



# UNIVERSITY OF TORONTO

## FACULTY OF MEDICINE

Faculty Council of the Faculty of Medicine  
Minutes of the February 8, 2016 meeting  
4:00 p.m.  
Red Room, Donnelly Centre

**Members Present:** L. De Nil (Speaker), D. McKnight, T. Young, L. Wilson, M. Connell, T. Coomber, T. Neff, I. Witterick, S. Schneeweiss, G. Bandiera, C. Flaherty, T. Agarwal, M. Gosk, K. Mattina, S. Doshi, D. Moore, D. Dawson, S. Spadafora, P. Hamel, J-Y Yoon, A. Kaplan, G. Yousef, S. Rappolt, R. Hegele, R. Kirsch, D. Goldstein, V. Waters, A. Levinson, M. Giuliani, L. Tate, S. Nixon, S. Wagner, J. Barkin, D. Templeton, B. Papsin, B. Steipe, A. Martin, P. Burns, A. Cochrane, T. Wolever, D. Tweed,

---

### Call to Order

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

### 1 Minutes of the previous meeting of Faculty Council – October 19, 2015

The minutes of the meeting of October 19, 2015 had been previously circulated. They were approved on a motion from A. Kaplan and seconded by P. Hamel. There was no business arising.

### 2 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 Institute for Life Course and Aging, the Master of Science, Biomedical Communications on behalf of Council

### 3 Reports from the Dean's Office

#### 3.1 Report from the Dean's Office

Dean Young welcomed Dr. Lynn Wilson and Dr. Rick Hegele to their new roles. Dr. Wilson has assumed the new role of Vice Dean, Partnerships and Dr. Hegele has taken on the newly reconstituted role of Vice Dean, Research and Innovation. The Dean also noted that Dr. Lisa Robinson has taken on the new role of Chief Diversity Officer and has already provided an initial report on the makeup of the Faculty. Dean Young indicated that the current number look great but can always look better. The Dean is looking forward to Dr. Robinson's feedback in many areas across the Faculty including reviews and searches.

Dean Young noted that external reviews have been completed for Surgery, Paediatrics, and Molecular Genetics and these will be coming forward for review at a future governance cycle.

There are also a number of searches underway. The search for the Chair of Paediatrics is complete and the candidates have been shortlisted. The Dean noted that the new Chair of Paediatrics will also be Chief of Paediatrics at SickKids. The search committee for the Chair of Molecular Genetics has been struck and a number of candidates have been identified. Search committees are also being assembled for the Departments of Family and Community Medicine and Laboratory Medicine and Pathobiology.

The Dean noted that Jay Rosenfield is finishing ten years as Vice Dean, MD Program and a search is underway for his replacement.

The Dean acknowledged Dr. Martin Schreiber and congratulated him on his 3M National Teaching Fellowship.

### 3.2 Vice Dean, Research & Innovation

Dr. Richard Hegele noted that he has been in this role since January 1, 2016 and has been getting acquainted with the portfolio. Among his current priorities is the development of a Faculty of Medicine approach to the Innovation portion of the role. The University is developing metrics to track innovation and Dr. Hegele will be working to ensure that the Faculty is aligned with the central University. In addition, there is a TAHSN research committee that is discussing CIHR's project scheme. There are currently over 4300 registrants for the upcoming competition and Dr. Hegele believes that the current scheme will be difficult to implement and will require adjustments as the competition goes along. There is also a CFI call for applications for 2017 with an emphasis on collaborations between and within institutions. U of T had put in an application to the Canada First Research Excellent Fund which has undergone an initial screening. The TAHSN research committee is also developing a work plan that will include increased coordination in areas such as clinical trials research contracts.

### 3.3 Vice-Dean, Partnerships

Dr. Lynn Wilson indicated that this new portfolio will be responsible for strengthening relationships with the affiliated hospitals and other institutions. The Vice Dean, Partnerships will also be responsible for initiating, developing, and managing partnerships at all levels including local, provincial, national, and international. In addition, the role will work to develop and strengthen partnerships within the University. Dr. Wilson noted that this role will require the close monitoring of President Gertler's Three Priorities.

Dr. Wilson introduced Meera Rai, the Partnerships and Projects Coordinator, who was involved previously with the development of the Faculty's strategic plan. Dr. Wilson and Ms. Rai have been meeting with stake holders to gather feedback on how best to build this new portfolio. The University and the Faculty are greatly respected for their strength in research and education.

The Government has a number of needs in which they hope the Faculty can play a role. These include providing data to inform policy making, being leaders in quality improvement and safety; more formal training of clinical leaders; being a sources of trusted advice; and ensuring models of education align with working environments.

Hospital partners value the Faculty greatly but community affiliates find it difficult to determine who to approach within the Faculty with questions or proposals for collaboration. The hospital partners hope that the Faculty will provide advice and data regarding the health system and health system transformation; create a space where the hospitals can share innovations in care; align education with the practice environment; build research capacity in community affiliated hospitals; and collaboration on addressing diversity.

### 3.4 Vice-Deans, Education

Dr. Allan Kaplan indicated that the report (included in these minutes beginning on page 5) was precirculated and offered to answer any questions.

## 4 New Business

### 5.1 Education Committee

#### 5.1.1 MD Program Objectives

The following was moved by I. Witterick and seconded by J. Barkin:

*“THAT the proposal to align the University of Toronto MD program objectives with a competency-based approach to medical education be approved as submitted.”*

Dr. Martin Schreiber indicated that this proposal is intended to align the existing U of T MD program objectives with a competency-based approach to medical education, effective August 1, 2016, for all students in the MD program, regardless of year of entry. In 2003, the U of T MD program adopted the Royal College of Physicians and Surgeons of Canada (RCPSC) CanMEDS Physician Competency Framework as the basis for the medical education program objectives. U of T was among the first medical schools in Canada to ground MD program objectives in the CanMEDS Framework.

In 2013-14, a review of the program’s objectives was commenced under the leadership of Dr. Schreiber due to a desire on the part of the medical school leadership to make the objectives clearer and more usable. In addition, the College of Family Physicians of Canada (CFPC) articulated the competencies of family physicians using the CanMEDS roles framework into a system known as CanMEDS-FM. Compliance with relevant accreditation standards was a major motivator for the review of the existing program objectives. The final reason for the review of and proposed change to the program’s objectives was CanMEDS 2015, a multi-year project by the RCPSC intended to update and further align the CanMEDS framework with a competency-based approach to medical education. This involved a detailed review of all competencies, and also the articulation of milestones for entry into residency training, and all of these efforts are relevant to the development of medical school program objectives.

A Steering Committee and working groups for each of the seven CanMEDS roles were established. The Steering Committee first met in March 2014 with the working groups for each of the seven CanMEDS roles were formed by September 2014. The Steering Committee set a number of review principles including: articulating program-level key and enabling competencies that are consistent with and clearly relatable to, but not necessarily the same as, the CanMEDS 2015 key and enabling competencies; that the program-level key and enabling competencies be generic, not specialty-specific; that the Faculty continue to be mindful of Medical Council of Canada (MCC) Objectives; and that there be defined milestones for each enabling competency.

Over 60 individuals provided feedback to the consultation document including a range of curriculum leaders and teachers, departmental chairs, site directors, and students. In general, the respondents noted that the competencies were comprehensive, thorough, well-written and complete. A recurring concern was the achievability (by students) and usefulness (for teachers) of the competencies, particularly in relation to the “scope” or “level” of achievement expected of medical students. The Steering Committee agreed that concerns regarding the “scope” or “level” of achievement expected of medical students and “usefulness” for teachers would, in general, best be addressed through the development of milestones, which will be a second phase of the program.  
The motion passed.

## **5 Faculty Council Forum**

Dr. David McKnight led a panel discussion with Drs. David Tannenbaum and Wayne Gold, the Chairs of the Boards of Medical Assessors and Dr. Susan Edwards, the PGME Director, Medical Wellness on the limits of reasonable accommodation within the Faculty of Medicine.

## **6 Standing Committee Annual Reports**

### **6.1 Undergraduate Medical Education Board of Examiners**

Dr. Blake Papsin thanked Council for allowing him to postpone his report from the autumn meeting. He noted that he was presenting the data from 2014-2015. Dr. Papsin noted that the Board consists of nine Faculty members from a variety of disciplines, two students, and the Vice Dean. The Board meets monthly to allow

for timely and just decisions with most remediations taking place at the end of the academic year. Dr. Papsin noted that one of the metrics for success is the number of appeals and the number of successful appeals and notes that both of these have been nonexistent for a number of years. Dr. Papsin noted there is currently one vacancy on the Board if any Council members are interesting in serving. Students are permitted to submit a written statement to the Board for consideration.

Dr. Papsin noted that most students coming to the BOE and in first and third years. Many students are presented during Pre-Clerkship for information but do not require formal remediation. He noted that the spike in students coming in third year is partially due to the iOSCE being mapped to the third year of the program. There are a number of students who will take Leaves of Absence in order to deal with their circumstance. A question was raised as to whether the Board tracks students who take a leave. Dr. Papsin indicated that if they return, they will still need to return to the Board of Examiners to determine the outcome of any failed courses or assigned remediation. He noted, however, that a small number do not return.

A number of cases are coming forward for professionalism which Dr. Papsin notes is good as it allows early intervention. Cases are assigned to Dr. Erika Abner for an assessment in professionalism with remediation being assigned as appropriate.

Dr. Papsin indicated that, moving forward, the Board will adjust to the new Pre-Clerkship curriculum but expects there to be some growing pains in the first few years. He also notes that there is a plan to merge the UME Board with the Bachelor of Sciences Physician Assistant (BScPA) Board due to their similar make-up. In order to facilitate this, the proposal that will come to Council will see a new UME Board structured with a sub-committee to address BScPA cases. This will allow the sub-committee to meet separately in advance of the UME Board meeting with the ultimate goal of merging the two Boards completely.

## **6.2 Bachelor of Sciences Physician Assistant Board of Examiners**

Dr. Ronn Goldberg was unable to attend due to his clinic schedule but provided the following written report:

The Bachelor of Science Physician Assistant 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 BScPA Board of Examiners has met three times since reporting at this time last year. Additional electronic approval of grades also took place when the discussion of individual cases was not required. The BOE reviewed the cases of two students since reporting last February.

One student was placed on a modified program and referred for an assessment in professionalism. One student was placed on remediation after failing a course. This student was review by the Board on two occasions and is currently in the process of appealing the Board's decision.

## **6.3 Appeals Committee**

Dr. Doug Templeton indicated that it has been his pleasure to not have to report for a number of years as there have been no appeals and, therefore, he had nothing to report.

Dr. Templeton indicated that the number of appeals has dropped significantly in his time on the Committee. He notes that he believes this is due, in part, to the faculty becoming better at implementing Faculty procedures and policies and that the better accommodation and remediation practices in the Faculty.

Dr. Templeton noted that there was one appeal this academic year from the PGME program. He noted that a PGY4 was removed from the program after a number of periods of remediation. The appeal was denied.

## **7 Adjournment**

The meeting was adjourned at 6:00pm

# Council of Education Vice-Deans Faculty Council Report

February 8, 2016

## **Submitted on behalf of:**

Dr. Allan Kaplan, Vice-Dean, Graduate and Academic Affairs

Dr. Jay Rosenfield, Vice-Dean, MD Program

Dr. Salvatore Spadafora, Vice-Dean, Post MD Education (PGME & CPD)

# Table of Contents

<b>Office of the Education Vice-Deans, Integrative Activities</b>	<b>3</b>
<b>MD Education – Update</b>	<b>4</b>
<b>Submitted by Dr. Jay Rosenfield</b>	
Accreditation	4
Enrollment	4
Curriculum	4
Clerkship Capacity at MAM	5
Revitalizing the Curriculum Symposium	6
2015 MPA Annual Conference	6
Consortium of Longitudinal Integrated Clerkships (CLIC) Conference 2016	6
Governance and Leadership	7
OHPSA Update	7
PA Program Update	8
<b>Post MD Education (PGME &amp; CPD)</b>	<b>10</b>
<b>Submitted by Dr. Salvatore Spadafora</b>	
<b>Post Graduate Medical Education (PGME) – Update</b>	
Governance, Staffing	10
Enrollment	10
Accreditation	11
Competency Based Medical Education	11
Conferences, Workshops, Leadership, Faculty Development	11
Global Health	12
Projects/Initiatives	12
<b>Continuing Professional Development (CPD) – Update</b>	<b>13</b>
Governance, Staffing	13
CPD Academic	13
CPD Enrollment and Accreditation	14
Global and Indigenous Health	14
Innovations and Education (i+e)	14
Standardized Patient Program	16
<b>Graduate and Life Sciences Education Update</b>	<b>16</b>
<b>Submitted by Dr. Allan Kaplan</b>	
<b>Undergraduate Life Sciences Education</b>	<b>16</b>
Events	16
Awards	16
Website	18
Recruitment Strategies	18
<b>Graduate Education</b>	<b>18</b>
Summary of Academic Changes at the Faculty of Medicine	18
External Reviews	18
Graduate Awards/Initiatives	18

# Office of the Education Vice-Deans, Integrative Activities

## 1. 2016 EDF Cycle | Timeline

The Education Development Fund 2016 application deadline is February 5<sup>th</sup>. The formal adjudication process will proceed between February 8<sup>th</sup> and May 1<sup>st</sup>. Below is a tentative timeline and is subject to change. For further information, please refer to the [Education Development Fund website](#).

February 5, 2016:	Application process closes at 5pm
February 8 – May 1, 2016:	Adjudication process
May 2016:	Notification of Funding
June 2016:	Deadline for final ethics approval

## 2. 14th Annual Education Achievement Celebration

The Faculty of Medicine's **14th Annual Education Achievement Celebration** will be held on **Wednesday, May 11th, 2016** from **5:30–7:30pm** in the **Great Hall at Hart House**. This annual evening of celebration hosted by the Education Vice-Deans is a Faculty-wide forum to recognize and showcase excellence in teaching and education. We are pleased to announce that this year's **C.I. Whiteside Education Achievement Keynote Address will be delivered by Dr. Herbert Ho Ping Kong**. To learn more, please visit the [EAC webpage](#).

## 3. Integrated Projects

### Inaugural Annual UPAR Retreat

The **Inaugural Annual University Partnership for Academic Rehabilitation Retreat**, presented by the University Steering Committee for Academic Rehabilitation (USCAR), was successfully held on **Wednesday, November 4th, 2015** from **12–5pm** in the **Music Room at Hart House**.

The retreat consisted of a plenary address, delivered by Walter Wodchis, PhD, Institute of Health Policy Management and Evaluation, entitled: "Implementing Research in Practice: Context, Mechanism and Outcomes," and followed by three short presentations on related topics, and an afternoon of facilitated small group discussion. The purpose of the retreat was to engage the rehab community to identify new opportunities for collaboration in the academic enterprise – in particular exploring the feasibility of designing, developing, implementing and evaluating successful new applied research and educational opportunities at hospital and community sites; Identify and promote best practices among the affiliated institutions, including systematic evaluation and analysis of new and existing programs and initiatives giving USCAR the ability to make strategic recommendations; and to foster knowledge exchange. The University Steering Committee for Academic Rehabilitation (USCAR) will be meeting in February to discuss next steps and begin planning for the 2016 UPAR retreat. A tentative retreat date will be forthcoming.

# Undergraduate Medical Education (MD) Program

## 1. Accreditation

### Full Accreditation Survey

In October 2015, we were informed by the Committee on Accreditation of Canadian Medical Schools (CACMS) and Liaison Committee on Medical Education (LCME) that the MD program is in full compliance with all 128 accreditation standards, bringing the program's 2012 accreditation to a successful conclusion, with no further follow-up required. This is a very significant achievement for the medical school, and reflects the collective efforts of the many individuals and institutions involved in the MD program, including students, administrative staff, teachers, the medical school leadership, and our hospital partners. The MD program's next full accreditation survey will take place in 2019–20.

### Interim Accreditation Review

Prior to the full accreditation survey in 2019-20, the MD program will engage in an interim accreditation review. As mandated by CACMS, the interim accreditation review is an important part of a continuous quality improvement process. The interim accreditation review takes place at approximately the half-way point of the 8 year accreditation cycle. It is a formative, internal review, intended to help the program:

- detect emerging problems with accreditation standards;
- identify critical issues requiring immediate attention;
- increase local accreditation expertise; and
- develop a culture of continuous quality improvement.

The interim accreditation review process, including data collection and formation of a survey team, is currently being put into place under the leadership of Martin Schreiber, in his capacity as Senior Academic Coordinator, Accreditation. The interim accreditation review site visit is planned to take place in the Spring of 2017.

## 2. Enrollment

The fall 2015 enrolment counts for the MD program (including MD/PhD students) are:

Year 1	260
Year 2	274
Year 3	250
Year 4	258
<i>Total</i>	<i>1042</i>

## 3. Curriculum

### Foundations Curriculum

The redevelopment of the first two years of the MD program, traditionally called the preclerkship, and which we are now calling the [Foundations Curriculum](#), is well underway. The new curriculum will be



launched for students entering the MD program in August 2016. It will feature a highly integrated program with clinical content from the beginning of medical school, early exposure to patients and the community setting, extensive use of online materials to support learning, and an assessment program designed to support learning. Activity is occurring on multiple fronts to ensure a smooth implementation of the new curriculum.

With respect to curriculum design, a comprehensive blueprint of learning outcomes for each unit has been created. Next steps include the creation of a detailed framework of weekly activities which will then be used to guide curriculum content development. (As noted below under Governance & Leadership, a number of Foundations Curriculum Unit Directors have been appointed and are engaged in the design and development of the new curriculum.)

The development of a new programmatic assessment model that aligns with the new curriculum and will help ensure that students are proficient across diverse competencies, including each of the CanMEDS roles, is also underway. This new assessment model will involve frequent lower-stakes assessments with feedback and individualized coaching designed to support learning.

A variety of resources that new and returning faculty can take advantage of to prepare to teach the new curriculum are being developed, and steps are being taken to ensure that the appropriate technology and resources are in place to support all aspects of the new curriculum, including classroom spaces and new software to support the curriculum design process as well as student assessment.

#### 4. Clerkship Capacity at MAM

Over the last several months Trillium Health Partners has been working to prepare for the August 2016 start of core clerkship for 1T8 (year 3) learners at the Mississauga Academy of Medicine (MAM).

Trillium Health Partners has undergone a thorough review to accurately assess capacity projections for 2016/17. This review included face-to-face dialogue with Programs Chiefs, Education Leads and Program Directors, and a robust assessment of program-specific operational capacity, space allocation and physician and clinical stakeholder engagement. We are pleased to report that based on this internal assessment, Trillium Health Partners will achieve an overall 92% capacity to take core clerks in Mississauga across the ten mandatory clinical programs for the 2016/17 year, representing 5% overall growth from 2015/16, and 18% since the first year of clerkship at MAM in 2013/14. This figure also takes into account unknown variance, and therefore is the best estimate for this year. As more information becomes available in the coming months, this projected capacity may increase, allowing for more rotations at Trillium Health Partners.

The table below provides an overview of the projected capacity at Trillium Health Partners for 2016/17 by program:

Program	2013/14 Capacity	2014/15 Capacity	2015/16 Capacity	2016/17 Capacity
Anesthesiology	100%	100%	100%	100%
Otolaryngology	100%	100%	100%	100%
Ophthalmology	56%	56%	56%	89%
Emergency Medicine	67%	76%	89%	89%
General Surgery	44%	67%	100%	100%

Surgical Subspecialties	100%	100%	100%	100%
Medicine	89%	100%	100%	100%
Obstetrics & Gynecology	56%	61%	61%	78%
Paediatrics	44%	44%	56%	56%
Psychiatry	100%	100%	100%	100%
Family Medicine	100%	100%	100%	100%
<b>Total Overall</b>	<b>74%</b>	<b>83%</b>	<b>87%</b>	<b>92%</b>

This continuing growth is a testament to the ongoing collaboration between and commitment from Trillium Health Partners and our university departments and faculty.

## 5. Revitalizing the Curriculum Symposium

On Friday, November 27, 2015, the MD program partnered with the Wilson Centre for Research in Education to hold *Revitalizing the Curriculum*, a symposium that highlighted curricular innovations and educational research currently underway within the MD Program. Over 100 education leaders, teachers, researchers and administrators from the University and our partner hospitals attended the symposium, which included a keynote address by Dr. Brian Hodges on the challenges of curriculum reform followed by discussions and interactive small group tasks on topics related the symposium’s overall theme, integration.

## 6. 2015 Medical Psychiatry Alliance (MPA) Annual Conference

The [2015 Medical Psychiatry Alliance \(MPA\) Annual Conference](#) was held on Oct. 29 -30, 2015. Hosted by the University of Toronto, the theme of this year’s conference was Integration and Complexity in Health Professional Education. Close to 200 people attended the conference, with over 80 health care leaders participating in Expert Think Tank sessions. The conference emphasized the need to take steps that will enable a generation of health leaders and caregivers to better recognize and treat patients with combined physical and mental illnesses. A formal report summary is currently being created to capture the valuable input and feedback generated by audiences from the conference’s discussions and Expert Think Tank sessions.

The 2016 Medical Psychiatry Annual Conference, which will be hosted by The Hospital for Sick Children, and focus on Child and Youth Health, will be held on October 5-6, 2016 at the Peter Gilgan Centre for Research and Learning in Toronto.

## 7. Consortium of Longitudinal Integrated Clerkships (CLIC) Conference 2016

The University of Toronto MD program is delighted to be hosting the Consortium of Longitudinal Integrated Clerkships (CLIC) Conference 2016, which will take place on October 16-19, 2016. We are excited to partner with the Wilson Centre to highlight and advance the Longitudinal Integrated Clerkship (LIC) research agenda at CLIC 2016. We look forward to welcoming faculty, administrators and students from schools around the world who have a LIC, as well as those who are interested in learning more about them. Conference information and registration details will be available soon.

## 8. Governance & Leadership

### Foundations Curriculum

*As noted above, the Foundations Curriculum will be launched for students entering the MD program in August 2016, and will replace the existing preclerkship program.*

- Dr. Eleanor Latta was appointed as Unit Director, Foundations Curriculum, Unit 1, "Introduction to Medicine". Unit 1 represents the first eleven weeks of the program, and provides instruction in the foundational medical sciences, social sciences, the culture of medicine, and the role of the physician.
- Dr. Lori Albert was appointed as Unit Director, Foundations Curriculum, Unit 2(a), and Dr. David Chan was appointed as Unit Director, Foundations Curriculum, Unit 2(b). Collectively, Unit 2(a) and Unit 2(b) are called "Concepts, Patients and Communities", and cover 25 weeks in year 1, and 16 weeks in year 2. Unit 2 provides systems-based instruction on foundational sciences, clinical presentations and diseases of the major organ systems. Unit 2(a) includes sections on host defense, oxygen delivery and metabolism and homeostasis, while the Unit 2(b) sections are divided among musculoskeletal, neurologic, special senses, and psychiatric.
- Dr. James Owen was appointed as Unit Director, Foundations Curriculum, Unit 4, "Complexity and Chronicity". Unit 4 covers eleven weeks in year 2, and provides instruction designed with two major goals in mind: to consolidate learning from the preceding three units with a view to preparing students for their further learning in the clerkship; and, to provide students with exposure to a breadth of clinical problems that emphasize complex issues (both medical and psychosocial) and long-term, chronic care.

### Clinical Skills

Dr. Katina Tzanetos was appointed as Faculty Lead for Clinical Skills.

### Integrated Leadership

Dr. Isser Dubinsky was appointed as Integrated Leadership Portfolio Director in the Institute of Health Policy, Management and Evaluation (IHPE) and Undergraduate Medical Education (UME), Faculty of Medicine.

## Office of Health Professions Student Affairs

Although facilitated study groups, such as PREP, are generally characterized by a marked decline in student participation, this year's sessions continued to attract a significant number of students throughout the term. Evaluations of sessions suggested that participants found the use of interactive worksheets, charts and diagrams "really useful," and they appreciated the PREP Leaders' organization, dedication and enthusiasm.

Three submissions from the Counselling team—academic, career and personal counselling—were selected to present at the 2016 CCME in Montreal, Quebec.

The Summer Mentorship Program (SMP) is entering its 22<sup>nd</sup> year. We are currently in our early application process (of two) and have received 64 applications. Six of those applications are from Indigenous students which represents an increase over this time last year. The 2015 SMP cohort had 61 students, including 11 Indigenous students.

## Physician Assistant Program

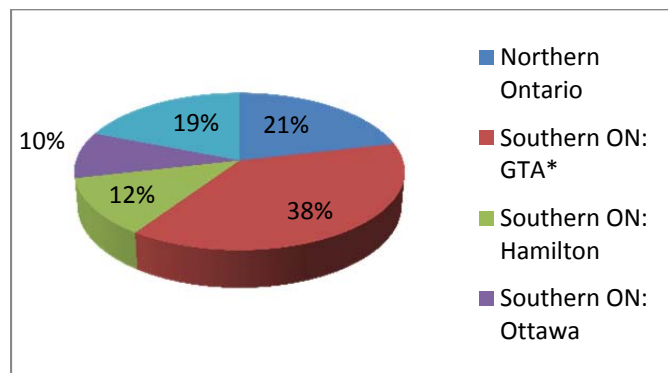
### 1. National Certification Results

As of January 15, 2016, the detailed report for the October 4 2015 Physician Assistant Certification Council of Canada (PACCC) exam is not available. However, we do know that 100% of our students who were eligible to write the exam were successful. Over the previous four years (2011-2014), our student success rate has ranged from 94% to 100%, with the national average ranging from 82% to 92%.

### 2. Graduate Employment

As of January 15, 2016, we have information on 22 of the 27 graduates who completed their program December 2015, 15 of whom have confirmed employment as PAs. We maintain an employment rate of 35% in northern or rural communities, which roughly match the Ministry of Health and Long Term Care/HealthForceOntario PA Graduate Career Start opportunities by geographic area (see Figure 2). The currently known employment of our graduates (Classes 2011-2015) includes 40% in Primary Care, 22% in Internal Medicine, and 16% each in Emergency Medicine and Surgery. Other grads have found employment in a variety of other specialties and subspecialties.

Figure 1. Career Start Opportunities by Geographic Area (Fall 2015)



There are concerns regarding the current lull in PA employment opportunities (approximately 40% of the current graduates have yet to confirm employment). This year, HealthForceOntario posted fewer “Career Start” funded opportunities than there were graduates (see Table 1). Prior to this, there have been at least 40% more opportunities than graduates. In addition to the low return on “Career Start” opportunities, there are some alumni whose original employers were not able to sustain their position once the “Career Start” funding ended. While many of these alumni have obtained employment as a PA in another position, not all have been able to do so. Although “Career Start” is not the only route to PA employment, we have communicated our concerns to HealthForceOntario and are awaiting a reply.

**Table 1. Career Start opportunities vs. PA graduate numbers, Fall 2015**

<b>Total Career Start Opportunities</b>	Approved	42
	Pending	2
	<b>Total potential</b>	<b>42</b>
<b>PA Graduates</b>	UofT	26
	McMaster	24
	<b>Total</b>	<b>50</b>
<b>Ratio of opportunities to Graduates</b>		<b>0.84</b>

# Post MD Education (PGME & CPD)

## Post MD Structure

As of July 2015 Dr. Salvatore Spadafora took on a new role as Vice Dean Post MD which encompasses both Postgraduate Medical Education (PGME) and Continuing Professional Development (CPD). During the initial phase of his tenure Dr. Spadafora has ensured that key leadership positions are in place for both departments. Dr. Spadafora is now reviewing the organizational structure of both departments with a view to identifying opportunities for integration and collaboration. This work will continue over the next several months.

## PGME Section

### 1. Governance, Staffing

Glenys Babcock joined the PG staff in October 2015 as the Manager, Data & Analytics to lead the data extraction and analysis activities and provide innovative reporting for our partners and government. Glenys holds a PhD in Public Policy from the RAND Graduate School and has held several senior positions in government and industry including Ipsos Reid, Ontario Lottery and Gaming and Toronto Community Housing. She has expertise in process mapping, organizational design, stakeholder relations, and strategic planning.

### 2. Enrolment

At the request of the Ontario Ministry of Health, the number of CaRMS entry positions for Canadian Medical Graduates at the PGY1 level for the 2016-17 academic session will be reduced by 9 positions – from 347 to 338. At the University of Toronto, the reductions occurred as follows:

Specialty	CMG 2015 PGY1 Quota	CMG 2016 PGY1 Quota	Reduction
Internal Medicine	54	51	-3
Dermatology	5	4	-1
General Surgery	11	10	-1
Neurology	5	4	-1
Ob/Gyn	10	9	-1
Orthopedic Surgery	8	7	-1
Psychiatry	32	31	-1

The number of International Medical Graduate positions will be reduced from 71 to 70 to reflect the transfer of 1 position to the Northern Ontario School of Medicine at the request of the MOHLTC. The total number of PGY1 CaRMS positions is reduced from 417 in 2015 to 407 in 2016.

### **3. Accreditation**

The Internal Review Committee is 2 ½ years through the 6 year accreditation cycle, leading to the RCPSC and CFPC external survey visit in 2019. Approximately 30 specialty programs have been reviewed to date. The review of the 14 Family Medicine program sites will begin this month. Since the September 2015 report to the Faculty Council, Pain Medicine was approved for U of T as a sub-specialty program administered by Anesthesia and will begin accepting residents for July 2016. Of the 19 programs put forward by the Royal College for Areas of Focused Competence, 11 have received accredited status. UofT has received approval for 3 of the AFC programs: Transfusion Medicine and Interventional Cardiology and Cytopathology. The Subspecialty Examination Affiliate program (SEAP) – which allows clinical fellows without the core specialty training to take the subspecialty exam for diplomate certification --- was extended from 5 to 29 programs.

### **4. Competency Based Medical Education**

In 2011, the College of Family Physicians of Canada revised their residency education to a Triple C Competency Based curriculum. Triple C stands (i) Comprehensive care and education (ii) Continuity of care and education and (iii) Centred in Family Medicine. Family Medicine has been developing assessment and feedback tools to make sure residents obtain necessary information about their achievement of targets in this curriculum.

The Royal College of Physicians and Surgeons of Canada has moved to a new framework for residency education with the launch of CanMEDS 2015 this past year and implementation in 2016. In addition, the RCPSC has promoted Competency by Design (CBD) as its new framework for competency based education. Importantly, the RC recently took a decision to delay the original implementation for 2 programs (ENT and Medical Oncology) on this new curriculum, pending further assessment of implementation issues. In the meantime, PGME at U of T is moving forward with CBD implementation to ensure programs are well supported and coordinated with assessment tools, faculty development and learner preparation. The inaugural newsletter for CBME at PGME U of T was sent out November 25, 2015. Susan Glover Takahashi is the PGME central lead to support programs in their transition to CBME.

### **5. Conferences, Workshops, Leadership, Faculty Development**

The Royal College International Conference on Residency Education (ICRE) and the RC Administrator's was held in Vancouver BC from October 21-24, 2015. PG staff presented or participated in 25 events: 8 workshops, 7 papers, 5 posters, 4 panels/forums, and 1 presentation.

The 2<sup>nd</sup> annual Toronto International Summit on Leadership Education (TISLEP) was held just prior to the ICRE Conference on Tuesday October 20, 2015. Co-hosted by UofT and the RCPSC, the summit saw over 75 international leaders discuss curriculum development for Physician Leadership and essential leader milestones.

As part of its outreach and administrative support to residency program administrators and hospital medical education office staff, PGME offered [12 sessions](#) in this 4-month period including topics such as Medical Trainee Days, re-appointments, CaRMS basic, internal reviews, and the PARO contract.

During this same period, 5 Program Director development workshops were held regarding Best Practices on Admissions and Selection, Assessment, Board of Examiners, Competency Based Education, and Internal Review documentation.

PGME recognizes the critical role played by faculty in teaching and role modeling the core competencies of resource stewardship. To that end, a half-day faculty development workshop took place in November 2015 organized by Dr. Anne Matlow designed to provide faculty the educational tools and resources they require to be most effective.

As noted above, a newsletter to support the implementation of Competency Based Education was developed and the first edition released in December 2015. The newsletter is a communication tool to assist programs and partners in understanding and implementing the transition from time-based learning to CBD and provide resources and curriculum support.

## 6. Global Health

The Global Health Education Initiative (GHEI) is a 2 year certificate program for medical residents and fellows, consisting of several modules delivered in a seminar format over a two-year period

Applications are now open for the Global Health Education Initiative (GHEI) Class of 2018, with the program to begin September 2016 and run until June 2018. Planning is underway for the 2016 Global Health Day to take place on Thursday June 9, 2016 from 12 noon to 5 pm at the McLeod Auditorium. The opening address on the State of Humanitarianism will be given by Dr. James Orbinski.

## 7. Projects/Initiatives

The environmental scan of Learner Management Systems was undertaken by an external consultant (Ambit) to consider the needs of both PGME and UGME over the next few years and possible system solutions to meet those needs related to registration, evaluation and other functions such as scheduling and the impact of competency based education. A report was delivered to the Vice Deans who are considering options.

A new Committee is being formed with a first meeting in January to review and develop **Best Practices for Evaluation and Assessment in PGME (BPEA)**. The committee will be chaired by Dr. Linda Probyn and includes representation from residents, Program Directors, hospital division chief, hospital medical education lead and PGME staff. The purpose of the Working Group is to develop minimum requirements for residency program evaluation practices and resident assessments, draft updated Evaluation Guidelines for Residency Education, and recommend implementation strategies including consultations, resources development and faculty development.



# Continuing Professional Development Section

## 1. Governance, Staffing

Professor Suzan Schneeweiss has been appointed Associate Dean, Continuing Professional Development (CPD) for a 5-year term effective November 1, 2015. Prof. Schneeweiss is an Associate Professor in the Department of Paediatrics at the University of Toronto and a Paediatric Emergency Medicine physician at the Hospital for Sick Children. Prof. Schneeweiss is a respected leader in the field of continuing professional development and formerly served as Academic Director, Continuing Professional Development in the Faculty of Medicine, is the Director of Education in the Division of Paediatric Medicine at the Hospital for Sick Children and is a Continuing Professional Development Educator with the Royal College of Physicians and Surgeons of Canada.

Renice Jones has joined the CPD team as the new Manager of Marketing and Communications. Renice brings to the position significant international marketing experience, including the marketing professional programs. Prior to joining CPD she worked at the Schulich School of Business as the Assistant Director, Recruitment and Admissions. Renice holds a Bachelor of Commerce degree in Marketing Management from the University of Guelph as well as a Master of Business Administration in Marketing from Ryerson University.

## 2. CPD Academic

Continuing Professional Development in the Faculty of Medicine has continued to provide excellence in academic programming. Our annual report went paperless this year, with a user-friendly format that highlights the people and activities that make the University of Toronto Faculty of Medicine leaders in the world of CPD (<http://www.cpd.utoronto.ca/ar15/>). The number of accredited courses continues to grow annually, and while the majority are live events, increasingly innovative methods of learning are being incorporated into courses and conferences, including web-based and simulation-based learning. The 2-day IDEAS Quality Improvement course continues to attract a wide audience from across all professions and sectors. Our fall session and our upcoming winter session are both fully subscribed. The Safe Opioid Prescribing Course successfully completed a fall series. Eight Medical Recording Keeping courses were held over the fall with one course held in Windsor in collaboration with Western University. All programs were well received with excellent evaluations and feedback from participants.

The Advanced Clinician Practitioner in Arthritis Care (ACPAC) program has admitted 9 health practitioners to its current cohort, having graduated 7 health practitioners in June 2015. This cohort includes 3 Registered Nurses and 6 Physiotherapists, with one trainee coming from Saskatchewan, one from Newfoundland, and 7 from across Ontario.

For the third year, University of Toronto CPD presented Essential Skills in CPD (ESCPD) as a pre-conference course with the Association of Medical Education in Europe Conference (AMEE) in Glasgow, Scotland. Participants were inter-professional and represented countries from around the world including Australia, Singapore, Taiwan, Qatar, Mexico and Portugal. Our innovative webinar-based

International CPD Foundations Certificate Program was launched in October 2015 and participants represent a spectrum of professionals from administrative health professionals to physicians and allied health, all deeply committed to advancing CPD.

CPD received the 2015 Royal College Accredited Providers Award at the 7<sup>th</sup> National Accredited Providers conference for leadership and innovation with our Continuing Education Leadership Program (CELP). Dr. Schneeweiss continues to work with members of the Royal College of Physicians and Surgeons of Canada to develop a white paper addressing the transition to competency-based CPD. Results will be discussed at the National Competency-Based CPD Summit in May 2016. In addition, as undergraduate medical education moves toward a competency-based framework, Dr. Schneeweiss has been working this group in the development of competencies and milestones in lifelong learning.

### 3. CPD Enrolment & Accreditation

The number of accredited course offerings continues to grow. In the period July 1 to December 31, 2015, 190 courses were accredited through the CPD office. This was up from 172 in the same period last year.

### 4. Global and Indigenous Health CPD

Building on the success of the inaugural *Indigenous Health Conference (IHC): Challenging Health Inequities*, the next biennial *Indigenous Health Conference: Towards Health and Reconciliation* will take place May 26-28, 2016. In keeping with the TRC recommendations, a primary objective of this conference is to give health care providers skills and knowledge to improve cultural competency and safety for Indigenous populations. IHC fosters dialogue between Indigenous and non-Indigenous participants, and we are anticipating 700 registrants and 150 abstract submissions. The conference will also feature a job fair to assist with recruitment to underserved Indigenous communities. Child Wilton Littlechild from the TRC will be a keynote speaker. Also speaking are Chief Isadore Day from Assembly of First Nations, President Natan Obed from Inuit Tapiriit Kanatami, and Gary Lipinski from *Métis* Nation of Ontario.

### 5. Innovations and Education

i+e's mandate is to help faculty and departments develop sustainable education-based programs and assets. i+e continues to grow its portfolio of projects. i+e regularly delivers key services related to business development, communications, legal review, marketing and reputation management for education programs.

Since the last report, some recent activities and accomplishments include:

1. As a consequence of recommendations made by the Faculty of Medicine's eLearning Taskforce (see: <http://elearning.innovatingedu.ca/>), i+e is taking on several key initiatives related to eLearning, partnerships brokering and revenue generation. Current initiatives include, but are not limited to:

- a. Establishing Elevate Toronto: "Elevate" is an education company and eLearning platform owned and operated by Utrecht University and University Medical Center Utrecht. An

MOU with Elevate was signed in September 2015 and underpins an initiative to develop a partnership to deliver online education. i+e is supporting contract negotiations, business development and marketing related to this project.

b. HealthSciences Online: i+e continues to work with several departments in the Faculty of Medicine to support online continuing education courses. i+e recently supported a successful application to the Online Ontario Fund program to enhance and update an online Medical Microbiology course.

c. ImageSim: i+e is working with Faculty in the Department of Paediatrics to develop a fully accredited online CPD program called ImageSim. i+e developed the communications and reputation strategy as well as the business plan for the program. <http://www.imagesim.com/>

d. The Innovating Education Seminar Series: organized and presented by i+e, this series introduces education faculty in medicine (life sciences, health sciences, undergrad, postgrad, and CPD/CME) to innovative tools and technologies that enable new ways of creating, presenting and distributing educational content. Since its inception, over 150 faculty and staff have attended the series. i+e plans to develop at least 5 seminars for 2016. For more information: <http://innovatingedu.ca/iess/>

e. LearnDash: LearnDash is a learning management system (LMS) compatible with Wordpress websites. i+e has developed the capacity to create sites capable of delivering online education content using the LearnDash system. i+e is inviting faculty to consider LearnDash when creating online learning resources. <http://innovatingedu.ca/learndash>

2. i+e lead a very successful Stakeholders Meeting for the Advanced Practitioner in Arthritis Care Program (ACPAC). The meeting had attendees from industry, government, health care providers, patient groups and academia. i+e managed all aspects of the communications and stakeholder engagement on behalf of ACPAC. i+e also produced, published and co-authored the ACPAC Brief, a yearly update on the ACPAC program provided to Stakeholders. <http://acpacprogram.ca/acpac-stakeholder-meeting-2015;>

3. The International Pro-Resilience and Efficiency Program (iPREP) is a new continuing education program for police officers and use of force trainers. i+e is working with faculty to develop and support the iPREP program's accreditation through CPD, as well as its communications and reputation management strategy. <http://proresilience.org/>

4. i+e has helped launch a new online resource for Chronic Diseases Management (see: <http://chronicdiseases.ca/>). A description of the CDM resource was previously provided. i+e continues to seek partners for the program and aims to help launch a new CDM Program in 2016.

5. In partnership with the ACPAC program, i+e has co-authored a policy white paper on innovative models of Arthritis care. The paper can be accessed here: <http://acpacprogram.ca/acpac-model-of-care-policy-briefing/>

## 6. Standardized Patient Program (SPP)

The Standardized Patient Program has three areas of focus: teaching, learning and assessment; coordinating national licensure examinations; and research in academic simulation methodology. The Faculty of Medicine is the primary client of the SPP related to teaching, learning and assessment, with 70% of activities based in undergraduate education. The SPP is heavily involved in 1<sup>st</sup>-3<sup>rd</sup> year education (ASCM I, II, end of clinical clerkship rotation OSCEs and the iOSCE). The iOSCE is a summative assessment consisting of a spring and fall exam, concentrating upon integration of knowledge, performance and competence (259 medical students). The Toronto site of the MCC Qualifying Examination has grown over the years and now spans two days in spring and fall (300 candidates). As competency frameworks change there, will be new opportunities for the use of standardized patients in training techniques.

## Graduate and Life Sciences Education (GLSE)

### Undergraduate Life Sciences Education

---

#### 1. Events

- a) Second Annual Interactive Graduate School Webinar was held on October 30, 2015 to meet admission deadlines. GLSE invited undergraduate students thinking about graduate studies to explore our interdisciplinary MSc and PhD programs. Streaming was available (also via mobile device) being presented by seven of the graduate departments. The videos are available on the GLSE website.
- b) Fourth Annual Graduate and Undergraduate Research Information Fair was held on November 12, 2015, Medical Sciences Building (10:30 am to 2:00 pm). Exhibitors in attendance included our undergraduate and graduate units, as well as hospitals, Life Sciences Career Development Society and the School of Graduate Studies. Approximately over 1000 students visited this fair. The next fair will be held on November 11, 2016.
- c) Career Centre Seminar – Resumés/CVs for Graduate School and Research – November 12, 2015 (4:00 pm to 4:45 pm). The next seminar will be held on January 25, 2016 (3:00 pm to 4:00 pm), JJR MacLeod Auditorium.
- d) Graduate Alumni Panel Discussion was held on November 12, 2015 (5:00 pm to 6:00 pm). GLSE invited 7 alumni to talk about their graduate school experience and current career.

#### 2. Awards

##### Undergraduate Faculty Teaching Awards

Four awards will be adjudicated in three categories.

- 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

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

**Deadline:** January 29, 2016

### **Undergraduate Research Opportunity Program**

115 UROP awards were 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.

**Deadline:** April 1, 2016

### **University of Toronto Excellence Awards (NSERC & SSHRC)**

University of Toronto Excellence Award (UTEA) program is funded by the Vice-President Research. 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 2016 UTEA is TBD, and the research term required is 14 weeks.

**Deadline:** April 1, 2016

### **GLSE Undergraduate Leadership Awards**

Three annual undergraduate student leadership awards in life sciences will be awarded to undergraduate students in the Faculty of Medicine, Arts and Science Programs to be recognized for their leadership and scholarship.

Each awardee will receive a framed certificate and \$500 cash prize.

**Deadline:** March 4, 2016

### **GLSE Undergraduate Summer Research Studentship**

Seven annual summer research project studentships will be awarded to our third or fourth year major and/or specialist students in our Basic Science departments and in Laboratory Medicine and Pathobiology. The award carries a value of \$4,800 each. The award period is from May 1 – August 31, 2016.

**Deadline:** April 1, 2016

### 3. Website

- GLSE is working with the Office of Communications at the Faculty of Medicine on a new initiative to implement Google Analytics to improve our recruitment as well as alumni tracking. The following departments have agreed to participate, Institute of Medical Science, Translational Research Program, Biochemistry, Molecular Genetics, Physical Therapy, Occupational Science and Occupational Therapy and Speech-Language Pathology.
- Update the GLSE website

### 4. Recruitment Strategies

- Graduate Student Ambassador postcards

## Graduate Education

---

### 1. Summary of Academic Changes at the Faculty of Medicine

- a. Below is a snapshot of academic changes that have been approved in 2015/16

Number of New Courses	4
Changes to Admission Requirements	1
Change in course weights/rename course	1
Add new degree to existing Collaborative Program	2
Other minor modification	2

### 2. External Reviews

The following graduate units/graduate programs were externally reviewed in Fall 2015:

- Molecular Genetics
- Rehabilitation Sciences (MSc and PhD program only)

### 3. Graduate Awards/Initiatives

#### a) Merit Entrance Scholarships (MES)

The MES centralized recruitment strategy has been changed to adjudication through the individual participating Graduate Units and no longer through the Office of the Vice Dean, GLSE.

#### b) Graduate Faculty Teaching Awards

The Graduate Faculty Teaching Award Competition deadline was on December 4, 2015. Six awards will be adjudicated in three categories:

- Early Career Excellence in Graduate Teaching & Mentorship
- Continuing Excellence in Graduate Teaching & Mentorship
- Sustained Excellence in Graduate Teaching & Mentorship

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

### c) Queen Elizabeth II Graduate Scholarships in Science and Technology (QEII-GSST)

To better align QEII-GSST application process with the School of Graduate Studies, starting 2016-17 award year, students no longer apply with a hardcopy Cover Page and must now submit an online Cover Page using the Faculty of Medicine website.

### d) Weston Brain Institute International Fellowships in Neuroscience

The second year of the Weston Brain Institute International Fellowships in Neuroscience has now been announced under the auspices of GLSE. \$30,000-\$60,000 (6-12 months) will be awarded to Canadian graduate students from the University of Toronto conducting research in neurodegenerative diseases of aging. This award enables outstanding students to travel to and work in world-renowned labs to further their research. The goal is to build international collaborations, foster influential neuroscience research and bring enhanced research capabilities back to Canada.

### e) Health Innovation Hub (H2i) Campus Linked Accelerator Program at the Faculty of Medicine

Since May 1, 2015, the Graduate and Life Sciences Office (GLSE) have taken oversight of the finances for the Health Innovation Hub (H2i) program. This program is part of the University's Campus Linked Accelerator initiative funded by the Ontario Government. Professors Paul Santerre and Joseph Ferenbok are the appointed Co-Directors of H2i. The mission of the program is to enable, collaborate, educate and facilitate student initiated translation of health matters. The initiatives that have been launched during the fall 2015 include:

- **MaRS Get Your Bot On!** (Sept 11- 13<sup>th</sup>, 2015) – H2i Sponsor
- **Lean Startups & financing**--MaRS Seminar Series (Oct – Nov, 2015);
- **IP Confidential** (Early Oct, 2015) – Workshop on BioTech IP
- **Techna Symposium** - Big Machine: Healthcare Built to Learn (Oct 30, 2015)
- **Hacking Food** – student focused initiative to end hunger in GTA (three seminars 2015/2016)
- **Hacking Healthcare 4 Innovation** (H24i) – ‘problem’ to ‘proof’
  - Identify Problems (Sept – Oct)
  - Ideation Hackathon (Nov 20, 2015)
  - Proof-of-Concept (Jan-Apr 2015)