



Ophthalmology & Vision Sciences
UNIVERSITY OF TORONTO

**Strategic Plan
2015-2020**



**STRATEGIES FOR TRANSFORMING
OPHTHALMOLOGY: VISION TO THE FUTURE**

Strategic Plan 2015-2020

“The next five years will be an exciting time for the Department. We already have a very successful model in Kensington Eye Institute, and a number of system and policy changes will allow us to explore and expand new models of service delivery. Our continuing discussions around the creation of a stand-alone eye institute are gaining momentum; we have terrific opportunities to expand our collaborative research; and we are reaching new levels of cooperation across our six academic sites. Our aspirations point to an exciting future.”

Dr. Sherif El-Defrawy
Chair, Department of Ophthalmology and Vision Sciences,
Faculty of Medicine, University of Toronto



Strategic Plan 2015-2020

Strategies for Transforming Ophthalmology: Vision to the Future Strategic Plan for 2015–2020

Department of Ophthalmology and
Vision Sciences
University of Toronto
Faculty of Medicine

October 2015
Prepared by:
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MESSAGE FROM THE CHAIR



Dr. Sherif El-Defrawy

It is my pleasure to share the new five year strategic plan for the Department of Ophthalmology and Vision Sciences (DOVS) at the University of Toronto. This plan is broad and ambitious and reflects the input and shared aspirations of more than 100 of our faculty, trainees and partners.

Our new strategic plan for 2015 to 2020, *Strategies for Transforming Ophthalmology: Vision to the Future*, acknowledges the Department's position as one of North America's leading departments of ophthalmology and looks ahead to the Department's future as a global leader in vision health.

We took the time during this planning process to reflect on the many changes that had transpired over the last few years such as the establishment of the Kensington Eye Institute (KEI) in 2007; the centralization and consolidation of the academic centre; and the intentional efforts to achieve better subspecialty integration and collaboration across our hospital sites.

Vision health continues to be an area of importance to the Ministry of Health and Long-Term Care (MOHLTC). The Department has played a leadership role in vision health with the MOHLTC by informing public policy and shaping clinical practice. Both are important to our patients and our profession since as the population ages and demand for eye health services increases, there will be an even greater need for health promotion and innovative care models. The Department is laying the groundwork for an integrated system of eye care and a richer academic environment by proposing new eye clinics at the Kensington Vision and Research Centre and an



enhanced outpatient surgical centre at KEI to complement our evolving areas of excellence envisioned at our teaching hospitals.

Strategies for Transforming

Ophthalmology: Vision to the Future

articulates a five-year plan with specific goals, implementation priorities, outcomes and measures. It also looks beyond 2020 and describes how DOVS would look if this strategic plan were implemented. The Department's ultimate goal beyond 2020 is "to be an internationally recognized vision sciences department that unifies the research, educational and clinical spectrums within one eye institute."

In the near future, as this strategic plan enumerates, the Department is focused on advancing our core missions of education, research and clinical practice while we strengthen our investments in global health, partnerships and public policy. We have identified the factors critical to advancing our vision and mission, and we know that nurturing and developing our faculty will prove to be the key to our success.

Moving forward from planning to implementation will require leadership and highly engaged faculty members from across the Department. We expect to implement our strategic plan in a way that will cause minimal disruption to the status quo, and we hope that by 2020 we will be able to appreciate significant changes in our Department without having been disturbed as these changes happened. As we carry out the plan, we will reinforce our strategic partnerships and look locally and globally

for new collaborators who share our vision. We recognize the need to secure the appropriate infrastructure to support these new initiatives and will work towards doing so.

The development of this strategic plan would not have been possible without the dedication of the Strategic Planning Committee which provided leadership and insight throughout the planning process. A special thanks to our strategy consultants, Helena Axler and Susan Tremblay, for their expertise, and to our administrative staff, Rosemary Williams and Elizabeth den Hartog, for their ongoing support.

I look forward to your continued support of the Department of Ophthalmology and Vision Sciences and to working with you to implement this exciting strategic plan.



Dr. Sherif El-Defrawy MD PhD FRCS(C)
Chair, Department of Ophthalmology
and Vision Sciences



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Summary of Goals

Strategic Direction	Goals
1 – Education	<p>1-1 Strengthen our faculty commitment to undergraduate education.</p> <p>1-2 Recalibrate the postgraduate training program to achieve a more comprehensive and balanced ophthalmology experience and establish subspecialty core competencies that are implemented and monitored by our subspecialty chiefs.</p> <p>1-3 Create a consistent and high quality experience among the more than thirty hospital-based fellowship programs.</p> <p>1-4 Create educational and certification programs for allied vision health care practitioners.</p> <p>1-5 Expand continuing education and professional development programs to include new modalities and to reach new target audiences.</p> <p>1-6 Improve teaching quality through enhanced support, development and evaluation of teaching faculty.</p>
2 – Research	<p>2-1 Pursue greater collaboration across DOVS, enhancing integration of research among disciplines, specialties, hospitals and research institutes.</p> <p>2-2 Establish strategic initiatives in vision science research with focused teams behind each research theme.</p> <p>2-3 Develop the infrastructure to leverage clinical volume for the initiation of multi-site clinical trials.</p> <p>2-4 Demonstrate department-wide commitment to research by recruiting new researchers and establishing new funding models.</p> <p>2-5 Enhance knowledge translation to influence practice and policy.</p>

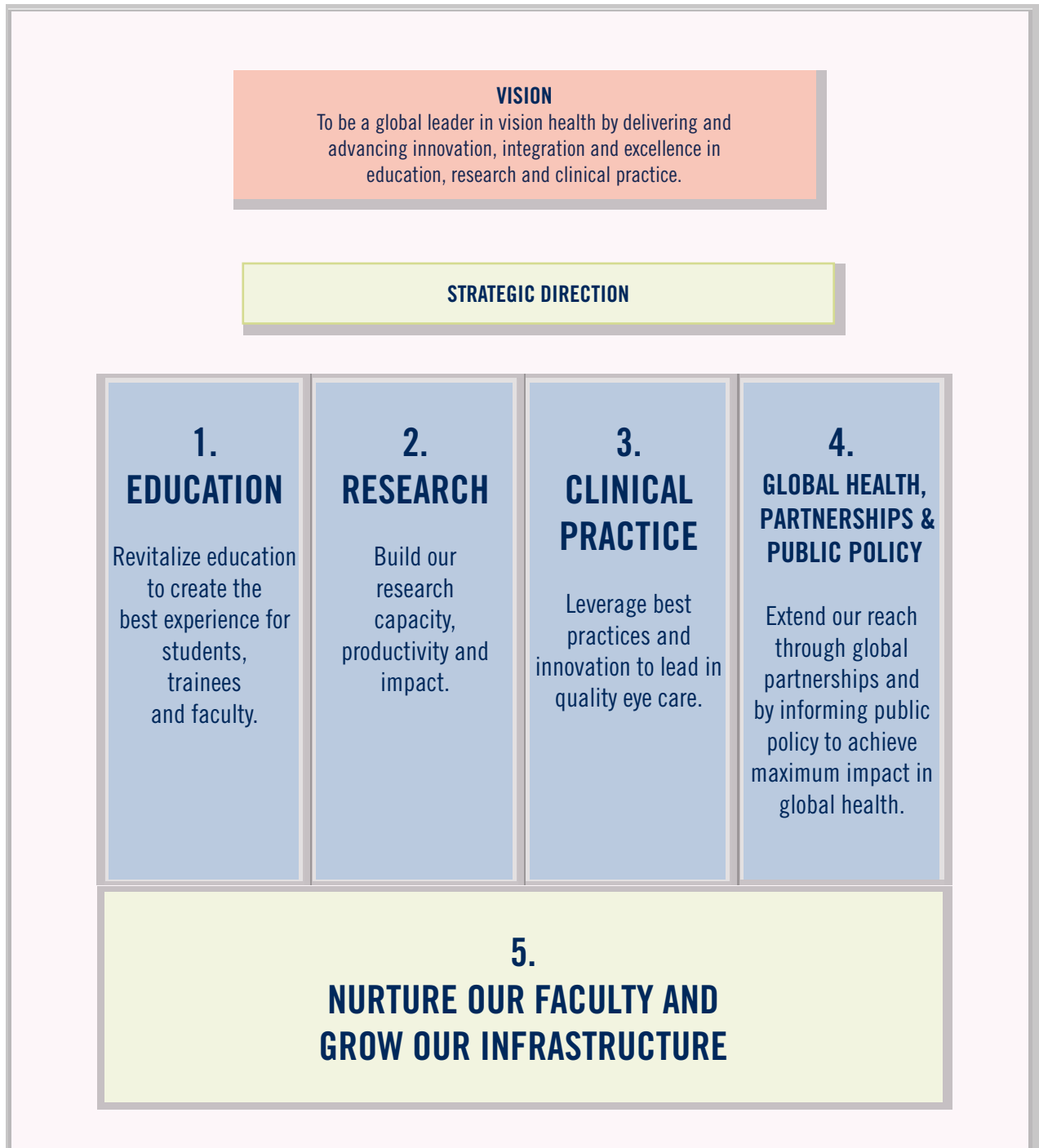
Summary of Goals

Strategic Direction	Goals
3 – Clinical Practice	<p>3-1 Enhance the opportunities for clinical specialties to contribute to more coordinated, consistent and better integrated education and research efforts across the Department and other Faculty of Medicine departments.</p> <p>3-2 Design, implement and monitor a program centred on quality and best practices aimed at ensuring optimal patient care and outcomes.</p> <p>3-3 Plan for an optimal distribution of clinical services across DOVS' sites by working with the Toronto Central LHIN and the MOHLTC.</p> <p>3-4 Implement and evaluate new models of care in terms of quality, interprofessional collaboration, effectiveness and efficiency.</p>
4 – Global Health, Partnerships and Public Policy	<p>4-1 Engage in and nurture effective, sustainable partnerships by building on the successes of our global health initiatives.</p> <p>4-2 Expand regional, provincial, national and international engagement and create innovative approaches to outreach and collaboration.</p> <p>4-3 Through knowledge translation standards and guidelines, endeavour to influence public policy that will optimize the availability and delivery of eye health care.</p>
5 – Faculty and Infrastructure	<p>5-1 Support and nurture professional career and leadership development, academic promotion and succession planning.</p> <p>5-2 Strengthen communications and connectivity both internally and externally and build the overall profile of the Department, between hospital sites, the Faculty of Medicine and University of Toronto.</p> <p>5-3 Create a funding and advancement strategy to bring new resources to the Department.</p>

STRATEGIC DIRECTIONS AND GOALS

At the highest level of this plan's framework the Department identifies five strategies. Each strategy has several specific goals; and the strategies and goals will remain constant for the life of the strategic plan. For each goal, there is a list of proposed actions, which we also call implementation priorities. To track and measure the Department's progress, there is a set of outcomes and/or measurements per strategy, and from these measures the Department can derive a set of key performance indicators.

STRATEGY MAP





INTRODUCTION

The Department of Ophthalmology and Vision Sciences at the University of Toronto (U of T) is one of Canada's foremost academic departments.

Academic Centres

- The Hospital for Sick Children
- The Kensington Eye Institute
- Mount Sinai Hospital
- St. Michael's Hospital
- Sunnybrook Health Sciences Centre
- Toronto Western Hospital, University Health Network
- Princess Margaret Hospital, University Health Network

The Department's 190 faculty are engaged in clinical services and academic roles in five fully-affiliated teaching hospitals, at the Kensington Eye Institute (KEI) and in several community-based teaching hospitals in the Greater Toronto Area. The Department is active in undergraduate medical education and postgraduate education. Its research and tertiary care programs are highly regarded, housing internationally renowned researchers and attracting fellowship candidates from all over the world. The Vision Science Research Program is a partnership between the University Health Network and the University of Toronto. It is a leading research entity complemented by research programs throughout the University's academic health science centres; by collaborations in other basic science and clinical departments; and by cross-appointed faculty from York University, McMaster University, Western University, the University of Waterloo, the University of Utah and the University of Michigan.

The Department has seen considerable change in recent years with the establishment of the Kensington Eye Institute in 2007 and the realignment of targeted surgical procedures to KEI, the addition of several community-affiliated hospitals, and growth in international initiatives undertaken by the department.

Also, DOVS has centralized its administrative functions to the KEI site. The Department has also been working with the Ministry of Health and Long-Term Care on a Provincial Vision Strategy for Ophthalmology and with the Toronto Central Local Health Integration Network on realignment of clinical ophthalmology services.

In July 2012, the Department welcomed a new Chair, Dr. Sherif El-Defrawy. An early priority for Dr. El-Defrawy was to launch a comprehensive planning process to develop a roadmap and to articulate clear priorities that would steer the Department. A Strategic Planning Committee guided this process and engaged faculty at a planning retreat held in January 2014. This strategic plan reflects the key strategies, goals and priorities that were developed during that retreat and over a broad, year-long consultative process that concluded in 2015.

During our planning process, a number of changes and trends in the environment have occurred to influence and shape how we approach our future as a department. The rate of change in systems of health care, the uncertain economic climate, and the increasingly competitive global market, have all reinforced the need to be nimble and flexible to ensure success as an international leader.

“The Provincial Vision Strategy Task Force review of emergency, general and specialty Ophthalmology services revealed a quality system that is well organized and responsive with strong collaborative referral patterns. Exemplary models of care demonstrate best practice, clinical outcomes and operational efficiency. The University of Toronto Department of Ophthalmology and Vision Sciences has been a leader in the development of the Kensington Eye Institute. There are opportunities to continue to redesign the system over time and all are encouraged to keep the patient at the centre of all efforts to advance models of care.”

**Dr. Robert Bell, Co-Chair,
Provincial Vision Strategy Task
Force**

Number of faculty
As of January 2015: 190

Number of residents
Graduating each year: 24

Number of fellows
Graduating each year: 35





THE CHANGING LANDSCAPE – THE CONTEXT FOR PLANNING

The Department's last strategic plan was formulated in 2004 and entitled "Breaking through the Boundaries". It laid the groundwork for many important directions that the Department pursued for the last seven years.

Changing Demographics and Demand for Ophthalmology Services

Ontario's aging population, coupled with an increasing prevalence of eye disease among older adults, will result in increased demand for ophthalmology services in the near future. In addition, the aging profile of ophthalmology practitioners suggests that the Department may need to expand residency training to meet Ontario's need for ophthalmologists.

Changing Models of Ophthalmology Service Delivery

As eye surgery has become more controlled and sophisticated, its provision in dedicated surgical suites in outpatient and ambulatory settings has become more feasible and practical. The Kensington Eye Institute has been a leader in creating an independent ambulatory care centre in Ontario. Both the Ontario Ministry of Health and Long-Term Care and the Toronto Central Local Health Integration Network have supported the creation of a systemwide plan for vision care services that includes the consolidation and rationalization of ophthalmic services in a variety of settings from hospitals to community-based specialty clinics.

The Faculty of Medicine and Toronto's Academic Health Science Network Collaboration

The University of Toronto's Faculty of Medicine and the Toronto Academic Health Science Network (TAHSN) continue to "work collaboratively to advance and sustain a shared academic mission of providing high quality patient care, conducting innovative research, offering world renowned top-quality education programs, and participating in knowledge transfer activities." (TAHSN 2014)¹. The Faculty of Medicine emphasizes partnership and collaboration. The harmonized cultures of these two organizations imply that the current landscape is ripe for new collaborations that transcend hospital sites, medical disciplines and health care professions.

The Changing Education Environment

Medical education, in many jurisdictions across the world, is undergoing transformative change. In Canada, innovative curriculum changes are being directed and guided by the Future of Medical Education in Canada², the CanMEDS framework³, and the Global Commission Report on Health Professionals for a New Century⁴. These changes require the development of robust assessment and evaluation strategies, competency-based curricula,

and inclusion of non-traditional and innovative methods of experiential learning for trainees. Simulation and other novel methods for learning, training and assessment are rapidly proliferating.

The Changing Research Environment

The research climate is shifting from a traditional focus on investigator-based, single-laboratory research to large multicentre studies and large interdisciplinary, and often international, collaborative teams.

Obtaining health research funding is more competitive than ever before, challenging researchers to pursue timely, practical and relevant research. To address the current research environment, the Department must take innovative approaches to research funding that include establishing strategic directions and prioritizing research themes.

The Anticipated Demand for Ophthalmology Care

The aging population is expected to burden all areas of health care, but particularly ophthalmology, since 90% of procedure-based services are for seniors. A recent paper by Wendy Hatch and colleagues in the Archives of Ophthalmology [Hatch et al. 2012; 130: 1479-81] projected a 128% increase in the number of cataract surgeries in Ontario from 2006 to 2036. These projections are similar for other ophthalmic procedures, clinic visits and medical ophthalmology over the same period.

1. Welcome. [ND]. The Toronto Academic Health Science Network. Toronto, ON. www.tahsn.ca, accessed April 13, 2015.

2. The Future of Medical Education in Canada FMEC: A Collective Vision for MD Education, 2010; Association of Faculties of Medicine of Canada.

3. The CanMEDS Physician Competency Framework. [ND]. Royal College of Physicians and Surgeons of Canada. Toronto, ON. www.royalcollege.ca/portal/page/portal/rc/canmeds/framework, accessed August 4, 2014.

4. Frenk, Julio. 2010. "Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World." *The Lancet* 376: 1923-1958.



VISION, MISSION & VALUES

VALUES

Excellence: We strive for the highest standards of scholarship, critical thinking, clinical practice, professionalism and leadership.

Innovation: We promote novel and implementable ideas that improve and advance vision health.

Collaboration: We collaborate, regardless of location or affiliation, in all eye care subspecialties, in all medical disciplines and in all health care professions; with scientists; and with industry.

Respect: We respect the ideas, rights, beliefs, dignity and well-being of all faculty, trainees, patients and staff.

Accountability: We and all of our activities are accountable to our stakeholders, and to our local and global communities.

VISION

To be a global leader in vision health by delivering and advancing innovation, integration and excellence in education, research and clinical practice.

MISSION

We shape the future of ophthalmology and vision science by:

- Educating and mentoring the next generation of clinicians, teachers and scientists;
- Conducting high impact research, generating innovative technology that includes informatics, and translating discovery to high quality patient care;
- Leading in the delivery of the highest quality patient care;
- Informing public policy to the eye care needs of society, contributing to our communities and improving the health of individuals and populations locally and globally through discovery, application and knowledge communication.



A VIEW TO THE FUTURE

We are reaching new levels of collaboration across our six academic sites. Our aspirations point to an exciting future.

“The next five years will be an exciting time for the Department. We already have a very successful model in Kensington Eye Institute, and a number of system and policy changes will allow us to explore and expand new models of service delivery. Our continuing discussions around the creation of a stand-alone eye institute are gaining momentum; we have terrific opportunities to expand our collaborative research; and we are reaching new levels of cooperation across our six academic sites. Our aspirations point to an exciting future.”

Dr. Sherif El-Defrawy
Chair, Department of Ophthalmology and Vision Sciences,
Faculty of Medicine, University of Toronto

Within the next three to five years, by following this strategic plan, the Department of Ophthalmology and Vision Sciences (DOVS) intends to have accomplished the following goals:

Where We Want To Be In Three to Five Years

- Enhanced undergraduate, postgraduate, fellowship, and interprofessional education.
- Clarified and refined roles in the Kensington Eye Institute (KEI) and in affiliated hospitals for delivery of emergency care, comprehensive ophthalmology, subspecialty ophthalmology and in highly specialized surgical services.
- Worked with the Toronto Central Local Health Integration Network (TCLHIN) to develop a comprehensive and efficient vision health system that services its population as well as the province's tertiary and quaternary needs.
- Strengthened research programs through greater collaboration across the DOVS and hospital and research institutes, other University of Toronto (U of T) departments and specialties and across Canada; clearly articulated research themes/clusters; enhanced research infrastructure; centralized/harmonized Research Ethics Board.
- Increased clinical research capability by collaborating with hospital research institutes, the U of T and the Applied Health Research Centre.
- Formalized specialty groupings (e.g., glaucoma, neuro-ophthalmology, cornea and anterior segment, paediatric ophthalmology, oculoplastics, retina and vitreous, uveitis) to achieve innovation, quality academic performance and research distinction and formalized areas of excellence.
- Expanded engagement in local and global health by working with strategic partners.
- Increased influence in public policy through evidence-based research.
- Lead with new information technologies (e.g., electronic medical records, tele-ophthalmology), and lead the development of provincial models of care.
- Formalized faculty development, leadership development, and succession planning.
- Established fundraising collaborations with hospital foundations and the U of T's advancement team.

Within the next five to ten years, by following this strategic plan, the Department intends to:

Where We Want To Be In Five to Ten Years

- Internationally ranked in education and fellowship programs.
- Have established collaborative relationships among our academic and clinical sites, and innovative quality initiatives, including best practices, that will help shape clinical practice nationally and internationally.
- Greater integration between basic scientists and clinicians to facilitate conducting robust translational research; have clinician scientists well supported in the Department's research program.
- Be conducting clinical research protocols that engage the entire Department.
- Have mobilized a well-established knowledge translation and exchange and have trusted advisors for decision makers who will together influence the direction of ophthalmology care.
- Have established faculty development, leadership development and succession planning.
- Have faculty pursuing academic career paths in quality improvement and education.
- Be regularly engaging departmental peers and the community both locally and internationally.
- Have received and be continuing to receive major funding gifts to support an expanded leadership role in ophthalmology.
- **Be an internationally recognized eye institute unifying the entire research, educational and clinical spectrums of ophthalmology and vision sciences.**

STRATEGY 1

EDUCATION



Dr. Wai-Ching Lam
Vice-Chair Education

Education is a continuum beginning with medical school. We are laying the groundwork to provide an integrated and rich environment for the next generation of ophthalmologists.



Dr. John Lloyd
Director, Postgraduate Education

Revitalize education to create the best experience for students, trainees and faculty.

Six goals will focus our efforts to enhance education. We propose the following actions for each goal.

1-1 Strengthen our faculty's commitment to undergraduate medical education.

1. Formalize our expectation that faculty teach undergraduate medical students as part of their contractual obligation; reinforce teaching goals; and recognize strong undergraduate teaching.
2. Focus faculty development training on teaching undergraduate medical students and clarifying goals and objectives.
3. Enhance undergraduate medical education through faculty development and by clarifying goals and objectives.
4. Explore new modalities of undergraduate education including Internet-based modules and video-based learning.

1-2 Recalibrate the postgraduate training program to achieve a more comprehensive and balanced ophthalmology experience and establish subspecialty core competencies that are implemented and monitored by our subspecialty chiefs.

1. Formalize the structure of rotations in the residents' senior years and enhance communication and

coordination across hospitals.

2. Revisit the organization of the last four years of the program to reinforce continuity of care throughout the residency experience; strengthen professional responsibility for patient care.
3. Develop a better understanding of competency-based education (CBE): its implications and the potential opportunities for CBE in ophthalmology training.
4. Enhance comprehensive ophthalmology training, including specific two- to four-month blocks in hospital clinics or physician off-site offices and formalize the competencies that define a comprehensive ophthalmologist.
5. Enhance the coordination of CanMEDS-based core competencies across the Department's subspecialty rotations.
6. Rebalance educational opportunities for residents by focusing less on high volumes of cataract surgery, and instead on improving evaluation metrics and monitoring of surgical performance.

7. Enhance resident support, mentorship and remediation, including earlier identification of residents in need.
8. Strengthen the engagement of residents in research projects and with research faculty.
9. Enhance relationships with community hospitals; and explore opportunities for resident-led clinics and OR access.
10. Encourage residents to consider training opportunities in rural practices and locations by offering selectives, electives and opportunities to spend time in Northern Ontario clinics or in the CNIB Eye Van, for example.

1-3 Create a consistent and high quality experience among the more than thirty hospital-based fellowship programs.

1. Formalize and standardize the structure and funding of the fellowship programs.
2. Formalize the framework to create more integrated structures to oversee the fellowship experience; and better integrate the fellows as part of the Department.
3. Develop more consistent criteria for selecting specialty-based fellows. (This may include requiring foreign trained residents, prior to starting their fellowship, to demonstrate they meet the Canadian core competencies for ophthalmology and to also prove their facility in the English language.)
4. Develop an orientation handbook for Department fellows.
5. Create more cross-hospital site opportunities for residents, fellows and faculty members to share their educational experiences.
6. Provide greater clarity between the boundaries of residency and fellowship, and clearly delineate the responsibilities of each group.

7. Increase Departmental administrative support for the fellowship program.
8. Track the publications and academic employment of our graduated fellows and share this information about them on the Department's website in a "where are they now" section, for example.
9. Formalize and standardize the competencies to be attained in each subspecialty fellowship program.
10. Formalize the evaluation of these competencies in each fellowship program.

1-4 Create educational and certification programs for allied vision health care practitioners.

1. Develop an orthoptist educational and certification program.
2. Develop an ophthalmic medical technology program.
3. Develop a formalized CME program for ophthalmic allied health personnel.

1-5 Expand continuing education and professional development programs to include new modalities and to reach new target audiences.

1. Strengthen our professional development programs by reviewing the programs' venues, dates and resources available for academic staff.
2. Develop specific collaborative education programs with other specialists and with other health care professionals, including optometrists.
3. Increase the number and quality of continuing education and professional development programs offered by the Department, including online continuing education events such as webcasting and e-learning modules.

Expected Outcomes

- Improve evaluation of DOVS faculty by medical students
- Increase the number of faculty involved in undergraduate education
- Improve medical students evaluations of DOVS teachers
- Improve resident Teaching Effectiveness Scores (TES) of DOVS faculty
- Improve the education-to-service ratios for residents
- Improve the success of residents on examinations
- Increase the number of resident rotations in community hospitals
- Increase the number of community faculty teachers
- Increase the number of resident selectives and electives in rural and Northern Ontario clinics
- Achieve greater consistency in the criteria to evaluate DOVS fellowship applicants

1-6 Improve teaching quality through enhanced support, development and evaluation of teaching faculty.

1. Make teaching expectations more explicit for all academic job descriptions.
2. Establish objectives and priorities for faculty development for all levels of faculty.
3. Collaborate with the Centre for Faculty Development to offer and customize offerings.
4. Provide faculty development opportunities and courses that are relevant to community-based faculty.
5. Support educational scholarship, including a collaboration with the Wilson Centre to build capacity in DOVS.

STRATEGY 2

RESEARCH



Dr. Agnes Wong
Vice-Chair Research and
Academic Affairs

Promoting innovative, multi-disciplinary research with a strong knowledge translation component is critical to our success as an academic department. Ensuring that all faculty acknowledge U of T on their journal publications is a critical element to the Faculty's overall success as emphasized by the Dean's office for the past three years.

Strengthen our research capacity, productivity and impact.

Four goals will guide our efforts to strengthen research. We propose the following actions for each goal.

2-1 Pursue greater collaboration across DOVS, enhancing integration of research among disciplines, specialties, hospitals and research institutes.

1. Raise the profile of research in the Department, provide researchers with networking opportunities and offer research-related resources.
2. Create a Departmental database to track research activity.
3. Promote meaningful engagement of research faculty with residents and fellows to strengthen the quality and quantity of resident and fellow research projects.
4. Promote the research of our clinicians and basic scientists through theme-based presentations at the bi-monthly Research Seminar Series.
5. Encourage multi-disciplinary and team-based collaborations that include faculty from more than one hospital site and provide these teams with Departmental funding support for their collaborative pilot projects.
6. Work with other U of T departments

to better integrate and harmonize Research Ethics Board processes among the hospital sites.

7. Encourage residents to undertake research projects that take a multi-disciplinary and a multi-site approach.

2-2 Establish strategic initiatives in vision science research with focused teams behind each research theme.

1. Build on our Department's strengths to deepen the impact of our research output, learning from the success of Vision Science Research Program.
2. Establish research themes, grouping them into functional themes that would include regenerative medicine, retinoblastoma and neuroprotection, epidemiology, genetics, interventional clinical trials and gene therapy.
3. Develop processes to build research capacity, competencies and output that would see our researchers regularly presenting their projects to their peers.
4. Implement a nurturing and supportive research grant peer

review process that would take place before a researcher submits their grant to an agency.

2-3 Develop the infrastructure to leverage clinical volume for the initiation of multi-site clinical trials.

1. Ensure research infrastructure exists at all teaching hospitals and KEI.
2. Promote clinical research as a strategic research initiative. Collaborate with the Applied Health Research Centre at St. Michael's Hospital to strengthen our clinical research capacity.

2-4 Demonstrate department-wide commitment to research by recruiting new researchers and establishing new funding models.

1. Revisit practice plans and academic enrichment funds to provide greater support to researchers, especially clinician scientists (see Strategic Direction 5, Goal 5-3).
2. Provide role modeling, mentoring and a salary support plan for residents and junior faculty choosing the clinician scientist career path.
3. Pursue new basic scientist hires, encourage the development of 'clinical scientists' (i.e., basic science trained PhDs, who work with clinicians to better understand medicine/patient care, and relevant translational research avenues).
4. Dedicate one resident position each year in the CARMS selection to identify a potential research

stream individual.

5. Incentivize DOVS faculty research participation and output.
6. Build support for knowledge translation activities with the research institutes and the Faculty of Medicine.

2-5 Enhance knowledge translation to influence practice and policy.

1. Develop a knowledge translation (KT) and a knowledge exchange strategy for DOVS.
2. Seek out KT expertise from the Li Ka Shing Knowledge Institute at St. Michael's Hospital to help inform the DOVS KT strategy.
3. Include knowledge translation strategies as a part of all research projects.
4. Collaborate with the OMA, LHINS and other organizations to develop evidence-based and quality guidelines for knowledge translation.
5. Establish dedicated knowledge translation capability in the Department to work with researchers and practitioners.

Expected Outcomes

- Increase the number of multi-site and multi-specialty collaborations
- Establish a Departmental research database
- Harmonize the Research Ethics Board processes across sites
- Increase the volume and the quality of the research undertaken by our residents and our fellows
- Increase the number of publications and citations of work by our faculty members in high-impact journals
- Increase the number of clinical trials and the number of patients enrolled in these trials
- Increase the number of research projects funded by external sources
- Increase the amount of research funding we receive
- Grow the number of residents and junior faculty who pursue clinician scientist or clinician investigator career tracks
- Share evidence-based tools and resources more effectively.



STRATEGY 3

CLINICAL PRACTICE



Dr. Alan Berger
Vice-Chair Clinical Affairs

Leverage best practices and innovation to lead in quality eye care.

Four goals will focus efforts to enhance clinical practice. We propose the following actions for each goal.

3-1 Enhance the opportunities for clinical specialties to contribute to more coordinated, consistent and better integrated education and research efforts across the Department and other Faculty of Medicine departments.

1. Work with each of our subspecialty divisions to plan for the better integration, among our teaching sites, of clinical services.
2. Provide the newly created Subspecialty Service Chiefs with mentorship, administrative and other support they need to fulfill their mandate.
3. Develop a subspecialty plan that includes a patient needs assessment; an emergency services plan; clinical benchmarks; infrastructure needs; core competency training for medical students, residents and fellows; and an intake and succession plan for new clinical and research hires. Each subspecialty head will develop the plan in collaboration with the Department Chair and Vice-Chair Clinical.
4. Implement the subspecialty plans.

5. Develop competencies and metrics for CanMEDS roles that are specific to each subspecialty.
6. Support a model of areas of excellence in different vision specialties across the TAHSN hospitals.

3-2 Design, implement and monitor a program centred on quality and best practices that is aimed at ensuring optimal patient care and outcomes.

1. Establish a Quality Committee to shape a quality agenda and set up quality rounds.
2. Establish the supports for a Quality Committee; obtain funding to support quality programs in all divisions; and build the faculty expertise and the central infrastructure to support a quality program.
3. Promote and support academic careers with a special interest in quality, by, for example, identifying and funding a faculty member to pursue a Masters in Quality Improvement.

The Department will develop and deliver clinical services and models of care that are accessible, socially responsible, innovative, quality-outcome based and patient centred.

4. Outline short and long term quality initiatives and develop best practice guidelines to be used in all divisions and in all subspecialty programs.
5. Establish oversight mechanisms to ensure that high quality standards of care are being met at all affiliated sites where our faculty members care for patients.
6. Integrate Quality into all levels of education delivered by DOVS (undergraduate, postgraduate, fellowship, continuing education and professional development).
7. Explore Toronto-based, provincial, national and international registries; and link with the Institute for Clinical Evaluative Sciences to identify best practices, problem areas and optimization strategies.

3-3 Plan for an optimal distribution of clinical services across DOVS' sites by working with the Toronto Central LHIN and the MOHLTC.

1. Participate with and advise the Toronto Central LHIN as they plan processes for ophthalmology services in ambulatory care and hospital care settings.
2. Support, monitor and evaluate the implementation of the DOVS clinical services plan (as appropriate).

3-4 Implement and evaluate new models of care in terms of quality, interprofessional collaboration, effectiveness and efficiency.

1. Implement the first scleral prose contact lens clinic in Canada in collaboration with optometry.
2. Along with other Ontario academic centres and corneal surgeons, and in collaboration with Toronto Gift of Life Network and MOHLTC, shape policy on corneal transplantation and eye banking.
3. Identify and focus on initiatives to demonstrate the impact of new models of care and service delivery.
4. Build a culture of evaluation and evidence to inform the impact of new models of care.
5. Integrate vision health professionals into the care delivery model to provide the spectrum of vision care services such as vision rehabilitation, ocularist services, optometric and orthoptic services.

Quality should be one of the academic pillars of each department.

Quality impacts on patient care, hospital resources, funding and on the education of residents. The timing is ripe for quality initiatives:

- Physician engagement is essential to quality improvement; Physicians have clinical expertise and are opinion leaders
- Culture has changed with focus on evidence based medicine and collaboration to provide multidisciplinary care of patients
- Recognition of QI as an academic path for promotion
- Government initiatives- QBP, Excellent Care for All Act, Safer Health Care Now

Dr. Robin McLeod, Vice Chair Quality and Performance, Department of Surgery, University of Toronto

Expected Outcomes

- Increase the number of specialty-based research projects at all sites
- More coherence in resident specialty training (increased satisfaction scores by resident)
- More Department-wide quality and best practices in place
- Increase the number of sites that engage in quality and best practices
- More faculty designated as quality improvers and with formal training in quality
- More educational events including quality-focused programmes
- Increase the number of publications by our faculty that relate to quality improvement
- More new models of care with demonstrated improvements in various dimensions of quality
- More interprofessional collaboration



STRATEGY 4

PARTNERSHIPS, OUTREACH AND PUBLIC POLICY



Dr. Jeffrey Hurwitz

Vice-Chair Global Health

Extend our reach through global partnerships and by informing public policy to achieve maximum impact in global health.

Our U of T Global Health Program emphasizes our social responsibility mandate to help with patient care, education and research in the developing world.

Four goals will focus efforts to enhance clinical practice. We propose the following actions for each goal.

Global Health is an area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide. Developing strong global partnerships to improve eye health is integral to enhancing DOVS' global impact and influence.

Outreach, the activity of providing services to populations who might not otherwise have access, has long been a strength of DOVS. Multiple national and international initiatives within DOVS aim to improve eye health, including teleophthalmology to reach remote locales, and international partnerships focused on medical education and health service delivery. Several DOVS trainees undertake international electives, and staff and trainees alike participate in overseas missions and medical brigades on an ad hoc basis.

Building upon this rich history of service and global outlook, DOVS aims to integrate existing outreach initiatives within the field of global health, and encourage further partnership building, research and innovation within this fresh framework. Experimentation and evaluation of DOVS global initiatives

that are aimed at ensuring sustainable access to health services will build the evidence base for successful engagement with policy makers.

4-1 Engage in and nurture effective, sustainable partnerships by building on the success of our global health initiatives.

1. Document existing global health initiatives in DOVS and ensure they are listed in the U of T Faculty of Medicine mapping initiative that documents all staff-led international initiatives.
2. Establish evidence-based criteria for strategic partnerships.
3. Pursue a Chair in Global Health in Ophthalmology to oversee and guide DOVS global health initiatives internally, and ensure integration and impact Faculty and University-wide.
4. Evaluate current international partnerships using the newly developed criteria.

5. Encourage and ensure access to education and training opportunities for staff and trainees in multidisciplinary core global health topics (focusing on Ophthalmology and Visual Science), research methods, ethics and international travel/electives preparation.

6. Establish specific goals for each strategic partnership centred on key global health practice principles: ethics, partnership building, innovation, implementation, and policy change, for example, write a memorandum of understanding for the Caribbean fellowship program.

7. Initiate new or expand on current partnerships by using the new criteria to guide and evaluate opportunities.

8. Encourage global health research in areas such as epidemiology, capacity building, clinical trials, monitoring, evaluation and implementation science.

9. Build on relationships with University of Toronto's international alumni.

4-2 Expand regional, provincial, national and international engagement and create innovative approaches to outreach and collaboration.

1. Explore further opportunities to engage in underserved Canadian communities and First Nations communities, and do so in collaboration with the Eye Health Council of Ontario and optometry, and the Faculty of Medicine / Anishnawbe Health Toronto joint project.

2. Increase DOVS participation in teleophthalmology.

3. Explore further opportunities

for professional development related to building successful multidisciplinary and international partnerships.

4. Establish certified tele-ophthalmology reading centre.

5. Establish certified tele-ophthalmology readers that will staff reading centre.

6. Established centres to provide care to first nations communities and urban poor.

4-3 Through knowledge translation standards and guidelines, endeavour to influence public policy that will optimize the availability and delivery of eye health care.

1. Strengthen or build relationships with policy makers such as the MOHLTC and the LHINs.

2. Strengthen Communications Team to raise DOVS profile and translate research into policy briefs for communication with decision-makers.

3. Define relationships with clinical and academic optometry.

4. Identify critical issues related to ophthalmology care and develop knowledge mobilization strategies for practitioners, decision makers and other key stakeholders.

5. Seek out and embrace opportunities to lead and inform groups such as expert panels or government working groups focused on vision services.

6. Engage with our public to enhance the understanding of eye disease, share best practices in eye care and explain the role of the various professionals who provide eye care (e.g., ophthalmologists, optometrists, etc.); and promote collaboration with provincial bodies for public education.

Expected Outcomes

- Confirm the criteria for partnership engagement
- Establish metrics to demonstrate impact of DOVS in global health and education
- Established a Chair in Global Health
- Participate in a greater number and in a greater scope of teleophthalmology projects

Team Members

- Michael Brent
- Matthew Bujak
- Helen Dimaras
- Michael Easterbrook
- Jeffrey Hurwitz
- Yasser Khan
- Paul Sanghera



STRATEGY 5

FACULTY & INFRASTRUCTURE



Dr. Agnes Wong
Vice-Chair Research and Academic Affairs

Nurture faculty and grow the infrastructure.

Four goals will focus efforts to enhance clinical practice. We propose the following actions for each goal.

5-1 Support and nurture professional career and leadership development, academic promotion and succession planning.

1. Create a DOVS faculty mentorship program.
2. Clarify faculty roles, responsibilities and benefits for DOVS mentorship.
3. Pursue mechanisms to enhance faculty development in terms of teaching and education, career and leadership development, and scholarship.
4. Strengthen the Department's processes for academic support, such as academic performance assessments and promotions, with a view to increasing the numbers of, and the success rates of, faculty applying for promotion.
5. Explore early investigator funding as part of faculty development.
6. Educate DOVS faculty on creative professional activities process.
7. Establish a health and wellness

program and incorporate into an annual or biannual event.

8. Target specific mentorship strategies to support career goal setting during different career phases: junior faculty, mid-career and senior faculty.
9. Target leaders for specific roles in DOVS and engage in succession planning for our future leaders. Provide our future leaders with access to formal leadership training programs.

5-2 Strengthen communications and connectivity both internally and externally and build the overall profile of the Department, between hospital sites, the Faculty of Medicine and University of Toronto.

1. Redesign website to be functional and current and reflect Department activities.
2. Create newsletter to keep Department informed of day-to-day activities.

We need to support, nurture and communicate effectively with our faculty members. It is this community of experts in their field whose teaching and research are the foundation of the Department.

3. Profile Department members.
4. Re-establish Departmental communications activities: re-institute regular annual reports, the newsletter and communiqués to key stakeholders; enhance the website; and improve the Department's use of social media.
5. Improve outreach and become more connected to alumni, to other University departments, to hospitals and to the community.

5-3 Create a funding and advancement strategy to bring new resources to the Department.

1. Revisit the academic practice plans and academic enrichment funds to help the Department find funds to deliver the faculty supports and resources that are identified in the strategic plan.
2. Explore a joint fundraising or foundation initiative for DOVS, KEI and targeted hospital sites.
3. Consider standardizing practice plans among our academic practice sites.
4. Develop robust funding strategies to enhance revenues, such as: increasing the number of endowed chairs in strategic areas such as global health; finding government grants; creating industry partnerships within the university guidelines; and increasing our annual research funding.
5. Work with the Faculty of Medicine to target priority opportunities for advancement. Enhance the Dr. William Macrae Fund for Excellence in Ophthalmic Education and the

Dr. William Macrae PhD Award for Excellence in Ophthalmic Education.

6. Target fundraising and advancement to support Eye Institute infrastructure, research, education and capital.
7. Build on relationships with international alumni with the aim of engaging them in research as a potential source of funding.

Faculty development is the necessary fourth element of academic medicine. A complement to teaching, research and service, it allows faculty to develop their full potential at each stage of their career, benefiting patient care, fostering academic success and enriching personal fulfillment.

Dr. Radha Kohly

Director, Professional Academic Development

Expected Outcomes

- Increase the number of faculty who are involved in mentorship
- Increase the number of faculty who are completing leadership development programs
- Increase the number of promotions and enhance career development of faculty
- Establish explicit job descriptions, benchmarks, measures of performance and promotion criteria
- Increase our funding and departmental resources
- Secure endowed and dispensable funds for research chairs, fellowships and awards, etc.
- Increase the number of faculty who receive a base salary and academic- or research-related stipends
- Have implemented a robust EMR that is shared by all the Department's sites
- Increase traffic to the website
- Increase the number of contributors to Departmental communications targeted at faculty
- Increased engagement of alumni in activities such as teaching and trainee alumni events, etc.

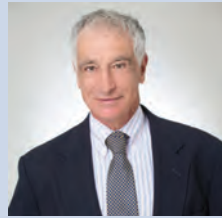




Dr. Sherif El-Defrawy



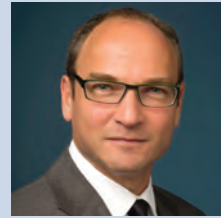
Dr. Agnes Wong



Dr. Jeffrey Hurwitz



Dr. David Wong



Dr. Peter Kertes



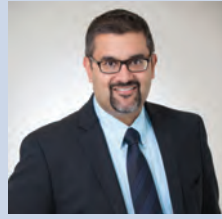
Dr. Robert Devenyi



Dr. Dan Weisbrod



Dr. John Lloyd



Dr. Asim Ali



Dr. Wai-Ching Lam



Dr. Martin Steinbach



Dr. Alan Berger

MOVING FORWARD TO IMPLEMENTATION

This strategic plan outlines a broad range of goals in five strategic domains. To ensure that the goals are achieved in a timely manner, mechanisms will be put in place to ensure the appropriate oversight, implementation and measurement of the plan.

Implementation Oversight and Guidance

The DOVS Executive Committee will provide the leadership and oversight for the implementation of the strategic plan. Leads will be assigned for each strategic direction. The Executive Committee will develop a monitoring and tracking process, as well as confirm the specific measures and indicators, and the committee will regularly report on the plan's progress to the Department's members.

Measures and Key Performance Indicators (KPIs)

The DOVS Executive Committee will compile indicators and measures from the Faculty of Medicine's plan and track those alongside the measures that are listed in the DOVS strategic plan.

Performance measures and indicators should include both traditional metrics and new metrics specific to this strategic plan. The following list can be used as a starting point for the Department's measures and KPIs.

The Department will consider measuring the following items in order to track its progress toward its strategic goals.

Strategic Direction and Preliminary Proposed Measures

The Department will consider measuring the following items in order to track its progress toward its strategic goals.

Strategic Direction	Preliminary Proposed Measure
Education	<ol style="list-style-type: none"> 1. Teaching metrics for undergraduate teaching 2. Evaluation scores by residents 3. Number of education publications 4. Number of continuing education and professional development events
Research	<ol style="list-style-type: none"> 1. Number of grants and amount of funding 2. Number of publications and citations 3. Number of clinical trials 4. Number of residents engaged in research 5. Clear strategic initiatives with implementation plans
Clinical Practice and Quality	<ol style="list-style-type: none"> 1. Number of Department-wide quality/ best practices initiatives 2. Number of faculty with training in quality program 3. Number of educational programs including quality-focused initiatives 4. Number of publications related to quality improvement 5. Completion of Subspecialty plans
Global Health, Partnerships and Public Policy	<ol style="list-style-type: none"> 1. Number of international initiatives 2. Number of teleophthalmology projects 3. Number of partnerships with public policy organizations
Faculty and Infrastructure	<ol style="list-style-type: none"> 1. Number of faculty engaged in mentorship 2. Number and amount of donations

Implementation Priorities: The First 18 Months

The strategic plan outlines a broad range of goals and actions. It will not be possible to move forward on all of them at the same time. The following priorities have been identified for the first 18 months of this plan and the achievement of these priorities will provide a solid foundation for achieving the remaining goals⁵.

Strategic Direction	Preliminary Proposed Measure
Education	<ol style="list-style-type: none"> 1. Formalize our expectation that faculty teach undergraduate medical students as part of the faculty's contractual obligation; reinforce our teaching goals; and recognize strong undergraduate teaching. 2. Focus faculty development training on teaching undergraduate medical students. 3. Formalize the structure of rotations in the residents' senior years and enhance communication and coordination across hospitals. 4. Formalize and standardize the structure and funding of the fellowship programs. 5. Strengthen our professional development programs by reviewing the programs' venues, dates and resources available for academic staff.
Research	<ol style="list-style-type: none"> 1. Raise the profile of research in the Department, provide researchers with networking opportunities and offer research-related resources. 2. Create a Departmental database to track research activity. 3. Promote meaningful engagement of research faculty with residents and fellows to strengthen the quality and quantity of resident and fellow research projects. 4. Revisit practice plans and academic enrichment funds to provide greater support to researchers, especially clinician scientists (see Strategic Direction 5, Goal 5-3).
Clinical Practice and Quality	<ol style="list-style-type: none"> 1. Work with each of our subspecialty divisions to plan for the better integration, among our teaching sites, of clinical services. 2. Establish a Quality Committee to shape a quality agenda and set up quality rounds. 3. Participate with and advise the Toronto Central LHIN as they plan processes for ophthalmology services in ambulatory care and hospital care settings.
Global Health, Partnerships and Public Policy	<ol style="list-style-type: none"> 1. Establish evidence-based criteria for strategic partnerships to evaluate diverse and learner-focused educational offerings. 2. Support the continued growth of the global outreach services and international development which includes pursuing a Chair in Global Health in Ophthalmology.
Faculty and Infrastructure	<ol style="list-style-type: none"> 1. Create a DOVS mentorship faculty program. 2. Revisit the academic practice plans and academic enrichment funds to help the Department find funds to deliver faculty supports and resources that are identified in the strategic plan. 3. Explore a joint fundraising or foundation initiative for DOVS, KEI and targeted hospital sites. 4. Pursue a shared EMR so that ophthalmologists working at different hospital sites can use a common platform.

⁵The Accountability Framework organizes the strategies, goals and implementation priorities into time horizons: short-, mid- and long-term. It can be found at the end of this document.



CONCLUDING REMARKS



The Department of Ophthalmology and Vision Sciences has outlined an exciting future that will draw on the collective talent of its faculty, learners, staff and partners. Building on the Department's strengths and its evolving ambulatory care delivery models, DOVS will continue to play a leading role in ophthalmology in Canada as it develops new models of care delivery, expands its research enterprise and strengthens its educational activities. We have identified strategies to nurture and support our faculty and to build the Department's infrastructure. As a national and international leader, the Department recognizes the important role it plays building and sustaining partnerships and conducting outreach locally and globally.

APPENDIX 1 – ACCOUNTABILITY FRAMEWORK

Strategy 1: Education – Revitalize education to create the best experience for students, trainees and faculty

Lead: Dr. Wai-Ching Lam

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>1-1 Strengthen our faculty's commitment to undergraduate medical education.</p>	<ol style="list-style-type: none"> Formalize our expectation that faculty teach undergraduate medical students as part of their contractual obligation; reinforce our teaching goals; and recognize strong undergraduate teaching. Focus faculty development training on teaching undergraduate medical students. 	<ol style="list-style-type: none"> Enhance undergraduate medical education through faculty development and by clarifying goals and objectives. 	<ol style="list-style-type: none"> Explore new modalities of undergraduate education including Internet-based and video-based learning. 	<ol style="list-style-type: none"> Improve evaluation of DOVS faculty by medical students. Increase the number of faculty involved in undergraduate education. Improved medical student marks on evaluations. Improved assessments of undergraduate curriculum by medical students.

Strategy 1 : Education – Revitalize education to create the best experience for students, trainees and faculty

Continued

Lead: Dr. Wai-Ching Lam

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>1-2 Recalibrate the postgraduate training program to achieve a more comprehensive and balanced ophthalmology experience and establish core competencies by subspecialty implemented and monitored by subspecialty heads.</p>	<ol style="list-style-type: none"> 1. Formalize the structure of rotations in the residents' senior years and enhance communication and coordination across hospitals. 2. Revisit the organization of the last four years of the program to reinforce continuity of care throughout the residency experience; strengthen professional responsibility for patient care. 3. Develop a better understanding of competency-based education (CBE): its implications and the potential opportunities for CBE in ophthalmology training. 4. Enhance comprehensive ophthalmology training, including specific two- to four-month blocks in hospital clinics or physician off-site offices and formalize the competencies that define a comprehensive ophthalmologist. 5. Enhance the coordination of CanMEDS-based core competencies across the Department's subspecialty rotations. 6. Rebalance educational opportunities for residents by focusing less on high volumes of cataract surgery, and instead on improving evaluation metrics and monitoring of surgical performance. 7. Enhance resident support, mentorship and remediation, including earlier identification of residents in need. 8. Strengthen the engagement of residents in research projects and with research faculty. 9. Enhance relationships with community hospitals; and explore opportunities for resident-led clinics and OR access. 10. Encourage residents to consider training opportunities in rural practices and locations by offering selectives, electives and opportunities to spend time in Northern Ontario clinics or in the CNIB Eye Van, for example. 			<ol style="list-style-type: none"> 1. Improve resident Teaching Effectiveness Scores (TES) of DOVS faculty. 2. Improve the education-to-service ratios for residents. 3. Improve the success of residents on examinations. 4. Increased number of comprehensive ophthalmologists in each teaching hospital site. 5. Increase the number of resident rotations in community hospitals. 6. Increase the number of resident selectives and electives in rural and Northern Ontario clinics.

Strategy 1 : Education – Revitalize education to create the best experience for students, trainees and faculty

Continued

Lead: Dr. Wai-Ching Lam

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>1-3 Create a consistent and high quality experience among the more than thirty hospital-based fellowship programs.</p>	<ol style="list-style-type: none"> 1. Formalize and standardize the structure and funding of the fellowship programs. 	<ol style="list-style-type: none"> 2. Formalize the framework to create more integrated structures to oversee the fellowship experience; and better integrate the fellows as part of the Department. 3. Develop more consistent criteria for selecting specialty-based fellows. (This may include requiring foreign trained residents, prior to starting their fellowship, to demonstrate they meet the Canadian core competencies for ophthalmology and to also prove their facility in the English language.) 4. Develop an orientation handbook for Department fellows. 5. Create more cross-hospital site opportunities for residents, fellows and faculty members to share their educational experiences. 6. Provide greater clarity between the boundaries of residency and fellowship, and clearly delineate the responsibilities of each group. 7. Increase Departmental administrative support for the fellowship program. 	<ol style="list-style-type: none"> 8. Track the publications and academic employment of our graduated fellows and share this information about them on the Department's website in a "where are they now" section, for example. 9. Formalize and standardize the competencies to be attained in each subspecialty fellowship program. 10. Formalize the evaluation of these competencies in each fellowship program. 	<ol style="list-style-type: none"> 1. Achieve greater consistency in the criteria to evaluate DOVS fellowship applicants. 2. Improved integration of fellows across DOVS. 3. Improved evaluations of the fellowship experience.
<p>1-4 Create educational and certification programs for allied vision health care practitioners.</p>		<ol style="list-style-type: none"> 1. Develop an orthoptist educational and certification program. 2. Develop an ophthalmic medical technology program. 3. Develop a formalized CME program for ophthalmic allied health professionals. 		<ol style="list-style-type: none"> 4. Establishment of orthoptist and ophthalmic medical technology programs established.

Strategy 1 : Education – Revitalize education to create the best experience for students, trainees and faculty

Continued

Lead: Dr. Wai-Ching Lam

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
1-5 Expand continuing education and professional development programs to include new modalities and to reach new target audiences.	<ol style="list-style-type: none"> Strengthen our professional development programs by reviewing the programs' venues, dates and resources available for academic staff. 	<ol style="list-style-type: none"> Develop specific collaborative education programs with other specialists and with other health care professionals, including optometrists. Increase the number and quality of continuing education and professional development programs offered by the Department, including online continuing education events such as webcasting and e-learning modules. 		<ol style="list-style-type: none"> Increased number of collaborative education programs with other medical disciplines, other healthcare professionals including optometrists. Increased number of CPD offerings. Increased attendance at CPD events.
1-6 Improve teaching quality through enhanced support, development and evaluation of teaching faculty.	<ol style="list-style-type: none"> Strengthen our professional development programs by reviewing the programs' venues, dates and resources available for academic staff. 	<ol style="list-style-type: none"> Make teaching expectations more explicit for all academic job descriptions. Establish objectives and priorities for faculty development for all levels of faculty. Collaborate with the Centre for Faculty Development to offer and customize offerings. Provide faculty development opportunities and courses that are relevant to community-based faculty. Support educational scholarship, including a collaboration with the Wilson Centre to build capacity in DOVS. 		<ol style="list-style-type: none"> Improved evaluations of teachers at all levels. Proportion of faculty with advanced training. Increased interest and productivity in educational scholarship.

Strategy 2: Research — Strengthen our research capacity, productivity and impact.

Lead: Dr. Agnes Wong

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>2-1 Pursue greater collaboration across DOVS, enhancing integration of research among disciplines, specialties, hospitals and research institutes.</p>	<ol style="list-style-type: none"> 1. Raise the profile of research in the Department, provide researchers with networking opportunities and offer research-related resources. 2. Create a Departmental database to track research activity. 3. Promote meaningful engagement of research faculty with residents and fellows to strengthen the quality and quantity of resident and fellow research projects. 	<ol style="list-style-type: none"> 4. Promote the research of our clinicians and basic scientists through theme-based presentations at the bi-monthly Research Seminar Series. 5. Encourage multi-disciplinary and team-based collaborations that include faculty from more than one hospital site and provide these teams with Departmental funding support for their collaborative pilot projects. 6. Work with other U of T departments to better integrate and harmonize Research Ethics Board processes among the hospital sites. 7. Encourage residents to undertake research projects that take a multi-disciplinary and a multi-site approach. 		<ol style="list-style-type: none"> 1. Increased number of multi-site and multi-specialty collaborations. 2. Establishment of a departmental research database. 3. Harmonization of the REB process across sites. 4. Increased number and quality of residents/fellows research.
<p>2-2 Establish strategic initiatives in vision science research with focused teams behind each research theme.</p>	<ol style="list-style-type: none"> 1. Build on our Department's strengths to deepen the impact of our research output, learning from the success of Vision Science Research Program. 2. Establish research themes, grouping them into functional themes that would include regenerative medicine, retinoblastoma and neuroprotection, epidemiology, genetics, interventional clinical trials and gene therapy. 3. Develop processes to build research capacity, competencies and output that would see our researchers regularly presenting their projects to their peers. 4. Implement a nurturing and supportive research grant peer review process that would take place before a researcher submits their grant to an agency. 			<ol style="list-style-type: none"> 1. Increased number of publications and citations in high impact journals. 2. Increased number of clinical trials and patients enrollment. 3. Increased number and amount of total funding received from grant funding agencies and organizations.

Strategy 2: Research — Strengthen our research capacity, productivity and impact.

Continued

Lead: Dr. Agnes Wong

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>2-3 Develop the infrastructure to leverage clinical volume for the initiation of multi-site clinical trials.</p>	<ol style="list-style-type: none"> 1. Ensure research infrastructure exists at all teaching hospitals and KEl. 	<ol style="list-style-type: none"> 2. Promote clinical research as a strategic research initiative. Collaborate with the Applied Health Research Centre at St. Michael's Hospital to strengthen our clinical research capacity. 		
<p>2-4 Demonstrate department-wide commitment to research by recruiting new researchers and establishing new funding models.</p>	<ol style="list-style-type: none"> 1. Revisit practice plans and academic enrichment funds to provide greater support to researchers, especially clinician scientists (see Strategic Direction 5, Goal 5-3). 	<ol style="list-style-type: none"> 2. Provide role modeling, mentoring and a salary support plan for residents and junior faculty choosing the clinician scientist career path. 3. Pursue new basic scientist hires, encourage the development of 'clinical scientists' (i.e., basic science trained PhDs, who work with clinicians to better understand medicine/patient care, and relevant translational research avenues). 4. Dedicate one resident position each year in the CARMS selection to identify a potential research stream individual. 5. Incentivize DOVS faculty research participation and output. 6. Build support for knowledge translation activities with the research institutes and the Faculty of Medicine. 		<ol style="list-style-type: none"> 1. Increased number of residents/junior faculty pursuing clinician scientist or clinician investigator career track. 2. Increased number of basic scientists and clinician scientists in the Department.

Strategy 2: Research — Strengthen our research capacity, productivity and impact.

Continued

Lead: Dr. Agnes Wong

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
2-5 Enhance knowledge translation to influence practice and policy.		<ol style="list-style-type: none"> 1. Develop a knowledge translation (KT) and a knowledge exchange strategy for DOVS. 2. Seek out KT expertise from the Li Ka Shing Knowledge Institute at St. Michael's Hospital to help inform the DOVS KT strategy. 3. Include knowledge translation strategies as a part of all research projects. 4. Collaborate with the OMA, LHINS and other organizations to develop evidence-based and quality guidelines for knowledge translation. 	<ol style="list-style-type: none"> 5. Establish dedicated knowledge translation capability in the Department to work with researchers and practitioners. 	<ol style="list-style-type: none"> 1. Increased and more effective dissemination of evidence based practice.

Strategy 3: Clinical Practice and Quality — Leverage best practices and innovation to lead in quality eye care

Lead: Dr. Alan Berger

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>3-1 Enhance the opportunities for clinical specialties to contribute to more coordinated, consistent and better integrated education and research efforts across the Department and other Faculty of Medicine departments.</p>	<ol style="list-style-type: none"> 1. Work with each of our subspecialty divisions to plan for the better integration, among our teaching sites, of clinical services. 	<ol style="list-style-type: none"> 2. Provide the newly created Subspecialty Service Chiefs with mentorship, administrative and other support they need to fulfill their mandate. 3. Develop a subspecialty plan that includes a patient needs assessment; an emergency services plan; clinical benchmarks; infrastructure needs; core competency training for medical students, residents and fellows; and an intake and succession plan for new clinical and research hires. Each subspecialty head will develop the plan in collaboration with the Department Chair and Vice-Chair Clinical. 4. Implement the subspecialty plans. 5. Develop competencies and metrics for CanMEDS roles that are specific to each subspecialty. 	<ol style="list-style-type: none"> 6. Support a model of areas of excellence in different vision specialties across the TAHSN hospitals. 	<ol style="list-style-type: none"> 1. Subspecialty chiefs feel well supported in their roles. 2. Subspecialty emergency services plan in place for each subspecialty. 3. Subspecialty plans for integration of clinical services and leading in place. 4. Human resource plan for each subspecialty in place.

Strategy 3: Clinical Practice and Quality — Leverage best practices and innovation to lead in quality eye care

Continued

Lead: Dr. Alan Berger

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>3-2 Design, implement and monitor a program centred on quality and best practices that is aimed at ensuring optimal patient care and outcomes.</p>	<ol style="list-style-type: none"> 1. Establish a Quality Committee to shape a quality agenda and set up quality rounds. 	<ol style="list-style-type: none"> 2. Establish the supports for a Quality Committee; obtain funding to support quality programs in all divisions; and build the faculty expertise and the central infrastructure to support a quality program. 3. Promote and support academic careers with a special interest in quality, by, for example, identifying and funding a faculty member to pursue a Masters in Quality Improvement. 4. Outline short and long term quality initiatives and develop best practice guidelines to be used in all divisions and in all subspecialty programs. 5. Establish oversight mechanisms to ensure that high quality standards of care are being met at all affiliated sites where our faculty members care for patients. 	<ol style="list-style-type: none"> 6. Integrate quality into all levels of education delivered by DOVS (undergraduate, postgraduate, fellowship, continuing education and professional development). 7. Explore Toronto-based, provincial, national and international registries; and link with the Institute for Clinical Evaluative Sciences to identify best practices, problem areas and optimization strategies. 	<ol style="list-style-type: none"> 1. Number of department wide quality/best practices in place. 2. Number of sites engaging in quality and best practices. 3. Number of faculty with quality program skills. 4. Number of faculty designated as Quality Improvers /completing formal training in Quality. 5. Number of educational programs including quality focused initiatives. 6. Number of publications related to quality improvement.

Strategy 3: Clinical Practice and Quality — Leverage best practices and innovation to lead in quality eye care

Continued

Lead: Dr. Alan Berger

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>3-3 Plan for an optimal distribution of clinical services across DOVS' sites by working with the Toronto Central LHIN and the MOHLTC.</p>	<ol style="list-style-type: none"> 1. Participate with and advise the Toronto Central LHIN as they plan processes for ophthalmology services in ambulatory care and hospital care settings. 	<ol style="list-style-type: none"> 2. Support, monitor and evaluate the implementation of the DOVS clinical services plan (as appropriate). 		<ol style="list-style-type: none"> 1. TC LHIN vision care plan implemented.
<p>3-4 Implement and evaluate new models of care in terms of quality, interprofessional collaboration, effectiveness and efficiency.</p>	<ol style="list-style-type: none"> 1. Implement the first scleral prose contact lens clinic in Canada in collaboration with optometry. 	<ol style="list-style-type: none"> 2. Along with other Ontario academic centres and corneal surgeons, and in collaboration with Toronto Gift of Life Network and MOHLTC, shape policy on corneal transplantation and eye banking. 3. Identify and focus on initiatives to demonstrate the impact of new models of care and service delivery. 4. Build a culture of evaluation and evidence to inform the impact of new models of care. 5. Integrate vision health professionals into the care delivery model to provide the spectrum of vision care services such as vision rehabilitation, ocularist services, optometric and orthoptic services. 		<ol style="list-style-type: none"> 1. Number of new models of care with demonstrated improvements in various dimensions of quality. 2. Increased interprofessional collaboration. 3. Functioning therapeutic contact lens clinic. 4. Corneal transplant wait times are at target levels with appropriate supply of tissue throughout the province.

Strategy 4: Partnerships, Outreach and Public Policy — Extend our reach through partnerships, outreach and informing public policy

Lead for Global Health: Dr. Jeffrey Hurwitz & Lead for Public Policy: Dr. Sherif El-Defrawy

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>4-1 Engage in and nurture effective, sustainable partnerships by building on the success of our global health initiatives.</p>	<ol style="list-style-type: none"> Document existing global health initiatives in the DOVS and ensure they are listed in the U of T Faculty of Medicine mapping initiative that documents all staff-led international initiatives. Establish evidence-based criteria for strategic partnerships. Pursue a Chair in Global Health in Ophthalmology to oversee and guide DOVS global health initiatives internally, and ensure integration and impact Faculty and University-wide. Evaluate current international partnerships using the newly developed criteria. Encourage and ensure access to education and training opportunities for staff and trainees in multidisciplinary core global health topics (focusing on Ophthalmology and Visual Science), research methods, ethics and international travel/electives preparation. 	<ol style="list-style-type: none"> Establish specific goals for each strategic partnership centred on key global health practice principles: ethics, partnership building, innovation, implementation, and policy change for example, write a memorandum of understanding for the Caribbean fellowship program. Initiate new or expand on current partnerships by using the new criteria to guide and evaluate opportunities. Encourage global health research in areas such as epidemiology, capacity building, clinical trials, monitoring, evaluation and implementation science. Build on relationships with University of Toronto's international alumni. 		

Strategy 4: Partnerships, Outreach and Public Policy — Extend our reach through partnerships, outreach and informing public policy *Continued*

Lead for Global Health: Dr. Jeffrey Hurwitz & Lead for Public Policy: Dr. Sherif El-Defrawy

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>4-2 Expand regional, provincial, national and international engagement and create innovative approaches to outreach and collaboration.</p>	<ol style="list-style-type: none"> 1. Explore further opportunities to engage in underserved Canadian communities and First Nations communities, and do so in collaboration with the Eye Health Council of Ontario and optometry, and the Faculty of Medicine / Anishnawbe Health Toronto joint project. 2. Increase DOVS participation in teleophthalmology. 3. Explore further opportunities for professional development related to building successful multidisciplinary and international partnerships. 	<ol style="list-style-type: none"> 4. Establish certified tele-ophthalmology reading centre. 5. Establish certified tele-ophthalmology readers that will staff reading centre. 	<ol style="list-style-type: none"> 6. Established centres to provide care to first nations communities and urban poor. 	<ol style="list-style-type: none"> 1. Tele-ophthalmology reading centres functional and serving community needs. 2. Increase number of assessments of patients with diabetes in First Nation communities and urban poor.

Strategy 4: Partnerships, Outreach and Public Policy — Extend our reach through partnerships, outreach and informing public policy *Continued*

Lead for Global Health: Dr. Jeffrey Hurwitz & Lead for Public Policy: Dr. Sherif El-Defrawy

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>4-3 Through knowledge translation standards and guidelines, endeavour to influence public policy that will optimize the availability and delivery of eye health care.</p>	<ol style="list-style-type: none"> 1. Strengthen or build relationships with policy makers such as the MOHLTC and the LHINS. 2. Strengthen Communications Team to raise DOVS profile and translate research into policy briefs for communication with decision-makers. 	<ol style="list-style-type: none"> 3. Define relationships with clinical and academic optometry. 4. Identify critical issues related to ophthalmology care and develop knowledge mobilization strategies for practitioners, decision makers and other key stakeholders. 5. Seek out and embrace opportunities to lead and inform groups such as expert panels or government working groups focused on vision services. 	<ol style="list-style-type: none"> 6. Engage with our public to enhance the understanding of eye disease, share best practices in eye care and explain the role of the various professionals who provide eye care (e.g., ophthalmologists, optometrists, etc.); and promote collaboration with provincial bodies for public education. 	<ol style="list-style-type: none"> 1. Public health policy modification that enhances provision of care to patients in province and country.

Strategy 5: Faculty & Infrastructure — Nurture faculty and grow the infrastructure

Lead for Faculty: Dr. Radha Kohly

Lead for Infrastructure: Dr. Sherif El-Defrawy

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>5-1 Support and nurture professional career and leadership development, academic promotion and succession planning.</p>	<ol style="list-style-type: none"> 1. Create a DOVS faculty mentorship program. 2. Clarify faculty roles, responsibilities and benefits for DOVS mentorship. 	<ol style="list-style-type: none"> 3. Pursue mechanisms to enhance faculty development in terms of teaching and education, career and leadership development, and scholarship. 4. Strengthen the Department's processes for academic support, such as academic performance assessments and promotions, with a view to increasing the numbers of, and the success rates of faculty applying for promotion. 5. Explore early investigator funding as part of faculty development. 6. Educate DOVS faculty on creative professional activities process. 	<ol style="list-style-type: none"> 7. Establish a health and wellness program and incorporate into an annual or biannual event. 8. Target specific mentorship strategies to support career goal setting during different career phases: junior faculty, mid-career and senior faculty. 9. Target leaders for specific roles in DOVS and engage in succession planning for our future leaders. Provide our future leaders with access to formal leadership training programs. 	<ol style="list-style-type: none"> 1. Number of faculty involved in mentorship. 2. Number of faculty completing leadership development programs. 3. Increased number of promotions and career development of faculty. 4. Explicit job descriptions, benchmarks, measures of performance and clear promotion criteria in place.

Strategy 5: Faculty & Infrastructure — Nurture faculty and grow the infrastructure

Continued

Lead for Faculty: Dr. Radha Kohly & Lead for Infrastructure: Dr. Sherif El-Defrawy

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
<p>5-2 Strengthen communications and connectivity both internally and externally and build the overall profile of the Department, between hospital sites, the Faculty of Medicine and University of Toronto.</p>	<ol style="list-style-type: none"> 1. Redesign website to be functional and current and reflect Department activities. 2. Create newsletter to keep Department informed of day-to-day activities. 3. Profile Department members. 	<ol style="list-style-type: none"> 4. Re-establish Departmental communications activities: re-institute regular annual reports, the newsletter and communicates to key stakeholders; enhance the website; and improve the Department's use of social media. 5. Improve outreach and become more connected to alumni, to other University Departments, to hospitals and to the community. 		<ol style="list-style-type: none"> 1. Robust shared EMR in place. 2. Increased website hits. 3. Number of contributors to communications. 4. Increased engagement of alumni in teaching, trainee alumni events, etc.

Strategy 5: Faculty & Infrastructure — Nurture faculty and grow the infrastructure

Continued

Lead for Faculty: Dr. Radha Kohly & Lead for Infrastructure: Dr. Sherif El-Defrawy

Goals	Priority Implementation Actions: The First 18 Months	Mid Term Initiatives: Years 2-3	Long Term Initiatives: Years 4-5	Select Indicators and Measures
5-3 Create a funding and advancement strategy to bring new resources to the Department.	<ol style="list-style-type: none"> 1. Revisit the academic practice plans and academic enrichment funds to help the Department find funds to deliver the faculty supports and resources that are identified in the strategic plan. 2. Explore a joint fundraising or foundation initiative for DOVS, KEI and targeted hospital sites. 	<ol style="list-style-type: none"> 3. Consider standardizing practice plans among our academic practice sites. 4. Develop robust funding strategies to enhance revenues, such as: increasing the number of endowed chairs in strategic areas such as global health; finding government grants; creating industry partnerships within the university guidelines; and, increasing our annual research funding. 5. Work with the Faculty of Medicine to target priority opportunities for advancement. Enhance the Dr. William Macrae Fund for Excellence in Ophthalmic Education and the Dr. William Macrae PhD Award for Excellence in Ophthalmic Education. 6. Target fundraising and advancement to support Eye Institute infrastructure; research, education and capital. 	<ol style="list-style-type: none"> 7. Build on relationships with foreign alumni with the aim of engaging them in research as a potential source of funding. 	<ol style="list-style-type: none"> 1. Increased funding and resources. 2. Endowed and dispensable funds secured to DOVS for research chairs, fellowships and awards etc. 3. Increased number of faculty receiving base salary and academic/ research related stipends.



Strategic Plan 2015-2020

In this strategic plan, we draw on the collective talent of our faculty, learners, staff and partners. We renew our commitment to being leaders in ophthalmology and vision sciences education, research and clinical practice. We stand by our mission to be a global leader in vision health by delivering and advancing innovation, integration and excellence in education, research and clinical practice.





Ophthalmology & Vision Sciences
UNIVERSITY OF TORONTO

Strategic Plan 2015-2020

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