

Faculty of Health Sciences
School of Medicine Academic Council (SOMAC)
Minutes of Meeting, Tuesday, November 18, 2008
Biosciences Complex Room 1102, @ 4:30 p.m.

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

1. Call to Order

The Chair called the meeting to order at 4:30 p.m. with approximately 25 people present.

2. Approval of Minutes of meeting held May 20, 2008

It was *moved* by K. Nakatsu and *seconded* by M. McGrath that the minutes of 20 May 2008 be approved as circulated. **CARRIED**

3. Announcements

D. Walker announced the following:

- The Annual Duncan Sinclair Lecture will take place on November 26, 2008 beginning at 5:30 p.m. in room 1101 Biosciences Complex. Sister Elizabeth Davis will speak.
- The new Chief-of-Staff at the Kingston General Hospital is Dr. David Zelt. The Deans Office will be linking with Dr. Zelt in his role as Chief-of-Staff.
- D. Walker announced that Dr. S. Cole and Dr. D. Lillicrap are both recipients of a Canada Research Chair (CRC) Tier 1. Congratulations!

4. Dean's Report

D. Walker reported that the University met and decided to hold the upcoming Home Coming weekend on May 22-24, 2009 and it will not occur in the fall of 2009.

• **Basic Science Review**

D. Walker reported that the review of the function and structure of our Basic Science departments is underway and the results should be known soon. He will report the results at an upcoming meeting.

• **Hospital Issues**

D. Walker reported that the Kingston General Hospital is struggling to balance their budget. Mr. G. Scott, Supervisor at Kingston General Hospital will be reporting the Recovery Plan to the LHIN by November 30th. The Recovery Plan will not include cuts in Clinical services. The Hotel Dieu is also in discussion with the LHIN over their budget deficit.

• **University Capital and Operating Budgets**

D. Walker reported that the University was having a meeting regarding the Budget today. He reported that there would be an 18% cut over three years or 5% each year plus the progress through the ranks, which is just over 1% each year. Each Faculty will have to decide how and where their cuts will be. We will have to check our revenues and expenditures over the next three years. It will be a challenging time ahead.

There was discussion on how these cuts will affect our new building project. Our capital budget for the new building is somewhat clearer; it is the operating budget for the next three years that will pose a challenge.

- **Decanal Team Reorganization**

D. Walker reported that a review was done of our Decanal Team in order to prepare for a new Deanship. Several recommendations were made such as:

- Converting the Associate Dean Academic and Associate Dean Clinical to one Vice-Dean Academic to a nearly full-time position. A request has gone to the Principal on the recommendation of the School of Medicine Executive that Dr. I. Young be appointed to this position.
- Also having a Vice-Dean Research and a Vice-Dean Medical Education with Associate Deans and Director reporting to them.
- Also Terms will be extended of the current Associate Deans in order to cover a proper transition for the new Deanship.

All new terms will begin July 1, 2009. All the above recommendations are currently in discussion at the Principal's office.

- **Faculty of Health Sciences Reorganization**

D. Walker reported that a review was done of the Faculty of Health Sciences covering all three schools. Recommendations were made that each School have a Dean and possibly rename each school as a separate Faculty of Nursing, Medicine, and Rehabilitation Therapy, but with extensive integration and a collaborative effort across the three Faculties. Each Faculty would report directly to Senate. The review also calls for a Vice-Principal or Associate Vice-Principal doing health related issues in the Principal's office. These recommendations are in discussion with the Principal and then Senate.

- **Other**

D. Walker reported that there is now a Masters program in Public Health that will begin in September 2009. It is a 1½-year program. Thanks to Dr. MacKillop for all his work in organizing this.

5. **MD Program**

- **Curriculum Committee – Terms of Reference**

T. Sanfilippo reported that over a number of years curricular oversight has been conducted by the Undergraduate Medical Education Committee (UMEC). However recently the UMEC mandate has become too large and difficult to function effectively. At our last meeting of SOMAC we had revised and approved the UMEC terms of Reference to pare down their functions, which means now we need a functioning Curriculum Committee. This Curriculum Committee will have the responsibility of overseeing the management of the current curriculum, revisions to the curriculum, regular reviews and ensuring that the courses in the curriculum are appropriately staffed. The Chair will be someone with experience in curriculum management and review but until this person is identified the Associate Dean UGME will fill this position.

It was then *moved* by T. Sanfilippo and *seconded* by T. Massey that the Curriculum Committee is established and its Terms of Reference be approved. **CARRIED**

- **Student Assessment & Evaluation Committee – Terms of Reference**

T. Sanfilippo reported that we need a committee to have oversight over student assessment and to evaluate and monitor our students throughout the medical curriculum. This will be achieved through policy and review of evaluation methodologies. The committee will be guided by accreditation standards. The membership will consist of faculty who are trained in evaluation and assessment.

It was then *moved* by T. Sanfilippo and *seconded* by M. McGrath that the Student Assessment & Evaluation Committee be established and its Terms of Reference be approved. **CARRIED**

- **Faculty Workforce Requirements**

T. Sanfilippo reported that this is a process where the Undergraduate Medical Education Office will assess their teaching requirements; develop methodologies and time requirements for each teaching need. They will be collecting individual data on each faculty member in each department. Information on time available, and expertise in teaching areas. Once compiled the data will then be sent to the individual department heads every year. We need to define our teaching requirements for each academic year knowing that each department's data will vary in numbers. This process will be a way to keep this data central rather than departmental.

The Admission process still needs review. The Admissions Committee will meet next week to review a large number of applicants for next year and review the process in choosing these applicants. The interview process is changing somewhat by introducing more structured questions to determine some competency.

- **Developing a Competency Based Undergraduate Medical Curriculum**

T. Sanfilippo reported that the purpose of this document is to define the we hope to develop within our medical curriculum. We need goals and values. They are focusing on four qualities: **Patient Focused, Learner Centered, Competency Based and Continuing**. For each of these qualities we need to develop curricular components to teach the competency. We want our students to graduate as fully competent physicians and be able to demonstrate effectively as communicators, collaborators, managers, health advocates and scholars.

- **Other**

D. Walker reported that the Medical Council of Canada reported that Queen's medical students led in the ranking amongst other Universities with the highest marks. Congratulations to MEDs 2008, faculty and staff!

6. Postgraduate Medical Education

- **Phase 2 Expansion Funding – Family Medicine**

L. Flynn reported that we need to expand our enrolment into Phase II of our Postgraduate education. Other Schools across the province have done it. It is our responsibility to do so. We need to do this to meet the needs of society. We have 1.1 postgraduate positions in

Ontario for each undergraduate student. This will entice more students to come from across the country to train in Ontario. However we are nearly at capacity locally at Queen's. We will have three positions available here in Kingston and the rest will expand into the region. We will establish satellites in the region in order to deliver all their training in the regional communities. Right now we have 96 Family Medicine residents, and we will have 142 by the end of the year in first and second year. We will have 3 more positions in 2009 and we will have a total of 23 in PGY 1 positions by 2012-2013 academic year. Our capital money has increased and we have received funding to undertake capital improvements and hire a project manager who is taking the lead on these improvements. Historically, we had a 40-60 split with Family Medicine and the other disciplines. Three years ago we went with 45-55 split. Now we will have a 58-42 split. The ratio will change significantly with Family Medicine leading the other disciplines. The Government is now asking to expand our numbers in specialty programs. This will enhance our role and status throughout the region. A document entitled Family Medicine Expansion Proposal was distributed with the agenda. Attached to these minutes is an **updated version** of this document with a change in numbers. The last page of the document brings into the equation the Undergraduate Expansion. There have been some revisions made to the entrance numbers of undergraduate Medical Education students that will occur over the next 5 years. The revision is as follows conditional on physical resources:

2008: 100
2009: 100
2010: 106
2011: 112
2012: 118
2013: 124

7. Presentations

- **Office of Interprofessional Education and Practice – A Framework for Interprofessional Education and Key Concepts**

L. Tomalty reported on behalf of C. Schroder the Framework and Key Concepts for the Office of Interprofessional Education and Practice (OIEP). He indicated that Medicine, Nursing and Rehabilitation Therapy faculty and students utilize the OIEP. The framework is a model to guide the development of Interprofessional Curriculum in the Faculty of Health Sciences. The document distributed, if approved, will endorse Interprofessional education and collaborative practice within the Faculty of Health Sciences.

It was *moved* by L. Tomalty and *seconded* by G. Dagnone that the Framework and Key Concepts for the Office of Interprofessional Education and Practice be approved and forwarded to Faculty Board for approval. **CARRIED**

There being no other business the meeting was adjourned.

D. Edgar
Secretary to the School of Medicine