Minutes of the 13th meeting of the Faculty Council held on February 26, 2019 at 4:30 p.m. in the Martin Amphitheatre, (Room 504, McIntyre Medical Building)

FACULTY COUNCIL MEMBERS PRESENT

| Adams, Annmarie | Gosselin, Richard | Roncière, Léanne/ Chevrier, Jesse |
| Allard, Robert   | Khalil, Elene (DPS rep) | Ruthazer, Edward |
| Bessissow, Ali   | Levental, Mark (virtually) | Saunders, Sara Lizabeth |
| Boillat, Miriam  | Liu, Catherine       | Schlich, Thomas |
| Bouchard, Maxime | Loiselle, Carmen   | Schmitz, Norbert |
| Brown, Karen     | Marelli, Ariane     | Sharif, Behrang |
| Chen, John       | Noel, Geoffroy      | Sternszus, Robert (virtually) |
| Daniel, Sam      | Nordstrom Scott (virtually) | Tonin, Patricia |
| Eidelman, David  | Oliver, Kristen (CIUSSS rep) | Tsimicalis, Argerie |
| Farmer, Jean-Pierre | Ortega, Joaquin (Anatomy & Cell Biology rep) | White, John |
| Filion, Francoise | Ortiz-Paredes, David | Yarymowich, Maia |
| Funnell, Robert  | Rice, Kathleen (Family Medicine rep) | |
| Gagnon, Robert   | Robaire, Bernard    | |
| Gonnerman, Laura | Robbins, Shawn      | |

REGRETS

SECTION I (D. Eidelman)

1. Welcoming Remarks from the Chair

The Chair began by welcoming Faculty Council members and guests to the 13th Faculty of Medicine Faculty Council meeting, acknowledging those attending via livestream.

The Chair noted a change in sequence of the agenda, in that we would begin with Section III to ensure adequate time for all of the presentations.

2. Approval of the agenda

The agenda was reviewed and members were asked for comments, corrections or additions. There being no changes to the agenda, the Chair proceeded to welcome two new members, John White (one of three representatives of the Faculty Leadership Commons) and Robert Gagnon (OBGYN),
as well as recently appointed delegate Elene Khalil for Ewa Sidorowicz (Directors of Professional Services). He thanked all Faculty Council members for their continued engagement and valuable input.

3. In Memoriam
As per McGill tradition, a moment of silence was observed to remember Faculty members who had recently passed: Drs. Denise Arsenault, Richard Tomlinson, Edward Arthur Meighen and Richard “Rick” Haber.

*As noted by the Chair, presentations in Section III preceded the reports in Section II.*

**SECTION II**

4. Report from the Steering Committee *(D. Eidelman)*

The Chair confirmed that the Steering Committee Report had been made available to all Faculty Council members and is posted online. The December 5 Faculty Council minutes were approved, as was the agenda for today’s meeting. The Chair welcomed a new CAS clinical representative, Ariane Marelli, who joined the Steering Committee in November 2018, noting membership is now complete. He thanked all Steering Committee members for their valuable contributions.

5. Consent Agenda *(D. Eidelman)*

   i. Faculty Council Minutes *(December 5, 2018)*

Minutes from the December 5, 2018 Faculty Council meeting were presented as the only item on the consent agenda. The Chair asked whether anyone had any objections. There being none, the consent agenda was taken as accepted after a vote with all in favour.

6. Business Arising/Dean’s updates

   i. Dept of Ophthalmology renamed

The Chair continued with an update on the renaming of the Department of Ophthalmology to the “Department of Ophthalmology and Vision Sciences,” noting approval of the change by the Academic Policy Committee (APC), Senate and most recently, the Board of Governors (see presentation for further details).

   ii. PGME accreditation

The Chair indicated that a very important accreditation visit to the Faculty’s Postgraduate Medical Education (PGME) Program is coming up in mid-March (March 17-22) and will include an “Institutional” review for the very first time. With over 70 programs, we will be the second Canadian Faculty of Medicine to undergo review based on the new accreditation standards (Competency-Based Medical Education - CBME). The Chair acknowledged A. Aalamian and his team for their incredibly hard work getting us ready for this review. The surveyors will provide preliminary verbal feedback on March 21, followed by a final report in the fall. The Chair noted the
new process brings with it a new accreditation cycle, going from review every 6 to every 8 years. There will, however, be continuous quality improvement reviews of all the programs (see presentation).

In related education activities, a graduate survey on diversity, equity, and inclusiveness will be distributed by the Faculty’s Biomedical BSc, Graduate and Postdoctoral Affairs Office to determine priorities for improving quality of training/experience in the Faculty’s graduate education (see presentation for more information). A. Ryan, Associate Dean, Biomedical BSc, Graduate & Postgraduate Affairs, along with the Faculty’s Social Accountability and Community Engagement (SACE) Office as well as E. Hillier, PhD candidate in Experimental Medicine, will initiate this initiative in May 2019 with a report expected back by the fall.

iii. Project Renaissance, strategic planning

a) Institute of Health Sciences Education

The Chair indicated that in relation to our strategic planning exercise, the Principal has tasked him with coming up with a proper structure for our Faculty. Additionally, a key priority of our strategic plan remains the renaming of our Faculty. The current name he favours is “Faculty of Medicine and Health Sciences” to reflect that our scope has grown significantly beyond being just a Faculty of Medicine. The Chair provided an overview of activities currently underway (see presentation), noting the Schools that already exist and the two new Schools to be created, namely: School of Medicine, School of Biomedical Sciences. With respect to the latter, a School of Biomedical Sciences retreat was held yesterday, noting other retreats and consultation meetings would be upcoming, thus encouraging Faculty members to get involved.

He then commented on an excellent outcome from the Educational Strategic Plan: the creation of an Institute of Health Sciences Education, which he was pleased to report obtained Board of Governors approval on February 14. He acknowledged Y. Steinert for spearheading this initiative, along with A. Majnemer and D. Kafantaris (see presentation for further details).

b) School of Biomedical Sciences

The Chair noted that with over 1,800 basic science students, the absence of a governing structure is problematic. As noted earlier, the creation of a “School” of Biomedical Sciences was explored at a retreat held yesterday (February 25), with broad and varied representation from the Biomedical Sciences Departments. The consultation allowed participants to discuss overarching concepts and define future steps; the consensus being that the creation of a School is a good idea. The Chair added that a document will be created based on the retreat outcomes and will form the basis of further consultation at the departmental level and Faculty-wide. The formal proposal will come back to Faculty Council for discussion and ratification.

c) School of Medicine (Committee for Medical Education Governance C-MEG)

The Chair explained the purpose of C-MEG, noting that once the School of Medicine is officially created, the C-MEG is likely to dissolve and turn itself into a School of Medicine oversight committee, to include Undergraduate and Postgraduate Medical Education, Continuing Professional
Development, the clinical departments as well as representation from Campus Outaouais. Such a governance committee for the School of Medicine is essential in order to give proper attention to and guidance for the scope of activity in medical education. He noted that until the 1990s, the Faculty focused on medical education. In recent years, however, as other parts of the Faculty grew and became increasingly important in size and scope, focus on medical education went askew. This led to the need to explore a formal structure. The Chair reiterated that the C-MEG retreat held on March 26 will be critical for the development of a first draft of a formal proposal for the creation of a School of Medicine and the goal is to submit this proposal to Senate by year-end.

d) Campus Outaouais

Le président a discuté de ce grand projet (voir la présentation pour plus de détails). Il a expliqué que le campus inclura la construction d’un nouveau bâtiment dans lequel se trouvera un emplacement pour la formation postdoctorale en médecine de famille ainsi qu’un endroit où l’on donnerait des cours de médecine de premier cycle pour 24 étudiants par année pour un total de 96 étudiants sur les quatre ans du programme de premier cycle. Avec un échéancier assez serré, le nouveau campus ouvrira à l’été 2020. Une partie des étudiants admis dans le programme préparatoire en médecine (Med-P) cette année intégrera par la suite la première cohorte du nouveau campus. Le président a souligné, avec reconnaissance, l’intérêt démontré par le ministère de la Santé et des Services sociaux à investir dans ce projet.

Il a parlé brièvement du défi politique en relation avec la langue d’enseignement des cours, confirmant que l’enjeu du français est très important dans ce projet. Afin de démontrer son engagement, McGill s’est engagée à offrir une éducation médicale en français dans la région. On nous a dit qu’il est aussi essentiel que tous les étudiants acceptés au programme Med-P puissent le faire en français. Après quelques discussions avec le ministère de l’Éducation et l’Université du Québec en Outaouais (UQO), nous avons décidé d’amorcer le développement d’un programme préparatoire en médecine en collaboration avec l’UQO, et ainsi créer des cours Med-P dans la région. Le président a discuté de cet engagement avec le doyen de la Faculté des sciences, B. Lennox, afin de profiter de l’occasion pour innover en construisant à partir de l’année préparatoire un baccalauréat complet en sciences de la santé adapté aux besoins de la région. La prochaine étape sera l’établissement d’un groupe de travail inter-facultaire.

B. Robaire asked whether UQO is interested in developing a Bachelor’s in Biomedical Sciences. The Chair replied that that is not yet clear. Given that we are already creating something new in the region and given that this kind of program may be of interest to other places outside Quebec and internationally, we hope to see great interest in doing so. The Chair further noted that the experience of putting together such a program in the Outaouais region can be translatable to our Montreal campus and perhaps elsewhere around the globe, with appropriate partners. B. Robaire also asked how many of these courses the Chair foresees being offered as “distance learning” versus physically on campus. The Chair responded this is not yet known in the short-term, suspecting many will need to have distance components. In the medium-term, a group responsible for that will likely need to be organized in the region. He added that professors will be required for the first 18 months of
medical school, noting we are still at the infancy stage of development. R. Gagnon a demandé si, pour l’enseignement clinique en reproduction, obstétrique et gynécologie, les sessions magistrales seront offertes en français à l’UQO. Le président a répondu que notre engagement est que tout soit offert en français. R. Gagnon a ensuite demandé s’il y aura une possibilité d’enseignement à distance ou si tout l’enseignement aura lieu sur place. Le président a reconfirmé que nous sommes en train d’explorer la possibilité d’offrir les deux modes d’enseignement, mais il croit qu’il y aurait un avantage pour les étudiants à Montréal qui préféreraient suivre des cours en français. Cet aspect du projet prendrait plusieurs années avant de se stabiliser.

*Please refer to Sections IV & V on page 7

SECTION III

7. Health Startup Day – McGill PGSS Conference (N. Case)

N. Case provided a brief overview of this conference on healthcare innovation organized by and for graduate students as a means to bridge the gap between academia and industry. She indicated a shift in graduate students and postdocs going into non-faculty positions, adding that industry jobs are of great interest to graduate students. The first conference was held in 2018, organized by the Postgraduate Student Society’s Health and Wellness Committee, in light of a shared interest in industry opportunities and the lack of resources at McGill. The conference included five speakers, previous graduate students who had gone on into industry roles. Fifty or so graduate students attended and the feedback received was overwhelmingly positive, with the suggestion that they would have appreciated the addition of a workshop. In response to this feedback, a workshop will be added to this year’s conference, with the goal of introducing skills that graduate students should hone. This year’s conference is taking place on March 29. N. Case provided a summary of the day’s activities, further noting an advertisement will be issued this week (see presentation for further details). Of note, a workshop on business models tailored specifically toward graduate students will be offered. The Chair then opened the floor to questions, underscoring the need for increased focus on helping graduate students optimize their marketability, developing the soft skills needed to be attractive to careers outside of traditional academia. There being no questions, the Chair thanked N. Case for her presentation.

*ADDENDUM: Please note that the Health Startup Day is organized by PGSS members and is funded in part by the PGSS, but is not officially a PGSS conference.

8. Capital Campaign (D. Eidelman, C. Thomas)

This topic was brought back from the last Faculty Council meeting as it was not presented due to time limitations. The Chair introduced C. Thomas, Managing Director of University Advancement, Faculty of Medicine, who provided an overview of what is being planned for the upcoming Capital Campaign. C. Thomas gave an overview of the Principal’s vision as well as the overarching vision for McGill University Advancement (see presentation for further details). The official launch of
the campaign will take place on September 26, 2019. While University Advancement is not directly involved with the planning of the bicentennial anniversary 2020, she noted that some donors may be motivated by this milestone celebration and as such, the bicentennial provides a specific opportunity for fundraising. She outlined that following a feasibility study undertaken by the University, the goal for McGill’s campaign (2014-2024) is to raise $1.8 billion. The Faculty of Medicine’s goal is $500 million, $131 million of which has been raised as of March 2019 (see presentation for campaign themes and funding priorities). Collaboration with hospital Foundations increases our chances for coherence and synergy, speaking with one voice. The success of such a strategy is highlighted by the gift recently obtained from the Doggone Foundation for the MI4 research project. The Chair then briefly summarized key funding priorities. In addition, the Chair made particular mention about the upcoming Clinical Innovation Competition (CLIC) event, scheduled on May 22, noting that the 2nd edition of the CLIC is another great success with 45 project applications.

C. Thomas commented that giving is rewarding and spoke about various options for donating, either by doing so personally, by encouraging others or by using upcoming events as opportunities to engage and begin philanthropic relationships (see presentation for further details). The Chair then mentioned “McGill24,” the one-day University fundraising initiative in which the Faculty of Medicine participates widely, which will take place on March 13. B. Robaire asked whether, as in prior years, donations would again be matched by the University Central. C. Thomas replied that one donor has already agreed to match donations, and some donors will use their gift to match others’ donations; the Chair underscored that matching does not come from Central but from donors. S. Daniel asked about the Strategic Research Plan and the fourth theme on aging disability and chronic disease that he did not notice listed in the presentation. The Chair replied, while it was partly reflected in the other themes, he would welcome suggestions on what specific projects or targets could be proposed for those topics. C. Loiselle mentioned that if one wanted to make a donation to improve healthcare for patients and support patient-centred care, it might not be easily found by looking at the pillars of priorities outlined in the presentation; the Chair welcomed comments or suggestions by email.

9. Faculty Retreat – Learning Environment

(A. Majnemer)

A. Majnemer provided an overview of the context of the learning environment (see presentation), noting that it does not only mean mistreatment. The issue of mistreatment, however, is an important one and led to the creation of the Learning Environment Action Panel (LEAP) committee two years ago as a way to optimize the learning environment for students and residents training in the health professions programs. LEAP is intended to be a means to monitor data on mistreatment, as presented by the WELL Office and by Academic Affairs. It also helps identify areas of strength and challenges. The Committee developed 5 different components to define what the Learning Environment meant to them (see presentation for more details). The key players of this environment are learners and teachers, but many others can affect it both positively or negatively.
A. Majnemer then spoke about the very successful McGill Academic Health Network Retreat held on October 29, 2018, co-organized with the education leaders of McGill’s 3 key health care partner institutions (MUHC, CIUSSS Centre-Ouest, CIUSSS Ouest de l’île). The goal of the retreat was to discuss the state of the clinical learning environment and to explore what we are currently doing to support it and what we could do better. A total of 180 participants were split into pre-assigned breakout groups to discuss particular themes and each group reported back (see presentation).

A. Majnemer then outlined the next steps being developed by LEAP, noting two follow-up meetings (December 2018 and February 2019) during which proposed solutions were reviewed, a list of actions was synthesized and a Phase I action plan was prioritized (see presentation). She further noted several of the initiatives listed overlap with the Education Strategic Plan, including two workgroups of the Steering Educational Excellence (SEE) Committee: 1) knowledge translation of educational research into practice for which a needs assessment is being planned, and 2) recognition of educational excellence.

The Chair added that A. Majnemer has played a great leadership role in making these strides. He described the clinical learning environment as a place where we have had difficulties as well as opportunities, and this initiative brought home the message of focusing on improvements in a collaborative team fashion. The Chair further noted that as a related part of our strategic planning educational priorities, A. Ryan is working on an initiative to improve the graduate student experience.

SECTION IV

10. Kudos (D. Eidelman)

The Chair presented a long list of accomplished Faculty members and students. He expressed congratulations to all who were recognized for their achievements since the previous Faculty Council meeting. Please refer to the presentation for named award recipients.

SECTION V

Open Session/Town Hall

The Chair invited Faculty Council members and guests to put forward any questions or issues they wished to discuss, of which there were none.

There being no other business to address, the meeting ended at 5:41 p.m.

The complete set of documents, including PowerPoint presentations made at the Faculty Council meetings and video links of the meeting, are kept as part of the official minutes and can be found on our Governance website: https://www.mcgill.ca/medicine/about/governance/faculty-council