



EXTERNAL REVIEW REPORT TEMPLATE

The External Review Committee is asked to evaluate the standards and quality of the unit undergoing external review, commenting on the points below. The following template is based on the terms of reference and highlights the critical elements that must be considered. You are welcome to use this template if it is helpful in organizing your response. Please make note of any recommendations on any essential and/or desirable modifications.

UNIT UNDER REVIEW	Department of Surgery
COMMISSIONING OFFICER	Prof. Trevor Young, Dean
EXTERNAL REVIEWERS	Prof. John Kortbeek, Professor and Head, Department of Surgery, University of Calgary and Alberta Health Services Prof. Carlos Pellegrini, The Henry N Harkins Professor and Chair, Department of Surgery, University of Washington
DATE OF SCHEDULED REVIEW	October 21-22, 2015

EXTERNAL REVIEW SUMMARY *(Please provide a summary of your findings.)*

Dr. James T. Rutka is completing a 5 year term as the Department head of Surgery at the University of Toronto. The Department is the largest in Canada with over 275 full-time faculty, 40 part-time faculty, 75 adjunct faculty, 250 residents, 200 fellows. The Undergraduate medical school has 225 students enrolled in the 4 year program. The Department is the National leader in Canada and amongst the top ranked Departments globally with respect to research funding, publications and endowed chairs. The reviewers had the opportunity to read a report prepared by the Department and then to meet with senior faculty and hospital leadership, members of the Surgery executive including Chiefs of Surgery, Division Chiefs, education and research leaders, as well as students. Support and admiration for Dr. Rutka’s leadership was universal. Strengths included a collaborative approach, always approachable and available, calm, supportive and engaged in addressing issues and working toward solutions. The morale in the Department is high and the commitment to the education, research and clinical missions is strong. The members shared the vision of global leadership in surgery. All were supportive of renewal for a second term.

The Department of Surgery delivers academic programs through appointed full time faculty at 9 hospitals with practice plans, part time faculty at 4 partially affiliated hospitals and 10 hospitals with clinical adjunct appointments. The department participates actively in the recruitment process at the full/partial affiliate hospitals.

Budgets for hospital operations, clinics, physician administrative assistants, bedside physicians, physician assistants and nurse practitioners are the responsibility of the individual hospital boards, CEOs and Hospital Chiefs of Surgery. The Department provides leadership and influence through recruitment, support for the University of Toronto affiliation agreement as well as the support for medical students, rotating residents and fellows. Regular meetings of the Department Head with the senior leadership team, hospital chiefs of surgery and division chiefs provide for an increasingly collaborative and programmatic approach to the delivery of surgical services in Toronto.

The Department has a reputation for research excellence. A foundation for this rests with the Surgeon Scientist Training Program (SSTP). A strength of the Department has been the establishment and evolution of practice plans. These provide compensation to the members with revenues generated principally from pooled fee for service as well as conditional grants. In addition the Department is unique in providing standardized financial support for all full time faculty in addition to the clinical practice plans.

The Undergraduate program in surgery has been strengthened considerably over the past 5 years. Common to other surgical programs across Canada the unique workflow requirements of surgery provide for a potentially challenging environment for medical students. The Department has enjoyed tremendous leadership by Dr. Christakis and a dedicated UME executive with leads in all surgical specialties. The clerkship preparation has been strengthened through the Prelude program. Four pre-clerkship programs have been introduced to help prepare undergraduates and increase interest in surgery.

Postgraduate educational programs also enjoy strong leadership. Recent mandated external reviews of General Surgery and Urology led to full accreditation. At present all residency programs are positioned well to adapt to the forthcoming changes with the adoption of competency by design.

Fellowship programs under the leadership of Dr. Latter have resulted in the Department of Surgery processes leading policy revision for the faculty. The programs now mirror RCPSC residency program requirements with respect to learning objectives, faculty and student evaluations and appeals. A variety of funding mechanisms have been adopted with a minimum compensation level established across the Department. Designated fellowship leaders within each division and for the Department ensure collaboration with the residency training programs.

Clinical service is also evolving with the growth of programs, the introduction of protected resident time and restricted working hours. The service obligations have been met by a combination of extenders, allied health professionals, and fellows.



PREVIOUS EXTERNAL REVIEW *(Please indicate if, and how, the unit addressed the findings of the previous external review.)*

The previous external Review was conducted by Dr. Jonathan L. Meakins and Dr. Garth L. Warnock and concluded that the Department of Surgery at the University of Toronto was a leading Department in Canada and one of the top 10 in the world. While the review was, for the most part, laudatory, it pointed out a few areas for potential improvement. The first was related to **Undergraduate Medical Education**. The reviewers noted that the attention of the faculty and the residents had slowly drifted away from the students and that the students perceived that their learning experience in surgery could be improved. The Department followed the recommendations provided by the reviewers and did a lot more, to wit: they instituted a formal committee on undergraduate education, they developed strategies to attend to the needs of the students by creating several pre-clerkship experiences, they improved communications with the students and they established mechanisms to do this in each of the sites.

The second set of recommendations related to **Postgraduate Medical Education** and in this area the reviewers had recommended a number of potential areas for improvement. Again, we felt both through the report that we received and through the meetings with the faculty, that the department had instituted most of those recommendations and gone far beyond them in many instances.

The third set of recommendations related to **Continuing Professional Development (CPD)**. The Department now is the site of training for many Canadians and foreign graduates that come to acquire special skills in focused areas of practice and/or perfect the skills. While substantially improved we have found areas within CPD that could further enhance its value to the organization and those served by it (see below).

The fourth area related to **Research**. The reviewers pointed out that one of the “stars” of the department was the SSTP but that it required assurance of a funding source. This continues to be an issue which is further discussed below. Similarly, they pointed out that mid-career professionals occasionally found themselves without funding and that the hospitals/divisions were then responsible to assure continued funding of their research. These issues have not completely been resolved either, see below for further comments. Regardless, the department excels in the area of research being the top department in Canada in terms of funding and productivity.

The fifth area covered by the External Review concerned the **Cognate Departments**. This area was directly related to the role of the previous chair and does not require follow up. The sixth area covered related to **Morale** and the report noted that the morale was superb, but advocated also for the creation of a mentoring system which has since been implemented. The reviewers also recommended that the chair be available for search committees, and we heard loud and clear that the current chair does a masterful job in this area.

The seventh area covered was that of **Organizational Structure**. All the recommendations in this area have been carried out or are being the focus of attention now. Everyone in the leadership of the department noted the dichotomy of having independent hospitals make independent decisions regarding clinical and sometimes research and development decisions, and everyone appears committed to working together to establish strong programs across the hospitals rather than having them viewed as silos within the overall organization. *Overall, it is our distinct impression that the recommendations of the previous external review have been implemented and in several areas the implementation exceeded the recommendations provided.*

1. Education

A. UNDERGRADUATE MEDICAL EDUCATION

- Please comment on the size, scope, quality, and priority assigned to undergraduate medical education.

As noted above under “previous external review” undergraduate medical education had been a concern in the past. We found that in the report that we received as well as in the interviews with the medical students, the vice-chair for education and the leaders for undergraduate medical education of the different hospitals the department had responded beautifully to this challenge. For example, the department created a structure to address at the departmental level and also at each hospital level, all issues related to the education of the medical students. Communication with regards to expectations was emphasized, dedication to the needs of the students by individual faculty “champions” was put into place and a number of pre-clerkship activities were either started or when existing, they were strengthened. When we met with the students, we received the clear impression that they were satisfied with the undertakings of the department and in particular with the learning environment. Although all of them had completed some of the pre-clerkship activities only one student was actually in a surgery clerkship, the others had not yet done it, but offered their thoughts based on their own involvement as directors of some of the pre-clerkship activities. These include a strong surgery interest group, the possibility to have longitudinal follow-up in surgery during the second year of medical school by spending some time shadowing a surgeon and the intense course, limited to 30 students, to learn basic surgical techniques. Despite these



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findings, we acknowledge that the report still shows that, when compared to the rest of the clerkships at the Medical School of UT, the surgical clerkship gets lower approval ratings by the students. The faculty and the students believe that in part those lower numbers reflect differences between surgery and medical specialties in that the work flow changes every day (one day in clinic, one day in the OR, etc), the nature of the patients (sicker patients, rapid variations in their course), and the amount of work needed to attend to their needs. The reviewers concurred with the students and the faculty that the department has clearly put undergraduate education as a high priority and has devoted resources to improving it and that these differences will continue to improve with time.

Recommendations:

- The department should consider extending the intense basic skills course, known as the Surgery Exploration and Discovery (SEAD) course, offered as a pre-clerkship to a larger number of students. Currently there are twice as many applying as there are positions to accommodate them. This could be accomplished with minimal effort, a relatively small amount of money/resources and can contribute to making surgery a more attractive option.
- The department should consider opportunities for the UME clerkship experience to focus on acute care surgery, and to take place in community hospitals or in the main core of hospitals but with less emphasis on heavily specialized tertiary surgery. The students appreciate the opportunity to be involved, and obtain hands-on experience and this is probably easier to accomplish in environments that have less complex patients.
- The department should continue to support residents who wish to develop further skills in education. They are a great asset in the delivery of education to the students.

B. POSTGRADUATE MEDICAL EDUCATION

- Please comment on the size, scope, quality, and priorities of the postgraduate education programs.
- Do current programs offer adequate training in different settings?

Residents

Dr. David Latter is the Vice Chair of Education in the Department of Surgery. He and Dr Ronald Levine, Director of Postgraduate Medical Education (PGME), oversee the residency training programs in the Department of Surgery. Eleven surgical programs are offered (7 CaRMS and 4 subspecialty) with approximately 280 residents enrolled. The programs are very competitive with all positions being filled in the first iteration of the match. The Department has successfully implemented the RCPSC required Foundations of Surgery program for entry residents.

Surgical skills simulation is a core activity delivered to all entry residents. The University of Toronto was a pioneer in developing and trialing competency based residency education in orthopedics. This work was a major catalyst for the subsequent adoption of competency by design by the RCPSC. The Department is well positioned to adopt and lead competency by design as surgical training in Canada responds to direction by the College.

Two residency programs had previously received mandatory external review status by the RCPSC accreditation. Department leadership engaged actively with program directors, hospitals and faculty to address identified issues. Recently both programs received full accreditation, joining all remaining fully accredited programs at the University of Toronto. One of the major issues that was addressed was service/education balance and the requirement for alternative providers for acute care surgical services. These needs have been driven by restricted work hours, increasing demands for dedicated education/simulation time and distributed learning. Continued support and development of resident alternative service providers will be an ongoing challenge.

The Department enjoys strong leadership of residency training programs, well-defined roles and committee structures, strong evaluation and feedback tools and a culture of commitment to the educational mission. Challenges with identification of alternative service providers and the need to motivate academic faculty will need to be balanced against the desire for additional community rotations and assignment of adjunct faculty positions.

The principal issue identified by faculty and residents was the restricted job market. This is a universal Canadian phenomenon driven by fixed public health resources despite escalating service demands and needs. Delays in retirement amongst senior surgeons may also be contributing. The Department has developed career counseling for residents. Workforce planning initiatives are underway provincially. Discussion and planning to prepare faculty for end of career transition has been introduced by the Department.

Fellows



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The Department has the largest number of fellows in surgery in Canada. The programs are hospital and subspecialty based with a program director at each hospital. The large number of fellows contributes significantly to the service, education and research missions and productivity of the Department.

The organization and quality of these programs have been enhanced by identifying fellowship directors in each division within the Department reporting to the Postgraduate office. Common standards for contracts mirroring those of accredited residency programs and including, objectives, evaluation and appeals processes are also present in the Fellowship programs. The programs use the same POWER tool for faculty evaluation that was introduced for RCPSC programs. The POWER tool has alerts that engage leadership in the event of sentinel evaluations. Funding sources are diverse however a minimum compensation standard at a PGY2 level was established. Resident and fellow interactions are usually positive. Conflicts when identified are managed by the program directors. Prioritization and preservation of key learning objectives for RCPSC occurs.

Fellowship contracts mandate 1-3 days a month of call to assist with resident alternative service requirements on acute care services. Divisional Fellowship directors are members of the residency training committees to further ensure that the programs are collaborative. Exit interviews as well as longitudinal surveys have been performed that confirm a high degree of satisfaction with fellowship training in surgery at the University of Toronto.

Recommendation

- Resident and fellowship programs are robust and well organized. The recent issues related to accreditation have been successfully addressed. Challenges exist with employment for graduating residents, a universal Canadian issue.
- Preservation of the current physician extenders policy to enhance the educational time available for residents will be vital for continued accreditation in the future.

C. CONTINUING EDUCATION + QUALITY IMPROVEMENT

- Please comment on the size, scope, quality, and priorities of continuing education programs.

The Department has an office of Continuing Professional Development (CPD) led by Dr. Terry Axelrod. The office provides effective support through accrediting eligible programs. A large number of continuing education programs are run by faculty with education delivered to members of the Department and the medical community at large. The review included a meeting with a group of course leaders and experts in ethics. The growing importance of maintenance of competence through diverse learning platforms and inclusion of simulation activities was recognized.

Challenges and opportunities related to accrediting newer forms of education, evolving ethics standards and addressing conflict of interest issues while maintaining important relationships with industry were recognized. There was tremendous enthusiasm to advance the continuing education mission by formalizing and expanding the structure of the office of CPD. Engaging leaders and faculty members through a structured exercise was also identified as a great opportunity. Issues that could be addressed include:

- Raising awareness of faculty of COI guidelines and supporting members in revising or developing educational programs.
- Informing members of current and evolving ethical issues and principles in surgery.
- Identifying community needs, ideal platforms and locations for programs.
- Guidelines for University branding of and participation in CPD/CME programs.
- Updating U of T accreditation to address evolving learning platforms.
- Supporting smaller divisions in delivering accredited CPD through minimizing barriers.
- Exploring revenue opportunities.
- Developing and assisting divisional continuing medical education champions who have expertise in COI and accreditation.



Recommendation:

- The leadership of the CPD/CME program in the Department would benefit from an active CPD/CME committee. There was significant interest in organizing a retreat to address COI, CPD issues and develop a strategy to address these increasingly relevant and important topics.

D. OTHER EDUCATIONAL ACTIVITIES

- **Describe briefly. (e.g., leadership, faculty development)**

The current chair has created a culture that is conducive to learning. He is a pace-setter and at the same time a person that appears to be involved, genuinely in the lives of the faculty. His leadership style can only be described as exemplary, leading as a role-model. Most recently he has focused considerable attention in the area of transitions (transition from medical school into residency, from residency to fellowship, from fellowship to workforce) and considerations on what to do to exit the workforce gracefully. We were quite surprised that the department has established a program that addresses these phases of the professional life of the faculty, and in particular, prepares, over time faculty to exit the active work force. Consideration of mentorship, volunteer activities, fund-raising, cheerleading and coaching are currently alternatives that are discussed with faculty towards the end of their career.

2. Research

- **Please comment on the scope, quality, and relevance of clinical and basic science research activities.**
- **Are the research activities appropriate for the residents and fellows in the Department?**
- **Have opportunities for recruitment of young investigators been identified?**
- **Are the existing levels of research funding and peer-reviewed publications appropriate?**

The Department of Surgery has the largest research enterprise of any department in Canada. Furthermore, with research funding of over \$40 million dollars per year and with over 7,000 peer-reviewed publications in the last 5 years, the Department would rank among the top 10 departments in North America. The research enterprise is primarily based in the hospitals and hospital based research institutes and follows to a great extent the clinical activity of the faculty involved. It is of a very broad scope – touching all aspects of surgery – of super quality and addresses issues spanning from basic science to clinical outcomes. The Chair of the Department has been very supportive of the research enterprise and is recognized by his peers as leading by example in this arena. His CV contains over 400 publications in the most prominent journals of his specialty and he is actively involved in neurosurgical research. Many of the faculty are recognized world leaders in their areas and the availability of so many institutes with a broad array of areas offers unlimited possibilities to residents and fellows alike. Our interviews revealed a uniformity of thinking among the faculty: research is a distinguishing factor for their department and it is taken very seriously.

Recently, there has been increased interest in exploring outcomes research, epidemiology of diseases, population management and other areas of health services research. Several residents have obtained PhD degrees in these areas. Faculty and the chair, however, acknowledge that there are several challenges such as organization of recruitment. It is the feeling of several faculty as well as the CEOs of the hospitals and Department Heads that sometimes recruitment into positions are not as well organized when it comes to allocation of resources and that the process could be enhanced by a more deliberate “template” that agrees on resources at the very beginning of the recruitment process. There is also a feeling that in some areas the enterprise remains “siloeed” in one hospital or another and that some programs would potentially benefit from a closer inter-institutional collaboration. Finally some of the division chairs identified a vulnerable time in the life of academic surgeons, as people approached the end of their recruitment package without an adequate transition plan to the next phase of their career.

The SSTP is world leading in large part due to the high number of participating residents. Many identified the SSTP as the reason they ranked Toronto first in their CaRMS applications. The program has enjoyed open enrollment as well as continued support for trainees for the duration of their postgraduate program. The students are often successful in obtaining grants and external funding. In some cases this displaces ministry funding available for the program’s first year. The current expenditures vary from year to year but in the face of a depleting faculty fund the program is not sustainable in its current form. Suggestions to have a multi-hospital foundation fundraising effort directly targeting the SSTP were not felt to be viable by many senior leaders. Including the SSTP as a part of program targeted fundraising initiatives was identified as a more realistic option. The Department will need to reconsider the open ended enrollment and commitment while continuing to enroll as many trainees as possible within budget.



Recommendations:

- The development of a clear process that identifies the parties that need to come to the table at the initiation of a recruitment and the delineation of resources that may be allocated by each of the parties. This should ideally include the Department, the Division, the Hospital and the Research Institutes. The Research institutes and Departments in particular should increase the organization of the growing collaborative approach to recruitment.
- Enhancing the collaborative nature of research and developing – for each program/area – as many collaborative programs across hospitals as possible. We believe this may bolster the ability to obtain further research funding in addition to raising funds for specific programs across hospitals (We explored this idea with the CEOs who seemed happy to pursuing it in limited number of programs while preserving their own individuality and foundations for their hospitals).
- Enhancing vigilance among mentors and division chairs as the career of new academic surgeons progresses to identify transition points and potential needs to changes in their time allocation and funding.
- Continuing the efforts of the current chair to raise philanthropic funds to create endowments that provide ongoing and predictable support to research programs
- The Department should also examine entry criteria into the SSTEP and length of funding commitment to ensure that expenditures match revenues. Retaining 1st year ministry funding and applying grants to successive years may also be an option. Enhanced revenue generation to support the SSTEP through combined Hospital foundation program fund raising may be an option if the SSP is part of the individual programs strategic goal.

3. Relationships

- Please comment on the scope and nature of the Department’s relationship with cognate academic Departments in the Faculty of Medicine, University of Toronto, fully-affiliated hospitals, external bodies, or other affiliates.
- Please comment on the strength of the morale of the faculty, learners, and staff.
- Please comment on the social impact of the unit in terms of outreach and impact locally, nationally, and/or internationally.

Cognate Departments:

The Department Heads respected Dr. Rutka’s collaborative and effective leadership style. They viewed many of the Department of Surgery initiatives as innovative and worth adopting. They shared concerns regarding reduced budgets and allocation from the faculty, as well as taxation of reserve funds. They recognized the importance of the Departments in sustaining a culture committed to academic excellence. Distributive learning with an associated increased number of adjunct academic appointments was recognized as a challenge to the value of the brand of a University appointment. This was echoed by the Division chiefs within Surgery. The Cognate Department Chairs identified the potential to increase the relevance of the Department and perhaps identify some efficiencies by re-examining the balance between central and distributed management of UME and PGME programs. The desire for a more robust and consistent definition of conforming practice plans was also identified. The need for leadership of a review and revision of practice plan eligibility which included the Cognate Chairs, the Dean and Hospital leadership including the CEOs was identified.

Morale:

The reviewers were impressed by the morale of the faculty. To a person, faculty, learners and the few staff we interacted with gave us a clear idea that they respected Professor Rutka, they admired his style of leadership and they felt – very strongly – that he was their advocate. Faculty also commented positively and with pride on their affiliation with the University of Toronto and with the Hospitals. There were two areas of concern raised by several individuals: (a) the ability to obtain a job in Canada (mostly voiced by trainees, and students) with a situation that appears to provide a shrinking market – something beyond the scope of our engagement; and (b) the overall perceived shrinkage of funds. Several of them expressed the feeling that the portion of academic fund distributed by the Dean falls short of what they perceive their contribution to the overall financial health of the organization is. A specific area that was also mentioned was the distribution of funds coming for training of IMGs. In this area their perception is that while they do most of the work, they see very little financial benefit.



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Recommendations:

- Dedicating some time to addressing the job market and the opportunities available in formal settings with fellows, residents and students. Increased transparency may lead to decrease anxiety.
- Consider re-apportioning the Department's academic fund to increase the department of surgery resources. Alternatively increase the transparency on the mechanisms in which these and other funds are allocated for departmental use.
- The Department along with the faculty have evolved towards an inclusive approach for academic appointments with increasing numbers of clinical adjunct faculty to meet the distributed learning requirements. The importance of the University of Toronto Brand and the requirements for receiving an academic appointment should be considered.

The social impact of the unit in terms of its outreach locally cannot be overestimated. The "surgical enterprise" of the University of Toronto is a driving force to individuals to move to Toronto, provides state of the art care to the population of Ontario in particular in the tertiary and quaternary care delivery and is a source of creativity and new knowledge which is a jewel of Toronto. People the world over come here for training, particularly during fellowships, and then return to their countries where they reflect positively on Toronto, Ontario and Canada as a whole. Faculty from the University of Toronto's Department of Surgery are prime targets for recruitment for their unique abilities. In fact, one of the Reviewers has recruited a number of them to his own unit, an example of the outreach of this department. There is nothing the reviewers can provide in this area other than respect and admiration for the role this department plays around the world.

4. Organizational + Financial Structure

- **Is the organizational structure of the Department appropriate and effective?**
- **In the broadest sense, how well has the Department managed resource allocation?**
- **Please comment on opportunities for new revenue generation.**

The Dept. of Surgery has an operating budget that supports faculty, academic program delivery and the Division of Anatomy. Source funds include teaching and rehabilitation funds from the Ministry of Health and Long-term Care, as well as postgraduate expansion funds, IMG and Visa trainee funds. The 2013-14 budget was \$5.8 million. The funds are directed towards the faculty, development, research, international outreach and quality.

Full-time faculty receive salary stipends (Surgeon investigators, Surgeon scientists, Surgeon teachers). The Department has been depleting reserve funds to meet these obligations. Funds carried forward have decreased from \$2 million in 2011-2012 to \$500,000 in 2015-16. The drivers among others are support for new faculty, fluctuations in the Surgeon scientist program, and reduced allocation from the Faculty. The Faculty of Medicine has also faced budget reductions associated with meeting pension obligations as well as a reduction in UME student grants by the ministry.

Full time faculty are reviewed and evaluated annually using a standard academic scoring metric applied to their job description. To date this evaluation has been used to confirm performance but has not been used to evaluate or manage faculty compensation by the Department. Practice plans have been developed within the department to support the academic mission. The requirements are pooled income and some redistribution to support academics. The plans are heterogeneous across hospitals and divisions. The plans are not shared with hospital CEOs, but they are shared with the Department Chair. There is an opportunity to increase the effectiveness of plans by defining minimum standards of a conforming plan, based on redistribution levels, standard performance metrics and priorities for investment. Consideration could be given to a requirement to participate in such a standardized plan as a requisite for full time appointments. The review would need to be led by the Dean/Faculty with involvement of the Department Chair, Hospital Chiefs of Surgery, Division Chiefs and CEOs.

The Department, Hospital leadership, including CEOs and Hospital Chiefs of Surgery, as well as Division Chiefs have led the development and implementation of several highly successful regional multicenter programs. These include Trauma, Cardiac Surgery, Aortic Surgery and Neurosurgery. Many barriers to the establishment of multisite programs have been addressed which should facilitate program development in the future. Advantages include pooled data, common measurement, development of enhanced standards of care, care pathways and approaches to Total Quality Management. Much progress has also been made to homogenize the IRB, ethics approval procedures. This initiative is well underway and is anticipated to be successful. The multisite programs have also supported collaborative fundraising amongst hospital foundations. This represent a significant opportunity to identify additional areas that could benefit from a collaborative program approach. Several priority areas were identified in discussion with hospital leadership.



Recommendations:

- The Department of Surgery requires a sustainable budget. Revising the allocation of stipendiary support currently going to all full-time faculty to provide, instead, focused and strategic support based on merit and support for key positions, new recruits, and retentions should be carefully examined, and strongly considered. The Department Head and Dean should agree on a sustainable budget for the next term. Re-examination of IMG/VISA trainee fund distribution may assist this. The Department and faculty may have opportunities to increase revenue by encouraging additional Masters/PhD supervision by Surgery faculty. Participation in team grants offers an additional revenue opportunity.
- There is a strong desire by faculty members and leadership, hospital surgical chiefs and CEOs to increase the collaborative development of multi-site programs. These present opportunities for data sharing, common measurement, programmatic quality management and improvement. Recent successes include trauma, cardiac, aortic surgery and neurosurgery. Immediate opportunities may include breast, vascular surgery and the adoption of NSQIP across all fully affiliated, and community-affiliated hospitals.

5. Long-Range Planning Challenges

- Please comment on the vision for the future of the Department.
- Has the Department clearly articulated a strategic academic plan that is consistent with the University's and Faculty's academic plan?
- Please comment on the appropriateness of development/fundraising initiatives.
- Please address any space and infrastructure considerations.
- Please comment on the management, vision, and leadership challenges confronting the Department in the next 5 years.

The Chair of the Department has clearly outlined a vision for the future of the Department in his thorough report. That vision is condensed on a short video that is available from the department and it is shared by the faculty, in particular the leadership of the Department as was obvious to these reviewers. The clearly articulated strategic academic plan is in line with the plans of the hospitals as we were able to elicit from the CEOs with whom we met and thus the clinical and research enterprise strategic programs appear to be adequately socialized within the organization. Dr. Rutka commented that his intention for the next 5 years is to devote considerable attention to fund raising, in particular “programmatic” fund raising that would cross traditional hospital boundaries. In addition, he expresses clearly that clinical programs have started to converge and work together across all hospitals with his encouragement. This hospital-wide sharing of clinical programs should improve educational activities, quality improvement activities and care delivery and result in decreasing costs per unit of utilization by offering standard practices across the system. The reviewers found that this move had matured in some areas such as trauma, it had been clearly expressed in other areas such vascular which had produced an excellent white paper with a thorough plan for unification of all units over the coming years and was less developed – but expressed – in areas such as breast cancer.

The Reviewers did not have an opportunity to examine infrastructure and space and would defer consideration of those aspects to the excellent report provided by the Department. The major challenges confronted by the Department in the next 5 years are related primarily to its ability to remain one of the top 10 departments in the world. In the past, this was achieved by growth and by excellence. Given the current environment we believe the future will see less opportunity to grow and that the focus may, by necessity, be excellence in clinical and research programs. In that regard, the Department faces the challenge of maintaining the SSTP regarded the world over as the best. The Chair has expressed the need to select individuals rather than allow every resident that wishes to enroll in it do it, a structure of mentors/supervisors that should oversee the progress of individuals within the program to assure completion at the earliest possible time, and potentially being able to increase resources via philanthropy although the latter is viewed as very challenging since the case is much harder to make among donors. Academic funding and support of faculty who have demonstrated excellence in research is also a major challenge for the future. Inspiring people to join the ranks of investigation will require constant support for this portion of the enterprise and the growth has outpaced the funding. Maintaining the high level of faculty morale will require looking after adequate compensation models, creation of new models and provision of adequate resources. Specific recommendations in these areas were made above.



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6. National + International Comparators

- **Based on the information gathered to answer the above questions, please comment on the stature of the Department compared to others of similar size in national and international universities.**

There is no question that the Department of Surgery at the University of Toronto is the top department of its kind in Canada and probably one of the top 10 in the world. Its educational programs, in particular residency and fellowship are world-famous and its clinical programs are cutting edge, state of the art that compare favorably with any such program in the world.

7. Conclusions

- **Provide an overall assessment of strengths and concerns, and recommendations for future directions.**

The reviewers were impressed by the leadership style of Professor James Rutka. His accomplishments in the last 5 years are impressive, his enthusiasm and pride for his Department is second to none and the appreciation, admiration and fondness that his faculty shows for him is enviable. In a very humble and self-effacing way he has created an environment that is conducive to work, discovery, education and compassionate and high-quality care of patients that is superb. These reviewers compliment Professor Rutka and his team for having driven excellence in their work, understanding of the issues, and re-direction whenever needed. This is a formidable force, locally, nationally and internationally.