CONTENTS

EXECUTIVE SUMMARY ......................................................................................... 4

SETTING THE CONTEXT ....................................................................................... 5
  BACKGROUND & OVERVIEW OF CURRENT SITUATION .................................. 5
  OVERVIEW OF THE STRATEGIC PLANNING PROCESS ................................... 7

THE STRATEGIC PLAN ......................................................................................... 8
  VISION STATEMENT ............................................................................................ 8
  STRATEGIC PRIORITIES ..................................................................................... 9
    PRIORITY 1: INTEGRATE IPE AND TEAM-BASED CARE .................................. 10
    PRIORITY 2: DEMONSTRATE VALUE ............................................................... 10
    PRIORITY 3: CULTIVATE SYSTEM CHANGE .................................................. 11
  STRATEGIC PLAN SUMMARY ........................................................................... 12
  RESOURCE IMPLICATIONS AND CONSIDERATIONS ...................................... 13
  ROADMAP OF DELIVERABLES ........................................................................ 13

APPENDIX ........................................................................................................... 15
  GLOSSARY OF TERMS ...................................................................................... 15
  ACRONYMS ........................................................................................................ 15
  KEY REFERENCES AND RESOURCES ............................................................. 16
  TABLE OF DELIVERABLES: 2015-2019 (SHORT-TO LONG-TERM) ............... 17
EXECUTIVE SUMMARY

The 2015-2019 Centre for Interprofessional Education’s (CIPE or Centre) strategic plan sets out the next chapter in world-class innovation in interprofessional education (IPE) and team-based care. Building on our local Toronto model of excellence in uniquely spanning the university/college and practice environment, we endeavor to pioneer new innovations in Education, Research, Practice and Policy to be a leader in Transforming Care through Collaboration on the world stage.

Transforming Care through Collaboration, 2015-2019, is the product of insights and experience from all of our stakeholders, while most importantly recognizing, being informed by, and advocating for the needs of our learners, patients/clients and families. While our plan is future looking, it is founded on a remarkable history of innovation and partnership. The achievements of our inaugural strategic plan, Transformation through Collaboration, 2009-2014, have established IPE as an integral core mission for both the university and practice environment. Founded in 2009 through a partnership between the University of Toronto (UofT) and the affiliated teaching hospitals of the Toronto Academic Health Sciences Network (TAHSN), the CIPE has developed and implemented IPE curriculum across the continuum of learning (from pre-licensure to professional development). Over the last five years, the CIPE has become locally and internationally recognized as the go-to innovator in IPE and team-based care, sharing resources and consulting globally.

Over the next five years, the CIPE will continue to push boundaries in exciting new directions. Underpinning the development of the strategy was the recognition that a focus on quality of care, innovation and impact are fundamental to the enhancement of both the care provided to patients/clients and families, as well as in preparing the health care professionals of the future. By further integrating IPE and team-based care, and developing a research program that focuses on learning and health outcomes, we aim to cultivate system change across health care education and practice sectors, locally to globally, and maintain our status as an internationally recognized innovator.

In order to translate into reality the vision of Transforming Care through Collaboration, the following three interconnected priorities have been established:

- **Integrate IPE & Team-Based Care:** Develop and test innovative IPE and team-based care models reaching patients/clients and learners across the continuum of care and learning
- **Demonstrate Value:** Develop a research and scholarship program in IPE and team-based care and measure and evaluate system impact and outcomes
- **Cultivate System Change:** Lead and catalyze transformations in the healthcare and education systems, locally to globally
In alignment with its vision, the Centre continues to be committed to serving the local, national and international community as a preferred IPE and team-based care resource. Integral to the success of these priorities are three critical enablers: engagement, collaborative partnerships and building capacity to effect growth, scale and system change.

In addition to the above priorities, there are critical areas that the Centre will need to continue to advance including:

- Deepening and extending leadership and support locally at UofT and across TAHSN as well as globally
- Evolving towards a more entrepreneurial business model and
- Developing a sustainable revenue model and incremental operating funding sources and philanthropic partnerships.

**SETTING THE CONTEXT**

**BACKGROUND & OVERVIEW OF CURRENT SITUATION**

The Centre was founded in 2009 (ipe.utoronto.ca/about/about.html) as a strategic partnership between the University of Toronto (UofT) and the Toronto Academic Health Sciences Network (TAHSN), with the University Health Network (UHN) and the Toronto Rehabilitation Institute (Toronto Rehab) as lead hospitals. For the previous decade, there had been growing recognition at the international, as well as national levels, of the important role that IPE and team-based care could play in fostering a sustainable, safe, effective and patient-focused health care system. Having made a commitment that all health sciences students would have requisite and formal interprofessional experiences as part of their education, in order to start building the necessary capacity, UofT formed the Office of Interprofessional Education in 2006 with a mandate to build the necessary capacity in IPE. The shift from a university-based Office to creating the Centre as an Extra-Departmental Unit designation C (EDU-C) came with the recognition of the importance of the Interprofessional Education (IPE) occurs when two or more professions [learners] learn about, from and with each other to enable effective collaboration and improve health outcomes. World Health Organization (2010): Framework for Action on Interprofessional Education & Collaborative Practice

Team-Based Care or Interprofessional Care (IPC) is the provision of comprehensive health services to patients by multiple health caregivers who work collaboratively in teams to deliver the highest quality care within and across settings. Adapted from: Closson, T., and Oandasan,I. (July 2007). Interprofessional Care: Blueprint for Action in Ontario.Toronto, ON: Ministry of Health and Long-Term Care: http://www.healthforceontario.ca/UserFiles/file/PolicymakersResearchers/ipc-blueprint-july-2007-en.pdf.
interface between education and practice, and hence the need to build closer relationships between the university and the practice sites.

Over the first five years, much of the initial work of the Centre’s leadership was to stabilize the Centre, secure funding, strengthen internal engagement, develop capacity and build the infrastructure to deliver the required scale of programming for over 3700 health sciences students. There was also a strategic focus prioritized on educational program development in order to build capacity in practice, provide IPE learning and placement opportunities for students and professional development for educators\(^1\), care providers, and leaders.

The achievements of the Centre over the first five years have been significant and the international reputation of the Centre is well established. Examples of accomplishments and strengths identified by stakeholders include:

- Strong relationships and partnerships locally (IPE/IPC Leads Network, IPE/IPC Community of Practice) to internationally (e.g. Institute of Medicine (IOM), Canadian Interprofessional Health Leadership Collaborative (CIHLC))
- Strong partnership with patients/clients and families in development and implementation of existing curriculum (e.g., as health mentors, patient speakers, Holland Bloorview Family Leadership Program)
- Development and implementation of a robust and full scale IPE curriculum
- Internationally recognized as a leader in integrating IPE and team-based care, with a sophisticated depth and breadth of collaborative leadership and partnerships across academia and practice
- Publication of “Creating the Health Care Team of the Future: The Toronto Model of Interprofessional Education and Practice” book
- Internationally unique professional development assets (e.g., ehpic™, Collaborative Change Leadership™ (CCL) program) and growing number of international consultations and customized programs
- Designated as one of four international Innovation Collaboratives by the Institute of Medicine (IOM)
- Nominated by the UofT Faculty of Medicine for the distinguished Alan Blizzard Award established to encourage, identify, and publicly recognize those whose exemplary collaboration in university teaching enhances student learning

Now that the Centre is well positioned as an IPE and team-based care go-to resource, the next five years require a larger scale of vision and enhanced resourcing in order for the Centre to continue to be regarded as a world leader. There is no longer a question of why academia or practice sectors are engaged in IPE and team-based care.

Accreditation standards across health professions for both university/colleges and hospitals have moved to include IPE and team-based care competencies around the world.

\(^1\) Educator: Anyone involved in teaching and/or facilitating learning (from pre- to post-licensure to professional development) in university/college or practice settings.
The Ministry of Ontario MOHLTC Action Plan cites IPE and team-based care as a key strategy in the delivery of quality care. The global IPE and team-based care conversation has now shifted to how we understand and measure impact. As such, there are three strategic priorities for the Centre to focus on in the next coming years:

Firstly, IPE will need to be integrated even more closely to team-based care to develop innovative models of interprofessional education and care, reaching patients and learners across the continuum of care and learning.

Secondly, the development of a formal research and scholarship program in IPE and team-based care to measure and evaluate system impact and outcomes will be critical for the Centre to maintain momentum and global leadership.

Lastly, the Centre expects to cultivate system change through collaborative leadership in IPE and team-based care through education, research, practice and policy - ultimately acting as a local catalyst to inform and enable transformative healthcare and education.

The Centre’s future is not without risk. Given the cross-functional nature of IPE, successful delivery of IPE and team-based care is dependent on maintaining strong university/college and practice partnerships, locally and globally, as it plays a larger role in scholarship and system transformation.

A quote from the CIPE IPE book, “Creating the Health Care Team of the Future: The Toronto Model of Interprofessional Education and Practice” says it best:

“At the University of Toronto we have moved beyond the ‘thousand points of light’ of innovations to a formally mandated curriculum that has made IPE a core component of what it means to be a health sciences student. The journey is not over; the end is not even close. But along the way we are learning about the power of process, collaboration and collective vision.”

**OVERVIEW OF THE STRATEGIC PLANNING PROCESS**

In the final year of the CIPE 2009-2014 strategic plan, a rigorous planning process was initiated that included:

- A self-study report for the purposes of the CIPE’s first external review from CIPE staff & educators that included a review of background documents, self-reflection, a global scan and competitive analysis
- A full-day educational retreat, *Reaching the Summit: Leading the Way from Interprofessional Education to Practice*, was held in Toronto December 2, 2014, with UofT and hospital leaders, researchers, educators and practitioners locally and across Canada that exchanged knowledge and planned for the future of IPE and IPC
- Consultations: Extensive consultations were held to inform the strategic plan:
  - CIPE staff and educators
Through this strategic planning process, the expanded vision for the CIPE was developed: 
*Transforming Care through Collaboration.*

**THE STRATEGIC PLAN**

**VISION STATEMENT**

*Transforming Care through Collaboration*

The vision of the CIPE highlights its aspiration to transform care locally to globally through collaborative leadership in interprofessional education, research, practice and policy, and by integrating IPE and team-based care with all we do. With this expanded vision, the Centre will initiate a rebranding exercise to choose a name reflective of this new vision.

**STRATEGIC PRIORITIES**

1. INTEGRATE IPE & TEAM-BASED CARE
2. DEMONSTRATE VALUE
3. CULTIVATE SYSTEM CHANGE
This section outlines our three interconnected priorities for the CIPE for the next five years:

Vital to the success of these three priorities are three critical enablers:

- **Engagement**: with learners, patients/clients and families, educators, care providers, researchers, policy makers and leaders to meet needs and achieve collective vision (e.g., in co-creating curriculum and care models, development of research to understand best practices in engagement etc.)

- **Partnerships**: with individuals and organizations that leverage collaboration and resources across education and practice sectors, locally to globally to achieve our objectives (e.g., TAHSN, Wilson Centre, CIHLC etc.)

- **Building Capacity**: in IPE and team-based care for the local and global community through leadership and education, research, practice and policy

Each priority is presented on the next page with a brief summary followed by the key objectives.
**PRIORITY 1: INTEGRATE IPE AND TEAM-BASED CARE**

*Develop and test innovative IPE and team-based care models reaching patients/clients and learners across the continuum of learning and care.*

The next five years will focus on evolving, expanding and integrating innovative IPE opportunities and team-based care, engaging and reaching patients/clients and families, learners, educators and care providers across the continuum of care and learning. Recognizing that IPC is a key strategy in providing safe, efficient, integrated and cost effective care, particularly for patients/clients with complex conditions, the Centre aims to align with Ministry of Ontario MOHLTC priorities in team-based care and care coordination with primary, community care, Health Links and Local Health Integration Network (LHIN) leaders and teams. Significant focus will be spent on engaging patients/clients and families as well as learners in order to effectively understand and meet needs by integrating interprofessional learning and care.

**Objectives:**

- With partners, engage patients, learners and educators in the co-creation of IPE and team-based care curriculum and care models that centre on patient and learner needs, from pre- and post-licensure to professional development
- Evolve to a fully integrated, longitudinal and developmental IPE Curriculum
- Increase IPE and team-based care learning opportunities in the practice environment (e.g. student-led clinics/environments, continuing education etc.)
- Leverage technology – enabled learning (learner registration tools, online learning etc.)

**PRIORITY 2: DEMONSTRATE VALUE**

*Develop a research and scholarship program in IPE and team-based care and measure and evaluate system impact and outcomes.*

Well positioned as an international innovator in IPE and team-based care, the Centre aims to maintain momentum on the world stage by pioneering work in the area of research and scholarship. Over the next five years, the Centre will build a formal research program to focus on generating new understandings about how to provide and deliver IPE and team-based care as well as the question of what the impact is on learning and care.
Objectives:

• Develop strategic partnerships with individuals and organizations to enable a robust research program
• Develop a theory of impact linking IPE and team-based care
• Develop innovative best practices in engaging patients, families and learners
• Institutionalize across local, provincial and international systems a set of IPE and team-based care frameworks, metrics and tools that speak to impact and outcomes at individual, organizational and system levels

PRIORITY 3: CULTIVATE SYSTEM CHANGE

Lead and catalyze transformations in healthcare and education systems locally to globally.

Over the next five years the Centre aims to enable system change by integrating IPE and team-based care programming, improving the delivery of care and successfully preparing the healthcare leaders of the future. Through leadership and innovation in interprofessional education, research and practice, the Centre aims to be a local catalyst for system change, influencing and informing policy, locally to globally.

Objectives

• Prepare the collaborative leaders required for system transformation
• Be the “go-to” IPE and team-based care innovator and resource in education, research, practice and policy on a local, provincial, national and international level
• Influence healthcare policy to fully embed IPE and team-based care across health care and educational systems (e.g. Accreditation)
• Leverage partnerships to create global opportunities for innovations and develop an international pipeline of referrals for professional development programs
Develop and test innovative IPE and team-based care models reaching patients/clients and learners across the continuum of learning and care

• With partners, engage patients, learners and educators in the co-creation of IPE and team-based care curriculum and care models that centre on patient and learner needs, from pre-and post-licensure to professional development
• Evolve to a fully integrated, longitudinal and developmental IPE Curriculum
• Increase IPE and team-based care learning opportunities in the practice environment (e.g. student-led clinics/environments and continuing education)
• Leverage technology-enabled learning (Learner registration tools, Online learning etc.)

Develop a research and scholarship program in IPE and team-based care and measure and evaluate system impact and outcomes

• Develop strategic partnerships with individuals and organizations to enable a robust research program
• Develop a theory of impact linking IPE and team based care
• Develop innovative best practices in engaging patients, families and learners
• Institutionalize across local, provincial and international systems a set of IPE and team-based care frameworks, metrics and tools that speak to impact and outcomes at individual, organizational and system levels

Lead & catalyze transformations in the healthcare and education systems locally to globally

• Prepare the collaborative leaders required for system transformation
• Be the “go-to” IPE and team-based care innovator and resource in Research, Education and Practice on a local, provincial, national and international level
• Influence health care policy to fully embed IPE and team-based care across health care and educational systems (e.g. Accreditation)
• Leverage partnerships to create global opportunities for innovations and develop an international pipeline of referrals for professional development programs
RESOURCE IMPLICATIONS AND CONSIDERATIONS

The Centre currently receives funding from UofT and UHN and in addition generates some revenues through consulting fees, delivery of professional development programs and research grants. Overall, the expanded vision involves growth and scale in order to achieve system influence and build capacity in interprofessional education, research, practice and policy. This will require appropriate financial resources and the Centre will need to continue to:

- Seek new sources of funding beyond the current partners and contributors
- Deepen and extend leadership and support locally at UofT and across TAHSN as well as globally
- Evolve towards a more entrepreneurial business model
- Develop a sustainable revenue model and incremental operating funding sources and philanthropic partnerships.

ROADMAP OF DELIVERABLES

The section on the next page provides an overview and roadmap of high-level deliverables to translate the strategic priorities into action.

A detailed operating plan will also be created to support this document to guide the successful execution of the strategic plan. The operating plan sets out specific activities and timelines for the deliverables. Some deliverables will require the development of detailed business plans or project plans.

With the understanding that change is always constant in a complex system and that new opportunities will emerge, nimble changes may be made over the life of this plan. The Director of the CIPE, in collaboration with the CIPE Executive Committee, will be accountable for regularly monitoring, assessing progress and developing risk mitigation strategies to achieve the deliverables and will report to the sponsoring organizations and stakeholders.

At a glance, supporting activities will follow a roadmap of short, medium and long-term deliverables within the five-year plan. A more detailed view can be found in the Appendix section.
2015

- Proposals & project planning
- Expanded partners (patients, learners) & practice leadership
- New philanthropic partnerships
- Recruited research team
- CIPE name change
- IPE & team-based care embedded into local strategic plans
- Business development plan to leverage assets
- Developed and applied theories of impact and frameworks for engagement linked to team-based care

2019

- Implemented new longitudinal curriculum
- Increased learning opportunities (pre-licensure to PD*) in practice
- Introduced and evaluated learning innovations tied to quality care
- Evaluated & disseminated frameworks, metrics & tools measuring impact & outcomes
- Increased PD* and leadership capacity locally to globally
- Internationally recognized
- IPE & team-based care embedded into education & care policy
- Sustainable revenue stream

PD*: Professional Development
APPENDIX

GLOSSARY OF TERMS

**Educator:** Anyone involved in teaching and/or facilitating learning (from pre- to post-licensure to professional development) in university/college or practice settings

**Interprofessional Education (IPE):** occurs when two or more professions [learners] learn about, from and with each other to enable effective collaboration and improve health outcomes. World Health Organization (2010): Framework for Action on Interprofessional Education & Collaborative Practice.

**Team-Based Care or Interprofessional Care (IPC):** the provision of comprehensive health services to patients by multiple health caregivers who work collaboratively in teams to deliver the highest quality care within and across settings. (Adapted from: Closson, T., and I. Oandasan, I. (July 2007). Interprofessional Care: Blueprint for Action in Ontario. Toronto, ON: Ministry of Health and Long-Term Care: [www.healthforceontario.ca/UserFiles/file/PolicymakersResearchers/ipc-blueprint-july-2007-en.pdf](http://www.healthforceontario.ca/UserFiles/file/PolicymakersResearchers/ipc-blueprint-july-2007-en.pdf))

ACRONYMS

- ACCE - Academic Coordinators of Clinical Education
- CCL – Collaborative Change Leadership™
- Centre for IPE or CIPE - Centre for Interprofessional Education
- CHS - Council of Health Sciences
- CIHLC – Canadian Interprofessional Health Leadership Collaborative
- CoP – Community of Practice
- EDU – Extra Departmental Unit
- ehpic™ - Educating Health Professionals in Interprofessional Care
- FoM - Faculty of Medicine
- IFCC - Interfaculty Curriculum Committee
- IOM – Institute of Medicine
- IPHSA – Interprofessional Health Students Association
- MOHLTC – Ministry of Health and Long Term Care
- TAHSN – Toronto Academic Health Sciences Network
- TAHSNe - Toronto Academic Health Sciences Network Education
- UHN – University Health Network
- UofT – University of Toronto
KEY REFERENCES AND RESOURCES

- CIPE website: ipe.utoronto.ca


## TABLE OF DELIVERABLES: 2015-2019  
**SHORT-TO LONG-TERM**

<table>
<thead>
<tr>
<th>Short-Term Deliverables (1-2 years)</th>
<th>Medium-Term Deliverables (3-4 years)</th>
<th>Long-Term Deliverables (5 years)</th>
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| • Proposal developed for longitudinal, integrated common IPE and team-based care curriculum  
• Project plan for longitudinal, integrated, common IPE and team-based care opportunities in the practice environment  
• Comprehensive understanding of technology-enabled learning in IPE and team-based care | • Expanded partnerships with patients and learners in designing IPE/team-based care models  
• New understandings of patient and learner needs in IPE and team-based care  
• Deepened leadership and support across TAHSN for IPE/team-based care opportunities  
• Implementation plan for technology-enabled learning supports  
• Implemented longitudinal, integrated, common IPE/team-based care opportunities | • New innovations linking IPE to care aligned with Ontario Ministry priorities  
• Integrated program offerings for learners, educators and care providers  
• Increased number of IPE/team-based care learning opportunities for students, educators and care providers  
• Evaluated longitudinal, integrated, common IPE/team-based care opportunities |
| | • Developed collaborative and philanthropic research partnerships  
• Recruited research team  
• Proposal for a clear theory of impact linking IPE to team-based care and research priorities determined | • Contextualized theories of impact developed linking IPE to team-based care  
• A framework for engaging patients and learners developed  
• Launched first research program with a new focus on practice innovation | • Frameworks, metrics and tools introduced, evaluated and disseminated across local, provincial and international systems  
• Increased scholarly work and opportunities for project funding |
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<tr>
<th><strong>Cultivate System Change</strong></th>
<th><strong>Short-Term Deliverables (1-2 years)</strong></th>
<th><strong>Medium-Term Deliverables (3-4 years)</strong></th>
<th><strong>Long-Term Deliverables (5 years)</strong></th>
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<tbody>
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<td></td>
<td>• Implement name change for the Centre to align with expanded vision and international competition</td>
<td>• Deepened leadership capacity across systems</td>
<td>• Embed IPE and team-based care in health care and education policy</td>
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<td>• Comprehensive understanding of CIPE’s value proposition respectively in local, national and global market to target needs and provide leadership in IPE/team-based care education, research, practice and policy</td>
<td>• Increased professional development capacity-building locally and globally</td>
<td>• Increased revenue (Percentage TBD based on business plan)</td>
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<td></td>
<td>• Embed IPE and team-based care into local strategic plans across university/college and practice sectors</td>
<td>• Accessed online resources, consultations, development programs increased</td>
<td>• Be recognized internationally as a leader and go-to hub in IPE and team-based care education, research, practice and policy</td>
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<td>• Expand/market the CCL Program to a global audience</td>
<td>• Increased reference to CIPE generated knowledge and innovation, locally to globally</td>
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<td></td>
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<td>• A focused business development plan that outlines key marketing strategies of assets and guides investment decisions</td>
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