

TO: Planning and Budget Committee

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DATE: April 23, 2010 for May 5, 2010

AGENDA ITEM: 7

ITEM IDENTIFICATION:

Project Planning Report for the Relocation of the Department of Family and Community Medicine to 500 University Avenue

JURISDICTIONAL INFORMATION:

Under the Policy on Capital Planning and Capital Projects, the Planning & Budget Committee reviews Project Planning Reports prepared for a capital project and recommends to the Academic Board approval in principle of the project.

BACKGROUND:

In 2009, Facilities Management and Space Planning at the Faculty of Medicine reviewed the space allocation of the Department of Family and Community Medicine (DFCM) and determined that the department's current premises at 263 McCaul Street were inadequate to meet their needs. The critical space shortage is temporarily being alleviated by the assignment of space for DFCM's International Unit in the Banting Institute at 100 College Street.

A review of existing available space has identified an area in Rehabilitation Sciences at 500 University Avenue which, after renovation, could accommodate DFCM. In addition, this relocation will maximize the utilization of Faculty of Medicine resources existing at 500 University Avenue.

HIGHLIGHTS

The Project Planning Committee Report identified a total space requirement for the Department of Family and Community Medicine of 1,259 nasm. This allocation is consistent with the Department's approved academic plan and with the Council of Ontario Universities space standards. Approximately 178 nasm office space will remain on part of the third floor of 263 McCaul Street to accommodate the International Program. The balance of the space

Project Planning Report for the Relocation of the Department of Family and Community Medicine to 500 University Avenue

program, approximately 1,080 nasm, will be located in space that will be renovated on the third and fifth floors of 500 University Avenue.

500 University Avenue was erected in 1958 as a 10 storey office tower and purchased by the University in 1999 to house the Rehabilitation Sciences Sector. Current occupants include the Department of Occupational Science and Occupational Therapy, the Department of Physical Therapy, the Graduate Department of Rehabilitation Science, the Department of Speech-Language Pathology, Continuing Medical Education, Post Graduate Medical Education and the offices of the Vice-Provost, Relations with Health Care Institutions. Although the third and fifth floors are currently mostly vacant, they will require significant renovation. Recent renovations to the rest of the building included the installation of a sprinkler system (not required at the time of the original construction in 1958) which addressed the anticipated renovations to the remaining floors and was sized accordingly. The proposed renovations include the distribution of departmental functions across both floors including the portions of these floors that are currently occupied. Other building services all have sufficient capacity to accommodate the uses planned for these floors.

FINANCIAL AND PLANNING IMPLICATIONS

The Total Project Cost for the relocation of the Department of Family and Community Medicine to 500 University Avenue is estimated to be \$3,500,000.

All operating costs for the Department are paid by the Dean's Office, Medicine and it is expected that the operating costs for the faculty overall will increase by approximately \$50,000 with the implementation of this project.

FUNDING SOURCES

The funding for this project has been assembled from two sources: the Ministry of Health – Long Term Care funding of 3 million and Department of Family and Community Medicine, \$.5 million for a total of 3.5 million.

SCHEDULE

It is projected that the construction at 500 University Avenue will commence in November of 2010, with construction completion July 2011, allowing occupancy in August 2011. In order to meet this timeline, the process to select the consultant must begin immediately

RECOMMENDATIONS

Recommendations:

That the Planning and Budget Committee recommend to the Academic Board:

1. THAT the Project Planning Committee Report For the Relocation of the Department of Family and Community Medicine to 500 University Avenue be approved in principle.
2. That the project scope as identified in the Project Planning Report be approved at a Total Project Cost of \$3,500,000 with funding as follows:

Ministry of Health – Long Term Care \$ 3,000,000
Department of Family and Community Medicine \$ 500,000

**PROJECT PLANNING COMMITTEE
REPORT**

For the Relocation of the

**DEPARTMENT OF
FAMILY AND COMMUNITY
MEDICINE**

to

500 UNIVERSITY AVENUE

Facilities Management and Space Planning
Faculty of Medicine
April 15th, 2010

Table of Contents

Table of Contents.....	1
Executive Summary	2
Highlights.....	2
Resource Implications.....	3
Recommendations.....	3
Membership and Terms of Reference.....	4
Membership of the Project Planning Committee.....	4
Terms of Reference.....	5
Project Background.....	6
Background Information.....	6
Statement of Academic Plan.....	7
Space Requirements.....	11
Project Description.....	17
Vision Statement.....	17
Space Program and Functional Plan	18
Building, Site and Campus Infrastructure Considerations.....	23
Secondary Effects	24
Schedule.....	26
Resource Implications.....	26
Total Project Cost Estimate	26
Operating Costs.....	27
Funding	27
Recommendations.....	28
APPENDICES	29
A Existing Space Inventory	
B Functional Layouts	
C Total Project Cost Estimate (on request to limited distribution)	
D Room Data Sheets (on request)	
E Links to U of T Standards and Policies and DFCM Strategic Plan	

Executive Summary

Highlights

The Faculty of Medicine's Department of Family and Community Medicine is planned to be relocated to 500 University Avenue. Along with the retention of a small amount of space at 263 McCaul Street, the renovated facilities will accommodate the approved expansion of the Department's academic program to 2013.

The Department moved into the fourth and fifth floors of 263 McCaul Street in 2005 and expanded into the third floor in 2006. By 2008, they required more space, and because no additional space was available at 263 McCaul Street, they were temporarily assigned space in the Banting building. Moving the International Program to the Banting building kept a single unit together, while freeing up space needed at 263 McCaul Street.

The approved Strategic Plan for the Department envisioned substantial growth in the five year period from 2009 – 2013. Catharine Whiteside, Dean of the Faculty of Medicine has approved growth from 49.2 FTE (15.3 FTE academic and research positions, 33.9 administrative positions) in 2009 to 61.8 FTE (19.5 FTE academic and research positions, 42.3 administrative positions) by 2013. Hiring of many of the approved positions has begun for the 2010 – 11 academic year, and most of the remaining positions will be filled by the 2011 – 12 academic year. The expansion in academic, research and administrative positions reflect the expansion of both enrolments and programs.

The Project Planning Committee Report identifies a total space program for the Department of Family and Community Medicine of 1,259 nasm, consistent with their academic plan and the Council of Ontario Universities standards. Approximately 178 nasm office space will remain on part of the third floor of 263 McCaul Street accommodating the International Program. No renovations are planned for this space except for painting the existing offices. The balance of the space program, approximately 1,080 nasm, will be located in renovated space on the third and fifth floors of 500 University Avenue.

500 University Avenue was erected in 1958 as a 10 storey office tower. It was purchased by the University in 1999 to house the Rehabilitation Sciences Sector. Current occupants include the Department of Occupational Science and Occupational Therapy, the Department of Physical Therapy, the Graduate Department of Rehabilitation Science, the Department of Speech-Language Pathology, Continuing Medical Education, Post Graduate Medical Education and the offices of the Vice-Provost, Relations with Health Care Institutions. Although the third and fifth floors are currently mostly vacant, they will require significant renovation. Recent renovations to the rest of the building included the installation of a sprinkler system, something that had not been required at the time of the original construction in 1958. The sprinkler main that was installed anticipated the renovation to the remaining floors and was sized accordingly.

Not having been considered in previous renovations, caretaking facilities do not formally exist in the building. As a result, a large part of the third floor has been used by Caretaking on an ad hoc basis. Construction of caretaking facilities to the University's design standards will be provided as part of the renovations. As well, minor changes to the adjacent fifth floor offices of Post Graduate Medical Education will occur. The swing space required for these two portions of the work can be accommodated on fifth floor, assuming that they are completed in advance of the rest of the renovations.

Functional layouts were created to confirm the adequacy of the available space for the proposed uses and to provide a basis on which to determine the project budget. Both classroom and office analyses were completed to ascertain the fit of the space with the needs of the department. The space program includes one 30 person and one 40 person classroom, as well as one 15 person and one 20 person meeting room. Seventy-two office spaces are provided comprising three private offices for the Chair and two directors; 48 additional private offices and 21 shared offices. Library, student study and computer space and office support space are also included.

Resource Implications

The funding for this project has been assembled from two sources, \$3 million from the Ministry of Health – Long Term Care Funding, and \$500,000 from the Department of Family and Community Medicine.

It is projected that construction will commence in November 2010 with construction completion in July, 2011 and occupancy in August, 2011. In order to meet this timeline, the selection process for consultants must begin immediately

All operating costs for the Department are paid by the Dean's Office, Medicine and it is expected that the operating costs for the faculty overall would increase by approximately \$50,000 with the implementation of this project.

Membership and Terms of Reference

Membership of the Project Planning Committee

Lynn Wilson (Committee Chair)
Chair, DFCM, Faculty of Medicine

Jennifer McCabe
Undergraduate Program Director, DFCM, Faculty of Medicine

Marcus Law
Recruitment Coordinator and Strategic Plan, Implementation Lead, Educational
Technology and Innovation, DFCM, Faculty of Medicine

Paul Krueger
Associate Research Program Director, DFCM, Faculty of Medicine

Caroline Turenko
Senior Administrative Officer, DFCM, Faculty of Medicine

Lindsey Fechtig
Undergraduate Research and Data Management Assistant, Undergraduate Program,
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Lela Sarjoo
Admissions and Awards Officer, Postgraduate Program, DFCM, Faculty of Medicine

Sole Fernandez
Professional Development/Graduate Studies Coordinator, DFCM, Faculty of Medicine

Lindy Chan
Research Program Coordinator, Research Program, DFCM, Faculty of Medicine

Carmen Victor
International Program and CIDA Brazil Administrator, International Program, DFCM,
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Yee Ling-Chang
Graduate Student, DFCM, Faculty of Medicine

Tamara Bahr
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Luc de Nil
Chair, Speech-Language Pathology for Rehabilitation Sciences, Faculty of Medicine

Loreta Muharuma
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Anna Naccarato
Manager, Event Administrator, Continuing Education, Faculty of Medicine

Julian Binks
Director, Planning & Estimating, Capital Projects, Real Estate Operations

Mark Simpson
Director, Building Services and Grounds, Facilities and Services

Aris Manousos
Property Manager for 500 University, Facilities and Services

Gail Milgrom
Managing Director, Campus and Facilities Planning

Heather Taylor (Secretary)
Senior Facilities Planner, Facilities Management & Space Planning, Faculty of Medicine

Terms of Reference

1. Make recommendations for a detailed space program to accommodate the Department of Family and Community Medicine at 500 University.
2. Demonstrate that the proposed space program will take into account the Council of Ontario Universities' and the University's own Space Standards.
3. Plan to realize maximum flexibility of space to permit future reallocation as programmatic needs change.
4. Determine the secondary effects of the project and the resource implications of relocating activities as required.
5. Determine a total project cost (TPC) estimate for the project, including costs of implementation in phases if required, and costs associated with secondary effects.
6. Identify all sources of funding for the capital project and anticipated increased operating costs once the project is complete.
7. Report by December 11, 2009

Project Background

Background Information

The Department of Family and Community Medicine (DFCM) was relocated to the fourth and fifth floors of 263 McCaul Street in 2005 and were allocated additional space on the third floor in 2006. In early 2008 they requested additional space. Facilities Management and Space Planning (FM&SP) for the Faculty of Medicine reviewed their space allocation using the Council of Ontario Universities (COU) standards and determined that their allocation at that time was under that generated by COU and given the nature of the work in the department, was inadequate to meet their needs.

Investigations seeking available space in or adjacent to 263 McCaul St. were not successful. The remainder of 263 McCaul Street was and remains fully occupied, as are 255 and 256 McCaul Street and 155 College Street, the closest buildings on campus. Consequently, space was temporarily allocated to DFCM in 2008 in the Banting building to alleviate their allocation shortage and their International Program was moved there.

In 2008, under the guidance of Chair Lynn Wilson, DFCM launched a process that culminated with a strategic plan for 2009 to 2013. This plan approved by Dean Catharine Whiteside includes a revitalization of the department's research division and expansion of their educational programs.

The 2007 – 2009 Report “Growth, Innovation and Excellence” highlighted the year one implementation of hiring a new Research Director, expanding the undergraduate Family Medicine Longitudinal Experience (FMLE) program and the addition of three new teaching units. FMLE alone has grown from under 40 students in 2007 – 08 to almost 160 for 2009 – 10 academic year. Residency positions are expected to grow from 164 in 2003 – 04 to a projected 380 in 2013 – 14. Much of the growth is related to the addition of new teaching units, bringing the total to 13 core teaching sites. Although the sites and residents are not on campus, the administration of programs and coordination across sites requires additional staffing as well as training of new teaching academics.

In 2009, space at 500 University Avenue was becoming available. Ancillary Services, located on the fifth floor, were scheduled to vacate at the end of the year, and a 2008 CFI application intended to utilize the third floor was not successful. Additionally, the anticipated second phase of development of 500 University Avenue by the Rehabilitation Sciences Sector has not yet materialized.

FM&SP prepared an analysis of the 500 University's third and fifth floors for use by DFCM and prepared a preliminary Planning Report which included an analysis of space requirements, reviewed the space available at 500 University including classroom availability and estimated the cost of renovations. The resulting report recommended moving DFCM to the third and fifth floors of 500 University Avenue and to begin the process by striking a formal Project Planning Committee to prepare a comprehensive

Project Planning Report. The proposal was to submit that report for governance approvals with the goal to achieve construction completion in July 2011. Upon the Dean's approval of the preliminary report, the Project Planning Committee was struck and terms of reference submitted at the October 2009 meeting of the Planning and Budget Committee.

A detailed space program and functional layout were developed to suit the needs of DFCM within the space available. The renovations required will include creating swing space to accommodate existing users during construction, providing new caretaking rooms and installing sprinklers on the entire third and fifth floors.

Relocation of Family and Community Medicine to 500 University Avenue will not entirely satisfy the needs of the department as projected to 2013. Consequently, DFCM will continue occupy part of one floor at 263 McCaul Street until such time as additional space becomes available at 500 University Avenue or a more suitable location for the entire department can be found or created.

The remaining vacated space at 263 McCaul Street will be retained by the Faculty of Medicine for other users to be determined. Vacated space in the Banting Building will be returned to central administration.

Statement of Academic Plan

BACKGROUND

DFCM is the largest family medicine department in North America. Since 2004, there have been 297 new faculty appointed to DFCM to bring the total to 970.

DFCM is in the midst of significant expansion in the areas of undergraduate, postgraduate and graduate education, research, professional development and international programs. A comprehensive strategic planning process has been completed and implementation is under way.

DFCM EXPANSION

Undergraduate Education:

The ongoing expansion in numbers of undergraduate medical students at the University had meant an increasing role in pre-clerkship education. For example, the second-year Family Medicine Longitudinal Experience (FMLE), which is a six half-day shadowing experience, is being offered to 135 medical students in the current academic year and will be a mandatory course for the entire class of 224 students in September, 2010. Additionally, the Family Medicine clerkship will expand from four to six weeks in September, 2010. The program is experiencing a curricular renewal, with an increased emphasis on generalism.

Central seminars are held for clinical clerks on their core Family Medicine rotations, as well as the orientation sessions.

Postgraduate Education:

The stated top priority for the Minister of Health in Ontario over the past several years has been to address the critical shortage of family physicians. The University of Toronto, Faculty of Medicine and DFCM have provided enormous leadership in dealing with this issue. Over the past four years, the number of Family Medicine PGY1 and PGY2 residents at U of T has increased by more than 50% to 295 trainees. Over the next four years, an additional 91 positions will be added, facilitated by expanding the current 11 Family Medicine training sites to 14.

Undergraduate and postgraduate trainees will be distributed to Barrie, Newmarket, Mississauga and Markham.

There has been and continues to be a need for additional program administrative assistants to deal with the high volumes of applicants and trainees such as:

- CaRMS; applicants to Family Medicine have increased from 318 in 2004 to 508 in 2009 and all of these individuals were offered interviews.
- Residency Program Coordinators; over the past four years, nine DFCM clinical faculty members have been hired as part-time Residency Program Coordinators to provide support to the DFCM Postgraduate Director. The Coordinators are as follows: International Medical Graduate, Remediation, Recruitment, PGY3 Enhanced Skills, Ethics and Professionalism, Distributed Medical Education, Indigenous Health PGY3, Emergency Medicine PGY3 and FM-MAP.
- IT Support; technical solutions have been developed such as a high-quality website, a portal for faculty and learners, an e-newsletter and videoconferencing to promote educational excellence by linking our Family Medicine Teaching Units, and providing appropriate support to our new distributed sites.
- International Medical Graduates; on behalf of all of the Ontario Family Medicine programs, the University of Toronto DFCM has been coordinating the provincial application process for International Medical Graduate candidates since 2007.
- PGY3 Enhanced Skills Program; expansion of the number of positions from 10 in 2004 to 25 in 2009. This expansion, in addition to new and more rigorous accreditation standards from the College of Family Physicians of Canada, has created a need for more administrative support.

Graduate Studies and Academic Fellowship Programs:

DFCM launched a new Masters of Public Health (MPH) in 2010 and a Professional Masters (MScCH) in 2008 - 09 further strengthening its graduate studies program. The MScCH offers two fields - Family and Community Medicine and Health Practitioner Teacher Education - which are housed at the DFCM. These new degrees are

administered through the Dalla Lana School of Public Health. There are currently a total of 20 graduate students enrolled in both fields for the MScCH.

Enrolment for July 1, 2010 is increasing by an additional 58 Graduate Students and approximately 15 Academic Fellowship Continuing Education students. Much of the demand for our graduate programs is due to interest on the part of other healthcare professionals, such as Nursing, Occupational Therapy, etc.

By next year, the number of graduate students will have increased more than four fold over a four-year period. There are currently 38 students enrolled in our Academic Fellowship Continuing Education program, up from an enrolment of nine in 2004.

Over the past four years, DFCM has also developed three new programs, the Clinical Teachers' Certificate, INTAPT (Interprofessional Applied Practical Teaching and Learning in the Health Professions), a distance accessible part-time CE program and the Enhanced Clinical Fellowship Program for Future Teachers, which is offered to specialists, many of whom come from international settings.

Research:

The DFCM Research Program is undergoing transformation. Much of this is driven by an external review that was received two years ago, and our Strategic Planning initiative, which was launched in 2008. Research is a key priority for our academic future. As North America's largest Family Medicine program, it is of the utmost importance that we demonstrate leadership in an area of research which is now gaining greater attention in our country. While complimentary of the individual efforts of our research scholars, the 2008 research review was quite negative in terms of the lack of central infrastructure and support for DFCM faculty who conduct research.

The number of Research Scholars funded by DFCM (with matching funding from local practice plans) has increased from 22 in 2004 to 26 in 2009. Most DFCM clinical research scholars perform their work at their local Family Medicine Teaching Unit (FMTU) and/or other Research Institutes of which they are members, such as the Institute for Clinical Evaluative Sciences (ICES) or the Li Ka Shing Knowledge Institute. Our current DFCM Research Director, Dr. Eva Grunfeld, assumed her position in November, 2008. In addition to her role with DFCM, Dr. Grunfeld is a Senior Clinician Scientist who is supported by the newly-created Ontario Institute of Cancer Research. As part of her recruitment, it was negotiated that space be made available within DFCM for staff who will support her OICR research program, including up to six research assistants and one research associate.

Professional Development Program:

The DFCM Professional Development (PD) program was launched in 2004. In 2005, each of our FMTU's appointed local PD representatives to sit on a central PD Committee and represent their interests. One of the first major outcomes of this Committee was the

development of a 3-day Basics Program for new Faculty. Approximately 175 new faculty members have participated in this program since 2006.

All FMTU's are in the process of transforming to academic Family Health Teams, with one of the main features of this primary care renewal model being provision of care by interprofessional teams consisting of physicians, nurses, nurse practitioners, social workers, dietitians, clinical pharmacists and others. The Basics program is being modified to also address the learning needs of these health care providers.

International Program:

On April 15, 2008, the International Program received a CIDA grant that commits \$2.3 million to training primary health care managers in different states of Brazil. The overall budget for this work is \$5 million, including contributions from Brazilian partners. Three new administrative positions were recruited for this project the spring and summer of 2008.

DFCM has joined the University of Toronto Faculty of Medicine Academic Collaboration with Addis Ababa University, Ethiopia. Our plan is to participate in the development of Family Medicine as a discipline in Ethiopia.

Quality Improvement:

A key feature of primary care renewal is a focus on Quality Improvement (QI). QI is in its nascence in primary care in Canada. DFCM is demonstrating academic leadership in its decision to develop a QI Program, which will focus on residency education, faculty development, local FMTU QI activities, and related research.

DFCM STRATEGIC PRIORITIES 2009 - 2013

After a nine month process with input from almost 200 faculty members and external stakeholders, a vision for DFCM was established, that aligns with that of the Faculty of Medicine and builds on the DFCM mission statement articulated in 2002.

The vision of DFCM is:

Excellence in research, education and innovative clinical practice to advance high quality patient-centred care.

The mission of DFCM is:

We teach, create and disseminate knowledge in primary care, advancing the discipline of Family Medicine and improving health for diverse and underserved communities locally and globally.

DFCM strategies include three key and three enabling strategies, aligned with the tripartite role of DFCM in research, education and practice. A copy of the DFCM

Strategic Plan is linked to this report (Appendix F), as is a copy of the recently-published 2007-2009 Departmental Report.

The three key strategies are:

- Revitalize the research mission, enterprise and impact
- Expand and enrich educational programs
- Develop, disseminate and evaluate innovations and advancements in primary care practice

And, the three enabling strategies are:

- Attract, retain and nurture faculty for leadership and sustained excellence
- Strengthen communications and connectivity within DFCM and collaborations with strategic partners
- Reinforce infrastructure and funding base

Space Requirements

OVERVIEW OF EXISTING SPACE

Erected in 1915, the building at 263 McCaul Street formerly housed the Toronto Board of Education's administrative offices. It was acquired by the University 2002 along with 155 College Street and 255 McCaul Street and is awkwardly located behind both.

DFCM was originally recommended to occupy only the fourth and fifth floors of 263 McCaul Street in the Planning Report of February 2004. DFCM was rapidly expanding and by the time the department moved into 263 McCaul Street in 2005, they had requested additional space on the third floor, which when in use by 2006 brought the total departmental allocation to 870.66 nasm. By 2008 they had outgrown that space and were temporarily assigned the additional space in the Banting Institute, adding another 191.6 nasm. In addition, archive storage room (22 nasm) is in the basement of the Health Sciences building.

The Department of Family and Community Medicine currently occupies 870.66 nasm on three full floors of the Old Administration Building at 263 McCaul Street as well as 191.6 nasm in the Banting Institute at 100 College Street. Refer to Appendix A for a detailed Space Allocation.

Although the Library Collection, Office and Study space has been identified in Category 20.5 it is not a centrally held collection. For the purposes of this report the Departmental resource centres and libraries are included in Category 20.45, Office Support Space, and the Librarian's offices are included in 20.42, Other Research Offices.

Existing Space Allocation by COU Category As per OSM Space Inventory		
Ctg #	Category	nasm
20.12	Non-Tiered Classroom	124.96
20.41	Academic Offices	177.43
20.42	Other Research Offices	89.51
20.43	Graduate Student Offices	22.47
20.44	Departmental Administrative and Support Staff Offices	345.41
20.45	Office Support Space	210.88
20.33	Research Laboratory Space	n/a
20.51	Library Collection Space	28.04
20.52	Library Office	19.47
20.54	Library Study Space	66.98
	TOTAL	1085.15

EXISTING AND PROJECTED FTE

DFCM has a total of 970 faculty. Almost all of these are clinical appointments and do not require space on campus. The faculty members who do require campus space additionally serve in administrative positions. The FTE calculations herein refer only to those who require campus space.

The campus based faculty and staff list as of 2009 comprised 78 faculty and staff with a combined FTE of 49.2. By 2013, the approved growth will bring the total to 97 faculty and staff with a combined FTE of 61.8.

A summary of growth in faculty and staff can be clearly seen in the FTE over a decade.

	FTE		
	2002-03	2008-09	2012-13*
Faculty and Research	14.8	15.3	19.5
Administrative Staff	12.8	33.9	42.3
TOTAL	27.6	49.2	61.8

*"DFCM Strategic Plan, 2009-2013: Primary Connections: Linking Academic Excellence to High Quality Patient-Centred Care" and specific approval of projected FTE by Dean Catharine Whiteside.

Many of the faculty are only partial appointments under 50% FTE and perform administrative duties such as program directors and coordinators.

The same growth is apparent in the graduate student population.

	FTE		
	2002-03	2009-10	2010-11*
Graduate Students	8.0	33.5	63.8
Academic Fellows	Unknown	30.8	40.1
TOTAL	8.0	64.3	103.9

*Projected for July 1, 2010

Growth to 2010 – 11 is based on an assumed graduation of 6.0 FTE and a known new enrolment for July 1st, 2010 of 58 new graduate students and 15 new academic fellows (proportioned 75% part time, 25% full time).

COU GENERATED SPACE ANALYSIS

The analysis of current utilization was performed using current data for the Department and the standards of the Council of Ontario Universities.

Department FTE Summary			
Ctg #	Description	2009-10	2012-13
20.41	Faculty	10.3	14.5
20.42	Research Appointments	5.0	5.0
20.43	Graduate Students	33.5	63.8
20.43	Academic Fellows	30.8	40.1
20.44	Non-Academic Departmental Support Staff	33.9	42.3

COU Generated Space Summary		Space Generated as per COU (nasm)	
Ctg #	Category	2009 - 10	2012 - 13
20.41	Academic Offices	153.99	216.78
20.42	Other Research Offices	65.00	65.00
20.43	Graduate Student Offices*	26.00	26.00
20.44	Departmental Administrative and Support Staff Offices	440.70	549.90
20.45	Office Support Space	229.22	311.82
20.33	Research Laboratory Space	44.95	68.95
	TOTAL	959.86	1238.44

*The graduate students do not require offices as they are not involved in research or teaching. Students use the library study space and a student area with computers only, reducing the graduate student requirement to 26 nasm and the overall total to 1238.44.

The Department is experiencing continual growth and expansion of programs, and a renewed focus on their Research Program. As such, the Dean has approved the 5 year plan to 2013 of the Department for expansion.

SPACE ANALYSIS BY ROOM TYPE

Classrooms

Analysis of DFCM's classroom usage was prepared based on the approved five year expansion of their enrolment and programming. Classroom usage at 500 University was reviewed for availability and suitability for DFCM's needs.

DFCM's use of teaching space falls into a variety of types, including but not limited to lectures, seminars, core days, workshops, events, program and departmental committee meetings, faculty development and resident and student interviews.

Almost all of these are modular, or offered in a single block of time, rather than scheduled over an academic session. For example, a regularly scheduled class would be a class, offered in the fall term, every Monday for 2 hours. A modular class may have the same content, but be offered for one week, Monday to Friday, all day. This presents a difficulty in booking classrooms under the control of the Office of Space Management (OSM). Regularly scheduled classes are given priority in booking OSM rooms. The result is that rooms with a suitable time block for modular teaching are rarely available.

Very large sessions (100 to 320 persons) which require break out meeting space are typically booked off campus. OSM only has three classrooms that would seat 320 persons, and they do not have the required adjacent break out rooms. At 500 University, the largest classrooms seats only 80, and as such, these sessions would continue to be held off campus and are not included in the discussion below.

DFCM's Postgraduate Medical Education Program has a variety of session types and offerings, none of which are offered on a weekly basis. The scheduling range includes bi-weekly, three times a month, bi-monthly, monthly, quarterly, bi-annually and annually presenting a challenge to fit into traditional campus scheduling of rooms on a regular weekly basis per academic session. Many are half or full day sessions.

The Graduate Program has enrolments in individual classes of between 20 and 40 persons in the Masters Degree program with one summer class of 50. Current graduate student enrolment is 49 students with a combined FTE of 33.5 FTE, as well as 30.8 FTE Academic Fellows. As the expansion of programs continues, class sizes will increase. The anticipated graduate student registration for July 1, 2010 is showing an increase of almost double to an FTE of 63.8 and an increase of 30% Academic Fellows to an FTE of 40.1.

t least five new graduate courses are being added to the 2010 – 11 academic year such as:

- Assessment and Evaluation Curriculum Planning Issues in Field / Service Based Health Practitioner Education
- Curriculum Foundations in Residency and Professional Field Based Education
- The Theory and Application of Interprofessional Education for Collaborative Patient Centred Practice Part II

The Undergraduate Medicine program consists of pre-clerkship, clerkship, Family Medicine electives and the Family Medicine Longitudinal Experience Program. These are primarily conducted through the accredited teaching hospitals, not on campus. Undergraduate Medical Education does use classrooms for discrete teaching events throughout the year, again, on a modular basis. A new full week class being held every six weeks is being added to the 2010 – 11 curriculum.

Professional Development similarly runs isolated training sessions for new faculty with enrolments between 25 and 60. The International Program requires a classroom for six consecutive weeks each year to host the Chilean program.

DFCM currently has two flat floor seminar style classrooms in their 263 McCaul Street location. The rooms numbered 320 and 402 seat 25 and 35 respectively. Room booking data was obtained from the OSM booking system RRSLite for 52 weeks beginning in March 2009. Room 320 shows an average booking rate of only 13.4 hours per week, well below the COU standard of 34 hours per week, Monday to Friday. Room 420 showed a better 20.1 hours per week average. There was minimal booking of campus rooms outside of their department, and no outside users used their rooms. These numbers do not include ad hoc meetings of various committees, etc, held in the classrooms. Usage is expected to expand dramatically as enrolments increase and new classes are added.

With enrolments starting at 25 and approaching 40 and growing, the two rooms at 25 and 35 are under utilized due to their capacities. Larger sessions with enrolments of over 35 and up to 80 are not currently accommodated at all.

The capacity for DFCM to use classrooms at 500 University Avenue is highly variable. There are three 80 seat classrooms (two are tiered) and two 40 seat classrooms. Other classrooms and meeting rooms at 500 University Avenue are for 20 persons and under and include numerous 12 person case study rooms. The classrooms are OSM rooms, and Rehabilitation Sciences has a contract for preferential booking. Rehabilitation Sciences currently pay some of the costs of operating these rooms, and DFCM would pay their proportional share of those costs, primarily A/V in nature.

DFCM would be able to book those rooms through OSM, and the OSM contract may need to be modified to acknowledge DFCM's presence in the building. A new agreement between DFCM and Rehabilitation Sciences related to cost sharing of the OSM rooms may be required should their usage be more than casual.

As the larger capacity rooms are required by DFCM, FM&SP focused on the usage of those.

Outside bookings of the classrooms at 500 University Avenue are rare due to the location of the building distant from the rest of campus. Rehabilitation Sciences has a complex scheduling of classes across the departments over a two year teaching program.

RRSLite Booking data was obtained for the 500 University Avenue classrooms for the year commencing May 2008. The booking rate for the 80 seat classrooms approaches the COU standard minimum of 30 hours for the peak academic periods (Sept – Dec and Jan – Apr). The greatest availability for these rooms is in the 80 seat flat floor room 132 which as a wide but shallow shaped room, not configured to provide the ideal teaching environment. For DFCM's purposes, booking the tiered classrooms will probably be on a hit and miss basis. The meshing of Rehabilitation's usage with DFCM's may provide some happy coincidences for booking, but more likely will not as the remaining available hours are not consecutive or at an appropriate day or time.

The two 40 seat classrooms have high usage rates at 23 hours per week average for each in the peak academic periods. Adding DFCM's requirement for a total (and growing) usage of 33.5 hours would bring the average to 40.0 hours average for both rooms. This exceeds the minimum COU recommendation of 34 hours per week and would entail extremely fine tuned scheduling across departments.

Constructing two new classrooms, one of 30 seats (58 nasm) and one of 40 seats (78 nasm), will maximize the usage for DFCM and retains the usability of the 500 University Avenue rooms for the Rehabilitation Sciences. The DFCM classrooms would not be OSM rooms, and would be under the control of DFCM, but not for their exclusive use. Use by other occupants would be secondary to DFCM's needs and use.

DFCM will additionally retain shared use of meeting room 320 at 263 McCaul Street. It has not been determined at this time who will occupy the vacated space at McCaul Street.

Offices

Using the FTE count and the total number of persons, the numbers and types of offices were determined by program.

A total of 97 persons representing 61.8 FTE require 72 offices or cubicles. 51 of those offices are private and 21 are shared. Shared offices in the Post Graduate Program are shared three to an office.

Program	No. of People	FTE	Private Offices	Shared Offices	No. per Shared Office
Administration	14	11.8	12	1	2
Quality	3	1.8	1	1	2
Post Graduate	30	14.0	10	7	3
Undergraduate	8	4.4	3	3	2
Professional Development	13	8.0	7	3	2
International	8	6.0	6	1	2
Research	19	14.5	11	4	2
Library	2	1.3	1	1	2
Total	97	61.8	51	21	

Project Description

Vision Statement

The vision of the 2010 DFCM Space Plan is to provide an infrastructure which will enable the DFCM to achieve its vision and mission, and to successfully implement its strategic plan.

New staff and faculty positions in DFCM have been added to support both the tremendous expansion of the core programs and the implementation of the strategic plan. Supporting the widely distributed teaching sites (in areas such as Mississauga, Barrie, Newmarket and Markham, in addition to the GTA) in order to maintain the academic excellence that DFCM's programs are known for has required a substantial increase in central infrastructure.

Investment in educational technology and communications, including staff and faculty positions, has been imperative in order to create a community of learners, teachers and researchers. By fostering this community, we anticipate improved staff, faculty and learner satisfaction.

Space Program and Functional Plan

NOMINAL SPACE ALLOCATION

Departmental Space

The following table includes all of the space required by the Department of Family and Community Medicine based on:

- approved faculty and staff expansion to 2013,
- approved program and enrolment expansion.

As the Department will be located in three discrete locations (third floor, 263 McCaul Street and third and fifth floors, 500 University), there are multiple allocations of meeting, storage, kitchenette, and copy, mail and supplies rooms. The nominal space allocation includes the space retained at 263 McCaul Street, 178 nasm.

Nominal Space Allocation	nasm		
	TOTAL	500 University	263 McCaul
Classrooms			
Classroom (40 person)	74	74	
Seminar Room (30 person)	61	61	
Total Classroom Space	135	135	
Academic Offices			
Private Faculty Office, Chair	22	22	
3 Private Faculty Offices, Director	48	30	18
10 Private Faculty Offices, Standard	115	115	
6 Shared Faculty Offices (2 person)	69	55	14
7 Shared Faculty Offices (3 person)	81	81	
4 Research Cubicles	24	24	
Total Academic Offices	359	327	32
Non-Academic Offices			
37 Private Administrative Offices	426	365	61
4 Shared Administrative Offices (2 person)	46	46	
Total Non-Academic Offices	472	411	61
Student Study Space			
PGY-3 Study Area (5 person)	17		17
Total Student Study Space	17	0	17
Departmental Support Space			
Library Collection	31	31	
Student Computer Area	26	26	
Meeting Room (15 person)	23	23	
Meeting Room (20 person)	30	30	
Meeting Room (25 person)	49		49
Model Storage Room	6	6	
Reception	6	6	
Server Room	13	13	
Storage	18	18	
3 Copy, Mail and Supplies Rooms	36	25	11
3 Kitchenettes	20	12	8
3 Waiting Rooms	18	18	
Total Departmental Support Space	276	197	68
Program Area for the Department	1259	1081	178

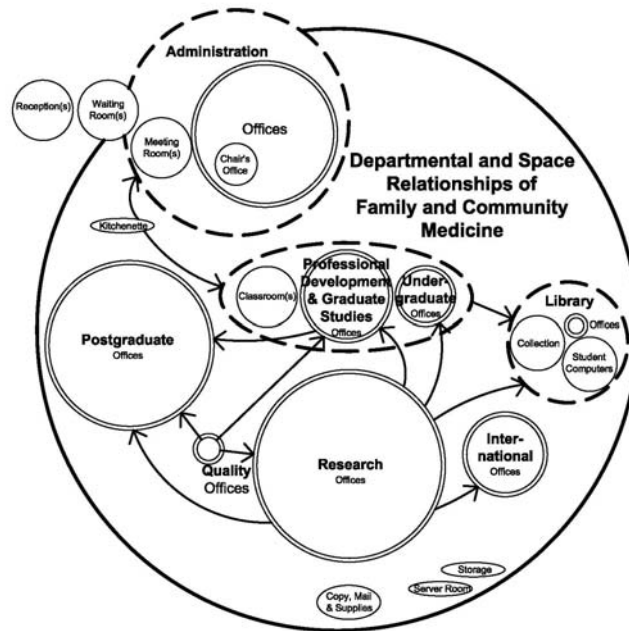
Provision for Caretaking Space

Caretaking space was not provided for in the planning and renovations of 500 University Avenue to date. The third and fifth floors are the only remaining floors that are not either occupied or renovated. Over the years, the third floor has become ad hoc caretaking space, as well as unassigned storage. Appropriate caretaking space is planned as part of this project. The design standards of the University's Caretaking division were utilized to develop the space program which has been approved by Caretaking. Room data sheets prepared by Caretaking are attached.

- Private Office 6
- 2 Locker Rooms (one for each gender) 12
- Lunchroom (4 person) 12
- Storage Room 12

Total Caretaking Support Space 42

FUNCTIONAL DIAGRAM



There are three discrete relationships outlined in the diagram above.

- Administration, consisting of the relationship to the public, the overall management of the department, the coordination of many committee meetings, and their offices.
- Library, made up of the library collection, librarian's offices and a student computer / study area.

- Graduate, Undergraduate and Professional Development Programs who are the primary users of the library.

The Postgraduate (PG) and Research programs are the largest by number of offices. Graduate and Postgraduate programs are the heaviest users of classrooms.

Although the International program has interrelationships with other programs, it is the most discrete program and as currently evidenced, capable of operating somewhat independently of the remainder of the department.

FUNCTIONAL PLANS

Functional plans were developed for the third and fifth floors of 500 University Avenue. The rooms at 263 McCaul Street to be allocated to the International Program will be used in the same way as they are currently used. Refer to Appendix C for large format plans.

500 University Avenue has a core of elevators, exit stairs, washrooms and services on the south side of the building. The remaining sides are windowed, and there is a large windowless centre area. The column grid is four by six bays. The first bay on the south is narrower than the others and contains the core.

The third floor has the largest available floor area. Given the large column free area needed for the classroom and seminar room, as well as their location together, they are planned to be located on the third floor,. This will allow for double loaded corridors with offices around the perimeter, maximising the available daylight. As per the University's Design Standards, all offices will also have glass sidelights. The remainder of the space will be assigned for service type rooms (waiting, kitchenette, photocopy, mail and supplies, and storage). The two largest programs, Postgraduate and Research can be accommodated into the 31 offices and 4 open workstations of this floor.

The caretaking space has also been located on the 3rd floor, immediately opposite the core and is contiguous.

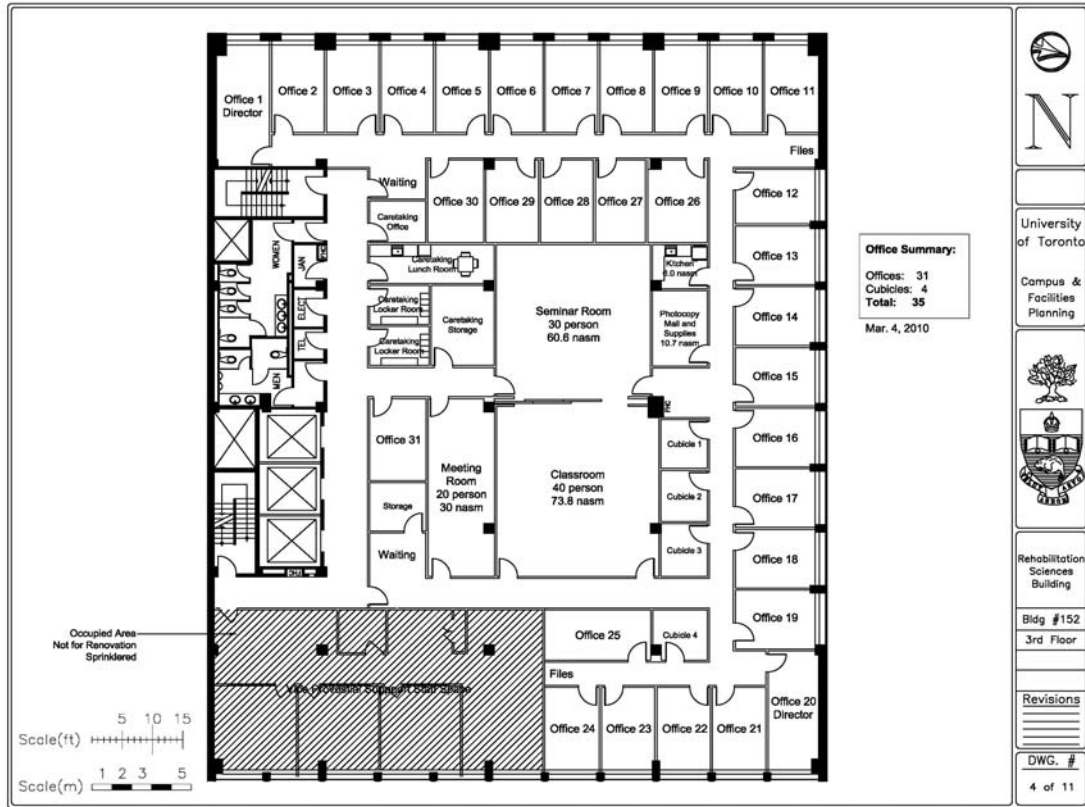


Figure 1: Third Floor Functional Layout

The remainder of the department is located on the fifth floor. This allows for the Library, Undergraduate and Graduate Studies to be located in close proximity. The Server Room will be located close to the core with an office for IT. Again, offices are planned for the most part along the exterior wall for access to daylight, leaving the remainder of the space for service type rooms. The kitchenettes on both floors will be located adjacent to the existing service shaft.

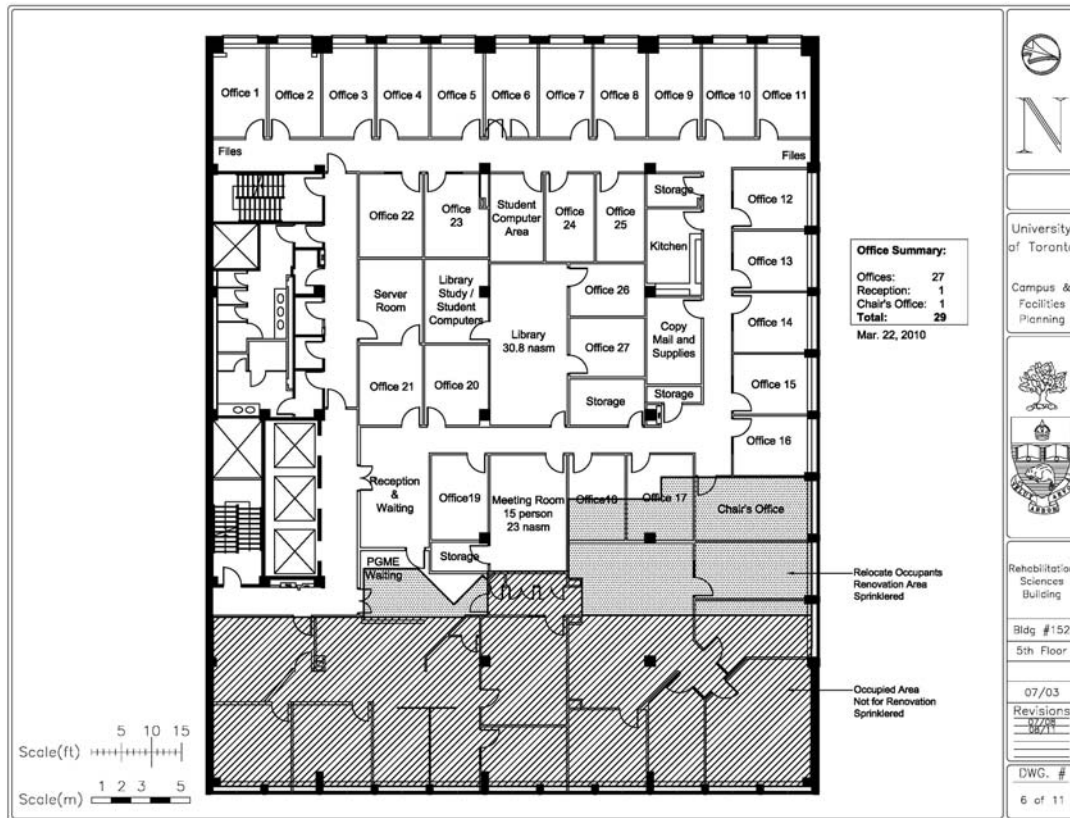


Figure 2: Fifth Floor Functional Layout

Storage will be in a series of smaller rooms located in residual space and, where possible space in corridors, either at end pockets or along length – min. width of six feet (to accommodate lateral file cabinets).

The net assignable area of the functional layout of the space program over these two floors, plus the area assigned at 263 McCaul Street is 1259 nasm, compared to the 1238 nasm required. As there are some room duplications due to the three locations, the slight overage is expected.

Building, Site and Campus Infrastructure Considerations

The building at 500 University Avenue, built in 1958, was purchased by the University in 1999. It is located on the west side of University Avenue, between University Avenue and Simcoe Street, just north of Dundas Street and situated in the hospital district approximately one block from Mount Sinai Hospital, University Health Network - Princess Margaret site, Toronto Rehabilitation Hospital, the Hospital for Sick Children and the University Health Network.

Adjacent to the building is a three storey addition built between the 15 storey tower to the north and 500 University Avenue. A high rise office tower is to the south of the building.

500 University is a ten storey steel and concrete structure built as office / commercial space. Typical floor to floor height is 12'-0" (3.66m). The building core consisting of elevators, exit stairs, washrooms and vertical services is located on the south side of the building, and the remaining sides are windowed with horizontal single glazed strip windows. There are three passenger elevators that service the building from basement to tenth floor, and a single freight elevator that services only the main floor and basement. Building security is provided by a card access system for after hours access and elevator use.

The building is appropriately serviced for the use as offices, including data (fiber link to university back bone), electrical, heating and air conditioning. The sprinkler main installed as part of the original renovation in 2002 was sized with the provision of sprinklers to these floors included.

Accessibility is provided by an existing wheelchair lift at the front entrance and a ramp at the rear Simcoe Street entrance. All public washrooms are wheelchair accessible.

The building does not have dedicated parking but street parking is available on University Avenue and a public parking garage is located directly across from the Simcoe Street entrance.

A report on asbestos prepared in 2007 for Facilities and Services indicates that the spray fireproofing is primarily non-asbestos. Some asbestos may remain in the core shaft which was not accessible for testing. There is evidence of some vinyl asbestos floor tiles which are to be removed with this project.

The building does not require new services or zoning approvals. The new construction proposed is wholly within the existing building envelope.

Secondary Effects

In 2001, 500 University Avenue was planned to be developed primarily for the Rehabilitation Sector and Continuing Education of the Faculty of Medicine. Some space remained occupied by tenants from prior lease arrangements with the purchase of the building and, consequently, the planning identified two phases. Some floors which were originally designed and used as offices were not renovated or only partially renovated. Most of the third floor has remained vacant until this proposed renovation. The following secondary effects now need to be addressed in this phase of construction.

Fire Safety - Sprinklers

The building was not required to be sprinklered when built, and was acquired without a sprinkler system. Current fire safety standards require the provision of a sprinkler system, and the building has been updated as renovations have occurred. The third and

fifth floors which have not been renovated previously will now be required to be sprinklered. The entire third and fifth floors, both the renovated and unrenovated or occupied areas are included. Construction of the sprinkler system in occupied areas must occur off hours, evenings or weekends, to minimize disruption to existing occupants.

Swing Space and Staging

The operation of caretaking during construction must be maintained, as well as the relocation of some of PGME's offices during the renovation. Both can be accommodated in the existing finished, unoccupied areas of the fifth floor while the caretaking space is constructed on the third and the renovation to PGME is occurring. Once those are complete, PGME can move back into their offices and caretaking can move into their new space. The remainder of the renovation of the third and fifth floors can commence at that time.

Other Occupants

The Vice Provostial Support Staff on the third floor and Post Graduate Medical Education (PGME) on the fifth floors will remain in place during construction. Clear access must be maintained free of construction to the floor services, elevators, stairs and washrooms. Dust and noise control must be maintained. Excessively noisy work must occur on evenings or weekends and notice must be given.

The remainder of the building remains occupied by other departments and includes classrooms, library and café. Shutoffs of services such as water and electricity must be scheduled to off hours and adequate notification given. Although a loading dock exists, the freight elevator only services the basement. To minimize disruption in the public lobby, construction materials are to be unloaded into the freight elevator, taken to the basement, and then loaded into a passenger elevator to deliver to the construction areas.

Post Graduate Medical Education Partial Renovation

The area occupied by PGME on the fifth floor will be partially renovated to provide capture non-PGME space and to rationalize the entry to PGME. A 6 nasm waiting area for PGME is to be provided, including a door from the DFCM reception to allow for the sharing of the reception.

Schedule

It is projected that the construction at 500 University Avenue will commence in November of 2010, with construction completion July 2011, allowing occupancy in August 2011.

Following is the planned schedule:

Planning and Budget Approval of Planning Report	May 2010
Architect selection complete	May 2010
Academic Board Approval	June 2010
Business Board Approval	June 2010
Final Governance Approval of Planning Report	June 2010
Tender package complete	October 2010
Construction start	November 2010
Construction completion	July 2011
Move-in	August 2011

In order to meet this timeline, the process to select the consultant must begin immediately

Resource Implications

Total Project Cost Estimate

The firm of Marshall & Murray was retained to provide a construction cost estimate, based on the floor layouts, room data sheets, and instructions from FM&SP at a site visit.

The method of project delivery assumed in the estimate is single tender, stipulated sum contract.

The estimate assumes a complete demolition of interior finishes and services back to the exterior walls, but retaining the perimeter HVAC system. New sprinklers, air distribution systems, lighting, etc. will be provided suitable for the new layouts. The base mechanical and electrical systems for the building will not change, and existing primary services to the floors will be utilized. Partitioning, flooring and ceiling finishes will be simple, consistent with the rest of the building. The total estimated area for this major work over the two floors is 1,625 GSM. Additionally, the balance of both floors will have a sprinkler system installed.

The areas were surveyed for asbestos by Facilities and Services staff as is required prior to any construction. Small quantities of loose material were observed in the column surrounds, which will be removed prior to construction. Otherwise there were no issues of concern noted.

The total project cost is estimated to be \$3,500,000 (in Appendix D) includes the following estimates or allowances:

- Secondary effects allowance for minor renovations at 263 McCaul Street to accommodate 8 staff relocating from Banting.
- Conventional renovation permit fees, not site plan approval.
- Professional fees.
- Minor computing hardware costs related to the installation of a wireless system, the computing infrastructure within the building is assumed to be adequate.
- Installation costs only for A-V equipment relocated from McCaul Street , no new equipment.

Most furniture will be relocated from McCaul Street , with a small allowance for new furnishings as indicated on the room data sheets. Staff will provide information to the Architect in order to determine the fit of existing furniture to the new layouts. It is assumed that sufficient funds will be available to avoid any interest costs prior to move-in.

Operating Costs

All operating costs for the Department are paid by the Dean's Office, Medicine and it is expected that the operating costs for the faculty overall would increase by approximately \$50,000 with the implementation of this project.

- Although DFCM will reduce its allocation at 263 McCaul Street, no space is to be released by the Faculty.
- The Faculty of Medicine will be releasing space in the Banting Building (192 nasm for DFCM, approximately - \$38,000).
- For 09/10 the total cost under the new budget model, for 500 University was \$1,393,561 and 93% was charged to the Faculty of Medicine. In the future approximately 99% would be charged to the faculty (an additional \$84,000) plus an anticipated increase in caretaking and utilities costs.

Funding

The funding for this project has been assembled from two sources, \$3 million from the Ministry of Health – Long Term Care Funding, and \$500,000 from the Department of Family and Community Medicine.

Recommendations

That the Planning and Budget Committee recommend to the Academic Board:

1. THAT the Project Planning Committee Report For the Relocation of the Department of Family and Community Medicine to 500 University Avenue be approved in principle.
2. That the project scope as identified in the Project Planning Report be approved in at a Total Project Cost of \$ 3,500,000 with funding as follows:

Ministry of Health – Long Term Care:	\$ 3,000,000
Department of Family and Community Medicine:	\$ 500,000

APPENDICES

- A Existing Space Inventory
- B Functional Layouts
- C Total Project Cost Estimate (on request to limited distribution)
- D Room Data Sheets (on request)
- E Links to U of T Standards and Policies and DFCM Strategic Plan