



PROPOSAL FOR THE ESTABLISHMENT OF THE SCHOOL OF MEDICINE  
AND THE SCHOOL OF BIOMEDICAL SCIENCES, AND FOR THE  
RENAMING OF THE FACULTY OF MEDICINE

NOVEMBER 29, 2019

## I. Introduction

Nearly two centuries ago, the McGill Faculty of Medicine awarded its very first medical degree, to William Leslie Logie, who was also McGill's first alumnus and Canada's first medical graduate. While our mission to train, discover and serve society is largely the same today, the world in which we carry it out has changed dramatically.

We are, in fact, at a time of great promise in health care and health research. Our understanding of the origins of disease and ability to modify their course are unprecedented. The growth of new knowledge in this era of "Big Data" is only going to accelerate. A legacy of generous benefactors and supporters, beginning with James McGill himself, has enabled our Faculty to expand from one solitary brick building to multiple schools and sites.

Opportunity goes hand in hand with challenge and society's needs have also evolved. As a result of the changing landscape, the McGill Faculty of Medicine continues to transform to best carry out its mission in pursuit of excellence.

In 2016, the McGill Faculty of Medicine launched a new strategic planning exercise – **Project Renaissance** – to help guide its educational, research and community engagement efforts during the five-year period spanning 2017-2022. This initiative was built on the preceding strategic planning exercise, which concluded with the rollout of a new MDCM program and launch of a Strategic Research Plan, as well as better recognition for clinician-teachers in the hospital network, among other improvements.

Project Renaissance drives the Faculty's vision of healthier societies through education, discovery, collaboration and clinical care.

The major goals of Project Renaissance include:

- Ensuring that our educational programs prepare learners to excel as health care providers and health researchers in the 21st century
- Positioning McGill as Canada's leading university in health research
- Reinforcing McGill's leading role in health care in Quebec and Canada
- Setting the stage for the Faculty's third century by creating a renewed, modernized Health Sciences Campus

Over the past decade, the Faculty of Medicine has increasingly come to resemble a federation of "Schools," rather than an undergraduate medical program with other professional schools at the periphery. This trend was reinforced with the establishment of a new School of Population and Global Health in 2018, itself an outcome of the previous strategic plan. The Faculty's evolution requires a new governance and organizational model in order to optimally support its diverse educational and research programs.

After preliminary reflection, followed by extensive consultation across the Faculty, we propose the establishment of two new administrative entities:

- **the School of Medicine**, and
- **the School of Biomedical Sciences**.

The School of Medicine would incorporate the Undergraduate Medical Education (UGME) Program, the Postgraduate Medical Education (PGME) Program, the Medical Continuing Professional Development (CPD) Program and the clinical departments.

The School of Biomedical Sciences would include most of the traditional “basic science” departments and associated centres, institutes and units.

In addition, to better reflect the multidisciplinary nature of the Faculty today, it would be renamed the “**Faculty of Medicine and Health Sciences**.”

To this end, the Faculty of Medicine submits this tripartite proposal.

## **II. Background**

### **Process**

In response to input from key stakeholders, a careful review of the Faculty’s governance structure was undertaken. As a first step, previously informal structural relationships were made explicit with the re-establishment of a functional [Faculty Council](#), with appropriate terms of reference and standard operating procedures. Based on an environmental scan of peer institutions, the Faculty’s cross-cutting portfolios, such as Research and Academic Affairs, were placed under the direction of Vice-Deans. A new position of Vice-Dean, Education, was created to underscore the importance of the educational mission in the Faculty.

In the course of this initial restructuring, the leaders of the medical educational programs signaled that the Faculty of Medicine’s governance structure was not meeting the needs of medical education (i.e., UGME, PGME and CPD). In response, the senior leadership of the Faculty reflected on how to address these perceived needs and recognized that the current arrangement was insufficient. After initial consultation with departmental leaders and faculty leaders, it was concluded that we needed to explore the establishment of specific structures for both medical education and for the biomedical sciences.

The Faculty is committed to a policy of broad transparency. All of the terms of reference for committees are published on our website, along with agendas and minutes. The website permits members of the Faculty an opportunity to provide direct feedback. In addition, as part of the consultations around Project Renaissance, the Faculty leadership sought out the opinions of the membership at-large through a variety of mechanisms. Beyond presentations at Faculty Council

and its committees, there were town halls, departmental presentations and use of the Faculty's standard communication channels such as Faculty-wide e-broadcasts, e-newsletters and the Faculty alumni magazine.

The [Deanery Executive Committee](#) served as the Steering Committee for Project Renaissance. The five themes of Project Renaissance are the responsibility of the respective Vice-Deans and are: Education; Research; Academic Affairs; Health Affairs; Toward a Faculty of Health Sciences (the latter, the responsibility of the Dean).

More information about Project Renaissance is available here:

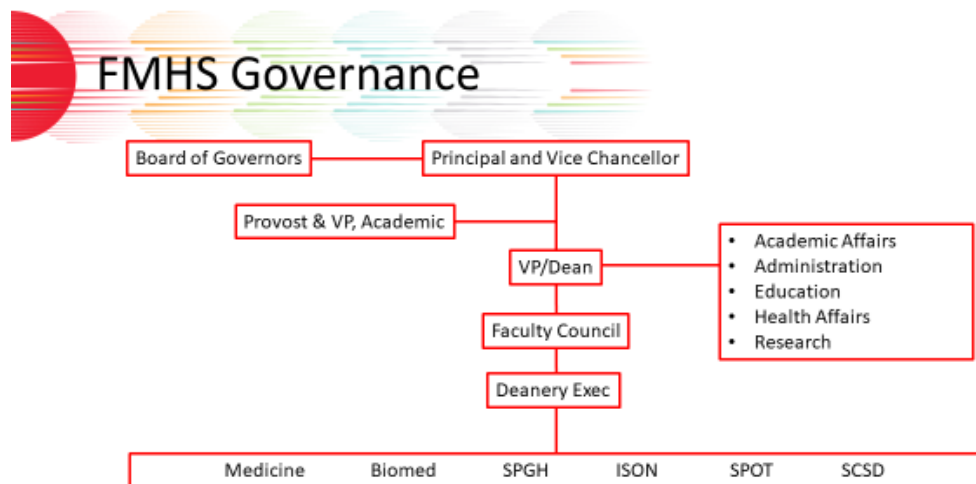
<https://www.mcgill.ca/medicine/about/strategic-planning>

### **Faculty Structure and Governance**

The impetus to restructure the Faculty of Medicine is consistent with our history of being innovators in health education and research. The contemporary landscape of health science is complex, interdisciplinary and interprofessional. The ideal governance structure is one that supports the cross-talk and collaboration between our disciplines of research and teaching, while maintaining a focus on discipline-specific achievements and innovations. Through various consultative processes, the consensus is the school structure will bring community parts together, strengthening it as a whole.

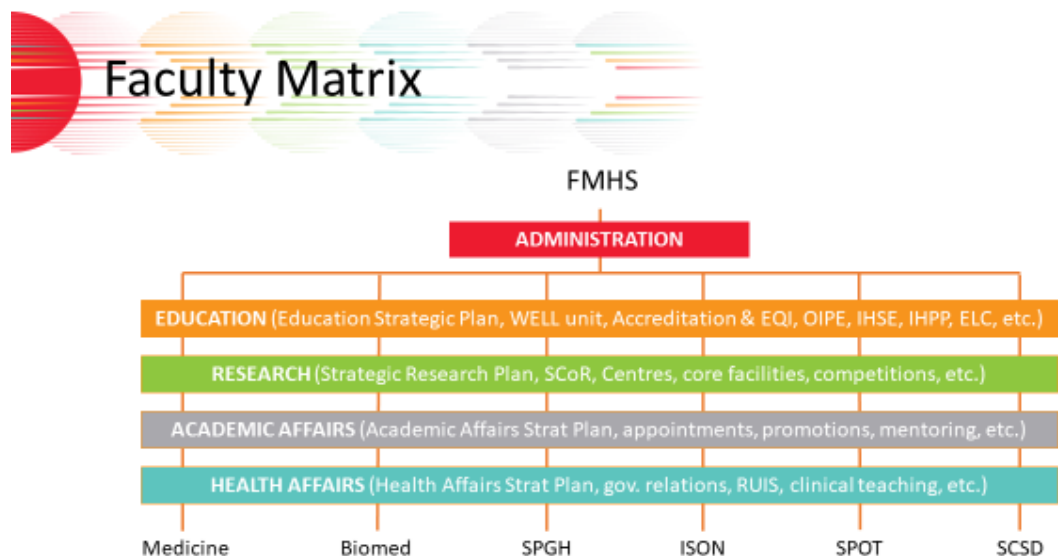
The school concept includes a director who is responsible for the autonomous unit in regards to its budget, recruitment and assignment of duties. A school may contain other entities that support the specific mandate, such as institutes, departments or divisions. In a school model, teaching programs do not overlap with other schools; however, the director is responsible for enabling interdisciplinary and interprofessional activities where appropriate in either research or teaching. Finally, a school may have responsibility for core facilities or infrastructure that would be specific to its fields of expertise.

The proposed structure is expressed in the following diagram, with the bottom horizontal box indicating the schools in the Faculty of Medicine and Health Sciences, namely: the School of Medicine; School of Biomedical Sciences; the School of Population and Global Health (SPGH); the Ingram School of Nursing (ISoN); the School of Physical and Occupational Therapy (SPOT); and the School of Communication Sciences and Disorders (SCSD).



## Faculty Matrix

Within the school model, the mandate of each Vice-Dean is to encourage cross-talk across all of our schools through Faculty-wide strategic plans and the offices, centres and institutes that support the schools. We have identified four areas that are cross-cutting and common to the proposed Faculty of Medicine and Health Sciences, each of which has undertaken a strategic plan exercise (Appendix C). This Faculty matrix reflects the themes of Project Renaissance and the concerted efforts assigned to each area in both senior leadership oversight, governance and resources.



### III. Proposed Changes

#### Establishment of the School of Medicine

##### Rationale

Throughout most of its history, the Faculty of Medicine was considered to be synonymous with the medical school. As noted above, this is no longer valid. Medical education has changed greatly over the last century, with the Faculty now having responsibility for Postgraduate Medical Education (PGME) and Continuing Professional Development (CPD), in addition to Undergraduate Medical Education (UGME). Moreover, medical education is no longer limited to our traditional teaching hospitals but now is distributed over many sites, including rural and community-based practices. Over the last decade, it has become clear that medical education programs need an academic home where the specific issues around topics like the learning environment, accreditation and lifelong learning can be addressed.

In addition, a very large component of the Faculty's research efforts takes place in hospital-based research centres or in community-based family medicine units. Although every effort is made to align these research programs with those on campus, the practical reality is that research in the clinical departments has unique aspects. This context calls for structures that are adapted to the needs of researchers working in the health care system.

A key aspect of the Faculty's mission is community engagement. In the case of medicine, this takes the form of playing a leadership role in our teaching hospitals as well as in community-based family medicine units. More recently, McGill has been called on to assume stronger leadership in the Outaouais region, where a satellite French-language medical education campus will open in fall 2020. This new campus builds on decades of engagement in that community, where we have had a successful family medicine residency program as well as a one-year integrated clerkship for third-year MDCM students. The establishment of a campus in the Outaouais region reinforces the need for a governance structure that can oversee the complexity of the medical education and research enterprise.

##### Consultation

This proposal has been presented to the [Committee for Medical Education Governance](#) (C-MEG) and all Faculty governance bodies, and has been approved at Faculty Council.

##### Proposal

It is proposed that a **School of Medicine be established** within the Faculty of Medicine and Health Sciences.

## **Establishment of the School of Biomedical Sciences**

### **Rationale**

The Biomedical Science departments within the Faculty of Medicine have a proud history of teaching and world-renowned research and discovery. The breadth of research within these seven departments and two associated units is impressive, as are the opportunities for undergraduate and graduate students. As pillars within the Faculty, the departments have an impact that extends beyond teaching and research into the Faculty's clinical sites and schools.

In order to ensure the Biomedical Science departments continue to thrive in an increasingly competitive funding and recruitment environment, we must consider the shared challenges and how best to address them. The common needs with respect to bench science, technology and academic science advocacy calls for a more formal structure, provided by a School of Biomedical Sciences.

### **Consultation**

This proposal has been presented to all Biomedical Science departments and to all Faculty governance bodies, and has been approved at Faculty Council.

### **Proposal**

It is proposed that a **School of Biomedical Sciences be established** within the Faculty of Medicine and Health Sciences.

## **Name Change of the Faculty of Medicine to the Faculty of Medicine and Health Sciences**

### **Rationale**

While originally established as a school of medicine in the early 19<sup>th</sup> century, the educational programs of the Faculty of Medicine have moved well beyond undergraduate medical teaching. Indeed, 2020 is the 100<sup>th</sup> anniversary of the establishment of the Ingram School of Nursing and the other professional schools are more than half a century old. At this time, there are twice as many graduate students registered in the Faculty than medical students. Beyond the educational mission, research in the Faculty is increasingly interdisciplinary and interprofessional, going beyond the medically-focused investigations that characterized its first century. The time has come for the name of the Faculty to better reflect the scope of its activities.

Several possible names were considered, including "Faculty of Health Sciences" and "Faculty of Health." In other universities, "Faculty of Health" often excludes medicine, making this choice less attractive. In contrast, there are several universities in Canada with similar profiles that use the name "Health Sciences." The name, "Medicine and Health Sciences" is currently being used at Université de Sherbrooke and elsewhere in the world. The choice of "Faculty of Medicine and

Health Sciences” would allow McGill University to retain the historical name of its first faculty, recognized worldwide by alumni and others, while acknowledging its current much broader mandate.

### **Consultation**

This proposal has been presented to all Faculty governance bodies and has been approved at Faculty Council. There was wide online consultation in the form of a poll to stakeholders within the Faculty, including staff and students (Appendix A), the results of which yielded 1,036 responses, 81% of which were in favour. In addition, the intention to change the name of the Faculty has been presented to both Senate and the Board of Governors earlier in 2019. A list of consultations is provided in Appendix B.

### **Proposal**

It is proposed that the Faculty of Medicine be renamed: **The Faculty of Medicine and Health Sciences.**

## **IV. The School of Medicine**

### **Background**

This portion of the proposal explores more fully the background and rationale of establishing a School of Medicine that supports medical education as a continuum, from Undergraduate Medical Education (UGME) and Postgraduate Medical Education (PGME) through to Continuing Professional Development (CPD), as well as the clinical departments.

The primary impetus for the establishment of the School of Medicine is the perceived need by the medical education programs for a structure dedicated to medical education. Although traditionally the Faculty of Medicine focused primarily on medical education, with the rise in importance of the other professional programs and the basic sciences, medical education has at times struggled to find its place. In addition, there is growing interest in approaching medical education as a continuum, covering the mandates of the three major programs (UGME, PGME, CPD). We are proposing a School of Medicine in order to provide an overarching and independent governance structure similar to the existing schools within the Faculty.

### **Why a School?**

Through consultations and environmental scans, we have identified the following areas that would benefit from the establishment of a School of Medicine:



## ***Medical Education***

As with all professions, medical education programs have features related to the specific knowledge and competencies of the field. However, the complexity of medical education requires a governance model adapted to the needs of these programs.

In contrast to most other programs in the University, the medical education programs seek to provide education that covers the entire lifecycle of a medical career, from the beginning of medical school and residency training to lifelong learning through continuing professional development. Medical education has unique characteristics that drive its curricular design and organizational structure. The programs are highly regulated, subject to very rigorous accreditation standards, and are responsible for training a very broad array of specialties. These programs are also highly dependent on partner healthcare organizations, spanning a gamut of clinical settings, from primary care clinics in rural areas to intensive care units in university hospitals.

Although medical education has always been complex, the recent move to competency-based approaches has further complicated the design and delivery of medical education programs. While all professions have moved in this direction, the regulatory authorities overseeing medical education have created a singularly robust approach to competency-based education, particularly with regard to residency training (PGME). As with other professional programs in the Faculty, such as Nursing, competency-based curricula need to be implemented in ways that are specific to the medical profession. However, in the case of medical education, the scope and complexity of the competency-based curricula and assessment methods call for a higher level of administrative support and oversight.

Similarly, accreditation processes for medical education programs are highly specific to the profession. For UGME, accreditation is overseen by the Committee on Accreditation of Canadian Medical Schools (CaCMS), which oversees a rigorous accreditation process that far exceeds what is done in other professional schools. Similarly, for PGME, the accreditation process is overseen by the College of Family Medicine of Canada (for Family Medicine), the Royal College of Physicians and Surgeons of Canada (for all other specialties) and the Collège des médecins (for all specialties). As for UGME, the PGME program is required to undergo institutional accreditation by the Colleges. This is done in parallel with 70 specialty programs, each of which need to be separately accredited. Finally, in addition to developing some of its own continuing professional development programs, the CPD Office is responsible for providing accreditation for continuing professional development programs created by faculty members and outside agencies in accordance with provincial and national standards. A School of Medicine, with governance structures, provides a dedicated forum for strategic discussion and planning to address the lifelong learning cycle of our medical learners in correlation to accreditation standards.

### ***The Clinical Environment***

Since the introduction of modern bedside teaching by Sir William Osler, the education of physicians has been closely tied to the healthcare facilities associated with the medical school. To this day, most of the experiential learning by medical students takes place in clinical settings. This is even more important for postgraduate trainees, who study their speciality while taking on progressively more responsibility for the care of patients over the course of their program. Indeed, residents are simultaneously students and employees of the health ministry. In consequence, educational quality is highly dependent on the quality of the clinical milieu. The largest part of the faculty complement consists of clinicians who teach as part of their day-to-day practice. While all professional programs have to ensure that placements are of high quality, in the case of medicine, this is particularly challenging, given the tight coupling of the learning environment with the work environment. Students and residents form part of the healthcare team and, in the case of residents, provide essential services to patients. The close relationship with the clinical milieu, whether in a Family Medicine unit, on a ward or simply in a private office, is a unique characteristic of medical education that requires specialized structures and approaches. The School of Medicine allows for a coordinated and coherent, and ultimately more effective, approach to address all levels of medical education where all stakeholders are engaged and aligned.

### ***The Clinical Departments***

The structure and operation of the clinical departments differ greatly from the usual university departmental model. The original rationale for the creation of clinical departments, such as Medicine, Surgery or Pathology, was to provide discipline-specific teaching. This remains the major function of clinical departments, whose members are essential to the ongoing activities in UGME, PGME and CPD. In addition, however, the research mission is a key departmental activity in teaching hospitals. In fact, the majority of the Faculty's researchers are based in the research arms of teaching hospitals, such as the Research Institute of the McGill University Health Centre (RI-MUHC), the Lady Davis Institute (LDI) of the Jewish General Hospital and the Research Centre of the Douglas Mental Health University Institute. Most of the investigators in these centres hold appointments in clinical departments such as Medicine, Surgery and Neurology/Neurosurgery. The Faculty provides a substantial portion of the salary for tenure-track faculty members in these departments and works closely with the leadership of these entities to promote the research mission. The School of Medicine will provide a strategic and systematic fashion for clinical departments to engage more fully in the education mission of the Faculty.

### ***Campus Outaouais***

McGill University has been active in the Outaouais region for decades, initially with a residency in Family Medicine and more recently with a longitudinal third-year experience for some MDCM students. This commitment will increase substantially in August 2020, when the Faculty, in collaboration with the local health authority (CISSS de l'Outaouais) will open a satellite medical

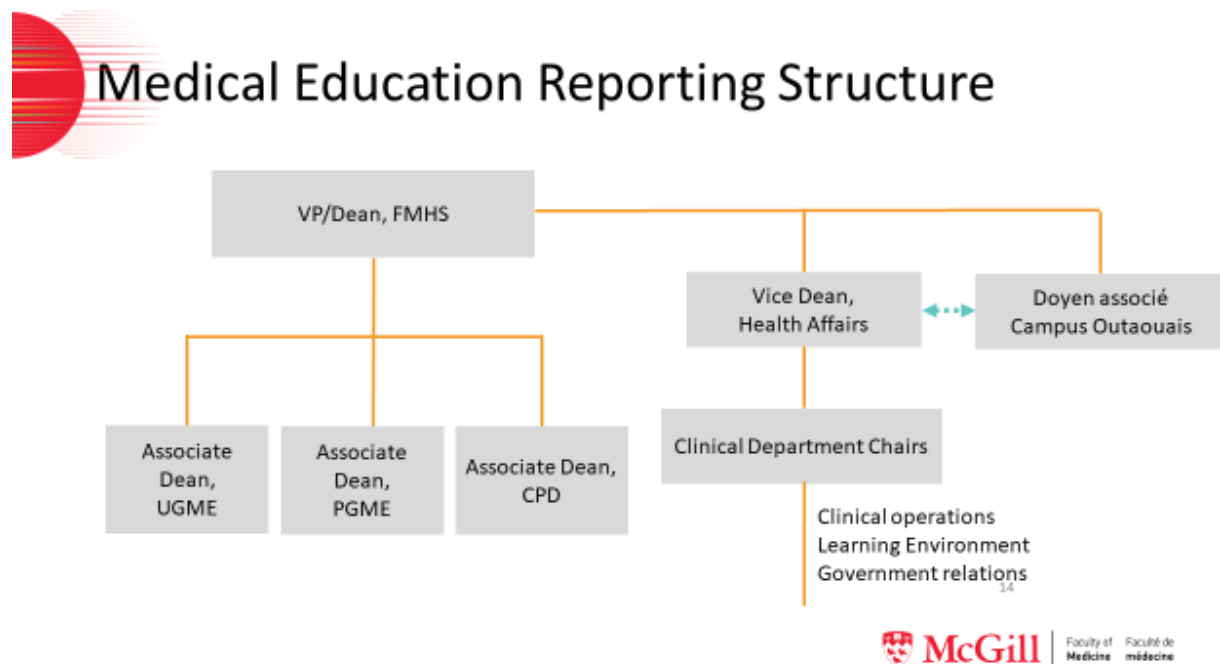
school campus. This campus will provide French-language instruction of the MDCM curriculum, in addition to serving as a base for the Family Medicine residency program. The project involves medical education exclusively and requires appropriate governance and oversight that is aligned with the Montreal campus while considering local needs. As part of the Faculty's School of Medicine, the necessary coherence and support can be achieved.

### Structure of the School of Medicine

The current governance structure of medicine is large, complex and is comprised of the following: The Vice-Principal (Health Affairs) and Dean of the Faculty of Medicine; Associate Vice-Principal and Vice-Dean (Health Affairs); Vice-Dean and Director, Campus Outaouais; three Associate Deans responsible for educational programs; and 16 departments (and Chairs).

This governance structure is responsible for 48% of the learners in the Faculty; 53% of the graduate students in the Faculty; 65% of tenure-track professors; 88% of the CAS professors; 71% of the research funding, as well as Campus Outaouais.

The School of Medicine would be comprised of the following reporting structure:



List of clinical departments:

- Emergency Medicine
- Family Medicine
- Human Genetics\*
- Medicine
- Neurology and Neurosurgery
- Pathology
- Pediatrics
- Psychiatry
- Oncology
- Radiology
- Anesthesiology
- Biomedical Engineering\*
- ENT, Head and Neck Surgery
- Obstetrics and Gynecology
- Ophthalmology and Visual Sciences
- Pediatric Surgery
- Surgery

Additionally:

- Social Studies of Medicine

\*Human Genetics and Biomedical Engineering are in both the School of Medicine and the School of Biomedical Sciences.

### **Mitigating Risk**

The proposed establishment of the School of Medicine would mitigate the risks and avoid vulnerabilities associated with core elements in medical education, such as curriculum development, maintaining and monitoring a positive learning environment, the promotion of lifelong learning and the continuum of education across careers. It would also facilitate a harmonization of strategic planning.

By incorporating the “School” concept with the establishment of a School of Medicine, the continuum of medical education and the Faculty would benefit from autonomy related to budget issues, recruitment and assignment of duties. It would also enable interdisciplinarity that currently exists only to a limited extent. Another advantage of a School of Medicine is the ability to include other entities, such as institutes, departments and divisions.

## **V. The School of Biomedical Sciences**

### **Background**

The biomedical sciences within the Faculty of Medicine are comprised of 1,800+ students in seven departments and two associated units. Historically, each Department Chair has a direct reporting line to the Dean of the Faculty of Medicine. They do not have a formal structure for inter-departmental collaborations in areas such as optimizing administrative support, academic recruitment, equipment and space management, or large grant applications. These departments are operating without an optimal governance structure.

In the course of reflection by the Faculty's leadership and after consultation with the leaders of the Faculty's basic science departments, a preliminary consensus emerged that there is merit in regrouping the biomedical science departments into a new structure. Under the leadership of the former Chair of Physiology, Dr. John Orłowski, a preliminary report was produced that proposed the establishment of a School. This was further explored and validated at a major leadership retreat held in February 2019. This retreat was attended by leaders of all of the affected departments, as well as representatives of the Faculty of Science, including Dean Lennox.

The proposed vision of the School is the advancement of biomedical sciences to improve health through research, translation of discoveries, and interdisciplinary training and education. The proposed mission of the School of Biomedical Sciences is to provide a dynamic interdisciplinary learning environment for undergraduate and graduate students who will play a critical role in contributing to the modern science and technology work force, while leading innovative research programs that contribute to the creation and translation of knowledge for healthier societies.

### **Why a School?**

Through consultations and environmental scans, we have identified three areas that would benefit from the establishment of a School of Biomedical Sciences:

#### ***Education***

Education in the School of Biomedical Sciences will provide an overarching structure driven by a student-centred pedagogical approach and research experiences anchored in state-of-the-art undergraduate and graduate education and research programs. It will foster opportunities to engage in interdisciplinary training at every level, including inter-departmental, inter-School and inter-Faculty programs. The design and implementation of undergraduate and graduate programs will best prepare and provide a competitive advantage for graduates in the modern work force.

#### ***Undergraduate education***

With more than 1,800 learners, a major part of the Faculty of Science's undergraduate student population takes courses in the basic science departments of the Faculty of Medicine. It is vital

that these students receive an education that is not “Plan B” in a professional school but is rather its core business. Although there has been progress in improving the quality of the student experience, much remains to be done to ensure that BSc students have the best possible educational experience. Bringing together the expertise within all of its units, the School of Biomedical Sciences would prepare students for careers that require a larger vision of biomedical science education, focusing on interdisciplinary content, literacy and numeracy. Learning to write, learning to communicate with different audiences, learning statistics, bioinformatics, computer coding, AI and analysis of Big Data – in addition to discipline-specific knowledge – need to be added to traditional discipline-specific programs. The School would also seek to promote a shared language across disciplines to facilitate how we deal with societal problems that require integrated approaches and would also facilitate the development of interdisciplinary links among faculty members.

### ***Graduate education***

The establishment of the School provides an opportunity to review current graduate level educational offerings. All of the constituent departments have discipline-specific graduate programs. In addition, faculty members within these departments also supervise students from inter-faculty programs (e.g., Integrated Program of Neurosciences and Quantitative Life Sciences) and from other graduate programs (e.g., Experimental Medicine). Establishment of the School provides an opportunity to reevaluate existing programs to ensure they remain relevant, as well as to consider the creation of innovative interdisciplinary graduate programs based on critical mass of research and knowledge.

The pooling of resources across programs, along with the possible development of novel interdisciplinary programs, will help better serve the needs of students. Graduate students are pursuing increasingly diverse career opportunities and thus need to acquire additional skills and tools to continue on a successful career path once they complete their graduate training. A School structure allows for the coordination of these efforts within a single office in partnership with resources from GPS and TLS/Skillsets. The School would be tasked with the establishment of a set of “core competencies” that would complement what is learned in a specific research area.

An important goal of the School must be to recruit high-calibre graduate students. By pooling resources, the School should be able to promote the recruitment of students in several ways. For example: we may consider the creation of a competitive undergraduate summer research program to introduce students from across the country to our research labs; we could also envisage improvements in tracking the outcomes of each graduate.

### ***Research***

Research in the School of Biomedical Sciences will focus on understanding the fundamentals of life, from individual molecular building blocks to their networking into pathways, cells, tissues and organs, and their integration in living organisms. Research will focus on not only the understanding of normal processes, but also how they are altered in disease, with a goal of developing new and better approaches to identify, treat and cure disease across the lifespan.

Researchers will work together across disciplines – and with colleagues in other Schools within the Faculty, across the University and internationally – to find solutions to complex health problems and to develop new diagnostic and therapeutic methods that enhance health.

Taken together, the component units of the School contribute in a major way to the overall research performance of the Faculty and the University. However, as competition from larger universities and from multi-university consortia increases, there is a real need to ensure that McGill's research efforts are at a sufficiently large scale. The establishment of the School of Biomedical Sciences provides a number of opportunities to improve our competitiveness.

With the establishment of the School, the opportunity is created to evaluate existing research areas and to develop new research areas at the interface between departments, fields and disciplines. The School would enable us to build on our strengths to improve our ability to recruit top students and new faculty, apply for interdisciplinary grants in areas of convergence and become more successful in Quebec, Canada and internationally.

Over and above the advantages to research planning and organization, the formation of the School creates an opportunity to more effectively support shared research infrastructure platforms. These include traditional core facilities as well as important shared resources, such as grant writing teams that go beyond the means of any single department.

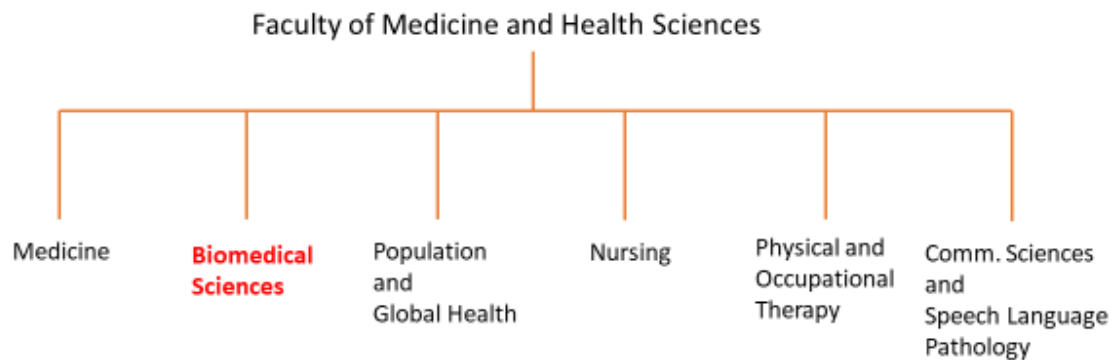
### **Governance and Administrative Support**

As with other Schools in the Faculty, the School of Biomedical Sciences would be led by an Associate Dean who would have responsibility for transversal initiatives, platforms and core facilities, as well as management of the joint hiring system already used by the units in the School. The Associate Dean would be supported by a consolidated administrative structure designed to specifically meet the needs of the School. This structure would house a team of specialists in the fields of academic affairs, human resources and finance (including financial management support for grants/awards), providing shared services for all of School's units. In addition, each unit would be provided with dedicated support staff to provide for its specific administrative needs.

Based on the model of a federation of schools, the following diagram situates the proposed School of Biomedical Sciences within the Faculty of Medicine and Health Sciences.



# Educational Programs Governance



List of Departments of Biomedical Sciences and associated units:

- Anatomy and Cell Biology
- Biochemistry
- Microbiology and Immunology
- Pharmacology and Therapeutics
- Physiology
- Human Genetics\*
- Biomedical Engineering\*
- Genome Centre
- Goodman Cancer Research Centre

\*Human Genetics and Biomedical Engineering are in both the School of Medicine and the School of Biomedical Sciences.



## **Mitigating Risk**

The proposed School of Biomedical Sciences would mitigate the risks associated with interdisciplinary and interprofessional opportunities, such as large-scale grant applications, efficient resource allocation of sophisticated equipment, Big Data initiatives and an integrated strategic plan across the basic sciences.

## **VI. Proposed Name Change from the McGill Faculty of Medicine to the McGill Faculty of Medicine and Health Sciences**

In order for the entire Faculty to maintain its position as a leader in the field of health sciences, we must adapt to changes in both health sciences education and biomedical research. To do so, we continue to advance our tripartite mission in all our schools. The Ingram School of Nursing last year received glowing accreditation for its direct-entry master's program, the first of its kind in Canada. The School of Physical and Occupational Therapy continues to experience tremendous growth in enrolment, while our School of Communication Sciences and Disorders has celebrated its 50th anniversary. We have recently welcomed distinguished academic Dr. Tim Evans as the inaugural Director and Associate Dean of the School of Population and Global Health (SPGH) and Associate Vice-Principal (Global Policy and Innovation).

The term "Faculty of Medicine" is effectively a misnomer, which fails to capture the full range of health professions and health sciences that is our Faculty. As a result, many have called for a new name that better reflects its scope of activity. After extensive consultation, the name "Faculty of Medicine and Health Sciences" was proposed with the deliberate intent to respect the history and tradition of the Faculty of Medicine, while appropriately reflecting the breadth of what we have become over our 200-year history. The proposed name change affords us an opportunity to communicate our evolution and growth in an authentic manner to our stakeholders. At the same time, by maintaining the original phrase, "Faculty of Medicine," we continue to reinforce our brand identity in Quebec, Canada and internationally.

As part of the environmental scan and consultative process, consideration was given to the nomenclature used by the other sixteen faculties of medicine in Canada. The table below indicates the faculty name along with the primary programs.

Institution	Faculty Name	Primary Programs
McGill University	Faculty of Medicine and Health Sciences	Medicine (UGME, PGME, CPD), ISO, SCSD, SPOT, Biomedical Sciences, SPGH
Dalhousie University	Faculty of Medicine	Medicine (UGME, PGME, CPD)
McMaster University	Faculty of Health Sciences	School of Medicine, School of Nursing, School of Rehabilitation Science
Memorial University	Faculty of Medicine	Medicine (UGME, PGME, CPD)
Northern Ontario School of Medicine		Medicine (UGME, PGME, CPD), Dietetics, Rehabilitation Studies
Queen's University	Faculty of Health Science	School of Medicine, School of Rehabilitation Therapy, School of Nursing
Université de Montréal	Faculté de médecine	Medicine, School of Rehabilitation studies, School of Speech Therapy & Audiology, Nutrition
Université de Sherbrooke	Faculté de médecine et des sciences de la santé	Medicine, School of Rehabilitation studies, School of Nursing
Université Laval	Faculté de médecine	Medicine, Physiotherapy, Occupational Therapy, Kinesiology
University of Alberta	Faculty of Medicine & Dentistry	Medicine, Dentistry, Dental Hygiene, Medical Laboratory Science, Radiation Therapy
University of British Columbia	Faculty of Medicine	Medicine, Audiology & Speech Sciences, Occupational Therapy, Midwifery, Physical Therapy, Genetic Counseling
University of Calgary	Cumming School of Medicine	Medicine (UGME, PGME, CPD)
University of Manitoba	Rady Faculty of Health Sciences	College of Medicine, College of Dentistry, College of Nursing, College of Pharmacy, College of Rehabilitation Sciences
University of Ottawa	Faculty of Medicine Faculté de médecine	Medicine
University of Saskatchewan	College of Medicine	Medicine, Physical Therapy
University of Toronto	Faculty of Medicine	Medicine
Western University	Schulich Medicine & Dentistry	Medicine, Dentistry

## VII. Conclusion

Project Renaissance has provided an excellent opportunity to strategically review the Faculty in the context of contemporary challenges and possibilities, and to analyze, reinforce and implement more robust governance structures. The process involved broad consultation that engaged faculty, staff and students in envisioning our future.

The overarching aim of Project Renaissance is first and foremost to fulfill the Faculty's vision of: *"Healthier societies through education, discovery, collaboration and clinical care."* This must be carried out consistent with our mission statement, that is, *to educate future and current health care professionals and scientists based on our commitment to excellence, social accountability and lifelong learning, together with the pursuit of novel research and clinical innovation, to improve the health of individuals and populations worldwide.*

The establishment of a School of Medicine addresses the need for medical education to have dedicated governance that is adapted to the needs of curriculum and accreditation, to manage the complex interaction between medical education and the clinical environment, as well as the engagement of clinical departments and hospital-based research institutes. A School of Medicine aims to unify and optimize the use of our educational resources to ensure a seamless flow through the educational continuum in order to better meet the needs of our learners across the entire span of their careers, and by extension, society.

The establishment of a School of Biomedical Sciences provides a platform for the advancement of dynamic interdisciplinary learning for undergraduate and graduate students and a structure for inter-departmental collaborations in areas such as optimizing administrative support, academic recruitment, equipment and space management or large grant applications.

The change in the name of the Faculty reflects our aspiration to maintain our position as a leader in medicine and in all our health sciences.

The Faculty has consensus on the need to establish a School of Biomedical Sciences and a School of Medicine, and to change its name to the Faculty of Medicine and Health Sciences in order to recognize our distinguished past and all we have become.

As we launch into our bicentennial, this is an opportune and important time to strengthen our brand, to ensure robust structures in place to build on our leadership and to carry the McGill spirit of innovation into our third century.

## **Appendices**

### **Appendix A: Faculty Name Change Online Poll**

### **Appendix B: Consultations**

## Appendix A: Faculty Name Change Online Poll

(Version française ci-dessous)



Dear members of the Faculty of Medicine,

Over the course of the [Faculty's Project Renaissance strategic planning exercise](#), which began in 2016, questions have been raised about the appropriateness of the current Faculty name. Medicine is the founding pillar of this Faculty; however, since its inception in the 1820s, it has become more and is now comprised of multiple leading health profession and biomedical science programs.

In addition to Medicine, the Faculty today is home to the Ingram School of Nursing, the School of Physical and Occupational Therapy, the School of Communication Sciences and Disorders, and the School of Population and Global Health. As part of the Project Renaissance strategic planning, two new schools are under discussion – the School of Medicine and the School of Biomedical Sciences – to better advocate for and support the programs in these units. An overview of the current Faculty composition and programs can be found on [this web page](#) (scroll down).

Consequently, various names have been proposed in discussions with members of the Faculty during Faculty Council meetings and in other forums. **During the [May 21 Faculty Council meeting](#), an update was given during which the three following proposed names were shared and discussed: Faculty of Health; Faculty of Health Sciences; Faculty of Medicine and Health Sciences.**

With respect to Faculty of Health, it has been argued that “Health” is more far-ranging, including preventive, nutritional and other disciplines not part of our current Faculty. With respect to Faculty of Health Sciences, the point was made that it dismisses the historic and foundational role of Medicine, which is a great source of pride for alumni around the world. The third proposal, the **McGill Faculty of Medicine and Health Sciences**, has been the most positively received. It is also used by faculties in other parts of the world.

At the most recent [Faculty Council meeting on Sept 23](#), a motion was passed to proceed to next steps with respect to the renaming process, which includes this message to you and a poll that you will find at the link below. While we routinely invite everyone to Faculty Council meetings and share each agenda Faculty-wide in advance, we understand not everyone is able to attend and partake in these discussions.

**It is for this reason we are inviting you to now share your position via [this link](#) by Thursday, November 21, 2019.**

Thank you, in advance, for your participation.

**David Eidelman, MDCM**

Vice-Principal (Health Affairs)

Dean of the Faculty of Medicine

À tous les membres de la Faculté de médecine,

Dans le cadre du [Projet Renaissance, l'exercice de planification stratégique de la Faculté](#), amorcé en 2016, la question de la pertinence actuelle du nom de la Faculté a été soulevée. La Faculté a en effet la médecine pour pilier fondateur, mais elle s'est déployée depuis sa création dans les années 1820 et englobe désormais de nombreux grands programmes d'enseignement des professions de la santé et des sciences biomédicales.

En plus de la médecine, la Faculté compte aujourd'hui l'École des sciences infirmières Ingram, l'École de physiothérapie et d'ergothérapie, l'École des sciences de la communication humaine et l'École de santé des populations et de santé mondiale. Dans le cadre du Projet Renaissance, la création de deux nouvelles écoles – l'École de médecine et l'École des sciences biomédicales – est également à l'étude, dans le but de mieux représenter et soutenir les programmes de ces unités. Un aperçu de la composition et des programmes actuels de la Faculté se trouve [ici](#) (faire défiler la page).

Plusieurs noms ont été proposés au cours des discussions avec des membres de la Faculté, lors des réunions du Conseil de la Faculté et dans d'autres forums. **Au cours de la [réunion du 21 mai du Conseil de la Faculté](#), les trois noms suivants ont fait l'objet d'une discussion : Faculté de la santé (Faculty of Health), Faculté des sciences de la santé (Faculty of Health Sciences), Faculté de médecine et des sciences de la santé (Faculty of Medicine and Health Sciences).**

Dans le premier cas, Faculté de la santé, on a avancé que la notion de santé, plus vaste, englobe d'autres disciplines, notamment en santé préventive et nutritionnelle, qui ne font pas partie de notre Faculté actuelle. Dans le deuxième cas, Faculté des sciences de la santé, l'argument a été invoqué que ce choix évacue le rôle historique et fondateur de la médecine, qui est source de fierté pour les diplômés à l'échelle mondiale. La troisième proposition, **Faculté de médecine et des sciences de la santé**, a reçu l'accueil le plus positif. Ce nom est également utilisé par d'autres facultés ailleurs dans le monde.

Lors de la dernière [réunion du Conseil de la Faculté, le 23 septembre](#), une motion a été adoptée au sujet du processus de changement de nom, qui comprend le présent message et un sondage que vous trouverez au lien ci-dessous. Bien que nous fassions parvenir une invitation et l'ordre du jour des réunions du Conseil de la Faculté à l'avance à tous les membres de la Faculté, nous savons que tous ne sont pas en mesure d'assister aux réunions et de participer aux discussions.

**C'est pour cette raison que nous vous invitons maintenant à nous donner votre avis au moyen du sondage accessible [ici](#) au plus tard le jeudi 21 novembre 2019.**

Merci à l'avance de votre participation.

**David Eidelman, MDCM**

Vice-principal (Santé et affaires médicales)

Doyen, Faculté de médecine

## **Appendix B: Consultations**

### *Project Renaissance*

Senate (May 15, 2019)

Board of Governors (May 23, 2019)

Faculty Council, Faculty of Medicine (May 21, 2019; Sept. 23, 2019; Feb. 26, 2019; May 23, 2018; Feb. 28, 2018; Dec. 7, 2017; Sept. 26, 2017; March 13, 2017; Dec. 6, 2016; June 1, 2016)

Deanery Executive Committee, Faculty of Medicine: (Regular agenda item from June 2016-November 2019)

Membership of this committee includes:

- 1) Vice-Principal (Health Affairs) and Dean of Medicine
  - 2) Associate Vice-Principal and Vice-Dean of Health Affairs
  - 3) Vice-Dean, Academic Affairs
  - 4) Vice-Dean, Life Sciences
  - 5) Vice-Dean, Education
  - 6) Executive Director
  - 7) Associate Dean of Biomedical BSc, Graduate and Postdoctoral Affairs
  - 8) Associate Dean of Continuing Professional Development
  - 9) Associate Dean of Faculty Development
  - 10) Associate Dean of Research
  - 11) Associate Dean, Postgraduate Medical Education (PGME)
  - 12) Associate Dean, Undergraduate Medical Education (UGME)
  - 13) Associate Dean and Director, School of Physical and Occupational Therapy (SPOT)
  - 14) Associate Dean and Director, School of Communication Sciences and Disorders (SCSD)
  - 15) Associate Dean and Director, Ingram School of Nursing (ISoN)
  - 16) Director of Communications
  - 17) Senior Advisor to the VP/Dean (Secretary)
- \* To add: Vice-Dean and Director, Outaouais Campus and Director & Associate Dean, School of Population and Global Health, Associate Vice-Principal (Global Policy and Innovation)

Faculty Leadership Commons (Regular agenda item from June 2016-November 2019)

Membership of this committee includes:

- All Department Chairs
- All Institute Directors
- Director of the Steinberg Centre for Simulation and Interactive Learning
- Director of the Genome Innovation Centre
- Director of the Goodman Cancer Research Centre
- Director of Global Health Programs
- All members of the Deanery Executive Committee

Faculty Name Change Poll (November 2019)