



Ophthalmology & Vision Sciences UNIVERSITY OF TORONTO

Sherif El-Defrawy MD PhD FRCSC
Professor and Chair

June 21, 2022

Dr. Trevor Young, Dean
Dr. Lisa Robinson, Vice Dean, Strategy & Operations
Temerty School of Medicine

Dear Dean Young and Vice Dean Robinson,

Thank you for asking for my comments on the external review report for the Department of Ophthalmology and Vision Sciences (DOVS) at the Temerty Faculty of Medicine, University of Toronto. I would like to thank the two reviewers that completed this review; Dr. Eve Higginbotham, Professor at the Department of Ophthalmology and Vice Dean of Inclusion and Diversity at the University of Pennsylvania and Dr. Martin ten Hove, Associate Professor and Head at the Department of Ophthalmology at Queens University. Our Department is indebted to both of them for the significant amount of time they spent on this process and thank them for their thoroughness, insightfulness and attention to detail in the preparation of the review document.

I would also like to thank all the faculty from our Department and the Temerty School of Medicine who took time from their busy schedule to meet with the reviewers and participate in this very important process.

Overall, this was a positive review and I am gratified that the reviewers felt this Department was one of the international leaders in Ophthalmology and Vision Sciences, warranting comparators such as Harvard's Massachusetts Eye and Ear Infirmary.

EDUCATION

Undergraduate Medical Education

The reviewers noted that the Department had significantly improved its undergraduate education program since the 2017 review. They felt the flipped classroom approach maximized the small number of curriculum hours and that the clerkship experience built on the curriculum with a well-designed integrated clinical experience. Concern was expressed at the administrative efforts required to coordinate the undergraduate program centrally and this is certainly valid as only one administrator manages both the undergraduate and the postgraduate programs. Additional administrative support would ensure better management of the educational programs and help prevent stress and burnout in our administrative offices. It should be noted that undergraduate coordination is managed in conjunction with each hospital so that there is coordination occurring at each of the teaching sites. Thanks to the reviewers for highlighting the national curriculum developed by the Canadian Ophthalmological Society, which this Department strongly adheres to, and also highlighting the teaching tools linked to this curriculum.



Postgraduate Medical Education

The reviewers acknowledged our residency training program has continually improved over the last ten years and is now the most comprehensive and well-designed program in the country. It is recognized nationally and internationally and our residents regularly secure highly competitive appointments and fellowships. The reviewers also noted that our residents and faculty were uniformly positive about the program. The reviewers also astutely noted that the transition to Competence by Design (CBD) will significantly add to the administrative load required to support our large resident program and signals to overwhelm the current amount of support. The Department has clear plans to hire another administrator that will be able to shoulder the increased workload associated with CBD. This administrator will also be able to aid in the support required for the increased multisite activity that has occurred over the last 2 years.

I appreciated the reviewers noting that the residency program is well positioned to leverage existing programs in global health and health equity to educate U of T residents and keep them at the forefront of implementation science; such an education program is already being rolled out. The reviewers also note that allocating one of the positions within the residency program for the Clinician Investigator Program might be an excellent way to leverage the recent investments in research institutes and Clinician Investigators. That suggestion is an excellent one and will be brought forward to the executive and postgraduate committees to discuss and implement. This will help ensure that Toronto and Canada maintain a continuous supply of clinician scientists in ophthalmology.

Fellowship Medical Education

The reviewers note that DOVS has the largest number of clinical and research fellowships in the country and these programs attract highly trained international trainees and are widely recognized for their excellence. The reviewers became aware that some fellows experienced suboptimal levels of supervision from their mentors and one described micro-aggressions occurring in the clinical setting. They highlight the need for a reporting structure that allows fellows to provide immediate feedback to the Fellowship Director in a way that ensures there will be no repercussions. The Executive is also aware of these issues and are very concerned about reports of suboptimal levels of supervision and microaggressions. In order to deal with these issues and ensure the highest quality fellowship programs, we have instituted a regular review process of each fellowship program by a Fellowship Review Committee every 4 years. The Fellowship Review Committee also meets with past and present fellows in order to get a confidential anonymous assessment of the preceptors and the program. Those preceptors found to be consistently poorly rated or demonstrate microaggressions have been placed on probation and given 1 year to demonstrate improvement or discontinuation of the undesired behaviors. If these continue after the probationary period, the preceptor will have to resign from the fellowship. As the reviewers note, the Guidelines for Managing Learner Mistreatment is a very useful document that aids us in outlining our structure.



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The reviewers note that another challenge is the provision of appropriate funding for fellows at an appropriate level of compensation (recently established minimum of \$55,600/year). This has been a challenging item on which to get consensus, but we have raised our minimum in recent years. This minimum is still a difficult salary for a fellow to live on in downtown Toronto, especially if they have a family. We will continue to work in the Department to raise the fellow stipend to that of a PGY-6 resident.

The reviewers noted that there is an emerging possibility and need for a fellowship in Global Health and Health Equity and such a fellowship has been approved and is in process for formal creation.

CONTINUING EDUCATION AND QUALITY IMPROVEMENT

The reviewers' commendations for our continuing education programming and Quality Improvement programs are appreciated. It was noted that an untapped opportunity exists in applying QI metrics to measure the effects of implementing QI initiatives and reporting these to the respective organizations and stakeholders. Highlighting this opportunity is important and that is one of the goals of instituting a Vice Chair Quality as well as a Director of Quality Assurance. The expectation will be to ensure a quality initiative is reported annually by each of the institutions and implementation of the measures reported on with regular monitoring.

LEARNER WELLBEING

The reviewers recognized the toll the pandemic has taken on physician and learner wellness and commended the DOVS for implementing initiatives to improve wellness.

FACULTY/RESEARCH

The reviewers recognized that the Department is highly productive given the large number of peer reviewed publications noted and the number of senior promotions over the last decade. They felt that the scope of research topics covered reflects the depth of subspecialty representation across the 6 teaching institutions and affiliated practices. They do note that as the selection process for the new Chair unfolds, a departmental research strategic planning process can be initiated which engages key stakeholders, including but not limited to the Donald K. Johnson Eye Institute and the other affiliated institutes, members of the Executive committee and subspecialists across the Department. They also felt that the research initiatives are primarily focused on the subspecialty of retina, and thus, the Department is missing the opportunity to grow efforts in other areas such as cornea, glaucoma, and oculoplastics. A research strategic planning process is an excellent concept, and it will be suggested to the new chair that an early strategic retreat to examine and develop a research strategic plan for the Department is much needed. The departmental research program is not as skewed to retina as might have been perceived with strong basic science research in glaucoma and cornea. Clinical research spans the spectrum of areas in ophthalmology including artificial intelligence and neuro-ophthalmology.

Regarding our faculty, the reviewers commented that the over-representation of retina specialists on the Departmental Executive Committee is problematic from multiple points of view and commented



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that the committee had a strong male dominance. The reviewers felt that “the lack of representation of most other disciplines in ophthalmology at this important decision-making level is a barrier to understanding overarching departmental needs and the capacity to discuss and address them”. That is a valid point regarding the skew of retina specialists on the executive committee; currently 3 of the 6 chiefs of hospitals are retina specialists. It is difficult, however, to dictate the subspecialty of the selected hospital chief as chief selection at each hospital is an independent event. The executive committee has 14 members and 5 of the 14 are retina specialists. It might be reasonable to have terms of reference of the committee such that no more than 40% of the executive committee can be of a specific subspecialty. Effort also needs to be made regarding gender equity in chief selection and presence on the executive committee.

The reviewers also note that “the dream of a centralized practice plan for the DOVS has not yet materialized and will likely not occur in the near future. Either additional pathways for funding should be explored or strategies to hold hospital chiefs accountable for seeking additional ways to support future clinician scientists should be sought, particularly given the expense of not only recruitment but sustainability of research efforts for those scientists who are hired”. This is an excellent point and might have to be the route to ensuring a clinician scientist present at each site. The reviewers’ suggestion of a Research Committee comprised of the research leads from each of the institutions as well as the research Vice Chairs might be very useful for enhancing research collaboration and communication within the DOVS. It should be noted that there is a Kensington Eye Institute Research committee with representation from each of the 5 adult institutions that not only promotes communication and collaboration but also provides seed funding and research support for projects within the Department.

The reviewers did state “that there does not appear to be formal succession planning... when faculty retire. In one instance, it was noted that the practice of a retiring faculty member was transitioned with either little planning or input from the retiring faculty member”. It should be noted that over the last decade many initiatives have been implemented to aid succession planning and ease the process for retiring faculty members. Meetings, such as the late-career dinner symposium, when expert speakers advised on the process of retiring and the job share program, which allows late career physicians to job share with new recruits while gradually turning over resources over a period of 5 years, offer mechanisms for easing into retirement for those surgeons near the end of their career. During this period, the late career surgeon is relieved of call duties if they wish. Every year, at the annual review with the Chair and Chief, individuals are asked about their 5-year plan and late career surgeons are asked specifically about retirement and strongly encouraged to take advantage of the 5-year job share. The particular incident that is highlighted refers to a physician who decided to retire within 8 months with no prior notice. This did not allow for a proper international search and the Department was fortunate enough to have recruited a new specialist for one site who agreed to accept the position at the new site to ensure continuity of care. The other issue to be balanced is that some retiring physicians want to have input into their replacements to ensure that replacements accept the current support staff so that the retiring physician is free of any severance payments. I have strong issues with this; our Department should be searching the best and the brightest surgeons as our new faculty. In most



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situations, a physician who has completed their term does not have formal say in their replacement. This is certainly true of Department Chairs or Deans of Medicine who do not sit on their replacement's selection committee.

It was highlighted that while the Hospital for Sick Children has had two women leaders in the past, there is a paucity of women leaders in this Department. Furthermore, there are areas of the Department that can benefit from the engagement of more men, such as the leadership of wellness and inclusion, diversity, and equity initiatives. These are very important points; while we have a very diverse faculty and leadership in the Department, there is a lack of women leaders. Currently, the department has a significant number of women in the residency program and junior faculty and there is a mentoring process for creating women leaders going forward, attention needs to be paid to this when appointing new leadership. It will also be important going forward to look at men leading areas such as EDI and wellness.

ORGANIZATION AND FINANCIAL STRUCTURE

The reviewers felt that the current Hub and Spoke model works well for DOVS and suggested the concept of Academic Full Time (AFT) for full time physicians who organize their time between different sites due to lack of clinical resources at one specific site. That is indeed how DOVS has assessed its GFT physicians. The issue that often arises are GFT physicians who spend greater than 20% of their time working in private offices, as opposed to the fully affiliated institutions, on the premise that the lack of space at their home institution and the need to see patients in private clinics in the peripheral parts of the GTA in order to maintain an appropriate stream of patients and referrals for education and clinical research. As the reviewers suggest, both these items can be relieved by the creation of a DOVS center in the northern GTA and this needs to be a priority for the next chair. This would allow the resources for academic physicians to maintain their AFT status, allow for patient care close to home and enhance teaching and clinical research within the Department.

LONG RANGE PLANNING CHALLENGES

I agree with the reviewers' points to support and expand our clinician scientist cadre, to build on the infrastructure benefits that KEI has provided as well as look to create a satellite center in the northern portion of the GTA, to develop practice plans that adhere to our recently established principles, to advance EDI and to explore allied health programs.

NATIONAL AND INTERNATIONAL COMPARATORS

I agree with the reviewers in that nationally, the University of British Columbia may be considered a national comparator, and internationally, the Massachusetts Eye and Ear Infirmary, one of the teaching hospitals of Harvard Medical School has several similarities to the DOVS at the Temerty Faculty of Medicine.



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CONCLUSIONS

Once again, I would like to express my sincere thanks to Dr. Higginbotham and Dr. ten Hove for their thoughtful review. I am gratified to see the Department's educational and research programs evaluated so positively and wonderful to confirm that the Department's culture is excellent and appreciated by our faculty and trainees.

It has indeed been an honour and a pleasure to serve as the seventh Chair of the Department of Ophthalmology and Vision Sciences at the University of Toronto.

Sincerely,

Sherif El-Defrawy MD PhD FRCSC
Nanji Family Chair in Ophthalmology and Vision Sciences
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