



UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY

March 8, 2023

Prof. Susan McCahan
Vice Provost, Academic Program
University of Toronto

Re: response to 2021-22 External Review of the Faculty of Dentistry

Dear Prof. McCahan,

Thank you for providing the February-March 2022 External Review of the Faculty of Dentistry, its undergraduate program, Doctor of Dental Surgery, DDS, and its graduate programs: Master of Science in Dentistry, MSc (*Fields: Dental Anaesthesia; Dental Biomedical Sciences; Dental Public Health; Endodontics; Oral and Maxillofacial Pathology; Oral and Maxillofacial Pathology and Oral Medicine; Oral and Maxillofacial Radiology; Oral and Maxillofacial Surgery; Oral Medicine; Orthodontics and Dentofacial Orthopedics; Pediatric Dentistry; Periodontics; Prosthodontics*), and Doctor of Philosophy in Dentistry, PhD (*Fields: Dental Anaesthesia; Dental Biomedical Sciences; Dental Public Health; Endodontics; Oral and Maxillofacial Pathology; Oral and Maxillofacial Pathology and Oral Medicine; Oral and Maxillofacial Radiology; Oral and Maxillofacial Surgery; Oral Medicine; Orthodontics and Dentofacial Orthopedics; Pediatric Dentistry; Periodontics; Prosthodontics*).

I wish to thank the external reviewers for taking the time to evaluate our programs and prepare their thoughtful and helpful report, which indicated both our strengths and challenges. The consultative response for the programs under review has been shared with: Prof. Jim Lai, Vice Dean (Education); Prof. Morris Manolson, Interim Vice Dean (Research); Prof. Ernest Lam, Associate Dean (Graduate Education); Prof. Anuradha Prakki, Interim Associate Dean (Undergraduate Education); Prof. James Posluns (Director of Clinical Affairs); Ms. Arleen Morrin, CAO; Ms. Selina Esteves; Director of Advancement; Dr. Christopher Swayze, Director of Continuing Dental Education; Prof. Robert Bonin, Co-Director of the University of Toronto Centre for the Study of Pain; Prof. Rachael Bosma; Co-Director of the University of Toronto Centre for the Study of Pain; Prof. Greg Anderson, Director of Comprehensive Care Program; Dr. Jesse Barker (Graduate and Postgraduate Dental Student Society President) and Mr. David Dunbar (Dental Student Society President).

The major themes identified by the UTQAP reviewers are addressed below. A more detailed response of subthemes may be found in the appended table.

The reviewers emphasized the need for enhanced collaboration and communication across all programs and areas of specialization, to develop or strengthen interdisciplinary connections and better integration between research and clinical sciences.

Communication and collaboration are important. Many specialties depend on collaborations. For example, in our Faculty, graduate specialty students in Periodontics, Prosthodontics, Oral and Maxillofacial Surgery and Endodontics work and train together in one clinic in the placement of dental implants. Oral and Maxillofacial Surgery and Orthodontics have a strong relationship where they treat orthognathic (i.e., jaw) surgery patients together. Oral and Maxillofacial Radiology is an essential component for almost all of the clinical specialties. The clinical conferences are a seminar series where all specialty students present clinical cases. One requirement for the case presentation is that students from different specialty programs team up for the presentation.

The graduate and undergraduate programs are separate, but there are cross-activities – graduate students are assigned to teach in the undergraduate clinics, undergraduate students are assigned to assist and or observe in the graduate clinics.

We believe that research is heavily integrated with graduate clinical specialty program, which require an MSc or PhD thesis, and research projects are available to undergraduate students. Clinical research remains a long-standing challenge.

Program & Dean's Response:

Short to medium term [6 months-2 years]:

The Nusbaum Collaboration Space was opened up to all faculty and graduate specialty students for lunches and as an informal collaboration space.

A new Associate Dean (Graduate Education) will be starting in July 2023. He will be asked to explore new ways to enhance collaboration and communication.

Starting 2023-24, the Associate Dean (Undergraduate Education) will be initiating regular “Teaching Rounds” to bring faculty together to discuss education issues across all courses.

The hiring of a new research coordinator to assist clinical faculty to write and submit grant applications, and if funded, to help faculty coordinate subsequent clinical trials. (done in July 2022)

The Vice Dean (Research) will explore providing seed funding for new research proposals that bring together novel collaborations between clinicians and basic scientists within our Faculty. (in process)

Long term [>3 years]:

The infrastructure plan is to move the graduate clinical specialty programs to the first floor of the Faculty. These clinics would be sub-divided into surgical and non-surgical specialties. This plan would further support inter-specialty collaboration at the clinical level but can only be implemented

following renovation of Clinic 2.

The reviewers noted that while the Dentistry profession has firmly embraced the use of digital technology, there is a conspicuous and concerning lack of integration of digital and other technologies within the Faculty, which could soon jeopardize the competitiveness of its programs and the quality of applicants. They strongly recommended that the development of a digital curriculum be prioritized.

There are many aspects of “digital dentistry” which our students learn and perform at the Faculty clinics. All patient management records are digital. Radiographic imaging has been fully digital in the Faculty since 2015. The graduate clinical specialty programs have made advances in digital technology. All undergraduate students learn how to take digital impressions and fabricate CAD/CAM crowns pre-clinically. Pre-pandemic, digital impressions and CAD/CAM crowns were done in the undergraduate clinics – but they have not resumed post-pandemic due to infrastructure and hardware/software issues. New hardware/software devices have been acquired recently in the specialty programs and new hardware/software devices are needed for the undergraduate program. There are inherent challenges with the implementation of digital dentistry into the clinical curriculum, including:

- Privacy and security of patient records.
- Integration with the current digital Clinic Management System (axiUm).
- IT support, software licenses, storage capacity.
- Cost and maintenance of devices and software.

Program & Dean’s Response:

Short to medium term [6 months-1 year]:

We will continue with the implementation of recently acquired digital dentistry devices by Graduate Specialty Program Directors. Orthodontics has recently acquired new oral scanners for use in their program. Periodontics is currently implementing a digital support lab with a scanner and 3D printer to support treatment planning for dental implants. Oral and Maxillofacial Surgery is similarly increasing their use of digital dentistry. Prosthodontics is coordinating with Restorative Dentistry to identify their specific hardware and software needs for digital dentistry.

For the undergraduate program, implementation for digital dentistry ideally should begin at the pre-clinical level (to learn it) and progress to the clinics (to use it). During the current simulation lab renovation, we have arranged for the pre-clinical students to learn how to take digital impressions and fabricate CAD/CAM crowns off-site. Course Directors will conduct research work regarding Usage and Needs Assessment of Digital Dentistry for Dental Education and for Clinical Care, and identify the new specific hardware and software needs for digital dentistry.

Medium to long term [1-3 years]:

The current simulation lab renovation (completion – January 2024) has a digital lab ‘roughed in’

ready for installation of the new specific hardware and software, once they are identified.

The reviewers noted *“Unfortunately, [the 2016-17 UTQAP review, the recent review of clinical operations, and the 2021 Dentistry Advisory Group report] pointed to issues with the clinical administration responsibilities, faculty calibration, patient-centered care, clinical facility condition and a culture of “top down” communication that required remediation. There has been minimal progress on many these issues. This requires immediate attention despite the financial difficulties being experienced by the school.”*

The May 2021 Advisory Report was tasked to consider how dental education could be re-envisioned to accomplish financial sustainability while still achieving its core missions. It suggested a number of initiatives that will help guide the Faculty for the long-term.

As a first step follow-up to the Report, an in-person full-day retreat (CCP Roundtable Day), which included faculty, staff, and student stakeholders, was held on May 13, 2022 to address the Report’s clinical recommendations and the patient-centered model of dental education to: i) improve student learning and to ii) enhance patient experience and a higher level of quality and timeliness of care.

Calibration and consistency in preclinical and clinical grading are challenged by the number of instructors involved and by the many variables that exist, particularly in the clinical setting. Rubrics are developed to guide clinical grading for each clinical discipline. We recognize that there will always be variability in grading among instructors. This is mitigated by having each student exposed to many instructors and by having grading done on a daily basis.

To address the culture of “top down”, the May 2021 Advisory Report recommended a Clinic Office reorganization.

Program & Dean’s Response:

Short to medium term [6 months-1 year]:

The CCP Roundtable Day addressed the patient care and student experiential learning issues identified in the 2021 Advisory Report provided a CCP Roundtable report, including action items, which is now posted at [CCP Roundtable Report.pdf \(utoronto.ca\)](#). The Faculty does use a patient-centered care model but also focuses on the academic needs of the student as well by having minimum core experience requirements. The CCP Roundtable Report determined that “in those areas in which competence is expected, a minimum number of core experiences should be established.” Therefore, no changes were made with regard to the need for minimum core experiences. However, the Faculty has implemented a Group Leader model to address the distribution of core experiences among the students this year and increased cross-training of instructors (“Presto instructors”) for more integrated and timely clinical instruction. The Faculty has also responded to the “Number one” recommendation from the CCP Roundtable Report that related to “Streamline Patient Intake” by increasing the number of treatment plan coordinators. The Director of Comprehensive Care has hired 8 new treatment plan coordinators (previously there were 11 total).

In Fall 2022, the Clinic Office completed its clinical administration reorganization process. A new Associate Director of Clinical Affairs was hired and there was a restructure from 11 Team Leaders and 2 Managers to 2 Team Leaders, 5 Managers.

The Faculty Development Committee will offer courses to preclinical and clinical Course Directors (e.g., Microcredentials course) and through an annual Education Day to improve assessment and calibration methods.

Medium term [1-2 years]:

The Director of Comprehensive Care will assess the effects of implemented changes stemming from the CCP Roundtable Day on student, instructor and patient experience.

The Director of Clinical Affairs, after divesting many of the responsibilities for clinical operations and administration to the new Associate Director of Clinical Affairs, will have more time to focus on student, instructor and patient experience issues and implement changes.

The reviewers observed that the Faculty has further progress to make on goals related to Equity, Diversity and Inclusion. They recommended the articulation of clear, strategic and measurable EDI goals and the development of an action plan “to really implement the principles in the Faculty culture.” They also made specific recommendations around providing cultural competency and unconscious bias training to students in the undergraduate, graduate, and post-graduate programs.

An EDI Working Group was first established in 2016, and their work is still ongoing. The Faculty participated in the ADEA (American Dental Education Association) Climate Survey, to study the personal environment and issues of EDI from all dental schools in the U.S. and Canada). Our Associate Dean (Undergraduate Education) was the Faculty’s representative on the CDECA (Collaborative on Dental Education Climate Assessment) working group. The survey provided valuable dental-school-specific data perceptions of belongingness and welcomeness; perceptions regarding campus practices and policies that support and/or hinder equity; inclusive campus culture; and cultural competence of students, faculty, and staff. The survey data was presented to Faculty Council in January 2023. The survey’s results can guide and focus our efforts on EDI so that we can develop a meaningful strategy.

Program & Dean’s Response:

Short to medium term [6 months-1 year]:

The Faculty of Dentistry EDI working group developed the Statement on Equity, Diversity and Excellence and developed 5 strategies around EDI. These are posted on our website [2022 Faculty Dentistry EDI Recommendations.pdf \(utoronto.ca\)](https://www.utoronto.ca/faculty-dentistry/edi-recommendations).

The EDI Working Group will continue to review the ADEA Climate Survey Results for our Faculty.

Some EDI initiatives were introduced this academic year.

1. Introduced EDI component to an Ethics course for undergraduate students.
2. Partnered with Ross Memorial Hospital (Kawartha Lakes) and Lindsay Collegiate Vocational Institute (LCVI) to highlight students from rural areas about different health science career paths. The LCVI students received a tour at the Faculty of Dentistry and then were required to complete a case study and presentation.
3. Engaged with community partners where the Vice-Dean met with the Alpha Omega Advocacy committee to discuss about anti-Semitism.
4. Actively participate in the TAHSN Self-Identification and Anti-Racism Education survey.

Medium term [1-2 years]:

The EDI working group will continue to work on the 5 strategies around EDI, which are:

1. Ask Undergraduate Education Committee to start to consider the formal training of cultural competency for DDS curriculum.
2. Encourage managers and staff to continue with EDI training as offered by U of T.
3. Discuss with the Manager of Communications about a “calendar” to promote cultural events.
4. Expand the concept of “blah” buster to celebrate different ethnicity and culture.
5. Promote the activities of the current EDI student club.

The reviewers highlighted significant budgetary challenges facing the Faculty of Dentistry, particularly in the COVID-19 context, with notable impacts on academic activities and clinic operations. They encouraged Dentistry to work with the University as appropriate to develop strategies to strengthen the Faculty’s financial stability, noting a number of potential opportunities for new or alternative revenue generation in both continuing education and degree program activities.

Over the past few years, the administrative units have been carefully reviewed and reorganized in terms of staffing, including the clinic reorganization, implemented in September 2022. While the administrative staff numbers in the clinics have been reduced, they are primarily offset by staffing in the MDR (medical devices reprocessing). Academic clinical activities have been changed to now include 3 shifts instead of 2 shifts on Tuesdays and Thursdays. As well, students have been paired primarily for pedagogical/mentorship reasons, but also to improve clinical efficiency during patient treatment appointments.

The new 41-chair “Satellite” clinic at 777 Bay Street was built to meet clinic requirements imposed during the pandemic. The “Satellite” clinic further allows us to use Clinic 2 as staging space while Lab 4 is being renovated. However, the “Satellite” clinic does add costs to the Faculty’s operations budget. The goal is to return the main undergraduate clinical space to 124 Edward St. In order to do this, Clinic 2 needs to be completely renovated.

I would like to mention that after undergoing this 2021-22 External Review, a new federal dental care plan was announced. The Faculty recognizes that the Canada Dental Benefits program, when it is fully implemented, may have potential benefits as well as unintended consequences for the Faculty. The Deans and the Association of Canadian Faculties of Dentistry recently have held several communications with government relations and the federal health ministry to discuss this.

Program & Dean's Response:

Short to medium term [6 months-1 year]:

The CAO will explore possibilities for savings with the new Associate Director of Clinical Affairs.

The Director of Comprehensive Care and Director of Clinical Affairs will assess the financial implications of the new clinic scheduling and student pairing.

The Faculty worked with the University and recently achieved a positive step towards improved revenues by obtaining approval for charging Category 5, Category 6 and Schedule A ancillary fees, starting the coming fiscal year.

Advocacy: We are highlighting our position and ability to provide oral health care to those who have difficulty accessing dental care, and advocated to the federal Minister of Health for the following in conjunction with their implementation of the Canada Dental Benefit plan:

1. Free dental care in dental schools and in dental school community clinics, to prevent the aforementioned unintended consequence – this would be for all patients, whether they qualify for the national program or not.
2. Expansion in personnel – professors and support staff, including coordination of these activities.
3. Expansion in trainees – residents need to be paid.
4. Expansion of facilities – including materials, equipment, and clinic facilities.

Additionally, to expand our role as community health care providers, we submitted, “*Proposal for funding for the Faculty of Dentistry to provide comprehensive therapeutic and preventive dental care to refugees*” but have not received a response.

Short to long term [6 months-3 years]:

The Advancement team seeks to raise \$30M or more to support our school through fund support, naming of spaces, gifts in kind, etc. A main campaign priority is infrastructure, notably, the Clinic 2 renovations.

The February-March 2022 External Review of the Faculty of Dentistry generated a number of recommendations that will help strengthen the Faculty of Dentistry

To facilitate monitoring the implementation of the recommendations, an UTQAP progress committee will be set up. The composition of this committee will be: the Dean, Prof. Jim Lai, Vice

Dean (Education); Prof. Morris Manolson, Interim Vice Dean (Research); our incoming Associate Dean (Graduate Education); Prof. Anuradha Prakki, Interim Associate Dean (Undergraduate Education); and Ms. Arleen Morrin, CAO; and committee meetings will be scheduled at 6-12 month intervals. I acknowledge your request for an interim report in 2025.

I will be joined by Prof. Jim Lai, Vice Dean (Education); Prof. Morris Manolson, Interim Vice Dean (Research); Prof. Ernest Lam, Associate Dean (Graduate Education); Prof. Anuradha Prakki, Interim Associate Dean (Undergraduate Education); and Ms. Arleen Morrin, CAO for the April 13, 2023 AP&P meeting in which the review of the Faculty of Dentistry will be considered.

Yours sincerely,

A handwritten signature in cursive script that reads "Laura E. Tam".

Laura E. Tam, DDS, MSc
Professor and Interim Dean
Arthur Zwingenberger Decanal Chair

2021-22 UTQAP Review of the Faculty of Dentistry - Review Recommendations

Please do the following for each recommendation in the table:

- If you **intend** to act on a recommendation, please provide an **Implementation Plan** identifying actions to be taken, the time frame (short, medium, long term) for each, and who will take the lead in each area. If appropriate, please identify any necessary changes in organization, policy or governance; and any resources, financial and otherwise, that will be provided, and who will provide them.
- If you **do not** intend to act on a recommendation, please briefly explain why the actions recommended have not been prioritized.
- In accordance with the UTQAP and Ontario's Quality Assurance Framework, "it is important to note that, while the external reviewers' report may include **commentary** on issues such as faculty complement and/or space requirements when related to the quality of the program under review, **recommendations** on these or any other elements that are within the purview of the university's internal budgetary decision-making processes must be tied directly to issues of program quality or sustainability" (emphasis added)
- You may wish to refer to the [sample table](#) provided by the Office of the Vice-Provost, Academic Programs

Request Prompt <i>verbatim from the request</i>	Rec. #	Recommendations from Review Report <i>verbatim from the review report</i>	Program Response	Program and Dean's Response and Implementation Plan
<p>The reviewers generally observed that interaction between the Faculty's various offerings is very limited. They emphasized the need for enhanced collaboration and communication across all programs and areas of specialization, to develop or strengthen interdisciplinary connections and better support curricular innovation.</p>	1	<p>"Very minimal interaction between programs. Need to develop interdisciplinary work to enrich each program."</p>	<p>Communication and collaboration are important. Many specialties depend on collaborations. For example, graduate specialty students in Periodontics, Prosthodontics, Oral and Maxillofacial Surgery and Endodontics work and train together in one clinic in the placement of dental implants. Oral and Maxillofacial Surgery and Orthodontics have a strong relationship where they treat orthognathic (i.e., jaw) surgery patients together. Oral and Maxillofacial Radiology is an essential component for almost all of the clinical specialties and therefore interwoven throughout the programs. The clinical conferences are a seminar series where all clinical specialty students present clinical cases. One requirement for the case presentation is that students from different specialty programs team up for the presentation.</p>	<p>Short to medium term [6 months-2 years]: The Nusbaum Collaboration Space was opened up to all faculty and graduate specialty students for lunches and as an informal collaboration space.</p> <p>A new Associate Dean (Graduate Education) will be starting in July 2023. He will be asked to explore new ways to enhance collaboration and communication.</p> <p>Starting 2023-24, Associate Dean (Undergraduate Education) will be initiating monthly or bimonthly "Teaching Rounds" to bring faculty together to discuss education issues across all courses.</p> <p>Continue with clinical conferences for all clinical specialty students.</p> <p>Long term [>3 years]: The infrastructure plan is to move the graduate clinical specialty programs to the first floor of the Faculty. These clinics would be sub-divided into surgical and non-surgical specialties. This plan would further support inter-specialty collaboration at the clinical level but can only be implemented following renovation of Clinic 2.</p> <p>Leads:</p>

				Dean, CAO, Vice Dean (Education), Associate Deans (Graduate and Undergraduate Education), Director of Clinical Affairs, Director of Advancement
2	“Better integration between research and undergraduate/graduate programs is needed.”	<p>We believe that research is heavily integrated with graduate clinical specialty program, which require an MSc or PhD thesis, and research projects are available to undergraduate students.</p> <p>Graduate students enrolled in clinical specialty programs must complete a mandatory doctoral stream Master's of Science degree, and therefore, all of our 80 (approx.) specialty students are engaged in research throughout their multi-year programs.</p> <p>The DDS program has a robust summer student program that is heavily subscribed to by our DDS students but it is not mandatory for the DDS program. 18 undergraduate students presented in our 2023 Faculty Research Day – an excellent number considering recent pandemic restrictions.</p> <p>Clinical research remains a long- standing challenge.</p>	<p>Short term [6 months]: Hire a new research coordinator to assist clinical faculty to write and submit grant applications, and if funded, to help faculty coordinate subsequent clinical trials. (done in July 2022)</p> <p>Vice Dean (Research) will explore providing seed funding for new research proposals that bring together novel collaborations between clinicians and basic scientists within our Faculty. (in process)</p> <p>Leads: Vice Dean (Research)</p>	
3	“We suggest one QI [Quality Improvement] committee for both DDS and postgraduate programs to encourage learning from each other and across systems.”	<p>The graduate and undergraduate programs on their own are large enough to require separate committees – the Undergraduate Education Committee and the Graduate Education Committee – to oversee separate program curricula and issues. In addition to the Graduate Education Committee, there is an ad hoc committee of the Graduate Specialty Program Directors who meet 4 times during the academic year to speak about issues that may arise and to share best practices.</p> <p>Indeed, the graduate and undergraduate programs are separate, but there are cross-activities to encourage learning from each other and across systems – graduate students are assigned to teach in the undergraduate clinics, undergraduate students are assigned to assist and or observe in the graduate clinics.</p>	<p>Short [6 months-1 year]: Starting 2023-24, Associate Dean (Undergraduate Education) will be initiating regular “Teaching Rounds” to bring all faculty together to discuss education issues across all courses.</p> <p>The Associate Deans (Undergraduate) and Associate Dean (Graduate). Associate Deans shall continue to meet regularly in biweekly Associate Deans/Vice Deans meetings, and the Vice Dean (Education) shall continue to oversee both graduate and undergraduate education.</p> <p>The Faculty Development Committee develops educational courses for faculty and shall continue to host an annual Education Day for all faculty to encourage learning from each other and across systems.</p> <p>Leads: Vice Dean (Education), Associate Deans (Graduate and Undergraduate Education), Faculty Development Committee</p>	

<p>The reviewers noted that while the Dentistry profession has firmly embraced the use of digital technology, there is a conspicuous and concerning lack of integration of digital and other technologies within the Faculty, which could soon jeopardize the competitiveness of its programs and the quality of applicants. They strongly recommended that the development of a digital curriculum be prioritized.</p>	<p>4</p>	<p>“Most US programs are significantly more advanced than the U of T program at both the DDS and graduate level. The deficit in clinical digital education was part of the first recommendation made in the 2017 review and seems unimplemented.”</p>	<p>There are many aspects of “digital dentistry” which our students learn and perform at the Faculty clinics. All patient management records are digital. Radiographic imaging has been fully digital in the Faculty since 2015. The graduate clinical specialty programs have made advances in digital technology. All undergraduate students learn how to take digital impressions and fabricate CAD/CAM crowns pre-clinically. Pre-pandemic, digital impressions and CAD/ CAM crowns were done in the undergraduate clinics – but they have not resumed post-pandemic due to infrastructure and hardware/software issues. New hardware/software devices have been acquired recently in the specialty programs and new hardware/software devices are needed for the undergraduate program.</p> <p>In 2021, a working group for digital dentistry was established. The working group’s recommendations were:</p> <ul style="list-style-type: none"> • Because digital dentistry is resource intensive, need to make decision based on <i>evidence</i> and understand the <i>current</i> and <i>future potential</i> of digital dentistry. • Need to identify aspects of digital dentistry that will have a <i>meaningful, profound impact</i> on dental education and clinical care. • Avoid <i>short-lived trends/fads</i>. • A Digital Dentistry Framework was established. <p>There are inherent challenges with the implementation of digital dentistry into the clinical curriculum, including:</p> <ul style="list-style-type: none"> • Privacy and security of patient records. • Integration with the Clinic Management System (axiUm). • IT support, software licenses, storage capacity. • Cost and maintenance of devices and software 	<p>Short to medium term [6 months-1 year]: We will continue with the implementation of recently acquired digital dentistry devices by Graduate Specialty Program Directors. Orthodontics has recently acquired new oral scanners for use in their program. Periodontics is currently implementing a digital support lab with a scanner and 3D printer to support treatment planning for dental implants. Oral and Maxillofacial Surgery is similarly increasing their use of digital dentistry. Prosthodontics is coordinating with Restorative Dentistry to and identify their specific hardware and software needs for digital dentistry.</p> <p>For the undergraduate program, implementation for digital dentistry ideally should begin at the pre-clinical level (to learn it) and progress to the clinics (to use it). During the current simulation lab renovation, we have arranged for the pre-clinical students to learn how to take digital impressions and fabricate CAD/CAM crowns off-site. Course Directors will conduct research work regarding Usage and Needs Assessment of Digital Dentistry for Dental Education and for Clinical Care, and identify the new specific hardware and software needs for digital dentistry.</p> <p>Medium to long term [1-3 years]: The current simulation lab renovation (completion – January 2024) has a digital lab ‘roughed in’ ready for installation of the new specific hardware and software, once they are identified.</p> <p>Leads: Vice Dean (Education), Director of Clinical Affairs, Graduate Specialty Program Directors, Course Directors</p>
	<p>5</p>	<p>“The pool of applicants is outstanding as are the admitted students. However, if digital dentistry does not get implemented soon this may change rapidly.”</p>	<p>We do not believe that there is a significant relationship between digital dentistry and quality of the applicants. Infrastructure and recruitment of quality faculty members are more impactful to the admission applicant pool.</p> <p>Applicant numbers to the DDS program have remained fairly constant, and this year, there was a significant increase in the number of applicants.</p>	
	<p>6</p>	<p>“The postgraduate is just as the DDS program sorely in need of a digital dentistry components (CADCAM, oral scanners, etc.) <i>now</i>,</p>	<p>The graduate clinical specialty programs have made advances in digital technology. Orthodontics has two scanners for use in their program. Periodontics is currently implementing a digital support lab with a scanner and 3D printer to support treatment planning for dental</p>	

		as the dental profession has firmly embraced the use of digital technology.”	implants. Oral and Maxillofacial Surgery is similarly increasing their use of digital dentistry. Oral and Maxillofacial Radiology has been fully digital since 2015.	
	7	“The endodontic program...may be suffering from a lack of patients, for which digital dentistry could be part of a solution.”	<p>We do not believe digital dentistry affects patient flow in Endodontics. Graduate Endodontics already makes use of fully integrated digital radiography units at every chair.</p> <p>Graduate student feedback indicates that the program could benefit from an increased number of patients requiring retreatment and surgical treatments. It is thought that most patients who require these treatments reject their plans because of the fee, not due to technology. Also, once initial endodontic treatment is completed and the patient is free of pain, the incentive to return to complete the endodontic treatment disappears.</p>	<p>Short term [6 months]: In December of 2022, the Faculty entered into an agreement with the City of Toronto’s Public Health to facilitate the referral of patients requiring specialty services that includes endodontics, oral and maxillofacial surgery and dental anesthesia (January 2023). As of the end of January 2023, 26 new patients had been referred to the Faculty, including graduate Endodontics, for a total of 33 billed procedures. We will continue with the successful referral program that was set up this year with Toronto Public Health for endodontic patients.</p> <p>Short to medium term [6 months-2 years]: The federal government’s Canada Dental Benefit program, when fully launched, may help patients pay for more expensive treatments such as endodontics. The Clinic Office will assess the effect of the Canada Dental Benefit program, when fully launched on endodontic patient supply.</p> <p>We will explore sending endodontic residents to CAMH to treat endodontic patients.</p> <p>Leads: Director of Clinical Affairs, Endodontics Graduate Specialty Program Director</p>
The reviewers recommended that the Faculty develop a strategic vision for the undergraduate programs that emphasizes excellence in education, in addition to meeting accreditation requirements. They suggested that the role and leadership of the Undergraduate Education Committee be reinforced and urged the Faculty to create additional opportunities to collaboratively discuss curriculum matters to “foster a culture of excellence and cohesion in curriculum.”	8	“Role and leadership of the UGED committee needs to be reinforced; develop a program vision for excellence in education (not just requirements to graduate dentists); Create occasions (structured platform) to share curriculum issues to foster a culture of excellence and cohesion in curriculum.”	<p>The roles of the Undergraduate Education Committee (UGED) include:</p> <ul style="list-style-type: none"> • To assure the quality and standards of the Faculty’s undergraduate dental programs. • To monitor and integrate the curriculum. • To seek out and consider educational innovations taking place in other dental and health science institutions. • To foster the development and application of innovative education methods in the undergraduate dental programs, including appropriate faculty training. <p>The Vice and Associate Deans (Education), UGED and the Faculty Development Committee present:</p>	<p>Short to medium term [6 months-2 years]: Associate Dean (Undergraduate Education) will implement regular meetings (“Teaching Rounds”) with all undergraduate Course Directors with the following objectives:</p> <ol style="list-style-type: none"> 1. Diagnose Course Directors’ teaching needs and curriculum issues. 2. Develop a shared vision of high-quality teaching. 3. Foster a collaborative conversation and culture that will support teaching efforts at UofT Dentistry. 4. Improve integration of different disciplines.

	9	<p>“...the curriculum committee (UGED Committee) is urged to create a vision of excellence for the curriculum and enforce their role and provide leadership as the overseeing body of curriculum implementation. It is essential that they step up as the facilitating and connecting body between the relevant divisional heads to create clarity and unity.”</p>	<ul style="list-style-type: none"> • Education Day annually for all faculty. • DEN Online – A Quercus course shell to disseminate education initiatives and content to Course Directors • Microcredential courses for all faculty 	<p>The Vice and Associate Deans (Education), UGED and the Faculty Development Committee shall continue to present:</p> <ul style="list-style-type: none"> • Education Day annually for all faculty. • DEN Online – A Quercus course shell to disseminate education initiatives and content to Course Directors • Microcredential courses for all faculty <p>Leads: Associate Dean (Undergraduate Education), Vice Dean (Education)</p>
	10	<p>“The curriculum reflected in the current state of the DDS programs reveals maldistribution of clinical experiences and a paucity of cultural competency training; students have difficulties completing a comprehensive treatment plan and they receive no training in the newest technologies. The curriculum is sorely in need of a digital dentistry component (CAD/CAM, oral scanners, etc.) <i>now</i>, as the profession has firmly embraced the use of digital technology. The DDS program suffers from a chronic shortage of endodontic patients, which in part can be addressed through creative digital dentistry approaches such as Simodont. Cultural competency is also not embedded in the current curriculum.”</p>	<p>Maldistribution of clinical experiences is a long-standing concern by students even though students are taught to focus on patient-centered care, not student-centered care, which counts the number of procedures obtainable from each patient.</p> <p>Student requirement systems based on discipline-specific procedures rather than overall patient treatment do not provide the best approach to student learning, nor are they in the best interest of the patient. However, minimum clinical experience criteria are useful to assess competency. At the May 2022 Comprehensive Care Program (CCP) Roundtable Day, which included faculty, student, and staff stakeholders to address the patient care and student experiential learning issues identified in the 2021 Advisory Report, there was the unanimous decision that at least some minimum number of core experiences must still be required.</p> <p>Clinical progress meetings are held throughout the year to assess the clinical experiences achieved by each DDS3 and DDS4 student. Individual Course Directors will also monitor student clinical progress. When there is a shortage of specific clinical experiences identified (e.g., endodontic procedures), the Course Director may recommend an option to share patients or a simulator procedure.</p> <p>It is difficult for a novice learner to synthesize discipline-specific teaching and incorporate patient needs into a comprehensive treatment plan. The Comprehensive Care Program was introduced with a main goal for students to learn and gain experience in creating treatment plans for all of their patients. Treatment Coordinators work hard with students and patients to develop a wide range of treatment plans. When there are challenges, Coordinators and/or students frequently meet with the Comprehensive Care Program Director who will often attend the clinic</p>	<p>Short term [6 months]: This academic year, we implemented a Group Leader model to address the distribution of core experiences among the students this year. Initial student feedback regarding the Group Leader model has been favourable (Staff Student Relations meeting, February 17, 2023).</p> <p>This academic year, The Director of Comprehensive Care has hired 8 new treatment plan coordinators (in the previous year, there were 11 total) to facilitate treatment planning in the clinics.</p> <p>We will continue with the successful referral program that was set up this year with Toronto Public Health for endodontic patients.</p> <p>Short to medium term [6 months-2 years]: The federal government’s Canada Dental Benefit program, when fully launched, may help patients pay for the more expensive dental treatments such as endodontics. The Clinic Office will assess the effect of the Canada Dental Benefit program, when fully launched on clinical experiences.</p> <p>Director of Comprehensive Care will assess effects of the implemented Group Leader model on distribution of clinical experiences.</p> <p>Leads: Director of Comprehensive Care, Director of Clinical Affairs</p>

			to ensure resolution of any problems as well as to facilitate student learning. Regarding “Cultural competency”, see #34.	
	11	“The DDS program has access to an outstanding research structure and faculty that will ensure the intellectual quality of the student experience. However, a structured program will facilitate the integration of more DDS students into the labs as part of their research curriculum.”	We have a very well structured and strong summer research program, dedicated to our undergraduate students. These students get exposed to cutting edge research in our school, collaborate with graduate students, and in many cases become authors or co-authors in scientific publications. 18 undergraduate students presented in our 2023 Faculty Research Day – an excellent number considering recent pandemic restrictions.	Short term [6 months]: We will continue with the resumption of the summer research program, which was suspended during the pandemic, for undergraduate DDS students. Leads: Vice Dean (Research)
	12	“A Quality Improvement committee is not in place and can greatly help with closing the loop on patient errors, quality assurance, etc.”	Quality audits take place in the form of: <ul style="list-style-type: none"> • Chart audits – Currently, regular (3 times a year) chart audits focus on patient attendance, completion of ongoing procedures, accounts, approvals and communication with patients. Assessments are graded using a standard rubric and scores contribute to a student’s grade in Practice Administration. • Clinical Progress meetings – these occur for each third- and fourth-year student several times a year – the objectives of these meetings, held with the Director of Comprehensive Care and all Clinical Course Directors, are to discuss clinical experiences provided to each student and to identify and discuss significant quality issues for each student. • There is also a quality assurance program for certain procedures that require the dental lab in order to ensure that clinical work has been of acceptable quality. All crown and bridge cases are checked by clinical faculty to ensure quality before the lab and students are allowed to proceed with the case. 	Short term [6 months]: Since the successful hire of an Associate Director of Clinical Operations (September 2022), the chart audit process should be more closely managed. The Director of Comprehensive Care will continue with Clinical Progress Meetings to discuss clinical experiences provided to each student and to identify and discuss significant quality issues for each student. This academic year, we employed clinic “Group Leaders” to provide closer monitoring of student clinical experiences and progress. Medium term [1-2 years]: Director of Comprehensive Care will assess effects of the implemented Group Leader model on student clinical experiences and progress. Leads: Director of Comprehensive Care, Director of Clinical Affairs
The reviewers noted significant opportunities to strengthen collaboration between graduate programs, “both in shared didactic courses and in clinical facilities.” They emphasized the importance of a shared	13	“There is significant opportunity for real collaboration between graduate programs, both in shared didactic courses and in clinical facilities. We suggest that the design of graduate program	See #1	See #1

<p>core curriculum and interdisciplinary treatment sessions.</p>		<p>facilities be re-thought as the school redesigns the clinical facility. The potential for all the specialties to practice collaboratively will improve patient centered outcomes and inter-collaborative practice. There is a need for a shared core curriculum and interdisciplinary treatment sessions. As currently designed each program seems independent.”</p>		
<p>The reviewers noted concerns around student experience in the clinical post-graduate programs, and proposed a number of ideas related to enhancing interdisciplinary planning and developing systems to monitor program quality.</p>	14	<p>“The school offers all 10 dental specialties. There is very minimal interaction between these graduate programs and there is a need to develop interdisciplinary work to enrich each program.”</p>		
<p>The reviewers noted concerns around student experience in the clinical post-graduate programs, and proposed a number of ideas related to enhancing interdisciplinary planning and developing systems to monitor program quality.</p>	15	<p>“Clinical postgraduate students do not feel they have a good educational experience. They do not believe they are receiving “value”. Issues include lack of interdisciplinary planning, no true time off, not enough patients for endodontics program, students feeling lost, and the prosthodontics program students do not get to treat patients from beginning to end (they only have transfer patients).”</p>	<p>The Graduate Education Committee recently (Fall 2022) received the results of the graduate student exit questionnaires that were collected from 2017-18 to 2021-22. The Graduate Department received 129 responses, which represented an 85% response rate. This is the first time that the Faculty has surveyed graduate students regarding their experiences. The survey results have been presented to Faculty Council and Graduate Specialty Program Directors now have formal evaluation data to help improve student experiences.</p> <p>SGS introduced a policy allowing students in a program that is 12 months or more in length, to take up to 15 days off each academic year.</p>	<p>Short term [6 months]: The 2022 SGS policy allowing students in a program that is 12 months or more in length, to take up to 15 days off each academic year was communicated to and adopted by the Faculty.</p> <p>Short to medium term [6 months-1 year]: Graduate Education Committee and Graduate Specialty Program Directors reviews the student exit questionnaires and develops strategies on how to improve student experiences.</p> <p>Leads: Associate Dean (Graduate Education), Specialty Program Directors</p>
<p>The reviewers repeatedly underscored the significant societal value of the Faculty’s clinical operations, which are integral to the Dentistry undergraduate and graduate programs. They made a number of observations and suggestions related to enhancing clinical activities, and strengthening the profile and reach of the clinic:</p>	16	<p>“Unfortunately, [the 2016-17 UTQAP review, the recent review of clinical operations, and the 2021 Dentistry Advisory Group report] pointed to issues with the clinical administration responsibilities, faculty calibration, patient-centered care, clinical facility condition and a culture of “top down” communication that required remediation. There has been</p>	<p>The May 2021 Advisory Report was tasked to consider how dental education could be re-envisioned to accomplish financial sustainability while still achieving its core missions. It suggested a number of initiatives that will help guide the Faculty for the long-term.</p> <p>As a first step follow-up to the Report, an in-person full-day retreat (CCP Roundtable Day), which included faculty, staff and student stakeholders, was held on May 13, 2022 addressing the Report’s clinical recommendations and the patient-centered model of dental education</p>	<p>Short term [6 months]: Following the CCP Roundtable Day, the Faculty implemented a Group Leader model to provide closer monitoring of student clinical experiences and progress and increased cross-training of instructors (“Presto instructors”) for more integrated and timely clinical instruction. The Faculty also responded to the “Number one” recommendation from the CCP Roundtable Report that related to “Streamline Patient Intake” by increasing the number of treatment plan coordinators. The</p>

<ul style="list-style-type: none"> Reinforcing the importance of the clinic and its positive impact on the populations it serves, by transitioning from a student-centred model to one that is patient-centred. Such a shift would also benefit student learners, by developing skills in providing patient-centred care for future professional practice. Strengthening alignment between clinical operations and education (for example, by coordinating the redesign of clinical facilities with a rethinking of graduate program facilities). Developing a strategic vision for clinical research that leverages the clinic's activities to support and enhance the Faculty's research enterprise. The reviewers also suggested that the possibility of a dedicated space for clinical research be considered. Enhancing the structure and consistency of clinical evaluation practices. Exploring strategies to broadly promote the value of the clinic to the University, the government, and general population. 		<p>minimal progress on many these issues. This requires immediate attention despite the financial difficulties being experienced by the school.</p>	<p>to: i) improve student learning and to ii) enhance patient experience and a higher level of quality and timeliness of care. The CCP Roundtable report, including action items, is now posted at CCP Roundtable Report.pdf (utoronto.ca).</p> <p>The Faculty does use a patient-centered care model but also focuses on the academic needs of the student as well by having minimum core experience requirements.</p> <p>Calibration and consistency in preclinical and clinical grading are challenged by the number of instructors involved and by the many variables that exist, particularly in the clinical setting. Rubrics are developed to guide clinical grading for each clinical discipline. We recognize that there will always be variability in grading among instructors. This is mitigated by having each student exposed to many instructors and by having grading done on a daily basis.</p> <p>To address the culture of "top down", the May 2021 Advisory Report recommended a Clinic Office reorganization.</p>	<p>Director of Comprehensive Care has hired 8 new treatment plan coordinators (previously there were 11 total).</p> <p>In Fall 2022, the Clinic Office completed its clinical administration reorganization process. A new Associate Director of Clinical Affairs was hired and there was a restructure from 11 Team Leaders and 2 Managers to 2 Team Leaders, 5 Managers.</p> <p>Medium term [1-2 years]: Director of Comprehensive Care will assess effects of the implemented Group Leader model on patient-centered care.</p> <p>The Faculty Development Committee will offer courses to preclinical and clinical Course Directors (e.g., Microcredential course) and through an annual Education Day to improve assessment and calibration methods.</p> <p>Leads: CAO, Director of Clinical Affairs, Associate Director of Clinical Operations, Faculty Development Committee</p>
	17	<p>"Clinical care is student centered and should be moved to a patient centered model. Need to have better alignment between good operations and good education. The Director of Clinics has an overwhelming task and will need to be supported more to conduct this."</p>	<p>The recent successful recruitment of an Associate Director of Clinical Operations during the recent Clinic Office reorganization will enable the Director of Clinical Affairs to divest many clinic operations management duties and focus on clinic-related educational needs.</p> <p>The Director of Clinical Affairs shares responsibility for overall patient care with the Director of Comprehensive Care. As stated previously (#10), students are taught to focus on patient-centered care, not student-centered care, which counts the number of procedures obtainable from each patient. Student requirement systems based on discipline-specific procedures rather than overall patient treatment do not provide the best approach to student learning, nor are they in the best interest of the patient. However, minimum clinical experience criteria are useful to assess competency. At the May 2022 CCP Roundtable, which included faculty, student, and staff stakeholders, the unanimous decision was that at least some minimum number of core experiences must still be required.</p>	<p>Short term [6 months]: The Director of Clinical Affairs, after divesting many of the responsibilities for clinical operations and administration to the new Associate Director of Clinical Affairs, will have more time to focus on student, instructor and patient experience issues and implement changes.</p> <p>CCP continues with its objective for patient-centered care in its clinics. The employment of more Treatment plan coordinators and Group leaders should facilitate and enhance delivery of the patient-centered care model.</p> <p>Medium term [1-2 years]: Director of Comprehensive Care will assess effects of the implemented Group Leader model on patient-centered care.</p> <p>Leads: Director of Clinical Affairs, Associate Director of Clinical Operations, Director of Comprehensive Care</p>
	18	<p>"Every program functions with slight isolation from the other and</p>	<p>The Faculty functions on a comprehensive care model which is patient-centred. Currently, Clinical Coordinators act to ensure that patient care</p>	<p>Short term [6 months]:</p>

		there is an opportunity... to make this a more patient-centered model of clinical care.”	follows a comprehensive model that ensures the fundamentals of treatment planning are applied in an appropriate manner. However, discipline-specific treatment is generally supervised by discipline-specific instructors.	Following the CCP Roundtable Day, the Faculty increased cross-training of instructors (“Presto instructors”) for more integrated and timely clinical instruction. Medium term [1-2 years]: Director of Comprehensive Care will assess effects of “Presto” instructors on student, instructor and patient experience. Leads: Director of Comprehensive Care
19		“The prosthodontics program suffers from a very long patient waiting list, which needs to be addressed as it is not very patient centric.”	The demand for prosthodontic treatment, which is typically very expensive, is very high. Treatment planning times and the course of treatments for complex treatments, which fall into the category of rehabilitation, are very long. There are only 2 prosthodontic graduate students for each year of the program. The design and throughput of patients in the program is the jurisdiction of the Graduate Specialty Program Director.	Short to medium term [6-12 months]: Prosthodontic Specialty Program Director reviews entry pathway for patients into the graduate prosthodontic clinic and explores new ways to reduce the waiting list or wait times. Leads: Prosthodontic Specialty Program Director
20		“Discussions with faculty revealed a sense that there is no “vision” due to a lack of coordination, as there is no leader in the clinical area...”	The purpose of the May 2022 CCP Roundtable Day was to gather stakeholders together to consider the vision of how clinical dental education, in particular, the Comprehensive Care Program, should be delivered in the future. 5 themes were discussed with conclusions and action plans. The themes were: <ol style="list-style-type: none"> 1. Streamline patient intake. 2. Change minimum core experiences. 3. Change CCP patient scheduling. 4. Generalist clinical instructors. 5. Group Practice model. A new Director of Comprehensive Care was appointed and started in July 2022.	Short to long term [6 months-3 years] Director of Comprehensive Care will consider and implement changes guided by the CCP Roundtable Discussion day. Leads: Director of Comprehensive Care
21		“A vision for clinical research should be developed. The idea of having dedicated space for clinical research should be explored.”	We believe that research is heavily integrated with graduate clinical specialty program, which require an MSc or PhD thesis, and research projects are available to undergraduate students. Clinical research remains a long- standing challenge. The Faculty had a dedicated clinical research space in the past but it was underutilized. Currently, the location of clinical research that is being conducted is dependent on the needs of the clinical research. Most recently, the GreenShield clinic was purpose-built for clinical research on providing dental care to the working poor.	Short to medium term [6 months-2 years]: A committee composed of clinical and basic research faculty was formed in 2022 with the specific goal of promoting and initiating collaborations between clinical and basic research. 2 recommendations were made: Hire a new research coordinator to assist clinical faculty to write and submit grant applications, and if funded, to help faculty coordinate subsequent clinical trials. (done in July 2022)

			<p>Vice Dean (Research) will explore providing seed funding for new research proposals that bring together novel collaborations between clinicians and basic scientists within our Faculty. (in process)</p> <p>Leads: Vice Dean (Research)</p>
22	“DDS students’ clinical skills are daily assessed by individual instructors without the use of a standardized system. Instructor calibration in the preclinic can be improved.”	<p>Calibration and consistency in preclinical and clinical grading are challenged by the number of instructors involved and by the many variables that exist, particularly in the clinical setting. To improve standardization in pre-clinical courses, instructors receive the same directives at the start of each lab session. All instructors receive a hard copy of the same course manual, and are responsible to address grading discrepancies. Clinical resources (manuals, documents etc.) are now available to all instructors through the Quercus platform. Rubrics are developed to guide clinical grading for each clinical discipline. We recognize that there will always be variability in grading among instructors. This is mitigated by having each student exposed to many instructors and by having grading done on a daily basis.</p>	<p>Short to medium term [6 months-2 years]: The Faculty Development Committee will offer courses to preclinical and clinical Course Directors (e.g., Microcredential course) and through an annual Education Day to improve assessment and calibration methods.</p> <p>Leads: Faculty Development Committee</p>
23	“Multiple part-time instructors responsible for clinical evaluation. Need for better and more structured calibration.”		
24	“The value of the [clinic’s] service to the community should be promoted more at the University level, the government level, and even to the general population.”	<p>The clinic’s service to the community is promoted by:</p> <ul style="list-style-type: none"> • Students (Community Outreach Committee and their various initiatives) • Manager of Communications (website, monthly newsletters, semi-annual magazine, social media links) • Advancement team • Dean’s Annual Report <p>Students have mandatory outreach rotations to PMH, Mt. Sinai, CAMH, and volunteer to more remote locations.</p> <p>The Deans and the Association of Canadian Faculties of Dentistry recently have held several communications with government relations and federal health ministry to discuss the role of dental faculties to provide oral health care in the community and the federal government’s Canada Dental Benefit program. We are highlighting our position and ability to provide oral health care to those who have difficulty accessing dental care.</p>	<p>Short term [6 months]: Revisions to the patient section of the website are ongoing to improve engagement with the public.</p> <p>In September 2023, a new rotation will include service at the Yonge St. Mission.</p> <p>We will continue with the successful referral program that was set up this year with Toronto Public Health for endodontic patients.</p> <p>To expand our role as community health care providers, we submitted a “Proposal for funding for the Faculty of Dentistry to provide comprehensive therapeutic and preventive dental care to refugees”</p> <p>Short to medium term [6 months-2 years]: We will continue our advocacy to the federal Minister of Health in conjunction with their implementation of the Canada Dental Benefit plan.</p> <p>The Faculty will continue with its communications and outreach efforts and will return to an expanded Dean’s Annual</p>
25	“The [DDS] program functions as a large and important safety-net provider to patients with access-to-care challenges. We believe that the value of the service to the community should be further promoted more at the University level, the government level, and even to the general population.”		
26	“The post-graduate programs equally offer a badly needed and extremely significant direct service to the community in line with the mission of the university. The graduate programs function as a		

		large and important safety net provider to patients with access-to-care challenges. We believe that the value of the service to the community should be further promoted at the University level, the regional and national government level, and even to the general population.”		Report, which was abbreviated during pandemic. The Manager of Communications always endeavours to publish stories about outreach. We continue to operate our GreenShield clinic to provide free dental care to the working poor. Research data stemming from this clinic will provide useful data for advocacy. Leads: Dean, Vice Dean (Education), Manager of Communications, Advancement team, Director of Clinical Affairs, Dental Public Health Program Director
27	“The University and the government need to recognize the social value of the U of T dental clinics and support the renovation.”	The University does provide annual support to the Faculty of Dentistry operations through allocations from the University Fund – a net amount of approximately \$12.7M in 2021-22, increased from pre-COVID 2018-19 amount of approx. \$8.2M. Additionally, the University funded \$3.7M of the \$6.3M cost of the MDR facility (operational September 2022). Facilities and Services is providing \$1.5M in support for Lab 4 renovation (planned opening Fall 2023). Capital funding is a priority of the Faculty’s Advancement team as part of the Defy Gravity Campaign.	Short to long term [6 months-3 years]: Dean continues discussion with the University regarding funding for Clinic 2 as Clinic 2 planning proceeds. Leads: Dean, CAO, Vice Dean (Education), Associate Deans (Graduate and Undergraduate Education), Director of Clinical Affairs, Director of Advancement	
28	“The Faculty worked extensively to develop dental care programming during COVID19. They did this successfully and should be commended, despite much more significant restrictions than elsewhere in the world. There will be an ongoing need to expand the delivery of care shortly if the school is to thrive.”	The new 41-chair “Satellite” clinic at 777 Bay Street was built to meet clinic requirements imposed during the pandemic. The “Satellite” clinic further allows us to use Clinic 2 as staging space while Lab 4 is being renovated. However, the “Satellite” clinic does add costs to the Faculty’s operations budget. The goal is to return the main undergraduate clinical space to 124 Edward St. In order to do this, Clinic 2 needs to be completely renovated. The renovation plan for Clinic 2 has been re-evaluated to ensure that the Faculty can continue to deliver care under routine and restricted conditions.	Short to long term [6 months-3 years]: The Advancement team seeks to raise \$30M or more to support our school through fund support, naming of spaces, gifts in kind, etc. A main campaign priority is infrastructure, notably, the Clinic 2 renovations. Leads: Dean, CAO, Vice Dean (Education), Associate Deans (Graduate and Undergraduate Education), Director of Clinical Affairs, Director of Advancement	
29	“The University needs to help with Government advocacy to pursue the possibility of increasing provincial clinical education funding and support for the clinical infrastructure renewal.”	In this past year, we have connected with the University of Toronto Government Relations Office to discuss: <ul style="list-style-type: none"> • Advocacy for the Faculty during the planning phase of the Canada Dental Benefits program. • Toronto Public Health initiative. 	Short to medium term (6-18 months) The Faculty worked with the University and recently achieved a positive step by obtaining approval for charging Category 5, Category 6 and Schedule A ancillary fees and implementation will begin ASAP.	

			<ul style="list-style-type: none"> Clinic ancillary fees 	Leads: CAO
The reviewers observed that while students generally feel respected in the Faculty of Dentistry and are appreciative of the support they receive from the Student Life team, morale has been impacted by the pandemic. They recommended that the Faculty explore ways to strengthen supports and resources for student wellness.	30	“There is no DDS program-level mental health support, and the DDS program does not provide downstream pro-active support. Students feel that faculty are not responsive to their complaints”	The Student Services Offices informs students about the range of Mental Health Supports that are available to students from main campus and within the Faculty during Orientation Within the Faculty: <ul style="list-style-type: none"> We have an embedded counsellor. We have a Director of Student Life to support all students. Undergraduate students meet regularly with the senior leaders at Staff Student Relations meetings to discuss issues. The Dental Students’ Society has a Wellness Commissioner, Wellness Representatives, a house program and a sibling program. Reminders about the links to Mental Health Supports are shared regularly. The Associate Dean (Graduate Education) holds an annual orientation day for incoming graduate students to inform them of these resources. As well, their office has an open door policy. Moreover, that office has created an anonymous virtual comment box where graduate students can make their concerns known.	Short to medium term [6 months-2 years]: The Interim Dean will keep wellness as a remaining strategic priority from the last Dean’s strategic plan. The Wellness Initiatives Working Group will have subcommittees for students, faculty and instructors, and staff. The Faculty has launched DEN Wellness, a digital wellness resource that is available to all students through Quercus. The portal provides several resources easily accessible in one central place, including the Dentistry Counsellor contact information, wellness resources, and additional student life resources. We will prioritize communication of wellness resources, including those launched in the University of Toronto Mental Health redesign, in particular, during Orientation. We will continue to have Staff Student Relations meetings to discuss issues. Leads: Dean, CAO, Vice Dean (Education), Associate Deans (Graduate and Undergraduate Education), Director of Student Life, Registrar
	31	“Consider giving more help and resources to support the mission of the Director of Student Life.”	A new Director of Student Life will be named for 2023-24. We are in the process of clarifying the role of Director of Student Life.	Short term [6 months-1 year]: The Interim Dean will be conducting an external review of the Director of Student Life position in 2023-24. Leads: Dean
	32	“Consider providing proximity resources to support students regarding mental wellness; institutional resources seem too distant and not easily accessible.”	See #30. .	See #30
The reviewers observed that the mentorship program for tenure-stream faculty is perceived very positively. They	33	“The mentorship program is perceived very positively by tenure stream faculty. It should be	Mentors have now been assigned to teaching-stream faculty.	Implemented.

recommended exploring expansion of the program to include teaching-stream faculty as well.		expanded to the teaching stream faculty.”		
The reviewers observed that the Faculty has further progress to make on goals related to Equity, Diversity and Inclusion. They recommended the articulation of clear, strategic and measurable EDI goals and the development of an action plan “to really implement the principles in the Faculty culture.” They also made specific recommendations around providing cultural competency and unconscious bias training to students in the undergraduate, graduate, and post-graduate programs.	34	“EDI initiatives need to move towards an action plan to really implement the principles in the Faculty culture. A strong EDI statement and a code of conduct specific to the Faculty of Dentistry should be developed.”	<p>An EDI Working Group was first established in 2016, and their work is still ongoing.</p> <p>The faculty participated in the ADEA (American Dental Education Association) Climate Survey, to study the personal environment and issues of EDI from all dental schools in the U.S. and Canada). Our Associate Dean (Undergraduate Education) was the Faculty’s representative on the CDECA (Collaborative on Dental Education Climate Assessment) working group.</p> <p>The survey was the first customized dental education-wide climate study in North America that collected EDI data. The survey provided valuable dental-school-specific data perceptions of belongingness and welcomeness; perceptions regarding campus practices and policies that support and/or hinder equity; inclusive campus culture; and cultural competence of students, faculty, and staff.</p>	<p>Short to medium term [6 months to-2 years]:</p> <p>The Faculty of Dentistry EDI working group developed the Statement on Equity, Diversity and Excellence and developed 5 strategies around EDI. These are posted on our website 2022 Faculty Dentistry EDI Recommendations.pdf (utoronto.ca).</p> <p>The ADEA Climate Survey data was presented to Faculty Council in Jan 2023. The survey’s results can guide and focus our efforts on EDI so that we can develop a meaningful strategy. Strategies and action items were</p> <ol style="list-style-type: none"> 1. Ask UGED to start consider the formal training of cultural competency for DDS curriculum 2. Encourage managers and staff to continue with EDI training as offered by U of T 3. Discuss with Manager of Communication about a “calendar” to promote cultural events 4. Expand the concept of “blah” buster to celebrity different ethnicity and culture 5. Promote the activities of the current EDI student club 6. Partner with Ross Memorial Hospital (Kawartha Lakes) and Lindsay Collegiate Vocational Institute (LCVI) to highlight students from rural areas about different health science career paths. (done in 2022) 7. Engaged with community partners where the Vice-Dean met with the Alpha Omega Advocacy committee to discuss about anti-Semitism. (done in 2023) 8. Actively participate in the TAHSN Self-Identification and Anti-Racism Education survey <p>Leads: EDI Working Group, Dean</p>
	35	“Areas for improvement [in the DDS and postgraduate programs] include integration of basic science and clinical science; initiatives and infrastructure to manage violence,	For “integration of basic science and clinical science”, see #2 (integration of research and education) and see #8/9 (cohesion in curriculum).	See #2, #8/9, #34

		bias, etc. and to further develop the diversity part of the cultural competency program.”	For “initiatives and infrastructure to manage violence, bias, etc. and to further develop the diversity part of the cultural competency program”, see #34.	
The reviewers highlighted significant budgetary challenges facing the Faculty of Dentistry, particularly in the COVID-19 context, with notable impacts on academic activities and clinic operations. They encouraged Dentistry to work with the University as appropriate to develop strategies to strengthen the Faculty’s financial stability, noting a number of potential opportunities for new or alternative revenue generation in both continuing education and degree program activities. In this context, they urged the Faculty to revisit the recommendations of the 2021 <i>Re-Envisioning Dental Education at the University of Toronto</i> report.	36	“Finance must be considered the greatest threat to the Faculty’s growth and long-term prosperity. The reorganization of the administrative structure needs to be re-evaluated with regards to the effectiveness of the clinical enterprise.”	Over the past few years, the administrative units have been carefully reviewed and reorganized in terms of staffing, including the clinic reorganization, implemented in September 2022. While the administrative staff numbers in the clinics have been reduced, they are primarily offset by staffing in the MDR (medical devices reprocessing).	Short to long term [6 months-3 years]: The CAO will assess the reorganization of the clinic administrative structure. With the new Associate Director of Clinical Operations now in place, the CAO will also explore further possibilities for savings. Leads: CAO, Director of Clinical Affairs and Associate Director of Clinical Affairs
	37	“[The Faculty] faces significant budgetary challenges preventing any increase in overall FTE. A gradual reduction may even have to be considered if the budgetary situation does not improve. The Faculty complement plan will therefore have to be very carefully developed in order to maintain current strengths in research and teaching.”	The total FTE has been decreasing in the last few years with retirements, departures and the relative lack of recruitments while an interim dean is in place. July 2023 – June 2024: 63.1 FTE (approx.) July 2022 – June 2023: 67.7 FTE July 2021 – June 2022: 68.9 FTE July 2020 – June 2021: 69.3 FTE July 2019 – June 2020: 69.7 FTE There is a need for full-time teaching- and tenure-stream recruitment in order to maintain strengths in research and teaching.	Short- term [6 months]: The Interim Dean discusses recruitment needs with the Provost. Leads: Dean
	38	“Tuition freezes challenge the ability to remain solvent. Suggestions such as increases in instrument and management fees may be an alternative”	DDS students gain clinical practice experience at the Faculty of Dentistry Dental Clinics and George Brown College, while students from our 10 graduate speciality programs are placed in the Faculty of Dentistry speciality clinics and TAHSN hospitals. A significant amount of Faculty resources are dedicated to coordinating and administrating student placements, which includes staff in the Academic Administration and Student Services offices. The Faculty is proposing a clinical placement fee (includes salary and benefits, and space cost recovery (NASMs) for the proportion of staff time dedicated to providing placement services, along with miscellaneous costs associated with the service). Increasing instrument fees is not an option as instruments fees are limited to “at-cost”.	Short to medium term (6-18 months) The Faculty worked with the University and recently achieved a positive step by obtaining approval for charging Category 5, Category 6 and Schedule A ancillary fees and implementation will begin ASAP. Leads: CAO, Dean

	39	<p>“The Faculty has a very successful continuing education program that generates positive revenue. There is significant potential for expansion of the program.”</p>	<p>Pre-pandemic, the Faculty’s Continuing Dental Education was developing new programs for internationally trained dentists (12-month programs), expanding programs into the typically slow summer months, while keeping to our core programs and online platform (utooth).</p> <p>We are leveraging our core strengths, including the Faculty and University reputation and faculty expertise, while maintaining and building our current programs.</p>	<p>Short term [6-12 months]: As we come out of the pandemic, the Director of Continuing Dental Education is continuing to build on the programs for internationally trained dentists by looking at developing shorter courses (1-2 weeks) to be held in the slower summer months. The Director is also looking into how to form new collaborative relationships and partnerships with external organization, similar to what business schools have implemented.</p> <p>Leads: Director of Continuing Dental Education</p>
	40	<p>“Explore the possibility of increasing the number of graduate students, especially in profitable programs (orthodontics for instance).”</p>	<p>Tuition is only one element of the Faculty’s funding. Funding is also provided by the provincial government through the University which defines enrollment corridors for all programs at the University. Enrollment growth must also be supported by increasing physical space (i.e., treatment space) and human resources (clinically-trained, specialist faculty). There is no physical infrastructure to support an increase in enrollment at this time and hiring more specialist faculty may significantly impact the Faculty budget.</p>	<p>Long term [>3 years]: There is no physical infrastructure to support an increase in enrollment at this time and hiring more specialist faculty may significantly impact the Faculty budget.</p>
	41	<p>“The graduate program Directors appear to run good programs. All specialty programs are based on the number of enrollees. The number of patients is plentiful. They have an opportunity to expand. There are revenue streams in tuition.”</p>	<p>Overhead costs, in particular staff wages, outpace productivity. This is particularly true in Pediatric Dentistry. This program requires significant resources to deliver care: one-on-one staff, multiple instruments for a variety of procedures, sedation, extra time for procedures, front desk support, etc. These costs are significant. At the same time, this patient population is primarily on some sort of social service plan that pays a fraction of the fee guide found in private practice. With these factors in mind, it is beneficial to the students’ education and to the clinical budget to make use of as many off-site locations as possible. For the most part, off-site clinical rotations do not impact the clinical budget in a negative number.</p>	<p>The infrastructure plan is to move the graduate clinical specialty programs to the first floor of the Faculty. These clinics would be sub-divided into surgical and non-surgical specialties. This plan would support inter-specialty collaboration and provide opportunity for shared spaces, thereby increasing infrastructure, but can only be implemented following renovation of Clinic 2.</p>
	42	<p>“It appears there is capacity, as described by the program, to expand [the pediatric] graduate program. Pediatric care is mainly restorative therapy and examinations - this should be a substantial program.”</p>		<p>Leads: Dean, CAO, Vice Dean (Education), Associate Deans (Graduate and Undergraduate Education), Director of Clinical Affairs, Director of Advancement</p>
	43	<p>“Post-graduate programs like Orthodontics generate positive revenue. There is an excess of applicants for the program and an excess of patients for the program. This may be an opportunity. Every graduate program should be evaluated with an eye for potential</p>		

		expansion to increase patient care and potential revenue.”		
44	“There is a need to increase the clinical revenue without increasing the expensive clinical overhead.”	<p>Revenue can be increased by increasing patient fees, at the expense of reduced registrations. Expenses can only be reduced significantly by reducing the number of clinical staff and management, at the expense of support for the program. While every effort is made to maximize productivity, it is challenging to find that ‘sweet spot’ that addresses the needs of all.</p> <p>Academic clinical activities have been changed recently to include 3 shifts instead of 2 shifts on Tuesdays and Thursdays. As well, students have been paired primarily for pedagogical/mentorship reasons, but also improve clinical efficiency during patient treatment appointments</p> <p>The Deans of Canadian Dental Faculties advocated to the federal Minister of Health for the following support as part of their implementation of the Canada Dental Benefit plan:</p> <ul style="list-style-type: none"> • Free dental care in dental schools and in dental school community clinics, to prevent the aforementioned unintended consequence – this would be for all patients, whether they qualify for the national program or not • Expansion in personnel – professors and support staff, including coordination of these activities • Expansion in trainees – residents need to be paid • Expansion of facilities – including materials, equipment and clinic facilities 	<p>Short to medium term [6 months-2 years]:</p> <p>The Director of Comprehensive Care and Director of Clinical Affairs will assess the financial implications of the new clinic scheduling and student pairing.</p> <p>We will continue our advocacy to the federal Minister of Health in conjunction with their implementation of the Canada Dental Benefit plan.</p> <p>The Clinic Office will assess the effect of the Canada Dental Benefit program, when fully launched, on clinic finances.</p> <p>Leads: Dean, CAO, Director of Comprehensive Care, Director of Clinical Affairs and Associate Director of Clinical Affairs</p>	
45	“Follow-up on external report to develop strategies to improve the financial situation.”	<p>The recommendations from the External Report related to the Faculty’s financial situation were:</p> <ol style="list-style-type: none"> a. Hold the Graduate Specialty Program Directors accountable for their budgetary decisions related to revenue enhancement and expense reduction. Provide adequate data and information to these newly recognized “budget owners” for them to contribute to the financial sustainability of the institution. b. Discounted fee schedules for dental procedures provided by graduate specialty students should be reviewed in detail in comparison to usual and customary dental fees in the GTA, with particular emphasis on procedures related to the placement, restoration, and maintenance of dental implants. c. Discounted fee schedules for dental procedures provided by undergraduate students should be reviewed in detail in comparison to usual and customary dental fees in the GTA. 	<p>Short to long term [6 months- 3 years]:</p> <p>For a) CAO will provide financial data (clinic revenue and cost of clinical instructors) related to specialty clinics to the Graduate Specialty Program Directors.</p> <p>For b) and c) see #7 and #44. The Director of Clinical Affairs reviews the fees in comparison to customary fees in the GTA annually.</p> <p>For d) there is an agreement to take up to 6 Kuwaiti citizens into our DDS program, with potential entry for the first student in September 2024.</p> <p>For e) We will develop a business plan for an AEGD program.</p>	

		<p>d. Increase the number of slots allocated to international students without increasing overall class size to realize additional revenue from the premium tuition paid by international students.</p> <p>e. Start an Advanced Education in General Dentistry (AEGD) program that could enhance the proposed patient centered approach to the mission of the Faculty of Dentistry and potentially be a net contributor to the bottom line of its finances.</p> <p>f. Consider real estate options in the local area to provide new dental clinical facilities in more efficient settings for patients.</p>	<p>For f) We are continuing to utilize our satellite clinic, which is in a local area. This has added to clinic operations costs (leasing, transportation of instruments, staffing etc.) but was necessary during the pandemic and during our current renovations. Our long term priority is to renovate Clinic 2 to provide a more efficient setting for patient treatment and student education.</p> <p>Leads: Dean, CAO, Vice Dean (Education), Director of Clinical Affairs</p>
46	<p>“Consultation should be done with the University to determine potential funding avenues like mortgage loans to cover capital investments, governmental grants for patient care as well as other grants/foundation support for uncompensated care.”</p>	<p>With regard to mortgage loans:</p> <p>The University currently provides 2 loans to the Faculty – Research space renovation (floors 4 and 5), with an original loan amount of \$5M; and the Lab 4 renovation, original loan amount of \$2.8M. Further loans will be explored as needed.</p> <p>With regard to governmental and other grants to support patient care:</p> <p>The federal government remains committed to full implementation of the Canada Dental Benefit plan for all members of households with incomes under \$90K by 2025.</p> <p>The Canada Dental Benefit will roll out in phases and it started for children on December 1, 2022. In 2023, the coverage will be extended to those under 18 years of age, seniors, and people living with disabilities. The impact of this program on patient supply and types of patient treatments is uncertain.</p> <p>Additionally, Advancement activities raise donations for our Access to Care fund, and with a philanthropic gift of \$6.15M, GreenShield Canada has teamed up with the Faculty to offer cost free care for up to 2,000 families in the GTA who currently do not have access to regular dental care.</p>	<p>Short to medium term [6 months-2 years]:</p> <p>We will continue our advocacy to the federal Minister of Health in conjunction with their implementation of the Canada Dental Benefit plan.</p> <p>The Clinic Office will assess the effect of the Canada Dental Benefit program, when fully launched, on clinic finances.</p> <p>Advancement team will continue to raise donations for Access to Care fund and other patient care and outreach initiative.</p> <p>Leads: Dean, Director of Clinical Affairs, Advancement team</p>
47	<p>“The fundraising/advancement team needs the assistance of program directors as the post-graduate alumni are the best funded for supporting the Faculty. It was a disappointment that the post-graduate leadership did not have data on alumni numbers and</p>	<p>It is agreed that discipline-specific and targeted fundraising would be an asset to fundraising results, but the contactability of alumni remains an issue. It is unrealistic to expect that Graduate Specialty Program Directors would have a full account of accurate practice locations for alumni, however they can be an excellent resource to help update the Faculty’s advancement database.</p>	<p>Short to long term [6 months-3 years]:</p> <p>Continue with efforts in the alumni magazine to have all UofT Dentistry alumni update their contact information regularly.</p> <p>Leads: Advancement team, Manager of Communications</p>

		practice location. They need to expand fundraising outreach to alumni.”		
Other recommendations not prioritized in the Request for Administrative Response	48	“Develop strategies to expand international partnerships with other universities.”	<p>Pre-pandemic, we had agreements with the following universities and countries:</p> <ul style="list-style-type: none"> • Jiao Tong (China) • Niigata (Japan) • Zhejiang (China) • Sichuan (China) • Seoul National (South Korea) • Okayama (Japan) • Tokyo Dental Arts Academy (Japan) • Bahiana (Brazil) • Universiti Sains Malaysia (Malaysia) • Addis Ababa University (Toronto Addis Ababa Academic Collaboration initiative) - Ethiopia • Uganda • Kuwait 	<p>Short to medium term [6 months-2 years]: We will focus on the existing agreements. Most international exchanges were on hold during the pandemic. We have resumed international exchanges with Niigata and Okayama during the 2022-23 year, and are looking to continue with TAAAC – Ethiopia by sending 2 students and 2 faculty to Ethiopia this Fall of 2023.</p>
	49	“There is an outstanding interprofessional pain program, which might benefit from greater exposure within the University and beyond.”	<p>Within the University, the University of Toronto Centre for the Study of Pain (UTCSP) fosters the interprofessional pain program and has an annual scientific day on March 20, 2023. It organized an in-person Trainee Welcome Event, revamped the UTCSP website homepage, and engages the UTCSP community through a newsletter and social media account. Beyond the University, it hosted the 2022 International Association for the Study of Pain (IASP) World Congress meeting which was held in Toronto from September 19 – 23, 2023.</p>	<p>Short to medium term [6 months-2 years]: The UTCSP Co-directors will support interprofessional research collaborations and co-develop pain education within the University, forge relationships with partner organizations such as the pan-Canadian Chronic Pain Network and use multimedia channels to disseminate the work of UTCSP.</p> <p>Leads: Co-directors of UTCSP.</p>