



11 December 2020

Salvatore M. Spadafora, MD, FRCPC, MHPE
Vice Dean, Strategy and Operations
Professor Department of Anesthesiology and Pain Medicine
Temerty Faculty of Medicine, University of Toronto
Medical Sciences Building, Room 2109
1 King's College Circle
Toronto, ON M5S 1A8

Re: BBDC Director's Response to External Reviewers' Report (External Review Date October 23, 2020)

Dear Dr. Spadafora,

I would like to thank the external reviewers, Drs. Jean Schaffer (Associate Research Director, Joslin Diabetes Center, Harvard Medical School) and Bruce Verchere (Director, Centre for Molecular Medicine & Therapeutics, UBC), for their comprehensive report, their thoughtful and highly constructive suggestions and their overall positive review of the BBDC. I will respond point by point to their comments and suggestions. Although the reviewers' report is replete with very positive comments, I will focus on weaknesses rather than strengths and constructive criticisms rather than praise since these are actionable items for improvement of the BBDC.

1. Relationships

Reviewers' Comment: *Some department heads see an issue with the optics of BBDC being more UHN-based (rather than University of Toronto), although this did not seem to be an issue with the membership, who for the most part felt part of BBDC wherever they were located.*

Director's Response: It is the norm rather than exception that an Extradepartmental Unit (EDU) of the Faculty of Medicine, such as BBDC is both physically located at and affiliated with one of the many affiliated U of T hospitals or research institutes, and this relationship has been encouraged by the current and previous Deans of the Faculty of Medicine. The BBDC is but one of a number of examples of this. The BBDC's relationship with UHN spans over 30 years. The current 5-year Memorandum of Understanding/affiliation agreement between the UHN and University of Toronto/BBDC for the period July 1, 2017 to June 30, 2022 is the second renewal since 2007 and includes annual funding for BBDC fellowships, studentships and our annual scientific meeting. An additional advantage of this relationship is the provision of office space and ability to raise funds through the Hospital Foundation for an EDU that the hospital takes great pride in supporting, something the reviewers clearly recognized and lauded throughout their report. The important point is that the EDU serve the entire U of T diabetes community and not just those based at the host hospital/research institute. The fact that the membership is supportive of the relationship is good evidence that this is indeed the case. I do think that department heads need to decide whether optics outweighs the many pragmatic advantages of such a relationship. A future BBDC Director would feel better supported if Department heads would view the relationship as a strength and advantage rather than something that detracts from the BBDC. The only way the BBDC could free itself of such a relationship would be if the University would undertake to provide the financial support that would be lost from decoupling from the hospital, which is not a possibility.

Reviewers' Comment: *Applied Research/QUEST seems somewhat siloed, and for some members, there was not the same sense of being part of BBDC. There was a stronger BBDC connection for those doing lab-based science.*

Director's Response: Yes, this is a challenging issue without a simple solution. The BBDC has two categories of members, 1. Those who are primarily involved in research, and 2. Those involved in clinical care or education. Members of the former category hold University appointments at the Assistant Professor level or higher and are appointed to the BBDC membership by the director based on a track record of diabetes research. Their profiles are listed on the website and they are entitled to apply for BBDC funding programs. The latter category consists of a mix of allied health professionals and physicians who are not primarily involved in diabetes research. They are more loosely associated with the BBDC. The vision of the BBDC is that of 'a centre of excellence for innovation in diabetes research, education, and clinical care'. Successive BBDC Executive Committees over the past 4 decades have discussed prioritization of the relatively small pool of available BBDC funding and have consistently voted to prioritize support for research trainees and research grants over all other activities. In practice, the BBDC plays a minimal role in clinical care at U of T since this role is subsumed completely by the affiliated hospitals and their respective divisions of endocrinology. In the early days of my term as director, I proposed a co-ordinating role for BBDC in clinical activities, in an attempt to strengthen those activities and to introduce scholarship in innovations in health care delivery. The proposal was discussed by hospital clinical diabetes leadership and rejected.

The BBDC has always maintained a strong presence in diabetes educational activities, hosting successful educational conferences and print and online educational materials. There is no shortage of funds for these activities. The BBDC has ensured adequate funding for the QUEST committee, much of which remains unspent. The primary issue appears to be one of engagement of those involved in care and education. The current Chair of the QUEST committee, Dr. Phil Segal, is outstanding, committed, creative and is highly engaged. However, he struggles to engage others in the community. These are volunteer activities and people are busy with little to no free time. The BBDC Diabetes Pharmacists Network was started during my first term as Director in 2012 by hiring an outstanding pharmacist/educator, Dr. Lori MacCallum, to engage her colleagues and to build and expand the network. Despite the successful raising of \$2million in new funding for the program and incredible success of the program in all respects, unfortunately the program cannot be sustained beyond this year because of insufficient funds.

The ongoing issue, therefore, is how to maintain the educational activities of the BBDC by engaging a handful of committed volunteers to innovate, create educational materials and organize conferences. The BBDC Executive does feel that the BBDC should continue to play an active role in education. Fortunately, Continuing Professional Development (CPD) is a highly valued career path in the U of T Faculty of Medicine that can be rewarded by promotion through the ranks to Full Professor. The BBDC can provide a credible, internationally recognized platform for such an individual and can raise sufficient funds to support these activities but cannot hire salaried staff to run these programs. The issue of how to strengthen BBDC education activities should be a major topic of future strategic planning.

Reviewers' Comment: *Members and stakeholders lack insight into the finances or budgetary decisions.*

Director's Response: Thank you for raising this issue. I agree it would be helpful to provide more information to BBDC membership and stakeholders regarding the Centre's finances, which are discussed and voted on by the BBDC Executive annually and reported in meeting minutes. I will discuss this with the Dean and Vice Dean of Strategy and Operations to determine the best way to provide this information.

2. Research

Reviewers' Comment: *Common areas in discovery research (such as islet/stem cell biology, diabetes and heart disease, complications, diabetes and pregnancy, and nutrients/digestive tract/diabetes) might be better leveraged by more frequent seminars, trainee work-in-progress groups, and/or faculty chalk talks.*

Director's Response: This was one of the goals of the original clustering of research into discovery research programs in the 2011 Strategic Plan and some of the programs indeed began to hold regular group seminars. However, they faded over time due to poor attendance and lack of interest. The only group that continues to hold regular seminars is the Diabetes in Pregnancy program. There are so many seminar series across the University of Toronto, with each BBDC member also being an integral member of their respective Department, Division, Research Institute, etc.

Reviewers' Comment: *There may be untapped opportunities for obtaining input from BBDC members (e.g. through a survey) regarding current programs and new ideas.*

Director's Response: I agree that it is important to monitor the pulse of the membership and to invite input wherever possible. For the most part we do not conduct surveys, but we do solicit input on a regular basis in a targeted fashion. For example, we are currently considering whether to open our trainee seminar series to non-BBDC members, now that seminars are being conducted virtually by Zoom. We will poll our trainees to solicit their opinions. Another example – every year we have some latitude as to whether to direct funding to pilot and feasibility grants, new investigator awards, or fellowships. We solicit the opinions of our 10 Training and Research Excellence Committee members, who ultimately decide on the disbursement of funds. The time is right for a new strategic planning exercise, which will involve extensive input from all BBDC members.

Reviewers' comment: *Maintaining a record of tangible outcomes (papers, grants, career advancement steps) on a real-time basis, including data collected for several years following awards might help to motivate support from University of Toronto, its departments, and its affiliated Hospital research institutes, as well as outside donors.*

Director's Response: Yes, this would be extremely informative and helpful in planning future funding programs. The dilemma we face in this regard, in view of the BBDC's lean budget, is whether to divert funding from research grant programs to hire personnel to gather these data. These important tasks always seem to fall by the wayside when such stark decisions have to be made. We simply do not have the staff to gather this information at the present time. I will discuss this issue with the Dean and Vice Dean of Strategy and Operations. I am hoping that the Faculty of Medicine can assist us in implementing this excellent idea.

Reviewers' Comment: *The last BBDC strategic planning process was in 2011. At this time, a strategic planning exercise would be useful to re-energize (and potentially redirect) the Applied Research Program and to enhance engagement across the Discovery and Applied Research Programs.*

Director's Response: I agree that it is important to repeat a strategic planning exercise, 10 years after the 2011 Strategic Plan. My own view is that strategic planning should concentrate less on reorganizing the BBDC programs internally and should focus on bold new outward-facing initiatives. The BBDC is mature and established enough to begin to consider its role in partnering with other Canadian university diabetes centers in a pan Canadian Network to promote and facilitate Canadian diabetes research. We are in fact beginning to take initial steps in this direction in the following research areas: Islet Biology, Autoimmunity of T1D and Integrative Physiological Metabolic research. These are exciting baby steps that can be accelerated, to the benefit of BBDC and non-BBDC members and ultimately to the advantage of those living with diabetes.

Another major area for consideration is the relationship between BBDC and the Pan Canadian SPOR network Diabetes Action Canada, the former with its basic discovery science strength and the latter with its health systems and pragmatic research strength. There would be much to gain from these two U of T organizations working closer across the entire spectrum of diabetes research.

3. Education

Reviewers' Comment: *The trainees seemed keen and open to other training opportunities, such as career days for information on other career paths in diabetes research in addition to academia, such as industry, science communications, education; and co-op/internship opportunities for those interested in industry. Trainees were also interested in workshops/symposia in other areas of learning (e.g. bioinformatics).*

Director's Response: Thank you for this excellent suggestion. We will take this into consideration.

Reviewers' Comment: *The BBDC name has international recognition but trainees felt it could be even better leveraged for attracting excellent trainees (e.g. acknowledgment of BBDC in talks and papers).*

Director's Response: This is a non-trivial but rather thorny branding issue at the University of Toronto, not just for the BBDC but for all U of T entities. BBDC members wear many hats, only one of which is their affiliation with the BBDC. Many have multiple Department, Hospital and Division appointments. Getting them to acknowledge their BBDC affiliation remains a work in progress. Many of our top investigators do not acknowledge their BBDC affiliation in international talks and publications. The Director has appealed to BBDC membership to help with BBDC branding but without much success. We do insist, and members do comply, that they acknowledge BBDC funding in their presentations and publications that arise from funding.

Reviewers' Comment: *If QUEST remains part of long-term BBDC planning, this group could consider taking on a more academic role including publications and grants, which in turn, could improve prospects for fundraising.*

Director's Response: Thank you for this interesting suggestion, which should be discussed in the next strategic planning process.

Reviewers' Comment: *The COVID-19 pandemic has been particularly harmful to training programs, as trainees do not get face-to-face interaction with visiting scientists, miss the BBDC scientific day, and travel to conferences to present and meet other scientists in the field has not been possible.*

Director's Response: We are aware of the terrible negative impact COVID-19 has had on all aspects of education. We have attempted to mitigate the damage by converting to virtual interactions whenever and wherever possible. I believe that we have at least 6 more months of disruption to endure before we are able to restore pre-COVID-19 educational opportunities.

Reviewers' Comment: *The primary focus of BBDC is its research mission, and much of AR/QUEST initiatives have transferred to the SPOR (Diabetes Action Canada). Loss of aspects of AR/QUEST may weaken the BBDC ability to deliver on its education mandate, if this is a central part of BBDC's strategic plan moving forward.*

Director's Response: To be clear some of the applied research programs have migrated to DAC, most notably the population health research program, since it is better served and resourced by DAC. There is no plan to transfer the QUEST program to DAC. QUEST is unique to BBDC and provides essential diabetes educational resource for the Centre. Strengthening the activities of QUEST has been discussed in the section on 'Relationships' above.

4. Organizational and Financial Structure

Reviewers' Comment: *Committee leadership is not as representative of the BBDC membership as it could be (i.e. gender representation on the executive committee, absence of several senior investigators).*

Director's Response: We have attempted to provide balanced male:female representation on the BBDC committee but clearly have fallen short of that goal. The Executive is comprised of heads of hospital diabetes/endocrinology programs and representative senior diabetes researchers of key basic science departments. As more women are appointed to endocrinology/diabetes hospital leadership roles the disparity will automatically be addressed but we cannot wait for that to happen. This issue definitely needs to be addressed and I undertake to do so by inviting some of our more senior women faculty to sit on the BBDC Executive.

Reviewers' Comment: *Membership felt there could be better transparency around the BBDC budget.*

Director's Response: This issue has been addressed in the section above on 'Relationships'.

Reviewers' Comment: *The term of the BBDC Director is limited to a maximum of 2 terms or 10 years, according to University of Toronto Policy provided in the Self Study. Succession planning was not discussed in depth during the review, leaving questions regarding the anticipated transition.*

Director's Response: As current Director nearing the end of my second 5-year term I will leave the response to this issue to the Dean or Associate Dean to address. Of note, however, is that when I took over Directorship of the BBDC in 2011, I made a point of populating the Executive with mid-career colleagues, precisely to address succession planning. There are a number of mid-career and senior diabetes scientists who are more than capable of Directing the BBDC. It will be critically important that they also have fund raising acumen and are willing to devote themselves to the difficult and time-consuming job of fundraising for the diabetes research community and not just for their own research.

Reviewers' Comment: *BBDC has a large pool of talent among its members and their research programs, who compete for relatively small resources. Funds raised to cover the majority of the BBDC budget are limited term funds and are completely dependent on the ability of the Director to fundraise, and the Center's ability to work productively with the University of Toronto or hospital research institute Advancement offices. In the absence of a large gift, programs may need to be trimmed to what can be supported by the yield on the endowment if fundraising by the next director is less successful. Most of the fundraising success during the current director's term has come from working with the University Health Network (UHN) Advancement Office. There is uncertainty as to whether this level of success will be sustained if the next director is not as effective at fundraising or if they are less able to partner with UHN. Although some department heads observed that BBDC appears to have become more aligned with UHN and drawn away from University of Toronto, recent fundraising efforts for BBDC by UHN appear to have enjoyed greater success. Development Staff of both UHN and University of Toronto noted the ways in which they collaborate on their efforts for benefit of BBDC.*

Director's Response: One advantage that the BBDC Director has in fundraising is that he/she can work either with the University of Toronto Advancement Office or with their home-based Hospital Foundation, and preferably with both. Most Hospital Foundations will not fundraise for non-hospital-based programs. A BBDC Director must find a method that works best for the BBDC. The University of Toronto BBDC endowment is insufficient to support the centre beyond the current administrative costs and a handful of studentships/fellowships. Raising additional funds is essential to support BBDC programs.

5. Long Range Planning Challenges

These issues have been discussed above.

Once again, thank you to the external reviewers for their excellent review of the Centre and for their constructive suggestions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gary Lewis', with a large, stylized flourish at the end.

Gary Lewis, MD, FRCP(C)
Director, Banting & Best Diabetes Centre, University of Toronto
Professor, Departments of Medicine and Physiology
Sun Life Financial Chair in Diabetes
Drucker Family Chair in Diabetes Research