

DISCIPLINE OF FAMILY MEDICINE STRATEGIC PLAN

2019-2024



Twillingate, NL



FAMILY MEDICINE
Faculty of Medicine

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A MESSAGE FROM DEAN MARGARET STEELE

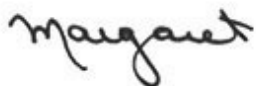
I commend the Discipline of Family Medicine for taking on the initiative to develop a strategic plan under the umbrella of Destination Excellence.

The Discipline of Family Medicine is a distributed network of learners, faculty and staff that reaches communities in urban, rural and remote areas. Their strategic priorities reflect their commitment to meeting the needs of these communities through education, research and social accountability.

We are proud of the strong partnerships that have been developed at the community level that allow our learners, faculty and staff to develop close ties and work together on strengthening current programs and creating new and exciting initiatives.

As the first unit to develop its own strategic plan, I am very proud of our Discipline of Family Medicine and everything it does to engage with and listen to the people and populations we serve. Their plan will have a positive impact on the people they serve and communities they serve.

Sincerely yours,

A handwritten signature in black ink that reads "Margaret". The signature is written in a cursive, flowing style.

Margaret Steele, HBS, MD, FRCPC, MEd, DF CPA, CCPE, FCAHS
Dean, Faculty of Medicine

MESSAGE FROM THE CHAIR

The Discipline of Family Medicine at Memorial has a long history of excellence in guiding the next generation of family physicians into practice. This new strategic plan represents an opportunity to build on this history as we continue to strive for excellence and meet the unique needs of the diverse people and communities we serve.

This over 12 month process is result of extensive input and discussion within the Discipline of Family Medicine and with many others in our academic and diverse practice communities. It has been developed in alignment with the Faculty of Medicine and other partners' strategic plans and priorities, while recognizing our own unique responsibilities and opportunities. This plan has been developed with clear attention to the issues of action and implementation as we begin this 5 year journey together.

Celebrating our strengths and identifying our opportunities has resulted in a document that will guide our priority setting and choices as we focus on our vision:

"To advance health through leadership in socially accountable education, research, and patient-centred care."

Thank you to all of you for your involvement in this process thus far, the thoughtful reflection and advice received from so many of you has helped shape this document and collectively guide the actions of the Discipline of Family Medicine. Each one of you are a valued team member and integral to the implementation process over the next 5 years.

1.0 BRIEF OVERVIEW

The Discipline of Family Medicine (DFM) at Memorial University's Faculty of Medicine is a distributed network of faculty, learners, and staff who strive to advance health through leadership in socially accountable education, research, and comprehensive patient-centred care.

The DFM is comprised of over 30 fulltime faculty, approximately 450 part-time faculty, and 27 staff members making it one of the largest Disciplines within the Faculty of Medicine. Our faculty and staff serve over 40 communities in Newfoundland and Labrador, New Brunswick, Prince Edward Island, Nunavut and beyond.

Specific to education, DFM faculty are involved with learners across the educational continuum ensuring undergraduate learners receive significant exposure to family medicine. Clinical rotations in family medicine and exposure to allied health professionals in primary care settings total 4 and ½ weeks in phases 1, 2, and 3; 8 weeks in phase 4's MED8710 Core Experiences and extensive exposure in Phase 4's MED8730 Electives and MED8740 Advanced Practice Integration (Selectives). The postgraduate program admits 34 residents annually to a two-year program designed to ensure competency in comprehensive family medicine. Further enhanced skills programs in the 3rd year provide focused care in Emergency Medicine, Care of the Elderly, and Care of Underserved Populations.

The focus of research within the DFM is on improved health outcomes and is led by the Primary Healthcare Research Unit (PHRU). Individual faculty members also carry out their own research and mentor learners conducting research at both the undergraduate and postgraduate levels.

2.0 THE STRATEGIC PLANNING / PRIORITY SETTING PROCESS

The DFM planning and priority setting process was designed to align with Destination Excellence – the Faculty of Medicine's strategic plan. Oversight of the process was assigned to the Discipline Executive Committee. The executive committee includes representation from all the major leadership positions within the DFM, resident representation, and faculty involved in various aspects of Faculty of Medicine teaching and operations. Dr. Katherine Stringer, Discipline Chair, acted as the Strategic Planning Committee Chair. In addition to the Chair, the committee is comprised of the following individuals (listed in alphabetical order based on role / area represented):

- Clinical Medical Director - Dr. Michelle Levy
- Continuing Professional Development Director (Rural) - Dr. Wendy Graham

- Continuing Professional Development Director (Urban) - Dr. Pamela Snow
- Faculty of Medicine representative at large – Dr. Norah Duggan
- Junior (i.e., less than 5 years with DFM) faculty representative - Dr. Amanda Pendergast
- Operations Manager - Ms. Kristin Hanlon
- Postgraduate Residency Program Director - Dr. Danielle O’Keefe
- Research Director – Dr. Kris Aubrey-Bassler
- Resident representative (R2) - Dr. Stacey Wareham-Fowler
- Senior (i.e., more than 5 years with DFM) faculty representative - Dr. Ean Parsons
- Stream representative - Dr. Lynette Powell
- Undergraduate Medical Education Director - Dr. Lyn Power

To assist with session facilitation and development of the DFM plan with clear linkages to Destination Excellence, Gerona McGrath, Project Manager for the Destination Excellence implementation, worked closely with the Chair and the Operations Manager throughout the planning process.

The planning began in the winter of 2018 with the goal of finalizing the principles of the plan by the end of the calendar year. The table below summarizes the main activities of the project and when they took place.

Timeframe	Action
January – March	Undertook an environmental scan
February - September	Interviewed stakeholders
May – June	Analyzed results from environmental scan and interviews
July	Developed an online survey for internal stakeholders
August	Administered an online survey and used results to inform worksheets/ questions for a day-long retreat
September	Held a one-day retreat to seek input on the DFM’s mission, vision, and priorities.
October	Presented a draft set of priorities to the executive committee for input
November	Held a half-day retreat to review priorities
December	Prepared an initial draft of the final report

The approach to and results for each of the actions above are discussed in subsequent sections of this report.

3.0 ENVIRONMENTAL SCAN

The purpose of the environmental scan was to identify important trends, issues, and opportunities in family medicine education, primary health care delivery specific to aspects with potential impacts on the family medicine teaching horizon, funding for family practice and medical education, determinants of health, and broad environmental factors such as demographics and health status, technology and health infrastructure. Our environmental scan included review and analysis of information from the following:

- Destination Excellence, Faculty of Medicine's Strategic Plan, Memorial University,
- A review of strategic planning documents from other Disciplines of Family Medicine in Canada,
- Department of Health and Community Services documents on primary care in Newfoundland and Labrador and New Brunswick,
- Strategic planning documents for Regional Health Authorities in Newfoundland and Labrador, New Brunswick, Nunavut, and Prince Edward Island, as well as
- The College of Family Physicians Canada (CFPC) national body and provincial chapter.

The environmental scan performed for the Memorial Faculty of Medicine Strategic Plan provided vital information on determinates of health, social factors including demographics and health status, technology and infrastructure from Statistics Canada reports on the health trends of Newfoundland and Labrador, health status report on Chronic Disease from Eastern Health, NL Vital Signs report of 2017 on demographics. The Faculty of Medicine's Strategic Planning report is available at: <https://www.med.mun.ca/Strategic-Planning.aspx>

The environmental scan informed our plan and revealed several common themes, including the need to:

- Actively engage and collaborate with the communities we serve to solve challenging problems and address the most pressing needs,
- Be innovative when designing and delivering our curriculum,
- Demonstrate that we are accountable to the multiple stakeholders and communities we serve.

It also provided information on determinants of health, social factors such as demographics and health status/health trends in Newfoundland and Labrador, as well as the role of technology and infrastructure in healthcare and teaching situations. Appendix A contains more details regarding some of the sources that were consulted in the environmental scan.

4.0 STAKEHOLDER ENGAGEMENT

After the environmental scan, the planning committee agreed that a viable framework to guide the stakeholder consultation portion of the project would be the SOAR approach, which investigates an organization's strengths, opportunities, aspirations, and results/resources. This framework helped guide the development of questions and worksheets utilized in the stakeholder consultations. Stakeholders were consulted through:

- One-on-one interviews with the Discipline Chair and Operations Manager,
- An online survey to faculty, staff, and residents and
- Two on-site retreats.

Approximately 100 individuals participated in the conversation including representatives from external and internal sources such as the Department of Health and Community Services, Regional Health Authorities, the Newfoundland and Labrador (NL) chapter of the College of Family Physicians of Canada, stakeholders within the Faculty of Medicine, educators, researchers, clinicians, undergraduate and postgraduate learners, and staff.

4.1 INTERVIEWS

The list of individuals who were interviewed and the interview questions are located in Appendix B. The main strengths of the Discipline of Family Medicine were identified as:

- The significant role it plays within the Faculty of Medicine,
- A demonstrated commitment to social accountability,
- The inclusive, distributed, and representative leadership approach utilized by the discipline,
- The introduction of the streams approach to postgraduate medical education,
- The competent and highly trained graduates prepared for independent practice, and
- The research being conducted through the Primary Healthcare Research Unit and in the 6for6 program.

A more detailed account of the strengths identified in the interviews can be found in Appendix C.

The main opportunities and aspirations identified for the Discipline of Family Medicine were to:

- In collaboration with the Faculty of Medicine's leadership team and Communications Advisors, increase the visibility of the Discipline as a primary care resource to various stakeholders including the Department of Health and Community Services and the Regional Health Authorities (RHAs).
- Expand, in consultation and collaboration with the Faculty of Medicine's leadership team and

Postgraduate Medical Education (PGME), the number of postgraduate learners to meet the CFPC's national target of 50% of all residency seats to be in Family Medicine,

- Embed and promote inter-professional education and teams in clinical settings,
- Build on the DFM Distributed Academic Network/stream structure to ensure interconnections and linkages with other stakeholders such as the Rural Medical Education Network (RMEN), the Undergraduate Medical Education (UGME) office, the Postgraduate Medical Education (PGME) office, and other Disciplines at distributed sites within the Faculty of Medicine, local geographical communities and family practice networks,
- Explore, though collaborating with the Faculty of Medicine's Development Office, funding opportunities to support the Discipline's initiatives.

A more detailed account of the opportunities identified in the interviews can be found in Appendix D.

4.2 ONLINE SURVEY

The input from the interviews helped us develop questions for the survey. Whereas the focus of the interviews was primarily on stakeholders outside of the Discipline of Family Medicine, the survey was a means to solicit information from faculty, learners, and staff related to the future of the Discipline. A total of 48 individuals completed parts of the survey but for some questions up to 13 people opted not to respond. The majority of respondents were fulltime faculty located on the Avalon Peninsula (~43%) and staff (~27%). The results confirmed many of the strengths and opportunities or aspirations identified in the interviews.

One of the key questions we were interested in related to the perception of what the priorities should be moving forward. Most of the items selected had to do with focusing on better relationships with learners at all stages of the medical education continuum, enhanced recruitment and retention of family physicians, and improved relationships with external bodies such as government and health authorities. With respect to the amount of change required to achieve higher levels of success in education, research, and integration with the community, the majority (~57%) felt a medium amount of change will be required in the next few years. The survey results can be viewed in Appendix E.

4.3 ON-SITE RETREATS

Two retreats took place in the fall of 2018. The first was held on September 11 and was an all-day event attended by approximately 44 individuals across the Discipline. The purpose of the day was to start developing more fully a sense of what the priorities of the Discipline should be and to get further input on what should be included in the vision and mission statements. The slides (including the agenda) used for the day are available in Appendix F. The feedback from the sessions (Appendices G and H) were used to draft up an initial set of priorities. These draft priorities were the focus of a second ½ day on-site workshop November 6. The agenda and slides for the November session are available in Appendix I.

5.0 STRATEGIC PRIORITIES 2019-2024

Based on feedback from the various sources discussed earlier, the following plan was developed.

5.1 OUR MISSION

Through respectful collaboration, the Discipline of Family Medicine (DFM) delivers excellence in learner-centred, and evidence-informed education, patient-centered research and comprehensive primary care; meets the unique needs of diverse people and communities we serve; and advocates for equity in health.

5.2 OUR VISION

To advance health through leadership in socially accountable education, research, and patient-centred care.

5.3 OUR VALUES

The Discipline of Family Medicine shares the guiding values of the Faculty of Medicine as stated in Destination Excellence. Throughout the internal consultation discussions around the vision and mission for the DFM, values were expressed differently and later mapped to those of Destination Excellence, as per the table below:

Faculty of Medicine - Destination Excellence values	Discipline of Family Medicine values
Put the needs of our learners and communities at the forefront of everything we do	Strong, respectful relationships with patients, learners, partners, communities, and each other Advocacy to improve healthcare and medical education
Support faculty and staff to succeed	A supportive, innovative environment that promotes success for all
Act and lead with integrity and professionalism	Integrity and professionalism
Embrace learning, creativity and innovative thinking in all we do	Leadership across the educational continuum
Ethical, impactful research	
Foster inter-dependent teamwork and collaboration	Collaboration and interdependent teamwork

In addition to the Faculty of Medicine values, the DFM planning team added two values unique to the Discipline:

- Providing access to rural medical education opportunities
- Excellence in comprehensive primary healthcare care and patient-centred care

5.4 STRATEGIC PRIORITIES

Our rejuvenated Discipline of Family Medicine’s mission, vision and values guided us toward establishing a set of priorities that spoke to internal needs of the Discipline culture and the need to work inter-dependently and collaboratively with our partners in the Faculty of Medicine. Throughout the strategic planning and priorities setting process, the pillars of Destination Excellence were utilized to guide the deliberations and development and served as an anchor to ensure we were both in alignment with the Faculty of Medicine’s strategic plan and that there were no areas inadvertently left unaddressed or unconsidered.

The results are presented below based on the Destination Excellence strategic pillars with a complete table available in Appendix L.

5.4.1 IMPROVING LIVES

Ultimately we would see the outcomes of our plans evidenced by contributing to thriving learners, research with impact and generally healthier communities, as described below.

- **Thriving Learners and Graduates**
Develop, in collaboration with the Office of Alumni Affairs, a process to maintain relationships with our alumni and retirees to engage them as potential mentors and supporters of current and future learners
- **Impactful Research**
Support our faculty, staff, researchers and learners to be active in research and scholarly pursuits.
- **Healthier Communities**
Participate in sustainable regional, provincial, national and global partnerships to shape and improve health equity and the health system

5.4.2 EXCELLENCE IN ALL WE DO

To achieve our planned outcomes, we first need to excel in the key areas of education across the continuum, research and social accountability.

Education

- In collaboration with the Undergraduate Medical Studies (UGMS) Committee and the Undergraduate Medical Education (UGME) office, integrate teaching by DFM faculty in all aspects of the undergraduate medical education curriculum and promote generalism in a family medicine context

- In collaboration with the Postgraduate Medical Education (PGME) office, explore increasing the number of postgraduate learners in the DFM to 50% of all residency spots at the Faculty of Medicine, as per the CFPC's guidelines
- Promote layered learning at every teaching site
- Provide equitable and accessible educational resources across sites
- Balance utilization of all teaching sites
- Develop, in collaboration with the Office of Professional and Educational Development (OPED) and DFM faculty development leads, a comprehensive faculty development framework
- Determine how to incorporate mechanisms for inter-professional participation and education across the curriculum

Research

- Create, strengthen, leverage, and promote research tools, networks, and linkages to foster research within the Discipline of Family Medicine.
- Collaborate with the Faculty of Medicine's Destination Excellence Research Team to determine research priorities
- Develop research mentorship opportunities within the DFM and with researchers in research units within the Faculty of Medicine and/or other Memorial Faculties and Schools
- Increase participation in research, in the number of funded research projects, and in the number of publications

Social Accountability

- Champion efficient and effective use of resources across the educational continuum and in practice
- Advocate for health equity, indigenous health, and healthy populations both independently and in collaboration with the Faculty of Medicine's Destination Excellence Social Accountability project team
- Working with the Faculty of Medicine's leadership team and with other disciplines and units as necessary, develop a comprehensive, inclusive DFM framework to guide education, research and outreach activities to support patient-centred healthcare
- Actively listen to and collaborate with patients to ensure we consider their voice in all that we do

5.4.3 EMPOWERED PEOPLE

We want to create an environment where individuals want to excel and contribute to an overall environment of excellence.

Culture of Excellence

- Unify our Discipline team around our revitalized mission, vision, values and priorities
- Create a productive, engaging and supportive work environment that promotes wellness
- Embrace change and develop innovative solutions to meet challenges

Inspiring Leadership

- Embrace change and develop innovative solutions to meet challenges
- Develop an integrated communications plan, in collaboration with the Faculty of Medicine's Communications Advisors, governing communications for internal stakeholders within the DFM, the Faculty of Medicine as a whole, and external stakeholders such as other units, schools and faculties in Memorial University, Government, Regional Health Authorities, and the communities we serve

Exceptional People

- Develop a revitalized organizational structure demonstrating vertical and horizontal interconnections and inter-dependencies between/across roles
- Develop, in collaboration with the Office of the Chief Operating Officer (COO,) detailed role / position descriptions across the organization highlighting both expectations and an accountability structure
- Develop, in collaboration with the Faculty of Medicine leadership and the Office of the COO, a succession plan for key faculty and staff roles

Robust Infrastructure

- Advocate for continued creation and implementation of new technologies in education, research and clinical care

5.4.4 ENDURING LEGACY

A major concern for our Discipline now is sustainability of our programs and other initiatives. We recognize we need to effectively, efficiently and creatively manage resources.

Efficient and Effective Resourcing

- Develop a process for planning and approval of new initiatives including resource and sustainability planning in collaboration with the Faculty of Medicine leadership
- Work in coordination with the Faculty of Medicine Development Office to explore donor opportunities

Continuous Performance Management and improvement

- Develop, in coordination with the Faculty of Medicine leadership, metrics to track, monitor and analyze our performance
- Share our performance results with our various stakeholders
- Continue to monitor our environment for opportunities, risks and challenges

Dynamic Advocacy

- Develop, in coordination with the Faculty of Medicine's Communications Advisors, key messages and mechanisms to promote the DFM to other disciplines, divisions and units within the Faculty of Medicine
- Develop a plan, in coordination with appropriate Faculty of Medicine units, to formalize outreach for support from community partners for events
- Develop, and align with the Destination Excellence Social Accountability Team, an approach to engaging community partners
- Develop, in collaboration and coordination with the Faculty of Medicine's Development Officers, a plan to track progress of alumni and retirees to engage them as potential mentors and supporters of current and future learners

6.0 IMPLEMENTATION PLAN

The DFM will implement its strategic priorities using a project management approach. Primary responsibility for implementation will be assumed by the Discipline Chair as well as the Executive Team with smaller project teams being tasked with completion of specific items in the plan using feedback regarding implementation that was received at the November retreat. Initially the project teams will focus on achieving goals in thematic areas of: internal structure, culture and communication; public relations and community engagement; education; social accountability; and research. We anticipate implementation to commence in April 2019.

