UNIVERSITY OF TORONTO

DEPARTMENT OF MEDICINE

Faculty of Medicine

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Dr. Allan Kaplan
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Dear Dr. Kaplan

Re: BBDC Director's Response to External Reviewers' Report

I would like to thank the external reviewers, Drs. Marette (U Laval) and Kahn (U Washington), for their thorough review of the Centre and their thoughtful report and suggestions. I will respond to their comments and suggestions in order of what I consider to be the importance and priority of those comments and suggestions.

1. **Sustainability of BBDC Funding:** Reviewers' concerns re BBDC funding are reflected in the following comments: *'[The current BBDC Director] adopted a strategy of involving the UHN [TGTWH] Foundation in fund raising as they have the greatest capacity to do so. The University of Toronto has less capacity to do this; The University of Toronto system is a complicated structure which creates risk for the future as the revenue stream from the UHN is not necessarily secure; Renewal of the UHN commitment is important, but the reliance on the UHN Foundation may hamper the ability for BBDC to raise funds and to even leverage these funds with other institutions that exist under the University's umbrella; if future leadership of the BBDC were to come from another hospital, the impact on fundraising through UHN could be marked; If UHN is to continue its involvement, it is important that this be in a way that does not create the "silo" effect and mean that some of the other hospitals and University departments feel disenfranchised; serious consideration should be given to new mechanisms for increasing the BBDC's endowment. Some of this could be achieved through a focused campaign, e.g. the 100th anniversary of the discovery of insulin. Importantly, such funds should be available for the future and should, if at all possible, not be tied to one hospital foundation or another; It is unclear what the business model is for the BBDC, especially as it related to the future and the need for continued funding'*

The reviewers have identified a very important issue, one which I highlighted in my written report prior to the review and an issue I discussed with them as the major challenge we face in trying to build a world class diabetes centre. I do share their concern about sustainability of the current fund raising strategy and agree that the best way to mitigate that risk is to attempt to build the BBDC endowment. I wholeheartedly endorse their excellent suggestion that the upcoming 100th anniversary of the discovery of

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insulin be used by University of Toronto Advancement (not a hospital Foundation) to increase the existing BBDC Endowment (currently at approximately $15million, with a suggested target of $30 million by 2021). I am beginning to work closely with the Department of Medicine Chair Gillian Hawker and U of T advancement officer on this fundraising drive. This will not be an easy goal to achieve and I sincerely hope that the University will wholeheartedly support this effort by prioritizing fundraising for the BBDC endowment amongst its many competing fund raising priorities.

With respect to fundraising through the TGTW Hospital Foundation, despite its inherent risks, I strongly support the current strategy for the following reasons.

a. The University of Toronto is indeed a very complex system, in which university and hospitals must work in close collaborative partnership to build world class programs. In the case of Diabetes there is a long history of close association between UHN (previously known as the Toronto General Hospital) and the University of Toronto, with core BBDC laboratories and administrative offices housed at TGH. The previous BBDC Director, Daniel Drucker, formalized and strengthened this relationship in 2007 with a formal agreement between BBDC and UHN. Diabetes research at TGH is a high priority research program. To my knowledge the relationship is viewed by both Dean of the Faculty of Medicine and CEO of UHN as very valuable and one of mutual benefit, to be developed and fostered. Other U of T priorities are best developed at other university affiliated hospitals – for example neurosciences at TWH, geriatrics and brain research at Baycrest, Cancer research at PMH, psychiatry at CAMH, to mention a few.
b. Fund raising by hospital Foundations has the advantage versus the university in being able to harness the huge fund raising potential of the grateful patient-doctor relationship. For example the TGTWH Foundation raises more than $100million per year for disease-based research and clinical priorities. It would be extremely short sighted for U of T not to take advantage of hospital fund raising for its research-intensive programs such as Diabetes. From the hospital side the UHN regards diabetes as a priority program that it enthusiastically supports.
c. The proof of success of the current fund raising strategy is in the dollars raised for diabetes research initiatives over the past 5 years – currently in excess of $40million, vs approximately $5million over the past three decades combined. In fact the recent U of T success in the SPOR Chronic Disease Network competition was dependent on successful fund raising by the TWTGH Foundation, which raised over $18 million in just over 4 months.
d. One way to mitigate and diminish the risk of an alignment of a university resource (BBDC) with a single hospital (UHN) is to broaden the fund raising effort by persuading other hospital foundations to contribute to the support of BBDC, if not equally then at least symbolically. Of course we are willing to work with all organizations that will support the BBDC's mission. Thus far our attempts to do so have not been successful. One strategy that can and should be considered would be to have a University-led effort (U of T advancement led effort) to engage the various hospital foundations in a fund raising drive around the 100th anniversary of the discovery of insulin, targeting the BBDC endowment.

<u>Summary of my response to the fundraising issue:</u> As newly appointed BBDC Director in 2011, I already had more than a decade of experience successfully raising funds for hospital-based Diabetes research activities through the TGTWH foundation. Ambitiously, as we took the BBDC in a new direction, expanding programs and raising its profile in the international arena, a large increase in funding was necessary. I saw the greatest possibility of achieving the Centre's goals by aligning BBDC's fund raising with an organization that had the track record of success. The BBDC membership has benefited enormously from our success in

fund raising but sustainability is now the major issue. As we move ahead it will be essential to increase the BBDC endowment to ensure sustainability. I see no convincing reason to abandon our efforts to continue to raise funds through the individual hospital foundations but I do see the necessity of involving foundations beyond UHN, which should not be the only foundation doing the heavy lifting for U of T Diabetes Research. The role of the University in facilitating joint fund-raising should be clearly articulated.

2. **The close association between BBDC and UHN**: Reviewers' concerns regarding this relationship are reflected in the following comments: *'This is a university center and not a UHN center; there is historical tension between hospitals; while the BBDC has established its leading role for all diabetes related research at the University of Toronto and UHN, it should further enhance links with other stakeholders (e.g. other affiliated hospitals).'*

The past four Deans of the U of T Faculty of Medicine have worked tirelessly to strengthen relationships between university and its teaching hospitals. The corollary is that CEOs of the teaching hospitals continue to strengthen their relationships with the University. This is a very positive trend that historically has not always been the case at U of T. In my role as Director of one of the University's EDUs and reporting to the Dean and Vice Dean of the Faculty of Medicine, I have been guided by those I report to, who have indicated that they support this very strong principle. It stands to reason that some EDUs will be more closely affiliated with one or other academic hospital. I have provided examples in 1b above where this is the case for some of the other major disease-based research programs. In 1a above I have briefly provided the historical context that explains the unique relationship between the BBDC and UHN. This relationship has been further strengthened by the fundraising alliance discussed in #1 above. Notwithstanding the sensitivities of diabetes scientists who are not based at UHN, the real question that needs to be addressed is whether this relationship is beneficial for the BBDC or harmful. Recognizing that this critically important strategic decision must be taken by the leadership of the Faculty of Medicine I will certainly respect their decision if it were to change. My own conviction and that of the BBDC executive however is that this relationship is highly beneficial for diabetes research in Toronto and should be strengthened. I would very much like to see the other teaching hospitals emulate the relationship between UHN and the BBDC by building strong ties to the BBDC, which will undoubtedly enhance their own hospital-based diabetes research programs. I will work with all of those hospitals and their leaders in diabetes research and education who wish to build those relationships.

The past four years have seen a marked increase in BBDC funding, expansion of programs and a higher profile for the organization on the international stage. This is in no small measure due to our fundraising efforts, from which all BBDC members benefit. Although we have not recently quantified opinions amongst the BBDC membership regarding this issue it is my informal impression from the many conversations I have with members that this issue remains contentious for a small minority of the BBDC membership. The large majority of BBDC members tell me and my colleagues on the BBDC executive on an ongoing basis that they are extremely appreciative of our efforts to support and grow the organization, in particular the large increase in research funding over the past 5 years. Nonetheless, I will not diminish the importance of this issue and I acknowledge that it needs to be managed strategically and with careful thought to all members. One measure I as Director have taken to mitigate this issue has been to include one member of each university affiliated hospital and basic science departments that have major diabetes research interest (Physiology, Lab Medicine) on the BBDC executive, giving all interested constituents a stake in the BBDC. The BBDC executive is the administrative body that makes all important strategic decisions regarding the Centre. It is run in a transparent and democratic fashion. There is an extremely high level of collegiality and co-operation amongst the BBDC leadership.

3. **BBDC Leadership change in 2011:** '*[Dr. Lewis] chose to take the BBDC in a new direction with more and new younger faculty in leadership positions. Thus the BBDC Executive Committee membership was completely overhauled; BBDC has in the last cycle experienced a major revamping of its leadership and lacks senior leaders established in diabetes with national and international reputations. A number of those with these reputations are at the University of Toronto but play no real role in determining the direction(s) of the BBDC; an overhaul at most levels so there is little carryover of leaders from previous cycles'*

Prior to my appointment as BBDC Director in 2011 the BBDC executive committee was comprised exclusively of senior, established diabetes research scientists (other than one exec member, namely the head of BBDC diabetes education, Dr. Jacqueline James), including two previous BBDC Directors. Most of these executive members had served on the executive for two decades or more. I felt it absolutely necessary to develop a younger generation of diabetes leadership at U of T and am even more convinced of that today, as I see those individuals beginning to take leadership roles. Furthermore, with the envisaged major change in direction of the BBDC and expansion of its programs (as outlined in the 2012 Strategic Plan), fresh faces and fresh ideas would be welcome. Aware, however, of the valuable insights that senior, respected and seasoned leaders can bring to an organization, I attempted wherever possible to engage senior scientists in leadership positions within the organization. I am pleased to say, that there seems to be renewed engagement of some senior scientists in the BBDC. I will continue to work positively on this issue as we move forward.

4. **The new Department of Physiology Chair had serious concerns about his department and other basic science departments that have traditionally been important in and to the BBDC becoming marginalized**

I must say that this comment in the external review is puzzling. I had no inkling that this was a concern of the new Chair of the Dept of Physiology, who had never expressed it to me as I would expect to be the case if it were to be a major issue. It is very difficult for me to even comment on this issue since I am not sure at all what considerations underlie it. Numerous members of the Department of Physiology are members of the BBDC and some of them hold important positions in the organization. Dr. Tony Lam for example is the Associate BBDC Director, Research and heads the Training and Research Excellence Committee. Dr. Michael Wheeler heads the Islet and Stem Cell research platform. A number of other members of the department serve on other important BBDC committees. In my view, there have been no changes made to the BBDC that marginalize members of the Department of Physiology or, in fact, any other basic science department. To the contrary, BBDC funding for research has dramatically increased over the past five years and many members of the Dept of Physiology have been recipients of those funds. In fact elsewhere in the report the reviewers note that 'More researchers from certain departments (eg nutritional sciences) have developed research activities in diabetes because of opportunities presented under [Dr. Lewis'] leadership. The involvement with graduate training through provision of fellowships to students is also very valuable '. These statements appear to be somewhat contradictory. I will certainly reach out to Professor Collingridge immediately to find out more about this – it is of great concern to me. I made a commitment when I took over as BBDC Director in 2011 that no funds would be diverted from the highly valued training grants that the BBDC supports annually, that are of great value to basic scientists. All new programs would be supported by newly acquired funds. I have kept that promise and in fact have dramatically increase funding for basic scientists through the provision of pilot and feasibility

grants, equipment grants, new investigator award and an increased number of studentships and fellowships.

5. **Students would appreciate expansion of the opportunity to meet with visiting faculty**

Thank you for this excellent suggestion. We will implement this

6. **Better communication between discovery research programs and between discovery and applied research programs.** Reviewers comment that *'The leadership of the Discovery Research Platform is not meeting regularly. Not doing so is a lost opportunity to foster research across the different platforms and also to enhance translational research as there is inadequate communication between groups. Thus, some of the programs may not be flourishing as well as could be expected. Consideration could be given to changing the focus or realigning some of these programs. Further, these may also be helped by identifying champions who are willing to spend time meeting with their constituents and the broader BBDC leadership on a more regular basis. The Discovery and Applied Research Programs are individually impressive but more crosstalk should be encouraged between basic and clinical scientists. This fosters interdisciplinary research and can help position the BBDC for some funding opportunities at the national and international level, and promote some translational activities that may become transformative by their innovative concept and by reaching unprecedented milestones'*.

The issue of how best to manage and enhance diabetes research is critical to the success of the organization and goes well beyond fund raising. The current structure of discovery and applied research programs is new for the BBDC and is the result of a very inclusive and extensive process of strategic planning that was undertaken 4 years ago, the most comprehensive strategic plan undertaken by the BBDC in its history. The major rationale for the program clusters was first to encourage researchers with differing skills to work together on common, breakthrough research ideas, second to prepare BBDC scientists for the many team grant opportunities that are arising and finally as a fundraising tool, in order to better explain the activities of the BBDC to interested donors. The strategic plan was by no means a cookie cutter plan imposed on the BBDC by an outside consulting organization. It is in fact unique and carefully crafted for the BBDC. In my opinion, the current structure has achieved some of its original goals but it does fall short of what we would like to see it achieve. Recognizing that many of these programs are artificial clusters, not all of which will be successful, there continue to be challenges. Identifying committed leadership and membership for the programs is an ongoing challenge in a volunteer-driven organization. The success of each program has been and will be directly proportional to the commitment of each program's leadership and membership. Furthermore, the original intention of having periodic meetings of discovery program leadership as a steering committee to share and discuss issues of common interest has not been successful. Consequently, the Discovery Research Steering Committee is currently inactive. Instead I work successfully one-on-one with leaders of the various research programs to promote programmatic activities. This is not an ideal administrative structure, one for which a solution needs to be sought. Overall, despite the challenges outlined above, it is my view that the program structure created in 2012 has been very beneficial to the BBDC, facilitating the expansion of diabetes discovery research. The program is still in its very early days. It is premature, therefore, to fully evaluate the success or failure of the restructuring. We will however be exploring ways to improve and strengthen the structure and redirect as necessary.

7. **Organizational structure of the BBDC.** Reviewers make the following comment; '*The organizational structure and leadership is discussed in part above. Highlights are essentially an overhaul at most levels so there is little carry over of leaders from previous cycles. With the new research platforms, there are numerous individuals involved, but at least some do not appear to interact regularly. It appears that the Director is largely responsible for day-to-day decisions, fund raising and frequently larger decisions for the BBDC. While this structure is currently working and the Center is functioning, it is putting a lot of pressure and responsibilities on the Director, and it is possible this could be improved. It is recommended that some consideration be given to restructuring BBDC leadership to enhance communication, spread the workload and ensure past experiences of the Center, both good and bad, are considered when important decisions are being made'.*

I appreciate the above comment, and identify three major aspects to the above comment. First is the issue of engaging senior leadership, which has been discussed above in # 3. The only additional comment I will make here is that I would hope that the senior leaders buy into the vision of the BBDC, as enunciated in the 2012 strategic plan, embrace the need for a new generation of leadership, and not view the BBDC as a threat to their hospital-based research program. Otherwise it may be challenging to re-engage some of them. Second, it is important to point out that ALL important decisions are made by the BBDC executive, by vote as necessary, not by the director alone. The vice dean research is a member of the BBDC executive and participates in all major decision making. The Director reports to the Vice Dean Research and to the Dean. The administrative structure of the BBDC is dictated by the administrative structure for all U of T FOM EDUs. Third, the reviewers are correct in pointing out that fund raising is done entirely by the Director and is pressurizing and exhausting. My experience is that successful fund-raising requires motivated academic leaders who have a major vested interest in advancing their organizations. Fund raising requires hundreds of hours of time invested and requires enormous commitment working closely with professional fund-raisers. As Director of the BBDC, I am committed to fund-raising and working with professional fund-raisers both at U of T and hospital Foundations along with the academic leaders in diabetes among the TAHSN hospitals.

8. **While the BBDC-Joslin-UCPH conference is nice, it only benefits younger scientists in Toronto every three years as only senior and invited presenters will attend when it is held at the other two sites**

This joint meeting has been a huge success on many levels in my view. Moreover it is the forerunner of our three institutions moving forward to jointly celebrate the 100th anniversary of the discovery of insulin in 2021. Furthermore, funding is provided for 10 of our trainees to travel to either Boston or Copenhagen to present their work. This is only one of many opportunities (scientific days, seminar series, student conferences) for our trainees to interact with international scientists and to present their work. I do think that we are saturated in this respect. Apart from the excellent suggestion in #5 above the executive has not received more requests for conferences or seminar series from our students or faculty.

9. **Workload of the grants review committee (comment on page 4, top of page (v)**

Agree with the reviewers observation and suggestions. Will implement

Once again I would like to thank the external reviewers for their detailed and thoughtful review of the centre.

Sincerely,

Gary Lewis, MD, FRCP(C)