



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Faculty Council of the Temerty Faculty of Medicine
Minutes of the April 15, 2024 meeting
4:00 p.m.
Via Zoom Videoconference

Members Present: Luc De Nil (Speaker), Veronica Wadey, Todd Coomber, Brenda Mori, Meg Connell, Rita Kandel, Denis Bourguignon, Mary-Louise Greer, Alayne Kealey, Andrew Mazzanti, Chao Wang, Pier Bryden, Erin Styles, Brenda Bui, Christie Welch, Asaph Rolnitsky, Susan Poutanen, Arthur Mortha, Beverley Orser, Nana Lee Lynn Wilson, Peeter Poldre, Kamil Uludag, Anne Agur, Douglas Templeton, Denis Margalik, Dmitry Rozenberg, Kien Crosse, Adria Giacca, Alison Freeland, Lisa Allen, Martin Beaulieu

1 Call to Order

2 Minutes of the previous meeting of Faculty Council – February 5, 2024

The minutes of the meeting of February 5, 2024 had been previously circulated. They were approved on a motion from B. Mori and seconded by D. Margalik. There was no business arising.

3 Report from the Speaker

Dr. De Nil indicated that he had nothing to report at this time but would be making some comments at the end of the meeting.

4 Report from the Dean's Office

Interim Dean Patricia Houston was traveling and asked Dr. Lynn Wilson, Vice Dean, Clinical and Faculty Affairs to provide an updated from her portfolio.

Clinical and Faculty Affairs Update: Implications of Bill 60 and Related Topics

Dr. Wilson indicated she would be speaking on Bill 60 and its implications, with Dr. Pier Bryden addressing faculty conflicts of interest, and Dr. Alison Freeland discussing a new working group on appointments and promotions.

Dr. Wilson noted that Bill 60, which was passed in May 2023 by the Ontario Legislature and came into force in September of the same year, officially titled the Integrated Community Health Services Centers (ICHSC) Act, replaced the Independent Health Facilities (IHF) Act, and brought the existing independent health facilities under its provisions. The newly established ICHSCs are expected to take on expanded roles, handling more complex procedures than before, with the aim of diverting services from hospitals, reducing wait times, and increasing access to care. As an example, Dr. Wilson mentioned that some of these centers may handle knee and hip replacements, traditionally conducted in hospitals.

U of T has been examining the potential involvement of its faculty in these for-profit private clinics, with two primary concerns: potential conflicts of interest and the impact on the learning environment for students.

The primary issue involves faculty members balancing their academic responsibilities with the potential to work in these private settings. U of T has focused on ensuring that faculty commitments to the University are not compromised by external clinical engagements.

The university must also ensure that private clinical settings provide an optimal learning environment for students. Questions have arisen about whether private clinics can meet the educational standards expected by U of T, particularly concerning learner treatment and the overall quality of the learning experience.

In June 2023, Temerty Dean, Trevor Young, commissioned a thorough review of Bill 60's implications. This review included consultations with internal and external stakeholders, including legal experts and faculty members working in both public and private healthcare settings. A significant environmental scan was conducted, reviewing policies from leading medical schools in Canada and the U.S. It was found that while many institutions had policies regarding conflicts of interest, none specifically addressed faculty and student involvement in private for-profit healthcare.

Additionally, a series of semi-structured interviews were conducted with key stakeholders, including department chairs, senior education leaders, and healthcare administrators, to gather feedback on the potential risks and opportunities posed by the new ICHSC model.

Despite concerns, several potential benefits were identified. With a shortage of hospital-based outpatient facilities, private clinics could offer more ambulatory learning environments. Faculty members working in private clinics may access additional financial resources, which could help retain junior faculty, particularly in the expensive city of Toronto. Exposure to private clinics may better prepare trainees for future work environments.

However, several concerns emerged from the consultation process. There is a fear that private clinics could divert staff, such as nurses, from the public healthcare system, exacerbating existing shortages. Issues like queue-jumping and self-referrals by physicians working in private clinics were raised. Additionally, the possibility of creating a two-tiered healthcare system (public vs. private) generated concern about equity and access.

Ensuring that private clinics offer equitable learning opportunities is a significant concern. There is the risk that certain learners may receive better opportunities in these settings, while others may not have access. Moreover, if senior residents spend excessive time in private clinics, it could affect the case complexity and learning experience at teaching hospitals. Additionally, some faculty expressed concerns that fellows might be used as surgical assistants rather than learners in these environments.

Dr. Wilson noted the potential for conflicts of interest if faculty members have financial ties to the ICHSCs. There is also the concern that faculty members' involvement in private clinics could detract from their academic responsibilities. For instance, if a faculty member's engagement with a private clinic increases, it might reduce their full-time equivalent (FTE) allocation within the university, which could impact payments from academic funding plans (AFPs). Another concern related to the misuse of the university's branding in private ventures, which had been an issue in the past.

The Professional Relationship Management Committee, chaired by Dr. Bryden, is currently developing recommendations to address these issues. Some of the steps being considered include:

- Updating U of T's policies to reflect the potential conflicts arising from faculty involvement in private clinics.
- Introducing disclosure questions related to private clinic involvement for candidates applying for academic leadership positions at the university.
- Collaborating with hospital legal teams to revise disclosure requirements for clinical faculty. These disclosures could extend to part-time and adjunct faculty members over the next two years.
- Determining whether physicians who are significantly involved in private clinics should see their academic appointments adjusted, particularly when they initially apply for roles at U of T.

Dr. Wilson concluded by inviting faculty members to reach out to her directly if they had any concerns or insights regarding these issues. She encouraged open dialogue and assured participants that their feedback would be welcome.

Dr. Pier Bryden discussed the of balancing faculty responsibilities and potential conflicts of interest as new medical schools open in the GTA. She opened by acknowledging the increasing relevance of this issue, particularly for the clinical faculty, as institutions like Toronto Metropolitan University (TMU) and potentially York University prepare to launch medical programs. Dr. Bryden expressed support for these new faculties, emphasizing that it benefits everyone to have well-trained healthcare professionals. However, she also noted that this expansion presents challenges, particularly in managing faculty commitments and potential conflicts of interest.

Dr. Bryden outlined key policies that guide these concerns, starting with the University of Toronto's policy on clinical faculty and its broader conflict of interest and conflict of commitment statements. She stressed the importance of addressing any potential conflicts proactively, ensuring faculty can contribute meaningfully to new programs without undermining their primary responsibilities to the University of Toronto and the Temerty Faculty of Medicine.

A conflict of interest arises when a faculty member's responsibilities at one institution interfere with or appear to interfere with their obligations at another institution. This can be actual or perceived, and it can occur even without direct decision-making influence. A conflict of commitment, on the other hand, refers to the potential strain on a faculty member's time and intellectual resources when trying to balance roles at multiple institutions.

To help faculty manage these conflicts, Dr. Bryden presented examples of potential issues and conflicts. Faculty might struggle to meet their clinical or academic duties at one institution due to commitments at another, potentially impacting healthcare delivery or academic performance. She encouraged faculty and department chairs to identify and address these concerns early with open discussions. The goal is to develop a management plan that outlines the faculty member's external activities, the expected time commitment, and the potential impact on their responsibilities at U of T. Chairs would work with faculty to identify whether conflicts can be resolved or whether the external commitment is too burdensome. Dr. Bryden suggested that in some rare cases, such as when faculty hold senior leadership positions at multiple institutions, it might not be possible to avoid a conflict.

Several potential management strategies were outlined. In the worst case, faculty might be directed to cease certain activities. More moderate approaches include restricting involvement in admissions processes or limiting access to certain information. Other strategies involve transferring decision-making authority to another faculty member or conducting reviews to ensure outcomes are unbiased. Dr. Bryden emphasized the importance of providing faculty with guidance on how to avoid conflicts upfront, so issues can be managed early.

Dr. Alison Freeland provided an update on a new working group focused on faculty appointments and promotions. Her presentation highlighted the need for streamlining and enhancing faculty processes, driven by the post-COVID landscape and the emergence of new medical schools in the GTA. These developments create a competitive environment for faculty recruitment and retention, especially for faculty who may be teaching at multiple institutions.

Dr. Freeland emphasized the importance of maintaining a positive faculty experience at U of T. With the increasing demands on medical educators, both academically and clinically, the working group will review current policies and procedures around appointments, renewals, and promotions. This process is not intended to overhaul existing policies but to introduce operational efficiencies that make these systems more user-friendly.

The initiative stems from feedback collected through various channels, including the Voice of Faculty survey, and aims to reduce administrative burdens, improve communication pathways, and enhance the overall faculty experience. A brief environmental scan of adjacent universities will also help identify best practices that may be adopted at U of T.

Dr. Freeland outlined several preliminary ideas that the working group will explore. They will review the process for part-time and adjunct faculty appointment renewals, which currently occurs annually but may

move back to a biennial schedule. This change could alleviate some administrative pressure while aligning U of T with practices at other institutions.

The working group will examine communication pathways. Given the distributed nature of faculty across hospitals and clinical sites, Dr. Freeland noted the challenge of ensuring that all faculty members receive important updates in a timely and effective manner. There may be opportunities to improve how information is shared with faculty who use a range of email systems and communication tools.

Dr. Freeland noted the need to address inconsistencies across departments in how appointment and promotion processes are handled. For instance, faculty in different medical specialties may encounter different rules and expectations, which can lead to confusion. The working group will aim to clarify and standardize these processes, providing transparency to all faculty.

Dr. Freeland also touched on the importance of recognizing the contributions of clinical teaching faculty, particularly adjunct lecturers and assistant professors, whose work is critical to the education of medical learners. The group will explore ways to better value and promote excellence in teaching within the broader appointment and promotion criteria.

Finally, the group will investigate potential technology and HR solutions that could simplify document submissions and streamline the appointment and promotion process. By making these systems more user-friendly, the goal is to reduce the administrative burden on both faculty and administrators. Dr. Freeland emphasized that these are just initial ideas and that the working group will refine them as they gather input from faculty.

5 Standing Committee Annual Reports

5.1 Education Committee

Dr. Brenda Mori, Education Committee Chair, noted that the committee's key responsibility is to maintain the standards and quality of the various Temerty Faculty of Medicine programs with respect to admissions, awards, financial aid, curriculum, and evaluation. The committee typically meets four times a year—in May, September, November, and February.

The committee conducts different types of reviews based on the nature of the changes or proposals it handles. Minor modifications, such as the introduction of new courses or minor program changes, are reviewed internally by the committee and then approved. More significant proposals, such as new programs, major revisions, or program closures, undergo more rigorous review by the committee before advancing to Faculty Council for approval.

Dr. Mori noted that the committee reviewed eight new graduate courses, approved grading changes for one program, and evaluated the closure of one program. Additionally, 14 courses were deactivated due to the presence of duplicate course codes in one department. The committee also assessed a new proposal for the EDU-C Collaborative Center for Climate, Health, and Sustainable Care, as well as the guidelines for appropriate internet usage.

Minor modifications, which may involve small adjustments such as changing course delivery methods (e.g., from online to in-person), were also reviewed. Many of these modifications appear on the consent agenda, which allows the committee to approve them efficiently.

Dr. Mori expressed her appreciation for the committee members, acknowledging their dedication to reviewing proposals and navigating the complex forms required for program modifications. She also gave a special thanks to Mr. Todd Coomber for his role in preparing the committee materials and communicating the committee's decisions.

5.2 Research Committee

Dr. Arthur Mortha, Research Committee Chair, acknowledged the work of the committee members contribute significantly to the review process for collaborative research applications and initiatives within the faculty.

The Research Committee's primary responsibility is to review proposals around Extra Departmental Units. Although there have not been many such proposals recently, Dr. Mortha mentioned the Collaborative Center for Climate, Health, and Sustainable Care. This initiative, led by Dr. Fiona Miller, brings together several faculties, including the Dalla Lana School of Public Health, the Temerty Faculty of Medicine, the Faculty of Nursing, and the Faculty of Pharmacy. Dr. Mortha noted that the committee had a productive discussion about this initiative, which ultimately led to a positive recommendation for approval by Faculty Council.

Dr. Mortha emphasized that while the work may not seem extensive at first glance, it has a meaningful impact on shaping and improving research initiatives within the faculty. Dr. Mortha also acknowledged Mr. Coomber's invaluable contributions to the Research Committee.

6 Faculty Council Forum

Deputy Speaker, Dr. Veronica Wadey, introduced the Forum titled Artificial Intelligence in Healthcare: Transforming Clinical Care and Medical Learning presented by Dr. Muhammad Mamdani, Dr. Amol Verma, and Dr. Michael Colacci.

7 Adjournment

Dr. De Nil noted that this would be his final meeting as Speaker of Faculty Council. A new Speaker has not yet been identified. He thanked the members and noted that he very much enjoyed the experience and meeting people and hearing about things happening in the Faculty that he wouldn't have otherwise. Dr. De Nil thanked Mr. Coomber for his support over his years as Speaker.

The meeting was adjourned.