Minutes:
School of Medicine Academic Council (SOMAC)
Tuesday November 15, 4:30 – 5:30 p.m.
School of Medicine Room 132A

1. Approval of Minutes
The minutes of June 21, 2016 were distributed with the agenda. There were no additions or corrections noted.

3. School Update
The Dean provided an update on the previous evening’s town hall on CBME, which was attended by approximately 100 people. The CBME transformation is continuing to move forward, with current progress at approximately 55%. Queen’s is demonstrating leadership in CBME, and other schools are looking to us to share our development plans.

The Dean is currently working on the budget, which continues to be challenging given financial constraints. It was noted that the current budget model doesn’t acknowledge the costs associated with the Faculty’s research activities. The Provost will be working with the Faculty on solutions moving forward, however there will be cuts for the upcoming fiscal year. The Dean’s office will be working with all units to manage the reductions.

The Dean reported that the OMA has lately been under siege regarding the physicians’ services agreement, and that Ontario physicians are currently without a contract. There has been a movement to overthrow the current leadership of the OMA. The Dean indicated that this is an important issue, as it results in a divided front that doesn’t necessarily serve physicians well when negotiating with government. The Academic Deans of Ontario are working to support the OMA.

4. Tax Change Updates
There are some upcoming legislative changes for practicing physicians in terms of small business tax deductions that could have a significant impact on groups organizing partnerships. There has been a writing campaign to the federal government about the implications of the changes to academic medicine if the legislation goes through. The government may be amenable to changing their views and we are hopeful that the campaign will have an impact.

5. Research Results – R. Deeley
Dr. Deeley presented a high-level view of research funding results. He noted that although the health research landscape has been somewhat diminished over the past decade, Queen’s has been fairly fortunate in terms of funding revenue. Fiscal 2015 was a banner year. Funding dropped in 2016 by about $15M, however most of the drop was the result of funding for
several large clinical trials with CCTG that wasn’t synchronized with our fiscal year end. CCTG received another $20M within two months of the fiscal year, and as of September, have already received in excess of $45M. The hope is to reach $100M next year.

Despite the scarcity of funding from government sources, there was a marginal increase in federal government funding over fiscal 2015. There has been a steady decline in tri-council revenues, attributable somewhat to system issues within the programs. The number of applications to CIHR has gone up over 50%, but the number of approved applications has stayed the same, which has a significant impact on the success rate. Dr. Deeley noted that an upcoming competition is predicted to have a success rate of only 8%.

There have also been significant issues with the changes to the CIHR funding and review processes. Dr. Deeley indicated that there is a review of these processes underway, but the effects of the changes will likely linger for a number of years. There is support for individuals who are applying and Dr. Deeley urged meeting attendees to let others know about this opportunity.

Queen’s University Research Services has prepared a report that shows the upward trend in grant funding and contracts over the years, and the Faculty’s strong showing in this area.

There were a significant number of CFI / CIHR applications submitted in mid-October, including three applications totalling over $30M for innovation funding. There are six collaborative research funding applications, nine Foundation Scheme applications and over 40 Project Scheme applications. Results will be available in March 2017.

6. CARMS Match Results – R. Walker
Dr. Walker presented the recent CARMS Match results, noting that the FHS had 5600 applications for 129 spots. There were over 2,100 interviews for the first match, and only 4 unfilled positions after the first iteration, which is quite low. There was only one unfilled position in Family Medicine after the second iteration – this position, however is specifically held for military personnel. Dr. Walker noted that the Faculty’s programs are very strong, and there has been significant effort put into marketing and ongoing communication with potential candidates, which has resulted in strong Match results.

The next PGY1 Match will take place in January/February 2017, and much work is being put into communicating our CBME process, as the residents who match into these programs will be our first students for the new CBME format. There was a query as to whether CBME was considered a risk to the PGY1 match. Dr. Walker noted there were many questions during information sessions about CBME, however, given the interest in our programs, it could perhaps instead be considered an asset.

Dr. Walker also noted that only 13% of matches are Queen’s graduates, a very small number. This is partly a reflection of size but could also reflect the fact that Queen’s tends to attract
students from across Canada. A large number of the ‘international’ students are Canadian students who studied abroad.

The PGY3 Medical sub-specialty Match was just completed – the Faculty had the best results to date this year, matching all but one residency position in nephrology. There is a second iteration forthcoming.

7. CBME Update – R. Walker/ D. Dagnone
Dr. Dagnone reiterated that the Town Hall meeting went very well with great attendance. The event including discussions about readiness for the launch and introduced the Dashboard tool that helps each area track and map their progress. The tool also provides the ability to see trends and to identify whether programs need support or help to prepare for the launch date of July 2017.

There is a lot of work underway to educate both students applying to CARMS and current residents, as part of the recruitment process involves engaging current students. There was great feedback at ICRE regarding our approach to implementing CBME.

Dr. Eric Holmboe, an international expert in CBME, will be coming to Queen’s to give a CBME workshop on January 26, 2017.

Dr. Dagnone also noted that Dr. Chris Simpson has taken on the new Vice-Dean, Clinical role, and is also the new Medical Director for SEAMO.

8. Mission Statement and Strategic Plan – K. Smith
Dr. Smith proposed minor changes to CPD’s mission statement to reflect diversity in learning. The meeting did not have quorum, however there was a show of hands in support of the changes in principle.

Dr. Smith also introduced CPD’s strategic goals, which are divided into five major themes. The goals have been vetted through the CPD Advisory committee, who also evaluate them annually and track progress. The goals were supported in principle through a show of hands.

The proposed mission statement and strategic goals will be shared electronically.

The meeting was adjourned at 5:30 p.m.