

**Faculty of Health Sciences**  
**School of Medicine Academic Council (SOMAC)**  
**Minutes of Meeting, Tuesday, May 15, 2007**  
**Etherington Hall Auditorium @4:30 p.m.**

**CHAIR:** D. Walker, Director of the School of Medicine

**Present:** 45 members of the School of Medicine

The meeting was brought to order at 4:35 p.m. The Chair welcomed everyone to our 2<sup>nd</sup> meeting of the School of Medicine Academic Council. The Chair reminded everyone that this is a new constitution of the School of Medicine and that these meetings will be called twice a year in the months of November and May. He encouraged everyone to attend and participate in the matters of the School of Medicine.

**1. Announcements**

a) D. Walker announced that a News Release was issued that P. Belliveau was awarded and presented with the Association for Surgical Education Outstanding Teaching Award on April 11, 2007 in Washington, D.C. Congratulations!

b) D. Walker announced that I. Wilson, a former Chair at KGH, will be running for the Liberal Party in the next election and J. Rapin, Assistant Professor in the Department of Emergency Medicine, Queen's University will be running for the Conservative Party in the next election.

**2. Approval of Minutes of meeting held 4 December 2006**

**Moved** by S. Ludwin and **seconded** by D. Mercer that the minutes of 4 December, 2006 be approved as circulated. **CARRIED**

**3. Business Arising from the Minutes**

**a) Accreditation – progress report and**

**b) Vision and Plans for the MD Program**

T. Sanfilippo presented to everyone an overall review of what the Medical School does and reported on strengths and concerns that came to light from the EXIT report of the Accreditation in June 2007.

The problems were identified as follows:

- Lack of Administrative support
- No corporate memory
- Curriculum components are operating in isolation
- Not managing the curriculum efficiently
- Lack a common vision
- Engagement of Faculty

The threats to our School were identified as follows:

- Facilities
- Funding changes
- Overextended clinical base

Suggestions on what to do were:

- Support Undergraduate Administrative Office
- Define roles
- Provide leadership
- Provide appropriate space
- Reactive curriculum committee
- Involve course chairs
- Communication
- Curriculum leader
- Faculty and Curriculum development
- Evaluation of teaching and processes

The following questions and comments were put forward during discussion:

Q: Integrating technology – Will there be resources?

A: There will need to be.

Q: Will Faculty have protected time?

A: First we need to calculate our needs. The AFP provides 30% for research and teaching.

Q: Distributed education – We need to know what is being taught

A: We need better communication. We need to engage a link with Med-tech. We will need more skilled IT people.

C: This is a good opportunity to engage Basic Science in clinical skills.

Q: What will the student role be in the Curricular Review?

A: Students need to be involved. We will meet with the students.

The Chair thanked T. Sanfilippo for his in depth presentation and insight into our School of Medicine. We know what we need to do to meet the accreditation standards.

#### **4. New Business**

##### **a) Actions and Decisions of School of Medicine Executive (SOME) during the past year.**

The Chair presented a list of Actions and Decisions (distributed with the agenda) made by the School of Medicine Executive during the year for information. The School of Medicine Executive acts on the authority of SOMAC when SOMAC doesn't meet. Since the School of Medicine Academic Council has been constituted, the new Mission Statement for the School of Medicine was accepted by SOME and the Chair asked that the SOMAC ratify the approval of the Mission Statement.

After discussion it was ***moved*** by S. Pang and ***seconded*** by P. Belliveau that the SOM Mission Statement be approved. ***ALL WERE IN FAVOUR.***

The Chair reported that J. Jeffrey brought forward to the School of Medicine Executive in November 21, 2006 a Queen's University Senate policy on Non-Bargaining Unit School of Medicine Academic Staff Grievances which was accepted by SOME and approved by Senate.

## **b) Student Report**

A. Kayssi, President of the Aesculapian Society, prepared a report that was distributed via email to everyone. T. MacMillan, Student V.P (Academci) presented the report as follows:

- He welcomed T. Sanfilippo as the new Associate Dean for Undergraduate Medical Education and thanked L. Tomalty for all his hard work and dedication to the students.
- The Medical Students appreciated being heavily involved in the recent Accreditation process and look forward to the changes.
- Their main priority is the Matheson Room, the medical student lounge which is in desperate need of renovation.
- The Aesculapian Society is undergoing a strategic planning exercise to build on their strengths and identify their weaknesses. They will report back on their findings at our next meeting in the Fall.
- They are working towards better communication with their members by asking Med Tech for help in updating their web site and making it easier to access and navigate.
- They are also looking into developing a monthly e-newsletter.

## **c) Admissions –Brief Review of Process Discussion of Objectives**

M. Kawaja, Chair of the Admissions Committee for the School of Medicine presented an overall review of the current process of how the School determines admission to Medicine. We accept applications from Undergrad, graduate and aboriginal students. We have seen an extreme growth in applications since 2002. Acceptance into medical school depends on their MCAT, GPA and interview scores. The interview is given a score out of 50%.. The OMSAS questions are also marked out of 50%. The two 50%s are added together and we end up with a rank order for our students. Letters of acceptance will then go out to these students. We then wait to see who will accept Queen's University over other Universities. If we don't fill our capacity then we go back to the list of 500 +.

During discussion the following questions were asked:

Q: There is concern about MCAT scores for Graduate students as it doesn't give a true story.

A: MCAT is a standardized form to evaluate the students

Q: Is the interview standardized?

A: Not at present. We need specific questions. The committee is working on putting together standardized questions for next year.

Q: Do we offer more acceptances (than we have positions) at the start or in the first round.

A: No we do not. But other schools do. This could be a disadvantage for Queen's. It is under consideration.

#### **d) Status of the School – Performance Measures including budget/fees**

This was discussed in number 3 (a) & (b).

#### **e) CaRMs 2007 and PG Status**

L. Flynn, Associate Dean Postgraduate Medical Education reported that Queen's did very well in the 2007 CaRMs. This year we had an excess of Canadian positions along with an expansion of eligible applicants. 84 Canadian positions with 16 IMG positions and all 100 positions were filled. After the first round 7 vacancies were unfilled in Family Medicine but all were filled after the second iteration. Overall it was a great success.

#### **f) Research Report**

R. Deeley, Associate Dean Research, Queen's University & Vice-President Research and Development, Kingston General Hospital reported that Queen's had an overall success rate of 30% in the March 2006 CIHR competition compared to the national average of 25%. However in September 2006, Queen's success rate dropped to 15% compared to the national average of 16%. In the Fall competition there were no renewals and this is a problem. We need to use our Mentorship policy more and he urged Department heads and Directors to encourage their members to re-submit.

The CFI Research Hospital Fund has been announced with 450 million in funds for hospital's research. There will be two parts: 1) Clinical Research and 2) Large scale initiatives. Several letters of intent have been put together for both. The infrastructure will be divided into 3 centres: 1) translational Biology, 2) Clinical research and 3) knowledge synthesis. However the challenge will be with respect to the LSIE, we will have to identify a significant amount of money with respect to local matching funds in order to justify putting in the full application.

#### **g) A New Building**

The Chair reported that our need for a new building still exists and is very much on Central Administrations radar.

### **5. Items for Subsequent Meetings**

A list of suggested topics for our next meeting was distributed to all members for review.

Meeting adjourned 6:05 p.m.

R. Wigle  
Secretary to the Faculty