



TEMERTY FACULTY OF MEDICINE  
UNIVERSITY OF TORONTO

Temerty  
Medicine

# Self-Study

External Review Spring 2026



# Contents

- 1. Preface ..... 3
- 2. Introduction and Context ..... 4
- 3. Academic Programs ..... 13
- 4. Research ..... 67
- 5. Organization and Administration ..... 97
- 6. Faculty ..... 127
- 7. Space and Infrastructure ..... 143
- 8. Internal and External Relationships ..... 151
- 9. Recommendations from Previous External Review ..... 164
- 10. Future Directions ..... 168
- 11. Appendices ..... 173

# 1. Preface

The following self-study involved input from learners, staff and faculty members from across the Temerty Faculty of Medicine. The final preparation was undertaken by a small team of staff and leaders within the Office of the Dean. We are grateful for the contributions and acknowledge the work of all those involved in this collaborative process.

We also wish to acknowledge the territory on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit, and is still the home to Indigenous people from across Turtle Island.

## 2. Introduction and Context

The University of Toronto's Temerty Faculty of Medicine has an extensive history of leadership in all aspects of its work — from discovery science and groundbreaking innovation to preparing expert physicians, rehabilitation sciences health professionals, physician assistants, medical radiation scientists and researchers. The Faculty is known for attracting top-ranked scientists, fostering interdisciplinary research and learning, and developing graduates who lead in their fields.

### Our Programs, Our People

Within the University of Toronto, Temerty Medicine is second only to the Faculty of Arts & Science in size, comprising: 25 departments and institutes across three sectors, and nine research centres (see Section 2 Appendix C). The three sectors — **basic science, clinical** and **rehabilitation sciences** — power the education and research mission of the Faculty.

Temerty Medicine offers a wide range of degree programs across the undergraduate and graduate health sciences and life sciences, including MD, master's (both professional and thesis-based), PhDs, and bachelor's degrees (physician assistant and medical radiation sciences). Faculty members are also deeply engaged in undergraduate life sciences teaching for degree programs offered by the Faculty of Arts & Science, and are the administrative home of five collaborative specializations that provide an additional multidisciplinary experience for students enrolled in an approved U of T graduate degree program. (See Section 5 for further details on academic units and Section 3 for details on programs.)

Founded in 1843 as a school of medicine, many of Temerty Medicine's health professional programs are the largest by enrolment in Canada, including our postgraduate medical education and rehabilitation sciences programs. Throughout its history, Temerty Medicine has responded to the needs of its surrounding community, including initiating Canada's first rehabilitation program in order to support veterans returning from World War One. Today, approximately 15% of U of T's graduate students are based at Temerty Medicine. With more than 10,000 faculty members across our network, including over 7,600 clinical faculty, Temerty Medicine is the primary academic home to 60% of U of T's faculty and 9.5% of its administrative staff.

At any one time, the Faculty's more than 4,500 medical residents and fellows — including members of one of the world's largest family medicine programs — provide essential frontline healthcare and are furthering their training in dozens of hospitals, health centres and clinics across Canada's most dynamic city, the Greater Toronto Area (metro pop. 7 million), and around the province of Ontario. They are joined by students training in rehabilitation, physician assistant, and medical radiation science programs who are in the field, gaining clinical experience and delivering care.

In 2024, Temerty Medicine graduates represented 20.3% of all newly trained Canadian physicians, including<sup>1</sup>:

- 33% of new family doctors who trained and entered practice in Ontario
- 51% of new specialists who trained and entered practice in Ontario, including subspecialists in high demand

Our health professional graduates included 34% of all newly graduated physiotherapists who trained and entered practice in Ontario in 2024. Our graduates registered with the College of Medical Radiation and Imaging Technologists of Ontario represented:

- 80% of new nuclear medicine technologists
- 56% of new radiation therapists
- 12.5% of new radiological technologists

And, according to a 2022 career outcome study by U of T's School of Graduate Studies, Temerty Medicine's biomedical PhD graduates work and lead in key sectors: postsecondary education (37.7%), private industry (28.2%) and public organizations (18.8%). With partner hospitals, over 941 startups have been launched by entrepreneurs in the past five years.

*To learn more, the [Vitals website](#) offers a comprehensive snapshot of Temerty Medicine “by the numbers.”*

## **Our Network, Our Impact**

The University of Toronto lies at the heart of one of the world's leading life sciences hubs, the Toronto Academic Health Science Network (TAHSN). The [network](#) comprises nine fully affiliated academic health sciences institutes and six associate affiliated hospitals, with its administrative base located at Temerty Medicine. TAHSN's strengths include<sup>2</sup>:

- Global leadership in research with collaboration across borders and sectors
- Leading clinical trial activity to support drug development and innovative therapies
- Dynamic and advanced education environments that support highly specialized talent development and attraction within the Canadian life sciences sector

Collectively, Temerty Medicine researchers on-campus and across TAHSN hold \$1 billion in research funds (up from \$758 million in 2014), spanning the basic sciences to large-scale clinical trials. Of the 2023-24 funding received by U of T from the Canadian Institutes of Health Research (CIHR) – the country's gold standard for competitive research grants – 78% was awarded to Temerty Medicine faculty.

---

<sup>1</sup> Canadian Post-MD Education Registry annual census

<sup>2</sup> Unleashing the potential of a world-class research powerhouse by Shift Health + U of T, 2023

The track record of U of T's biomedical discoveries — across disciplines and decades — is too long to recount but, along with our hospital partners, has had impact through the 20th century to the present. From battlefield medicine and surgery in World War I through the discovery of insulin and stem cells to advances in vaccine production, radiation therapy, the foundation of GLP-1 medications, organ transplantation and surgical innovations, large-scale clinical trials and beyond, Toronto's impact on health and healthcare is extensive.

In 2024, U of T was ranked as the 3rd most prolific institution in health sciences research. According to *Nature*, U of T ranked second globally in health science research in 2023, a ranking primarily enabled by Temerty Medicine.

The Faculty also has affiliation agreements with over 30 hospitals and healthcare sites. Through its comprehensive programs, Temerty Medicine offers unparalleled opportunities for its nearly 11,000 faculty and staff, as well as almost 9,000 health professional and graduate learners across two — and soon to become three — campuses of the University.

With this foundation, U of T continues to build a reputation in biomedical science and clinical medicine that is consistently recognized internationally:

**Section 2 – Table 1: Rankings in the subjects of Medicine, Clinical Medicine and/or Health for the University of Toronto and select international comparator institutions\***

		<i>U.S News &amp; World Report (Clinical Medicine)</i>	<i>Times Higher Education World University Ranking (Clinical and Health)</i>	<i>Shanghai Ranking (Clinical Medicine)</i>	<i>National Taiwan University Ranking (Clinical Medicine)</i>	<i>QS World University Ranking (Medicine)</i>
<b>2021-2022</b>	<b>University of Toronto</b>	5	6	15	3	14
	Harvard University	1	2	1	1	1
	Johns Hopkins University	2	8	5	2	5
	University of Oxford	8	1	6	12	2
	Stanford University	3	5	24	9	3
<b>2022-2023</b>	<b>University of Toronto</b>	5	5	15	3	10
	Harvard University	1	2	1	1	1
	Johns Hopkins University	2	9 (tied)	5	2	5
	University of Oxford	8	1	7	13	2
	Stanford University	4	6	25	9 (tied)	3

		<i>U.S News &amp; World Report (Clinical Medicine)</i>	<i>Times Higher Education World University Ranking (Clinical and Health)</i>	<i>Shanghai Ranking (Clinical Medicine)</i>	<i>National Taiwan University Ranking (Clinical Medicine)</i>	<i>QS World University Ranking (Medicine)</i>
<b><u>2023-2024</u></b>	<b>University of Toronto</b>	4	7	17	2	15
	Harvard University	1	3	1	1	1
	Johns Hopkins University	2	11	8	3	4
	University of Oxford	8	1	6	11	2
	Stanford University	5	6	24	9	3
<b><u>2024-2025</u></b>	<b>University of Toronto</b>	5	9	20	2	10
	Harvard University	1	2	1	1	1
	Johns Hopkins University	2	6	6	3	5
	University of Oxford	8	1	4	11	2
	Stanford University	3	5	24	9	3

		<i>U.S News &amp; World Report (Clinical Medicine)</i>	<i>Times Higher Education World University Ranking (Clinical and Health)</i>	<i>Shanghai Ranking (Clinical Medicine)</i>	<i>National Taiwan University Ranking (Clinical Medicine)</i>	<i>QS World University Ranking (Medicine)</i>
<b><u>2025-2026</u></b>	<b>University of Toronto</b>	5	9	14	2	14
	<b>Harvard University</b>	1	2	1	1	1
	<b>Johns Hopkins University</b>	2	5	5	3	4
	<b>University of Oxford</b>	8	1	9	15	2
	<b>Stanford University</b>	3	6 (tied)	22	8	3

**\*Why does Temerty Medicine use Harvard, Johns Hopkins, Oxford, and Stanford as our comparators?**

The University of Toronto’s Temerty Faculty of Medicine is appropriately compared with Harvard, Johns Hopkins, Oxford, and Stanford on the basis of scale, research intensity, clinical integration, and global impact in medicine. Each of these institutions anchors one of the world’s largest and most influential academic health sciences ecosystems, combining top-tier medical education with deeply integrated teaching hospitals and extraordinary research output. Like its peers, Temerty Medicine consistently ranks among the global top institutions in clinical medicine and health sciences, operates within one of the largest academic hospital networks worldwide, and contributes to an annual medical research enterprise exceeding \$1 billion. Comparable to Harvard’s and Johns Hopkins’ leadership in NIH funding, Oxford’s £500 million-plus annual medical research income, and Stanford’s concentration of high-impact biomedical research, Temerty Medicine trains thousands of undergraduate, postgraduate and research trainees annually, and supports one of the largest concentrations of physician scientists globally. Collectively, these shared characteristics — global rankings, research funding scale, hospital integration and leadership in training health-system leaders — place Temerty Medicine in the same international peer group as these pre-eminent medical institutions.

## **Our Vision, Our Philanthropy, Our Impact**

The Temerty Faculty of Medicine's extensive educational and research activities have been informed by our [guiding vision](#): our learners, graduates, faculty, staff and partners will be a powerful force for new knowledge, better health and equity. This vision is summarized in our 2018-2023 [Academic Strategic Plan](#), the result of extensive consultation within the Faculty, the University, Ontario's health sector, and beyond. These conversations and working sessions included more than 400 faculty, learners, staff, academic and clinical partners, innovation leaders and patients, and focused on all aspects of teaching, research and administration.

The strategic plan has proven to be a vital guidepost for the Faculty during challenging times. The vision it established led to a [landmark donation of \\$250 million in 2020](#) — at the height of the COVID-19 pandemic — from James and Louise Temerty and the Temerty Foundation. The Faculty's latest [Dean's Report focuses on the first five years of impact](#) of this transformational philanthropic investment: from critical research funding to student bursaries to establishing the [Temerty Centre for AI in Research and Education in Medicine](#), which now has more than 1,700 researcher-members across Canada and a robust infrastructure of accessible datasets, including [Health Data Nexus](#), the foundation for the development of innovative AI solutions to enhance healthcare delivery.

In 2021, during the COVID-19 pandemic, Faculty leaders undertook a consultation to ensure our strategic directions remained relevant, given the significant challenges the pandemic posed to the practice of healthcare, the demands on health professionals, and the ongoing societal impact. The overall feedback was that the Faculty remained on the right course, and the plan still resonated with members of the Temerty Medicine community. Planning for and implementing a new strategic plan is among the highest priorities for the Faculty's leadership. This will commence following the completion of the external review process.

## **Our Social Accountability**

Through a sustained commitment to excellence through equity, Temerty Medicine has set a strong course, actively working to not only better reflect the diverse and dynamic city that we serve but also to strive for transformative and supportive teaching and learning opportunities, including:

- Expanding medical and health professional education to U of T's Scarborough campus in the east — complementing the downtown campus and western campus in Mississauga — and serving a growing community through the Scarborough Academy of Medicine and Integrated Health
- Investing in outreach to underserved populations, creating pathways for future learners from communities that face systemic barriers, and helping these learners access health sciences research opportunities and health professional education programs

- Pioneering new admissions pathways to widen the pool of highly qualified and committed MD and health professions students
- Valuing and supporting learners and faculty of all backgrounds and helping equip and empower them throughout their education and their teaching careers
- Renewing aspects of curriculum, recruitment practices, policies and procedures to uncover and address biases and bring in new perspectives, many of which had long been ignored or actively marginalized by the medical establishment
- Ensuring wellness is central to our support of all faculty, staff and learners

As with other postsecondary institutions, U of T's evolution has been entwined with historical events and societal shifts since its inception. While our medical graduates included the first female, Black and Indigenous physicians as early as the late 1800s, so many educational doors and career paths remained tightly closed in the prevailing culture of Toronto that persisted through the mid-20<sup>th</sup> century; learning and working environments were at best unwelcoming, at worst openly hostile to those deemed outsiders.

Inspired by [narrative postdoctoral scholarship on antisemitism](#) in the post-war period, in September 2022, former Temerty Medicine Dean Trevor Young [formally apologized on behalf of the Faculty for the “intentional and pernicious” Jewish quota system](#) that pervaded medical education into the 1960s. This public apology — with partner hospital CEOs standing with the Faculty — was not an end itself but an important point in time on a continuum of action and accountability to all in our community, a commitment that continues through today.

As the threat posed by the COVID-19 pandemic receded, global geopolitical instability and tensions increased, which deeply affected many members of the Temerty Medicine community. This led to many calls upon leaders at Temerty Medicine to issue statements, create or remove policies, and impose sanctions. Protests on campus and in Toronto, as well as activity on social media, further heightened tensions. Some faculty members indicated they felt alienated and unsupported by their Faculty.

Temerty Medicine has undertaken several initiatives, including refining pathways for reporting mistreatment, underscoring professionalism expectations, providing training and guidelines on social media use, and collaborating with the wider University community and clinical partners to ensure respectful, inclusive environments in which to work and learn. The Faculty also established senior advisor and postdoctoral fellowship positions to help guide discussions, undertake scholarship, and educate community members on topics related to medicine and health from Jewish and Muslim perspectives. This will continue to be a domain in which Temerty Medicine will work to advance respectful dialogue and rebuild trust.

## **Toward the Future**

Under the leadership of Dean Lisa Robinson, as the University of Toronto approaches its third century in 2027, the Temerty Faculty of Medicine will continue to build on the excellence in education, research and commitment to community that has propelled U of T's position as a

global leader. We will work to further strengthen the TAHSN network partnership — driving forward made-in-Ontario solutions for better patient care — with greater integration across disciplines and domains. The Scarborough Academy of Medicine and Integrated Health on the University's eastern campus will extend U of T's health professional education, bringing opportunities to all across the Greater Toronto Area. And the coming decade will see the opening of the new [James and Louise Temerty Building](#), replacing the 1960s-era Medical Sciences Building's west wing with a state-of-the-art educational and research complex at the heart of the historic St. George campus. The challenges ahead are not insignificant: uncertainty in research and education funding, demographic shifts in postsecondary demands, and a healthcare system that has not yet fully resolved post-pandemic pressures. Yet the outstanding people and programs that work every day to make Temerty Medicine an exceptional place to learn and work will face these challenges with determination, leading Canadian biomedical science and healthcare forward with optimism, compassion and creativity.

# 3. Academic Programs

## 3.1 Medical Education

### MEDICAL EDUCATION PORTFOLIO (OFFICE OF THE VICE DEAN, MEDICAL EDUCATION)

#### Academic Leadership

Patricia Houston, Vice Dean, Medical Education

#### Overview

The Office of the Vice Dean, Medical Education was established on July 1, 2020, with a mandate to provide strategic and operational leadership for the alignment, integration and harmonization of learner supports and programs, faculty processes, and systems across the continuum of medical education. The continuum is inclusive of the full cycle of learning from application to medical school through completion of undergraduate and postgraduate medical education and into lifelong continuing professional development.

Under the leadership of Patricia Houston, Vice Dean, Medical Education, the Office of the Vice Dean, Medical Education provides strategic and operational leadership and support for a larger medical education portfolio, comprised of five units:

- MD Program
- Postgraduate Medical Education (PGME)
- Continuing Professional Development (CPD)
- Integrated Physician Scientist Training Programs (IPSTP)
- Office of Learner Affairs (OLA)

Each unit and program has priorities and goals based on their mandates. The medical education portfolio is committed to providing the best learning and working experience across the continuum, guided by a shared [Education Mission](#). This mission connects the portfolio to a larger medical education community, inclusive of learners, administrative staff, faculty and education leaders at Temerty Medicine and our hospital partners.

Temerty Medicine's medical education portfolio collaborates as leaders and partners to promote, advance and support alignment, integration and harmonization across the continuum as well as innovative approaches to teaching, learning and scholarship in health professions education.

The [2024-25 Medical Education Annual Report](#) showcases selected innovations and achievements across the five units that comprise the medical education portfolio. Annual reports for past years are available on the [Medical Education Reports and Plans webpage](#).

## Medical Education Strategic Plan (2023-2026)

The inaugural Medical Education Strategic Plan was launched in June 2023. The Medical Education Strategic Plan (2023-2026) is organized according to three overarching strategic priorities, with each priority including three strategic initiatives.

### Section 3.1 – Table 1: Medical Education Strategic Initiatives

Strategic Priorities	Strategic Initiatives
<b>A. Transformative Teaching, Learning and Education Scholarship</b>	<ol style="list-style-type: none"> <li>1. Curricular integration of social justice, anti-oppression and advocacy</li> <li>2. Aligned and harmonized faculty development activities</li> <li>3. Support for education research and scholarship</li> </ol>
<b>B. Inclusive and Supportive Environments and Community</b>	<ol style="list-style-type: none"> <li>1. Promotion of, and support for, learner wellbeing</li> <li>2. A harmonized approach to preventing and addressing learner mistreatment</li> <li>3. Equity-informed and supportive approaches to learner professional identity formation</li> </ol>
<b>C. Collaborative Teams and Integrated Operations</b>	<ol style="list-style-type: none"> <li>1. Enable and support staff talent development, recognition and engagement</li> <li>2. Enhanced technology for effective and integrated data management</li> <li>3. Harmonized approach to program evaluation, including accreditation</li> </ol>

Each strategic initiative has dedicated leadership focused on implementation actions and ongoing, iterative evaluation.

A year-by-year summary of achievements is available on the [Medical Education Strategic Plan Progress webpage](#).

## Strengths and Innovations

- *Collaborative Leadership*: The medical education portfolio’s collaborative leadership approach enables system-level and portfolio-wide changes. Examples include cross-

portfolio advisory groups focused on faculty development, program evaluation (inclusive of accreditation), data management and analytics, and administrative staff development.

Collaborative leadership extends to partnerships across the larger medical education community, such as the [Hospital University Education Committee \(HUEC\)](#) chaired by the Vice Dean, Medical Education. HUEC is comprised of education leaders from Temerty Medicine's affiliated hospitals and healthcare centres as well as education leaders from Temerty Medicine's health professions education programs.

- *Evidence-Informed Decision Making:* A notable feature of the medical education portfolio is the integration of education scientists, who support evidence-informed innovation and quality improvement across programs. These include the Temerty Chair in Learner Assessment & Evaluation, Temerty Professor in Learner Wellness, Director of Program Evaluation, Director of the Research & Education Living Laboratory (REILL), and an embedded education research scientist focused on curricular innovation. Their involvement reflects a strategic partnership with [The Wilson Centre](#), to embed educational scholarship into decision-making and operations.

The portfolio also prioritizes [education research](#) through initiatives such as the Education Development Fund (EDF) for grassroots scholarship and a new Strategic Research Grant for team-based transformational projects.

- *Continuous Improvement:* All units in the medical education portfolio are committed to continuous improvement supported by the Director, Medical Education Program Evaluation, a Medical Education Program Evaluation Committee, and a Data Management and Analytics Advisory Committee. These groups collaborate to provide strategic leadership and operational guidance for program evaluation and continuous improvement, and accreditation.

The Voices surveys are a key tool for assessing and enhancing the clinical learning environment across the MD and PGME programs. Survey results inform future initiatives, measure program impact and are shared publicly in [Key Findings](#) documents. Aggregated, de-identified data is also shared with education leaders at Temerty Medicine and partner hospitals to support action and improvement.

- *Education Awards:* The medical education portfolio celebrates excellence in medical education teaching, research and service through over 50 Temerty Medicine awards. A newly launched [filterable Awards Database](#) facilitates dissemination of information about education-focused awards. These achievements are recognized annually at the [Education Achievement Celebration](#), hosted by the Vice Dean, Medical Education.
- *Administrative Staff Development, Engagement and Recognition:* A unique feature of the Medical Education Strategic Plan is its prioritization of administrative staff development, engagement and recognition. This has led to establishment of a [standing advisory committee](#) that reports to the Medical Education Executive Committee, an annual [staff conference](#), a staff-led [newsletter](#), and a [leadership communication certificate program](#) tailored for medical education staff.

## Future Directions

Two significant future directions for the medical education portfolio are (i) the expansion and effective distribution of our education programs and (ii) the implementation of the Medical Education Information Technology Transformation (MEITT) Project.

- Expanding our education programs to include the Scarborough campus through the [Scarborough Academy of Medicine and Integrated Health](#) (SAMIH) will improve healthcare access by training future physicians within the communities they will serve. This builds on the success of the Mississauga Academy of Medicine, which launched in 2011. Expansion at the Mississauga campus has occurred and it is now a site for Temerty Medicine's master's program in Occupational Science and Occupation Therapy along with the MD Program and the Master of Science in Biomedical Communications.

By embedding health professions education in eastern Toronto — especially at Scarborough Health Network (SHN), Michael Garron Hospital (MGH), and at the University of Toronto Scarborough campus — SAMIH strengthens local hospital partnerships, supports distributed learning, and trains healthcare professionals who reflect and serve local communities. SAMIH will have two critical impacts on medical education:

- The Scarborough Academy of Medicine (SAM), the MD Program's fifth academy, will guide academic planning at the Scarborough campus and improve responsiveness to regional health needs.
- Expansion of postgraduate medical training across the Greater Toronto Area, with a primary focus on Scarborough and Mississauga (please see PGME section of this report for more details).

The launch of SAMIH and SAM brings operational and strategic challenges, including faculty recruitment, infrastructure development across campuses, and consistency in curriculum achievement of delivery and accreditation standards. Coordinating across new clinical sites and departments requires strong leadership, collaboration and effective change management.

Negotiating expansion funding with the provincial government and securing sufficient PG positions remain key challenges to meeting education goals at the expansion sites.

- Initiated in 2022, the MEITT Project aims to replace legacy systems (MedSIS and POWER) with an integrated Learner Management System (LMS) to support medical education for over 5,600 learners, 15,000 teachers and 300 program administrators with distinct workflows and priorities across both the MD Program and PGME. Following a rigorous RFP process, LGI Healthcare Solutions was selected in April 2025.

The transition presents challenges, including significant resource investments, complex coordination and extensive training. To address these, a dedicated team from the MD Program, PGME and MedIT is leading the implementation in partnership with LGI.

## 3.1.1 MD Program

### Academic Leadership

Marcus Law, Associate Dean, MD Program

### Overview

The Temerty Medicine MD Program, currently delivered across the St. George and Mississauga campuses, is one of Canada's largest and most comprehensive undergraduate medical education programs. As of the 2025 academic year, 303 students enter the program annually.

A distinctive feature of the MD Program's educational model is its [academy system](#) (FitzGerald, Mississauga, Peters-Boyd, and Wightman-Berris), which links students to a consistent clinical community and affiliated hospital, ensuring diverse, high-quality training with standardized curriculum delivery.

In 2027-2028, the program will add a fifth academy: the Scarborough Academy of Medicine (SAM), in partnership with SAMIH, further expanding its footprint and addressing regional healthcare demands.

A defining strength of the MD Program is its leadership team and highly skilled administrative staff, who manage and support seamless program delivery, support student success, maintain curriculum quality, and uphold rigorous assessment and accreditation standards. It also includes the Standardized Patient Program (SPP), a vital simulation resource supporting experiential learning opportunities across the MD Program, hospital partners, other University of Toronto faculties and community initiatives.

### Accreditation, Program Evaluation and Continuous Quality Improvement

The MD Program received the [full eight-year accreditation](#) (the maximum) from the Committee on Accreditation of Canadian Medical Schools (CACMS) following its 2020-2021 review, meeting all 12 CACMS Standards and receiving 'Satisfactory' or 'Satisfactory with Monitoring' for 90 of 96 elements. Follow-up status reports were submitted to CACMS in 2023 and August 2025, and the next full accreditation site visit is scheduled for 2028-2029.

Continuous Quality Improvement (CQI) is embedded throughout the program to foster innovation, responsiveness, and accountability beyond accreditation requirements.

The Office of Assessment and Evaluation (OAE) leads ongoing [program evaluation](#) through [course evaluations and teacher evaluations](#). The OAE shares the findings with education leaders as part of an annual review and quality improvement process. Data from the Voices surveys also informs improvements.

A 2024 audit of data collection and reporting practices in the MD Program strengthened CQI integration across operations, enabling timelier, data-driven decision making and improved responsiveness to student feedback.

## Strategic Priorities

The MD Program has identified four strategic priorities guiding the development and implementation of key initiatives. An overview of key initiatives is included below.

### Section 3.1.1 – Table 1: MD Program Strategic Initiatives

Priority Area	MD Program Strategic Objectives
Learner Success	<ul style="list-style-type: none"> <li>• Integrate wellness sessions into the curriculum and implement systems to identify and support at-risk learners.</li> <li>• Strengthen mistreatment reporting systems and data collection to build trust and drive continuous improvement.</li> <li>• Develop a machine learning model to analyze learner feedback sentiment and inform CQI efforts.</li> </ul>
Social Responsibility and Equity	<ul style="list-style-type: none"> <li>• Engage community to co-create and evaluate transgender and gender-diverse health content in Foundations.</li> <li>• Implement calls to action from the 2022 Anti-Black Racism report.</li> <li>• Integrated Indigenous content into the core curriculum across all 4 years of the program</li> <li>• Integrate accessibility perspectives into Foundations.</li> <li>• Embed climate change competencies within Foundations.</li> <li>• Conduct an anti-oppression curriculum review to prepare learners to address systemic health inequities.</li> </ul>
Innovations	<ul style="list-style-type: none"> <li>• Launch a new MD/MSc (Dentistry) combined degree specializing in Oral and Maxillofacial Surgery (OMFS).</li> <li>• Renew Anatomy (MAPS) content in Years 1-2 to enhance integration, early exposure, and hands-on learning.</li> <li>• Introduce curriculum elements on technology-enabled care and the role of AI in healthcare delivery.</li> <li>• Standardize Entrustable Professional Activity (EPA) evaluation across Clerkship to enhance coaching, feedback, and clinical skill development.</li> <li>• Renew admissions processes to attract diverse, growth-oriented learners aligned with program goals.</li> </ul>

## Communicating Program Excellence

- Advance CQI by engaging faculty and staff in systematic data-driven program improvement and accreditation readiness.
- Share program improvements via biannual 'You Said, We Did' reports to highlight the impact of student feedback.
- Use the Associate Dean's newsletters to engage learners and share insights, updates and resources.
- Redesign the faculty awards system using data-informed approaches to increase recognition and impact.
- Showcase program diversity through learner profiles and storytelling.
- Expand the Research & Education Living Laboratory (REILL) initiative to connect education science with healthcare challenges through collaborative research.

## Future Priorities

The MD Program is helping lead the launch of SAMIH, SAM and the implementation of the MEITT Project.

Two additional future initiatives include:

- *MD/MSc in Oral and Maxillofacial Surgery (OMFS)*: Launching in 2026-27 in partnership with the Faculty of Dentistry, this interdisciplinary degree program will train clinician scientists to address complex surgical and oral healthcare needs. It will add to the existing [additional educational opportunities currently available to Temerty Medicine medical students](#).
- *AI Strategy Development*: Informed by a 2025 environmental scan, the strategy will guide ethical and effective integration of artificial intelligence across academic and operational areas, enhancing responsiveness to technological advancements leading to improved efficiency and learner experience.

## Admissions

The MD Program selects candidates who demonstrate the potential to become Canada's future physicians and healthcare leaders. While academic excellence is essential, the admissions process also values applicants who are empathetic, ethical and reflect the diversity of our society.

- *Admission Requirements and Process* – The admission process includes consideration of both [academic requirements](#) (GPA, MCAT) and [non-academic requirements](#) (brief personal essays, autobiographical sketch and statement, and references).

From 2019 to 2022, the MD Program undertook a comprehensive renewal of its admissions process to enhance accessibility, transparency and fairness. Key updates included revised

MCAT and GPA requirements; the introduction of structured references and Disability Consideration Requests; adjustments to GPA calculation rules to recognize spring and summer coursework, thereby enabling applicants from non-science backgrounds to satisfy prerequisite requirements without extending their degrees; and the implementation of a new scoring algorithm. The initiative also strengthened consistency in applicant evaluation by standardizing graduate academic review processes and transitioning interviews to online and asynchronous formats.<sup>3</sup>

Outcomes of the admissions renewal process include:

- *Graduate Productivity.* The graduate productivity assessment was redesigned to standardize the evaluation of graduate applicants’ academic productivity and was implemented in July 2019. Under the revised approach, academic scores are assigned based on applicants’ progress within their graduate studies. Previously, the assessment focused heavily on publication-based productivity, which posed challenges for applicants completing course-based graduate programs. The updated methodology produced minimal changes in class demographics, as intended, with the exception of the Fall 2024 entrant data, which is likely anomalous.

**Section 3.1.1 – Table 2: Count of Entrants with Graduate Degrees 2019-2025**

	Fall 2019	Fall 2020	Fall 2021	Fall 2022	Fall 2023	Fall 2024	Fall 2025
# Registrants	268	265	261	262	273	292	303
# Entrants with master’s degree	81	92	69	84	68	45	71
# Entrants with doctoral degree	8	11	14	9	7	5	11

- *GPA and GPA Calculation Rule.* The adjustment to the GPA calculation rule in July 2021 resulted in only a 3% increase in entrants with a non-science undergraduate degree. In addition, the changes did not affect the overall academic competitiveness of the applicant pool.

**Section 3.1.1 – Table 3: Count of Non-science Entrants 2020-2025**

	Fall 2020	Fall 2021	Fall 2022	Fall 2023	Fall 2024	Fall 2025
# Registrants	265	261	262	273	292	303
# Entrants with Non-Science Undergraduate Degrees	3	9	7	9	6	13

<sup>3</sup> For evidence supporting the validity of this interview methodology, please refer to the following publication: Kulasegaram, K., Baxan, V., Giannone, E., Latter, D., & Hanson, M. D. (2022). Adapting the admissions interview during COVID-19: A comparison of in-person and video-based interview validity evidence. *Academic Medicine*, 97(2), 200–206. <https://doi.org/10.1097/acm.0000000000004331>

**Section 3.1.1 – Table 4: Average GPA of Entrants 2020-2025**

Average GPA (/4.0)	Fall 2020	Fall 2021	Fall 2022	Fall 2023	Fall 2024	Fall 2025
	3.88	3.92	3.90	3.93	3.95	3.94

- *Disability Consideration.* As part of implementing the new Disability Consideration Request, the MD Program developed an assessment framework and convened a panel of expert reviewers in July 2023. An initial review of the process identified a key area for improvement — enhancing the request form (the data-collection tool) to more effectively capture and categorize the types of considerations submitted. These updates will be implemented for the 2027-2028 academic year to ensure applicants have sufficient time to understand and prepare for the changes.

**Section 3.1.1 – Table 5: Count of Disability Consideration Requests 2023-2025**

	2023-2024	2024-2025
#Requests	109	129
#Approvals	40	41

- *Access Pathways* – The MD Program offers two optional application streams — the [Indigenous Student Application Program](#) (ISAP) and the [Black Student Application Program](#) (BSAP) — to support increased representation of Indigenous and Black students. ISAP is for applicants who self-declare as Indigenous (First Nations, Inuit, or Métis), while BSAP is for Canadian citizens or permanent residents who self-identify as Black (including Black African, Black Caribbean, Black North American, or multiracial individuals with Black ancestry).

All applicants must meet the agreed upon MD Program academic requirements and no quotas are applied. These pathways aim to create a more culturally safe admissions process for Indigenous and Black students, fostering a more inclusive learning environment.

**Section 3.1.1 – Table 6: BSAP Pathway Applicant and Registrant Counts 2017-2025**

Applicants	2024-25	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
#Applied	147	121	156	168	162	139	104	92
#Registrants	23	22	20	18	19	24	15	15

**Section 3.1.1 – Table 7: ISAP Pathway Applicant and Registrant Counts 2017-2025**

Applicants	2024-25	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
#Applied	18	14	11	19	14	11	11	16
#Registrants	3	2	2	3	2	2	4	2

The University of Toronto’s MD Program offers a dedicated application program for active Regular Force Members of the Canadian Armed Forces supported through the Military Medical Training Plan (MMTP).

**Section 3.1.1 – Table 8: MMTP Pathway Applicant and Registrant Counts 2019-2025**

Applicants	2024-25	2023-24	2022-23	2021-22	2020-21	2019-20
#Applied	9	7	11	9	10	27
#Registrants	1	2	1	1	1	1

The MD Program also offers direct entry admission pathways to the combined MD/PhD and MD/MSc OMFS programs. Please note that the MD/MSc OMFS Program launched in July 2025, and its first cohort (n=2) will begin in July 2026.

**Section 3.1.1 – Table 9: MD/PhD Pathway Applicant and Registrant Counts 2017-2025**

Applicants	2024-25	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
#Applied	130	106	100	153	167	170	139	131
#Registrants	9	9	9	7	8	8	9	7

- *Admission and Completion Data* – A notable strength of the MD Program is its [large, diverse and highly competitive applicant pool](#) as well as its consistently high acceptance rate of offers (yield) and completion rate.

## Curriculum

The MD Program is a four-year program that delivers a comprehensive curriculum, preparing students for a wide range of careers in medicine. The MD Program aspires to prepare future physicians in accordance with clearly articulated [education goals and a competency framework](#), which are grounded in the seven [CanMEDS](#) roles: Medical Expert, Communicator, Collaborator, Health Advocate, Leader, Scholar and Professional.

### Foundations: Years 1 and 2

The first two years (72 weeks) of the MD Program, called Foundations, build students' knowledge, skills and attitudes for future learning. The integrated curriculum connects basic

science, psycho-social concepts and clinical concepts to promote contextual learning and retention.

Foundations offers diverse learning methods (lectures, small groups, anatomy labs, experiential and independent study) with one unscheduled day per week for self-study, clinical skill development and opportunities for exposure to clinical environments.

There are three major dimensions to Foundations: courses, components and themes. [More detailed information about the Foundations curriculum is available in the MD Program Academic Calendar.](#)

### *Clerkship: Years 3 and 4*

Clerkship builds on Foundations through hands-on clinical experience in hospitals and community settings. It prepares students to deliver evidence-based, ethical and collaborative, team-based care.

With clinical teaching provided across 30+ affiliated sites, Clerkship offers diverse learning in varied social contexts, enhancing adaptability and professional growth.

There are five major dimensions to Clerkship: Transition to Clerkship, core clinical rotations, electives and selectives, Transition to Residency, and Portfolio. [More detailed information about the Clerkship curriculum is available in the MD Program Academic Calendar.](#)

### *Themes*

[Themes](#) integrated throughout Foundations and Clerkship focus on priority populations (e.g., Black Health, Indigenous, LGBTQIA+), CanMEDS roles and specific content areas. Led by dedicated faculty leads, these themes are taught by diverse educators.

## **Assessment of Student Learning**

Student assessment across all four years of the MD Program ensures proficiency in the seven CanMEDS roles, as articulated in the programs' [competency framework](#), and readiness for the Medical Council of Canada Part 1 Examination.

Students are assessed through a [variety of assessment modalities](#), with each course having standards of achievement for each type of assessment, as well as expectations with respect to satisfactory progress in/successful completion of the course. [Assessment of student professionalism](#) takes place through competency-based professionalism assessments during all four years of the MD Program.

A key strength of the MD Program is a holistic, [programmatic approach to assessment](#), focused on student proficiency across diverse professional competencies. All students use a Learner Chart (an electronic portfolio) to track progress.

Clerkship includes an Objective Structured Clinical Examination (OSCE) that evaluates clinical skills across rotations, offering feedback to guide student development and identify those needing academic support.

## Additional Educational Opportunities

Additional educational opportunities that complement the MD Program include:

- [Graduate Diploma in Health Research](#) – Provides foundational research skills for evidence-based practice
- [MD-MBA Combined Degree Program](#) – Combines medical education with business training through the Rotman School of Management
- [Master of Science \(MSc\) concentration in Health System Leadership and Innovation](#) – Builds leadership and innovation skills for healthcare management
- [Master of Engineering \(MEng\) in Biomedical Engineering](#) – Merges medical education with engineering principles for medical technology innovation
- [Medical Innovation & Technology Program](#) (not-for-credit) – Explores healthcare innovation and entrepreneurship
- [Computing for Medicine](#) (not-for-credit) – Enhances digital skills for medical practice and research

## Student Financial Support

In keeping with the Temerty Medicine Diversity Statement, which identifies “economically disadvantaged” individuals as a priority group, the MD Program is committed to reducing financial barriers to medical education. To support this commitment, we offer non-repayable financial assistance to eligible students. Below is an overview of the key components of our financial aid programs.

- *Component #1: Temerty Medicine Student Grants Program.* The Temerty Medicine Student Grants Program is needs-based and designed to ensure that the students with the most demonstrated financial need receive the highest level of financial support. This is an application-based grant program, with individual grant amounts varying from student to student based on personal financial situation and assessed unmet financial need.

### Section 3.1.1 – Table 10: Temerty Medicine Grants, 2020-2025

Year	Total amount spent	Total applicants	Total grant recipients	Total grants and admission bursary recipients	Average grant per applicant	Average grant per recipient	Average financial aid per recipient
2020-21	\$5,234,229	580	540	577	\$9,025	\$9,693	\$10,628
2021-22	\$4,511,954	575	498	526	\$7,847	\$9,060	\$10,365

Year	Total amount spent	Total applicants	Total grant recipients	Total grants and admission bursary recipients	Average grant per applicant	Average grant per recipient	Average financial aid per recipient
2022-23	\$4,555,486	562	529	566	\$8,106	\$8,612	\$9,882
2023-24	\$4,865,274	613	567	600	\$7,937	\$8,581	\$9,862
2024-25	\$4,852,100	594	545	580	\$8,169	\$8,903	\$10,258

- **Component #2: MD Admission Bursaries.** The MD Admission Bursaries are allocated to ensure that medical students who are identified as having the highest level of financial need have access to the resources necessary to begin and complete the MD Program. These bursaries support individuals who might otherwise be discouraged from applying due to financial constraints and promote equitable access to medical education. Each September, a minimum of 20 bursaries are available to students entering the MD Program. Recipients receive \$20,000 during the first year of study in the MD Program, with the opportunity to receive an additional \$10,000 in each of years two, three, and four, subject to annual application and review.

**Section 3.1.1 – Table 11: MD Admissions Bursaries\*, 2020-2025**

Year	Total amount spent	Number of recipients	Amount per applicant
2020-21	\$898,000	62	Year 1: 20K, Year 2 & 3: 10K, Year 4: 20K
2021-22	\$940,000	76	Year 1: 20K, Year 2-4: 10K
2022-23	\$1,037,600	84	Year 1: 20K, Year 2-4: 10K
2023-24	\$1,052,000	84	Year 1: 20K, Year 2-4: 10K
2024-25	\$1,097,600	86	Year 1: 20K, Year 2-4: 10K

\* MD Admissions Bursary recipients are eligible to receive grants as well.

- **Component #3: Travel Stipends.** As part of Temerty Medicine’s continued dedication to enhancing the learner experience — and in response to student feedback regarding the time and financial burden of travelling to more remote community placements — we provide a travel stipend. This stipend is awarded based on financial need. Students may be eligible to receive a travel stipend of up to \$50 per week for commuting on a single transit system if the

destination is more than an hour from their home-based hospital. For travel involving two transit systems, the stipend supports up to \$100 per week.

- *Component #4: Research Conference Travel Bursary.* As a result of student feedback from the last accreditation review, the Research Conference Travel Bursary was established in 2020. Students in the MD Program presenting at medical conferences can apply for a research conference travel grant of up to \$500. Each student may only receive this bursary once. The annual funding allocation for this bursary is \$25,000.
- *Component #5: Final Year Medical Student Bursary Program.* In addition to the grant and bursary programs summarized above, the Final Year Medical Student Bursary Fund Program, which is funded by the Government of Ontario and operated by the [Ontario Medical Association](#), provides high-needs students with a stipend of \$750 per month through the final twelve months of study in the MD Program.
- *Component #6: Financial Advising and Education.* Temerty Medicine is committed to supporting medical students in developing strong financial literacy and planning skills throughout their studies. All incoming students are invited to 1:1 financial advising appointments and targeted educational workshops as early as the summer prior to their registration in the program. Throughout their studies, returning students may attend our 1:1 advising sessions tailored to their individual needs, including guidance on government aid, bursaries, scholarships and line of credit.

## Residency Match

Most Temerty Medicine MD students pursue postgraduate training in Canada through the [Canadian Resident Matching Service](#) (CaRMS), with first iteration match rates aligning with the national average.

Robust supports are available for unmatched students, including the MD Extended Clerkship, which is designed to help students to further develop career opportunities and leadership skills.

## 3.1.2 Postgraduate Medical Education

### Academic Leadership

Meredith Giuliani, Associate Dean, Postgraduate Medical Education

### Overview

Postgraduate Medical Education (PGME) at Temerty Medicine is the largest PGME program in Canada, comprised of 91 accredited postgraduate programs including 76 Royal College of Physicians and Surgeons of Canada (RCPSC) Residency Programs, 13 Areas of Focused Competence (AFCs) Programs, and two Family Medicine Programs. There are approximately

4,000 registered learners (residents and fellows) with an additional 1,000 elective learners. Temerty Medicine has over 450 internationally sponsored trainee learners from a variety of international partners.

Match rates for Canadian Medical Graduate (CMG) and International Medical Graduate (IMG) positions in the first round for the Canadian Resident Matching Service (CaRMS) are consistently high. The University of Toronto has trained 35% of Ontario-trained family physicians and 55% of Ontario-trained specialists currently practising in the province.

The Office of Postgraduate Medical Education (PGME Office) supports the delivery and oversight of Temerty Medicine's residency and fellowship programs in partnership with the University's 27 fully affiliated sites as well as other training locations. More specially, the PGME Office:

- Manages admissions, registration and onboarding including visa support and registration. This includes collecting various registration requirements on behalf of the hospitals
- Administers the payroll of over \$180 million dollars (salary, benefits and call stipends, etc.) for approximately 2,000 residents. Supports programs in assessment and quality improvement for Competency by Design (CBD) implementation; all residency programs are fully integrated in the RCPSC CBD framework as of July 1, 2025
- Leads programs in supporting residents and fellows in difficulty, including guidance on the development of learner support plans and formal remediation plans
- Assists all programs with continuous quality improvement, including program evaluation and accreditation
- Provides central support for reporting required for accreditation and CQI
- Oversees international learner admissions and liaises with sponsoring agencies during the selection process and throughout training

A key strength of the PGME Office is its skilled leadership team and dedicated administrative staff who effectively manage and support core operations.

## **Accreditation**

In 2020, 58 PGME programs were accredited by the Canadian Residency Accreditation Consortium (CanRAC) for the maximum eight-year term with no follow-up required. The PGME Office along with 14 postgraduate training programs were accredited with requirement for a follow-up report, and seven postgraduate training programs were accredited with requirement for a follow-up site visit. All follow-up reports have since been submitted, with four programs due for external review in 2026.

The accreditation team in the PGME Office supports continuous quality improvement through an internal review process.

Institutional accreditation standards continue to be monitored and evaluated in preparation for a PGME Office internal review, scheduled to take place in early 2026. The next full PGME accreditation review is scheduled to take place in 2028.

## **PGME Expansion**

As part of a major provincial initiative to increase physician supply, an additional 67 PGY1 positions have been approved by the Ministry of Health. As of July 2025, 51 positions have been added — 26 in family medicine (of 40) and 25 specialty positions (of 27).

Family Medicine expanded by opening a new Family Medicine Teaching Unit (FMTU) at Humber River Health and two-year positions at Soldiers' Memorial Hospital and Georgian Bay General Hospital in Orillia and Midland. A capital funding request has been submitted to the Ontario government for new FMTUs in Central Simcoe (Orillia, Midland) and Scarborough. In 2025, Family Medicine created and filled two dedicated FM-EM positions at Royal Victoria Regional Health Centre in Barrie.

RCPSC expansion is also focused on increasing the presence of specialty learners at Scarborough Health Network, Trillium Health Partners in Mississauga, and in Central Simcoe.

## **Progress on Priority Areas**

- *Operational Review and Optimized Processes.* Since 2023, PGME has implemented key operational and business process improvements in registration, onboarding and certificate processes. These enhancements have streamlined timelines and facilitated smoother transitions for learners into their programs and clinical sites. Collaborations with MedIT have led to new systems supporting registration and resident payroll. In 2025, we expanded learner transfer opportunities in alignment with local and national guidelines.
- *Governance Review.* In 2021, PGME established a Governance Review Working Group to advise the Vice Dean, Medical Education and the Associate Dean, PGME on changes to the existing committee structure, terms of reference and governance evaluation/CQI process. This led to refreshed terms of reference for several standing committees (Postgraduate Medical Education Advisory Committee, Postgraduate Administrators Advisory Committee, Residency Allocation Committee) and the creation of several new committees (Curriculum Committee, Assessment Committee, Medical Education Program Evaluation Committee).
- *Faculty Leadership.* Dedicated PGME faculty leadership has been created to advance key priorities including admissions and transitions, Black health, curriculum, fellowships, humanities, Indigenous health; leadership, mentorship, portfolio, and simulation. Additionally, three new faculty lead positions have been created to support the accreditation process.

Highlights of selected faculty lead activities are detailed in the [2024-25 PGME Annual Report](#) and [2023-24 PGME Annual Report](#).

## Future Priorities

The PGME Office is helping to lead implementation of the MEITT Project. Included below are other significant future priorities specific to PGME.

- Continued focus on priorities and themes identified through each of PGME's faculty leads
- Further PGME expansion, including advocacy for additional PG positions to support expected expansion at Trillium Health Partners and Scarborough Health Network
- Accreditation — Ongoing Internal Review Cycle to prepare for the 2028 onsite survey
- Ongoing recruitment and retention of program and fellowship directors and program administrators

## Challenges

- The Ministry of Health mandated expansion, in particular obtaining sufficient PG positions to deliver on community expansion objectives and goals as well as operational funding to support PGME expansion
- Continuous improvement of the learning and teaching environment, including sufficient support for program leads and program resources for excellence and sustainability.

## 3.1.3 Continuing Professional Development

### Academic Leadership

Suzan Schneeweiss, Associate Dean, Continuing Professional Development

### Overview

Continuing Professional Development (CPD) in Temerty Medicine is delivered through a decentralized model, with responsibility spread across clinical departments. The central CPD Office provides services to support faculty-wide accredited programs and conferences offered by Temerty Medicine.

The CPD Office is recognized globally for excellence and innovation in continuing professional development. As a knowledge hub for the research, design and management of accredited programs and conferences, the CPD Office enables delivery of high-calibre educational content based on CPD best practices. With more than 9,000 faculty members, the size and breadth of clinical expertise at the University of Toronto is a distinguishing feature of Temerty Medicine CPD.

During the 2023-2024 academic year, the CPD Office delivered 250 U of T accredited CPD programs, reaching 42,460 learners in total.

Programs managed by the CPD Office have local, provincial, national and international reach, with approximately 50% of learners coming from the Greater Toronto Area, 25% from Ontario (non-GTA), 15% from other provinces and 10% from outside Canada.

The CPD Office operates on a professional services model, offering academic and professional services either free of charge or billed on a fee-for-service basis. Services include academic program development and education consultation, research and scholarship, accreditation, program and conference management, marketing and communications, and financial management.

## **Accreditation**

The CPD Office is accredited by the Committee on Accreditation of Continuing Medical Education (CACME), a national committee supported through a partnership of five Canadian medical organizations: the Association of Faculties of Medicine of Canada (AFMC), RCPSC, Federation of Medical Regulatory Authorities of Canada (FRMRAC) and the Collège des Médecins du Québec (CMQ). CACME accreditation status allows the office to act as an accreditor on behalf of the RCPSC and CFPC to assign credits to CPD activities for their respective maintenance of certification systems.

The CPD Office undergoes accreditation on an eight-year cycle by CACME. The next full accreditation visit is scheduled for fall 2027.

## **Collaborative Partnerships**

A key strength of the CPD Office is its extensive internal and external networks. Through partnerships with organizations such as RCPSC, AFMC, CFPC, Coalition for Physician Learning and Practice Improvement, Society for Continuing Medical Education and the International Association for Health Professions Education (AMEE), the office advances its mission to improve health through innovative CPD for health professionals, while maintaining strong ties across local, provincial, national and international levels.

## **Programming**

CPD education is delivered through diverse formats, including asynchronous and synchronous online programs, hybrid models and in-person instruction.

Programs accredited by the CPD Office fall into three streams:

### **Section 3.1.3 – Figure 1: Streams of CPD Activities**

#### **Best Practices – Programs and Conferences**

The CPD Office fosters innovation through a wide range of certificate programs, including: [CPD Foundations](#), [Advanced CPD Leadership Development](#), [Applied AI in Medicine](#), [Leadership Communication](#) and [Coaching Essentials for Healthcare Professionals](#).

Our [Narrative-Based Medicine Lab](#) promotes deeper connections between storytelling and healthcare, while [Taking Action on Planetary Health](#) is addressing the environmental challenges that impact health outcomes worldwide. With a focus on forward-thinking approaches, we are reimagining program design through the [Health by Design Program](#) and integrating quality improvement into our offerings with the [IDEAS Foundations of QI Program](#).

The CPD Office is dedicated to fostering inclusivity, diversity and equity in our programming, ensuring that our scientific planning committees, conferences, and educational initiatives represent a broad range of perspectives, backgrounds and lived experiences. By actively involving patient partners and embracing inclusive approaches, the CPD Office creates learning environments that are not only excellent and relevant, but representative of the communities it serves. Our engaged CPD community continues to thrive, with accreditation of over 250 programs and conferences annually — ensuring excellence and relevance in lifelong learning.

## Office Service Teams

A distinctive advantage of the CPD Office is its professional services model, supported by a highly skilled and specialized team of employees. Most services offered are billed on a fee-for-service basis, with education and scholarship consultation provided at no cost. The office has seven service teams:

- Accreditation manages the accreditation process for all CPD Office accredited programs and conferences, as well as educational consultation with program directors or conference chairs.
- Education Consultation services are available free of charge for faculty looking to develop CPD programs and conferences.
- CPD Research and Scholarship is focused on the development of a collaborative network of research and scholarship in CPD, supporting specific CPD scholarship initiatives, engaging faculty scholarship through seed grants and internal and external collaborations, and identifying internal and external sources of CPD scholarship funding.
- Academic Program Development is responsible for all aspects of the programs developed and managed by the CPD Office.
- Conference Management offers a full range of professional conference management services.
- Marketing and Communications is responsible for all aspects of marketing managed CPD programs and conferences, and development of both synchronous and asynchronous e-learning programs.
- Finance and Contract Management oversees contracted service revenues and expenses, administration of grants and awards, and reporting and compliance requirements relating to government funding and sponsorships from industry.

## Scholarship and Research

The CPD Office is dedicated to advancing scholarship and excellence in continuing professional development. In recent years, its efforts have centred on advancing CPD leadership, integrating technology-enhanced learning and artificial intelligence, and strengthening accreditation processes within the field. To support scholarly pursuits, CPD promotes research and innovation through Scholarship Rounds and [CPD Discovery and Ideas Grants](#). Additionally, CPD recognizes outstanding contributions through various [awards and fellowships](#).

## Strategic Priorities

The CPD Office has a strategic plan that is separate from, but aligned with, the Medical Education Strategic Plan. The [CPD Strategic Plan 2023-2027](#) is organized according to the

Medical Education portfolio's three overarching strategic priorities. This includes nine strategic initiatives as well as corresponding strategic actions:

- Strategic Priority A: Transformative Teaching, Learning, and Education Scholarship
  - Strategic Initiative 1: Prioritize effective, impactful, outcome-oriented and evidence-informed CPD practices across Temerty Medicine
  - Strategic Initiative 2: Build capacity in CPD research and scholarship
- Strategic Priority B: Inclusive and Supportive Environments and Community
  - Strategic Initiative 1: Cultivate inclusive, diverse, equitable, accessible and culturally safe learning environments through program development and collaborative practices
  - Strategic Initiative 2: Enable and promote the value of CPD leadership locally, nationally and internationally
- Strategic Priority C: Collaborative Teams and Integrated Operations
  - Strategic Initiative 1: Promote and support lifelong learning across the continuum of health professions education
  - Strategic Initiative 2: Enable and support a harmonized approach to systems integration
  - Strategic Initiative 3: Establish, support and value opportunities for administrative/professional services staff

## Challenges

- *Financial Sustainability.* Operating primarily on a self-funded model, the CPD Office experiences year-to-year variability in revenue from professional services, accreditation and program surpluses. The reduction in base budget allocation has further constrained the office's capacity to function as an academic unit and fulfill scholarship and research accreditation requirements.
- *Evolving Accreditation Requirements.* The increasing complexity of accreditation standards from both the RCPSC and the College of Family Physicians of Canada imposes a substantial workload on the CPD Office. Staying abreast of these changes is essential to maintain accreditation status and ensure program quality.
- *Engagement Across Clinical Departments.* There is variability in engagement levels from clinical departments, with CPD not always prioritized.
- *Equity, Diversity and Inclusion (EDI) Integration.* Ensuring that CPD programs are inclusive and culturally sensitive remains a challenge. Addressing systemic barriers and incorporating diverse perspectives are critical for creating equitable learning environments.

## Emerging Priorities, Opportunities and Future Directions

- *Integration of Artificial Intelligence and Technology*, including leveraging AI and advanced technologies to enhance the design and delivery of CPD programs.
- *Amplifying the Patient Voice*, including incorporating patient experiences and feedback into CPD programs to enrich content relevance and foster patient-centred care practices among healthcare professionals.
- *Advancing EDI*, including developing resources, tools, and support for programs and conference planning.
- *Expanding the Programs Portfolio*, including development of new certificate programs and longitudinal learning opportunities in emerging areas to meet evolving professional development needs beyond just clinical skills.
- *Strengthening Accreditation Value*, including enhancing the perceived value of accreditation through transparent processes and demonstrating its impact on clinical practice.
- *National and International Leadership*, including building on our global reputation to lead collaborative initiatives, share best practices and influence CPD standards both nationally and internationally.

### 3.1.4 Integrated Physician Scientist Training Programs

#### Academic Leadership

Nicola Jones, Director, Integrated Physician Scientist Training Programs

#### Overview

Physician scientists are trained as medical doctors and scientists. They are in the unique position of pursuing both scientific research and clinical practice, translating academic excellence into healthcare excellence for Canadians every day. Temerty Medicine is internationally recognized for excellence in physician scientist training programs.

The [Integrated Physician Scientist Training Programs](#) (IPSTP) support the training of physician scientists across the continuum of undergraduate and postgraduate medical education. The education of clinicians to become self-sustaining, leading clinician scientists is central to the identity of Temerty Medicine as an international leader in health research.

## Strengths and Innovations

A notable strength of the IPSTP portfolio is its innovative suite of education opportunities:

- [MD/PhD Program](#). The MD/PhD Program trains physician scientists who are well prepared for both research and clinical practice. The Temerty Medicine MD/PhD Program is the largest of its kind in Canada — registering seven to nine learners annually, selected from well over 100 applicants — and is an integral part of our physician scientist training pathway.

Candidates for admission to the MD/PhD Program must be accepted by both the MD Program and the PhD program in which they intend to carry out their graduate studies. MD/PhD students can pursue their PhD in any graduate department or institute within the School of Graduate Studies at the University of Toronto.

Regardless of their PhD program, students start the MD/PhD Program with the first year of medical school (Foundations Year 1). Second year marks the beginning of formal registration in graduate school and commencement of the PhD. Students remain in the graduate phase for four to five years, depending on the research topic selected and the outcome of their scholarly work. Following successful completion of their thesis, students then return to complete the remaining three years of the MD Program.

Most MD/PhD students are enrolled in Temerty Medicine graduate programs. However, as the practice of medicine has evolved, so too have the MD/PhD combinations with programs other than in the clinical and basic sciences, such as public health, computer science and engineering.

The dedicated support we provide cultivates exceptional trainees, as evidenced by the number of highly competitive research award recipients and outstanding publication records. Their impact extends beyond academia, with MD/PhD learners taking on diverse leadership roles within Temerty Medicine and in the broader community. Approximately 70% of Temerty Medicine MD/PhD alumni who have completed their training hold full time academic positions and remain actively engaged in research.

- [Comprehensive Research Experience for Medical Students Program](#). The Comprehensive Research Experience for Medical Students (CREMS) Program provides opportunities for Temerty Medicine medical students to participate in a full-time summer research project between their first and second year, or second and third year, under the supervision of a faculty mentor. The CREMS Summer Research Program runs for 10 weeks from June to August, and includes financial support in the form of a stipend. CREMS is highly valued by learners, including the opportunity for participants to present their research at Medical Student Research Day, an annual one-day conference showcasing research projects undertaken by Temerty Medicine medical students.
- [Graduate Diploma in Health Research](#). The Graduate Diploma in Health Research (GDipHR), now in its seventh year, offers a unique opportunity for a limited number of first-year medical students to engage in research with a University of Toronto faculty mentor, complete a specialized research skills course, and take an elective graduate course.

Designed for future physicians passionate about health-related research, the GDipHR provides exposure to advanced research methodologies and enhances competitiveness for future training opportunities. It offers students without prior research experience a chance to develop new skills, while allowing those with existing experience to stay current and enrich their MD training. The GDipHR spans 20 consecutive months and grants a U of T diploma upon completion, alongside the learner's MD degree.

- [Clinician Investigator Program](#). Designed to support residents to develop as clinician investigators, the Clinician Investigator Program (CIP) offers a comprehensive career development curriculum that complements formal research training in a graduate program. CIP participants have protected time for research by their clinical program supervisor. A cornerstone of the CIP curriculum is a workshop series, designed to support development of skills within the roles defined under the CanMEDS framework. The CIP curriculum also includes patient engagement course modules and an annual symposium.

## Challenges

With their dual training in medicine and research, clinician scientists are uniquely equipped to address the health challenges of today and the future. Yet, despite their critical role, there is growing concern that the clinician scientist workforce is at risk. Challenges identified in developing clinician scientist leaders are:

- Recruitment and retention of trainees
- Length of training and lack of support at key transition points
- Rapidly and independently changing worlds of medical and scientific training

To address these ongoing challenges, the IPSTP strategic plan identifies thirteen strategic initiatives focused on supportive policies, mentorship programs and sustainable funding strategies that are essential for fostering the next generation of physician scientists. Four key opportunities or future directions for the IPSTP portfolio are summarized below.

## Future Directions

- *Maintenance and growth of MD/PhD Program*: With the goal of further strengthening the physician scientist community, the IPSTP is developing a comprehensive fundraising campaign to support physician scientist training at Temerty Medicine for targeted growth and capacity building across all physician scientist training pathways.
- *Parental Support*: The IPSTP is undertaking a new initiative to evaluate parental support needs of current and former MD/PhD trainees nationally to inform the development of comprehensive, evidence-based policies that address the unique needs of pregnant and parenting MD/PhD learners at Temerty Medicine.

- *Accelerated Research Residency Pathway*: This initiative aims to reduce the overall training duration for MD/PhD students by integrating research time into residency, providing a flexible and personalized training approach while maintaining clinical engagement to prevent skill erosion.
- *Physician Scientist Mentorship Community of Support*: To support skill development of early career researchers and foster mentorship and community development, a Mentorship Academy pilot program was launched in January 2024. This pilot involved eight early career researchers and 26 CIP and MD/PhD learners. Next steps include a quality improvement-focused evaluation of the pilot.

### 3.1.5 Office of Learner Affairs

#### Academic Leadership

Tony Pignatiello, Associate Dean, Learner Affairs

#### Overview

Established in early 2022 as part of a decanal reorganization, the Office of Learner Affairs (OLA) builds on the foundations of the former Office of Health Professions Student Affairs and Postgraduate Wellness Office. OLA was created to deliver integrated services and harmonized programming for learners across the St. George and Mississauga campuses. With the expansion of health professions education to the Scarborough campus through the Scarborough Academy of Medicine and Integrated Health, OLA has extended its reach accordingly.

OLA is committed to supporting health professions learners by enhancing the learning environment at both individual and systemic levels, fostering their development as future healthcare professionals. Grounded in principles of equity and inclusion, OLA promotes resilience, wellness, personal growth and social responsibility. OLA also works to increase awareness of accommodations and wellness programs, while actively reducing the stigma associated with accessing these supports.

From the time it was established in 2022, MD and MD/PhD learners as well as postgraduate residents and fellows have had access to all OLA's services, with access by other learner groups to some of the services. In 2024-2025, OLA served over 5,700 undergraduate and postgraduate learners across Temerty Medicine's three campuses. OLA has experienced programmatic growth and increased service utilization since its inception, including a 33% counselling appointment increase from 2021-2022 to 2023-2024.

As of July 2025, OLA has expanded to provide all services to 8,220 learners from the Speech-Language Pathology, Physical Therapy, Occupational Science and Occupational Therapy, Medical Radiation Sciences, Physician Assistant, MD, and PGME programs. With that

expansion, the number of learners who will have access to all OLA's services will increase by 26%, from 6,050 to 8,220 learners.

## OLA Services

Learners from across all years of all programs have access to resources to support their personal, academic and career success using the following OLA services:

- [Learning Strategy and Clinical Skills Enhancement](#), which includes a variety of services and resources dedicated to the development and support of the academic and clinical skills of learners.
- [Personal Supports and Counselling](#), which includes a variety of personal supports and services, including personal counselling services and system navigation; leave of absence and transfer request advice and support; and wellness-focused resources and programming.
- [Career Planning](#), which includes a comprehensive range of career planning services and resources to support medical specialty exploration, informed career decisions, residency and fellowship application strategies as well as career advising focused on career and specialty decision making from a physician point of view.
- [Learner Experience](#), which provides supportive and confidential pathways to discuss, disclose or report learner mistreatment, and works to educate learners, faculty and staff on both the issues and solutions in this area.
- [Accommodation and Accessibility](#), which for undergraduate learners, includes supports for the implementation of accessibility accommodations developed and approved in partnership with central accessibility services offices and, for postgraduate learners, includes an 'in house' Lead Advisor, PGME Accessibility.
- [Mentorship](#), which includes administration of two equity mentorship programs and management an OLA Learner Mentorship Database that aims to strengthen awareness of existing learner mentorship opportunities.

The services provided by OLA are developed, delivered, managed, supported and continually improved by a dedicated team of faculty leaders and administrative staff.

## Strengths and Innovations

- *Comprehensive Learner Support Services:* As summarized above, OLA provides a full range of comprehensive support services to medical and health professional learners across all three University of Toronto campuses. OLA services are provided using a “no door is the wrong door” approach, with no fees for learners. That flexible access to OLA services is supported by comprehensive networks and warm handovers. The wait time for non-urgent referrals is less than two weeks, often with same day service.

- *Learner Experience Unit:* The Learner Experience Unit (LEU) was founded in May 2020 as a resource for medical students, residents and clinical fellows who witnessed or experienced mistreatment. The LEU provides supportive and confidential [pathways to discuss, disclose or report learner mistreatment](#), and works to educate learners, faculty and staff on both the issues and solutions in this area.

The LEU also publishes [annual Learner Experience Reports](#), which present data regarding the frequency and spectrum of mistreatment behaviours occurring within our learning environment, and the resolutions that have been used to manage incidents, to illustrate some of the ways that Temerty Medicine responds to learner concerns.

- *EDI-Informed Supports:*
  - All OLA staff have completed training in allyship.
  - The Learner Life Specialists (LLS), who provide personal counselling services and system navigation, are required to have familiarity and experience with trauma-informed and anti-racist approaches. The LLS group intentionally consists of counsellors with lived experience to support Black, Indigenous, Muslim, Jewish, and 2SLGBTQ+ learner populations. Currently, two LLS team members identify as Black.
  - To better support Black medical students through the CaRMS process, the OLA, in partnership with Black learners, created a Faculty Career Lead for Black Learners position. The two equity mentorship programs supported by OLA are:
    - i. [Diversity Mentorship Program](#) – a professional mentorship program that aims to connect Temerty Medicine medical (MD, PGY1-2) or clinical rehab (PT, OT, SLP) learners from minoritized groups to clinical mentors who are able to support in their personal and professional growth.
    - ii. [iLEAD Mentorship Program](#) – a two-tiered, longitudinal peer mentorship program developed out of student conversation on the limited opportunities of career exploration and advancement among equity-deserving groups. The program connects first-year MD students to upper year MD student mentors. These upper year MD students are then matched with a postgraduate resident mentor. First-year students often return as mentors in the next academic year.

## Future Directions

- *Sustainable Funding Model:* Securing sustainable funding to maintain comprehensive support services to medical and health professional learners across all three University of Toronto campuses is a foundational priority for OLA. The challenge and opportunity lie in developing a funding model that not only sustains current operations but also enables strategic growth and enhancement, in alignment with OLA's mission and in response to evolving learner needs and program expansion.

- *Awareness*: While OLA is widely utilized, many learners, faculty and staff remain unaware of its full range of supports and services. Promoting awareness remains both a challenge and opportunity. Developing an effective communication strategy, which accounts for a distributed education model and frequent turnover among learners and education leaders, continues to be a priority.
- *Electronic Record System/Data Management*: Historically, OLA relied on multiple uncoordinated systems for data recording and storage. In collaboration with MedIT, OLA is transitioning its services to Microsoft SharePoint, a process that presents challenges due to the sensitive and confidential nature of learner data. However, this shift also offers opportunity to enhance service delivery and support continuous evaluation and improvement of OLA's services.
- *Program Evaluation/Continuous Improvement Plan and Process*: The OLA team will continue to use existing data sources, such as findings from the Voices surveys, to engage in evaluation processes focused on continuous improvement. The newly developed Learner Affairs and Wellness Survey (LAWS), along with "just-in-time" feedback tools, will strengthen OLA's commitment to ongoing evaluation and continuous improvement of its core services.

## 3.2 Other Undergraduate Health Profession Education and Life Sciences Education Programs

### 3.2.1 Physician Assistant Professional Degree Program (BScPA)

#### Academic Leadership

Patricia Houston, Vice Dean, Medical Education

Danielle Martin, Chair, Department of Family and Community Medicine

Jeff Golisky, Medical Director

#### Program Overview

The Bachelor of Science Physician Assistant degree (BScPA) is a full-time professional, second-entry undergraduate degree program, based in the Department of Family and Community Medicine. The Physician Assistant (PA) Program was founded in 2009 under the leadership of Maureen Gottesman and the first cohort, consisting of 17 students, graduated in 2011. The total number of students registered for the 2024-2025 academic year was 104. The PA Program has expanded significantly since its inception, with the most recent incoming cohort (Class of 2026) comprising 58 students.

The BScPA is a [University of Toronto](#) degree delivered in collaboration with [NOSM University](#) and [The Michener Institute of Education](#) at University Health Network (UHN). The three institutions have formed the Consortium of PA Education (Consortium) to collaboratively contribute to the development, administration and delivery of the University of Toronto degree. The PA Program is designed to meet the competencies outlined in the National Competency Profile established by the Canadian Association of Physician Assistants. The aim of the PA Program is to equip graduates with the competencies necessary to establish the foundation for a sustainable Canadian Physician Assistant profession.

## Accreditation

In 2023, the PA Program underwent accreditation by Accreditation Canada. The initial recommendation by the accreditors was “Accredited with Condition,” as the accreditors reported that the Physician Assistant Entrustable Professional Activities had not been sufficiently integrated into learning objectives and competencies. Upon the submission of a follow-up report in 2024, the accreditors recommended a status of “Accredited.” The Accreditation Canada Ratification Committee subsequently ratified this recommendation. The status will remain until 2029, when the program must undergo the next accreditation cycle. At the time of writing, the program is in the final stages of its cyclical review, as part of the University of Toronto Quality Assurance Process.

## Curriculum

The BScPA Program is a full-time, second-entry degree program that runs continuously for 24 months, spanning six semesters, including 44 weeks of clinical rotations in the second year. The length of the program includes eight weeks of academic breaks (for vacation) over the two years, and one reading week in each of the first and third semesters of the first year of the program.

The following table provides a high-level summary of the two-year PA Program:

**Section 3.2.1 – Table 1: PA Program Summary**

<p><b>Year 1 (Pre-Clerkship - 3 semesters)</b></p>	<ul style="list-style-type: none"> <li>• Academically focused</li> <li>• Completion of 15 online courses in total with synchronous and asynchronous learning and online proctoring of assessments</li> <li>• Two mandatory in-person campus blocks in Toronto</li> </ul>
<p><b>Year 2 (Clerkship - 3 Semesters)</b></p>	<ul style="list-style-type: none"> <li>• Clinically focused</li> <li>• 44 total weeks of supervised direct clinical contact in rural and urban settings</li> <li>• Includes 12 weeks of primary care, plus four-week core rotations in general surgery, emergency medicine,</li> </ul>

	<p>hospitalist/internal medicine, mental health and paediatrics. The remaining weeks are spent in electives</p> <ul style="list-style-type: none"> <li>• At least half the clinical rotations will be assigned in Southern Ontario. A minimum of three rotations will be assigned in Northern Ontario.</li> <li>• Mandatory in-person campus block (one week) in Toronto</li> </ul>
--	---

The PA Program has implemented several innovations into its curriculum, including:

- A virtual patient case each week that integrates elements from all ongoing courses at that time. Students watch videos, do readings and answer stimulating questions using knowledge acquired from various courses such as pathology, pharmacology, diagnostic techniques and procedures, etc.
- A final synchronous electronic Problem-Based Learning (ePBL) assignment, in which students work in an ePBL format as they are taught; they are graded on how they work together as a team.
- Restructuring the focus of the three in-person campus blocks: campus block 1 focuses on history and physical examinations; campus block 2 focuses on procedures and assesses comprehensive physical examinations; and campus block 3 focuses on simulation and inter-professional education with the Faculty's other health professions students.
- Since 2021, Year 2 clinical rotations have been extended by one month, allowing for more hands-on clinical experience with the addition of one more elective. This gives students further opportunities to choose and meet their learning objectives prior to graduation.

## Admissions, Enrolment and Graduates

The PA Program attracts highly qualified students from diverse healthcare fields. The demand for practicing PAs in the province of Ontario is increasing significantly year after year. To help meet the healthcare needs across Ontario, the provincial government has granted the University of Toronto PA Program support to expand enrolment. The figure below outlines the number of applications received and those who registered. As one can see, the program has nearly doubled its enrolment between 2021 and 2024.

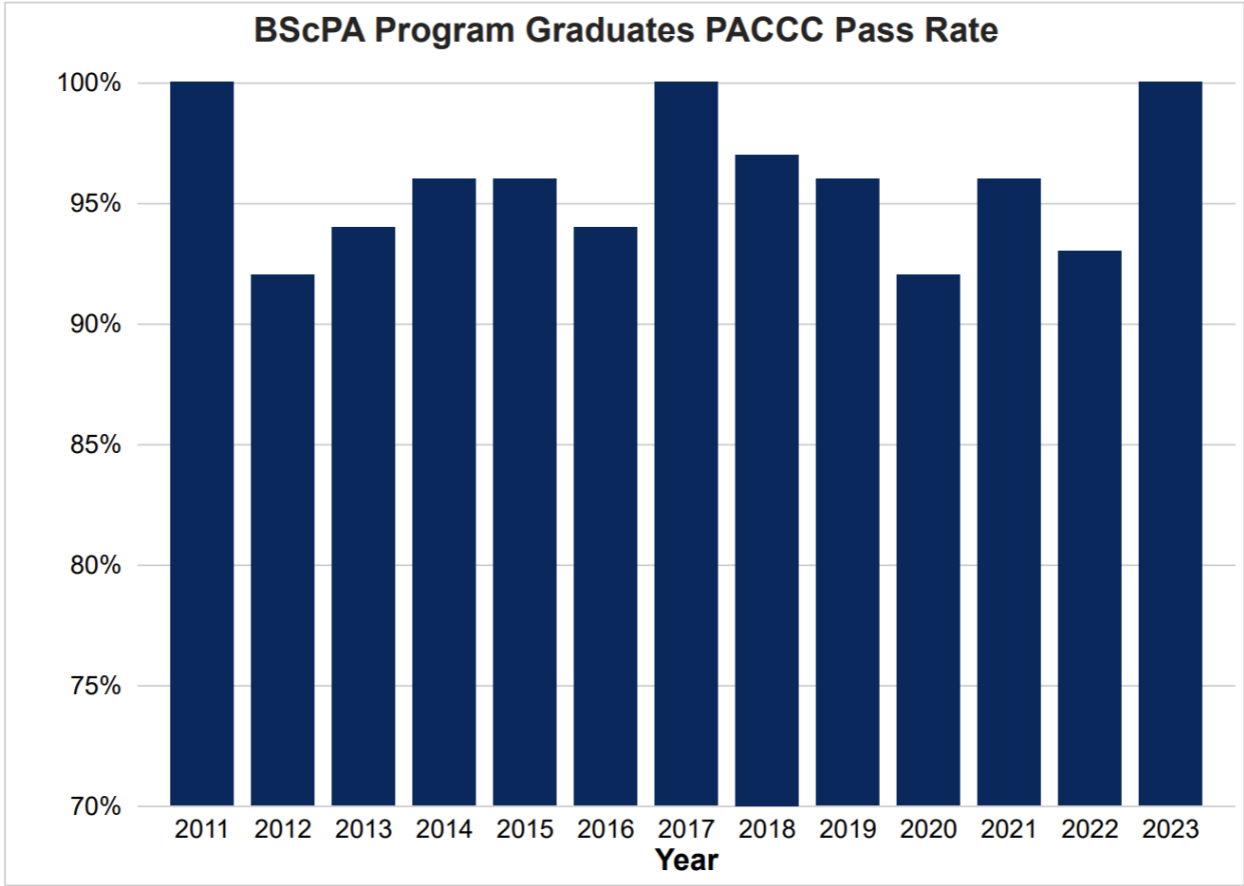
**Section 3.2.1 – Table 1: PA Applications and Admissions**

	Fall 2016	Fall 2017	Fall 2018	Fall 2019	Fall 2020	Fall 2021	Fall 2022	Fall 2023	Fall 2024
Applications	288	515	433	465	540	978	1,016	787	907
Interviews	80	84	88	96	106	106	114	152	149
Offers	37	39	37	42	34	42	41	59	74
New Registrants	30	30	28	30	30	31	34	48	59
Acceptance Rate	81.1%	76.9%	75.7%	71.4%	88.2%	73.8%	82.9%	81.4%	79.7%
Yield Rate	10.4%	5.8%	6.5%	6.5%	5.6%	3.2%	3.3%	6.1%	6.5%

In 2021, the BScPA Program entered into an agreement with the Canadian Armed Forces (CAF), to provide a maximum of three supernumerary training seats to military trainees. The first CAF students started in Fall 2021 (Class of 2023). The admission criteria and process remain the same for these applicants, although they are not in competition with civilian applicants.

The Physician Assistant Certification Council of Canada (PACCC) is the national body that administers the annual certification exam to graduates of accredited PA programs in Canada. This exam is a knowledge-based assessment of the national competencies as set out in the PA education programs. The results of the University of Toronto PA students on the Canadian National Certification Exam continue to be impressive. Overall, in thirteen years of writing the exam, 96% of BScPA graduates have successfully completed the National Certification Examination. The figure below shows the PA Program graduates' pass rate from 2011 to 2023.

**Section 3.2.1 – Figure 1: University of Toronto Graduates PACCC Pass Rate, 2011-2023**



In the latest iteration of the graduate employment survey, conducted in March 2024, 67% of the Class of 2023 graduates participated. Of those who completed the survey, 94% are employed as PAs, with 11% working in Northern Ontario. Primary care has traditionally been the largest and most stable employer of graduates, with a recent significant increase in those employed in a surgical discipline or other specialty (including neurology, neonatology, gastroenterology).

**Future Directions**

Three future directions for the PA Program include:

- A transition in decanal oversight from the Vice Dean, Clinical and Faculty Affairs to the Vice Dean, Medical Education, which began in October 2025. The Department of Family and Community Medicine (DFCM) will continue to manage academic appointments for individuals who teach in the PA Program, as needed, while management of PA staff will shift from the Director, Business and Administration, DFCM to the Manager, SAMIH.
- A change in physical location for the PA Program from the St. George campus to the Scarborough campus in August 2026, as part of SAMIH.

- Development of a Master of Physician Assistant Studies (MPAS), currently under way, that will replace the BScPA. The anticipated start date of the Temerty Medicine MPAS is September 1, 2027. The expected standard of PA training in Canada has clearly evolved. Since 2024, the number of Canadian PA education programs has doubled, with new programs opening in Alberta, Nova Scotia and Saskatchewan, all at the master’s level. The PA Program offered at McMaster University is also transitioning their program to a master’s level program, with an anticipated start date of September 2027.

### 3.2.2 Medical Radiation Sciences

#### Academic Leadership

Lynn Wilson, Vice Dean, Clinical and Faculty Affairs  
 Laura Dawson, Chair, Department of Radiation Oncology  
 Kieng Tan, Academic Director

#### Overview

##### **Section 3.2.2 – Table 1: MRS Program Enrolment**

Number of Students Registered 2024-2025:

Radiological Technology:	120
Nuclear Medicine:	66
Radiation Therapy:	159
<b>Total</b>	<b>354</b>

##### **Section 3.2.2 – Table 2: MRS Program Streams and Disciplines**

The Medical Radiation Sciences (MRS) Program offers students both a BSc degree (U of T) and Advanced Diploma in Health Sciences (Michener) in the streams and disciplines listed below.

Program Streams	Professional Disciplines
Nuclear Medicine & Molecular Imaging Technology stream	Nuclear Medicine
Radiation Therapy stream	Radiation Therapy
Radiological Technology stream	Radiological Technology

A second-entry professional program, Medical Radiation Sciences (MRS) is built on a collaborative and equal partnership between Temerty Medicine and the Michener Institute of Education at UHN. The Department of Radiation Oncology has academic oversight for this program within Temerty Medicine. This unique partnership combines the strengths of the two institutions and makes full use of their complementary resources and expertise to offer both a BSc degree (U of T) and an Advanced Diploma in Health Sciences (Michener). This collaboration has contributed to a high level of program integration for the education of the three medical radiation science disciplines: i) radiological technology; ii) nuclear medicine technology and iii) radiation therapy. The completion of the BSc fulfils the requirement for entry to clinical practice and prepares students to engage in graduate studies or specialization, if desired.

## **Accreditation**

In 2025, the MRS Program successfully completed and was accorded, for all program streams, full accreditation status by Accreditation Canada through to June 30, 2031.

## **Curriculum**

This four-year undergraduate degree program is offered in three calendar years and is comprised of didactic, simulated and clinical courses. The integrated three-year curriculum aims to provide students with a foundational core curriculum of broadly based theoretical and analytical knowledge along with discipline-specific courses and clinical practice activities for their professional responsibilities.

The clinical practicum components integrate and apply the material taught in lectures and labs, leading to the development of clinical competence. Each student is required to complete a minimum of 42 weeks of full-time clinical practice. The nuclear medicine and molecular imaging technology stream has clinical placements throughout the province, as it is the only such training program in Ontario. The radiation therapy stream also has clinical placements throughout the province and is one of two academic programs in Ontario. The radiological technology stream has clinical placements mainly in the GTA and will be expanding in 2025 beyond the GTA. The MRS Program has strategically aligned its clinical sites with Temerty Medicine's affiliated partner hospitals.

## **Admissions, Enrolment and Graduates**

Increasing enrolment for the MRS Program continues to be a strategic focus. A closer link to the enrolment services in undergraduate medical education at Temerty Medicine has provided additional opportunities and strategies in recruitment initiatives, including a social media presence, which continues to gain momentum. The admissions process continues to be streamlined to provide a more coordinated approach between U of T and Michener — focusing on improved applicant experience. Target enrolment numbers for each of the streams are

currently: i) radiological technology – 40; ii) nuclear medicine – 24; and iii) radiation therapy – 56. There is desire and a need for program expansion to increase enrolment beyond the current 120 seats to possibly 150 seats. The current health human resource shortage and the increased demands for medical imaging and radiation treatments is a challenge that the program wishes to assist in and support, to meet projected provincial health needs.

The program has graduated over 2,259 students since its inception in 1998, with an average attrition rate of 5%. For the graduating class of 2025, which started with an intake of 116 students in the fall 2022:

- 89.6% of students completed the program in the allotted 32 months of study
- 7.75% of students required a modification to the length of their studies
- 9.5% discontinued the program

## **Challenges**

As a joint program, both U of T and Michener have seen a rise in the cost associated with delivery of the program curriculum. To ensure financial sustainability of the program, a review of the program structure has been initiated. MRS is exploring ways to minimize the operational costs while continuing to deliver a strong and forward looking didactic and clinical curriculum that maintains quality and graduate output to meet the provincial needs.

In addition, as provincial healthcare providers experience backlogs and extended wait times for crucial diagnostic imaging and therapeutic services due to workforce shortages, the MRS program has faced challenges with receiving ministry approval for continued expansion of enrolment numbers. Increasing the number of graduates is important to maintain timely clinical services across the province.

## **Future Directions**

- MRS Program Expansion
  - A proposal for enrolment expansion to the MRS Program has been presented to MOH and MCURES; it is awaiting formal acknowledgment and a response.

## 3.2.3 Undergraduate Life Sciences Education

### Academic Leadership

Justin Nodwell, Vice Dean, Research and Health Science Education  
Ahlia Khan-Trottier, Associate Dean, Undergraduate Education

### Overview

Temerty Medicine has a long-standing interdivisional teaching (IDT) relationship with the Faculty of Arts and Science (A&S) in which our departments deliver programs and courses to A&S undergraduate life sciences students. We have over 4,000 students enrolled in our 21 programs and teach more than 160 courses to those students as well as students enrolled in other A&S programs each year, amounting to 17,000 to 18,000 half course equivalents taught annually in recent years.

Our undergraduate teaching leverages the expertise of Temerty Medicine faculty and ranges from large introductory service courses to small upper year seminar courses, as well as experiential learning through hands-on lab courses, community engaged learning courses and research project courses. Temerty Medicine also teaches a small number of undergraduate students inter-divisionally with the Faculty of Kinesiology and Physical Education (KPE) and at the University of Toronto Scarborough (UTSC). See Section 3 Appendix A for more detailed information on our IDT activities.

### Progress Since the Last Self-Study

In 2022 a new decanal role, Associate Dean, Undergraduate Education, was created within Research and Health Science Education (RHSE) to provide additional oversight and direction for Temerty Medicine's interdivisional undergraduate teaching. This centralized approach has allowed Temerty Medicine to be more equitable and consistent in our approaches across units, more responsive to the needs of our faculty, staff and students, and engage in more transparent discussions with respect to the curriculum and enrolment challenges associated with IDT; this has allowed us to build stronger and more collegial interdepartmental and interdivisional relationships.

RHSE is committed to supporting undergraduate life science students as they progress through their programs and consider future career paths. The current focus is on recruitment, mentorship and opportunities unique to Temerty Medicine as other supports, such as health and educational supports, are provided to students institutionally or via the division with which they are registered. Likewise, RHSE has been working to increase support to faculty and staff who deliver life science programs and to streamline and provide guidance around processes related to undergraduate education and experiences. Examples of ongoing and new initiatives implemented are provided below.

**Improving the student experience by streamlining processes, setting divisional standards, and providing ongoing supports and recognition:**

- Resources provided on the RHSE website to help students find and succeed in research opportunities, such as guidance on What to Expect in a Lab and How to Find an Undergraduate Research Opportunity, as well as an extensive searchable database of opportunities and funding available within our departments and partner institutes
- Harmonized undergraduate summer research stipends across units to ensure equity and raising to the equivalent of minimum wage to increase access to all students (as of summer 2025)
- More than 150 awards administered annually to support student participation in summer research (see Section 3 Appendix B for more information)
- Implementation of a divisional online summer research awards application system to minimize the need for students to fill out multiple application forms across different departments, streamline the awards allocation process, and improve reporting and tracking capabilities (2025)
- Annual awards which recognize outstanding student leaders (see Section 3 Appendix B)
- Funding to support student-led initiatives such as the Synergy Cancer Research Conference
- In 2019, U of T became the only Canadian host institution for the Amgen Scholars Program, whereby Temerty Medicine and the U of T Leslie Dan Faculty of Pharmacy host 10 undergraduate students from across the country each year to engage in a fully-funded summer research experience
- Provide a first glimpse into the world of research via the annual RHSE Undergraduate Research Shadowing Program, which pairs early year undergraduates with graduate or post-doc mentors
- Development of new curricula to better prepare students for health professional programs – this has been tasked to a new faculty member who is jointly appointed with Temerty and A&S; initial consultations with a wide variety of stakeholders has begun

**Recruitment and promotion of our programs and research:**

- Promotion of our programs via the RHSE newsletter, website, social media channels and events such as our annual Graduate Program Information Fair
- Sharing undergraduate students' experiences via profiles on our website and annual participation in A&S undergraduate program information fairs (department faculty and students together).
- Promotion of our teaching and research through a variety of experiential high school programs, often with a focus on underserved groups. For example, MedYSP offered by the Division of Teaching Labs (which offers scholarships for Indigenous students, students in

financial need and through partnerships with school boards and outreach organizations) and numerous outreach programs offered by the Office of Access and Outreach.

### **Building and sustaining a culture of support for our health science educators and staff:**

- With the assistance of experienced staff members, developed a handbook to guide undergraduate administrative staff with their various tasks throughout the year (2023).
- Convened a standing teaching stream advisory committee, Voices of the Teaching Stream, and conducted a survey to better understand the needs and experiences of teaching stream faculty (2024).
- Created a Microsoft Teams channel to facilitate faculty communication (2024).
- Introduced regular social mixers to promote community and collaboration (2024).
- Housing of resources and information for health science educators on the RHSE website (2025).
- Recognition of excellence in undergraduate teaching via annual awards (see Section 3 Appendix B).
- Provision of support for an annual basic science teaching seminar series.
- Provided funding to support faculty/staff-led initiatives such as the first ever full-day Scholarship of Teaching and Learning workshop led by Temerty Medicine faculty in May 2025.

### **Space improvements:**

- RHSE oversees the Division of Teaching Labs (DTL), which will be relocating to renovated lab space in Ramsay Wright due to the demolition of the west wing of the Medical Sciences Building. While this new space is significantly smaller than the current teaching lab facilities, it allows for the opportunity to provide more modern facilities and equipment to enhance the educational experiences of students in our life science undergraduate and graduate lab courses.

## **Future Opportunities**

RHSE's overall goal with respect to life science undergraduate education is to break down silos and provide more equitable and supportive experiences for students, staff and faculty in our undergraduate programs. To that end, RHSE will continue to facilitate interdivisional and interdepartmental communication and work with units to streamline processes, set divisional guidelines and expectations, create new resources and supports, and identify opportunities for cultural and systemic improvements. Some specific areas of focus include:

**Students:**

- Creating a divisional exit survey to assess the experiences of students in our life science programs and identify areas for improvement.
- Broadening exposure of undergraduate students to the graduate education/research that occurs across Temerty Medicine by engaging with donors to increase funding for summer student research awards and more actively recruiting mentors for the shadowing program, thus allowing more students to participate in these activities.
- Continuing to develop new curricula to better prepare students for applications to and success in health professional programs; this will likely be in the form of a certificate which can be done in conjunction with existing Subject Program of Study (SPOS), likely focusing on strengthening students' socioemotional skill development and community-based experiential opportunities.

**Faculty and Staff:**

- Increasing funding supports for pedagogical research and professional development for our health science educators.
- Expanding workshops related to teaching and professional development and opportunities for our faculty to disseminate their work.
- Creating more resources for onboarding of faculty and staff, particularly for administrative roles such as Associate Chairs/Undergraduate Coordinators and related staff.
- Supporting mentorship of health science faculty and staff at all stages of their careers.

**IDT Considerations and Opportunities:**

- Reconsideration of how IDT funds are distributed to departments within Temerty Medicine to better reflect divisional and institutional priorities and better manage course/program enrolment within the boundaries of the IDT arrangement.
- Exploring possible opportunities for Temerty Medicine departments to contribute to the expanded life science teaching at UTSC; this would provide a possible source of revenue for departments, a great opportunity for students to benefit from the expertise of our faculty, and an avenue for recruitment of excellent students to our graduate and professional programs.

**Space and Systems Considerations:**

- Demolition of the MSB west wing will result in loss of DTL's two highly-used active learning rooms which should ideally be replaced elsewhere within Temerty Medicine's facilities as finding sufficient and suitable classroom space on campus can be extremely challenging.
- Long-range planning for more efficient and impactful use of space; for example, co-location of teaching faculty and support staff from all basic science departments might provide opportunities for greater consolidation of functions, as well as organic peer mentorship,

collaboration and community-building, while facilitating a simpler, more accessible experience for undergraduate and graduate students.

- Further investigating avenues for centralization of services that could lead to cost savings and/or more efficient execution of tasks (e.g., an online TA management system supported at the divisional level).

## 3.3 Graduate Education – Basic Sciences and Rehabilitation Sciences

### Academic Leadership

Justin Nodwell, Vice Dean, Research & Health Science Education

Lynn Wilson, Vice Dean, Clinical & Faculty Affairs

### Overview

There are 13 graduate departments in Temerty Medicine that support over 3,000 graduate students annually in 23 programs. The Basic Sciences and Translational Science departments are overseen by the Vice Dean, Research & Health Science Education. Oversight for the Rehabilitation Sciences departments is provided by the Vice Dean, Clinical & Faculty Affairs.

#### Basic Sciences (8)

- Biochemistry
- Immunology
- Laboratory Medicine and Pathobiology
- Molecular Genetics
- Medical Biophysics
- Nutritional Sciences
- Pharmacology and Toxicology
- Physiology

#### Translational Science (1)

- Institute of Medical Science

#### Rehabilitation Sciences (4)

- Occupational Science/Therapy
- Physical Therapy
- Speech Language Pathology
- Rehabilitation Sciences Institute

In 2023, the University of Toronto was ranked second amongst all universities in health science research according to rankings published in [Nature](#). This is in part attributed to the rigorous research training that is offered to Temerty Medicine graduate students in health sciences.

In addition to research stream PhD/MSc programs, these departments also support 11 professional master's programs, including three in Rehabilitation Sciences (Section 3 Appendix C).

Temerty Medicine fosters intellectual breadth, multidisciplinary research and vibrant student engagement through a wide range of collaborative specializations available at the University of Toronto. Students enrolled in these specializations fulfil both the requirements of their master's or doctoral degree and those of the collaborative specialization, which typically includes seminar courses and a major project or thesis. Collaborative specializations provide a unique opportunity for students to deepen their research while collaborating with others who are conducting research in related areas. There are seven collaborative specializations in Temerty Medicine, with only six actively accepting students (Section 3 Appendix D).

Since the previous external review in 2018, Temerty Medicine's former Graduate and Life Science Education office was merged with the former Office of the Vice Dean of Research and Innovation and restructured as the Office of the Vice Dean of Research and Health Science Education (RHSE). Under this new structure, RHSE has oversight of both graduate education and enrolment as well as research funding programs and award opportunities. Since its inception, RHSE has actively expanded efforts in trainee enrolment and experience, as detailed below.

## **Development of Professional Master's (PMAS) Programs**

As noted in the 2018 self-study, the former office of GLSE focused on graduate professional development and expansion of professional master's programs to prepare students for private and public sector job markets and for academia. Building on those successes, RHSE has further expanded the professional master's programs, from 660 students in 2019-2020 academic year to 851 students in 2024-25.

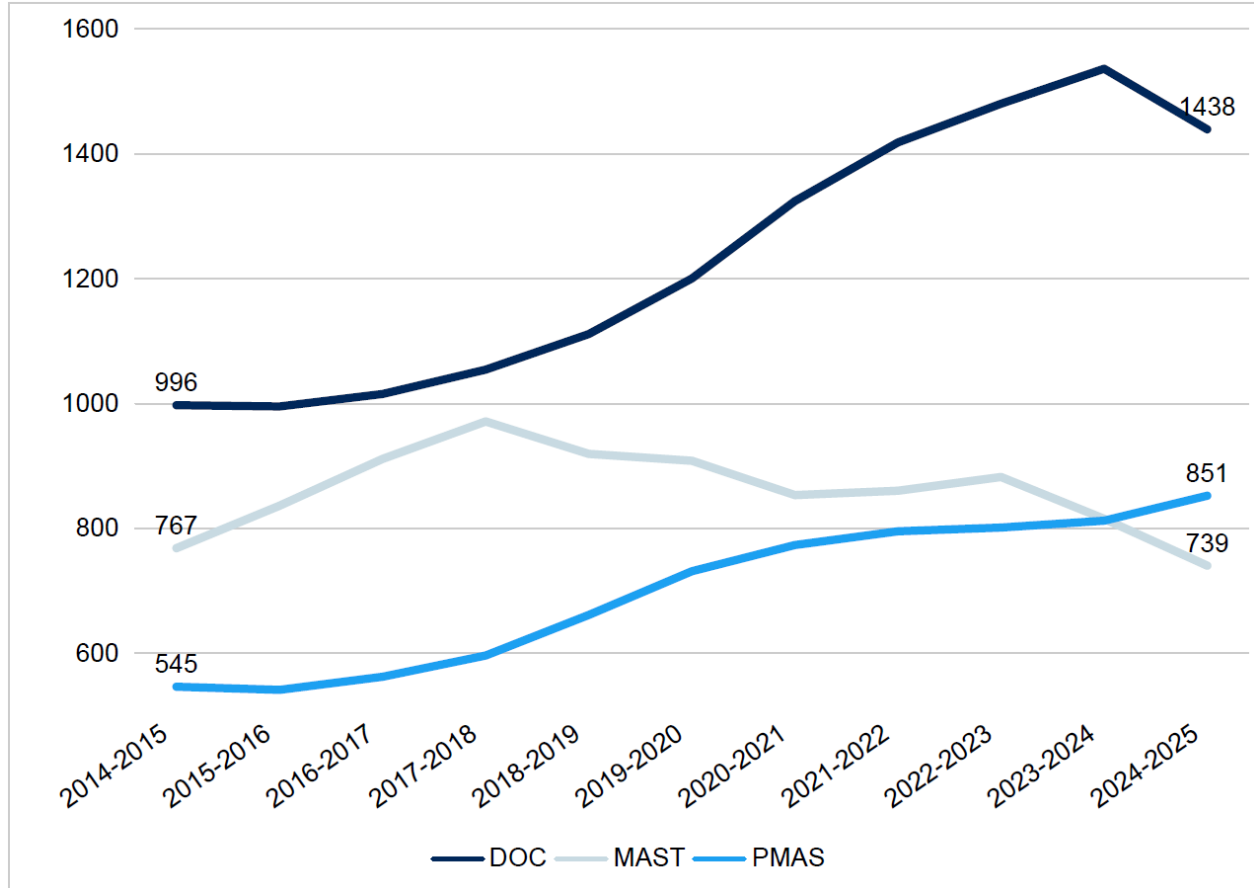
Two new programs have been developed since 2018, including a professional master's program in [Medical Physiology](#) and two new fields in the Laboratory Medicine and Pathobiology master's of health science program: [Clinical Embryology](#) and [Pathologists' Assistant](#).

## **Enhanced Graduate Enrolment**

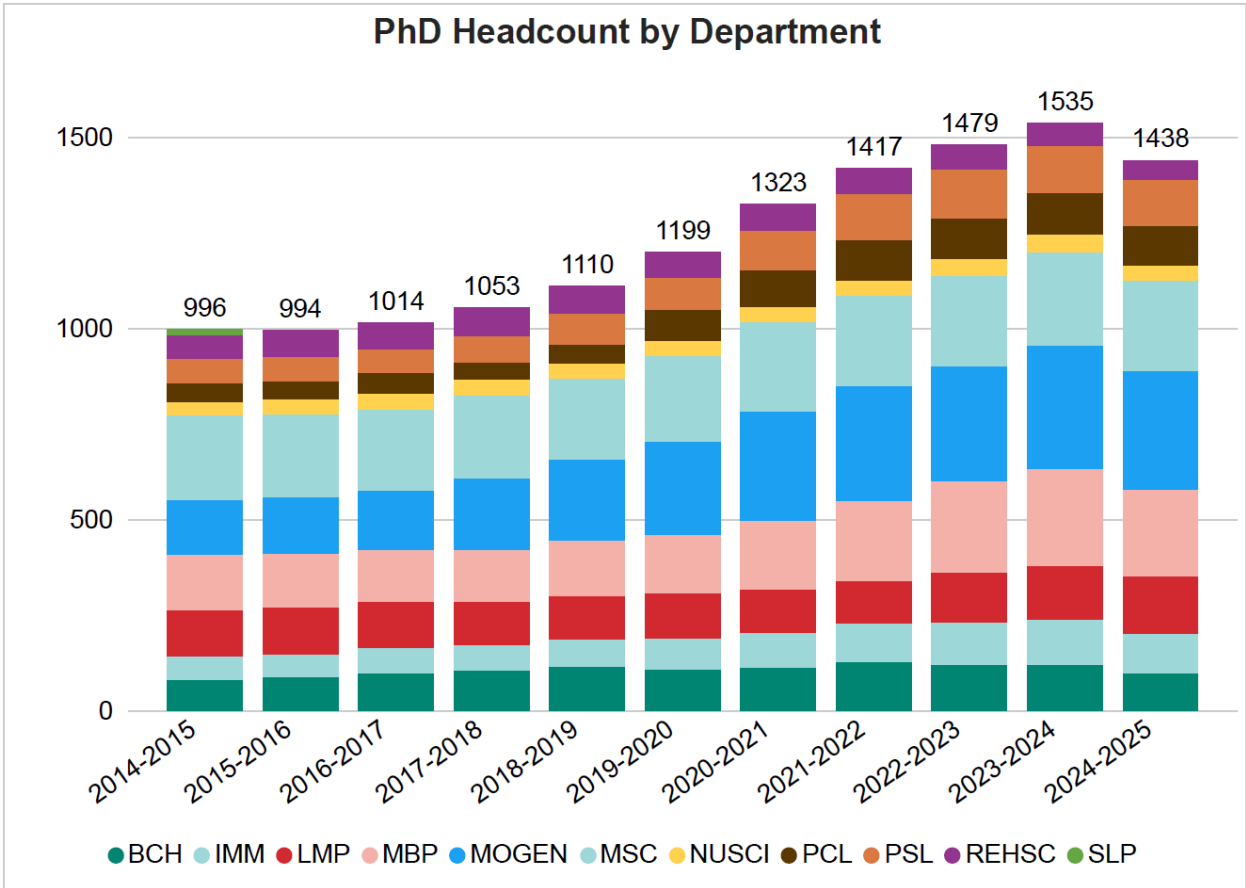
In addition to the expansion of professional master's programs, RHSE has been successful in recruiting students to Temerty Medicine's research-stream programs. While research-stream stipendiary MSc programs have remained stable over the past decade, there has been an increase in the number of students in its PhD programs. The growth of Temerty Medicine's research-stream PhD program enrolment has in part been attributed to the research impact the

faculty has made across the world. This increase in research-stream PhD program enrolment is observed across all departments, including international student intake.

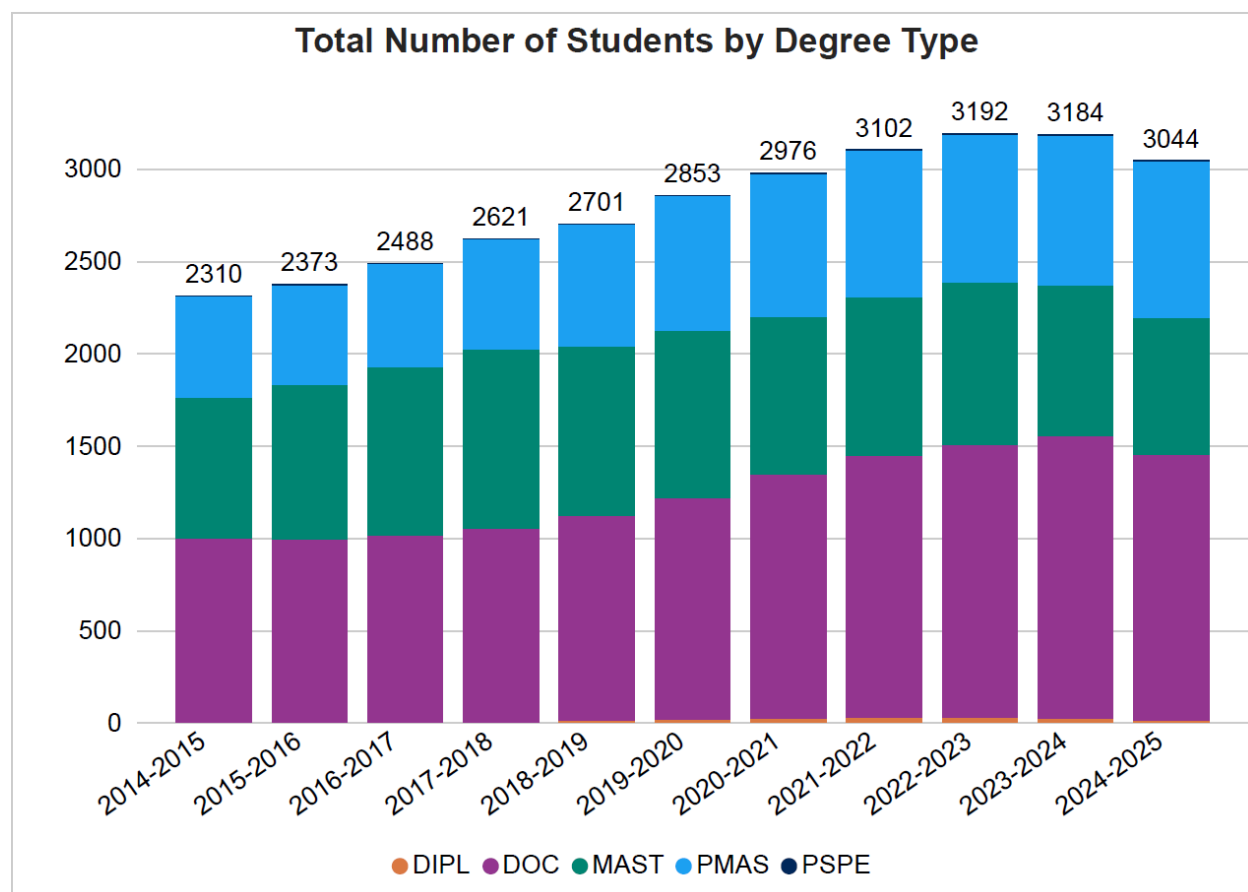
**Section 3.3 – Figure 1: Enrolment in Graduate Programs – Doctoral Students (DOC); Research Master’s Students (MAST); Professional Master’s Students (PMAS).**



**Section 3.3 – Figure 2: Enrolment in PhD Programs by Department**



**Section 3.3 – Figure 3: Graduate Program Student Composition – Diploma Students (DIPL); Doctoral Students (DOC); Research Master’s Students (MAST); Professional Master’s Students (PMAS); Postsecondary Special Populations Enrolment (PSPE)\*.**



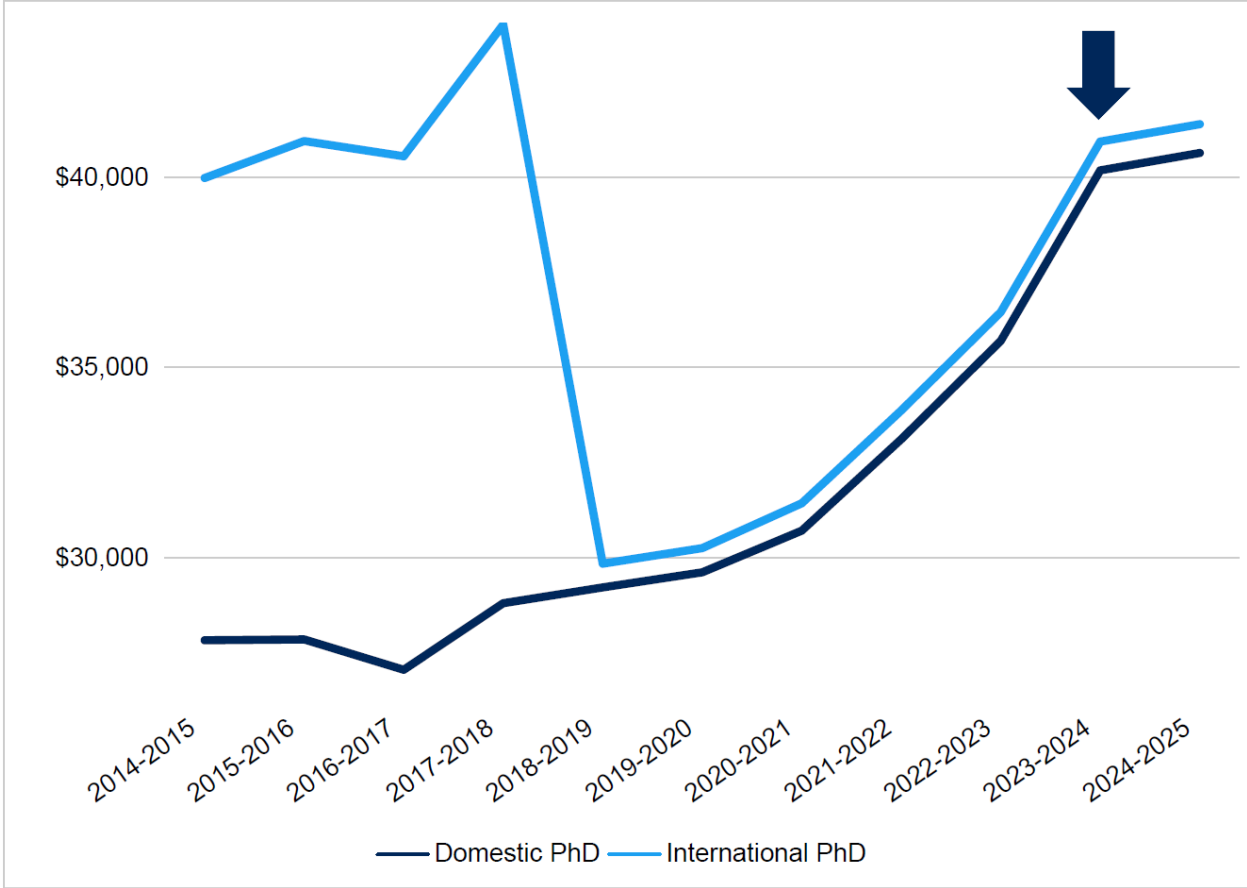
\*The PSPE category comprises students from the Graduate Diploma in Health Research, offered by the Institute of Medical Science to MD Program students. Please see Section 3.1.4 Integrated Physician Scientist Training Programs for more details.

Several active recruitment initiatives have been implemented by RHSE, focused on recruiting domestic students, who come with graduate expansion funding from the Ontario government, into Temerty Medicine’s research-stream programs. These recruitment initiatives, which have contributed to increased enrolment in MSc/PhD programs, include:

- Allocation of over 100 Temerty Entrance Scholarships, valued at \$10,000 each as a top-up to the base funding package, for the top 5% of applicants.
- Promotion of program offerings at the annual Graduate Recruitment Fair, including particular attention paid to students from populations historically underrepresented in research-based health science programs.
- Launch of an updated website to better showcase program offerings, award opportunities and financial resources for students.

- New video series and social media campaigns showcasing different programs to potential applicants.
- Increase in [harmonized base funding](#) support to research-stream PhD students to a minimum of \$40,000 in 2023, making Temerty Medicine’s PhD programs the highest paid stipendiary program in Canada. A stipendiary increase to a minimum of \$40,000 is being implemented across the University of Toronto for all PhD programs effective 2025, with Temerty Medicine offering the highest base funding at the University.

**Section 3.3 – Figure 4: PhD Student Funding**



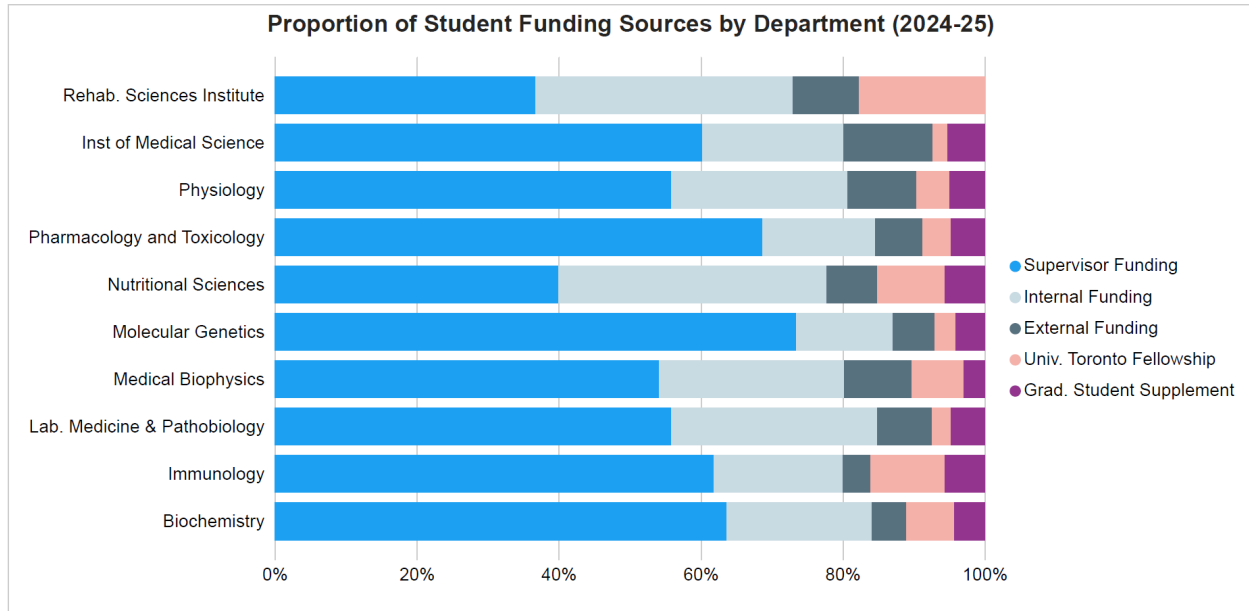
**Student Base Funding**

Student base funding at Temerty Medicine is typically supported through a combination of supervisory research funds, external awards and/or internal opportunities for trainees, which are often supported through endowed funds (see Section 3.3 – Figure 5). The bulk of the funding support comes from supervisory research grants.

In 2017, Temerty Medicine launched the [Graduate Education Management Systems \(GEMS\)](#), a tool for financial tracking of stipend allocations to students across all sites. This system was crucial in allowing Temerty Medicine to identify a financial gap caused by the stipend increase

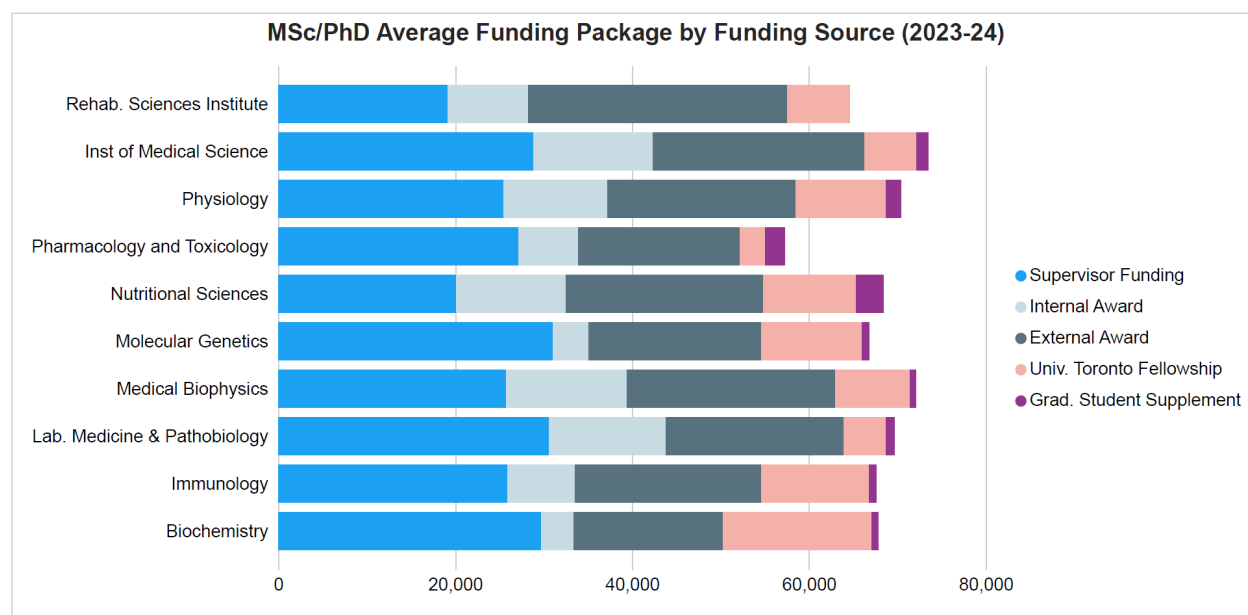
noted above. To support the increase in stipend without draining the finite research budgets granted to supervisors, Temerty Medicine provided a graduate student supplement, a total investment of \$12 million over three years. RHSE also implemented active efforts to maximize award uptake and use of trust funds.

**Section 3.3 – Figure 5: PhD Student Funding Sources**



Funding sources that support graduate student stipends in the research stream are shown below in Figure 6, as per 2023-24 signed GEMS agreements (including top-up funding).

### Section 3.3 – Figure 6: MSc/PhD Average Funding Package



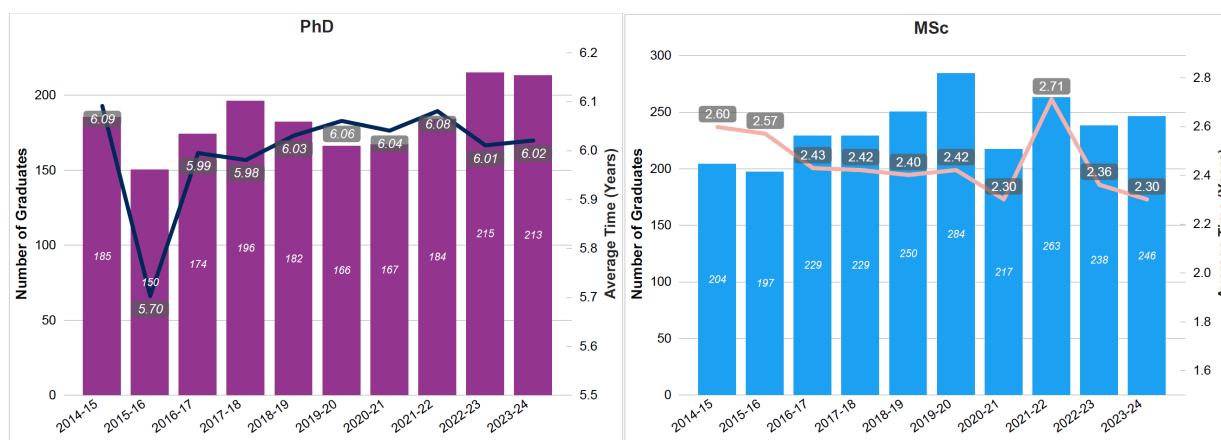
### Time to Completion

Interestingly, the growing number of PhD students at Temerty Medicine has not led to longer completion times. In fact, PhD students at Temerty Medicine complete their programs typically in 6 years, which is slightly faster than the University’s average of 6.2 years. That said, RHSE has actively encouraged program directors to continue to support students in timely completion of their degree requirements.

Although time to completion in Temerty Medicine’s Master of Science programs has been stable, the 2.3-year time to completion in Temerty Medicine MSc programs is slightly higher than the University average of 1.86 years. This is particularly important as MSc students in higher years are ineligible for awards and do not receive graduate expansion funding allocation. Further, a longer degree completion does not necessarily enhance a student’s learning experience.

### Section 3.3 – Figure 7: MSc/PhD Time to Completion

Time to completion (years) for research stream Temerty Medicine graduate students (PhD/MSc, bars) benchmarked to other programs in the University (line).



To enable and support high quality supervision and training, RHSE developed and led the first online Supervisory Evaluation System (SES), which surveys graduate students on their supervisory experience (see below).

### Graduate Supervisory Experience Survey

Temerty Medicine is the first faculty at the University of Toronto to successfully initiate and implement an [in-depth survey](#) to explore the graduate supervisory experience among thesis-based students. Questions are organized into five main categories: overall experience, providing guidance, professionalism/promoting academic integrity, accessibility to students and fostering a supportive and safe environment.

Over three years, the response rate has been approximately 50%. More than 90% of respondents rated their graduate supervisory experience as satisfactory or higher, of which two-thirds ranked their supervisors as exceptional. Approximately 80% rated their supervisor as excellent in responding in a timely manner. Approximately 10% of Temerty Medicine graduate students identify the following areas for improvement: supervisors helping students seek opportunities for professional development, supervisors' awareness of program requirements, and supervisors establishing annual milestones with students. All things considered, the results indicated excellent supervision is being offered to Temerty Medicine graduate students.

### Student Services, Supports and Well-Being

RHSE has actively supported mental health and student well-being as a priority. These include:

- [Leave of Absence Stipendiary Fund](#): University policy suspends student stipends during medical leave, making it financially challenging for students to take necessary breaks. This leads to students remaining in their program but unproductive, prolonging graduation.

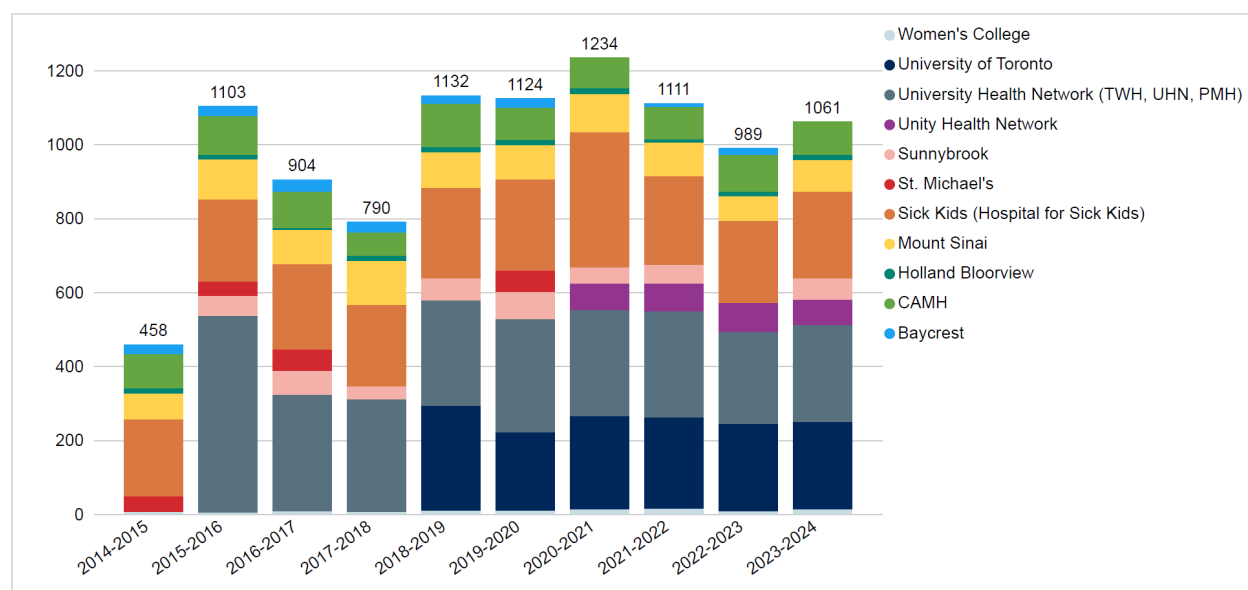
Temerty Medicine's stipendiary program, launched in 2015, has supported 100 students requiring medical leave, primarily for mental health reasons.

- *On-Location Counselling Services for Temerty Medicine Graduate Students:* As of Sept 2018, and with support from the Provost's Office, the RHSE provides [onsite counsellor](#) access to all Temerty Medicine graduate students. In addition, dedicated counselling support is available at central Health and Wellness Offices.
- *Graduate Representation Committee (GRC):* To ensure regular communication of student feedback to academic leadership, RHSE collaborates with the Graduate Representation Committee, which represents the interests of graduate students. The committee conducts an annual Graduate Research Survey to gather data on graduate students' wellbeing, resources and other relevant topics. This supports RHSE's financial decisions, including student base funding increases, wellness support and access to opportunities.
- *Life Sciences Career Development Syndicate:* RHSE sponsors and administers activities offered by the Life Sciences Career Development Syndicate (LSCDS), which is a student-led group. LSCDS supports all Toronto Academic Health Science Network (TAHSN) graduate students in career development activities, including networking events, career seminars and mentorship programs.
- *Temerty Medicine Research Showcase:* RHSE sponsors and administers a new student-led initiative focused on showcasing translational and innovative research conducted by Temerty Medicine graduate students across TAHSN. The showcase was first launched in 2023, expanded in 2024 and will take place annually going forward.
- *Research Integrity Workshops:* Designed primarily for research-stream graduate students, the workshop exposes students to data manipulation that may hinder research integrity, and reviews issues related to authorship best practices for presenting research findings. Offered through Quercus, University of Toronto's online teaching and learning environment, the workshop runs twice a year.
- *Health Education and Research Training Series (HEaRTS) Calendar:* In February 2025, RHSE launched its first centralized events calendar. Developed in consultation with MedComms, the calendar has filtering and auto-population capacity and acts as a repository for all research and training events offered to trainees, including defense talks, research workshops, career development events, mentorship sessions and local research symposia. The calendar is available through the divisional webpage and houses events offered all throughout TAHSN.

### ***Enhanced postdoctoral training and experience***

Temerty Medicine and its partner hospitals train over 1,000 postdoctoral researchers annually, the majority of which are internationally recruited. University of Toronto campus-based postdoctoral fellows are registered and overseen by the School of Graduate Studies, some of whom are unionized as members of the Canadian Union of Public Employees (CUPE), while hospital postdoctoral fellows are not unionized.

### Section 3.3 – Figure 8: Postdoctoral Training Locations



Given their variable hospital-based locations as well as site-specific policies that govern their activities, administration and supervision, supports for Temerty Medicine postdoctoral fellows have been generally limited, with almost no mention in the Faculty’s 2018 self-study.

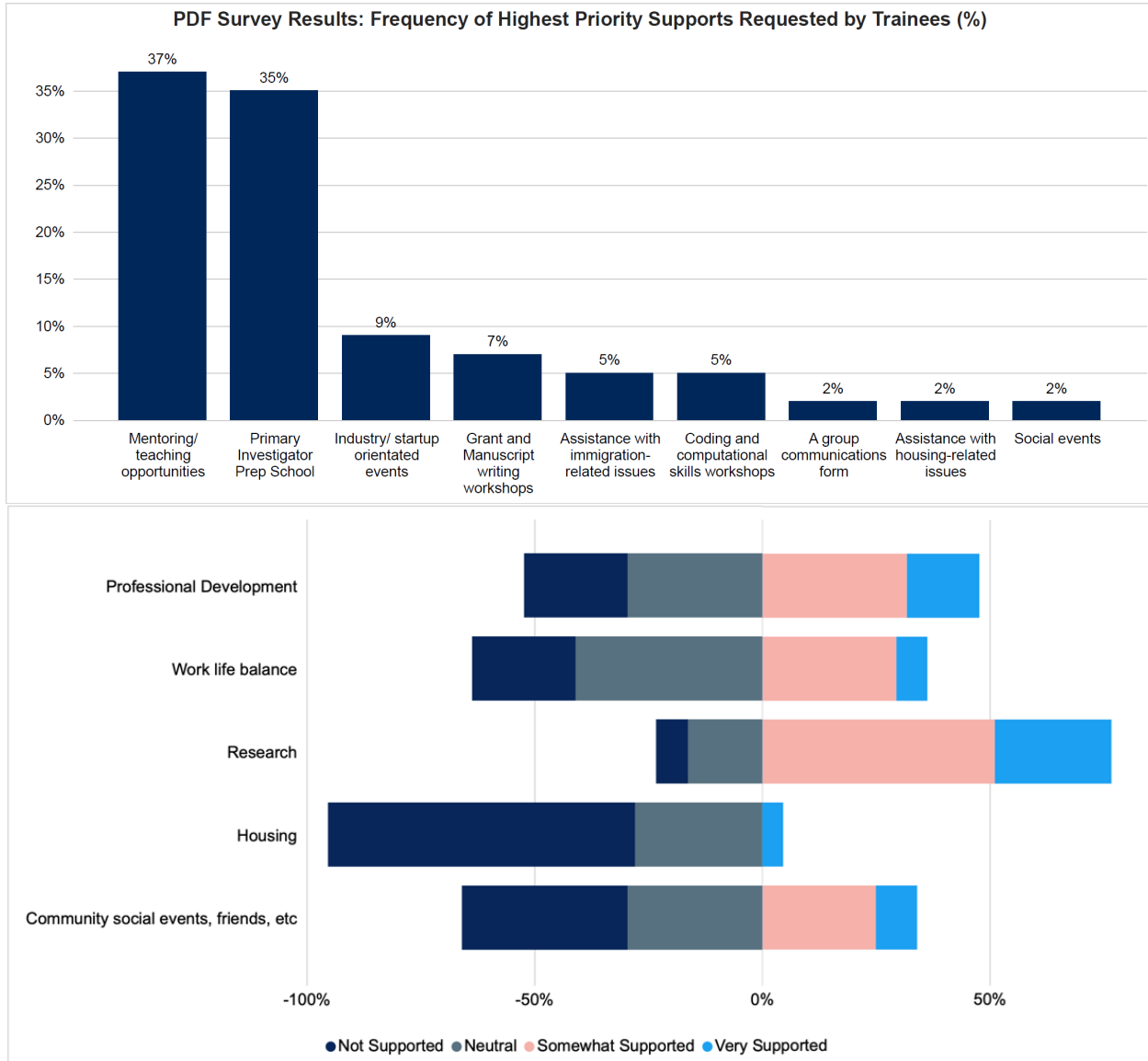
To help identify potential opportunities or initiatives that would help enhance postdoctoral experience and training at Temerty Medicine, a postdoctoral advisory working group was established in August 2023. Chaired by the Vice Dean Research & Health Science Education, the working group comprised members selected from departments and research institutes, both on campus and across TAHSN. Several opportunities were explored including:

- Creating a Senior Postdoctoral Researcher/Junior Scholars program
- Defining top-up practices for postdoctoral fellows on campus similar to those for graduate students (which, as noted, are challenging in the context of unionized postdoctoral fellows and collective agreements)
- Organizing a faculty-wide retreat/symposium
- Establishing a robust communication platform for connecting postdocs across TAHSN
- Establishing a postdoc representation committee to act as the voice of postdoctoral trainees
- The creation of teaching opportunities to develop and mentor postdocs towards future academic positions

The committee collectively suggested to begin by establishing a postdoc representation committee to act as the voice of trainees and surveying their peers on what initiatives they would like to see prioritized to help ensure that limited resources are allocated appropriately. Working in collaboration with RHSE, the Postdoctoral Fellow (PDF) Committee designed and

distributed a survey for campus- and hospital-based Temerty Medicine postdocs. This survey identified two directions for improving the postdoctoral experience and training at the University of Toronto: enhancing mentorship and community engagement.

**Section 3.3 – Figure 9: PDF Survey Highlights**



Informed by the survey findings, RHSE supported the following initiatives:

- Enhancing community engagement across multiple sites
  - A dedicated webpage and the [Postdoc Pulse Newsletter](#): To improve communication and better advertise postdoctoral funding and training opportunities, RHSE created a postdoc newsletter that highlights events, workshops and award opportunities for postdocs across TAHSN. The quarterly newsletter also features high impact postdoc success stories.
  - Teams Chat: A postdoc-specific social chat was launched to enhance communication across sites and facilitate the self-organization of ad hoc interactions.
  - The PDF committee received support to organize coffee chats with peers and to receive continuous feedback on various issues that may require improvement in an ever-changing landscape.
- Teaching mentorship:
  - In September 2024, a pilot [PDF teaching mentorship program](#) was launched for on-campus postdocs. Designed to provide trainees with valuable undergraduate teaching experience and personalized coaching from seasoned course coordinators and faculty, the program also helps trainees prepare their teaching dossiers as they apply for academic positions. The first pilot received 27 applications for 22 mentorship positions across seven undergraduate courses in health sciences for winter 2025. Nine trainees were selected to deliver 2-3 lectures in multiple positions. Each received guidance from the trained faculty, feedback from the course coordinator and a detailed report on the experience. The program has been extremely well received, with hospital partners expressing a desire to participate.
  - In May 2025, the TAHSN-wide PDF teaching mentorship program was launched. This program expands teaching opportunities to additional undergraduate courses and accepts applications from postdoctoral fellows across TAHSN. This will allow hospital-based postdocs to gain a unique teaching experience to complement their PI prep school offerings at the hospitals. In return, campus-based applicants will gain access to some programs offered by UHN and The Hospital for Sick Children (SickKids), such as webinars in their PI prep school.

## Future Directions

RHSE will continue to focus on expanding professional master's programs that are currently restricted largely due to limited, heavy teaching loads for program directors and limited placements (particularly unpaid ones). Temerty Medicine aims to recruit into these specialized programs to better supply the workforce and increase revenue. These programs will also attract future domestic students pursuing other graduate degrees.

Active monitoring of time-to-completion for Temerty Medicine's research-stream programs, particularly MSc programs, remains a priority. Monitoring time-to-completion without compromising quality of learning is valuable in ensuring proper use of supervisor research funds and maximizing graduate expansion funding, particularly in the context of a tuition freeze at the University. Additionally, active recruitment of domestic students and meeting enrolment targets annually are important to maximize tuition revenue while maintaining the quality of candidates being accepted into the programs.

As postdoctoral fellows are at the forefront of scientific discovery and the high productivity scientists of the future, it is crucial to recruit the highest talent into Temerty Medicine. We must continue to build on community resources and collaborative opportunities provided to them across TAHSN. With over 1,000 postdoctoral fellows dispersed across 11 TAHSN sites annually, it is imperative that we continue to develop community building initiatives that enhance research collaborations and professional development supports (including for non-academia areas). By continuing to build such resources, Temerty Medicine will attract the highest talent who will ultimately advance research productivity and impact.

### 3.3.1 The Rehabilitation Sciences Sector

The Rehabilitation Sciences Sector (RSS) integrates research and professional education across the Departments of Physical Therapy, Occupational Science and Occupational Therapy, and Speech-Language Pathology, alongside the Rehabilitation Sciences Institute (RSI). Located at 500 University Avenue, it brings together over 100 faculty members and a diverse community of learners advancing human function, participation and health. Through its MSc and PhD programs and professional entry-to-practice degrees, RSS fosters interdisciplinary collaboration that bridges basic science, clinical innovation and health systems research. Its work spans areas such as movement science, rehabilitation technology, cognitive and social rehabilitation, and health services, making it a national leader in developing evidence-based rehabilitation practices and preparing globally recognized clinicians and researchers who shape the future of rehabilitation science and policy.

RSS's research impact is evident in several dimensions:

- ***Scientific Discovery and Innovation:*** Faculty members are leaders in developing new rehabilitation technologies, assistive devices and digital health tools that improve mobility, communication and daily function. Their discoveries contribute to neuroscience, biomechanics and health systems research, supported by major national funding bodies such as CIHR and NSERC.
- ***Clinical Translation and Practice Integration:*** RSS research directly informs clinical protocols and evidence-based practice in physical therapy, occupational therapy and speech-language pathology. The sector's close integration with Toronto's leading academic hospitals accelerates the translation of laboratory findings into real-world rehabilitation care.

- *Health Services and Policy Influence*: Studies from the Rehabilitation Health Services stream have shaped provincial and national rehabilitation policy, improving access, equity and efficiency in post-acute and community rehabilitation programs.
- *Global and Societal Impact*: RSS researchers collaborate internationally on issues such as global rehabilitation workforce development, aging populations and rehabilitation for chronic and long-term conditions — including leadership of the COVID-19 Rehabilitation Science Research Network, which advanced understanding of long COVID recovery.
- *Training the Next Generation*: Through its programs, RSS trains high-impact researchers who now hold leadership roles in academia, hospitals and public health systems worldwide.

Collectively, RSS has positioned the University of Toronto as a global leader in rehabilitation research — advancing knowledge, shaping policy and improving the lives of individuals across diverse populations and conditions.

RSS has undergone an administrative review, resulting in a new service delivery model. This model aims to eliminate operational and business inefficiencies that arose due to the independent growth of RSS's constituent units. Through the implementation of administrative portfolios that span the sector, the goal is to create a sustainable, team-based structure that will improve faculty and student support by streamlining services, addressing increased administrative workload, enhancing operational efficiency and providing capacity for new initiatives.

The new organizational structure makes possible the redesign of RSS space to increase productivity and facilitate collaborative opportunities. Temerty Medicine is embarking on a multi-year, multi-phase capital improvement project, which is timely given RSS's rapid and extensive growth. Since moving into their current space, each RSS program has increased enrolment: the Department of Occupational Science and Occupational Therapy by 117%, the Department of Physical Therapy by 150%, the Rehabilitation Sciences Institute by 160%, and the Department of Speech-Language Pathology by 200%.

In September 2018, the development of the first distributed campus model in the RSS was launched with the Master of Science in Occupational Therapy program, which expanded by 40 additional seats in a space shared with the Mississauga Academy of Medicine at the Mississauga campus. The Master of Science in Physical Therapy program is currently expanding its program to the new Myron & Berna Garron Health Sciences Complex at the Scarborough campus and will admit 40 students in September 2026. To make the expansion strategy possible, the 7th floor of the Rehabilitation Sciences Building at 500 University was renovated to increase student space to welcome 40 additional students as of September 2024.

Another notable success for RSS is that, although its research students were not eligible for Temerty Medicine's harmonized base funding, the Rehabilitation Sciences Institute sought philanthropic funding that enabled it to increase stipend support for all its students; however, further support for students is needed as minimum funding levels continue to increase and affect enrolment.

## 4. Research

### RESEARCH PORTFOLIO (OFFICE OF THE VICE DEAN, RESEARCH & HEALTH SCIENCES EDUCATION)

#### Academic Leadership

Justin Nodwell, Vice Dean, Research & Health Sciences Education

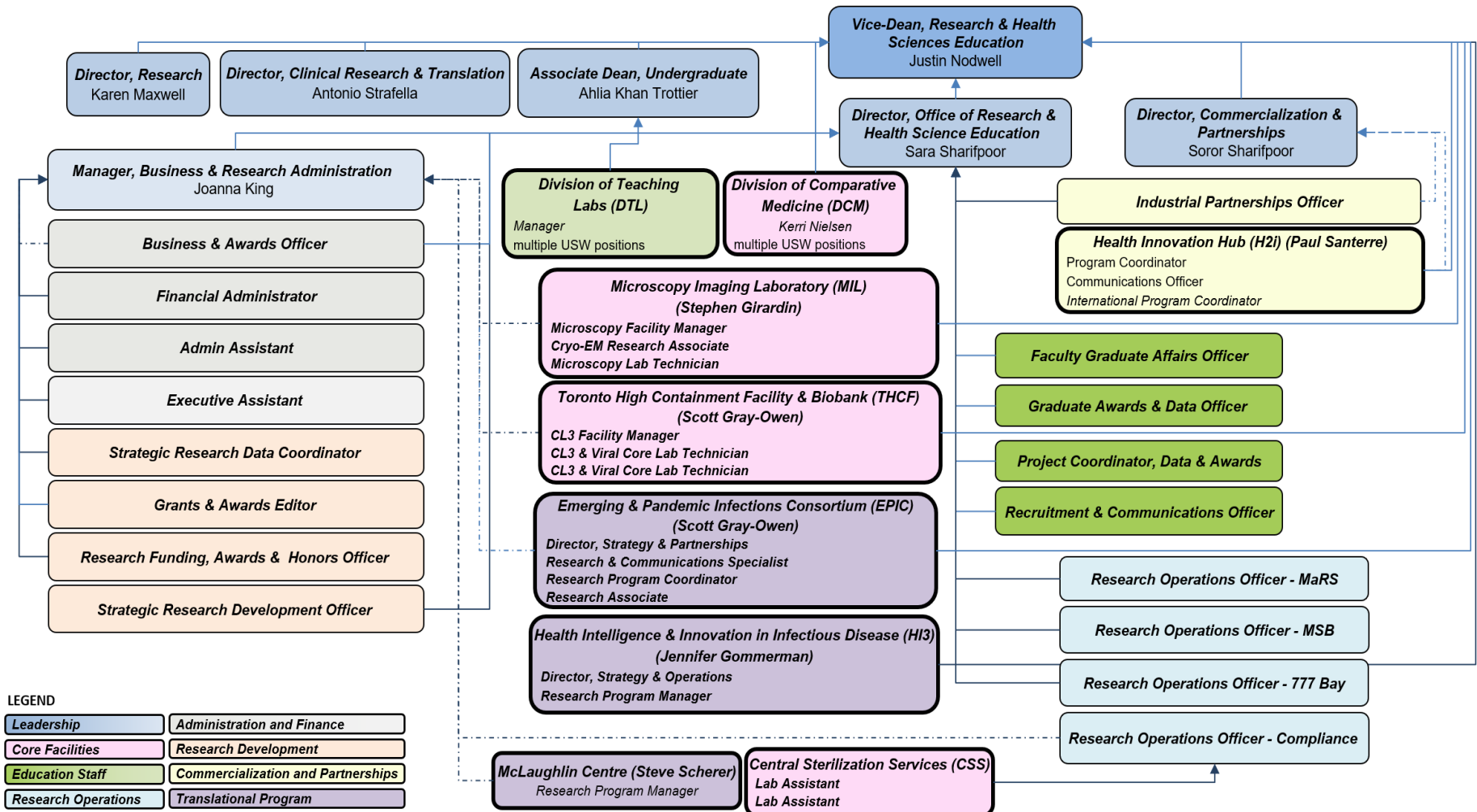
### 4.1 Overview

The [Office of Research & Health Sciences Education \(RHSE\)](#) oversees undergraduate, graduate and postdoctoral education as well as research activities in the basic science and rehabilitation sciences departments. The support unit liaises with the [Toronto Academic Health Science Network \(TAHSN\)](#) through the [TAHSN Research Committee \(TAHSNr\)](#) and the [TAHSN Secretariat](#), with the [Office of the Vice-President, Research & Innovation \(VPRI\)](#) through the Institutional Research Leadership Group, and with the [School of Graduate Studies \(SGS\)](#) through SGS Graduate Counsel. This encompasses roughly 22,000 trainees and \$130 million in funded research annually. The office's mandate is to:

- Manage and expand research funding to enable high impact discoveries and innovation
- Oversee graduate enrolment and support recruitment of top talent (faculty, undergraduate, graduate and postgraduate trainees)
- Support program development and curriculum enhancements for graduate education
- Support award administration and student services activities for trainees
- Support and enhance commercialization and industry partnerships
- Manage core facilities and research operations infrastructure that deliver research-specific services to the faculty

Figure 1 below describes the 2025 organization and support structures for RHSE.

**Section 4.1 – Figure 1: Office of the Vice Dean, Research & Health Science Education organizational chart (updated May 2025)**



RHSE is a recently merged unit, comprising a research arm (the former Office of the Vice Dean of Research and Innovation) and a health science education arm (the former Graduate Life Science Education). Though the merger of the two units occurred in the 2022 fiscal year, at that time the two units were operating as largely separate entities. However, post-2022 restructuring, the teams operate as a single unit with maximal efficiency where expertise can be leveraged. Reporting to the Dean of Medicine, the office's mandate under the leadership of the Vice Dean, Research & Health Science Education is to support and deliver a globally competitive research environment.

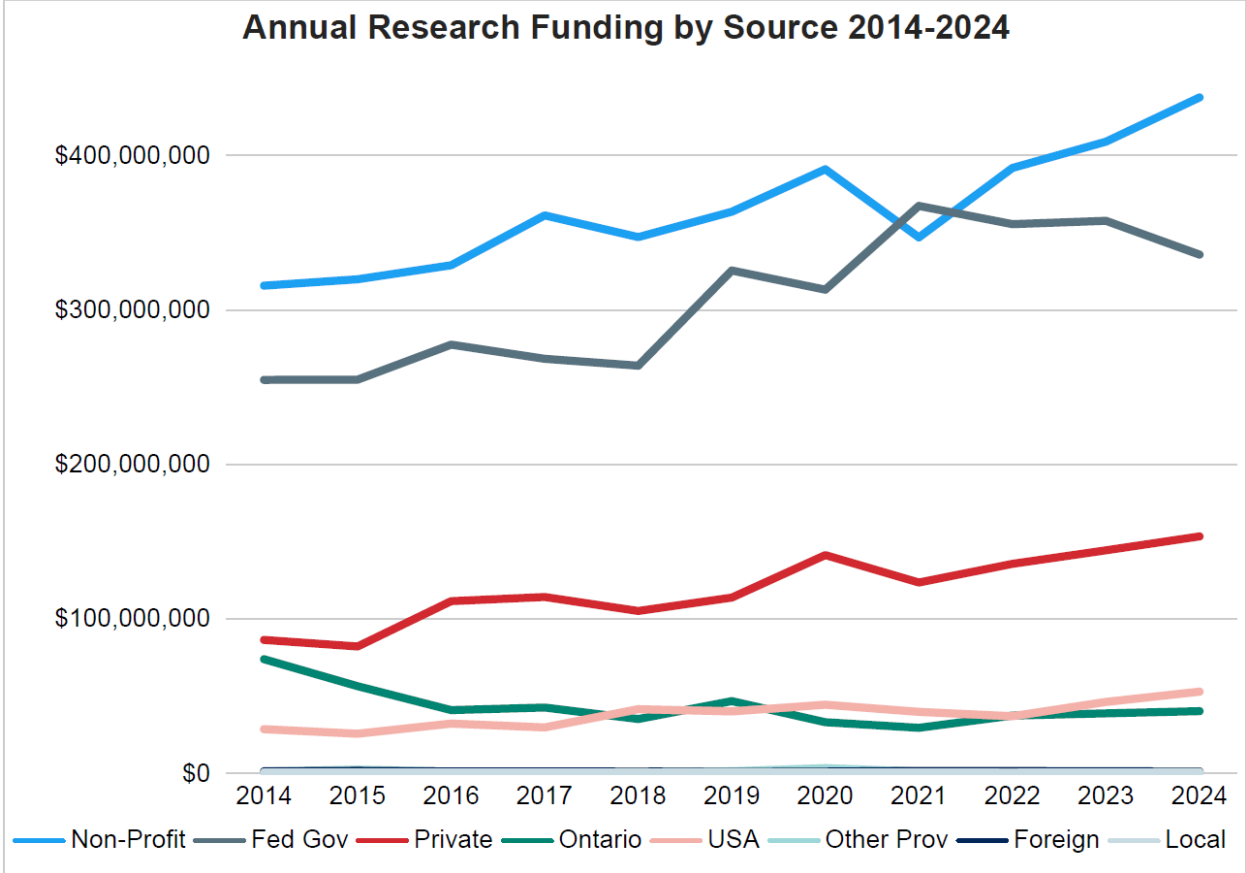
The Vice Dean provides strategic leadership for research and innovation and related infrastructure, including research operations on campus in collaboration with the Facilities Management and Space Planning (FMSP) office, as well as administrative oversight and approval of all outgoing research funding proposals and research ethics proposals from on-campus Temerty Medicine researchers. The research arm supports grant development, research administration, research metrics reporting, administration and coordination of internal funding competitions and research operations across the division. It also supports innovation and commercialization activities through entrepreneurship programming and Temerty Medicine's Health Innovation Hub (H2i), an accelerator for health entrepreneurship. The office also supports the faculty's research service delivery self-funded core units: the [Microscopy Imaging Lab \(MIL\)](#), [Central Sterilization Services \(CSS\)](#), [Toronto High Containment Facility \(THCF, formerly the CL3 lab\)](#) and program delivery units including [EPIC](#) (an institutional strategic initiative serving as a consortium to advance infectious disease research) and [HI<sup>3</sup>](#) (a federally funded national hub to support pandemic preparedness).

As a key member of TAHSNr and in collaboration with VPRI, the Vice Dean RHSE represents Temerty Medicine and facilitates the development of harmonized research policies and procedures, and development of joint advocacy initiatives to government and other partners for future investment in research and innovation (see section 4.4.1 for details of the committee). The Vice Dean also serves on the U of T Research Advisory Board and Institutional Research Leadership Group, both chaired by VPRI.

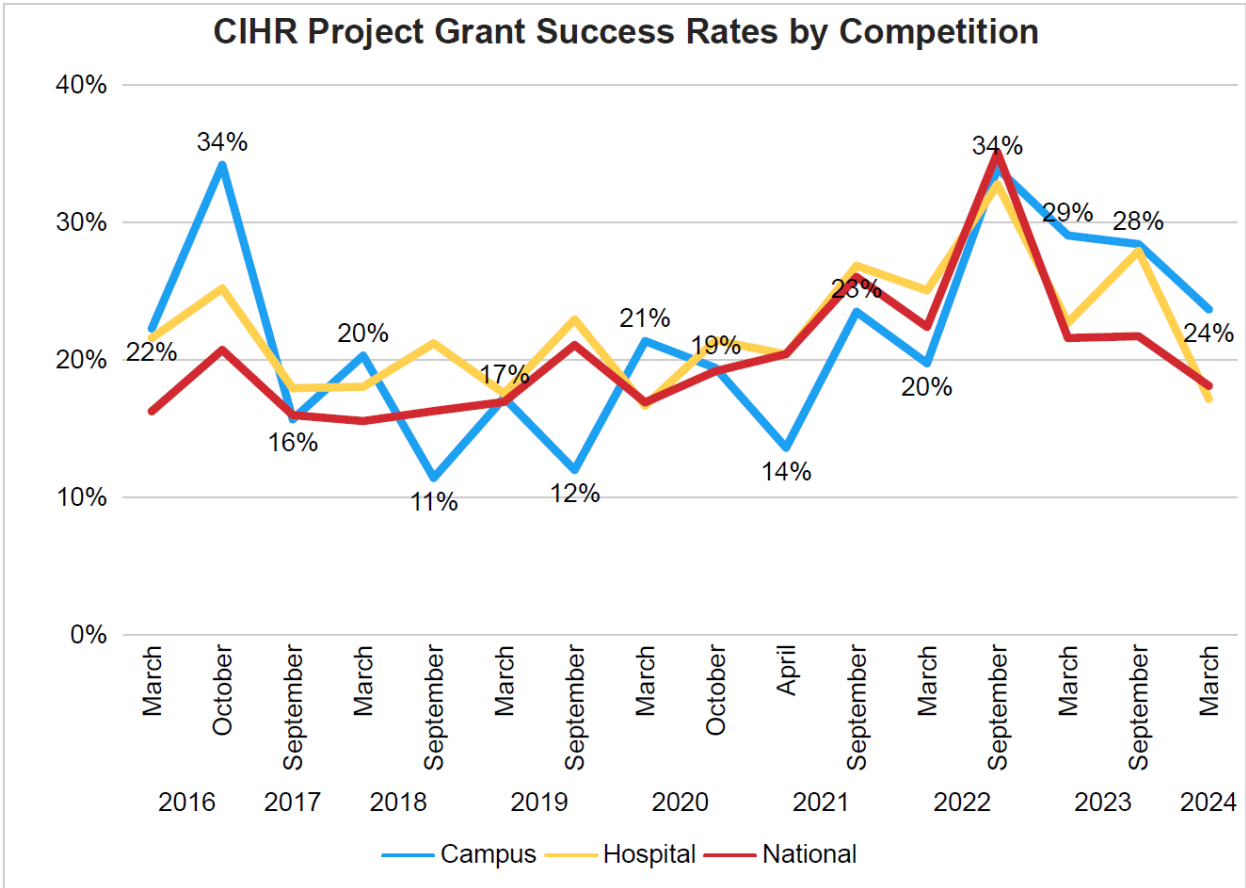
## 4.2 Research Development

The total research funding to Temerty Medicine has risen from \$758 million in 2014 to \$1 billion in 2024 (includes hospital partners). CIHR Project Grant applications continue to be funded above the national average over the past five years with a lower performance observed up to March 2022, when internal peer review panels and editorial supports were introduced (Figures 1-5 below). During the same period, funding success rates remained stable for NSERC Discovery Grants and rose for SSHRC grants since 2021, leading to a fairly stable divisional market share of Canada Research Chairs. However, Temerty Medicine's federal market share, specifically for CIHR, has been on a downward trend. While this is due in part to an increase in the total number of applications and stagnant budgetary support for health research funding, it also highlights the need for solutions to increase success rates overall.

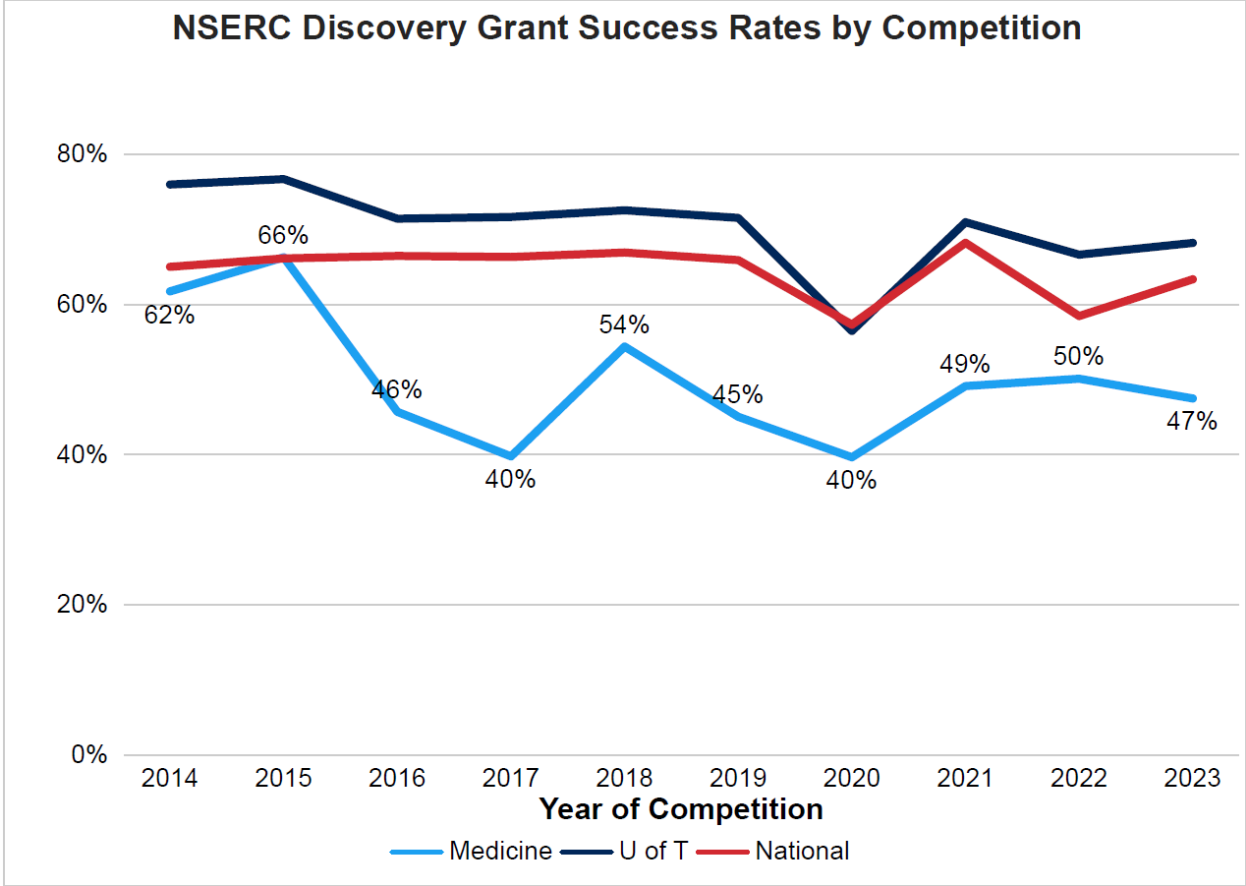
**Section 4.2 – Figure 1: Temerty Medicine annual research funding by source**



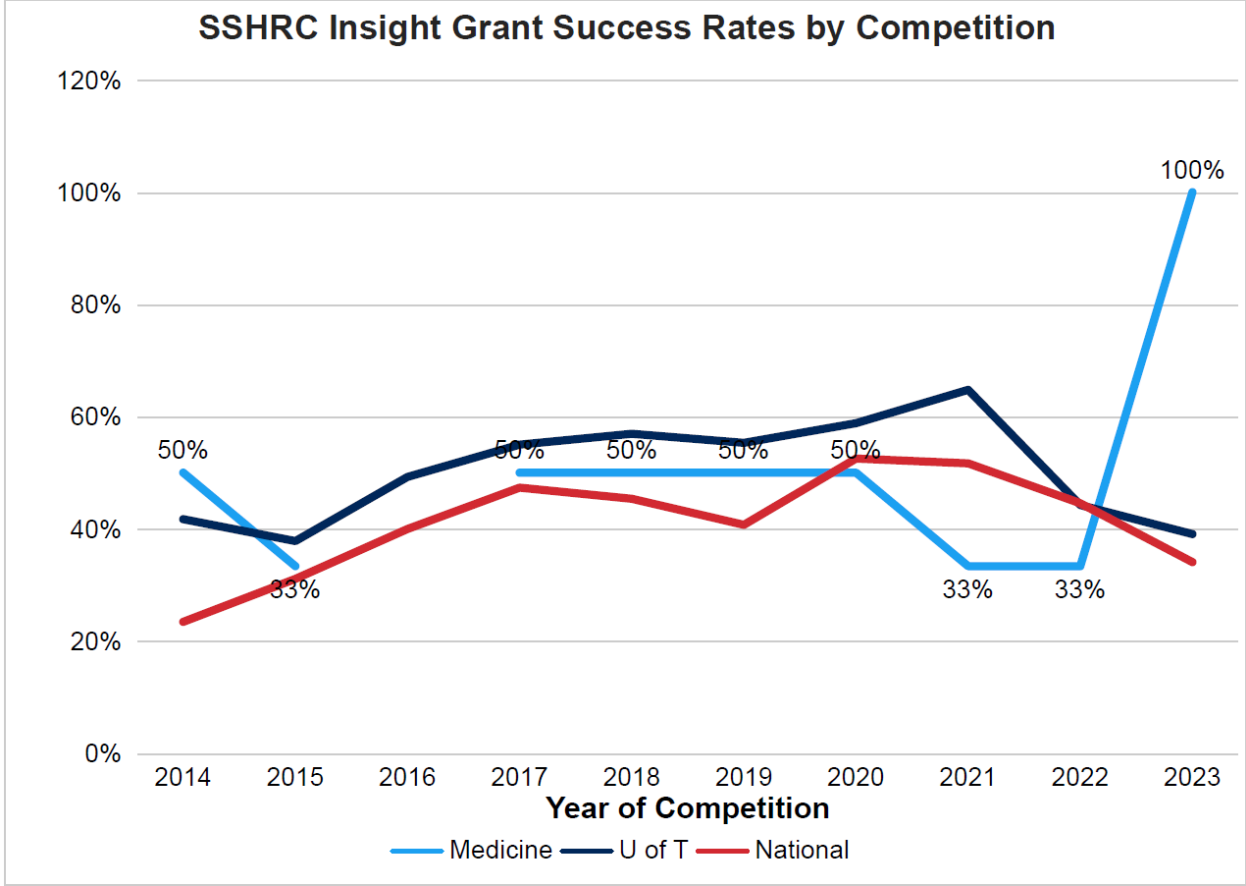
Section 4.2 – Figure 2: CIHR Project Grant success rates by competition



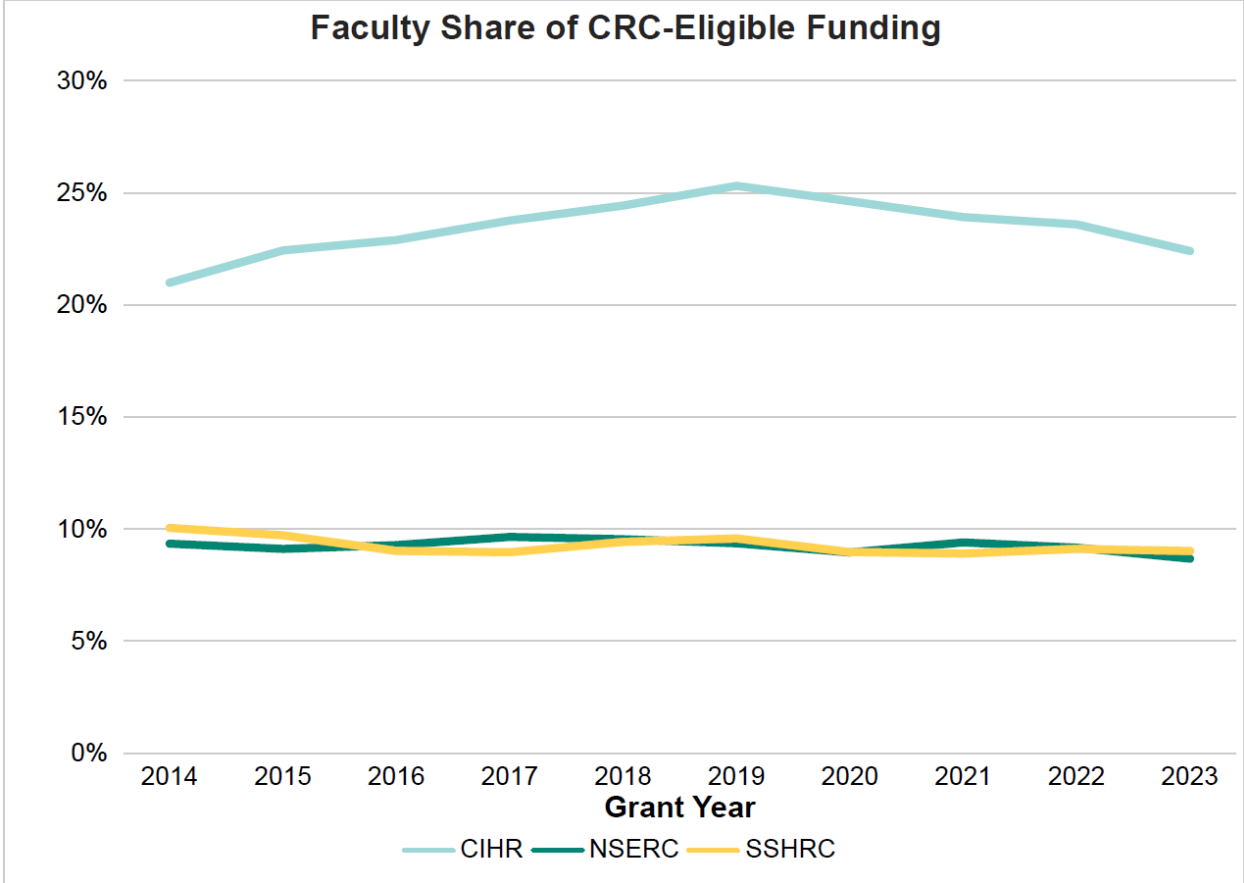
Section 4.2 – Figure 3: NSERC Discovery Grant success rates by competition



Section 4.2 – Figure 4: SSHRC Insight Grant success rates by competition



**Section 4.2 – Figure 5: Temerty Medicine faculty share of CRC-eligible funding**



Between 2014 and 2024, the largest increase has been attributed to non-profit (\$315 million to \$437 million) and federal funding sources (\$254 million to \$335 million) with a prominent increase in private sector partnerships (\$84 million to \$152 million). US funding represents only \$52 million of the \$1 billion research budget (2024 data).

RHSE has actively implemented initiatives to enhance research funding success, particularly for Tri-Agency opportunities. Below are a few highlights:

- Enhanced editorial support:** Through VPRI and the Project 27 funding support, RHSE recruited two grant editors and strategic development officers to support review of federal granting opportunities (primarily focused on CIHR Project Grants, infrastructure opportunities such as the Canada Foundation for Innovation John R. Evans Leaders Fund and Innovation Fund, and Canada Research Chair proposals).
- Establishing active internal peer review panels:** Seven new peer review panels have been established for on-campus faculty to provide helpful reviews on the proposal prior to submission to the agency. This step is required for proposals to be considered for potential Pathway Grant opportunities, which provides internal bridge funds, should the proposal rank high but not be funded.

- *Appointment of the Director of Research:* The role was established in 2022 to help develop internal peer review panels and lead support structures to enhance research funding success. The Director also attends the Basic Science and Rehab Chairs meetings, chaired by the Vice Dean RHSE, and chairs research award adjudication committees and peer reviews for internal research competitions.
- *Grant writing workshops:* In 2018, RHSE developed and delivered webinars to faculty to assist with the grant application process, with annual delivery of the workshop between 2020-2022.
- *Pathway Grants:* The Pathway Grant program launched in 2020 and was seeded with funds from the Temerty Foundation gift. This funding program functions as an internal CIHR bridge grant for top-rated Project Grant proposals from on-campus Temerty Medicine applicants. The top unfunded proposals, determined by percentile rank as per review committee, receive Pathway Grants (ranging from \$50,000-\$100,000). Eligibility for a Pathway Grant also requires the faculty member's participation in the internal peer review process. These funds, which help maintain research operations and bridge until the next competition, and the concomitant research proposal development support has been tremendously successful. Since 2020, **\$2.75 million** has been awarded across 46 grants, and Temerty Medicine PIs have secured **\$11.49 million** in CIHR project grants in the competition immediately following receipt of a Pathway Grant. The program has also helped Temerty Medicine consistently outperform the national success rate for CIHR Project Grants for the last five cycles by 5-12% (depending on the competition). This is significant as the number of applicants to the Project Grant scheme has been growing while the funding envelope remains static.
- *Enhanced communications platforms:* In 2023, RHSE launched the first biweekly divisional newsletter to highlight upcoming Temerty-focused research funding opportunities. Complementing the redesigned [webpage](#) in 2023 and [Research Alerts](#) which serves a broader mandate, [Research FUNDamentals](#) provides a curated list of health-focused research awards and funding opportunities to faculty across TAHSN.

While institutional Tri-Agency market share has been on the decline over the past couple of years, the rate of decline for Temerty Medicine has been lower over the past decade, primarily because of the increase in SSHRC funding at the division, and because of the implementation of development resources listed above. The Canada Research Chair (CRC) program, designed to attract and retain a diverse group of world-class researchers, is allocated to institutions as proportion of their Tri-Agency funding. Table 1 below shows the number of CRC chairs (NSERC and CIHR) held by Temerty Medicine faculty across TAHSN.

**Section 4.2 – Table 1: NSERC and CIHR Canada Research Chairs held by Temerty Medicine faculty**

CRC Chairs	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
<b>NSERC</b>											
Tier 1									1	1	1
<b>CIHR- OFF Campus</b>											
Tier 1	58	61	58	61	66	69	67	67	65	63	67
Tier 2	22	19	25	25	26	32	40	42	56	56	57
<b>CIHR-ON Campus</b>											
Tier 1	14	13	13	14	13	11	19	19	18	19	18
Tier 2	22	18	20	20	19	21	23	23	23	22	22
<b>Grand Total</b>	<b>115</b>	<b>111</b>	<b>116</b>	<b>118</b>	<b>123</b>	<b>132</b>	<b>149</b>	<b>151</b>	<b>163</b>	<b>161</b>	<b>165</b>

Temerty Medicine (both campus- and hospital-based) has gained more Tier 1 CRC chairs and even attracted an NSERC campus-based chair in 2022-2023. Campus-based Tier 1 CRCs have increased from 14 to 18 appointments (~30% increase), while hospital-based Tier 1 CRCs have increased from 58 to 67 appointments (~13% increase). Tier 2 CRC chairs have almost tripled for hospital-based faculty and remained stable for campus-based faculty. It is important to note that only ~15% of Temerty Medicine faculty are campus-based.

The CRC Program implemented its Equity, Diversity and Inclusion [Action Plan](#) in May 2017, which requires institutions to adopt greater transparency in their allocation, selection and renewal processes for chairholders. The plan also establishes firm targets to increase nationally the number of CRC holders from four federally designated groups: women, members of visible minorities, persons with disabilities and Indigenous peoples. The University in turn has developed its own [action plan](#), which includes data collection from CRC nominees and gives them the opportunity to self-identify in any of the four designated groups. Temerty Medicine has since restricted eligibility to the four underrepresented groups (women, Indigenous peoples, persons with disabilities and members of visible minorities) and will continue to encourage recruitment and retention of chairs to meet the federal programs’ diversity standards.

## 4.3 Research Impact

### 4.3.1 Bibliometrics

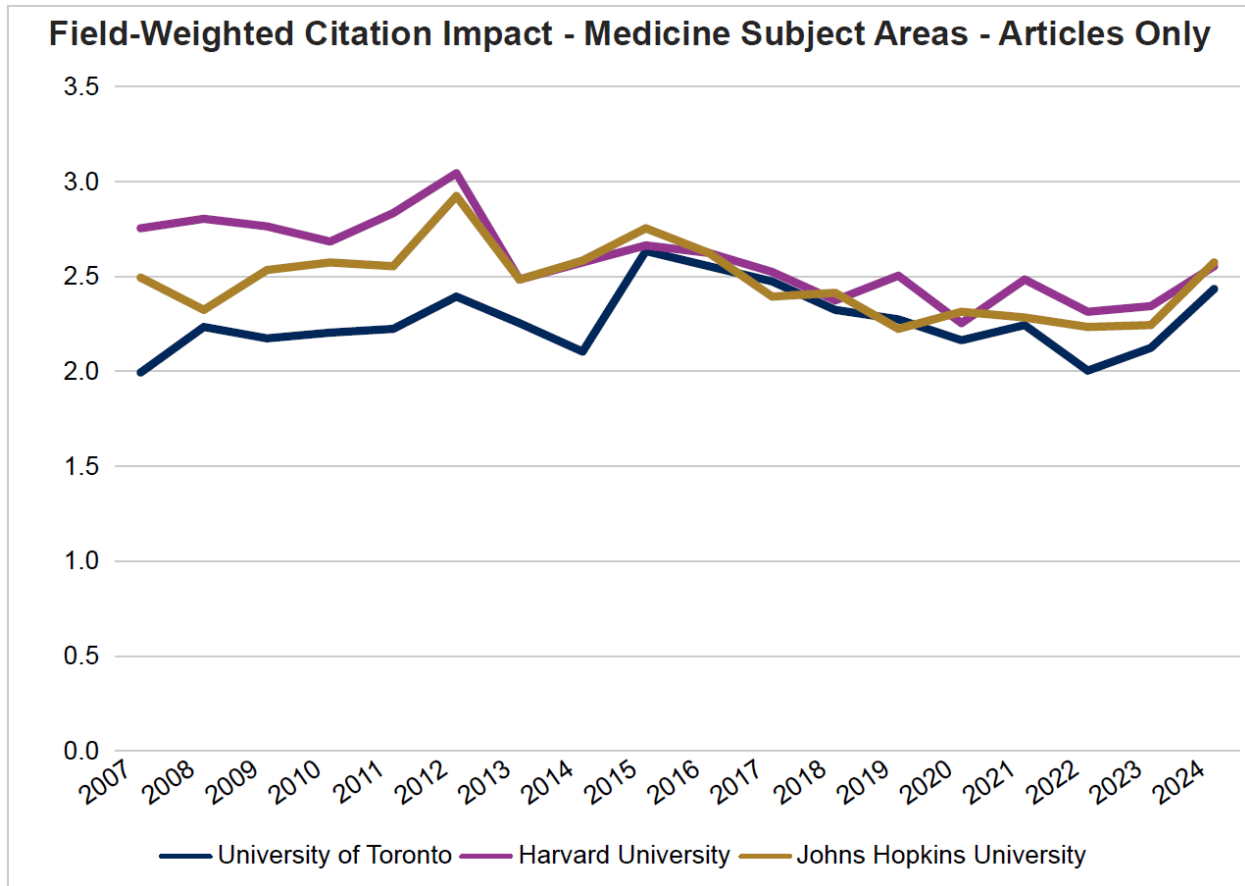
Between 2019 and 2024, Temerty Medicine’s researchers published 51,565 scholarly outputs with 2,453 articles in the top 1% journals, placing the University of Toronto’s health research output second only after Harvard University and ahead of Johns Hopkins University (Table 1). A total of 30,537 international collaborations have been cited in the same report, second to Harvard at over 40,000 collaborations.

**Section 4.3.1 – Table 1: Scholarly outputs by institution**

2019-2024					
Entity	Scholarly Output	Publications in top 1% Journal Percentiles by SNIP	Publications in Top 5% Journal Percentiles by SNIP	Publications in Top 10% Journal Percentiles by SNIP	International Collaboration
Harvard University	79056	5196	18255	29523	40381
University of Toronto	51565	2453	8577	15310	30537
John Hopkins University	47565	2171	8514	14668	20737

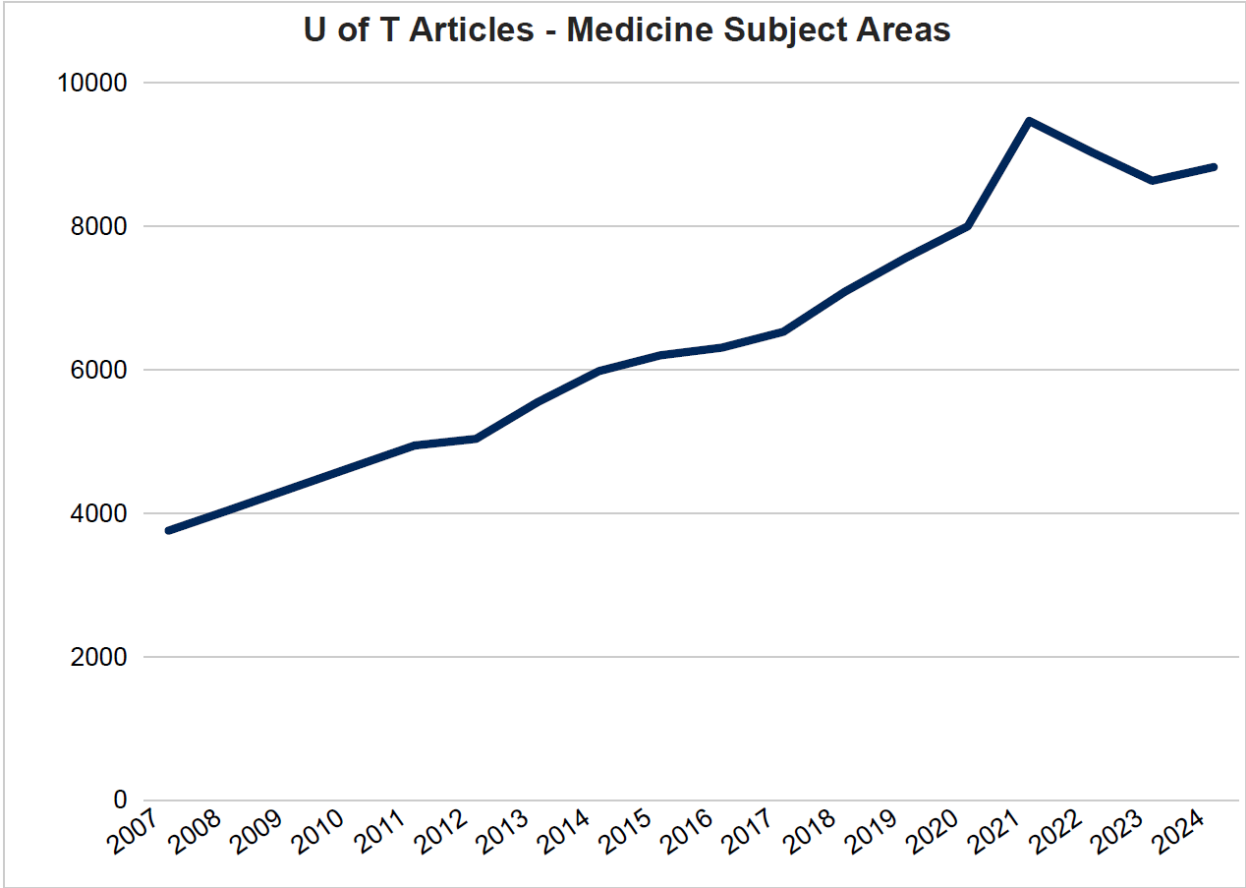
Field weighted citation impact of articles published in medicine subject areas places U of T third in the world, comparable to high-calibre institutions such as Harvard and Johns Hopkins (Figure 1).

**Section 4.3.1 – Figure 1: Field-weighted citation impact of articles in medicine subject areas by institution**



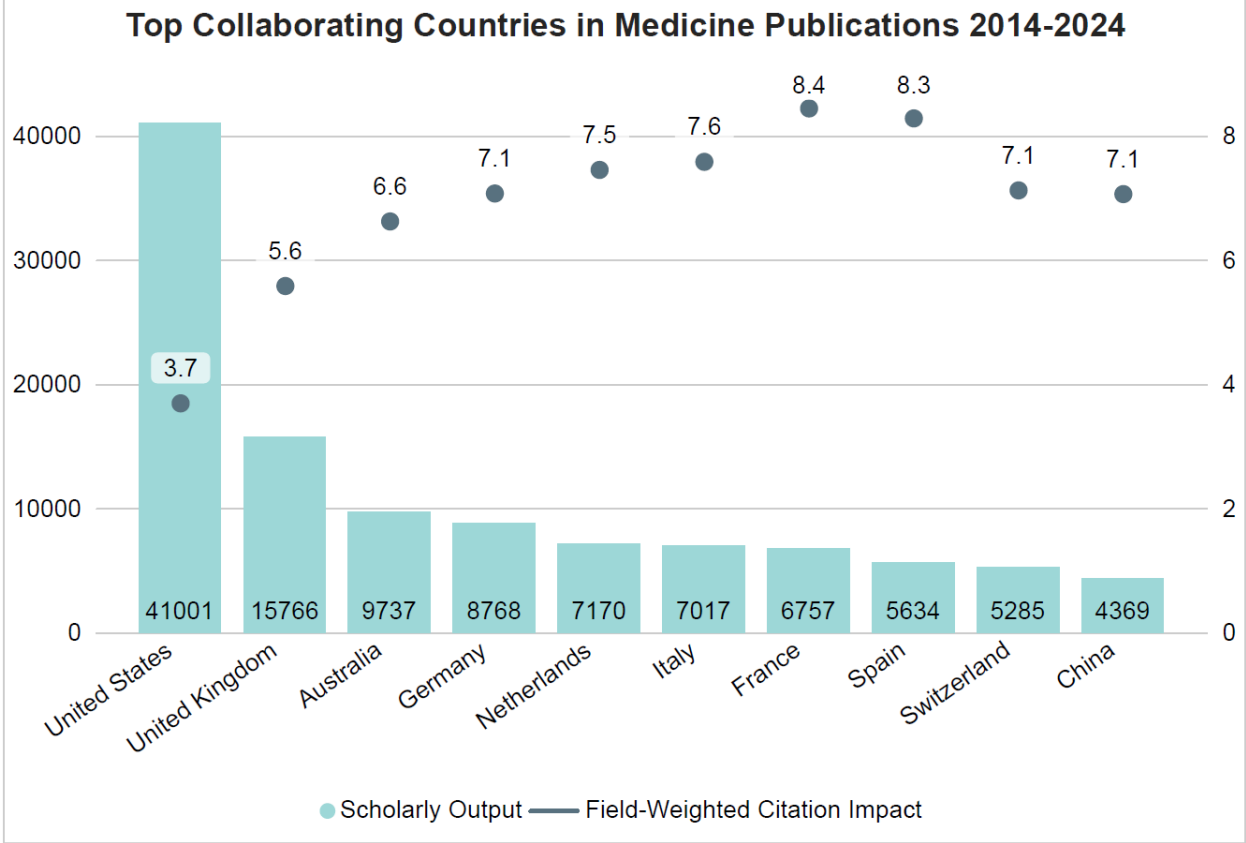
There has also been a trend of increasing scholarly outputs from a total of 5,973 articles in 2014 to 8,909 in 2024 (Figure 2). Of these, articles cited in the top 1% journals have also increased from 190 in 2014 to 405 in 2024, highlighting that the higher output is also coupled with higher impact publications.

**Section 4.3.1 – Figure 2: Number of Temerty Medicine scholarly outputs by year**



Furthermore, Temerty Medicine publications and scholarly output continue to be the result of collaborations with several institutions across the globe, with the largest collaborative research occurring in the US (Figure 3).

**Section 4.3.1 – Figure 3: Count of scholarly outputs and field-weighted citation impact for Temerty Medicine publications with top collaborating countries, by country**



The most recent review of the publication data at the University of Toronto with international collaborations at Temerty Medicine (through Scopus) indicates there are ~180 countries collaborating in research output with Temerty Medicine on 7,500 publications.

In alignment with the principles of the San Francisco Declaration on Research Assessment (DORA), [signed by Canada’s Tri-Agency of research funders in 2019](#), Temerty Medicine affirms the importance of evaluating research impact through a broad and inclusive lens. While bibliometric indicators remain useful, meaningful contributions to the Faculty’s academic mission extend well beyond traditional metrics. Diverse outputs such as data sets, policy influence, practice improvement, community engagement and more are increasingly recognized as integral to research excellence. Temerty Medicine’s strategy and processes formally integrate and highlight these contributions, such as through the academic promotions and awards processes.

## 4.3.2 Research Awards and Honours

While Temerty Medicine has excelled in health research output, our researchers have also received an incredible number of awards and honors (832 awards and designations since 2019 with about 150 of these awarded annually), with an upward trend in several prestigious recognitions such as Canadian Academy of Health Sciences (CAHS), Royal Society of Canada (RSC) fellowships and National Academy of Sciences (NAS) awards. Awards span all departments with the highest number of awards given to the Department of Medicine and the Department of Family and Community Medicine, who have the largest faculty complement.

**Section 4.3.2 – Table 1: Number of awards and honours from CAHS, RSC, and NAS received by Temerty Medicine researchers**

Award	2015-2019	2020-2024
CAHS	24	47
RSC College of New Scholars, Artists & Scientists	8	9
RSC Fellowship	15	21
National Academy of Science	0	4 + 1 medal

A list of some of the research and education awards won by our faculty members, learners and staff is included in the [Temerty Faculty of Medicine Vitals page](#), which reports on year-over-year performance metrics for the Faculty.

RHSE has supported several high-impact nomination packages to enhance success rates. In addition to dedicating staff to awards and honours support, the office has also launched a new program, the [Temerty Research Excellence Award](#), that recognizes the innovative research and accomplishments of Temerty Medicine faculty. Awarded to two early- and mid-career faculty members at Temerty Medicine (one to a basic scientist and another to a clinician researcher), the award also helps researchers create a strong awards dossier that can be used for other external nominations supported by the division within a 12-month period. The applicant also receives a \$10,000 cash prize.

## 4.4 Translational and Collaborative Research Initiatives

### 4.4.1 Toronto Academic Health Science Network Research (TAHSNr) Committee

TAHSNr membership consists of research leadership from fully affiliated and associate member hospitals and the University of Toronto. Meetings are held monthly, 10 times per academic year (September-June). The committee is co-chaired by the Vice-President, Research and Innovation, and Strategic Initiatives, University of Toronto and an executive research leader from one of the University's TAHSN hospital partners, currently the Senior Vice-President, Research & Science, Centre for Addiction and Mental Health (CAMH). The committee's membership also includes the Vice-Presidents of Research or equivalent role at each of the 14 TAHSN member hospitals, and from the University of Toronto, includes the Vice Dean, Research and Health Science Education from the Temerty Faculty of Medicine and five other University of Toronto representatives.

The committee serves as a central structure for collaboration, cooperation and shared action between the University of Toronto and its affiliated hospitals within TAHSN in advancing a coordinated health research ecosystem.

TAHSNr's objectives are to:

- Collectively plan for and implement resources to sustain the shared research mission of the University of Toronto and its hospital partners
- Develop principles and practices that support and facilitate collaboration, financial stability, academic excellence and shared research and innovation activities across TAHSN, with particular emphasis on health research
- Create the conditions, structures and processes for seamless collaboration in research and innovation and foster community building across partner organizations

Much of the focus of TAHSNr's efforts over the past few years has been on harmonizing and aligning processes that enable inter-institutional research collaboration. Some key examples include:

- *Intellectual Property (IP) Policy Guidelines (May 2022)* – The development of guidelines to help individual organizations harmonize IP policy in key areas. Alignment in IP policies is key to transforming innovation to commercialization. Collaborations between affiliated research institutes will be better served by having more aligned IP policies that facilitate mutually agreeable terms for inter-institutional agreements.
- *Simple Material and Data Transfer Agreement Template (July 2022)* – The development of a simple Material and Data Transfer Agreement (MTA/DTA) template that facilitates efficient

transfer of research materials and/or data in simple scenarios among researchers from participating TAHSN organizations. The template is available through RHSE's website.

- *Research Ethics Board (REB) Guidelines (November 2023)* – A working group of TAHSNr developed guidelines that focused on aligning specific processes related to REB including institutional training, REB appeals, quality assurance projects and use of Clinical Trials Ontario for multi-centre studies.
- *Mitigating Security Risk in Research (May 2024)* – In compliance with Canadian regulatory and funder requirements, TAHSNr's Research Partnership and Security Working Group developed a recommended set of guidelines for TAHSN institutions to incorporate into their research processes and governance that would help mitigate security risk in research.
- *Shared Infrastructure Principles (November 2024)* – TAHSN hospitals, together with the University, established a collaboration framework to guide governance and shared support of highly specialized and large TAHSN-wide joint research infrastructure. The framework lays a foundation for sustaining and maintaining critical infrastructure for the research ecosystem in Toronto.
- *Transparency on Animal Use in Science (April 2025)* – TAHSNr's Animal Use in Science Working Group developed principles and a toolkit containing best practices on increasing transparency across TAHSN on animal use in science. Information sharing about animal use in science with other institutions can improve the public's understanding of how this practice improves research and also enable informed choices and strategies that improve animal welfare.
- *Trust Framework between Hospital Research Institutes (August 2025)*: Two TAHSN hospitals have established a collaboration agreement that enables streamlined processes and approvals for joint research projects. In its next phase of work, TAHSNr will explore expanding this approach to a TAHSN-wide framework that enables a more nimble and competitive research ecosystem in Toronto.

The committee continues to work together to break down barriers to research collaboration across institutions in order to increase the network's nimbleness, competitiveness and impact.

## 4.4.2 Translational Programs

Temerty Medicine and our affiliated hospital partners form one of the leading health sciences centers for research and education in North America. Led by RHSE, the division also launched several initiatives to support translational research. These include:

- *Recruitment of a Director of Clinical Research and Translation.*
- *Establishing a committee of Vice Chairs of Clinical Research:* Chaired by the Director of Clinical Research and Translation, this committee will communicate and review available research supports to clinical departments on a quarterly basis.

- [Launch of Hold'em for Life Early Career Professorships in Cancer Research](#): This program provides resources to support the research activity and career trajectory of new clinician scientists (within the first five years of academic appointment) to enhance innovation in academic medicine. Each professorship is valued at \$225,000 (\$75,000 per year for three years). Two rounds of the program have been offered in 2023-24 and 2024-25. In 2023-24, a total of 23 applications were received with 12 professorships awarded. In 2024-25, 19 applications were received and six awarded, representing total funding support of over \$4 million thus far.
- [Continued support of the Joint EMHSeed Grants](#) – Designed as an interdivisional research funding program, this opportunity aims to catalyze new innovative partnerships between researchers from Faculty of Applied Science and Engineering (FASE) and their partner divisions, including Temerty Medicine. Twelve grants have been awarded to 12 Temerty Medicine faculty over the past five years.
- [Knowledge Translation Grants](#): Launched in 2020 through the Temerty gift, the program focuses on translational research challenges. Three rounds of funding have been awarded (~\$1 million in total funds to 14 researchers) to address the following challenges: 1) development of therapies and diagnostic tools to study COVID-19; 2) addressing health inequities in disadvantaged populations; and 3) moving innovations from the bench to bedside.

### 4.4.3 Temerty Medicine in Institutional Translational Initiatives

Launched in 2022 in the midst of the pandemic and as an awarded Institutional Strategic Initiative (ISI), [Emerging & Pandemic Infections Consortium \(EPIC\)](#) was designed as a program to integrate research and expertise across the University of Toronto and the city's major hospital research institutes to respond quickly and effectively to infectious disease threats. Housed divisionally in RHSE with Scott Gray-Owen as the Scientific Director, the program offers career development and research funding to support high caliber infectious disease-related projects led by investigators across TAHSN. The program aims to advance innovative and multidisciplinary solutions to some of the world's biggest health challenges. Initiatives range from scholarships and travel supports for trainees to seed funding for new ideas to collaboration grants that foster new partnerships to rapid responses that address emerging threats. RHSE has provided \$100,000 per year since its launch, in addition to providing financial and administrative support to the program. EPIC membership includes 270 faculty and 660 trainees. The program has distributed over \$6 million in funding through 10 different opportunities, generating over \$100 million in leveraged funding.

Including EPIC, RHSE has supported eight Institutional Strategic Initiatives (~\$1.5 million in funding support since 2019) as part of a portfolio of large-scale, high-impact interdisciplinary research networks in collaboration with the ISI Office within the central Office of the Vice-President, Research and Innovation, and Strategic Initiatives.

**Section 4.4.3 – Table 1: Institutional initiatives supported by the Office of the Vice Dean Research and Health Science Education, Temerty Faculty of Medicine**

Institutional Initiatives supported by Temerty Medicine, RHSE
Emerging & Pandemic Infections Consortium (EPIC)
Mitochondrial Innovation Initiative (Mito2i)
Toronto Cannabis and Cannabinoid Research Consortium (TC3)
Sustainable Development Goals (SDGs)
Data Sciences Institute (DSI)
Institute for Health Emergencies and Pandemics (IHEP)
Next-Generation Precision Medicine (PRiME)
Centre for Research and Applications in Fluidic Technologies (CRAFT)
Medicine by Design (MbD)

Also housed in Temerty Medicine, the [Canadian Hub for Health Intelligence and Innovation in Infectious Diseases \(HI<sup>3</sup>\)](#) is one of five national hubs established through the [Canada Biomedical Research Fund \(CBRF\)](#) and awarded [to the University of Toronto in 2023](#). Established in May 2023 with a focus on strengthening pandemic preparedness and increasing biomanufacturing capacity, the hub is co-led by Jen Gommerman (Professor and Chair, Department of Immunology) and Scott Gray-Owen (Scientific Director for EPIC and Director of the Toronto High Containment Facility). The coalition contains over 100 partners (including eight Ontario Universities, six research hospitals and many industry partners), with the goal to build a robust pipeline for vaccine and therapeutic developments to target emerging infectious threats in Canada. In 2024-25, through the CBRF, Biosciences Research Infrastructure Fund (BRIF) and other opportunities, the government of Canada invested over \$100 million in five HI<sup>3</sup> [programs](#) (INSPIRE, PRECISE, PREPARED, VITAL and BioHubNet) that focus on research, training talent and building infrastructure to enhance cross-collaborative capacity across sectors in Canada.

Together with EPIC, HI<sup>3</sup> and the newly funded Toronto High Containment Facility (see Section 4.5.4 below), the University of Toronto and Temerty Medicine will be at the forefront of infectious disease research and biomanufacturing over the next decade. With such resources, Temerty Medicine can also attract top foreign talent and high caliber researchers in infectious disease (particularly under the current US climate) to continue generating impact.

Under the directorship of Stephen Scherer, the [McLaughlin Centre](#) offers programming focused on molecular medicine and genomics, with a mission to advance genomic medicine through research and education. Supported through an endowment, the Centre's investments have

been instrumental in bringing the University of Toronto to the forefront in genome sequencing and its applications in medicine. The Centre administers an annual competition for Accelerator Grants in Genomic Medicine, providing seed funding of up to \$100,000 for a one-year term, matched by on-campus sources and/or by TAHSN members. The Dean of Temerty Medicine and the Vice Dean, Research and Health Science Education serve on the Executive Committee and Oversight Committee.

## **4.5 Core Facilities and Research Operations Supports**

### **4.5.1 Launch of a Centralized Research Operations Team**

Prior to 2023, Temerty Medicine supports in research operations followed a decentralized management approach, whereby units supported their own research operations needs, with the exception of specialized core service supports described in later sections. Activities such as management of communal research equipment, freezers, cold rooms and tissue culture rooms were primarily managed by departmental business officers and their associated staff with variable degrees of service delivery and vastly different standards across units. With the expansion of facilities and spaces across multiple sites (e.g., MaRS, 777 Bay), the division created a centralized research operations team to coordinate service delivery in the various research sites on campus, allowing for the highest quality of support to researchers with equitable and consistent service. Launched in 2023, the research operations team at RHSE works closely with colleagues at FMSP to minimize impacts to research resulting from shutdowns, moves and capital projects, and ensures consistent and reliable management of communal resources across different sites.

### **4.5.2 Central Sterilization Services – Merger to Sustain Equitable Operations**

Central Sterilization Services (CSS) provides basic but necessary glass washing and sterilization support to campus-based Temerty Medicine labs. Running as a subsidized cost-recovery model, the unit has continued to keep prices of services minimal to benefit research labs. In 2024, CSS merged with the Donnelly Centre's departmental glass washing facility to expand its users, while keeping costs stable. This has been critical in sustaining the facility as a self-funded unit with a relatively fixed number of users, particularly as capital projects in the MSB west wing ramp up. Post-merger, the facility has seen a 35% increase in users (165 in 2025 versus 119 in 2024) and over 55% increase in revenue, getting closer to a self-sustaining model. Of the 165 users, the majority are Temerty Medicine labs (124) with the remainder from other faculties (Engineering and Pharmacy).

### 4.5.3 Microscopy Imaging Lab – Expansion of Cryo-Electron Microscopy

The Microscopy Imaging Lab (MIL) is a self-funded unit that provides state-of-the-art microscopy imaging capabilities to students and scientists in basic, medical and industrial research. The images produced contribute to data toward high-impact publications in a wide range of research journals and support over 100 research laboratories including graduate and undergraduate students, postdoctoral fellows and principal investigators from all departments within the University, as well as partner hospitals and research institutes.

In 2018, under the leadership of the MIL Scientific Director and the former Vice Dean, and supported by the purchase of a Talos transmission electron microscope (TEM), the facility has seen increased uptake of users. This had been primarily because of 1) the acquisition of a super-resolution spinning disk confocal and cryo-TEM microscopes; 2) renovations allowing for live cell imaging and the purchase of a live cell imaging epifluorescence system; 3) a slide scanner, allowing digitization of pathology (H&E staining), immunohistochemistry or fluorescent slides from specimens; and 4) addition of a workstation for post-acquisition image analysis (colocalization, 3D rendering, etc...).

Enabled through the [Temerty gift in 2020](#) and recent Canada Foundation for Innovation (CFI) funding, Temerty Medicine has purchased a state-of-the-art Glacios 2 cryo-EM microscope and begun renovations of the MIL facility to further expand electron microscopy at the University. The technology behind cryo-EM garnered the Nobel Prize in Chemistry in 2017 and through this purchase, Temerty Medicine will continue to remain competitive in structural biology.

In recognition of the divergence between light and electron microscopy, as well as the rapid technical innovation in both fields, the structure of MIL changed in autumn 2025. The facility was divided into two units, each with a cognate faculty lead. Billing and other administrative matters continue to be administered jointly. This will facilitate much-needed equipment updates in light microscopy, as well as an application to the 2027 CFI-IF competition in support of the purchase of a Titan Krios electron microscope.

### 4.5.4 Toronto High Containment Facility – Building the Largest Academic CL3 Research Facility in Canada

The Toronto High Containment Facility (THCF) is an interdisciplinary and collaborative facility that has supported the Greater Toronto Area's biomedical ecosystem for over 20 years, facilitating high-impact academic and industrial research on infectious pathogens, including global health concerns such as HIV and tuberculosis. As the first facility in Ontario with the capacity to conduct SARS-CoV-2 research, the THCF established a critical hub in the pan-Canadian effort to combat the COVID-19 pandemic in 2020, isolating and characterizing the virus and developing new diagnostics, therapies and vaccines, and providing evidence to facilitate informed policy decisions. The facility is outfitted [to support the TAHSN community](#) in both their *in vivo* and *in vitro* research programs, with all appropriate biocontainment and

essential laboratory equipment in place. The facilities provide all the operational and technical support needed to work with high containment biologic agents, including certification & training, disinfection, sterilization and waste management protocols, and *in vitro* working bays equipped with the necessary infrastructure.

After the 2020 COVID-19 pandemic, the need for the facility increased drastically as infectious disease research programs grew, suggesting a need for expansion and upgrades. The facility users have increased from only 8 in 2019 to 17 users in 2025, more than doubling its revenue. In 2022, Temerty Medicine [received \\$35 million in federal funding](#) from the Canadian Foundation for Innovation and \$10 million in match support from the Ontario Research Fund to revitalize the facility, which is a \$120-million infrastructure project. The groundbreaking investment from CFI to the facility, led by Scott Gray-Owen, will allow Temerty Medicine researchers to study high-risk pathogens safely and securely and prepare for future pandemics. The new facility is currently under construction with an expected opening date in 2027 to serve the community.

#### 4.5.5 Division of Comparative Medicine

The Division of Comparative Medicine (DCM) administers the animal care program for Temerty Medicine and its surrounding research network. Located in the Donnelly Centre for Cellular and Biomolecular Research, DCM is one of the largest animal care programs in the country, serving over 120 scientists. DCM serves as an essential resource of *in vivo* expertise and delivers a comprehensive training program that meets or exceeds the Regulations of the Animals for Research Act (Ontario), the Guidelines of the Canadian Council on Animal Care, and the Tri-Council Memorandum of Understanding.

DCM's accredited and licensed facility has a footprint of over 20,000 ft<sup>2</sup> and include a full complement of housing, procedural, surgical, laboratory, necropsy and cage processing space. DCM operates a multi-species vivarium housing mice, rats, rabbits, guinea pigs and zebrafish. It offers space for behavioural testing, experimental, surgical, imaging and necropsy procedures, as well as for work with radioisotopes and chemical/biological hazards requiring containment level 2 precautions. DCM has also established a germ-free core to enable research into the microbiome. DCM services include:

- *In vivo* expertise and support
- Surgical support
- Technical support
- Training services
- Imaging
- Diagnostics
- Biocontainment and radioisotope supports
- A germ-free core

Running as a self-funded unit, the facility has recently applied for a large infrastructure grant through CFI, together with TAHSN collaborators to partner with other facilities such as the Toronto Centre for Phenogenomics (TCP) to provide speciality services to the community. If successful, the facility will be upgraded to provide a significantly higher level of service delivery and specialized support to the researchers, while obtaining operating support towards a more sustainable model. As an aging yet critical facility, investment in proper upgrades would minimize costs of repair, provide more efficient delivery of services and are crucial to its sustainability. Further, as is the case with all core facilities, having a few service agreements with industry partners is an excellent mechanism to present a balanced budget model and sustain the facility without any financial impact to internal users who are limited by highly competitive grant funds.

Starting in September 2025, DCM appointed a faculty lead whose goal is to update the facility's mandate. Planning includes the moving of some mice to TCP as well as the expansion of gnotobiotic, drug de-risking and mechanical implant research in a renewed DCM.

## 4.6 Commercialization and Partnerships

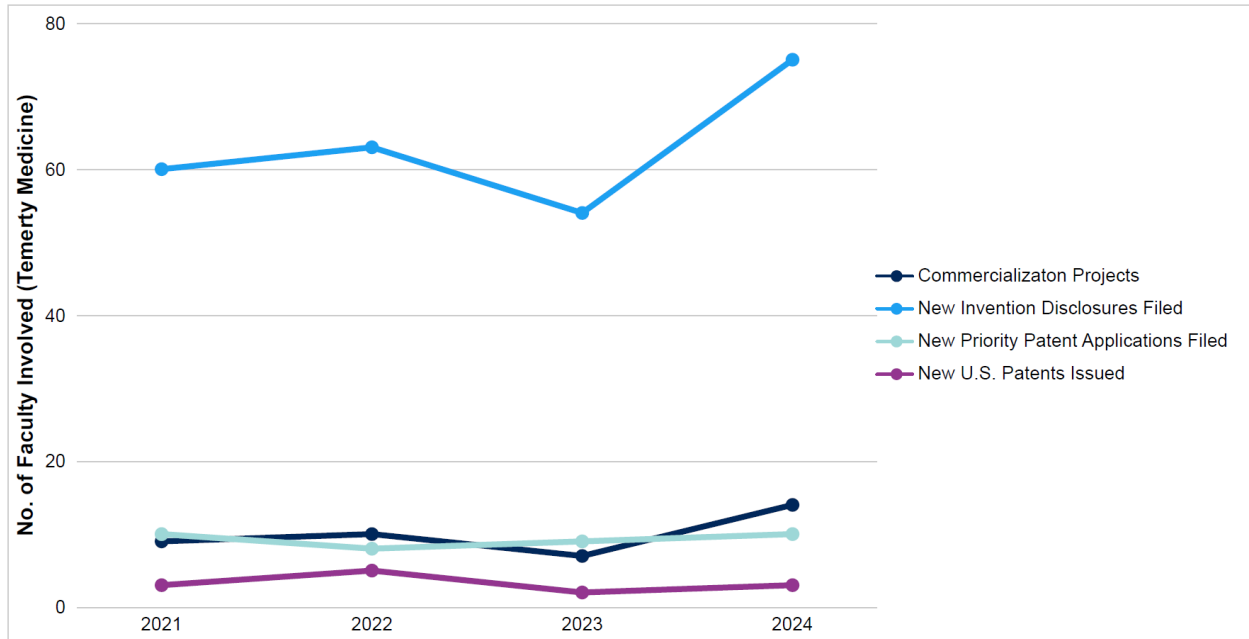
Temerty Medicine's efforts to promote and foster commercialization of inventions and to expand industry partnerships have continued to increase over the past decade. Centered in the heart of the Discovery District and in close proximity to MaRS and TAHSN hospitals, Temerty Medicine is positioned to drive impact in innovation and partnerships.

### 4.6.1 Innovation and Entrepreneurship

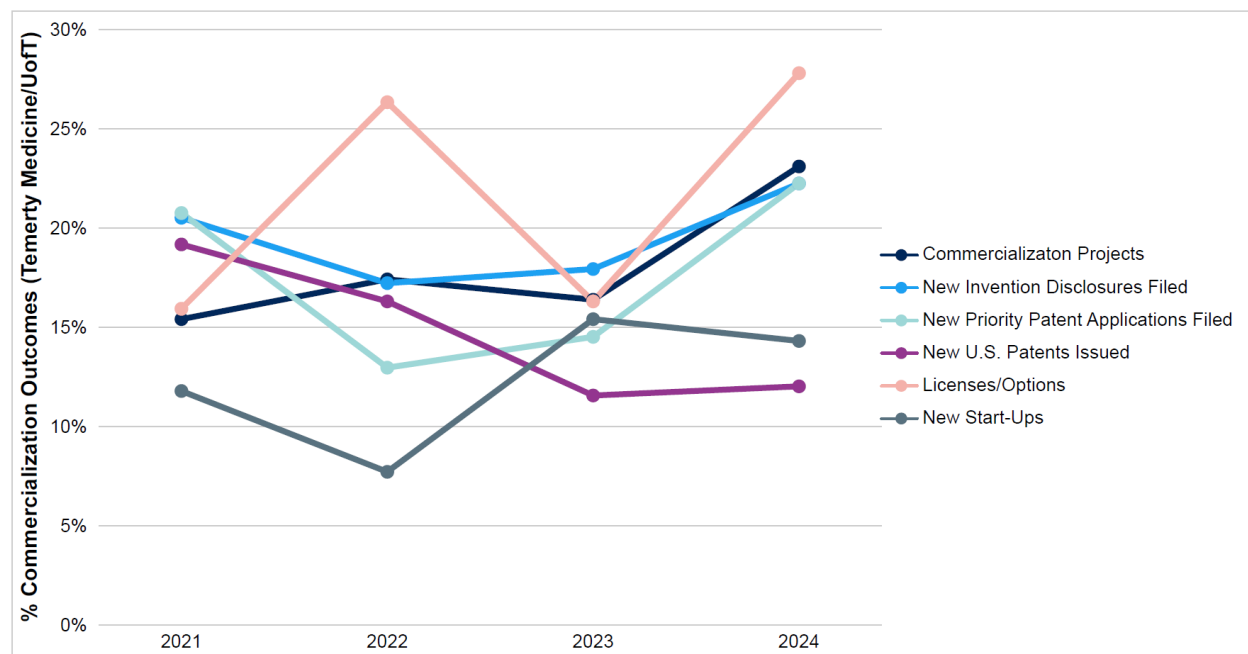
Many life-changing health innovations stall in the gap between research labs and their real-world implementation in clinical practice. This translational gap, often referred to as the "Valley of Death", is where promising discoveries frequently falter. Temerty Medicine has begun to make efforts in addressing this gap through a range of initiatives which have generated some commercialization activity, with clear room for growth. From 2021 to 2024, the Faculty produced a relatively consistent and slightly growing number of commercialization projects and invention disclosures, accompanied by increased faculty involvement (Figure 1). This reflects steady engagement in early-stage innovation. However, downstream outcomes (e.g. priority patent filings, issued patents, licenses/options and start-up companies) remained consistently low with little growth during this period, indicating limited activity in mid- to late-stage commercialization. Furthermore, during this time, Temerty Medicine contributed approximately 12-20% of the University of Toronto's overall commercialization activity (Figure 2), demonstrating its participation in the university's innovation ecosystem while also highlighting significant room for growth and strengthening its impact. A recent report by [Shift Health](#) highlighted that innovations from TAHSN and U of T produced fewer patents compared to leading institutions, with 272 patents (includes hospitals) versus 525 at Johns Hopkins and 466 at UCSF. The report also demonstrated limited commercialization capabilities among faculty. The graphs below show the number of commercialization activities and the number of faculty contributing to this output over

the past four years, which has remained fairly flat. Appropriate investment in a cohesive set of resources to enable growth in patents, start-ups and invention disclosures is critical for Temerty Medicine to maximize its translational impact and generate new revenue from licensing and royalties.

**Section 4.6.1 – Figure 1: Number of faculty involved in innovation and entrepreneurship activities by type of activity**



**Section 4.6.1 – Figure 2: Temerty Medicine contribution to total University of Toronto commercialization outcomes (%)**

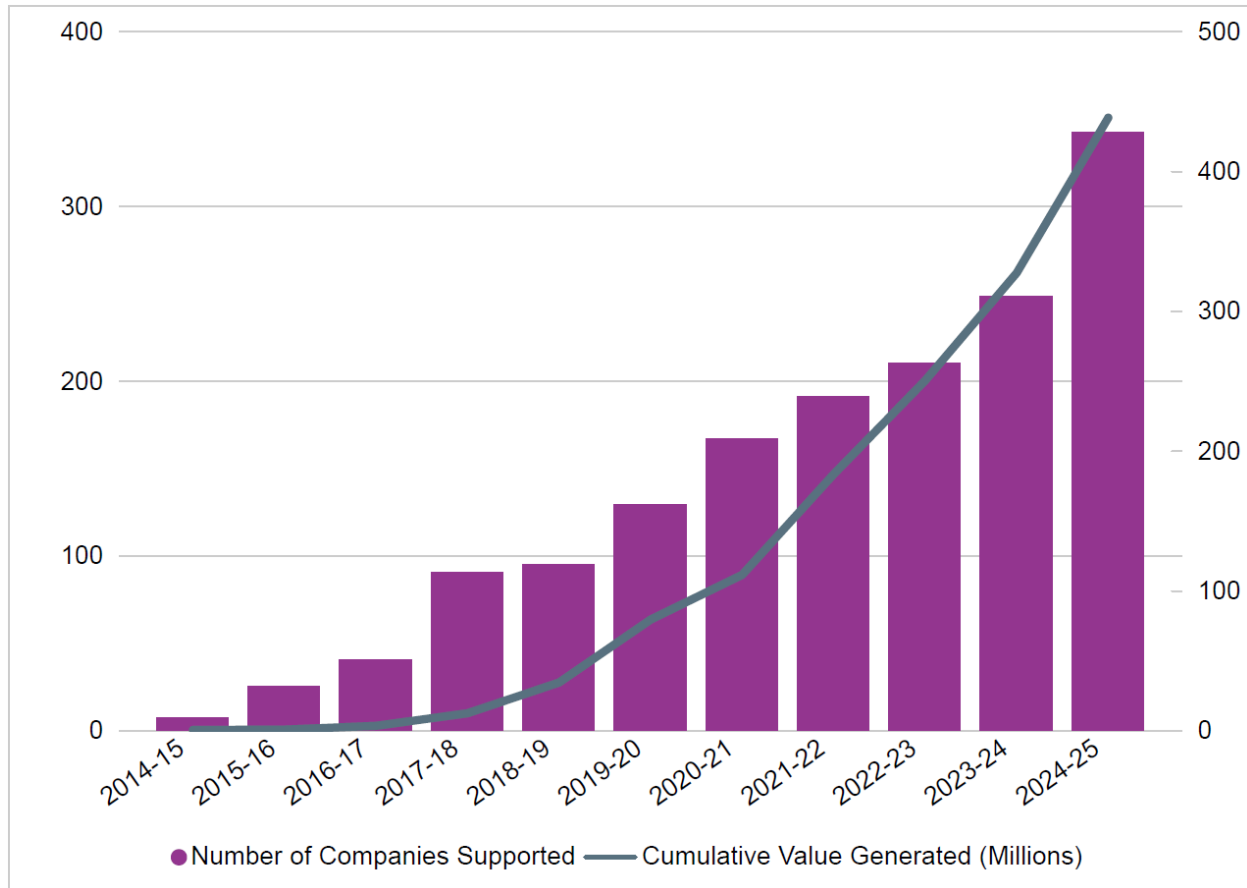


**Health Innovation Hub**

The Health Innovation Hub (H2i) is Temerty Medicine’s campus-linked accelerator (CLA), one of twelve in the University. H2i enables trainee-initiated translation and commercialization of ideas into problem-solving designs on health matters. It provides trainee and researcher entrepreneurs with training, mentorship, funding, and access to collaborators to bring their innovative ideas to the marketplace.

H2i was launched in 2014 and was supported by a non-diluted Ontario Centre of Innovation (OCI) grant (formerly known as Ontario Centre for Excellence), along with various faculty and university funding contributions. Since 2020, with the added support of the Temerty gift, H2i has been operating on a budget of ~\$400,000/year, excluding many volunteer hours from industry and academic mentors (171 mentors delivering thousands of hours of mentorship). Today, the accelerator supports 342 active ventures across the globe including 60% led by women founders and 28% led by Black founders. Figure 3 shows the number of active ventures and the value generated by those ventures over the past decade. A larger investment through the MasterCard Foundation has also enabled focus on supporting African ventures globally. While H2i’s efforts on supporting ventures have continued to grow, increasing the number of Temerty Medicine campus-based ventures benefiting from their mentorship efforts is critical to further increase the ultimate financial benefit of IP revenues to the division. While supporting the innovation ecosystem and cross collaboration with partners across TAHSN and other institutions is valuable, ultimately intellectual property and any associated revenue is held at the founding institution.

**Section 4.6.1 – Figure 3: Active ventures supported by H2i and their cumulative value generated**



## Entrepreneurship in Residence Program

With the support of the Temerty gift, Temerty Medicine launched the Entrepreneurship in Residence (EiR) program to provide mentorship to faculty researchers to commercialize their work by connecting them with business leaders and established entrepreneurs. The EiRs help evaluate commercialization pathways and connect researchers to relevant networks. Supports include:

- Commercialization planning (i.e. funding, go-to-market and IP strategy)
- Identifying and establishing a leadership team (CEO and other C-level roles)
- Resolving legal, governmental or regulatory challenges
- Connections with strategic partners, organizations and investors

Strategic advisory resources for Temerty Medicine health ventures are key towards a higher success rate in generating viable patents and start-ups.

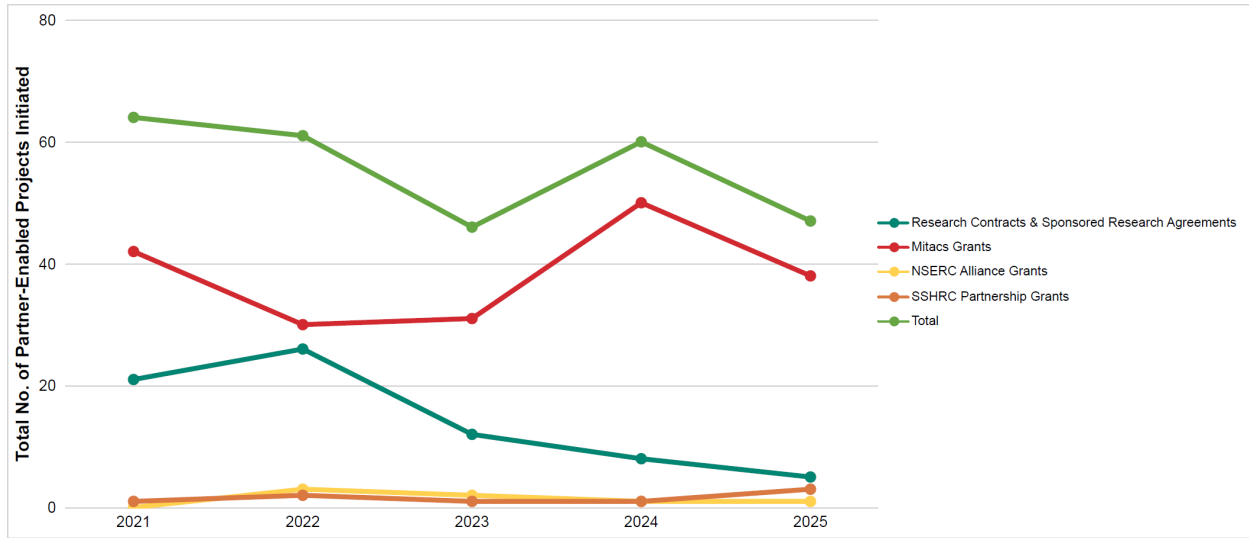
## Lab2Market

Lab2Market (L2M) is a national suite of experiential programs designed for academic research teams who are interested in technology commercialization. L2M draws on best practices from globally established programs to provide training on how to move an idea from the lab to the market. The programs (Discover, Validate and Launch) help research teams explore new venture creation as a commercialization option, validate the commercial potential of their technology through customer discovery and launch new technology-based start-ups respectively. Since 2020, L2M has piloted programs for over 575 participants from 36 universities and research hospitals, garnering support from various national organizations. In September 2024, the L2M network (with participation from Temerty Medicine) submitted their proposal to the NSERC Lab to Market grant program with a successful outcome announced in January 2025, whereby Temerty Medicine would deliver the national health hub for this program for Canadian health ventures in Spring of 2025. The combined estimated direct investment in Lab2Market is ~\$80M over 5 years, including \$50M from NSERC and \$20M from Mitacs and with more than 150 collaborators (including 14 of the U15 universities). The portion of this support allocated for the Temerty Medicine's health hub is expected to train over 1300 life science-focused HQP across Canada. As a national hub lead, Temerty Medicine will have an active leadership role in the Canadian Life Science commercialization landscape.

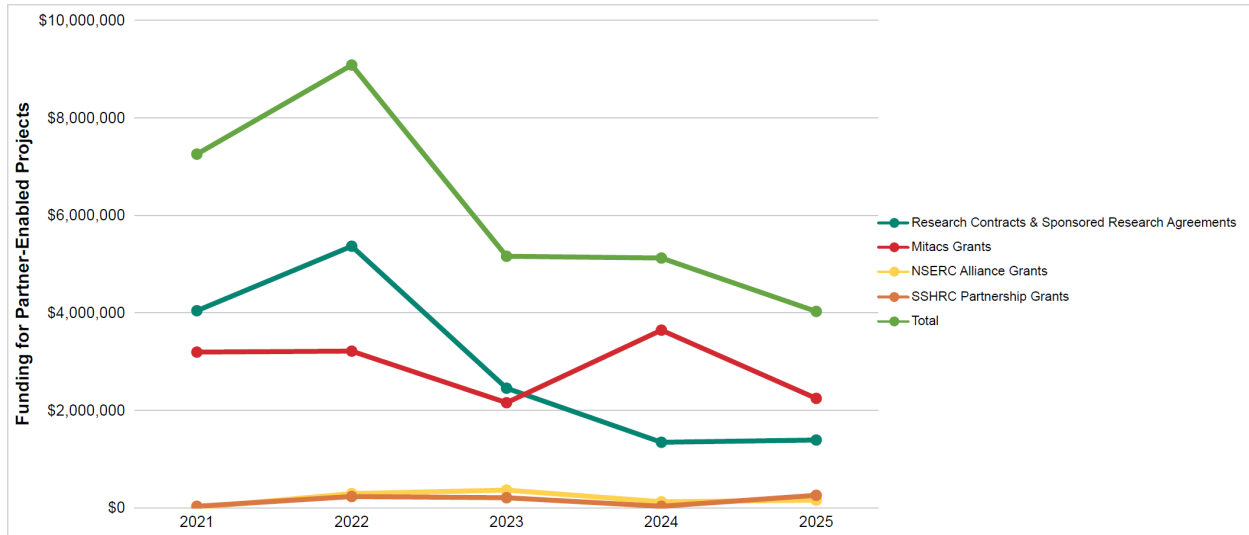
### 4.6.2 Partnerships

Despite its importance, the full potential for collaborative innovation with industry and not-for-profit stakeholders remains underleveraged in Temerty Medicine. Briefly, from 2021 to 2025, a total of 278 partnership projects were launched with not-for-profit and industry organizations through research contracts, sponsored research agreements and grant funding programs (Mitacs, NSERC Alliance, and SSHRC Partnership grants) (Figure 1), securing over \$30 million in total project funding (Figure 2). Most funding was generated through research contracts and sponsored research agreements, particularly in the early years, though this activity has declined steadily since 2022. In contrast, MITACS-supported collaborations have remained consistently strong year over year. NSERC and SSHRC partnership grants have supported only a small number of projects, typically one to two annually, highlighting a gap and clear opportunity for growth in these areas.

**Section 4.6.2 – Figure 1: Number of partner-enabled projects initiated by Temerty Medicine with not-for-profit and industry organizations**



**Section 4.6.2 – Figure 2: Funding for partner-enabled projects initiated by Temerty Medicine with not-for-profit and industry organizations**



## Pre-Partnership Grants

To help enable and encourage lasting partnerships, Temerty Medicine launched the pre-partnership program in 2022 to:

- Build stronger relationships between academics and individuals at external organizations
- Develop the competencies for collaboration among stakeholders
- Establish a foundation for investment intensive research collaborations

Since 2022, a total of eight grants of \$10,000 were made available through a rigorous process. Outputs are intended to demonstrate the capacity and capability of the research team to provide tangible research outcomes that will help support an organization's decision to invest into a larger research collaboration. Projects that have been awarded pre-partnership grants have generated \$20k in direct funding and \$200K in outstanding proposals involving collaboration with new partners. The program also led to submission of a proposal for \$360,000 in Mitacs funding, which was unsuccessful. Our initial assessment of the program confirms its value as a strategic tool to incentivize new partnerships. A key takeaway is the need to enhance support for subsequent project phases and securing follow-on matching funds for participating researchers.

## Mitacs Umbrella programs

Leveraging Mitacs to increase private sector funding impact while training professionals has been the main reason Temerty Medicine has been able to partially offset the reduction in private sector funding in the past two years (due to termination of several large, sponsored research agreements with the departure of select labs). To tap into more efficient Mitacs opportunities, Temerty Medicine, in collaboration with the Centre for Addition and Mental Health (CAMH), secured a [\\$3.5M Mitacs umbrella program](#) over three years to train future radiopharmaceutical experts through a partnership with the Centre for Probe Development and Commercialization and adMare BioInnovations. The training program utilizes a streamlined block umbrella grant process with CAMH to provide industry experience, while retaining program delivery overhead for Temerty Medicine's sustainability. With a total of 400 units of pre-approved Mitacs fellowships, Temerty Medicine can maximize Mitacs matched funds to increase the revenue impact of the sponsored research partners. As more partnerships develop, utilizing Mitacs umbrella opportunities with hospital partners who provide placements for our professional master's students is a valuable mechanism to not only increase paid placements for Temerty Medicine trainees, but also to generate program delivery revenue for the division, who can administer paid placements to students across TAHSN seamlessly.

## 4.7 Future Directions in Research and Commercialization

RHSE has initiated efforts to enhance commercialization and partnerships for the division, with several staggered initiatives using moderate investment thus far. With the tighter funding

landscape across the globe, it is crucial (now more than ever) that Temerty Medicine is at the forefront of innovation to obtain other funding opportunities with industry and increase the opportunity for future discoveries that would ultimately result in higher revenue from licensing and royalties of new inventions.

In Spring of 2025, a Director for Commercialization and Partnerships was recruited to lead a new organizational unit that would provide cohesive delivery of programming with strategic investments on high-potential ventures and partnerships. The Medicine Commercialization and Partnerships unit (MedCP) will provide a suite of offerings including training, mentorship, strategic advisement and funding to develop this area further. The unit will support the delivery of L2M health hub programming, integrate H2i's mentorship and Entrepreneur in Residence (EiR) Program advisory offerings and launch a specialized entrepreneurship training program with an annual pitch competition for the opportunity to grant seed funds. The unit will continue to develop more partnerships by organizing industry focused events, leveraging Mitacs, and seed funding and other resources aimed at de-risking early engagement with external partners. External partnerships are also key to the sustainability of core facilities (e.g. THCF, DCM and MIL) that deliver specialized research services and can generate revenue through sponsored research and service agreements. Long-term investments in temporary incubation space for commercialization ventures is also a valuable approach to enable lasting partnerships. To enhance the success and impact of MedCP, Temerty Medicine will establish multisectoral advisory committees composed of established leaders from across diverse fields from both industry and academia, to focus on entrepreneurship, commercialization and partnerships.

Artificial intelligence will be a critical driver of future innovation, research translation and commercialization. The work of the Temerty Centre for Artificial Intelligence Research and Education in Medicine (T-CAIREM), a Temerty Medicine extra-departmental unit established in 2020 through a generous donation from the Temerty Foundation, is central to the Faculty's positioning as a global leader for AI in medicine. The centre now includes a community of nearly 2,000 members, based across U of T and dozens of partner universities, healthcare organizations and research centres. Faculty and staff at T-CAIREM have established leading AI-in-medicine training programs for learners of all levels, provided over \$2 million in research funding and created the Health Data Nexus — a secure and accessible digital platform to fuel applied AI learning and research. Temerty Medicine will continue to support the work of T-CAIREM, its partners, and additional AI initiatives to continue building on this momentum.

Additionally, external grant funding is critical to sustaining high-potential research endeavours. RHSE is committed to enhancing researchers' competitiveness through the expansion of proposal development resources, including editorial supports, one-on-one consultations, strategic peer-review and workshops.

Temerty Medicine will continue to optimize and align its activities to strategically leverage available resources and funding, thereby enhancing the efficiency, quality and reach of its research and innovation services without compromising impact.

## 5. Organization and Administration

### 5.1 Governance Structure and Leadership

The Dean of the Temerty Faculty of Medicine also serves as Vice-Provost, Relations with Health Care Institutions and has responsibility for the administration and management of the Faculty and its budget and resources. As Dean, they report to the Vice-President and Provost and work with the senior team of Principals, Deans, Directors, and Vice-Provosts in support of the University's academic mission. As Vice-Provost, they have responsibility for relations with affiliated academic health sciences institutions and other health care partners. The Vice-Provost also reports to the Vice-President and Provost on academic matters affecting other health science divisions in their relations with affiliated academic hospitals and other healthcare partners.

#### 5.1.1 Faculty Council

The governance of the Temerty Faculty of Medicine with regard to all academic matters, resides with the [Faculty Council](#) under the authority of the Governing Council of the University of Toronto. The Constitution of the Faculty was last revised in December 2017, and the By-Laws of the Faculty were revised by Faculty Council in April 2025, with these changes taking effect July 1, 2025.

Faculty Council reviews and approves academic programs and policies (administrative and budget issues being the purview of the Dean). Faculty Council has representatives from: the undergraduate, graduate, and postgraduate student bodies; elected faculty members; Department Chairs; Deans; and elected members of the administrative staff. Council meets three times per year with special meetings occurring at the request of the President of the University, the Dean of the Temerty Faculty of Medicine, or no less than ten members. The Education and Research Committees of the Faculty Council play a key role in the detailed review of relevant issues. Consistent with the separation of governance from administration, any member of the faculty (other than the Dean or other senior administrative officers) can act as Speaker for Faculty Council or Chair its committees. Both senior administrative officers and elected representatives can bring policy matters from the faculty at large directly to Council for debate and approval. The membership of Council, and the type and number of Standing Committees, are defined by the Faculty's Constitution and By-Laws.

The Faculty Council approves all policies that are elaborations of University policy, or guidelines where the Faculty may have unique jurisdiction. Faculty Council is also required to approve significant educational program changes. The most significant proposals, such as the creation and termination of academic units (departments, centres) or the creation and termination of degree and diploma programs, are forwarded to the boards and committees of the University of Toronto Governing Council for final approval.

With the revision to the By-Laws, two new Standing Committees of Faculty Council – the Board of Medical Assessors – Undergraduate and the Board of Medical Assessors – Postgraduate were created in addition to the eight Standing Committees already in place. These Boards are being converted from existing Dean’s Committees to Standing Committees of Faculty Council to more permanently establish them as important boards within the Faculty while minimizing any perceived conflict of interest with the senior administrative officers of the Faculty.

## 5.1.2 Dean’s Committees

### Dean’s Executive Committee

Members of the Dean’s Executive Committee provide guidance to the Dean on the Faculty’s priorities, policies, procedures, resource allocation, and issue management. They also review proposals and facilitate the exchange of information across decanal portfolios to ensure the dissemination of knowledge and best practices, maintain alignment with core goals, monitor progress on key priorities, and enhance decision-making processes.

### Chairs’ Committees

There are three committees of Department Chairs, advisory to the Dean, which provide guidance, advice and/or approval on items presented for discussion or information. The two sectoral committees (Clinical Chairs and Basic Science & Rehabilitation Chairs) each meet monthly between September and June, while the All Chairs Committee meets bi-monthly. These committees are the main fora for consultation and discussion amongst Chairs and the Decanal team on key management issues. Items with policy or governance implications approved by the All Chairs Committee may also be referred to Faculty Council for movement through the Faculty Council governance process if there are also academic implications.

The current Dean has delegated the chair of the sectoral chairs committees as follows:

- Clinical Chairs – Vice Dean, Clinical and Faculty Affairs (ex officio Co-Chair) and Chair, Department of Obstetrics & Gynaecology (rotating Co-Chair);
- Basic Science & Rehabilitation Chairs – Vice Dean, Research and Health Science Education (ex officio Chair).

The Dean chairs the All Chairs Committee.

### Temerty Medicine Finance Committee

The Temerty Medicine Finance Committee replaced the Budget Committee and advises the Dean on financial and policy matters and provides input related to the allocation of resources to ensure that decisions are aligned with the Faculty’s mission and priorities. Membership includes

representatives of all sectors, including research, clinical, education, basic science, rehabilitation sciences, operations and strategy; and representative chairs from clinical, basic sciences, and rehabilitation sciences.

The establishment of subcommittees and working groups in response to evolving needs has provided Temerty Medicine the agility to respond effectively.

Two working groups of the Finance Committee were launched in fall 2024. The Financial Reporting & Data Analytics Working Group supported efforts to develop a new financial dashboard, with the aim of enhancing financial transparency and facilitating data-driven decision-making for business managers and their teams. The Financial Sustainability Working Group was tasked with supporting the work of the Chief Financial Officer's team to identify, communicate and action key financial sustainability initiatives.

A new subcommittee of the Finance Committee was proposed for summer 2025 to focus on a deep dive of the budget. This new Budget Subcommittee features members from across the Finance Committee, its two working groups, and other leadership groups in Temerty Medicine as necessary to address agenda items including space costs, the Temerty Building and capital projects, unspent funds and reserves capital, and attribution of university-wide costs.

### 5.1.3 Faculty Leadership

#### The Office of the Dean

Since the last self-study in 2019, the Faculty has implemented leadership changes to better meet evolving needs, including:

- In July 2020, the Vice Dean, Partnerships role was restructured and renamed **Vice Dean, Clinical and Faculty Affairs**, broadening the portfolio beyond external partnerships (international, hospital and university-wide relations) to include clinical affairs, including clinical faculty appointments and related matters, such as professional values and faculty wellness. This portfolio also oversees the Rehabilitation Sciences sector and the Medical Radiation Sciences program. The **Associate Dean, Clinical Affairs & Professional Values** was created as part of this new portfolio.
- The Vice Dean, Research and Innovation became the **Vice Dean, Research and Health Science Education**, and now includes oversight of both research and graduate education.
- The Vice Dean, Post MD Education and the Vice Dean, MD Program were amalgamated into the **Vice Dean, Medical Education** with the newly created **Associate Dean, MD Program** and the existing Associate Dean, Postgraduate Medical Education and Associate Dean, Continuing Professional Development overseeing specific program portfolios. The Vice Dean, Medical Education also oversees the Physician Assistant program.

- The **Vice Dean, Strategy** was created in 2020 to coordinate the Faculty’s response to the COVID-19 pandemic. As the need for a pandemic response waned, the portfolio was transitioned to the **Vice Dean, Strategy and Operations** and in 2025 became the **Vice Dean, Strategy and Governance** which provides oversight for the Inclusion and Diversity Offices (Inclusion and Diversity, Indigenous Health, and Access and Outreach). This oversight no longer necessitated the role of Associate Dean, Inclusion and Diversity, especially given the maturity of these offices (described in Section 5.2).
- The Associate Dean, Health Profession Student Affairs became the **Associate Dean, Learner Affairs** to oversee the new Office of Learner Affairs which amalgamated learner services for all health professional programs.

The Faculty is committed to advancing equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA) at all levels by actively seeking individuals who bring diverse perspectives, lived experiences, and a demonstrated commitment to fostering inclusive excellence.

## 5.2 Inclusion and Diversity Offices

Temerty Medicine’s Academic Strategic Plan 2018-2023 identified *Excellence through Equity* as one of its three pillars. An Equity, Diversity and Inclusion Plan Working Group was struck in January 2019 at the direction of the Associate Dean, Office of Inclusion & Diversity to develop the Faculty’s first comprehensive [EDI Action Plan](#).

Under the oversight of the Associate Dean, Inclusion and Diversity, recommendations from the EDI Action Plan have been implemented, including establishing EDI Leads at the department/unit level throughout the Faculty, establishing the Diversity Advisory Council as an advisory committee to the Dean and Dean’s Executive, and expanding pathways, recruitment and retention programs for learners and faculty members across Temerty Medicine.

Oversight of these initiatives transitioned to the Vice Dean, Strategy & Governance under three offices:

- Office of Inclusion and Diversity (OID)
- Office of Indigenous Health (OIH)
- Office of Access and Outreach (OAO)

These offices provide infrastructure and programs to ensure that initiatives related to *Excellence through Equity* are sustainable, measurable and broadly implemented.

## 5.2.1 Office of Inclusion and Diversity

The Office of Inclusion and Diversity (OID) advances Temerty Faculty of Medicine's commitment to *Excellence through Equity* by collaborating with faculty, learners and staff to promote equity, diversity, and inclusion (EDI) across learning and working environments. The key pillars of OID's work are:

- Education, training and awareness building
- Policy, strategy and research
- Community engagement and support
- Consulting and capacity building

Underpinning these pillars of the office's work is a commitment to embedding Collaboration, Evaluation and Accountability to the greatest extent possible in all that we do.

### **Innovations, Strategic Progress, and Significant Milestones Since 2019**

Since 2019, under the oversight of the Office of the Associate Dean, Inclusion and Diversity, the OID has implemented several priorities and recommendations from the Faculty's EDI Action Plan, including:

- Establishing EDI lead roles across 20+ departments and launched the Equity Leads Circle, chaired by OID, to foster collaboration and shared learning
- Hosting six Temerty Medicine Community Connection (TMCC) events since 2022 to share Voices Survey data and build culturally relevant communities of support
- Establishing the Diversity Advisory Council as an advisory committee to the Associate Dean and Dean's Executive on matters related to EDI and human rights at the Faculty
- Expanding the Diversity Mentorship Program to include all years of the MD Program and first-year residents
- Expanding pathway, recruitment, and retention programs for learners, as recommended through strategic initiatives such as Black at Temerty, and implemented through OIH and OAO programming (see further information below)
- Hired two new postdoctoral research positions, one in Antisemitism in the Health Professions and one in Islamophobia in the Health Professions
- Release of a Disability Inclusion Working Group report

In addition to these recommendations, other EDI achievements to date include:

- Development of EDI resources, workshops and seminars for faculty, learners and staff
- Creation of the EDI Action Fund to support Temerty Medicine learner-led EDI initiatives

- Expert consultation in embedding EDI in Faculty policies and processes, e.g., learner mistreatment, faculty promotions and residency selection
- Participation in Temerty Medicine and TAHSN committees such as the TAHSN Anti-Racism Working Group to ensure a lens of EDIIA is applied in decisions and strategic initiatives, including data management, learner mentorship and experience and disability inclusion

## Opportunities and Future Directions

Amidst a challenging climate of limited funding and evolving perspectives of EDI work in the postsecondary and health sectors, the OID will focus its efforts on sustaining collaborative partnerships and promoting the need for EDI perspectives on emerging issues to ensure inclusive excellence for all communities. Examples of upcoming initiatives include the co-development of a leadership program with Women’s College Hospital and development of EDI data governance guidelines and resources for health professional education programs in the Faculty.

### 5.2.2 Office of Indigenous Health

Since 2021, the Office of Indigenous Health (OIH) has expanded its reach to include all Temerty Faculty of Medicine departments and programs. It is dedicated to supporting learners, faculty and staff across the medical and health professions education continuum.

## Innovations, Strategic Progress, and Significant Milestones Since 2019

Since the last self-study in 2019, the Faculty has worked to expand the mandate of the Office of Indigenous Medical Education across the Faculty and to implement [calls to action from the Truth and Reconciliation Commission](#) and the University of Toronto’s [Wecheehetowin report](#), which includes calls to recruit Indigenous faculty and staff to lead all aspects of Indigenous medical education.

Notable progress in the following areas includes:

- *Leadership and Resourcing*: Expanded operational capacity with new roles (Manager, Program Coordinator) and key appointments in MD and PGME programs, including:
  - Appointment of an PGME Indigenous Health Lead
  - Continued appointment of an Indigenous Health Theme Lead, MD Program (2021 – 2025)
- *Community & Cultural Support*: Established space where Indigenous learners, faculty and staff can come together, socialize and study in partnership with Ganawishkadawe Centre for

Wise Practices in Indigenous Health - Women's College Hospital. Established an Elder-in-Residence role to support learners across Temerty Medicine.

- *Communications Strategy*: Developed a comprehensive plan to enhance engagement and visibility of OIH initiatives, programming, resources and supports.
- *Governance*: Work is underway to restructure governance frameworks to better reflect Indigenous leadership and decision-making models including the implementation of an Indigenous Advisory/Circle.
- *Curriculum*: Engaging in an informal review of Indigenous health curricula to ensure alignment with current educational needs and relevance. There is continued collaboration with Temerty Medicine programs (postgraduate Surgical Foundations and Emergency Medicine) to embed foundational content.
- *Admissions*: OIH is working through an informal review of the current Indigenous Student Application Program/Pathway (ISAP).
- *Outreach*: OIH leads high school and pre-medical mentorship initiatives, such as the expanded offering of the *Building the Fire, Walking with Medicine* high school mentorship program in partnership with the Ganawishkadawe Centre for Wise Practices in Indigenous Health and *Mushkiki Miikan* (in partnership with OAO) a pre-matriculant mentorship initiative co-created with the Northern Ontario School of Medicine (NOSM), Toronto Metropolitan University (TMU), Queen's, Western, McMaster and Ottawa medical schools.

## Opportunities and Future Directions

- *Curriculum and Accreditation*: Collaborate with program leadership to review and update Indigenous health and anti-racism content to align with current needs and accreditation standards. Expand Indigenous health curriculum in PGME by implementing Royal College Indigenous Health Foundations curriculum. Develop land-based learning experiences for MD Program learners. Scale culturally relevant programming and supports across all education levels.
- *Admissions and Pathways*: Extend ISAP to new departments (e.g., Physical Therapy) and strengthen longitudinal outreach and support efforts in education, such as through post-secondary pathways.
- *Cultural Safety and Learner Support*: Strengthen support for Indigenous learners across the education continuum. Improve the learner experience by integrating and expanding cultural safety education and debriefing sessions for student-facing staff and leadership, and by managing and responding to instances of learner mistreatment in partnership with the Learner Experience Unit (LEU).
- *Partnerships*: Deepen collaboration with partners such as Waakebiness-Bryce Institute for Indigenous Health, Inner City Health Associates (ICHA), Anishnawbe Health Toronto

- *Governance and Policy:* Continue to support Faculty-wide strategies including recruitment of Indigenous faculty, consultation and participation in the Indigenizing of various spaces across the Faculty, and articulating principles for a process to verify Indigenous identity to inform hiring, admissions, and awards. Finalize and implement revised governance frameworks.
- *Infrastructure:* Invest in staffing and resources to sustain growth and meet expanding mandates.

## Challenges

- Limited administrative capacity has constrained operations, prompting interim hiring and shifting priorities
- Limited funding to support new and ongoing initiatives

### 5.2.3 Office of Access and Outreach

Established in 2022, the Office of Access and Outreach (OAO) creates pathways for future learners and communities who face systemic barriers accessing health sciences research, medical education and rehabilitative sciences programs. Key areas of focus include:

- Longitudinal learner support for entry into Temerty Medicine academic programs from high school to university and beyond (STEAM Design, Summer Mentorship Program, Community of Support)
- Capacity-building with PIs, participatory design, partnerships, and financial support for programs across Temerty
- Collaboration with health faculty partners and faculties of medicine on programming locally, nationally and internationally

## Innovations, Strategic Progress, and Significant Milestones Since 2019

Since the last self-study in 2019, the Office of Access and Outreach was established to support recommendation eight in the Temerty Faculty of Medicine [EDI Action plan](#), to expand pathway, recruitment, and retention programming for learners and faculty members across all academic programs at Temerty Medicine. Notable areas include:

- OAO strengthened its capacity through the establishment of Strategic Lead, Access and Outreach, two Outreach Coordinators, Curriculum Development and Program Lead - Mentor 2 Mentor, Special Projects Officer, and Health Promotion Education Lead
- Robust high school outreach, including:

- The Summer Mentorship Program reaches 100 students annually and provides learners with shadowing opportunities and a hands-on research project. It was established in 1994.
- The STEAM-Design program serves 50 students and provides learners with broad exposure to science and technology and a design project.
- MedLinx supported 416 students in its inaugural year and provides broad exposure to rehab sciences, basic sciences and medical education.
- Community of Support (COS) is a comprehensive mentorship program for undergraduate students who are under-represented in rehab sciences, basic sciences and medical education, namely students with disabilities and students from Indigenous, Black, Filipino, Latin American or economically-disadvantaged communities. Outcomes include:
  - In 2021, 24% of Temerty Medicine’s first-year medical school class had participated in COS. By summer 2025, the program served over 1000 students.
  - In 2024, CASPer Prep Program participants who had previously written the CASPer test saw an increase in fourth quartile rankings from 20% to 49%.
  - The MCAT Student Support Program is a free weekly-class delivered over a three-month period. This year’s program has 300 registered students from across Canada, including 60+ students through a partnership with the University of British Columbia.
- The COS’s Research Application Support Initiative (RASI) partners with TAHSN – including UHN, Unity Health, SickKids, and Holland Bloorview – to provide research summer jobs for participants.
- Guidance and developmental support to 14 out of 19 Canadian medical schools on COS and Black Student Application Program (BSAP). Many of these programs have experienced considerable success related to the introduction of these programs, such as McGill University, which saw a [400% increase in incoming Black medical students](#). Our BSAP program has also been a template for multiple programs at U of T, including at the faculties of [Law](#), [Education](#) and [Social Work](#).
- Collaborative work with OIH:
  - Development of *Mushkiki Miikan*, a collaborative, longitudinal initiative to support Indigenous premeds across Ontario on the path to medicine. This initiative includes all seven Ontario medical schools
  - Supporting the Department of Physical Therapy to launch their Indigenous Student Application (ISAP) and Black Student Application Program (BSAP) for applicants in the 2025-26 application cycle
- The Mentor-to-Mentor (M2M) Program equips faculty and research staff to support underrepresented learners in STEM through training in inclusive mentorship, equity-focused lab culture, strategic sponsorship, EDIIA funding and community-building practices.

## Opportunities and Future Directions

- *Research and Knowledge Sharing:* Expand communication about the impacts and outputs of OAO programs through scholarly work and community media
- *Pathways Expansion:* Expand BSAP and ISAP Pathways across the Faculty and focus on rehabilitation sciences and health science research programs
- *Research Access and Mentorship:* Increase RASl student access to Temerty Medicine research opportunities through targeted mentorship and networking strategies
- *Early Outreach:* Co-create hands-on learning activities for Indigenous elementary students in collaboration with OIH and community partners
- *Funding and Partnerships:* Organize collective impact funding models with partners, particularly in hospitals
- *Local Engagement:* Develop more activities directly with priority high schools across the Greater Toronto Area

## Challenges

- Identifying sustainable funding sources and developing a collaborative approach to fundraising across multiple institutions
- Limited identified research roles within Temerty Faculty of Medicine departments, and higher operations costs for covering research roles

## 5.3 Departments, Centres and Research Institutes

The Temerty Faculty of Medicine spans the basic sciences, clinical and rehabilitation sciences, and is home to 25 departments and institutes (extra-departmental units [EDU:As and :Bs]) along with 9 research centres (EDU:Cs). It also leads six collaborative specializations. A full list of active academic units and collaborative specializations is provided in Section 2 Appendix C.

### Basic Sciences Sector

Temerty Medicine's commitment to advancing medical education is deeply rooted in its vibrant culture of scientific exploration. The basic sciences departments anchor this tradition, encompassing a wide spectrum of disciplines such as **anatomy, biochemistry, immunology, laboratory medicine and pathobiology, medical biophysics, molecular genetics, nutritional sciences, pharmacology and toxicology, and physiology**. These departments play a pivotal role in shaping undergraduate and graduate education in the life sciences.

Multidisciplinary research centres including the **Donnelly Centre for Cellular and Biomolecular Research** provide a nexus for intersectional research that pushes toward breakthroughs in biomedical science.

## Clinical Sector

Comprising 12 departments that collectively manage 91 accredited postgraduate programs, the clinical sector includes departments such as **Anesthesia and Pain Medicine, Family and Community Medicine, Laboratory Medicine and Pathobiology** (also part of the basic sciences sector), **Medical Imaging, Medicine, Obstetrics and Gynaecology, Ophthalmology and Vision Sciences, Otolaryngology – Head and Neck Surgery, Paediatrics, Psychiatry, Radiation Oncology**, and **Surgery**. Clinical programs are delivered through a broad network of affiliated teaching hospitals, both fully affiliated and community affiliated.

Another of Temerty Medicine's extra-departmental units (EDUs), the **Institute of Medical Science**, founded in 1967, continues to be a key graduate training ground for clinician scientists.

## Rehabilitation Sciences Sector

The sector includes three graduate departments — **Occupational Science and Occupational Therapy, Physical Therapy Speech-Language Pathology** — alongside the **Rehabilitation Sciences Institute**, an EDU. The sector offers both professional master's programs and research-intensive graduate degrees, preparing learners to lead in clinical practice, research, and innovation. Temerty Medicine's rehabilitation sciences sector continues a legacy of care that began when these programs supported injured veterans returning from war, the sector continues to evolve, driving improvements in health and well-being for individuals and communities both locally and globally.

## Extra-Departmental Units

In addition to faculties, divisions and departments, extra-departmental units (EDUs) are another type of grouping at the University. EDUs are designed to foster collaboration across disciplines and institutions, and bring together faculty and students around shared research themes. EDUs are frequently developed in partnership with [TAHSN hospitals](#).

Formation and governance of EDUs follow the [University of Toronto Guidelines for Extra-Departmental Units](#) and the Temerty Medicine EDU:C Guidelines (see Section 5 Appendix A). All EDUs undergo regular review (see Academic Reviews section below), emphasizing strategic alignment and resource sustainability.

Temerty Medicine is a partner in many other multi-institutional research initiatives including the [McLaughlin Centre](#), [Edwin S.H. Leong Centre for Healthy Children](#), and [Toronto Dementia Research Alliance](#).

## Academic Reviews

All academic units and degree and diploma programs undergo periodic external review as part of the University's commitment to quality assurance. These reviews follow the University's [Policy for Approval and Review of Academic Programs and Units](#) and the [University of Toronto Quality Assurance Process \(UTQAP\)](#), overseen by the Provost and Vice-Provost, Academic Programs. The UTQAP was approved by the [Ontario Universities Council on Quality Assurance](#) and governs the approval of new programs, modifications to existing programs, and program closures. It also applies to collaborative specializations and inter-institutional programs. These reviews are separate and distinct from professional accreditation processes (e.g., LCME/CACMS for undergraduate medical education).

To ensure accountability, Temerty Medicine conducts systematic reviews of its departments, EDUs, and programs in alignment with the end of leadership terms – typically every five years for departments and EDUs, and up to eight years for collaborative specializations. Standard review protocols include a self-study, in-person or virtual site visit, and formal responses from unit leadership and/or the Dean (depending on the type of unit). Reviews are designed to engage the full academic community and inform both strategic planning and leadership renewal. Findings are also reviewed through Faculty and University Governance pathways.

Section 5 Appendix B lists all departments, EDUs, and programs reviewed between 2019-20 to 2024-25. Documents related to all external reviews are available upon request.

## 5.4 Administration

### 5.4.1 Chief Administrative Officer

Reporting to the Dean, the Chief Administrative Officer (CAO) serves as a key partner in accomplishing the Temerty Faculty of Medicine's strategic goals and objectives. The CAO provides leadership and direction for the overall operational management of Temerty Medicine's support of its academic mission. Executive responsibilities include oversight of all administrative services, including finance, human resources, information technology, facilities management and space planning. The CAO also provides guidance and support to the business managers in the Faculty's departments and other business units.

The CAO represents the Faculty on several senior-level University standing and ad hoc committees, and delegates some representation to the Chief Financial Officer (CFO) and various portfolio directors. The CAO also liaises with senior central University staff to address complex institutional issues as they arise. In addition, the CAO is engaged in the administration of the Faculty's working relationships with external organizations, including hospital partners and government ministries.

## 5.4.2 Financial Management

The Comptroller and CFO provides leadership and direction for overall management of the Faculty's financial resources and the achievement of long-term strategic financial goals and objectives. The Office of the Comptroller and CFO supports departments/units on financial matters and serves as a hub between the Faculty's departments/units and the central University finance portfolios including gathering budgets, forecasts and reports. The CFO reports to the CAO.

Overall financial governance mechanisms are established at the institutional level. U of T financial statements are audited, reviewed by the Audit Committee and then approved by Governing Council. Temerty Medicine's financial activity is included in these institutional financial statements. The Faculty complies with the financial policies, procedures and processes as outlined by central Financial Services and central Planning & Budget in support of institutional financial governance mechanisms. Among a number of objectives, the central processes support planning to ensure long-term financial sustainability of academic divisions.

The University of Toronto transitioned to a revenue centred budget/responsibility centre management budget model in 2007-08. The institution-level budget model is built on the idea that the budget is in service of the mission of the University ensuring that resources are allocated to support the pursuit of excellence in teaching and research. In the University budget model, Faculty Deans make academic decisions that are informed by revenues and costs.

The core principles, fundamental to the institution-level budget model, are:

- transparency regarding revenues, expenses, and administrative overhead associated with activities;
- engagement of academic leaders and accountability for both academic and financial results;
- collaboration rather than creation or maintenance of isolated academic units;
- incentives to pursue activities that generate revenues or lead to savings in operating costs; and
- minimization of cost associated with budgetary record keeping and administration.

In this budget model, the University distributes all revenues related to education and research activities to the faculties, the academic divisions that generate them. Central shared costs referred to as University-wide costs (UWC) are formulaically attributed to faculties and are deducted from their revenues. The formula considers relevant drivers for UWC, such as the number of students, faculty and staff, as well as total revenues including research revenues. There is also a 14% deduction from growth revenues for the Provostial University Fund (UF). Initially, the UF smoothed the transition from the old to the new budget model. As the UF has increased, the Provost now deploys the fund strategically to academic divisions for academic priorities.

## Faculty Budget Practices

At the time of adoption of the new institution-level budget model, the Temerty Faculty of Medicine budget practices were updated such that the Faculty's budget practices with its departments in many ways mirrored the University's budget practices with its divisions prior to the implementation of the new budget model. Temerty Medicine decided to fund the expense for salary increases for faculty and staff incurred at the department level and the Dean implemented a 3% cost containment across all budget units to fund the salary increases. For most units, this 3% cost containment and additional revenue to cover salary increases was budget neutral. When an on-campus faculty member retires, the department retains a base entry-level salary and returns the remaining salary funding to the Faculty. Each fiscal year, departments receive their prior year base funding allocation adjusted for items such as salary increase funding, cost containment and initiative funding.

The Faculty has maintained the historical expansion distribution agreements it had with its budget units. The Faculty receives government grant and tuition revenues driven by enrolment in its programs including undergraduate medical education, radiation sciences, postgraduate medical education, and graduate education (including rehabilitation sciences and professional master's programs). A portion of the expansion revenue is retained by the central Faculty to support expenditure managed by the Dean's Office, such as the Faculty's administrative service units and other overhead, decanal/chair/centre director salaries and a variety of academic initiatives. The remaining revenue is flowed to the departments to fund the incremental costs of expansion and program development managed at the department level. These funding transfers also provide an important financial incentive for departments to sustain and further expand enrolment levels.

These practices were chosen to reflect divisional financial management responsibility. They clearly outline the budget allocation process for all departments and provide stability and predictability from the perspective of the budget unit, while insulating them from broader financial risks that are absorbed by the central Faculty.

The Dean at the time requested that every unit develop a plan to create a 10–15% contingency in their budget, as deficit budgeting was not allowed. The Dean did not approve requests to the Provost for establishing new on-campus faculty positions unless accompanied by a financial plan demonstrating sustained and adequate funding support. Academic budget units were allowed to retain their operating reserves for strategic future investment and to create a buffer against unforeseen expenses or funding reductions. Each budget unit was asked to prepare a multi-year budget using a consistent set of assumptions. The Dean periodically reviewed these budgets line-by-line with the chairs/centre directors/budget unit heads to ensure financial sustainability. This process brought clarity, transparency and accountability to the budgeting process within the division and enabled the finance office to work collaboratively with units in establishing more robust financial management practices than were in place prior to the budget model transition.

## **Faculty Financial History: The First Decade after the Budget Model Transition**

Over the decade following the transition to the new institution-level budget model, the Faculty navigated many significant financial opportunities and threats. The Faculty benefited from new revenues, such as an increase in tuition and grant funding for domestic medical student positions in Ontario, an increase from expanding postgraduate medical residency programs, graduate expansion and expansion in undergraduate Arts & Science student teaching. In addition, the Faculty was successful in increasing the number of internationally sponsored and funded postgraduate medical learners. Still, many specific budget developments added significant financial pressures to the Faculty. These included Ministry grant reductions, significant pension deficit funding requirements, University wide costs (UWC) increasing at rates beyond Faculty revenue, assumption of external building lease and fit-out costs and investments in decades old research labs.

During this period, the Faculty made minor modifications to budget practices on an annual basis to address changing financial circumstances with an overall aim to achieve long-term financial health and resiliency in all departments and the central Faculty. Appropriate measures were taken to strategically adjust funding allocated to budget units so that departments remained responsible for making decisions to align academic and administrative operations with available funding.

Despite financial engagement at all levels, the high cost of Faculty research buildings coupled with net financial losses from research activity under the new budget model offset much of the growth in educational program revenue. Fiscal challenges over the longer term remained. Late in 2017, a new institutional framework for interdivisional teaching (IDT) was in development with academic divisions and the central University. The new IDT framework was introduced along with a significant shift in the allocation of undergraduate teaching revenues within the institution. The Faculty's net benefit from the new framework was \$13 million for 2018-19 teaching, with increases as tuition increased in future years. The significant incremental IDT funding brought the Faculty's annual budget to a balanced or small surplus position from 2018-19 to 2021–22 and enabled an internal redistribution of funds, balancing all departmental budgets for 2018-19.

## **Faculty Financial History: 2018-19 to Present**

Although all budgetary units began this period with balanced budgets, largely due to the new institutional framework for interdivisional teaching, the Faculty's sustainability in the intermediate and longer term faced challenges once again. Despite the strong fiscal discipline exercised by Faculty leadership over the preceding decade, the structural budget model challenges relating to the Faculty's finances remain and include:

- research intensity and the related indirect revenue gap
- aging research infrastructure which requires significant reinvestment to retain and attract top scientists and students

- the need to maintain appropriate academic staff levels and other necessary investments to ensure accreditation standards are met across programs
- increases in university-wide costs that consistently exceed revenue growth
- the need to continually invest in strategic initiatives aligned with its education and research missions and strategic priorities.

In the fall of 2019, the provincial government imposed a 10% domestic tuition fee cut followed by a multi-year freeze. The freeze on Ontario resident domestic tuition fees for undergraduate and most graduate programs has now been extended until at least 2026-27. The tuition freeze has been partially offset by additional enrolment grant funding announced by the province in February 2024, new professional master's programs, MD, PT, PA and postgraduate medical program expansion largely related to the Scarborough campus expansion as well as central University investment income increases as short-term and medium-term investment pool return projections grew relative to prior plans. In addition, during this period, the Provost increased the University Fund (UF) allocation to the Faculty to partially offset the domestic tuition freeze, compensation pressures, doctoral funding packages, research lab upgrades and the indirect costs of research. Finally, the Temerty Foundation's significant \$250-million gift to the University of Toronto in 2020 was another mitigating factor over the period as most of the gift, other than the \$100-million designated by the donor for the Temerty Building project on the MSB west wing site, was allocated to new programming and related operating costs.

During 2019-20 and 2020-21, there were cost savings due to diminished activity levels. For the remainder of this period, expenses have outpaced revenue growth due to high inflation and significant compensation increases, putting significant ongoing pressure on budgets and financial stability. Notwithstanding strong investment returns, on a going-forward basis, the increase in revenue from all sources is insufficient to offset the increase in expenses. This is largely due to significant post-Bill 124<sup>4</sup> compensation increases negotiated with the University's bargaining units and future University-wide cost projections exceeding projected increases in the Faculty's operating revenues. As well, a significant cost pressure will arise with the construction of the Temerty Building. This will require demolition of the west wing of MSB, vacating multiple complex spaces, such as research labs, teaching labs and education spaces. To date, many of these enabling project costs have been funded by accumulated operating reserves.

The Faculty has depleted accumulated operating reserves to cover outpaced operating expenses and enabling projects. Operating reserve levels are now lower than at any point in the last 20 years. Accumulated operating reserves were \$130 million in 2007-08, decreasing to \$30 million in 2017-18, growing to \$61 million in 2020-21 and then further decreasing to \$37-million in 2024-25. The decline occurred concurrently with the efforts of the central University, working with faculties, to bring divisional year-end operating reserve levels within the University's

---

<sup>4</sup> Bill 124 – the Protecting a Sustainable Public Sector for Future Generations Act, passed by the Ontario government in 2019 – capped compensation increases at 1% annually for three years across the broader public sector, including universities, until it was repealed in February 2024.

guidelines of 5-10% of budget. The Provost implemented a limit of 10% starting in 2021-22. The Faculty's operating reserve percentage, per the central University (excluding principal investigator funds), is now about 3% of the budget.

The Faculty is now in an annual structural deficit position. Departmental imbalances have recurred, with some budget units in structural surplus while others are in deficit. The combination of base cost containment, revenue retained by the Faculty on enrolment expansion revenues, and incremental indirect costs on research grants and contracts retained by the Faculty is now insufficient to support central Faculty expenditures.

To address the deficits, one-time-only redistributive measures within the Faculty may be warranted given the \$75 million of total departmental operating reserves at the end of 2024-25 are offset by \$38 million of central Faculty debt against those departmental reserves. The large pool of donated expendable funds is another potential funding source. Donated funds with expendable balances grew from \$76 million in 2007-08 to \$279 million in 2024-25. A fund-by-fund review and alignment of the terms and conditions of the funds with operating needs is underway and may enable appropriate future fund utilization. To ensure predictability and accountability from a departmental point of view, any redistribution measures must occur in a transparent, principled and administratively efficient manner.

Given the projected overall Faculty deficit and heterogeneous departmental financial situations, consideration for an update of ongoing Faculty budget practices and governance model may be warranted. Subsequent to the adoption of the new University wide budget model, several multi-department divisions adopted new budget allocation models largely based on the institutional model. For example, the Faculty of Arts & Science initiated a review of their budget model in support of its most recent strategic plan. A similar review may be beneficial to Temerty Medicine to ensure the next strategic plan is underpinned by a financially sustainable budget.

## **Future Financial Sustainability**

At the time of the Faculty's annual Academic Budget Review in December 2024, Temerty Medicine projected an average deficit of almost \$20 million per year over the next five years. This deficit was to be addressed through the following new strategic initiatives:

- Capital Infrastructure, Asset and Space Management Strategy
- Research, Innovation and Commercialization Strategy
- Proactive Cash Management Strategy including continued review and spend down of large expendable balances in donor-established funds
- Centres for Administrative Excellence including a continued consolidation of administrative services to central service delivery models to realize cost efficiencies.

As noted by the Provost in the 2025-26 Budget Review and University Fund Allocation letter to the Dean of Temerty Medicine, dated March 20, 2025, "Temerty Medicine has set ambitious goals for generating new revenue and improving efficiency to address its large structural deficit

and achieve balanced budgets over the next five years. Meeting these objectives is critical to the Faculty's long-term financial sustainability.”

To respond to the projected fiscal challenges, Temerty Medicine is working to implement new strategic initiatives. Aggressive efforts to improve the operational efficiency and manage central Faculty expenses are continuing as other longer-term initiatives are refined and implemented. Balancing the Faculty's overall budget in light of this significant structural deficit will require strategic leadership to ensure a financially sustainable budget that supports the mission of the Faculty and the ongoing support of excellence in teaching and research.

### **5.4.3 Office of Advancement**

The Office of Advancement has a mandate to grow and sustain fundraising for academic priorities at the Temerty Faculty of Medicine. Fundraising efforts are primarily focused on supporting learners (through bursaries, scholarships and awards), faculty members (through chairs and professorships), research and capital projects. Advancement is led by the Executive Director, who reports jointly to the Dean of Medicine and the University's Vice-President, Advancement.

On December 31, 2018, at the close of the Boundless campaign, the Temerty Medicine Advancement team raised \$637 million, surpassing its ambitious \$600 million fundraising goal. In 2019, the University launched the Defy Gravity campaign, the largest fundraising campaign in Canadian history. The campaign aims to raise \$4 billion for the University's highest priorities. Of this ambitious goal, Temerty Medicine's target is \$1.1 billion. As of April 30, 2025, Temerty Medicine Advancement has raised \$646.6 million.

On average, each year the Advancement team:

- Raises over \$50 million from approximately 2500 donors.
- Secures ~100 major gifts (\$50K+) and 10-15 of those gifts are over \$1 million.
- Has a 75% yield rate for successfully securing major gifts (i.e.: 75% of solicitations are accepted).

70% of funds come from major gifts (\$50,000+). 75% of gifts are expendable, 25% endowed.

### **Notable fundraising highlights from 2019 - 2025:**

#### **Collaborations with TAHSN hospital foundations.**

- \$16.4 million from Hold'em for Life Charity Challenge: partnership with Sinai Health System and Princess Margaret Cancer Centre to fund clinician scientist trainees in cancer research across all TAHSN hospitals. To date, over 200 fellowships (\$50K each/year) have been awarded.

- \$12 million from the Midas Touch Foundation: partnership with Sunnybrook Health Sciences Centre to expand the Harquail Centre for Neuromodulation.
- \$10 million from Michael McCain: partnership with Princess Margaret Cancer Centre to establish the McCain Centre for Urological Innovation and Education.

In recognition of several successful partnerships, and with the opportunity and mandate for creating more such partnerships, the Executive Director's role was expanded to also be the inaugural Assistant Vice-President, Advancement Relations with Health Care Institutions at the University.

#### **Collaborations with other U of T units.**

- \$20 million from Novo Nordisk Canada: partnership with U of T Mississauga and Dalla Lana School of Public Health to establish the Novo Nordisk Network for Healthy Populations, a cross-disciplinary research network working to reduce the burden of diabetes and related cardiometabolic conditions.
- \$20 million from The Larry and Judy Tanenbaum Family Foundation: established a collaborative institute for high-performance sport science and sport medicine, the Tanenbaum Institute for Science in Sport, in partnership with U of T's Faculty of Kinesiology & Physical Education and Sinai Health System.
- \$25 million from Orlando Corp. and \$25 million from Myron and Berna Garron: funding for capital costs for the Scarborough Academy of Medicine and Integrated Health (SAMIH) and to support expanding the GTA's healthcare capacity by training the next generation of healthcare professionals in the eastern region. SAMIH will train physicians, nurse practitioners, physician assistants and physical therapists, in partnership with the Lawrence Bloomberg Faculty of Nursing, University of Toronto Scarborough, Leslie Dan Faculty of Pharmacy, Scarborough Health Network and Michael Garron Hospital.

**Partnership with the Medical Alumni Association (MAA):** After more than a century of supporting MD students and engaging alumni, the MAA ceased operations in 2024 and transferred stewardship of its programs and funds to Temerty Medicine. This included more than \$10 million for medical students.

## **Largest Philanthropic Gift in Canadian History**

In September 2020, the largest single philanthropic gift in Canadian history was announced — \$250 million from the Temerty family and Foundation, the catalyst for the Faculty's new name: Temerty Faculty of Medicine. The gift immediately set out to support education, discovery, collaboration and equity at Temerty Medicine — with priorities directly aligned with the Faculty's strategic plan.

Prior to this public announcement — in March 2020 — Temerty Foundation advanced \$10 million of the gift to the Faculty to establish the Dean's COVID-19 Priority Fund, to provide much-needed resources such as personal protective equipment, isolation housing for clinical

trainees, to create an on-campus vaccine clinic, purchase freezers, and other urgent priorities. The gift offered safety to our community members and helped alleviate budget pressures on the Faculty for these unexpected needs. Perhaps equally important, this donation lifted spirits of scientists and healthcare workers during an unprecedented time of stress and distress. After the acute phase of the pandemic, monies from this fund were directed to seed the creation of the Rehabilitation Sciences Research Network for COVID, enabling collaborative research and knowledge translation in COVID-19 rehabilitation.

Once the full \$250-million gift was announced, and all funds were received, the Temerty gift provided a healthy balance between expendable and endowed funds, allowing the Faculty to seed and/or expand activities immediately, as well as provide a reliable source of funding in perpetuity. Funding priorities and pillars are directly aligned with the Faculty's 2018 strategic plan. In brief summary:

***Pillar: Dean's Strategic Initiatives and Innovation Fund***

Nimble and flexible funding, at the dean's discretion and direction, to support top Faculty priorities including, but not limited to recruitment, retention, trainees, research grants and equipment.

***Pillar: TAHSN Fund***

Nimble and flexible funding, at the Dean's discretion and direction, specifically related to collaborations and partnerships with TAHSN hospital(s).

***Pillar: Artificial Intelligence and Medicine***

Enabled the launch of T-CAIREM, including recruitment of Director, Professorships, and funding for research and trainees.

***Pillar: Excellence Through Equity***

Funding for MD bursaries and awards (over 700 awarded to date), and priority initiatives such as the Black Health Education Collaborative and Temerty Medicine's first Elder-in-Residence and Elder's Circle.

***Pillar: Groundbreaking Discovery and Collaboration Across the System***

Among other initiatives, funding has supported pathway grants – 46 grants to date, each in the \$50,000-\$100,000 range – awarded primarily across basic science departments. After receiving these grants, 14 recipients went on to successfully compete for CIHR funding, subsequently receiving more than \$7.7 million in funding.

***Pillar: Innovation and Commercialization***

Funds have supported creation of chairs; support for Temerty Medicine's startup accelerator, the Health Innovation Hub (H2i); knowledge translation grants; as well as the hiring of Temerty Medicine's inaugural Director of Commercialization and Partnerships.

### ***Pillar: Temerty Building***

The Faculty's 2018 strategic plan identified a need for a new building, to replace MSB's west wing, to better support education and researchers. The Temerty family and Foundation agreed to have \$100 million of their donation directed to this new capital project.

Since 2020, a total of 18 positions (faculty and staff) have been fully or partially funded by the Temerty gift.

## **A New Funding Model for Advancement**

To support the need to grow teams to meet increasing fundraising needs, the University implemented the Advancement Investment Model (AIM) in 2024. The model involves a (very) modest fee on the endowment payout and new expendable gifts, specifically designated to support growth in advancement. AIM was developed in consultation with the President, Provost, CFO, Principals & Deans, Advancement Advisory Group and Campaign Steering Committee, and will help increase Advancement's capacity to secure, manage and steward gifts and increase the scale of Advancement's philanthropic impact, extending the reach and positive influence of every gift in support of the Faculty's academic priorities.

AIM has allowed the Temerty Medicine Advancement Office to hire new fundraisers to support more departments and priorities. As a tangible example, Advancement has expanded its staff complement by 10 people since the beginning of fiscal year 2022 but its operating budget from the Dean has only gone up by 20%. As of April 2025, 33% of Advancement staff are self-funded via AIM.

## **Branding and Communications**

In partnership with Temerty Medicine's Office of Communications, a key highlight from the past 5 years was the successful implementation of the Faculty's renaming in 2020 across departments and in the community.

As part of expanding strategic communications to the Temerty Medicine community, there was a focus on the Faculty's LinkedIn profile. Highlights on LinkedIn (since 2024):

- Followers: growth from 4,556 to 10,692 (134% growth in 17 months)
- Unique visitors: 11,350 (3,421 since January 2025)
- Page views: 21,926 (6,641 since January 2025), 387,587 total impressions

# Alumni Engagement and Events

There has been exponential growth in alumni engagement over the last five years, with consistent engagement with new or lapsed alumni. 2024 and 2025 saw the highest recorded number of engaged alumni overall since the start of the Defy Gravity campaign. Since 2019:

- 29,854 alumni engagements
- 9,765 engaged alumni
- 5,063 from alumni
- 4,470 alumni volunteers
- 2,272 alumni mentors matched with 2,602 mentors

## Events

The last five years required pivoting of event delivery from entirely virtual and re-introducing in-person events. The Faculty has welcomed 25,689 total event registrants since 2019.

**Section 5.4.3 – Table 1: Number of Advancement events by format**

Virtual	In-Person	Hybrid	Total
122	119	25	266

The virtual Temerty Medicine Talks series was launched to showcase the scope, breadth and impact of Temerty Medicine and has seen record viewership from across the community, including alumni, donors, faculty, staff, learners and other U of T community members.

- 13 Temerty Medicine Talks
- 10,190 registrants (all community member types)
- 15,862 YouTube views over time

The Office of Advancement collaborates with departments annually to support 17 graduations (12 PGME, 4 rehabilitation sector, 1 MD) and 41 MD class giving campaigns. The number of classes supported has doubled since 2021.

## Opportunities

- Enhance existing philanthropic collaborations and build new ones with TAHSN partners and other U of T units
- Leverage the new Temerty Building as an opportunity to engage donors with physical recognition opportunities, including legacy naming

- Attract international funders, beyond U of T alumni, who see the global impact of Temerty Medicine and whose philanthropic goals may be aligned with the Faculty's work, mission and priorities

## Challenges

- Economic uncertainty and market volatility
- Issues management concerns in recent years and impact on our internal and external communities
- Competition with hospital foundations and health charities in the GTA for donors and talent
- Changing political landscape and retaining (and at times re-gaining) public trust in the value of higher education, science and research

## Future Directions

Key objectives include:

- Cultivation, solicitation, and closing of major and principal gifts, with a goal of reaching and sustaining an annual revenue of over \$60 million
- The continued growth of Temerty Medicine's alumni relations activities that are strengthen alumni relations earlier and deepen them more strategically
- Continued highlighting and amplifying of stories about the impact of philanthropy at Temerty Medicine and its impact locally and nationally
- Continued partnership working directly and alongside the Dean, Vice Deans, and Chairs to support top academic priorities of the Faculty and departments
- Continued collaboration with TAHSN partners to increase joint gifts

### 5.4.4 Office of Communications

The Office of Communications (MedComms) provides strategic communications support for the Dean and decanal portfolios, with the overarching goals of enhancing and protecting the Faculty's reputation as a top-ranked global school; ensuring the Faculty remains highly visible – and highly valued – at the University; and fostering a culture of integrity and impact among communications professionals embedded across the Faculty, reflecting Temerty Medicine's high quality brand and role as a national leader.

With a base-funded team of 11 full-time employees, including the Executive Director and Associate Director, MedComms advises and supports Faculty-wide leaders on the communications rollout of important new and ongoing initiatives, including, for example:

targeted communications to ensure the success of the MD Program Accreditation; the public launch of the Faculty-wide [Academic Strategic Plan 2018-2023](#) with updates through the annual [Dean's Report](#) and [Vitals](#) key performance metrics; as well as comprehensive communications for a 2022 public event [reckoning with historic antisemitism in medical education](#).

To support the Dean's priorities, MedComms delivers a range of services: communications planning and brand management; media relations and issues management; news and feature writing for Faculty and University channels; executive speech- and message-writing; biweekly newsletter and biannual alumni magazine production; social media strategy and day-to-day channel management; in-house graphic design, photography and videography; and digital help-desk support for more than 50 websites unified under a secure Drupal-based template rolled out, managed (and refreshed) by MedComms and its IT partners since its inception a decade ago.

Three strategic pillars guide MedComms activities:

1. Creatively promoting the Faculty's impact to external and internal audiences through earned, social, owned, and (only occasionally) paid media channels. Impact storytelling is core to MedComms activities with approximately 135 news and feature stories posted and shared annually. Content-sharing with credit has helped foster excellent relations and reaffirm trust across partner hospitals. And the biannual [UofTMed alumni magazine](#) continues to challenge readers and earns accolades for its bold thematic approach, with 2020 and 2022 CASE Gold awards for themes exploring difficult health-related issues around sex, as well as death and dying.
2. Minimizing risks to the Faculty's reputation through effective issues management, key message development and agile media relations. This includes message development for responding to sensitive issues, as well as one-on-one media training for leaders, faculty, graduate researchers and staff preparing for interviews with major outlets such as *The New York Times*, *The Globe and Mail*, CBC, TVO and the *Toronto Star*. Faculty member and leadership media mentions, provided by U of T's central communications via Cision monitoring service, totalled approximately 8,000 per year over the last two years with an average 90 percent neutral or positive sentiment.
3. Developing systems and strategies for department-based communicators to strive for continuous improvement and professional development. In 2023 — after seeing post-pandemic drops in community-of-practice meeting attendance — MedComms surveyed, received the feedback and launched the *Comms Exchange*, a peer-to-peer program to develop skills, leadership and a renewed sense of community among ~20 departmental-based communicators and admin staff with communications duties. An active new Teams channel, peer-led hands-on “comms clinics”, and annual leadership opportunities have replaced “top-down” meetings and rekindled a shared purpose and camaraderie, as reported by the annual Comms Exchange leader, who, each academic year, nominates a new peer leader and advises MedComms on program improvements.

## Strengths and Opportunities

Agility and strong internal competencies are key features of the MedComms team. Led by the Executive Director, who is a member of the Dean's Executive Committee, MedComms provides responsive crisis communications leadership, media relations and internal/external comms support. This was evidenced throughout the pandemic and included innovations such as promoting national sharing of COVID research newsletter content among Canadian medical faculties, including McGill University and University of British Columbia.

In addition, MedComms has co-developed principles and practical guidance to align with the University on social issues messaging; has presented widely to department chairs and hospital partners, alongside legal counsel, to educate and reaffirm that guidance; and provides decanal and central leaders with timely, sensitive custom messaging as needed.

Another key strength is the inclusion of Advancement and Alumni Relations communications professionals as core members of the Communications team (vs. embedded in a fundraising unit), a model that began in 2016 and has proved highly effective, as outlined above in Section 5.4.3.

A milestone achievement for this team was the public announcement and rollout of Canada's largest donation, a [\\$250-million gift from the Temerty Foundation](#) in September 2020. The team coordinated (strictly confidentially for months) with many central offices (President's Office, University Advancement, central communications planning, media relations etc.) not only to prepare comprehensive plans and materials – including the rollout of the corporate renaming to the Temerty Faculty of Medicine – but also to evaluate and mitigate potential risks to reputation. Ultimately, the team worked seamlessly with University colleagues to execute a detailed cascade of audience-specific messaging to internal and external stakeholders over the period of the initial announcement and throughout the weeks following. In addition to ongoing stewardship, the team has creatively documented the impact of the first five years of this historic donation in the [Dean's Report](#) from September 2025.

## Future Directions

- As existing pressures on research funding intensify, there is opportunity to deepen the integration of research communications strategies and impact storytelling across the Toronto Academic Health Sciences Network (TAHSN). The TAHSN Secretariat has been a key partner in seeding communications collaborations; we expect this partnership and its initiatives to grow.
- The burgeoning digital and AI landscape necessitates continuous professional development and cross-team skill-building; this will continue to be a focus for our team. MedComms staff are valued members at U of T and national tables related to leadership communications and media relations, AI applications and social media, and are invited speakers at conferences including CASE, Drupal North and PSE Web.

- Primary care reform and the Faculty's widening geographic impact: With Ontario's investment in a plan to connect all Ontarians to primary care, including via Primary Care Teaching Clinics, as well as Temerty Medicine programs now spanning from the Mississauga Academy of Medicine eastward to the new Scarborough Academy of Integrated Medicine (SAMIH) in 2026, there is an opportunity for renewed communications focus on the deep impact Temerty Medicine brings across Ontario, training healthcare professionals where they are needed in the community. This expansion underscores the Faculty's positive impact on the health system well beyond downtown Toronto.
- Currently, two communications team members are funded by the rehabilitation sector but are embedded in the MedComms team, benefiting from a collegial and experienced team environment, similar to the advancement communications model noted above. There is potential for this integrated staff model to support other units effectively.

## 5.4.5 Human Resources

In 2023, the Temerty Faculty of Medicine Human Resources office split into two separate functions and distinct teams: Academic Human Resources and Administrative Human Resources.

### Academic Human Resources

Academic Human Resources (HR) in the University setting focuses on the human resource aspects of faculty, librarians, graduate students and postdoctoral fellows. The portfolio is responsible for the strategic leadership, management and administration of academic HR services for Temerty Medicine. It comprises a leadership team including a Director and Assistant Director who manage a team of Academic HR Officers, and staff who deal with projects, data and other administrative responsibilities. The HR team manages and supports Clinical and U of T-paid Academic HR appointments, renewals and promotion processes for over 8,000 faculty members. They also have responsibility for data reporting and implementing measures designed to make HR systems more efficient and effective. They form a strategic partnership on academic human resource matters connecting the Dean's Office and Vice Dean, Strategy and Governance, with the over 40 academic and administrative units across Temerty Medicine and work closely with the Office of the Vice-President and Provost, the Office of the Vice-President People Strategy, Equity and Culture, members of the Toronto Academic Health Science Network, as well as academic administrators and staff in other divisions of the University.

Expansion of the portfolio continues to involve formalizing and professionalizing existing HR processes and activities. These include documenting standard operation procedures, such as tenures and other review, workload administration, progress through the ranks and more. An outcome of this capacity building has led to the creation of strong communication and relationships with the academic units, and an interest amongst units to improve, streamline and consolidate practices.

## **Administrative Human Resources: Administrative, Technical and Research Staff**

Temerty Medicine is supported by 910 appointed staff and approximately 950 non-appointed (casual), administrative, technical and research staff supported by a team of 12 HR professionals who provide a wide range of services related to job evaluation, recruitment, talent management, benefits, labour/employee relations, investigations, as well as organizational design and review. The overall number of non-academic employees has grown by 4.6% since 2019, with an increase in recruitment and workforce fluidity across industries since the COVID-19 pandemic, averaging approximately 200 postings each year.

Beyond its core HR operational activities and mandate, the divisional Administrative HR department undertakes a range of employee development and engagement programming. A cornerstone of this work is the quarterly new hire orientation, designed to welcome and integrate new staff into the faculty community. Other signature programs include the annual Staff Impact Awards, which is an updated employee award and service recognition event which originally launched in 2013, a divisional mentorship program with a recent cohort of 48 participants, as well as the first-ever staff professional development day, which was a curated conference that saw close to 500 attendees and had 98% overall satisfaction rate among survey respondents.

Principles of accessibility, equity and diversity are fundamental to HR operations and program design, with some examples including compensation review practices, consistent and detailed hiring processes, leveraging HR metrics to identify gaps, inclusion of power and privilege as a core topic in our evolved mentorship program curriculum and intentional efforts to ensure inclusive recruitment and program outreach. These principles also shape how employee wellness is approached, with an emphasis on psychological safety, respectful workplaces, work-life balance, inclusive flexible work practices and access to resources that support well-being across diverse employee experiences.

In the years ahead, there will be a focus on supporting transformational opportunities within the division to ensure the sustainability and effectiveness of organizational structures and staffing. Also, efforts will continue to focus on recruitment, retention, engagement and development of highly qualified staff and the implementation of technology-enabled approaches and continuous improvement enhancements in the delivery of services. Unlocking future success in much of this space is dependent on the support from system and technology owners, both divisionally and centrally.

### **5.4.6 Information Technology (MedIT)**

Information technology (IT) in Temerty Medicine has undergone a transformative shift aimed at enhancing the IT services provided to better support the Faculty's academic and research priorities while addressing the needs of our diverse community. Underpinning this aim is a commitment to delivering a secure, reliable IT infrastructure, characterized by comprehensive network and information security, and a focus on client success through tailored service delivery.

Since the last self-study in 2019, several key initiatives have been launched that align with MedIT's new strategic directions:

- *Relaunch as MedIT:* This rebranding, effective May 1, 2023, has solidified MedIT's role as the enterprise IT unit for Temerty Medicine, enabling a more cohesive integration of services and resources.
- *Addition of M365 Team:* In response to the rapid shift in growth for M365 tools, MedIT established a dedicated M365 team to support services related to SharePoint and Power Platform. This initiative arose as many departments managed this transition independently due to a lack of support from MedIT. The explosive demand in this area has led to the development of additional resources to support growth and ensure effective and secure usage of these tools.
- *Sensitivity Labels Initiative:* MedIT spearheaded the implementation of sensitivity labels within M365 to tag and protect sensitive assets, addressing a critical need for Temerty Medicine that was previously absent in the U of T tenant.
- *Centralized Device Management:* A centralized device management framework utilizing SentinelOne for endpoint protection was launched, alongside standard device imaging and rollout processes. The implementation of Microsoft Intune for cloud-based device management significantly improves security and reliability for devices used at Temerty Medicine, ensuring consistent standards across all technology assets.
- *Legacy System Audit and Redevelopment:* MedIT is conducting an ongoing audit and evaluation of all legacy and custom systems developed at Temerty Medicine. The goal is to identify opportunities for consolidation and streamlining, as well as to redevelop systems using sustainable tools that enhance security and usability. Addressing risks and security concerns associated with outdated tools is critical. A recent success includes the redevelopment of a critical resident payroll system called InfoPay that manages an annual payroll of nine digits. This system now utilizes modern frameworks and tools and leverages central IT security controls, resulting in a more resilient and robust platform.
- *Service Catalogue Initiative:* MedIT developed a service catalogue using PowerPlatform and SharePoint, providing an accessible platform for faculty and staff to request services and access vital information, such as maintenance schedules and knowledge base articles. This interactive platform minimizes the back and forth between MedIT and the service requester, thereby improving the quality and efficiency of services offered. In addition, the data captured by the service catalogue can help MedIT constantly adjust and improve services offered.
- *Client Success Manager Roles:* New positions focused on understanding and addressing the specific needs of different sectors within the Faculty were introduced, including academic, clinical, basic sciences and administration, reflecting MedIT's commitment to a tailored, client-focused approach.

- *Addition of Information Security Team:* This team, with a reporting relationship with U of T's Chief Information Security Officer, provides strategic leadership, alignment and oversight for the Information Security Program at Temerty Medicine. This team's primary objective is to strengthen and protect the Faculty's cybersecurity infrastructure, posture and culture — minimizing risks of compromise while ensuring that appropriate security controls are in place to support teaching, learning, research and administrative services for faculty, staff and learners. Recognizing that cybersecurity threats continually evolve, the team ensures that Temerty Medicine remains resilient and prepared to mitigate potential attack vectors, safeguarding the institution against financial, operational and reputational risks.

Several growth areas have emerged since the transition to MedIT:

- *Data Team Formation:* MedIT is establishing a dedicated data team focused on developing data governance, policies and frameworks tailored to the needs of Temerty Medicine. While U of T has existing guidelines, adapting these frameworks will be essential to align with our specific organizational context. This team will collaborate closely with Central IT to ensure that a solid foundation is established towards becoming a data-driven organization, recognizing data as a valuable asset.
- *Artificial Intelligence Initiatives:* As emerging technologies are considered, MedIT acknowledges the need to develop Temerty Medicine standards for leveraging AI. While some guidance exists at the University level, MedIT aims to provide additional support and training. MedIT will explore how AI will improve the efficiency and effectiveness of our operations and provide benefits across the Faculty.

## Opportunities

The relaunch of MedIT presents numerous opportunities for the Faculty:

- *Centralized IT Services:* By moving to a centralized IT model funded through operating budgets, MedIT can streamline operations, reduce duplicative services and allocate resources more effectively to support academic and research goals.
- *Enhanced Collaboration:* The partnership with central University IT services (ITS) enables MedIT to leverage ITS resources, reducing overall costs and enhancing the capabilities offered to faculty and staff.
- *Investment in Digital Transformation:* The addition of the M365 team strengthens MedIT's capabilities in providing services related to SharePoint and Power Platform, which are crucial for facilitating remote work and collaborative initiatives.

## Challenges

Despite positive developments, MedIT faces challenges that must be addressed to ensure continued progress:

- *Change Management:* Departments accustomed to operating independently may resist the changes associated with centralized IT services. Building trust and demonstrating the value of this transition is essential.
- *Resource Alignment:* Aligning resources effectively while maintaining high service levels across diverse units remains a challenge while transitioning to a core service model.

Looking ahead, MedIT priorities will include:

- *Commitment to Service Excellence:* MedIT will continue to refine its service standards and metrics to ensure high-quality, client-focused IT services. Regular feedback will guide our improvements.
- *Focus on Security:* Strengthening information security infrastructure will be paramount as Temerty Medicine integrates new technologies and enhances IT service offerings.
- *Strategic Investments in IT Infrastructure:* MedIT will invest in modernizing the Faculty's IT infrastructure to support current and future academic needs, ensuring we have the capacity to adapt to emerging technologies and methodologies.
- *Expansion of Services:* As MedIT grows, the service catalogue will continue to expand and establish a robust culture around data management and AI utilization, ensuring that the Temerty Medicine community receives comprehensive IT support that meets their evolving needs.

In summary, the transformation of MedIT positions it to effectively support the Faculty's academic and research priorities, enhance operational efficiencies and foster an inclusive environment. Through dedicated efforts and strategic initiatives, MedIT is equipped to tackle the challenges and opportunities that lie ahead in advancing Temerty Medicine's mission.

### 5.4.7 Legal Counsel

Following the appointment of the inaugural University Counsel and Chief Legal Officer in 2021, the Office of University Counsel (OUC) was established to align legal services across the University within a single office. OUC's mandate is to ensure that legal services are accessible, timely, and coordinated to meet the complex legal needs of the University. Temerty Medicine is supported by OUC, which is primarily comprised of two teams:

- The People Services Team, which provides legal advice to the University's administration on issues relating to students, clinical learners, faculty, clinical faculty, librarians, and staff; and,
- The Corporate Services Team, which provides legal advice to the University on a range of corporate legal matters, including different types of contracts.

Legal Counsel from the People Legal Services Team participates as a member of the Dean's Executive Committee, which provides a critical link between Temerty Medicine and OUC.

## 6. Faculty

Faculty recruitment has steadily grown at Temerty Medicine over the years. In June 2024, the total faculty complement was 10,041 (with 50% identifying as female, 49% as male, and 1% other). Total Clinical Faculty has gone up from 6,140 in 2017 to 7,806, while for the U of T Appointed (see below), it has seen a modest increase from 237 to 250. Status-Only faculty remain a large component of the complement, with a count of 1,985 in 2024. Figure 1 below presents the distribution of Temerty Medicine Faculty by academic rank and gender for the years 2011, 2017 and 2024.

### *Overview of Academic Appointments*

There are three broad categories of faculty academic appointments within Temerty Medicine: Appointed Faculty, Clinical Faculty and Other University Appointments. Appointed Faculty are members of the University of Toronto Faculty Association, Clinical Faculty are those that fall under the Policy for Clinical Faculty and Other University Appointments include Status-Only and Adjunct faculty (excluding Clinical Adjunct Faculty).

### **Appointed Faculty**

- Tenure Stream
  - Full-time faculty involved in research and scholarship, teaching and service
- Teaching Stream
  - Full-time faculty involved in teaching and other teaching-related professional and administrative activities
- Contractually Limited Term (CLTA)
  - Full-time faculty involved in scholarship, teaching and service for up to 5 years, with one possible renewal not exceeding a total of five years. If the position is grant-funded, the appointment may be renewed up to five years at a time and may continue to be renewed until the end of the funding period.
- Teaching Stream Contractually Limited Term
  - Full-time faculty involved in teaching and other professional and administrative activities related to teaching for up to five years, with one possible renewal not exceeding a total of five years
- Part-time
  - Faculty appointed  $\leq 75\%$  FTE and involved in research and scholarship, teaching and service. The appointment may range from one-year to a maximum two-year term
- Teaching Stream Part-time

- Faculty appointed  $\leq 75\%$  FTE and involved in teaching and other professional and administrative activities related to teaching. The appointment may range from one-year to a maximum two-year term.

## Clinical Faculty

- Full-Time Clinical Academic
  - Licensed physician engaged in academic activities for at least 80% of their professional time and holds an active medical staff or equivalent appointment at an Affiliated Site, and participates in a Conforming Academic Practice Plan (or Equivalent). Initial appointment is for a three-year term and upon success review at the end of the third year, the appointment will transition to *continuing annual appointment*
- Part-Time Clinical Academic
  - Licensed physician engaged in academic activities for 20% or more of their professional time, holds a medical staff appointment at an Affiliated Site. Appointment is for a renewable one-year term.
- Adjunct Clinical Academic
  - Licensed physicians engaged in academic activities for less than 20% of professional time. Appointment is for a renewable one-year term.
- Visiting Clinical Professor
  - A time-limited visit from another university or research institute and will be practicing medicine during the visit.

## Other University Appointments

- Status-Only
  - Full-time employed in a position that is academic in nature (components of research and/or teaching) at Affiliated Sites or Research Institutions, or another university, to allow fuller participation in an academic unit's teaching or research program. Initial appointment for a one to three year term with renewal appointments up to five years in length.
- Status-Only, Affiliated Scientist
  - A subset of status-only faculty who have a unique connection with the University through their research and their contributions to the education of our students as with full and associate affiliated Toronto Academic Health Science Network (TAHSN)

partner institutions. Initial appointment for a one to three year term with renewal appointments up to five years in length.

- Adjunct Lecturer/Professor
  - Employed elsewhere in a position that is not primarily academic in nature and have special qualifications and expertise with whom units expect to have an on-going connection. Adjunct Professor is normally reserved for distinguished individuals of exemplary achievement. Adjunct Lecturers contribute their skills or experience in teaching program or supervising clinical placements. Appointment is usually for one year term but may be for longer terms.

**Section 6 – Table 1: Temerty Medicine faculty distribution**

<b>Faculty</b>	<b>Dec 31, 2011</b>	<b>July 31, 2017</b>	<b>June 30, 2024</b>
<b>Total Faculty</b>	<b>6,825</b>	<b>8,141</b>	<b>10,041</b>
Women	44%	47%	50%
Men	56%	53%	49%
<b>Total Clinical Faculty</b>	<b>4,674</b>	<b>6,140</b>	<b>7,806</b>
Full Time	2,296	2,999	3,600
Part Time	1,198	1,558	1,908
Adjunct	1,180	1,583	2,298
<b>Total Appointed Faculty</b>	<b>309</b>	<b>237</b>	<b>250</b>
Tenure Stream	192	158	171
Non-Tenure Stream	85	47	24
Teaching Stream	32	32	55
<b>Total Status-Only/Adjunct Faculty</b>	<b>1,842</b>	<b>1,764</b>	<b>1,985</b>
Status-Only	1,640	1,505	1,371
Adjunct	202	259	614

Temerty Medicine has been collecting data on gender in faculty recruitment and promotions, identifying potential barriers to advancement and supporting evidence-based strategies for fostering a diverse and inclusive academic environment. In 2024, Temerty Medicine reached gender parity, with 50% of faculty self-identifying as women, 49% self-identifying as men and 1% self-identifying as other. The following tables provide a comprehensive overview of faculty gender data, disaggregated by academic rank, appointment type and sector, new tenure-stream hires, and senior promotions, as of June 30, 2024.

## Temerty Medicine's Faculty Overview

Section 6 – Table 2: Faculty by rank and gender, June 30, 2024

Academic Rank	Faculty Full-Time			Faculty Non-Full-Time		
	Women	Men	Other	Women	Men	Other
Professor	242	581	8	118	258	2
Associate Professor	343	481	5	118	199	3
Assistant Professor	866	786	14	609	658	14
Other Rank	269	222	1	2,478	1,738	28
<b>Total:</b>	<b>1,720</b> <b>(45%)</b>	<b>2,070</b> <b>(54%)</b>	<b>28</b> <b>(1%)</b>	<b>3,323</b> <b>(53%)</b>	<b>2,853</b> <b>(46%)</b>	<b>47</b> <b>(1%)</b>

All Academic Totals:	Women	Men	Other	TOTAL	10,041
	5,043 (50%)	4,923 (49%)	75 (1%)		

Section 6 – Table 3: Faculty by appointment type and sector / gender, June 30, 2024

Appointment Type	Sector			Gender		
	Basic Science	Clinical	Rehab	Women	Men	Other
Appointed	143	46	61	127	121	2
Clinical	0	7,806	0	3,568	4,175	63
Status-Only / Adjunct	352	685	948	1348	627	10
<b>Total</b>	<b>495</b> <b>(5%)</b>	<b>8,537</b> <b>(85%)</b>	<b>1,009</b> <b>(10%)</b>	<b>5,043</b> <b>(50%)</b>	<b>4,923</b> <b>(49%)</b>	<b>75</b> <b>(1%)</b>

**Section 6 – Table 4: New tenure stream hires by gender and year**

Year	Women	Men	Other	Total
2019	1	2	-	3
2020	4	4	-	8
2021	4	7	-	11
2022	5	3	-	8
2023	6	-	-	6
2024	4	3	1	8
<b>Grand Total</b>	<b>24</b>	<b>19</b>	<b>1</b>	<b>44</b>

**Section 6 – Table 5: Senior promotions by gender and year**

Year	Total	Associate Professor				Professor			
		Women	Men	Other	Total	Women	Men	Other	Total
2019	134	34	48	-	82	25	27	-	52
2020	133	42	41	-	83	18	32	-	50
2021	166	37	59	-	96	30	40	-	70
2022	162	49	56	-	105	18	39	-	57
2023	184	58	62	-	120	29	35	-	64
2024	164	52	57	-	109	30	25	-	55
2025	181	55	54	1	110	29	42	-	71

## **New Faculty Appointment Category**

To better acknowledge the academic contributions of Scientists and Senior Scientists at fully- and associate affiliated TAHSN institutions, the University of Toronto is introducing the designation “Affiliate Scientist” within the broader Status-Only faculty category. These individuals play a distinct role in research and education through formal Affiliation Agreements, and Temerty Medicine fully supports this initiative as a meaningful recognition of their contributions to the University's academic mission.

## Clinical Faculty Composition

Temerty Medicine has seen consistent growth with a notable rise in annual appointments driven by the evolving healthcare landscape in the Greater Toronto Area. The expansion of medical education through new academies and distributed learning sites has increased demand for faculty, resulting in a shift toward more part-time and adjunct roles. The increase in physicians obtaining university faculty appointments has enhanced the integration of clinical expertise into academic teaching and research, enriching the educational experience for learners. However, this growth also presents challenges, including increased demands on institutional resources and the need to ensure equitable recognition and support for part-time and adjunct faculty roles.

The following tables illustrate the growth in Clinical Faculty Appointments from 2020 to 2024, along with the distribution of Clinical Faculty across appointment categories.

### Section 6 – Table 6: New clinical appointments by category

*New Clinical Appointments refers to physicians who are receiving their first-ever clinical appointment with Temerty Medicine. These individuals have not previously held any clinical appointment within the Faculty and are newly joining its clinical departments.*

	2020	2021	2022	2023	2024
Clinical Adjunct	163	185	160	206	220
Clinical Part Time	119	104	82	131	117
Clinical Full Time	172	175	193	226	255
<b>Total</b>	<b>454</b>	<b>464</b>	<b>435</b>	<b>563</b>	<b>592</b>

### Section 6 – Table 7: Clinical Faculty Distribution by Category

	2011	2017	2024
Clinical Adjunct	25.25% (1,180)	25.78% (1,583)	29.44% (2,298)
Clinical Part Time	25.63% (1,198)	25.37% (1,558)	24.44% (1,908)
Clinical Full Time	49.12% (2,296)	48.84% (2,999)	46.12% (3,600)

## Advisory Committee on Faculty Affairs

The Advisory Committee on Faculty Affairs is composed of over 20 faculty members representing all sectors of Temerty Medicine. The committee provides strategic consultation on a range of faculty-related matters, with a particular focus on faculty wellness and fostering psychological and cultural safety in academic and clinical environments. Its scope includes:

- Reviewing and developing policies and processes to support safe and inclusive workspaces
- Promoting communication and education around wellness and professional values
- Recognizing contributions to wellness and professionalism
- Ensuring that faculty appointment and promotion processes align with wellness and equity principles
- Collaborating with the Faculty's Wellness, Inclusion, Diversity, and Equity (WIDE) Committee to support strategic initiatives
- Liaising with the Toronto Academic Health Science Network (TAHSN) to harmonize approaches to faculty wellness
- Advancing scholarship in faculty wellness and professional values
- Establishing a community of practice with departmental representatives across Temerty Medicine

## 6.1 Clinical and Faculty Affairs

Established in July 2020 as part of the implementation of Temerty Medicine's 2018 Academic Strategic Plan, the Office of Clinical and Faculty Affairs (CAFA) plays a central role in supporting Temerty Medicine's clinical faculty and advising departmental chairs on faculty-related matters. Since 2020, CAFA has added the following roles:

- 2021: Director, Faculty Wellness, created to develop initiatives that promote faculty wellbeing across Temerty Medicine
- 2022: Associate Dean, Clinical Affairs and Professional Values, created to highlight the central role of the Professional Values Office at Temerty Medicine
- 2023: Case Coordinator, a role focused on managing reviews, timelines, and documentation associated with complaints. This position is shared with Medical Education with the goal of ensuring alignment between learner and faculty processes.
- 2024: Special Advisor to the Dean, Clinical Affairs, created to support the increasing volume of faculty appointments, complaints, QI initiatives

- 2025: Data Coordinator, a role that supports essential data collection, data sharing, and interpretation to support QI initiatives

## 6.1.1 Appointments and Promotions

CAFA provides decanal oversight of clinical appointments, as well as junior and senior promotions. CAFA is actively engaged in activities to address the high volume of new faculty appointments and mitigate the risks to Temerty Medicine's recruitment and retention capabilities.

### ***Appointments and Promotions Working Group***

The Appointments and Promotions Working Group (APWG) was established by the Interim Dean of Medicine in mid-2024 to review and improve clinical faculty-related processes. This was in response to the evolving medical education landscape and the expansion of the Faculty's tri-campus model. APWG's review identified opportunities for improvement, and the accompanying recommendations touched upon processes, policies, IT infrastructure and changes in organizational culture to create efficiencies and recognize all our faculty for the contributions they make to our academic mission. These recommendations are currently being prioritized and will be implemented over the coming year.

### ***Academic Life and Programs Process Transformation Project***

Temerty Medicine faces ongoing challenges in accessing accurate, timely faculty data due to limitations in the University's HRIS and other fragmented databases. These siloed systems lack integration, resulting in a hybrid data-management model (digital and hard copy), and an ongoing reliance on manual processes that contribute to inefficiencies, errors and reputational risk.

To address these issues, CAFA is collaborating with the Office of the CAO on the Academic Life and Programs Process Transformation Project, aimed at consolidating data infrastructure, digitizing administrative processes and standardizing data across departments. This initiative will improve reporting, trend analysis and service delivery.

In parallel, Temerty Medicine is revising and developing policies to support faculty appointments and promotions, including:

- Updating the Faculty Appointments Advisory Committee manual to clarify criteria and incorporate professional values
- Creating guidance for Clinical Chairs on cross-faculty appointments
- Establishing terms and conditions for clinical fellows seeking faculty appointments, in collaboration with Postgraduate Medical Education

## **Academic Practice Plans**

CAFA supports physician groups on matters related to academic practice plans, which are financial arrangements made among a group of physicians for the purpose of supporting the academic mission by ensuring they conform to principles outlined in the Procedures Manual for the Policy for Clinical Faculty. Academic practice plans must have economic mechanisms that support and reward academic activity; however the details are left to each plan to respond to market forces and local needs.

Recently, several challenges have arisen regarding practice plans. Junior faculty have expressed concerns about their ability to support their plans, citing the substantial burden of student debt and the high cost of living in the Greater Toronto Area. Furthermore, there's significant variation in average clinical incomes across the twelve clinical departments, impacting the financial capacity of some practice plans to fully support their academic missions. Additionally, a small number of practice plans operate within TAHSN associate affiliated hospitals that aren't designated as Academic Health Science Centres. Consequently, full-time clinical faculty working in these settings aren't eligible for Academic Health Science Center Alternate Funding Plan (AHSC AFP) payments. While they receive clinical preceptorship payments, these are significantly lower than AHSC AFP funding.

Fortunately, the recent Kaplan Board of Arbitration Award as well as increases to AHSC AFP funding from the recently negotiated Physician Services Agreement significantly increased AHSC payments to our eligible clinical faculty. In addition, community preceptor payments are increasing from \$1,000 to \$1,600 per month.

With more than 100 practice plans across Temerty Medicine, there is a clear need to enhance their ability to meet current needs and challenges. As such, there will be more focus on this over the coming years. In the upcoming year, CAFA will collaborate with the AFP Leads at each of the fully affiliated hospitals to review the 2008 AHSC AFP funding model and subsequent methodological updates. This work aims to address disparities in AFP distribution that have emerged due to significant growth in clinical faculty at some of the sites, resulting in dilution of payments for individual practice members.

## **Recruitment and Retention Strategies**

Temerty Medicine is preparing to act on several opportunities to strengthen faculty recruitment and retention. Political and academic instability in the United States have already led to three prominent faculty appointments elsewhere at the University of Toronto, with the potential for more such appointments in the immediate term.

There are also notable challenges on the horizon. The launch of Toronto Metropolitan University's medical school in September 2025 and York University's medical school in 2028 mean that Temerty Medicine faces the risk of attrition over the next three to five years. Enhancing appointment and promotions processes, improving our recognition of faculty members, and exploring an expansion of faculty benefits are all in progress or being explored as potential means of mitigating the risk of attrition.

## Academic Health Science Centres

CAFA is a liaison between the University and the Academic Health Science Centres Alternative Funding Program (AHSC AFP) governance organizations across the GTA. As a co-signatory to these tri-party agreements (AHSC, Ministry of Health, and the University of Toronto), Temerty Medicine holds one to two seats at each governance table. In this capacity, Temerty Medicine has assisted in developing proposals to the provincial government for fully converted academic funding plans and has addressed conflicts related to innovation projects and practice plans.

### 6.1.2 Professional Values

Temerty Medicine is deeply committed to upholding the highest standards of professionalism. The Faculty continues to integrate the Professional Value Portfolio (PVP) into our academic and clinical culture. The PVP is a structured framework through which faculty, learners and staff reflect on and document their growth in key areas of professionalism, including ethical practice, empathy, accountability and collaboration.

In 2019, CAFA convened a group of educators, learners and staff to create a development program for Temerty Medicine faculty focused on the evolving nature of professionalism, in response to changes within healthcare and society more broadly. The “New Professional Values,” addressed in the faculty development program, introduced Temerty Medicine faculty to a model of professional behaviour and standards embedded in equity, diversity, inclusion, Indigeneity, and accessibility. The model encompasses wellness, anti-racism, psychological and cultural safety, allyship and organizational justice, alongside traditional values such as excellence, integrity, honesty, and confidentiality.

The Professional Values Faculty Development committee developed a suite of educational products over a two-year period as part of a train-the-trainer program for Temerty Medicine, including a primer, an online module, a resource hub, a workshop, a PowerPoint presentation, and an adapted version of the workshop for the New and Evolving Academic Leaders (NEAL) Program. An additional video has been developed in collaboration with the MD Program Faculty Development Office on providing feedback regarding lapses in professional behaviours, which can be used as a resource and as curriculum for relevant workshops. Between 2019 and the present, the program has expanded to include materials and workshops on the matrix of professionalism, social media and academic freedom.

Over the past five years CAFA has revised the following standards for Temerty Medicine faculty:

- [The Standards for Clinical \(MD\) Faculty on Managing Relationships with Industry and Private Entities](#)
- [The Standards of Professional Behaviour for Clinical Faculty](#)

Additionally, CAFA has created and posted the following resources on public webpages:

- [Temerty Faculty of Medicine Office of Clinical and Faculty Affairs Report on Bill 60 \("Your Health Act"\) and the Integrated Community Health Services Act](#)
- [Frequently Asked Questions - Temerty Faculty of Medicine Office of Clinical and Faculty Affairs Report on Bill 60 \("Your Health Act"\) and the Integrated Community Health Services Act](#)
- [Frequently Asked Questions - Temerty Medicine Clinical Faculty Members Considering Taking on Additional Appointments with Other Faculties/Schools of Medicine](#)
- [Frequently Asked Questions - Standards for Clinical \(MD\) Faculty on Managing Relationships with Industry and Private Entities](#)

## **Consultation/Case Navigation on Professionalism-related concerns, Relevant Processes, and Policies**

Consultation on professionalism-related concerns is provided to departmental chairs, program directors and the Office of the Dean by the Associate Dean, Clinical Affairs and Professional Values and the Special Advisor to the Dean, Clinical Affairs. To provide this, confidential consultation occurs on a need-to-know basis with the Office of University Counsel, the Vice-Provost, Faculty and Academic Life, other relevant University offices and with clinical partners in accordance with the relevant affiliation agreements.

### **6.1.3 Wellness and Accommodation**

The Director, Faculty Wellness collaborates with departments to develop and educate a network of Wellness Leads, ensuring faculty have access to mentorship and clear pathways for addressing unprofessional behaviour. A Community of Practice has been established to foster leadership skills and promote strategies focused on well-being through monthly facilitated meetings and a virtual peer network.

In collaboration with our TAHSN hospital partners, Temerty Medicine also works to ensure that wellness resources are locally accessible and that best practices are shared across staff, faculty, and learners within the TAHSN community.

## **Supporting Faculty Wellness**

Recognizing the need for faculty-focused wellness support, Temerty Medicine has developed several initiatives and programs, including but not limited to:

- **TAHSNm Physician Wellness Working Group**

The working group developed a physician wellness lead toolkit aiming to facilitate TAHSN hospitals, CEOs, Chiefs of Staff, Board members and senior hospital leaders in the widespread standardization and adoption of best practices that promote clinician well-being. TAHSNm has accepted the recommendation to include a TAHSN-wide physician well-being measurement tool appended to Clinician Management and Reappointment Systems, which will launch in 2026.

- **Leading for Wellness Community of Practice Program**

The program brings together faculty leaders from across Temerty Medicine to build skills, share strategies and foster peer support. Since its launch, approximately 90 leaders have participated in eight year-long cohorts. In collaboration with the Professor of Learner Wellness, a facilitator manual is being developed to expand the program. Evaluation data highlights its value in knowledge sharing, identity building and social support, with results being presented nationally and featured in media coverage.

- **Fatigue Risk Management Working Group**

In collaboration with the Professor of Learner Wellness, this initiative engages faculty leaders and learners from basic science, rehabilitation science and clinical medicine to develop principles and practical tools to mitigate the risks associated with fatigue for faculty members, including those working in the Temerty Medicine affiliated hospitals.

- **Psychological First Aid Training**

Developed as a lecture in 2024-25 for faculty and learners on an evidence-informed approach to reduce stress symptoms and assist in a healthy recovery after a crisis, this education has been offered on five occasions to date and will be expanded into a training workshop for faculty and learners motivated to increase their psychological first aid skills.

- **Applied Mindfulness for Medical Personnel**

A five-session applied mindfulness educational and experiential intervention was provided to clinical faculty throughout 2023-25. Four groups have been conducted to date, each forming a part of a research project to evaluate the program's feasibility, as well as barriers and facilitators to its implementation.

- **Late Career Transitions Program**

This collaborative offering between CAFA and the Centre for Faculty Development provides a forum for discussion, education and mutual support for clinical faculty members transitioning into retirement. The program has also produced a comprehensive resource document to support faculty members.

## Disability Accommodations and Inclusion

Temerty Medicine has worked closely with internal and external collaborators to address disability inclusion. In 2022-23, CAFA partnered with Temerty Medicine's Office of Inclusion and Diversity to convene a Disability Inclusion Working Group, tasked with providing recommendations on improvements to policy, built environment, information technology and curriculum delivery. This report was completed in 2023, and its recommendations are being prioritized for phased implementation.

## 6.2 Faculty Development

The Centre for Faculty Development (CFD) and the MD Program's Office of Faculty Development (OFD) provide programming and resources to support health professions educators in their professional development as teachers, scholars and leaders. Faculty development at Temerty Medicine is a continuous process that supports individuals involved in health professions education across various roles, including teaching, leadership, wellness and advocacy. Over time, offerings have expanded to include not only those with formal academic titles but also contributors from healthcare and community settings. This inclusive approach enriches programming and fosters interprofessional collaboration, aligning with the priority of the Centre and Temerty Medicine to meet the evolving needs of the academic health system.

### 6.2.1 Office of Faculty Development

The OFD plays a central role in supporting the professional growth of MD Program educators and clinical teachers. The OFD provides responsive, evidence-informed programming tailored to the evolving needs of faculty teaching in classroom and clinical settings. Its work is deeply integrated with curriculum leadership and informed by ongoing needs assessments, strategic planning and collaboration with the Centre for Faculty Development (CFD), Continuing Professional Development (CPD) and the Faculty Development Advisory Committee (FDAC).

The work of the OFD contributes to Temerty Medicine's goals of fostering excellence in medical education, supporting faculty wellness, and advancing equity and inclusion in teaching and learning environments.

The OFD designs and delivers a wide range of faculty development offerings that include:

- **Interactive webinars and workshops** focused on teaching strategies, assessment practices, and inclusive learning environments
- **Curriculum-specific sessions** tailored to support educators in delivering key components of the MD Program, including Case-Based Learning (CBL), Clinical Skills, Ethics, and Health Science Research
- **EduCafes**, highly interactive peer discussion forums that foster communities of practice and support just-in-time learning

- **Leadership development** for course directors, site leads, and theme leads to enhance accountability and effectiveness in teaching and learning environments
- **Resources and modules** addressing professionalism, learner mistreatment, and equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA)
- **Collaborative initiatives** with the CFD and CPD to harmonize faculty development across the learner continuum, including shared programming and strategic planning

The OFD is also a key contributor to the development of institutional resources including the Professional Values Module and the Primer for Learner Mistreatment.

The OFD supports a diverse group of educators across Temerty Medicine, such as MD Program faculty at the three U of T campuses and five medical academies, clinical teachers affiliated with hospital sites across the Toronto Academic Health Science Network (TAHSN), faculty involved in curriculum design, assessment, and leadership roles, new and continuing faculty engaged in teaching across Foundations and Clerkship curricula, and departmental and hospital-based faculty development leads.

Guided by a comprehensive needs assessment, OFD's future priorities include enhancing teaching performance, supporting inclusive professionalism, addressing learner mistreatment, and integrating faculty development across the continuum. The OFD continues to expand its reach through blended learning modalities, including synchronous online sessions, e-modules, print resources and in-person summits, with a strong emphasis on interactivity and practical application.

## 6.2.2 Centre for Faculty Development

The Centre for Faculty Development (CFD) was founded in October 2002 as an Extra Departmental Unit 'C'. The CFD was formed as a joint initiative between the Faculty of Medicine (now Temerty Medicine) and St. Michael's Hospital (now Unity Health Toronto). The CFD is funded by both partners, with the majority of financial support provided by Unity Health Toronto, including funding for 12 core staff. The CFD serves as a broader resource and centralized support for faculty development across the system, health disciplines and community partners, beyond the needs of Temerty Medicine alone.

The CFD provides flexible, responsive programming that addresses emerging needs in health professions education broadly while also ensuring its offerings also respond to the pressing faculty development needs within Temerty Medicine. These offerings include:

- **Longitudinal programs, workshops, rounds, short courses, and conferences**, all designed to empower participants by building confidence, professional identity and agency across key topical areas of faculty development
- **Personalized coaching and consultations** to further support participants' development;
- **Online resources and eLearning modules** providing opportunities for self-paced engagement, ensuring participants can apply their skills effectively in their roles

- **Communities of practice and membership events** which, in addition to other programming, create spaces for relationship-building, where individuals can learn from and support one another in reflection, critical thinking and self-assessment.

Different from, yet complementary to the Faculty's Office of Faculty Development (OFD), the CFD supports broader faculty development areas that are not specific to the MD or PGME curricula, yet pull together faculty development programming that addresses broader themes of relevance across the learning continuum and our system. The CFD's connections to faculty development leaders across Temerty Medicine ensure that its central offerings continue to foster continuous and meaningful development of our faculty, and create opportunities for cross-learning and collaboration among faculty working with learners at different stages of training and contexts.

### 6.2.3 Strengths/Innovations

- *Faculty Development Advisory Committee (FDAC):* To align the faculty development activities across the continuum of medical education, the Vice Dean, Medical Education, Temerty Faculty of Medicine, initiated a working group (formerly called the Faculty Development Resource Integration Group) to serve as a forum for coordinated discussion, consultation, development and implementation of faculty development resources. This group formed in the summer of 2020 and met bi-monthly, with a particular attention on the processes, guidelines and practices needed to enable and support an aligned approach to faculty development during the pandemic and beyond. The Committee brings together leaders from the MD Program, OFD, Postgraduate Medical Education (PGME), Continuing Professional Development (CPD), and the CFD. The group initially focused on sharing existing faculty development practices and resources, along with new emerging faculty development needs and initiatives, before quickly turning to a shared priority to bring together resources to support the rapid pivot to online synchronous teaching and learning.

With its mandate expanded through the group's collaborative discussions, it was repositioned as the Faculty Development Advisory Committee (FDAC) to support continued and deepened alignment and integration of faculty development across the medical education continuum. Co-chaired by the directors of CFD and OFD, the committee serves as a forum for coordinated discussion, consultation, collaboration, and development of recommendations to the Vice Dean, Medical Education. Its work informs implementation of faculty development initiatives across Temerty Medicine, including continued harmonization of resources, SAMIH expansion, faculty development support for post-graduate education and strengthened collaboration with departmental faculty development leads.

- *Wide Reach:* Over the past five years, 3,211 unique individuals participated in the CFD's centrally offered programming, representing 104 healthcare organizations and 77 academic institutions. Growth in the reach of the CFD is driven in part by a shift to online offerings in response to the global pandemic in 2020, which increased accessibility and enabled participation from across the U of T system and around the world..

The OFD experienced similar growth when moving sessions online, engaging 3,376 unique participants over 552 sessions since the 2019-2020 academic year. Participants represented a diversity range of roles, including medicine, nursing, pharmacy, occupational therapy, physical therapy, physician assistants, social work and ethics, and more, joining from across all the TAHSN full affiliated and associate affiliated sites, as well as a range of community health centres and non-profit organizations.

In 2024-2025, Temerty Medicine hosted two medical education summits to support the expansion of MD education to the Scarborough Academy of Medicine (SAM), beginning in 2027. Organized by the OFD, the summits featured presenters from the CFD, MD Program and Postgraduate Medical Education, as well as leadership from Temerty Medicine, University of Toronto Scarborough, Michael Garron Hospital and Scarborough Health Network. More than 250 participants attended across the two summits.

- *Network of Expertise:* In addition to centrally offered programming, the CFD extends its reach through distributed and customized workshops, events and consultations. This work is further supported by a dedicated team of 80 CFD faculty and facilitators who lead, teach and coach across its programs. Sixteen of these individuals contribute to multiple programs. They bring a wealth of knowledge, expertise and diverse perspectives from 32 academic institutions and healthcare organizations. This interdisciplinary team includes professionals from a range of roles and backgrounds: 29% physicians, 3% nurses, 24% from health disciplines, 19% education scientists and 25% from other fields such as education, accessibility services, business, leadership and organizational development. This breadth of expertise reflects the collaborative nature of the CFD's work, which extends across professions and contexts.

For OFD, the 116 facilitators who have supported its programming since the 2019-2020 academic year reflect the diversity of its participants. A wide range of professions is represented, including lawyers, ethicists, career counsellors, librarians, scientists, writing instructors, leaders in healthcare and higher education, and health professionals such as physicians and pharmacists. This diversity is critical in exposing MD Program teachers to different ideas, perspectives and skills that prepare them to deliver the MD curriculum.

- *Faculty Development Leads Community:* Established in 2011 at the CFD, the Faculty Development Leads Community brings together a growing number of local faculty development leads (at a departmental, hospital, program or faculty level). This Community aims to provide a forum for the sharing of new ideas and practices in faculty development, peer mentorship and collaborative learning about the practices and impact of faculty development.

The Faculty Development Leads Community continues to serve as a significant forum for sharing insights on post-pandemic faculty development implementation and effective approaches to supporting diverse delivery and engagement formats. Other recent themes have explored anti-oppression and anti-racism principles, faculty wellness, teacher identity, faculty development needs across the career span, enhancing teaching performance, technology integration in faculty development, and strategies to engaging community-based

practitioners in faculty development. To support ongoing collaboration, communication and connection between meetings, the Community has used Slack as a digital communication tool.

The Faculty Development Leads Community currently consists of 20 members, each serving as a Faculty Development Lead within their department, division or hospital site. The group meets virtually three to four times a year for 1.5 hours, with an additional three-hour annual retreat held in person at the end of each academic year.

In June 2023, a proposal by the Temerty Faculty Development Advisory Committee was brought forward to the Medical Education Executive to explore the feasibility of greater participation and accountability through this community, with a view to better supporting those in PGME who hold formal faculty development leadership roles.

The group is currently engaged in data gathering and informational meetings with departmental faculty development leads, in collaboration with the Office of Faculty Development, to better understand needs and support greater integration of faculty development across Temerty Medicine. Recognizing that the scope of this community is broader, careful attention will be paid to how Temerty Medicine can ensure continued support the community's engaged current membership, which includes leaders from other health disciplines and those in TAHSN hospital site-specific roles.

## 7. Space and Infrastructure

### Overview

Temerty Medicine occupies six campus buildings on the St. George campus, seven leased buildings downtown and one building at the Mississauga campus.

On average, Temerty Medicine utilizes 49% of the space in the occupied buildings, totaling approximately 62,900 Net Assignable Square Meters (NASM). The largest space categories are:

- Research laboratories: 28,800 NASM (45%)
- Office space: 19,280 NASM (39%)
- Teaching laboratories: 5,027 NASM (7.81%)
- Classrooms: 3,490 NASM (5.43%)
- Animal facilities: 1,500 NASM (2.35%)

Currently, 97% of the space is located on the St. George campus, within a 15-minute walk radius. Of this, 58% is located in the Medical Sciences Building (MSB) and the [Donnelly Centre for Cellular and Biomolecular Research \(CCBR\)](#).

## Oversight

As part of the University's distributed governance model, the [Facilities Management and Space Planning \(FMSP\)](#) Group in the Office of the Dean manages space and infrastructure at Temerty Medicine.

The department is divided into two groups. One group, led by the Executive Director of Major Projects, is responsible for the Temerty Building Project. The other group, led by the Director of Facilities Management and Space Planning, is responsible for the remaining Faculty space. The combined team currently has 14 staff members.

FMSP has three functional areas:

- Facilities Planning, which plans, strategizes and manages Faculty-controlled space including the delivery of infrastructure projects
- Facilities Operations, which manages the operations in campus-based and non-campus-based space
- Data Analytics, which supports the Faculty's space planning and project reporting and governance

## Health and Safety

The Temerty Faculty of Medicine maintains its health and safety practices in alignment with the University of Toronto's Health and Safety Policy. Oversight is provided through Joint Health and Safety Committees (JHSCs), which support hazard identification, inspections and compliance across faculty spaces.

Currently, four active committees are in place: a Temerty Medicine umbrella committee and site-specific committees for the MSB, Donnelly Centre and Rehabilitation Sciences. New committees for additional locations are on hold pending union ratification of the University's multi-site agreement. In the interim, these sites, including 777 Bay, are covered by the Faculty umbrella committee.

The central University of Toronto Environmental Health and Safety group provides governance and coordination for JHSCs across all campuses, ensuring consistency and adherence to provincial legislation. The Faculty continues to promote a proactive and inclusive approach to safety across its facilities.

## Sustainability

The University of Toronto is committed to becoming climate positive by 2050, a goal that involves reducing more greenhouse gas emissions than it produces. This commitment builds on its Low-Carbon Action Plan, which aims to achieve a 37% emissions reduction below 1990 levels by 2030.

The St. George campus, which accounts for over 80% of the university's emissions, is at the heart of this effort. Strategies to achieve this include electrifying heating systems, expanding geothermal technology and retrofitting buildings under a long-term carbon and energy master plan.

For Temerty Medicine, Project Leap 1 is underway. This project aims to upgrade energy systems in the MSB and the Donnelly Centre. These buildings will be connected to a large urban geothermal exchange system, which will also feature heat recovery, LED lighting and enhanced laboratory ventilation. These improvements will significantly reduce emissions.

Project Leap 2 targets buildings outside the central energy system, including 500 University Avenue. Planned retrofits are expected to reduce energy consumption by 40% and greenhouse gas emissions by 80%. Construction on these projects is expected to begin in early 2026.

The University's Facilities & Services group oversees sustainability efforts across campuses, ensuring alignment with provincial standards. The Faculty continues to support these goals through infrastructure renewal and operational improvements.

## **Capital Projects & Renovations**

Since the 2019 self-study, the Faculty has advanced a number of space and infrastructure initiatives.

### ***Completed:***

#### **777 Bay Street**

Completed in 2024, Temerty Medicine renovated 4,000 NASMs at 777 Bay Street to create state-of-the-art wet and dry laboratories within a former office tower.

Designed by Arcadis and in collaboration with landlord, Canderel, the space features flexible, modular laboratories built to CL2 biosafety standards. Innovations such as ductless fume hoods were implemented to address structural constraints.

The renovated space houses the Department of Pharmacology and Toxicology, as well as administrative spaces for MedIT, the Office of the Vice Dean, Research and Health Education, and Human Resources. This adaptive reuse project provides critical swing space to support the decanting of research operations from the MSB during redevelopment of the west wing for the Temerty Building.

#### **Anatomy Decant**

This project involves relocating the Anatomy prosection cooler (cold room) and two dissection teaching laboratories within MSB as part of the redevelopment of the west wing and the construction of the James and Louise Temerty Building. The facilities will remain within the original Anatomy footprint on the first floor of MSB. The prosection cooler will be moved to comply with coroner regulations related to security and classroom proximity. This relocation involves disassembling and reassembling the cooler, assessing existing conditions and

upgrading mechanical and electrical systems, with a particular focus on improving the maneuverability of large racks. The dissection labs will be relocated to a suite of rooms currently used as classrooms, wet labs and offices. This project includes asbestos abatement, demolition of existing partitions, ceilings, finishes, and fixtures, as well as the construction of two new CL1-standard dissection labs, associated classrooms, and subdivided office spaces. The project also includes relocating lab furniture and equipment, and upgrading HVAC, plumbing, fire protection, and electrical systems to support the new functions.

### ***In Construction:***

#### **SAMIH**

The [Scarborough Academy of Medicine and Integrated Health \(SAMIH\)](#), planned for the new Myron and Berna Garron Health Sciences Complex at the University of Toronto Scarborough, is designed to integrate medical education, community health services and sustainable architecture. The facility will house learners from Temerty Medicine's Physician Assistant Program, MD Program, and Master of Physical Therapy Program.

The five-storey, 9,668 m<sup>2</sup> complex includes approximately 2,000 m<sup>2</sup> dedicated to Temerty Medicine and features a dynamic atrium, flexible laboratories, classrooms, offices, a psychology clinic and a pharmacy.

Designed by MVRDV and Diamond Schmitt Architects, the building features building-integrated photovoltaic (BIPV) façade capable of generating approximately 513 kW of power and is targeting [Building Research Establishment Environmental Assessment Method \(BREEAM\)](#) Excellent certification.

The project supports clinical training in partnership with Scarborough Health Network, beginning in the 2025-26 academic year.

#### **Division of Teaching Laboratories**

The Temerty Medicine [Division of Teaching Laboratories \(DTL\)](#) Ramsay Wright Project is a critical initiative that enables the decanting of MSB to advance the Temerty Building development. By permanently relocating DTL from the west wing of the MSB to the Ramsay Wright Laboratories, the project will create 1,172 m<sup>2</sup> of teaching lab space for undergraduate students in life sciences.

The project includes upgraded undergraduate teaching laboratories, expanded research facilities and enhanced student study and collaboration spaces. Construction is phased to minimize disruption, with completion scheduled for in 2026.

#### **Toronto High Containment Facility**

The [Emerging and Pandemic Infections Consortium \(EPIC\)](#) project aims to modernize Temerty Medicine's CL3 facilities by consolidating them into a single high-containment laboratory space within the MSB.

This will co-locate *in vitro* and *in vivo* labs with the Core Virology and BioBank, creating a state-of-the-art facility for approximately 45 principal investigators working across TAHSN on RG3 pathogens under secure containment protocols.

Advanced infrastructure, including a redundant “box-in-a-box” design, essential support spaces, and cutting-edge diagnostic equipment, will enhance research capabilities.

### ***In Planning:***

#### **James and Louise Temerty Building Project**

The James and Louise Temerty Building will transform the west wing of the MSB into a modern, multidisciplinary facility for research, education, and University-wide event space. Designed with a vision that extends beyond the Temerty Medicine, this capital project aims to benefit the broader University of Toronto community.

The project brings together four key partners: the Temerty Medicine, the Faculty of Arts and Science, the central University, and Facilities and Services (F&S) with the Nodal Plant.

Launched in 2020, the project was informed by a targeted master programming study conducted by Perkins Eastman. This study assessed the future research and space needs of MSB and formed the foundation for subsequent planning. The initiative was catalyzed by a \$100 million philanthropic gift from the Temerty Foundation, part of their historic \$250 million donation to name the Faculty of Medicine.

The new Temerty Building will support Temerty Medicine’s research and academic initiatives, with a focus on immune regulation, genome integrity, neuroscience and mental health, and artificial intelligence. The building will also include research space for the Faculty of Arts and Science’s Department of Cell and Systems Biology.

A key project that enables the Temerty Building is the renewal of the Toronto High Containment Facility (THCF) — the GTA’s only Level 3 lab — which supports industrial, hospital, and academic research on highly infectious pathogens, including emerging viruses, as well as development of modernized undergraduate teaching laboratories to address the evolving educational needs of University of Toronto students.

This is the first University of Toronto project to utilize an Integrated Project Delivery (IPD) model, which brings architects, builders, and stakeholders together from the outset. This collaborative approach involves a larger, more diverse team early on, enabling informed decision-making across design, costing, scheduling, logistics and more. The IPD model breaks down silos, fosters cross-disciplinary integration and aligns partners around shared objectives.

The 11-storey building, including two mechanical floors, will provide approximately 7,796 m<sup>2</sup> of space dedicated to Temerty Medicine, accommodating around 30 research teams and principal investigators. Designed by MVRDV and Diamond Schmitt in collaboration with Two Row Architect, it features state-of-the-art teaching spaces, interdisciplinary research laboratories and collaborative areas.

The Temerty Building includes a new nodal plan for the University's District Energy system which supports U of T's carbon reduction goals, including net campus carbon neutrality by the year 2050.

A multi-phase decanting process for the MSB west wing is underway, relocating major users to purpose-built or upgraded facilities in close coordination with hospital and Faculty partners. Temerty Medicine fully funds these enabling and secondary projects.

The Temerty Building, a cornerstone of U of T's strategy to attract, train, and retain the top talent, offers a bright, modern, and flexible research environment that promotes collaboration across disciplines and supports the growth of innovative research clusters. Its intentionally designed layout breaks down silos, fostering cross-disciplinary engagement that drives discovery and impact.

The 2020–2025 period has posed significant external challenges, including the pandemic and global political instability, which have impacted project timelines and construction costs. Despite these challenges, the \$100M philanthropic gift from the Temerty Foundation has funded the early design and costing work of the Temerty Building project managed by University Planning, Design & Construction. With multiple partners at the table, and to ensure equitable contributions, a formal cost-sharing agreement is in development with all building occupants and project partners. Transparent attribution of all costs related to the planning and development of the Temerty Building is crucial for managing financial risk as the project progresses. To address this, the University is pursuing a coordinated, institution-wide strategy through its Government Relations and Advancement offices. This strategy presents a compelling case for support to both government stakeholders and potential donors.

Expected to open in 2031, the building will mark a significant milestone in U of T's ongoing investment in world-class research and education infrastructure and will serve as a beacon for top talent.

## **Master Planning**

The Temerty Medicine Facilities Master Plan is a multi-phase strategic planning initiative led by the University of Toronto to guide space and infrastructure decisions over the next 5 to 10 years.

The project has evaluated Temerty Medicine's footprint across multiple campuses and leased sites, modelled space reallocation scenarios for post-construction transitions, and explored opportunities for shared, flexible, and exemplary spaces. It will ensure an efficient and sustainable use of space.

Through three phases — pre-planning, project planning, and project feasibility—the initiative will integrate key programmatic inputs, such as FTEs, contact hours and the space model published by the Council of Ontario Universities. From this work, actionable recommendations and project options will be developed to support Temerty Medicine's evolving role as a global leader in medical education and research.

## **Building Age and Maintenance Challenges**

One of the biggest challenges for Temerty Medicine is the relatively advanced age of some University buildings, particularly the laboratory space. The age and quality of the Faculty's buildings and spaces vary significantly, with research laboratories bearing the brunt of these impacts due to their specialized infrastructure requirements. The MSB is Temerty Medicine's single largest building with the highest amount of lab space. Although it underwent a substantial renovation in 2018, the building was originally constructed in 1968 and is among the oldest facilities used by the Faculty.

In 2016, the average age was 45.14 years for space and 36.71 years for laboratories. However, with recent renovations at 777 Bay and ongoing lab renovations in other buildings, today the average age stands at 44.80 years for space and 33.43 years for labs. Following the completion of the Temerty Building, the average age of space and labs is projected to be 46.00 and 30.17 years, respectively.

This data demonstrate a positive trend in the age of Temerty Medicine's space, particularly laboratories, over time. Current plans are on track to continue delivering high-quality laboratory spaces that support leading scientists at the forefront of research, teaching and innovation.

Another major challenge is deferred maintenance, particularly in research laboratory spaces with high technical and infrastructure demands. Despite the Faculty's ambitious expansion and renovation efforts, the average age of laboratory space remains relatively stable, with only modest improvements projected. This issue is compounded by rising construction costs, impacts of tariffs on U.S.-imported products and inflation, which strain budgets and may slow the pace of necessary upgrades. Additionally, the increasing complexity and advanced requirements of modern biomedical research place greater demands on facility capabilities, requiring continuous investment in state-of-the-art infrastructure to maintain competitiveness and regulatory compliance.

As of 2024, the University of Toronto is tackling a substantial deferred maintenance backlog with costs estimated at \$1.2 billion. This backlog includes critical repairs to aging infrastructure, HVAC systems and building exteriors that impact safety and functionality. A portion of this investment will be allocated to Temerty Medicine buildings, particularly the MSB, to improve building services and enhance the facility condition index.

## **Alternative Work Arrangements**

In 2021, the University adopted a framework called Alternative Work Arrangements. This structured agreement between the employee and units allows for flexible working arrangements, reducing occupancy in administrative offices. The ongoing master planning initiatives provide a valuable opportunity to strategically optimize Temerty Medicine's extensive space portfolio across multiple campuses. This includes reassessing space utilization to improve efficiency, particularly by reducing office space where feasible. There is also significant potential to enhance flexibility in teaching and research spaces, supporting evolving academic and scientific needs. By leveraging these opportunities, the Faculty can create more dynamic, accessible, and

sustainable environments that foster innovation and support Temerty Medicine's leadership role in medical education and research. However, we will continue to monitor and comply with any directives from the University or Provincial government regarding return-to-work requirements.

In fall 2025, the President of the University of Toronto provided direction to divisions to increase the physical presence of staff on campus. This will lead to increased office space usage and will inform future space planning.

## **Future Priorities**

Looking ahead, the division's priorities focus on continuing to modernize and renew its infrastructure through strategic capital projects. Sustained investment in laboratory and teaching spaces will be critical to support cutting-edge research and high-quality education. Additionally, the Faculty aims to address deferred maintenance challenges by advocating for targeted funding to preserve and upgrade aging facilities, ensuring safety and operational efficiency. Emphasis will remain on integrating principles of equity, diversity, accessibility and sustainability into all future developments. This will foster an inclusive and resilient environment that can adapt to the evolving needs of the medical and health sciences community.

## 8. Internal and External Relationships

Temerty Medicine builds partnerships that foster mutual learning, capacity building and academic collaboration. These relationships enrich the experiences of students, faculty and staff, while reinforcing the Faculty's leadership in advancing knowledge, health and equity globally.

### 8.1 Internal Relationships

#### 8.1.1 Central Administrative Units and Councils

##### **Central University Administration**

Temerty Medicine is an active participant in the University of Toronto's academic and operational activities. The Dean and Vice Deans serve on several central committees and governing boards, enabling a strong understanding of University business while contributing to and receiving strategic guidance on current and future initiatives.

##### **Office of University Counsel**

Temerty Medicine collaborates closely with the Office of University Counsel (OUC) to navigate complex legal matters involving contracts, agreements, policies, professionalism, learner affairs, and grievances. Established to unify legal services across the University, OUC provides expert and coordinated support, ensuring alignment with institutional policies and legal standards.

##### **Office of Governing Council – Appeals, Disciplines and Faculty Grievances**

The Office of Appeals, Disciplines and Faculty Grievances (ADFG) within the Office of Governing Counsel operates as a neutral body administering U of T's quasi-judicial processes. ADFG provides governance, judicial and registrarial support across 15 distinct processes, including the Clinical Faculty Grievance Process, as outlined in Section 6 of the [Procedures Manual for the Policy for Clinical Faculty](#).

Temerty Medicine partners closely with ADFG to uphold procedural fairness and ensure consistent application of University policies. The Faculty regularly consults with ADFG on policy revisions to align with Governing Council directives. ADFG also provides annual reports on Clinical Faculty Grievance activity to the Clinical Relations Committee, chaired by the Dean.

## **Council of Health Sciences**

The Council of Health Sciences (CHS) comprises the Deans of all seven health science Faculties at U of T and reports directly to the Provost. CHS advances health sciences education and research by addressing issues across the health professions sector, promoting interprofessional education, aligning academic policies and practices, and fostering strategic partnerships at local, national, and international levels.

### **8.1.2 Faculties and Schools**

#### **School of Graduate Studies**

The School of Graduate Studies (SGS) promotes University-wide excellence in graduate education and research through collegial governance and collaboration with the divisions, including Temerty Medicine. It defines University-wide regulations for graduate education and supports program design and delivery, performance standards, and conduct that is socially accountable, equitable and ethical.

SGS also organizes services and financial assistance to support graduate students; fosters integration of research and graduate instruction; and advocates for graduate education within and beyond U of T.

#### **University of Toronto Mississauga**

U of T Mississauga (UTM) was established in 1967 and now includes more than 15,200 undergraduate students and 900 graduate students, 1,250 permanent faculty and staff, as well as more than 69,000 alumni. UTM has 19 academic units (15 departments and four institutes), 180+ programs and 90 areas of study. The Mississauga Academy of Medicine is located on campus in the Terrence Donnelly Health Sciences Complex, where extensions of Temerty Medicine's MD and Occupational Therapy (MScOT) programs are delivered. The Master of Science in Biomedical Communications (MScBMC) Program, offered through the Institute of Medical Science in Temerty Medicine, is also based at UTM.

#### **University of Toronto Scarborough**

Founded in 1964 and situated in one of Toronto's most diverse and multicultural neighbourhoods, U of T Scarborough (UTSC) is home to more than 14,700 undergraduate students and 240 graduate students, 1,300 permanent faculty and staff, as well as more than 67,000 alumni. UTSC has 16 departments and an array of research and education centres, more than 250 program options and 1,300 courses. UTSC will be the home of the Scarborough Academy of Medicine and Integrated Health (SAMIH), where the planned expansion of Temerty

Medicine's MD and Physical Therapy (MScPT) programs, along with the entire Physician Assistant program, will be delivered.

## **Faculty of Applied Science & Engineering**

The Faculty of Applied Science & Engineering (FASE) offers six degrees, including two undergraduate and four graduate degrees. It has more than 25 multidisciplinary research centres, 6,140 undergraduate students, 2,977 graduate students and 289 professors. It is home to the Institute of Biomedical Engineering (BME) at U of T, which is a multidisciplinary research community comprised of scholars from FASE, Temerty Medicine and the Faculty of Dentistry. Investigators collaborate to develop innovative solutions that address global challenges in human health.

BME offers three graduate degrees and a collaborative specialization certificate to 300 students who receive training in biomedical and clinical engineering from more than 100 faculty members across 24 academic and hospital partners. BME also facilitates the bioengineering minor, available to students across FASE, as well as the biomedical systems engineering major for FASE's Division of Engineering Science. BME's three research themes address some of the most critical challenges in modern healthcare.

## **Faculty of Arts & Science**

The Faculty of Arts & Science (FAS) is U of T's largest and most academically diverse division. Based at the University's St. George) campus, FAS comprises 28 departments and 49 interdisciplinary centres, schools and institutes and is the administrative home for several institutional strategic initiatives. It has more than 390 undergraduate and 150 graduate programs offered across the humanities, social sciences and sciences. It is home to more than 31,000 undergraduate students, and 4,700 graduate students. FAS collaborates closely with the seven colleges of the St. George campus.

As outlined in Section 3.2.3, Temerty Medicine has a long-standing interdivisional teaching (IDT) relationship with FAS in which Temerty Medicine departments deliver programs and courses to FAS undergraduate life sciences students. More than 4,000 students are enrolled across 21 programs. Temerty Medicine delivers more than 160 courses to these students and to students enrolled in other FAS programs annually, amounting to 17,000 to 18,000 half-course equivalents taught annually in recent years.

## **Dalla Lana School of Public Health (DLSPH)**

The Dalla Lana School of Public Health (DLSPH) is home to six research, training and service hubs in health systems, global health, qualitative research, bioethics, vaccines and Indigenous health. It has 85 core faculty and 73 cross-appointed faculty members, as well as 745 master's and 319 PhD program students. Temerty Medicine and DLSPH have several collaborative arrangements and shared education offerings, including within the MD Program, the

Department of Family and Community Medicine, and the University’s nutrition-focused degrees (the MPH offered by DLSPH and the MSc offered by Temerty Medicine).

## 8.2 External Relationships

### 8.2.1 Hospital Relations

#### University-Hospital Affiliation Agreements

Affiliation agreements define the framework for partnerships between the University of Toronto and its affiliated hospitals, outlining key areas of collaboration such as appointment of faculty, teaching, research and intellectual property, student placements and workplace standards. Led by Temerty Medicine and the Office of University Counsel, agreements are developed in consultation with University and hospital stakeholders and formally approved by hospital CEOs and U of T’s Governing Council. The affiliation agreements were renewed in 2023.

In 2024, new affiliation agreements were signed with Georgian Bay General Hospital (Midland) and Soldiers’ Memorial Hospital (Orillia), expanding family medicine residency training and clinical learning opportunities. Temerty Medicine also supported Humber River Health in establishing a U of T affiliated Family Medicine Teaching Unit in 2023.

Below is a list of Temerty Medicine affiliated hospitals and non-hospital clinical sites:

Fully Affiliated Hospitals (9)	Associate Member Affiliated Hospitals (6)
<ul style="list-style-type: none"> <li>• Baycrest Centre for Geriatric Care</li> <li>• Holland Bloorview Kids Rehabilitation Hospital</li> <li>• Sinai Health System (includes Bridgepoint)</li> <li>• St. Michael’s Hospital Site of Unity Health (*)</li> <li>• Sunnybrook Health Science Centre</li> <li>• The Centre for Addiction and Mental Health (CAMH)</li> <li>• The Hospital for Sick Children (SickKids)</li> <li>• University Health Network (includes West Park, Toronto Rehab, Princess Margaret, Toronto General and Toronto Western)</li> <li>• Women’s College Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Humber River Health</li> <li>• Michael Garron Hospital</li> <li>• North York General Hospital</li> <li>• Scarborough Health Network</li> <li>• St. Joseph’s Health Centre Site of Unity Health (*)</li> <li>• Trillium Health Partners (includes Credit Valley Hospital, Mississauga Hospital, Queensway Health Centre)</li> </ul>
Community Hospitals (10)	Non-Hospital Clinical Sites (8)

<ul style="list-style-type: none"> <li>• Georgian Bay General Hospital</li> <li>• Lakeridge Health</li> <li>• Oak Valley Health</li> <li>• Ontario Shores Centre for Mental Health Sciences</li> <li>• Orillia Soldiers' Memorial Hospital</li> <li>• Providence Healthcare Site of Unity Health (*)</li> <li>• Southlake Regional Health Centre</li> <li>• The Royal Victoria Regional Health Centre</li> <li>• Waypoint Centre for Mental Health Care</li> <li>• William Osler Health System</li> </ul>	<ul style="list-style-type: none"> <li>• Canadian Blood Services</li> <li>• Ontario Forensic Pathology Services</li> <li>• Surrey Place Centre</li> <li>• The George Hull Centre for Children and Families</li> <li>• The SickKids Centre for Community Mental Health (**)</li> <li>• The Kensington Eye Institute</li> <li>• The Kensington Health Centre</li> <li>• Youthdale Treatment Centres</li> </ul>
<b>Other Affiliates (2)</b>	
<ul style="list-style-type: none"> <li>• City of Toronto / Toronto Public Health</li> <li>• Public Health Ontario</li> </ul>	

(\*) These hospitals merged in 2017 to form Unity Health; the University's affiliations continue on a site-specific basis.

(\*\*) Formerly Hincks-Dellcrest Treatment Centre, this site integrated with the Hospital for Sick Children in 2017; the University's affiliations continue on a site-specific basis.

### 8.2.1.1 Toronto Academic Health Science Network

The Toronto Academic Health Science Network (TAHSN) is a partnership between U of T and its fully and associate affiliated hospitals, governed by a committee of hospital CEOs and senior university leaders. TAHSN fosters collaboration in research, education, and clinical practice through standing committees on Research, Education, Medical Affairs, Practice, and Anti-Racism.

TAHSN currently consists of the following member organizations:

- [Baycrest](#)
- [Centre for Addiction and Mental Health](#)
- [Holland Bloorview Kids Rehabilitation Hospital](#)
- [The Hospital for Sick Children](#) (SickKids)
- [Humber River Health](#)
- [Michael Garron Hospital](#) (Toronto East Health Network)
- [North York General Hospital](#)

- [Scarborough Health Network](#)
- [Sinai Health](#)
- [Sunnybrook Health Sciences Centre](#)
- [Trillium Health Partners](#)
- [Unity Health Toronto](#)
- [University Health Network](#)
- [University of Toronto](#)
- [Women's College Hospital](#)

Together, TAHSN institutions form a leading ecosystem for health education, research and innovation in Canada.

In 2019, the TAHSN Secretariat moved to Temerty Medicine to enhance coordination and engagement with health system partners. This move reaffirmed the University's central role in a network of 14 hospitals committed to academic excellence.

Recent key TAHSN initiatives include:

- Coordinating academic operations during the COVID-19 pandemic
- Streamlining onboarding and education modules across programs and institutions
- Addressing learner mistreatment through consistent approaches and pathways
- Harmonizing research processes and agreements
- Developing and evaluating new models of care
- Advancing wellness initiatives for health professionals
- Creating anti-racism resources, including widely adopted e-learning modules
- Establishing national standards for religious attire in sterile environments
- Expanding TAHSN membership in 2023 to include Humber River Health (HRH) and Scarborough Health Network (SHN) as associate affiliates, in response to disproportionate impacts of the pandemic on their communities and strengthening support for HRH, SHN and across the academic health science network

## 8.2.1.2 Community Affiliated Hospitals (Non-TAHSN Affiliated Sites)

Temerty Medicine's 10 community affiliated hospitals make vital contributions to our academic mission. They provide excellent clinical placements for a wide range of undergraduate and postgraduate learners, with the largest group being family medicine trainees. In addition to its GTA Residency Program Stream, the Department of Family and Community Medicine (DFCM) offers core family medicine residency training at Southlake Health in Newmarket, Royal Victoria Regional Health Centre (RVH) in Barrie, Georgian Bay General Hospital (GBGH) in Midland, and Orillia Soldiers' Memorial Hospital (OSMH). RVH also provides one-year Enhanced Skills Emergency Medicine training to two DFCM family physician trainees per year. Senior Temerty Medicine Radiation Oncology residents obtain training at RVH's Simcoe Muskoka Regional Cancer Centre. Learners trained in Temerty Medicine's community affiliated hospitals develop a strong understanding of Ontario's healthcare system, and many go on to establish practices in these settings after graduation. Benefits of affiliation for community hospitals include recruitment of healthcare professionals who have done clinical placements at the hospital and surrounding clinics, increased retention of healthcare professionals due to increased career satisfaction, increased scope of services, increased on-site research and quality and safety initiatives, and fundraising. Patients benefit by experiencing increased access to care. Healthcare providers benefit through opportunities to mentor and be mentored, obtain continuing education and participate in research.

Recent key initiatives involving community affiliated hospitals include:

- The first physician residents arrived in July 2025 at [Orillia's Family Medicine Teaching Unit](#) as a partnership between Orillia Soldiers' Memorial Hospital (OSMH) and DFCM.
- Royal Victoria Regional Health Centre (RVH) and DFCM announced an expanded partnership in July 2025 that brings two advanced emergency medicine training programs for family physicians to Barrie: [the Certificate of Added Competence in Emergency Medicine \(Enhanced Skills Program: Emergency Medicine\) and the Supplemental Emergency Medicine Experience \(SEME\) fellowship](#).
- Georgian Bay General Hospital (GBGH) [joined U of T's network of academic healthcare organizations](#) in June 2024.

## 8.2.1.3 Education/Hospital Coordinating Groups

### The Hospital University Education Committee

Advisory to the Dean, the Hospital University Education Committee (HUEC) fosters collaboration between Temerty Medicine and its 25 affiliated teaching hospitals. It defines

shared responsibilities for health professions education, clarifies accountability and plans resource allocation to sustain the joint education mission.

HUEC ensures consistency at sites to meet accreditation requirements and for delivery of programs in a positive learning environment. Recent areas of activity include:

- Expansion of the MD and Postgraduate Medical Education programs
- Streamlining hospital onboarding
- Improving systems for assessment of clinical teachers
- Supporting learner fatigue risk management through the Safe Ride Home pilot program
- Conducting a review of teaching hospital call rooms
- Addressing changes in immunization requirements
- Receiving updates on available resources to support clinical teachers
- Enhancing access for learners to the Office of Learner Affairs services
- Adjusting the accommodations process for MD students

Through these and other initiatives, HUEC has demonstrated its role as a collaborative, forward-thinking body committed to supporting learners and teachers, strengthening university-hospital partnerships and advancing the quality of health professional education across the system.

## **Toronto Hospital Education Table**

Toronto Region hospitals, including TAHSN hospitals, collaborate with many education partners in the Greater Toronto Area (GTA). To enhance the relationship and coordination between these institutions during a time of crisis, the Toronto Hospital Education Table (T-HET) was established during the COVID-19 pandemic. It was created as an extension of the TAHSN Education Committee.

T-HET enabled improved coordination among GTA hospitals and education institutions to address urgent placement challenges during the COVID-19 pandemic, especially for learners in nursing, by identifying outstanding placement needs and matching them to available hospital capacity for learners. Together, organizations participating in T-HET, including those outside of formal TAHSN membership, identified solutions to shared challenges and contributed equally to resource the work to achieve their shared goal. A key recommendation of this joint effort was more consistent and widespread use of [HSPNet](#) as a common electronic platform and source of data to coordinate placements, leading to increased uptake of the tool. The group continues to monitor progress and build on its initial success.

T-HET, with strong involvement from Temerty Medicine leaders, remains a thriving forum for collaboration. Overall, T-HET reflects the impact, influence and leadership of TAHSN across universities, colleges and hospitals in Toronto's health education ecosystem.

## 8.2.2 Academic Collaborations

### **Council of Faculties of Medicine**

The Dean of Temerty Medicine is a member of the Council of Ontario Faculties of Medicine (COFM), which facilitates coordination and communication among Ontario's medical faculties. COFM advises the Council of Ontario Universities on matters related to medical education and research across the province. Several Temerty Medicine faculty members also participate as members of COFM subcommittees and working groups.

### **Association of Faculties of Medicine of Canada**

Founded in 1943, the Association of Faculties of Medicine of Canada (AFMC) represents Canada's 18 faculties of medicine and is the voice of academic medicine in Canada. It supports the work of its member faculties to provide world-class medical education, research and clinical care while at the same time advancing social accountability priorities. AFMC strives to keep these issues high on the federal government's agenda and ensure that Canada's faculties of medicine serve as important resources to decision-makers. The Dean of Temerty Medicine is a member of the Association of Faculties of Medicine of Canada's (AFMC) Board of Directors.

## 8.2.3 Government Relations

Temerty Medicine collaborates with the U of T Government Relations Office and other partners to constructively engage government partners to advance training and research opportunities. This includes key relationships with Ontario Government ministries, which oversee and provide financial support for education and training provided by the Faculty, but is also a significant employer of Temerty Medicine graduates. In recent years, these efforts have resulted in the following outcomes:

- Working with colleagues at the Northern Ontario School of Medicine University (NOSMU), the Michener Institute of Education at UHN (Michener) and McMaster University, the submitted proposal for physician assistant training expansion was approved in early 2023. The Class of 2025 has expanded by 16 seats, and the Class of 2026 will expand with ten additional seats. The U of T-led PA Consortium is continuing to speak with the Ontario government on a further expansion of approximately 24 seats. A proposal to expand the Northern Stream by eight additional seats has been submitted. The PA Consortium has secured \$125,000 OTO funds from the Ministry of Health to provide training to additional preceptors for their expanded year one cohort. The same funding is now being sought for the year two cohort.

- Through discussions with the Ontario government, including both the Ministry of Health and the Ministry of Colleges and Universities, U of T has obtained 67 additional postgraduate (PG) training positions overall and permission to expedite this expansion sooner than initially proposed by the government. By July 2028, U of T will have 40 additional Family Medicine PG positions and 27 additional Royal College specialty positions compared with July 2022.
- Through COFM, Temerty Medicine continues to advocate for further start-up funding and ongoing funding from the Ontario Ministry of Health to support the expansion of MD and PG positions.
- The Family Medicine Committee of COFM (FM:COFM) has been meeting with the Ontario Ministry of Health to advocate for establishing new Family Medicine Teaching Units (FMTUs) to create the placements required to train new family medicine residents and meet the Ontario government's target. For U of T, this would include capital and operating support for FMTUs at Humber River Health, Scarborough Health Network, and Orillia/Midland. Approval has been obtained for two funded Primary Care Teaching Clinics (PCTCs – new nomenclature for FMTU) in Scarborough.
- The 2023 Ontario Budget provided funding for 14 additional MD positions. With the 30 MD seats previously announced as part of the Ontario Government's support for the Scarborough Academy of Medicine and Integrated Health (SAMIH), that is an increase of 44 additional MD seats since March 2022 to a current incoming class size of 303. As of the fall of 2027, 40 of these seats will be at the SAMIH.
- Expansion of Temerty Medicine's Master of Science in Physical Therapy (MScPT) program from 110 to 150 positions in fall 2024.
- Expansion of Temerty Medicine's Medical Radiation Sciences program from 120 to 140 positions in fall 2025.

## **AHSC Alternative Funding Plans (AFPs)**

The Toronto Academic Health Science Centre (AHSC) Alternate Funding Plan (AFP) is governed by seven AHSC AFP Governance Organizations (AHSC AFP GO), with the University of Toronto serving as a signatory on all seven Governance Agreements. Other signatories include the Ontario Ministry of Health and Long-Term Care, Ontario Medical Association and hospital administration and physician organizations at each academic health science centre. These agreements are designed to provide funding that acknowledges the unique contributions of academic physicians and supports their recruitment and retention. The University of Toronto shares responsibility for ensuring transparency throughout all stages of funding distribution.

Two AHSC AFP Advisors represent Temerty Medicine and provide strategic guidance to the Dean of Medicine and Vice Dean, Clinical and Faculty Affairs on matters of governance, management, government relations and other AFP-related matters. They act as liaisons between the AHSC Governance Organizations (GOs) and University academic leadership,

ensuring bidirectional communication and representing the University's interest at all Executive Committee and Board Committee meetings of each GO.

Over the past five years, the AFP Advisors have addressed a range of complex issues, including the development of proposals to the Ontario government for fully converted AFPs, conflict resolution, non-compliant OHIP billing, validation of clinical MD full-time equivalent counts and approval of Innovation Fund proposals.

## 8.2.4 International Relations

The Faculty of Medicine's international partnership strategy is aligned with the [University of Toronto International Strategic Plan](#) and prioritizes the following areas:

- Deepening global research and regional impact
- Developing and strengthening partnerships in the global south
- Providing capacity-building to global health sciences institutions in areas such as faculty development, interprofessional education and research, education research, and quality improvement and patient safety education, training and research
- Providing experiences for inbound international learners, both research-based and clinical

Temerty Medicine is one of the University's most active Faculties in terms of international partnerships. In 2023, Temerty Medicine researchers participated in collaborations producing 4,989 publications across 164 countries, ranging from Albania to Zimbabwe. Our Division is proud to be a key contributor to the University of Toronto's ranking as the third-most prolific institution in the world, second among universities, for health sciences research, as reported in the [2024 rankings by Nature](#).

Temerty Medicine has cultivated a dynamic and multifaceted portfolio of international partnerships. These collaborations are often spearheaded at the individual Faculty or departmental level, reflecting the personalized nature of these partnerships. In addition, we frequently receive requests to host delegations from international institutions and prioritize those that have the most potential to further our strategic priorities.

Examples of ongoing initiatives include:

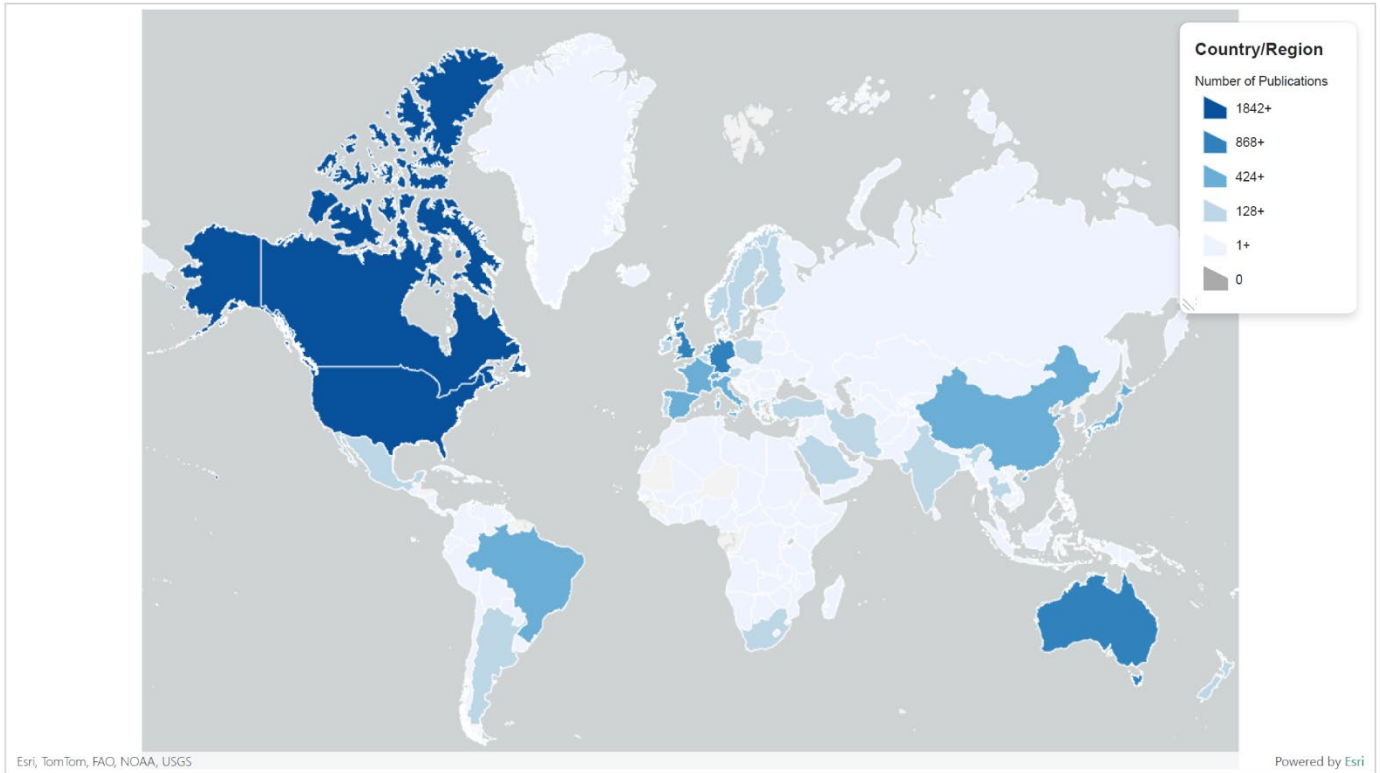
- The Toronto Addis Ababa Academic Collaboration (TAAAC) assists Ethiopians in identifying and implementing solutions to their nation's most pressing challenges through training and education. This partnership brings together faculty and learners at the University of Toronto (with colleagues at Addis Ababa University (AAU)). Together, they support AAU in preparing the specialist professionals Ethiopia needs, while building upon U of T's commitment to global citizenship and international engagement. By developing and strengthening AAU's graduate medical and academic programs, Temerty Medicine is building capacity in Ethiopia to train their own professionals. This will lead to a robust and accessible healthcare system, an improved economy and the pre-emption of food insecurity and unemployment. Ten

Temerty Medicine clinical units participate in the collaboration, in addition to seven other divisions of the University. More than 200 faculty and staff from U of T and 50 senior residents, fellows or PhD candidates have visited AAU to participate in learning and teaching. Temerty Medicine's Wilson Centre for Research in Education has also collaborated with AAU colleagues in establishing AAU's Master of Health Science Education.

- Karolinska Institute (KI): Efforts are underway to enhance PhD student mobility, extending opportunities beyond the traditional focus on Physiology to encompass all basic science disciplines within Temerty Medicine.
- LMU Munich: Since the inaugural meeting in Fall 2024, LMU Munich has actively pursued partnership opportunities. Discussions include joining the GAME network and Temerty Medicine participation in multidisciplinary workshops, reinforcing academic ties and fostering new avenues for research and education.
- Université Paris Cité (UPC): After a brief hiatus due to institutional restructuring, the partnership with UPC has been revitalized through the efforts of faculty with longstanding connections. Originally centered on faculty-to-faculty research collaborations, the relationship has evolved into a Canada-France-US network. This expansion includes joint applications for AI and Health initiatives supported by NSERC, reflecting a shared commitment to cutting-edge research.
- University College London (UCL): Recent engagements, including an April 2025 visit to the University and meetings at The Hospital for Sick Children have laid the groundwork for expanding the existing Memorandum of Understanding (MOU). Plans are in motion to integrate new research areas under the Precision Child Health initiative and to establish a federated data-sharing agreement linking national education and health datasets. Additionally, joint efforts are focused on formalizing collaborative PhD programs and enhancing postdoctoral mobility, with workshops designed to foster connections among stakeholders from both institutions.

In collaboration with University of Toronto's Office of the Vice-President, International, Temerty Medicine will deepen relationships in the Indian subcontinent, utilizing multiple opportunities to expand the Faculty's presence, including PIC India, University of Toronto's School of Cities and Tata Trusts, and leveraging other existing connections.

Through these targeted initiatives and strategic partnerships, Temerty Medicine continues to solidify its global presence, fostering collaborations that drive academic excellence, innovative research, and impactful education across borders.



**Section 8 – Figure 1: 2024 Temerty Medicine publications with international collaboration.**

# 9. Recommendations from Previous External Review

The last external review of the Temerty Faculty of Medicine was conducted on February 27 to March 1, 2019, by David Brenner (Vice Chancellor – Health Sciences, Dean, School of Medicine, University of California, San Diego), Dermot Kelleher (Dean, Faculty of Medicine, Vice-President, Health, University of British Columbia), and Moira Whyte (Vice-Principal and Head of the College of Medicine and Veterinary Medicine, University of Edinburgh). Their report can be found in Section 9 Appendix A along with the administrative response provided by Dean Trevor Young in Section 9 Appendix B. As expressed by Dean Young in his administrative response, “The external review process was an important opportunity to share our tremendous successes and to reflect on our strengths and challenges. We thoroughly enjoyed the visit by Drs. Brenner, Kelleher and Whyte and appreciate the thoughtful report that they prepared in response.

The following summarizes the recommendations provided in the 2019 external review and the actions taken in response to them.

Recommendation of External Reviewers	Action and Implementation
<p>1. The reviewers observed that graduate faculty and students based at research sites located off the St. George campus have stronger relationships with the host sites than with U of T. The reviewers observed some challenges that could prevent clinician scientists from playing a full role in translational research, and PhD scientists from being fully enfranchised.</p>	<p>As noted in Section 3.3, a number of steps have been taken to further integrate graduate students across all sites. This includes the establishment of the Graduate Representation Committee, and the Temerty Medicine Research showcase. Temerty Medicine has also enhanced postdoctoral training and experience, working closely with hospital partners. Launched in May 2025, a new TAHSN-wide postdoctoral fellow (PDF) training mentorship program has expanded teaching opportunities to additional undergraduate courses, with applications being accepted from all postdoctoral fellows across TAHSN. The new role of Special Advisor, Graduate Education, which was established on July 1, 2025, will further support this work.</p> <p>Temerty Medicine has also taken a number of steps to better integrate hospital-based faculty members. The Faculty Wellness activities described in Section 6.1.3 have been effective in drawing together faculty from across TAHSN and on campus. The establishment of the Director, Clinical Research &amp; Translation role was established to provide additional support and leadership to empower clinician</p>

	<p>scientists. This work is further supported by the new Special Advisor, Research Partnerships position that was established on April 1, 2025.</p> <p>Through the advocacy of Temerty Medicine, U of T has established a subgroup, “Affiliated Scientist,” within the larger category of Status-Only faculty. This is being done to better recognize the academic contribution of colleagues who are Scientists and Senior Scientists at TAHSN institutions, better recognizing their contributions to the education of Temerty Medicine students.</p>
<p>2. The reviewers suggested moving fundraising out of departments up to the Faculty level and encouraged a greater focus on larger strategic goals.</p>	<p>The Office of Advancement in Temerty Medicine works closely with Department, Faculty, and University leaders to develop and deploy streamlined and effective fundraising strategies. With the adoption of the Advancement Investment Model (AIM) in 2024, the Office of Advancement has hired new fundraisers to support more departments and priorities. It collaborates with departments on many activities and initiatives, including 17 annual graduation events (12 PGME, 4 Rehab, 1 MD).</p>
<p>3. The reviewers also observed that some aspects of graduate student training could be taken on by the Faculty rather than by individual departments and flagged the need to build on current efforts to provide additional alternative career supports for graduate students.</p>	<p>Temerty Medicine has taken a number of steps to address graduate student training and career development, as discussed in Section 3.3. This includes establishing the Life Sciences Career Development Syndicate and the Health Education and Research Training Series (HEaRTS) calendar. The University has also established and expanded resources. This includes the <a href="#">Centre for Graduate Professional Development</a> and <a href="#">Career Exploration &amp; Education</a> in Student Life.</p> <p>The Office of Research and Health Science Education (RHSE) has actively supported mental health and student well-being as a priority. It established the Leave of Absence Stipendiary Fund to ensure students who must take a leave (due to medical or any other reason) continue to receive their stipend. RHSE also provides onsite counsellor access to all Temerty Medicine graduate students in addition to the dedicated counselling support available through the University’s Health and Wellness Centre. Temerty Medicine has established a new role to support this work and more – the Associate Dean, Graduate Education – which it is seeking to fill.</p>

<p>4. The reviewers highlighted the difficulty the Faculty faces, given the current budget model, in further investing in recruitment, space, research and scholarships in line with its international reputation.</p>	<p>Despite considerable and ongoing efforts to address this observation, the financial challenges faced by Temerty Medicine have only grown since the last self-study in 2019. As noted in Section 5.4.2, at the time of the Academic Budget Review in December 2024, Temerty Medicine projected an average deficit of almost \$20 million per year over the next five years.</p> <p>Supporting continuing excellence in our teaching and research enterprises was challenged by a 10% domestic tuition fee cut in 2019-20 followed by a multi-year freeze. The freeze on Ontario resident domestic tuition fees for undergraduate and most graduate programs has now been extended until at least 2026-27.</p> <p>Temerty Medicine is now engaged in aggressive efforts to improve the operational efficiency and manage central faculty expenses are continuing as other longer-term initiatives are refined and implemented. There will be inevitable tradeoffs to ensure a financially sustainable budget that is in service of the mission of the faculty and that resources are allocated to support the pursuit of excellence in teaching and research. It is hoped that increased investment by the Ontario Government in health professional education and training, coupled with a review of the current tuition freeze will provide some relief to the current financial challenges faced by Temerty Medicine.</p>
<p>5. Further to that, the reviewers stressed the need to consider how the Faculty and University can realize its leadership potential in research strategy, including providing more comprehensive coordinating research functions at Toronto Academic Health Science Network (TAHSN), and they found that the budget model hampers this. They suggested ways in which joint efforts (research ethics, grant</p>	<p>Considerable efforts have been made to fully realize TAHSN's ability to animate and coordinate innovation among its members. The highlights include:</p> <ul style="list-style-type: none"> <li>• Establishing the TAHSN Fund as part of the Temerty family and Foundation donation announced in 2020. It provides nimble and flexible funding to support collaborations and partnerships with TAHSN hospital.</li> <li>• Creating TAHSN's <a href="#">first strategic framework</a> in 2022.</li> <li>• Undertaking research to prepare the <a href="#">Unleashing the potential of a world-class research powerhouse</a>, which found that with appropriate support, TAHSN has untapped potential to scale and become a leading destination for talent, investment and global partnership.</li> <li>• Developing a new TAHSN Template to <a href="#">improve research material and data transfers</a> in Toronto.</li> </ul>

<p>coordination, research strategy setting) could facilitate this. The also advised that consideration be given to appointing the Dean as Vice-President to provide leadership within the system.</p>	<p>These steps have made the important role TAHSN plays evident and further work is being done to deepen collaborations through TAHSN’s committees and working groups.</p>
<p>6. The reviewers encouraged strengthening connections and interdisciplinary collaborations in a number of areas, including development of cross-cutting data science/AI initiatives, enhancement of approaches to entrepreneurship, and enhancement of rehabilitation research.</p>	<p>Temerty Medicine has launched a number of initiatives that speak to this recommendation. They include:</p> <ul style="list-style-type: none"> <li>• Launching the <a href="#">Temerty Centre for Artificial Intelligence Research and Education in Medicine</a> (T-CAIREM), which was recognized as the international AIMed award for Hospital/Institution of the Year in 2022.</li> <li>• Establishing an <a href="#">Entrepreneur in Residence</a> program and the role of Director, Commercialization &amp; Partnerships, as well as expanding the <a href="#">Health Innovation Hub</a> (H2i), which in 2023-24 supported 248 early-stage companies.</li> <li>• Founding the <a href="#">Rehabilitation Science Research Network for COVID</a> to advance rehabilitation models of care that will optimize health and well-being among people recovering from or affected by COVID-19.</li> </ul>
<p>7. The reviewers found the Faculty’s success in fundraising to be comparatively low, relative to national and international institution comparators, and particularly in light of the Faculty’s international stature.</p>	<p>As stated by Dean Trevor Young in the administrative response to the 2019 external review, “Although the University of Toronto – and our Faculty of Medicine – are leading the way in Canada for fundraising, there are many growth and partnership opportunities.” Indeed, this was taken to heart and acted upon. This includes securing the largest single philanthropic gift in Canadian history - \$250M from the Temerty family and Foundation. Temerty Medicine has also worked collaboratively with other U of T units and hospital partners to secure significant gifts that advance our academic and research mission. In 2019, the University launched the Defy Gravity Campaign, which is the largest fundraising campaign in Canadian history. Temerty Medicine represents more than one-quarter of the campaign’s ambitious \$4-billion goal. This demonstrates significant success and strength in the Faculty’s fundraising abilities within the Canadian context in which it operates.</p>

# 10. Future Directions

## 10.1 Introduction

The Temerty Faculty of Medicine is preparing its next Academic Strategic Plan (ASP), which will build upon the reflections captured in this self-study and be informed by the insights shared by our external reviewers and members of our extended community through ongoing consultations. As an institution that has stood for seven generations, we are guided by the principle that we must work for the benefit of the seventh generation into the future. Though the ASP will identify the Faculty’s priorities and objectives for the next five years, its aims will stretch much further into the future. It will be developed through extensive engagement, with the understanding that we aim to empower the next generation of health leaders.

The health sector urgently needs strong leadership to navigate a range of complex and interconnected challenges, including post-pandemic recovery, workforce shortages, health inequities, financial pressures, and the rapid integration of technology. Effective leaders are essential for rebuilding trust, supporting healthcare workers, ensuring equitable access to care, guiding digital transformation, addressing climate-related health threats, and combating misinformation. As patient expectations evolve and public scrutiny increases, leadership must be visionary, inclusive, and responsive to ensure healthcare systems remain resilient, sustainable, and centred on the needs of all people.

***Health leaders include people saving lives, extending lives, or improving the quality of lives.***

Health leaders emerge from all aspects of the interconnected fields that support human health and well-being. They can include researchers unlocking and elucidating functions at the cellular level or at the health systems level. They may be the team in a laboratory identifying new therapeutic options, those who take that treatment to the marketplace, or those

delivering the therapy at a patient’s bedside. They include people saving lives, extending lives, or improving the quality of lives. They not only utilize their skills and expertise but also demonstrate leadership through a sustained commitment to advancing the health of individuals and communities.

While Temerty Medicine’s focus on preparing health leaders remains unchanged, the attributes, skills, and experiences that the future requires will demand perpetual adaptation. That requires us to stay nimble and responsive to the evolving needs of our professions and communities. Still, identifying priorities is necessary to guide our collective efforts and ensure that we invest our limited resources in activities where there is the greatest need and the most significant opportunity for impact. We will

achieve this outcome through the collaborative process that we will undertake in developing the ASP.

To support these upcoming discussions, Dean Lisa Robinson and her leadership team have identified strategic themes to be explored by the Temerty Medicine community over the next few months. These themes are intended to focus discussions without limiting the potential outcomes of the deliberations ahead. They are designed to inspire debate and creativity. We anticipate they will be refined and reshaped through the conversations they will spark.

The questions that underlie these strategic themes are:

1. What will be required of future health leaders?
2. In what areas is Temerty Medicine uniquely able to leverage its strengths to achieve the most significant impact?
3. Where is Temerty Medicine falling short of its potential impact, and how can that be corrected?

## 10.2 Strategic Themes

These questions have led to the following six strategic themes, which we present as characteristics future health leaders will require:

### **Collaborative**

As the health needs of local and global communities become increasingly complex, it's essential to harness the skills of multiple professions, each working to the peak of their scope of practice and expertise. This requires a fundamental understanding of various professions, as well as team-based training, to ensure that collaborative care can be practiced in learning environments and implemented in clinical settings. This will be fueled through collaborations locally, such as through the Toronto Academic Health Science Network, and globally through international partnerships. Initiatives like the Scarborough Academy of Medicine and Integrated Health (SAMIH) present a unique opportunity to develop innovative models of collaborative training that can be extended across all Temerty Medicine sites. We will also embrace interdisciplinarity in our research and education. The forthcoming Temerty Building, which will redevelop the west wing of the Medical Sciences Building, will enable greater collaborations with researchers from other disciplines and faculties at the University of Toronto.

## **Lifelong Learner**

Continuous learning is necessary for adapting and responding to change, whether it involves utilizing new therapies and technologies or understanding emerging health trends or new health conditions. Temerty Medicine has established globally recognized models of education that support the training of professionals and specialists from around the world. Centres, such as [The Wilson Centre](#) and the [Centre for Advancing Collaborative Healthcare and Education](#) (CACHE), have established international reputations for their education scholarship to support and advance healthcare. This provides us with a solid foundation to further advance the opportunities we offer to learners, graduates, and professional communities, supporting their commitment to lifelong learning. Guided by the Continuing Professional Development Office, we can leverage our experience in remote and distance education, utilizing dynamic platforms, to meet the needs of learners beyond the Greater Toronto Area. We can also build upon the Learning Health System (LHS) approach undertaken by several of our hospital partners. LHS integrates research with healthcare operations to accelerate the generation, synthesis, uptake, and refinement of evidence, ultimately improving population health, equity, patient experience, health workforce sustainability, and affordability.

## **System Transformer**

Our health systems require significant transformation to ensure the level of care our communities deserve can be delivered sustainably. This requires a breadth of experience, a depth of understanding of the systems as they exist today, and the creativity to entirely reimagine them. Just as we must embrace collaborative practice in healthcare delivery, we must also look beyond health-related fields by incorporating other disciplines, whose perspectives can offer new insights. Temerty Medicine has already taken bold steps to provide students with opportunities to study in multiple fields. For example, our MD Program offers [combined degree programs](#) that enable students to study medicine while gaining expertise in other fields such as engineering and business administration. Yet, these opportunities can be extended further. This is especially pertinent in supporting research-based graduate students and postdoctoral fellows, so that they can gain skills and identify opportunities beyond academia and fully realize their ambitions to lead in a range of settings. Further supporting initiatives that promote career development, mentorship, and professional growth opportunities for graduate students, postdoctoral fellows, and trainees across the University and TAHSN network will be essential.

## **Socially Accountable**

Health leaders must be responsive and accountable to the public they serve. This includes meeting professional obligations and regulations, but social accountability should be broadly considered. The Faculty should consider its role in addressing social challenges such as environmental sustainability, health inequities, systemic biases, and discrimination. This is informed by the social determinants of health, which remind us of the powerful role non-medical conditions can play in health outcomes. In recent years, Temerty Medicine has taken significant steps to recognize its social accountability. For example, in recently co-establishing the University of Toronto's [Collaborative Centre for Climate, Health & Sustainable Care](#) alongside the Dalla Lana School of Public Health, the Lawrence Bloomberg Faculty of Nursing, and the Leslie Dan Faculty of Pharmacy, Temerty Medicine sought to recognize its need to both identify how the healthcare system can support environmental sustainability, but also prepare health leaders to contend with the consequences of climate change. Additionally, the establishment of Temerty Medicine's [Office of Access and Outreach](#) ensures that information about health career pathways is widely shared and that support is available. This helps support diversity and inclusivity in all health fields, fueling excellence and providing a full range of perspectives and experiences.

## **Creator and Innovator**

Future health leaders will need to be able to create new solutions and innovate current practices and tools. This can be accomplished in various forms and capacities. For example, this may involve working as an entrepreneur who commercializes new therapies or technologies. It may be acting as an innovator within a workplace, or someone who can facilitate knowledge translation through research, education, communications, or policy. The [Translational Research Program](#), which delivers a flexible, two-year professional master's program, provides a model for preparing students for these opportunities. Similarly, the [Health Innovation Hub](#) (H2i) supports aspiring and early-stage health entrepreneurs. However, we must ensure the opportunities to gain skills and experience as a creator are available to all members of the Temerty Medicine community, and in the relevant contexts.

## **AI Proficient and Data Driven**

The promise of artificial intelligence (AI) and the ability to process and analyze large volumes of data is not a distant possibility, but today's reality. The capabilities continue to expand exponentially, making it essential that all members of our community – both current and future leaders – are proficient in utilizing AI and managing data. Temerty Medicine has made a significant step in addressing this need by establishing the

[Temerty Centre for AI Research and Education in Medicine \(T-CAIREM\)](#), which offers a range of educational opportunities by developing curricula and delivering training, while also supporting research collaborations. This can help ensure that we, as a community, utilize data to identify needs and measure outcomes, informing decisions and allocating resources effectively. Through careful collaborations with our TAHSN partners, we have the potential in Toronto to create one of the world's most extensive health data repositories drawn from one of the world's most diverse populations. This will enable researchers to adapt and scale healthcare solutions to international contexts.

## 10.3 Conclusion

The characteristics described above are not isolated pillars that stand alone. Instead, they are a network of activities and opportunities that are mutually reinforcing. For example, data can drive creation and support system transformation. System change requires the broad perspectives offered by being collaborative in our thinking and actions, and will be sustained by lifelong learning. And, ensuring we are socially accountable in our actions sustains the trust needed with the communities we serve and guides the co-creation of supports and solutions.

As we undertake these considerations, we must also reflect on the infrastructure required to enable our work and vision. This includes the places and spaces we occupy, how we organize our efforts, and how we deploy our resources. The traditional sources of financial support that fueled our education and research enterprises are diminished. We have been creative in our response, and the generous support of our donors has enabled us to sustain our success despite these shortfalls. However, we cannot maintain the status quo. We will therefore make strategic investments in our people, buildings, and equipment to ensure continued competitiveness on a global scale.

Dean Robinson and her team look forward to engaging communities within Temerty Medicine and beyond to fully articulate the future direction of this Faculty through the forthcoming Academic Strategic Plan.

# 11. Appendices

Please view the appendices online on the [Faculty website](https://temertymedicine.utoronto.ca/academic-planning):  
<https://temertymedicine.utoronto.ca/academic-planning>