
EXTERNAL REVIEW OF THE DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE CHAIR'S RESPONSE – APRIL 2021

INTRODUCTION

I would like to begin by thanking the reviewers, Dr. Ruth Wilson and Dr. Kevin Grumbach, for their comprehensive and insightful analysis of the strengths and areas for growth of DFCM, and for their remarkable effort in conducting this review in a virtual format. Their report will be of significant value to DFCM as it strives for excellence across all programs and initiatives, and seeks to provide leadership in academic family medicine in Canada and beyond. The report is expected to inform the Temerty Faculty of Medicine in its selection of the next DFCM Chair and will guide the Chair in the development of a new departmental strategic plan.

1. EDUCATION

DFCM is proud of the national and international reputation of our education programs, leaders, and scientists. Education remains the core activity and main focus of DFCM and the majority of our faculty members and teaching sites.

Our education programs are led by our Vice-Chair Education, Dr. Risa Freeman, whose stewardship, mentorship, support, and high standards permit the program directors and their teams to thrive and deliver effective programming. The role of the Vice-Chair is also to integrate, and in many cases provide leadership within, Temerty Medicine initiatives including new and innovative approaches to educational programming, evaluation, scholarship and learner wellbeing.

A. UNDERGRADUATE MEDICAL EDUCATION

Reviewer comments (in summary)

- *DFCM makes a significant contribution to undergraduate teaching at pre-clerkship and clerkship levels, and medical students are well-supported. DFCM leadership is acknowledged and valued.*
- *The demise of the longitudinal integrated clerkship is unfortunate. We recommend consideration be given to a longitudinal experience in family medicine integrated into the block rotation system.*
- *It would be useful for the faculty and the department to track the percentage of graduating students who make family medicine their first choice and to articulate a goal by which to measure the accountability of Temerty Medicine and DFCM to the societal need for family physicians.*

- *DFCM should pilot additional methods of assessing clerkship progress beyond multiple choice examinations.*

Chair's response

At the DFCM undergraduate level we have a superb leadership team headed by Dr. Azi Moaveni. The team has promoted excellence in teaching and innovative curricular design and delivery. EXITE (EXploring Innovative Technologies in Family Medicine) is serving as a nascent innovation collaborative to foster further developments in these areas.

A number of DFCM faculty contribute to Temerty Medicine MD Program leadership. It will be important for DFCM to ensure the continuing involvement of DFCM faculty with support for protected time, should this be required.

Though the longitudinal clerkship was discontinued, we continue to advocate for, and seek opportunities to permit, additional exposure to family medicine beginning in the pre-clerkship years. At this time, it is unclear whether a fully longitudinal family medicine clerkship experience would be possible within the current model of the clinical clerkship. However, we will continue to explore this possibility and look for creative solutions to allow learners to experience continuity in relationships with patients and preceptors.

The proportion of University of Toronto medical students who rank family medicine first in the CaRMS match, as compared to the national numbers, and the proportion who ultimately match to family medicine are shown in the attached document (CaRMS FM Results). There are many factors to consider when looking at these numbers and trends, such as the number of residency programs offered at U of T.

Continuing to promote family medicine at the undergraduate level through strong clinical experiences and broad exposure to interprofessional team-based primary care may encourage interest in family medicine among graduating students, but other factors are also at play.

The recent CFPC announcement regarding lengthening the core family medicine residency may impact interest in family medicine in the coming years. We expect that the ultimate effect will be positive as residency programs offer greater flexibility in meeting the needs of family medicine trainees. DFCM will participate in efforts to identify and achieve specific numbers of U of T graduates matching to family medicine, in support of the social accountability mandate of Temerty Medicine.

Regarding assessment of clerkship progress, a family medicine specific OSCE has been replaced with a broader clerkship OSCE. DFCM will continue to advocate for sufficient family medicine content in the OSCE to ensure that family medicine competencies are effectively assessed.

B. POSTGRADUATE MEDICAL EDUCATION

Reviewer comments (in summary)

- *This is a large program and the major unifying element of the department that has recently undergone successful accreditation by the College of Family Physicians of Canada and WONCA.*
- *Resident assessment is comprehensive. We were not provided with information on success rates on the CFPC, which would be another metric of quality which could be tracked.*
- *Resident leaders spoke highly of the opportunities for training in family medicine including a small but robust rural program, opportunities for inner city health work, etc.*
- *The innovative PGY3 program allows residents to experience integrating additional skills into their general family practice. If the Ontario Ministry of Health allocates new resources to the Temerty 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.*

Chair's response

The recently completed accreditation review conducted by the College of Family Physicians of Canada demonstrated that the postgraduate education program is very strong. It identified certain areas for improvement that will guide enhancements in the coming years. The leadership team, led by Dr. Stu Murdoch, is committed to program excellence and will ensure that necessary changes are instituted.

Information on success rates on the certification examination in family medicine is provided in the attached chart (5-year Performance Report). U of T success rates typically exceed national averages.

The program would welcome additional PGY3 positions to expand our Integrated 3-Year Programs (I3P) in Leadership and Enhanced Skills, offer new opportunities and prepare for the lengthening of family medicine residency to a 3-year core curriculum, as is being conceptualized by CFPC.

The concern raised by one cognate department chair regarding availability of teacher evaluations will be explored. At the moment, alerts arising from the evaluation system are received by the Director of Postgraduate Education and passed to counterparts in the relevant discipline.

C. CONTINUING EDUCATION + QUALITY IMPROVEMENT

Reviewer comments (in summary)

- *Continuing education is now 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 well recognized as a model of academic family medicine asserting leadership in integrating quality and process improvement across clinical, educational and research missions. For the next stage of development, DFCM will need to consider how to optimize synergy with UTOPIAN. Additionally, Temerty 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 praised but they are disparate 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.*

Chair's response

CPD efforts related to the COVID-19 pandemic, in collaboration with OCFP and other partners, have been highly successful. We have plans to build on this success post-COVID with a more robust multifaceted CPD program that sits within the Quality and Innovation Program.

The concept of a broadly integrated learning health system, whereby multiple elements grow and coalesce for collective impact, is being contemplated. This will benefit from clear articulation and discussion.

Our Academic Fellowships and Graduate Studies program remains extremely active and, under the leadership of Dr. Abbas Ghavam-Rassoul, has very effectively pivoted to a virtual format during the COVID-19 pandemic. This work has created the foundation for ongoing success of these programs locally, nationally and internationally. We seek to meet learner needs in these offerings and will continue to look at ways to do so most effectively. An in-depth review is worthy of consideration.

D. OTHER EDUCATIONAL ACTIVITIES

Reviewer comments (in summary)

- *Faculty development is a well-structured program with a range of offerings. We were impressed with the collegiality and flexibility of this group. Offerings related to faculty wellness and development for non-physician health professional educators are notable. The wide scope and robustness of the faculty development activities may require a more distributed leadership structure.*
- *The Office of Education Scholarship is a strength, not replicated elsewhere. 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.*
- *A more structured and standardized onboarding process for faculty taking on leadership roles, such as site chiefs and educational program leaders, would be welcomed by some. Faculty development for specialty teachers of family medicine learners may be an area to explore.*

- *The Physician Assistant Program is a well-managed. DFCM and the Temerty Faculty of Medicine may wish to consider developing a more focused mission statement that emphasizes preparing health professionals to meet the needs of underserved communities.*

Chair's response

Restructuring of the FD portfolio into its discrete components is under discussion and will likely be rolled out in 2022. This will permit growth in programming and reach in key areas including wellness and resilience, mentorship, awards and academic promotion, and will foster new and innovative faculty development offerings.

The Office of Education Scholarship is an exceptional departmental asset that can assist and promote the evaluation of educational efforts in EDI, anti-racism, Indigenous health and social accountability, as recommended by the reviewers.

A more structured approach to onboarding new leaders is a helpful recommendation that can be addressed through expanded mentorship programming.

Regarding the Physician Assistant Program, the Consortium of PA Education's mission is built on a foundation of social accountability, particularly to rural, remote and underserved communities. There is opportunity to extend the good work of the program. The program has established a reliable process to track where graduates practice. There will be a continued focus on applicant recruitment from rural, remote and northern communities, expanding clinical training opportunities in these areas and, through the NOSM partnership, engaging northern physicians to better understand the value that Physician Assistants bring to patient care, quality and access.

The review did not focus on new Academic Divisions in DFCM. These Divisions complement our existing Divisions of Emergency Medicine and Palliative Care and include Divisions in Mental Health and Addiction, Care of the Elderly, Public Health, and Hospital Medicine. The new Divisions are in the early stages of development at this time. Their purpose is to create a home in DFCM for a large number of family physicians with special interests or in focused practices and to enhance clinical care, faculty development, scholarship and innovation. The Divisions will also enhance curricular offerings that support education in comprehensive family medicine. The Supplemental Emergency Medicine Experience (SEME) is an example of a key educational program that emerged from the Division of Emergency Medicine. This Division will be the subject of an external review in 2021 in advance of the search for a new Division Head.

E. LEARNER WELLBEING

Reviewer comments (in summary)

- *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.*

Chair's response

Learner wellbeing is a top priority throughout Temerty Medicine. DFCM will continue to share and amplify Temerty Medicine support tools and resources, and continue to focus on the health of our learners through regular group and individual discussions and support where required.

Any issues in the learning environment that contribute to wellbeing concerns among learners are a priority and will receive considerable ongoing attention in the coming months and years.

2. RESEARCH

Reviewer comments (in summary)

- *Research productivity in terms of grant funding, citations, and impact factor are outstanding. The department appears to be finding a reasonable balance between supporting independent investigators pursuing their scholarly interests, and defining areas of research emphasis for the department for collaborative scholarship and fundraising initiatives.*
- *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. 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. Further support from a librarian and qualitative research expertise would also be appreciated.*
- *The UTOPIAN practice-based research network has been a major DFCM research initiative over the past decade. UTOPIAN is well-positioned to be a leader in this evolving research space. The ten-year anniversary is an opportunity for a more formal and systematic review of UTOPIAN.*
- *DFCM has had success in achieving promotions for candidates it advances. However, many faculty stay at the rank of lecturer for many years, many highlighted the burdensome Temerty Faculty of Medicine promotion process and that compensation is not always reflective of promotion. A more structured approach for early career faculty and adjunct faculty might help with career advancement. As well as dedicated administrative staff support for CVs updates and preparing promotion materials.*

Chair's response

The Research Program, including UTOPIAN, would likely benefit from a focused review of its strategic direction and activities. The interim Vice-Chair will conduct an environmental scan to study research program models in selected departments of family medicine nationally and internationally. This will inform the evolution of DFCM's Research Program and the selection of the next Vice-Chair.

As noted, DFCM and UTOPIAN are well positioned leaders in this area of research. Moving forward, DFCM will play a key role in POPLAR (Primary Care Ontario Practice-based Learning and Research Network), which will offer expanded opportunities for data collection and synthesis, allowing researchers to answer key questions in primary care across Ontario and improve quality of care through measurement.

Achieving academic promotion at junior and senior levels is of considerable importance to DFCM faculty members. The creation of a faculty lead for appointments and promotions, reporting to the Vice-Chair Family Doctor Leadership, will support new efforts toward academic advancement through mentorship, coaching and workshops.

3. RELATIONSHIPS

Reviewer comments (in summary)

- *Morale appears to be good. Online committee meetings and learning events have perhaps paradoxically increased camaraderie and sense of community; it has certainly helped attendance.*
- *Relationships with the Decanal team are supportive and collegial. Cognate department chairs expressed a wish for the new chair to be a partner with them and had several ideas about the forms these partnerships could take, particularly in joint educational programs.*
- *DFCM faculty have played important leadership roles in provincial and national positions. International relationships include the academic fellowship program and V-TIPS. The Ethiopia project has become mature and self-sustaining.*
- *Consideration should be given as to how DFCM could contribute to Ontario Health Teams.*

Chair's response

DFCM is appreciative of the support provided by the Decanal Team and is pleased to contribute to Decanal initiatives that are of value to the entire Temerty Faculty of Medicine.

Expanding our partnerships across clinical practice, education, research, quality, innovation and international programs with other disciplines and departments in Temerty Medicine, and across other faculties and institutions, will be important for DFCM. This will benefit patients and promote academic growth and development, and enhance integrated, collaborative approaches in patient care, scholarship and innovation. Developing partnerships is an important principle that should guide future work in DFCM.

DFCM expects to continue, and build on, successful international partnerships. These partnerships support teaching and shared learning to strengthen family medicine and primary care, and promote scholarship, internationally.

DFCM faculty members and teaching sites have been active in the development and implementation of Ontario Health Teams (OHTs). These clinical, organizational and scholarly

contributions will expand as OHTs mature into integrated systems of care that place primary care at the centre of coordinated population-based healthcare delivery models.

4. ORGANIZATIONAL + FINANCIAL STRUCTURE

Reviewer comments (in summary)

- *The hub and spoke organizational structure appears to work very well. Financial resources appear to be adequate to carry out the department's mission. 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.*
- *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. Additional support in IT might be of use given the additional pressures of online work.*

Chair's response

Funding distribution continues to be a subject of discussion. Recent work by a finance working group sought to remedy some disparities but remained challenged by the highly complex arrangements and variability in funding resources existing across DFCM and its multiple sites. Expectations toward academic productivity in research and other areas varies, to some degree, in parallel with the availability of resources across sites. The status quo, while perhaps not ideal, seems to be accepted by most department leaders. This matter will require further consideration by the new Chair.

Philanthropic support will continue to be important for DFCM. Endowed Chairs should be sought to support the DFCM Chair and Vice-Chair Education positions. Additional philanthropic support will allow EXITE to solidify and grow as an innovative collaborative in AI, virtual care, and educational/e-learning initiatives, and provide research seed funding. DFCM will work with the Advancement Office, which has been highly supportive to date, to further these endeavours. DFCM will align its innovation work, particularly around AI and big data, to leverage effective collaborations with the Temerty Centre for AI Research and Education in Medicine (T-CAIREM).

5. LONG-RANGE PLANNING CHALLENGES

Reviewer comments (in summary)

- *The future is bright for this strong department, but DFCM would benefit from taking some time to consolidate its many strengths and articulate more clearly which communities it seeks to serve. We*

were struck by important work on patient engagement, but a lack of community advisory councils or other evidence of community engagement.

- *The commitment to equity, diversity and inclusiveness is certainly well understood at the departmental leadership level, and is aligned with the Faculty's commitment in these areas. Development of metrics and evaluation of these efforts will be important.*
- *The fairly frequent turnover in chairs, all of whom are talented individuals, has left 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.*

Chair's response

Suggestions regarding the need to articulate which communities DFCM seeks to serve will be important for the next strategic plan. The breadth and diversity of DFCM permits it to maintain a broad focus currently but, as suggested, greater clarity regarding the department's vision and mission would be beneficial and help guide decisions in the future should resource constraints arise.

Equity, diversity, inclusion, anti-racism, Indigenous health and social accountability are priorities for DFCM and will continue to be areas of focus and integral to our work. The department is also contemplating the establishment of an equity committee that will bring together representatives from our sites and divisions to share ideas and practices that support our programs, reach out and contribute to the needs of communities, and find ways to seek input and advice from diverse stakeholders.

6. NATIONAL + INTERNATIONAL COMPARATORS

Reviewer comments (in summary)

- *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.*

Chair's response

The department is proud of its reputation and contributions locally, nationally and globally and will strive to continue to be seen as a leader in education, research, quality of care and innovation. As a WHO Collaborating Centre, DFCM can continue to provide valuable contributions to global primary care. Strong leadership, strategic choices, resources, support from Temerty Medicine and philanthropy, will permit important contributions to continue.

7. OTHER CONSIDERATIONS

Reviewer comments (in summary)

- *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.*
- *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.*
- *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.*
- *DFCM should strive to articulate how its many assets may contribute to, and help shape, other initiatives of the Temerty 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.*

Chair's reflections

The Rural Northern Initiative continues to send four residents to rural northern areas with preceptors each year. Feedback from faculty, residents and the communities has been consistently excellent, and the program is highly regarded among residents.

Important strategic directions and areas of attention in the coming months and years include EDI; anti-racism; Indigenous health safety training across learners, faculty and staff; social accountability efforts that will include reaching out to our communities and patients to seek input on our programming, clinical services and strategies; innovation through EXITE and DFCM Programs and Divisions in areas of virtual care, AI in family medicine, education technologies and e-learning strategies; expansion of our CPD programming; building and instituting professional development programs including Wellness and Resiliency, Mentorship, Awards and Promotion; expanding faculty development across Education, Research, Quality and Innovation and Global Health programs; and promoting leadership development and senior promotion among faculty to ensure that we build leaders for the future. Promoting the growth of research through a Family Medicine PhD program is also being discussed.

8. CONCLUSION

The external review shows DFCM to be in a strong position as a key academic department of family medicine nationally and internationally, and an important contributor to the Temerty Faculty of Medicine. Its strengths reflect strong support from Temerty Medicine and partner institutions,

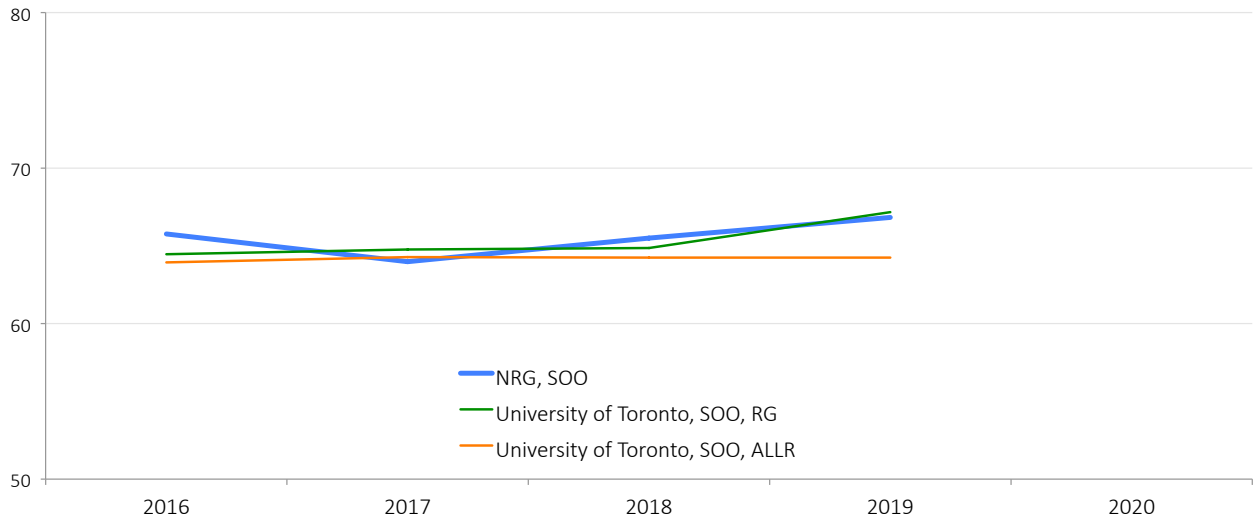
committed and skilled leadership, outstanding staff and learners, and broad, determined efforts to achieve excellence.

Following this path, and with continued improvements such as those recommended by the external review, DFCM can look forward to a bright future, ongoing growth and future successes.



Certification Examination in Family Medicine
University of Toronto
5-year Performance Report (2016-2020)

1. SOO 5-year performance (No SOO component was used in 2020)



	2016	2017	2018	2019	2020
National Reference Group, SOO, Average	65.77	63.98	65.50	66.83	
National Reference Group, SOO, Standard Deviation	6.79	6.75	6.05	6.88	
University of Toronto, SOO, RG	64.46	64.77	64.86	67.16	
University of Toronto, SOO, ALLR	63.93	64.28	64.24	64.24	

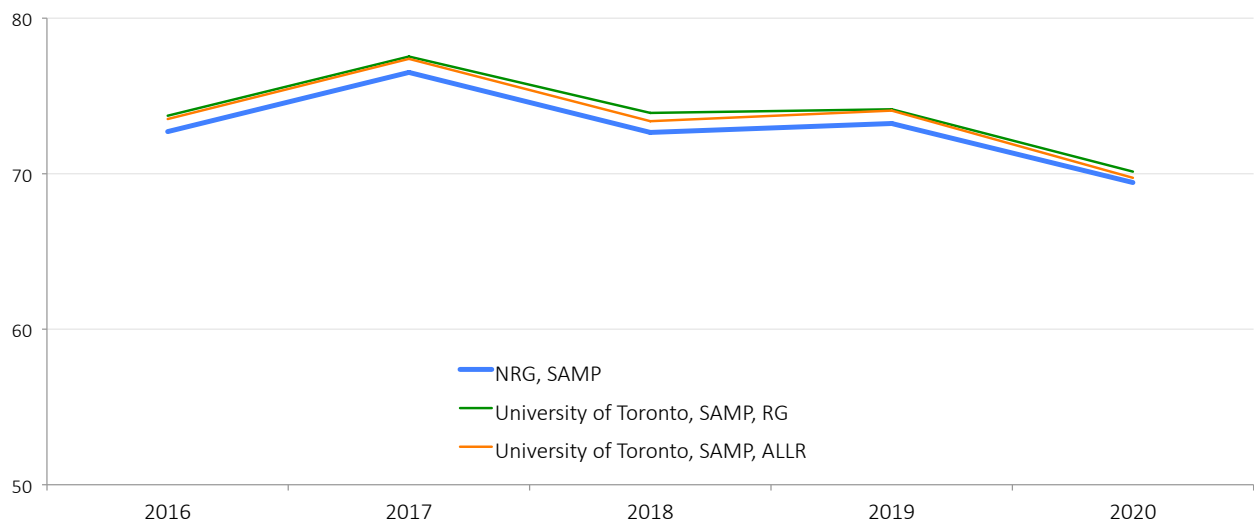
Definitions:

National Reference Group (NRG) is composed of Canadian Medical Graduates, who had been recommended by CFPC-accredited Family Medicine residency training program to take the exam for the first time.

University Reference Group (RG) is composed of a given university Canadian Medical Graduates, who had been recommended by CFPC-accredited Family Medicine residency training program to take the exam for the first time.

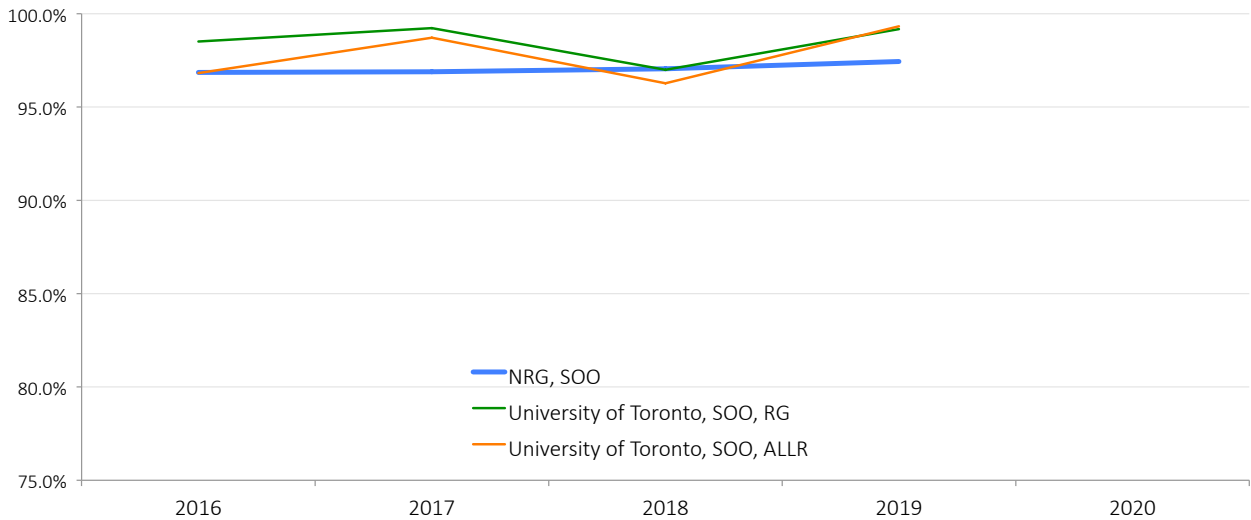
All Residents first-timers (ALLR) are all Medical Graduates from a given university, who had been recommended by CFPC-accredited Family Medicine residency training program to take the exam for the first time.

2. SAMP 5-year performance



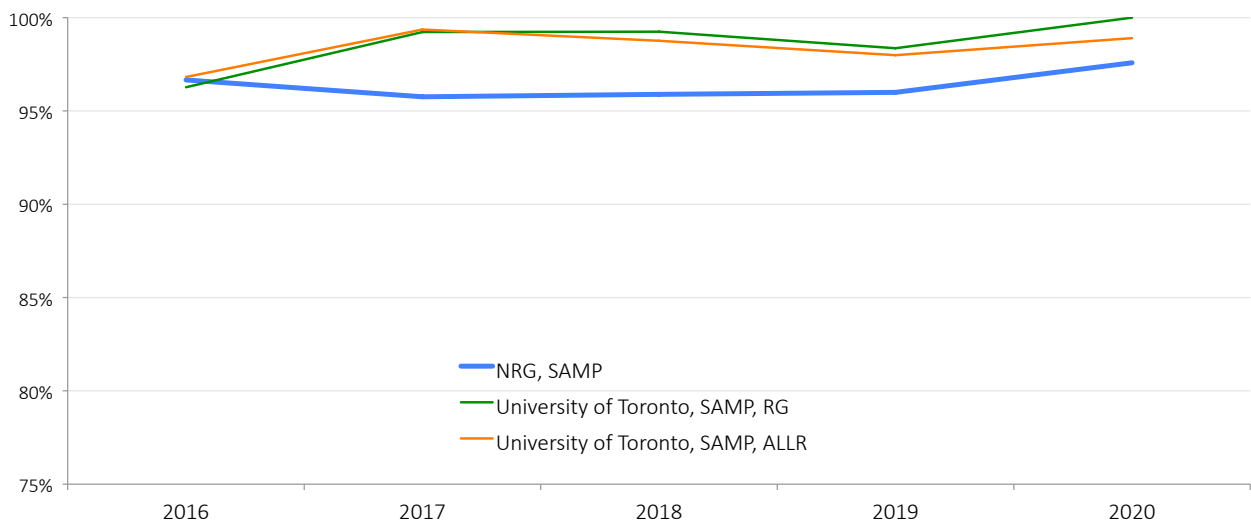
	2016	2017	2018	2019	2020
National Reference Group, SAMP, Average	72.70	76.51	72.65	73.23	69.43
National Reference Group, SAMP, Standard Deviation	4.36	3.81	4.43	4.45	4.24
University of Toronto, SAMP, RG	73.73	77.53	73.91	74.14	70.13
University of Toronto, SAMP, ALLR	73.51	77.39	73.38	74.06	69.74

3. SOO 5-year success rates (No SOO component was used in 2020)



	2016	2017	2018	2019	2020
National Reference Group, SOO	96.9%	96.9%	97.1%	97.4%	
University of Toronto, SOO, RG	98.5%	99.2%	97.0%	99.2%	
University of Toronto, SOO, ALLR	96.8%	98.7%	96.3%	99.3%	

4. SAMP 5-year success rates



	2016	2017	2018	2019	2020
National Reference Group, SAMP	96.7%	95.8%	95.9%	96.0%	97.6%
University of Toronto, SAMP, RG	96.3%	99.2%	99.2%	98.4%	100.0%
University of Toronto, SAMP, ALLR	96.8%	99.4%	98.8%	98.0%	98.9%

Note:

Only spring sessions results data were used for this report, as the most accurate representation of a given university candidates' performance on Certification Examination in Family Medicine. Fall sessions results do not collect enough data to perform similar analysis.

Depicted in the graph is the comparison of Canadian Medical Graduates who ranked Family Medicine first in the CARMS match at the national level (red) and at the University of Toronto (blue) over the last decade. The green represents the actual percentage of U of T students who ultimately matched to Family Medicine. There are many factors to consider when looking at these numbers and trends.

In absolute numbers, The University of Toronto contributes a significantly high proportion of trainees to postgraduate family medicine across the country. Secondly, there are 77 direct programs for residency offered at U of T which allows medical students the opportunity to be exposed to and explore a wide variety of possible career options that may not be available elsewhere.

The MD program has been extremely supportive of the DFCM in battling the hidden curriculum and integrating the principles of generalism especially in the preclerkship years. The DFCM Generalism review of the entire CBL curriculum was requested by the MD program, and significant curricular changes were made based on the input of DFCM reviewers. Furthermore, the FMLE program and the Family Medicine Clerkship are rated extremely high by our learners, hence it can be concluded that Family medicine experiences are a positive factor in speciality choice.

We know from our research in the FMLE program that exposure in the 2nd year does not sway students to our speciality. Focus should be directed to changes to Admissions to reflect those candidates who are more likely to choose Family Medicine in the first place and expand opportunities in family medicine even earlier in the MD program.

