**UNIVERSITY OF TORONTO, DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE (DFCM): NEW SITE CHECKLIST**

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**PART 1: AGREEMENT TO ESTABLISH NEW SITE**

**Timeframe**: Approximately 6 to 12 months

Establishment of a new Family Medicine Teaching Unit (FMTU) is initiated when a community hospital and group of family physicians have an interest in the education of Family Medicine residents. An initial meeting is set up to explore alignment of the vision and expectations of the family physicians, hospital and DFCM. Through a series of meetings and correspondence between the hospital and university, the following key items are required in order to agree to establish a new site:

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| □ Viable financial plan. |
| □ Hospital commitment. |
| □ Family physician commitment to teach. |
| □ Medical staff commitment to teach. |
| □ Other health professional commitment to participate. |
| □ Community acceptance. |
| □ Alignment of FMTU model with DFCM requirements, i.e. hospital-based unit  and horizontal Family Medicine experience. |
| □ Family physician participation in:□ Inpatient care. □ Ambulatory care.□ Community-based clinical activities (e.g. palliative care, nursing homes).□ Obstetrics |
| □ Family physician participation in the Family Health Team model. |
| □ Commitment to development of scholarship in Family Medicine. |
| □ University/hospital affiliation agreement[[1]](#footnote-1). |

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**PART 2: DEVELOPMENT OF NEW SITE**

**Timeframe**: Approximately 1.5 to 2 years

Once there is a formal agreement in place, a great deal of effort is required to establish the site before residents arrive, including building the physical space, hiring faculty and staff, and developing an academic program. The following key items are required as part of the development of the new site:

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| □ Identify Academic Lead and administrative support. |
| □ Identify Administrative Lead and administrative support. |
| □ Establish parameters of educational model (e.g. # of residents and clerks). |
| □ Implement functional plan, including recruiting a Site Program Director, faculty and  staff. |
| □ Implement capital/infrastructure plan, including establishing an Electronic Medical  Record. Note: A FMTU should be operational 4-6 months before the first residents  arrive. |
| □ Development of DFCM / FMTU communication mechanism and meeting schedule. |
| □ Development of learning objectives and curriculum (based on existing DFCM  curriculum goals and objectives). |
| □ Development of academic half-day curriculum program. |
| □ Development of rotation schedule. |
| □ Establish evaluation processes. |
| □ Identify/develop library resources. |
| □ Provide Family Medicine faculty development (e.g. Basics Program). |
| □ Provide specialty teacher faculty development (re: Family Medicine, learning objectives, horizontal curriculum, supervision, evaluation). |
| □ Establish local Education Committee and assign academic roles, including a  Professional Development representative responsible for faculty development. |
| □ Establish a conforming practice plan (financial funding model) in keeping with university guidelines and  begin faculty appointment process. |
| □ Identify mentors for Site Program Director, Program Assistant, faculty and residents. |
| □ Attend DFCM Executive and Residency Program Committee meetings. |
| □ Ensure awareness of: resident/hospital contract requirements, and university/faculty policies and procedures. |

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**PART 3: OPERATION OF NEW SITE**

**Timeframe: It will take approximately 4 years for a new site to have a full complement of residents**

In the first 1-2 years of operation, the DFCM’s Postgraduate Expansion Working Group will be closely linked to the new site to assist and monitor as required. The following key items are required:

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| □ DFCM / FMTU communication mechanism and quarterly meeting schedule. |
| □ DFCM / FMTU monitoring mechanism, including:□ Biannual site visits.□ Compliance withnational accreditation requirement (Standards Checklist)*.*□ Resident feedback.□ Faculty feedback.□ Hospital administration feedback. |
| □ Education Committee, which should include resident representatives. |
| □ Teachers’ Committee. (Monthly teachers/preceptors meeting to evaluate residency Family Medicine experience and address other program issues/announcements). |
| □ Mentors for Site Program Director, Program Assistant, faculty and residents. |
| □ Faculty advisors and resident learning plans. |
| □ Learning objectives and curriculum, including specialty rotations. |
| □ Rotation schedule. |
| □ Evaluation processes. |
| □ Family Medicine faculty development. |
| □ Specialist faculty development. |
| □ Faculty evaluation. |
| □ Chief resident; joins Family Medicine Residents’ Association of Toronto. |
| □ Compliance with resident/hospital contract requirements. |
| □ Scholarly activity. |

1. If it is considered by both the University of Toronto and the hospital to be advantageous to pursue a broader and more comprehensive relationship than that represented by a Family Medicine Teaching Unit, a community affiliation agreement can be negotiated by the University of Toronto Vice-Provost, Relations with Health Care Institutions and the senior leadership of the hospital. Note that a FMTU can be developed in the absence of an affiliation agreement. [↑](#footnote-ref-1)