



UNIVERSITY OF TORONTO FACULTY OF MEDICINE

Faculty Council of the Faculty of Medicine
Minutes of the November 15, 2010 meeting

Members Present: K. Pritzker (Speaker), C. Turenko, V. Kurdyak, D. McKnight, A. Gotlieb, L. Muharuma, A. Sass-Kortsak, P. Campisi, C. Woodland, A. Arulampalam, T. McLaughlin, M. Goldstein, L. De Nil, L. Girolametto, B. Le, K. Berg, C. Whiteside, A. Mahant, A. Wong, D. Maclean, D. Salonen, H. Carnahan, A. Shachak, L. Chartier, A. Gheorghita

Guests: M. Connell, T. Coomber

Regrets: A. Giacca, I. Zbieranowski, J. Bohnen, C. Deber, L. Nickell, J. Meuser, G. Fantus, C. Cott, A. Bell, M. Hanson, I. Silver, R. Tsang, A. Rachlis, R. Hegele, S. Spadafora

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

The minutes of the meeting of September 13, 2010 had been previously circulated. The minutes were approved on a motion from A. Gotlieb and seconded by M. Goldstein.

2. Report from the Speaker

The Speaker updated the Council on the business of the Revitalization Committee. He noted that Faculty Council is the ultimate academic authority of the Faculty. A specific focus of the Revitalization Committee is to improve the communication within Faculty Council and its Standing Committees. The Revitalization Committee is seeking to strengthen the pathways through which items are approved by Council and to improve the relaying of information on where they've come from and where they go upon approval. The Speaker noted that one initiative to improve communication is to standardize when each of the Standing Committees will report to Council. The Speaker presented the following schedule:

Fall Meeting: Continuing Education and Professional Development Committee
Medical Radiation Sciences Board of Examiners
Undergraduate Medical Education Board of Examiners
Winter Meeting: Physician Assistant Board of Examiners
Spring Meeting: Appeals Committee
Post Graduate Medical Education Board of Examiners
Research Committee
Education Committee
Graduate Education Committee

3. Reports from the Dean's Office

3.1 Report from the Dean's Office

Dean Whiteside thanked all members of Council who were involved in the faculty review and made specific note of the work of those from the Dean's Office. The reviewers noted that the education programs were of stellar quality across the board. Dean Whiteside noted that the reviewers were the medical school deans from Oxford, Harvard and McGill. She highlighted that the research was recognized for outstanding performance in all departments and with the affiliated hospitals. They were curious about the strategic direction of the Faculty as a whole despite a clear focus within the departments. The Dean noted that this was a valid observation. The Dean indicated that the Faculty would be embarking on a strategic planning initiative. The previous strategic plan focused on looking at bench marks and metrics for success and the new plan will look at theses. She noted that there is now an opportunity to focus on the research agenda and that the Faculty has great strength in interdisciplinary research.

3.2 Vice-Dean, Research & International Relations

Dr. Gotlieb noted that there has been a great deal of research success within the faculty. He noted that there were two forthcoming announcements with respect to research that would be pleasing. He indicated that the recent announcement from Premier McGuinty about the Ontario Brain Institute is something that has been in the works for a while to harness the neuroscience work being done in all disciplines within the Faculty. Innovation and commercialization would be among the primary focuses of this institute. He noted that the announcement was for \$15 million which is reasonable given the current fiscal restraint. This initiative is seen as important by both the government and the research committee.

Updating on items discussed at the September 13, 2010 meeting, Dr. Gotlieb noted that the Faculty has hosted four international delegations (two from Australia and two from China) who expressed interest in developing relationships. He also indicated that CFI has \$600 million 'on the table' and it is now generally known how this money is being distributed. There will be roughly \$185 million to the Leaders Opportunity Fund and \$200 million to the Leading Edge Fund and the New Initiatives Fund. \$200 million will go to programs that are underway but that require funding. There has also been \$30 million set aside for the colleges for research and innovation.

Dr. Gotlieb noted that the University of Toronto has come first in the total amount of research as measured by Research Info Source Inc. in their Canada University Innovation Leaders. He noted that the change from 2008 to 2009 was 1.6% where as the nation wide change was 3%. Dr. Gotlieb indicated a concern that this may be indicative of the level of research funding and that there is a need to look elsewhere for new sources of funding.

3.3 Vice-Deans, Education

Dr. Sass-Kortsak noted that Dr. Silver is on medical leave and she is reporting on his behalf. She indicated that the Integrated Medical Education Workshop held on September 15, 2010 with ~50 clinical education leaders. The group set in motion an implementation plan for IME principles. There were presentations from DFCM and Medicine regarding their experiences. There was a working group struck, under the leadership of Dr. Sarita Verma, to discuss the implementation of the principles.

Dr. Sass-Kortsak noted that the 9th Annual Education Achievement event will occur on April 26, 2011 not April 6, 2011 as recorded in the minutes of September 15, 2010.

4. New Business

4.1 Proposal to Establish a Musculoskeletal Centre as an EDU-C

Dr. Alman noted that the musculoskeletal community at the University of Toronto is very large in areas of education, clinical and research but is diffused into smaller units. Dr. Alman began developing the idea of a Musculoskeletal centre began three years ago to address the lack of cohesiveness and improve the excellence that already existed. The goal of the EDU is to allow interdisciplinary research. The EDU will give identity to musculoskeletal researchers and given them a place to come together. Dr. Alman noted that the two node sites will be Mt. Sinai and Sunnybrook. The three initial goals will be to bring funding to trainees and post-docs doing interdisciplinary research, to develop educational programs to help build the musculoskeletal community and to develop a collaborative graduate program focusing on translational research. HPME and Lab Medicine and Pathobiology have both expressed interest in hosting the graduate program.

The Speaker noted that this item has been approved by the Education Committee and the Research Committee. The following was approved on a motion from A. Sass-Kortsak, seconded by A. Gotlieb:

“That the proposal to establish a Musculoskeletal Centre as an EDU-C be approved as submitted”

4.2 Proposal to Rename the McLaughlin Centre for Molecular Medicine

Dr. Scherer noted that the Centre was named for ‘Molecular Medicine’ in 2006. Dr. Scherer became the director in January 2010 and the strategic plan was reviewed. At this time the priorities and objectives were reestablished and it was decided to focus the name and branding to be simpler and more flexible for future research. Dr. Scherer indicated that the term ‘Molecular Medicine’ is outdated and no longer used in the field.

The Speaker noted that this item has been approved by the Research Committee. The following was approved on a motion from A. Gotlieb, seconded by A. Sass-Kortsak:

“That the proposal to change the name of The McLaughlin Centre for Molecular Medicine to The McLaughlin Centre be approved”

5. Faculty Council Forum

Dr. Martin Schreiber is the Senior Academic Coordinator for the 2012 accreditation. Accreditation is a process to ensure that the medical school meets standards but also to ensure the school is operating at its best and to encourage self-evaluation. The key issues are typically if the institution has clear goals, if the curriculum and resources are organized to meet these goals, and are these goals being met and are discovered deficiencies corrected before the visit. The accreditation takes place every 8 years (previously 7 years). In 1990 the process revealed significant issues which led to a new curriculum in 1992. The processes of 1997 and 2004 were however there were, as is typical, several standards that required correction and the Faculty is currently in compliance with all standards. The accreditation is a joint US and Canadian undertaking which allow graduates to take residency in the US.

There are 128 standards in 5 categories. The categories are institutional setting, educational program, issues pertaining to medical students, issues pertaining to faculty and educational resources. The topic of institutional setting is typically split into governance and administration and the academic environment. The educational program category looks broadly as issues of curriculum. Issues pertaining to medical students include admissions and services once they are students.

The process includes three initiatives: a database, a student self-study and an institutional self-study. The process is led by Dr. Schreiber with support from Dr. Jay Rosenfield, Vice-Dean, UME, who led the 2004 process. Administrative support is provided by Jennifer Anderson. The database is a collection of answers

to questions to address each of the standards. There are a total of approximately 400 questions that require answers. The student leadership is conducting an independent self-study with administrative support. Information from these two pieces is used, along with information from other sources, for the institutional self-study. There are six committees (one for each category with Institutional Setting being split as above) conducting the study. All the database and committee reports are submitted to a survey team composed of 5 or 6 members from both Canada and the US. The survey team will review all these documents prior to the visit in May 2012.

The visit runs from Sunday night to Wednesday afternoon and involves interviews with all stakeholders. The survey team prepares a report then and there to be read to the Dean of the Faculty and the President of the University. The no longer identify which standards are not in compliance (this is left to the accrediting bodies, LCME and CACMS). The report will only identify areas of strength and areas of weakness. The decision of compliance is determined independently by each accreditation body with the final determination being the more “conservative” one. The possible outcomes for each standard are ‘in compliance’, ‘not in compliance’ and ‘transition’. Transition denotes that there is current compliance but something has suggested that compliance may end soon.

The final outcomes of the accreditation as a whole are ‘accreditation’ which virtually never occurs. More typically ‘accreditation + areas to be addressed’ occurs and requires an additional visit. ‘At risk for probation’ is a private notification to the Dean. ‘Probation’ is a public declaration. Finally, ‘removal of accreditation’ happens almost never.

The areas of most frequent areas of non-compliance include ED-2 which is oversight clinical objectives. ED-30 requires students receive mid-rotation feedback. This was one of the areas of non-compliance in 2004. There are two new standards: IS-16 requires policies and practices to achieve diversity among students and faculty and ED-17A relates to clinical and translational research.

The process is underway with the database collection starting in September 2010. The student self-study starts is getting underway currently. The self-study committees will start to meet in the new year and will complete the gathering of data before the submission of the database and self-study in February 2012. The Faculty will have a final opportunity in April 2012 to update the submissions to address any issues that were recognized in the internal self-study.

Dr. Schreiber noted that the accreditation bodies have become more stringent since the 2004 accreditation and previous ‘good enough’ standards may no longer be such. The timeline between now and April 2012 provides an opportunity to work toward improving the response to these standards by developing new policies, etc.

The Dean asked Dr. Schreiber to expand on how the new Mississauga site will impact the accreditation process. Dr. Schreiber pointed out that the data being collected is from 2009-2010 and the data will be a year and a half old by the time of the site visit. The data will be a snapshot from a point before the Mississauga campus opens and, although there is an opportunity for updates, it will not have been open long enough for any meaningful data to be provided for the review. Dr. Schreiber views the Mississauga accreditation to be a separate, parallel process.

Dr. Schreiber was asked the number of standards of non-compliance would lead to probation. The Dean noted that it is about 10 to 12 but indicated that not all standards are equal and one missed standard could lead to probation. Dr. Schreiber added that some issues of non-compliance are also easily rectified and can be corrected in a day. He also indicated that, given the stricter stance of the accreditation bodies, it may be wise to assume 7 or 8 missed standards as being problematic.

6. Adjournment.

On a motion from A. Sass-Kortsak the meeting was adjourned.