



Minutes of the 10<sup>th</sup> meeting of the Faculty Council held on May 23, 2018 at 4:30 p.m. in the Palmer Amphitheatre, (Room 522, McIntyre Medical Building)

### FACULTY COUNCIL MEMBERS PRESENT

Abrahamowicz, Michal	Fournier, Alyson	Robaire, Bernard
Allard, Robert	Funnell, Robert	Robbins, Shawn
Brown, Karen	Gonnerman, Laura	Saunders, Sara Elizabeth
Chartrand, Daniel	Khadra, Anmar	Schlich, Thomas
Chen, John	Levental, Mark	St-Arnaud, René
Chen, Liang	Liben, Stephen	Tonin, Patricia
Eidelman, David	Loiselle, Carmen	Tremblay, Michel
Feeley, Nancy (ISON rep)	Morales, Carlos	Wein, Francine
Filion, Françoise	Nordstrom Scott (virtually)	

### REGRETS

Armand Aalamian, Jasmine Alami, Maria Monica Artunduaga, Gillian Bartlett-Esquillant, Jill Baumgartner, Mary Genevieve Belzile, Howard Bergman, Miriam Boillat, Maxime Bouchard, Fadi Brimo, Evelyn Constantin, Sean Cory, Beth Cummings, Sam Daniel, Marc Fabian, Nahal Fansia, Robert Gagnon, Robert Hemmings, Caroline Hosatte-Ducassy, Mark Karanofsky, Leonora Lalla, Michele Larose, Craig Mandato, Rami Massie, René Michel, Yondu Mori, Christine Mutter, Jarrod Nichol, Geoffroy Noel, Joseph Rochford, Selena Sagan, Erwin Schurr, Ernest Seidman, April Shamy, Behrang Sharif, Ewa Sidorowicz, Donatella Tampieri, Gustavo Turecki, Sophie Vaillancourt.

### SECTION I

*(D. Eidelman)*

#### 1. Welcoming Remarks from the Chair

The Chair began by welcoming Faculty Council members and guests to the 10<sup>th</sup> Faculty Council meeting, with special acknowledgment to Outaouais participants who were watching via livestream from Gatineau.

#### 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 agenda was approved unanimously.

#### 3. In Memoriam

As per McGill tradition, a moment of silence was observed to remember Faculty members who had recently passed: Drs. Fiona Key, Philip H. Gordon, Hervé le Moul, Herta Guttman, Renu Khullar and Ms. Fran Jorgensen.

## **SECTION II**

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

The Chair confirmed that the Steering Committee Report had been circulated and posted online. He acknowledged the continued need for a PGSS representative, then outlined two motions that would require member voting, the first for renewal of membership and the second relating to a new attendance requirement. The Chair then noted that the topic of language requirements for entry into the undergraduate medical program, which had been first raised at the February 28 Faculty Council meeting, would be brought back today in order to allow for further discussion.

5. Consent Agenda (D. Eidelman)  
*i. Faculty Council Minutes (February 28, 2018)*

Minutes from the February 28, 2018 Faculty Council meeting as well as the first Annual Report from the Nominating Committee were presented as items on the consent agenda. The Chair asked for a motion to accept. A motion was made and seconded, and after a vote with all in favour, the consent agenda was unanimously approved.

6. Business Arising/Dean's updates  
*i. Emergency Medicine: Provisional Department Status*

The Chair informed members that a Provisional Department of Emergency Medicine was approved at Senate. The Department now has two years within which time they must develop a definitive plan and proposal to become a permanent Department. This proposal will be brought to Faculty Council for formal approval once ready.

- ii. Project Renaissance: space, Powell site*

The Chair then indicated that the first meeting of the Powell Planning Committee was recently held and another meeting is planned for the coming weeks, further noting the University has approved the funding mechanism to support Powell development, including funding through grants, in particular, CFI grants. The new building will group the departments of Microbiology, Biomedical Engineering and Anatomy & Cell Biology, currently located at the Duff and Strathcona buildings, respectively, with the goal of creating thematic research programs, as well as inter-professional health education, reserving space for teaching labs. The Chair confirmed the Faculty of Medicine has been granted 80% of the Powell building, with the remaining 20% allocated to students. (The Chair hopes to convince the University to allocate it to medical/health professional students.)

M. McGregor asked whether this means the plan to take over the old RVH is consequently being abandoned. The Chair confirmed that as mentioned at the last Faculty Council meeting, McGill has proposed purchasing the old RVH site, but it will be used by the Faculties of Science, Engineering

(Sustainability) and Arts (Public Policy), not by Medicine. If they do not go ahead with acquisition of the RVH, the University has another plan to address space needs.

The Chair mentioned that the Ingram School of Nursing has moved to 680 Sherbrooke. It is now being proposed that the School of Physical & Occupational Therapy also move to 680 Sherbrooke. The new School of Population & Global Health and the School of Public Policy will likely be moving to 688 Sherbrooke, creating a hub of health professional activity on Sherbrooke Street.

While the 5<sup>th</sup> floor at 5100 de Maisonneuve was rented to Oncology, the Chair expressed hope to have the PGME office move there eventually as well, but is not sure if this is possible given that the new MUHC CEO has asked to relocate MUHC admin offices there. He then informed members that much-needed small classrooms are being planned in the McIntyre, in space adjacent to the Osler Library. On a final note, the administrative offices of Family Medicine located on Côte-Des-Neiges have grown and the Department will need to expand their space.

*iii. Faculty Council membership and elections*

The Chair noted that at the Steering Committee meeting held on April 4, there was much discussion about Faculty Council membership and meeting attendance, which has been on the decline. Regarding membership renewal, it was decided that we would make two proposals: Option 1 - Change the Faculty Council membership term to 2 years, turning over half of the membership each year, and Option 2 - Keep the Council term at 3 years, with one-third of the membership turning over each year. With respect to Faculty Council meeting attendance, he stated that turnout has not been ideal, hence, the need for renewal via elections. He then opened the floor to comments. L. Levin asked whether the members who attend do so on a regular basis. The Chair confirmed there are regular attendees who are committed. A. Khadra asked what type of new election is being asked for. The Chair replied each Department would be asked to facilitate the election/naming of two members to sit on Faculty Council, as was done when the Faculty Council was first established. T. Hebert wondered what the purpose of non-voting meeting participants is. The Chair replied since these meetings are also Town Halls, all participants have the right to speak and could decide to run for membership in the future. A. Fournier suggested that due to frequent scheduling conflicts, as academics are often required to travel, it would be ideal if each Department could have another member appointed as back-up/delegate. P. Tonin noted her understanding is that there are already two representatives per Department. A. Fournier confirmed that in their Department, one member is clinical and the other academic. Indeed, as per the Faculty Council Terms of Reference, most Departments have been asked to name one Tenure Track and one Contract Academic Staff (CAS) representative. The Chair noted perhaps allowing more flexibility regarding delegates would help. G. Paradis then added that a push/reminder from Departmental Chairs could also aid in member attendance. J. White suggested sending out an attendance sheet after each meeting to each Chair. Bearing all these comments in mind, the Chair provided the two options up for vote. Option 2 was largely preferred, thereby selected, and the Chair noted taking this under advisement.

He went on to add that a motion is being sought to have members attend as often as possible. It is consequently being proposed that based on recorded attendance, members who miss 3 consecutive meetings will be asked to step down and their Department/Unit will be asked to elect a replacement. In the case of absences due to extenuating circumstances, members should name delegates. The Chair confirmed that livestream participation is recorded and does count as attendance. The motion was first and seconded. P. Tonin suggested that for named delegates, Department Chairs should put in place a pool of delegates who can vote. The Chair considered this to be a good idea, noting that it would be important to leave the decision to Departments so as not to impose a process. After a majority vote in favour, the motion passed.

*iv. Revised UGME language proficiency requirement*

The Chair provided an update from the last meeting (see presentation for further details). He noted that when the Faculty surveyed medical students, 30% of Quebec students felt their French was not good enough to communicate with patients. The language proficiency proposal is to conduct a pilot test of French and English proficiency with admitted students for the 2019 cycle, to determine their level of proficiency. No student will be denied admission for language reasons. It would also be implemented for the 2020 cycle, i.e., the first year with Gatineau students. Out of 110 students, only 12 are non-Quebec residents, but the plan is to have all students participate in the pilot. One audience member noted that if this is applied during the Admissions process, it will discourage applications from non-Quebec students. It was further noted that it would be very inconsistent to limit this policy to UGME and not extend it to PGME, also commenting that while a functioning knowledge of French is essential to doing well in Quebec, it is not the responsibility of a medical school. Another audience member indicated it is vital to communicate this requirement and expectation to prospective applicants. S. Grover expressed his strong disagreement with such a proposal, highlighting this will be seen as offensive by communities who have supported the Faculty of Medicine in the past.

Incoming MSS President, L. Roncière, indicated students are in favour of the language requirement with regard to social accountability. L. Chen added that the level of competency should not be so high that it becomes restrictive, but should allow for comfort speaking in both languages. A. Sant'Anna indicated the test would be postponed for one year to verify the true scope of the language issue, but students would need to have some proficiency in the beginning. A. Fournier indicated she is against this requirement, and added that conversational French classes, which McGill offers, could be an alternative. K. Brown suggested that as the Faculty of Law phones students to verify French proficiency, and holds a slot for them should their French not be up to par, perhaps Medicine could do the same. The Chair replied there is no way to know how large the issue would be, adding that back-filling spots in Medicine is more difficult. The Chair indicated that all suggestions would be taken under advisement.

He further mentioned that under the rules of Undergraduate Medical Education Accreditation, only the MDCM Program Committee has the right to create such policies; the Faculty Council can only make suggestions. S. Grover noted that he had heard about this meeting's occurrence only second-hand and indicated a more representative group should be consulted. The Chair responded that

multiple communications had been sent out Faculty-wide, without any feedback. An audience member commented that the best interest of the patient should be the ultimate goal. J. Chen asked whether it would be possible to go back to the Program Committee and have them communicate to students that French is very important for reasons of social accountability. R. Cruess indicated this should not be decided solely on the basis of patient safety, noting we have a legacy and social accountability responsibility to Quebec students, but the danger to the Faculty over the next 50 years is it becomes a provincial resource and loses its international appeal. S. Liben asked how to get discussions across to the MDCM Program Committee before decisions are made. The Chair replied this would first be discussed with the Associate Dean of Undergraduate Medical Education, B. Cummings, and that, as has been done in the past with controversial issues, Town Halls can be held. S. Saunders indicated that language proficiency is also a problem in the School of Physical & Occupational Therapy, and the Ingram School of Nursing indicated similar challenges. The Chair confirmed that for the Undergraduate Medical Education issue, he would communicate these concerns and the lack of support for this policy proposal to B. Cummings so that it can be discussed with the Program Committee.

### **SECTION III**

7. Ophthalmology Name Change *(L. Levin)*

The Chair then introduced L. Levin, Chair of Ophthalmology, who is proposing a change of name to the “Department of Ophthalmology and Visual Sciences.” He stated the importance of this change lies in the fact that the Department is blended with research in visual sciences, and not tied only to clinical ophthalmology. The name change would help encourage collaborative efforts between clinicians and scientists, unifying the Department, recruitment, funding and attracting students. He also indicated many other Canadian and American Departments have adopted this name. Further details may be found in the presentation. A motion was first and seconded. After a vote with all in favour, the motion passed. The Chair noted this would now need to go to APC and Senate.

8. Community Health and Social Medicine Incubator (CHASM) *(J. De Meulemeester, K. Niburski, D-D. Nguyen, G. Best)*

J. De Meulemeester, K. Niburski, D-D. Nguyen and G. Best each spoke about their involvement in the CHASM project (see presentation for further details). Incubators were described as a means of investing in early stage projects that have impacts on the community. Support has been provided from the School of Population & Global Health as well as from the Office of Social Accountability and Community Engagement. The three projects CHASM is currently incubating were briefly outlined. It was further noted that CHASM would be presenting at the first Canadian Medical Association (CMA) Health Summit in Winnipeg from August 20-21. In terms of future outreach, it was noted that CHASM is the first of its kind in Quebec and Canada and its creators are looking to expand. They thanked all

those who assisted in this initiative, including Faculty Council member F. Filion. G. Paradis congratulated the students on a job well done, asking how they plan to integrate long-term sustainability with such projects. J. De Meulemeester explained that from January to June, each project is assessed on feasibility and sustainability. G. Paradis further suggested partnering with the local Public Health Department. The CHASM reps confirmed this has already been done. S. Grover congratulated them as well, and offered them office space should any be required, noting there is much to learn through these experiences.

9. Stem Cell research initiative

*(M. Tremblay)*

M. Tremblay outlined the evolution of stem cell research (see presentation for further details), noting the landscape has changed rapidly within the last 10 years. Over the past 20 years, McGill has ranked third in Canada for publications in Stem Cell and Regenerative Medicine (RM). After gathering and reviewing the multitude of stem cell initiatives under way at McGill and with McGill affiliated institutions, he confirmed that McGill's position within Canada for stem cell research is very strong.

He then mentioned that he was asked by the Dean and P. Gros to develop a strategic plan for the next five years. The plan is known as "McGill Regenerative Medicine (MRM) Network," and aims to: i) expand our footprint from McGill to the world; ii) understand and translate RM biology; iii) develop and implement MRM clinical pipelines; iv) foster the next generation of transdisciplinary RM HQP; and v) develop and sustain impactful actions in clinical applications, ethical, legal and social implication of RM (see presentation for further details). The aim is to fund \$1 million per year, distributed to each of their five objectives and to be given to studentships or incoming scientists for use on existing platforms. The MRM Network will not invest in core facilities but support existing cores. M. Tremblay thanked everyone who assisted him in the development of this plan. G. Bourque noted a joint program between McGill and Kyoto on Genomic Medicine and wondered whether any other links could be made with this initiative. M. Tremblay replied that funding has been provided in the plan to enable such collaborations and interactions. He further indicated that the MRM Network would go about obtaining further grants and funding for direct distribution to scientists as quickly as possible.

## **SECTION IV**

10. Project Renaissance: Academic Affairs Strategic Plan

*(M. Ludwig)*

M. Ludwig explained that their strategic plan began in 2010 with "Thinking Dangerously," during which five priority issues were identified (see presentation for further details). Among those priorities, she noted being able to make significant inroads in improving promotion and recognition for contract academic staff (CAS) clinical by establishing new promotion criteria to better recognize their

contributions in clinical innovation. The plan also put in place a robust approach to annual reviews. Starting in 2010 and until recently, there have been ever-increasing numbers of promotions.

She added that with L. Fellows becoming Assistant Dean, Academic Affairs two years ago, the Telemachus Project on mentoring has seen much success (see presentation for further details). From 2017 onward, four main areas were identified anew: 1) how to sustain the tenure stream professoriate, and CAS (research) career pathway, 2) to ensure we are evaluating and recognizing CAS professors in an appropriate way, 3) to address faculty wellness (work/life balance), and 4) the need to engage faculty in more and more non-traditional environments. Four work groups were created, each respectively mandated to address these priorities. She further outlined several ongoing challenges, including strengthening connections, promoting excellence, and becoming more flexible (see presentation for further details on challenges and possible solutions). She concluded by stating that L. Fellows will be replacing her as Vice-Dean, Academic Affairs as of July 1. The Chair congratulated M. Ludwig and thanked her for her incredible leadership over the years as first Associate Dean and then Vice-Dean, Academic Affairs.

11. State of the Faculty

*(D. Eidelman)*

In light of the late time, the Chair indicated that this topic would be deferred to the fall meeting, noting that the presentation slides are available online for those who may want to review them.

## **SECTION V**

12. Kudos

The Chair presented a long list of accomplished Faculty members and students, conveying kudos to all Faculty members, including students. Please refer to the presentation for named award recipients. He congratulated all who were recognized for their achievements.

## **SECTION VI**

### 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 6:25 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>*