MEETING OF FACULTY COUNCIL
OF THE FACULTY OF MEDICINE

A meeting of Faculty Council will be held on **Monday, February 11, 2019**, from 4:00 p.m. to 6:00 p.m. in the **Red Room, Donnelly Centre**, University of Toronto.

AGENDA

1 **Call to Order**   Speaker

2 **Minutes of the previous meeting of Faculty Council – October 15, 2018**   Speaker

    2.1   Business Arising

3 **Report from the Speaker**   Speaker

4 **Reports from the Dean's Office**

    4.1   Report from the Dean's Office   T. Young
    4.2   Vice Dean, Research and Innovation   R. Hegele
    4.3   Vice-Dean, Partnerships   L. Wilson
    4.3   Vice-Deans, Education   P. Houston
                               S. Spadafora
                               A. Kaplan

5 **Items for Approval**

    5.1   **The Research and Education Committees of Faculty Council recommend the approval of the following motions:**

        "THAT the Relationships with Industry and the Educational Environment in   L. Wilson
        Undergraduate and Postgraduate Medical Education document be approved
        as submitted."

        "THAT the Faculty Of Medicine Guidelines for the Assessment of Teaching   A. Kaplan
        Effectiveness in Tenure Decisions for Tenure-Stream Faculty and Assessment
        of Teaching Effectiveness in Continuing Status Decisions and Promotion for
        Teaching Stream Faculty be approved as submitted."

    5.2   **The Education Committee of Faculty Council recommends the approval of the following motion:**

        "THAT the MD Program Education Goals be amended as submitted."   P. Houston

6 **Standing Committee Annual Reports**

    Appeals Committee   D. Templeton
    Undergraduate Medical Education Board of Examiners   B. Papsin

7 **Faculty Council Forum**   I. Witterick

    Artificial Intelligence: Implications for Health Professionals of the Future   B. Hodges

8 **Adjournment**   Speaker

NEXT MEETING: April 22, 2019

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

FACULTY COUNCIL
FACULTY OF MEDICINE

Meeting Materials – February 11, 2019

Table of Contents

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Faculty Council of the Faculty of Medicine
Minutes of the October 14, 2018 meeting
4:00 p.m.
Red Room, Donnelly Centre

Members Present: B. Steipe (Speaker), T. Coomber, T. Young, R. Hegele, G. Bandiera, D. Tweed, A. Levinson, L. Wilson, M. Connell, S. McMahon, S. Wagner, M. Farkouh, G. O'Leary, M. Roberts, V. Rambihar, L. Giavedoni, V. Waters, S. Myrehaug, S. Chadi, B. Yanagawa, I. Witterick, S. Rauth, B. Mori, M. Akens, J. Sled, R. Collins, A. Giacca, P. Poldre, N. Taylor, K. Fuller, J. Davis, K. Zabjek, A. Colantonio, J. Barkin, A. Kaplan, P. Houston, R. Kandel, J. Rutka, L. Cowen, B. Mulsant, G. Collingridge, D. Chopra

1   Call to Order

2   Minutes of the previous meeting of Faculty Council – April 23, 2018

The minutes of the meeting of April 23, 2018 had been previously circulated. They were approved on a motion from G. Bandiera and seconded by L. Wilson. There was no business arising.

3   Report from the Speaker

The Speaker indicated that, as per the Faculty Council By-Laws, the Executive Committee received and reviewed External Reviews for the Centre for Quality Improvement and Patient Safety, Department of Biochemistry, Department of Obstetrics & Gynaecology, Department of Pharmacology & Toxicology, and Heart & Stroke / Richard Lewar Centre for Excellence in Cardiovascular Research.

The Speaker reminded members that there are still vacancies on a number of the Faculty Council Standing Committees. Members who wish to learn more about these committees can contact Todd Coomber.

4   Reports from the Dean's Office

4.1 Dean's Report

Dean Young indicated that he would be providing an overview on the Faculty of Medicine Academic Strategic Plan 2018-2023 that will be put forward for approval later in the meeting.

The engagement process began in late 2017 when the Steering Committee was struck and an RFQ was put forward. During the winter of 2018, over 400 individual consultations took place. By spring 2018, six in-depth strategy topics were established:

1. Preparing Health Sciences Leaders of Future
2. Strengthening Collaborative Research Pathways
3. Healthy Organization / Belonging & Wellness
4. Our Focus as a Leader
5. Enabling Thriving Innovation
6. University / Health Sciences Centre Collaboration

The consultation resulted in a number of key findings including: an openness to greater collaboration across U of T; the potential for innovation to reach next level; the value placed on equity, diversity, and

inclusion; the importance of wellness; and that the Faculty of Medicine is a well-established leader in many areas.

Out of the consultation came a guiding vision: "Our learners, graduates, faculty, staff and partners will be an unparalleled force for new knowledge, better health and equity. We will cultivate and bring to life ideas that impact scholarship and society through unprecedented collaboration drawing in the diverse voices of our research, learning and clinical network."

From this vision came three domains of focus:

1. Strengthening an Ecosystem of Collaboration
2. Catalyzing Groundbreaking Imagination
3. Achieving Excellence through Equity

and two enablers to success:

1. Health, wellbeing and resiliency integrated in all elements of our enterprise
2. Infrastructure, policies and technology to compel collaboration and support sustainability

The Ecosystem of Collaboration will promote, incentivize, and support a new level of collaboration among faculty, staff, learners, academic health science partners, and the our community that fuses the diverse strengths of this network and creates new possibilities for research, education, and solutions for better health in the community. There are a number of initial priorities to put the Ecosystem of Collaboration in place. There must be engagement in the Master Planning process to meet the Faculty's future needs for collaborative learning and research across all sectors and programs. The Faculty must optimize our learning environments to deepen the integration of wellness, respect, and resilience creating new opportunities for collaboration. Programs must be developed to promote the highest standards of research integrity and other professional values that align with University/TAHSN partners.

Groundbreaking imagination will amplify discoveries and academic excellence, escalate the real-world impact of research and teaching, and make space for novel collaborations that produce the extraordinary. There should be capacity built to reflect the emerging role of artificial intelligence in health professions. A pipeline should be developed for research and innovation leadership in the Faculty through training and faculty development. Rehabilitation research and clinical capacity should be increased to address demographic needs. Interdisciplinary research and collaboration should be stimulated across the Faculty and TAHSN.

Excellence through equity will make inclusion and equity essential components of how we define and foster excellence in scholarship, practice, and health outcomes. Individuals across the Faculty of Medicine, regardless of how they identify, will be invited to have a voice and be empowered to effect change. There are a number of initial priorities to create excellence through equity. A comprehensive equity, diversity, and inclusion plan should be created that includs a review of current resources across the Faculty, development of interdisciplinary programs, and expansion of the "We All Belong" campaign. The mandate of the Office of Indigenous Medical Education should be expanded to support learners, faculty, and staff across the Faculty in identifying appropriate resources and Indigenous leadership. There will be a review and clarification of policies, procedures, reporting processes, and best practices in communication with respect to intimidation, discrimination and harassment, and improve alignment across the Faculty.

To support health and wellbeing, a culture where health, wellbeing, and resiliency are considered and integrated will be fostered in all elements of the enterprise. Infrastructure, policies, and technology that compel collaboration and support sustainability by creating seamless flow of ideas and effective stewardship of resources within the Faculty of Medicine, across the University, across the TAHSN network and with other local, national, and international partners to enhance the ability to collaborate and have collective sustainable impact.

The next steps in the academic strategic planning will be to establish milestones and schedules for reporting on priority activities across strategic domains. The Dean's Executive Committee will act as a steering committee for the implementation of the plan. Once approved, the final report will be posted online and printed in a limited run calendar by the end of the year.

4.2 Vice Dean, Research & Innovation

Dr. Richard Hegele indicated that the indicated that the equity, diversity, and inclusion element of the Academic Strategic Plan Strategic had practical applications to the Research and Innovation. Dr. Hegele cited Canada Research Chair selection as an example. One aspect of selection is that specific equity and diversity targets that must be met by December 2019 or funding may be withdrawn. The Faculty is doing fairly well in most areas and the University as a whole is receiving an increased compliment of Canada Research Chair.

The Faculty is making rapid progress with respect to intellectual property, patents, royalties, and commercialization and the University is currently ranked 35 in the world in these innovation metrics. This is up from 46 a year ago and 57 two years ago. Currently there are approximately 1000 patent applications across the University with 200 of those being from the Faculty of Medicine. The student lead Health Innovation Hub has increased from tens of thousands of dollars being generated when it began in 2015 to now generating over one million dollars.

For the 2019 External Review, the Research and Innovation portfolio will be preparing research performance metrics and Dr. Hegele will provide a more fulsome update when these are available.

4.3 Vice-Dean, Partnerships

Dr. Lynn Wilson indicated that, in partnership with TAHSN, work has begun revising the Faculty's Standards on "Relationships with Industry and the Educational Environment" to align with the Common TAHSN Professional Relationships Disclosure Process. A Professional Relationships Management Committee, Chaired by Dr. Sherif El-Defrawy, is revising the 2013 Standards. Dr. Wilson notes as an example that the previous threshold for disclosure was $5000 and will be $0 in the new document. The Committee has developed education/CPD related questions to be inserted into the Common TAHSN Professional Relationships Disclosure Form and drafted a jurisdictional protocol to address management of relations with industry. Dr. Wilson noted that the next steps may involve the expansion of disclosure collection to part-time and adjunct clinical faculty.

The Partnerships Office noted that a number of departments are entering into international partnerships. Dr. Wilson will be going to Dubai next week with the goal of building relationships in the Gulf region.

4.4 Vice-Deans, Education

A written report from the Education Vice-Deans is included in these minutes beginning on page 6.

5   Items for Approval

"THAT the Academic Strategic Plan 2018-2023, Leadership in advancing new knowledge, better health and equity, be approved as submitted."

Moved: I. Witterick, Seconded: A. Kaplan

Dear Young offered to answer any questions on the previous presentation of the Academic Strategic Plan.

The motion passed.

"THAT the Terms of Reference of the Education Committee be approved as submitted."

Moved: C. Evans, Seconded: A. Kaplan

Mr. Coomber noted that the Education Committee reviews, and approves on Council's behalf, Minor Modifications as defined in the University of Toronto Quality Assurance Process. For the approval of trivial Minor Modifications, the addition of the option for a consent agenda will speed approval and allow more discussion time for more significant items.

The motion passed.

"THAT the proposal to establish a new MHSc in Medical Physiology be approved as submitted."

Moved: B. Mori, Seconded: A. Kaplan

Dr. Helen Miliotis indicated that the discipline of Physiology is at the core of understanding the biological basis of health and the causes of disease. By integrating information on the behaviour of single cells, entire organs (e.g. heart, pancreas) and the integrated organ systems/intact body, physiologists are able to establish how changes at the microscopic level (e.g. products of individual and gene-cluster mutations) and at a macro level (i.e. activity and diet) affect the function of an individual. The proposed Masters in Health Science (MHSc) in Medical Physiology represents an innovative and relevant alternative to pursue graduate education in Physiology with an explicit focus on the physiology relevant to medicine and human health.

The intent of the new professional MHSc in Medical Physiology is to address the need for graduates who will take existing physiological knowledge concerning human health and put it into practice. The application of the knowledge can be in direct health care delivery or in an industry related to medical sciences. The courses are designed with an emphasis on combining a high-level understanding of how an individual's health is a consequence of societal and environmental factors (e.g. level of activity and diet), integrated with the daily interplay between their organ and cellular physiology. To manipulate the interaction between the macro and micro elements to promote human health and prevent disease, it requires the integration of multiple sets of physiological data on cellular, whole body and societal behaviours in healthy individuals and those with pre-existing diseases. Two of the new courses developed for this proposed program are designed specifically to address these requirements: Clinical Physiology and Big Data and Health. Both of these courses are unique to the Department of Physiology.

The proposed professional Masters Program has been developed to address a gap in the current graduate education offerings of the department. While we offer original research, bench science focused graduate MSc and PhD degrees, there is no professional course-based degree program for students interested in the implementation of newly discovered physiological knowledge relevant to human health.

The existing, highly competitive, MSc and PhD degrees focus on educating students to be experimentalists who design and complete original research projects. The focus of these degrees is to prepare the students for careers as research scientists in either academic or industrial settings. These research-focused students will continue the innovation tradition established in the Department of Physiology over a 100 years ago. By expanding and implementing their scientific intuition and curiosity, they are following in the footsteps of Banting and Best, the discoverers of insulin.

The program will be full-time for 3 terms with one point of entry each September, and an anticipated admission of 40 students (including 10 – 20% International students) at steady state. The curriculum is mainly course-based with 3.5 FCE required courses, 1.0 FCE Practicum and 1.5 FCE of electives to provide students with the flexibility to explore one of four areas: General Physiology; Endocrine and Reproductive Sciences; Cardiovascular, Respiratory and Renal Sciences (Integrative Sciences); and Brain and Behaviour (Neurosciences). The program will combine new and existing graduate level physiology courses, with a mentored literature review report, and a practicum in the final term to allow students to explore how human physiology is integrated and applied in different work environments. This practicum can be undertaken in basic and clinical research laboratories, entrepreneurial environments, biotechnology companies, and healthcare delivery organizations.

The degree represents an innovative and relevant alternative to pursue graduate education in Physiology with an explicit focus on human physiology. The rapid expansion in the bio-sciences
workforce in Ontario demonstrates the need to graduate additional students who can fill the positions in medical services and biotechnology industries without having to go outside of the province or country for training. Our program will be the first of its kind in Canada and will join several elite
institutions in United States and United Kingdom.
The motion passed.

The motion passed.

6   Standing Committee Annual Reports

6.1 MRS Board of Examiners

Dr. Anthony Brade was unable to attend the meeting. The Speaker read the following report on his behalf:

The Medical Radiation Sciences Board of Examiners reviews cases of students in academic difficulty and determines the appropriate course of action, which may include promotion, remediation, failure, suspension and dismissal.

The MRS Board of Examiners met three times in 2018. The BOE has reviewed the cases of 24 students this year.

One student was granted a supplemental evaluation by the Board. 15 students were placed on Remediation. 8 of these were for course failure, 6 were for plagiarism, and one was for both course failure and plagiarism. Two additional students involved in the plagiarism case were already on Remediation and thier status remained such.

One student was granted a course extension, One student had their status changed from Remediation to Good Standing. One student was granted a return to program with a status of Probation following a leave of absence provided compliance with the recommendations of the board of medical assessors. Two students had their status changed to Remediation with Probation – one for course failure and one of professionalism issues. Finally, one student was dismissed from the MRS Program.

7   Faculty Council Forum

Dr. Mingyao Liu presented the Faculty Council Forum on the 50th Anniversary of the Institute of Medical Science.

8   Adjournment

The meeting was adjourned at 5:55pm

Council of Education Vice Deans
Faculty Council Report

October 15, 2018

Submitted by:
Patricia Houston, Vice Dean, MD Program
Allan S. Kaplan, Vice Dean, Graduate and Academic Affairs
Salvatore Spadafora, Vice-Dean, Post MD Education (PGME & CPD)

Table of Contents

2

3

A. Education Vice-Deans Integrative Activities

1. External Education and Teaching Awards | Call for Nominations

Each spring and fall, the Faculty's Teaching and Education Awards Committee has the privilege of recognizing individuals who are making significant contributions to medical education.

We are currently calling for nominations for the following awards:

- STHLE 3M National Teaching Fellowship,
- AAMC Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award
- AAMC Abraham Flexner Award for Distinguished Contribution to Medical Education

Nominations should be made online by Monday, October 29, 2018.
It is strongly recommended that the nominee's Department Chair be in support of the nomination.
For more information, contact the Office of the Education Vice-Deans at medicine.awards@utoronto.ca or at (416) 946-8067.

2. 2018 Education Development Fund (EDF) Funded Projects

The Education Vice-Deans and the EDF Adjudication Committee Chair, Dr. Risa Freeman, are pleased to announce the recipients of the 2018 Education Development Fund competition:

PI Name(s)	PI Department	Project title
Dr. Peter Wu	Department of Medicine	Understanding the impact of the Junior Attending role on transition to practice a qualitative study
Dr. Samantha Green and Ritika Goel	Department of Family and Community Medicine	Teaching Poverty, Social Determinants, and Social Accountability
Dr. Julie Johnstone	Department of Paediatrics	"Each little change will have a ripple effect": Lessons Learned from the Implementation of Competence By Design in the Paediatric Residency Training Program, University of Toronto
Dr. Jennifer Hulme	Department of Family and Community Medicine	Advocating for Advocacy: The state of the advocate role in Canadian Family and Emergency Medicine training programs
Dr. Seema Marwaha	Department of Medicine	Translating Patient Experiences into Immersive Video for Medical Education on Compassionate Care: A Pilot Study

4

Dr. Nirit Bernhard	*Department of Paediatrics*	*THE WHOLE IS GREATER THAN THE SUM OF ITS PARTS: Exploring the integration of reflection, self-assessment and feedback through relationships in a Competency Based Undergraduate Medical Curriculum*

2019 EDF Cycle | Timeline

The Education Development Fund 2019 cycle will commence with an initial call for applications in October. The application site is expected to open on November 1 and applications will be due on February 8, 2019 at 5 PM.

For further information, please refer to the [Education Development Fund website.](#)

3. Annual Education Achievement Celebration

The Faculty of Medicine's 17th Annual Education Achievement Celebration will be held on **Wednesday, May 15** from **4:30–6:30pm** in the **Great Hall at Hart House**.

Doors will open at 4:00 pm. The event itself will get underway at approximately 4:30 PM.

5
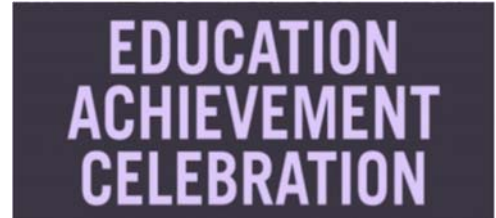
B. MD Program

1. Admissions

MD Program		
	2017 Entry	**2018 Entry**
Applications	3167	3262
Full file review	2107	2048
Interviews	607	639
Offers	310	301
Acceptances	261	254
Yield	84.2%	84.2%

In addition to acceptances by domestic applicants:
o   2 international applicants accepted offers for 2017 entry
o   5 international applicants accepted offers for 2018 entry, plus 1 deferral for 2019 entry

Alternative Admission Pathways (2018 entry)			
	MD/PhD	**ISAP**	**BSAP**
Applications	131	16	92
Full file review	86	7	52
Interviews	48	5	31
Offers	9	5	17
Acceptances	8	2	15 (+ 1 deferral)

2018 entry to the MD Program marked the first admissions cycle for the Black Student Application Program (BSAP). It joins the long-established MD/PhD Program and Indigenous Student Application Program as one of three alternative admission pathways to the MD Program. Applicants in these pathways need to meet all of the same academic requirements, while also needing to complete additional steps, such as submitting a personal essay.

A full admissions report will be provided to the Faculty Council Education Committee later in 2018-19.

2. Accreditation

Canadian MD programs are accredited through a partnership between the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME). Full accreditation reviews of each medical school occur on an eight year cycle. The U of T MD Program's last full accreditation review was in 2011-12, resulting in full accreditation status for the maximum allowed term of eight years and a finding of full compliance with all accreditation standards. That review process contributed to a number of important initiatives, such as the creation of the Office of Indigenous Medical Education, and

6

allowed the program to introduce innovative educational changes, such as the Foundations curriculum.

The MD Program's next full accreditation review is scheduled to take place in 2019-20. Preparations for that review will begin in 2018-19. These preparations include an Independent Student Analysis (ISA) by our medical students. This ISA is informed by a student-led survey that features 58 core questions from CACMS, as well as additional University of Toronto specific items. We are encouraging all of our students to participate so that they have a voice in the future directions of our program.

In addition to the ISA, the accreditation process includes completion of a Data Collection Instrument (DCI) and Medical School Self-Study report, and culminates in an on-site visit by a team of external peer reviewers. The commitment and leadership of faculty and staff across the Faculty of Medicine and at our affiliated hospital partners is necessary for the successful completion of the DCI and engagement in a comprehensive self-study of all aspects of the MD Program. Over 2018-19 we will be reaching out in order to identify individuals and teams to assist in the completion of the DCI and participate as members on accreditation-related committees and self-study review teams.

3. Curriculum

Update – MD Program Education Goals

The MD Program recently refreshed its overarching education goals in a consultative process with faculty, learners and staff. These refreshed MD Program education goals reflect the program's aspiration to prepare graduates who are:

- clinically competent and prepared for life-long learning through the phases of their career
- ethical decision-makers dedicated to acting in accordance with the highest standards of professionalism
- adaptive in response to the needs of patients and communities from diverse and varied populations
- engaged in integrated, team-based care in which patient needs are addressed in an equitable, individualized and holistic manner
- reflective and able to act in the face of novelty, ambiguity and complexity
- resilient and mindful of their well-being and that of their colleagues
- capable of and committed to evidence informed practices and scholarship, and a culture of continuous performance improvement

The MD Program education goals were approved by the MD Program Executive Committee on June 12, 2018. MD Program leadership is committed to supporting and enabling achievement of these education goals, which will help ensure that we continue to provide our students with the best possible medical school experience

Update – Foundations Curriculum

Year 2 of the MD Program's new Foundations Curriculum, which covers the first two years of medical school, was successfully delivered in 2018-19. The first cohort of Foundations students is now settling into clerkship. Ongoing quality improvement

7

exercises that include the participation of both students and teachers have contributed to a number of content and delivery modifications intended to ensure that our students have the best possible learning experience and are well prepared for clerkship.

Update – **Clerkship: Year 3 core learning sessions**
A series of core learning sessions that focus on patient safety, career planning, resilience and wellness, and medical complexity are being introduced into the Year 3 clerkship curriculum in 2018-19. Building upon material covered in Foundations, these core learning sessions will enable clerkship students to come together as a large group to reconsider material informed by their independent clinical learning experiences. We have also initiated a comprehensive review of our clerkship course objectives, which is an important first step towards the development of an integrated and longitudinal clerkship experience, including the introduction of workplace-based assessments which will demonstrate our students have achieved the [Entrustable Professional Activities (EPAs)](#) required for successful transition from medical school to residency. We are also exploring the possibility of introducing elective time and longitudinal patient panels in Year 3.

Update – **Elentra Learning Management Platform and Curriculum Mapping**
The University ceased using the Blackboard platform (Portal) for its course websites as of August 31, 2018. While Portal was replaced by Quercus for the majority of the University, the MD Program is using Elentra for all courses across all four years of the program. MD Program students and faculty will use Elentra as their primary system for learning materials; MedSIS will continue to be used for course scheduling.

The MD Program decided to use Elentra as its learning management system because it:
   o provides students and faculty with better ways to access learning materials and view the curriculum.
   o enables and supports an integrated approach to curriculum mapping. This integrated approach includes the development (in progress) of processes to embed curriculum mapping into the creation, review, approval, evaluation and planning of the MD Program curriculum.
   o allows for future integration with Postgraduate Medical Education, which is also using the Elentra platform.
   o is an expandable platform that leverages the experiences and best practices of the medical schools that are part of the [Elentra Consortium](#). Any innovations/enhancements made by consortium members are available for us to consider.

4. Governance & Leadership

To help support and enable achievement of the recently refreshed [MD Program education goals](#), it is important that we continue to have education leaders who are committed to ensuring we provide our students with the best possible medical school experience. A number of changes to the MD Program's leadership team,

8

including the re-focusing of existing roles and creation of new positions, are in place for 2018-19.

- Dr. Nicola Jones has been appointed as Director, Integrated Physician Scientist Training Program. Thank you to Dr. Robert Chen, who more than filled in as Interim Associate Dean, Physician Scientist Training over 2017-18.
- Dr. Katina Tzanetos has been appointed to the newly created role of Associate Director, Student Assessment. In this new role, Dr. Tzanetos will work with Dr. Glendon Tait, Director, Student Assessment. Thank you to Dr. Tzanetos both for taking on this new role and her years of service as Faculty Lead, Clinical Skills
- Dr. Jon Novick's role as Faculty Lead for Career Exploration has been reconfigured as Director, Career Advising System, which will enable the further development of all aspects of the career advising system within the MD Program.
- Dr. Anne McLeod has been appointed as Course Director, Introduction to Medicine (ITM). Thank you to Dr. Eleanor Latta, whose outstanding leadership qualities in this role were integral to the successful launch of the Foundations Curriculum.
- Effective 2018-19, our Year 1 Concepts, Patients and Communities (CPC) course will be delivered as two courses (CPC1 and CPC2) in order to more effectively enable the early identification of students in academic difficulty. Dr. Lori Albert will continue on as Course Director of the reconfigured CPC1. Dr. Ashna Bowry has been appointed as Course Director, CPC2. Dr. David Chan will continue on as Course Director of the Year 2 CPC3 course (renamed from CPC2). Dr. Evelyn Rozenblyum has been appointed as Associate Course Director, CPC3.
- Dr. Danielle Bentley has been appointed as our Faculty Lead, Embryology, Foundations. Thank you to Dr. Mike Wiley for his many years of service in this role in particular and for his leadership, dedication, creativity and commitment to our students in general.
- Dr. Thuy-Nga (Tia) Pham has been appointed as our Faculty Lead, Leader Theme. Thank you to Dr. Isser Dubinsky for his admirable contributions as Integrated Leadership Theme Lead over the past several years.
- Dr. Brian Wong has been appointed as our Faculty Lead, Quality and Patient Safety, which is a new theme lead position that will enable Dr. Wong to expand upon the many curricular enhancements he has already helped integrate into the MD Program curriculum.
- Dr. Molyn Leszcz has returned as the MD Program's Faculty Lead, Consultant on Professional Matters. Thank you to Dr. Mark Halman for his excellent contributions in this role over the past year.
- Thank you to the following individuals whose terms came to an end over the course of the summer:
  o Dr. Laurence Biro, Associate Director, Integrated Clinical Experience (ICE) – Clinical Skills role
  o Dr. Rachel Forman, Pharmacology Theme Coordinator – Clinical role
  o Dr. Cindi Woodland, Pharmacology Theme Coordinator – Basic role

9

C. Post MD Education (PGME & CPD)

Postgraduate Medical Education

1. Governance, Staffing, Leadership

As of August 2018, Dr. Susan Glover Takahashi has taken on a leadership role for faculty development in postgraduate medical education. In this new role, she will be responsible for programming to meet the needs of faculty members' teaching roles and responsibilities in a competency-based assessment system. In partnership with the Centre for Faculty Development, she will also contribute to the enhancement of teaching clinical and communication skills and small group teaching. With this change, Dr. Glen Bandiera will be the academic lead for the activities involved in transitioning our residency programs to CBME. Caroline Abrahams, in cooperation with Discovery Commons, will be responsible for the assessment systems design work using the Elentra platform. Alison Pattern will serve as overall Project Manager for the organizational, communications, and program on-boarding activities, and Lisa St. Amant will lead the education and curriculum component of this work.

Shantel Walcott joined PGME in May 2018 as the Quality Assurance Review and Program Evaluation Officer. She will be working with Laura Leigh Murgaski and Dr. Linda Probyn with program reviews and preparation for the Fall 2020 external accreditation review. In August, the vacant Immunization Officer position was filled by Natalie Rees, a former administrator from SickKids Hospital. Also in August, Carolina Rios joined the Policy, Analysis, & Systems team as Project Coordinator to support the transition to the mobile, competency based assessment system.

2. CBME

The implementation of competency based medical education (CBME) continues to be a large focus for all residency programs. The Family Medicine programs are reviewing what works while the Royal College programs are moving forward with Competence by Design (CBD) in a multi-year staged manner. The Cohort 2 programs that launched CBD starting on July1st, 2018 were:

- Emergency Medicine
- Forensic Pathology
- Medical Oncology
- Nephrology (Adult and Pediatric)
- Urology
- Surgical Foundations (SF)

The Anesthesiology and Otolaryngology – Head & Neck Surgery Cohort 1 programs continue to implement CBD for their next year, building upon their learning since July 2017.

As of July 1, 2018, both Cohort 1 and 2 programs are now using Elentra. Elentra is a web-based assessment platform that supports a full range of medical education

10

activities for learners, teachers and administrators in a user-friendly environment.

Faculty Development has been an ongoing focus in the CBD implementation process, achieved through a wide range of workshops and resources. New resources are continually added to the CBME section of the PGME PostMD website at http://cbme.postmd.utoronto.ca. Much of the faculty development work is done at the departmental and divisional level, with the assistance of the Centre for Faculty Development. There will be an enhanced focus on faculty development for CBME/CBD in 2018-19, in order to build the capacity of Departments and Programs to support their residents and faculty during this educational change.

Through the Centre for Faculty Development (CFD), Dr. Susan Glover Takahashi is building two networks of people for collaboration in Faculty Development in CBD:
- CBME/CBD Faculty Development Leads' Network,
- CBME/CBD Residency Program Competence Committee Faculty Development Special Interest Group.

There are many workshops and meetings planned for the fall as we work to share ideas and resources.

The **BPEA Advisory Committee** and their subcommittee, Working Group on IT Systems Usability, are providing guidance on CBME/CBD evaluations and assessments as they relate to the teacher, learner, and convergence of IT systems. The BPEA Advisory Committee held their first meeting in November 2017. Minimum standards or guidelines were developed for Entrustment Scales, ITER/ITAR tools, Competence Committees, Appropriate Disclosure of Learner Needs, Timing of Workplace Assessments such as EPAs, Who can be an Assessor, and the Role of Self-Assessment and Self Report in CBME/CBD.

CBME Systems
- Elentra (formerly known as Entrada) was selected as the primary platform for CBME assessment for PostMD at U of T.
- It is an Integrated Teaching and Learning platform developed using a consortium based model approach. All of the Universities who are members of the consortium collaboratively developed Elentra. Each school provides code development and quality assurance of the overall application. Additional consortium members include; Queen's, University of Calgary, University of Ottawa, UBC, McGill, UCLS, Washington State, Rush and several others.
- On July 4th, 2018 PostMD staff, in conjunction with Discovery Commons, and guided by the BPEA Committee, launched the initial version of Elentra for programs onboarding to CBME for the 2018-19 academic year. Key features of Elentra include:
  - New User Interface
  - Responsive Design (Mobile Design)
  - Assessment delivery via email
  - Email confirmation of assessment completion

11

- POWER is continuing as the primary platform for ITERs, the new In Training Assessment of Residents (ITARs), as well as Teacher Evaluations and Rotation Evaluations.

3. Accreditation & Internal Reviews

The Internal Review Committee (IRC), a standing committee of the Postgraduate Medical Education Advisory Committee, has conducted internal reviews on all of its regular stream Residency Training Programs, Area of Focused Competence (AFC) Programs and Family Medicine Programs and training sites as part of our mandated quality assurance process. In July 2018, the Trauma General Surgery program was accredited as a new AFC program at the University of Toronto. This is our 6th accredited AFC program with more applications in process.

The next external survey visit for the University of Toronto will be in the Fall of 2020. The University of Toronto, PGME office, Residency Programs and AFC programs will be held to the new accreditation standards at this review. In preparation for the review, the PGME Office will be conducting an external review of our office in November 2018. We are working with the hospital sites to gather information on new institutional standards of accreditation. Data is also being collected from individual programs in the form of a self-study, in order to identify which new standards need to be addressed by the PGME Office and Residency Training Programs. Over the last 4 months we have run several accreditation workshops for Program Directors, Program Administrators and interested Faculty to familiarise them with the new accreditation standards. We will continue working with programs to ensure that all of the accreditation standards are met to best prepare for the on-site survey in 2020.

4. Conferences, Workshops, Projects & Initiatives

Conferences, Symposia, Meetings & Sessions

- All Program and Family Medicine Site Directors' Meeting – Friday, May 25, 2018 – Dr. Catharine Whiteside delivered the 2017 Charles Mickle Fellowship Address, Trainee Leadership Awards were presented, the agenda also incorporated updates on Accreditation Standards and Competence-by-Design/Competency-Based Medical Education as well as updates from the Program Administrator's Advisory Committee and the Board of Medical Assessors.
- Introduction to Quercus Workshop – Offered four times between April and July 2018 – As we begin the process of creating Quercus courses for each of our Residency programs, PGME hosted this workshop to help provide a basic understanding of the new Learning Management Tool.
- Quercus Features Workshop – Offered five times between May and July 2018 – A follow up to "Introduction to Quercus Workshop" focussed on the migration from Portal (Blackboard) to Quercus, PGME held a workshop which delved into the new Learning Management System's features.
- Lunch & Learn: How Simulation Developed my Professional and Personal Abilities as a Learner. Teacher and Coach – Tuesday, September 11, 2018 – Dr. Chris

12

Nickson, Emergency Medicine Physician, and Mr. Jesse Spurr, Nurse Educator, Emergency Medicine, from Australia were hosted by PGME to discuss their experiences with simulation with U of T faculty, staff and residents.

- Book Launch: Health Humanities in Postgraduate Medical Education – Wednesday, September 12, 2018 – The first book of its kind that provides practical advice and resources for setting up programs across specialty and sub-specialty disciplines. This book fills the gap in knowledge translation for the thousands of residency programs worldwide, allowing educators, supervisors, and residents themselves to create robust and educationally sound workshops, seminars, study groups, lecture series, research and arts-based projects, publications and events. – Editors and Authors, Dr. Allan Peterkin and Dr. Anna Skorzewska, are two faculty members from Post MD Education.

- CBD Implementation Mini-Conference #1 – Thursday, September 13, 2018 & Monday, September 17, 2018 – These mini-conferences will align programs to any changes in the CBD implementation process, provide the materials for completion during each step, and allow programs to share/discuss knowledge and ideas with colleagues. This is the first in a series of five mini-conferences. Each mini-conference will be offered twice to ensure programs have an opportunity to participate in these valuable sessions.

5. Resident Education, Development & Forums

- Resident Leadership Forums
  - Caught Between and Rock and a Hard Place – Tuesday, May 22, 2018 – A conversation with Dr. Gillian Hawker, Chair, Department of Medicine; moderated by Associate Dean Glen Bandiera
  - Power Leaders in Medicine - Tuesday, June 26, 2018 – Panel and discussion with Dean Trevor Young, Vice Dean Salvatore Spadafora, Vice Chair Education Jackie James; moderated by Associate Dean Glen Bandiera
  - Speaking Up - Wednesday, September 26, 2018 – Panel and discussion with Dr. Lisa Bahrey, Anesthesia; Dr. Martin Koyle, Urology and Dr. Helene Retrouvey, Plastic Surgery Resident; moderated by Dr. Anne Matlow, Faculty Lead, Strategic Initiatives.

- Sip n' Learn Evening for Career Starting Physicians – OMA Course – Tuesday, June 12, 2018 – Residents had the opportunity to hear from HealthForceOntario on How to Find their Dream Job, OMA on Insurance, Legal Considerations and Billing Best Practices, Ontario MD on Getting the most of your EMR, and Tucker Professional Corporation Accounting Services and MD Financial Management for a panel discussion on Financial Management. The evenings success has lead to the planning of future sessions of this kind.

- New Resident Welcome Reception – Thursday, June 28, 2018 – An informal welcome reception for residents to meet and network with their future colleagues,

13

program directors and Postgraduate Medical Education leadership team. The reception also provided access to helpful resources such as PARO, MD Financial Management, OMA, HealthForceOntario, Office of Advancement, Resident Wellness and RBC Wealth Management.

- 13th Annual Chief Resident Leadership Workshop - Tuesday, August 14, 2018 – Dr. Dave Williams, Retired Astronaut and Former CEO of Southlake Hospital delivered the keynote address "Striving for Excellence as a Doctor, Pilot and Astronaut: Lesson from the Edge of Space", Dr. Gillian Hawker, Chair, Department of Medicine, spoke about the "Pearls, Pitfalls and Perks of leadership". Dr. Mara Goldstein, Associate Director of Postgraduate Medical Education, Department of Medicine, gave a talk on "Generation Google: Surviving and Thriving in Multi-Generational Work Environments". Dr. Julie Maggi spoke about Resident Wellness, Dr. Jonathon Ailon shared insights from his experience as a former Chief Resident and Drs. Bruce Fage and Christopher Charles joined us from PARO to speak about the PARO-CAHO Contract in the context of the Chief Resident role.
- OHIP Billing Education for University of Toronto Residency Programs – OMA Course – Offered to all residency programs to be incorporated into their academic half-days. These sessions provide residents with an introduction to the basic principles of OHIP billing, claims, codes and payment reconciliation as well as outlining basic legal and financial requirement to starting a practice. OMA has confirmed sessions with Developmental Paediatrics, Adolescent Medicine, Family Medicine and Pediatric Rheumatology for Fall 2018.

6. Program Administrator Development and Information Sessions

- PGCorEd – Tuesday, April 17, 2018 - This session reviewed the new PGCorEd system, trainee requirements and provided a tutorial on the PGCorEd Reports site. By the end of the session attendees were able to navigate the new system and review their trainees' scores in the Reports site. This session was open to PGY1-Entry Program Administrators and Program Directors.
- Royal College: Credentials – Friday, April 20, 2018 – Representatives from the Royal College of Physicians and Surgeons of Canada presented on credentialing, examinations, forms, and important dates and deadlines.
- New Accreditation Standards Information Sessions – Tuesday, May 29, 2018 & Tuesday, August 7, 2018 - This session reviewed the new accreditation program standards. New standards were highlighted and participants had an opportunity to discuss and work through some of the most relevant standards in more detail. Updates on the new accreditation management system were also discussed. This session was open to both faculty and staff.
- Appreciation Award & Event – Friday, June 1, 2018 – The inaugural Medical Education Administrator Award was given out at this appreciation event for all of our medical education administrative support staff.

14

- Introducing the New Administrator to Postgraduate Medical Education – Thursday, September 20, 2018 - This session will provide a high-level overview of the following topics and will allow new administrative support staff to meet key PGME staff members: Faculty of Medicine Overview; Postgraduate Medical Education Organizational Chart & Overview; Navigating the PGME Website; Registration; Visa Trainees; Fellows; POWER; Payroll & Call Stipends; Electives; and Accreditation. Attendees will receive a booklet of resources along with a PGME contact list and a list of commonly used acronyms and definitions. This session is targeted to new administrative staff who have been in their role for less than 6 months. This session will be offered three time per year.
- ICRE Preparation for Program Administrators – Wednesday, September 26, 2018 - This workshop is designed to help ICRE attendees make the most out of their ICRE experience this year. Our presenters will outline the sessions that will provide the most insight and context to your roles supporting the trainees. There will also be an opportunity for questions and a review of the conference session schedules.

7. Awards & Publications

PGME continues to recognize members who are committed to the Faculty and Postgraduate Medical Education by acknowledging their efforts through various awards.

Recipients of the Spring 2018 **Medical Humanities Grant** are Dr. Kate Hayman, Department of Medicine and Dr. Suvendrini Lena, Department of Psychiatry.

Other Awards:
- Excellence in Postgraduate Medical Education – Development and Innovation: Dr. Lynfa Stroud, Department of Medicine and Sandra de Montbrun, Department of Surgery
- Excellence in Postgraduate Medical Education – Teaching Performance, Mentorship and Advocacy: Dr. Abhaya Kulkarni, Department of Surgery; Dr. David Tang-Wai, Department of Medicine and Dr. John Thenganatt, Department of Medicine

To review all of the PG award winners for 2017-18, please see
http://pg.postmd.utoronto.ca/about-pgme/awards/

Publications & Presentations
PGME staff and faculty prepared a number of papers and posters at conferences and symposiums this year, including leading or facilitating at workshops. A complete list of the topics and authors of the 4 journal articles, 11 workshops and presentations, 7 paper presentations, 12 posters for 2017-18 can be viewed at https://pg.postmd.utoronto.ca/about-pgme/pgme-reports/2017-18-pgme-scholarly-activities/

15

8. CaRMS

The Pediatric Subspecialty Match (PSM) took place on May 30, 2018. All 22 of our MOHLTC funded positions were filled with an additional 6 non MOHLTC positions filled. The 2019 PSM will be the last year that this match is run in the Spring. In 2020 it will follow similar timelines to the Medical Subspecialty Match (MSM) in the fall.

The CaRMS Medicine Subspecialty Match (MSM) is currently underway with a match date of November 7, 2018.

The CaRMS Family Medicine/Emergency Medicine Match (FM/EM) is also underway with a match date of December 19, 2019.

The PGME Quotas Allocation Committee met over the summer to identify a recommended distribution of positions including the 407 positions for the CaRMS R1 Match in March 2019. The recommended distribution includes a rotating schedule of reductions of 9 entry positions for Canadian Medical Graduates, first reduced in 2016. Prior to 2016, the intake quota was 416 positions.

Best Practices in Applications and Selection
Subsequent to the release of the AFMC Unmatched Report the AFMC Executive agreed to adopt the recommendations and to report on progress of implementation for each medical school in Canada by October 2018. As a result, in August of this year, the Associate Dean requested that all PGY1 entry programs implement 10 actions from the 21 recommendations as required as best practices for this year.

In addition, CaRMS has agreed to adopt selected BPAS recommendations as part of the application process. A working group of CaRMS has been instructed to assist in the implementation.

9. Global Health

Global Health (GH) at Postgraduate Medical Education (PGME) develops and delivers coordinated education and programming via initiatives reflecting our commitment to local and global social responsibility and accountability, while supporting trainee interest in education, research and practice impacting local and global under-resourced populations.

The program reports to Dr. Glen Bandiera and is overseen by the PGME Global Health Education Sub-Committee (31 faculty, staff and trainee members) which adjudicates the Sheppard Health Equity and also the Social Justice Social Responsibility Award.

The program provides process and support for PGME programs and residents participating in GH Electives and continues to enhance and administer the GH Education Initiative (GHEI); now in its 10th year. This 2-year certificate program for residents and fellows offers 26 modules (of two or three 3-hour sessions per module) annually; 100+participants per year; 100+ faculty per year; continuing global health education and leadership opportunities for our PGME global health community which includes GHEI graduates with training and physician specialists with expertise to

16

contribute to critical global challenges.

Led by resident planning committees the 2nd Annual [GH Resident Research Showcase](#) takes place January 31, 2019 and the 6th Annual [GH Day](#) on May 29, 2019.

10.   Other

Residency Training for Underserviced Areas Program

Ontario is helping to meet the demand for physicians in communities across the province by funding more residency positions for medical school graduates who have completed their undergraduate training at an Ontario medical school. In May 2018, the Ministry of Health and Long Term Care funded supernumerary residency positions at the six Ontario Faculties of Medicine in Family Medicine and high need specialties of Psychiatry, Internal Medicine, Pediatrics and Emergency Medicine. These positions were available to Ontario unmatched medical graduates and included a two-year return-of-service commitment in an area of need in Ontario.

We are pleased to announce that this one-time initiative resulted in an additional 16 graduating U of T medical students continuing their postgraduate residency training at U of T in Family Medicine, Psychiatry and Internal Medicine.

Saudi Residents and Fellows

On August 7, 2018, the Saudi Government terminated all scholarship programs in Canada, including sponsorships for postgraduate medical training, following a suspension of diplomatic relations between our two countries. On August 22, the Saudi Arabian Cultural Bureau identified September 22, 2018 as the date of termination. Continuing high-level advocacy resulted in the Saudi Bureau's confirmation on August 28, 2018 that all trainees in residency and fellowship programs may, at their option, remain in their postgraduate training programs in Canada until such time as they have obtained final admission into equivalent training programs in other countries. Two days later, the Saudi Bureau further clarified that all new Saudi trainees were permitted to join the residency or fellowship programs into which they had been accepted.

The situation continues to be uncertain and evolving. The status of Saudi nationals now applying for admission to postgraduate medical training that would begin in 2019-20 remains unclear, as does the status of Saudi nationals now enrolled in training programs that will continue beyond the end of the 2018-19 academic session. There are grounds for cautious optimism for a positive resolution of this situation, but clarity remains elusive at the present time.

We wish to thank all within our community for the understanding and concern that has been demonstrated as we continue to navigate this complex situation. We wish to recognize the support that has been shown for the Saudi trainees who have been so profoundly affected by the events over the last five weeks and reaffirm the University's committed to supporting trainees to the extent possible through this challenging time.

17

Continuing Professional Development

1. Annual Report

Post MD Education has released its annual report for 2017-18, which can be viewed here: https://annualreport.postmd.ca/

2. CACME Accreditation

In June 2018, CPD received the official report on the March site visit and approval of CACME accreditation for the next eight years (until 2026). The office was reviewed according to four main standards: 1) Responsiveness to Societal Needs, 2) Scope of Activities, 3) Planning and Implementation, and 4) Administration and Organization. CPD received seven exemplary compliances; at least one in each standard. Several strengths were also acknowledged including the evident support of the Dean and Vice Deans within the Faculty and the effectiveness of the new decanal structure and synergies in the Post MD Portfolio. The large creative mix of programs, reinvestment in research, and the office's new professional services model also received strong praise. An interim status report will be delivered in 2020.

3. Governance

The CPD Directors and Leaders Committee last met on 29 May 2018 to conclude the 2017-18 academic year. CPD wishes to thank and acknowledge the following individuals who completed their tenure this year: Dr. Terry Axelrod (General Surgery), Dr. Nadia Ismiil (Laboratory Medicine & Pathobiology), Beata Pawlowska (Centre for Faculty Development), Dr. Peter Slinger (Anesthesia), and Dr. Sanjeev Sockalingam (Psychiatry). The Committee's next meeting is scheduled for 16 October 2018.

Departmental CPD Directors and Leaders as of September 2018

First name	Last name	Representation
Anna	Banerji	Indigenous and Refugee Health PostMD Education
Yvonne	Chan	Otolaryngology
Mark	Feldman	Paediatrics
Ralph	George	General Surgery
Debbie	Hebert	Occupational Science & Occupational Therapy
Kartik	Jhaveri	Medical Imaging
Arnold	Noyek	Global Health/CISEPO
Anna	Plotkin	Laboratory Medicine & Pathology
Raj	Rasasingham	Psychiatry
Jeremy	Rezmovitz	Family and Community Medicine
Suzan	Schneeweiss	Chair and CPD Associate Dean
Allan	Slomovic	Ophthalmology
Robin	Sutherland-Harris	Physical Therapy
Ewa	Szumacher	Radiation Oncology
Martina	Trinkaus	Medical Alumni

18

Pascal	Van Lieshout	Speech-Language Pathology
Rory	Windrim	Obstetrics & Gynecology
Brian	Wong	Medicine

4. Enrollment and Accreditation

Enrollment

During 2017-18, CPD accredited a total of 385 programs with a total of 40,505 enrolled learners. A new model was introduced to help distinguish different programs accredited through CPD.

Stream 1 refers to programs that are Clinical Department developed & managed and CPD accredited.

Stream 2 refers to programs that are Clinical Department developed & CPD managed and accredited.

Stream 3 refers to programs that are CPD managed, CPD developed and CPD accredited.

For 2017-18, the total learners by stream were:

Total Learners in Stream 1 programs: 30,750

Total Learners in Stream 2 programs: 7,764

Total Learners in Stream 3 programs: 1,991

Accreditation

Over the past year, CPD has been working on the development of a user-friendly accreditation application system. Led by CPD Director Trevor Cuddy, a staff team has worked to deconstruct the existing application process, assess the necessity of long held practices, harmonize the CFPC and RCSPC accreditation requirements into a single application, and rebuild the application from the bottom up in an entirely new platform called CadmiumCD.

As CPD moves into the pilot test phase of this new application system, lessons learned and process development stages are to be shared with the CPD community at a poster presentation at the 10th National CPD Accreditation Conference in October.

5. CPD Academic Activity

Academic Plan

CPD continues to track its progress in four key strategic priority areas on an online dashboard: https://www.cpd.utoronto.ca/about-us/strategic-plan-2017-2022/strategy-progress/ .

CPD Foundations

CPD delivered the Certificate Program in CPD Foundations for the third consecutive year. This webinar-based longitudinal program provides fundamental theory and skill training for the development of effective CPD activities. It focuses on practical issues commonly experienced in the design, development, and implementation of CPD activities. By focusing on competencies in CPD, the aim is to encourage the delivery of high quality CPD programs across a broad range of environments that

19

will lead to improved practice and ultimately patient care.

In 2018, the Foundations program was honoured with the Royal College CPD Providers Innovation Award. Over the past three years, 75 participants from across Canada, United States, Europe and the Middle East have taken this program.

Safer Opioid Prescribing

CPD has continued to work with Saegus (subsidiary of CMPA) and has run Safer Opioid Prescribing workshops in Montréal, Saskatoon, and Edmonton, with a future iteration scheduled for Nova Scotia in 2019. This partnership is providing new opportunities for collaboration with Doctors Nova Scotia and FMSQ.

Opioids Clinical Primer

U of T is one of six medical schools involved in the development of the Opioids Clinical Primer. The Primer is a province wide CPD effort supported by the Ministry of Health as part of the provincial opioid strategy. It consists of a series of free, interactive, accredited online courses intended to provide physicians and nurse practitioners with concrete tools to assist with safer opioid prescribing, recognizing and managing opioid use disorder, and managing chronic pain. *Course 1: Opioid Use Disorder in Primary Care: Principles of Assessment and Management* has launched, and *Course 2: Managing Patients with Opioid Use Disorder in Primary Care with Buprenorphine* will be available soon.

6. CPD Research and Scholarship

CPD Research and Development Grants

The next cycle of applications for the CPD Research and Development Grant closes on October 30, 2018. Grants up to a maximum of $5,000 are awarded to support research and scholarly activities focused on the continuing professional development of practicing healthcare professionals.

Congratulations to Project Investigators, Dr. Abhimanyu Sud and Dr. Kathleen Doukas (Department of Family & Community Medicine), on their recent grant for their project titled: *Has Safer Opioid Prescribing Achieved its Intended Program Objectives: Participation, Satisfaction, Learning, Competence and Performance?*

CPD Environmental Scan

This research project continues under the leadership of Dr. Shiphra Ginsburg, CPD Academic Director. Phase 1 involves gathering and reporting on scholarship. The most recent count of Faculty of Medicine CPD scholarship-related activities for the 2017-18 include 75 publications, 6 grants totaling $615,127, and 29 presentations at national and international conferences. Phase 2 involves interviews. The first round of interviews is complete and data analysis has begun. A second set of interviews is underway.

Stand Up and Be Counted Too (2)

CPD is involved in a national mixed-methods survey project led by ACPAC Program Directors, Dr. Katie Lundon and Dr. Rachel Shupak. The qualitative piece of the study, in which the CPD Scholarship office is engaged, aims to understand the CPD needs, opportunities and barriers of Extended Role Practitioners who work in arthritis

20

and/or musculoskeletal care. A report on this work is expected early next year.

7. CPD Awards

The CPD Awards Committee, under the leadership of Dr. Miriam Weinstein, has been working to renew and refresh the suite of awards offered by CPD. Nominations for the following awards are due November 30, 2018:

- Colin Woolf Award for Sustained Excellence in Teaching of CPD
- Colin Woolf Award for Excellence in Program Development and Coordination
- Colin Woolf Award for Long-term Contributions to CPD
- Fred Fallis Award in Online Learning
- David Fear Fellowship
- Dave Davis Research Award
- Ivan Silver Innovation Award
- Excellence in Interprofessional CPD Award

For more details about updated award terms and nomination requirements, please see the awards listings on the side bar here: https://www.cpd.utoronto.ca/scholarship/.

8. Indigenous and Refugee Health

The third biennial Indigenous Health Conference (IHC) 2018: *Walking Together* was held 24-26 May 2018 in Toronto at the Hilton Meadowvale. The conference presented an opportunity to gain a better understanding of how Indigenous ways of knowing, with respect to the health and wellbeing, can be utilized in health care approaches for Indigenous peoples. Over seven hundred individuals attended including health care professionals, community partners, and others working in Indigenous Health. Over 40% of the attendees identified as Indigenous.
The initiative was led by Dr. Anna Banerji, Conference Chair and Faculty Lead, Indigenous and Refugee Health, Post MD Education, and Bernice Downey, Indigenous Health Lead for the Faculty of Health Science, McMaster University. A new addition to the 2018 conference was a collaboration with the David Suzuki Foundation to host a third day focused on health and the environment.
Work is underway for the biennial North American Refugee Health conference in June 2019.

21

D.Graduate and Life Sciences Education (GLSE)

Undergraduate Life Sciences Education

1. Events

Special Session for Domestic & International Students Considering Course-Based & Professional Master's Programs

The Faculty of Medicine has a captive audience of domestic and international undergraduate students at U of T (across 3 campuses). For these students, GLSE has organized a special event to meet representatives from our course-based and professional programs that are offered in the Faculty of Medicine. This recruitment session will begin with Dr. Allan Kaplan, Graduate and Academic Affairs giving opening remarks, followed by a representative from the School of Graduate Studies to talk about services for domestic and international students. Each department will present their program and field questions. The event will be   held on October 5, 2018 at 12:00pm-1:00pm in the Medical Sciences Building, Rm. 2172.

Participating Programs include:

- Applied Immunology
- Medical Genomics
- Medical Physiology (Winter 2019)
- Occupational Science & Therapy
- Applied Clinical Pharmacology
- Physical Therapy
- School of Graduate Studies
- Speech-Language Pathology
- Translational Research

Seventh Annual Recruitment Fair considering Graduate Studies in the Faculty of Medicine will be held on November 1, 2018, Medical Sciences Building (10:30 am – 2:00 pm). Exhibitors in attendance will include our undergraduate and graduate units, as well as hospitals and the School of Graduate Studies. Approximately over 1,000 students visit this fair.

Discussion in Best Practices in Applying to Summer Research, Jobs and Graduate Schools
This GLSE Seminar will be presented by Dr. Nana Lee, Director of Graduate and Professional Development and students will learn how to construct a research-focused resume or CV and enhance their academic career perspectives – for grad school, research opportunities, and beyond on January 29, 2019 at 10:00am – 11:00am at the JJR McLeod Auditorium.

22

Teaching Seminar Series
Organized by Dr. Michelle Arnot (Pharmacology and Toxicology), Dr. Michelle French (Physiology), Dr. Stavroula Andreopoulos (Biochemistry), a lunchtime Seminar Series has been developed   for interested Faculty in our Life Sciences Programs who teach/coordinate undergraduate and/or graduate courses. This is an opportunity for Faculty to learn and share experiences and best-practices/strategies on topics associated with teaching. This seminar will be held once a month from 12:00 pm – 1:00 pm   on Fridays.

Topics:
September 21, 2018 - Teaching Seminar: Join our Roundtable Discussion on Academic Integrity
Other seminar dates to follow: October 19, 2018, November 16, 2018, January 18, 2019, February 8, 2019, March 22, 2019

2. Mentorship Programs | Undergraduate

GLSE Undergraduate Shadowing Program
Graduate and Life Sciences Education is committed to organizing events that will help undergraduate students discern their future career paths. The program aims to give undergraduate students in the Life Sciences an opportunity to appreciate the innovative research conducted in the Faculty of Medicine. We will be pairing senior undergraduate students from across the 8 Life Sciences and 13 different graduate programs offered in the Faculty of Medicine.

Graduate   mentors   will give an overview of the nature of their research and how it may relate to concepts that undergraduate students have learned in their lectures. Additionally, undergraduate students will have an opportunity to shadow graduate students as they perform their experiments and daily tasks. The upcoming shadowing program will occur   during the months of February, June and July.

3. Awards

Undergraduate Faculty Teaching Awards
Four awards will adjudicated in four categories. Deadline: January 31, 2019

- Excellence in Undergraduate Teaching in Life Sciences
- Excellence in Undergraduate Laboratory Teaching in Life Sciences
- Excellence in Linking Undergraduate Teaching to Research in Life Sciences
- Sustained Excellence and Innovation in Life Sciences Education

GLSE Undergraduate Leadership Awards
Graduate and Life Sciences Education, Faculty of Medicine will award up to three annual Undergraduate Student Leadership Awards in Life Sciences. The purpose of these awards is to provide opportunities for our undergraduate students in the Faculty of Medicine, Arts and Science Programs to be recognized for their leadership and scholarship. The award carries a value of $500 each with an accompanying certificate. The winners will be announced in April.

23

GLSE Undergraduate Summer Research Project Studentship
GLSE awards 7 annual summer research project studentships per summer to support third or fourth year specialist and/or major students in our Basic Science departments. This is a 12 full week summer program, normally between May 1 and August 31, 2019. The award carries a value of $4,800 each.

Undergraduate Research Opportunity Program (UROP)
UROP awards will be allocated to 10 departments within the Faculty of Medicine. Support is set at $2,000 per student. The students must be guaranteed at least an additional $2,000 in compensation from other sources managed by the sponsoring department / centre / institute / program, and are expected to engage in full-time research for at least 12 weeks in the summer.

In addition, we have a new summer research award, The Dr. John P. Mitchel Award in Cancer Research. Each department will be allocated one extra award from this trust account.

University of Toronto Excellence Awards (UTEA NSERC & SSHRC)
University of Toronto Excellence Award (UTEA) program is funded by the Vice-President Research and Innovation. The UTEA program provides eligible undergraduate students with opportunities to conduct summer research projects under the supervision of eligible U of T faculty members. The value of each 2019 UTEA award is TBA, and the research term required is 14 weeks.

4. Student Engagement

GLSE Poster Competition
GLSE Poster Competition was established in July 2016 to help promote student talent for the Annual Undergraduate Research Information Fair Considering Graduate Studies.

Competition Winner:
2017-2018: Darren Cheng, Rehabilitation Sciences Institute (Graduate)

GLSE Talks: One Minute Video Competition
GLSE Talks: One-minute video competition was established in July 2016 for all undergraduate and graduate students undertaking a research project. The competition invites students to showcase their ongoing (or potential) research project in a brief and creative one-minute video presentation.

Competition winners:
Yahan Yang, Nutritional Sciences (Undergraduate)
Shocking Secret on High Sodium Foods: Relationship Between Sodium and Price

Ellen Langille, Molecular Genetics (Graduate)
Identification of Tumor Suppressor Genes in a Mouse Model of Breast Cancer

24

GLSE Recruitment Student Group

Graduate and Life Sciences Education Recruitment Student Group was established September 2016, which is a group of 15 undergraduate and graduate student volunteers for a yearlong commitment. Group members will deliver outreach recruitment activities to educate undergraduate students about the summer research opportunities and graduate programs (MSc & PhD) available throughout the Faculty of Medicine. Each volunteer should have 5 goals they would like to achieve after this experience. Students will received a Co-curricular record.

Graduate Education

1. Creating Mentorship Impact: Graduate Student Mentorship Program

This program, in partnership with Dr. Nana Lee, has the Director of Mentorship & GPD improve graduate mentorship at the Faculty of Medicine. We realized that almost all departments have been running a mentorship program for mentees in year 1 and 2 to be mentored by a PhD graduate student in years 3, 4, or 5. The program aims to give mentees an opportunity to appreciate the innovative research conducted in the Faculty of Medicine and learn from senior colleague's perspective in graduate life and developing as a whole scientist and career preparation. Therefore, Dr. Nana Lee will share best practices of mentorship programming with other departments and student associations so we can all learn from each other. There are three seminars as follows: September 18, 2018 at 1:00pm-2:00pm, 2:00pm-3:00pm and October 5, 2018 at 1:00pm-2:00pm

2. Establishing Best Practices for Graduate Supervisors Aimed at Reducing Time to Completion (TTC): A Faculty Development Program

To optimize supervisory mentorship in graduate student research progress and professional development aimed at reducing times to completion.

Target Audience:
1) Faculty who currently have or are planning to train graduate students.
2) Faculty who are interested in establishing their own graduate professional development workshop series, course, or program for their department.

This Innovative Graduate Faculty Development Program is being coordinated by Dr. Nana Lee, GLSE's Director of Mentorship and GPD, Director of Graduate Professional Development. She is also a Co-Author of Success After Graduate School 2016 with Dr. Reinhart Reithmeier.

Topics:
Mentorship Matters
Best Practices in Reducing Times to Completion
Tools for Student Engagement

25

Conflict Management and Student Wellness
Entrepreneurship
Highlights of Graduate Professional Development (GPD) in One Workshop

3. Graduate Awards

a) Faculty of Medicine (FoM) OSOTF, GSEF, PPEF, Departmental Endowed Awards and Expendable Awards

- 24 FoM-wide OSOTF, Expendable and Other Endowed Funds were adjudicated by the FoM Graduate Awards Committee chaired by the Vice Dean, Graduate and Life Sciences Education (GLSE) in June and July 2017 with over $810,000 awarded to graduate students for the 2018-19 academic year.

- 259 OSOTF, GSEF, PPEF, Departmental Expendable and Endowed Funds with over $16.7 million was distributed to 20 graduate units and centres, 11 clinical departments, and 8 affiliated hospitals (total 39) for distribution for the 2018-19 academic year.

- A total of $3,650,735 University of Toronto Fellowships was distributed in May 2018 to 10 graduate units for 2018-19 graduate students funding.

- 68 QEII-GSST (49 doctoral-steam awards and 19 clinician/surgical-scientist trainee awards) at $15,000 each were distributed for the 2018-19 academic year (total $1,020,000).

- $201,000.00 Doctoral Completion Award (DCA) has been allocated to 10 graduate units for 2018-19 academic year. The DCA is to support full-time PhD students who are beyond the funded cohort and within time-limit for the degree.

- $210,378 plus additional $648,484.00 (in lieu of the UTAPS program) was distributed to 5 graduate units with professional masters programs and 3 graduate units with course based masters in June 2018. Effective July 1, 2017, the Professional Master's programs (not including course based) in the Faculty of Medicine has phased out of the University Advanced Planning for Students (UTAPS) and transitioned to a divisionally managed program.

b) FoM GSEF Merit Scholarships for International Students

The Office of the Vice-Dean, GLSE, adjudicated the fourth year of merit-based scholarships valued at $5,000 each to international graduate students entering their second year of studies in 2018-19. Twenty scholarships were awarded.

26

c) External Studentships

Over 20 graduate studentships, including CIHR CGS D and other external doctoral research awards are paid through GLSE via ROSI to doctoral-stream students with Principal Investigators affiliated with the Faculty of Medicine.

d) Graduate Faculty Teaching Awards

The Graduate Faculty Teaching Award Competition deadline will be December 3, 2018. Six awards will be adjudicated by the FoM Graduate Awards Committee in three categories:
- Early Career Excellence in Graduate Teaching & Mentorship
- Mid-Career Excellence in Graduate Teaching & Mentorship
- Sustained Excellence in Graduate Teaching & Mentorship

Each awardee will receive a framed certificate and $1,000 cash prize.

e) Postdoctoral Fellowships

The FoM Postdoctoral Fellowships Review Committee adjudicated the 2018 Banting Postdoctoral Fellowships in early-August 2018 and forwarded nominations to the University for submission to the CIHR and NSERC agencies for nation-wide review. Each Fellowship is worth $70,000 per year for two years. The Vanier-Banting Secretariat will notify applicants of the results of their application in February 2019.

f) JJ Berry Smith Doctoral Supervision Award: Honorable Mentions

The JJ Berry Smith Doctoral Supervision Award recognizes outstanding performance in the multiple roles associated with doctoral (PhD) supervision in the University of Toronto. Two awards are offered annually, one in the Humanities and Social Sciences and one in the Physical and Life Sciences. The FoM Graduate Awards Committee reviewed 3 applications and forwarded 2 nominations, Dr. Dina Brooks (Rehabilitation Sciences Institute; Physical Therapy) and Dr. Ori Rotstein (Institute of Medical Science) to the Dean of Graduate Studies and Vice-Provost, Graduate Education. Dr. Rotstein was selected by the School of Graduate Studies this year and was acknowledged for his outstanding contribution to the doctoral supervision and graduate education in the Faculty of Medicine at the Governor General's Gold Medals and the JJ Berry Smith Doctoral Supervision Award Reception on May 29, 2018. Dr. Rotstein is Faculty of Medicine's third winner following Dr. Eleftherios Diamandis and Dr. Brenda Andrews (inaugural winner in 2012).

4. Curricular Changes 2017/2018
a) Follow-up: Expansion to UTM – Occupational Sciences and Occupational Therapy

As of September 4, 2018, 40 new graduate students in the Master of Science in Occupational Therapy (MScOT) have started their program at the Terrence Donnelly Health Sciences Complex at UTM.

27

b) New Professional Masters Program: MHSc in Medical Physiology

The external review for this new proposed professional graduate program was successfully completed in the Spring and has started the governance process this Fall. This one year, three term program is scheduled to start Fall 2019 with approximately 15 students with an anticipated growth in three years to 40 students.

c) Summary of Minor Modifications for 2017/18

Type of Curricular Change	Totals
New Courses	16
Changes in Existing Program Requirements	2
Change in Existing Courses	12
Other	30

5. Update on Graduate Initiatives 2017/2018
a) Online Course Evaluations

Graduate education in the Faculty of Medicine is designed to train our students to become thought leaders and critical thinkers to solve the biomedical challenges of the present and future. Across the 13 departments, this means the delivery of our curriculum goes beyond the traditional methods of didactic learning to utilize other means such as modular courses and blended course formats, to name a few. As a result, the depth and breadth of our programs remain the best in the province, country and around the world.

Unfortunately, this means that the majority of our graduate classes do not fit the framework used by the current Online Course Evaluations developed by the university, which was primarily built to evaluate large undergraduate courses. Our participation in a pilot study using this system last year revealed this reality. As a result, steps are being taking in consultation with the Vice Provost, Academic Program, and the Centre for Teaching, Innovation and Support to find a solution to fully implement a system to evaluate all graduate courses in the Faculty of Medicine

b) Graduate Supervisory Experience Taskforce (formally known as the Online Supervisor Evaluation Taskforce)

Over the summer, the Taskforce agreed to test the first iteration of the Graduate Supervisory Experience survey with the help of the students on the Taskforce. The Pre-Test survey was developed using the 2016 SGS Supervisory Guidelines and aligns well to the "General Characteristics of good supervisory practice" and "Role as Supervisor" as outlined in this document. The objective of this Pre-Test was to obtain student feedback, as the first step to wider consultation, on the quality of graduate supervision received in the 2017-2018 academic year. A small subset of currently registered research stream students were asked to complete the survey to test it for

28

clarity in questions, missing elements about supervision that the Taskforce should consider, review the data for potential misinterpretations/challenges in posing certain question (i.e. double barred questions, survey fatigue), as well as collecting feedback on its content and ease of completing. Currently the survey and the results of this pretest have been shared with Chairs for their feedback. Depending on these additional consultations, survey may be further revised.

Prior to collecting student and faculty feedback, the Taskforce consulted with Siobhan Nelson - Vice Provost, Academic Programs; Jean Robertson – Director of Human Resources, FOM; Sarah Gottlieb – Legal Counsel at FOM regarding quality assurance, faculty association/union issues and legal implications, respectively.

c) LOA Stipendiary Fund

This fund was established in Summer 2017 for research stream students who wish to take a Leave of Absence (LOA) due to health issues (i.e. physical and/or mental health challenges) which temporarily impairs a student's functioning in his/her graduate studies. Funding is available up to $5,000 per student for one term on a one-time only basis. To date, a total of 26 students have received this funding.

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29

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6. Graduate Applications, Offers and Admissions

For the upcoming academic year, preliminary numbers indicate an 18% increase in the number of PhD applications in the Faculty of Medicine. This is likely due to at least 2 factors: the University's initiative to lower PhD International tuition fees to align with the PhD Domestic tuition fees (i.e. approximately $8,400) and the university's commitment to become a global leader in education. Similarly, MSc International applications were up by 15% compared to last year.

Domestic applications, admission and acceptance rates remain the same as last year.

7. Establishment of On-Location Counselors for Graduate Students at the Faculty of Medicine

With the generous funding by the Provost across the university for student mental health, effective Fall 2018, the Faculty of Medicine will have two embedded counselors to provide confidential wellness counselling to our graduate students across all 13 graduate units. This is in addition to the counselling services available at the School of Graduate Studies and the Health and Wellness Office at the Koffler Centre.

The on-site counsellors will provide confidential wellness counselling to students by taking a brief counselling approach that is focussed on strengths, resiliency, and skills-building (non-pathological and destigmatizing. The on-location counselling service is primarily for non-urgent issues but in the event more severe or complex issues arise, these students will be counselled to contact the central clinic at Koffler Centre. Furthermore, workshops, groups and drop-in services will be developed to meet specific needs of specific student population.

One of the counselors, Saretta Herman, will be located in the Medical Science Building and, Laurie Coleman, will have an office at 500 University. Students will be able to access services at both locations since many of our student are both on the St. George Campus and at one of the fully affiliated hospitals or research institutes on University Ave.

30

Date: November 20, 2018

To: Faculty Council

Action Requested:
Approve revisions to the document entitled "Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education"
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Purpose
The Toronto Academic Health Science Network (TAHSN), including the University of Toronto, as represented by the Faculty of Medicine (FoM), has agreed to harmonize their process for collection of disclosures of professional relationships using a common framework (the "Common TAHSN Professional Relationships Disclosure Process")[1].

This agreement requires that the FoM's document entitled "Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education" (the "Standards") be revised to align with the Common TAHSN Professional Relationships Disclosure Process.

The FoM's aim is to utilize the CMaRS-administered Common TAHSN Professional Relationships Disclosure Process for 2019-2020, with Chairs accessing relevant elements of their department's full-time clinical faculty members' disclosure response, including FoM education-specific questions.[2]

Background
In February 2013, Faculty Council approved Standards for relationships with industry in the educational environment. In the intervening years, the disclosure form (i.e., Appendix A of the Standards) has been used variably across clinical departments. In 2016-2017, the FoM undertook collection of disclosures by full-time clinical faculty in all twelve clinical departments.

On December 15, 2017 TAHSN members agreed to align their respective professional relationships management processes. To this end, TAHSN approved common principles for relationship management policies, a TAHSN-wide relationship management committee, procuring a TAHSN-wide electronic system for relationship disclosure and management (CMaRS), and working collaboratively with the University, particularly with respect to full-time clinical faculty disclosures.

During the 2017-2018 academic year, the FoM employed the disclosure form found in Appendix A to obtain disclosures from full-time clinical faculty who had not completed the CMaRS administered relationship disclosure process.

In January 2018, the Professional Relationships Management Committee (PRMC) of the FoM was established:
- Chair, as appointed by the Dean (Dr. S. El-Defrawy)
- Vice Dean, Partnerships (Dr. L. Wilson)
- Vice Dean, Research (Dr. R. Hegele)
- Associate Dean, Continuing Professional Development (Dr. S. Schneeweiss)
- Associate Dean, Post MD Education (Dr. G. Bandiera)
- Basic Science Representative (Dr. R. Kandel)
- Rehabilitation Sciences Representative (TBA)
- Legal Counsel-interim (Ms. S. Sonshine)
- 2 Senior Faculty members appointed by the Dean (Dr. J. Goguen and Dr. P. Giacobbe)

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[1] The Common TAHSN Professional Relationships Disclosure Process includes creation of common disclosure questions and use of the CMARS electronic platform.
[2] The PRMC's recommendation is that detailed disclosure responses, particularly those pertaining to Hospital Business, not be accessible to the FoM.

The PRMC is charged with:
- interpreting and implementing the Standards;
- advising and supporting clinical department chairs and, where appropriate, manage possible conflicts of interest;
- providing FoM-wide education on conflicts of interest

Since January 2018, the PRMC has accomplished the following:
- Revised the Standards to align with the Common TAHSN Professional Relationships Disclosure Process (e.g., reducing the threshold for disclosure from $5K to $0; including a description of the PRMC and its role, etc.);[3]
- Provided input on Common TAHSN Professional Relationships Disclosure Process:
  - Disclosure Form, Policy definitions and Common TAHSN Professional Relationships Management Matrix;
- Developed education/CPD related questions to be inserted into the Common TAHSN Professional Relationships Disclosure Form, specifically a question on funding for accredited and unaccredited education/CPD events sponsored by industry;
- Completed stakeholder input meetings (November, 2018)
  - Professor V. Goel, Vice President, Research and Innovation
  - Professor L. Ferris, Associate Vice President, Research Oversight
  - Professor H. Boon, Vice-Provost, Faculty and Academic Life
  - Professor L. Johnston, Dean, Lawrence S. Bloomberg Faculty of Nursing and Chair, Council of Heath Sciences
  - Toronto Academic Health Science Network Medical Affairs Committee (TAHSN-M)

Action Requested:
Approve the revisions made to the Standards as indicated in the attached copy of the document "Relationships with Industry in the Educational Environment" so that the FoM's Standards align with the Common TAHSN Professional Relationships Disclosure Process. For ease of reviewing, a second document is attached in which the original text of the Standards are compared with the proposed changes.

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[3] Revisions to the Standards require the approval of Faculty Council.

DISCLOSURE SECTION, PP. 9 - 10

February 11, 2013 version approved by Faculty Council	2018 Proposed revisions
2. Each **CLINICAL (MD) FULL-TIME** faculty member will annually file a confidential disclosure form (see Appendix) with the Department Chair that declares:	2. Each **CLINICAL (MD) FULL-TIME** faculty member will annually complete the TAHSN disclosure form, which will be made available to the Department Chair.
2.1. **INCOME**: all sums in excess of $5,000 annually received from a single source EXCEPT: 2.1.1. Income from the University, affiliated hospitals, or research institutes, from clinical practice, and personal investments.	Sections 2.1 to 2.4 - removed
2.1.2. Honoraria from other universities, agencies such as national or provincial Colleges, or granting agencies.	
2.1.3. Income from consultation for national and international agencies such as the Canadian Medical Protective Association (CMPA,) the World Health Organization (WHO,) the Public Health Agency of Canada, and Health Canada	
2.2. **HOLDINGS**: financial interests or ownership interests greater than $5,000 of faculty members or their family or associated entities$_6$ in businesses operating in areas related to the faculty member's practice, research, or other professional medical activity. Note : Holdings in mutual funds are not reportable in this category	
2.3. For purposes of this declaration, both sections 2.1 and 2.2 apply to income received by or relevant holdings of a personal professional corporation and should be included in the annual disclosure form.	
2.4. Each Department Chair will report a list of declarations annually to the Dean or designate.	

February 11, 2013 version approved by Faculty Council	2018 Proposed revisions
3. All clinical (MD) faculty members (full-time, part-time, adjunct, and visiting clinical professors) will disclose in all lectures or seminars, whether in the university or elsewhere, all relationships that might be perceived as creating a potential conflict of interest relevant to the subject being discussed. This includes, but may not be limited to, salary support, consultancy fees, honoraria, research support, Ownership Interest, or Financial Interest. Declarations will be that the relationship exists, not the amounts involved.	3. All clinical (MD) faculty members (full-time, part-time, adjunct, and visiting clinical professors) will disclose using the standardized University of Toronto, Faculty of Medicine disclosure form and/or disclosure slide, unless a different format is required by the sponsoring or organizing entity in question, (e.g. government, educational or professional organization). This disclosure is required in all lectures or seminars, whether in the university or elsewhere, all relationships that might be perceived as creating a potential conflict of interest relevant to the subject being discussed. Disclosure includes, but may not be limited to, salary support, consultancy fees, honoraria, research support, Ownership Interest, or Financial Interest. Declarations will be that the relationship exists, not the amounts involved.
3.1. Clinical (MD) faculty members will disclose relationships that might be perceived as creating potential conflicts of interest in the same categories as above	3.1 – remains the same.
3.1.1. in all manuscripts submitted for publication.	3.1.1 – remains the same.
3.1.2. when consulting to government, public, or private agencies, including foundations, charities, or non-governmental organizations.	3.1.2 – remains the same.
3.2. Clinical faculty members are advised to declare potential conflicts of interest when providing advice or interviews to the media.	3.2. Clinical faculty members should declare potential conflicts of interest when providing advice or interviews to the media.

February 11, 2013 version approved by Faculty Council	2018 Proposed revisions
1. Clinical Departments 1.1. Clinical Departments should ensure that a completed disclosure form is received from each full-time clinical (MD) faculty member annually.	1.1. Clinical Departments should ensure that each full-time clinical (MD) faculty member completes the TAHSN disclosure form annually.
1.2. At the discretion of Chairs, review of disclosures may be by the chair or by a panel.	1.2. Review of disclosures will be done by the chair or designate.
1.3. Each Department Chair will report the declarations annually to the Dean or designate. This annual report should also include financial statements of educational events as in section 6.3	1.3. Each Department Chair will report annually to the Dean or designate a list of individuals who have not completed the TAHSN disclosure form.
1.4. Clinical Departments will be asked to report annually to the dean or designate on departmental adherence to these standards and identify any potential risks to academic independence, integrity, or reputation that may arise from the activities of faculty.	1.4. – remains the same
	1.5. This annual report from the clinical department Chairs should also include financial statements of educational events as in section 6.3.
1.5. Department Chairs should work with faculty members to manage any real, potential, or perceived conflict of interest. Advice may be sought from the Committee on Conflict of Interest of the Faculty or of the relevant hospital or research institution	1.6 (formerly first half of 1.5) Department Chairs should work with faculty members to manage any real, potential, or perceived conflict of interest.
	1.7 (formerly second half of 1.5) Where appropriate and at the discretion of the Chair, advice should be sought from the Professional Relationships Management Committee (PRMC) of the Faculty about how the conflict should be managed.
1.6. Where Chairs believe that conflicts of interest are not properly managed, the matter may be referred to Committee on Conflict of Interest of the Faculty or of the relevant hospital or research institution.	The original 1.6 section has been removed.

February 11, 2013 version approved by Faculty Council	2018 Proposed revisions
2. The Faculty of Medicine	**2. Professional Relationships Management Committee (PRMC)**
2.1. The Dean or designate will	2.1 The PRMC, advisory to the Dean, will undertake the following in relation to these standards
2.1.1. annually review the reports from departments.	2.1.1 Advise the Dean and, as applicable, affiliated institution with jurisdiction over the case as to how the matter should be resolved or managed. Any management plan or sanction recommended by the PRMC will be considered by the Dean and/or Chair, as applicable, prior to implementation.
2.1.2. identify areas of risk from actual, potential, or perceived conflict of interest at the level of individual faculty members, departments, or divisions, or the Faculty itself.	2.1.2 Facilitate the alignment of the Standards with affiliated hospitals and research institutes, including harmonized disclosure mechanism developed by TAHSN (2017) and other relevant regulatory directives
2.1.3.identify areas of risk if a large proportion of funding is coming from a single private source	2.1.3 Make recommendations for additional bodies, experts and activities needed to support the PRMC, faculty members, students and staff in managing relations with industry.
2.1.4. provide assistance to Chairs and faculty members to manage and resolve any real, potential, or perceived conflicts of interest.	2.1.4 Develop and approve tools and educational resources for FoM Chairs and other stakeholders.
2.2. The Faculty Conflict of Interest Committee will provide advice on request to the Dean or Department Chairs.	2.2 Review any declarations of real, potential or perceived conflict of interest at the request of the Dean or relevant Chair.
Appendix: Annual Disclosure Form – Relationships with Private Sector Entities	**Appendix**: has been removed

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education

At the core of the professional relationship between physicians and patients is the primacy of the interest of the patient. As educators in the Faculty of Medicine, we have a duty to model appropriate professional behaviours to our learners. Both as a Faculty and as individuals we must ensure that relationships with industry and private sector entities do not model inappropriate behaviours or introduce inappropriate influence on the educational environment of medical students or postgraduate medical trainees.

The Faculty of Medicine of the University of Toronto and its faculty members have many valuable relationships with private-sector entities. These relationships encourage and support innovation and accelerate delivery of new health care products and methods to our patients. Financial support from private sector entities has been and continues to be beneficial to the development and delivery of many educational programs.

Standards for the management of potential Conflicts of Interest are required for the accreditation of Undergraduate MD and Continuing Education Programs and such a requirement is pending for Postgraduate Accreditation. For Continuing Education policy see the separate document, *Policy on Sponsorship from Commercial Sources of University of Toronto Accredited Continuing Education Activities*[1]

This document sets out standards that will provide best practices to ensure that relationships between the Faculty, and its academic units and members, and business entities (hereafter "industry") will be appropriate and transparent. The standards and measures for disclosure are intended to guide the conduct of faculty members and learners by managing potential conflicts to ensure an environment that protects the integrity and reputation of individuals and institutions.

NOTE:
1. When these standards refer to "gifts" or "sponsorship" they do not refer to donations or relationships arranged or managed through the Office of Advancement of the Faculty of Medicine, University of Toronto or through Foundations of affiliated institutions. Such gifts and donations will be managed under rules as set out for those offices.

2. Nothing proposed in these standards is intended to conflict with existing policy or regulation of the University of Toronto. In the event of perceived conflict, existing policy will govern.

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[1] http://www.cepd.utoronto.ca/brochures/Sponsorship-Policy-2012.pdf

3. These standards do not address relationships with charitable organizations, governments, the military, non-governmental (NGO) or quasi-governmental organizations although there may be potential for improper influence and conflict of interest with such entities. Entities described as "non-profit" will also require individual consideration.

Definitions

Conflict of Interest

A *conflict of interest* may arise when a faculty or staff member's personal or other interests are in actual, potential, or perceived conflict with duties or responsibilities to patient care, the University, their hospital, or hospital research institute. Mere existence of a conflict of interest does not imply wrongdoing: conflicts of interest can arise naturally from an individual's engagement with the world outside the University. When conflicts of interest do arise, however, they must be recognized, disclosed, and properly managed.[2] For purposes of this document, relevant potential conflicts will be those arising from relationships or Financial Interests existing within the last five years.

Conflict of Commitment

A *conflict of commitment* occurs when commitment to external activities of a faculty or staff member adversely affects the capacity to meet academic responsibilities.[3]

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[2] See the University of Toronto Governing Council Policy on Conflict of Interest – Academic Staff, 1994
http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjun221994.pdf
[3] See the University of Toronto Governing Council Statement on Conflict of Interest and Conflict of Commitment, 2007,
http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppfeb012007iii.pdf

Consulting

Consulting relationships include contractual relationships, advisory boards and any relationship whereby the faculty member receives, or has the expectation to receive, income or other benefit for services other than for clinical or university work. This includes, but is not limited to, honoraria, commissioned papers, and lectures for which money is received.

Executive Position:

A position with responsibility for a material part of the operations of a business such as Chief Executive Officer, Vice-President, Chief Operations Officer, Scientific or Medical Director.

Family

For purposes of this document, Family includes a faculty member's spouse or partner, parents, children or step-children, and the siblings of the faculty member.

Financial Interest:

An interest in a business consisting of:
(1) any stock, stock option or similar ownership interest in such business, but excluding any interest arising solely by reason of investment in such business by a mutual, pension, or other institutional investment fund over which the faculty member does not exercise control; or

(2) receipt of, or the right or expectation to receive, any income from such business (or from an agent or other representative of such business), whether in the form of a fee (e.g., consulting), salary, allowance, forbearance, forgiveness, interest in real or personal property, dividend, royalty derived from the licensing of technology, rent, capital gain, real or personal property, or any other form of compensation, or any combination thereof.

Gifts

In this report, the word 'gifts' refers to direct gifts to individuals, personal professional corporations, or departments. This does not include donations or relationships managed through the Office of Advancement of the University of Toronto Faculty of Medicine or through Foundations of affiliated institutions which have their own guidelines and regulations.

Ownership interest:

Ownership, part-ownership, including owning shares, or other Financial Interest in a business, including arrangements to receive royalties.

Position of Influence

For these standards, a position of influence in a company includes being a major shareholder (>10% of outstanding shares), a senior officer (CEO, COO, Chief Scientific Officer), or a member of the Board of Directors.

Private Sector

In these standards, Private Sector includes entities that do business with the intent or possibility of commercial gain, generating a profit, or increasing equity.

Speakers' Bureaus.

Membership in a Speakers' Bureau is a relationship in which a faculty member is paid by or under contract to a company to provide talks and the company selects or has influence over any of: the topic, any part of the content of a talk, or any members of the audience.

Standards

1. These standards apply to faculty members, medical students, and trainees in all practice settings where there are learners: both university affiliated institutions and in the community.

2. Because the principles in these standards arise out of the professional and trust relationship with patients, learners, and colleagues, they apply to faculty members, medical students and trainees at all times and in all places, including in "off hours" and "off-site," that is, whether or not on the campus or at an affiliated clinical institution.

3. **Sales Representatives**
   3.1. Sales representatives for pharmaceutical and other industries have as an objective the sale of their products. Information they supply about health care related to their products should be considered part of their marketing strategy. Information provided by sales representatives should not be relied upon as a sole or major source of health-care information.
   3.2. If meetings between industry product or sales representatives and students or trainees occur, they must be for the purposes of education and should have a faculty member present.
   The faculty member has a responsibility to ensure that discussions about products are medically and scientifically sound, balanced, and include discussion of any appropriate alternatives.

   3.3. Faculty members should consider the educational value of meeting with representatives of industry and recognize that in doing so they model such interactions for medical students and trainees.
     3.3.1. Meetings with industry representatives should be by appointment only.
     3.3.2. Meetings with industry representatives should not normally take place in the presence of patients unless the representatives are specifically needed for patient care.
   3.4. If representatives are to be present during patient care, patients must be so informed. If representatives have permission from hospital authorities to be in patient care areas, it is recommended that they wear identification that clearly indicates they are not part of the health care team.

   3.5. Representatives should not ordinarily take part in patient care. Appropriate demonstration by industry representatives of the technical use of equipment, including implantable devices, is acceptable.
     3.5.1. If an industry representative must take part in patient care it must only be at the request of the responsible physician or practitioner and with:
   - the knowledge of the patient;

- ▪ authorization and credentialing by the institution;
- ▪ documentation in the patient record, and,
- ▪ approval by regulatory authorities for delegated acts, if required

3.6. Industry representatives must respect patient privacy and confidentiality.

3.7. Medical student or trainee contact information must not be provided to industry representatives.

4. Each clinical education program must offer formal teaching to its medical students or trainees about ethical standards related to interactions with industry and the resultant potential conflicts of interest.

5. **Gifts** must not be accepted from industry.
    5.1. This includes food and entertainment which are considered gifts.

6. EDUCATIONAL EVENTS AND PROGRAMS

This section includes educational activities within undergraduate and postgraduate programs including rounds, seminars, lectures, and journal clubs and continuing education programs and conferences.

6.1. Educational events must be planned to address the educational needs of the learners, whether practising physicians, medical students, or trainees. Content, organization, and financial arrangements must all be controlled by faculty organizers without influence from sponsors. (See the CMA Guidelines[4].) Events within postgraduate training programs must be managed by the program administration.

6.2. Funding for educational events must be in the form of unrestricted grants in which the donor has no influence over program content, choice of speakers, or those in attendance. Donors must be acknowledged at each event where the funds are used through mention of company/organization name but not by product names.
    - When possible, events should be sponsored by multiple sources to avoid any one company developing a perception of ownership of or influence over the event or a perception of bias by attendees.
    - Funds should not be held by an individual event organizer but should be held centrally at the level of an institutional (hospital) or university department or division.

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[4] Guidelines for Physicians in Interactions with Industry   http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf

- Responsible use of sponsorship funding must include only reasonable and properly documented expenses that correspond to a prepared itemized budget.
  - o Expected use of any unexpended funding should be discussed in advance with sponsors.

6.3. Financial statements for sponsored events must be prepared and available for audit, including by the sponsors.

6.4. **Guest Speakers**
Choice of speakers, subjects of presentations, travel arrangements, expenses, and honoraria must all be arranged and paid through the faculty organizers of the event and not by sponsors or their agents. Speakers should not be nominated by sponsors or chosen from a list prepared by them.

6.5. Organizers of events may engage conference management companies but they should be hired through the event budget and not directly by commercial sponsors or donors.

6.6. Registration for sponsored events must be through the university or faculty member organizers or conference management company and not through an industry or sponsor's representative.

6.7. **Disclosure at Educational Events and Programs**
    6.7.1. All speakers at educational events, whether faculty or guests, must fully disclose in writing prior to the event to the organizers and again at the beginning of each lecture any potential Conflicts of Interest with industry, including relationships with competing corporations. This includes teaching rounds and lectures within university undergraduate and postgraduate programs.
      - Potential conflicts include, but are not limited to, partnerships, ownership of shares, receipt of consultation fees, membership on advisory boards or speakers' bureaus, and funding for research.
      - Relevant conflicts include those of immediate family members: spouses/partners, children, and parents.
    6.7.2. In presentations, written, and AV materials, the use of generic names for drugs, devices, or other products is preferable to the use of trade names. If a trade name is used, the generic name should also be given and other commonly available alternatives should also be mentioned.
    6.7.3. If faculty members or trainees use presentation slides prepared by industry, medical communication companies, or any other organization there must be specific verbal and written (on each slide) acknowledgement. Such use should be informed by a consideration of potential bias in the production of such materials. The usual rules of attribution require that use of slides prepared by any other person should be acknowledged.

6.8.   Faculty members must disclose potential Conflicts of Interest when participating in curriculum committees or in guideline or standard-setting committees or panels. Occasionally potential Conflicts of Interest will preclude participation in some parts of an agenda.

This applies to faculty members involved in curriculum committees in all programs within the Faculty, not only those sponsored by industry.

6.9.   **Ghostwriting**

As outlined in the University of Toronto *Framework to Address Allegations of Research Misconduct[5],* faculty members must not agree to publish as author any article written in whole or part by the employees or agents of a company unless contributions are clearly disclosed by authorship or acknowledgement.

(Rules for authorship such as those the International Committee of Medical Journal Editors (ICMJE) and World Association of Medical Editors (WAME) should be observed. These rules would not prevent collaboration with industry researchers who are named authors.)

6.10. **Food**

Offering hospitality and sharing food may be appropriate at medical educational events. However, arrangements for commercial entities to provide and/or pay for food have been found to engender obligation and give rise to potential Conflict of Interest and undue influence and have fostered an inappropriate sense of entitlement among participants.

6.10.1.   Industry representatives must not provide food directly for rounds and undergraduate or postgraduate teaching events. If food is provided, it must be arranged by the program or department. Use of "unrestricted" educational grant funding for refreshments must be in keeping with departmental policies and section 6.2 and representatives of sponsors must not be in attendance.

6.10.2.   Accepting invitations to industry-sponsored dinners, even those labelled as educational events, falls into the category of accepting gifts. It is not consistent with these standards and faculty members may attend only at their own expense.

6.10.3.   Hospitality, including food, may appropriately be part of events such as full day or longer programs or conferences but should have no direct link to a sponsor, be modest, and must be arranged by the event organizers, and accounted for in the event budget.

6.11. **Commercial Displays**

Any commercial displays at a Continuing Education (CE) event should be in a separate room from educational activities. Commercial displays have no place in undergraduate or postgraduate educational events.

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[5]   http://www.facmed.utoronto.ca/Assets/FacMed+Digital+Assets/research/Research+Misconduct.pdf?method=1
Section 4.1 m

6.12. **Audit**

    Audit mechanisms should be established to assure compliance of CE and other educational events with University and national Conflict of Interest standards.

7. **Funding for Postgraduate Programs**

Industry may contribute to educational funding of postgraduate training programs, unrelated to specific events, provided that:

7.1. support is received as an unrestricted educational grant. Ideally there will be multiple donors.

7.2. it is publicly acknowledged

7.3. the funds are managed centrally by the program or division director. Financial statements should be prepared and available for audit.

7.4. the industrial donor plays no role in selecting recipients of any scholarships or travelling funds

7.5. no *quid pro quo* is established in any such arrangement.

8. **Consultation to Industry**

8.1. Faculty members may receive compensation for provision of special expertise in consultation to industry. Such remuneration must be commensurate with the work done and must be disclosed in the annual disclosure report. (See Disclosure, section 3, below.)

    Acceptable activities include:

    8.1.1. Scientific education sessions to improve the knowledge of company personnel

    8.1.2. Consultation for public advocacy, health promotion, or to develop better products for health care

    8.1.3. Participation in industry-funded public education not related to a specific brand product

8.2. Faculty members should not participate in **Speakers' Bureaus**.

    This is defined as any relationship in which the faculty member is paid by or under contract to a company to give talks and the company selects or has influence over any of: the topic, any part of the content of a talk, or any members of the audience. Participation in a speaker's bureau makes a faculty member a *de facto* employee of the company.

    Programs run by for-profit educational companies are included in this category.

8.3. Faculty members should not participate in industry marketing or sales programs.

9. **DRUG SAMPLES**

9.1. Faculty members should make use of central repositories for drug samples where they exist. Ideally, they will be administered by pharmacists.

9.2. Physicians and their families should not use free drug samples themselves that have been given to the physician by industry. Using a sample is equivalent to prescribing for self or family and comes under those regulations.

9.3. Physicians who continue to dispense sample drugs must keep appropriate records and ensure the drugs are stored and dispensed in a safe manner. (This is required by CPSO policy.) Concerns are off-label use, theft, improper storage, use of expired products, lack of proper instruction, and failure to note interaction with other medications.

10. When medical students or postgraduate trainees in the Faculty of Medicine undertake research, all Conflict of Interest rules applying to graduate students in the university will also apply.

11. Faculty members involved in institutional selection of drugs or devices for clinical use must declare any potential Conflicts of Interest during the selection process. In some instances, faculty members will need to recuse themselves and withdraw from the particular decision-making process.

DISCLOSURE

Openness and transparency are key elements in dealing with potential conflict of interest. While disclosure is not always an adequate management of actual or perceived conflicts, it is an essential first step.

1. The following applies to clinical (MD) faculty members appointed to the University in Clinical Departments under the Policy for Clinical Faculty

2. Each **CLINICAL (MD) FULL-TIME** faculty member will annually ~~file a confidential disclosure form (see Appendix) with the Department Chair that declares:~~complete the TAHSN disclosure module, which will be made available to the Department Chair.

    2.1. ~~INCOME: all sums in excess of $5,000 annually received from a single source EXCEPT :~~

        2.1.1. ~~Income from the University, affiliated hospitals, or research institutes, from clinical practice, and personal investments.~~

        2.1.2. ~~Honoraria from other universities, agencies such as national or provincial Colleges, or granting agencies.~~

        2.1.3. ~~Income from consultation for national and international agencies such as the Canadian Medical Protective Association (CMPA,) the World Health Organization (WHO,) the Public Health Agency of Canada, and Health Canada~~

    2.2. ~~HOLDINGS: financial interests or ownership interests greater than $5,000 of faculty members or their family or associated entities[6] in businesses operating in areas related~~

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[6] See definitions, page 2., "Associated entities" includes, but is not limited to, partnerships, personal corporations, and family trusts.

~~to the faculty member's practice, research, or other professional medical activity.
Note : Holdings in mutual funds are not reportable in this category~~

~~2.3. For purposes of this declaration, both sections 2.1 and 2.2 apply to income received by or relevant holdings of a personal professional corporation and should be included in the annual disclosure form.~~

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~~2.4. Each Department Chair will report a list of declarations annually to the Dean or designate.~~

3. All clinical (MD) faculty members (full-time, part-time, adjunct, and visiting clinical professors) will disclose <u>using the standardized University of Toronto, Faculty of Medicine disclosure form and/or disclosure slide, unless a different format is required by the sponsoring or organizing entity in question, (e.g. government, educational or professional organization). This disclosure is required</u> in all lectures or seminars, whether in the university or elsewhere, all relationships that might be perceived as creating a potential conflict of interest relevant to the subject being discussed. ~~This~~ <u>Disclosure</u> includes, but may not be limited to, salary support, consultancy fees, honoraria, research support, Ownership Interest, or Financial Interest. Declarations will be that the relationship exists, not the amounts involved.

    3.1. Clinical (MD) faculty members will disclose relationships that might be perceived as creating potential conflicts of interest in the same categories as above

        3.1.1. in all manuscripts submitted for publication.

        3.1.2. when consulting to government, public, or private agencies, including foundations, charities, or non-governmental organizations.

    3.2. Clinical faculty members are advised to declare potential conflicts of interest when providing advice or interviews to the media.

MONITORING

1. **Clinical Departments**
    1.1. Clinical Departments should ensure that ~~a completed disclosure form is received from~~ each full-time clinical (MD) faculty member <u>completes the TAHSN disclosure module</u> annually.

    > **Commented [NS2]:** Need to get hyperlink

    1.2. ~~At the discretion of~~ <u>Review of disclosures will be done by the Chair or designate.</u> ~~Chairs, review of disclosures may be by the chair or by the Professional Relationships Management Committee (PRMC).~~

    1.3. Each Department Chair will report ~~the declarations annually to the Dean or designate~~<u>annually to the Dean or designate a list of individuals who have not completed the TAHSN disclosure module.</u> ~~.~~ ~~This annual report should also include financial statements of educational events as in section 6.3~~

    1.4. <u>Clinical Departments will be asked to report annually to the ~~dean~~ <u>Dean</u> or designate on departmental adherence to these standards and identify any potential risks to academic independence, integrity, or reputation that may arise from the activities of faculty, ~~in particular~~ <u>for example</u> if it is determined that a large proportion of funding is coming from consistent private sources.</u>

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    ~~1.4.~~<u>1.5.</u>   <u>This annual report from the clinical department Chairs should also include</u>

financial statements of educational events as in section 6.3.

1.6. Department Chairs should work with faculty members to manage any real, potential, or perceived conflict of interest.

1.5.1.7.   Where appropriate and at the discretion of the Chair, Aadvice may should be sought from the Committee on Conflict of Interest Professional Relationships Management Committee (PRMC) of the Faculty or of the relevant hospital or research institution about how the conflict should be managed. Where Chairs believe that conflicts of interest are not properly managed, the matter may be referred to Committee on Conflict of Interest of the Faculty or of the relevant hospital or research institution.

2. The ~~Faculty of Medicine~~**Professional Relationships Management Committee (PRMC)**

   2.1. The ~~Dean or designate~~ PRMC, advisory to the Dean, will undertake the following in relation to these standards:

      ~~2.1.1. annually review the reports from departments.~~

      ~~2.1.2. identify areas of risk from actual, potential, or perceived conflict of interest at the level of individual faculty members, departments, or divisions, or the Faculty itself.~~

      ~~2.1.3.~~2.1.1. Advise the Dean and, as applicable, affiliated institution with jurisdiction over the case as to how the matter should be resolved or managed. Any management plan or sanction recommended by the PRMC will be considered by the Dean and/or Chair, as applicable, prior to implementation. ~~identify areas of risk if a large proportion of funding is coming from a single private source~~

      2.1.2. Facilitate the alignment of the Standards with affiliated hospitals and research institutes, including harmonized disclosure mechanism developed by TAHSN (2017) and other relevant regulatory directives.

      2.1.3. Make recommendations for additional bodies, experts and activities needed to support the PRMC, faculty members, students and staff in managing relations with industry. ~~provide assistance to Chairs and faculty members to manage and resolve any real, potential, or perceived conflicts of interest.~~

      2.1.4. Develop and approve tools and educational resources for FoM Chairs and other stakeholders.

      ~~2.1.4.~~

   2.2. Review any declarations of real, potential or perceived conflict of interest at the request of the Dean or relevant Chair.~~The Faculty Conflict of Interest Committee will provide advice on request to the Dean or Department Chairs.~~

Appendix

Annual Disclosure Form — Relationships with Private Sector Entities CLINICAL (MD) FULL-TIME FACULTY ONLY

This form is confidential when completed.
Information collected will be used by Department Chairs and the Faculty to assess potential Conflict of Interest of the individual.
Deidentified data may be used for aggregated reports.

Note: Faculty members already submitting a disclosure form to a clinical or research institution affiliated with the Faculty may submit a signed current copy of the same form.

Name	
Reporting period	20____ to 20____
Department	
Clinical institution(s)	
Research institution(s)	

1.   INCOME

Report all amounts greater than $5000 received from a single source
- This includes, but may not be limited to, salary support, consultancy fees, honoraria, research support, Ownership Interest, or Financial Interest as defined in these Standards.
- Do not declare income from:
- The University of Toronto, an affiliated clinical or research institution, or from clinical practice.
- Honoraria from other universities, agencies such as national or provincial Colleges, or granting agencies.

____ I have nothing to declare

Notes

Source	Amount	Reason for payment				
		Salary	Honorarium	Consultancy fee	Research support	Other	(specify in notes)
	$						
	$						
	$						
	$						

(Insert further rows as needed) (continued)

2. HOLDINGS

Report the existence of Financial Interest or Ownership Interest greater than $5000 in businesses operating in areas related to your practice, research, or other professional activity.

Report for yourself, immediate family members, or associated entities[7]

NOTE:
- Report that holdings exceed $5000, do not declare amounts
- Mutual fund holdings are not reportable in this category

___ I have nothing to declare

Financial or Ownership Interests > $5000

Company	Self	Spouse/ Partner	Family	Relationship to practice, research, or professional activity	Measures to manage potential conflict of interest
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		

_____

Signature

_____

[7] Associated entities includes, but is not limited to, partnerships, personal corporations, and family trusts

FACULTY OF MEDICINE GUIDELINES
FOR THE
ASSESSMENT OF TEACHING EFFECTIVENESS IN TENURE DECISIONS FOR TENURE-STREAM
FACULTY[1]
AND
ASSESSMENT OF TEACHING EFFECTIVENESS IN
CONTINUING STATUS DECISIONS AND PROMOTION FOR TEACHING STREAM FACULTY

INTRODUCTION

A commitment to excellence in teaching and research is at the core of the University of Toronto and the mission statement affirms the responsibility "to strive to ensure that its graduates are educated in the broadest sense of the term, with the ability to think clearly, judge objectively, and contribute constructively to society." The Faculty of Medicine delivers on this commitment by providing exceptional education programs that prepare students to be the next generation of leaders in the health sciences and to excel in a constantly evolving global environment and workforce.

Given the critical importance of teaching, the evaluation of teaching effectiveness is a fundamental component of the career of the majority of our faculty and occurs regularly during annual performance reviews as well as at career landmarks such as tenure, continuing status and promotion. These *Guidelines for the Assessment of Teaching Effectiveness in Tenure for Tenure-Stream Faculty and Assessment of Teaching Effectiveness in Continuing Status Decisions and Promotion for Teaching Stream Faculty* reflect the University's and Faculty's commitment to encouraging and supporting the highest standards of teaching, and to evaluating the teaching effectiveness of faculty in a rigorous and multidimensional manner.

Teaching involves a broad range of activities including lectures, seminars and/or tutorials, individual and group discussions, laboratory teaching, practice-based teaching (e.g. clinical), online teaching, as well as experiential and research supervision (undergraduate, graduate and clinical) and any other means by which students derive educational benefit. The role of faculty as teachers may also include a variety of teaching-related activities such as pedagogical scholarship; leadership in teaching or curriculum initiatives; developing course content (including the creation of courseware, multi-media applications and assignments); academic oversight of practicum placements; coordinating the placement of students taking research project courses; administration of one or more large courses, or the coordination of courses or programs of a department; hiring Teaching Assistants; and other directly related administrative duties.

These Guidelines apply specifically to tenure stream faculty coming forward for tenure review, and to teaching stream faculty coming forward for continuing status review and promotion. They are intended to provide guidance on the implementation of the following University of Toronto policies and procedures:

Policy and Procedures on Academic Appointments:
http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppoct302003.pdf

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[1] The guidelines and requirements for tenure stream faculty coming forward for promotion from Associate Professor to Professor are included in the Faculty of Medicine's Manual for Academic Promotion.

Policy and Procedures Governing Promotions in the Teaching Stream:
http://www.governingcouncil.lamp4.utoronto.ca/wp-content/uploads/2017/01/p0105-papfgp-2016-2017pol.pdf

For purposes of clarity, the Guidelines are organized into two categories that reflect the different contexts in which teaching is reviewed for salaried tenure-stream and teaching stream faculty.
- A. Tenure Review for Tenure-Stream Faculty
- B. Continuing Status Review and Promotion for Teaching Stream Faculty

Guidance relative to and for tenure stream faculty coming forward for promotion from Associate Professor to Professor are included in the Faculty of Medicine's Manual for Academic Promotion 2018. Guidelines for the promotion of teaching stream faculty from Associate Professor, Teaching Stream to Professor, Teaching Stream are set out in this document and also are incorporated in the Faculty of Medicine's Manual for Academic Promotion. Guidelines for the appointment and promotion of clinical (MD) and status-only faculty are included in the Faculty Academic Appointments Committee Manual and the Faculty of Medicine's Manual for Academic Promotion 2018.

A. TENURE REVIEW

1. Introduction

The evaluation of teaching constitutes a fundamental part of every tenure-stream faculty member's career, through annual review, tenure review, and promotion decisions. All faculty in the tenure stream are expected to be effective teachers (whether at the level of competence or excellence as described in this document) as part of the criteria for tenure and to sustain this level of performance as they progress through the ranks. The full criteria for tenure are: "achievement in research and creative professional work, effectiveness in teaching, and clear promise of future intellectual and professional development." For tenure to be awarded, "clear promise of future intellectual and professional development must be affirmed ...... Demonstrated excellence in one of research (including equivalent and creative or professional work) and teaching, and clearly established competence in the other, form the second essential requirement for a positive judgment by the tenure committee." (See *the Policy and Procedures on Academic Appointments*, Part III, Section13).

2. Procedures for Gathering and Assessing Data

The procedures for gathering and assessing the data needed for evaluation in the tenure review are set out below.

The Teaching Dossier
In addition to ensuring an up-to-date CV, each faculty member should maintain a Teaching Dossier[2] that should be updated annually for the purposes of the tenure review. The Teaching Dossier should include the following as appropriate:
- a. A statement of teaching interests and philosophy

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[2] The "Developing and Assessing Teaching Dossiers: A Guide for University of Toronto faculty, administrators and graduate students" is recommended as a guide for creating and maintaining Teaching Dossiers. See:
http://teaching.utoronto.ca/teaching-support/documenting-teaching/teaching-dossier/

b. A list of all graduate and undergraduate courses, taught by the candidate
c. Representative course outlines and assessments
d. For courses in which the candidate has had major responsibility for the design, include the course outline, reading list if applicable and evaluation materials (e.g., assignments and/or examinations)
e. A list of all students whose research work has been supervised by the candidate, indicating whether primary or sole supervision or secondary and/or joint supervision, period of supervision, as well as thesis topics and time to completion. When relevant, copies of students' papers, especially those that have been published, and student theses may be included.
f. Summaries of annual student evaluations and unsolicited opinion letters or testimonials from students regarding teaching performance
g. Applications for instructional development grants, where applicable
h. Documentation of efforts made (both formal and informal) to improve teaching skills or course design and a description of the outcomes
i. Awards or nominations for awards for teaching excellence
j. Documentation of innovations in teaching methods, scholarship and/or research in education, and contributions to curricular development, including activities related to the administration, organizational and developmental aspects of education and the teaching process, where applicable
k. Examples of efforts to mentor colleagues in the development of teaching skills and in the area of pedagogical design, where applicable
l. Evidence of contributions in the general area of teaching such as presentations at conferences or publications on teaching, where applicable
m. Service to professional bodies or organizations through any methods that can be described as instructional, where applicable
n. Community outreach and service through teaching functions, where applicable
o. Plans for developing teaching skills and/or future contributions to teaching.

Data Collection
Candidates shall be responsible for submitting their Teaching Dossier to the Department Chair.

The Chair shall collect student course evaluation data, solicit letters from students and the candidate's peers and, where applicable, will obtain written specialist assessments from outside the University.

Evaluation:
A Teaching Evaluation Committee shall serve to assess the material collected for the Tenure Committee and prepare a single, joint and signed report on the candidate's teaching effectiveness.

Information Required for Evaluation
The evaluation of teaching must be as thorough as possible. The sources of information for the evaluation should include, but are not limited to:

1. Faculty member's teaching dossier including a teaching statement and philosophy.
2. Student evaluations, as comprehensive and objective as possible. This should be in the form of student letters solicited by the Chair. Such information should be gathered from students who have been taught and/or supervised by the faculty member.
3. Student course evaluations
4. Formal peer evaluation (internal and/or external) is considered best practice, including other departmental or divisional assessments where cross-appointment is involved. For the purposes of tenure, it is expected that evaluation will include a classroom visit.

5. Course enrolment data, including evidence of demand for elective/selective/graduate courses
6. Documentation may include, but is not limited to, publications in a variety of media including but not limited to, scholarly and professional journals, non-peer-reviewed scholarly publications (for example, white papers, position or policy papers on education), books, CDs, online publications, invited lectures and presentations given at academic conferences, design of and contribution to academic websites, examples of professional work, and any other evidence of professional development.

3. Criteria for Assessment of Teaching Effectiveness

The criteria of teaching effectiveness, as understood at the University of Toronto, and the related standards of performance (i.e. requirements for competence and excellence) are outlined below.

To establish **competence** in teaching for the purpose of achieving tenure, there must be evidence of:
- Mastery of the subject area
- Strong communication skills
- The ability to stimulate and challenge the intellectual and scholarly capacity and development of students
- Being accessible to students inside and outside the classroom
- Fair and ethical dealings with students that recognize the diverse needs and backgrounds of our student population
- Creation of supervisory conditions conducive to an undergraduate/graduate student's academic progress, intellectual growth and the development of research skills.
- Professionalism and adherence to academic standards and administrative responsibilities as defined by University policy.

In addition to demonstrating the criteria listed above, to be judged **competent**, faculty should also demonstrate that they:
- Use meaningful methods of assessment that reflect and contribute to student learning (e.g. the use of formative and summative assessment)
- Engage students in the learning process
- Reflect on, and strive for, improvement in teaching-related activities
- Create opportunities that involve students in the research process, where appropriate (e.g. presenting or publishing with students, mentoring/coaching students)
- Actively integrate one's own research, into teaching practice and curriculum
- Ensure course content reflects current and relevant research and practice in the field.

To meet the standard of **excellence** in teaching for tenure, faculty must demonstrate excellent teaching skills, i.e., exemplary achievement, in a consistent manner on the criteria described above. In addition, the candidate must demonstrate **excellence** in some combination of the following elements:

- Successful innovations in the teaching domain, including the creation of significant and innovative teaching processes, materials, and forms of evaluation
- Recognition of teaching through nomination for or receipt of awards/honours
- Teaching evaluation scores above the acceptable standard for the department
- Receipt of peer-reviewed grants for scholarship of teaching and learning
- Development of significant new courses and/or reform of curricula

- Significant contributions to the technological environment of teaching in a given area, for example, through the development of effective new technology or the use of new media to fullest advantage
- Development of innovative and creative ways to promote students' involvement in the research process and provide opportunities for students to learn through discovery based methods
- Using ones expertise and experience to deepen student understanding and enrich the application of theory. For example:
  - Enabling students to build relationships to local communities and communities of practice
  - Offering significant opportunities for community engagement
- Ability to design unique learning experiences for students connected to professional practice
- Significant contributions to pedagogical changes in a discipline, for example through publication of innovative textbooks and/or teaching guides that are adopted beyond the Faculty of Medicine
- Consistent engagement in pedagogical professional development (e.g. participation in workshops, seminars, conferences and/or courses on teaching and learning; keeping abreast of current pedagogical research in one's field) and the application of these activities to enhance the quality and effectiveness of one's teaching
- Reflection on and assessment of new teaching practices
- Conducting research on teaching and/or learning that has potential for impact beyond a single classroom
- Dissemination of one's own pedagogical research (e.g., through scholarly articles or educational resources, presentations at conferences or workshops, etc.)
- Active engagement in the pedagogical development of others
- Delivering workshops, seminars or presentations on teaching and learning
- Acting as an active and engaged teaching mentor to colleagues
- Providing mentorship and establishing best practices in the management and leadership of teaching assistants and instructional team members
- Significant contributions to pedagogical development in a discipline or broader education context. For example:
  - Invitations to serve as curriculum or program evaluator for another Faculty or institution
  - Active engagement in accreditation processes for another program, Faculty or institution
- Engagement in professional teaching and learning organizations/associations or work with teaching centres
- Engagement in professional organizations and the application of this knowledge to teaching and the curriculum in one's own Faculty or beyond
- Serving as a journal review or editor of pedagogical publications or as a proposal referee for pedagogical conferences
- Invited national and international talks on teaching and education.

B. CONTINUING STATUS REVIEW AND PROMOTION FOR TEACHING STREAM FACULTY

1. Introduction

All faculty in the teaching stream are expected to demonstrate excellence in teaching and evidence of demonstrated and continuing future pedagogical/professional development in order to be granted continuing

status and be promoted to Associate Professor, Teaching Stream[3]. For purposes of continuing status, the full criteria read: "A positive recommendation for continuing status will require the judgment of excellence in teaching and evidence of demonstrated and continuing future pedagogical/professional development.

> *a) Excellence in teaching may be demonstrated through a combination of excellent teaching skills, creative educational leadership and/or achievement, and innovative teaching initiatives in accordance with appropriate divisional guidelines.*
> *b) Evidence of demonstrated and continuing future pedagogical/professional development may be demonstrated in a variety of ways e.g. discipline-based scholarship in relation to, or relevant to, the field in which the faculty member teaches; participation at, and contributions to, academic conferences where sessions on pedagogical research and technique are prominent; teaching-related activity by the faculty member outside of his or her classroom functions and responsibilities; professional work that allows the faculty member to maintain a mastery of his or her subject area in accordance with appropriate divisional guidelines."[4]*

The criteria for promotion to the rank of Professor, Teaching Stream are outlined in the *University of Toronto Policy and Procedures Governing Promotions in the Teaching Stream* (http://www.governingcouncil.lamp4.utoronto.ca/wp-content/uploads/2017/01/p0105-papfgp-2016-2017pol.pdf):

> *Promotion to Professor, Teaching Stream will be granted on the basis of excellent teaching, educational leadership and/or achievement, and ongoing pedagogical/professional development sustained over many years. Administrative or other service to the University and related activities will be taken into account in assessing candidates for promotion but given less weight than the main criteria: promotion will not be based primarily on such service.*

2. Procedures for Gathering and Assessing Data

The Teaching Portfolio

In addition to ensuring an up-to-date CV, each faculty member should maintain a Teaching Dossier[5] which should be updated annually and serve as a foundation for the documents that will be required for the probationary status review, continuing status review, and promotion in the Teaching Stream.

The Teaching Dossier should include the following as appropriate:
   a) A statement of teaching interests and philosophy
   b) A list of graduate and undergraduate courses, taught by the candidate (for promotion, during at least the preceding five (5) years.)
   c) Representative course outlines and assessments
   d) For courses in which the candidate has had major responsibility for the design, at minimum the course outline, reading list if applicable and evaluation materials (e.g., assignments and/or examinations)

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[3] In exceptional circumstances and only with the approval of the Dean and Vice-President and Provost, promotion to Associate Professor, Teaching Stream can occur prior to the continuing status review.

[4] http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppoct302003.pdf, Section VII, Part 30, X.

[5] "Developing and Assessing Teaching Dossiers: A Guide for University of Toronto faculty, administrators and graduate students" is recommended as a guide for creating and maintaining Teaching Dossiers. See: http://teaching.utoronto.ca/teaching-support/documenting-teaching/teaching-dossier/

e) A list of all students whose research work has been supervised by the candidate, indicating whether primary or sole supervision or secondary and/or joint supervision, period of supervision, as well as thesis topics and time to completion. When relevant, copies of students' papers, especially those that have been published, and student theses may be included.
f) Summaries of annual student evaluations and unsolicited opinion letters or testimonials from students regarding teaching performance
g) Applications for instructional development grants, where applicable
h) Documentation of efforts made (both formal and informal) to improve teaching skills or course design and a description of the outcomes
i) Awards or nominations for awards for teaching excellence
j) Documentation of innovations in teaching methods and contributions to curricular development, including activities related to the administration, organizational and developmental aspects of education and the teaching process, where applicable
k) Examples of efforts to mentor colleagues in the development of teaching skills and in the area of pedagogical design
l) Evidence of contributions in the general area of teaching such as presentations at conferences or publications on teaching
m) Service to professional bodies or organizations through any methods that can be described as instructional
n) Community outreach and service through teaching functions
o) Plans for developing teaching skills and/or future contributions to teaching.

Data Collection
Candidates shall be responsible for submitting their Teaching Dossier to the Department Chair.
The Chair shall collect student course evaluation data, solicit letters from students and from the candidate's peers, and will also obtain written specialist assessments from outside the University as required by policy.

Evaluation:
A Teaching Evaluation Committee shall serve to assess the material collected and provide a single, joint, and signed written report. For Continuing Status Review the report will address the candidate's teaching effectiveness as well as the candidate's demonstrated and continuing pedagogical and professional development. For promotion in the Teaching Stream from Associate Professor, Teaching Stream to Professor, Teaching Stream, the report will address the candidate's teaching effectiveness as well as the candidate's demonstrated educational leadership and/or achievement and the candidate's ongoing pedagogical and professional development.

Establishment of the Departmental Promotion Committee
Where an Associate Professor, Teaching Stream is seeking promotion to Professor, Teaching Stream, the department chair must ensure that their Departmental Promotion Committee (DPC) consists of at least five tenured or continuing status faculty at the rank of Professor and/or Professor Teaching Stream, with at least one faculty member at the rank of Professor Teaching Stream.[6]

Information Required for Evaluations
The evaluation of teaching must be as thorough as possible. The sources of information for the evaluation should include, but are not limited to:

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[6] Until a sufficient number of teaching stream faculty have attained the rank of Professor Teaching Stream, this requirement shall be waived and the DPC shall be constituted by five (5) tenured faculty at the rank of Professor.

1. Faculty member's teaching dossier.
2. Student evaluations, as comprehensive and objective as possible. This should be in the form of student letters solicited by the Chair. Such information should be gathered from students who have been taught and those who have been supervised by the faculty member.
3. Student course evaluations: Copies of teaching/course evaluations for a representative period of the candidate's career at the University should be included in the dossier. The Faculty of Medicine requires that end-of-course student evaluation forms on teaching excellence be completed in courses taught by faculty members in programs administered either solely by Medicine, or those given in partnership with another Faculty (e.g. the Life Science Programs administered through the Faculty of Arts and Science). Where a candidate for continuing status review or promotion is, or has been teaching at the University of Toronto at Mississauga or at the University of Toronto at Scarborough, teaching/course evaluations from the respective campus should be obtained by the Chair and included in the candidate's dossier. A comprehensive summary of all teaching evaluations should be prepared for the Teaching Evaluation Committee and included in the teaching dossier.
4. Formal peer evaluation (internal and/or external) is considered best practice, including other departmental or divisional assessments where cross-appointment is involved. External assessments of syllabi are also encouraged. For the purposes of continuing status reviews, it is expected that evaluation will include a classroom visit.
5. For the purposes of continuing status and promotion to Professor, Teaching Stream, written specialists' assessments of the candidate's teaching and pedagogical/professional activities should be obtained from outside the University. The candidate should be invited to nominate several external referees, and the Department Chair should solicit letters of reference from at least one of them and from one or more additional specialists chosen by the Chair.
6. Course enrolment data; including evidence of demand for elective/selective/graduate courses
7. Documentation may include, but is not limited to, publications in a variety of media including but not limited to, scholarly and professional journals, non-peer-reviewed or lay publications, books, CDs, online publications, invited lectures and presentations given at conferences, design of and contribution to academic websites, examples of professional work, and any other evidence of professional development.[7]

3.   Criteria for Assessment of Teaching Effectiveness

A.   Excellent Teaching

Teaching stream faculty demonstrate excellent teaching in lectures, seminars, research and teaching labs and tutorials, as well as in less formal settings, including advising and mentoring students.

To be judged to have excellent teaching skills, there must be evidence of:

- Mastery of the subject area
- Strong communication skills
- The ability to stimulate and challenge the intellectual capacity of students and promote their intellectual and scholarly development

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[7] Further information regarding documentation to be included in the teaching dossiers is set out in Part 13 of the Policy and Procedures Governing Promotion in the Teaching Stream available at: http://www.governingcouncil.lamp4.utoronto.ca/wp-content/uploads/2017/01/p0105-papfgp-2016-2017pol.pdf

- Being accessible to students inside and outside the classroom
- Fair and ethical dealings with students that recognize the diverse needs and backgrounds of our student population
- Creation of supervisory conditions conducive to an undergraduate/graduate student's academic progress, intellectual growth and the development of research skills.
- Professionalism and adherence to academic standards and administrative responsibilities as defined by University policy.

In addition to demonstrating excellence on the criteria listed above faculty should also demonstrate that they:
- Use meaningful methods of assessment that reflect and contribute to student learning (e.g. the use of formative and summative assessments)
- Engage students in the learning process
- Reflect on, and strive for, improvement in teaching-related activities
- Create opportunities that involve students in the research process, where appropriate (e.g. presenting or publishing with students, mentoring/coaching students)
- Actively integrate one's own research, into teaching practice and curriculum
- Ensure course content reflects current and relevant research and practice in the field.

In addition to excellent teaching skills, as defined above, candidates must demonstrate evidence of some combination of creative educational leadership and/or achievement, and innovative teaching initiatives. Examples are set out below:
- Successful innovations in the teaching domain, including the creation of significant and innovative teaching processes, materials, and forms of evaluation
- Development of significant new courses and/or reform of curricula
- Significant contributions to the technological environment of teaching in a given area, for example, through the development of effective new technology or the use of new media to fullest advantage
- Development of innovative and creative ways to promote students' involvement in the research process and provide opportunities for students to learn through discovery based methods
- Using ones expertise and experience to deepen student understanding and enrich the application of theory. For example:
  - Enabling students to build relationships to local communities and communities of practice
  - Offering significant opportunities for community engagement
- Ability to design unique learning experiences for students connected to professional practice
- Significant contributions to pedagogical changes in a discipline, for example through publication of innovative textbooks and/or teaching guides that are adopted beyond the Faculty of Medicine.

B. Criteria for Assessment of Pedagogical/Professional Development for Teaching Stream Faculty

Separately, teaching stream faculty must also demonstrate evidence of continuing pedagogical/professional development. Examples are set out below.
- Consistent engagement in pedagogical professional development (e.g. participation in workshops, seminars, conferences and/or courses on teaching and learning; keeping abreast of current pedagogical research in one's field) and the application of these activities to enhance the quality and effectiveness of one's teaching

- Reflection on and assessment of new teaching practices
- Conducting research on teaching and/or learning that has potential for impact beyond a single classroom
- Dissemination of one's own pedagogical research (e.g., through scholarly articles or educational resources, presentations at conferences or workshops)
- Teaching-related activities outside the faculty member's classroom functions and responsibilities
- Professional work that allows the faculty member to maintain a mastery of the individual's subject area
- Discipline-based scholarship in relation to, or of relevance to, the field in which the faculty member teaches.

C.   Additional Criteria for Promotion to the rank of Professor, Teaching Stream

For promotion to the rank of Professor, Teaching Stream, candidates must consistently meet the standard of excellence in teaching and demonstrate ongoing pedagogical/professional development (as set out in sections A and B above), sustained over many years. When reviewing candidates for promotion to the rank of Professor, Teaching Stream, educational leadership and achievement (part of section A above) is also assessed as a separate criterion, distinct from teaching excellence. This assessment is undertaken in accordance with the Policy and Procedures Governing Promotions in the Teaching Stream (Part 9), which indicates that:

> *Sustained over many years, educational leadership and/or achievement is often reflected in teaching-related activities that show significant impact in a variety of ways, for example: through enhanced student learning; through creation and/or development of models of effective teaching; through engagement in the scholarly conversation via pedagogical scholarship, or creative professional activity; through significant changes in policy related to teaching as a profession; through technological or other advances in the delivery of education in a discipline or profession.*

To: Faculty of Medicine Education Committee

Subject: Changes to MD Program Education Goals

From: Patricia Houston, Vice Dean, MD Program

Date: November 21, 2018

Proposal

To change the MD Program Education Goals, as follows:

Current Goals	Proposed Goals
Recognizing the continuum of medical education, and the compelling logic of linking medical student education to subsequent post-graduate training and continuing education, and the scientific and humanistic foundations of medicine, the Faculty of Medicine at the University of Toronto has adopted the following goals for the undergraduate curriculum: • Graduates of the MD Program will demonstrate the foundation of knowledge, skills and attitudes necessary to achieve the CanMEDS and CanMEDS-FM competencies. • In keeping with the Faculty of Medicine's vision of international leadership in improving health through innovation in research and education, the Undergraduate Medical Curriculum will encourage, support and promote the development of future academic health leaders, who will contribute to our communities, and improve the health of individuals and populations through the discovery, application and communication of knowledge.	The MD Program aspires to prepare graduates who are: • clinically competent and prepared for life-long learning through the phases of their career • ethical decision-makers dedicated to acting in accordance with the highest standards of professionalism • adaptive in response to the needs of patients and communities from diverse and varied populations • engaged in integrated, team-based care in which patient needs are addressed in an equitable, individualized and holistic manner • reflective and able to act in the face of novelty, ambiguity and complexity • resilient and mindful of their well-being and that of their colleagues • capable of and committed to evidence informed practices and scholarship, and a culture of continuous performance improvement

Background and Rationale

The purpose of the MD Program Education Goals is to provide a high-level articulation of the physicians of the future that the program aspires to graduate, which in turn informs our curricular content, delivery and approaches to student assessment and progression. With that purpose in mind, the MD Program engaged in broad stakeholder consultation (including faculty, students and staff) over the 2017-18 academic year in order to refresh our education goals. Following those consultations, the proposed goals were presented to and endorsed by the Dean's Executive Committee and MD Program

Curriculum Committee, and formally approved by the MD Program Executive Committee on June 12, 2108

In order to support achievement of these goals, the MD Program curriculum is governed by a competency framework that is grounded in the seven Royal College of Physicians and Surgeons of Canada CanMEDS Roles: Medical Expert, Communicator, Collaborator, Health Advocate, Leader, Scholar and Professional. The MD Program competency framework is the outcome of a comprehensive review of the previous program objectives. That review was initiated in the spring 2014, culminating in approval of the program's revised competency framework by Faculty of Medicine Faculty Council in February 2016.

MD Program Education Goals

The MD Program aspires to prepare graduates who are:

- clinically competent and prepared for life-long learning through the phases of their career

- ethical decision-makers dedicated to acting in accordance with the highest standards of professionalism

- adaptive in response to the needs of patients and communities from diverse and varied populations

- engaged in integrated, team-based care in which patient needs are addressed in an equitable, individualized and holistic manner

- reflective and able to act in the face of novelty, ambiguity and complexity

- resilient and mindful of their well-being and that of their colleagues

- capable of and committed to evidence informed practices and scholarship, and a culture of continuous performance improvement

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