

# STRATEGIC PLAN

## 2007/8 – 2010/11

DIVISION OF PLASTIC SURGERY  
JUNE, 2007



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# INTRODUCTION

The Division of Plastic Surgery initiated a strategic planning process as a priority for 2007/08.

The process consists of three key stages:

Stage One was a detailed review of current status including: review of research, education and clinical performance/evaluative measures; financial status; and, the Division's strategic context (University of Toronto, Faculty of Medicine, Department of Surgery).

Stage Two was the strategic planning off-site work session on April 25<sup>th</sup>, 2007. This plan collates the results of the off-site and presents the basis for Stage Three - implementation.

Stage Three is implementation based on the priorities established by the process to-date.

The Pre-Planning Committee consisting of Chris Forrest, Ron Levine, Joan Lipa, Mitchell Brown, Oleh Antonyshyn, Cho Pang, and Karen Cross. The committee reviewed the Stage One findings and advised on priorities for the strategic planning process as well as serving as the sounding board for the strategic off site results.

Principles established for the strategic planning process are:

1. Open, transparent and collaborative process
2. Strategic alignment
3. Data/evidence-based decision-making
4. Bias for action



# VISION

*DEFINITION: Vision focuses on the desired future and does not fluctuate from year to year, but serves as an enduring promise. A vision clarifies direction, focuses and inspires commitment.*

International leader in plastic surgery  
research, education and clinical practice

# MISSION

*DEFINITION: Mission is a statement of purpose.*

We prepare future plastic surgery leaders, contribute to our communities and improve the health of individuals and populations through the discovery, application and communication of knowledge.

# VALUES

*DEFINITIONS: A declaration of the principles and ideals that guide our operations, decisions and behaviour.*

We value:

- Innovation;
- The drive to excel;
- Collaboration;
- Respect for the individuals who are our patients, colleagues, stakeholders; and,
- Honesty, openness, transparency.



# GOALS

*DEFINITION: Goals are of the higher order, long term and overarching. The Goals are ambitious targets, developed to achieve the overall Vision and establish the framework for the more specific, measurable, short-term goals for the next 3 years.*

## GOAL ONE

**Maintain and develop research, education and clinical practice excellence.**

Be the first choice for the world's leading plastic surgery researchers, educators, clinicians, students (residents, fellows and CME) who share the Division's values and standards of excellence.

## GOAL TWO

**Build through sound financial management and planning.**

The Division will work towards growing its endowed funds to support research, education and clinical excellence by: raising \$3 million by 2010 and \$ 12 million by 2015. In addition, the Division will ensure that the planned AFP will be competitive for current and emerging plastic surgery leaders within the academic hospitals.

## GOAL THREE

**Enhance stakeholder and public perception and awareness.**

The Division will work towards ensuring that Plastic Surgery is valued and respected as an essential part of public health care by our communities: hospital; academic (Faculty of Medicine, U of T); MOHLTC, LIHN; government, politicians; media, and the public.



## Maintain and develop research, education and clinical excellence

Be the first choice for the world's leading plastic surgery researchers, educators, clinicians, students (residents, fellows and CME) who share the Division's values and standards of excellence.

### KEY STRATEGIES

1. Recruit and retain dedicated researchers, further develop Divisional collaboration and Divisional infrastructure to promote creativity and innovation, facilitate grants, publications and invited lectures.
2. Decide on key research themes in clinical epidemiology, medical education, clinical or in tissue engineering.
3. Establish dedicated Academic Chairs, resources and infrastructure for both traditional and emerging opportunities.
4. Maintain excellence in breadth of training.
5. Enhance international impact through fellowship training program, foreign graduate/outside students.
6. Critical mass of clinically active faculty across a comprehensive spectrum of sub-specialties and practice types
  - Identify and develop quality of life resources to encourage retention of leaders.
  - Establish selection and recruitment standards that reflect Divisional values as well as excellence standards.



## Build through sound financial management and planning

The Division will work towards growing its endowed funds to support research, education and clinical excellence by: raising \$3 million by 2010 and \$ 12 million by 2015. In addition, the Division will ensure that the planned AFP will be competitive for current and emerging plastic surgery leaders within the academic hospitals.

### KEY STRATEGIES

1. Develop revenue opportunities:
  - Expand revenue from existing sources: Symposia/CME.
  - Develop new sources of revenue from related education areas such as web based education curriculum.
  - Commercialize other knowledge and educational tools.
  - Build revenue from Alumni.
  - Develop a major gifts strategy.
  - Develop a corporate philanthropy strategy.
2. Funding / AFP:
  - Become a strong voice at the University on AFP negotiations.
  - Designate a plastic surgeon with financial and negotiation skill support to participate in negotiations.
3. Streamline Divisional funds and reporting:  
Structure and manage Divisional funds to maximize return and transparency.



## Enhance stakeholder and public perception and awareness.

The Division will work towards ensuring that Plastic Surgery is valued and respected as an essential part of public health care by our communities: hospital; academic (Faculty of Medicine, U of T); MOHLTC, LIHN; government, politicians; media; and, the public.

### KEY STRATEGIES

1. Agree that it is a priority goal to enhance physician, stakeholder, media and public perceptions.
2. Establish a branding/communications group to develop a plan, lead implementation and measure impact.
3. Within the plan:
  - Consider name change/evolution to Plastic and Reconstructive Surgery.
  - Focus on key themes, relevant and important to all ages, sexes, in reconstruction: trauma, oncology, congenital.
  - Ensure public recognition for the specialized training and credentials of qualified (Royal College Certified) plastic surgeons.



# PRIORITIES: 2007/8 – 2010/11

## Priority One: Financial

### Build Revenue: Achieve \$3million in endowed funds by 2010

- Symposia/CME – drive for revenue.
- Alumni drive (led by Freiberg/Levine) for Professorship in Plastic Surgery Education (for Program Director).
- Strong web-based education curriculum (e.g. Toronto Notes).
- Toronto Review Course/Royal College exams preparation.
- Corporate philanthropy strategy and implementation plan.
- Major gifts strategy and implementation plan.

### Enhance financial management

- Streamline funds.
- Utilize U of T financial management tools/services to enhance return.
- Report finances annually.

### Improve Funding/ AFP

- Become a strong voice at the University on AFP negotiations specific to Plastic Surgery.
- Designate a plastic surgeon with financial and negotiation skill support to participate in negotiations.

## Priority Two: Enhance Excellence

### Research Excellence

- Agree key research themes.
- Centralization: Divisional Support/Resource for Research.
- Recruit and retain dedicated researchers.

### Educational Excellence

- Secure funding and support for Program Director (Professorship).

### Clinical Excellence

#### Program Excellence

**Maintain excellence:** Reconstructive, Oncology, Trauma and Aesthetic;

**Enhance excellence:** Head & Neck; Burns, Pediatric Microsurgery, Hand;

**Rebuild:** Facial Paralysis needs to rebuild (RTM/RZ retiring), opportunity to maintain international prominence in a niche market.



# PRIORITIES: 2007/8 – 2010/11<sub>(cont.)</sub>

## Evaluative Measures:

- Improve evaluative metrics/innovative approaches overall for teaching.
- Develop a tailored *plastic surgery* scoring system for TES.
- 'Points system' evaluation for clinical expertise – create new yardsticks

## Facilitate Collaboration

### Priority Three: Educate/ Enhance Perception

Establish a branding/communications group to develop a plan, lead implementation



## Appendix One: Strategic Planning Day Goals

The purpose of the strategic planning session was to come together as a Division and work collaboratively to create a shared vision and agenda for the future. More specifically to:

- Identify specific values to assist future decision making.
- Identify and build consensus as to the key challenges and opportunities that face the Division of Plastic Surgery.
- Define strategic priorities.
- Describe what we will measure and report on as we move forward.
- Build a future wherein we as plastic surgeons are better known, understood and valued.

The Division of Plastic Surgery initiated a strategic planning process as a priority for 2007/08. The process consists of three key stages:

Stage One of the strategic planning process was a detailed review of current status including: review of research, education and clinical performance/ evaluative measures; financial status; and, the Division's strategic context (University of Toronto, Faculty of Medicine, Department of Surgery).

Stage Two was the strategic planning off-site work session on April 25<sup>th</sup>, 2007. This plan collates the results of the off-site and presents the basis for Stage Three - implementation. The Pre-Planning Committee reviewed the Stage One findings and advised on priorities for the strategic planning process as well as serving as the sounding board for the strategic off site results.

Stage Three is implementation based on the priorities established by the process to-date.

Principles established for the process:

1. Open, transparent and collaborative process
2. Strategic alignment
3. Data/evidence-based decision-making
4. Bias for action



## Appendix Two: Strategic Planning Day Attendees

### Hospital for Sick Children

Chris Forrest (Chief)

Cho Pang

David Fisher

John Phillips

### Mt. Sinai Hospital

Nancy McKee

### St. Joseph's Health Centre

Ronald Levine (Chief)

Craig Fielding

Kyle Wanzel

Leila Kasrai

### St. Michael's Hospital

James Mahoney

Melinda Musgrave

### Sunnybrook Health Sciences Center

Paul Binhammer (Acting Chief)

Jeff Fialkov

Oleh Antonyshyn

Karen Cross (Research Resident)

### Toronto East General Hospital

Laura Tate (Chief)

### University Health Network

Dimitri Anastakis

Herb von Schroeder

Joan Lipa

Linda Dvali

Peter Bray

Ralph Manktelow

### Women's College Hospital

John Semple (Chief)

Mitchell Brown

### Administration

Sandy Davies

Shibu Thomas



## Appendix Three: Working Groups

### Clinical Excellence

Joan Lipa (Facilitator)  
John Semple (Facilitator)  
Paul Binhammer  
Linda Dvali  
David Fisher  
Laura Tate

### Educational Excellence

Mitch Brown (Facilitator)  
Ronald Levine (Facilitator)  
Thomas Bell  
Peter Bray  
Craig Fielding  
Kyle Wanzel

### Research Excellence

Cho Pang (Facilitator)  
Jeff Fialkov  
Ralph Manktelow  
James Mahoney  
Nancy McKee  
Karen Cross

### Recruitment & Retention

Oleh Antonyshyn (Facilitator)  
Chris Forrest (Facilitator)  
Leila Kasrai  
Melinda Musgrave  
Herb von Schroeder  
John Phillips



## Appendix Four: Strategic Alignment

### VISION

Faculty of Medicine	International leadership in health research and education.
Department of Surgery	International leadership in health research, education and surgical practice.
Division of Plastic surgery	International leadership in plastic surgery research, education and clinical practice.

### MISSION

Faculty of Medicine	We prepare future health leaders, contribute to our communities and improve the health of individuals and populations through the discovery, application and communication of knowledge.
Department of Surgery	We prepare future surgical leaders, contribute to our communities and improve the health of individuals and populations through discovery, application and communication of knowledge.
Division of Plastic Surgery	We prepare future plastic surgery leaders, contribute to our communities and improve the health of individuals and populations through discovery, application and communication of knowledge.



## Appendix Four: Strategic Alignment (cont.)

### VALUES

Faculty of Medicine

Integrity in all of our endeavours.  
Commitment to innovation and excellence.  
Life-long learning and critical inquiry.  
Diversity and social justice  
Partnership with our academic health sciences centres.  
Multi-professional, interdisciplinary and community collaboration.  
A supportive and collegial environment.  
Accountability to our community of scholars and to the public.  
Responsiveness to our local, national and international communities.

Department of Surgery

A supportive and collegial environment  
Accountability to our community of scholars and to the public  
Caring in our patient relationships  
Commitment to surgical innovation and excellence.  
Diversity.  
Integrity in all our endeavours.  
Leadership.  
Life-long learning and critical inquiry  
Multi-professional, interdisciplinary and community collaboration.  
Partnership with our academic health sciences centres.  
Responsiveness to our local, national and international communities.

Division of Plastic Surgery

We value:  
Innovation.  
The drive to excel.  
Collaboration.  
Respect for the individuals who are our patients, colleagues and stakeholders.  
Honesty, openness, transparency.



## Appendix Five: Vision – What does Success look like?

### Research Group

Vision:  
To foster innovative  
advances that impact  
the field of plastic surgery

#### A) Creative/Innovative

Creative Thinking; Innovation in Surgical Procedures and Tissue Engineering;  
Discovery/ Intellectual Property

Supported by:

- Infrastructure,
- Resources/Grants,
- People (recruited & retained),
- A Plan developed and implemented.

Research Themes: Craniofacial; Burns; Oncology (ENT); Vascular; Hand; Trauma;  
Wounds. Immunology; Tissue engineering + Healing.

#### B) Model

Clinician  
Scientists

Clinical  
Collaborators

Scientist  
PhD



40%  
Protected Time

100%  
Protected Time

#### C) Funding

Funding to enable:

- Research Chair (nucleus for research, protected, a PhD)
- Recruitment and retention of the 'best'
- Infrastructure, resources, space, grants

#### D) Focused Research Themes in:

Basic Science

Tissue Engineering

Clinical Epidemiology

Medical Education

Clinical



## Appendix Five: Vision – What does Success look like? (cont.)

### Education Group

Division of Plastic Surgery is known to:

- Train the best future plastic surgeons
- Provide comprehensive training in all aspects of plastic surgery
- Improve plastic surgery internationally through the fellowship training program & foreign medical grads/outside students
- Stimulate innovation in research and education
- Promote an improved understanding of plastic surgery

Focus: Educate Public and Stakeholder audiences:

- Improve understanding of what plastic surgery does: Burns, Breast Reconstruction, Skin Cancer and WSIB
- Build the understanding of the importance of plastic surgery to Public Health
- Build understanding of the importance of plastic surgery in Patient Care

Why is this important?

- Improve resources
- Improve standing within Department/Faculty/University/Institutions
- Attract endowments, chairs, funding
- Recruitment of future leaders
- Improve patient care (ER and ongoing)



## Appendix Five: Vision – What does Success look like? (cont.)

### Clinical Group

#### International Leader:

- Critical mass of clinically active faculty across a comprehensive spectrum of sub specialties and practice types, *including community hospital general practice as well as referral specialists in complex care centres*
- Program excellence with areas of intensified resources
  - Multidisciplinary
  - Multi site
  - With a co-coordinator vs. centralized referral system
- World Renowned:
  - Sought after as a place to train by residents, fellows, observers
  - Concentrated (relative) volume of cases: quantity and range
  - Highest quality
- Innovation in technical refinements; translational research; multi-centred collaboration; demonstration through teaching, presentations, publications (teach/talk/write)
- Best Patient Centred Care

### Recruitment and Retention Group

#### Academic Quality of Life

- Funding and AFP
- Balance: time at work & time for work/ life balance
- Desired Resident expectation and attitudes
  - Respectful
  - Prepared
  - Work Ethic
  - Engagement
  - Energetic
  - Honest
  - Fire/Drive to succeed
  - 'Adult learners'



## Appendix Six: What Matters Most

### Revenue Opportunities

- Symposia/CME – drive for revenue
- Alumni drive (led by Freiberg/Levine) for Professorship in Plastic Surgery Education (Program Director)
- Secure funding and support for Program Director
- Marketing opportunities for revenue from education curriculum
- Strong web-based education curriculum (market and create revenue opportunities)
- Commercialization – sell knowledge
- Corporate philanthropy strategy and implementation plan
- Major gifts strategy and implementation plan

### Funding/ AFP

Become a strong voice from the University on AFP negotiations specific to plastic surgery. Designate plastic surgeon with financial and negotiation skill support to participate in negotiations.

### Maintain and Enhance Excellence

#### Research Excellence

##### Centralization: Divisional Support/Resource for Research

Editorial help/‘hub’ for: publications, donations for research, visiting professor resource, access to stats, EPI, Research Ethics Board, Grants, website communications.

#### Clinical Excellence

##### Programs:

**Maintain excellence:** reconstructive, oncology, trauma and aesthetic;

**Enhanced excellence:** Head & Neck; Burns (Edmonton a role model); Pediatric Microsurgery; Facial Paralysis needs to rebuild (RTM/RZ retiring), opportunity to maintain international prominence in a niche market.

##### Evaluative Measures:

- TES/Improved recognition for teaching.
- Develop a tailored *Plastic Surgery* scoring system for TES.
- ‘Points system’ evaluation for clinical expertise added – create new yardsticks & recognize in vision, mission, and values.

##### Facilitate Collaboration

- Collaboration across programs of excellence, medical editor support.



## Appendix Six: What Matters Most (cont.)

### **Educational Excellence**

- Secure funding and support for Program Director.
- Train residents to be leaders: evaluate selection process; evaluate track record, survey recent grads.

### **Perception**

Negative perceptions are undervaluing role of plastic surgery. Goal: alter the media, physician and public perceptions.

Principles: Start local, consider name change (maintain heritage of Plastic surgery), focus on role in reconstruction esp. trauma, oncology, congenital (applies to all ages, all 'parts', all sexes)



Appendix Six: What Matters Most  
(cont.)

**Diagram: Centralization: Divisional Support/Resource for Research**  
*Editorial help/'hub' for: publications, donations for research, visiting professor resource, access to stats, EPI, Research Ethics Board, Grants, website communications*

