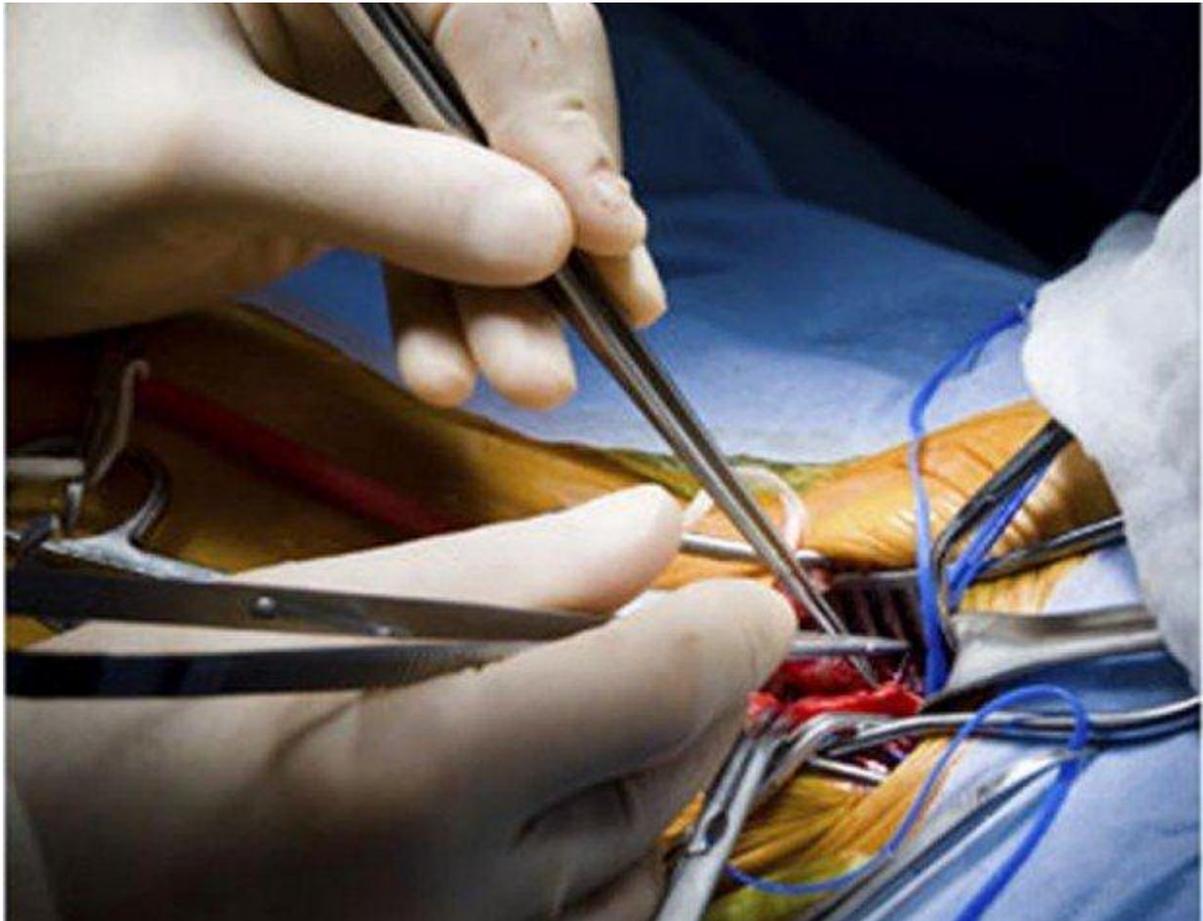


**DIVISION OF VASCULAR SURGERY STRATEGIC PLAN  
2015-2020**



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## I. Message from the Division Chair



It is my pleasure to present the new strategic plan for the Division of Vascular Surgery at the University of Toronto. The Division has a long and illustrious history since being formed as a separate Division at the University of Toronto in 1982 with Dr. K. Wayne Johnston named the first Division Chair. Dr. Thomas Lindsay completed his term as University Division Chair in 2014 and I'm proud to have followed these leaders in September 2014. Our clinical activities are based at three main academic hospitals, St. Michael's, Sunnybrook and University Health Network and two affiliate sites, Humber River and Trillium.

Our Division has a long and established track record of clinical excellence, academic productivity, and excellence in education, but our surgeons were unanimous in their views that we can be doing more and can truly become a world leader in vascular care. The central coordination of academic and research activity at the University of Toronto makes this vision possible. Toronto is the 4<sup>th</sup> largest city in North America and unlike the larger cities of Mexico City, New York and Los Angeles has only one medical school with a single Vascular Surgery program. Our scale and this unique structure allows our surgeons to work together and perform research and teaching in one academic unit at a University that is consistently ranked in the world's top 20.

On a cold Saturday in February, 23 enthusiastic surgeons from 5 hospitals came together to discuss our goals, our aspirations and the hurdles that stand in the way. I want to thank Dr. James Rutka, Chair of the Department of Surgery, for kicking off the day and providing some important perspective and guidance. This process would not have been possible without the expertise of David MacCoy of First Leadership Ltd.

Of course any such strategic exercise would not have been possible without the enthusiasm of the vascular surgeons in our Division. Thanks to all of you for embracing the process and helping us arrive at an exciting and bold vision for the future: *United in a Tradition of Leadership, Discovery & Excellence*. I look forward to working with all of you to make this vision and its associated strategic directions a reality.



*Thomas L. Forbes, MD, FRCSC, FACS*  
*Professor & Chair*  
*Division of Vascular Surgery*  
*University of Toronto*

## II. Strategic Plan: Summary of Strategic Directions & Objectives

<b>Strategic Direction</b>	<b>Objectives</b>
<b>Clinical Excellence</b>	<ul style="list-style-type: none"> <li>1.1 – Privileges</li> <li>1.2 – Partnerships in the Coordination of Clinical Activities</li> <li>1.3 – Clinical Sub-specialties</li> <li>1.4 – Best Practices &amp; Quality Improvement</li> <li>1.5 – Outreach</li> </ul>
<b>Discovery &amp; Innovation</b>	<ul style="list-style-type: none"> <li>2.1 – Fundraising, Endowed Chair(s)</li> <li>2.2 – Research Director</li> <li>2.3 – Research Database</li> <li>2.4 – Academic Publications</li> <li>2.5 – Clinical Outcomes Research</li> <li>2.6 – Integrate Pure Scientists with Clinical Teams</li> <li>2.7 – Investment in Basic Science</li> </ul>
<b>Superior Education</b>	<ul style="list-style-type: none"> <li>3.1 – Train Tomorrow’s Leaders in Academic Vascular Surgery</li> <li>3.2 – Innovative Education Initiatives</li> <li>3.3 – Career Planning</li> <li>3.4 – Faculty Development: Early, Mid and Later Career Stages</li> <li>3.5 – Faculty Review</li> </ul>
<b>Respect, Recognition &amp; Collaboration</b>	<ul style="list-style-type: none"> <li>4.1 – Communications</li> <li>4.2 – Division Annual Meeting and Social Events</li> <li>4.3 – Annual Survey of Division Members</li> <li>4.4 – Build the “Brand”</li> </ul>

### III. The Context for Strategic Planning

The following themes and issues were identified in an External Review of the Division conducted in November 2013. Many of the issues were used to conduct interviews and design a survey.

These resulting findings helped to prepare members of the Division to engage in the Strategic Planning process.

➤ **Organization of the Vascular Surgery Division**

- Responsibilities of the Program Director
- Division-wide coordination

➤ **Unity of the Vascular Surgery Division**

- Relationship between Sunnybrook and downtown hospitals and others
- Integration
- The Alternative Payment Plan
- Clinical volumes and CitiCall coverage
- Status of Trillium Healthcare and Humber River Regional Hospital
- Upcoming external review by the Royal College

➤ **Education**

- Resident allocation and fellow support
- Innovative teaching
- Rotations
- Competition for exposure in TGH ORs
- The Surgeon Scientist Training Program
- Fellowships for international surgeons
- Administration of the residency training program
- Service to education ratio

➤ **Research**

- Basic science
- Clinical research
- Grant funding
- Research productivity
- Research database
- University Institutional Review Board

- **Faculty development**
  - Freedom from clinical demands
  - Review Cycle

## IV. The Strategic Planning Process Defined

The planning framework employed to develop the Division's strategic plan is based on an interactive model that engages members to identify the following:

**Vision** ..... The desired future or “north star”, an aspirational stretch intended to guide strategic direction.

**Mission**..... An organization's core purpose or reason for being; what it does.

**Shared Values** ..... Guiding concepts, beliefs and principles.

**Strategic Directions** .... “What” we want to achieve over the next three to five (to ten) years supported by Objectives and metrics wherever possible.

**Objectives** ..... The measureable steps of Strategic Directions.

### **Supporting & Enabling Activities**

The Vascular Surgery Division Executive Group will be tasked as the Core Group with overseeing the implementation of the strategic plan. In addition, some individuals in the Division will be asked to participate in special groups or sub-committees to focus on these and other key aspects of plan implementation.

**Implementation Plan** – “How” we will achieve our goals over a multi-year planning horizon.

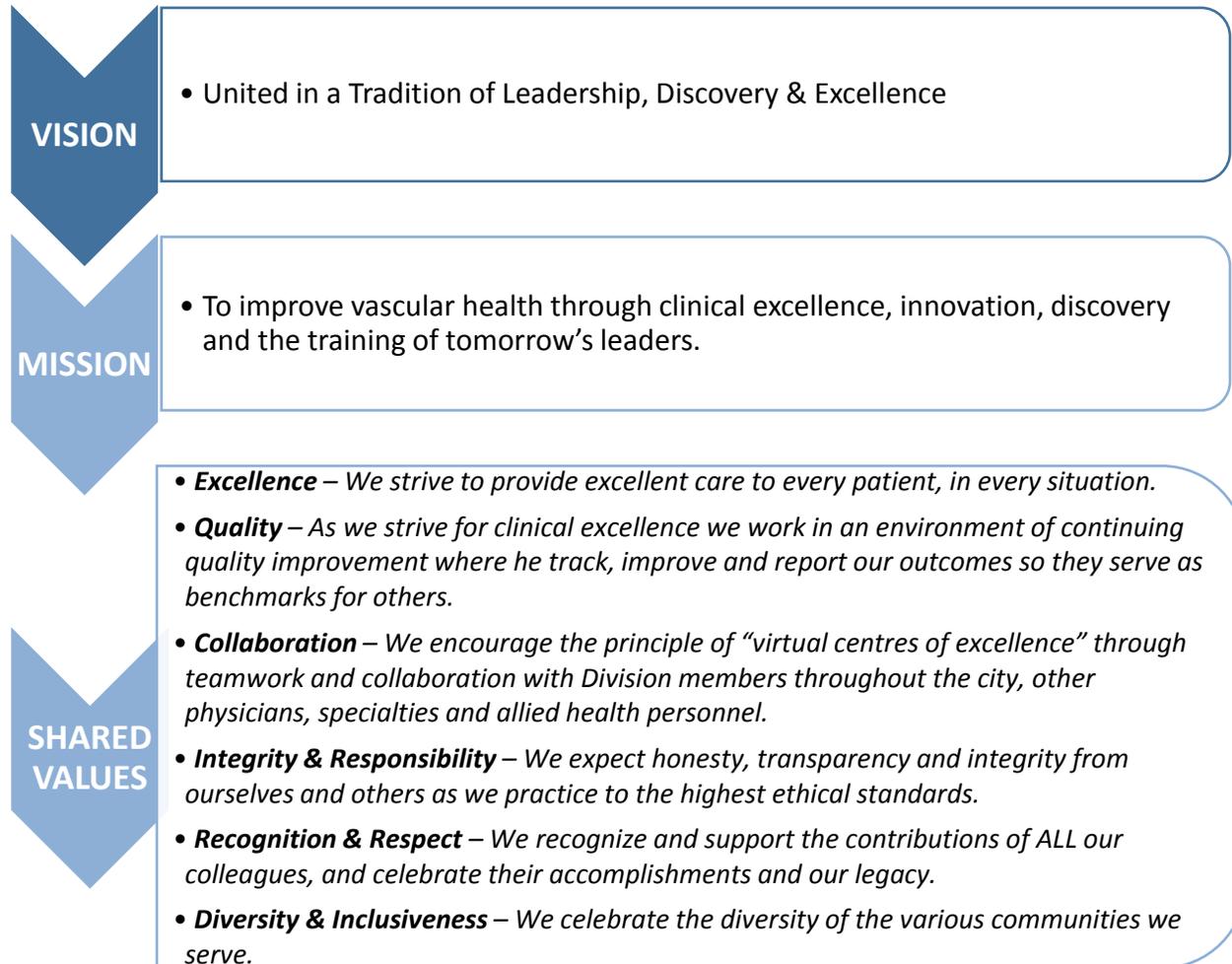
## V. Division of Vascular Surgery Retreat – February 28, 2015

A one-day, Division retreat was conducted at Hart House on the University of Toronto campus on February 28, 2015. Guests included Department of Surgery Chair, Dr. James Rutka, and the retreat was facilitated by David MacCoy of First Leadership Ltd. Twenty-three members of the Division, from 5 hospitals, attended to engage in review and dialogue of the issues and shape a strategic plan for the future. Prior to the retreat interviews had been completed by an external consultant with twelve Division members and an on-line survey engaged twenty-one members. Any strategic process has two key strategic elements: deciding “what to go for” and working out “how best to get there”.

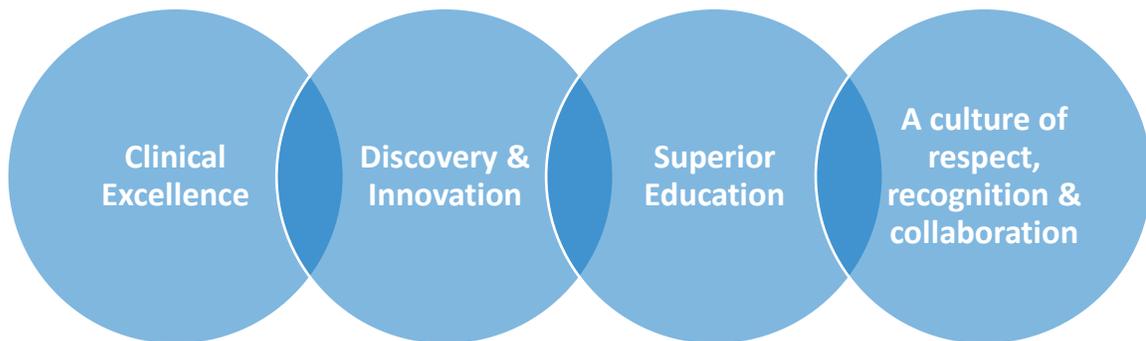


Members worked in facilitated large and small group sessions to identify challenges, key priorities and actions to be taken over the next five years and beyond. Strategic themes and activities were developed to contribute to the preparation of this plan and move the Division toward the Vision.

## VI. The Vision, Mission & Values of the Division of Vascular Surgery



### Strategic Directions



## VII. Strategic Directions 2015 – 2020

### STRATEGIC DIRECTION 1 – CLINICAL EXCELLENCE

*We will ensure that our surgical practice is socially and economically responsible and results in the best outcomes for patients while facilitating world class research and teaching. This will be supported by the alignment of privileges, stronger partnerships and linkages, development of sub-specialties, consolidating best practices, coordinated outreach to university and community hospitals and coordination of clinical services.*

#### *Objective 1 – Privileges*

In order to promote collaborative clinical exercises within our hospitals and centres, surgeons at each academic hospital will have courtesy privileges at the other academic hospitals in the Division.

#### *Objective 2 – Partnerships in the Coordination of Clinical Activities*

Clinical excellence will be improved by developing strong partnerships, for example, with medical imaging, cardiac surgery, cardiology, nephrology and other groups of healthcare providers. In addition, we will strengthen external linkages with referring physicians to improve clinical coordination and collaboration. We will develop “virtual centres of excellence” within our Division and with physicians from other specialties. These initiatives will align with those of the Cardiac Centres and Heart & Vascular Institutes at our individual hospitals.

### *Objective 3 – Clinical Sub-specialties*

The Division will continue the process of developing Vascular Surgery sub-specialties, or areas of expertise, including complex aortic surgery, complex limb salvage, wound and diabetes management and hemodialysis, among others. These subspecialty interests and expertise will drive clinical coordination within the University Division and result in collaborative and multidisciplinary academic and educational initiatives.

### *Objective 4 – Best Practices & Quality Improvement*

In order to lead in the development of vascular surgery best practices, we will carefully collect data on all procedures. All vascular surgery procedures will eventually be included in CQI database (s) with appropriate risk adjustment, reporting and outcome measurement. This will assist in best practices and guideline development and provide benchmarks for performance improvement.

### *Objective 5 – Outreach*

We will coordinate outreach efforts with university affiliated and community hospitals. In addition, we will develop initiatives to optimize the delivery of urgent and elective vascular surgery provision through equitable and fair processes.

## **STRATEGIC DIRECTION 2 – INCREASE DISCOVERY & INNOVATION**

*To become a global leader in our field, we will expand discovery and innovation initiatives increasing Division wide resources and capabilities; appointing a Division of Vascular Surgery Research Director; building a research database; increasing joint grant-writing and the output of peer reviewed publications; building capacity in clinical outcomes research; integrating pure scientists with clinical teams, and increasing investments in basic science.*

### *Objective 1 – Fund Raising*

Currently the University Division's ability to financially support protected time, centralized research resources and academic salary support is limited. Fundraising, philanthropy and endowed, or term, positions are vital instruments to promote Division wide academic productivity. Centralized research needs, such as grant writing and statistical support, as well as individual investigator support would be supported

with these positions. An important objective for the Division will be finding sources of funding for these positions from foundations, corporations and grateful patients.

*Objective 2 – Division Research Director*

In view of the importance the Division places on Discovery and Innovation, a Research Director will be appointed. Taking the lead for our overall research strategy, the Research Director will engage members of the Division in developing a research agenda and needed resources to encourage research and innovation collaboration across the various hospitals.

*Objective 3 – Research Database*

The Division will develop a Research Database. As a first step, we will amass an inventory of research, innovation activities and interests of Division members to develop a research agenda. Next, we will take steps to collect and assemble data in order to build a usable Divisional Research Database accessible to all members.

*Objective 4 – Increase Academic Productivity*

Over the next five years, we will aim to increase the number of grants for research and double the output of peer reviewed publications. Objective bibliometrics, such as number of citations and h-factor, will be used as measurements of academic productivity at the Division and individual surgeon levels. In addition, we will encourage Division members to get involved in professional conferences and societies and make presentations on topical issues in vascular surgery. To achieve this, the Division will increase joint grant-writing, and develop statistical and research resources in support of members.

*Objective 5 – Clinical Outcomes Research*

We are committed to pursuing a significant increase in clinical outcomes research. To this end, the Division will recruit a clinical trials specialist to champion this objective. Centralized research resources will also be developed so we take advantage of the breadth of clinical activity within our Division's individual hospital groups. Also, the eventual coordination of hospital based Ethics Review Boards will allow more city wide clinical trials with our University Division being a prime site for industry and non-industry funded clinical trials.

*Objective 6 – Integrate Pure Scientists with Clinical Teams*

We will explore the opportunities of integrating pure scientists with clinical teams to enhance discovery and clinical outcomes. Recruitment of pure scientists will be an objective in 2016/17.

*Objective 7 – Investment in Basic Science*

To deepen our understanding of the mechanisms involved in vascular disease, the Division will seek funding for opportunities to support basic science research in focussed areas of research.

**STRATEGIC DIRECTION 3 – PROVIDE SUPERIOR EDUCATION & CAREER DEVELOPMENT**

*The Division will continue to provide excellent education of academic surgeons and the next generation of leaders in vascular surgery taking steps to adopt innovative education initiatives and technology; faculty development including career planning for trainees; a mentoring program for new faculty while aligning and balancing clinical, research and academic priorities, respectful retirement planning, and a fair process for faculty review.*

*Objective 1 – Train Tomorrow’s Leaders in Academic Vascular Surgery*

Our Division will build on our tradition of leadership and academic excellence by selecting residents and fellows who are best suited for an academic career. Enrollment in the Surgeon Scientist Training Program will be increased so as many trainees as possible receive the research training necessary for a successful academic career.

*Objective 2 – Innovative Education Initiatives*

We will take steps to continue and expand innovative education initiative such as the *Vascular Surgery Boot Camp*, *Vascular Surgery Half-Days* and the *Canadian Endovascular Skills Summit* with a view to making them available throughout the Division and beyond. We will seek to invest in simulation labs and other innovative technology that will keep us at the leading edge of vascular education. In addition, we will offer to pilot competency based, learner focused education and evaluation of

trainees. Collaborative fellowship programs will be developed to align with clinical sub-specialties and “virtual centres of excellence” (see Objective 1.2)

### *Objective 3 – Career Planning*

We will design and introduce a process to advise trainees in long range career planning and to assist them in obtaining suitable employment or fellowships upon graduation. Milestones for knowledge, skills, attitudes and performance will be established with support systems to assist graduates with career development. Leadership training will begin at the resident level.

### *Objective 4 – Faculty Development: Early, Mid and Later Career Stages*

We will provide support to faculty at the early, mid and later stages of career. For new faculty, we will establish a strong mentoring and transition program to draw on the expertise of established faculty members. Steps will be taken to align and balance clinical, research and academic priorities for all new faculty. The Division will create a Collaborative Leadership Development Program for early and mid-career faculty including academic scholarship initiatives such as research, administrative and education skills workshops, advanced education programs and inter-professional education programs, and advice on arrangement of relevant sabbaticals. To ensure respectful retirement for later career faculty, we will align with Department of Surgery policy on end of career surgeons which is being developed.

### *Objective 5 – Faculty Review*

We will work to develop a “fair process” for faculty review that aligns the expectations of the Division, the Department and the hospital, with the individual’s job description and academic role category. Teaching, academic productivity and clinical service will be cornerstones of faculty review. However, we need a transparent process that takes into account many other important factors including innovation, community service, mentoring, collegiality and external recognition for example.

## **STRATEGIC DIRECTION 4 – EMBED A CULTURE OF RESPECT, RECOGNITION & COLLABORATION**

*We will strive to nurture and build a culture of respect, recognition and collaboration among members of the Division and the partners with whom we work. This will be supported through enhanced communications, meetings, surveys, recognition of contributions, and building the Division “brand”.*

### *Objective 1 – Communications*

We will strive to enhance communication ensuring that all members, including administration and allied health are informed in a timely manner of Division developments and accomplishments. In addition to the Division Newsletter, we will explore communication initiatives using social media to connect all stakeholders.

### *Objective 2 – Division Annual Meeting and Social Events*

The Division will hold an Annual Meeting to engage members in discussion about key issues and accomplishments and to review progress with respect to this plan. We will also plan social events at suitable times to bring members and their families together.

### *Objective 3 – Conduct Annual Survey of Division members*

In order to assess the state of the Division, a survey of members will be conducted annually with the results shared.

### *Objective 4 – Build the “Brand”*

We will take steps to build the “brand” of the Division ensuring that it is seen as the best place to train and work. We will ask key stakeholders to assess our “brand” identity, achievements and reputation. Members of the Division have had many accomplishments over the years. We will celebrate our history of leadership by interviewing, video-recording and publishing the experiences of retired faculty. We will celebrate their teaching, research and clinical accomplishments in a variety of ways including publishing their stories in the Newsletter.

## VIII. Supporting & Enabling Activities

*The following activities have been identified as key activities to support the implementation of the Strategic Directions. The Vascular Surgery Division Executive Committee will be tasked as the Core Group overseeing the implementation of the strategic plan. In addition, some individuals in the Division will be asked to participate in special groups or sub-committees to focus on these and other key aspects of plan implementation. To support and enable the Strategic Plan, we will undertake fundraising activities and appoint a Division Research Director. We will establish a central resource centre to support the Division's research initiatives. We will develop a comprehensive communications plan and a human resources plan to serve the Division.*

### I. Implementing the Strategic Plan

The Division Chair will lead the implementation of the Strategic Plan. He will appoint various members to lead specific initiatives as required. Each hospital will be represented in special groups or sub-committees wherever feasible.

### II. Fundraising Initiative (supporting Strategic Direction 2)

Fund Raising to solicit the contributions of grateful patients, government funders and foundations in order to fund endowed positions within the University Division will be a key priority.

### III. Central Resource Centre to Support the Division (supporting Strategic Direction 2)

The Division will create a central resource centre to support all research initiatives. For example, we will collaborate to obtain the services of a grant-writer and a statistician. The Division's Research Director will be appointed and will also develop an inventory of current and ongoing research initiatives within the Division.

### IV. Division of Vascular Surgery Communications Plan (supporting Strategic Direction 4)

We will undertake several new and several ongoing communication initiatives to support and enhance the culture of respect, recognition & collaboration. We will continue to publish the Newsletter as a means of updating all members about accomplishments, issues and events. We will continue City Rounds and Chair visits to engage all members in ongoing developments. We will use Social Media as a means of connecting regularly on immediate topics of interest with members.

V. Division of Vascular Surgery Human Resources Plan (supporting Strategic Direction 1, 2 & 3)

We will design a Division Human Resources Plan aligned with other University of Toronto HR plans that will institute Division-wide mentoring of new faculty; a fair faculty review process; and a faculty leadership development process. We will also develop a plan and process to assist graduates in obtaining suitable employment.

## IX. IMPLEMENTATION FRAMEWORK

STRATEGIC DIRECTION	ACTION & OUTCOME IN 5 YEARS	MECHANISM & START TIMELINE
<b>1 – CLINICAL EXCELLENCE</b>		
<b>1.1 Privileges</b>	Increase in opportunities for Collaborative clinical exercises	Grant courtesy privileges to surgeons in academic hospitals by end of 2015.
<b>1.2 Partnerships in the Coordination of Clinical Activities</b>	Increase opportunities for greater collaboration intra and inter hospitals.	Negotiate agreements 2016.
<b>1.3 Clinical Sub-Specialties</b>	Increased the volume of complex aortic surgery and the development of multi-hospital, multi-divisional and multi-disciplinary training for surgeons.	Identify champions for sub-specialties 2016. Align with Division's HR plan.
<b>1.4 Best Practices &amp; Quality Improvement</b>	Collection of data on surgery outcomes to identify promising and best practices, guideline development. Our Division to become the Canadian benchmark for vascular surgery outcomes	Continue with current CQI data collection and best practices criteria (VQI & NSQIP). All hospitals to input data to common CQI database by end of 2016.
<b>1.5 Outreach</b>	Coordinated outreach efforts with university affiliated and community hospitals and initiative to improve emergency coverage and increase referrals and elective surgery volumes.	Coordinated outreach plan by 2016.
<b>2 – DISCOVERY &amp; INNOVATION</b>		
<b>2.1 Fundraising, Endowed position (s)</b>	Endowed position(s) to enable long term commitments to academic mission.	Seek funding sources 2015 – 2020.
<b>2.2 Division Research Director</b>	Leadership for our overall research strategy in Vascular Surgery. Increase in grants and academic publications.	Identify and appoint a Vice Chair by end of 2015.
<b>2.3 Research Database</b>	A research database available to all members of the Division.	Inventory of research, innovation activities, and interests 2016.
<b>2.4 Academic Publications</b>	Double output of contributions to peer reviewed publications in 5 years.	Publications plan to be led by Research Director. Use bibliometrics to assess academic productivity by end of 2015.
<b>2.5 Clinical Outcomes Research</b>	Increased volume of clinical outcomes research & clinical trials across the Division.	Recruit a clinical trials specialist to lead this direction 2017.
<b>2.6 Integrate pure scientists</b>	Enhanced discovery and clinical outcomes.	Find opportunities to recruit and integrate 2016.
<b>2.7 Investment in Basic Science</b>	Greater understanding of the mechanisms involved in vascular disease.	Seek funding to support research in basic science 2018.

STRATEGIC DIRECTION	ACTION & OUTCOME IN 5 YEARS	MECHANISM & START TIMELINE
<b>3 – SUPERIOR EDUCATION</b>		
<b>3.1 Train Tomorrow's Leaders in Academic Vascular Surgery</b>	Graduates of our training programs will work at academic centers throughout the world.	Recruitment of trainees best suited for academic careers (immediate). Increase enrollment in SSTP (2016).
<b>3.2 Innovative Education Initiatives</b>	Innovative education initiatives applied throughout the Division (simulation, technology and competency based evaluation).	Comprehensive plan for educational innovation 2016/17.
<b>3.3 Career Planning</b>	All trainees have experienced the career planning process.	Design career plan process with milestones 2018.
<b>3.4 Faculty Development: Early, Mid and Later Career Stages</b>	All new faculty have a mentor and balanced priorities. Leadership program and retirement plans in place.	Initiate as part of HR plan 2019.
<b>3.5 Faculty Review</b>	Fair process in place for faculty review.	Design and implement in 2016.
<b>4 – CULTURE OF RESPECT, RECOGNITION &amp; COLLABORATION</b>		
<b>4.1 Communications</b>	All staff are informed in a timely manner of Division developments and accomplishments.	Institute existing and new communication mechanisms 2016.
<b>4.2 Annual Meeting &amp; Social Events</b>	Annual meetings are held in January/February each year with an overview of the Division's activities. Increased number of social events involving family.	Establish a master plan for meetings 2015-16.
<b>4.3 Annual Survey</b>	Survey is conducted in January each year.	Place in master plan for Division.
<b>4.5 Build the "Brand"</b>	The U of T Division of Vascular Surgery "brand" is known and admired in healthcare.	Initiate development of a "brand" strategy 2016-17.
<b>5 – SUPPORTING &amp; ENABLING</b>		
<b>5.1 Core Group Oversight</b>	Strategic Priorities are implemented as appropriate on a timely basis by committed leads and Core Group members.	Leads and sub-committees for Strategic Directions 2015 – 2016.
<b>5.2 Fundraising</b>	Endowed position(s)	Fund Raising strategy 2015-16.
<b>5.3 Central Resource Centre</b>	Services of a grant-writer and a statistician; location of database.	Fundraise, recruit; plan for database 2016.
<b>5.4 Communications Plan</b>	Newsletter; City Rounds; Remote Rounds; Social Media	Comprehensive Plan 2016.
<b>5.5 Human Resources Plan</b>	Mentoring; Fair Review Process; Leadership Development; Employment process for new graduates; retirement process; recruitment plan.	HR Plan 2016.

## X. Vascular Surgery Strategy Map

### VISION

*United in a Tradition of Leadership, Discovery & Excellence*

### MISSION

*To improve vascular health through clinical excellence, innovation, discovery and the training of tomorrow's leaders*

### VALUES

**Excellence**

**Quality**

**Collaboration**

**Integrity &  
Responsibility**

**Recognition &  
Respect**

**Diversity &  
Inclusiveness**

### STRATEGIC DIRECTIONS

#### 1. Ensure clinical excellence

*We will ensure that our surgical practice results in the best outcomes for patients while facilitating world class research and teaching. This will be supported by the alignment of privileges, stronger partnerships and linkages, development of sub-specialties, consolidating best practices, coordinated outreach to university and community hospitals and coordination of urgent and non-urgent services.*

#### 2. Expand discovery & innovation

*To become a global leader in our field, we will expand discovery and innovation initiatives increasing Division wide resources and capabilities; appointing a Division of Vascular Surgery Research Director; building a research database; increasing joint grant-writing and the output of peer reviewed publications; build capacity in clinical outcomes research; integrating pure scientists with clinical teams, and explore investments in basic science.*

#### 3. Deliver superior education & development

*The Division will continue to provide excellent education of academic surgeons and the next generation of leaders in vascular surgery taking steps to improve innovative education initiatives and technology; faculty development including career planning for trainees; a mentoring program for new faculty while aligning and balancing clinical, research and academic priorities, respectful retirement planning, and a fair process for faculty review.*

#### 4. Embed a culture of respect, recognition & collaboration

*We will nurture and build a culture of respect, recognition and collaboration among members of the Division and the partners with whom we work. This will be based on enhanced communications, meetings, surveys, recognition of contributions, and building the Division "brand".*

### SUPPORTING & ENABLING ACTIVITIES

I.	II.	III.	IV.	V.
implementation of the Strategic Plan	Fundraising Initiatives	Centralized Resources to Support the Division	Division Communications Plan	Division Human Resources Plan

## **XI. Faculty of the University of Toronto Division of Vascular Surgery**

Al-Omran, Mohammed  
Beder, Aaron  
Byrne, John  
Campbell, Vern  
Cardella, Jonathan  
Dueck, Andrew  
Forbes, Thomas  
Graybiel, Kerry  
Greco, Elisa  
Johnson, William  
Johnston, K.Wayne  
Kucey, Daryl  
Lindsay, Thomas  
Lossing, Al

Maggisano, Robert  
Moloney, Tony  
Oreopoulos, George  
Papia, Giuseppe  
Pope, Marc  
Roche-Nagle, Graham  
Rubin, Barry  
Tanner, Wayne  
Tse, Leonard  
Vucemilo, Ivica  
Werneck, Christiane  
Wheatcroft, Mark  
Wooster, Doug

## **XII. University of Toronto Division of Vascular Surgery Executive**

Dr. Thomas L. Forbes (Chair)

Dr. Mohammed Al-Omran (Division Head, St. Michael's)

Dr. Aaron Beder (Division Head, Humber River)

Dr. Andrew Dueck (Division Head, Sunnybrook)

Dr. Thomas Lindsay (Division Head, UHN)

Dr. Marc Pope (Division Head, Trillium)

Dr. George Oreopoulos (Director, Postgraduate Medical Education)

Dr. Elisa Greco (Director, Undergraduate Medical Education)

Dr. Mark Wheatcroft (Director, Fellowship Program)

Dr. Giuseppe Papia (Quality & Best Practices)