

**Faculty of Health Sciences**  
**School of Medicine Academic Council (SOMAC)**  
**Minutes of Meeting, Tuesday, January 15, 2013**

**School of Medicine Building, Room 132A @ 4:30 p.m.**

**1. Call to Order**

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

**2. Approval of Agenda**

The agenda was approved as circulated.

**3. Approval of the Minutes of May 15, 2012**

It was moved by R. Deeley and seconded by K. Smith that the minutes of May 15, 2012 be approved as circulated. CARRIED

**4. Announcements**

- **A call for Nominations for vacancies to SOM committees will be sent out later this month by the Secretary to the School of Medicine**

D. Edgar reported that a call for nominations will be sent to all Department Heads this month to fill the list of vacancies on the School of Medicine committees. We ask that the Department Head search within their departments for willing volunteers.

- **2012 Basmajian Award – Dr. Paula James, Department of Medicine, awarded November 21, 2012**

R. Deeley reported that Dr. Paula James is an Associate Professor of Hematology in the Department of Medicine. Dr. James gave a lecture on her stellar research on “von Willebrand Disease” to full audience. Dr. James along with her colleague Dr. Lillicrap do research in diagnosing genetic mutations and identifying individuals with von Willebrand factors. Congratulations to Dr. James.

**5. Dean’s Report**

- **University Budget**

Queen’s University has gone through a major exercise to create a new budget. In short, on the student side in the Faculty of Health Sciences there is an imbalance in revenue, as compared to our expenses (direct and indirect). This imbalance in the Faculty of Health Sciences will pose challenges and we will have to come up with ways to generate more revenue. We need to look at cost containment and reducing the rate of increase in our direct expenses. In 2013-14 and 2014-15 our budget will remain the same, or untouched, but in 2015-16 it is uncertain given the current arrangements regarding the ‘hold harmless’ funding component coming to the Faculty. Ongoing advocacy is occurring.

D. Edgar reported that we will take a hard look at our direct expenses and see where we can save money. Also, will be looking at our occupancy costs as we now have to pay for the space that our Faculty uses. A review will be done on the space that we use over the next six months. If space is not being used it will be turned back to Central and will reduce our indirect costs. The actual budget model is a reasonable model to assign indirect costs. The

challenge is the uncertainty come 2015-16. We haven't had any formal indication that the funding and shortfalls will continue to flow to our Faculty in the same manner.

Dean Reznick reported that we have scheduled for February 10<sup>th</sup> and 11<sup>th</sup> an external reviewer to look at our financial and organizational operations. The Research office is organizing a review of our research productivity. Also a space review will take place.

Discussion then ensued.

- **PGME – Targeted Expansion**

Dean Reznick reported about 3 years ago the Ontario Dean's had targeted a 5-year expansion formula. We are about 30% through that growth. We now have word from the Government that this growth is now suspended, so the 3 slots slated for Queen's will not occur. The message to our residents from when they started was that we need more doctors has now changed to now we have too many doctors hence the cancellation of the expansion. But yet there are residents who can't find jobs.

- **OMA Agreement**

Dean Reznick reported that the OMA agreement is seminal and distinguishes itself from other agreements. The OMA has now gained representation rights. The agreement will be 3-year agreement.

- **IDEAS Consortium**

This item was deferred.

- **Hospital Funding Restructuring**

Dean Reznick reported that the Government is also pressing our hospitals by systematically pushing their business out of the hospitals into the community, i.e long-term care facilities and home care by decreasing the hospital budgets. Now they will only get 30% on a global basis and possibly an additional 30% paid on a procedure-by-procedure basis if you are competitive on that procedure. The third component is based on the population you serve i.e. age, gender etc. This new model will challenge our clinicians on what they can do.

R. Deeley reported that KGH has recently gone through an improvement plan process where they removed a significant amount from their base budget. Last year KGH had a balanced budget until the Government came down with this years new budget model, that will now put them in a deficit and money that will have to be found. The Hospitals will also need to look at new ways of finding revenue and keep supporting our education.

## **6. Undergraduate Medical Education**

- **2012 Convocation – Number of Graduates**

T. Sanfilippo reported there were 100 students that graduated in 2012.

- **Update on Curricular Matters**

- Accreditation**

T. Sanfilippo reported that the Undergraduate Medical Education has been fully accredited. They are compliant in all standards. However, a status report is needed on three standards, two being on assessment and governance. A schedule is now being put together for their next survey for 2014-2015 and will soon be calling on faculty to submit information.

- Curriculum**

T. Sanfilippo reported that they are in the final year of transition of the new curriculum. They have changed their teaching methodologies from 80% lecture based to 40% lecture based. They have introduced assessments at all levels that wasn't there before. They have increased their administrative and faculty support. They have gone from two assessments per term to 80 assessments per term. This year we have 5 new courses. They are in the process of curricular blueprinting where they track all the teaching and assessments to their objectives, a very time consuming job. They have engaged in a faculty review where every faculty member and every course gets reviewed on a regular basis. There are now four new OSCE examinations. They have gone from 4,000 standardized patient encounters to 14,000. The faculty involvement in the new curriculum is now extensive.

There have been 4 new programs introduced this past year:

1. A new exchange program with Queensland in Australia.
2. The MD/PhD program under B. Bennett's direction had one student enter last September and this year's process has a promising applicant pool.
3. The early entry applicant program has had 300 applicants through the Queen's Chancellor program and they will enter the MD program in 2015. They are developing a curriculum for these early entry students that will be targeted, integrated, and linked to the medical curriculum.
4. The First Patient program where our students are linked to patients in the community who they follow for the full 18 months. They attend to these patients in their homes and it provides an introduction to patient care through the patient's perspective.

T. Sanfilippo reported that there will be two new positions created in the UGME office, 1) Director of Admissions and 2) Director of Progress and Promotions. Previously the two Committees, Admissions Committee and Progress and Promotions Committee had a Chairmanship that didn't adequately reflect the activity and expertise of these. The two Chairs, H. MacDonald and R. Van Wylick will now be the Directors of these Committees respectively. The terms will now reflect the responsibilities of the two new Directors.

**ACTION: T. Sanfilippo to bring the revised Terms of Reference for Admissions and Progress and Promotions Committee to our next meeting for approval.**

T. Sanfilippo reported they are looking at their governance structure. The Curriculum Committee is overloaded. **They are looking at a new structure that will separate the activities and he will bring the new structure forward at a later date.**

T. Sanfilippo reported that their workforce document is being completed. The totals for teaching are being finalized.

T. Sanfilippo reported that the FMEC-PG has made several recommendations to Medical Schools. The three key recommendations are:

1. number of physicians needed
2. transition from UG to PG
3. alignment of accreditations

We need to look at how undergraduate student's progress into postgraduate education by defining what Medical Education ought to be.

In summary, the challenges going forward for UGME are:

Review of curricular issues

Faculty engagement and recognition

Changing models of medical education merging from FMEC  
UG Governance  
Financial issues

- **MD Sessional Dates for 2013-14**

The MD Sessional Dates for 2013-14 were circulated with the agenda for information.

**7. Vice-Dean Education**

- **Office of Interprofessional Education & Practice (OIPEP) – future direction**

L. Flynn presented the OIPEP directions and mandate for the future. L. Flynn reported that this document was created by Dr. M. Paterson former Director of OIPEP and reported that this document was approved by the School of Rehabilitation Therapy and the School of Nursing. A briefing statement was also distributed with the agenda. Discussion ensued.

It was then moved by L. Flynn and seconded by G. Brown that the OIPEP document with directions and mandate be approved by SOMAC CARRIED

**8. Continuing Professional Development**

- **CPD Advisory Committee Terms of Reference – revised TOR and Strategic Plan**

K. Smith reported that the Strategic Plan for Continuing Professional Development now requires a Patient representative to promote patient centered care and therefore would like to add to the membership of the CPD Advisory Committee.

It was moved by K. Smith and seconded by R Milev that the Patient representative be added to the CPD Advisory Committee membership as a non-voting member. CARRIED

**9. Department of Community Health & Epidemiology**

- **Proposed name change to Department of Public Health Sciences**

W. Pickett, new head of the Department of Community Health and Epidemiology introduced the proposed name change by explaining that the current name of Community Health and Epidemiology does not reflect their current mission or expertise of their members. Its core faculty now include public health scientists with expertise in Epidemiology, Biostatistics, Health Economics, Health Services research and Health Policy research. Therefore, we would like to change the name to Department of Public Health Sciences (DPHS). Discussion ensued. This was an initiative brought forward by the former Head Dr. W. MacKillop and was a unanimous decision amongst the members of this department.

It was moved by W. Pickett and seconded by R. Milev that SOMAC approve the change from Department of Community Health and Epidemiology to the Department of Public Health Sciences (DPHS) and forward to Faculty Board for its endorsement.

CARRIED with 1 opposed

**10. Postgraduate Medical Education**

- **Update on portfolio**

This item was deferred.

There being no other business the meeting was adjourned by the Chair at 5:35 p.m.

David R. Edgar  
Secretary to the School of Medicine