



Queen's  
UNIVERSITY

# STRATEGIC PLAN 2012-2017



DEPARTMENT OF  
**FAMILY MEDICINE**  
*Delivering the Future of Primary Health Care*



## Message from the Department Head



Many things have changed within the Department of Family Medicine since we launched our last strategic plan in December 2008. We set out to expand and transform our Department, and we were successful. We achieved significant program expansion, transformed our structures and processes, developed new policies and evolved our culture. I am very proud of the collective efforts of our faculty, residents and staff, and of the many goals we have accomplished together.

Over the past three years, we expanded our Postgraduate Education Program from being focused in Kingston-Thousand Islands to delivering education to 29 per cent of our residents at satellite sites in Belleville-Quinte, Peterborough-Kawartha and, most recently, Bowmanville-Oshawa-Lakeridge (QBOL). In addition to opening the expansion sites, we also received broad recognition for being leaders in new models of education by implementing the Triple C curriculum and developing innovative tools for evaluation. In June 2010, our Department went “live” with a new electronic medical record at the Queen’s Family Health Team, and we are in the process of expanding our paperless system. With respect to the Department’s research mandate, we continue to have a strong relationship with the Centre for Studies in Primary Care (CSPC), and to be successful in securing a number of important grants.

The Department of Family Medicine is committed to achieving our renewed vision and mission, to being an active member in the broader Queen’s School of Medicine, and to maintaining a good fiscal position. Our renewed strategic plan is one that balances the need for consolidation – to allow for the strategies achieved over the past five years to fully take root in the Department – with a select number of strategic initiatives that will build capacity in the Department.

Throughout this strategic planning process, our stakeholders reaffirmed our status as a desirable partner to address key health system issues. There is no shortage of ideas on ways that the Department of Family Medicine can provide leadership and resources to contribute to improving health care delivery, education and research. While we are a Department known for “punching above our weight,” we also recognize that we must be strategic in the initiatives we pursue and identify opportunities that enable us to increase our Department’s capacity.

Perhaps most importantly, we must exercise “strategic flexibility” as we prepare to operationalize the initiatives in our strategic plan. The current health system landscape is ever changing and evolving, and we must be adaptive to the needs of the population and our stakeholders.

As Department Head, I feel that our new strategic plan sets us on the right path, and I am excited about the future of the Department as we move forward into the next three to five years.

Sincerely,

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

Glenn D. Brown, BSc, MD, CCFP(EM), FCFP, MPH  
Head, Department of Family Medicine  
Queen’s University

# Introduction

The Department of Family Medicine at Queen's University is recognized for its excellence in education, primary care delivery and research. As an interdisciplinary collaboration of health professions, teachers, researchers, clerical and administrative staff who are based both at the university and in the community, the Department has been innovative and challenged the status quo with significant success. With strong accreditation scores, we are one of the top postgraduate education programs in Ontario. Alongside teaching residents, our faculty members deliver quality care to patients through the Queen's Family Health Team's (QFHT) interdisciplinary approach and innovative programming. The Centre for Studies in Primary Care (CSPC), the research arm of the Department, has contributed to establishing Queen's as a leader in primary care research that will improve the health of individuals and populations.

The Department underwent significant expansion in the past three years and launched successful satellite postgraduate education programs in Belleville-Quinte and Peterborough-Kawartha. The Department's third satellite program, Bowmanville-Oshawa-Lakeridge (QBOL), received its first group of residents in July 2012. The principles of family medicine, and the changing needs of society and our residents define our program's direction. Our current program includes special interests in rural and remote medicine, emergency medicine, anesthesia, women's health, care of the elderly, palliative care and care of people with developmental disabilities.

In October 2011, Queen's University hosted accreditation teams from the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. We received a strong vote of endorsement for our core and enhanced-skills programs, and the College of Family Physicians of Canada accreditation team recommended all of our programs for full accreditation. The College's report cited a number of our program's strengths, including our new, innovative Distributed Sites; evaluation processes and curriculum planning that may serve as exemplars for the country; and program leaders and preceptors who are dynamic, committed, flexible and responsive to residents' needs.

For over three decades, Queen's University has delivered the future of primary care. At the QFHT, health professionals serve the community through a dual mission of educating medical students and delivering high-quality primary care. This means we utilize interdisciplinary teams of health care professionals to provide comprehensive patient-centred care. Over the past few years, the QFHT has focused on quality improvement and quality assurance, programs and partnerships, community engagement, engaging student learners and process improvements. The process improvements include the adoption of a new electronic medical record (OSCAR) that allowed the entire QFHT to transition to a "paperless" system with patient records.

We also contribute significantly to primary care research. The CSPC conducts high-quality research that is focused on the improvement of primary health care practice delivery and education, at the local and national level. Our research activities draw on a wide range of disciplines through collaborative academic partnerships, and involve practicing physicians who participate in our research program through our practice-based research network.



## Successes of the 2009-2012 Strategic Plan

The Department of Family Medicine has successfully achieved the strategies set out in our last strategic plan. Guided by a mission to expand our research and teaching activities by transforming our culture, structures and processes, the Department achieved the following goals:

- Implemented our expansion program, including the start-up of regional operations and learning resources;
- Implemented mechanisms to enable effective communications among our staff, our learners and external stakeholder groups;
- Improved our clinical processes through standardization and enhanced collaboration;
- Implemented an effective EMR and technology infrastructure; and
- Implemented a clear administrative/management structure with clearly defined policies and procedures, titles and role descriptions.

# Setting the Strategic Context

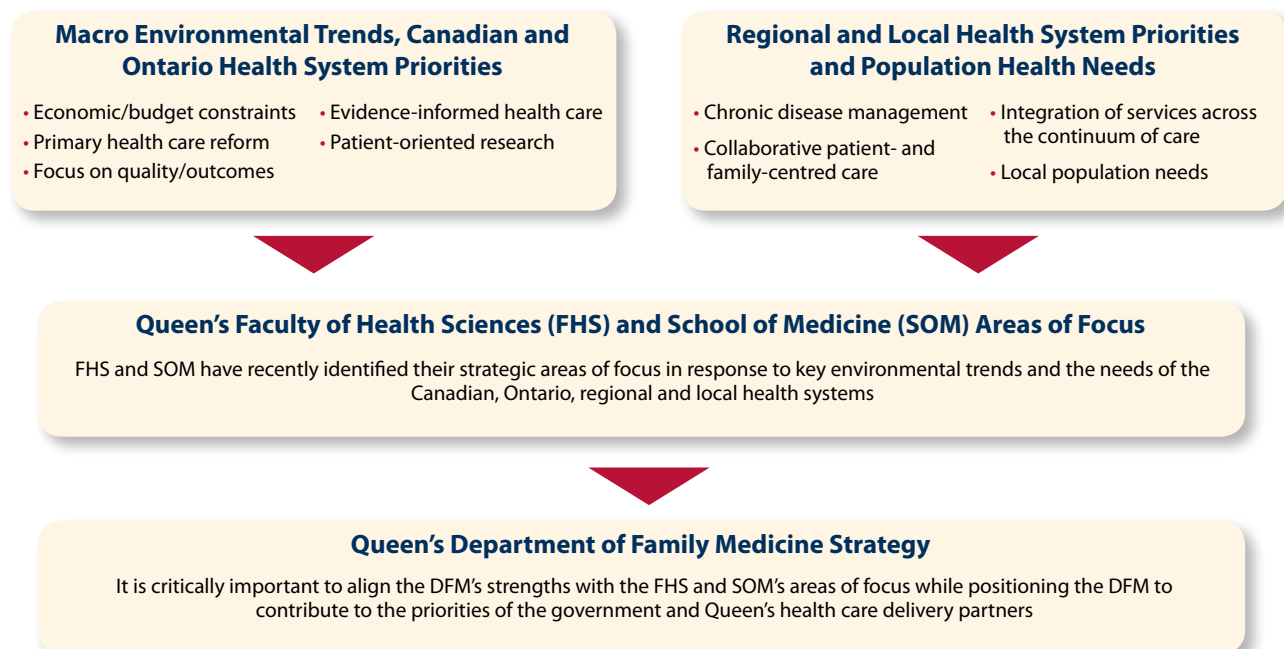
## Background on the Strategic Planning Process for 2012-2017

We completed the majority of key initiatives within our 2009-2012 strategic plan and are now in a position to build on our successes with this new five-year strategic plan for 2012-2017. With the Faculty of Health Sciences and School of Medicine at Queen's University completing their strategic framework and plan in spring 2012, it was opportune timing for the Department to embark on our own strategic planning process.

The Department's strategic planning process was officially launched in December 2011, guided by an appointed Strategic Planning Steering Committee (SPSC) that was composed of Department faculty, senior management and staff representatives, and was chaired by the Department Head, Dr. Glenn Brown. The first step taken by the SPSC was to define a renewed vision and mission for the Department. In March 2012, the Department of Family Medicine engaged an external consultant team to facilitate the planning process. The consultant team conducted moderated focus groups and consultations with internal and external stakeholders to gather insights on the Department's strengths and weaknesses, and identified environmental and health system trends. A faculty dinner was hosted in May 2012 to discuss potential opportunities, through which a refined set of strategic initiatives was identified. Combined, the insights gained through stakeholder input and broader trends analysis informed the identification, evaluation and sequencing of strategic priorities for the Department. The strategic planning process culminated in June 2012 at a Town Hall, where the entire Department was invited to engage in dialogue on the Department's strategic priorities for the next five years.

## Understanding the Department's Strategic Planning Landscape

In developing the Department's strategy, a comprehensive planning approach was undertaken that identified the broader health system context and priorities; how to align with the strategic areas of focus within the Queen's Faculty of Health Sciences and School of Medicine strategies; and how to leverage the Department's individual strengths to optimize impact.



## Understanding the Faculty of Health Sciences Strategic Environment

The Queen's Faculty of Health Sciences and School of Medicine completed a strategic planning process in spring 2012. The strategic planning process culminated in an overarching strategic framework for the Faculty of Health Sciences, as well as a detailed five-year strategic plan for the School of Medicine. For the Department of Family Medicine to achieve its vision to be a leader in education, patient-centred health care and research, the Department's strategy needs to align with the Faculty of Health Sciences and School of Medicine's strategic directions.



## Vision and Mission for the Faculty of Health Sciences and School of Medicine

The Vision and Values of the Faculty of Health Sciences, and the Mission and priorities of the School of Medicine, informed the Department of Family Medicine's strategic planning process.

### Faculty of Health Sciences and School of Medicine's Vision

*Ask questions, Seek answers,  
Advance care and Inspire change*

Shared across the Faculty of Health Sciences and the School of Medicine, the Vision means that faculty, students and staff are creators and innovators in research and educational scholarship across the full spectrum of the Health Sciences. Students and trainees understand that learning is a lifelong process driven by an endless curiosity that permeates all aspects of their professional endeavours.

Within the overarching strategic framework of the Faculty of Health Sciences, the School of Medicine's Mission reflects the broader academic and clinical mandate within which the Department works.

### School of Medicine's Mission

*Advance the science and practice of medicine  
to benefit the health and well-being of the  
population. We do this through excellence in  
education, care and research.*

Across the Faculty of Health Sciences and School of Medicine plans, there are several areas of strategic focus:

- Preparation of learners to be leaders and advocates of health care system change
- Preparation of students and trainees for inter-professional collaboration and emerging practices in the care-setting
- Leading the development of novel models of training and practice to address service gaps and evolving models of care
- Increased emphasis on transdisciplinary collaborations and knowledge translation
- Increased focus on competency-based models of training and education
- Excellence in biomedical research expanding in clinical, health systems/service, and population health research
- Adoption of technological advances in medical education such as virtual training, e-learning and simulation-based training

For the School of Medicine, these areas of strategic focus culminate in four cornerstones of the School's strategy, which are important in guiding the strategy of the Department of Family Medicine.

1. **Research:** Make targeted investments in bold and pragmatic research initiatives
2. **Education:** Develop, initiate and evaluate novel models of education, training and practice for all learners
3. **Partnerships:** Establish comprehensive educational and research partnerships, regionally, nationally and internationally
4. **Population and Patient Focus:** Keep the patient at the centre of the academic mission

Underpinning the Faculty of Health Sciences and School of Medicine are a set of values that guide the culture of how faculty, staff and other stakeholders will work together in pursuing the vision, mission and strategies set forth. The Department of Family Medicine shares this set of values:

### VALUES

- Collaborative leadership
- Personalized attention
- Lifelong learning
- Embracing diversity
- Bold innovation
- Genuine respect
- Restless enquiry
- Highest-quality care

## Strengths of the Department of Family Medicine

The Department's strategic planning landscape is shaped not only by the external environment, but also by the strengths that the Department has built over the past few years. These strengths reflect the Department's significant accomplishments with its previous strategic plan, and will be critical to the Department's success in the new strategic plan.

Strengths	Description
Highly regarded educational program	<ul style="list-style-type: none"> <li>• Demonstrable results in the form of accreditation scores and recent recognition as one of the top postgraduate programs in Ontario</li> <li>• Advanced curriculum implementation and evaluation expertise with broad recognition of being at the forefront of Triple C curriculum implementation and in the development of innovative tools for evaluation</li> </ul>
Successful implementation and momentum in distributed education	<ul style="list-style-type: none"> <li>• Broad recognition/appreciation for the success in expanding its distributed education model to Belleville, Peterborough and Oshawa and demonstrating the community as an effective/appropriate setting to educate family physicians</li> </ul>
Established network of preceptors	<ul style="list-style-type: none"> <li>• The Department enjoys the support of an established network of preceptors who are increasingly valued as a scarce resource – the result of the adoption and expansion of distributed models of education by other medical schools</li> </ul>
High-profile researchers and projects with established infrastructure	<ul style="list-style-type: none"> <li>• Widespread recognition for high-profile research projects (e.g., Canadian Primary Care Sentinel Surveillance Network, CPCSSN)</li> <li>• Established research network and supporting infrastructure within the Centre for Studies in Primary Care (CSPC)</li> <li>• In addition to the Department's high-profile projects, Department faculty members are engaged in a broad range of scholarly activity</li> <li>• Department research and scholarly activity per faculty member is high compared to other departments within the School of Medicine</li> </ul>
Research assets (research-ready data)	<ul style="list-style-type: none"> <li>• Considerable investment in EMR (OSCAR) "data discipline" to ensure research-ready data</li> <li>• Queen's as an ICES satellite site with access to integrated health system data for evaluative, population and policy-based research</li> </ul>
Established Academic Family Health Team	<ul style="list-style-type: none"> <li>• The QFHT delivers high-quality clinical services to patients in an academic setting</li> <li>• The QFHT is a well-established academic setting for interprofessional care and education</li> <li>• The QFHT brings in clinical and provincial funding as a revenue stream to the Department</li> </ul>
Expertise in process redesign and EMR implementation	<ul style="list-style-type: none"> <li>• Established expertise in the implementation and ongoing development of its EMR (OSCAR) contributes to the Department's reputation and position as a primary care information management opinion leader and innovator</li> </ul>
Quality and innovation in primary care	<ul style="list-style-type: none"> <li>• The QFHT is an established academic FHT providing interprofessional care</li> <li>• Proactive efforts for quality improvement and innovation in primary care (e.g., the QFHT Quality Improvement Plan and Better Innovations Group) have positioned the Department/QFHT for leadership in quality and performance improvement in family medicine/primary care</li> </ul>
Interest by organizations in partnership opportunities	<ul style="list-style-type: none"> <li>• Widely viewed as a desirable partner by many organizations to address key system issues</li> </ul>
Strong faculty leadership and a committed team	<ul style="list-style-type: none"> <li>• Faculty members are nationally and internationally recognized, and are well respected by leadership within the Faculty of Health Sciences, Queen's School of Medicine and external organizations</li> <li>• Faculty members are part of influential national and regional bodies (e.g., College of Family Physicians of Canada, Council of Ontario Faculties of Medicine: Family Medicine Chairs, the Primary Health Care Council of Southeast Ontario)</li> <li>• Faculty, management and staff are passionate and committed to achieving excellence across the Department's mandate</li> </ul>

## A Vision for the Future, Strategies to Achieve It

Building on the Department’s strengths, and understanding the broader strategic planning landscape, a renewed Vision and Mission were established to guide our strategy and reflect the important work we do across our academic and clinical mandates.

### VISION

The Department of Family Medicine at Queen’s University is a leader, striving for excellence in patient-centred health care, education and research

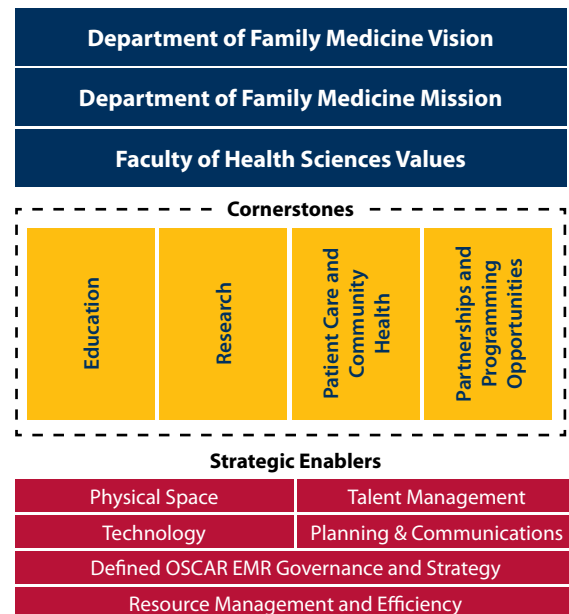
### MISSION

- To be recognized as *opinion leaders and valued partners*, advancing the discipline of Family Medicine and health care systems with Queen’s, locally, regionally, nationally and internationally;
- To be committed to a *distinctive, foundational education program* that prepares family doctors to be competent, confident generalists who are responsive to the needs of the communities they serve – from urban settings to small towns, rural or remote regions of Canada;
- To act as a model of *outstanding, patient-centred health care*;
- To contribute to *improving the health of individuals and populations* by supporting our researchers and the Centre for Studies in Primary Care;
- To be dedicated to social responsibilities and service, acting as advocates, not only for our patients, but to champion issues that affect health, so as to improve society and better care for vulnerable and underserved populations, locally and abroad;
- To cultivate a highly *collaborative environment* where personnel are integrated into the clinical, education and research processes, and foster a work environment that enables and sustains *outstanding teamwork* and performance.

Supporting our renewed Vision and Mission, four cornerstones of our strategy were identified, each with a set of strategic priorities that will guide the Department’s activities over the next three to five years:

- **Education:** Advancing core educational programs and enhancing delivery of distributed education
- **Research:** Growing the research portfolio and building research capacity
- **Patient Care and Community Health:** Enhancing clinical service delivery, and innovating IT solutions
- **Partnerships and Programming:** Building clinical and academic partnerships, and advancing global and public health

Strategic themes, priorities and sample initiatives within each cornerstone are presented in the pages that follow. In addition, a set of six strategic enablers were identified to support achievement of the strategic priorities over the life of the strategic plan.





# Education

Core to the Department's mandate, we strive to be leaders and innovators in education. Ongoing evaluation of education and outcomes will be a key component to maintaining the Department's leadership position and in completing the implementation of the Triple C curriculum (Comprehensive, Continuity, and Family Medicine Centred).

There is broad appreciation among stakeholders that the Department was successful in expanding to Belleville, Peterborough and Oshawa. While the Department enjoys the support of an established network of preceptors, we need to focus on further developing the Distributed Sites and faculty/preceptor leadership.



Themes	Strategic Priority	Initiation Time Frame
Advance core educational programs	1. Innovate and implement new educational models, curriculum, and evaluation and assessment processes to differentiate the Department's program	Years 2-3
	2. Strategically position the Department's role in undergraduate education	Years 2-3
Enhance delivery of distributed education	3. Develop the vision, leadership, capacity and collaboration across the Distributed Sites	Years 1-2
	4. Invest in preceptor recruitment and retention	Years 2-3

Across these strategic priorities, a set of sample initiatives is identified below, which will be further refined as the Department proceeds with operational planning for each strategy.

Strategic Priority	Sample Initiatives
1. Innovate and implement new educational models, curriculum, and evaluation and assessment processes to differentiate the Department's program	<ul style="list-style-type: none"> <li>• Attain leadership in competency-based education</li> <li>• Consider the inclusion of management competencies into the residency curriculum (e.g., practice management, continuous quality improvement methodologies, coaching/ change techniques, health system leadership)</li> </ul>
2. Strategically position the Department's role in undergraduate education	<ul style="list-style-type: none"> <li>• Advance a more strategic approach toward the involvement of Department faculty in the undergraduate curriculum</li> <li>• Increase preceptor opportunities/ capacity to combine the delivery of clerkship and resident education in clinical settings</li> </ul>
3. Develop the vision, leadership, capacity and collaboration across the Distributed Sites	<ul style="list-style-type: none"> <li>• Engage and encourage leadership from Distributed Sites to play an increasingly strategic role across the Department's mandates and initiatives</li> <li>• Investigate options to enhance Distributed Site leadership capacity (e.g., GFT model, applying existing Department vacancies to regional roles, dividing full-time roles, fostering a "community academic" culture)</li> <li>• Implement site-specific succession planning and new career path models</li> <li>• Determine local partnerships for each Distributed Site (e.g., with local colleges and universities) to support the Department's vision and strategies</li> <li>• Enhance collaboration across the Distributed Sites and with Kingston-Thousand Islands through technology, student placement and quality assurance processes</li> </ul>
4. Invest in preceptor recruitment and retention	<ul style="list-style-type: none"> <li>• Enhance methods to engage preceptors to augment their affiliation and commitment to the Department (e.g., educational training, CME, dedicated preceptor relationship management)</li> <li>• Establish a relationship management approach to improve preceptor engagement, coordination, communications and recognition</li> <li>• Establish a PGY3 clinical scholars program to support growth and succession planning</li> </ul>

# Research

Currently, the Department has a few high-profile researchers and projects (e.g., the Canadian Primary Care Sentinel Surveillance Network), in addition to a high level of scholarly activity across our entire faculty. Over the next two years, we are strategically focused on growing our research portfolio and research capacity. We will recruit new researchers, seek additional grants and develop the research talent of our existing faculty members as we look to expand our research capacity to include health system and population health research focus.



Themes	Strategic Priority	Initiation Time Frame
Grow the research portfolio	1. Expand research and scholarly activity to build on current assets and capitalize on the shifting research landscape	Years 1-2
Build research capacity	2. Establish a talent management approach to build and maintain research capacity	Years 1-2

Across these strategic priorities, a set of sample initiatives is identified below, which will be further refined as the Department proceeds with operational planning for each strategy.

Strategic Priority	Sample Initiatives
1. Expand research and scholarly activity to build on current assets and capitalize on the shifting research landscape	<ul style="list-style-type: none"> <li>• Develop a coordinated approach to further clinical research and knowledge translation initiatives that bring evidence-based research findings into practice</li> <li>• Explore partnership opportunities to expand scope and impact of research (e.g., LHIN-funded new models of care)</li> <li>• Invest in research capacity (e.g., research assistants, grant-writing workshops/training) to enhance research and scholarly activity, and leverage current assets including integrated EMR data (e.g., OSCAR and partner EMR systems)</li> <li>• Expand education scholarship in support of new models of training</li> <li>• Pursue new/existing funding streams across CIHR pillars two, three and four: Clinical; Health Services/Systems Research; and Research on Populations including the Social, Societal and Environment and all aspects of Health Disease</li> </ul>
2. Establish a talent management approach to build and maintain research capacity	<ul style="list-style-type: none"> <li>• Create a succession plan for research talent to continue to build capacity within the Department</li> <li>• Develop a research mentorship model to support faculty development, to enhance the research and grant-writing skills of current faculty</li> <li>• Actively pursue recruitment strategies to SEAMO's New Clinician Scientist Program (NCSP) to increase clinical research capacity</li> </ul>



# Patient Care and Community Health

Patient care is fundamental within a medical school. Our faculty members are committed to improving the health of individual patients, their families and their communities. The Queen's Family Health Team (QFHT) and each of the teams across our Distributed Sites deliver quality clinical services to patients, while also delivering excellent education to residents. Ongoing quality-improvement initiatives, including the QFHT's Quality Improvement Plan (QIP) and Better Innovations Group (BIG), position the Department for regional leadership in quality and performance improvement in primary care. Critical to this clinical and quality activity is a strong information management and technology platform, which we will continue to advance.





Themes	Strategic Priority	Initiation Time Frame
Enhance clinical service delivery and community health	1. Lead regional quality-improvement innovations in family medicine and community health	Years 1-2
Implement, develop and integrate IT solutions	2. Develop innovative solutions to enhance information sharing between providers and patients	Years 2-3

Across these strategic priorities, a set of sample initiatives is identified below, which will be further refined as the Department proceeds with operational planning for each strategy.

Strategic Priority	Sample Initiatives
1. Lead regional Quality-Improvement Innovations in family medicine and community health	<ul style="list-style-type: none"> <li>• Advance key innovative, foundational work on quality improvement and clinical operation optimization as outlined in the QFHT Quality Plan, and share these innovations regionally</li> <li>• Improve roster-based chronic disease prevention and management, including excellence in patient self-management, in partnership with hospital providers (Hotel Dieu Hospital and Kingston General Hospital) to better support patients through care transitions</li> <li>• Improve patient access by increasing the QFHT roster size, and augmenting after-hours clinics and visits by home teams</li> <li>• Collaborate with specialty colleagues at Hotel Dieu Hospital, Kingston General Hospital and in the community to reduce “wait-one” times from family physician referral to specialty care appointments</li> <li>• Increase repatriation of ED CTAS levels 4 &amp; 5 at Hotel Dieu Hospital and Kingston General Hospital to the QFHT, and improve ED diversions through better access to care, enhanced collaboration with specialty colleagues and effective chronic disease management</li> <li>• Explore opportunities to partner or lead in the development of new models in support of primary care planning at the LHIN level (e.g., enhance linkages between primary care and child and adolescent mental health services)</li> </ul>
2. Develop innovative solutions to enhance information sharing between providers and patients	<ul style="list-style-type: none"> <li>• Develop QFHT patient website and patient portal for electronic communication to and from QFHT</li> <li>• Improve OSCAR performance and data analysis for enhanced data collection and as a decision-making tool to facilitate operational decision support</li> <li>• Develop OSCAR linkages that enhance information sharing (e.g., other local health care providers such as Family Health Teams, Public Health, Hotel Dieu Ambulatory Care and Kingston General Hospital)</li> </ul>



# Partnerships and Programming

The Department of Family Medicine has many existing academic and clinical partnerships, and we recognize that building and maintaining active partnerships will be critical to ongoing success. Many organizations view the Department of Family Medicine as a desirable partner to address key system issues, and throughout the strategic planning process, a diverse number of partnership opportunities were identified. Strategically exploring selected partnership opportunities to expand our academic and clinical mandate will be important over the next three to five years, to strengthen the Department's foundation for the future. In addition, the Department will continue to build on its reputation and strength in global and public health.



Themes	Strategic Priority	Initiation Time Frame
Build clinical and academic partnerships	1. Explore strategic clinical and academic partnerships	Years 1-2
Advance global and public health	2. Expand the Department's role in global and public health	Years 2-3

Across these strategic priorities, a set of sample initiatives is identified below, which will be further refined as the Department proceeds with operational planning for each strategy.

Strategic Priority	Sample Initiatives
1. Explore strategic clinical and academic partnerships	<ul style="list-style-type: none"> <li>• Explore an augmented role for the Department with Providence Care in specialized medical care (e.g., medical coverage and engagement with long-term care, psychiatric and complex continuing care populations)</li> <li>• Explore development of a hospitalist model in internal medicine and surgery at Kingston General Hospital (KGH)</li> <li>• Contribute to tertiary ambulatory care, research and education in partnership with Hotel Dieu Hospital (HDH) and KGH</li> <li>• Partner with the other Kingston FHTs to improve primary care services and community health</li> <li>• Develop a Centre of Excellence for the Care of Persons with Developmental Disabilities as an interdisciplinary centre (e.g., with the Schools of Nursing and Rehabilitation Therapy, and the Departments of Psychology, Psychiatry and Pediatrics)</li> </ul>
2. Expand the Department's role in global and public health	<ul style="list-style-type: none"> <li>• Continue to define and develop the Department's role in global health (e.g., advocacy and service for under-served and vulnerable populations)</li> <li>• Partner with Public Health to collaboratively pursue new research, education and intervention opportunities, in alignment with the Department's new leadership role for the residency program in Public Health and Preventive Medicine</li> </ul>

# Strategic Enablers

In support of our renewed Vision, Mission and Strategic Priorities, six strategic enablers were identified as critical to successfully implementing our plan. The timelines for many of the activities associated with the enablers will span the length of the strategic plan.

Strategic Enabler	Description
Physical Space	<ul style="list-style-type: none"> <li>• Efforts to consolidate and improve the Department’s physical layout, proximity and building space would enable greater administrative efficiency, enhance communication and facilitate a common culture</li> <li>• Additional clinical (FHT) space would enhance the patient experience (e.g., accessibility) and provide capacity for additional health professionals (including non-physicians) to educate and practice in the FHT setting, enhancing interprofessional care and education</li> <li>• Enhancements to the physical space at Haynes Hall to create new clinic space that will enable interprofessional care are an example of initiatives under way within the Department to support this enabler</li> </ul>
Technology	<ul style="list-style-type: none"> <li>• Effective use of reliable, adaptive and “user-friendly” technology to improve Department communications, extend curriculum (e.g., webinars, podcasts across Distributed Sites), enhance the learner experience, reduce duplication of effort and reduce cost of delivering education, and improve patient care</li> </ul>
Talent Management	<ul style="list-style-type: none"> <li>• Succession and leadership planning of staff/ faculty (including Distributed Learning Sites) to provide business continuity, future leadership and direction to the Department</li> <li>• Build leadership capacity and succession planning; management focus on work-life balance and employee retention; develop avenues for employee engagement and evaluation</li> <li>• Proactive recruiting of postgraduate residents to academic medicine and developing skills of young faculty</li> </ul>
Planning and Communications	<ul style="list-style-type: none"> <li>• Increase centralization/ consolidation of project management activities spanning the Department to allow visibility and resource planning across multiple current/ future research, education and clinical initiatives</li> <li>• Enhance communications to improve awareness of key initiatives across faculty, management and staff, including a review of existing committee and reporting structures</li> </ul>
Defined OSCAR EMR Governance and Strategy	<ul style="list-style-type: none"> <li>• Establish clear lines of communication and mutual understanding with OSCAR McMaster for the strategic, technological and governance directions of the OSCAR EMR platform and to shape future investment and development efforts</li> </ul>
Resource Management and Efficiency	<ul style="list-style-type: none"> <li>• Enhance resource management, capacity development and efficiency initiatives to optimize internal operations</li> </ul>

# Achieving Our Strategic Plan

Our Strategic Plan establishes our priorities for the next three to five years, and will require the full support and energy of the Department for its successful completion. A summary of the preliminary sequencing of strategic priorities is presented below, based on initial planning. Strategic efforts are focused over the first two years, recognizing that ongoing implementation for each priority will move beyond those two years.

Further operational planning by Department leadership will refine the strategic priority sequencing. Supporting the operationalization of the plan, Department faculty and staff will be engaged in leadership roles and task forces for specific strategic cornerstones or priorities, in drafting implementation plans with milestones, in determining resourcing, and in identifying existing committees that need to be targeted for input. Throughout the implementation of the plan, maintaining a high level of communication and collaboration across the Department will be critical for success.

As the Department moves forward with this new strategic plan, we will need to be flexible to respond to the changing health system and funding landscape. Department leadership is committed to reviewing our strategic priorities and plan regularly, and to adapting our strategy and operational tactics as required to evolve with critical changes in our environment.

Cornerstone	Theme	Strategic Priorities	Years 1-2	Years 2-3
Education	Advance core educational programs	Innovate and implement new educational models, curriculum, and evaluation and assessment processes to differentiate the Department's program		
		Strategically position the Department's role in undergraduate education		
	Enhance delivery of distributed education	Develop the vision, leadership, capacity and collaboration across the Distributed Sites		
		Invest in preceptor recruitment and retention		
Research	Grow the research portfolio	Expand research and scholarly activity to build on current assets and capitalize on the shifting research landscape		
	Build research capacity	Establish a talent management approach to build and maintain research capacity		
Patient Care and Community Health	Enhance clinical service delivery and community health	Lead regional Quality Improvement Innovations in family medicine and community health		
	Implement, develop and integrate solutions	Develop innovative solutions to enhance information sharing between providers and patients		
Partnerships and Programming	Build clinical and academic partnerships	Explore strategic clinical and academic partnerships		
	Advance global and public health	Expand the Department's role in global and public health		







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