



TEMERTY FACULTY OF MEDICINE  
UNIVERSITY OF TORONTO

Faculty Council of the Temerty Faculty of Medicine  
Minutes of the February 8, 2021 meeting  
4:00 p.m.  
Via Zoom Videoconference

**Members Present:** Boris Steipe (Speaker), Todd Coomber, Alis Xu, Lynn Wilson, Luc De Nil, Nicolas Santi, Jonathan Pirie, Martin Beaulieu, Peeter Poldre, Margarete Akens, Trevor Young, Nick Reed, Tao Chan, Sara Mirali, Gina John, Sarah Crome, Brenda Mori, Glen Bandiera, Modupe Tunde-Byass, Jack Barkin, Paul Cantarutti, Juan-Carlos Zúñiga-Pflücker, Mario Ostrowski, Reinhart Reithmeier, Meg Connell, Pascal van Lieshout, Suzan Schneeweiss, Paolo Campisi, Helen Yang, Sarah Rauth, Hosanna Au, Beverley Orser, Blake Papsin, Jennifer Kao, James Rutka, Bob Bleakney, Lisa Robinson, Rabina Parhar, Calandra Li, George Elzawy, Rita Kandel, Patricia Houston, Christina MacMillan, Nadiya Khosravi, Karl Zabjek, Sean Kidd, Wusun Paek, Alex Mihailidis, Ewa Szumacher, James Rutka, Sachin Kumar, Nadiya Khosravi, Veronica Wadey

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**1 Call to Order**

**2 Minutes of the previous meeting of Faculty Council – October 19, 2020**

The minutes of the meeting of October 19, 2021 had been previously circulated. They were approved on a motion from G. Bandiera and seconded by B. Mori. There was no business arising.

**3 Report from the Speaker**

Dr. Boris Steipe indicated that when he was a medical student in Germany he was a member of International Physicians for the Prevention of Nuclear War. The premise of the organization was that the doctor's responsibility was for the care for human health and extends to social circumstances, especially those circumstances that threaten the very existence of human life. This argument extends to two other, current existential scale threats: climate change and the current COVID pandemic or future pandemics.

It is only one year and four days after the Director-General of the World Health Organization implored Member States to take decisive action and emphasizing the, then current, window of opportunity. As we remain socially distanced, Dr. Steipe takes consolation from observing the excellent leadership, for example, at our University where facts based passionate and compassionate professionalism has allowed important work to carry on.

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

**3.1 Dean's Report**

Dean Young thanked the members of Faculty Council for all of their amazing work in keeping the Faculty running during these unique times. Because of this work, educational and research programs continue to operate and research continues to be done as seamlessly as possible. This is a very trying time. Clinical learners are increasingly feeling worried about the lack of in person experiences and how they're going to be able to meet the demands of the workplace. Research students in the lab are feeling isolated and more stress than they have at any other time in their lives. Meeting deadlines is harder. Committee work is being slowed down despite the best efforts of everybody. Despite this, the Faculty carries on and hasn't had to close things down. Dean Young thanked the members for their part in making this happen. This

work is being done at dining room tables and in spare bedrooms and has been a real challenge for everyone, but it is worthwhile and there is light at the end of the tunnel. The tunnel is an uncertain length still, but it is looking brighter. The case numbers look better in all regards and in Ontario and in the country, and we are poised to receive vaccines at some point and the Faculty will be ready to assist as best we can. For now, however, we just have to carry on.

### **3.2 Vice Dean, Strategy and Operations**

Dr. Lisa Robinson noted that there's been some restructuring to the Strategy and Operations portfolio so she will be providing an update about the portfolio. The portfolio is made up of three main areas: academic affairs; the academic strategic plan; and the equity, diversity and inclusion work through the Office of Inclusion and Diversity.

In the academic affairs portfolio, there is a very strong tradition of ongoing appraisal and quality improvement across all academic units. This focus on quality assurance and accountability is a good tool for strategic planning and thinking about where we are and where we want to go. Between the 2011-2012 academic year and now there have been 72 reviews and 45 searches that have been done.

The academic strategic plan not only addresses where we are, but also thinking about the next phase of the plan. The current academic strategic plan runs from 2018 to 2023. The Temerty gift has aided in making a lot of progress on implementing the phase one goals, but also allowed the opportunity for reflection about where we are, and where do we want to be. This is especially important given many things that have gone on in the last year or so. This has been an opportunity to reassess our priorities.

The Diversity and Inclusion portfolio coordinates a broad Faculty Diversity Advisory Council within the Faculty and the affiliate TAHSN hospitals and the broader university. This office provides advice, consultation, and guidance on matters of diversity and human rights issues. This office receives about 15 to 20 requests for consultations per week and, essentially, never say no to anybody. The Office launched a diversity mentorship program initially for first year medical students but has expanded to all medical students and first year residents.

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

Dr. Reinhart Reithmeier noted that the research office has done a tremendous job managing the research restart following the COVID shutdown with labs now at 50% capacity. Campus based research lines up well with the hospital partners and very strict health and safety measures are in place. There is also continuous monitoring and strict scheduling to maintain a safe environment. Even though COVID has really impacted research, the Federal Government through its Canada research continuity emergency fund has provided significant financial relief. The Temerty gift has also assisted with funding that the Faculty is in the process of procuring a new 200 kilovolt cryo-electron microscope. The Temerty gift also allows for the West Wing Project which will require the relocation of a number of areas with Heather Taylor's office working to make sure that research is not impacted negatively. This project will also see the creation of a new level three laboratory which will be part of EPIC - the emerging and pandemic infections consortium.

Dr. Reithmeier thanked Dr. Alan Kaplan who has finished his term as Vice Dean, GLSE. GLSE has created a harmonized graduate student stipend as well as increasing the funding to graduate students by 10%. The students had asked for 8% but the department Chairs and GLSE gave them 10% to recognize the kind of the challenges they have had. Graduate student wellness is also a part of the GLSE portfolio with money being given to graduate students groups to do inventive programming focused on student wellness. There is also a leave of absence fund with almost 50 being given out thus far allowing students to take a paid leave of absence.

Dr. Reithmeier thanked the staff of GLSE who continue to work remotely while being busy balancing the challenges that come with that.

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

Dr. Lynn Wilson indicated that planning is underway to establish a COVID vaccine clinic on all three campuses in conjunction with the Faculty's health partners. Current planning is looking at the short term as clinical learners and faculty are part of the current prioritized groups if they're actively working with patients. There are 7000 health professions learners in the Faculty with about 45% of them are out in the Community at any time. The Faculty is working to ensure these learners are vaccinated so they can get back into the hospitals and are safe in the workplace. Having vaccinated learners also makes sure that the patients and healthcare workers they come in contact with are safe as well. The Faculty has used some of the COVID fund to purchase of ultra low temperature freezers for vaccine storage. Toronto Public Health will give final approval to any plans for a vaccination clinic on campus.

With respect to vaccine education, Dr. Wilson noted that when learners were removed from clinical environments last spring, they had a COVID curriculum that was developed by their educational leaders to get them ready to get back into their clinical environments. The same group is now working on a student centered vaccine curriculum with the hope that our learners will be vaccine ambassadors amongst their own colleagues, family, and friends to combat vaccine hesitancy.

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

Dr. Patricia Houston reminded members that her new portfolio includes the MD Program, PGME programs, the CPD Program. Over the course of the last six months, the primary focus has been on the accreditation of the PGME and MD programs and the impact of the pandemic. An operations group has been developed to help oversee this larger portfolio. This group will be looking at planning for a strategic plan that aligns with the Faculty strategic plan. This will include areas of finance, professional development, and communications.

A number of new positions are being created across the portfolio. The Chair in Learner Wellness will work very closely with the Director of Faculty Wellness. With the introduction of competency by design into PGME and with the introduction of EPA and workplace based assessment in the MD Program, the new Chair in Student Assessment and Program Evaluation will have a huge opportunity to do novel work around how to better evaluate the changes that have been made to see what the intended and unintended consequences are. Reena Pattani has been appointed Director, Learner Experience and will look at how the Faculty can make the learning environment better for all learners and how mistreatment and the negative aspects of the learning environment can be addressed. In addition, the Black Health Lead and Indigenous Health Lead roles have been expanded, and a new Lead for social justice anti-oppression and advocacy will also be overseeing programs for all learners.

Accreditation has now been completed, and the results will be shared shortly once the final reports have gone through a few more stages of review. Dr. Houston noted that these accreditation reports will be an incredible success and congratulated Dr. Glen Bandiera on the PGME accreditation.

Dr. Houston noted that there have been over 4300 applicants for next year's MD admissions so the pandemic has not influenced people to not apply to medicine. Currently years one and two remain virtual, which is very difficult for many students but the MD program will be introducing some in person clinical skills for years one and two. Years three and four seem to be flourishing.

## **5 Items for Approval**

### **4.1 Education Committee**

**THAT the proposal to establish a combined MD-MBA degree program be approved as submitted.**

Moved: B. Mori, Seconded: J. Barkin

Dr. Patricia Houston and Mr. Paul Tonin indicated that the MD Program is a formative opportunity to blend the highest-quality technical knowledge with the values and empathy needed to care for patients, as well as gain the leadership and management skills needed to deliver care effectively and drive positive change.

As evidenced by the COVID-19 pandemic, effective leadership and management within the health-care system is necessary to plan for and respond to health-care crises. Just as importantly, that leadership and management skillset is necessary to address issues that exist independent of such unprecedented crises, such as increased patient complexity, system fragmentation, long wait times and limited access to care, rising costs, and burnout and mental illness among health-care providers. Overall, increasing demand combined with fiscal constraints and greater complexity in the sector is creating a heightened need for highly capable health sector leaders who can effectively navigate through what promises to be a lengthy period of strategic change and innovation ahead.

A Combined Degree Program (CDP) is a program category that allows a student to be registered in two approved degree programs at the same time and complete the requirements of both in a manner that provides a benefit to the student beyond what would result from completing the two degree programs separately. The proposed MD/MBA combined degree program is intended for a small number of medical students who have an interest in becoming those leaders. These roles require deep leadership and management competencies that go beyond the MD Program's core curriculum. Graduates of the program will be well positioned to act as the health care executives of tomorrow, in both the public and private sectors, as the MBA coursework, combined with their MD curriculum, will prepare them for significant leadership opportunities throughout their career. The official name will be Combined Degree Program: Doctor of Medicine / Management, Full-Time Option, Master of Business Administration.

The proposed MD/MBA combined degree program is a collaborative education initiative intended to build upon and amplify the impact of two globally recognized programs. As such, the proposed combined program is consistent with the Faculty of Medicine Academic Strategic Plan 2018-2023, which identifies the following three strategic domains: Ecosystem of Collaboration; Groundbreaking Imagination; and Excellence through Equity.

Academic synergies exist between the MD and the MBA programs with respect to several competency areas in the MD curriculum, namely: The Leader Role, which includes manager/management key and enabling competencies; Collaborator Role, which includes a focus on communication among team members, Health Advocate Role; and the Professional Role, which includes a focus on ethics.

The MBA degree includes and builds on these competencies, providing the MD student with an opportunity to develop these roles beyond what they would learn in the MD program. The MBA program recognizes the MD student would have achieved a sub-set of some learning objectives during the MD program in these areas that will cover 1.34 full-course equivalents (FCEs) of MBA course content. Given this, CDP students will be exempt from 1.34 FCEs of MBA requirements and will complete 9.96 instead of 11.3 FCEs of the MBA requirements. This means that students will complete the two programs in a shorter time than enrolling in the degrees sequentially.

The proposed CDP includes the Full-Time MBA offering only, as it is the only MBA offering that allows the MD student to complete the requirements in the time available before the MD Residency begins, and for which the MD student would meet the entry requirements. The MD student would not have the relevant work and management experience for the Rotman Executive MBA or Global Executive MBA for Healthcare and the Life Sciences programs.

This proposed program is unique. Only a handful of students are expected to apply - likely those with previous business, entrepreneurial and volunteer experience. There are two similar programs in Canada, one at University of Alberta, and the other at the University of Calgary, and each has approximately 2 to 5 students in their combined MD/MBA program with a similar number expected here. The existing offerings reduce the graduate MBA requirements in the MD / MBA combinations.

The proposed combined program is distinct from other degrees that teach leadership and innovation at U of T in that the MBA provides a broader and deeper dive into business and management capabilities.

The proposed combined degree program is not competition for the Global Executive MBA for Healthcare and the Life Sciences, Rotman's MBA customized for the health sector, as the GEMBA-HLS program is for senior leaders from across the health sector, with a range of clinical and administrative backgrounds (not only physicians) as well as a minimum of 3 years of management experience.

The motion passed.

## **6 Standing Committee Annual Reports**

### **6.1 Appeals Committee**

Dr. Blake Papsin has been Chair of the Appeals Committee since July 1, 2020. In that time, there have been no appeal hearings so the past Chair, Dr. Doug Templeton, was invited to present a report from the Appeals Committee.

Dr. Templeton indicated that he and Dr. Papsin had a detailed conversation about the Committee and he believed it is very good hands going forward. Dr. Templeton reminded the members that a year ago, he presented a report with information on four appeals, which has been about the recent average in annual appeals. This year, there are two, unique cases to report on that took place between the February 2020 report and the end of his term on June 30, 2020.

The first case didn't actually result in a hearing as it was an applicant in the Assessment Verification Period prior to admission into a PGME residency. This was a person who had trained in another jurisdiction with the Program Committee of their specialty deciding to deny them a residency position. The Trainee had appealed within the Program and was unsuccessful and wanted another opportunity to appeal. After reviewing all the appropriate policies and consulting with legal counsel, it was determined that the AVP is part of the admissions process and admissions decision are not appealable. The Appeals Committee hears appeals of students and trainees against decisions of the Boards of Examiners, which also was not present in this case as only residents and fellows have their cases heard by the Board of Examiners.

The second appeal was also unique in for a number of reasons. During the appeal hearing, there was information raised that had clearly not been available to the Board of Examiners at the time of their decision. The Committee believed that the most appropriate course of action would be to refer the case back to the BOE to allow an opportunity to consider this new information. The Committee ruled that they would resume their hearing on the case in the event that the BOE declined to amend its decision after reviewing the new information. The BOE declined to amend the decision and the Appeals Committee resumed the hearing eventually denying the appeal. Another unique twist to this case was that the resident had withdrawn from the program between the two hearings despite successfully completing his remediation and acknowledging that it had been helpful. He has now initiated an appeal at the University level.

Dr. Templeton has served on the Appeals Committee in various capacities for 26 consecutive years and notes that it has been a significant part of his academic development at the University and a great opportunity to meet a number of clinicians and other health professionals around the Faculty that he otherwise would not have met. Dr. Templeton has been continually impressed with the tremendous fairness and diligence with which the members review appeals material and then engage in sometimes lively discussion at the hearings to reach a fair outcome.

Dr. Papsin thanked Dr. Templeton for the report and noted that he gained a lot of insight from their conversation, not just about how the Committee works, but also about Dr. Templeton's philosophy and approach to students. He noted the approach is mature and thoughtful and he will carry on in that manner.

The Speaker noted that, as a past member of the Appeals Committee, he can attest to the importance of this role both to the Faculty and the individuals who take it on and encourages any interested members to pursue any available vacancies.

Dr. Patricia Houston thanked Dr. Templeton for his service and noted that her experience with the Appeals Committee always left her in awe of the patience, integrity, thoughtfulness, and kindness with which he Chaired of the Committee despite dealing with some very difficult narratives and some very complex and complicated decisions. Dr. Templeton did an absolutely stellar job of making sure that whether it was a distressed learner or an anxious learner or an anxious faculty member that he gave them all the time and the consideration that they needed and he supported the members of the Committee to come to wise and fair decisions.

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

Dr. Bob Bleakney introduced himself as the new Chair of the UME Board of Examiners having begun his term on October 1, 2020. Dr. Bleakney served on the BOE for 9 years prior to becoming Chair with the last three years as Vice Chair. As the 2020 report was missed with the spring 2020 Council meeting being cancelled due to COVID, this report will cover two years.

Dr. Bleakney noted that one of the big changes he's noticed in his time on the Board is the change from Preclerkship to Foundations and how the integrated curriculum promotes learning and context. Foundations also has multiple lower stakes mastery exercises rather than the large high stakes exams that are associated with clerkship. These mastery exercises, combined with feedback and individualized coaching has helped bring down the number of learners that have been brought forward to the Board of Examiners in their first and second years. Foundations also has a Student Progress Committee that organizes focused learning plans and can organize remediation which minimizes the number of students that are referred from the Student Progress Committee to the BOE. Though the number of students from Foundations is a lot less than it used to be, the number of students referred to the Board out of Clerkship are very similar to previous years. Clerkship is very challenging this hasn't changed. The BOE referrals from Clerkship have remained fairly consistent throughout the years. One number that has changed compared to the year before is the number of students that went into extended clerkship. These are students that don't match through the CaRMS process during 2018-2019, there were only three students that required extended clerkship compared to the year before where 13 students required extended clerkship.

Dr. Bleakney noted that there was one withdrawal last year with one withdrawal typically occurring every five years or so. Students do, on occasion, need to repeat a year with 2019-2020 being a quiet year for repeats. There were also no leaves of absence in 2019-2020 but some of these numbers can be attributed to the COVID-19 disruptions. The Board of Examiners had a busy start in Fall 2020 as the disruptions created a bit of a double cohort like influx having the students that were starting clerkship and, at the same time, some year three students that were finishing clerkship.

Dr. Bleakney noted that the BOE consists of very engaged, thoughtful faculty. In addition, there are students on the Board who are not meant to be advocates for students (Dr. Bleakney noted that all members advocate for the students) but to give the student perspective. An ongoing issue for the Board is that the student whose case is being presented, as is permitted, will occasionally request that the student members not be included in the discussion of their case. This is disappointing both because the student members are very professional in their role on the Board and because their absence removes the valuable insight they provide. The Board tried to mitigate this by anonymizing the students being presented by using student numbers but the number of instances was not reduced and institutional memory of the students that had been presented to the board previously was lost.

Dr. Bleakney concluded by pointing out that, given the numbers presented, it may appear that there are a lot of students in academic difficulty, but that the number should be taken in context with the total amount of students and so the number coming to the BOE is a small subset that require extra attention.

## **7 Faculty Council Forum**

Dr. Patricia Houston led a panel discussion on the online assessment of practical clinical skills necessitated by the ongoing COVID-19 pandemic.

## **8 Adjournment**

The meeting was adjourned at 5:55pm