

FINAL REPORT

Toronto Academic Health Science Network Task Force on Valuing Academic Performance – Phase 2 (TFVAP2)

EXECUTIVE SUMMARY

We are pleased to present the report of the Task Force on Valuing Academic Performance of the health science professions (excluding medicine) at the University of Toronto and the fully affiliated teaching hospitals (i.e. TFVAP2). The TFVAP2 met over the summer and fall of 2010 to develop a set of recommendations and road map to complement and extend the 8 recommendations of the initial Task Force.

The overall goal of the TFVAP process was to provide the framework and the evidence through which to articulate the relationship between excellence in academic practice and high quality patient care. The health professions, namely nursing, dentistry, pharmacy, physical therapy, occupational therapy, speech-language pathology, social work, radiation sciences, public health and physical education and health welcomed the opportunity to develop a framework to evaluate and support academic performance in the practice setting.

There was enormous enthusiasm for the process across the disciplines and across all partner sites. For a number of disciplines the Task Force provided the impetus for health professions to meet across TAHSN to discuss discipline specific issues of academic performance and the University partnership and opportunities for growth.

There was consensus that the Task Force constituted a timely opportunity to enable TAHSN to provide national and international leadership in the development of a multidisciplinary framework for academic health science centres. Key TAHSN strengths included its national and international leadership in interprofessional practice, its strong patient safety focus and demonstrated achievement in taking knowledge generation through to the implementation of best practice and improved patient outcomes.

The TFVAP process also provided a welcome opportunity to develop more consistent appointment processes between the University of Toronto and the health disciplines, to develop a framework for promotion that recognizes the achievements of practitioners, and to highlight the educational mission and contribution of TAHSN members and provide the indicators and data to populate the Learning Quadrant of the Balanced Scorecard.

Recommendation Highlights:

1. Alignment with TVAP1 implementation process – particularly on the development of appropriate indicators to measure performance and impact of academic practice.
2. Establishment of a TAHSN Health Working Group to take responsibility to oversee the implementation of recommendations.
3. Review expectations and goals for academic work among the health disciplines across TAHSN.
4. Development by the Health Science Faculties of integrated and consistent appointment processes, nomenclature and expectations around academic appointments.
5. Review by the Health Science Faculties of their divisional promotion frameworks for status appointees to best support academic career advancement for appointed faculty.

1.0 OVERVIEW / BACKGROUND

In April 2009, the Vice-Provost, Relations with Health Care Institutions recommended that TAHSN strike a Task Force to recommend next steps in improving our processes in valuing academic performance. The Task Force members included senior academic and administrative leaders from the University of Toronto Health Sciences, the ten hospitals/research institutes fully affiliated with the University and representatives of the academic physician Alternate Funding Plan within TAHSN. The Vice-Provost Relations with Health Care Institutions, Dean Catharine Whiteside, chaired the Task Force.

The Task Force (TFVAP1) undertook a review of world best practice, examined current and potential key performance indicators and metrics, and concluded that despite the highly successful ‘interdisciplinary collaborations across academic units and institutions and the highest levels of innovation and excellence in clinical care, education and research with major impact’, the heterogeneity of TAHSN renders collective analysis difficult.

Standard measures do not exist across the enterprise and there are challenges aligning the strategic goals of each academic unit, division and organization. The Task Force argued for a TAHSN-wide strategic initiative to capture the breadth and depth of the shared academic mission, to implement standard processes for measuring outcomes with relevant indicators and to articulate ‘the TAHSN collective value as an imperative and an opportunity to establish a new paradigm for academic health science centres in Canada and internationally’.

The TFVAP1 report outlined 7 recommendations to achieve these goals and further the joint academic mission of the University and the teaching hospitals. The Council of Health Sciences fully endorsed the report and recommended that a second phase Task

Force (TFVAP2) be struck to engage all the health professional programs in the process. An 8th recommendation was added to this effect.

Following approval of the TFVAP1 Report and Recommendations by the TAHSN CEOs, a second Task Force (TFVAP2), chaired by Dean Sioban Nelson, Chair of the Council of Health Sciences, was established. Consistent with the original TFVAP1, the TFVAP2 membership consisted of a CEO, VP research, VP Education and CNE representatives, a number of members from the original TFVAP1, and practice and faculty leads from each discipline: nursing, dentistry, pharmacy, physical therapy, occupational therapy, speech-language pathology, social work, radiation sciences, public health and physical education and health.

The primary objectives of the TFVAP2 were to:

- generate a report and recommendations that recognize and support the contribution of all health professionals to academic excellence and high quality patient care;
- develop strategies to engage and sustain University and affiliated hospital partners across the health disciplines in the furtherance of academic practice; and
- identify success factors for multidisciplinary and interprofessional academic practice.

2.0 PROCESS

2.1 Timeline and Process

The following timeline and processes occurred in the development of this report:

- May 2010: Members reviewed and approved the TOR and the proposed process.
- June 2010: Each health profession established a discipline-specific reference group with the mandate of reviewing the report and its recommendations and developing a preliminary paper on discipline-specific issues. Results of this process were presented by each group to the Task Force at a June meeting;
- July + August 2010: Discipline-specific working groups finalized their papers on discipline-specific issues and recommendations. These were submitted at the end of August.
- August 2010: A writing group comprised of Dean Sioban Nelson (Chair, TFVAP2), Dean Henry Mann, Dean Faye Mishna and Prof. Jackie Schleifer-Taylor prepared the draft Task Force report and recommendations.
- September 2010: Members reviewed and provided feedback on the draft report.
- October 2010: Members reviewed and provided feedback on the final draft report.
- December 2010: Finalized report.
- February 2011: Approved TAHSN CEO Board

The concept of establishing a TFVAP2 Task Force was enthusiastically received by university-based faculty and cross-appointed hospital faculty alike. For several disciplines, the Task Force provided a much-welcome opportunity to review academic collaboration from a disciplinary perspective across all the partners. The benefits of this exercise were apparent to all and the new groups established to develop the discipline-specific reports are in most cases set to continue.

The TVAP initiative was also seen as providing the opportunity to develop much needed indicators for hospital Balanced Scorecards (particularly in the Learning Quadrant) and to develop metrics to evaluate academic practice that can inform and complement the current University of Toronto reporting mechanisms.

Common themes predominating at TFVAP2 meetings were:

- a commitment among all the disciplines, at all sites, to academic practice and the need to support clinical, teaching and research dimensions to professional practice;
- the need to address uneven levels of support and recognition for academic work – both across and within organizations;
- lack of clarity in the status university appointment process for all employed (or independently practicing) non-MD health professions;
- uncertainty among status-appointed faculty with respect to advancement of their academic careers through promotion and recognition; and
- need for initiatives that build a sustainable approach to academic practice across the health professions with short, medium and long-term goals.

2.2 Immediate Benefits of the Process

Through the establishment of the TFVAP2, the interactions among members brought immediate benefits to the development and enhancement of academic practice:

- Shared experience/shared best practices: It was evident that processes had been created in some institutions and among various disciplines that enabled staff to develop a sound approach to academic practice and to find the appropriate balance between their roles as clinicians, researchers and teachers. The opportunity to share these approaches was considered helpful.
- Cross-institution collaboration: The creation of discipline-specific working groups with members from across the TAHSN hospitals and the university enabled a discussion, in some instances for the first time, of the nature and goals of academic practice for that discipline. Pharmacy, social work, rehabilitation, and nursing, plan to continue to meet following the TFVAP2 process and to engage closely with the newly-formed TAHSN Education Committee.
- Cross-discipline collaboration: The cross-disciplinary forum occurring in the TFVAP2 process was found to be beneficial, with many members of the group surprised at the similarities across disciplines. There was enthusiasm among the members for an ongoing structure that would enable cross-disciplinary engagement on these issues and among discipline-specific groups as part of the

TAHSN partnership. One of the important strategic benefits of such a forum was argued to be the potential to leverage funds from government for health professional education initiatives.

3.0 RECOMMENDATIONS

Each discipline-based group produced a discipline-specific working paper that addressed the TFVAP1 recommendations. The following recommendations are a synthesis of those emanating from the seven discipline-specific papers received by the Writing Group. Recommendations for immediate implementation are noted with an *. Others represent mid-term and long-term goals.

Recommendation 1

TFVAP1

Create opportunities to strategically align common institutional goals among the TAHSN partners for improved performance and measurable outcomes in health services, quality health care, health and biomedical research and knowledge translation (including commercialization of intellectual property).

TFVAP2

- create discipline-specific coordinating bodies for purposes of joint planning and setting common strategic direction among TAHSN partners*
 - align academic practice goals
 - align educational mission across organizations
 - align research priorities and foster cross organizational initiatives
- support the development of appointment and promotion policies that meet the needs of academic clinicians*;
- foster leadership opportunities across TAHSN institutions for all health disciplines;
- explore the development of clinical academic departments or residency programs within the affiliated hospitals for health professions (e.g. pharmacy, dentistry, rehabilitation sciences).

Recommendation 2

TFVAP1

Build the TAHSN collective brand, synonymous with leading edge, globally competitive innovation and excellence reflected by these outcomes.

TFVAP2

The TAHSN partnership is a valuable resource with a wealth of opportunities for patient-centered care, teaching and research. The TAHSN brand communication strategy should include the message that TAHSN's multidisciplinary and interprofessional strengths are linked to clinical excellence and the recruitment and retention of best professional staff.

- jointly advance clinical scholarship through communities of practice;

- promote interprofessional education and care as a ‘branded’ feature of TAHSN;
- develop an enhanced TAHSN website showcasing the depth and breadth of the academic mission and benefits to patient care, and serving as a current collaborative repository of TAHSN academic practice initiatives and resources.

Recommendation 3

TFVAP1

Implement methods of promoting improved performance of TAHSN through valuing individual faculty member academic achievements aligned with common institutional goals.

TFVAP2

- review expectations and goals for academic work among the health disciplines*;
- create common terminology for titles, appointments and roles across the health professions*;
- align performance review, promotion and staff development opportunities with academic excellence;
- develop a framework to integrate academic practice and clinical goals (e.g. protected time for scholarly activities);
- establish targets for academic appointments in each discipline for all qualified clinical staff;
- develop a mentoring program for academic practice among clinicians;
- support the development of clinical scientist roles across TAHSN in all the health professions;
- explore and share models of teaching practitioners.

Recommendation 4

TFVAP1

Engage stakeholders (including the public, government and private sectors) in developing common institutional goals, measuring outcomes for iterative improvement and effectively communicating these outcomes.

TFVAP2

- identify our common stakeholders – patient groups, advocates, government agencies (local, provincial and federal) and develop collective engagement strategies to promote the achievements of TAHSN and enhance collective outreach;
- articulate the contribution of the interprofessional team to patient care and clinical excellence;
- identify and set outcomes/impact evaluators that are valued and understood by stakeholders in public, government and private sectors.

Recommendation 5

TFVAP1

Implement a wide and comprehensive consultation process across TAHSN to obtain consensus on the key domains for measurement by all stakeholders.

TFVAP2

- establish a working group to identify core metrics for the health professions*;
- link measures to best practice, ensuring the domains are consistent although there may be measures unique to each faculty/discipline;
- determine which metrics are already collected and which can be readily and accurately collected by the hospitals and the university, including measures sensitive to the social determinants of health.

Recommendation 6

TFVAP1

Identify new key indicators to measure areas of innovation and excellence that reflect the impact of the TASHN collective value.

TFVAP2

The following indicators are recommended:

- numbers and proportion of staff with university appointments;
- numbers visiting professors; graduate supervision;
- numbers of best practices initiatives developed;
- best practices adopted by external, provincial and national bodies;
- quality of teaching and student experience metrics.

Recommendation 7

TFVAP1

Establish and support a systematic process for routine identification and collection of all relevant data that will be published annually as the TAHSN “outcome report”.

TFVAP2

- establish a coordinating body to determine quality and utility of currently available data across TAHSN*;
- ensure standardized format to reduce duplication;
- articulate monitoring processes and use in performance assessment.

Recommendation 8

TFVAP1

In a phase 2 of the analysis of Valuing Academic Performance, engage the Council of Health Sciences to provide a second report focused on the non-MD health science faculty members and their contributions within TAHSN.

TFVAP2

- develop a sustainability strategy to ensure the continued integration of all health disciplines into the academic mission of TAHSN;
- establish a coordinating board or committee with membership from each discipline and all partner institutions to implement the recommendations and ensure alignment of academic activities across TAHSN.

4.0 Implementation

The Second Task Force on Valuing Academic Performance (TFVAP2) recommends the Establishment of a TAHSN Working Group to oversee the implementation of the recommendations. It is anticipated the Working Group will be in place for one year.

Co-chairs:

CNE designate from CNE and Professional Practice Committee and
VP Education designate from TEC.

The Working Group will provide a cross TAHSN and multidisciplinary forum to:

1. Review and share best practices that support academic practice in the health professions;
2. Develop metrics to capture impact of innovation on practice;
3. Align with TFVAP1 initiatives on academic practice to support data collection on scholarly activities.

Working Group to include:

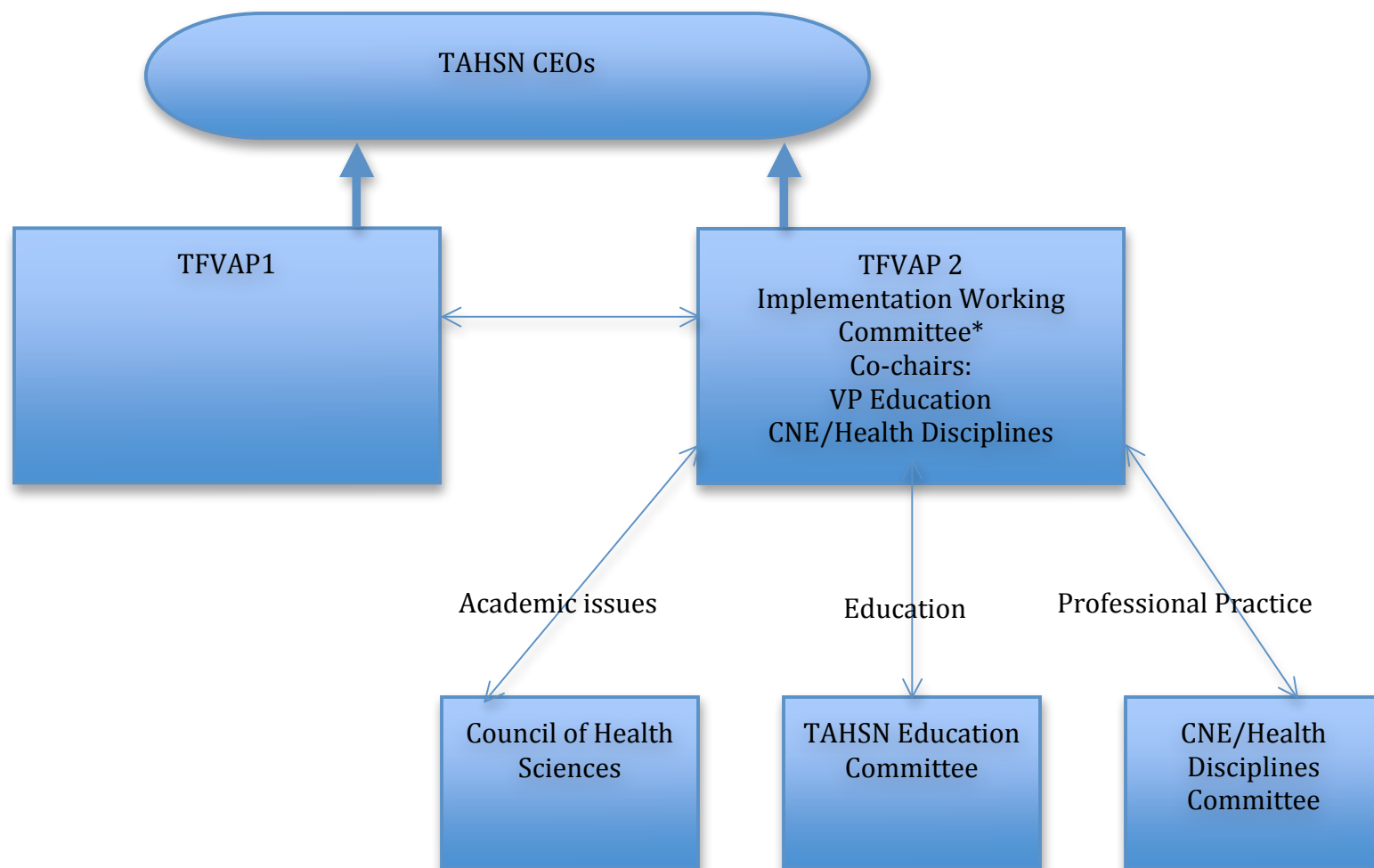
- Chair or delegate of TAHSN Education Committee and Chief Nurse Executive Committee to ensure clear communication between TAHSN education initiatives and professional practice governance in each organization.
- Leaders from each of the health professions and respective academic programs to work collaboratively to continue to advance academic professional practice across TAHSN.
- Membership from the Council of Health Sciences to align University initiatives with respect to promotion and academic appointments and initiatives to foster academic excellence by the Working Group.

Reporting:

- Report to CEOs as part of the overall TFVAP1 reporting process.
- 6 monthly reports to TEC VP Education Committee, CNE/Health Professions Committee and Council of Health Sciences.

GOVERNANCE

Task Force Valuing Academic Performance 2



*TFVAP2 Working Committee Membership
Co Chairs: CNE/Health Disciplines Chair or delegate, TEC Chair or delegate
Membership: Council of Health Sciences Chair or delegate, Practice and Discipline leads (Pharmacy, Nursing, Social Work, Dentistry, SLP, Physiotherapy, Occupational Therapy, Radiation Sciences)