is being gathered from this first PDSA to improve in the future. We can see there is a valuable opportunity to create a safe space for residents to talk about near misses in health care as we become more proficient in these conversations.

11. Southeast Toronto Family Health Team



Dr. Blaise Clarkson

In the last year, we have continued to focus on patient safety and quality of care with ongoing work to support incident reporting and management as well as penicillin allergy de-labelling. In consultation with our Patient Advisory Council, our team is working to translate the findings from the DFCM Patient Experience Survey and to communicate results to the team and to our patients. We are launching an initiative on social data collection to improve health equity. We continue to work on team-based cancer screening initiatives. Our team is also focusing on reducing administrative burden for physicians by focusing on areas where we can reduce messaging within the EMR.

12. St. Joseph's Health Centre/Urban Family Health Team Family Medicine Teaching Unit



Dr. Linda Weber

In 2024 we continued to work to improve access and to scale up digital solutions to enhance the patient and provider experience. We have a "new patient access working group" who work to increase our capacity to accept new patients and develop processes that prioritize accepting patients from equity deserving populations. Digitally, we have adopted an AI scribe to help with charting efficiency. We continue to spread and monitor the use of online appointment booking. We also continue to gather sociodemographic data with



Dr. Anna Holland

OCEAN. This helps us understand the characteristics of our patients and helps us monitor and mitigate any impacts they have on patient care and outcomes.

13. St. Michael's Hospital Academic Family Health Team



Dr. Noor Ramji

This year's Quality Improvement Plan at the SMH Academic Family Health Team focused on advancing equity, sustainability, and effectiveness in primary care. Highlights include increased cervical cancer screening in priority populations and expanded use of health equity surveys with community and virtual surveyors; enhanced diabetes management; expanded dietitian access for young children; targeted smoking cessation support for high-risk patients; streamlining new patient attachment from equity-deserving

populations via centralized booking and community partner outreach; introducing pharmacy-led interventions to reduce metered dose inhaler (environmental impact) prescribing and piloted nature and plant-based prescription initiatives; and continued site-based safety reviews and implemented annual emergency simulations. These efforts reflect our ongoing commitment to equity-driven, high-quality, and patient-centered care.



Dr. Caroline Ruderman

14. Summerville Family Medicine Teaching Unit



Dr. Rosy Zafar

At the Summerville Family Medicine Teaching Unit, we had many QI highlights. AI scribe has been adopted by many providers in the unit as a result of a QI project completed by a group of residents, who explored the efficiency of documentation with the use of technology. A group of residents also explored ways to incorporate CORE back into resident's practice. Utilization of the Ocean platform was evaluated for ease of referral process. Another group of residents is committed to developing a user-friendly database for elective opportunities to enhance resident satisfaction in securing electives of their choice. A protocol to deal with aggressive patients to improve perceived safety by residents is

underway, and an interesting project to improve residents' ability to describe dermatological lesions is also in progress.

15. Humber River Health



Dr. Navsheer Gill

At Humber River we have successfully launched our patient experience survey with two iterations on record. The results have reinforced the unique population we serve. The FMTU's patients are amongst the most vulnerable compared to other FMTUs with the lowest level of education, the most number of immigrants, and highest level of patients who struggle to make ends meet. This information is invaluable as we develop our program and train the next generation of family doctors to better serve a community which has suffered from a lack of equitable health care for decades. The residents have also worked on improving awareness and access to mental health resources for the community, increasing cancer screening rates as well as increasing patient recruitment.

Appendix: Select Honours, Publications, and Achievements

Select Honours

2025 DFCM Award for Outstanding Peer-Reviewed Publication – 1st place publication. Department of Family and Community Medicine, University of Toronto, Toronto, Ontario, Canada.

Awarded for “[Public experiences and perspectives of primary care in Canada: results from a cross-sectional survey](#)” CMAJ May 2024, 196 (19) E646-E656; DOI: 10.1503/cmaj.231372.

2024 DFCM Award for Outstanding Peer-Reviewed Publication – 1st place publication. Department of Family and Community Medicine, University of Toronto, Toronto, Ontario, Canada.

Awarded for “[Increasing Treatment Rates for Hepatitis C in Primary Care](#)” J Am Board Fam Med. 2023 Aug 9;36(4):591-602. doi: 10.3122/jabfm.2022.220427R1. Epub 2023 Jul 19. PMID: 37468214.

2024 DFCM Award for Outstanding Peer-Reviewed Publication - 3rd place publication. Department of Family and Community Medicine, University of Toronto, Toronto, Ontario, Canada.

Awarded for “[Breast Cancer Screening Among Females With and Without Schizophrenia](#)” JAMA Netw Open. 2023 Nov 1;6(11):e2345530. doi: 10.1001/jamanetworkopen.2023.45530. (role: co-investigator)

Select Presentations

Between May 2024 and May 2025, Dr. Kiran gave 28 presentations including the following prominent addresses:

International

Invited Speaker. Healthcare of Tomorrow Conference. Hosted by the Royal Danish Embassy. Ottawa, Ontario. Jan 21-22, 2025. Presenter: Kiran T.

Invited Speaker. OurCare: A Standard for the Future of Primary Care in Canada. Department of General Practice, Amsterdam University Medical Centre. Amsterdam, Netherlands. Dec 12, 2024. Presenter: Kiran T.

Invited Speaker. OurCare: A Standard for the Future of Primary Care in Canada. Department of Primary and Community Care, Nijmegen University. Nijmegen, Netherlands. Dec 10, 2024 Presenter: Kiran T.

Invited Speaker. OurCare: A Standard for the Future of Primary Care in Canada. Family Medicine Leadership Council (FMLC) Summer Retreat. American Board of Family Medicine. Washington, DC, USA. Aug 15 – 16, 2024. Presenter: Kiran T.

Invited Speaker. OurCare: A Standard for the Future of Primary Care in Canada. Danish Health Authority. Copenhagen, Denmark. June 4, 2024. Presenter: **Kiran T.**

National

Closing Keynote. [OurCare: Co-designing the Future of Primary Care with Patients and the Public.](#) Bridging Research and Action. The University of British Columbia (UBC Health). Virtual. May 16, 2025. Presenter. Kiran T.

Keynote. OurCare: Co-designing the future of primary care with patients and the public. Manitoba Primary Care Day. Shared Health Manitoba. Winnipeg, Manitoba. Nov 29, 2024. Presenter: Kiran T.

Co-Keynote. Insights from OurCare: patient and public priorities for primary care in Canada. Health Workforce Action Symposium. Health Workforce Canada. Montreal, Quebec. Oct 30, 2024 Presenter: Kiran T.

Keynote. Co-designing the future of primary care with patients and the public. Kick Off Keynote: building a better and more accessible primary health care system for people in Alberta. Team Primary Care Alberta Forum. Calgary, Alberta. Oct 5, 2024. Presenter: Kiran T.

Provincial/Regional

Invited Speaker. OurCare: A Patient and Public-Centred Vision for Primary Care in Canada. Ontario Primary Care Council. Virtual. May 9, 2025. Presenter. Kiran T.

Invited Keynote. OurCare: A Standard for the Future of Primary Care. ICES Research Forum 2024. Virtual. May 2, 2024. Presenter: Kiran T.

Local

Invited Keynote. OurCare: Reimagining the future of family medicine in Canada. Walter Rosser Lecture, DFCM Conference. Toronto, Ontario. May 13, 2025. Presenter: Kiran T.

Peer-Reviewed Publications as First or Senior Author

Between May 2024 and May 2025, Dr. Kiran published 15 peer-reviewed papers, including the following 5 articles where she was either first or senior author:

[OurCare: A national initiative to create a stronger, more equitable system for family doctor care in Canada](#)

Corriveau B, Denault G, Wang R, Beyer A, Daneshvarfard M, Breton M, Kovacina N, Hedden L, Mitra G, Green ME, Martin D, Brown-Shreves D, Kay J, MacLeod P, van der Linden C, **Kiran T.**

[Sociodemographic variation in use of and preferences for digital technologies among patients in primary](#)

[care: Results from the OurCare national survey](#). Can Fam Physician. 2025 May;71(5):324-336. doi: 10.46747/cfp.7105324. PMID: 40368619; PMCID: PMC12087552.

Improving Quality in Primary Care

Ansari H, Glazier RH, Schultz SE, Green ME, Premji K, Frymire E, Daneshvarfard M, Jaakkimainen L, **Kiran T**. [Family Physicians in Focused Practice in Ontario, Canada: A Population-Level Study of Trends From 1993/1994 Through 2021/2022](#). Ann Fam Med. 2025 May 27;23(3):181-190. doi: 10.1370/afm.240377. PMID: 40425467; PMCID: PMC12120165.

Martin D, Razak F, Bayoumi I, Eissa A, Green ME, Glazier RH, Grill AK, Ivers NM, Mangin D, Muggah E, Newbery S, Nnorom O, Nowak DA, Premji K, Pinto AD, Rayner J, Smylie J, **Kiran T**. [Primary care in the COVID-19 pandemic and beyond: Lessons from Ontario](#). Can Fam Physician. 2025 Jan;71(1):31-40. doi: 10.46747/cfp.710131. PMID: 39843197; PMCID: PMC11753269.

Kiran T, Devotta K, Desveaux L, Ramji N, Weyman K, Lam Antoniades M, DeRocher M, Rackal J, Ivers N. [Peer-Coaching for Family Physicians to Close the Intention-to-Action Gap](#). J Am Board Fam Med. 2024 Nov-Dec;37(6):996-1008. doi: 10.3122/jabfm.2023.230489R2. PMID: 40118552.

Ruangsomboon O, Zhong A, Kopp A, Elston B, Eldridge K, Lee S, Plenert E, Pinto AD, Glazier RH, **Kiran T**. [Changes in Primary Care Health Services During the COVID-19 Pandemic: A Longitudinal Analysis of Data From Ontario](#). Healthc Policy. 2024 Aug;19(4):42-54. doi: 10.12927/hcpol.2024.27362. PMID: 39229662; PMCID: PMC11411643.

Select Opinion Pieces

Kiran T. "Spain's primary care reforms: strengthening teams, boosting efficiency and embracing AI" Canadian Healthcare Network March 31, 2025 <https://canadianhealthcarenetwork.ca/spains-primary-care-reforms-strengthening-teams-boosting-efficiency-and-embracing-ai>

Kiran T. "Spain: using data and tech to boost primary care" Canadian Healthcare Network March 26, 2025 <https://canadianhealthcarenetwork.ca/spain-using-data-and-tech-boost-primary-care>

Kiran T. "How Spain manages 100% primary care access" Canadian Healthcare Network March 21, 2025 <https://canadianhealthcarenetwork.ca/how-spain-manages-100-primary-care-access>

Kiran T. "Dutch GPs also less likely to want to be clinic owners" Canadian Healthcare Network Jan 26, 2025 <https://canadianhealthcarenetwork.ca/dutch-gps-also-less-likely-want-be-clinic-owners>

Kiran T. "Patients in the Netherlands can't go to the ER without a GP referral" Canadian Healthcare Network Jan 24, 2025 <https://canadianhealthcarenetwork.ca/patients-netherlands-cant-go-er-without-gp-referral>

Kiran T. "Dutch GPs have their own guidelines system" Canadian Healthcare Network Jan 20, 2025 <https://canadianhealthcarenetwork.ca/dutch-gps-have-their-own-guidelines-system>

Kiran T. "How the Dutch ensure 95% of citizens have a family doctor" Canadian Healthcare Network Jan 14, 2025 <https://canadianhealthcarenetwork.ca/how-dutch-ensure-95-citizens-have-family-doctor>

Kiran T. “A typical day in a GP practice in Denmark” Canadian Healthcare Network June 18, 2024
<https://canadianhealthcarenetwork.ca/typical-day-gp-practice-denmark>

Kiran T. “How Denmark’s specialist referral system works” Canadian Healthcare Network June 14, 2024
<https://canadianhealthcarenetwork.ca/how-denmarks-specialist-referral-system-works>

Kiran T. “How Denmark handles after-hours care” Canadian Healthcare Network June 14, 2024
<https://canadianhealthcarenetwork.ca/how-denmark-handles-after-hours-care>

Kiran T. “How Denmark provides all citizens primary care access” Canadian Healthcare Network June 13, 2024
<https://canadianhealthcarenetwork.ca/how-denmark-provides-all-citizens-primary-care-access>

Select International and National Media Appearances

Personal Podcast: [Primary Focus with Dr. Tara Kiran](#) (creator and host)

May 22, 2025: “In the Netherlands: a day in a GP practice (Part 2)” May 22, 2025 *Primary Focus*
<https://podcasts.apple.com/us/podcast/in-the-netherlands-a-day-in-a-gp-practice-part-2/id1796419588?i=1000709405429>

May 15, 2025: “In the Netherlands: a day in a GP practice (Part 1)” May 15, 2025 *Primary Focus*
<https://podcasts.apple.com/us/podcast/in-the-netherlands-a-day-in-a-gp-practice-part-1/id1796419588?i=1000708565670>

May 8, 2025: “Why Primary Care Should Work Like Public Schools with Dr. Rita McCracken” May 8, 2025 *Primary Focus*
<https://podcasts.apple.com/us/podcast/why-primary-care-should-work-like-public-schools-with/id1796419588?i=1000706782101>

May 1, 2025: “Culturally Inclusive Care for Indigenous People with Dr. Mandy Buss” May 1, 2025 *Primary Focus*
<https://podcasts.apple.com/ca/podcast/culturally-inclusive-care-for-indigenous-people-with/id1796419588?i=1000705672952>

April 24, 2025: “Why millions of Canadians are still waiting for a doctor, with Dr. Danielle Martin” April 24, 2025. *Primary Focus*
<https://podcasts.apple.com/ca/podcast/why-millions-of-canadians-are-still-waiting-for/id1796419588?i=1000704712741>

International

Podcast: “Consumers and communities as agents of health care change and improvement” Australian Primary Health Care Insights and Innovation Series. *Prestantia Health and AUDIENCED* podcast with Dr. Tara Kiran April 30, 2025
<https://www.audienced.org/australian-health-journal/full-feature-consumers-and-communities-as-agents-of-health-care-change-and-improvement/>

National

Podcast: “Primary care lessons: What the Netherlands can teach us” *CBC White Coat Black Art* with Dr. Brian Goldman podcast with Dr. Tara Kiran Feb 21, 2025
<https://www.cbc.ca/listen/live-radio/1-75-white-coat-black-art/clip/16129698-primary-care-lessons-what-netherlands-teach> Related article:

<https://www.cbc.ca/radio/whitecoat/most-people-in-denmark-and-the-netherlands-have-a-doctor-here-s-what-canada-can-learn-1.7463900>

Podcast: "Primary care for all: Lessons from Denmark" *CBC White Coat Black Art* with Dr. Brian Goldman podcast with Dr. Tara Kiran Feb 7, 2025 <https://www.cbc.ca/listen/live-radio/1-75-white-coat-black-art/clip/16126859-primary-care-all-lessons-denmark> Related article: <https://www.cbc.ca/radio/whitecoat/most-people-in-denmark-and-the-netherlands-have-a-doctor-here-s-what-canada-can-learn-1.7463900>

Podcast: "Right-sizing healthcare systems for kids: Primary care access" *Spark Conversations Podcast. Children's Healthcare Canada* podcast with Dr. Tara Kiran Dec 20, 2024 <https://www.buzzsprout.com/1374217/episodes/16209608>

Research in the Media

The paper "[Family Physicians in Focused Practice in Ontario, Canada: A Population-Level Study of Trends From 1993/1994 Through 2021/2022](#)" garnered significant media attention including front page coverage in the [Globe and Mail](#) as well as coverage in the [Toronto Star](#), [Global News](#), [CTV](#), [CBC Radio](#) and more.

OurCare Media

OurCare continued to garner significant media attention in 2024-25. Media hits for OurCare are available at <https://www.ourcare.ca/media-library>.

April 25, 2025: Commentary: La Grassa J. "Don't have a copy of your medical record? You're not alone. Health experts say it should be an election issue" *CBC News* April 25, 2025 <https://www.cbc.ca/news/canada/windsor/medical-records-canada-legislation-election-1.7518119>

April 23, 2025: Commentary: "The federal party leaders didn't debate the future of health care, but our expert panel did" *The Globe and Mail* April 23, 2025 <https://www.theglobeandmail.com/canada/article-the-federal-party-leaders-didnt-debate-the-future-of-health-care-but/>

April 15, 2025: Commentary: "What's the state of Canada's health care system?" *The Globe and Mail* April 15, 2025 **panel discussion with Dr. Tara Kiran** <https://www.theglobeandmail.com/canada/article-watch-live-whats-the-state-of-canadas-health-care-system/>

April 10, 2025: Commentary: "Ontario aims to get 300,000 patients off doctor wait-list with new clinics" *Toronto Star* April 10, 2025 https://www.thestar.com/news/ontario/ontario-aims-to-get-300-000-patients-off-doctor-wait-list-with-new-clinics/article_c27b9707-7a59-403c-b02d-2876ef3f0025.html

March 24, 2025: Commentary: Dellplain M. "Health care and the Canadian election: What experts are hoping to hear" *Healthy Debate* **interview with Dr. Tara Kiran** March 24, 2025 <https://healthydebate.ca/2025/03/topic/health-care-canada-elections-experts/>

Feb 6, 2025: Commentary: Picard A. "The Dutch and Danes have much to teach Canada about better health care" *The Globe and Mail* Feb 6, 2025 <https://www.theglobeandmail.com/opinion/article-the-dutch-and-danes-have-much-to-teach-canada-about-better-health-care/>

Jan 13, 2025: Commentary: "Primary Care Access in Canada" *The Social*, CTV **interview with Dr. Tara Kiran** Jan 13, 2025 <https://www.ctv.ca/shows/the-social/monday-january-13-2025-s12e79>

Dec 17, 2024: Commentary: Grant K. "Canada sees drop in number of family physicians for the first time in decades, study finds" *The Globe and Mail* Dec 17, 2024 <https://www.theglobeandmail.com/canada/article-canada-sees-drop-in-number-of-family-physicians-for-the-first-time-in/>

Sept 17, 2024: Commentary: Milton A. "Access to a family doctor is a fundamental right": A physician on how Ontario health care fails underserved communities" *Toronto Life* **interview with Dr. Tara Kiran** Sept 17, 2024 <https://torontolife.com/city/access-to-a-family-doctor-is-a-fundamental-right-tara-kiran/>

About the Temerty Faculty of Medicine

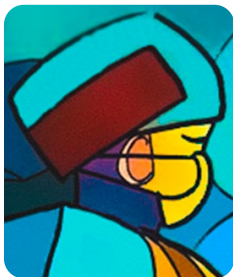
When you give to the Temerty Faculty of Medicine, you help advance vital health research and education — contributing to better health outcomes for individuals, families and communities.

Temerty Medicine stands among the top faculties of medicine in the world. For example, in 2023 we were ranked the second university globally for the high-quality research we produce (*Nature*), and in the past year were ranked third best in the world for clinical medicine (*U.S. News and World Report*).

Leveraging our role at the heart of the Toronto Academic Health Science Network (TAHSN) — a network of 14 affiliated teaching hospitals and research institutes — as well as our ties to more than 20 additional community hospitals and health care sites, our more than 8,000 learners and thousands of clinical and research faculty members span the fundamental health sciences, clinical medicine, rehabilitation sciences, translational research and health systems. They join more than 63,000 alumni worldwide to form a premier network of health-care talent with global reach and impact. No other university in the country, and few in the world, matches our capacity to advance life-saving health on a global scale.

Temerty Medicine is proud to join the University of Toronto in harnessing the enormous potential of our clinicians, researchers, learners, staff, alumni and supporters to solve the most complex challenges facing the world today. With support for U of T's historic **Defy Gravity Campaign**, we will advance inclusive excellence and bring together people from every background to create a healthier, more sustainable and equitable world.

About the cover art



At Temerty Medicine, everything we do is guided by a shared mission to improve the health and wellbeing of individuals, families and communities. This artwork by Sabrina (Mianchen) Wang, Temerty Medicine MD class of 2025, draws inspiration from Cubism to showcase medicine as an intricate art that challenges mastery of space, form and multiple perspectives, to transform tissue, function and lives.

Picasso's Cubism revolutionized perspective by deconstructing and reassembling forms, challenging traditional views of space and reality. Cubism presents multiple angles at once — offering a complex, layered understanding of reality. This abstraction reveals that perception is multifaceted, allowing Picasso to explore deeper truths about consciousness and human experience.



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

DEFY
GRAVITY