



Minutes of the 3rd meeting of the Faculty Council held on October 18, 2016 at 4:30 p.m. in the Meakins Amphitheatre, (Room 521, McIntyre Medical Building)

FACULTY COUNCIL MEMBERS PRESENT

Aalamian, Armand	Gilbert, Lucy	Noel, Geoffroy
Abrahamowicz, Michal	Gonnerman, Laura	Robaire, Bernard
Allard, Robert	Hosatte-Ducassy, Caroline	Robbins, Shawn
Baumgartner, Jill	Kafantaris, Demetra	Rochford, Joseph
Bouchard, Maxime	Karanofsky, Mark Chad	Sagan, Selena
Chartrand, Daniel	Khadra, Anmar	Saunders, Sara Elizabeth
Cucca, Elize	Kornisch, Myriam	Schurr, Erwin
Dhaliwal, Kiesha	Levental, Mark	Sharif, Behrang
Distasio, Nicholas	Liben, Stephen	St-Arnaud, René
Eidelman, David	Liu, Xin	Tampieri, Donatella
Fabian, Marc	Mandato, Craig	Vaillancourt, Sophie
Filion, Francoise	Massie, Rami	Weisz, George
Funnell, Robert	Michel, René	Yordanova, Ivona
Gagnon, Robert	Morales, Carlos	

REGRETS

Rajesh Aggarwal, Gillian Bartlett, Mary Genevieve Belzile, Howard Bergman, Miriam Boillat, Fadi Brimo, Karen Brown, John Chen, Robin Cohen, Evelyn Constantin, Sean Cory, Beth Cummings, Sam Daniel, Suzanne Fortier, Alyson Fournier, Francis Girard, Michele Larose, Christopher Manfredi, Lisa Martignetti, Christine Mutter, Scott Nordstrom, Ernest Seidman, April Shamy, Ewa Sidorowicz, Patricia Tonin, Michel Tremblay, Argerie Tsimicalis, Gustavo Turecki, Francine Wein

SECTION I

1. Welcoming Remarks from the Chair

The Chair began by welcoming Faculty Council members and guests, thanking everyone for accepting to actively engage as representatives in the Faculty's consultation process, governance, strategic planning and general management. New Faculty Council members were welcomed and introduced: Professor George Weisz, Social Studies of Medicine and Drs. René St-Arnaud and Patricia Tonin representing the Department of Human Genetics. The agenda was reviewed and members were reminded that topics or questions for the next Faculty Council meeting can be submitted for consideration by the Steering Committee.

2. Approval of the previous Minutes (June 1, 2016)

The minutes were presented. Members were asked for comments or corrections. There being none, the Chair asked for a member to pass a motion to accept the minutes, so done by Dr. St-Arnaud, and

seconded by Dr. Schurr. The Chair then motioned to vote on the approval of the minutes. *There being no objections, the minutes were approved unanimously.*

3. In Memoriam

As per McGill tradition, a moment of silence was observed to remember several important members lost to the McGill community over the last few months, namely: Jean-Christian Bailar, John Beck, Bernardo Dubrovsky, Michael Lalli, Klaus Minde, Allan Sherwin and Michael Whitehead. A moment of silence was then observed.

4. Report from the Faculty Council Steering Committee

Kiesha Dhaliwal was introduced as the new graduate student representative on the Steering Committee. The Chair restated the committee's mandate: "to develop the agenda for each Council meeting with the goal of trying to ensure that meetings address substantive issues and concerns of the entire faculty". Steering Committee members were thanked for their participation.

1) Nominating Committee

(D. Eidelman)

The possible creation of a Nominating Committee was discussed. The report of the work group mandated to review the creation of such a committee was presented. The Committee's main goal will be to "make recommendations to the Dean of Medicine for members on committees, at the Dean's request, ensuring maximal, equitable and varied participation from the Faculty-at-large." Based on the work groups' recommendations, the Nominating Committee will be a Standing Committee of the Faculty Council and should consist of two components: first, a majority of members (5) who would be elected from the Faculty Council, and second, 4 members who would be appointed by the Dean and to include 1 physician, 1 member of a health profession, 1 basic scientist and 1 student.

The Committee's main roles and responsibilities were outlined: recommend candidates for vacancies on committees; ensure regular review of an up-to-date list of Faculty members; ensure vacancies are filled in an equitable way; where appropriate, consider the specific expertise or profile of potential candidates; develop a tracking mechanism to ensure it is not always the same people participating (or refusing to participate); recommend to the Dean any changes to the Terms of Reference or operations of the Committee; and prepare an annual report to the Dean and Faculty Council. To this point, the Chair indicated that in other universities, the Dean receives a report every six months. The Chair put the formal creation of this committee on the table for questions and comments.

Dr. Funnell asked if there would be guaranteed slots for physicians. The Chair replied they would like to have representation of at least one member from each category. The Chair was further asked what he meant by student. He responded that each student association would be invited to name a representative and the Dean would randomly pick one and rotate membership to the other student bodies over time. Given that student committee representatives tend to turnover more quickly than other members, the terms for elected vs appointed members is different, allowing for a staggered

timeline. Dr. Marelli asked whether any committee positions would be excluded from going through this process. The Chair replied that the proposed Terms of Reference allow for the Dean to use this mechanism for any and all important committees, as he deemed necessary.

In response to a question regarding the terms of membership, the Chair stated that the committee recommends that elected members stay on for three years and members appointed by the Dean stay on for two years. This would allow for continuity and overlap. Dr. Funnell then inquired about the mechanism for tracking refusal to participate. The Chair explained that there are many valid reasons to refuse participation (e.g., sabbaticals), but also noted that there are some faculty members who never agree to sit on committees. The goal is to encourage such individuals to participate more, as well as to help bring in new, more engaged people. This is also an issue of equity, as we are trying to expand the participant pool. It is worth noting that once asked, many become enthusiastic participants.

Ms. Ayinde asked if there would be a role for administrators. The Chair responded that there is no reserved slot in the proposed terms of reference but noted that any Faculty Council member can run for election. The Chair then asked for a motion to officially create the Nominating Committee. *Dr. Sharif put forward the motion and Dr. Levental seconded. All agreed in unanimous support.* The next steps would be to ask for volunteers, or run an election. Should there not be enough volunteers, the Chair will look to a random algorithm for inducing selection.

ACTION: Faculty Council members will be invited by email to volunteer for the Nominating Committee (5 positions). An election will be called as warranted. The Dean will appoint 4 members.

2) Communication & Consultation Committee

(B. Robaire/K. Brown)

Dr. Robaire began by reminding the Council that the creation of a work group to address this issue was approved at the last Faculty Council meeting. He and Dr. Brown were asked to look into communication needs for the Basic Science and Clinical departments, respectively. Unfortunately, as Dr. Brown was called into surgery this afternoon, she was not able to attend the Council meeting to present the Clinical department's needs.

Dr. Robaire discussed a set of questions that he presented to each of the Basic Science departments. The same set of questions was also sent to other universities. This simple survey sought to determine what was done in each department in terms of staff meetings, newsletters, retreats, etc. Results at McGill showed much variation. Some departments held meetings or issued newsletters on a monthly basis while others did so annually. With respect to "retreats," most thought they were a good idea. Those who participated in the survey indicated that many communication efforts were stopped due to a lack of funds. The use of emails as a communication method/media was also raised, as this was less effective given the overload. It was suggested that perhaps media approaches such as Facebook, could be explored. Additionally, it was noted that there is not enough social (physical) space for interaction. When asked by the Chair for concrete examples at other universities, Dr. Robaire responded that the three places he contacted had monthly staff meetings, newsletters (not very frequent but well-maintained by the department), and retreats held on and off campus, fully-funded by the university (e.g., Johns Hopkins University).

Dr. Majnemer asked whether students were invited to department meetings. Dr. Robaire replied that most do not invite student representatives. The Chair indicated that students should be included. Dr. Liben then asked what Dr. Robaire hoped would come from this exercise? Dr. Robaire responded that the first goal was to determine what was going on and consult about communication. He commented that where we go from here is up to the Faculty Council. Dr. Marelli indicated that in terms of time for communication, many people are “traffically-challenged” these days, so there is a need to improve communication. She then asked what we wanted to accomplish 5 years from now. Dr. Robaire replied that, ideally, we want to develop a strategic plan that ensures basic communication. Dr. Brown will continue her research on this matter for clinical departments. The Chair concluded by stating that the issue would be brought to the Basic Science Chairs and Clinical Chairs.

ACTION: Dean Eidelman will bring the issue of communication to a future Basic Science and Clinical Chairs meeting.

3) Consent agenda

(D. Eidelman)

The Chair proposed the use of a consent agenda, a means to efficiently vote on issues that have already been addressed by other committees. Hence consent to ratify documents/proposals without discussion would be granted. Items from the agenda would be approved separately, but without discussion. With a consent agenda, if a member of Faculty Council does object, the item would be placed on the agenda for discussion. Dr. Bouchard raised the concern that items may pass without proper scrutiny. The Chair replied that the consent agenda cannot move forward without a formal vote by Faculty Council. Dr. Liben stated that in order to ensure transparency, items would need to be sent out enough time in advance of the meeting. The Chair confirmed that the consent agenda and attached documents would be sent out at least two weeks before the Faculty Council meeting and thanked Dr. Liben for raising this point. In response to Dr. Robbins’ question about one person opposing the vote, the Chair confirmed that even with one member opposing, the item would then require discussion. The Chair then asked whether there was a motion to adopt the use of a “Consent agenda.” Drs. Aalamian and St-Arnaud first and seconded, and the motion was passed after a unanimous vote.

ACTION: The motion to adopt a “consent agenda” was unanimously approved. All consent agenda documents will be distributed at least 2 weeks before the Faculty Council meeting.

5. Business Arising from the previous Faculty Council minutes

1) MDCM accreditation update

(D. Eidelman)

The Chair provided an update on the MDCM accreditation by first commending the accreditation team for their hard work. He mentioned that much has been achieved to date. Dr. Aalamian mentioned that 40% of residents have completed the first part of their workshop training for Residents as Teachers. The Chair mentioned new strategic planning processes, new steps for equity and diversity, the follow-up retreat in Gatineau, and new software to be installed for managing the curriculum (“Entrada”).

Key challenges were also outlined. The first being, curriculum mapping. The Faculty should know exactly when in the curriculum a student is learning about each topic (e.g., anemia). This will be improved with the acquisition of Entrada, which is hoped will be up and running by February 2017, in time for the site visit. The trouble we are now faced with is finding qualified staff to do the work. Other ongoing challenges include: equity and diversity, learner mistreatment and the learning environment, workload and supervision, and delays in submitting student evaluations. Dr. Aalamian commented that these concerns are pertinent in terms of postgraduate students as well.

Though the right steps are being taken to systematically address each issue, more work is needed in the clinical milieu to ensure proper and safe learning environments. This is an area in which we are not doing well and are performing below our medical school peers in Quebec. Dr. Marelli commented that it seems important to have metrics of quality improvement, i.e., delays in submitting evaluations, and noted there must be a mechanism or dashboard to monitor our performance. The Chair confirmed that there are some metrics in place, albeit limited. He went on to describe some of our results, giving as an example the standard rate of satisfaction for “direct supervision of exams,” which should be at 90-95%; our school rate is around 75%, significantly below benchmark.

In response to a question from Dr. Gilbert, there was some discussion as to the factors that have held McGill back in meeting accreditation standards. The Chair then informed the Council of a mock accreditation visit that will be held this week to help prepare for the official site visit on February 5-7, 2017. The accreditation document, DCI (Data Collection Instrument) must be submitted in November. A second mock visit is scheduled in January 2017 for a final dry-run. The Chair stated that our school is in better shape now, thanks to everyone’s efforts.

SECTION II

6. MUHC merger: the Residents’ point of view (C. Hosatte-Ducassy)

Dr. Caroline Hosatte-Ducassy, Faculty Council representative for the Association of Residents of McGill (ARM) began by stating that while her group does not know much about the actual plan to merge, she would speak about their concerns. She went on to say that it is a transient time right now, with the potential nomination of Dr. Lawrence Rosenberg and the proposal to merge 10 hospitals and 80 service points. Minister Barrette has said that he thinks this would be a good idea to be done in the next 3-5 years. The effect on clinical practice is not yet known. She went on to state that it is not known whether they will merge or remain departmentally independent, with staff moving from one hospital to another. ARM has raised three concerns. The first deals with workload and the number of calls received, noting everyone works long, hard hours in the ER and are already asked to cover many hospitals. This merger would require a lot of movement to various hospitals in Montreal, in the same evening. The second issue involves transportation time and cross-coverage, which causes concern for losing contact with staff and patients, thus resulting in all visits returning to baseline with new histories taken all over again. The third issue raised is there is a lot of teaching in residency and this merger will lead to the loss of sharing of knowledge. She expressed hope that all groups will be consulted.

Dr. Hosatte-Ducassy noted some opportunities as well. In a “merged” context, there would be better potential for residents to receive varied, clinical exposure. She added that there is concern about having

too many medical students in the context of a reduced number of specialist positions. While one big network may be beneficial, she stressed the need for it to be well organized. She presented the example of patients transferred from one site to another for tests, and whose results are not communicated to other specialists, leading to more testing, and overall being less efficient and effective.

The Chair thanked Dr. Hosatte-Ducassy for her excellent summary. Dr. Aalamian also expressed his thanks for having these concerns raised, assuring her that as the Associate Dean of Postgraduate Medical Education, he would be attending the meetings that will decide on these changes and will review very carefully the rationale behind each proposed change with the goal of ensuring they are being made in everyone's best interest.

The Chair then mentioned a meeting being organized by Dr. Barrette on October 19, including the Board of Directors for the CIUSSSs and the MUHC, to discuss proposals for ameliorating the administration and services offered. The media has been invited to the beginning "open session." He went on to mention that Martine Alfonso, the interim CEO of the MUHC would be speaking and M. Benoit Morin, Director of the CIUSSS Ouest de l'Île and Dr. Lawrence Rosenberg, Director of the CIUSSS Centre-Ouest de l'île would each present their respective visions and proposals. Dr. Barrette has stated that this is part of the process he wants to carry out in order for all voices to be heard.

7. ACFAS

(P. Gros)

Dr. Philippe Gros, Vice-Dean Life Sciences, spoke about l'ACFAS (*Association canadienne-française pour l'avancement des sciences*). Dr. Gros began by describing that ACFAS was an important provincial organization, whose 2017 conference will be hosted by McGill. This is an important event with some 5,000-6,000 people participating and a great opportunity for students to present and learn about research, as well as for McGill to attract students. Two important deadlines were mentioned: November 1, 2016 is the deadline for anyone who wants to organize a symposium and submit proposals, and November 30, 2016 is the deadline to submit abstracts for the meeting itself. Dr. Michel Tremblay is the McGill coordinator. More detailed information is available on the ACFAS website. Dr. Filion asked whether abstracts had to be submitted in French. Dr. Gros responded that presentations could be given in either French or English. (N.B. A correction was subsequently issued to Council members, informing them that all presentations must be given in French).

8. The Education Enterprise: To boldly go

(A. Majnemer)

Dr. Annette Majnemer, Vice-Dean Education, presented the education strategic planning initiative, stating that we are still in the early days. Since her appointment in January, she has had the opportunity to meet with many people. To ensure oversight of the strategic planning process, a Steering Committee was created (SEE - Steering Education Excellence), comprised mostly of young people from different disciplines and a variety of educational backgrounds. Some early conclusions show great strengths in education across the Faculty and the scope of what we do is superb, but we must continue to support these efforts, as well as lay down tracks for new directions in the "education enterprise."

The strategic planning effort began with the Education Leadership Council (ELC), which completed an online SWAT analysis of the education mission. Upon analysis of the results and review of emerging themes, 8 priority areas were identified. A survey was then developed that consisted of questions related to these 8 priorities. The goal of the survey was to help understand how faculty-at-large perceived the education mission. The survey was divided into two sections: one asking how we are currently performing in these 8 strategic areas and the second asking their perspective on how much of a priority each area should be given going forward. Some 350 faculty members responded. The profile of faculty that responded was: 54% male, all ranks were well-represented (i.e., more than half were from the health care setting, and of those 58% were clinical); and more than half represent graduate students. Scores from Basic Sciences were generally lower, which caused some concern, as the survey questions did not seem to resonate as well. To better understand the Basic Sciences perspective, a focus group has been organized. The survey was then sent to students with close to 600 responses. The student profile was 70% female and a full range of students. Students scored higher than faculty on current performance. Some differences across student groups were noted.

The next step in the process is to determine which of these 8 priorities will be identified going forward. Once finalized, the strategic plan will be monitored so that it can be adjusted as needed. Xin Mei Liu, MSS President, asked about student involvement. Dr. Majnemer replied that she had already begun the process of organizing an advisory group with students. Dr. Marelli commended Dr. Majnemer on her presentation and on the strategic planning initiative and what it was trying to achieve.

9. CFREF

(A. McKinney)

Dr. Anne McKinney began by describing CFREF (Canada First Research Excellence Fund), indicating that McGill was involved in a competition with all other Canadian universities and each university could submit one application for this award. An internal competition at McGill was undertaken and the Neuroscience proposal was selected to go forward: Healthy Brains for Healthy Lives. Out of 15 universities that received a CFREF award, McGill received one of the largest amounts: \$84 million. An additional \$18 million will come from the Quebec government as well as matching funds from industrial and other partners. The project is comprised of partners from several Faculties including: Social Science, Engineering, Science and Medicine. Four themes were identified: i. Neuroinformatics, ii. Mechanistic models of neurological and mental disorders, iii. Applied cognitive neuroscience and brain plasticity, and iv. Population neuroscience and brain health.

The next key step is to define how the funds and project will be implemented and governed. The Scientific Director for the next three years was selected prior to submission of the proposal, Dr. Allan Evans, and he was so-named given that the central piece of the project is his area of expertise, Neuroinformatics. Dr. McKinney noted that funding is for seven years, and we are working with the idea that the project will be sustainable once the grant runs out.

The governance structure for the project includes a Board of Governors, headed by the VP Research and Innovation, Dr. Rose Goldstein. The Deans of Medicine and Science are members of the Board. The governance structure was described in more detail.

The CFREF funds are divided into four categories: 1) \$20.4M to Research, (interdisciplinary) 2) \$19.8M to Talent (postdocs for students to apply), 3) \$17.2M to Innovation, and 4) \$16.6M to Tech and Professional support–infrastructure. The timeline of implementation was presented. The call for proposals will go out in the next 3-6 months and the first set of fund allocation to peer-reviewed projects will be announced in 6-12 months. The position for Managing Director has been posted.

Dr. Gros thanked Dr. McKinney for her excellent update, mentioning that it would be good for Dr. McKinney to brief the Council on a regular basis.

ACTION: Dr. McKinney will be invited to come back on a regular basis to report on CFREF progress.
--

SECTION III

Open Session/Town Hall

The Chair mentioned several new appointments and renewals, including Dr. Anita Gagnon as Associate Dean and Director of the Ingram School of Nursing, Dr. Anna-Maria Sant'Anna as Assistant Dean of MDCM Admissions, and Dr. Annemarie Adams as the new Chair of Social Studies of Medicine. He congratulated all who were listed on the slide.

The Chair then opened the floor for questions or comments.

Dr. Bouchard stated it is nice to have a Nominating Committee, but suggested informing members ahead of time what committees will be formed so they can decide for which to volunteer.

A question on the Research Assistant Pay Equity issue was raised, noting that while the Faculty released Q&As on this topic, uncertainty remains. The Chair confirmed that this matter has been discussed at various University meetings with senior executives, commenting that Research Assistants themselves are unhappy with the outcome, as it will have an unintended negative impact. Negotiations will be pursued with unions to find a suitable settlement (time for transition, etc.). Dr. Gros then added that as a result of this pay equity settlement, Research Assistants will see a significant increase in pay and some may earn more money than Research Associates, who have PhDs. Postdocs are now facing the same situation and will likely pursue a pay equity claim as well.

Dr. Marelli stated this is a great example of how to use the Communications Committee to promote this issue across the University and communicate as effectively as possible.

There being no other business to address, on a motion duly proposed and seconded, the meeting adjourned 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>