

March 26<sup>th</sup>, 2025

**Lisa Robinson**

Dean of Medicine  
Vice-Provost, Relations with Health Care Institutions  
Temerty Faculty of Medicine  
University of Toronto

**Justin Nodwell**

Vice Dean  
Research & Health Science Education  
Temerty Faculty of Medicine  
University of Toronto

**Re: T-CAIREM Director's Response to External Reviewers' Report (External Review Date February 4<sup>th</sup>, 2025)**

Dear Dr. Robinson and Prof. Nodwell,

I would like to thank the reviewers, Dr. Gillian Hawker, Professor (and former Chair) at the Department of Medicine in Temerty Faculty of Medicine, and Prof. Timothy Chan, Associate Vice-President and Vice-Provost, Strategic Initiatives at the University of Toronto for conducting T-CAIREM's five-year academic review and for their comprehensive report. My team and I appreciate the reviewers' thoughtful, constructive recommendations, and their overall positive review of T-CAIREM. I will respond to the themes that the reviewers highlighted in their comments and recommendations. Although the Reviewer's Report is replete with positive comments, I will focus on areas for improvement since these are actionable items.

- 1. Reviewer Recommendation:** *Crystallize and communicate within the university and particularly with the TAHSN community and clinical departments the T-CAIREM product: a pipeline of people who have the expertise to contribute meaningfully to research/work that will develop and deploy AI tools to advance medicine. From what we heard and read, T-CAIREM is best positioned internally as an "enabler". We believe that this position will assist with buy-in across the hospitals and departments and enhance capacity for delivery of educational initiatives and research through this enhanced engagement.*

**Director's Response:** This is a very helpful and timely comment. First, while T-CAIREM has been actively working with many clinicians and researchers across the TAHSN network, we recognize the communication of our engagement needs improvement. We are developing communication materials to highlight our active engagement of the TAHSN network hospitals and will be making presentations to TAHSN community leaders shortly.

Second, T-CAIREM is currently working on a proposal to the TAHSN CEOs to create a T-CAIREM-TAHSN Community of Practice (CoP) for health AI among the TAHSN network hospitals. This initiative will serve as a forum for knowledge-sharing regarding best practices, learning from one another, and discussing challenges specific to AI in medicine. T-CAIREM will propose organizing and leading this CoP. The Dean of Temerty Medicine is supportive of T-CAIREM spearheading this initiative. This community has enormous potential to accelerate the responsible and thoughtful adoption of AI technologies across TAHSN hospitals. It will also help draw more members into the T-CAIREM fold, further expanding our membership with professionals with clinical expertise. The CoP will help drive even more collaborations between clinicians and data/computer scientists for more successful AI development and deployment in clinical practice.

Third, T-CAIREM has started formulating a Faculty Affiliates group to more directly engage clinicians, researchers, and educators across the TAHSN in the day-to-day activities of T-CAIREM. We have already received interest from faculty members to be part of this group and many individuals have already been engaged with T-CAIREM in different capacities (adjudicating grants, developing and delivering educational programs, etc.). T-CAIREM is scheduled to present at the May Temerty Medicine All Chairs meeting where we plan to ask each department to recruit or appoint one-two representatives to the T-CAIREM Faculty Advisors group. Having members from each department participating in T-CAIREM will help disseminate information about T-CAIREM's programs more effectively across Temerty Medicine.

- 2. Reviewer Recommendation:** *Expand capacity for leadership within the education theme. This may not be feasible by relying on existing faculty within the university but may require recruitment from outside the university. The chairs of the clinical departments with whom we met indicated their interest in and capacity to recruit such individuals.*

**Director's Response:** T-CAIREM has a core group of leads who guide the four specific T-CAIREM Themes. Having a small leadership team (as opposed to working groups) has been effective in making timely decisions and accelerating our work. This approach has worked well for our centre. However, as T-CAIREM has grown over the past five years and expanded its program offerings, it is becoming more difficult to accomplish more work with a small team.

T-CAIREM is fully in agreement with the need to expand leadership, especially in the Education Theme, given its high demand and breadth. We appreciate the interest that clinical department chairs have shown and look forward to discussing and identifying the specific type of recruitment that is required, whether an education scholar or someone with clinical and AI experience. These discussions will help refine our needs, the model for shared leadership, and the expected outcomes and activities. Additionally, we see our professional development offerings as a valuable resource for AI education initiatives. We look forward to further engaging with the chairs of the clinical departments and perhaps partnering on expanding leadership roles in T-CAIREM.

- 3. Reviewer Recommendation:** *Wherever possible, advocate for the TAHSN CEOs to recognize cross-hospital data-sharing as critical to our academic success as a group and direct their legal advisors to develop and implement a plan for enabling this.*

**Director's Response:** Cross-hospital data sharing has been a major issue across TAHSN for decades. Personal Health Information Protection Act (PHIPA) allows the sharing of deidentified data. Sadly, overly stringent internal organizational regulations create unnecessary barriers to data sharing, inhibiting the development of AI tools that could profoundly improve Canadian healthcare. T-CAIREM has been advocating for data sharing across TAHSN since its inception. This has been no small feat. Nonetheless, T-CAIREM now has datasets from three different hospitals (Unity Health, Trillium Health Partners, and Sunnybrook Health Sciences Centre) and is in the process of onboarding a dataset from Holland Bloorview Rehabilitation Centre. We hope the creation of the T-CAIREM-TAHSN CoP will help the TAHSN CEOs recognize that data sharing across our network is not only possible, but critical to revolutionizing healthcare. Melanie De Wit, legal counsel at Unity Health Toronto, has been instrumental in successfully advocating for data sharing from Unity Health. T-CAIREM plans to engage Melanie's expertise in our advocacy with other TAHSN organizations.

- 4. Reviewer Recommendation:** *Consider opportunities for matched funding for research (departments or hospitals with TCAIREM) that promotes conduct of studies that align broadly with barriers to effective clinical care, e.g., use of AI scribes to reduce clinical faculty administrative burden.*

**Director's Response:** To date, T-CAIREM has largely relied on our own funding to support AI in medicine research. We have also formed partnerships with external groups for collaborative funding including CIFAR, Vector Institute, Data Sciences Institute, and College of Family Physicians of Canada. As T-CAIREM funds diminish, we plan to explore internal funding opportunities across Temerty Medicine and TAHSN. We hope the T-CAIREM-TAHSN CoP and the T-CAIREM Faculty Advisors across Temerty Medicine will advocate within their institutions and departments for more funding to T-CAIREM's granting program. We also hope these communities will advise on specific areas that require increased funding to overcome the barriers to effective clinical care. T-CAIREM will also engage with more institutes and centres within the University to explore collaborative opportunities in areas such as the ethical implementation and use of AI in healthcare, patient safety, and impact of AI in healthcare on the environment. These targeted institutes and centres include the Collaborative Centre for Climate, Health and Sustainable Care, CQuiPs, and Schwartz Reisman Institute for Technology and Society.

- 5. Reviewer Recommendation:** *Clarify the role and value of the Health Data Nexus – to be used to facilitate education and/or for use in research and/or to enable existing data to become open source? This will help to clarify whether additional datasets are required and, if so, what might be required to garner interest from owners to submit.*

**Director's Response:** T-CAIREM's Health Data Nexus (HDN) is a truly innovative platform for housing digital health datasets because it serves a three-pronged role. Firstly, HDN advocates for cross-organizational, open-source, deidentified data sharing in a secure manner to enable the advancement of AI in healthcare. The novel data access process is unparalleled in Canada, enabling researchers to have access to data within hours or days, not months. Secondly, HDN provides computational capabilities directly on the platform for facilitating data analysis and research. Lastly, HDN is a unique educational tool that provides educators and trainees with access to real-world data for hands-on learning.

T-CAIREM will ensure that we clearly package and communicate the role and value of HDN across the TAHSN and Temerty Medicine communities. By establishing the T-CAIREM-TAHSN CoP and Faculty Advisors, we hope to share information about the value of HDN, drive interest from researchers to contribute datasets to HDN, and inspire the community to use HDN for their research and teaching.

- 6. Reviewer Recommendation:** *Financial sustainability: given what appears to be strong support from the donor, T-CAIREM should develop a clear plan for a follow-up ask that will help supercharge its growth. Other revenue generating ideas may divert T-CAIREM's attention from its core mission.*

**Director's Response:** T-CAIREM is grateful to the Temerty Family for their continued support of Temerty Medicine and T-CAIREM. T-CAIREM is closely engaged with Temerty Family and updates the donors regularly on the progress of our programming. Temerty Family

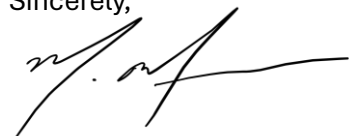
representatives are important members of the T-CAIREM Advisory Committee and are frequently invited to our events. We will continue to maintain a close relationship with the donor and develop plans for a follow-up ask.

While T-CAIREM is confident in the Temerty Family's future support, diversified revenue streams from multiple sources would help mitigate any unforeseen funding losses. As such, T-CAIREM will continue to implement revenue-generating activities to drive income, including exploring opportunities with industry, offering professional development courses, applying for government grants, and diversifying its donor pool. However, we will stay highly focused on our core mission by supporting our Theme Leads to continue their excellent work and enable a dedicated funding team to focus on revenue generation.

In summary, T-CAIREM will ensure that we clearly outline our role and value-add in the UofT-TAHSN community with respect to the advancement of AI in healthcare. We will strive to engage more cross-TAHSN experts through the T-CAIREM-TAHSN CoP and Faculty Advisors groups and continue advancing AI in medicine research and training for healthcare professionals. T-CAIREM will continue to advocate for open-source data sharing across the TAHSN community and will ensure that the role and value of HDN are clearly communicated. In addition, T-CAIREM will leverage additional and more extensive communications mechanisms available through Temerty Medicine and University of Toronto to disseminate information on T-CAIREM's programs across the University and TAHSN.

Once again, I would like to thank Dr. Hawker and Prof. Chan for their excellent review of T-CAIREM and constructive recommendations to improve our programming. We look forward to continuing to grow T-CAIREM and support the advancement of healthcare and improve patient health outcomes through open-source data-sharing and developing and deploying clinical AI solutions across Canada's hospitals and clinics.

Sincerely,



**Muhammad Mamdani, MPH, MA, PharmD**

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