



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Faculty Council of the Temerty Faculty of Medicine
Minutes of the February 10, 2025 meeting
4:00 p.m.
Via Zoom Videoconference

Members Present: Brenda Mori (Speaker), Todd Coomber, Veronica Wadey, Christie Welch, Dmitry Rozenberg, Lynn Wilson, Andrew Wilde, Andrew Mazzanti, Lisa Allen, Anne Agur, Chao Wang, Brenda Bui, Susan Poutanen, Pier Bryden, David Jenkins, Viola Antao, Marcus Law, Rob Kozak, Andrea Duncan, Darlene Reid, Thomas Prevot, Janine Farragher, Ahlia Khan-Trottier, Beverley Orser, Rosalie Steinberg, Arthur Mortha, Patricia Houston, Kerri Bailey, Meredith Giuliani, Sonu Gaind, Evan Propst, Sophie Huang, Adria Giacca, Gordon Moe, Erin Styles, Lisa Robinson, Denis Bourguignon, Bob Bleakney, Karl Zabjek, Suzan Schneeweiss, Rita Kandel, Sheila Riazzi, Chavon Niles, Eduardo Gus, Dejan Bojic, Blake Papsin

1 Call to Order

2 Minutes of the previous meeting of Faculty Council – October 21, 2024

The minutes of the meeting of October 21, 2024 had been previously circulated. They were approved on a motion from D. Reid and seconded by T. Prevot. There was no business arising.

3 Report from the Speaker

Dr. Brenda Mori did not present a report.

4 Report from the Dean's Office

Dean Lisa Robinson thanked Dr. Mori and Council for the opportunity to speak. Dean Robinson outlined two main items she intended to discuss. The first item involved revisions to the Faculty of Medicine's Procedures Manual for the Policy for Clinical (MD) Faculty. Dean Robinson noted that the Manual had been pre-circulated for review before the meeting.

The Procedures Manual governs aspects of clinical faculty appointments, renewals, terminations, grievances, and complaints. The last revision of the manual occurred in 2021, and the reason for the recent changes stemmed from two main factors: first, the Clinical Faculty Grievance Review Committee had been inactive until 2022, when it was activated for the first time. Second, feedback from the Office of Appeals, Disciplines, and Faculty Grievances indicated that there was a need for clearer language and more defined processes.

Dean Robinson outlined that there were changes related to probation and continuing appointment reviews. The revised language now allows for delays in the review process in the case of pregnancy, parental leave, adoption leave, or serious personal circumstances, acknowledging the need for flexibility in such situations.

The second significant change pertained to the names of grievance bodies. The manual had previously used different terminology, but revisions now align the language with best practices and university standards. For example, the "Clinical Faculty Grievance Review Panel" has been renamed the "Clinical Faculty Grievance Review Committee." Additionally, the selection process for the committee chair was revised. The new language ensures that the chair will always be an external, legally trained individual who is appointed on an ad-hoc basis by the President or a delegate.

Further revisions addressed concerns about potential bias in the process. New language now mandates that committee and panel members disclose any conflicts of interest or biases. The proceedings for grievance panels have also been adjusted, with the chair now serving as a non-voting member to ensure procedural fairness. Additionally, the membership of the committee has been expanded to include associate professors and professors from both tenured and teaching streams. Terms of membership, including the length and reappointment provisions, were also clarified.

Lisa mentioned that the revisions had already been discussed at the Clinical Relations Committee meeting before the holidays and again at the Academic Board meeting on January 30. One key issue raised during these discussions was related to item 4 of the policy, which stipulates that any ratified changes must be reported to the Council of the Faculty of Medicine and the Academic Board of the Governing Council of the University of Toronto before being implemented. Dean Robinson pointed out that there might be a gap between the Clinical Relations Committee's approval of changes and the subsequent implementation, which could potentially affect ongoing grievances. To address this, she emphasized the need for guidance on revising the policy language to allow changes to take effect once approved by the Clinical Relations Committee, while still ensuring timely reporting to the Academic Board.

She paused after presenting this first item, inviting questions or comments from those in the meeting. Acknowledging that many of the attendees had been heavily involved in the hard work that went into these revisions, she asked if anyone had anything to add or felt there was important information that needed to be shared. She specifically invited Dr. Pier Bryder, Ms. Kendra Naidoo, and Dr. Lynn Wilson, all of whom had been instrumental in the revision process, to offer any further insights or thoughts.

Dr. Bryden expressed appreciation for the feedback received from faculty members involved in the grievance panels and from the Office of Appeals, Discipline, and Faculty Grievances.

Ms. Naidoo also expressed her gratitude to the Clinical and Faculty Affairs office, especially Melissa Aldham and Heather Skelton, for their leadership and hard work in gathering feedback and drafting the revisions.

Dean Robinson thanked Ms. Naidoo and echoed her appreciation for the work of Ms. Aldham and Ms. Skelton.

Dean Robinson then provided an update on the academic strategic planning process. She highlighted the University's commitment to reflection and continuous improvement, and the role of the University of Toronto's Quality Assurance Process (UTCAP) in reviewing academic programs periodically to ensure they are meeting current needs and taking advantage of new opportunities.

She outlined the three main phases of the strategic planning process:

1. **Self-study Preparation:** This internal process allows the faculty to reflect on goals, accomplishments since the previous external review, and challenges that remain. It includes consultation with people from across the faculty to gather data and insights.
2. **External Review:** After the self-study is completed, an external review will be conducted, where experts in the field will provide feedback on the faculty's progress and performance.
3. **Reflection and Response:** After receiving the external review, the faculty will produce a response addressing the reviewers' comments and use this feedback to inform the next cycle of academic strategic planning.

Dean Robinson explained that the external reviewers are carefully selected to ensure that their expertise aligns with the faculty's stature and that they will be able to provide meaningful comments. Once the review is complete, the faculty will reflect on the feedback and prepare for the next stage in the strategic planning process.

She provided an overview of the timeline for the strategic planning process, which includes preparing the self-study in the summer, arranging the site visit for the external review in fall 2025 or winter 2026, and officially launching the next cycle of academic strategic planning in spring 2026. She noted that the review process will involve in-person visits, which will be a return to pre-pandemic practices, and that this will help inform the next phase of academic planning.

Dean Robinson also emphasized the importance of engaging the faculty community in this process. She acknowledged that the challenges of the past few years, including the pandemic and geopolitical tensions, had deeply affected many faculty members, especially those in healthcare. She stressed the need for the process to be inclusive, ensuring that all voices are heard and that input from traditionally underrepresented groups is prioritized.

Dean Robinson concluded by highlighting the significance of the academic strategic planning process, which would help define the future direction of the faculty. She emphasized that, although the major themes of the next cycle of planning might not drastically differ from the previous plan, the process itself—focused on authentic engagement and reflection—is essential to shaping the future of the faculty.

5 Items for Approval

5.1 The Education Committee of Faculty Council recommends the approval of the following motion:

“THAT the proposal to amend the MD Program delivery method be approved as submitted.

Moved A. Duncan, Seconded: V. Wadey

Dr. Marcus Law indicated the Temerty Faculty of Medicine currently delivers its undergraduate medical curriculum in partnership with four Academies that are located at community-affiliated teaching hospitals in Toronto and Mississauga. The Scarborough Academy of Medicine and Integrated Health (SAMIH) will support a new fifth Academy, the Scarborough Academy of Medicine (SAM). SAM will include both a campus-based venue at UTSC for classroom teaching, and Scarborough-based hospital sites for clinical teaching. The MD program leadership oversees the design and delivery of the curriculum and will ensure that the student experience will be equivalent and equitable at all five Academies.

The expansion to Scarborough will positively impact the MD Program by increasing the variety and diversity of learning experiences for students. Beginning in fall 2027, newly admitted MD Program students will have the opportunity to be enrolled at SAM in SAMIH, where they will complete their education fully. Once SAMIH has officially launched, SAM students will receive the same curriculum and assessments as other students enrolled in the program at the existing academies. Students will be exposed to clinical learning opportunities primarily at the SAM-affiliated clinical sites and just like any Temerty MD Program students, they will also enjoy the richness of clinical experiences across the whole system of affiliated clinical sites throughout the region. The SAMIH facilities and affiliated clinical sites have been designed to provide an equivalent experience to that of the existing campuses and academies. Starting in August 2027, students will begin onsite activities at UTSC/SAMIH with large and small group learning. In advance of the August 2027 launch, additional clinical learning experiences in Scarborough will be developed and offered to current students in other academies.

The Temerty Medicine MD Program is a four-year program divided into two phases: “Foundations” in the first two pre-clinical years and “Clerkship” in the final two clinical years. In 2021, the MD program was given full accreditation status for eight years following an extensive review by the AFMC Committee on Accreditation of Canadian Medical Schools (CACMS).

The motion carried.

5.2 The Education Committee of Faculty Council recommends the approval of the following motion:

“THAT the proposal to amend the Master of Science in Physical Therapy Program delivery method be approved as submitted.”

Moved A. Duncan, Seconded: A. Augr

Dr. Sharon Switzer-McIntyre indicated that the Master of Science in Physical Therapy (MScPT) is a 24-month full-time intensive academic program consistent with the national accreditation requirements for entry-level physical therapy programs. Graduates of the MScPT program are eligible for national certification and subsequent registration for practice in Canada.

The Dept. of Physical Therapy is proposing moving to a new distributed delivery model with the addition of a second site located in the SAMIH building at the University of Toronto Scarborough (UTSC). There will be no substantive change to the MScPT curriculum; instead, videoconferencing technology will be leveraged to enable the simultaneous delivery of the established curriculum at both the 500 University Ave. and SAMIH sites. Instruction will alternate between sites to ensure an equitable experience and equal access to faculty for all students.

The MScPT cohort has been expanded from 110 to the current enrollment of 150 students with temporary spaces allocated at 500 University to demonstrate the feasibility of the concurrent delivery of content in two different classrooms. This has enabled faculty to adjust their teaching methodologies to address any concerns prior to the implementation of the SAMIH site.

All existing components of the MScPT program and support services for students will be available to learners at both 500 University and SAMIH. Proportional increases in funding have enabled corresponding increases to the faculty and staff complements needed to support a cohort at SAMIH. Once implemented, there will be a dedicated staff member at SAMIH to serve as an information resource and to provide administrative support to PT students. Two PT faculty will also be located at SAMIH for teaching and learner support.

The physical and technological requirements to facilitate the bi-directional videoconferencing are already in place at 500 University and are confirmed for the new SAMIH building. Approved plans for the SAMIH building include the necessary space and equipment to provide for PT's distributed learning model.

With the current cohort of 150 students, clinical placement offerings have already been increased to accommodate the larger number of learners. Establishing the MScPT program at SAMIH will enable stronger relationships with the clinical community in the eastern GTA and develop further placement positions for our students.

By offering the MScPT program at UTSC, the program will graduate more physical therapists who will remain in the eastern GTA community, providing much needed care and enacting the University of Toronto's and Temerty Medicine's goals of revitalizing and increasing health care delivery in this underserved area.

The motion carried.

5.3 The Education Committee of Faculty Council recommends the approval of the following motion:

“THAT the proposal to amend the Physician Assistants Program delivery method be approved as submitted.”

Moved A. Duncan, Seconded: K. Kirkham

Dr. Jeff Golisky indicated that the Bachelor of Science Physician Assistant degree (BScPA) is a full-time professional, second-entry undergraduate degree program, based in the Department of Family and Community Medicine (DFCM) in the Temerty Faculty of Medicine (TFoM) at the University of Toronto (UofT). The BScPA is a University of Toronto degree delivered in collaboration with NOSM University (NOSM U) and

The Michener Institute of Education at UHN. The three institutions have formed the Consortium of PA Education (Consortium) to collaboratively contribute to the development, administration and delivery of the U of T degree. The Program is designed to meet the competencies outlined in the National Competency Profile as established by the Canadian Association of Physician Assistants (CAPA). The aim of the PA Program is to equip graduates with the competencies necessary to establish the foundation for a sustainable Canadian Physician Assistant profession.

The BScPA Program is a full-time, second entry degree program that runs continuously for 24 months in total, spanning six semesters, including 44 weeks of clinical rotations in the second year. The Program is a distance and distributed education model with the majority of the Program delivered online. Students are required to attend in-person campus block sessions for specific time periods in Toronto, where they integrate interprofessional education and simulation-based learning for skills development and hands-on clinical assessments.

Campus blocks are mandatory components of the Program. During the Campus Block, students interact with peers and Standardized Patients (SPs), guided by facilitators, to learn and demonstrate their clinical skills (history taking and physical exams). There are two campus blocks in Year 1, and one campus block in Year 2, totaling 5 weeks of in-person learning. Currently, the in-person campus blocks take place on the St., George campus. The proposal is to move the campus block portion of the program to Scarborough Academy of Medicine and Integrated Health (SAMIH). The Program is also seeking increased clinical teaching opportunities at Scarborough-based hospital sites.

The motion carried.

6 Standing Committee Annual Reports

6.1 Postgraduate Medical Education Board of Examiners

Dr. Kyle Kirkham indicated that the Postgraduate Board of Examiners is a vital committee responsible for overseeing the support and progression of learners in postgraduate medical training. He began by acknowledging the committee's ongoing work and the collaborative efforts with various stakeholders, including the PGME Associate Dean's Office.

Dr. Kirkham highlighted the committee's role in dealing with a significant number of learners referred for support in postgraduate programs. This support primarily involves remediation where learners work to address identified deficiencies in their training. The committee also deals with more serious matters such as probation, suspension, and, in rare cases, dismissal. Dr. Kirkham emphasized that while the ultimate goal is to help learners succeed, sometimes more severe actions are necessary, although these are rare.

Dr. Kirkham presented the data for the 2024-2025 academic year, noting that while it was still early in the year, the numbers were closely aligned with the previous academic year. Dr. Kirkham noted that the number of open cases remains fairly consistent as new cases come in as ongoing remediation plans are completed.

A crucial takeaway was the success rate of learners undergoing remediation. Dr. Kirkham shared that the majority of learners who enter remediation are successful in their efforts. He noted that it is quite rare for programs to take more drastic actions, such as dismissal. He noted that while the number of appeals remains low, they are taken very seriously by the Board. These appeals often occur when learners are dismissed from their program but can also occur when they disagree with decisions that lengthen their training or the concerns about their performance.

Dr. Kirkham also discussed the distribution of learners across their training years. He observed a trend where learners who reach senior levels of training, especially in longer specialties, often face challenges when they are expected to meet higher levels of responsibility and independence. This can lead to a greater likelihood of deficiencies being identified at these later stages of their training, often in areas like Medical Expert, Professionalism, and Communication.

In terms of the learner demographics, Dr. Kirkham explained that while the Board does not consider the funding source when reviewing cases, there is a noticeable trend with international medical graduates (IMGs) and visa-sponsored trainees. These learners sometimes face integration challenges that can contribute to gaps in knowledge or deficiencies in meeting the demands of their training.

The most commonly requested areas of support within the CanMEDS roles is Medical Expert role. Dr. Kirkham elaborated that this role often overlaps with other domains such as Professionalism, Communication, and Leadership. He stressed that while programs may seek remediation in one specific domain, it is common for the issues to span multiple areas due to the interconnected nature of these competencies.

Another aspect of the presentation focused on the collaborative efforts between the Board and the Postgraduate Office to continually improve the processes surrounding remediation. Dr. Kirkham mentioned that while no major new projects were underway, the Board was always looking to refine the documentation and support structures available to help programs develop effective remedial plans.

He concluded by acknowledging the support of various individuals and teams, including Mr. Todd Coomber, who provides crucial support for Faculty Council's work, and Ms. Adrian Fung, who offers assistance from the Postgraduate Office. Dr. Kirkham also thanked the members of his Board and the entire Postgraduate Office for their dedication to the process.

6.2 Undergraduate Medical Education Board of Examiners

Dr. Bob Bleakney noted that, similar in function to its Postgraduate counterpart, the Undergraduate Board reviews student cases related to both academic challenges and issues of professionalism. These cases are referred through the MD program and the Physician Assistant program, via foundation and clerkship directors.

Dr. Bleakney emphasized the board's strong engagement and commitment, noting that it meets virtually on a monthly basis. In instances where time sensitivity is critical—such as around CaRMS deadlines—the board has convened emergency meetings. Straightforward cases, particularly those involving successful remediation, may be handled through electronic voting.

Over the past year, the board experienced some routine turnover as members' terms concluded, but Dr. Bleakney reported no difficulty in filling the vacancies. Board members represent a wide range of specialties, including general surgery, internal medicine, pediatrics, emergency medicine, psychiatry, obstetrics and gynecology, ENT, family medicine, and radiology. In addition to faculty, the board includes two MD program students, typically represented by the current president and past president of MedSoc, as well as two students from the Physician Assistant program.

Dr. Bleakney shared data from the past academic year. Notably, no students from the Foundations curriculum were presented to the Board, a significant decrease from three the previous year. He attributed this drop to the Foundations program's use of multiple low-risk mastery exercises and the internal Student Progress Committee, which manages early interventions for students in difficulty.

In contrast, clerkship continues to pose a challenge. This year, 48 students were presented to the board, a decrease from 61 students the previous year. Dr. Bleakney noted that last year's spike likely stemmed from students whose early training was conducted virtually during the COVID-19 pandemic. The current decrease is therefore seen as a reassuring trend.

He explained that students may appear before the board more than once or for multiple reasons—academic failures, professionalism concerns, or both. Additionally, nine motions were rescinded this year, compared to 12 and 14 in prior years. These rescindments typically occur when students fail an exam but later receive new accommodations through Accessibility Services. In such cases, the initial failure is removed from their transcript, and the student is permitted to retake the exam without penalty.

Dr. Bleakney expressed optimism that outcomes in clerkship may improve further next year. One particular area of concern has been a rotation informally known among students as the “grab bag,” which includes

anesthesia, emergency medicine, ophthalmology, and ENT. Historically, students in this rotation were required to write four exams—sometimes two in a single day. In response, ophthalmology and ENT exams have been removed from clerkship assessments and will instead be integrated into evaluations in pediatrics, family medicine, and the OSCE. This change is anticipated to ease pressure on students and improve outcomes.

The board also saw a small number of fourth-year students—three in total—presented this year, mostly for issues related to the clerkship OSCE or professionalism. Not all student presentations result in formal motions; some are brought forward for discussion or information only. One such fourth-year case did not result in any formal board action.

In total, 51 students were presented to the board this year, a notable decrease from the 66 presented the previous year. Dr. Bleakney highlighted that, while the board remains busy, these cases represent less than 5% of the overall student population.

Finally, Dr. Bleakney mentioned a cohort of seven students participating in the MD Extended Clerkship (MEC). These students had not matched through CaRMS and, although technically graduated in June 2024, were allowed to remain for further electives and clerkship experiences in preparation for a second attempt at matching.

In conclusion, Dr. Bleakney expressed hope that recent changes to clerkship assessments will further reduce the number of students requiring board intervention. He extended his thanks to Mr. Coomber and to Ms. Hannah Lee, the Faculty Registrar, for their support in preparing the board's data and report.

6.3 Appeal Committee

Dr. Papsin noted that the function of the Appeals Committee within the broader academic structure is to provide learners the opportunity to challenge decisions made by the Boards of Examiners. While he emphasized that decisions made by the UME and PGME Boards are, in the vast majority of cases, fair and just, the Appeals Committee exists for those rare situations in which a learner believes that proper procedures were not followed or that a decision was unjust.

Dr. Papsin expressed gratitude to Mr. Coomer for his extensive behind-the-scenes work in maintaining the Committee's functionality. He also acknowledged the dedication of committee members, noting that hearings often last three to four hours, requiring a significant time commitment from each participant. Their commitment, he noted, was essential to the Committee's operations.

Dr. Papsin noted that although six members' terms are due to expire in June, most are in their first term and are likely to renew. However, there is currently one vacancy on the Committee. He extended an invitation to anyone interested in joining, describing the work as "fascinating." Interestingly, he observed that the Committee currently has a disproportionate number of surgeons, though he could not account for why that imbalance exists.

Dr. Papsin noted a lull in case numbers during the pandemic years but that there has been an understandable uptick in appeals. In the year since his last report, the Committee held two hearings, with two additional cases currently pending. This volume is consistent with historical trends, as the Committee typically sees between two and four cases per year.

Without delving too deeply into the specifics, Dr. Papsin summarized the two cases reviewed over the past year.

The first involved a postgraduate learner who failed to meet clearly articulated conditions for reinstatement into the program. Despite being given opportunities and guidance, the learner either chose not to or was unable to follow through with the necessary steps. As a result, the appeal was denied, and the decision of the PGME Board of Examiners was upheld.

The second case involved another postgraduate learner who was placed on remediation for unsatisfactory performance including some serious errors. The learner argued it was unfair to receive a failure for the errors. Upon review, the Appeals Committee concluded that the process had been properly followed and denied the appeal.

One of the Committee's responsibilities is to provide constructive feedback to the originating Board of Examiners or Program. He described how, as clinicians, there can be a natural reluctance to issue failing grades, resulting in grade inflation. This tendency can mask early signs of academic or professional struggle. By the time a case reaches the Appeals Committee, earlier missteps may have been overlooked, complicating the process. Dr. Papsin stressed the need for accurate and timely documentation, urging program directors and faculty to maintain transparent and consistent reporting. Doing so, he argued, not only improves the overall academic process but also allows for earlier identification and intervention for struggling learners.

7 Faculty Council Forum

Deputy Speaker, Dr. Veronica Wadey, introduced the Forum on the Implementation Strategy for the Scarborough Academy of Medicine and Integrated Health.

8 Adjournment

The meeting was adjourned.