



Medicine
UNIVERSITY OF TORONTO

STRATEGIC PLAN
Department of Medicine, Division of Dermatology
2018-2023

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INTRODUCTION – The Division of Dermatology at the University of Toronto

The Division of Dermatology at the University of Toronto consists of a diverse community of physicians and trainees dedicated to quality patient-centred care by way of innovative practice, training and research. Dedicated to managing patients with chronic and life-threatening skin conditions, we have extensive knowledge and experience in inflammatory skin diseases, skin cancers, dermatological surgery and dermatopathology. Our multi-disciplinary subspecialized clinics include: complex inflammatory skin diseases [psoriasis, eczema, hidradenitis suppurativa], phototherapy and biologics clinics, complex wounds, vascular anomalies [radiology and dermatology], morphea/lichen sclerosis [dermatology and rheumatology], psoriasis and psoriatic arthritis combined clinic [dermatology and rheumatology], cutaneous lupus clinic [dermatology and rheumatology], photosensitivity disorders and photopatch testing, transplant dermatology [transplant medicine and dermatology], lymphoma (both pediatric and adult) [hematology and dermatology], genodermatoses [genetics and dermatology], HIV related skin disease and skin cancer [plastic surgery, pathology, radiation oncology and dermatology] including Mohs surgery. Teledermatology is available to provide access for patients who live far from Toronto. There is also a growing clinical research focus within the division with emphasis on skin immunology and infections, atopic eczema, hidradenitis suppurativa, cutaneous malignancy, transplant dermatology and clinical trial quality.

The Division currently has 15 full-time faculty members, sited at three fully affiliated teaching hospitals: Sunnybrook Health Sciences Centre (four FT faculty), Women's College Hospital (10 FT faculty), and Toronto Western Hospital/UHN (one FT faculty). There are over 50 faculty members with part-time or adjunct appointments, including office-based faculty and those at fully affiliated or community-affiliated teaching hospitals. They provide clinical care and teaching services in one or more of the following areas: general dermatology, wound care, cosmetics, cancer, contact dermatitis (both within the occupational medicine program at SMH), laser treatments and dermatopathology. There is also a strong connection to the Pediatrics Division at the Hospital for Sick Children.

The Division offers the largest dermatology-training program in North America. With access to a large and diverse patient population, the program increases trainee involvement and complexity as students progress through their studies. The undergraduate curriculum spans all four years of medical school while the residency curriculum focuses on ambulatory delivery of care as well as interaction with internal medical residents and staff, usually in their capacity as dermatological consultants. Training focuses on the development of thorough knowledge of the skin, its appendages and visible mucous membranes both in health and disease, and the acquisition of clinical and technical skills and attributes consistent with the capability for independent consultant practice.

The Division promotes a growing clinical research program, particularly in the areas of skin inflammation, infections and cancer (cutaneous oncology). We are currently working to establish translational research (occurring at MSB); but also need to establish a clinical

trials infrastructure to be able to take part in clinical trials, especially investigator-initiated trials. Partnerships exist, but more are needed to better meet population needs and research goals, such as building central databases.

Research output over the past five years has emphasized work on cutaneous malignancy, transplant dermatology, psoriasis and psoriatic arthritis, and clinical trial quality. Over this period, the Division had 472 publications, generating 3,683 citations and resulting in a 7.8 citation impact. 24 peer-reviewed grants and one industry-funded grant have been obtained totalling \$1.262 million; the majority of funding came from extramural agencies, including the Canadian Institutes of Health Research (CIHR) and the Canadian Dermatology Foundation (CDF).

BACKGROUND

In February 2016, the Division of Dermatology underwent an external review, conducted by Dr. Jonathan Barker, St. John's Institute of Dermatology, King's College London, and Dr. Janet A. Fairley, University of Iowa. The review found that the Division operates an excellent, world-class training program while providing outstanding clinical care at the associated hospitals. Echoing opinions expressed by University of Toronto stakeholders, the reviewers felt that the research capacity of the Division had room for improvement. It was noted that more cohesion and collaboration could be established between faculty members sited across the affiliated teaching hospitals. Among the recommendations, the reviewers suggested the Division develop a robust communications plan and establish regular meetings for Dermatology faculty. Lastly, it was noted that a number of faculty members were in the later stages of their career and the Division should consider new recruitment as an opportunity to both maintain the excellence of the training program while growing the research enterprise.

Toward these recommendations, the Department of Medicine (DoM) recruited Dr. Vincent Piguet, a world-renowned scientist to serve as the new Division Director for an initial 5-year term, beginning July 1, 2017. Dr. Piguet brings a broad research program, addressing the fields of dermatology, dendritic cells, HIV, gene therapy, vaccination, skin immunology and skin infections.

After surveying the division to take stock of existing capacity, Dr. Piguet initiated the development of a new strategic plan. A planning meeting was scheduled for April 24th, 2018 to discuss faculty, research, quality and innovation, and general division priorities (Appendix 1). Ahead of this meeting, the Division surveyed its members to provide an assessment of existing strengths, challenges, and opportunities (Appendix 2).

The strategic plan that follows was developed as a consensus-building exercise led by Dr. Piguet, to:

- a) Align with the guiding principles of the Department of Medicine at the University of Toronto. (<http://deptmedicine.utoronto.ca/values-guiding-principles>)

- b) Reflect the existing strengths, challenges and opportunities of the Division of Dermatology as voiced by its faculty members and trainees, through
 - I. a pre-retreat SCOPE assessment survey (Situation, Core Competencies, Obstacles, Prospects, and Expectations), and,
 - II. a full planning retreat open to all members of the Division.

The meeting had 35 attendees consisting of members of the divisional executive committee, faculty, administration and trainees/fellows. DoM representation included the Vice-Chairs of Education, Research, Mentorship, Equity and & Diversity, and staff members from Advancement and Strategic Planning.

Planning meeting programming included presentations from the Division Director, Vice Chairs of Education and Research, and the DoM Advancement Office. Content focused on four areas of priority, as determined by the Division Director in consultation with DoM leadership. These included:

1. **Research:** to enhance and grow our basic and clinical research program by engaging in new partnerships within the Department of Medicine (subspecialties & specialties), within the University of Toronto (basic scientists) and with external partners (industry, foundation, institutional and other);
2. **Quality and Innovation:** we aim to lead in QI and improve patient care, create new training opportunities for trainees and faculty, nurture faculty well-being and promoting meaningful knowledge translation;
3. **Recognition:** elevate the Division of Dermatology on an international scale (want to be in the top 10 by 2028);
4. **Faculty:** we will recruit quality educators and scientists to our division to sustain our objectives.

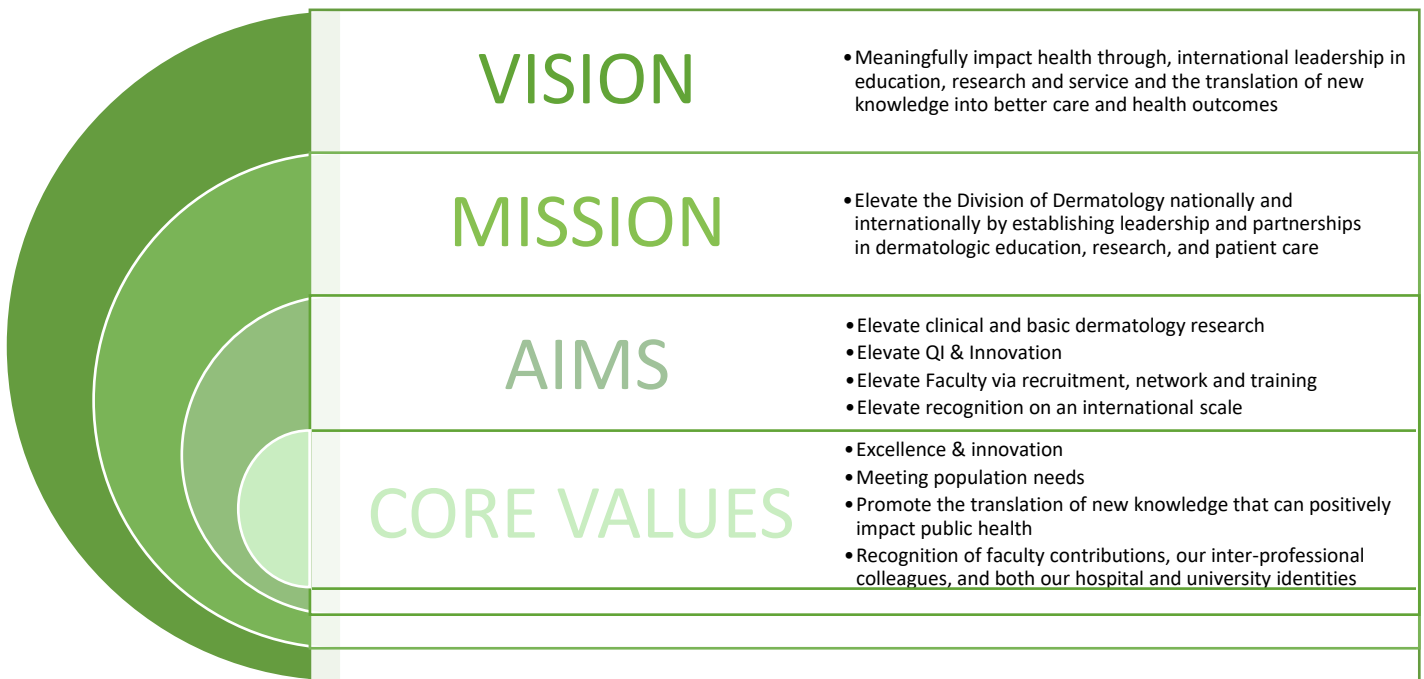
Highlighting the dynamic and collaborative research, education, faculty, and fundraising environments of the Department, each talk focused on DoM initiatives, resources (such as network, communication, and support initiatives), tools and benefits of available network and resources. Following presentations, attendees were divided into 3 sub-groups to discuss priority areas. Specifically, each group focused thoughts into categories of strengths, improvements, opportunities and obstacles, and then ranked what they perceived to be priority action items. Following discussion, groups presented findings for open discussion with all. A survey was conducted post-retreat to determine whether the activities and discussion were effective in allowing Division members to voice their opinions toward the development of a new strategic plan (Appendix 4). A large majority of attendees expressed that they were overall *very satisfied* with the external planning retreat.

VISION AND MISSION

Ahead of the meeting faculty were asked to reflect on the Division’s research, education, and quality improvement programs and initiatives, as well as faculty retention and development. These contributions were used to help develop a draft vision and mission statement to guide the discussions at the planning retreat. The vision and mission statement were then further refined based on discussion at the planning retreat.

Vision

The Division of Dermatology is unified by a vision to be a world-class academic dermatology program that meaningfully impacts skin health through international leadership in education, research and patient care and the translation of new knowledge into better care and health outcomes.



DIVISIONAL PRIORITIES – RESEARCH

Strategic Objective

The Division aims to enhance and grow our basic and clinical research program by engaging in new partnerships within the Department of Medicine (subspecialties & specialties), within the University of Toronto (basic scientists) and with external partners nationally and internationally (industry, foundation, institutional and other).

Background

The Division's current capacities in clinical and investigative research have room to grow – particularly in areas of partnerships and clinical trials, where the Division is largely underrepresented. The Division comprises a group of highly trained physicians, although it is a small group that needs to be better represented in DoM teaching hospitals. Further, there is opportunity to engage other divisions within the department, as well as other teaching sites to leverage space and access to patients. Competencies include a diverse faculty, and a specialty that aligns in significant ways with many subspecialties.

Current obstacles include insufficient staffing, limited research and clinical space, research funding and overall administrative processes to facilitate translational studies and clinical trials. Specifically, lack of enrollment of research focused medical residents, administration and retention of current faculty have been a challenge. These will be areas of key focus in the coming years. Further, lab space, while limited, could be available through new collaboration and partnership. Lastly, engagement of the external dermatology community and overall growth of the division could result in meaningful research with positive patient and community impact.

Opportunities

The Division has a number of avenues toward enhancing basic and clinical research, including new **partnerships, networking, funding, and recruitment**. Additionally, there are short- and medium-term **projects** the Division can begin to pursue that will advance efforts toward greater basic and clinical research.

Projects/research – The Division should consider creating a shared database, tracking rare cases, samples, etc. A shared database would need to take into consideration differences across sites, but would foster greater opportunities for research collaboration across sites.

The Division's research program should be more integrated into the training program to place a greater research focus in patient care early, and use the content to help develop partnerships and potential research opportunities, both internal and external. The Division should engage the broader dermatology community and stimulate interest in research early.

Partnerships – Opportunities exist for collaboration internally and externally. Specifically, Dermatology should engage with other internal divisions to cross-pollinate research, economize resources, and to broaden knowledge. It is suggested that the below Department of Medicine Divisions could deliver on some of these opportunities:

- Rheumatology
- Emergency Medicine
- Medical Oncology
- Geriatric Medicine
- Nephrology
- Occupational Medicine
- Critical Care
- Infectious Disease
- Clinical Immunology & Allergy
- Surgery

Further, engaging other Divisions could help to address concerns over lack of space – we can potentially share laboratory space or other infrastructure/resources.

The partnership with rheumatology has already led to the creation of a database of patients with psoriasis without psoriatic arthritis to complement the existing psoriatic arthritis database.

The Division must also look for opportunities to partner with external partners. This includes other Departments within the University of Toronto (Department of Surgery, Transplant Program), community practice, and national opportunities (Centre for Addiction and Mental Health [CAMH]). More thought about international partnerships is needed.

Action item: It is suggested that the Division executive committee meet and discuss potential opportunities and next steps in the coming year.

Networking/Fundraising – Division leadership should explore new opportunities for industry and patient engagement. It would be helpful to develop a plan (including branding and messaging) for how to solicit potential investors. The advancement office within U of T should be engaged to assist with framing and approach.

The Division has committed to the 2018/2019 Sir and Lady Eaton 100-year anniversary fundraising plan. With the support of Advancement and the Department, the Division will work to solicit alumni and community partners for funds before December 2019. The Department will evaluate the success of this fundraising campaign and with the help of advancement will suggest next steps. The Division in addition to these recommendations will strive to build upon Eaton 100 fundraising momentum.

Funding – The University of Toronto is an internationally-respected institution, and the abundance and proximity to basic and clinical research personnel as well as research institutes and an overall supportive climate for research, means the Division has many potential avenues to secure funding.

The Division should work to secure grant and research admin support, which is required to help with time constraints of faculty—i.e. REB, peer review, etc.

Salary support of researchers needs to be considered as agency funding is often limited to trainees, not fellows or faculty. If dedicating time to research, there is less time for clinic (less compensation). One potential path is to engage the research infrastructure of other divisions to find and leverage overlap that can free up other funding.

Recruitment – Research capacity in Dermatology should be a priority for any new recruitment in the Division. The research climate in Toronto is favourable, giving new faculty access to other knowledge users. There is also a large and diverse patient demographic and data resources which should be enticing to researchers. Recruitment efforts should however consider the needs across sites for clinician teachers, investigators, scientists and administrators, and to ensure adequate faculty time is available for research.

Short, Medium, and Long-term Objectives		
Considerations:	Stakeholders:	Funding:
<ul style="list-style-type: none"> - Lab space - Need new partners - Build faculty interest in research early in career - Need to recruit basic and clinical scientists 	<ul style="list-style-type: none"> - Engage in new cross-divisional / site partnerships - Engage other University faculties/Institutes (Engineering, IBBME, Donnelly etc...) and departments (IMS, LMP, MoGen etc...) - Industry partners 	<ul style="list-style-type: none"> - Multi-year grants - Partnerships with other affiliated hospital sites - Foundation funding - Donor funding
Deliverables:		
<p>By year 2 (2020) – (Infrastructure, Basic Research, Recruitment, Internal Collaboration) Within two years, the Division aims to further develop basic, translational and clinical research. The plan is to start dermatology laboratories with initial data and recruit one to two research faculty in cutaneous oncology and inflammatory skin diseases. The Division will have explored options to establish capacity in core clinical research areas such as epidemiology, health-services research and clinical trials. The Division now lacks the infrastructure to perform clinical trials efficiently, however, developing new cross-divisional, departmental (IMS, LMP, MoGen, etc.) and faculty partnerships is a first step.</p> <p>The Division will work to identify ‘Junior Shepherd’ mentorship for research to better engage trainees early and get them interested in research. To provide expanded trainee exposure to patient populations, the Division will look to approach other subspecialty clinics in other divisions. Checklist and logistics assessment (i.e., access/rights to other sites) will need to be considered when approaching other divisions, as will supplies, locations, date and other personnel considerations.</p> <p>The Division will also consider expanded Research Rounds to invite faculty and or research teams for regular updates/paper discussion to build interest amongst early-career trainees.</p>		

By year 5 (2023) – (Research - Publications, Funding, Partnerships, Recruitment)

After five years, the Division expects to see higher-impact publications and aims to recruit additional research faculty, secure multi-year grants and identify residents earlier for the clinician-scientist training program. Further we will work to grow our partner network to better include clinical trials and new research opportunities. We will aim to increase the number of roles in national and international organizations (journal boards, CDA, AAD, SID, CIHR, WHO, etc.).

By year 10 (2028) – (Publications, Partnerships, Clinical Trials)

After ten years, the Division expects to see further growth in high-impact publications and to build new international partnerships. We will further recruit additional research faculty, teachers and trainees. We will also secure multi-year grants and be engaged in clinical trials.

DIVISIONAL PRIORITIES – QUALITY and INNOVATION

Strategic Objective

We aim to lead in QI and improve patient care, create new training opportunities for trainees and faculty, nurture faculty well-being and promoting meaningful knowledge translation.

Background

The Division boasts specially trained physicians who perform groundbreaking procedures unique to the GTA, and that lead in innovative dermatological care. Competencies include an academic dermatology program that is the largest and most diverse in the GTA. For instance, we help patients manage chronic and life-threatening skin conditions through our Phototherapy Education and Research Centre (PERC), the first and largest of its kind in Ontario; our internationally-recognized Wound Care Centre; and most recently, our Ricky Kanee Schachter Dermatology Centre - Ontario's first Multicultural Dermatology Clinic in an academic setting (Women's College Hospital) for those with non-Caucasian skin.

Toronto Western Hospital offers consultations for complex patients with treatments including phototesting, photopatch testing and phototherapy, as well as surgical and cosmetic treatment of skin disorders. TWH also sees patients from UHN's Transplant Centre. Sunnybrook offers a wide range of advanced medical dermatology services treating major conditions such as auto-immune disease, adverse drug reactions, skin cancer, and severe psoriasis within various specialized clinics such as the Pemphigus and Pemphigoid Clinic, Drug Safety Clinic, and Skin Lymphoma Clinic.

Current obstacles include patient access to care and long patient wait times (both for referral and appointments) as not all affiliated teaching sites have staff dermatologists. Geography is often a challenge for on-call physicians due to travel, as is the scarcity of

resources at facilities that do not have on-site dermatological care. Lastly, faculty and patients often do not have access to clinical trials, as they are more readily accessible at external dermatology practices that have the required resources and the REB support.

Opportunities

The Division places a priority on quality improvement, which is key to its overall vision of translating new knowledge into better care and health outcomes. To this end, the Division is considering the **efficiency** of its current models for delivery care. Other considerations include the **Seniors Clinic**, and the development of novel **fellowships curriculum**.

Efficiency – More efficient clinics would ensure time for teaching while maintaining a higher volume of patients. The Division is fortunate to have consistently excellent trainees that both adapt to and help inform new models of care in Dermatology. Clinical activities could be enhanced by hiring more staff (RN, Administrative staff assigned to clinics). The Division needs more space that is dedicated to teaching. This space needs to be close to clinics with basic teaching tools, white boards, etc. Current office space is also restrictive.

The Division is positioned to be a world leader in implementation of innovative virtual care pathways, integrated with machine learning and artificial intelligence. This includes using virtual care to manage access challenges across the city. Such telemedicine and on-call initiatives generally lead to an increase in urgent consults for patients with complex needs that require in person assessment. The Division needs new ways to plan for this time commitment, to ensure continued quality of care for patients and fair models of compensation for physicians. For virtual care, the Division must address concerns around triage and accuracy of communications.

There is also a need to consider how faculty follow patients longitudinally and access/connect with patients. Curriculum development in longitudinal learning is required. The Division would be well served by a dedicated Clinician in Quality and Innovation. To improve efficiency, the Division should engage partners to invest into a central database system that can be accessible to all affiliated teaching hospitals to further increase patient data resources. Such a database system could be critical to future artificial intelligence initiatives.

Seniors clinic – More structure is required to ensure the right division of cases/patients between residents as well as the scope of their potential involvement in virtual care pathways.

Fellowship curriculum – The Division’s investment in novel care pathways and technology creates an opportunity for fellowship experiences to train “virtualist dermatologists” with expertise in virtual care, machine learning, and technology evaluation.

Short, Medium, and Long-term Objectives		
Considerations:	Stakeholders:	Funding:

<ul style="list-style-type: none"> - Clinic efficiency - Space - Innovation - Tools/resources - Staff 	<ul style="list-style-type: none"> - University affiliated teaching hospitals - Patients - Trainees - Faculty 	<ul style="list-style-type: none"> - Departmental and site investment into teaching space (white boards) - Partnerships/funding split with other specialties/sub-specialties - Philanthropic and industry
<p>Deliverables:</p>		
<p>By year 2 (2020) – (Partnerships, Space, Efficiency, CBD) Create new and meaningful partnerships within the University, other specialties and cross-disciplinary services focused on technology. Enhance teaching efficiency by way of more clinic space, subspecialty clinics and innovation, such as virtual care, databases, and timely patient access to care. Improve consultative dermatology access to academic sites by piloting virtual care initiatives.</p> <p>By year 5 (2023) – (External Partnerships (industry & other), Reduced patient-care wait times, Patient findings database) Strengthen and expand external partnership network to include industry and clinical trials. Expand virtual care and machine learning to multiple city-wide sites. Work to ensure faculty and staff in place across affiliated sites to reduce patient care wait times and to improve overall care. These new partnerships will provide additional resources and potential care opportunities for our patients. We will also increase our patient population, will bank and document patient conditions and will engage partners to invest into a central database system that can be accessible to all affiliated teaching hospitals to further increase patient data resources.</p> <p>By year 10 (2028) – (Innovation, City-wide accessible patient findings database) Community partners will have joined our city-wide accessible filing system allowing the database to extend nationally, allowing for the development of novel machine learning endeavors.</p>		

DIVISIONAL PRIORITIES – EDUCATION

Strategic Objective

The Division will continue its strong tradition of excellence in Dermatology training, recruiting top trainees while continually improving the program and updating trainees on new and developing methods of patient care.

Background

The Dermatology Residency Program, established in 1964 to enable medical school graduate physicians to receive specialty training in dermatology, is the largest such facility in Canada. We are responsible for training over half of all dermatologists practicing in Ontario and roughly one-third practicing across Canada. The division's high-impact research encompasses the clinical and basic sciences, ranging from immunology to epidemiology, health services research, and clinical trials. We have expertise in general dermatology, inflammatory skin disorders (e.g., psoriasis, eczema), autoimmune bullous disorders, cutaneous lymphomas, epidermolysis bullosa, morphea, genodermatoses, vitiligo, photosensitivity disorders, vascular malformations and tumours, HIV dermatology, alopecias, wound care and transplant dermatology. Members of the division are experts in patch testing and photopatch testing, phototherapy, Mohs micrographic surgery, cosmetic and procedural dermatology and treatments and management for complex skin diseases to improve patient quality of life and function. A dedicated group of dermatopathologists teaches concepts in dermatopathology weekly as well as during dedicated rotations.

In addition to resident training, the undergraduate curriculum for Dermatology at U of T spans all four years of medical school, increasing in complexity and involvement as students progress through medical studies.

With an approximate resident-to-faculty ratio of 3:1, the Division is currently stretched in its teaching commitments.

Opportunities

While the training program is well-regarded nationally, the Division can still work to enhance the clinical experience for residents. Exposure to subspecialty clinics will enhance knowledge of specialities and provide a richer training environment with better population support. In consideration of improving educational opportunities at subspecialty clinics there is a strong need for more and better space (exam rooms, teaching rooms), better staffing (physicians, nursing, administration), infrastructure for diagnostics, and a better system for patient records that would follow patients through the system and allow follow-up on biopsy, etc.

Competence by Design – The Division of Dermatology should begin planning for changes to the training program and availability of clinic and research time that will be brought forth by the Royal College-mandated Competence by Design (CBD) in 2020. CBD has the potential to improve patient care by providing feedback to trainees much earlier, ensuring they have time to improve and address concerns. CBD could increase wait times for patients and/or will translate into less patients seen and fewer billings to accommodate CBD reporting/programming.

Limited staff are available to direct multilevel learning curriculum, and in addition to research considerations, any new recruitment needs to take this into account.

Fellowship curriculum changes should be considered. Clarifying funding considerations and minimum competency requirements would be helpful to prospective fellows considering U of T training.

Short, Medium, and Long-term Objectives		
Considerations:	Stakeholders:	Funding:
<ul style="list-style-type: none"> - Educators: recruitment of full time faculty (clinician teachers) - Faculty satisfaction (evaluation space, time, mentorship) - Recognition of faculty contributions - CBD – personnel and space - Resources in subspecialty clinics 	<ul style="list-style-type: none"> - Medical residents/Fellows - Educators - Subspecialties 	<ul style="list-style-type: none"> - New partners - Funding for fellowships - Engage donors - Multi-year awards
Deliverables:		
<p>By year 2 (2020) – (Recognition - International, Research, Partnerships) We will increase interest of international residents and will engage applicants with research interest. Recruitment of faculty will also be needed to meet the education and evaluation needs of trainees (CBD roll out). Lastly, create new training opportunities through partnerships with subspecialties – minimum of 2 new subspecialties.</p> <p>By year 5 (2023) – (Partnerships, Research) Expand research partnerships to offer a variety of research training opportunities to potential residents and fellows.</p> <p>By year 10 (2028) – (Excellence in Teaching, Expanded Fellowship Portfolio, Curriculum Development) Sustained excellence in undergraduate and postgraduate teaching of our faculty members with recognition at local (U of T teaching awards), provincial (PARO), national level (RDOC, CDA) and international (AAD, EADV) levels. Expand our successful fellowships programs to include dermatopathology as well as new fellowships based on evolving areas of dermatology (e.g., virtual dermatology, dermato oncology...). Leading a national level for dermatology curriculum development and staying at the forefront of advances in dermatology education nationally and internationally.</p>		

DIVISIONAL PRIORITIES – FACULTY

Strategic Objective

We will recruit quality educators, QI-focused individuals and scientists to our division to sustain our objectives.

Background

The Division consists of a diverse team of specialized leaders who provide cutting edge treatments at four major Toronto teaching hospitals. Competencies include knowledge of specialized techniques and care, dedicated teachers, and importantly, a team capable of working with multiple partners and subspecialties.

Current obstacles include ratio of full-time faculty to trainee, a rapidly growing population base and underrepresentation at affiliated teaching hospitals. Time management is a major consideration, particularly with respect to patient, teaching and research priorities. Evaluation of trainees will soon change requiring a more focused hands-on approach by faculty (*Competence by Design*). Further, with a growing population need, on-call schedules are busy and current number of physicians is not adequate, according to faculty satisfaction survey results.

Opportunities

In alignment with the strategic priorities of the Department of Medicine, the Division of Dermatology is committed to the wellness of its faculty and trainees. The focus on faculty includes increased considerations of **faculty retention**, **clinical efficiency**, and **protected time**. **Recruitment** is also a key consideration in pursuit of the Division's objectives.

Retention of Faculty – The Division will consider how to make the hospital setting more appealing, including resources, opportunities for collaboration, and collegiality with other divisions. The Division should advocate for more opportunities for residents interested in academic careers to build a sustainable pool of talent. To this end the Division should also post job descriptions to mine for talented residents outside of Toronto earlier.

The Division will also advocate for resources and space in host hospitals to demonstrate that faculty members are valued for their contributions.

Clinical efficiency – Faculty would be well served by improved clinical efficiency (as outlined above in Quality and Innovation). The Division sees a large volume of patients with increasing pressures from on-call requirements and telemedicine. Hospital sites have expressed interest in having full-time faculty members at their sites, per the external examiner's report, and adding faculty at additional sites would help address the current geographical challenges faced by faculty. More efficient clinics ensure both time for teaching and research while maintaining a high volume of patients. The time commitment required of faculty is a challenge when servicing city-wide due to geography and high

population demand and is exacerbated when on-call due to lack of equipment/resources (e.g., need for biopsy cannot always be accommodated due to lack of tools/resources).

Faculty time – Key to expanding the research program in the Division, while also maintaining the excellence of the training program is ensuring that protected time for faculty members is honoured. This can be accomplished through greater clinical efficiency together with recruitment and retention of faculty members. A city-wide approach can help remove the geography barrier and cut down on travel time which is not compensated. The Division could also consider a clinic off-campus, in the model of the Cleveland clinic to alleviate some of the existing clinical demands.

Recruitment – The Division should consider recruitment at all levels, but particular needs exist in the area of Clinician Teachers, Clinician Scientists and Clinicians in QI. Recruitment should also be targeted across the affiliated teaching hospitals rather than sites where there is an existing concentration of faculty. Currently there is only one full-time faculty member at UHN (although Toronto Western Hospital has plans to hire two Clinician Teachers in the short- to mid-term). Princess Margaret Hospital (UHN) consult service is covered by residents and staff based at Toronto Western Hospital and Women’s College Hospital. There is a dermatologist attending the multi-disciplinary melanoma clinic at PMH. Outpatient consults from PMH are seen with priority at Toronto Western Hospital and this should be reinforced over time. PMH and St. Michael’s Hospital have increasing rates of on-call needs and would benefit from a faculty hire. Sunnybrook is also looking to hire clinician scientists and teachers and there could be alignment with the Division’s priorities. Encouraging recruitment at additional sites could also help address the current lack of space, which has been a barrier to recruitment.

Greater representation across the city would provide potential alignment with other divisions and could provide a richer training environment with greater access to patient populations for training purposes. It would also enable faculty to teach more effectively.

Short, Medium, and Long-term Objectives		
Considerations:	Stakeholders:	Funding:
<ul style="list-style-type: none"> - Recruitment of full-time faculty - Faculty satisfaction (Compensation, travel) - On-call - Teaching - Recognition of faculty contributions 	<ul style="list-style-type: none"> - New sites / community collaborations - Partner divisions 	<ul style="list-style-type: none"> - New partner sites - Partner with other Divisions to split costs - Include funds to recruit investigators via multi-year grants
Deliverables:		
By year 2 (2020) – (Satisfaction, Retention, Partnership)		

We will enhance city-wide recruitment of full-time faculty and engage in collaboration with other divisions/specialties. Specifically, we will recruit full-time faculty to reduce burden of large clinical and teaching loads, while also better meeting the needs of current faculty and patients (possibilities include: ambulatory clinics, shared clinic days, staffing of dermatologists at unrepresented sites, splitting time between sites, and telemedicine consults). We will also improve physician wellness and satisfaction, which will be represented by physician retention, better staffing and on-call schedules, and improved physician satisfaction survey results.

By year 5 (2023) – (Recruitment)

Recruit clinician investigators and scientists city-wide.

By year 10 (2028) – (Recruitment)

Consolidate national and international recruitment if no national suitable applicant is identified.

DIVISIONAL PRIORITIES - RECOGNITION

Strategic Objective

To elevate the Division of Dermatology on an international scale. (Attain a top 10 rank by 2028)

Background

The Division is known both within the local and international community – although not widely internationally. Nationally, the division is the largest and most diverse teaching facility in Canada. Providing unique care, the division has gained some recognition by the international Dermatology community. However, more can be done. Competencies include faculty with expertise and leadership in niche areas of innovative care, some of which include: Wound Care (a Centre that is recognized nationally and internationally), Mohs micrographic surgery (Women's College Hospital has the largest centre in Canada) and the Phototherapy Education and Research Centre, the first and largest of its kind in Ontario. The Combined Psoriasis/Psoriatic Arthritis Clinic at Toronto Western Hospital has achieved international recognition through its affiliation with the Group for Research and Assessment in Psoriasis and Psoriatic Arthritis (GRAPPA).

Current obstacles include accessing clinical trial opportunities locally that could enhance clinical care outcomes of patients and research. Further, engaging internal and external community partners could enable better patient care and importantly, opportunity for international collaboration with such dermatology leads as: UK, EU, US, Switzerland, China, and Japan. Professional membership (Society For Investigative Dermatology, European Society for Dermatological Research), participation in the international Dermatology community via publications, conferences and meetings (American Academy of Dermatology, European Academy of Dermatology and Venereology), and lastly pharma and biotech partnerships will be important next steps.

Opportunities

The Division will see improved recognition by maintaining the excellence of its training program while expanding the research enterprise and developing new quality and innovation projects.

The Division aims to improve its recognition locally, nationally and internationally. At the local level, this will be pursued by enhancing the clinical experience of its subspecialty clinics. By improving clinical efficiency as outlined in the Faculty and Education strategic priorities, the Division will enable cost savings and new partnerships and collaborations, while providing expanded patient care. This will improve recognition at the local level.

New projects in Quality and Innovation and Research, such as the development of a patient and sample database, and improved longitudinal tracking of patients will lead to an increase in publications, while also facilitating new partnerships with other Divisions. Creating the infrastructure for clinical trials at the affiliated hospitals will allow the Division to lead and participate in international trials and facilitate new international partnerships.

Short, Medium, and Long-term Objectives		
Considerations:	Stakeholders:	Funding:
<ul style="list-style-type: none"> - Partnerships - Research - Education - Funding - Share resources with international partners - Grow Fellowship opportunities 	<ul style="list-style-type: none"> - Division - Department - University - Faculty - Patients 	<ul style="list-style-type: none"> - Multi-year grants - Engage foundations and donors for funds - Engage international partners in collaboration
Deliverables:		
<p>By year 2 (2020) – (Publications, Lab and Clinic Space, Increase Faculty and Trainee Enrolment [fellowships]) Work towards publishing research findings, partner with other labs to expand research output, secure additional lab space, grow clinic presence via more staffing, ambulatory clinics and partnerships with other divisions/sites to garner interest of potential fellows/researchers.</p> <p>By year 5 (2023) – (Publications, Collaborations/Partnerships, Clinical Trials) High impact publications, local collaboration with community partners (patient database) and international collaboration with leading institutes and industry engaging in clinical trials. Be ranked in the top 10 of Dermatology training.</p> <p>By year 10 (2028) – (Ranking) Be ranked internationally as being in the top 10 Dermatology research and teaching institution.</p>		

SUMMARY OF RETREAT GROUP DISCUSSION

Group discussion at the planning retreat was framed around Research, Education and Faculty, with key considerations including quality improvement and international recognition (Appendix 3). The dermatology community unanimously articulated an urgent need for faculty recruitment and an overall greater presence city-wide. Together, advancement in these areas will strengthen **core-divisional values**, as articulated by the group below:

1. **Excellence in:**
 - a. Education - aligning physical training to meet population needs
 - b. Research - translating excellence from the bench into the clinic-broadly
 - c. Faculty - supporting mentorship, advancement and recognition of faculty contributions
 - d. Funding - supporting internal initiatives and research that advance excellence
2. **Meeting of population needs:**
 - a. City-wide dermatology representation is needed across major Toronto sites
 - b. Improving patient access to physicians
 - c. Meeting and providing patients with quality care
3. **Promoting the translation of new knowledge that can positively impact public health:**
 - a. Clinical trials/patient access to advanced medical care
 - b. New partnerships
 - c. Growing the dermatology research portfolio and evolving trainee knowledge of new tools and diagnostics
4. **Recognition of faculty contributions, our inter-professional colleagues, and both our hospital and university identities:**
 - a. On-call system: current volume of need from population, geographical considerations (travel between sites) and the available number of physicians (growth needed), requires site and divisional attention
 - b. Volume: the ratio of educators to trainee/fellows is estimated to be 1:5
 - c. Competence by Design (CBD): with new Royal College mandated changes to how trainees are evaluated/taught relevant skills, administrative responsibilities of faculty/clinician teachers will increase time demands. CBD will come into effect in 2019/2020 and planning for evaluation time will be required

There is further opportunity for growth through alignment with other specialties and subspecialties. Suggestions include ambulatory clinics, shared clinic days, staffing of dermatologists at unrepresented sites, splitting time between sites, and telemedicine consults.

Collaboration/Partnerships opportunities identified:

<u>Divisions:</u> - Nephrology	<u>Sites:</u> - St. Michaels Hospital
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<ul style="list-style-type: none"> - Emergency Medicine - Medical Oncology - Cardiology - Critical Care - Infectious Disease - Geriatric Medicine - Clinical Allergy and Immunology - Occupational Medicine - Rheumatology 	<ul style="list-style-type: none"> - Princess Margret - Mount Sinai - University Health Network
<p><u>External:</u></p> <ul style="list-style-type: none"> - Industry/clinical trials - Dermatology Community - Patients 	

SUMMARY OF KEY MILESTONES

Strategic Direction #1 – Faculty Development				
GOALS	PRIORITY IMPLEMENTATION ACTIONS (YEARS 1-2)	MID-TERM INITIATIVES (YEARS 2-3)	LONG-TERM INITIATIVES (YEARS 4-5)	INDICATORS & MEASURES
1.1 Enhance mentoring and career planning for faculty	<ul style="list-style-type: none"> • Identify a formal Mentorship Facilitator for Dermatology to liaise with DoM Mentorship, Equity & Diversity (MED) committee • Formalize the mentorship of all new faculty • Coach new faculty on expectations and process for 3 Year Review (CFAR) 	<ul style="list-style-type: none"> • Offer professional development in mentorship to any interested faculty serving in this role • Identify content-specific mentors for 3-year review process, establish samples of successful 3-year review documents • Promote the value of mentorship and highlight successes in newsletter 	<ul style="list-style-type: none"> • Work with DoM MED committee to identify ‘retirement coach’ to help late-career faculty consider options for late career transitions 	
1.2 Develop strategies for faculty retention and future recruitment	<ul style="list-style-type: none"> • Assess current faculty capacity at early, medium, late-career stages 	<ul style="list-style-type: none"> • Develop city-wide recruitment plan that addresses current and future needs 	<ul style="list-style-type: none"> • Explore joint recruitment strategies with other DoM Divisions where supported by research priorities 	
1.3 Identify and support faculty to pursue promotion	<ul style="list-style-type: none"> • Promote the value of promotion to faculty at all sites, including community partners 	<ul style="list-style-type: none"> • Identify all eligible faculty by integrating promotion eligibility into annual performance reviews 		
1.4 Enhance collegiality and belonging within the Division	<ul style="list-style-type: none"> • Develop regular Division newsletter 	<ul style="list-style-type: none"> • Utilize videoconferencing for rounds • Ensure faculty are consistently nominated for 	<ul style="list-style-type: none"> • Develop ongoing activities to engage with alumni of training program and retired faculty 	

		internal and external awards	<ul style="list-style-type: none"> • Develop communications strategy to support alumni communications and support careers in Dermatology 	
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Strategic Direction #2 – Educational Excellence

GOALS	PRIORITY IMPLEMENTATION ACTIONS (YEARS 1-2)	MID-TERM INITIATIVES (YEARS 2-3)	LONG-TERM INITIATIVES (YEARS 4-5)	INDICATORS & MEASURES
2.1 Maintain Excellence of the Training Program	<ul style="list-style-type: none"> • Appoint sub-committee of the Residency Program Committee to explore preparedness for CBD implementation 	<ul style="list-style-type: none"> • Develop repository of educational scholarship in Dermatology 	<ul style="list-style-type: none"> • Enhance career counselling training for securing staff positions in affiliated hospitals or in pursuing community practice 	
2.2 Prepare for roll-out of Competence by Design in Training Program	<ul style="list-style-type: none"> • Appoint sub-committee of the Residency Program Committee to explore preparedness for CBD implementation 			
2.3 Enhance Fellowships Programming	<ul style="list-style-type: none"> • Clarify funding considerations and minimum competency requirements 	<ul style="list-style-type: none"> • Explore with affiliated hospitals a jointly funded international fellowships program 		

Strategic Direction #3 – Research

GOALS	PRIORITY IMPLEMENTATION ACTIONS (YEARS 1-2)	MID-TERM INITIATIVES (YEARS 2-3)	LONG-TERM INITIATIVES (YEARS 4-5)	INDICATORS & MEASURES
3.1 Increase research profile and recognize	<ul style="list-style-type: none"> • Identify core metrics for research 	<ul style="list-style-type: none"> • Develop annual reporting to be shared with 		

faculty research accomplishments	<p>productivity and establish benchmarks</p> <ul style="list-style-type: none"> • Highlight all faculty and trainee research papers in newsletter 	<p>faculty and residents on research metrics</p> <ul style="list-style-type: none"> • Develop an annual award that recognizes best faculty and trainee research papers 		
3.2 Promote research among Dermatology trainees	<ul style="list-style-type: none"> • Meet with all incoming trainees to identify research interests, and identify faculty supervisors and/or research opportunities • Promote Eliot Phillipson Clinician Scientist Training Program 	<ul style="list-style-type: none"> • Establish informal research mentorships for trainees interested in research-related careers • Host regular showcase for faculty and resident research projects, Research Rounds 		
3.3 Explore research collaborations within DoM Divisions and potential Faculty and University collaborators	<ul style="list-style-type: none"> • Scan Division members for any existing collaborations with Division, Faculty, University partners 	<ul style="list-style-type: none"> • Invite potential collaborators from Divisions including Oncology, Immunology & Allergy, etc. to annual research day. • Outreach to potential collaborators through presentations at their symposia, research rounds, etc. 		
3.4 Improve research capacity in Dermatology for basic and translational research	<ul style="list-style-type: none"> • Begin planning for shared database, tracking samples, rare cases, etc. to foster research collaboration across sites 	<ul style="list-style-type: none"> • Pursue multi-year group grants • Work with Advancement office and foundations toward new research funding 	<ul style="list-style-type: none"> • Recruit research faculty for key areas including cutaneous oncology and inflammatory skin diseases 	

3.5 Identify new research opportunities	<ul style="list-style-type: none"> Engage other University faculties/institutes (Engineering, IBMME) and Departments (IMS, LMP, etc.) 	<ul style="list-style-type: none"> Conduct environmental scan of industry support for dermatological research and emerging areas of research 	<ul style="list-style-type: none"> Build infrastructure for clinical trials 	
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Strategic Direction #4 – Quality & Innovation				
GOALS	PRIORITY IMPLEMENTATION ACTIONS (YEARS 1-2)	MID-TERM INITIATIVES (YEARS 2-3)	LONG-TERM INITIATIVES (YEARS 4-5)	INDICATORS & MEASURES
4.1 Establish a QI agenda for the Division of Dermatology	<ul style="list-style-type: none"> Complete an environmental scan of current QI activities in Dermatology Identify core quality metrics that can be assessed across all sites 	<ul style="list-style-type: none"> Establish a QI lead at each site, and formalize a QI committee under leadership of Divisional QI lead Develop tools and process to collect these metrics, begin collecting metrics 	<ul style="list-style-type: none"> Review quality metrics to identify trends and quality issues Develop a city-wide initiative to address identified quality issues 	
4.2 Promote and nurture scholarship in quality and improvement and patient safety	<ul style="list-style-type: none"> Identify faculty with academic interest in QIPS 	<ul style="list-style-type: none"> Implement a QI component to Dermatology research rounds 	<ul style="list-style-type: none"> Incorporate a QIPS component into residency training 	