



430th REPORT OF THE ACADEMIC POLICY COMMITTEE TO SENATE

on APC meeting held on 26th May and 1st September 2011

I. TO BE APPROVED BY SENATE

- (A) NEW TEACHING PROGRAMS REQUIRING SENATE APPROVAL** (approvals of new minors and options added to existing programs and major revisions to programs are reported in Section IV.A.1.a. for information)

Faculty of Medicine

M.Sc.; Family Medicine; Thesis – APPENDIX A

At a meeting on 1st September 2011, APC reviewed a proposal from the Faculty of Medicine for the creation of a M.Sc.; Family Medicine program. The program, which was approved by the Council of Graduate and Postdoctoral Studies on 19th May 2011, aims at increasing the research skills and capacity of practicing family physicians, as well as clinicians and students across disciplines interested in carrying out meaningful research in the practice of Family Medicine. On 21st January 2009, Senate had approved the program as an Option in Family Medicine within the M.Sc. in Experimental Medicine. The program now requires approval as a new degree program in order to be submitted to CREPUQ's *Commission d'évaluation des projets de programmes (CEP)* and to the Ministry of Education, Leisure and Sport (MELS) for evaluation and approval.

APC therefore recommends that Senate approve the following resolution:

Be it resolved that Senate approve the proposed M.Sc; Family Medicine; Thesis.

- (B) ACADEMIC PERFORMANCE ISSUES / POLICIES / GOVERNANCE/AWARDS - none.**

- (C) CREATION OF NEW UNITS / NAME CHANGES / REPORTING CHANGES**

Faculty of Medicine

Creation of a Department of Pediatric Surgery – APPENDIX B

At a meeting on 26th May 2011, APC reviewed a proposal from the Faculty of Medicine to create a Department of Pediatric Surgery within the Faculty of Medicine. The proposal was initially submitted by the head of the clinical Department of Pediatric Surgery at the MUHC/MCH (Montreal Children's Hospital) which was created in 2007 and has no academic equivalent in the Faculty of Medicine. All academics carrying out the surgical mission of Pediatrics at the MCH currently hold appointments in the Department of Surgery and in three other departments (Ophthalmology, Otolaryngology and Neurology and Neurosurgery) and are therefore overseen by four different Chairs whose primary responsibilities and activities are at the adult hospital sites. The proposal was considered by an ad hoc committee struck by the Dean of the Faculty of Medicine in spring 2009 and was submitted to extensive consultations. While recognizing the issues of concern that were raised in the consultations, the Deanery Executive Council gave the proposal its unanimous support on 7th July 2010, and again on 23rd August 2011. The issues raised

that were given particular attention included: 1) the effective representation of manpower needs from a clinical and educational perspective regarding PEMS (*Plans d'effectifs médicaux par établissement*) and the appropriate distribution of manpower needs, and 2) the need to coordinate the teaching mission with respect to the training of residents and fellows, given that responsibility and standards for their training lie with different professional organizations. Further reservations expressed by the Department of Neurology and Neurosurgery have been answered to the satisfaction of the Dean and the Deanery Executive Council. The Faculty believes that the establishment of the new department is to the betterment of its educational, clinical and research missions.

APC therefore recommends that Senate approve the following resolution:

Be it resolved that Senate approve the proposal for the creation of a Department of Pediatrics Surgery /"Département de chirurgie pédiatrique" in the Faculty of Medicine and so recommend to the Board of Governors.

(D) CHANGES IN DEGREE DESIGNATION - none.

II. TO BE ENDORSED BY SENATE / PRESENTED TO SENATE FOR DISCUSSION - none

III. APPROVED BY APC IN THE NAME OF SENATE

(A) DEFINITIONS – none

(B) STUDENT EXCHANGE PARTNERSHIPS / CONTRACTS / INTERUNIVERSITY PARTNERSHIPS

1. University of Connecticut – Student exchange partnership

At its meeting on 26th May 2011, APC approved a proposed student exchange partnership with the University of Connecticut, which is considered the flagship institution of higher learning of the state of Connecticut and the top public university in New England. The University of Connecticut (UConn) is a partner institution in the CREPUQ Student Exchange Consortium and has recently been elected to membership in Universitas 21. UConn is the only public university in New England which has its own Schools of Law, Social Work, Medicine, and Dental Medicine. Founded in 1881, it has grown to include 14 Schools and Colleges at its main campus in Storrs, separate Schools of Law and Social Work in Hartford, five regional campuses throughout the state and Schools of Medicine and Dentistry at the UConn Health Center in Farmington. UConn's students numbered 30,034 in Fall 2010, 8,153 of whom were graduate/professional. McGill has exchange partnerships with twelve other educational institutions in the United States.

2. University of Otago, New Zealand – Student exchange partnership

At its meeting on 26th May 2011, APC approved a proposed student exchange partnership with the University of Otago, New Zealand's oldest university. The University, which was established in 1869 by Scottish settlers who shared a strong conviction in the transforming power of education, has about 20,000 students from all over New Zealand and from nearly 100 countries around the world. Otago is New Zealand's most research-intensive university and the highest ranked for the quality of its research. It has a higher proportion of Ph.D. students than any other university in New Zealand. Most undergraduates study at the main campus in Dunedin, which is the only true university town in Australasia. The University also has important health sciences campuses in Christchurch and Wellington, a centre in Auckland, and a small campus for the College of Education in Invercargill. Otago has a Treaty-based partnership with Ngai Tahu, the Maori people of the South Island, and strong links with other Maori tribes. Otago encourages its New Zealand students to spend part of their course at leading international partner-universities.

3. Killam Fellowship Program Agreement

At its meeting on 1st September 2011, APC approved a proposal that the University enter into a memorandum of understanding with the Foundation for Educational Exchange between Canada and the United States of America to continue its partnership under the Killam Fellowship Program. The Program is administered by Fulbright Canada and is supported by the Killam American Trusts and Foreign Affairs and International Trade Canada. McGill was one of the first universities to join the pilot Killam Fellowships Program in 2002. The Program provides an opportunity for exceptional undergraduate students from 12 universities and colleges in the United States and twelve Canadian universities to spend either one semester or a full academic year as an exchange student in the other country. Since the beginning of exchanges under this Program in 2004, ten McGill undergraduate students have participated and 12 incoming Killam Fellowship recipients from universities in the United States have been hosted by McGill.

IV. FOR THE INFORMATION OF SENATE

(A) APPROVAL OF COURSES AND TEACHING PROGRAMS

1. Programs

a) APC approvals (new options/concentrations and major revisions to existing programs)

i. New concentrations/options within existing programs

Faculty of Agricultural and Environmental Sciences

B.Sc. (Nutr.Sc.); Nutrition; Health and Disease; Major (90 cr.)

At a meeting on 26th May 2011, APC approved the creation of a Concentration in Health and Disease within the B.Sc.(Nutr.Sc.) Major in Nutrition which results from an overhaul of all Nutrition majors in order to make their content more current. This particular concentration reflects the recognition of Nutrition's impact on health and disease and is expected to be popular with students.

ii. Major revisions of existing programs

Faculty of Arts

Joint Ph.D. in Social Work

At a meeting on 26th May 2011, APC approved the proposal that the Université du Québec à Montréal (UQAM) join the Université de Montréal (UdeM) and McGill in offering the joint Ph.D. in Social Work program, offered since 1996. UQAM's participation in the joint Ph.D. program is subject to approval by UdeM, to a positive evaluation by CREPUQ's *Commission d'évaluation des projets de programmes* (CEP) and to final approval by MELS of UQAM's proposal to offer the Ph.D. degree.

Schulich School of Music

At a meeting on 26th May 2011, APC approved major revisions to the M.Mus. in Performance programs.

The following 11 programs were retired

M.Mus.; Performance; Solo; Thesis (45 cr.)

M.Mus.; Performance; Orchestral; Thesis (45 cr.)

M.Mus.; Performance; Chamber Music; Thesis (48 cr.)
M.Mus.; Performance; Solo Piano; Thesis (49 cr.)
M.Mus.; Performance; Chamber Music; Thesis (49 cr.)
M.Mus.; Performance; Solo; Thesis (45 cr.)
M.Mus.; Performance; Church Music; Thesis (45 cr.)
M.Mus.; Performance; Piano; Thesis (45 cr.)
M.Mus.; Performance; Vocal Opera; Thesis (45 cr.)
M.Mus.; Performance; Opera; Thesis (45 cr.)
M.Mus.; Performance; Vocal; Thesis (49 cr.)

They were replaced with the following seven 45-credit programs:

M.Mus.; Performance; Orchestral Instruments and Guitar; Thesis (45 cr.)
M.Mus.; Performance; Piano; Thesis (45 cr.)
M.Mus.; Performance; Organ and Church Music; Thesis (45 cr.)
M.Mus.; Performance; Collaborative Piano; Thesis (45 cr.)
M.Mus.; Performance; Early Music; Thesis (45 cr.)
M.Mus.; Performance; Conducting; Thesis (45 cr.)
M.Mus.; Performance; Opera and Voice; Thesis (45 cr.)

- b) APC Subcommittee on Courses and Teaching Programs (SCTP) approvals Summary reports: <http://www.mcgill.ca/apc/sctpreports/>.

i. Moderate and minor program revisions

Faculty of Arts

Approved by SCTP on 27th May 2011

B.A.; English; Cultural Studies; Major Concentration (36 cr.)
B.A.; English; Cultural Studies; Honours (60 cr.)
B.A.; English; Cultural Studies; Minor Concentration (18 cr.)
B.A.; Politics, Law and Society; Minor concentration (18 cr.)
B.A.; Science for Arts Students; Minor Concentration (18 cr.)
B.A.; Social Studies of Medicine; Minor Concentration (18 cr.)
B.A.; Linguistics; Minor Concentration (18 cr.)
B.A.; Linguistics; Major Concentration (36 cr.)
B.A.; Linguistics Component; Joint Honours (36 cr.)
B.A.; Linguistics; Honours (60 cr.)

School of Continuing Studies

Approved by SCTP on 28th April 2011

Certificate; Health and Social Services Management (30 cr.)
Certificate; Entrepreneurship (30 cr.)
Certificate; Management (30 cr.)

Faculty of Education

Approved by SCTP on 28th March 2012

B.Ed.; Kindergarten and Elementary; Jewish Studies (120 cr.)
M.A.; Teaching and Learning; Non-Thesis (60 cr.)

Approved by SCTP on 27th May 2011

B.Ed.; Secondary Mathematics (120 cr.)

Faculty of Engineering

Approved by SCTP on 28th April 2011

M.U.P.; Urban Planning; Non-Thesis (66 cr.)
M.Arch.; (Professional) Design Studio-Directed Research; Non-Thesis (60 cr.)
M.U.P.; Urban Planning; Non-Thesis (66 cr.)
M.U.P.; Transportation Planning; Non-Thesis (66 cr.)

Approved by SCTP on 27th May 2011

B.Sc.(Arch.) (126 cr.)
B.Eng.; Chemical Engineering; Major (141-144 cr.)
B.Eng.; Civil Engineering; Major (139 cr.)
B.Eng.; Materials Engineering Co-op (147-148 cr.)
B.Eng.; Materials engineering; Minor (24 cr.)

Faculty of Medicine

Approved by SCTP on 28th April 2011

M.Sc.; Biochemistry; Chemical Biology; Thesis (47 cr.)
M.Sc.; Biochemistry; Bioinformatics; Thesis (45 cr.)
Ph.D.; Biochemistry
Ph.D.; Biochemistry; Chemical Biology
M.Sc.; Public Health; Non-Thesis (52 cr.)
M.Sc.; Public Health; Environment; Non-Thesis (52 cr.)
M.Sc. (Applied); Nursing; Non-Thesis (45-58 cr.)

Approved by SCTP on 18th May 2010

M.Sc.(Applied); Nursing; Non-Thesis (45-58 cr.)

Approved by SCTP on 28th April 2011

M.Sc.; Biochemistry; Thesis (45 cr.)

Faculty of Science

Approved by SCTP on 27th May 2011

B.Sc.; Atmospheric Science and Physics; Joint Major (67 cr.)

ii. Program retirements:

Faculty of Arts

Approved by SCTP on 27th May 2011

B.A.; Freshman Program – Legacy Option (24 cr.)

Schulich School of Music

Approved by SCTP on 28th April 2011 and by APC on 26th May 2011

Please see Major revisions IV A) 1) a) ii above.

2. Courses (*SCTP meeting dates, as indicated*)

a) New Courses:

Faculty of Agricultural and Environmental Sciences: 1 (28th April 2011);
Faculty of Arts: 18 (28th April 2011); 15 (27th May 2011);
Faculty of Education: 10 (28th April 2011);
Faculty of Engineering: 11 (27th May 2011);
Faculty of Law: 10 (14th April 2011);
Faculty of Medicine: 5 (28th April 2011); 4 (27th May 2011);
Schulich School of Music: 38 (3rd March 2011); 1 (27th May 2011);
Faculty of Religious Studies: 1 (27th May 2011);
Faculty of Science: 1 (28th April 2011); 3 (27th May 2011).

b) Course Revisions:

Faculty of Agricultural and Environmental Sciences: 3 (27th May 2011);
Faculty of Arts: 3 (28th April 2011); 15 (27th May 2011);
School of Continuing Studies: 8 (28th April 2011); 1 (27th May 2011);
Faculty of Education: 29 (28th April 2011); 2 (27th May 2011);

Faculty of Engineering: 11 (28th April 2011); 8 (27th May 2011);
Faculty of Law: 15 (27th May 2011);
Faculty of Medicine: 1 (27th May 2011);
Schulich School of Music: 20 (3rd March 2011);
Faculty of Science: 1 (27th May 2011); 4 (27th May 2011).

c) Course retirements:

Faculty of Agricultural and Environmental Sciences: 11 (27th May 2011);
Faculty of Arts: 8 (27th May 2011);
School of Continuing Studies: 2 (28th April 2011); 1 (27th May 2011);
Faculty of Engineering: 6 (28th April 2011); 3 (27th May 2011);
Faculty of Law: 15 (27th May 2011);
Schulich School of Music: 16 (3rd March 2011).

(B) OTHER

French translation of “McGill Writing Centre”

The proposal for the creation of the McGill Writing Centre within the Centre for Continuing Education (now School of Continuing Studies) was approved by APC on 7th October 2010, by Senate on 20th October (422nd APC Report – D10-10) and by the Board of Governors on 30th November 2010. No French translation for the name of the Centre had been provided at that time. At its meeting on 1st September 2011, APC was informed that the McGill Writing Centre will be known in French as *le Centre de la communication écrite de McGill*.

CGPS. 10.46



McGill

New Program/Major or Minor/Concentration Proposal Form

(07/2004)

<p>1.0 Master of Science (M.Sc) programs</p> <p>1.1 Major (Legacy= Subject)(30-char. max.) Family Medicine</p> <p>1.2 Concentration (Legacy = Concentration/Option) If applicable to Majors only (30 char. max.)</p> <p>1.3 Minor (with Concentration, if Applicable) (30 char. max.)</p>	<p>2.0 Administering Faculty/Unit Graduate and Postdoctoral Studies</p> <p>Offering Faculty/Department Medicine/Family Medicine</p> <p>3.0 Effective Term of Implementation (Ex. Sept. 2004 = 200409) Term 201309</p>
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4.0 Rationale for new proposal

The complexities of contemporary societies pose increasing demands on healthcare delivery in general, and primary medical care in particular. A M.Sc in Family Medicine will better prepare clinicians and researchers to face these challenges. The program will increase the research skills and capacity of practicing family physicians, as well as clinicians and students across disciplines interested in carrying out meaningful research in the practice of Family Medicine. Our recent international environmental scan found very few research training programs for graduate students in Family Medicine/General Practice. In Canada, there are presently no research programs similar to the one proposed.

5.0 Program Information
Please check appropriate box(es)

<p>5.1 Program Type</p> <p><input type="checkbox"/> Bachelor's Program</p> <p><input checked="" type="checkbox"/> Master's M.Sc. (Applied) Program</p> <p><input type="checkbox"/> Dual Degree/Concurrent Program</p> <p><input type="checkbox"/> Certificate</p> <p><input type="checkbox"/> Diploma</p> <p>Graduate Certificate</p> <p>Graduate Diploma</p> <p>Ph.D. Program</p> <p>Doctorate Program (Other than Ph.D.)</p> <p>Private Program</p> <p>Off-Campus Program</p> <p>Distance Education Program (By Correspondence)</p> <p>Other (Please specify)</p>	<p>5.2 Category</p> <p><input type="checkbox"/> Faculty Program (FP)</p> <p><input type="checkbox"/> Major</p> <p><input type="checkbox"/> Joint Major</p> <p>Major Concentration (CON)</p> <p>Minor</p> <p>Minor Concentration (CON)</p> <p>Honours (HON)</p> <p>Joint Honours Component (HC)</p> <p>Internship/Co-op</p> <p><input checked="" type="checkbox"/> Thesis (T)</p> <p><input type="checkbox"/> Non-Thesis (N)</p> <p><input type="checkbox"/> Other</p> <p>Please specify</p>	<p>5.3 Level</p> <p>Undergraduate <input type="checkbox"/></p> <p>Dentistry/Law/Medicine <input type="checkbox"/></p> <p>Continuing Ed (Non-Credit) <input type="checkbox"/></p> <p>Collegial <input type="checkbox"/></p> <p>Masters & Grad Dips & Certs <input checked="" type="checkbox"/></p> <p>Doctorate <input type="checkbox"/></p> <p>Post-Graduate Medicine/Dentistry</p> <p>Graduate Qualifying</p> <p>Postdoctoral Fellows</p>
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6.0 Total Credits

45

7.0 Consultation with Related Units Yes No

Financial Consult Yes No

Attach list of consultations.

8.0 Program Description (Maximum 150 words)

The M.Sc in Family Medicine is designed to provide research training to family physicians practicing in Quebec interested in conducting research in family medicine. Exceptionally, we may consider candidates with a different background.

9.0 List of proposed program for the New Program/Major or Minor/Concentration.**Current M.Sc. in Experimental Medicine; Family Medicine Option (45 credits)****Required courses (41 credits including thesis credits)**

FMED 500 Introduction to Research (1 cr)
 EPIB 507 Biostatistics for Health Professionals (3 cr)
 EPIB 600 Clinical Epidemiology (3cr)
 PSYT 625 Qualitative Research in HealthCare (3 cr)
 DENT 672 Applied Mixed Methods in Health Research (3 cr)
 FMED 600 Mixed Studies Reviews (1 cr)
 FMED 601 Advanced Topics in Family Medicine Research (3 cr)

EXMD 693 Master's Thesis Research 4 (12 cr)

EXMD 694 Master's Thesis Research 5 (12 cr)

Elective courses (4 credits)

Up to 4 credits, at the 500 level or higher, of course work may be chosen from outside the Department, in consultation with the student's academic advisor or supervisor.

Proposed M.Sc. in Family Medicine (45 credits)**Required courses (42 credits including thesis credits)**




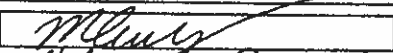
FMED 500 Introduction to Research (1 cr)
 EPIB 507 Biostatistics for Health Professionals (3 cr)
 EPIB 600 Clinical Epidemiology (3cr)
 PSYT 625 Qualitative Research in HealthCare (3 cr)
 DENT 672 Applied Mixed Methods in Health Research (3 cr)
 FMED 600 Mixed Studies Reviews (1 cr)
 FMED 601 Advanced Topics in Family Medicine Research (3 cr)
 FMED 603 Introduction to Participatory Research (1 cr)
 FMED 697 Master's Thesis Research 1 (12 cr)
 FMED 698 Master's Thesis Research 2 (12 cr)

Elective courses (3 credits)

3 credits, at the 500 level or higher, of course work may be chosen from outside the Department, in consultation with the student's academic advisor or supervisor.

Attach extra page(s) as needed

New Program/Major or Minor/ Concentration Proposal Form P1-2

10.0 Approvals			
Routing Sequence	Name	Signature	Date
Department	Miriam Boilat, Acting Chair-Family Medicine		May 5/2011
Curric/Acad Committee	Dr. Bagnsdale		May 10 '11
Div. of Exp. Medicine	Dr. R. J. Levin		May 11 '11
Faculty 1	SCTP		
Faculty 2			
SCTP	APPROVED		MAY 27/11
GS	CGPS		MAY 19, 2011
APPC	Helen McRICHARD	Helen McRichard	1st Sept 2011
Senate	APPROVED		
Submitted by			
Name	Jamie DeMore	To be completed by ARR:	
Phone	514 398-7375 ext. 0466#	CIP Code	
Email	graduateprograms.fammed@mccill.ca		
Submission Date			

19 May 2011

To: Academic Policy Committee

From: Richard I. Levin, VP and Dean, Faculty of Medicine

Mara Ludwig, Associate Dean, Faculty Affairs, Faculty of Medicine

Re: Request to establish the Department of Pediatric Surgery within the Faculty of Medicine

The purpose of this document is to request the establishment of the Department of Pediatric Surgery within the Faculty of Medicine. A description of the process leading to this proposal, a rationale for the establishment of the department, a listing of the affected academic staff, budgetary implications and supporting documentation follow:

Background

The surgical mission (clinical, educational and research) at the Montreal Children's Hospital is essentially carried out by pediatric surgeons who are full time at this institution. This includes pediatric general surgeons, cardiac surgeons, orthopedic surgeons, plastic surgeons and urologists. All of these academics are currently appointed in the McGill Department of Surgery. In addition, there are members of the Departments of Ophthalmology, Otolaryngology and Neurology and Neurosurgery, who are trained in the pediatric discipline and who work full time at the MCH. At the hospital level, these surgeons are appointed within the hospital Department of Pediatric Surgery, but there is at the moment, no academic equivalent to the clinical structure.

Process

A request to consider the establishment of the Department of Pediatric Surgery was first initiated in 2007, at which time the clinical department was established at the Montreal Children's Hospital. The Chief of the clinical department, Dr. Jean Pierre Farmer, submitted a document to the Dean of Medicine entitled "Rationale for a Creation of a McGill Faculty Department of Pediatric Surgery" (see attached). In the spring of 2009, the Dean of Medicine struck a committee within the Faculty of Medicine to study this proposal. This committee was chaired by Dr. Lawrence Rosenberg (Chief of Surgery, Jewish General Hospital) and was comprised of senior membership of the Faculty, including Dr. Sam Benaroya (Associate Dean, Interhospital Affairs), Jeff Barkun (Chief, General Surgery, MUHC), David Muldar (Interim Chair, Department of Surgery), Harvey Guyda (Chair, Department of Pediatrics), and Jean Ouellete (Orthopedics). The committee reviewed the rationale for establishing the department, interviewed the Chairs of the potentially affected departments, and received uniformly positive submissions from the pediatric surgeons currently located at the MCH (see attached). Upon

deliberation, the committee unanimously recommended that Pediatric Surgery be accorded departmental status within the Faculty of Medicine. The committee recognized that there were concerns raised by the Chairs of Ophthalmology, Otolaryngology and Neurology and Neurosurgery, which, while not substantive enough to hinder the recommendation, required addressing by the proposed Chair of this new department. Further, the committee felt that the new Chair of Surgery needed to be in place and have the opportunity to be involved in the decision making before this process could proceed.

Subsequently, Dr. Farmer met with the involved Chairs, including the newly appointed Dr. Gerry Fried (Chair of Surgery). Over the next year, several meetings took place and agreements were reached and signed between Dr. Farmer and the Chairs of Surgery, Ophthalmology, and Otolaryngology, and a partial agreement with the Chair of Neurology and Neurosurgery (see attached). Issues that were resolved included the approach to government controlled positions at the hospital (PEMS) and issues related to the educational mission, ie, training of residents and fellows.

Finally, the proposal was presented at the Deanery Executive Council on 7 July 2010 and received unanimous support.

Rationale

The rationale for establishing a Department of Pediatric Surgery is well outlined in the following documents submitted by Dr. Farmer: "Rationale for a Creation of a McGill Faculty Department of Pediatric Surgery"; "Academic Motivation Driving the Creation of a University Department" and 'Executive Summary of the Rationale for the Creation of a University Department of Pediatric Surgery at McGill University".

The essential arguments include the following:

Pediatrics is a particular discipline both academically and clinically and the concerns of the pediatric population are best addressed by physicians/surgeons trained specifically in pediatrics. "*Children are not small adults.*" A corollary is the existence of both a Department of Pediatrics and a Department of Medicine.

Having all of the academic surgeons at the MCH within a single department will enable more effective oversight of the educational mission, better monitoring of the teaching performance of individual professors, and improved feedback. The core group of academic surgeons at the Children's Hospital will be overseen by a single academic chair, instead of 4 different Chairs, whose primary responsibilities and activities are at the adult hospital sites. It will also allow a more cohesive approach to the running of pediatric fellowships.

Recruitment into the Pediatric Surgery disciplines will be improved as, again, a single Chair will be involved in the process and can oversee the many steps required to bring about a successful

outcome. It will also insure that the hospital positions (PEMS) at the MCH, which are now intermingled with the adult sites, will continue to be earmarked for the pediatric mission. Promotion and retention will also be better handled if the Chair leading these processes is more directly involved with the individual candidates, and is also located at the institution where the individual's academic activities are concentrated.

Pediatric surgical research will be fostered more effectively, as cross fertilization across pediatric surgical disciplines is enabled.

Communication between the pediatric surgical mission and the Dean's office will be improved, if there is a formal department at the Faculty level, as there will be a direct connection to the Dean. Better integration with the Shriners Hospital will also occur as the Pediatric Surgery Department Chair can act as intermediary between these two parties (the Dean and the Shriners Hospital). The Shriners is a key partner in the Glen project and it is anticipated will contribute significantly to carrying out the academic mission (both in terms of research and teaching).

Answers to Potential Concerns

A number of potential concerns were raised through the process.

The issue of PEMS and the distribution of manpower needs were discussed at length. The positions at the MCH in the various surgical specialties are, in some cases, already designated as pediatric positions; in other cases it is by historic agreement. The Chairs of the various Departments reached individual agreements, which they have signed, which outline a transition plan which will address these concerns.

The teaching mission *vis a vis* training of residents and fellows required further consideration. As the responsibility and standards for training residents lies ultimately with the Royal College of Physicians and Surgeons, while that for fellows (pediatric sub-specialization) lies with pediatric professional organizations, there is a need to co-ordinate the teaching mission at these two levels. The approach to directing these two levels of trainees was spelled out in the transition agreements reached among the Chairs.

While the Chairs of Surgery, Ophthalmology, and Otolaryngology were comfortable that their concerns were addressed, there were continued misgivings from the Department of Neurology and Neurosurgery, in particular, the division director of Neurosurgery (Dr. Andre Olivier). Dr. Farmer, in an extensive rebuttal, answered the concerns of Dr. Olivier to the satisfaction of the Dean and the Deanery Executive Committee. The question re: effect on training of residents was raised at the Neurosurgery training committee, and the committee members were satisfied with the approach outlined. The Faculty feels after extensive consideration that the ongoing, concerns of the Division should not prevent the establishment of the new department, which the Faculty fully supports, and feels is to the betterment of its educational, clinical and research missions.

March 16, 2011

Executive Summary of the Rationale for the Creation of a University Department of Pediatric Surgery at McGill University

Current context:

Trends in academic medicine have changed enormously in the last 15 or 20 years both in Quebec and at McGill. McGill is responsible for the education and the delivery of care within the McGill RUIS which comprises 63% of the Quebec territory. Therefore, a number of remote centers have been put to contribution in the delivery of education to medical students and residents in base specialties and family medicine where the training has been decentralized. On the contrary however, the tertiary and quaternary care is being centralized towards the major academic centers of the McGill network. This is particularly the case in pediatric surgery where in fact the pediatric surgical services of The Montreal Children's Hospital are asked to provide tertiary and quaternary care to children from all over Quebec (well beyond the RUIS borders) given that McGill is blessed with one of the only two free-standing pediatric hospitals in the province. Pediatric surgical services also train residents and fellows in those disciplines from different university networks.

Within the McGill tertiary care network change has occurred in the same period with the creation of the McGill University Health Centre. At the time of the creation of the McGill University Health Centre, the Montreal Children's Hospital's medical specialties were given university status under the umbrella of the pediatric mission with the Chair of Pediatrics being the sole representative of the Montreal Children's Hospital activities at the faculty level. Paradoxically, the Department of Surgery of The Montreal Children's Hospital which should have become the Department of Pediatric Surgery of the MUHC remained a division of pediatric surgical services under the Department of Surgery of both the MUHC and the faculty. The academic governance of the division of pediatric surgical services at the faculty level was (and still is) under the egis of the Department of Surgery for five of its divisions (pediatric cardiac surgery, pediatric plastic surgery, pediatric orthopedic surgery, pediatric general surgery and pediatric urology) under the egis of the Chair of the Department of Neurology and Neurosurgery for its division of pediatric neurosurgery, under the egis of the Chair of the Department of Otolaryngology for its division of pediatric otolaryngology and skull base surgery, under the Department of Ophthalmology for its division of pediatric ophthalmology and under the Department of OBGYN for its pediatric adolescent gynecology division. In addition, the division of pediatric surgical services was (and still is) overseeing the activities of the division of pediatric dentistry which belongs to the Faculty of Dentistry, not the Faculty of Medicine.

At the time of a recent undergraduate medical education external review the survey team recommended that the "feedback loop" for the assessment of educational quality be shortened by allowing the performance evaluation to be

provided by people in academic positions best able to judge the progress of McGill professors. For pediatric surgical services, this implies an on site academic evaluation of peers rather than the current five university chair system.

As these lines are being written, the MUHC administrative structure is now becoming an architectural realization and a new Montreal Children's Hospital is being built to subserve, amongst other activities, pediatric surgical tertiary and quaternary activities. In addition, a second pediatric surgical facility the new Shriners is being built to subserve other pediatric surgical tertiary and quaternary activities provided by the divisions of pediatric orthopedics, pediatric plastic surgery, pediatric neurosurgery and pediatric urology.

Conditional to the appointment of the new Surgeon-in-Chief at The Montreal Children's Hospital in January 2007, the Department of Surgery of The Montreal Children's Hospital became the Department of Pediatric Surgery of the MUHC. An additional request was made to the Faculty in 2007 to study a demand for the parallel creation of a new Department of Pediatric Surgery at the university level to represent the 35 full time surgeons (excluding the dentists) and the 15 to 20 part time surgeons who have activities either at The Montreal Children's Hospital or at the Shriners Hospital or both.

The group of pediatric surgeons in 2007 already had a multidisciplinary (10 disciplines) structure with an executive committee, an endowed fellowship, an endowed departmental annual lectureship, the David R. Murphy Lectureship, as well as, within its grand rounds structure, the Dobell Lectureship in cardiac surgery and the Schloss Lectureship in OTL and head & neck surgery. The department is also honored to benefit from a McGill endowed chair, the Dorothy Williams Chair in Pediatric Surgery. The backbone of surgical education at The Children's Hospital is that of pediatric surgical fellowships (of which there are nine). The fellows remain at The Children's for periods of one to two years at any given time. The pediatric surgical divisions are also responsible on a rotating basis for the pediatric component of the Royal College training of residents who usually attend the MCH surgical services for a period of 3 to 6 months, occasionally longer. The fellowships are not defined by the Royal College of Physicians and Surgeons of Canada but rather by national and international organizations which define their requirements and oversee their quality.

Since 2010, an additional annual lectureship, the H. Bruce Williams Pediatric Surgical Research Day has been instituted. On that day, a visiting professor is invited on a rotational basis by the different surgical disciplines of the MUHC Department of Pediatric Surgery as a guest speaker. Fellows and residents also present the results of their bench or clinical research activities (in which they embarked during the time spent at The Children's Hospital) at the time of this departmental lectureship.

Hence, despite not having a full university status, the MUHC Department of Pediatric Surgery already has the necessary ingredients to become a highly performing academic group.

Justification for the creation of a university department of Pediatric Surgery:

A. Clinical Considerations:

The profile of the group of surgeons at The Montreal Children's Hospital and in the MUHC Department of Pediatric Surgery is that of a multidisciplinary department delivering highly specialized tertiary and quaternary care. Extensive cross-fertilization takes place amongst the individual surgical disciplines at The Children's Hospital. For example, the use of minimally invasive techniques, endoscopy, the laser, navigational and evoked potential monitoring information are similar across pediatric surgical specialties but quite different from remotely related techniques in adults. Issues discussed at M&M rounds have relevance across disciplines because frequently issues discussed are particular to the pediatric population. Children are not simply small adults.

In addition, the McGill Faculty of Medicine will benefit, at least from a pediatric surgical perspective, from the construction of two state of the art facilities, the Montreal Children's Hospital of the MUHC and the Shriners Hospital at the Glen site. Pediatric surgical specialists from McGill will represent the majority of attending physicians at the Shriners. The planning and coordination of pediatric surgical activity has to be centralized and the functional organization of the two hospitals which will encompass a total of approximately 14 OR theatres needs to be provided by a single university department of Pediatric Surgery.

B. Teaching considerations:

Recent communication from the Faculty of Medicine suggests that a better monitoring of the teaching performance of its professors is needed. In such a model, the best structure to provide this teaching feedback and dynamic interaction between pediatric surgical specialists and the Faculty of Medicine is a department whose chair, being aware of the day to day activities of the McGill pediatric surgical teachers, acts as a single highly informed advocate for the group.

Just as on the pediatric medicine side there is a representative at the faculty, the pediatric surgical group should have a representative at the faculty to enhance communication to and from the faculty and therefore improve support from the faculty towards academic endeavors of residents, fellows and academic staff from the department at the level of national and international pediatric surgical societies. In addition, better communication with the faculty would stimulate interest of students and residents towards a career in a pediatric surgical discipline.

The teaching structure of the Department of Pediatric Surgery rests on the establishment and the academic structuring of pediatric surgery fellowships. Whereas residency program directors and the associate dean for postgraduate medical education are accountable to the Royal College and the Collège des médecins du Québec, pediatric surgical fellowship directors and the associate dean are accountable to pediatric surgical boards and societies whose requirements are very specific and

distinct from those of residency training. Enhanced communication with the faculty would help improve pediatric surgical fellowship (of which there are 9) organization.

The creation of a university department will facilitate recruitment by giving credibility to the group (vis à vis the surgical group at Hôpital Sainte-Justine and at the Agence). Earmarking positions (PREM's) as "pediatric" is essential in a model of care which ensures continuity across all age groups such as the McGill model. The establishment of pediatric earmarking for surgical positions would officialize what is already in place. This is more necessary in the MUHC model of care than in the Université de Montréal model of care where by belonging to a free-standing pediatric CHU, pediatric surgical positions at Hôpital Sainte-Justine are consolidated. In the MUHC model of care, the "non-identification" of the pediatric subspecialties may lead to confusion, alter the adult/pediatric ratios of specialists and even create interruptions in the provision of service or education in the long run.

The creation of a university department would facilitate pediatric surgical faculty recruitment and retention by leading to the development of pediatric specific mechanisms of promotion of deserving individuals. The processing of such dossiers driven by the future chair but done in collaboration with adult divisions and departments will achieve a long awaited equipoise between adult and pediatric professors in surgical disciplines.

C. Research considerations:

There are important research contributions from members in all disciplines of clinical sciences and bench research is particularly emphasized in ophthalmology, pediatric general surgery, otolaryngology and neuro-imaging with the advent of the first pediatric intraoperative MRI facility in Canada in 2009 and the first clinical and research 3 Tesla MRI at McGill..

The creation of a department would foster pediatric surgical research and improve collaboration amongst researchers of the department as well as between pediatric surgical researchers and other researchers of the MCH/MUHC RI. The creation of a department would enhance McGill's profile in clinical and bench research vis à vis international pediatric surgical societies. It would also allow pediatric surgical divisions of the department to define their own academic research profiles and objectives. Coordination of such objectives at the level of the Department of Pediatric Surgery would then have a catalytic and interdisciplinary synergistic effect because of the extensive cross-fertilization that exists amongst surgical groups at The Children's Hospital.

Since four divisions of the Department of Pediatric Surgery are very active at Shriners' Hospital, research endeavors from that institution could blossom via the same cross-fertilization. The link between the Shriners and McGill would be reinforced de facto.

D. Administrative Considerations:

Currently, communications from and to the Dean's office for The Children's Hospital occur exclusively via the Chair of Pediatrics. As mentioned previously, a number of innovations and developments have occurred in the pediatric surgical domain at The Children's and the Shriners Hospital in the last decade. Not only does the information not trickle well from the faculty to the surgical teachers but the Faculty of Medicine also needs to be informed of tertiary pediatric surgical developments and of issues threatening both medical and surgical pediatric training. The Department of Pediatric Surgery of the MUHC will be a front runner in future developments in tertiary care (simulation centre at Shriners, intraoperative MRI, minimally invasive surgery, fetal surgery and fetal counseling, gene therapy for blindness, the treatment of ototoxicity, etc.) but has no direct voice at the Faculty of Medicine. The global strategic plan of the faculty would definitely be better served by a Department of Pediatric Surgery than by the current model of five different adult university chairs representing pediatric surgeons. Having a single designated advocate to relay academic needs, accomplishments and future directions to the Dean's office would clearly represent a step forward.

In Montreal, there are two faculties of medicine. The pediatric model of care chosen by Université de Montréal was the creation of a pediatric CHU separate from the CHUM. The McGill model still has a CHU status for its pediatric mission but the playing field needs to be leveled because the McGill continuity of care model renders negotiations with the Agence, and the ministry vis à vis colleagues from Hôpital Sainte-Justine somewhat skewed for pediatric surgeons.

The Department of Pediatric Surgery at the MUHC/MCH has to be able to define its future through recruitment and retention. The Department of Pediatric Surgery is in a much better position to define its needs in individual divisions whether they be divisions that are shared with the department of adult surgery or with one of the other adult departments such as ENT or ophthalmology. The Department of Pediatric Surgery is given a quota of positions on the basis of historical global MUHC PREM's per discipline and this prevents making the necessary adjustments to meet the demand at a time when all sectors of specialized medicine in Montreal are being curtailed.

The current governance structure of the MUHC Department of Pediatric Surgery is difficult to understand for outside applicants interested in key leadership positions at The Montreal Children's Hospital when they are being recruited. The line of authority is poorly defined with respect to the academic mission of the department. Currently, academic developments happening in the pediatric hospital setting through the MUHC Department of Pediatric Surgery rarely if at all materialize with any input from the university divisions or departments.

Similarly, academic promotions are quite difficult for McGill's highly specialized pediatric surgical teachers because of this same poorly defined faculty governance structure. The promotions' dossiers of pediatric surgeons currently proceed through the adult divisional chiefs who in turn will make recommendations to the respective departmental chairs (of which there are five). The process is flawed; given that their

activities are concentrated at The Children's Hospital, their contribution to the academic life of the university is best understood by authorities within the Department of Pediatric Surgery and there is no mechanism by which academic promotions can be officially supported by colleagues best able to defend the candidate's dossier.

Regular active participation of a single academic advocate for this group to faculty discussions and planning would level the playing field between adult and pediatric surgical specialists of the same discipline and thereby enhance collaboration and communication. This might help in the long run resolve issues related to professional working conditions where there is a very significant historical delta between adult and pediatric academic teachers not only at McGill but across the country.

E. Conclusion:

The tertiary and quaternary nature of surgical clinical care provided by the group, the catchment for quaternary activities which far exceeds the McGill RUIS limits, the extensive cross-fertilization that exists amongst pediatric surgical specialties, the recommendations for a better monitoring of the quality of teaching at McGill University by a decentralized approach, the current context of the concomitant construction of two state of the art pediatric surgical facilities at Glen yards and the model of care (across all age groups) of the McGill University Health Centre whether it be for clinical, teaching or research activities makes the need for the creation of a parallel hospital and university structure for pediatric surgical specialists imperative at this point. Discussions and agreements have been reached between adult surgical stakeholders and pediatric surgical stakeholders in this dossier and the process of this four-year long initiative is well discussed in detail under separate cover. The faculty structure just like the university hospital structure has to adjust to these emerging trends and must add a surgical arm to its pediatric mission rather than maintaining the status of having five adult chairs oversee at a distance the fate of pediatric surgical disciplines with which they have limited familiarity.



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