

Establishment of the University of Toronto at Mississauga (UTM) Academy: Perspectives from the Faculty of Medicine and the Medical Society

Sagar B. Dugani, M.Sc. (OT9), Faculty of Medicine, University of Toronto
Julia Kfoury, H.B.Sc. (OT9), Faculty of Medicine, University of Toronto

Introduction

The University of Toronto is expanding its undergraduate medical program by creating a fourth Academy. The proposed UTM Academy will accept its first round of students in Fall 2007. This expansion involves new responsibilities for faculty and student representatives. Why was Mississauga selected as the site for expansion? How will this expansion affect current and new students? What student services will be available to students at UTM? We interviewed Dean Catharine Whiteside (CW) and Vice-Dean Jay Rosenfield (JR) to understand the expansion from the Faculty's perspective. Justin Chan (JC) and Bobby Yanagawa (BY), the incoming and outgoing Presidents of the Medical Society (MedSoc), respectively, describe their roles and responsibilities in this exciting and daunting endeavour.

Why is U of T expanding its undergraduate enrolment?

CW The number of medical students in Ontario is determined through a coordinated effort between the Ministry of Training, Colleges, and Universities, and the Ministry of Health. The current government is responding to a perceived doctor shortage in Ontario and Canada, particularly in primary care, by asking medical schools to increase their enrolment. This is the second round of expansion. The first round started in 2001, when the University of Toronto took the least number of students. In this round, we negotiated with the government for an enrolment expansion that seemed appropriate for the school and the mission of our particular university. Dr. Rosenfield will comment on our mission with regard to linkage to the community and fulfilling accountability.

JR Alleviating the doctor shortage involves increasing enrolment in medical schools, in post-graduate training positions, particularly in family medicine, and the number of international medical graduate programs. The current enrolment expansion that has led to the academy proposal in Mississauga is part of a growth of approximately 160 students in Ontario; of these, 56 stu-

dents are assigned to Northern Ontario School of Medicine (NOSM), and 104 to the remaining five medical schools. However, the government is not interested in just increasing the number of seats in medical schools; it also wants to meet the population's needs in Ontario, relating to both primary care and generalist specialty care, both of which have severe documented shortages. Our expansion into the community is based on the model of distributed medical education, which is being applied in different forms across medical schools in Ontario. For example, McMaster University will expand to St. Catharines and Kitchener-Waterloo, and University of Western Ontario will expand to Windsor. We are not involving a separate campus like other schools, but creating a fourth academy modeled very much along the lines of our existing academies: a similar curriculum, evaluation, and quality of teaching, but a different flavour. For example, the Fitzgerald Academy has an inner city flavour, while University Health Network (UHN) has a more tertiary flavour. The students rotating through the UTM Academy will be seeing the practice of medicine in community-affiliated sites, so that a proportion of our students would consider careers in generalist specialties and family medicine.

BY My lure of coming to Toronto was the downtown tertiary care hospitals and their research. Having said that, I believe strongly that even my education can only be strengthened by experiences in community hospitals. We can read about healthcare deficits and social accountability in the popular press, but if you actually are in the community-based setting, you can get a first-hand sense of where their real problems lie.

JC Adding a fourth academy not only increases the overall enrolment of this school, it also enhances the personal experiences we will have. As Dr. Rosenfield mentioned, each academy has its unique flavour, and we, the students, each have a special connection to our own academy. Our hope is that UTM will develop a culture of its own, one that students can be proud of, and one that will add to the overall experience of learning here at the University of Toronto.

Why was Mississauga chosen? Why weren't existing academies expanded?

CW This was a question posed to us by the Ministry. However, if you look at all of Ontario, the fastest growing population is in the City of Mississauga and its surroundings. The hospitals in Mississauga are some of the largest and most rapidly expanding acute care hospitals in Canada, so there is tremendous potential for teaching and learning for our medical students at multiple levels in this community. It is also believed that where you train is often where you look for a job. So, because of the major increase in population and the fantastic community-based prospects, we felt that this was an important opportunity for our Faculty to contribute to distributed medical education in Ontario. We also knew there was space at the UTM campus for expansion, and there was much interest on the part of the academic leadership at this site. UTM is the University of Toronto, it is a part of us...

JR Mississauga won an award as a healthy-living city. There was incredible enthusiasm to welcome our students to this community. It is something that we couldn't ignore. There was tremendous excitement.

How was MedSoc involved in this?

BY We have representatives on the Academy Director Search Committee and every major committee including the steering committees. We are the major stakeholders in this endeavour, and our engagement in its development will only intensify as we approach the opening in September 2007.

How is this initiative being funded?

JR The government was very clear that there is new funding for the new students in the current enrolment growth. We have to provide clear reports of the spending and how it is being used for care of diverse populations, providing interprofessional education experiences, and promoting generalism. We have received money for 26 students. That money is not tied to existing academies, and is for the new academy. New funding received for the enrolment growth in 2001 will help the existing students and academies.

How will this expansion affect current students?

JR The commitment we made to the government was to begin the formal academy for incoming students in 2007. In 2010, students from all four years will be there. That notwithstanding, our clerks go extensively into the community and we'd like Mississauga to be more involved with our students. In terms of academy selection, we've made a commitment that there will be student input into how the process should work. The current random allocation for first-years will change once the academy opens, so that if students have a prefer-

ence to be at the UTM Academy, they can indicate that. We may also have to use a lottery system, or something similar, if more students choose UTM than we have room for. We've also said that we don't want students out there for four years. We want students to experience at least two of our academies, so that if a student were placed there at the beginning of his/her training, he/she would rotate to another academy, as well. This year, acceptance packages will contain information about the Distributed Medical Education Model, and students will understand that they might spend significant time of their medical education outside the downtown Toronto area. The reverse commitment we made to the Mississauga community is that they didn't want students for just one or two months, as they would not be integrated into the community, so students will go out there for at least a year.

CW There will be a positive impact, I believe, on the whole medical school, namely our investment in information technology and its application to teaching. Our expanded budget has enabled us to really upgrade that aspect of our medical school, with ramifications among all Academies and for all the students. We're really pleased to say that one of our investments with money that we have already seen from the 2001 enrolment expansion has been to hire new Directors of Academic Computing and Administrative Computing. We're aiming for state-of-the-art technology and to truly be able to connect the St. George campus, not just with Mississauga, but more effectively with the Academy sites and all of our community hospitals.

JR One of the things on the table is significant renovations of rooms 3153 and 3154, the main lecture halls. We're also going to renovate the anatomy labs. We're going to build digital video capture equipment so that, for example, if a student is doing a dissection and comes across something interesting, this can be captured and used as a teaching video, available in a digital video archive. We're also going to renovate some seminar rooms in the Medical Sciences Building.

How will lectures be delivered to the UTM Academy Students?

JR A principle we have articulated from the beginning is that we wanted this to be a mutual and reciprocal venture. We are hiring new faculty at UTM who will deliver some of the lectures that will be webcast to the downtown campus, and vice versa. So we will use the best of both campuses.

The downtown campus has several career talks and social events. Will there be a parallel system at UTM or will students come downtown?

BY This is an area where MedSoc can really make an impact. It would be the difference between a good

experience and a knock-your-socks-off experience. I think this is an area where MedSoc really has to take leadership and ensure that students at UTM can partake in as many activities as possible. An example, we could webcast our MedSoc meetings, so even if you were at the other site and couldn't make it, you could still participate. There will be transportation for our students between the different campuses, and we would like to ensure that transportation continues into the evenings until after social events have wrapped up. This process is just beginning, and Justin will take a more active role in these discussions. From our initial interactions, the students at UTM will be excited to have us there (especially the ones who will be applying for medicine!), and there are lots of opportunities for synergy between our community outreach programs, international health initiatives, sports opportunities, etc. Overall, I am confident that we are going to make a positive impact on their campus culture.

JC There are many things about the new academy that are yet to be decided, such as where career talks and social events will be held. Such issues will be a priority for MedSoc in the coming year, and will be at the top of the agenda in upcoming meetings. From listening to students in recent months, I've found that we have many useful ideas and opinions on how the new academy should be structured. Our priority right now is to create a forum for students to give their suggestions about the new academy and to have these ideas presented to faculty in a way that is positive and constructive. Also, MedSoc is active in the search for an Academy Director, and we look forward to working closely with this leader to design the new academy in a way that reflects student needs and preferences.

CW We are not the first ones to do this. We are seriously analyzing the experiences of other schools (such as UBC and NOSM) across Canada that have undergone similar organizational changes. There will be challenges, and, most importantly, we must have a process where

students are involved in identifying the best solutions.

Any closing remarks?

CW Thank you for this opportunity, we believe that the more we discuss our plans for UTM, the better... so thank you.

JR I just echo that...it is an exciting time to be a medical student, and a lot of thought is going into what doctors of the future need in terms of education...UTM is just one component.

BY It has been a great privilege to represent medical students, and MedSoc would like to thank all for their continued support.

JC A lot of students out there have strong opinions about how the new academy should look. I would like to issue a challenge to everyone to get involved with this expansion. It is a rare and exciting opportunity to be a part of the creation of an academy that will be here for years to come. If you have strong feelings about UTM, don't keep them to yourself... UTMJ and its future students can benefit greatly from your contributions today.

Creation of the UTM Academy represents an exciting development for the Faculty of Medicine. It is evident that the Faculty and MedSoc are working tirelessly to ensure that the quality of education and the student experience are not compromised. Above all, UTM represents a new location for medical students to be immersed in community-based medicine. We thank Deans Whiteside and Rosenfield for participating in this interview. We are also grateful to Justin Chan and Bobby Yanagawa for discussing the role that MedSoc has played and will assume in the future. Finally, we would like to acknowledge Senior Vice-Presidents, External Affairs, Nam Le (2006-2007) and Sundeep Singh (2005-2006) for their contributions in designing some of the questions used in this interview.

