

Systematic reviews of Clinical Departments are a critical process of quality assurance accountability at the Faculty of Medicine. The process includes the preparation of a self-study report by a wide range of contributors, a visit by an external review team that meets with a broad range of constituencies, the team's report of findings, and the Chair's and Dean's response. A summary is reported to Governing Council's Committee on Academic Policy and Programs (AP&P) and to Faculty Council. The external reviews are commissioned by the Office of the Dean and normally coincide with the end of the terms of Chairs; by extension, they inform the international search for and (re)appointment of Chairs.

SUMMARY OF EXTERNAL REVIEWS OF CLINICAL DEPARTMENTS | 2011-12

CLINICAL DEPARTMENT	Dept. of Medical Imaging
EXTERNAL REVIEW TEAM	1. Dr. Pierre Bourgouin - Professor and Chair, Dept. of Radiation, Radiation Oncology and Nuclear Medicine, University of Montreal 2. Dr. Thomas Grist - Professor and Chair, Dept. of Radiation, University of Wisconsin
DATE OF EXTERNAL REVIEW VISIT	October 13-14, 2011
STRENGTHS	<ul style="list-style-type: none"> ▪ national and international stature ▪ leadership across programs ▪ relationships with external bodies ▪ scope, quality, relevance, and recognition (e.g., applied research by academic physicians and their postgraduate fellows); overall impact factor of research is above average for major academic institutions in North America ▪ online component of new medical imaging curriculum ▪ support of residents in Clinical Investigator Program (unique in Canada) ▪ training programs (100% pass rate for Royal College of Physicians and Surgeons of Canada exams over last 5 years), imaging equipment (state-of-the-art), and tremendous volume and variety of case material available for teaching at all sites in Nuclear Medicine Residency Program ▪ Annual Organ Imaging Review (recognized among the best in North America)
RECOMMENDATIONS	<ul style="list-style-type: none"> ▪ appointment of Vice-Chair, Education (e.g., to integrate medical student, residency fellowship, and continuing medical education opportunities) ▪ establishment of a leadership program in education for faculty development in education ▪ implementation of a formal mentorship program ▪ establishment of a long-range research plan ▪ strengthening of ties with cognate Departments ▪ creation of an agenda for an integrated medical imaging program by the University and hospital CEOs ▪ establishment of a succession plan for the Director of the postgraduate medical education program
DECANAL RESPONSE	<ul style="list-style-type: none"> ▪ agrees with the view that a unifying strategic research plan would facilitate collaboration among faculty located in multiple hospital locations ▪ endorses faculty development in education; the Faculty offers excellent education career development ▪ recommends the creation of an effective formal mentorship program; yearly review of individual faculty performance has been implemented ▪ recognizes the Department as a platform priority in the Faculty Research Strategic Plan (many affiliated hospitals and research institutes also declared medical imaging as a research priority), so the next Chair will be well positioned to lead the integration of medical imaging research initiatives across affiliated institutions and in collaboration with cognate University Departments ▪ expects the renewed strategic plan under the new Chair will be aligned with the Faculty's; key performance indicators—including measures of academic productivity, research outputs and outcomes—will apply to all Departments; within this framework the leadership of the Department will be able to benchmark its accomplishments using comparators of other Clinical Departments at the University and elsewhere ▪ agrees that with the growth of molecular imaging, more trainees in this modality will be required ▪ urges the bolstering of clinician-scientist training involving postgraduate trainees entering MSc/PhD research programs to prepare for a career in research

CLINICAL DEPARTMENT	Dept. of Ophthalmology and Vision Sciences
EXTERNAL REVIEW TEAM	1. Dr. Ken Romanchuk - Professor and Chair of Ophthalmology, University of Calgary 2. Dr. Joan Miller - Professor and Chair of Ophthalmology, Harvard Medical School
DATE OF EXTERNAL REVIEW VISIT	September 23, 2011
STRENGTHS	<ul style="list-style-type: none"> ▪ basic research portfolio ▪ undergraduate medical education, residency, and continuing education programs ▪ relationship with optometry, in the region ▪ Kensington Eye Institute ▪ research output—largest in Canada

<p>RECOMMENDATIONS</p>	<ul style="list-style-type: none"> ▪ training (e.g., record in the percentage of residents passing their qualifying examination in ophthalmology) ▪ centralization of the Department, which is currently dispersed ▪ development of a centralized outpatient facility with coordinated community outreach ▪ designation of space for residents and for research ▪ designation of a room with computer workstations and common lounge for residents (e.g., in a centralized outpatient ophthalmology facility) ▪ improvement in translational research; greater coordination between the Department Chair and the research organizations of the hospitals to build strong translational programs; expansion of clinical research at the Kensington Eye Institute ▪ addressing of the challenge to find clinical placements ▪ increase in funding for educational programs, resident scholarly programs, administrative support, and Association for Research in Vision and Ophthalmology Annual Meeting ▪ expansion of fundraising (with the cooperation of the hospitals) to support additional scholarly programs and collaborative activities ▪ identification of areas of need in clinical care, OR time, clinical space, and financial support for new recruits ▪ greater attendance at annual professional meetings ▪ standardization of the surgical curriculum followed by the faculty, with set expectations of case turnover ▪ standardization of salaries for fellows ▪ addition of ophthalmology-specific “professionalism” programs to existing courses ▪ installation of videoconferencing technology across the sites
<p>DECANAL RESPONSE</p>	<ul style="list-style-type: none"> ▪ A centralized “home” for residents should be addressed. Dedicated space, including computer workstations, is essential for residents and must be addressed by the Department as quickly as possible. ▪ It is time for the convergence of ophthalmology ambulatory care and same-day surgery into a single geographic location while maintaining only the highly-specialized surgical ophthalmology services in some fully-affiliated hospitals. The Faculty of Medicine is working closely with the Department to advocate with the affiliated hospitals and the Toronto Central Local Health Integrated Network to implement this plan. The concept of a comprehensive eye institute could potentially evolve with expansion of the Kensington Eye Institute. ▪ An expansion of the Kensington Eye Institute should provide teaching and learning opportunities if scope of practice is expanded beyond standard cataract extractions. ▪ Opportunities for clinical placement of medical students in outpatient clinics and hospital settings are being expanded into community-affiliated sites. ▪ The next Chair will need to consult with the affiliated hospital CEOs and their Vice-Presidents of Research to determine how best to partner effectively to integrate the University Department and hospital/research institute academic missions ▪ To realize the Department’s full potential in translational research, it should be tied to the strategic priorities of partner hospitals. ▪ A more deliberate and effective integration of the Vision Science Centre with the Department and its strategic research directions would be highly desirable. ▪ Additional funding and administrative support for the undergraduate medical education program must be negotiated with the Vice-Dean, Undergraduate Medical Education and the Academy Directors. The next Chair will work with the Director of the Undergraduate Medical Education Program in Ophthalmology to address these issues as necessary. ▪ The Faculty provides major resources and support for training residents in professionalism through online learning modules that each resident must complete. The Associate Dean, Equity and Professionalism will follow up with the Director of Postgraduate Medical Education in this Department to address any perceived or real deficiencies in the teaching and learning of professionalism. ▪ Further financial support for academic training of residents and fellows should be a top priority for fundraising. ▪ The Faculty is launching guidelines to avoid conflict of interest with industry that include support for continuing education and provisions for contribution from industry with unrestricted grants. As a reduction of industry funding based on the economy is possible, the Department should continue to evolve its business model for continuing education, and ensure that its outreach and curriculum scope expands. ▪ The Office of the Vice-Dean, Postgraduate Medical Education is currently working with the Clinical Departments, including the Dept. of Ophthalmology, to standardize the international postgraduate (MD) fellow employment and remuneration processes. ▪ The technology for videoconferencing among the affiliated hospital sites is available and the Department should work with the hospitals and, as necessary, with the Discovery Commons in the Medical Sciences Building to engage in more videoconferencing for rounds, teaching, and communication.

<p>CLINICAL DEPARTMENT</p>	<p>Dept. of Otolaryngology – Head and Neck Surgery</p>
<p>EXTERNAL REVIEW TEAM</p>	<p>1. Dr. Dominique Dorion - Deputy Dean and Vice-Dean Resources, Université de Sherbrooke 2. Dr. David Eisele, Chair - Dept. of Otolaryngology – Head and Neck Surgery, University of California, San Francisco (Since 2012, Chair of the Dept. of Otolaryngology – Head and Neck Surgery, Johns Hopkins Medicine)</p>
<p>DATE OF EXTERNAL REVIEW VISIT</p>	<p>December 1-2, 2011</p>
<p>STRENGTHS</p>	<ul style="list-style-type: none"> ▪ international reputation ▪ ranking in North America ▪ leadership of the Chair

	<ul style="list-style-type: none"> ▪ research levels ▪ relationships with senior leadership of affiliated hospitals ▪ morale of all constituents ▪ fundraising (e.g., resulting in four endowed chairs) and volume of private donations ▪ leadership of senior faculty in transforming health care in Ontario—an important contribution to the Faculty and to the University ▪ undergraduate, postgraduate, and continuing education programs ▪ visiting professorships—held by world experts ▪ attraction of top Canadian medical students and international trainees ▪ production of a high proportion of academicians and leaders in otolaryngology and head and neck surgery in Canada ▪ research efforts of the residents ▪ breadth of basic science and clinical research ▪ growth of head and neck cancer research ▪ volume of peer-reviewed publications and grant acquisitions ▪ research mentors for trainees—high caliber
RECOMMENDATIONS	<ul style="list-style-type: none"> ▪ expansion of translational research programs ▪ expansion of research into areas such as vestibular physiology and applied outcomes ▪ continued pursuit of merit-based and private funding of research ▪ engagement in relevant clinical trials ▪ additional Department laboratory space ▪ recruitment of additional clinical-educator faculty (e.g., to the Mississauga Academy) ▪ recruitment of more faculty to Mechanisms, Manifestations and Management of Disease (MMMD) ▪ recruitment and training of more clinician-scientists, specifically in head and neck surgery and rhinology; establishment of mechanisms for the identification, development, and training of clinician-scientists ▪ increased engagement of community OHNS practitioners in teaching students ▪ expansion of education programs in community hospitals ▪ appointment of Associate Director of Postgraduate Medical Education ▪ appointment of full-time Development Officer
DECANAL RESPONSE	<ul style="list-style-type: none"> ▪ urges collaboration with Vice-Presidents of Research at relevant affiliated partners in order to obtain additional laboratory space in hospital-based research institutes ▪ expects that the next strategic plan will identify priority programs aligned with the goals of affiliated hospital research institutes for future recruitment of research faculty ▪ urges an increase in operational funding arising from new lines of revenue, including philanthropy, research relationships with the private sector, and new partnerships with hospitals/research institutes ▪ urges the continued development and positive and successful relationships with affiliated hospitals ▪ welcomes increased teaching by the Department faculty, noting that the levels of engagement of part-time faculty of community affiliates continues to increase across all the Clinical Departments, including OHNS ▪ recommends the analysis of the organizational structure in the next Chair’s strategic plan ▪ welcomes improved audiology education across all of the Department’s education programs

CLINICAL DEPARTMENT	Dept. of Radiation Oncology
EXTERNAL REVIEW TEAM	Dr. Carolyn Freeman - Michael Rosenbloom Chair in Radiation Oncology, Dept. of Oncology, McGill University Dr. Simon Powell - Enid A. Haupt Chair in Radiation Oncology and Chair, Dept. of Radiation Oncology, Memorial Sloan-Kettering Cancer Center
DATE OF EXTERNAL REVIEW VISIT	October 11-12, 2011
STRENGTHS	<ul style="list-style-type: none"> ▪ vision of the Chair ▪ development of collaborative research programs ▪ residency program, especially interprofessional education activities ▪ fellowship program, radiation biology teaching, graduate education and research programs, undergraduate radiation sciences program
RECOMMENDATIONS	<ul style="list-style-type: none"> ▪ promotion of the development of a structured oncology program for undergraduate medical students ▪ review of the goals, scope, and priorities of the continuing education program ▪ development of a formal program for mentoring junior faculty from initial appointment through to the associate professor level ▪ activation of the Research Advisory Committee with membership from both sites and all professions, charging it with a mandate that includes the development of a master plan for research, with targets that include not just quantity but also quality of publications, and oversight within the context of the strategic plan ▪ development of collaborative programmatic efforts to address the major themes of the transformative agenda

	<ul style="list-style-type: none"> ▪ continued work towards the proposed Princess Margaret Hospital (PMH)-Odette Cancer Centre (OCC)—and even provincial—data warehouse that would support clinical research and foster joint ventures between the PMH and OCC ▪ development of a clinician-scientist development strategy, with a coherent approach at both sites ▪ development of a stronger academic metrics for all faculty that are understood to be an important part of their evaluation and even remuneration ▪ standardization of the methods to develop discretionary funds to support the academic mission of the Department, with efforts and contributions equalized between the two sites, and that these funds be used to prime the strategic vision ▪ Vice-Chairs be empowered to help execute the strategic mission of the Department ▪ implementation of a faculty development and mentorship program ▪ funding for fellowship programs ▪ that the structure of the Department be changed to have a Chair who is also Chief at both clinical sites
<p>DECANAL RESPONSE</p>	<ul style="list-style-type: none"> ▪ The new selectives program in clerkship, along with the longitudinal theme of oncology throughout the undergraduate medical education program, offers the opportunity for the Department to lead in the teaching and learning of medical students about oncology and the discipline of radiation oncology. ▪ The Faculty agrees that improved financial support for students in undergraduate medical radiation sciences program, including bursaries and merit-based scholarships, is necessary and must be part of fundraising activities of the Department. ▪ The funding of fellowships and clinician-scientist training should be a major focus of the next Department Chair working in close collaboration with the hospital-based foundations. ▪ Infrastructure support for research and advanced clinical training infrastructure must be addressed at each hospital/research institute site in cooperation between senior leadership of Department and institutional leads. ▪ It is recognized that a formal program for mentoring junior faculty should be established. ▪ The relationship between the two departmental sites—PMH and OCC—continues to evolve and improve. ▪ Research metrics are currently being developed with the assistance of the Vice-Dean, Research and International Relations. (It is the Faculty's intent to enable all Departments to improve research performance.) ▪ The new Chair will evaluate the organizational structure and further develop the strategic plan. ▪ The appointment of the Clinical Chiefs at the two sites is a hospital, not University, decision.