



UNIVERSITY OF TORONTO FACULTY OF MEDICINE

Teaching and Academic Capacity in Toronto (TACT): Steering Committee Terms of Reference

Rationale

The University of Toronto has faced unprecedented growth and expansion in undergraduate and postgraduate medical education program expansion since 2008. In January of 2011, the UofT obtained funding from the Ministry of Health and Long-Term Care (MOHLTC) for community-based preceptor payments. In August of 2011, the Mississauga Academy of Medicine (MAM) – the UofT’s first regional medical campus – was opened. With both of these developments, unprecedented growth in the number of community-based academic appointments was realized (from 774 in June 2010 to over 2,100 in June of 2013) as well as expansion, growth and distribution of learner days outside of the traditional tertiary/quaternary Academic Health Science Centre (AHSC) context. In parallel with this growth and expansion, the following factors have become increasingly important in determining the optimal placement of learners for clinical experiences:

- Changing accreditation standards which require academic programs to provide comprehensive training in multiple environments including ambulatory, primary care, community, secondary, tertiary and quaternary care;
- Health human resources needs as articulated by the province of Ontario (i.e., mix, distribution);
- Evolving curricular standards driven by new pedagogical models (e.g., longitudinal clerkship experience, interprofessional education, competency-based training);
- New standards or “best practices” for medical education as posited by reports such as the Lancet Global Commission Health Professionals for the 21st Century and the Future of Medical Education Postgraduate and Undergraduate projects;
- Shifts in clinical practice patterns in some medical specialties (e.g., Ophthalmology, Otolaryngology); and,
- Evolving physician remuneration models.

As well, programs such as Physician Assistants, and Nursing/ Physician extenders plus existing allied health professional programs (Medical Radiation Sciences) require clinical placements in the same settings. The need for a larger and appropriately trained health care workforce to cope with Canada’s increasing health burden, including doctors, nurses, and other health professionals is undisputed but there is a commensurate need for the maintenance of the excellence of existing specialty and subspecialty training, of high end research education and fellowships in these sites. The UofT also receives persistent requests from partner medical schools for their clinical learners as well as foreign governments and sponsors to accommodate elective students and international trainees. A climate that

allows for high-end fellowships or advanced training for Canadians and foreign doctors is crucial, but unfettered, may jeopardize the viable clinical resources or dilute core residency experiences. Meeting the needs of all these programs requires coordination, forethought and balance. All of these factors have created pressures on clinical teaching capacity, educational quality, the distribution of learners and preceptor funding envelopes – and a concomitant need to review the University of Toronto’s available capacity within the AHSCs as well as all of our community hospitals and other community-based sites such as the Kensington Eye Institute, community access centres, independent doctor’s offices, and public health agencies.

The challenges embedded within the exercise of determining capacity for clinical teaching are not new. In 2008, the Toronto Academic Health Science Network (TAHSN) created a “Task Force on Teaching Capacity for Undergraduate and Postgraduate Medical Education” which produced a report in 2009. The report defined “capacity for clinical education” as,

“Clinical capacity means the ability of a health care setting to provide accredited medical education to undergraduate and postgraduate medical learners. Learners can be Canadian Medical Graduates (CMGs) or International Medical Graduates (IMGs), and they can be in core rotations or electives” (TAHSN Task Force: i).

The purpose of the TAHSN Task Force was to identify the capacity for additional learners in TAHSN hospitals for medical education and recommend to TAHSN potential mechanisms to stretch the ability of TAHSN’s member hospitals to accommodate more UGME and PGME learners over the next five years. The report was disseminated to the TAHSN CEOs, but it was not widely circulated. Data on non-TAHSN sites – which are in fact affiliated with the UofT and regularly receive our learners – was not included in this report. Further, the UofT was not empowered to take forth any of the recommendations. The report did however produce very strong baseline data, which should be updated at this time given recent developments, as noted above. The 2014 report will be produced by the UofT, and will then be brought forth to TAHSN and HUEC.

Careful planning, strategizing and coordination – with all of our partners – is needed at this time.

Mandate of the Committee

Reporting to the Deputy Dean, Faculty of Medicine (Sarita Verma), the Teaching and Academic Capacity in Toronto (TACT) Steering Committee will identify the capacity for additional learners in all of the University of Toronto’s affiliated teaching sites for medical education. It will examine the barriers including relationships with other entities, e.g., other medical schools, other colleges/institutes that are in competition for the same clinical resources and specifically:

1. Update the environmental scan of the *real* capacity in our affiliated hospitals, teaching sites and UofT Clinical Departments with a view to establishing an inventory of placements, rotations and unfilled gaps for UGME and PGME programs.
2. Conduct surveys, interviews and/or focus groups of Clerkship Directors; UGME Directors; PGME Program Directors; Fellowship Directors and Vice Chairs (Education) of Clinical Departments;

Directors of Distributed Education(DME and Rehab), Clinical Chairs and PICs, VPs Medical Affairs, other medical staff and academic leaders.

3. Recommend to the Dean, Deputy Dean, Vice Dean, Postgraduate Medical Education and Vice Dean, Undergraduate Health Professions Education, potential mechanisms to stretch the ability of our affiliated teaching sites to accommodate more UGME and PGME learners over the next five years.
4. Develop recommendations around an online, electronic, “capacity dashboard”, which organizes the data needed to accurately predict and maximize medical student and resident placements across all affiliated sites to achieve consistency, excellence and equity.
5. The group will report to the Deputy Dean, with reports submitted as follows:
 - Interim Report: Due April 15, 2014
 - Interim Report 2: Due June 2, 2014
 - Final Report: Due November 14, 2014
6. As the TACT project unfolds, the group will consult with TAHSN, HUEC, affiliated hospitals, and others groups as needed.

Membership

Co-Chairs:

Director, Clerkships Programs (Stacey Bernstein)

Associate Dean, Postgraduate Medical Education (Glen Bandiera)

Members:

Deputy Dean (Sarita Verma)

Vice Dean, Postgraduate Medical Education (Sal Spadafora)

Vice Dean, Undergraduate Medical Professions Education (Jay Rosenfield)

Manager, Office of Integrated Medical Education (Wendy Kubasik)

Director, Policy and Analysis, Postgraduate Medical Education (Caroline Abrahams)

Registrar, Undergraduate Medical Professions Education (Janet Hunter)

Manager, Strategic Operations and Policy, Undergraduate Medical Professions Education (Paul Tonin)

Ex Officio:

Mary-Kay Whittaker, Project Consultant

Marcella Sholdice, Project Consultant

Meetings

Every month, supported by the Office of Integrated Medical Education (OIME).

Working Groups and Project Management Support

Project management support will be provided by the Office of Integrated Medical Education (OIME) working closely with UGME and PGME. A working group on “Data Collection and Analysis” will be co-chaired by the Manager, Office of Integrated Medical Education (Wendy Kubasik) and the Director, Policy and Analysis, Postgraduate Medical Education (Caroline Abrahams). Project management support, research and report preparation will be provided by a Consultant (to be determined).

Resources

1 Consultant or Research Associate (8 months): <ul style="list-style-type: none">• Conduct surveys, focus groups, structured interviews, data analyses and prepare report• Coordinate meetings and related activities	\$ 50,000
Report preparation and dissemination	\$ 25,000
Data analytics	\$ 10,000
Total:	\$ 85,000