



TEMERTY FACULTY OF MEDICINE  
UNIVERSITY OF TORONTO

Faculty Council of the Temerty Faculty of Medicine  
Minutes of the April 26, 2021 meeting  
4:00 p.m.  
Via Zoom Videoconference

**Members Present:** Boris Steipe (Speaker), Todd Coomber, Derek Muradali, Arthur Mortha, Alis Xu, re Pascal van Lieshout, Veronica Wadey, Brenda Mori, Kyle Kirkham, Bob Bleakney, Nadiya Khosravi, Nick Reed, Glen Bandiera, Reinhart Reithmeier, Beverley Orser, Douglas Templeton, Christina MacMillan, Tao Chan, Calandra Li, Meg Connell, William Tran, Alexander Palazzo, Luc De Nil, Jonathan Pirie, Gina John, Paul Cantarutti, Jennifer Kao, Mario Ostrowski, Lisa Robinson, Rita Kandel, Vincenzo\_Deluca, Karl Zabjek, Paolo Campisi, Lynn Wilson, Andreas Schulze, Modupe Tunde-Byass, Dev Chopra, Sarah Crome, Hosanna Au, Michael Farkouh, Peeter Poldre, Suzan Schneeweiss, Margarete Akens, Trevor Young, Juan-Carlos Zúñiga-Pflücker, Jack Barkin, Rabina Parharer, Patricia Houston, Wusun Paek

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**1 Call to Order**

**2 Minutes of the previous meeting of Faculty Council – February 8, 2021**

The minutes of the meeting of February 8, 2021 had been previously circulated. They were approved on a motion from R. Reithmeier and seconded by V. Wadey. There was no business arising.

**3 Report from the Speaker**

Dr. Boris Steipe noted that the Faculty Appointments Advisory Committee manual was included in the materials package, and includes a requirement that it be presented to Faculty Council for information after being approved by the Dean.

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

**3.1 Dean's Report**

Dean Young thanked the members for their work during the ongoing COVID pandemic and noted that it has lasted longer than was expected. The Dean noted the clinical faculty are struggling everyday and researchers are coming into labs but everyone continues to do great work. Provincial vaccination rates are around 37% and will continue to rise.

**3.2 Vice Dean, Strategy and Operations**

Dr. Lisa Robinson noted there are three parts to her portfolio and she would provide a high-level summary of each.

Dr. Lisa Richardson has been appointed to the role of Associate Dean, Inclusion and Diversity and will be starting in May. A new module called Building the Foundations of Anti-Oppressive Healthcare developed jointly by the Center for Faculty Development and the Office of Inclusion and Diversity. The module provide a comprehensive suite of educational resources for faculty in areas of power and privilege, equity, diversity, and anti-oppression.

In the area of strategy, the strategic plan is now at the midpoint and the Faculty is looking at where we are, where we want to go, and if there anything that we need to differently (especially given COVID). The strategic plan is not being completely revised but rather just to think about anything that can be done to pivot slightly.

Finally, academic affairs has been looking at excellence through equity. A number of different working groups are thinking about best practices in searches, hiring, and admissions processes.

### **3.3 Vice Dean, Research and Innovation and GLSE**

Dr. Reinhart Reithmeier noted that Dr. Justin Nodwell, Chair of Biochemistry, will be taking over the portfolio on May 1.

Research activities are essentially at 50% capacity with health and safety being the number one priority. The biggest impact has been on face-to-face research with human subjects but research is continuing, and students are graduating. The Federal Government is supporting research across the country through the Research Continuity Emergency Fund which, for the University of Toronto, including the hospitals, is \$7 million. This along with the Temerty gift, has allowed research to continue.

Infrastructure investment has resulted in a cryo em coming to the microscope imaging laboratory in the medical sciences building. This lab is already a magnet for talent and the cryo em will help recruit a new faculty members. MSB will also be home to a new level three laboratory. In addition, a new division of comparative medicine, will be going into the new building with an emerging and pandemic infection consortium in partnership with other faculties across the university, as well as the hospital partners. So far, \$1.25 million has been raised that will be matched by the institutional strategic initiatives from the Vice President, Research. This funding is per annum over three years.

GLSE has launched a graduate supervisory experience survey which will allow research stream graduate students to comment on their graduate experience. GLSE has put forward a total of 45 Minor or Major Program Modifications.

Dr. Reithmeier noted that Deryk Beal from Speech Language Pathology has won the early career teaching award with the mid career award going to both Julie Claycomb from Molecular Genetics and Richard Bazinet from Nutritional Science.

### **3.4 Vice-Dean, Clinical and Faculty Affairs**

Dr. Lynn Wilson invited Dr. Pascal van Lieshout, Chair, Speech Language Pathology, to report on the rehab sector. The rehab sciences sector consists of three departments (Physical Therapy, Occupational Science and Occupational Therapy, and Speech Language Pathology) and one research institute. Over the past year the restrictions associated with the ongoing COVID pandemic has created major challenges for all programs both in terms of turning academic curriculum into online course deliveries, as well as securing clinical placements. These challenges have been met with a great amount of creativity, innovation, and effort on part of the faculty who have continued to offer innovative in class activities to support critical clinical skills training for their students.

Rehabilitation sciences has also been actively engaged in a strategic planning partnership with the Faculty of Medicine as part of the overall strategic plan development. One of the current priorities for action is to increase rehabilitation research and clinical capacity to address the burgeoning demographic needs of Canada.

Dr. Wilson indicated that the St. George vaccine clinic is up and running has addressed a number of different communities, including health professions students and healthcare workers in the community who did not have access to the vaccine in the early days. The clinic has been guided by the provincial ethical framework and Toronto Public Health. Who is vaccinated and the amount of supply that comes to the clinic is directed by Toronto Public Health. In the next couple of weeks, as the vaccine supply starts to

pick up, the clinic will be able to vaccinate more people. A typical day is currently around 400 people but capacity is about 1300. Dr. Wilson noted that it is imperative to vaccinate indigenous people as the hospitalization rate for urban indigenous individuals is about four times that of other people in Toronto. The clinic will also be vaccinating 1000 pregnant women this week. Clinic faculty, staff, and learners are also supporting mobile clinics in hotspot regions.

Dr. Wilson noted that Dr. Julie Maggi has been appointed Director, Faculty Wellness. Dr. Maggi was formerly the Director of the Office of Resident Wellness. Dr. Maggi is working to address both organizational and individual factors impacting faculty wellness and will increase the understanding of the issues for tenure and tenure track faculty. Two communities of practice have been working on leadership development with participants from all three sectors and senior leaders from the affiliated hospitals. These communities of practice are being led by Psychiatry with Dr. Maggi consulting with a number of the senior executive teams at the hospitals and doing workshops for them. The Faculty website has been updated and includes a substantial list of wellness.

Dr. Pier Bryden was appointed as the Senior Advisor, Clinical Affairs & Professional Values in September and is providing oversight on relevant policies and procedures across all three sectors and continues to lead the professional values program. Dr. Bryden lead the revision of the standards of professional behavior document that was previous brought to Faculty Council and there is now an interactive educational module that clinical faculty do as part of renewing their hospital privileges.

### **3.5 Vice-Dean, Medical Education**

Dr. Patricia Houston indicated that her office has been working on medical education alignment and integration across the MD Program, PGME, and CPD. The Vice Dean, Medical Education portfolio was created to address the need to have better integrated oversight of the data being collecting, why the data is being collected, and how that the data is used. The oversight ensures that resources aren't being used to do the same work in different areas and allows data to be shared across all areas. The Data Management Working Group convened in Spring 2020 to develop principles, guidelines and processes related to data collection, evaluation, and reporting.

The Medical Education Operations Committee was convened in Fall 2020 to provide leadership and guidance to support an integrated approach to medical education operations. Working groups from the committee have been established in the following areas: strategic planning, finance, communications, and staff talent development. The Strategic Planning Working Group is waiting for the refreshing of the Faculty strategic plan to be done. The Finance Working Group is looking at how to best manage resources, including both money and space. The Communications Working Group is trying to better understand how we communicate within our programs and outside of our programs. The Staff Talent Development Working Group is about professional development for the staff rather than for the faculty or learners.

With respect to COVID, Dr. Houston noted that all learners that are patient facing have access to the vaccine. Current data on vaccination rates is self-reported and is collected as the hospitals want this information. Next year, it will be part of the registration process for learners to report on their vaccination status. Vaccination is not mandatory, just as the flu vaccine isn't mandatory.

During the Ongoing third wave of COVID and with a rise in community spread, hospital and ICU admissions have increased. Between Blocks 1 – 11 approximately 107 residents were redeployed from 19 programs and 10 Departments through the central PGME redeployment process (not including those redeployed internally within departments). It is believed that the number of redeployments within departments exceeds the number that are coordinated centrally through PGME. Approximately 82% of these redeployments were for 4 week redeployments (the duration of the block). Every attempt has been made to distribute redeployment requests across programs and adhere to our established principles; the need to balance availability, competency profile, and clinical demands across services. This means that the impact has varied by department across different phases of the pandemic.

To aid in the COVID-19 response at the Toronto Academic Hospitals, the Clinical Extern program has been created as a voluntary employment opportunity for fourth year medical students to work in hospitals for a minimum of four weeks from late April to mid-June. Externs will be temporary, full-time employees of the hospital, reporting to a Clinical Manager, with full WSIB and liability coverage provided by the hospital. Medical students are part of a team, working as a non-regulated healthcare professional (not as a physician or a learner) and will be required as needed to do shift work.

In February, the Temerty Faculty of Medicine submitted 4 teams comprised of PGME Residents and Clinical Faculty to participate in Ornge's Operation Remote Immunity initiative with the goal of delivering and administering COVID-19 vaccines to 31 of Ontario's Northern Indigenous Communities that are remote and/or only accessible by air. Planning and logistics were completed for each community in conjunction with a community leader. Multidisciplinary teams included 1 Clinical Faculty member and 2 U of T Residents who participated in this initiative as a short-form rotation. Teams were scheduled for one-week deployments into the remote Indigenous Communities from February 27th to March 6th and March 6th to March 13th. 170 clinical faculty and 100 resident volunteers came forward.

Last year was the closest U of T has gotten to a 100% CaRMS match with 98.5% of students matched after the second iteration. This year 96.1 per cent matched in the first iteration. The second iteration match results will be announced on May 20, 2021.

The MD Accreditation site visit took place November 2 - 6, 2020. The external review team found the MD Program to be satisfactory in 93 out of the 96 elements. The unsatisfactory elements were: 3.4 Anti-Discrimination Policy; 3.6 Student Mistreatment; and 8.4 Assessment System. In addition, six elements were identified as satisfactory with monitoring (2.5 Responsibility of and to the Dean; 8.4 Program Evaluation; 8.5 Medical Student Feedback; 9.8 Fair and Timely Summative Assessment; 11.1 Academic Advising; 11.2 Career Advising)

The PGME Accreditation site visit took place November 22 – December 4, 2020. Residency training programs, AFC programs, and the PGME institution were reviewed during the visit. All programs received a preliminary recommendation for accredited program with follow-up either: at the time of the next regular survey in 8 years (59 programs); in two years by action plan outcomes report (13 programs); in 2 years by external review (5 programs); or notice of intent to withdraw accreditation with follow-up in 2 years by external review (2 programs). The finding of 'notice of intent to withdraw accreditation' means issues were identified with these programs during the last accreditation 8 years ago and they still exist now. These programs will have to demonstrate that these issues are being taken seriously.

MD Program admissions have seen application numbers consistent with past years including MD/PhD applications consistent. There was a slight decrease in Indigenous Student Application Program applications but an increase in Black Student Application Program applications.

In PGME, Dr. Glen Bandiera is coming to the end of this second term as Associate Dean, Postgraduate Medical Education and a recruitment process is currently underway for the position. Internationally, PGME continues to focus on diversification efforts of the sponsorship portfolio by engaging, supporting, and advising on new applications. COVID-19 continues to create challenges with trainees entering Canada. PGME has continued advocacy efforts for incoming international trainees beginning in training programs in our hospitals.

Continuing Professional Development has continued to develop capacity and expertise in digital production, and has delivered over 150 virtual programs, conferences, and series sessions since September 2020. CPD has been actively engaged in developing tools and resources useful for faculty to make a successful pivot to digital delivery of programming. Working with faculty from the MD Program, PGME, CPD and faculty development, a resource hub has been developed for online teaching and learning. CPD has been involved in development of a variety of unique programs and conferences, including: the 4th biennial Indigenous Health Conference; the Narrative-Based Medicine program; the IDEAS Foundation of Quality Improvement Program; and a 10-part digital series: Centering EDI in Medical Research.

## 5 Items for Approval

### 4.1 Education Committee

**THAT the Major Program Modifications to the MSc and PhD Programs in Biochemistry be approved as submitted.**

Moved: B. Mori, Seconded: R. Reithmeier

Dr. Alexander Palazzo indicated that for both the MSc and PhD programs, 48 new 0.25 FCE courses will be established to improve the breadth of knowledge of our students. In addition to taking the foundational course, BCH2101H (Scientific Skills for Biochemists), research-stream graduate students will be required to take the following number of electives: MSc students will be required to complete 0.25 FCE; PhD students will be required to complete 0.75 FCE; MSc students transferring to the PhD program will be required to take 1.25 FCE; and Direct Entry PhD students will be required to take 1.25 FCE.

BCH 2101H, Scientific Skills for Biochemists, is a new 0.25 FCE course that serves as both an orientation about important components of graduate studies in Biochemistry (i.e., how to write an effective scholarship application, how to give a 30-minute talk) and allows students to develop their own individualized development plan (IDP). Students will be engaged in collaborative tasks and peer-evaluation activities. Classes will also include information on student wellness and conflict resolution. Students are evaluated based on a series of assignments and presentations (Appendix F: Minor Modifications, New Course, BCH 2101H).

The final component of this proposal is to convert existing modules into formal 0.25 FCE courses. Similar to the MSc and PhD program in Laboratory Medicine and Pathobiology, these offerings will allow students to focus on topics that are most relevant to their educational needs, thereby promoting a more student-centred approach to their graduate program. In this proposal, 48 0.25 FCE courses are being established. Biochemistry plans to introduce more in the future.

This change in program structure also aligns with the plans of other FOM graduate departments that are formalizing their modules into 0.25 FCE (i.e., Medical Biophysics, Laboratory Medicine and Pathobiology, Institute of Medical Science). Ultimately, this provides students with the flexibility to find and take 0.25 FCE courses across different departments in the Faculty, therefore improving their breadth of knowledge and exposing them to opportunities for cross-collaboration. Students will continue to be advised to complete all course work within 18 months of registration for M.Sc. students (in order to meet reclassification and permission to write deadlines), and within 2 years of registration for Ph.D. students.

Finally, the proposal requests to change the course titles for BCH 2020Y Master's Seminar Course in Biochemistry and BCH 2022Y, PhD Seminar Course in Biochemistry. Renaming BCH 2022Y to Seminar Course in Biochemistry Level 2 avoids confusion for direct-entry PhD students. Currently, these students are required to take BCH 2020Y, Master's Seminar Course in Biochemistry. Its reference to a master's may confuse direct-entry students who are admitted into the PhD program. To avoid this confusion, BCH 2020Y will be renamed Seminar Course in Biochemistry Level 1 and BCH 2022Y will be renamed Seminar Course in Biochemistry Level 2. These will be the same course titles used for the stand-alone MSc program, MSc to PhD transfer and stand-alone PhD program. Students in the M.Sc. program will complete BCH 2020Y. Students who are admitted to the M.Sc. program and reclassify into the Ph.D. program will be enrolled in BCH 2020Y for their first 24 months of study. Following successful completion of their student seminar and transfer to the Ph.D. program, they will then be enrolled in BCH 2022Y. Students admitted to the Direct Entry Ph.D. program will be enrolled in BCH 2020Y and will be automatically enrolled in BCH 2022Y, following the completion of the BCH 2020Y and qualification exam.

The motion passed.

## **6 Standing Committee Annual Reports**

### **6.1 PGME Board of Examiners**

Dr. Jonathan Pirie reminded Council that the role of the PGME Board of Examiners is to, at the request of the Associate Dean, PGME, review cases of residents in academic difficulty and determines the best course of action which may include remediation, remediation with probation, probation or suspension and dismissal. PGME provides support to programs in the development of individually tailored remedial plans which are then presented to the BOE for approval.

Case numbers for the Board tend to stay fairly consistent year-to-year. The 2020-2021 academic year appears to show case numbers down slightly but there are still a couple of months remaining before final case totals can be tallied. Each case is reviewed when it is first presented and when a request for completion of remediation is presented. Most cases receive at least one interim report depending on the length of the assigned program of remediation.

Dr. Pirie noted there were a few dismissals in the 2017-2019 timeframe but there haven't been any in the last couple of years. These cases, though not exclusively, tend to represent the appeals of BOE decisions. The last two years with no dismissals and no appeals represent more typical years.

There has been a slight increase in cases from PGY1 and PGY2. This may be as a result of the transition to competency by design such that struggling residents are identified earlier. Dr. Pirie believes residents will continue to struggle as they enter into their senior PGY years with the increasing complexity of patient care, increased demands on supervision of other trainees, and managing teams. These skills will likely still be problematic at this level and are often not identified, either in the traditional stream or the CBD streams.

Medical Expert continues to be the most common CanMEDS role addressed by the BOE with professionalism remaining second. About half of BOE cases see residents struggling with two or more CanMEDS roles.

Over the last two years, the BOE has worked with PGME on a couple of new initiatives. The PGME Program Evaluation involved surveys sent to 33 residents (36% responded), 25 Program Directors and Remediation Coordinators (64% responded), 19 Mentors (53% responded), and 5 PGME Coaches (100% responded). 10 of 12 residents indicated that remediation provided a positive, supportive, learning environment and that they have applied their learning to practice. All groups had mostly positive comments about the remediation process and the support from the PGME office. The Program Director BOE Presentation Guide is a new guide for Program Directors to prepare for their BOE presentations with the hope that it will reduce Program Director stress and improve timing and efficiency.

Dr. Kyle Kirkham from Anesthesia will be taking over as Chair of the BOE on July 1, 2021.

### **6.2 Education Committee**

Dr. Brenda Mori began by thanking the committee members who have worked over the last two years and continue to do the work of the Education Committee remotely. The function of the Education Committee is to safeguard the standards and quality of the programs with regard to admissions, awards financial aid, and curriculum and evaluation for the MD, PGME, MRS, BScPA, and Graduate Education programs. The Committee meets four times a year. The Committee approves, on Council's behalf, Minor Program Modifications such as new courses or changes for admission requirements. The approval of Major Program Modifications such as those to the MSc and PhD Programs in Biochemistry and new program proposals are reviewed and sent to Faculty Council with a recommendation for approval.

In addition, each program is required to provide an annual report to the Education Committee focusing on the areas of oversight listed above.

Dr. Mori acknowledged Mr. Todd Coomber who, as Faculty Affairs Officers, provides administrative support aiding the Committee to function efficiently.

### **6.3 Research Committee**

Dr. Mario Ostrowski indicated that the Research Committee only met twice through email providing recommendations in regard to Major Program Modifications. Dr. Ostrowski reminded members of the Committee's previous request to the Faculty of creating a central location which describes all of the available core facilities available to researchers in hospitals and on campus. It is understood that there is such a website and the Committee will review it to see if a more central database is required.

### **7 Faculty Council Forum**

The Faculty Council Forum did not take place due to time constraints

### **8 Adjournment**

The meeting was adjourned.