Review of the Faculty of Medicine

University of Toronto 2010

Dr. Alastair Buchan, Professor of Stroke Medicine and Head of the Medical Sciences Division, University of Oxford; Dr. Richard Levin, Vice President Health Affairs and Dean of the Faculty of Medicine, McGill; Dr. Joseph B. Martin, Professor of Neurobiology and Dean Emeritus of the Harvard Medical School

Introduction

This review is written at the request of the Provost and follows the study of extensive materials provided by the Faculty and three days of meetings on site in Toronto (see Appendix A). The reviewers are very grateful to Meg Connell for all of her assistance in arranging an extensive schedule which included meetings with many members of the community representing the University, Departmental, Research Institute, Hospital Research Institutes and Hospital CEOs, and the Deanery Team. We are also very grateful to the Provost and her team, particularly Margie Halling.

After agreement with the Provost, this report summarizes our major observations and does not respond specifically to the questions posed in the terms of reference.

Executive Summary

The reviewers were very impressed with the accomplishments of the University of Toronto, and in particular, the Faculty of Medicine and its Dean. The intention of the University of Toronto in going forward to its Bicentennial in 2030, is to be "a leader amongst the world's best teaching and research universities in its discovery, preservation, and sharing of knowledge through its teaching and research and its commitment to excellence and equality". Without a doubt the Faculty of Medicine, founded in 1843 and therefore 167 years old this year, is one of the preeminent Faculties of Medicine and as a total entity, one of North America's and indeed the world's largest and most prestigious Academic Health Science Centres.

The leadership team under Dean Whiteside is well organized, energetic, has the confidence of its Faculty, and above all, has total integrity. We note that the progress made by the Dean in advancing the Faculty and the Toronto Academic Health Science Network (TAHSN) together is remarkable.

1. Education

There are a large number of educational programmes including the four-year, undergraduate, medical education programme leading to an MD with approximately 225 medical students per year. In every respect, the basic MD degree and some of the ancillary degrees, offer excellent educational opportunities and the reviewers were particularly struck by the well developed Academies which have evolved in the major teaching hospitals in support of the medical students taking clerkships. The extent of the educational offerings, the excellence of their outcomes, the focus on meeting external requirements of accrediting bodies and at the same time constructing genuine Toronto curricula are notable.

The training programs are large and the University yields 18% of all physicians for Canada. The Faculty has responded to the needs for additional physicians expressed by the Federal and Provincial governments by expanding its MD class size to 224, which has risen this year to 259. This will accommodate the opening of the Mississauga Academy of Medicine in September 2011. Of these, 42 are enrolled in the MD/PhD program. There are also approximately 2900 residents and fellows in training. In turn, the students are taught by a large, distinguished faculty consisting of some 220 tenure-stream faculty members, 120 non-tenure stream, 2859 full-time clinical faculty and some 3000 part-time clinical faculty in various categories. Despite an approximately 30% increase in class size over nine years, we believe the quality of the education has remained very high.

Research is conducted on campus and in an extensive network of ten teaching hospitals organized as the Toronto Academic Health Science Network (TAHSN) and brought in approximately \$626 million in funding in 2008-09. Based on volume of peer-reviewed publications and their citations, Toronto ranks among the top biomedical research institutions in the world. The medical students have a full and impressive access to, and involvement in this research endeavour.

Based on our thorough evaluation of the documents and the extensive interview process of our visit, the review team concurs with other, independent external assessments of the University of Toronto (THE/Thomson Reuters ranking U of T #1 in Canada and #17 in the world and the HEEACT ranking U of T #1 in Canada and #17 in the educational program for the MD degree at Toronto is among the highest in the world and the quality of the educational program is excellent.

Strengths:

- The hospital-embedded Academies and the opportunity to integrate with Allied Health Professions to create Health Science Academies and in particular, the opportunity to do this in Mississauga.
- The opportunity to use the Academies to create an intimacy for the clinical experience that should enhance fundraising from Alumni.
- Extensive support at every level of the Deanery to provide a comprehensive platform in support of the educational objectives.
- A well-developed and well-staffed Wilson Centre for Research in Medical Education with an international reputation for research in medical education and application of its finding to the pedagogy in the educational program for the MD degree.
- Excellent Faculty Development
- A new opportunity to create a new Academy in Mississauga with outreach programmes to community-based practice and a new model for education, research, and University-based care at the west end of Toronto. A singular opportunity to integrate the education with allied health professionals.

Weaknesses:

- There is an inappropriately low awareness of the excellence of the University as a global resource, in part due to fuzzy branding of the many components of the U of T academic medical center and in part due to a failure to engage with the global community. The Dean is aware of these issues and has begun to address them.
- We thought there was an opportunity for the Extra-departmental Units (EDUs) focused primarily on education to be embedded in the educational component of the Deanery which would lead to a critical mass of pedagogical investigators which would lead to sustainability of these EDUs and provide an opportunity to make some of the EDUs (such as the Li Ka Shing at St. Michaels) available to the entire Faculty of Medicine. We are concerned that some of the EDUs, even those focused on educational mandates, are housed at individual hospitals where they are less than fully accessible by the Faculty and those constituencies embedded in other hospitals.

2. Research

In terms of volume of research, the University of Toronto shares honors as one of the three largest producers in the global biomedical research enterprise with Harvard and Beijing. The University receives postdoctoral fellows and senior academic trainees from all over the world and without a doubt, the research enterprise is highly effective and has many "spires" of excellence. Within the Faculty of Medicine there are over 28 Chairs of Departments and approximately 14 Heads of Extradepartmental Research Units as well as 10 Research Directors of the Hospital-based Research Institutes. While strong and persistent efforts are underway, led by the Dean, to create a unity of creative purpose across the vast territory of the U of T virtual academic health science network (TAHSN), there was no clear mechanism for creating research strategy and synergy in response to funding agencies and charities such as the Ontario Institute for Cancer Research or the Heart and Stroke Foundation. In a time of constraint and potential decrease in funding allocation, it is incumbent upon the university together with its affiliated healthcare institutions to ensure that a research vision is encapsulated and results in a framework for development, major funding application, recruitment, and also retention. The reviewers were not persuaded that there was strength within the Deanery to lead on research initiatives and indeed felt quite strongly that the University Department Heads were not in a position to do this either. Departments are really very traditional and new structures such as Departments of Neuroscience, Oncology, Cardiovascular Science, etc. have not emerged from traditional departments such as Medicine, Surgery, Pharmacology, etc. As a result, particular strength lies within the hospital or research institutes and again, there is unevenness and a competitiveness which, while creating excellent science risks duplication and somewhat counterproductive poaching of researchers from one institution to another within the Faculty at the University of Toronto.

From the outside world view, areas such as stem cell biology, molecular biology, proteomics and genomics, as represented by the Terrence Donnelly Centre for Cellular and Biomolecular Research and the overall capacity and excellence in imaging, makes Toronto very strong on the world stage. Interestingly, the groups of individuals that we met with be they Dean, Vice Dean for Research, Department Heads for either Basic Science or Clinical Science, could not or chose not to define what might be research priorities for the faculty. There seemed to be a tendency to want to be in a position to offer all things for all people and a reluctance to prioritize so that Toronto would be at the very top table in these several areas of priority. Indeed there was a need for clarification of the major research strengths of the faculty and a commitment to recruitment, retention, and prioritizing the infrastructure necessary to maintain those priorities.

When we saw research directors from Sick Children's, Sunnybrook, UHN, etc. again, despite obvious linkage of stem cells to the Sick Children's Hospital, Neuroscience to UHN, Dementia and Imaging to Sunnybrook, there was no clear-cut agreed list of priorities. We got closer to a combined vision for research from the Chief Executives of the Hospitals who felt that a cross-city BioBank with the right electronic records, imaging PACS, and curated banking might be achievable. A Toronto BioBank has yet to be effected and this should be a clear-cut priority. We were concerned that resources going into the new School of Public Health, several of the extra-departmental research units such as the Heart and Stroke Foundation's Richard Lewar Centre for Cardiovascular Research, and the Li Ki Shing were essentially burning up capital investment by spending seed capital on an annual annuity. It was felt that without these initiatives being housed either in the faculty or in particular the relevant

department, there was a lack of succession planning and a serious risk of major opportunities being wasted. In particular, we were unconvinced that the investments and developments in (a) imaging had created an overall comprehensive programme of diagnostic imaging for TAHSN and (b) in reality thought that the opportunities afforded by Terrence Donnelly, which could lead to major platforms for all parts of the faculty in molecular health and applied genomics had not been realized.

Likewise the investment in education research which should lead to improvements in health information technology and knowledge transfer were somewhat focused into pockets and were not creating a set of platforms for the faculty going from molecular and cell science through organ-based imaging, through experimental medicine to clinical trials and ultimately health outcomes and knowledge transfer. There was no well-worked up plan for delivering these platforms that should be the responsibility of the faculty but a rather are fragmented with pockets of excellence in research institutes or EDUs.

Likewise, the opportunity to bring certain departments into strong collaboration with programmes in research institutes could lead to a redefinition of departments with, for example, vertical integration around cardiac, cancer, neuroscience, and developmental biology and the like. Such opportunities would seem to be a goal worth striving for and again, it will allow the faculty to lead a research agenda with the affiliated healthcare institutions.

Strengths:

- Overall excellence with clear indicators for success and improving status at international league tables.
- Pockets of excellence in certain research institutes.
- Strong philanthropic and hospital-based support.
- Good opportunities for multidisciplinary support from the non-medical divisions and faculties of the university.

Weaknesses:

- Inadequate funding on the basis of full economic recovery of overheads and therefore inadequate infrastructure.
- Minimal platform harmonization which might lead to campus wide BioBanking.
- A relative lack of modern IT (e.g. awaiting electronic records)
- Relative weakness of Department Heads in forging research strategy compared to Research Directors of hospital research institutes and Directors of Extra-departmental Units.
- A need for Departments to be resized and reshaped and potentially redesigned to provide effective leadership for the Faculty and healthcare institutions in a contemporary way.
- Weakness of the budget model:
 - Currently an historical budgeted model. An *as-earned model* would lead to dynamic changes in the relative size of departments and could create new departments with older, more classical departments breaking up to support an array of topic-specific themes.
 - Opportunity to charge real economic costs on service-line agreements which might improve funding from the hospital-based research institutes to pay for real costs of the infrastructure.

 An as-earned model of income generation (as has been arranged by Simcoe Hall for the faculties) would include devolving the finances of the faculty to the departments to support Research and Education and would help an evolution which would be bottom-up which would work better than any top-down solution.

3. Clinical Services

While the Alternative Funding Plan (AFP) has clearly given salaries that give a life balance to the clinical academics so that they now enjoy equal compensation to those in full time practice, it has created a third element in the governance (beyond the hospital and the university), namely the person in charge of the practice plan holds enormous control over the job plans of clinical academics. There is, therefore, the Head of Department, the Head of the Research Institute, the Chief of Service, and the Head of the Practice Plan, that all need to come together to arrange the terms and conditions for individual clinical scientists or basic scientists within a research institute. Without a doubt, this could lead to interesting solutions and creates a model with checks and balances but it does inhibit the ability of a Department Head to set an overall agenda.

Between the hospital and the university, it is essential to integrate care, research, and education and to link this to the community to provide the kind of integration that an Academic Health Science Centre and its network need.

Strengths and Weaknesses:

- We were concerned about the lack of engagement with Primary Health Care and Public Health and again felt that the Faculty of Medicine could take a lead role given the number of academics who are attached to the Department of Family and Community Medicine. It is not inconceivable that there will be changes in the way in which healthcare is commissioned and a strong, vibrant Primary Health Care Department integrated with each of the hospitals and possibly with Primary Health Care Academies could be a way to improve access and provision in the greater Toronto area.
- Reports that the new Academy in Mississauga with the satellite medical school opening next year is an opportunity to do a number of novel things. A multidisciplinary academy providing support for not just the MDs but for Allied Health professions might be warranted and integration with Primary Health Care might help fulfil a mandate of increasing the number of Toronto graduates going into community-based practice. We also saw the Centre at Mississauga that has been really quite important for the purposes of fundraising and philanthropic support.
- There was an enormous opportunity to grow the importance of the Council of Health Sciences and the relationship between the Council of Health Sciences and TAHSN (Toronto Academic Health Science Network) should be clarified. While a Chair of the Council of Health Sciences could hold the Dean of the Faculty to account, giving the Council more Executive priority, the question arises as to how the Council of Health Sciences interacts with TAHSN. It is clear that three or four of the larger hospitals' CEOs have the power to make a substantial change were they to bond with the Dean and as a group of four or five to set a strategy for the more distributed group.

• We raise the question as to whether the Dean should also be the Vice Provost / Vice President of Health Sciences as well, as opposed to her liaison role as Vice Provost.

4. Governance

The reviewers were concerned that the Dean of the Faculty of Medicine and Vice Provost for Relations with Healthcare Institutions needed to have a stronger role with the Council of Health Sciences on which leans the Faculty of Dentistry, Nursing, Physical Therapy, and Social Work etc. To give Medicine the right status in the relationship with the greater healthcare institutions, consideration should be given to create a formal Vice Provost role for Health Science. Further, at the moment. the department headships are relatively less attractive (compared to research directors of institutes) as there is relatively little strategic funding so attention needs to be given as to how these key appointments can be strengthened.

We observed a superb structure and function of the education domain with a strong faculty, Vice-Deans, and Associate Deans of Education and the impressiveness with the Academies within the Healthcare Institutions. However, we were concerned about the administration of the research enterprise.

The Faculty is placed in the middle of a cluster of healthcare institutions and this, in aggregate, has formed the Toronto Academic Health Science Network. The major institutions each have research funding that equals that of the on-campus faculty income. Given the complexity, the competition and the myriad of healthcare institutions developing Academic Health Sciences and a joint venture (such as Imperial in London) or a merged institution (the same as Amsterdam or Leiden) would be unworkable. Work should continue at TAHSN on future structure and function that would benefit the entire network. We note that the Dean performs a Herculean task at an extremely high level of performance by representing the faculty on each of the Boards of Directors of the healthcare institutions.

Strengths and Weaknesses:

- The development of TAHSN and the willingness of the leaders of great institutions to frame a network are critically important and further development of means for collaboration is essential.
- The Faculty and the Dean's position need strengthening vis-à-vis the Chief Executives of the Hospitals.
- The Research Deans need to work with the Vice Presidents of Research and frame an overall strategic plan which might be granulated to specific areas such as Diabetes, Stroke, Dementia, Imaging, Brain Science, or Cancer by creating Oversight Committees for areas of strategic importance.
- The Department Headships are less attractive because there is relatively little strategic funding for recruitment or resources for making Department Heads co-equal leaders and the risk is that both the Research Deans and the Department Heads become managers of their on-campus faculty while those running research institutes enjoy the kind of privilege that Department Heads in other institutions would enjoy.

- There is an opportunity to create research academies with the faculty in these research institutes and to house the extra-departmental units in such an oversight structure. These structures should be strategic such as Cardiac, Cancer, Neuroscience, etc.
- The future and funding of the EDUs appear to be at risk and significant attention is required. Evolution of some of these into Departments might support collaboration across the network. For instance, the Sir Richard Lewar Cardiovascular Centre could lead to a new Department of Cardiovascular Science while the Cancer Research Initiative could lead to a comprehensive Department of Oncology and the Brain Institute could lead to a fully formed Department of Neurological Sciences.
- The hospitals and the Faculty, while having made enormous progress under the current administration of Dean Whiteside, remain in a loose configuration and there needs to be improved communication and a sense of purpose that might help develop priorities for a research strategy, a coordinated development campaign, and a single branding exercise so that a single, faculty brand becomes the dominant partner in what currently is a series of many, albeit excellent, distinct brands.

5. Summary

The reviewers were very impressed with the accomplishments of the University of Toronto, and in particular, the Faculty of Medicine and its Dean. We were concerned that the research endeavours, despite superb accomplishment and recognition, do not match the faculty's superb ability to deliver on a wide range of educational offerings at the highest possible level. The hospitals are benefitting from the infrastructure in the University without necessarily putting enough back into the faculty to make the whole of Toronto medicine sustainable at the highest level in terms of recruitment, retention, and to provide the very latest and most up to date infrastructure that all partners require. There needs to be more understanding of the input of the basic sciences (in other parts of the University) to ensure that what is needed for true paradigm shifts such as physics, chemistry, computing, computation and statistics are readily available not just to the University but to the hospital-based research institutes and Toronto medicine as a whole. The Research Institutes and Extra-departmental Units benefit enormously from the resources of the Faculty of Medicine going way beyond the positions and titles and academic advancement that is offered and really it is a question of "not asking what the Dean can do for the hospitals, but indeed what the hospitals can do for the University of Toronto's Faculty of Medicine".

Strengths:

- Without a doubt, the leading academic medical centre in the country with strong
 educational programmes at every level attracting international students but not necessarily
 providing scholarship to create the next generation of leaders in terms of MD-PhD, research
 scientist graduates and there is a worry that for a global centre there is less than optimal
 internationalization in the student body, the trainees, or for that matter, the faculty.
- Structure of the faculty would be strengthened if the position of the Dean were enhanced and this could create a powerful role in the Council of Health Sciences as, for example, a Vice President for Health Science.

- A need for Department Heads to match their success at delivering education through the academies with a new structure for research which might create new oversight committees to support themes such as cardiac, cancer, neuroscience, etc.
- TASHN might create a tight executive that performs specific research themes and it might create a TASHN(E) to support the faculty around education while creating a TAHSN(R) to help what is clearly somewhat limited at the present time and that is experimental therapeutics within the hospitals and a bio-bank infrastructure between them.

Weaknesses:

- Little evidence of a capital plan to redevelop the medical sciences building.
- A financial model needs to change from one with a structural deficit to one which is asearned and as-costed and would help a bottom-up evolution of the size and structure of the departments that might lead to some interesting changes that would be contemporary.
- The allocation of resources for Department Heads is threatened by lack of research income, the almost total absence of research overheads, and the fact that the research directors of the institutions control the allocated space. There needs to be attention drawn to this otherwise the Department Heads, the Vice Deans, and the Dean are relatively impotent compared to those working for the hospitals in research institutes.
- There needs to be a better structure to bring key executives together to form a strategy and a series of Toronto-wide virtual institutes could be a solution so long as the Chairs of these oversight committees come to report to an enhanced Vice Dean for Research.
- At a national level, the faculty is extraordinarily strong but it is the local level that needs to pay more attention to its role for the primary healthcare arena, the commissioning of research and healthcare, and the relationship with the hospital.
- At an international level, a modernization of the research agenda would seem to be a critical development if Toronto's impact is to continue to "punch above its weight".
- The relationship with the hospital will always be critical as it has been at Harvard and Yale but there are interesting lessons to be learned from the experiment at UCL which has created UCLpartners.org and specifically has strengthened specific areas such as Paediatrics at Great Ormond Street, Neuroscience at Queen's Square while in no way diminishing the impact of the Royal Free or University College Hospital London. It has strengthened UCL enormously.

Appendix A

University of Toronto - Faculty of Medicine External Review October 20 - 22, 2010

REVIEWERS

Professor Alastair Buchan, Head, Medical Science Division, Oxford University Professor Richard Levin, Dean, Faculty of Medicine, McGill University Professor Joseph Martin, Former Dean, Harvard Medical School

LOCATION: Faculty of Medicine, 1 King's College Circle, Medical Sciences Building, Dean's Conference Room 2317 All sessions held at this location unless otherwise indicated

DAY 1: WEDNESDAY, OCTOBER 20, 2010

8:00 - 8:45 am (BREAKFAST)	Cheryl Misak, Vice-President & Provost and Cheryl Regehr, Vice-Provost, Academic Programs Location: Annona Restaurant, Park Hyatt Toronto
8:45 - 9:00 am	Reviewers travel to Medical Sciences Building Meg Connell meets reviewers outside front entrance of Medical Sciences Building to escort to Room 2317
9:00 - 10:00 am	Catharine Whiteside, Dean of Medicine
10:00 - 10:15 am	BREAK
10:15 - 11:00 am	Decanal Team John Bohnen, Vice-Dean, Clinical Affairs; George Fantus, Associate Dean, Research; Avrum Gotlieb, Interim Vice- Dean, Research and International Relations; Mark Hanson, Associate Dean, Undergraduate Admissions & Student Finances; Jamie Meuser, Acting Vice-Dean, Continuing Education & Professional Development; Leslie Nickell, Associate Dean, Health Professions Student Affairs; Norman Rosenblum, Acting Vice-Dean, Undergraduate Medical Education & Associate Dean, Physician Scientist Training Programs; Jay Rosenfield, Vice-Dean, Undergraduate Medical Education; Andrea Sass-Kortsak, Vice-Dean, Graduate Affairs; Salvatore Spadafora, Vice-Dean, Postgraduate Medical Education; Sarita Verma, Deputy Dean
	UNDERGRADUATE MEDICAL EDUCATION
11:00 - 11:45 am	Vice Dean UME and Associate Deans: Mark Hanson, Undergraduate Admissions & Student Finances; Leslie Nickell, Health Professions Student Affairs; Norman Rosenblum, Physician-Scientist Training and Acting Vice Dean; Jay Rosenfield, Vice-Dean
	Academy Directors: Pamela Coates, Mississauga Academy; Mary Anne Cooper, Peters-Boyd Academy
	Directors: Anita Rachlis, Preclerkship Director; Martin Schreiber, Clerkship Director
11:45 - 12:30 pm	Staff: <i>Deborah Coombs</i> , Administrative Coordinator Admissions & Student Finances; <i>Tim Flannery</i> , Clerkship Administrative Coordinator; <i>Judy Irvine</i> , Registrar; <i>Riet van Lieshout</i> , Manager, Business & Administration
12:30 - 12:45 pm	BREAK
12:45 - 1:30 pm (LUNCH)	Undergraduate Medical Students: Sagar Dugani, Mohammad Hajiha, Calvin Ke, Mathew Leonardi, Thomas McLaughlin, Reena Mohan, Kelly Mollon, Miralem Mrkonjic, Enoch Ng, Ayodele Odutayo, Michelle Olah, Rami Shoucri, Moneeza Wahji

DAY 1: WEDNESDAY, OCTOBER 20, 2010

	POSTGRADUATE MEDICAL EDUCATION
1:30 - 2:30 pm	Vice Dean PGME & Directors: Caroline Abrahams, Director, Policy and Analysis; Susan Edwards, Director, Resident Wellness; Susan Glover Takahashi, Director, Education & Research; Loreta Muharuma, Director, Operations; Salvatore Spadafora, Vice Dean
	Postgraduate Program Directors: Adelle Atkinson, Pediatrics; Jeannette Goguen, (Acting) Medicine; Ron Levine, Surgery; Simon Raphael, Lab Medicine; Heather Shapiro, Obstetrics & Gynecology
2:30 - 3:00 pm	Postgraduate Medical Trainees: <i>Meredith Giuliani</i> , Radiation Oncology; <i>Warren Luksun</i> , Anesthesia; <i>Gaurav Puri</i> , Family Medicine; <i>Carolyn Shiau</i> , Anatomical Pathology; <i>Eliane Shore</i> , Obstetrics & Gynecology; <i>Heather Wray</i> , Family Medicine; <i>Vivian Yin</i> , Ophthalmology
3:00 - 3:15 pm	BREAK
	GRADUATE EDUCATION
3:15 - 4:00 pm	Vice-Dean, Graduate Affairs: Andrea Sass-Kortsak Graduate Coordinators: Denise Belsham, Physiology; Rhonda Cockerill, Health Policy, Management & Evaluation; Paul Corey, Dalla Lana School of Public Health; Peter McPherson, Pharmacology & Toxicology; Howard Mount, Institute of Medical Sciences; Jill Stier, Occupational Science and Occupational Therapy; Wendy Ward, Nutritional Sciences; Christopher Yip, Biomaterials and Biomedical Engineering
4:00 - 4:45 pm	Professional Master's & Research Stream Graduate Students; Medical Radiation Sciences (MRS) & Physician Assistant (PA): <i>Graduate</i> : Anna Arumpulam, Marina Bastawrous, Antoinette Bugyei Twum, Arash Ghashghai, Philbert Ip; Ceilidh Kinlin <i>MRS</i> : Kitty Chan, Suyeon Kim, Veny Li, Saira Qadir <i>PA:</i> Krista Slavinski, Lin Zhou
	CONTINUING EDUCATION & PROFESSIONAL DEVELOPMENT
4:45 - 5:30 pm	Vice Dean CEPD & Directors: Karen Leslie, Director, Centre for Faculty Development; Susan Lieff, Director, Education Scholars Program; Jamie Meuser, Acting Vice-Dean, Continuing Education & Professional and Director, Professional Development, Dept. of Family & Community Medicine
5:30 pm	Reviewers Debrief

University of Toronto - Faculty of Medicine External Review October 20-22, 2010

REVIEWERS

Professor Alastair Buchan, Head, Medical Science Division, Oxford University Professor Richard Levin, Dean, Faculty of Medicine, McGill University Professor Joseph Martin, Former Dean, Harvard Medical School

DAY 2: THURSDAY, OCTOBER 21, 2010

LOCATION: Faculty of Medicine, 1 King's College Circle, Medical Sciences Building, Dean's Conference Room 2317

All sessions held at this location unless otherwise indicated

	PHYSICIAN ASSISTANT & MEDICAL RADIATION SCIENCES
7:30 - 8:00 am (BREAKFAST)	 Physician Assistant Program: Lynn Wilson, Chair, Family and Community Medicine; Maureen Gottesman, Director, Physician Assistant Program; Sylvia Schippke, Vice-President, Academic, Michener Institute; Sarita Verma, Deputy Dean Medical Radiation Sciences: Mary Gospodarowicz, Chair, Radiation Oncology; Pam Catton, Medical Radiation Sciences Program Director; Sylvia Schippke, Vice-President, Academic, Michener Institute; Sarita Verma, Sarita Verma, Deputy Dean
	DEPARTMENT/SECTORAL CHAIRS
8:00 - 11:15 am	 Department Chairs 8:00-9:00 Vice Dean Clinical Affairs & Clinical Chairs: Alan Bocking, Obstetrics and Gynecology; John Bohnen, Vice Dean, Clinical Affairs; Patrice Bret, Medical Imaging; Denis Daneman, Pediatrics; Mary Gospodarowicz, Radiation Oncology; Patrick Gullane, Otolaryngology–Head and Neck Surgery; Richard Hegele, Laboratory Medicine and Pathobiology; Jeffrey Hurwitz, Ophthalmology and Vision Sciences; David Latter, (Interim) Surgery; Wendy Levinson, Medicine; Gerald O'Leary (Vice Chair), Anesthesia; Ori Rotstein, Director, Institute of Medical Science; Lynn Wilson, Family and Community Medicine; Trevor Young, Psychiatry 9:00-9:45 Rehabilitation Science Chairs: Katherine Berg, Physical Therapy; Luc de Nil, Speech-Language Pathology; Susan Rappolt, Occupational Sciences/Occupational Therapy 9:45-10:15 Dalla Lana School of Public Health (DLSPH) & Health Policy, Management and Evaluation (HPME):
	Louise Lemieux-Charles, Interim Director, DLSPH & Chair, HPME 10:15-11:15 Vice Dean Research & Basic Science Chairs: Peter Burns, Medical Biophysics; Alan Davidson, (Acting) Molecular Genetics; Avrum Gotlieb, Interim Vice-Dean, Research and International Relations; Denis Grant, Pharmacology; Richard Hegele, Laboratory Medicine & Pathobiology; Mary L'Abbe, Nutritional Sciences; Stephen Matthews, Physiology; Reinhart Reithmeier, Biochemistry
11:15 - 11:30 am	BREAK

DAY 2: THURSDAY, OCTOBER 21, 2010

11:30 - 1:00 pm (LUNCH)	 11:30-12:15 Faculty: Clinical Departments Anesthesia: Greg Hare, Gerald O'Leary; Family Medicine: Phil Ellison, Cynthia Whitehead; Laboratory Medicine: Jagdish Butany; Medical Imaging: Alan Moody; Medicine: Charlie Chan, Dante Morra; Obstetrics & Gynecology: Lee Adamson; Ophthalmology: Wai-Ching Lam, Martin Steinback; Otolaryngology: Jeremy Freeman, Ian Witterick; Pediatrics: Adelle Atkinson; Psychiatry: Susan Abbey, Benoit Mulsant; Radiation Oncology: Joyce Nyhof Young; Surgery: David Backstein, Shaf Keshavjee 12:15-1:00 Faculty: Basic Science, Rehabilitation Science, HPME/School of Public Health Banting & Best: Gary Bader, Tim Hughes, Sachdev Sidhu; Biochemistry: William Trimble; Dalla Lana School of Public Health: Donald Cole, Wendy Lou; Health Policy, Management & Evaluation: Geoff Anderson; Immunology: Tania Watts, Juan Carlos Zuniga-Pflucker; Medical Biophysics: Vuk Stambolic; Molecular Genetics: Leah Cowen, Barbara Funnell; Nutritional Sciences: Ahmed El-Sohemy, Valerie Tarasuk; Occupational Sciences/Occupational Therapy: Barbara Gibson, Susan Jaglal, Brenda Mori; Physiology: Steffen-Sebastian Bolz, Patricia Brubaker, Evelyn Lambe
1:00 - 1:30 pm	BREAK
	RESEARCH / HOSPITALS
1:30 - 2:30 pm	CEOs of TAHSN Hospitals Bob Bell, University Health Network; Robert Devitt, Toronto East General Hospital; Marilyn Emery, Women's College Hospital; Bob Howard, St. Michael's; Joseph Mapa, Mount Sinai Hospital; Bill Reichman, Baycrest; Mark Rochon, Toronto Rehab; Keith Rose (Exec VP & Chief Medical Executive) Sunnybrook Health Sciences Centre; Tim Rutledge, North York General Hospital; Catherine Zahn, Centre for Addiction and Mental Health
2:30 - 3:15 pm	Vice Presidents/Directors of Education (Fully Affiliated Hospitals) David Conn, Baycrest; Brian Hodges, University Health Network; Patricia Houston, St. Michael's; Golda Milo-Manson, Holland Bloorview Kids Rehab; Peeter Poldre, Sunnybrook Health Sciences Centre; Rayfel Schneider, Hospital for Sick Children; Maureen Shandling, Mt. Sinai; Ari Zaretsky, Centre for Addiction and Mental Health
3:15 - 3:30 pm	BREAK
3:30 - 4:00 pm	Research <i>George Fantus</i> , Associate Dean, Research; <i>Avrum Gotlieb,</i> (Interim) Vice Dean, Research & International Relations; <i>Peter Lewis</i> , Associate Vice President, Research
4:00 - 5:00 pm	Toronto Academic Health Science Network Research Committee Hospital: Geoff Fernie, Vice President, Research, Toronto Rehab; Colin MacArthur, Director, Bloorview Research Institute; Randy McIntosh, Vice President, Research, Baycrest; Christopher Paige, Vice President, Research, University Health Network; Bruce Pollock, Vice President, Research, Centre for Addiction & Mental Health; Paula Rochon, Vice President, Research, Women's College; Janet Rossant, Chief of Research, Hospital for Sick Children; James Woodgett, Committee Co-Chair & Director, Samuel Lunenfeld Research Institute, Mt. Sinai University: George Fantus, Associate Dean, Research; Lori Ferris, Associate Vice Provost, Relations with Health Care Institutions; Avrum Gotlieb, Committee Co-Chair & Interim Vice Dean, Research & International Relations; Peter Lewis, Associate Vice President, Research; Andrea Sass-Kortsak, Vice Dean, Graduate Affairs
5:00 pm	Reviewers Debrief

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DAY 3: FRIDAY, OCTOBER 22, 2010

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All sessions held at this location unless otherwise indicated

	RESEARCH / HOSPITALS (cont.)
8:00 - 9:00 am (BREAKFAST)	Centre Directors (Extra-Departmental Units - EDUs) Dan Drucker, Banting and Best Diabetes Centre; Brian Hodges, The Wilson Centre; Mansoor Husain, Heart & Stroke Richard Lewar Centre; Karen Leslie, Centre for Faculty Development; Gary Levy, Transplantation Institute; Michael Pollanen, Centre for Forensic Science & Medicine; Stephen Scherer, McLaughlin Centre for Molecular Medicine; Kaveh Shojania, Centre for Patient Safety; Maria Tassone, Centre for Interprofessional Education; Ross Upshur, Joint Centre for Bioethics
9:00 - 9:45 am	Health Sciences Deans Chris Damaren, Vice-Dean, Graduate Studies, Faculty of Applied Science and Engineering (non Health Science); Henry Mann, Dean, Leslie L. Dan Faculty of Pharmacy; Faye Mishna, Dean, Factor-Inwentash Faculty of Social Work; David Mock, Dean, Faculty of Dentistry; Sioban Nelson, Dean, Faculty of Nursing; Scott Thomas, Associate Dean, Faculty of Physical Education and Health
9:45 - 10:00 am	BREAK
	ORGANIZATION & FINANCIAL STRUCTURE
10:00 - 10:45 am	Faculty Administrative Officers Meg Connell, Director, Office of the Dean; Nancy Edwards, Chief Financial Officer; Tim Neff, Chief Administrative Officer; Jean Robertson, Director, Human Resources; Wes Robertson, Director, Administrative Computing; Shirley Roll, Director, Facilities and Space Planning
10:45 - 11:15 am	Advancement, Development and Communications Officers Paul Cantin, Associate Director, Strategic Communications and Public Relations; Mike den Haan, Executive Director of Advancement; Julie Lafford, Manager of Alumni Relations; Kathy Parsons, Director of Development

DAY 3: FRIDAY, OCTOBER 22, 2010

	WRAP-UP
11:15 - 12:30 pm (LUNCH)	Reviewers Deliberation
12:30 – 1:15 pm	Catharine Whiteside, Dean of Medicine
1:15 - 1:30 pm	Reviewers travel to Simcoe Hall – Escorted by Meg Connell
1:30 - 2:00 pm	Reviewers to meet with Provost Provost's Office, Room 225 Simcoe Hall
2:00 - 2:45 pm	Reviewers Debrief Simcoe Hall Room 229
2:45 - 3:30 pm	Advisory Committee for the Search for the Dean, Faculty of Medicine Simcoe Hall