

**DEPARTMENT OF ACADEMIC
FAMILY MEDICINE**

2007-2012

STRATEGIC PLAN



**UNIVERSITY OF
SASKATCHEWAN**

PREFACE:

1. Strategic Planning Process Described

The Department of Academic Family Medicine (DAFM) has not previously had Values or Vision statements. At the March 6-7, 2007 Faculty Retreat, a proposal previously circulated by Dr. K. Ogle, Chair, was discussed. The planning process was facilitated by Mr. Doug Robertson, SHR Organizational Development. By the end of the retreat, faculty members had not only agreed upon a statement of Values, Vision, and Mission, but had also agreed upon six Strategic Directions that will serve to focus departmental efforts for the coming five years.

Department members were provided with background material including integrated planning documents from both the University and the College of Medicine. All members were aware that consistency and coherency with respect to the philosophies of the funding institutions was both necessary and desirable. A survey of all other Canadian Departments of Family Medicine was undertaken with respect to Values, Vision and Mission statements, and the results were made available in the strategic planning document. Additional information on the strategic planning process and on values, principles, and goals was provided.

The Strategic Directions that were ultimately chosen are founded upon numerous environmental observations and Family Medicine theoretical factors, some of which are listed below, and some of which are later included as underlying rationales for the various directions. Each Strategic Direction also contains a series of outcome indicators, some more easily measurable than others, to be used to evaluate achievement and success. At the end of this document, a series of charts is attached. This information further clarifies some of the environmental context in which strategic planning took place.

Faculty members emphasized throughout the planning session that having a plan is desirable, but accomplishing the plan's goals will require additional department resources. Very few current department activities fall outside the newly chosen Strategic Directions, and therefore very few current activities can be easily eliminated. Recognizing that DAFM funding is global, and that all salaries, programming and educational activity relies on global funding, the department believes that the extent to which the chosen goals can be accomplished will reflect the extent to which the College of Medicine and Saskatchewan Health share our commitment to these priorities.

For discussion purposes, the following observations were made available to faculty members and used at the retreat as a framework upon which the Strategic Directions were built. The observations were based on several factors, including current department resources, future anticipated resources, SK Health and regional plans and priorities, College and University priorities, and provincial demographic realities.

2. A Brief Environmental Scan

Current department status:

- in comparative terms, we are a reasonably well resourced department
- we have a large number of untenured, probationary faculty members
- we have made significant recent technological upgrades
- we are centrally positioned in primary health care reform activities
- we are globally funded, and therefore less reliant on volume-based income
- our physical surroundings have improved significantly over the last 10-15 years
- while relatively junior, our faculty have a broad range of interests and expertise
- our more senior faculty members have experience and expertise in leadership roles
- our financial organization has improved remarkably with college assistance
- the research division is innovative and somewhat unique in several ways
- the rural division has developed increasingly popular programming
- our Emergency Medicine training program is competitive and well subscribed
- the college is supportive of our activities in previously unimaginable ways
- faculty recruitment has proceeded at an encouraging, occasionally frightening pace
- we have struggled to introduce an EMR, but are poised to enter a new pilot program
- our improvement in ability to recruit new residents has been encouraging
- graduates of our program are more likely to stay in the province than leave
- we have no access to immediate financial resources for new projects and initiatives
- we tend to be overstretched in terms of number of simultaneous initiatives underway
- our accountability structure is shaky, with little in the way of outcome indicators
- clinical loads at the Regina site tend to compromise our academic mission
- current resource levels prevent optimization of undergraduate education involvement
- our attempts to recruit aboriginal faculty members have faltered
- the impact of International Medical Graduate (IMG) programming is variable, but generally resource-intensive

University and College priorities:

- recruitment and retention of quality faculty and students
- increase commitment to research and scholarly work
- develop and expand aboriginal programming
- prepare students for success in the 'knowledge age', information technology development
- socially accountable education and research
- primary health care, urban and rural underserved health care, internationalization
- schools of public health and biomedical sciences

SK Health and Regional priorities:

- primary health care reform and development
- information technology
- physician and other health care provider recruitment and retention
- aging physician demographics, future impact
- realignment and rationalization of available health services

- aboriginal health
- community-based care
- sustainable and integrated, 'seamless' systems
- research, learning, and innovation
- quality assurance, risk reduction
- reduced wait times, better access
- improved access for rural and urban underserved populations
- collaborative, team-based chronic disease management

Local realities:

- rapidly growing aboriginal population
- highest provincial presence of IMG family physicians
- chronic inability to fill all residency positions in CaRM's first round match
- smaller communities than other provinces
- even our "large" communities are small by national standards
- small provincial tax base
- areas with least access to services growing most rapidly (north)
- widely distributed department activities, affecting coordination and consistency
- historical difficulty recruiting full time faculty (changing ?)
- administratively under-resourced department
- imposed expansion of resident numbers during this planning cycle
- challenging issues around increasing undergraduate (UG) education involvement
- too many patients (for a teaching practice) at the Regina site
- competition from Alberta and BC for students, colleagues, faculty
- push for distributed learning not yet matched by IT support and development
- departmental accountability purely "honor based" with no hard indicators
- growing tendency towards "restricted" or "focused" practices
- growing tendency towards part-time physician careers

On the following pages, a final version of the department's Values, Vision, Mission, and current Strategic Directions is presented. This document will be forwarded to the College of Medicine and it is our hope that during the coming five years, necessary support will be provided so that our goals can be accomplished.

Value Statement

As a department, we believe that our daily actions, interactions, and decisions will reflect:

- **Respect**

We recognize that all who work in or come into contact with our department have value and dignity. All are worthy of respect.

- **Compassion**

We believe that our professions, our disciplines, our department, and our programs exist because we genuinely care for those who are in need.

- **Integrity**

We understand that honesty, diligence and truthfulness underlie all authentic and meaningful human interactions.

- **Fidelity**

Our relationships with learners and with our patients are based upon trust. It is a relationship that is selfless, altruistic, and loyal.

- **Optimal Health for All**

We believe that optimal health enables individuals, families and communities to function to the best of their ability within their environments. We believe that health care is a fundamental human right.

Vision Statement

- *The Department of Academic Family Medicine will play a central role in optimizing health for and with Saskatchewan communities, families, and individuals.*

Mission Statement

- *Our mission is to create, teach and develop the knowledge, skills and attitudes specific to the discipline of Family Medicine.*
 - *We will work to optimize health by demonstrating excellence and innovation in service, education and scholarly activity.*
 - *We will provide university, hospital and community-based education consistent with the principles of Family Medicine.*
 - *We will focus our efforts on working with communities in response to their health needs.*

Strategic Directions

1. *We will increase our department's involvement in the planning and delivery of undergraduate medical education.*
2. *We will increase our department's scholarly activity.*
3. *We will increase our department's commitment to improving the health of aboriginal and underserved populations.*
4. *We will work to understand and meet the needs of rural and remote populations.*
5. *We will increase our emphasis on faculty development and career support.*
6. *We will undertake a comprehensive review of the postgraduate education program.*

Strategic Direction One:

- *We will increase our department's involvement in the planning and delivery of undergraduate medical education*
 - there has been a trend over the last decade or so to diminishing numbers of medical students choosing Family Medicine (FM) as a career
 - the average age of family medicine practitioners in Saskatchewan has increased, and future supply may be threatened by high attrition rates
 - positive role modeling in UG education may increase interest levels amongst medical students, and positively influence career choices in FM
 - locally trained Family Medicine Residents (FMR's) tend to remain in Saskatchewan – increasing the enrollment of such students in our postgraduate (PG) programs will have a positive impact on physician resource issues (recruitment and retention)
 - much of the UG medical curriculum lacks a generalist focus and orientation, raising questions of incongruence with real-life practice
 - current FM involvement in the UG programming is well received
 - the College of Medicine is considering a philosophical reorientation towards a generalist emphasis, and has already shown strong support for primary health care initiatives, including relocation of the Saskatoon Unit to a community setting and interprofessional health care education
 - this Strategic Direction is consistent with several college, university, regional and provincial priorities
 - this Strategic Direction is consistent with our values *respect, fidelity* and *optimal health for all* – we remain mindful of the special needs of underserved populations, and acknowledge our leadership role and the obligations it creates
 - student curriculum review committee has recommended that FM teachers have a greater presence in pre-clerkship UG education
 - impending Phase B and C curriculum review could dictate specific targeted areas of FM involvement

- *What will signal success at the end of this planning cycle?*
 - all FM faculty members, from all divisions, will participate in UG teaching
 - at least two FM faculty members will have, as their major administrative emphasis, UG education
 - FM faculty members will be involved in teaching medical students during each phase of the curriculum
 - at least one FM faculty member will sit on each relevant UG committee involved with planning, implementing and delivering the UG curriculum
 - at least two community-based family physician faculty members (rural or urban) will play major roles in the planning and implementation of department UG educational initiatives
 - increased involvement of FMR's in UG teaching
 - continued recruitment and retention of UG students to FM training programs
 - a targeted percentage (to be determined) of clinical clerks will undertake the rural family medicine core rotation in designated DAFM training sites as determined by the UEC

- a reliable cadre of urban community-based FM teachers (including interprofessional instructors) will manage a targeted percentage (to be determined, adjusted yearly) of urban FM clerkship core clinical experience
- a systematic review and revision of problem-based learning (PBL) and case-based materials used in the UG curriculum will be undertaken with the College during the first two years of this plan, to ensure a realistic representation of FM practitioners
- the department will continue to support and evaluate activities of the Family Medicine Club at the University of Saskatchewan, and work to achieve a targeted percentage (to be determined) of the student population as members

Strategic Direction Two:

- *We will increase our department's scholarly activity capacity and output*
 - scholarly activity in the department has historically been challenged by competing clinical demands
 - scholarly activity is a requirement for promotion and tenure under current university regulations
 - research activity has not been valued as highly as educational and clinical activities
 - the practice of medicine is increasingly based on best evidence
 - optimal health depends upon many factors including social policy, which can be influenced by best evidence
 - our department's mission includes the creation of knowledge
 - as members of primary health care teams, we have an obligation to focus our efforts so as to achieve effective outcomes
 - evaluation of health programming, educational interventions and collaborative team involvement are both academically required and necessitated under funding agreements
 - primary health care policy remains largely unevaluated
 - interdisciplinary, team-based care and education, while currently the operative paradigm, is based on scant evidence
 - this initiative is consistent with identified university and college priorities
 - this Strategic Direction is consistent with our values *fidelity* and *optimal health for all*

- *What will signal success at the end of this planning cycle?*
 - at the end of year three, each faculty member currently employed in the department will have had at least one paper published or accepted for publication during this planning cycle
 - at the end of year five, each faculty member currently employed in the department will have had at least two papers published or accepted for publication during this planning cycle
 - the department will establish, develop and maintain formal research relationships with the Indigenous Peoples' Health Research Centre and the First Nations University of Canada
 - department research will have influenced official College of Medicine educational policy, with the goal of influencing the recognition and definition of scholarly activity within the College of Medicine and the University of Saskatchewan
 - department research will have influenced official government health policy
 - dedicated full-time administrative support for the Research Division
 - facilitate alternatives or options to enable faculty to pursue expanded research endeavors
 - to increase the involvement of our faculty with graduate students, including supervision of students within the DAFM, or as an external reviewers
 - establish a Research Chair (untitled) for the DAFM within five years
 - develop research tools for the faculty (emphasis on new faculty) that result in the production of a broader range of scholarly activity within DAFM, such as a research mentorship program and a web based faculty research guide, within one year

Strategic Direction Three:

- *We will increase our department's commitment to improving the health of aboriginal and underserved populations*
 - increasing income disparity is well recognized both locally and nationally
 - income disparity correlates well with health outcome disparities
 - there are disproportionately high rates of diabetes, other chronic illnesses, infant mortality, perinatal morbidity, substance abuse, infectious disease, mental illness as well as reduced access to health care amongst aboriginal people and other disadvantaged populations
 - population demographics indicate consistent trends toward rapidly expanding aboriginal communities
 - aboriginal people are underrepresented in health care professions and leadership roles outside aboriginal communities
 - partnerships and collaborative relationships with aboriginal communities will succeed in parallel with better understanding of unique cultural needs, beliefs, and health strategies
 - this Strategic Direction is consistent with well established college and university priorities
 - this Strategic Direction is highly consistent with our values *respect, compassion, integrity, fidelity, and optimal health for all*
 - current urban training sites do not serve a representative number of aboriginal people

- *What will signal success at the end of this planning cycle?*
 - in collaboration with our research division, we will have participated in and/or review community-based needs assessments with those populations in the immediate vicinities of our urban clinical practices, preferably during the first year of this planning cycle
 - the results of the needs assessments will inform subsequent practice and program development to increase the services provided to and/or with aboriginal and underserved people
 - an aboriginal awareness curriculum and evaluation strategy will be developed in consultation with the aboriginal community
 - by the end of year one, all faculty members will have undertaken formal aboriginal awareness education
 - by the end of year one, and from then onwards on an annual basis, all first-year residents will undertake formal aboriginal awareness education
 - by the end of year one, all department staff will have undertaken formal aboriginal awareness education
 - from year two of the planning cycle onwards, all new faculty and all new staff will undertake formal aboriginal awareness education during the first year of their employment
 - at the end of year three, at least one aboriginal faculty member and three aboriginal staff members will be employed in the department
 - at the end of year five, at least two aboriginal faculty members and five aboriginal staff members will be employed in the department with a goal of making the department as representative as possible

- the department will actively support College of Medicine initiatives that promote the recruitment of aboriginal students to health sciences education and specifically, FM
- at least one department member will be involved in the design of aboriginal-relevant medical school curriculum
- specific postgraduate educational objectives will be developed about aboriginal and underserved populations
- a departmental environmental scan will be conducted on opportunities for clinical learning and service in aboriginal and underserved communities
- practices and programs will be reviewed to enhance access, cultural sensitivity and community engagement. This would include group approaches to care and self-efficacy
- we will work to ensure all aboriginal research meets new and evolving ethical guidelines for research conducted with or for the aboriginal community
- we will establish a committee to develop and implement the above recommendations

Strategic Direction Four:

- *We will work towards a better understanding of the needs of rural and remote populations, and contribute proactively towards meeting those needs*
 - there are recognized problems in recruiting and retaining physicians for rural / remote / regional Saskatchewan
 - rural population demographics are changing fairly rapidly, as the 2006 Saskatchewan census confirms
 - the rural context provides unique challenges with respect to accessing health care services
 - rural physician supply has been heavily reliant upon foreign trained medical graduates
 - there is good evidence to suggest that recruitment of rural-raised medical students contributes to positive physician recruitment outcomes
 - there is good evidence to suggest that rural medical training correlates positively with the choice to practice in a rural setting
 - evidence regarding rural health outcomes in Saskatchewan is poorly understood and not readily accessible
 - the connections between stable rural family physician supply and health outcomes for rural populations has not been well explored
 - this Strategic Direction is consistent with social accountability priorities in the college and with provincial priorities based on economic and demographic realities
 - this Strategic Direction is consistent with the department values of *compassion and optimal health for all*

- *What will signal success at the end of this planning cycle?*
 - we will immediately undertake a comprehensive review of all available evidence regarding the demographics, health needs, and health outcomes of rural Saskatchewan populations
 - we will immediately undertake a comprehensive review of current and recent past physician supply and recruitment data for rural Saskatchewan
 - we will examine best available evidence regarding the association between physician supply and health outcomes for rural populations
 - we will work to secure the assistance of a full-time research associate to identify and consolidate this data
 - we will work to acquire the resources necessary for establishing the feasibility of rural training expansion and distributed medical education. This goal will involve hiring an individual able to devote adequate time to the project
 - the feasibility study will be performed during the same time period as demographic and health need/outcome data is gathered and analyzed, and will be available in initial draft form by the end of year one of the planning cycle
 - the feasibility study will include a detailed resource need analysis and an evaluation of available rural accommodation and family support resources
 - all department faculty members will contribute to this initiative according to special skills, experience, interest, and time availability
 - we will increase enrollment in our rural training program at a rate proportional to rural/urban population ratios, subject to college and provincial yearly allocations

- by the end of year two, we will have recruited a faculty member, preferably based in Prince Albert, whose major administrative emphasis will be coordination and planning of rural family medicine training
- by the end of year five, two such faculty members will have been recruited, with a portion of administrative time for each made available to the college for purposes of rural medical education planning and development
- we will commit to a yearly review of this Strategic Direction during the planning cycle, amending its particulars based on available funding and best evidence
- we need to find pragmatic ways to support our community based faculty members, especially in Prince Albert, to obtain their certification (CCFP)
- we recognize that the costs of faculty development, both human and otherwise, must be included in the previously mentioned feasibility study
- while we are in general support of the proposal for rural expansion that has been developed, we recognize that our department's ability to provide tangible support will also require College of Medicine support and:
 - an immediate increase in administrative support for our rural training program
 - adequate human and financial resources to achieve the previously described outcome indicators during the planning cycle. These resources need to be identified as a first step in the feasibility study
 - identification of adequately funded individuals able to take on some of this work, so that our current rural education coordinator can maintain a focus on programming and accreditation planning

Strategic Direction Five:

- *We will increase our emphasis on faculty development*
 - the department has a large proportion of junior faculty members
 - full time academic faculty will be unable to meet the growing needs of larger learner populations
 - all full and community based faculty receive little guidance and instruction regarding teaching methodologies, evaluation strategies, and feedback techniques
 - community based faculty represent an increasingly important component of the educational structure
 - there is increasing emphasis on distributed models of medical education
 - a disconnect between community based and full time faculty contributes to an inconsistency in learners' educational experience
 - until recently, faculty development has been seriously under-resourced from a time commitment perspective, and remains under-resourced financially
 - there is an acknowledged demand, both internally and amongst community based faculty, for accessible and regular faculty development
 - ongoing faculty development is a necessary prerequisite for accomplishing our other Strategic Directions
 - the college's Educational Support and Development division (ESD) does not meet the spectrum of faculty development needs of full time faculty in FM
 - career pathway support is needed for full time faculty

- *What will signal success at the end of this planning cycle?*
 - a faculty development committee consisting of a community based faculty member and representatives from the rural division, the two urban divisions, and the research division will immediately convene and establish, as its first task, a regular schedule of meetings and terms of reference
 - we will work with the College of Medicine to achieve funding so that community based faculty representatives can participate in faculty development committees
 - by the end of year three of the planning cycle, a full time faculty member will have been recruited to devote 0.5 FTE administrative time to planning, coordinating and implementing faculty development initiatives
 - by the end of year two, a full time administrative assistant will be hired to assist with faculty development initiatives and to coordinate and facilitate all necessary requirements for the routine appointment, promotion, and tenure, as appropriate, of full time and community based faculty members
 - full time faculty members will participate in at least three department-organized formal faculty development sessions per year
 - funding will be obtained or made available for ongoing annual community based faculty development initiatives, such that every faculty member is able to access at least one such initiative once yearly, without having to be absent from home overnight
 - the faculty development director will ensure that a summary report is made available to department members, both full time and community based, on an annual basis, outlining future faculty development opportunities and benefits, and summarizing DAFM scholarly activity and successful initiatives during the preceding year

- a career path will be developed for each full time faculty member. Resources required by faculty members so that they might succeed in their chosen career paths will be identified, and these resources will be incorporated into our yearly budget submissions to the College of Medicine

Strategic Direction Six:

- *We will undertake a comprehensive review of the postgraduate education curriculum and evaluation process*
 - curriculum and evaluation systems will require review and modification in light of the upcoming publication of the definition of competence in Family Medicine and the subsequent impact it will have on the certification process
 - the CFPC has established a working group on curriculum with a report anticipated in 2008
 - anticipated capacity increases in the undergraduate training program will lead to an increase in the number of residents and senior medical students functioning in the same learning environment
 - the DAFM does not have a formally established Enhanced Skills Program as set out in the CFPC *Standards for Accreditation of Residency Training Programs* (Red Book), rather, training of family physicians beyond their core training is done *ad hoc* by specialty departments
 - there has been increased pressure from external groups and residents to expand the range of 3rd-year training programs available at the U of S
 - the department has supported a pilot 3rd-year training program for enhanced skills in surgery
 - while a diverse group, international medical graduates (IMG's) generally have additional or alternate learning needs from those trained in Canadian medical schools. The array of these needs has to be considered in light of any curriculum modifications
 - there has been a change in the demographics of residents resulting in a need to consider how to ensure the training program is as "family friendly" as possible
 - while there is considerable interaction between training sites, mechanisms to share and work together on new innovations are not as robust as they could be
 - there have been frequent requests from residents to alter the length of the obstetrics rotation in the curriculum. While the department has repeatedly debated and then reaffirmed its commitment to the current length of the obstetrics program, we need to carefully reconsider the nature of these repeated concerns and the impact of the changing nature of family practice on the educational process as a whole
 - changes in recent PAIRS contracts have impacted the amount of time residents are involved in clinical activities. This has strained the balance between clinical learning, academic time, and Family Medicine half-days

- *What will signal success at the end of this planning cycle?*
 - Year 1 – 2007-2008*
 - Year 2 – 2008-2009*
 - Year 3 – 2009-2010*
 - Year 4 – 2010-2011*
 - Year 5 – 2011-2012*

- by the end of year 1, the Education Committee will review and implement all the recommendations set out in the department's internal review in anticipation of the CFPC's Accreditation Committee external review which will occur in the Fall of 2009 (Year 3)
- by the end of Year 2, the Education Committee will have reviewed and ensured that the program recommendations and systems are in place in preparation for Accreditation at the beginning of Year 3
- the Education Committee will establish separate curriculum and evaluation sub-committees with first and second year resident representatives to focus on these strategic directions
- Curriculum Subcommittee
 - by the end of year 1, there will be a review of the Family Medicine training programs and models for training occurring across the country – this will require funds being made available for an on-site visit to better understand the process of organizing and conducting a horizontal curriculum
 - by the end of year 1, assuming its availability, the Curriculum subcommittee will have reviewed the CFPC's curriculum review document. The committee will also review the CFPC's Definition of Competence in Family Medicine to ensure that their subsequent curriculum planning will address the dimensions of competence set out in the document
 - based on the two previously outlined reviews, the Curriculum subcommittee will provide a detailed report with recommendations for change and innovation to the Education Committee, including specific recommendations on how to best meet the needs of IMG's
 - during year 3, following review by the Education Committee, there will be a departmental retreat dedicated to the review and endorsement or modification of the recommendations in the Curriculum report; the timing of this retreat will be such that it does not delay the implementation of the recommendations (i.e. the CaRMS and Residency training cycle)
 - by the end of year 5, all of the recommended changes in curriculum will be implemented
 - by the end of year 5, there will be a process established to ensure for ongoing evaluation and modification of the curriculum
- Evaluation Subcommittee
 - by the end of year 1 the Evaluation subcommittee will have reviewed the anticipated Definition of Competence in Family Medicine prepared by the CFPC
 - by the end of year 1 the subcommittee will review and modify where necessary its evaluation methods, in light of this document. Necessary tools will be developed to ensure there is a robust system in place, encompassing all dimensions of competence
 - following the acceptance of these recommendations by the Education Committee, the Evaluation subcommittee will work with the Faculty Development committee to ensure that all faculty are comfortable with the evaluation process and how to use the tools (years 3-5)

- Enhanced Skills Program
 - the DAFM will begin to develop a proposal for recruiting a faculty member with the skills and administrative time available to take on the role of Enhanced Skills Director.
 - if the position is approved by College administration, the Enhanced Skills Director will explore the development of an Enhanced Skills Program for the DAFM, with the assistance of the Education Committee, in accordance with the Red Book – this program is separate and distinct from the Emergency Medicine R3 year
 - the Enhanced Skills Director will work with the College of Medicine's postgraduate office, CORRP and CPL to obtain the resources necessary to establish an integrated program meeting the educational needs of family physicians (residents completing training and community physicians) requesting additional training) – this will include resources for program development and administration, and funding for training
 - the Enhanced Skills director will work with various family physician and consultant specialists to develop specific educational programs with appropriate educational objectives and evaluation tools to meet the needs of Saskatchewan physicians and communities

Appended Data:

A number of charts are appended to this document. They are presented as both bar graphs and line graphs. The information they convey is intended as background material, as considered at the March 6-7, 2007 Academic Family Medicine Retreat.

The charts are self explanatory, apart from the following definitions:

- **urban** is defined as a centre of population > 100,000
- **rural / regional** is defined as a centre of population < 100,000
- charts depicting **rural / regional retention rates** are for those graduates of our training programs who practiced in a rural / regional setting *anywhere in Canada for at least one year* following graduation
- charts depicting **urban retention rates** are for those graduates of our training programs who practiced in an urban setting *anywhere in Canada for at least one year* following graduation
- charts showing **retention rates by site of training** and by **location of undergraduate education (i.e. IMG or CMG)** refer to those graduates of our programs who practiced in the described setting for *at least six months* following graduation