



UNIVERSITY OF TORONTO

FACULTY OF MEDICINE

Faculty Council of the Faculty of Medicine
Minutes of the February 12, 2018 meeting
4:00 p.m.
Red Room, Donnelly Centre

Members Present: I. Witterick (Deputy Speaker), T. Coomber, R. Hegele, A. Kaplan, S. Spadafora, C. Evans, M. Ostrowski, G. Bandiera, D. Tweed, K. Hanneman, A. Levinson, J. Davis, J. Barkin, L. Wilson, R. Collins, T. Neff, R. Aviv, K. Zabjek, R. Ponda, M. Connell, A. Jakubowski, N. Taylor, S. Belo, M. Roberts, R. Kirsch, L. Giavedoni, L. Tate, A. Martin, R. Forman, A. Milhailidis, M. Ware, A. Zeng, V. Gupta, R. Giroux, C. Turenko, P. Poldre

Call to Order

The Deputy Speaker called the meeting to order and noted that there was a quorum.

1 Minutes of the previous meeting of Faculty Council – October 16, 2017

The minutes of the meeting of October 16, 2017 had been previously circulated. They were approved on a motion from G. Bandiera and seconded by S. Spadafora. There was no business arising.

2 Report from the Speaker

The Deputy Speaker did not have a report.

3 Reports from the Dean's Office

3.1 Dean's Report

Dean Young thanked all members who have participated in the Academic Strategic Plan and looks forward to the Faculty Council Forum and encourages members to provide feedback.

3.2 Vice Dean, Research & Innovation

Dr. Richard Hegele indicated that the Faculty has been advocating on behalf of the Fundamental Science Review (i.e. The Naylor Report) through a postcard writing campaign which resulted in 10,000 postcards. There was also a supportive op-ed in the Toronto Star. The federal budget is in its final writing phase and it is anticipated that there will be increased budget support for research. It will not be point-by-point support along the lines of the Naylor Report and, therefore, some areas may be disappointed.

The CIHR national success rate was under 15% with U of T achieving a 16.2% success rate. The Faculty of Medicine had a rate of 17% and the Faculty plus the affiliated hospitals had a success rate of 17.4%. A new CIHR president has not been appointed but a recommendation is before the Privy Council. U of T is currently under represented on the Institute Advisory Boards and Dr. Hegele encourages members to look into the current vacancies to assist U of T drive influence within CIHR.

On March 23 there will be a laboratory safety workshop for supervisors who have research trainees in their labs. This workshop will emphasize the dual role of being both an employee of the University but also a supervisor in a laboratory setting and the responsibilities that come with this role.

The U of T institutional strategic research plan has been approved and is on the website. Dr. Hegele encourages members to review the plan. The action plan for equity, diversity, and inclusion has also been implemented. There will be online training for unconscious bias for anyone involved in CIHR review panels. In addition, the University will also be collecting data on applicant pools, shortlists of candidates, and candidates who receive offers beginning with Canada Research Chairs.

Entrepreneurship week will take place February 26 to March 2 begin. On March 1, at MaRS, Arlene Dickinson from Dragon's Den will give a keynote address. On April 9, Toronto Health will be hosting a Health Innovation Week. On April 12, a world (almost) first will take place when a robot Chairs a symposium on robotics and regenerative medicine.

3.3 Vice-Dean, Partnerships

Dr. Lynn Wilson noted there's been a great deal of progress with conflicts of interest over the past few months and that the TAHSN hospitals and the Faculty have agreed to a harmonized disclosure form which will be implemented shortly in 5 of the teaching hospitals. Faculty will be surveyed this year to ask them if they have completed a disclosure form for their hospital and, if not, they will complete one for the Faculty. The Faculty has established a Professional Relationship Management Committee, which is chaired by Sherif El Frawy, Chair of Ophthalmology. A learning program for department heads and faculty is being developed by Dr. Jeanette Gougen from Medicine, and the Faculty lawyer, Sara Gottlieb

Dr. Wilson reported that there is quite a bit of activity currently with respect to the Physician Assistant Program, which is housed in the Department of Family and Community Medicine. The PA program is being approached every couple of weeks and being asked to create streams for areas such as medical oncology, care of the elderly, surgical care, etc. The Vice Dean's office is trying to learn more from these needs, and is looking at models in the U.S. with the hope to approach the government with a request for growth of the program which is currently capped at 30 learners per year.

Dr. Wilson indicated there is support from the Provost's Office to hire an International recruiter who will work with the MD Program and the graduate programs. A collaborative PhD in Molecular Genetics has been established with Zhejiang University, and is well-supported financially by them and by the University of Toronto's International Doctoral Clusters initiative. There is hope to replicate this model at Gangzhou Medical University. There have been a number of requests for capacity building in medical education and in primary care. Dr. Wilson will participate in a trade mission with Dean Young to Saudi Arabia, UAE (Dubai), Kuwait to meet with alumni, and local academic and health care leaders to this will provide a chance to discuss current initiatives and explore opportunities for other work.

3.4 Vice-Deans, Education

Dr. Salvatore Spadafora indicated that the new Foundations curriculum is underway for second year MD students. There was a sudden and unexpected death in the second year of the program and a memorial service will take place later in the spring.

UME and PGME are working on best practices for the CaRMS matching process which will include how best to support those who go unmatched.

Competency by design has rolled out for Otolaryngology - Head and Neck Surgery and Anesthesia with other programs to follow.

Continuing Professional Development is working toward accreditation in March 2019.

Dr. Allan Kaplan noted the new programs proposed on this agenda have been shepherded through the Office of the Vice Dean, Graduate and Life Sciences Education.

As U of T is considered a research intensive university, there has been a reduction of 1800 undergraduate spots on the St. George campus. This assists in protecting smaller Ontario universities that are primarily

undergraduate while also increasing the graduate compliment on campus. There have been 631 Masters spots and 198 PhD spots added for the campus with 223 and 67 respectively going to Medicine. There has also been an increase in the number of international graduate students being funded to 200 with 52 going to Medicine. Tuition for international PhD students will be reduced for fall 2018 from around 22000 to around 8000. Currently about 10% of graduate student are international and the desire is to increase this but not at the expense of domestic students.

GLSE is working on supervisor evaluation which will allow data collection on the quality of supervision. This would be the first of its kind on campus and the goal is to have a pilot in place for September.

4 Items for Approval

“THAT the proposed Major Modification to the Master of Science in Occupational Therapy Program be approved as submitted.”

Moved: J. Evans, Seconded: J. Barkin

Dr. Susan Rappolt noted that the MScOT program is a 24-month full-time intensive academic program consistent with the requirements for national accreditation for entry-level occupational therapy programs. Graduates of the MScOT program are eligible for national certification and subsequent registration for practice in Canada.

The proposal is to expand enrolment in the existing entry to practice MScOT program at a second location situated in Terrence Donnelly Health Sciences Complex (TDHSC) at the University of Toronto Mississauga (UTM). The existing academic curriculum will be delivered through bi-directional videoconferencing of lectures and onsite laboratories, mentorship meetings, inter-professional education. Clinical and community-based fieldwork placement offerings will be increased to accommodate the increased enrolment to ensure that all University of Toronto MScOT students continue to graduate with fieldwork experiences that exceed the requirements for national certification. New faculty will be on-site at the UTM campus to provide graduate and fieldwork coordination, and new on-site staff will provide reception, program administration, student services and IT support throughout the TDSHC-based students' two-year program.

The MScOT program consists of 17.5 full credit equivalent academic courses, and 1072 hours of fieldwork per student, completed within the 24 months of the program. MScOT students are mentored by registered occupational therapists and receive inter-professional education (IPE) from the Centre for Inter-professional Education throughout their 24-month program. Students receive learning, health, counselling, accommodation and financial supports as needed through services available to all graduate students at the University of Toronto. The Department also contracts specialized health and counselling services specific to the needs of student health professionals from the Faculty of Medicine's Office of Health Professions Student Affairs. All of these components of the program and services to support students will be extended to students at the UTM campus.

All attributes of the MScOT curriculum will be delivered to both campuses. The content of the academic curriculum will be delivered through interactive lectures, labs, student-led collaborative learning projects, mentorship and self-study at both campuses. Fieldwork placements in health care (hospital and community based), education and social services, through government-funded, private corporate, and not-for profit organizations, will be available to all MScOT students at both campuses. All MScOT students will continue to be invited to participate in the Department's standing committees (Student Affairs, Curriculum and Research), as well as supported in student-led initiatives (Student's Council and Community Involvement). Students' participation in the Department's committees and student-led initiative across the two campuses will be supported by teleconferencing or videoconferencing.

There will be no substantive changes to the content or pedagogy of the MScOT program for the students at the St. George campus related to the implementation of the second location at UTM, aside from the videoconferencing of lectures between the two campuses. Lectures at the St. George campus will be held at the Medical Sciences Building (MSB) until 500 University Avenue acquires upgraded videoconferencing

technology. Lectures at the UTM campus will be held at the Terrence Donnelly Health Sciences Complex (TDHSC). Videoconferencing connectivity between MSB and the TDHSC has been established for medical curriculum, as the Mississauga Academy of Medicine is situated in the TDHCS. The availability of required physical space and video-conferencing technology for bi-directional video-conferenced lectures has been confirmed at both locations.

MScOT students at the TDHSC will have face-to-face access to MScOT course instructors, who will video cast a percentage of their lectures from the TDHSC at UTM. MScOT students at the TDHSC will have on-site labs and expert lab demonstrators drawn from the professional community, comparable to those provided to MScOT students at the St. George campus. TDHSC-based MScOT students will also have on-site dedicated graduate and fieldwork coordination, program management, academic and fieldwork administration and IT assistance. All MScOT students in the Department will have access to all features of the MScOT academic program.

The expansion of the MScOT fieldwork offerings will be pooled with existing clinical, community and international fieldwork placements so that all placements will be equitably shared with MScOT students at both campuses.

The MScOT program is designed to deliver educational programming that prepares students for current and future practices in occupational therapy. Courses evolve annually with minor changes reflecting professional, scientific and pedagogical advances. The MScOT curriculum as a whole undergoes periodic comprehensive reviews to explore opportunities for not only incorporating new content and methods, but also to look for synergies and efficiencies in the delivery of the curriculum. Any substantive changes to the MScOT curriculum will be implemented for all MScOT students at both campuses, when such changes have been approved by Faculty Council.

The motion passed.

“THAT, as required by the Committee on the Accreditation of Continuing Medical Education Standard 1.1, the Continuing Professional Development Mission Statement be approved as submitted.”

Moved: C. Evans, Seconded: L. Wilson

Dr. Salvatore Spadafora on behalf of Dr. Suzan Schneeweiss indicated that, during a mock accreditation, the only area in which CPD was not in compliance was having the mission statement approved by Faculty Council and asked that the mission statement be recommended for approval by Faculty Council.

Dr. Spadafora noted that CPD is aware that this is not typically a governance issue but as the accreditor at the mock accreditation specified that Faculty Council approval was required and he thanked Council for their consideration of this matter.

The Deputy Speaker reaffirmed that this was not regular business of Faculty Council and members should not expect more items such as this in the future.

The motion passed.

“THAT the proposal to close the Centre for Integrative Medicine as an Extra-Departmental Unit type ‘C’ be approved as submitted.”

Moved: M. Ostrowski, Seconded: A. Kaplan

Dean Young indicated that he and the Co-Chair of the Centre for Integrative Medicine, Dean Heather Boon of the Faculty of Pharmacy, are requesting the closure of the Centre for Integrative Medicine as an EDU-C. This proposal is supported by the Executive Committee of the Centre for Integrative Medicine.

The Centre for Integrative Medicine (CIM), an EDU-C, was established jointly by the Leslie Dan Faculty of Pharmacy and the Faculty of Medicine at the University of Toronto and The Scarborough Hospital in September 2014. The primary purpose was to establish inter-disciplinary collaborative practice and academic programs in both research and education. Research was planned to focus on the following four areas: 1) natural product molecular discovery research; 2) clinical trials; 3) health services and policy; 4) inter-professional education.

The primary reason for recommending closure of this EDU-C is that the CIM is no longer viable due to: changes in leadership of the CIM as well as changes in the leadership, circumstances and priorities of the founding partners. In 2016, The Scarborough Hospital announced it would merge with Rouge Valley Hospital. The CEO of the newly merged Scarborough Rouge Hospital was appointed as of July 1, 2017 and will now begin the process of leading a strategic planning process to identify the new strategic priorities of the hospital. This strategic planning process is expected to take at least a year and the role of the CIM at Scarborough Rouge is not clear at this time. In 2016-17, the Leslie Dan Faculty of Pharmacy developed a new academic plan (2021 Forward Together) which currently guides the Faculty's priorities and investments. The CIM was not identified as a high priority within this plan. Similarly, under the leadership of a new Dean, the Faculty of Medicine has been reviewing the role of EDU-Cs in general and their relationship with the Faculty's re-focused strategic directions and the CIM is no longer considered a key priority. Since the leadership and priorities of all the founding partners has changed significantly, there was consensus at the CIM Executive Committee meeting on Monday October 2, 2017 that a recommendation be made to close the CIM.

The CIM has several on-going projects, including a visiting scientist program and commitments to support an on-line symposium on the topic of Gut Health and the Microbiome scheduled to launch in Fall 2017, with a significant marketing campaign planned for February/March 2018. In addition, the Endowed Chair in Integrative Medicine, based in the Faculty of Medicine remains vacant. Some of the key legacies from the CIM will naturally be transitioned to the new Chair in Integrative Medicine once s/he is appointed. To enable the CIM to fulfill its external obligations, to allow time to complete a search for the new Chair and to develop a communications plan regarding the closure of the CIM, it was felt that the CIM will need to remain operational until June 30, 2018. All operating funds remaining in the EDU-C account on July 1, 2018 will be split evenly between the Leslie Dan Faculty of Pharmacy and the Faculty of Medicine, the two primary contributors to the operating funds of the CIM.

The motion passed.

“THAT the proposal to establish a new graduate diploma in Health Research be N. Sweezey approved as submitted.”

Dr. Neil Sweezey indicated that the Graduate Diploma in Health Research will be offered by the Institute of Medical Science (IMS). Consistent with School of Graduate Studies requirements for graduate level studies, admission to this master's level Diploma of 2.5 full course equivalents will require a four-year Bachelor's degree. The designation is an appropriate recognition of the academic level, duration and subject matter involved.

Potential applicants will be registered students in good academic standing in the 4-year-long Doctor of Medicine (MD) Program. The entire Diploma curriculum will be completed within the MD timeframe. For 5 consecutive terms, Diploma students will be registered as part-time graduate students, beginning with the Winter term of the first MD year. The purpose of the Diploma is to provide accepted applicants, who will be in the MD program, high quality training in health research in order to understand, interpret and apply the rapid changes in the scientific underpinnings of health care. The Diploma specifically targets those future physicians who will need the additional skills necessary to contribute to health-related studies in their future careers and the select group who will become leaders in health research.

The Diploma will be unique among Canadian Faculties of Medicine in terms of the scope, program duration, credentialing and concurrent delivery of training with regular medical school classes. The aim is to engage selected medical students in health research with the intent to develop enriched, graduate level research knowledge and skills that will inform and support a future career in the field of health research. Moreover, the

formal credentialing and recognition of this program will provide graduates with a competitive advantage when seeking future senior positions involving health research.

The motion passed.

5 Standing Committee Annual Reports

5.1 Appeals Committee

Dr. Doug Templeton indicated that previous reports from the last few years have noted only one or no reports and indicated that, during his time on the Committee dating back to the early 1990s, there were often six or more a year. Dr. Templeton attributes this drop to accommodation, remediation, and documentation. Though these areas many cases are solved before they reach the appeal stage.

Dr. Templeton indicated that this year, since July, there have been four scheduled hearing (though one was dropped by the student on the morning of the hearing) with an additional three hearings pending. Dr. Templeton believes this is an anomaly rather than a new normal. The withdrawn case was a dismissal from the MRS program. One case was from UME and was over a failure in a clerkship rotation. The student had been required to remediate the rotation. Dr. Templeton characterized this appeal as straightforward and the determination was in favor of the Faculty. The remaining two cases were from PGME residents (Internal Medicine and Family Medicine) and were both related to professionalism. Dr. Templeton noted that the documentation compiled by the Faculty made these decisions straightforward as well.

5.2 UME Board of Examiners

Dr. Blake Papsin reminded members that the BScPA Board of Examiners joined with the UME Board. This has been a great experience because it has increased the membership with both faculty and students and has broadened the viewpoints on the Board. The BScPA program has had a longitudinal curriculum longer than the UME program so this has provided valuable insight for the Board.

In addition, the Board now presents students anonymously. The hope was that this would mean students being presented would no longer exercise their right to have student members excused from the hearing of their cases. It does not seem to have had an effect in this area.

Professionalism has been revamped to be a competency within every course. Dr. Papsin notes that most students who come forward for professionalism seem only to need a small intervention and the issue is rectified.

There have once again been no successful appeals of BOE decisions. Dr. Papsin indicates this reinforces the BOE's desire to be fair and just and noted that there have been cases that were headed to appeal when new information came to light and the decisions were revisited.

6 Faculty Council Forum

A presentation on the academic strategic planning process was presented by Danny Nashman from the Potential Group.

7 Adjournment

The meeting was adjourned at 5:55pm