

**AGENDA**  
**2:30 p.m. Thursday, September 20, 2012**  
**Neatby-Timlin Theatre (Room 241) Arts Building**

*In 1995, the **University of Saskatchewan Act** established a representative Council for the University of Saskatchewan, conferring on Council responsibility and authority “for overseeing and directing the university’s academic affairs.”*  
*The 2012-13 academic year marks the 18<sup>th</sup> year of the representative Council.*

1. Adoption of the agenda
2. Opening remarks
3. Minutes of the meeting of June 21, 2012 – pp. 1-12
4. Business from the minutes
5. Report of the President - pp. 13-16
6. Report of the Provost - pp. 17-24
  - 6.1 Progress report on Organizational Re-Structuring in the College of Medicine – pp.25-49
7. Student societies
  - 7.1 Report from the USSU (oral report)
  - 7.2 Report from the GSA (oral report)
8. Planning and Priorities Committee
  - 8.1 Request for decision: College of Medicine Organizational Re-Structuring – pp.50-83

As a consequence of the outcome of the special meeting of the General Academic Assembly held on September 6, 2012, and in accordance with the *University of Saskatchewan Act, 1995* [71(8)], this motion must be submitted to Council for confirmation, which requires a two-thirds majority of Council members in attendance voting to confirm the original motion.

The motion reads:

*It is recommended that University Council approve a new academic governance model for the College of Medicine, along with consequential changes to Council’s bylaws, which would see the establishment of three new divisions: the Division of Clinical Research, the Division of Medical Education, and the Division of Biomedical and Population Sciences, and the discontinuation of the existing models of clinical instruction and research, as outlined in the attached “Concept Paper”, effective January 1, 2013.*

*It is further recommended that the Provost and the Dean of the College of Medicine report to University Council on progress made toward implementation of this new model at the September 2012 meeting of University Council and at regular intervals over the course of the 2012/13 academic year.*

*Council agenda continued*

9. Governance Committee

- 9.1 Request for Decision: Change to Council Bylaws re Membership of the College of Pharmacy and Nutrition Faculty Council – pp. 84-87

*That Council approve the changes to the membership of the College of Pharmacy and Nutrition Faculty Council as outlined in the attachment.*

- 9.2 Notice of Motion: Change to Council Bylaws re Membership of the School of Environment and Sustainability — pp. 88-89

*That Council approve the membership of the School of Environment and Sustainability Faculty Council as outlined in the attachment.*

10. Academic Programs Committee

- 10.1 Items for Information:-- pp. 90-92

- Veterinary Medicine academic calendar change
- English proficiency criteria clarification

11. Other business

12. Question period

13. Adjournment

Next meeting – 2:30 pm, October 18, 2012

If you are unable to attend this meeting please send regrets to: [Lesley.Leonhardt@usask.ca](mailto:Lesley.Leonhardt@usask.ca)

*Attendance: J. Kalra (Chair). See appendix A for listing of members in attendance.*

The chair called the meeting to order at 2:34 p.m., observing that quorum had been attained.

A tribute to Professor Peter Burnell was delivered by Professor Frank Klaassen, Professor of History and Director of Classical, Medieval, and Renaissance Studies. Professor Burnell was a professor and department head in classics and a professor of history from 1983 until his death on May 7 of this year.

1. Adoption of the agenda

BRENNA /SINGH: That the agenda be adopted as circulated.

CARRIED

2. Opening remarks

Dr. Kalra welcomed members to the final meeting of the university Council for the year, and welcomed visitors, particularly former Council chairs and student leaders. He noted that there is a very full agenda before Council for its final meeting of the year.

3. Minutes of the meeting of May 17, 2012

DesBRISAY/QIU : That the minutes of the meeting of May 17, 2012 be approved as circulated.

CARRIED

4. Business arising from the minutes

No business was identified as arising from the minutes.

5. Report of the president

The president commended members to his written report; there were no questions.

6. Report of the provost

Dr. Fairbairn commended members to his written report, and provided an update regarding the work being done on operating budget adjustments, including the constitution of the budget adjustment steering committee and the committees working on the various quadrants. There being no questions, the chair turned to the student societies reports.

## 7. Student societies reports

### 7.1 Report from the USSU

In the absence of student representatives, the chair drew Council's attention to the written report, circulated with the agenda materials, from the USSU.

### 7.2 Report from the Graduate Students' Association

GSA President Ehimai Ohiozebau presented an oral report on the current work of the GSA executive as they plan for fall orientation and other start-of-year activities. He also congratulated President MacKinnon on the completion of his presidency and on behalf of the graduate students, thanked him for the efforts he has made to engage students. The chair invited Council members to join him in thanking Mr. Ohiozebau for his report.

## 8. Scholarships and Awards Committee

Dr. Gordon DesBrisay presented these items as Chair of the Scholarships and Awards Committee.

### 8.1 Request for Decision: Revision of the Undergraduate Awards policies

DesBRISAY/PARKINSON: That Council approve the amended Undergraduate Awards Policies as presented.

CARRIED

### 8.2 Item for Information: Scholarships and Awards Committee Annual Report

Professor DesBrisay presented the report for information. There was a question about whether the Scholarships and Awards committee looks at how the U of S stands in comparison with other universities in terms of level of scholarship support; Dr. DesBrisay indicated that this is on the work plan for 2012-13.

## 9. Nominations Committee

Professor Dwayne Brenna presented this item as Chair of the Nominations Committee.

### 9.1 Request for Decision: Committee Nominations for 2012-13

A member pointed out that Professor Chillibeck who is nominated for the URC may not also serve on the Renewals and Tenure Appeal Panel; this was duly noted and his name was removed from the Renewals and Tenure Appeal Panel nomination list. The chair called three times for nominations from the floor to any of the committees in the report; hearing none, he called the question.

*DRAFT until approved at the next meeting*

BRENNNA/PAIN : That Council approve the nominations to University Council committees, Collective Agreement committees, and other committees for 2012-13, with the amendment noted above.

CARRIED

10. Academic Programs Committee

10.1 Request for Decision: Approval of Education Technology and Design as a field of study in the M.Ed. program

Dr. Dan Pennock, a member of the Academic Programs Committee, presented these items on behalf of the Chair of the Committee, who declared a conflict of interest because the proposal involves his own department.

SCHWIER/TYLER : That Council approve the proposal from the College of Graduate Studies and Research that Educational Technology and Design be a field of study in the Master of Education program.

CARRIED

10.2 Request for Decision: Approval of Post-Graduate Degree Specialization Certificate in Corrections

Professor Len Proctor presented this item as chair of the committee. There was a question about why the program would be limited to those employed in corrections; Professor Steve Wormith, Director of the Centre for Forensic Behavioural Sciences and Justice Studies, responded, explaining that this program is not unlike other professionally oriented master's programs aimed at employees and that it is being offered in collaboration with the Saskatchewan Ministry of Corrections, Public Safety, and Policing explicitly to provide training to senior corrections managers.

PROCTOR/TYLER : That Council approve the proposal from the College of Graduate Studies and Research for a Post-Graduate Degree Specialization Certificate in Corrections.

CARRIED

10.3 Request for Decision: Approval of change in admission qualifications for the College of Medicine for out-of-province residents

Professor Len Proctor presented this item. There was a question about the requirement that the four-year degree required for admission be completed in a very compressed time frame. Dr. Lou Qualtiere, Associate Dean of the College of Medicine, indicated that this was not really the intent and that there would likely be changes to this requirement going forward. There was also a question about whether the actual number of out-of-province seats would change; it was

*DRAFT until approved at the next meeting*

confirmed these would remain at 10% of all seats and should have been expressed in that way in the document rather than as 10 seats (out of a total of 100).

PROCTOR/TYLER: That Council approve the proposal from the College of Medicine to change the admission qualifications for out-of-province residents, effective for 2013 admissions.

CARRIED

10.4 Items for Information:

These items were received without comment or questions.

10.4.1 Change of Academic Schedule for Pharmacy fourth year

10.4.2 Approval of increase in Physical Therapy program by one credit unit

10.4.3 Change of name for graduate programs to Biological Engineering

10.4.4 Change of name for Vocational Education Certificate

10.4.5 Approval of increase in Veterinary Medicine Year Four program due to credit unit changes in course

10.4.6 Addition of mobility terminology to Nomenclature

10.4.7 Academic Programs Committee Annual Report

Professor Proctor thanked committee secretary Cathie Fornssler and support staff members Peter Krebs, Jacque Thomarat, Marion Van Impe, and the staff in SESD for their invaluable assistance over the past year.

11. Governance Committee

Professor Gordon Zello presented these items as Chair of the Governance Committee.

11.1 Request for Decision: Changes to Part Three of Council Bylaws and Regulations, Section VI-VIII

A member noted that there were discrepancies between the section references in the title of this item and the motion; the secretary confirmed that this was a typographical error and that to be consistent with the changes indicated in the attachment, the heading should read "Sections II-VIII" and the motion should refer to all of the changes outlined in the attachment.

ZELLO/DOBSON: That Council approve the revisions to Part Three of *Council Bylaws and Regulations* as outlined in the attachment.

CARRIED

11.2 Request for Decision: Change to Part Three of Council Bylaws and Regulations Section V. B.- Membership of the Open Studies Faculty Council

ZELLO/DOBSON: That Council approve the changes to the membership of the Open Studies Faculty Council as outlined in the attachment.

CARRIED

Professor Zello thanked members of the committee over the past year and acknowledged the support of Sandra Calver and Lesley Leonhardt.

11.3 Request for Decision: Appointments to the Nominations Committee for 2012-13

The chair called three times for nominations from the floor. There being no further nominations, he called for a vote on the motion as put forward by the committee.

ZELLO/DOBSON: That council approve the following appointments to the Nominations Committee, effective July 1, 2012:

- Venkatesh Meda, Chemical & Biological Engineering, three-year term expiring June 30, 2015, replacing Jim Kells, Civil & Geological Engineering;
- Claire Card, Large Animal Clinical Science, three-year term expiring June 30, 2015, replacing Don Hamilton, Veterinary Biomedical Sciences; and
- Beverly Pain, Curriculum Studies, as chair of the Nominations Committee of Council for 2012/13, for a one-year term expiring June 30, 2013

CARRIED

11.4 Request for Decision: Delegation by College of Medicine of undergraduate student promotion decisions, graduation decisions, and appeals of promotion decisions, to its Undergraduate Education Committee

ZELLO/DOBSON: That Council approve delegation by the College of Medicine Faculty Council of undergraduate student promotion decisions, graduation decisions, and appeals of promotion decisions, to its Undergraduate Education Committee.

CARRIED

11.5 Notice of Motion: Faculty Council membership-College of Pharmacy and Nutrition

This item was presented as a notice of motion, and the chair encouraged members to send any comments they may have to the committee, in care of the University Secretary.

Notice of Motion: *That Council approve the changes to the membership of the College of Pharmacy and Nutrition Faculty Council as outlined in the attachment.*

## 12. Planning and Priorities Committee

Dr. Bob Tyler presented these items as Chair of the Planning and Priorities Committee.

### 12.1 Request for Decision: Establishment of the Global Food Security Institute as a Type B Centre

Professor Bob Tyler presented this item as chair of the committee, and provided some comments on the vision for the centre as a broad-based interdisciplinary institute that would provide a way to engage current faculty and researchers from across campus and to attract funding to increase the complement of researchers in this area. He then invited Vice-president Karen Chad to come forward to comment more fully.

Dr. Chad provided context for the centre, which she characterized as having emerged from one of the university's six signature areas of research. She described the genesis of the idea for the institute in a guest lecture in the College of Agriculture by Dr. Robert Thompson, Senior Fellow, Chicago Council on Global Affairs, and outlined the consultation process that had taken place to identify the best niche area for the University of Saskatchewan, as well as a validation process that was undertaken by McKinsey consulting. She highlighted the initiatives that have been proposed to come out of the Global Food Security Institute, and the role of the institute as providing a framework for investigation in a broad thematic area. She also responded to a critique of the proposal that had come forward from the College of Pharmacy and Nutrition and explained how the input from the college would inform the way this institute is refined over the next couple of years.

TYLER/JAECK: That Council approve the establishment of the Global Food Security Institute as a Type B Centre at the University of Saskatchewan, effective June 21, 2012.

CARRIED

## 12.2 Items for Information

### 12.2.1 Planning and Priorities Committee Annual Report

Professor Tyler corrected an oversight in his report, with apologies for his failure to acknowledge and thank Sandra Calver for her work in supporting the committee. He stressed that it would have been impossible for the committee to have done its work without Sandy's assistance.

He also reminded Council that there had been a request for a report on the faculty and support staff complement at a previous meeting and indicated that report is in preparation and will be presented at a fall meeting of the Council.

Dr. Tyler reported that the committee's capital and finance subcommittees will be combined next year as the two spheres of activity are not really distinct and separate. He also indicated

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that there will be a revised policy document on centres coming forward in the next academic year.

12.2.2 Final Report on the *Second Integrated Plan*

This item was received for information.

12.2.3 Implementation of the *Third Integrated Plan*

This item was received for information.

13. Research, Scholarly and Artistic Work Committee

Professor Stephen Urquhart presented this item as Chair of the Research, Scholarly and Artistic Work Committee. He began by thanking committee members and committee secretary Sandra Calver, and added a personal reflection on the importance of research at this institution; he thanked President MacKinnon for making research a priority.

13.1 Item for Information: Research, Scholarly and Artistic Work Committee Annual Report

The report was received for information. A member noted a correction to the date of service of a member of the committee in the Nominations Committee report.

14. International Activities Committee

Professor Claire Card presented this item on behalf of the Chair of the International Activities Committee. She expressed thanks to the committee members and to Dr. Tom Wishart who is ending his term as special advisor on internationalization on June 30. She also thanked Rita Lentner-Christa who has supported the committee over the past several years.

14.1 Item for Information: International Activities Committee Annual Report

The report was received for information.

15. Academic Support Committee

Dr. Yu Luo presented this item as Chair of the Academic Support Committee. Professor Luo expressed thanks to his committee members and acknowledged the input of the Teaching and Learning committee; he also expressed special thanks to Cathie Fornssler, committee secretary.

15.1 Item for Information: Academic Support Committee Annual Report

The report was received for information.

16. Teaching and Learning Committee

Professor Paul Jones presented this item on behalf of the Chair of the Teaching and Learning Committee. Professor Jones acknowledged the members who will be stepping down from the committee as well as the assistance of Cathie Fornssler throughout the past year.

16.1 Item for Information: Teaching and Learning Committee Annual Report

The report was received for information.

17. Joint Board/Council Committee on Chairs and Professorships

Provost Brett Fairbairn presented this report on behalf of the Chair of the Joint Board/Council Committee on Chairs and Professorships.

17.1 Item for Information: Joint Board/Council Committee on Chairs and Professorships Annual Report

The report was received for information.

18. Other business

No other business was raised.

19. Question period

There were no further questions.

20. Chair's closing remarks

The chair remarked that this meeting concludes the 17<sup>th</sup> year of the representative university Council. He invited all Council members to remain for a reception following the meeting to thank all those whose terms have expired, among them President Peter MacKinnon, who has been a member of the Council as a dean and as university Council since the very early days of the representative Council and earlier. The chair pointed out that President MacKinnon played no small part in the governance reforms that led to this Council. He then invited Council members to watch a video on President MacKinnon's Legacy of Leadership, then called on all Council committee chairs and former chairs of Council and current and former student leaders, and the university secretary, to join him on the platform; he then invited Peter MacKinnon to join him and to say a few words. President MacKinnon's remarks focused on the history of the representative university Council and on the vital importance of collegial self-governance as exercised by Council. The chair then invited Council members to join him in three cheers for our outgoing president.

The meeting adjourned at 4:08 p.m. and was followed by a reception.

*DRAFT until approved at the next meeting*

COUNCIL ATTENDANCE 2011-12

Voting Participants

| Name            | Sept 22 | Oct 20 | Nov 17 | Dec 15 | Jan 26 | Feb 16 | Mar 1 | Mar 15 | Apr 19 | May 17 | June 21 |
|-----------------|---------|--------|--------|--------|--------|--------|-------|--------|--------|--------|---------|
| W. Albritton    | P       | P      | R      | P      | P      | R      | P     | R      | P      | P      | P       |
| S. Anand        | P       | R      | P      | P      | P      | P      | P     | P      | P      | P      | A       |
| E. Barber       | P       | P      | P      | P      | P      | P      | P     | R      | P      | A      | P       |
| D. Beland       | P       | P      | R      | P      | R      | P      | P     | P      | R      | P      | P       |
| P. Bonham-Smith | P       | P      | P      | R      | R      | P      | P     | R      | P      | P      | P       |
| A. Bowen        | P       | A      | R      | R      | A      | A      | A     | A      | A      | P      | R       |
| D. Brenna       | P       | P      | A      | P      | P      | P      | P     | R      | P      | R      | P       |
| J. Bruneau      | R       | R      | R      | P      | P      | P      | P     | P      | P      | P      | P       |
| M. Buhr         | A       | R      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| L. Butler       | A       | P      | A      | A      | P      | A      | P     | R      | R      | P      | P       |
| L. Calvert      | P       | P      | P      | A      | P      | A      | P     | A      | A      | R      | R       |
| C. Card         | P       | P      | P      | R      | P      | P      | P     | P      | P      | P      | P       |
| G. S. Chang     | P       | P      | P      | R      | P      | A      | P     | P      | P      | R      | P       |
| R. Chibbar      | P       | A      | P      | P      | A      | P      | P     | P      | R      | P      | P       |
| B. Coulman      | P       | P      | P      | R      | P      | R      | A     | P      | R      | A      | P       |
| T. Crowe        | P       | A      | P      | P      | A      | P      | P     | P      | P      | P      | P       |
| A. Dalai        | P       | P      | R      | R      | P      | P      | R     | P      | R      | R      | R       |
| S. Daum Shanks  | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| M. Day          | R       | P      | R      | P      | P      | P      | P     | P      | P      | R      | P       |
| M. D'Eon        | P       | P      | P      | P      | A      | A      | A     | A      | P      | P      | A       |
| G. DesBrisay    | P       | P      | R      | P      | P      | P      | P     | P      | P      | P      | P       |
| R. Deters       | P       | A      | P      | P      | P      | P      | A     | P      | P      | P      | P       |
| T. Deutscher    | R       | R      | R      | P      | P      | P      | P     | P      | P      | P      | P       |
| R. Dobson       | P       | A      | P      | P      | P      | P      | P     | P      | P      | R      | P       |
| D. Drinkwater   | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| C. Eberhart     | P       | P      | P      | P      | P      | R      | P     | P      | P      | P      | P       |
| M. Etman        | R       | R      | P      | P      | P      | A      | P     | P      | A      | P      | P       |
| B. Fairbairn    | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| S. Fowler-Kerry | R       | R      | A      | P      | R      | R      | A     | R      | P      | A      | R       |
| D. Freeman      | P       | P      | A      | P      | P      | A      | R     | R      | R      | P      | R       |
| A. Gabriel      | R       | P      | P      | R      | R      | R      | R     | A      | R      | P      | A       |
| M.Ghezelbash    | P       | P      | P      | P      | R      | R      | P     | R      | R      | P      | P       |
| B. Gobbett      | P       | A      | P      | A      | A      | P      | A     | A      | A      | A      | A       |
| D. Goodridge    | R       | R      | P      | R      | R      | R      | R     | R      | P      | P      | P       |
| J. Greer        | P       | P      | P      | P      | P      | R      | P     | A      | P      | P      | R       |
| D. Hamilton     | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| M. Hamilton     | P       | P      | P      | A      | P      | R      | A     | P      | P      | A      | A       |
| L. Harrison     | P       | P      | P      | A      | P      | R      | A     | P      | P      | P      | A       |
| D. Hill         | R       | P      | P      | P      | P      | R      | P     | P      | P      | R      | R       |
| M. Hordern      | A       | A      | A      | A      | A      | A      | A     | A      | A      | A      | A       |
| L. Jaeck        | P       | P      | P      | P      | P      | P      | R     | P      | A      | A      | P       |
| R. Johanson     | A       | A      | A      | P      | P      | P      | P     | P      | P      | P      | P       |
| J. Johnstone    | P       | P      | P      | R      | P      | R      | P     | P      | P      | P      | R       |
| P. Jones        | P       | P      | P      | R      | A      | P      | P     | P      | P      | R      | P       |
| J. Kalra        | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| J. Kells        | P       | P      | P      | P      | P      | R      | P     | R      | P      | R      | P       |
| E. Krol         | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| S. Kulshreshtha | P       | P      | P      | R      | P      | P      | P     | P      | P      | P      | R       |
| B. Langhorst    | P       | P      | R      | P      | P      | P      | A     | P      | A      | P      | R       |
| M. Lees         | P       | R      | R      | P      | P      | P      | R     | P      | R      | P      | A       |

| Name                | Sept 22 | Oct 20 | Nov 17 | Dec 15 | Jan 26 | Feb 16 | Mar 1 | Mar 15 | Apr 19 | May 17 | June 21 |
|---------------------|---------|--------|--------|--------|--------|--------|-------|--------|--------|--------|---------|
| Y. Luo              | P       | A      | P      | A      | P      | P      | A     | A      | P      | R      | P       |
| P. MacKinnon        | P       | P      | R      | P      | R      | R      | R     | R      | P      | P      | P       |
| J. Martini          | A       | P      | P      | R      | A      | A      | A     | A      | A      | P      | R       |
| L. Martz            | P       | P      | P      | R      | A      | P      | P     | P      | R      | P      | A       |
| M. MacGregor        | N       | N      | N      | N      | P      | P      | P     | A      | P      | P      | P       |
| M. Mayer            | N       | N      | N      | N      | A      | A      | A     | A      | A      | P      | P       |
| P. McDougall        | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | R       |
| V. Meda             | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| H. Michelmann       | P       | P      | A      | R      | P      | P      | P     | P      | P      | P      | R       |
| J. Montgomery       | P       | A      | P      | P      | P      | R      | P     | R      | P      | P      | P       |
| D. Morrison         | P       | A      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| M. Nemati           | P       | P      | P      | A      | R      | P      | R     | R      | P      | P      | P       |
| A. North            | P       | P      | A      | P      | A      | A      | A     | A      | A      | A      | A       |
| K. Ogilvie          | P       | A      | A      | A      | A      | A      | A     | A      | R      | A      | A       |
| E. Ohiozebau        | P       | P      | A      | A      | P      | A      | A     | A      | A      | P      | P       |
| N. Ovsenek          | P       | P      | P      | P      | P      | P      | R     | P      | P      | P      | P       |
| B. Pain             | P       | P      | P      | P      | P      | P      | R     | P      | R      | P      | P       |
| S. Parchoma         | A       | R      | R      | R      | P      | R      | A     | A      | R      | A      | A       |
| D. Parkinson        | P       | P      | P      | R      | P      | R      | P     | P      | A      | P      | P       |
| A. Phoenix          | N       | N      | P      | R      | P      | R      | P     | R      | P      | P      | P       |
| C. Pozniak          | N       | P      | P      | R      | R      | A      | A     | A      | A      | P      | P       |
| L. Proctor          | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| R. Pywell           | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| X. Qiu              | P       | P      | P      | P      | A      | P      | A     | P      | P      | P      | P       |
| L. Racine           | P       | R      | R      | R      | R      | R      | P     | P      | R      | P      | R       |
| C. Rangacharyulu    | P       | R      | A      | A      | P      | P      | A     | P      | R      | A      | P       |
| A. Renny            | P       | P      | P      | P      | P      | R      | A     | P      | P      | P      | P       |
| C. Reynolds         | P       | R      | P      | P      | P      | P      | A     | P      | P      | P      | P       |
| J. Rigby            | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| C. Rodgers          | A       | R      | P      | P      | P      | P      | P     | P      | P      | P      | A       |
| R. Sarjeant-Jenkins | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| R. Schwier          | P       | R      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| P. Schalm           | P       | R      | P      | R      | P      | P      | P     | P      | R      | A      | R       |
| K. Semchuk          | P       | P      | P      | P      | R      | P      | P     | R      | R      | P      | R       |
| J. Singh            | R       | R      | P      | P      | P      | P      | P     | A      | P      | P      | P       |
| C. Still            | P       | P      | P      | R      | A      | R      | P     | R      | A      | R      | A       |
| P. Stoicheff        | P       | P      | R      | R      | P      | R      | A     | R      | P      | P      | P       |
| D. Taras            | P       | P      | P      | R      | P      | P      | R     | P      | P      | P      | P       |
| R. Taylor-Gjevre    | P       | P      | P      | P      | R      | P      | P     | P      | P      | P      | P       |
| R. Tyler            | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| E. Tymchatyn        | P       | A      | P      | A      | A      | P      | A     | A      | A      | A      | P       |
| S. Urquhart         | P       | P      | P      | R      | P      | P      | P     | P      | P      | P      | P       |
| G. Uswak            | P       | P      | A      | P      | R      | P      | A     | P      | A      | P      | P       |
| L. Voitkovska       | P       | P      | A      | A      | R      | R      | A     | A      | A      | A      | A       |
| Y. Wei              | P       | P      | A      | R      | P      | P      | P     | A      | P      | R      | P       |
| T. Wiebe            | P       | A      | A      | A      | A      | A      | A     | A      | A      | A      | A       |
| V. Williamson       | R       | R      | P      | P      | R      | P      | P     | P      | P      | P      | P       |
| T. Wotherspoon      | P       | P      | P      | P      | R      | P      | R     | P      | P      | R      | P       |
| G. Zello            | P       | P      | P      | P      | P      | P      | P     | R      | P      | P      | P       |

COUNCIL ATTENDANCE 2011-12

Non-voting participants

| Name                               | Sept 22 | Oct 20 | Nov 17 | Dec 15 | Jan 26 | Feb 16 | Mar 1 | Mar 15 | Apr 19 | May 17 | June 21 |
|------------------------------------|---------|--------|--------|--------|--------|--------|-------|--------|--------|--------|---------|
| J.Buzowetsky                       | P       | P      | P      | P      | P      | P      | A     | P      | P      | P      | P       |
| K. Chad                            | P       | P      | P      | A      | A      | P      | R     | R      | P      | P      | P       |
| B. Cram                            | P       | P      | P      | R      | R      | P      | R     | P      | P      | P      | R       |
| D. Ranjan/D. Beach (May & June)    | A       | A      | A      | A      | A      | A      | A     | A      | A      | P      | P       |
| T. Downey                          | P       | R      | R      | R      | R      | A      | A     | A      | R      | A      | R       |
| G. Fowler                          | P       | P      | R      | R      | P      | P      | R     | P      | P      | P      | P       |
| S. Hitchings/J. Brown (May & June) | P       | P      | P      | P      | R      | R      | R     | P      | P      | R      | R       |
| R. Isinger                         | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| B. Krismer                         | P       | P      | P      | P      | P      | P      | P     | P      | P      | P      | P       |
| H. Magotiaux                       | P       | P      | P      | A      | R      | R      | R     | R      | P      | P      | P       |
| L. Pennock                         | P       | P      | P      | P      | P      | P      | P     | P      | R      | P      | P       |
| K. Topola/R. Kanyemba (May & June) | P       | P      | P      | P      | R      | P      | A     | P      | P      | R      | P       |
| X. Yao/E. Ohiozebau (May & June)   | P       | A      | P      | P      | A      | P      | A     | P      | P      | P      | P       |

## ***PRESIDENT'S REPORT TO COUNCIL***

***SEPTEMBER 2012***

Although I arrived in Saskatoon in mid-May, I didn't take office and start official duties until July 1, 2012. I have been busy meeting people both on and off campus: federal and provincial leaders, business and cultural leaders in the area, campus units both academic and administrative. As I wander the campus, city, province and nation I am seeking opinions on the following questions: what do we do well as a university and what are areas we might target for improvement? Throughout the fall term I am scheduled to meet with all of the colleges and schools on an individual basis. I am also continuing the tradition of a Presidential Provincial Tour and will use these trips to better understand how we currently serve the various communities of Saskatchewan and how we might do better to meet their needs. The tentative list of locations on the tour includes Lloydminster/Onion Lake, Meadow Lake, Yorkton/Khakawistahaw, Kawakatoose, Prince Albert and Regina.

### ***NEW ACADEMIC YEAR START***

On September 4<sup>th</sup> I was pleased to welcome all new students to the University of Saskatchewan community. This included not only first-year students, but all new students such as transfer students from other institutions and graduate students. Over 2,300 new students participated in orientation this year with the assistance of over 300 student volunteers. The event could not have been successful without our student volunteers

On September 7<sup>th</sup> I welcomed the graduate students to the university and to a new academic year. The GSA and I have established regular meetings and have had good conversations on issues important to graduate students.

I will shortly welcome new faculty members who have joined us in a reception, the first official reception for us, at the Residence. I had the pleasure of joining the new faculty reception in Arts and Sciences as the spouse of a new faculty member.

### ***GOVERNMENT RELATIONS***

I have had the wonderful opportunity to meet almost all of our provincial government, either individually or through a meeting we hosted for provincial cabinet this month. The focus has been to get to know one another but also to share ideas for the future.

At the federal level, I have met with leaders of the CFI, NSERC, SSHRC, and CIHR. I've also met with the Prime Minister's Office, the Saskatchewan Federal Conservative Caucus, the Clerk of the Privy Council, and a few of our Ministers and Deputy Ministers. Among these meetings, I've had the chance to welcome our advocate, DM Glenda Yeates, to our campus for a tour of some of our unique facilities. We also hosted a roundtable on labour issues in the natural resources sector for Minister Joe Oliver.

I have regularly scheduled meetings with Mayor Atchison and our City Manager, and we continue to be good partners in Saskatoon. I have also assumed a role on the Board of the Meewasin Valley Authority and as the Chair of the Management Advisory Committee for Innovation Place.

### ***REVIEW OF SCHOOL OF GRADUATE STUDIES AND RESEARCH***

A review of SGSR leadership that concluded in the summer recommended that the structure of SGSR be reviewed. I will be the executive sponsor of this review, which will consider fundamental questions of what priorities ought to be for a modern SGSR and how we might structure to best align with those priorities. A committee for this review has not yet been established.

### ***JOHNSON-SHOYAMA GRADUATE SCHOOL OF PUBLIC POLICY***

The Johnson-Shoyama Graduate School of Public Policy has successfully completed the accreditation process after a review by the Canadian Association of Programs in Public Administration (CAPPA). CAPPA's task is to improve the quality of teaching and research in public administration, therefore this recognition confirms that our students are receiving a high-quality education.

### ***INDUSTRY LIAISON OFFICE (ILO) LICENSING REVIEW***

Our licensing revenue grew to \$7.2 million in 2011-12 — a 27% increase over last year's \$5.7 million. Licensing revenue from all sources at the U of S grew to just over \$9 million — a 25% increase over last year's revenue. This represents record revenue earning for the U of S and places us near the top of our peers in licensing revenue.

### ***CONSTRUCTION ON CAMPUS***

Construction on campus has been vigorous over the summer and many projects are nearing completion or have made good progress. The University Health Sciences project is progressing well with D Wing construction completed this year and occupancy currently underway. The E Wing of the Health Sciences project is well underway and is scheduled for completion in summer 2013. Planning for the renovations to the existing A and B Wings of the Health Sciences building is being finalized and construction will start immediately following the completion of the E Wing. The Health Sciences facility will provide improved instructional space and will be linked directly to the integration of learning, research and health-care practice. An expansion to the Heating Plant Feed Water system was also completed to support the Health Sciences expansion as well as other expansion on campus.

The InterVac facility completed construction this year and is currently undergoing an extensive certification process. InterVac is one of the largest vaccine research laboratories in North America and one of the only facilities in the world capable of supporting large animal vaccine trials. InterVac will contribute to development of vaccines to protect people and animals from the threat of a wide range of diseases.

Significant progress was made on the expansion of residences at the university with Phase 2 of the Undergraduate Student Residences (400 additional beds) opening this month and the Graduate Student residence (262 beds) scheduled to open in early 2013. The additional residences address part of the recognized need to increase the housing available for students on campus.

Extensive renovations to Marquis Hall were also completed in 2012 to provide enhanced services to students and the university community. The renovations to Marquis Hall addressed the need to upgrade and modernize the culinary services operations.

Services to students were also improved with the expansion and renovation of Place Riel which was undertaken by the USSU and the university and completed in 2012. The renovation to the existing facility and the addition of a four storey tower ensure an improvement of the non-academic services required to meet the needs of a growing university population. Within the third and fourth floor of the addition to the expanded Place Riel Student Centre is the Student Health and Counselling Centre, which now has nearly three times the space to ensure exceptional service is provided to the students.

The Graham Huskie Clubhouse Expansion and the Seating Expansion to Griffiths Stadium at PotashCorp Park were two additional projects completed in 2012. The Graham Huskie Clubhouse Expansion provided an enhanced training facility to support university athletes. The seating expansion to the stadium addressed a need and supported the ongoing success of the Huskie athletic programs.

A renovation to the Diefenbaker Building in 2012 rejuvenated and transformed the building into a vibrant hub of public affairs, teaching, research, and programming. In addition to the enhancements to the gallery spaces, the improvements have created and enhanced valuable learning spaces for the entire university community.

Progress has also been made on a number of projects all linked to strategic educational and research projects and operations at the university, which include the Rayner Dairy Research and Teaching Facility currently being built at the corner of East Road and Preston Avenue; the infrastructure renewal to the Phytotron facility located in the Agriculture Building and the development of the Canadian Feed Research Centre in North Battleford. The following projects are nearing completion: the construction of the Ryan/Dube Equine Performance Facility adjacent to the Western College of Veterinary Medicine building; the construction surrounding the installation of the WCVM MRI and Linear Accelerator; and the renovation to the WCVM Diagnostic areas.

Infrastructure projects upgrade and maintain the systems and structures that enable the continuation of the university's teaching and research activities. In the past year such projects have included the Steam Distribution System Replacement (Veterinary Road) that ensured a reliable steam supply to key research facilities; the Research Roof Replacement program that addressed roofing requirements to nineteen buildings key to the research activities of the university; and the Campus Lighting Retrofit project which made significant progress in the past year and will be completed in 2012. The Campus Lighting Retrofit will replace obsolete lighting across the campus while providing significant energy cost savings.



Soon to commence is the construction for the Children's Hospital at the western edge of our campus. This construction by the Saskatoon Health Region will require construction vehicles to traverse our campus in order to get to the site with large equipment and materials. After a thorough review, a construction access agreement has been struck with SHR which will ensure that we protect University lands, ensure pedestrian safety and continued efficacy of academic functions as well as restore all environments as fully as possible after the construction is complete.

## ***CHINA***

The University of Saskatchewan celebrated the opening of the Confucius Institute on June 18<sup>th</sup> with dignitaries from the U of S, Chinese Embassy and Beijing Institute of Technology (BIT). The Confucius Institute is a partnership between the U of S and BIT and represents a step forward in our internationalization and outreach and engagement objectives. The institute will begin offering language and cultural courses in September.

The Confucius Institute at the U of S will serve as a meeting place for our Chinese students, faculty and community groups within Saskatoon. In the fall term of 2011 Chinese students made up more than 50 per cent of our undergraduate international students and 20 per cent of our international graduate students.

Two of our senior leaders accompanied the Premier on his tour of China earlier this month, providing yet another opportunity to build on our relationship with Chinese businesses and universities.

## ***SEARCHES***

The University Secretary has advised me of her intent to retire with her last day of work being at the end of February. In this regard, I have established a committee for the purpose of searching for her replacement.

Michael Atkinson is in his last year of service as Executive Director of Johnson-Shoyama Graduate School of Public Policy. A committee to search for his successor is in the process of being established.

***PROVOST'S REPORT TO COUNCIL***

*September 2012*

***A LOOK AHEAD***

Last academic year, 2011-12, was an especially busy time for our university with the adoption of *Promise and Potential*, the university's third integrated plan; adoption of a new budgeting system; and a suite of new academic-innovation initiatives. These large undertakings continue in 2012-13 with implementation and further refinement. In addition, the coming year holds two other large challenges and tasks for my office and for the university at large. One of these is the project to find operating-budget adjustments totaling \$44.5 million by 2016; the coming year will be a key one to find initial, largely administrative savings and to lay out a plan for the subsequent years. The second large task revolves around strategic enrolment management, academic program innovation and prioritization, and learning outcomes, which together form the basis for program planning and renewal for our university. I look forward to working closely with University Council on these tasks. Detail on many of these matters follows in the sections below.

***INTEGRATED PLANNING***

**Provost's Committee on Integrated Planning (PCIP)**

The Provost's Committee on Integrated Planning (PCIP) is the administration's senior committee for planning and budgeting. Chaired by the provost, it includes all the vice-presidents, one dean, and one vice-provost, and works collaboratively with the committees of University Council.

The first meeting this term of PCIP was held on September 17, 2012. The meeting schedule, along with that of the PCIP Advisory Council (PCIP-AC), is posted at [http://www.usask.ca/ipa/pcip/meeting\\_schedule.php](http://www.usask.ca/ipa/pcip/meeting_schedule.php). This term, PCIP will focus on:

- The preparation and oversight of the Operations Forecast submission for 2013/14 to the provincial government
- The development and implementation of the Operating Budget Adjustments Project
- The continued implementation of the TABBS model
- The initial review of potential ongoing funding for a group of proposals given term funding in the second planning cycle. A final decision on these proposals is anticipated to be made in early 2013 and communicated to campus in February 2013
- Communications of PCIP's role, activities, and decisions.

This year, PCIP will experiment with reviewing requests in batches so as to allow for a comparative evaluation of funding requests. For more information on PCIP, please contact [pcip.info@usask.ca](mailto:pcip.info@usask.ca).

### **Update on *Promise and Potential*: the Third Integrated Plan**

For this planning cycle, on the recommendation of the office of Institutional Planning and Assessment (IPA), a phased approach to implementation will be undertaken. The current emphasis is on what can be reasonably accomplished in the first year of the planning cycle given the attention that will be required within the university to budgetary constraints. Implementation began over the summer with the appointment of several commitment leaders for roughly fifteen projects. I am currently in the process of approving terms of reference for the project commitments. As these are approved, they will be posted at [www.usask.ca/plan](http://www.usask.ca/plan). We will be using this website over the next four years to report progress on projects and metrics on a regular basis. This site also contains all of the college, school and unit plans and will also have their planning parameters once those documents are finalized in early November. It is our hope, in arranging this site, that planning documents will be readily available to the campus community and that we are able to 'showcase' all of the activity/initiatives which relate to the current plan in a 'one-stop-shop' format.

### ***ASSESSMENT INITIATIVES***

#### **Achievement Record**

The 2012 version of the Achievement Record is currently in preparation and is anticipated to be released in the fall (late October/early November). It will be available online at [www.usask.ca/achievementrecord](http://www.usask.ca/achievementrecord) and, similarly to last year, it will contain comprehensive university-wide information with benchmarks and targets, where appropriate, and also include detailed college-level data.

#### **Institutional Surveys**

The IPA is currently working on analyzing and summarizing data received over the summer from institutional surveys conducted in term two of the last academic year. This includes the Canadian University Survey Consortium (CUSC) survey of graduating students targeting students in their final year of study. The summary will include results on graduating students' perceptions of university, their overall university experience, financing university education, arranged employment and future plans, and overall satisfaction. Results will be available on the IPA website [www.usask.ca/ipa](http://www.usask.ca/ipa) in the fall.

A summary has also been drafted for the U of S results in the Saskatchewan Post-Secondary Follow-up Survey of 2009/2010 graduates conducted by the Saskatchewan Ministry of Advanced Education, Employment, and Immigration last fall. The summary will include information on satisfaction, financing university education, learning outcomes, employment outcomes, and further education for recent U of S graduates. The provincial government has instructed the U of S to await the official release of the results by the province. Closely following the provincial release, the IPA will post information including the U of S summary on the IPA website [www.usask.ca/ipa](http://www.usask.ca/ipa).

#### **Rankings**

The IPA is continuing work on a major rankings project with the overall objective of improving the placement of the U of S in major national and international ranking systems. We are in the middle of a busy period for rankings with the results of rankings being released over the summer and continuing into the fall. In October, the results of two major rankings are expected to be

released: *Globe and Mail* Canadian University Report, and Maclean's University Rankings. The IPA will ensure that factsheets including a summary of the latest U of S results with comparison to recent year's results is posted on our website as close as possible to the national release of these rankings.

### **Graduate Program Review**

The *Strategic Directions* commit the University of Saskatchewan to be a major presence in graduate education in Canada and to adhere to international standards in all that we do. Therefore, we expect our graduate programs to meet or exceed the quality standards demonstrated in similar programs at medical-doctoral and research-intensive universities across Canada and around the world.

The university's *Framework for Assessment* established the Graduate Program Review process as the primary instrument to assess the **quality of our graduate program activities and outcomes**. The academic review of graduate programs is one of the priorities for assessment at the University of Saskatchewan.

For the 2012/13 academic year, a total of 13 graduate programs will participate in the review, including the graduate programs in the science division of the College of Arts and Science and all graduate programs in the College of Engineering.

### ***DISTRIBUTED LEARNING***

The acting vice-provost, teaching and learning is leading a major project this fall to develop a comprehensive university-wide strategy for distributed learning. The university has a strong tradition in distributed learning through programs like ITEP and our long-established partnership with regional colleges. More recently the new B. Sc. Nursing program – with simultaneous delivery of courses in five sites including two in northern Saskatchewan – shows the great potential for further development. The scope of the project includes development of an appropriate funding model to support U of S colleges to participate in distributed learning, and a governance structure to ensure that distributed learning is well-aligned with the academic mission of the university. The specific role of the Centre for Continuing and Distance Education (CCDE) will also be reviewed to ensure its role and mandate continue to support the over-all university strategy for distributed learning. The working groups for the project include representation from Planning and Priorities, Academic Programs, Teaching and Learning, and Academic Support committees of Council.

### ***OPERATING BUDGET ADJUSTMENTS***

As you know from the May 2012 financial town hall, the university faces a gap between our expenses and revenues projected to be \$44.5 million per year by 2016. This gap is the result of our expenditures growing faster than our revenues. In response we have undertaken a campus-wide strategy for financial stability and long-term prosperity.

Many members of the campus community have offered suggestions and ideas related to cost savings and increased efficiencies. These, along with other potential expense-reducing actions, are being grouped into four key areas or quadrants (central administrative, distributed

administrative, central academic, distributed academic) which ensure that administrative and academic areas, both at the centre and distributed across functions/colleges/schools/units, will be considered. Revenue increases will also be part of the discussion. Several of the quadrant leaders and their work teams met over the summer and their preliminary thoughts and findings are being reviewed by a steering committee consisting of:

- myself, co-chair of the steering committee and co-leader of the central academic quadrant
- Greg Fowler, Acting Vice-President Finance and Resources, co-chair of the steering committee and co-leader of the distributed administrative quadrant
- Barb Daigle, Associate Vice-President Human Resources Division and co-leader of the central administrative quadrant
- Jay Kalra, Chair of University Council
- Laura Kennedy, Associate Vice-President Financial Services and co-leader of the central administrative quadrant
- Pauline Melis, Assistant Provost Institutional Planning and Assessment and operating budgets adjustments project lead
- Ivan Muzychka, Associate Vice-President Communications
- Dan Pennock, Acting Vice-Provost Teaching and Learning and co-leader of the distributed academic quadrant
- Alison Renny, Associate Dean of Undergraduate Programs, Edwards School of Business and co-leader of the distributed administrative quadrant
- Greg Smith, Member, Board of Governors and chair of board finance and investment committee
- Peter Stoicheff, Dean, College of Arts and Science and co-leader of the distributed academic quadrant
- Bob Tyler, Chair, Planning and Priorities Committee of Council and co-leader of the central academic quadrant
- Vicki Williamson, Dean, University Library and co-leader of the central administrative quadrant

Ultimately, the steering committee will provide recommendations on actions to PCIP which will provide final recommendations to the Board of Governors. Our emphasis is to identify adjustments in a way that is deliberate and strategic: to make the right adjustments, in light of the university mission and planning, rather than the quickest adjustments. So far a number of relatively small changes have been made in central budgets; otherwise no decisions, changes, or adjustments have yet been made. I will commit to providing regular updates to University Council as the budget adjustments project progresses.

### ***ACADEMIC INNOVATION INITIATIVES***

You will recall that in October 2011 the Provost's Committee on Integrated Planning (PCIP) committed \$2.5 million in permanent, ongoing funding to meet several outstanding commitments from the *Second Integrated Plan*, and to further solidify the foundation for future priorities. A set of new, cross-unit initiatives – the *Academic Innovation Initiatives* – was announced. With an exciting mix of programming and services, these initiatives target two priority areas: curriculum innovation; and, Aboriginal engagement and community outreach.

One year later, I am pleased to present some of the progress being made in these areas.

The Office of First Nation & Metis Engagement, located on the English River First Nation, held its grand opening in May 2012, profiling the colleges and units who have partnered to deliver programs and services to the Aboriginal community. The colleges of Agriculture and Bioresources, Medicine, and the Library are amongst the early champions who have targeted programs and resources. To date, over 50 groups and organizations have utilized the teaching and meeting space, which boasts First Nation & Metis art and the Library's own Iportal community research tool. Other technology enhancements, supported by EMAP (Educational Media Access and Production), will enhance the upcoming Aboriginal Leadership Speaker Series, the Iportal Community Research sessions, and the GIS Engagement Map. The latter is designed to identify First Nation and Metis communities, treaty areas, current U of S engagement sites, and community program information.

The Office of Community Outreach and Engagement, located at Station 20 West, is scheduled to open in mid-September and will be utilized by various campus programs as well as individual faculty, and graduate students on a rotating basis. Development of this office will assist in the ongoing strategy development for rural, distant and northern outreach and engagement and in linking outreach and engagement research with curriculum. Database sharing and GIS mapping of these activities, also currently under development, will better inform the goals of integrating community outreach and engagement, the student experience and faculty teaching, research and scholarship, making it easier for faculty and academic units to develop meaningful teaching and research partnerships with the broader community.

On the curriculum innovation front work has focused on five broad categories. College-level initiatives in curriculum renewal or accreditation are currently focusing on the colleges of Arts and Science, Engineering, Law, and Pharmacy and Nutrition to enhance the student experience with improved accredited programming. Next, several new programs featuring certificates of proficiency or degrees are in the process of development ranging in their progression from already approved and deployed to preliminary discussion. The third area of focus has been on program level learning outcomes and curricular audits. These evaluation tools, which touch a variety of colleges and departments across the university, will serve our students and faculty well by providing valuable feedback for future teaching and learning enhancements and feeds well into the fourth category, designing and development distributed and online learning resources in courses or programs. Again, touching a variety of units across the institution, at last count this initiative has seen seven new courses completed with at least another eight currently well into the development phase. And finally, the implementation of experiential learning into courses and programs is greatly enhancing the student experience. Currently there are eight specific classes and/or programs that are encouraging students to become active participants in their learning experience. By expanding their learning tools beyond the traditional textbook and classroom options, students and faculty alike are learning in exciting new ways and environments.

### ***STRATEGIC ENROLMENT MANAGEMENT PROJECT (SEM)***

One of the projects being implemented under the umbrella of *Promise and Potential* is the Strategic Enrolment Management (SEM) project, which began in November 2011. Various

committees have been working over the summer to develop persona group reports – a collection of qualitative and quantitative data on groups of students. Six reports have been prepared: Aboriginal, international, mature, transfer, direct from high school, and graduate. Members of the project team have also been working with Dr. Lynda Wallace-Hulecki (of SEM Works, an independent consultant working with the project team) to complete an enrolment goals analysis report which looks at U of S third planning cycle enrolment goals against internal and external enrolment trends and environmental factors affecting enrolment. It identifies enrolment gaps and opportunities for improvement in enrolment goal-setting, strategy development and future enrolment considerations. The persona group reports and the enrolment goals analysis report will inform the next phase of the SEM project: identification of strategic opportunities which will assist the university in achieving our 2015/16 enrolment goals. This next phase of the project will be primarily carried out between December 2012 and April 2013. All of these elements – the enrolment audit which took place November 2011, the persona group reports, the enrolment analysis report and the strategic opportunities – will inform the Strategic Enrolment Management Plan (2013 – 2016), expected in summer 2013.

### ***TRANSPARENT, ACTIVITY-BASED BUDGET SYSTEM (TABBS)***

TABBS was reviewed by the Board of Governors in June 2012, and approved such that the TABBS project development phase is considered complete, and that the TABBS model information be considered in resource decisions beginning in 2012/13. With the implementation of TABBS model, the model, including any refinements and review, will be the responsibility of PCIP.

The coming year will see Phase III refinement and implementation of TABBS. Activities will include further refinement of data and data definitions, development of reporting, development of documentation for users of TABBS information, development of a prototype tool and integration of TABBS information in to resource decisions including the 2013/14 operating budget process.

### ***REVIEW OF THE SUSTAINING CAPITAL GRANT***

As noted in the 2012-13 annual capital plan, the Sustaining Capital Grant and the eight capital programs currently receiving funding from the grant will be reviewed to assess whether the allocation of funding from the Sustaining Capital Grant is meeting the strategic priorities of the university. The review will be undertaken by a review committee with membership from the Provost's Committee on Integrated Planning Advisory Committee (2), Deans' Council (2), and the Planning and Priorities Committee of Council (2). The review committee will be supported by the office of Institutional Planning and Assessment (IPA).

## **COLLEGE AND UNIT UPDATES**

### **College of Medicine**

This college remains a top priority for the university. As I have described on a number of occasions, the goals of our whole institution depend on our College of Medicine performing at a high level. For a number of years, we have faced unique issues that have proved resistant to satisfactory resolution. Council's help and leadership have been instrumental so far in creating an expectation of change. At the May council meeting, the agenda item regarding the College of Medicine required a report from the provost and the dean at the September council meeting in regards to progress being made on the restructuring. That report is attached.

The work of the acting dean and of the new Dean's Advisory Committee is supported by my office through Martin Phillipson, who is now in a term appointment as Vice-Provost, College of Medicine Restructuring.

### **Edwards School of Business**

The Edwards School of Business is pleased to report a robust registration in the MBA Program at the Nasser Centre in downtown Saskatoon. The program size doubled in 2011 to over 50 students and the 2012 registration exceeds 50 again. The gains in student numbers were achieved while also raising the profile of the incoming class by over 50 points in the GMAT. The MBA students launched a successful Grandey Leadership Initiative involving regular "fireside chats" with major business and political leaders. The Edwards School's donors have helped develop a suite of MBA student scholarships to recognize the growth of the degree program. The Edwards School continues to admit almost 80 students per year into its two-year Masters in Professional Accounting degree, and MPAcc graduates have remarkably high success rates in the Chartered Accounting profession's unified final examinations.

### **College of Arts & Science**

- **Peta Bonham-Smith** (Biology) has been appointed Vice-Dean, Science for a five-year term effective July 1, 2012. She had been Acting Vice-Dean, Science for the past two years.
- **Kristina (Fagan) Bidwell**, (English) and previously Assistant Dean, Aboriginal Affairs, has accepted a five-year term as the Associate Dean, Aboriginal Affairs, effective January 1, 2013. Bidwell is presently on a six-month sabbatical leave (from July 1–December 31) to work on her research programs with the aid of a SSHRC Public Outreach Dissemination (Aboriginal) grant.
- **Linda McMullen** (Psychology) has been appointed Acting Vice-Dean, Social Sciences for an 11-month period, effective August 1, 2012 to June 30, 2013. Harley Dickinson, Vice-Dean Social Sciences, has been seconded to a senior administrative position in the Office of the Vice-President Research during this time
- **Erika Dyck**, Canada Research Chair in the History of Medicine, had her research on the history of experimental use of LSD on the prairies profiled in *University Affairs*.
- **Brian Pratt** (Geological Sciences) and Keith Dewing of the Geological Survey of Canada, discovered a 25-kilometre-wide meteorite crater in the western Arctic



- 2013 will mark the **30th anniversary of the Department of Native Studies** at the University of Saskatchewan
- A team co-led by University of Saskatchewan researcher **Colleen Anne Dell** (Sociology) has been awarded nearly \$1.2 million to examine the practice of traditional First Nations culture as a healing force within substance abuse programs, and develop tools to better understand and measure the impact of these cultural practices

### ***SEARCHES AND REVIEWS***

#### **Search, Dean, College of Engineering**

The search for the Dean, College of Engineering will continue. Meetings to resume the search will be scheduled shortly.

#### **Search, Dean, College of Medicine**

There is currently no update available at this time.

Dean's Advisory Committee on the College of Medicine Renewal  
Report to Council  
September 10, 2012

**Preamble**

The purpose of this document is to provide an update to University Council on progress that has been made toward implementation of the new academic governance model for the college of medicine.

On July 1, 2012 the provost appointed Martin Phillipson as vice-provost, college of medicine organizational restructuring to be the representative of the provost in the renewal process. The vice-provost, acting dean, and the college leadership are fully engaged in the college of medicine renewal and have maintained momentum throughout the summer months. As a result, the Dean's Advisory Committee (DAC) has been constituted and has met three times (next meeting is scheduled for September 19<sup>th</sup>); working group mandates have been established and working groups populated; discussions regarding academic clinical funding plans have been renewed and fast-tracked; and, the college and the Information Strategy and Analytics (ISA) office have assembled and analyzed additional data relevant to the restructuring process (Appendix 1).

Key stakeholders from the Ministries of Health and Advanced Education, Saskatoon and Regina Qu'Appelle Health Regions, and the Saskatchewan Academic Health Sciences Network are fully engaged in the renewal and restructuring process within the college. All of the key stakeholders have a representative on the DAC; representatives are active participants, supportive of the process, and report being satisfied with the pace of change. Given the relationship between the Saskatoon Health Region (SHR) and the college of medicine, the SHR has assigned Alan Casson full-time to work in and with the restructuring process.

Over the next several months, the working groups will convene to develop implementation and transition plans related to key aspects of the college of medicine renewal. We will report on this work in our next update.

**Context**

The *College of Medicine Concept Paper* was released to the community in April 2012 and was intended to be a vehicle for discussion on the future of the College. To this end, the paper served its purpose and a series of discussions with faculty, staff and students in the college of medicine and meetings with stakeholders in the health regions and government ensued. As a result of these conversations, the concept was revised to outline additional features of the three new divisions. The revised concept was presented to Council for consideration on May 17<sup>th</sup>, 2012.

*Milestone*

On May 17<sup>th</sup>, 2012 Council approved the following motion:

TYLER/ FAIRBAIRN : It is recommended that University Council approve a new academic governance model for the College of Medicine, along with consequential changes to Council's bylaws, which would see the establishment of three new divisions: the Division of Clinical Research, the Division of Medical Education, and the Division of Biomedical and Population Sciences, and the discontinuation of the existing models of clinical instruction and research, as outlined in the attached "Concept Paper," effective January 1, 2013 (motion to amend from July 1, 2012 approved).

It is further recommended that the Provost and the Dean of the College of Medicine report to University Council on progress made toward implementation of this new model at the September 2012 meeting of University Council and at regular intervals over the course of the 2012/13 academic year.

In his opening remarks, the provost articulated his intent to create a broadly representative dean's committee on renewal to advise and guide the dean and provost. With the approval of the motion, the Dean's Advisory Committee was established.

**Dean's Advisory Committee ([www.usask.ca/collegeofmedicine/renewal](http://www.usask.ca/collegeofmedicine/renewal))**

The purpose of the Dean's Advisory Committee is to advise the dean and the provost on the elaboration, refinement and implementation of the concept approved by University Council on May 17, 2012.

*Membership of the Dean's Advisory Committee:*

Co-Chairs: Lou Qualtiere and Femi Olatunbosun (College of Medicine)

Bill Roesler (Department Head, Biochemistry)

Paul Babyn (Department Head, Medical Imaging)

Marilyn Baetz (Department Head, Psychiatry)

Melissa Denis (Resident)

Kylie Riou and/or Melissa Anderson, SMSS Representative

Brian Ulmer (College of Medicine Alumni)

Daniel Kirchesner (Community Physician)

Alan Casson (Saskatoon Health Region)

Carol Klassen (Regina Qu'Appelle Health Region)

Ingrid Kirby (Ministry of Health)

Heather George (Ministry of Advanced Education)

Don Phillipon (Saskatchewan Academic Health Sciences Network)

Martin Phillipson (Provost's Office)

Barb Daigle (Human Resources)

*Milestone*

The first meeting of the Dean's Advisory Committee was held on July 18<sup>th</sup>, 2012. At this meeting, it was agreed that no voting will take place, but rather decisions will be made by consensus.

Committee members were encouraged to report back to their constituents on the work of the Committee.

*Progress*

To date, there have been four meetings of the Dean's Advisory Committee. The Committee has:

Agreed on principles to guide the work:

1. Alignment – focus leads to outcomes
  - Resources are balanced appropriately in alignment with the mission
  - College mission is aligned with university strategic directions
2. Engagement – involvement fosters success
  - Process engages all stakeholder groups
  - Two-way communication is regular and consultative

3. Knowledge creation – scholarship activates excellence
  - Research enhances the creation and application of medical knowledge to patient care
4. Accountability – roles and expectations are clear
  - Clear lines of authority between the university and the health system
  - Distinct authority for assignment of duties to support medical education
5. Protect the Academic and Clinical Experience – students and patients are a priority
  - Student (undergraduate, post-graduate resident and graduate) interests are protected and their experiences remain a major priority
  - Process will not be detrimental to patients
6. Reputation – we are proud of our university and our college
  - The reputation of the university is protected and enhanced
  - The reputation of the college is protected and enhanced

Agreed on working groups and working group mandates:

#### **Internal Academic Clinical Funding Plan (ACFP)**

**Mandate:** to complement and support the work of the various committees and groups (the provincial oversight committee, ACFP working group and technical working groups respectively) in the development of an academic clinical funding plan that considers time spent in each of research, teaching and clinical practice to equitably compensate people for comparable work. This will include, but is not limited to, obtaining input from college of medicine faculty and costing various compensation and organizational design models.

#### **Financial Management**

**Mandate:** to outline the current financial state, identifying the funding sources, how they are currently used, issues and opportunities; to work closely with the ACFP groups and develop a detailed operating and transition plan based on the desired option; inform implementation of the plan including establishment of an appropriate financial oversight structure aligned with college governance, and including establishment of budgets/reports and monitoring.

#### **Leadership Structures and Strategic Relationships**

**Mandate:** to design and implement internal leadership structures (including consideration of vice-deans, associate deans, assistant deans and department heads) that will enable the new divisions to deliver on the college's mission of excellence in education, research and support for clinical care. Key external partnerships will be redefined and/or reaffirmed to ensure the success of the college's mission while supporting the goals of our partners.

#### **Career Pathways and Complement Planning**

**Mandate:** to design a process for transition into new divisions that will ensure that the faculty and staff complement of the college of medicine is structured so that the college can deliver on its mission of excellence in education, research and support for clinical care while simultaneously enabling faculty and staff to pursue their career goals and aspirations.

#### **Accreditation Standards**

**Mandate:** to develop and begin implementation of a plan to meet accreditation standards identified by the Committee on Accreditation of Canadian Medical Schools and the Liaison Committee on Medical Education (July 2011) including, but not limited to standard IS-9.

## **Change and Transition**

**Mandate:** to build the capacity of faculty and staff in the college of medicine to participate in the change process through the design and delivery of specific programs. This group will engage internal and external expertise.

Established membership for each working group:

Each working group will have an Executive Sponsor or Sponsors, one of whom is also a member of the Dean's Advisory Committee; a Lead or Co-Leads selected, by the DAC, from a list of volunteers and nominees; and between six and eight members to be determined by the Executive Sponsor(s) and the Lead(s). The working groups include a wide range of individuals from the university, health regions, community, and government.

The Executive Sponsors for each working group are as follows:

Internal Academic Clinical Funding Plan (ACFP) – Femi Olatunbosun and Martin Phillipson

Financial Management – Lou Qualtiere and Laura Kennedy

Leadership Structures and Strategic Relations – Lou Qualtiere, Alan Casson, Martin Phillipson

Career Pathways and Complement Planning – Femi Olatunbosun and Martin Phillipson

Accreditation Standards – Martin Phillipson

Change and Transition – Barb Daigle

Leads for each working group were identified at the August 29<sup>th</sup> meeting of the DAC and Executive Sponsors are in the process of contacting and confirming the individuals' willingness to serve as a lead or co-lead.

The overarching purpose of the working groups is to develop implementation and transition plans related to key aspects of college of medicine renewal. The working groups, through which most of the work will be done, will report regularly to the Dean's Advisory Committee.

Meetings of the Dean's Advisory Committee have been scheduled through to March 2013.

### *Concrete Deliverable for the Dean's Advisory Committee*

To ensure that, through the working groups, a clear plan for implementation of the Council approved concept is in place by January 1, 2013.

## **Provincial ACFP**

A fundamental pillar of the college of medicine restructuring is the establishment of a province-wide Academic Clinical Funding Plan (ACFP). The establishment of an ACFP is needed in order to improve accountability mechanisms and provide the appropriate incentives for teaching, research, and support for clinical service. Given the significance of an ACFP to the overall renewal project, this has been a key priority since Council's approval of a new academic governance model for the college of medicine. The province has engaged a consultant with whom the university is working on the development of of ACFPs intended to address both academic and clinical issues.

### *Milestone(s)*

1. Establishment of a new provincial ACFP group to advise the Provincial Oversight Committee (POC) which includes:

- Co-Chair, Shaylene Salazar, Executive Director Medical Services Branch, Saskatchewan Ministry of Health
- Co-Chair, Martin Phillipson, Vice-Provost College of Medicine Organizational Restructuring, University of Saskatchewan
- Ingrid Kirby, Director, Medical Services Branch, Saskatchewan Health
- Kim Statler, Senior Policy and Program Consultant, Medical Services Branch, Saskatchewan Health
- Lou Qualtiere, Dean (acting), College of Medicine, University of Saskatchewan
- Femi Olatunbosun, Associate Dean Faculty Affairs, College of Medicine, University of Saskatchewan
- Clinical Department Representatives - College of Medicine and Health Regions
  - Vern H. Hoepfner, Department Head, Department of Medicine
  - Michael A. Moser, Division of General Surgery, Department of Surgery
- Barbara Daigle, Department of Human Resources, University of Saskatchewan
- Ed Hobday, Administrative Director, Saskatchewan Medical Association
- Alan Casson, Vice-President Integrated Health Services, Saskatoon Health Region
- Laureen Larson, Director of Academic Health Sciences Program Delivery, Regina Qu'Appelle Health Region
- Nick Tait, Project Consultant, Social Sector Metrics Inc.

2. Project Charter has been approved and was released for comment on August 29, 2012. The Project Charter will be posted at <http://www.skacfp.ca> in the near future.

The desired timeline for completion of the ACFP project is as follows:

1. Phase 1 Project Initiation – by June 30, 2012
2. Phase 2 ACFP Proposal Design – by November 30, 2012
3. Phase 3 ACFP Proposal Consultation – by March 31, 2013
4. Phase 4 ACFP Proposal Review and submission to Government – by April 30, 2013
5. Phased Implementation of the ACFP over the course of the 2013/2014 fiscal year.

3. Provincial ACFP - Information Bulletin No. 1 released jointly by the province, U of S, Saskatoon Health Region and Regina Qu'Appelle Health Region on August 29, 2012. The Bulletin will be posted at <http://www.skacfp.ca> in the near future.

#### *Progress*

To date, the provincial ACFP group has been established to advise the POC; an internal ACFP working group has been established to provide a forum for the college of medicine to input to the provincial ACFP group; a project charter has been approved; and, the first Provincial ACFP Information Bulletin has been released.

#### *Concrete Deliverable for Provincial ACFP*

To deliver an Academic Clinical Funding Plan (ACFP) that will provide incentives for faculty to pursue both academic and clinical work and includes key accountability mechanisms for both clinical and academic work.

#### **Rationale**

The college of medicine at the University of Saskatchewan (U of S) has a long history of vital service to the Province of Saskatchewan. Alongside service, education and research are essential components of the college's mission and vital to its role as a key academic unit within the university. The importance of

a college of medicine to the province and the university should not be underestimated; the college supports the professional aspirations of students through education, provides critical clinical service to the province, and should be a powerful engine for research.

Over the past 20 years, a number of changes have occurred that profoundly affected the college's ability to deliver on its mission. The challenges faced by the college resulted in an accreditation crisis in the early 2000s, which threatened its very existence. The recent accreditation report signaled that not all of the college's problems were resolved. The college faces specific challenges which run the risk of becoming more serious if they are not dealt with expeditiously: accreditation issues, research concerns, and service and interface with the health system.

### *Accreditation*

In July 2011, the college of medicine received notification from the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) "to place the educational program leading to the M.D. degree at the University of Saskatchewan College of Medicine on warning of probation" (letter to Dean Albritton, July 2011, p. 2). This notification was shared broadly within the college. The issues identified by the CACMS and LCME are mainly in areas related to academic activities in clinical departments as opposed to the basic sciences and community health and epidemiology (CH&E). The most far reaching and fundamental concern, identified in standard IS-9, relates to structural issues of how clinical teaching is organized and assigned, including the authority of the dean to ensure students have the appropriate instructional support. The accrediting bodies have signaled that the U of S's existing model of clinical instruction, which differs from other medical schools, does not provide sufficient accountability to meet accreditation standards. Our university currently pays full-time academic salaries to physicians on the understanding that clinical instruction will be provided when needed. The accrediting bodies do not see a clear process for assigning educational responsibilities to, and ensuring the accountability of, university-paid full-time clinical faculty. Discussions with those knowledgeable about accreditation standards and processes provide little confidence that this approach can meet the standard. The College also uses a community-based clinical instruction model which meets the accreditation standard for accountability. We believe we have less than a year (March 2013) to discontinue the current non-compliant model of clinical instruction, implement fundamental change and demonstrate conformity with the standard, or we risk probation or loss of accreditation. Such an action by the accrediting bodies would return us to the existential crisis of a decade ago.

### *Research*

A second convergent challenge is the growing misalignment between the performance of the college of medicine in research and the expectations for research in medical-doctoral universities. Colleges of medicine in most medical-doctoral universities are powerful research engines; however, this is not the case at the U of S. Metrics show that the U of S lags far behind its peers, consistently placing last or next-to-last in research with little sign or possibility of catching up. The college's current \$19M per year in research funding would likely have to increase by a multiple of six or more to be comparable with the performance of peer universities on a per-faculty-member basis. The deficiencies are large and increasingly urgent for two reasons. First, Promise and Potential, our university's third integrated plan, adopted unanimously by University Council and the Board of Governors in March 2012, sets out knowledge creation as one of four priority areas. In stark contrast, the college's integrated plan projects (over four years) only a doubling of its modest current level of funding. Based on the college's existing structure and resources, the university's goals are unlikely to be met. Second, public expectations of accountability and performance have increased to the point where historic levels of activity are

unacceptable. In recent years the public has invested tens of millions of dollars per year in funding for programs in medicine, and hundreds of millions of dollars in new facilities for health sciences. Research performance that remains at 14<sup>th</sup> or 15<sup>th</sup> out of 15 comparators is not compatible with the investments that have been made and the scrutiny to which we are appropriately subjected. As we have tried to understand the reasons for the deficiencies in medical research, analysis has shown that most CIHR funding is in the area of clinically based research and that this is the U of S's great deficiency. In short, consideration of research performance draws attention to the same areas of the college that are concerns for other reasons, namely clinical areas. One theme is structural – the faculty complement is simply not aligned with the research mission. The current faculty complement is focused on providing clinical service and instruction and there is a critical shortage of clinical faculty who are focused on research. The other theme is cultural – the culture in the clinical areas of the college does not support research. In two separate, recent instances, well-qualified research chair candidates chose not to accept appointment at the U of S because they did not see a culture that would support their research success. Both themes are troubling and must be addressed.

### *Service*

Service to the province and the interface with the health system also remains a source of concern. Tangled lines of authority and accountability within the university interfere with the appropriate planning of clinical services in the health system. Change is also needed in this respect: currently any new clinical program the university undertakes for academic reasons of teaching and research must be developed in such a way as to alleviate the clinical-service concerns of our partners. As stated earlier, the principle needs to be one of clearer alignment of clinical service with clinical resources and clinical authority and clearer alignment of academic service with academic resources and academic authority, so that both are achieved with greater effectiveness, clarity, and accountability. Those whose predominant focus is clinical practice need to be aligned with health services and planning for service delivery; those with a predominant focus in research or education need to be aligned with the university; and we need a fresh approach to ensuring the required co-ordination where individuals have assignments in both systems.

### **Timeline**





## Appendix 1 – College of Medicine Data Profile

The University of Saskatchewan is a medical-doctoral institution and one of Canada's U15—the country's top 15 leading research-intensive institutions.

In a medical-doctoral university like our own, the performance of the medical school is of concern to all faculty in the institution. The medical school helps define the identity of the university and, in most universities, is a powerhouse of research.

With regard to our own College of Medicine, long-standing issues around accreditation, lack of research performance and unclear lines of accountability have resulted in increasingly poor performance outcomes—unacceptable rankings in teaching and research that will be perpetuated without significant intervention and reform.

The following data profile provides indisputable support for the original Council decision and to continue the restructuring work that is proceeding now.

### **1. U of S College of Medicine Comparisons With Selected U15 Peers:**

- 1.1 College Research Funding as a % of Total Institutional Research Funding [p. 2]
- 1.2 College Operating Budget as a % of Institutional Operating Budget [p. 3]
- 1.3 Medical College of Canada Qualifying Exam Rankings [p. 4]
- 1.4 Medical College of Canada Qualifying Exam Mean Scores [p. 5]
- 1.5 Faculty FTE per Medical Student [p. 6]
- 1.6 Research Hospitals Associated with Colleges of Medicine (2009-2010) [p. 7]

### **2. U of S College of Medicine Comparisons With Other U of S Colleges/Schools:**

- 2.1 COM Academic FTE as a % of Total U of S Academic FTE (5-year trend) [p. 8]
- 2.2 COM Research Grants as a % of Total U of S Research Grants (5-year trend) [p. 9]
- 2.3 COM Annualized Research Funding as a % of Total U of S Annualized Research Funding (3-year trend) [p. 9]
- 2.4 Research Revenue Per FTE Faculty for U of S Colleges/Schools (3-year trend) [p. 10]
- 2.5 Student/Faculty Ratio for U of S Colleges (3-year trend) [p. 11]
- 2.6 Research Revenue by Division for COM and A&S Division of Science [p. 11]

### **3. U of S College of Medicine Activity:**

- 3.1 Faculty Activity: Condensed summary report from Assignment of Duties (2011-2012) [p. 13]
- 3.2 Breakdown of Academic Faculty Teaching Time (2011-12) [p. 14]
- 3.3 Undergraduate Medical Education Teaching Hours (2010-2012) [p. 15]
- 3.4 Undergraduate Medical Teaching Intensity (2011-2012) [p. 16]

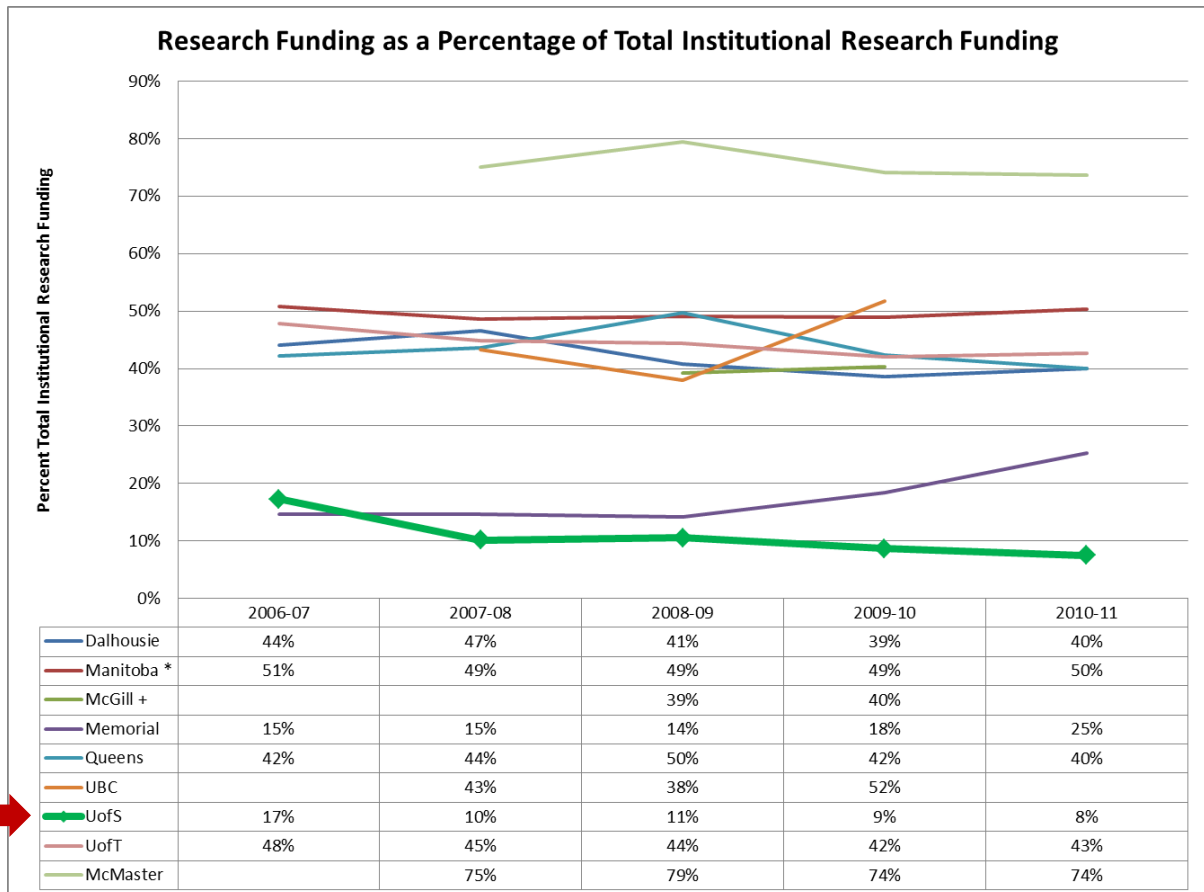
# 1. U of S College of Medicine Comparisons With U15 Peers:

General Summary – The data in this section was compiled to address questions related to inter-institutional comparisons: i.e. how do we rank with our comparators with respect to research funding, undergraduate scoring on medical qualifying exams, and faculty complement? What the data show is that our College of Medicine brings in a disproportionately low amount of research funding when compared to our comparators (Figure 1.1) in spite of receiving a comparable amount of operating funding from the university (Figure 1.2) and having a faculty:student ratio that is in line with our comparators. As well, our graduates consistently score at the bottom of the rankings in the spring qualifying exam (Figure 1.3) and have a mean score on the exam consistently below the mean score for Canadian graduates. Lastly, large, research intensive Colleges of Medicine are often associated with large research intensive teaching hospitals as revealed in a recent ranking of the research performance of hospitals in Canada.

## 1.1 College Research Funding as a % of Total Institutional Research Funding

Description:

Medical colleges tend to be research intensive and pull in a large percentage of their institution’s research funding. This graph compares the amount of funding flowing into the University of Saskatchewan College Of Medicine as a percentage of the University’s total research funding.



Source:

Individual college research funding data pulled from either the Association of Faculties of Medicine of Canada (AFMC) annual statistics publication or the respective institutional annual report. Institutional funding data pulled from annual institutional reports downloaded from the internet or from Research Infosource. Both sources are available to the public.

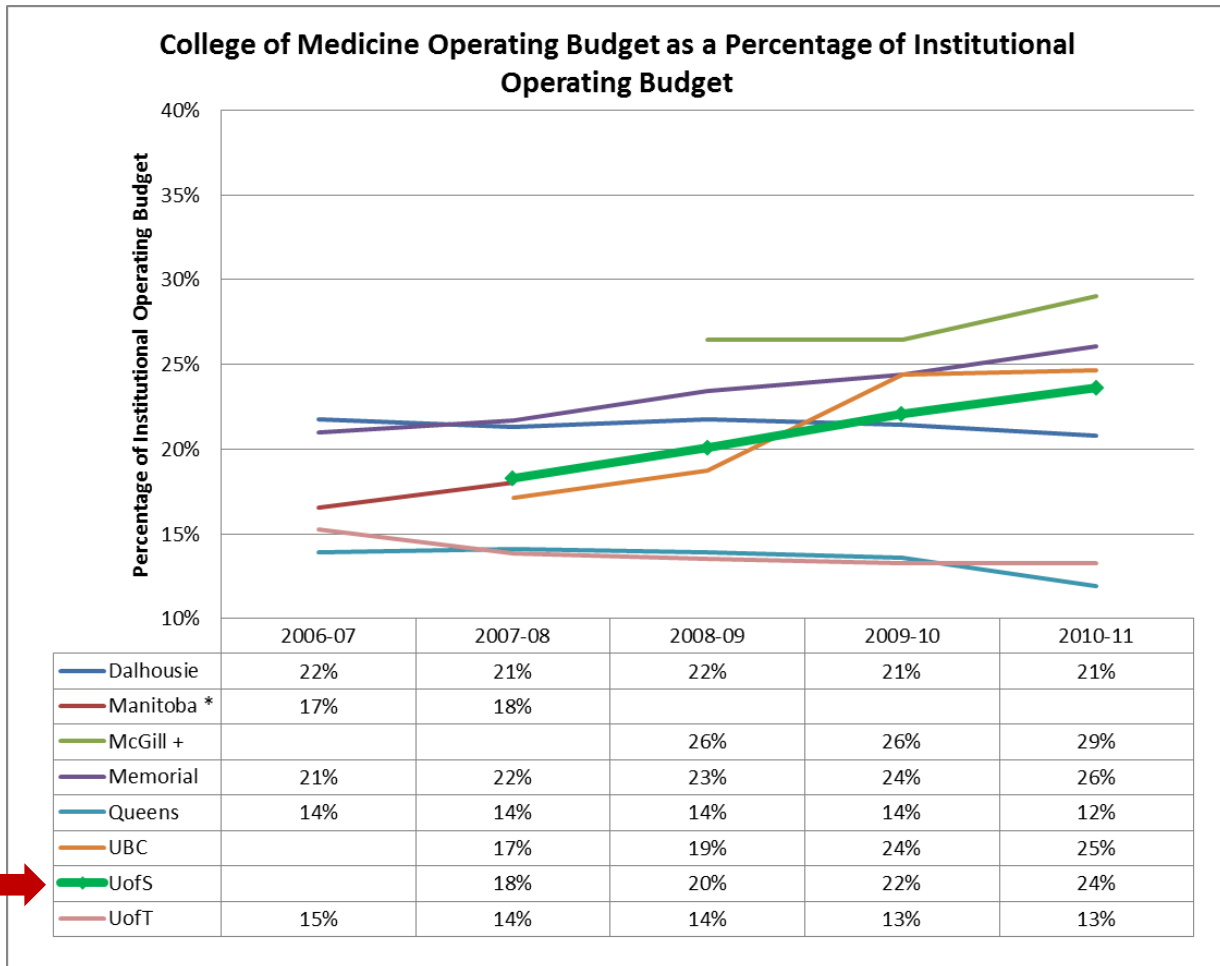
Data Definition:

Research funding – All grants and contracts where the ‘primary investigator’ is a faculty member at the host institution.

### 1.2 College Operating Budget as a % of Institutional Operating Budget

Description:

While medical schools are research intensive, they are also costly in terms of operating costs. This graph shows the operating grant provided to several medical schools as a percentage of the total “Academic Operating Budget” of the institution.



Source:

Annual budget reports from web pages of home institutions, publicly available.

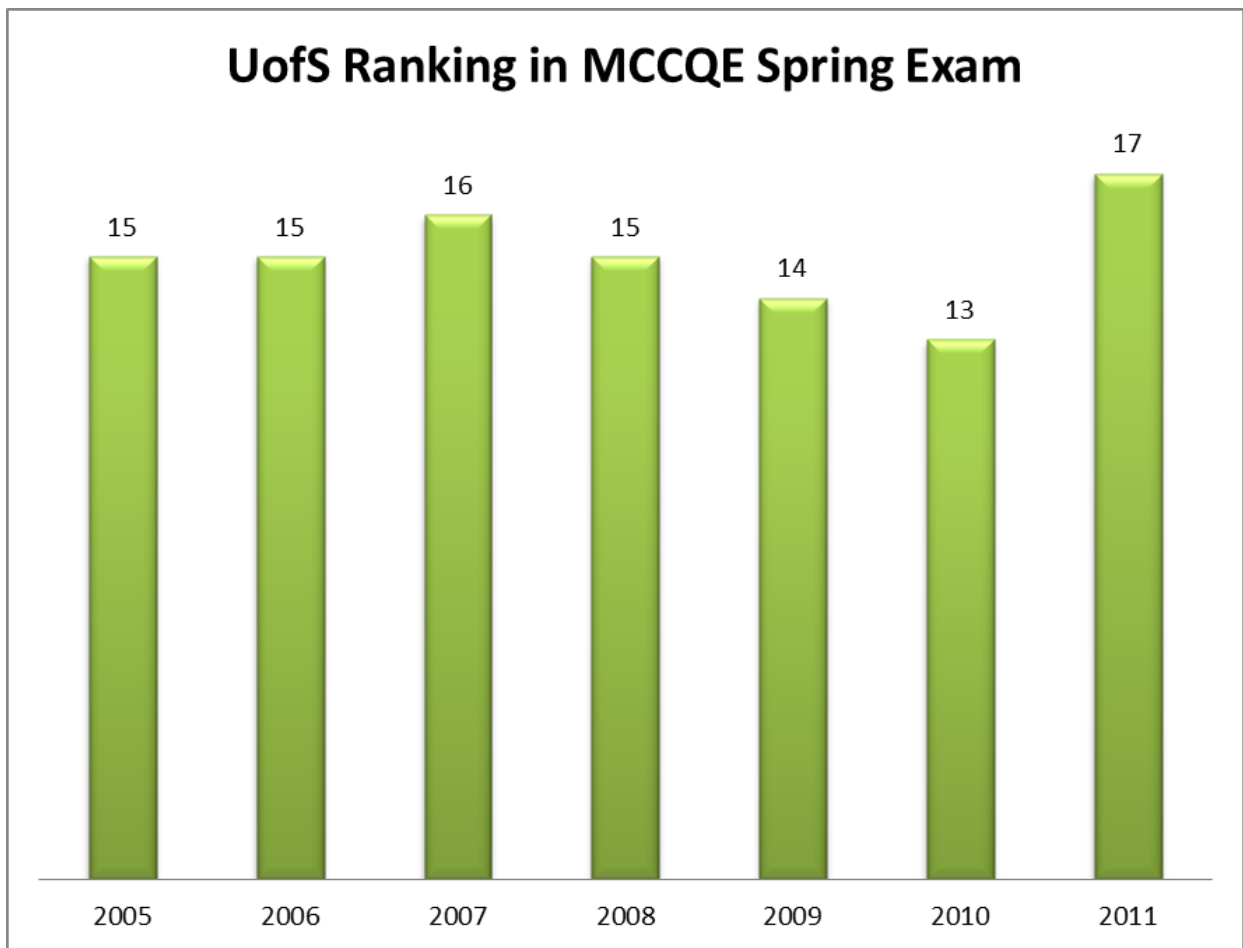
Data Definition:

Academic Operating Budget – The sum of all operating budgets provided to academic units (colleges) within the university. This does not include core support units or central administration operating costs.

### **1.3 Medical College of Canada Qualifying Exam Rankings**

Description:

Each spring the graduating class from each medical school across the country writes the qualifying exam. The results are tabulated and shared with each school. There were 16 schools included in the rankings from 2005-2008 and 17 schools included from 2009-2011.



Source:

Medical College of Canada Qualifying Exam (MCCQE) Spring Exam. Dean's Eyes only, not publicly available or circulated outside of Dean's Office at most medical colleges.

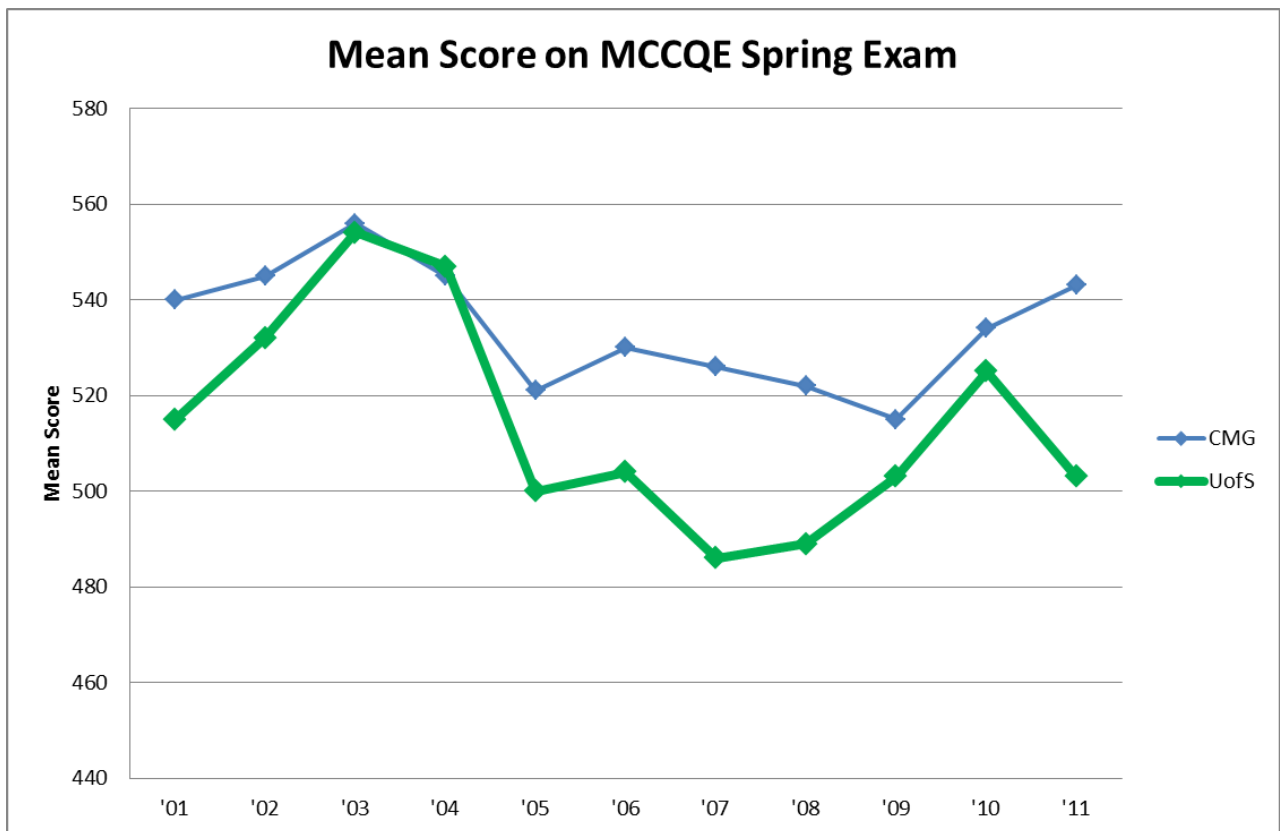
Data Definition:

Ranking – placing out of all medical schools. There are 17 medical schools in Canada (16 prior to 2008).

#### 1.4 Medical College of Canada Qualifying Exam Mean Score

Description:

In addition to providing the ranking of our College of Medicine graduates in the MCCQE Spring Exam, the average score of all graduates is provided. This graph tracks the mean score of all graduates of Canadian medical schools compared to the average score of our graduates.



Source:

MCCQE Spring Exam results booklet. Dean's eyes only, not circulated outside of Dean's office at most medical colleges.

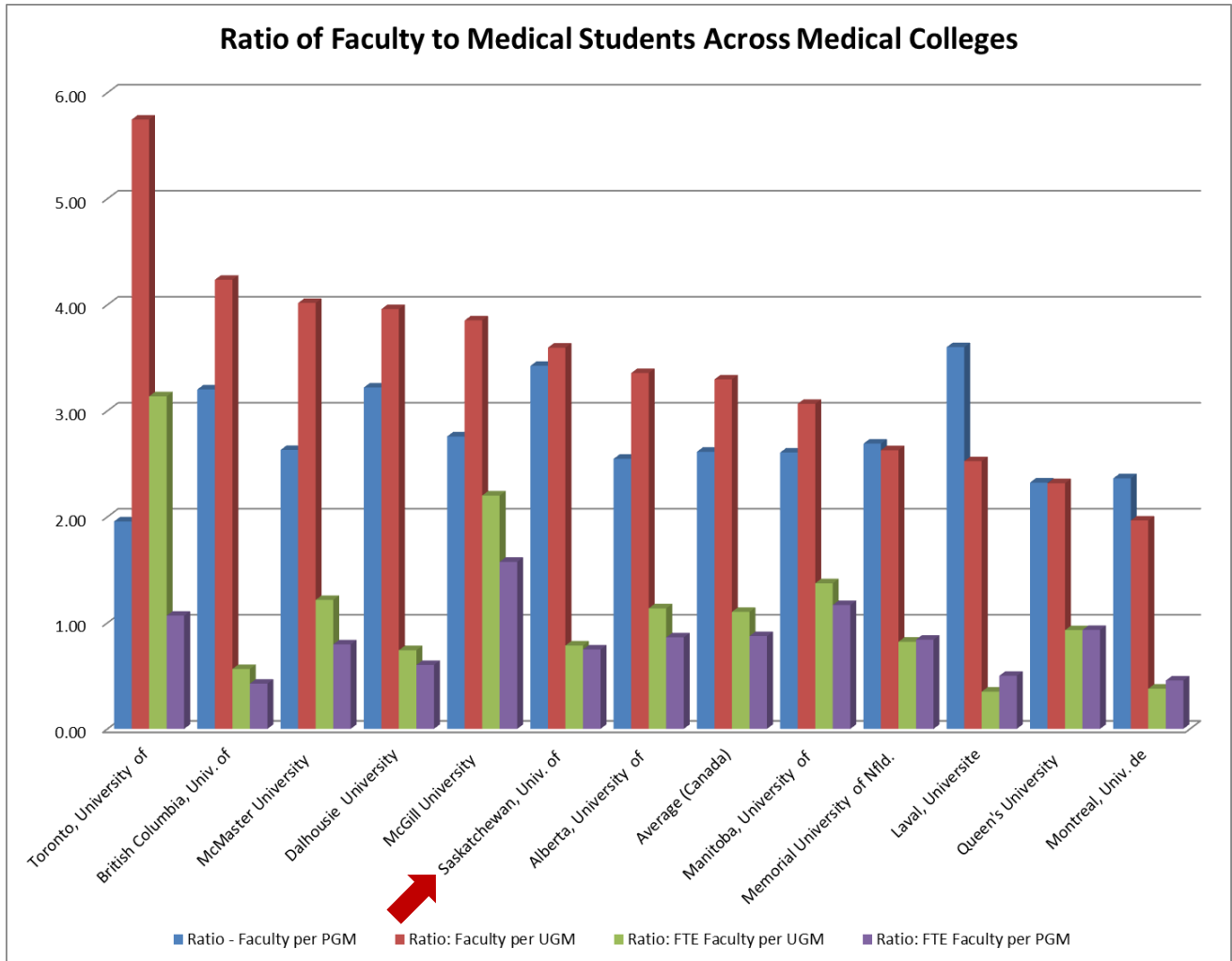
Data Definition:

CMG Mean – Mean score on the exam for all graduates of Canadian Medical Schools taking the exam for the first time.

### 1.5 Faculty FTE per Medical Student

Description:

In order to determine the relative teaching load for clinical faculty, the ratio of students to faculty is determined. Medical school faculty are generally composed of both full time and part time faculty, not all of whom are compensated in a manner similar to the University of Saskatchewan.



Source:

Association of Faculties of Medicine of Canada Annual Statistics. Publicly available.

Data Definition:

UGM – Undergraduate Medical student

PGM – Post Graduate Medical Student (Resident)

Faculty – Total of faculty at the medical school, includes both full time and part time faculty.

FTE Faculty – This definition is based on individual college submissions (and not equivalent to the U of S FTE definition). As a result, the definition varies slightly between medical colleges. *Individual definitions are available on request.*

### 1.6 Research Hospitals Associated with Colleges of Medicine (2009-2010)

Description:

It is reasonable to assume that research intensive medical schools would be associated with hospitals that are also research intensive. To address this question, data was sourced with respect to the research funding flowing into teaching hospitals and their affiliated medical school. The data shown below indicates that of the top 10 funded hospitals, 9 are affiliated with Colleges of Medicine, a strong indicator that teaching, research, and clinical service are linked.

| 2010 Rank | 2009 Rank | Hospital   | Research Funding for FY (\$000) |           | Category  | Affiliated University  |
|-----------|-----------|--|---------------------------------|-----------|-----------|------------------------|
|           |           |  | 2010                            | 2009      |           |                        |
| 1         | 1         | University Health Network                                    | \$267,654                       | \$261,113 | General   | UofT                   |
| 2         | 2         | Hamilton Health Sciences                                     | \$180,435                       | \$191,200 | General   | McMaster               |
| 3         | 3         | Hospital for Sick Children                                   | \$172,213                       | \$146,260 | Pediatric | UofT                   |
| 4         | 4         | McGill University Health Centre (MUHC)                       | \$131,147                       | \$130,092 | General   | McGill                 |
| 5         | 8         | Sunnybrook Health Sciences Centre                            | \$106,000                       | \$84,000  | General   | UofT                   |
| 6         | 6         | Ottawa Hospital  | \$104,948                       | \$87,720  | General   | University of Ottawa   |
| 7         | 16        | British Columbia Cancer Agency                               | \$81,765                        | \$41,708  | Cancer    | none                   |
| 8         | 7         | Mount Sinai Hospital, Joseph and Wolf Lebovic Health Complex | \$81,000                        | \$85,100  | General   | UofT                   |
| 9         | 5         | Vancouver General Hospital / UBC Hospital                    | \$80,977                        | \$99,890  | General   | UBC                    |
| 10        | 9         | Centre Hospitalier Universitaire de Québec (CHUQ)            | \$75,735                        | \$74,089  | General   | UQAM                   |
| 21        | 21        | St. Joseph's Healthcare Hamilton                             | \$30,100                        | \$26,900  | General   | McMaster               |
| 23        | 22        | Health Sciences Centre                                       | \$22,615                        | \$26,609  | General   | University of Manitoba |
| 24        | 24        | IWK Health Centre  | \$20,892                        | \$21,058  | Pediatric | Dalhousie              |
| 26        | 26        | Queen Elizabeth II Health Sciences Centre                    | 17153                           | 17227     | General   | Dalhousie              |
| 27        | 28        | Kingston General Hospital                                    | \$16,330                        | \$15,640  | General   | Queens                 |
| 32        | 30        | St. Boniface Hospital  | \$12,935                        | \$13,601  | General   | University of Manitoba |

Source:

Research InfoSource publication downloaded August 22nd, 2011 from [www.researchinfosource.com](http://www.researchinfosource.com)

Data Definition:

Research Funding – Includes all funds to support research received in the form of a grant, contribution, or contract from all sources (internal and external) to the institution.

Rank – Hospitals were surveyed to determine research funding and the results were ranked according to total research funding.



## 2. U of S College of Medicine Comparisons With Other U of S Colleges/Schools:

General Summary – The data in this section was compiled to illustrate the proportion of activity and/or the percentage of resources within the College of Medicine in comparison to other colleges and/or schools at the University of Saskatchewan. From this, it can be seen that the college has about 17% of the academic FTE complement at the U of S (2.1) and is generating about 20% of all research grants/contracts at the U of S each year (2.2), which seems reasonable. When looking at the research revenues generated, the college is responsible for about 9% of all research revenue (2010-2011), which is lower what might be anticipated given the percentages for faculty FTE and research grants/contracts listed above. Indicator 2.4 attempts to show the research revenues generated per FTE of all college/schools. The College of Medicine is in the “middle of the pack” when compared with other U of S colleges/schools in this regard. Indicator 2.5 illustrates the student/faculty ratio of U of S colleges which shows the College of Medicine with a very low ratio compared to other colleges. It is important to note that this is by design given the “apprenticeship” nature of the discipline.

### **2.1 COM Academic FTE as a % of Total U of S Academic FTE (5-year trend)**

Description:

This table lists the academic FTE complement (based on U of S annual FTE reporting) for the College of Medicine in proportion to the entire U of S academic FTE complement.

|                            | 2006/07      | 2007/08      | 2008/09      | 2009/10      | 2010/11      |
|----------------------------|--------------|--------------|--------------|--------------|--------------|
| College of Medicine        | 261.7        | 258.3        | 260.9        | 265.6        | 281.1        |
| U of S Total               | 1485.4       | 1461.9       | 1478.5       | 1434         | 1488         |
| <b>COM as a % of Total</b> | <b>16.6%</b> | <b>16.3%</b> | <b>16.4%</b> | <b>17.4%</b> | <b>17.6%</b> |

Source:

University of Saskatchewan Data Warehouse (UDW)

Data Definition:

FTE – Full time equivalency based on the home college/unit responsible for funding all or part of the FTE (annualized over the fiscal year period).

Academic – Refers to Deans, Associate Deans, Assistant Deans, Department Heads, Directors, Professors, Associate Professors, Assistant Professors, Clinical Faculty, Lecturers, Sessional Lecturers, Teaching and Service Fellowships, Post-Doctorate and Senior Fellows, and Other Instructional categories

The FTE numbers are based on academic staff resources funded by all institutional funding sources including: Operating, Ancillary, Student Financial Aid, Research, Endowment, Capital, Operating Fund (Revenue), Special Purpose Fund, Trust Fund, and Agency Fund ledgers

**Note: 2011-12 Data not available until early September, 2012.**

**2.2 COM Research Grants as a % of Total U of S Research Grants (5-year trend)**

Description:

The table below shows the percentage of COM activity compared to U of S activity with respect to the number of grants/contracts and funded amounts awarded in each fiscal year.

|   | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 |
|---|---------|---------|---------|---------|---------|
| COM Grant/ Contract Counts as a % of U of S | 19%     | 19%     | 20%     | 19%     | 20%     |

Source:

University of Saskatchewan Data Warehouse (UDW)

Data Definition:

Grant – is an award of financial assistance from a granting agency to a recipient to carry out research or research-related activities for specific topics or research areas, as recorded within a written agreement.

Contract - is an agreement to provide research services under specified negotiated conditions in exchange for a specific deliverable, and signed by all parties involved.

**Note: Detailed data for this section is available upon request.**

**2.3 COM Annualized Research Revenue as a % of Total U of S Annualized Research Revenue (3-year trend)**

Description:

This table illustrates the College’s percentage of total U of S research revenue generated on a fiscal year basis.

|  | 2008/09       | 2009/10       | 2010/11       |
|--|---------------|---------------|---------------|
| Total Annualized Research Revenue for the U of S   | \$170,636,804 | \$185,658,476 | \$206,594,247 |
| Annualized Research Revenue for COM                | \$23,356,914  | \$16,679,722  | \$15,534,354  |
| <b>COM Research Revenue as a % of total U of S</b> | <b>14%</b>    | <b>9%</b>     | <b>8%</b>     |

Source:

Financial Services Division

Data Definition:

Research Revenue – refers to the annual fiscal year income generated through awarded grants or contracts as reported by Financial Services Division.

**Note: 2011-12 Data not available until September, 2012.**

## 2.4 Research Revenue Per FTE Faculty for U of S Colleges/Schools (3-year trend)

Description:

The table below lists the research revenue generated by each college/school divided by the number of academic FTE funded by each college. The intent is to show the average amount of research revenue generated by each FTE faculty.

| College/School                         | 2008/09         | 2009/10         | 2010/11         |
|--|-----------------|-----------------|-----------------|
| Agriculture & Bioresources             | \$396,692       | \$384,718       | \$554,726       |
| Arts & Science                         | \$51,250        | \$46,122        | \$55,879        |
| Dentistry                              | \$670           |                 |                 |
| Education                              | \$30,162        | \$14,511        | \$8,394         |
| Edwards School of Business             | \$2,044         | \$3,496         | \$3,716         |
| Engineering                            | \$113,653       | \$101,563       | \$110,666       |
| Graduate Studies & Research            | \$225,659       | \$169,037       | \$142,905       |
| Kinesiology                            | \$57,670        | \$60,969        | \$44,748        |
| Law                                    | \$14,435        | \$8,131         | \$8,375         |
| <b>Medicine</b>                        | <b>\$89,524</b> | <b>\$62,800</b> | <b>\$55,263</b> |
| Nursing                                | \$15,244        | \$14,968        | \$8,614         |
| Pharmacy & Nutrition                   | \$46,501        | \$49,414        | \$142,892       |
| School of Environment & Sustainability | \$95,520        | \$71,758        | \$82,199        |
| School of Public Health                | \$50,365        | \$105,033       | \$54,818        |
| School of Public Policy                | \$68,847        | \$410,846       | \$76,216        |
| Veterinary Medicine                    | \$69,509        | \$62,631        | \$53,037        |

Source:

University of Saskatchewan Data Warehouse (UDW)

Data Definition:

FTE – Full time equivalency based on the home college/unit responsible for funding all or part of the FTE (annualized over the fiscal year period).

Academic – Refers to Deans, Associate Deans, Assistant Deans, Department Heads, Directors, Professors, Associate Professors, Assistant Professors, Clinical Faculty, Lecturers, Sessional Lecturers, Teaching and Service Fellowships, Post-Doctorate and Senior Fellows, and Other Instructional categories

The FTE numbers are based on academic staff resources funded by all institutional funding sources including: Operating, Ancillary, Student Financial Aid, Research, Endowment, Capital, Operating Fund (Revenue), Special Purpose Fund, Trust Fund, and Agency Fund ledgers

Research Revenue – refers to the annual fiscal year income generated through awarded grants or contracts as reported by Financial Services Division

### **2.5 Student/Faculty Ratio for U of S Colleges (3-year trend)**

Description:

The table below lists the student/faculty ratios for U of S colleges based on the count of all students (graduate, undergraduate, non-degree, post graduate) in comparison with the count of all academic FTE funded by each college.

| <b>College</b>             | <b>2008/09</b> | <b>2009/10</b> | <b>2010/11</b> |
|----------------------------|----------------|----------------|----------------|
| Agriculture & Bioresources | 9.3            | 8.7            | 8.4            |
| Arts & Science             | 18.4           | 18.9           | 19.4           |
| Dentistry                  | 2.6            | 4.6            | 4.5            |
| Education                  | 18.4           | 21.0           | 21.2           |
| Edwards School of Business | 23.5           | 22.9           | 24.9           |
| Engineering                | 14.9           | 15.5           | 16.7           |
| Kinesiology                | 20.4           | 21.7           | 24.0           |
| Law                        | 11.7           | 10.0           | 9.3            |
| <b>Medicine</b>            | <b>1.1</b>     | <b>1.1</b>     | <b>1.2</b>     |
| Nursing                    | 13.1           | 17.7           | 16.4           |
| Pharmacy & Nutrition       | 15.3           | 16.0           | 15.3           |
| Veterinary Medicine        | 2.7            | 2.8            | 2.8            |

Source:

University of Saskatchewan Data Warehouse (UDW)

Data Definition:

FTE – Full time equivalency based on the home college/unit responsible for funding all or part of the FTE (annualized over the fiscal year period).

Academic – Refers to Deans, Associate Deans, Assistant Deans, Department Heads, Directors, Professors, Associate Professors, Assistant Professors, Clinical Faculty, Lecturers, Sessional Lecturers, Teaching and Service Fellowships, Post-Doctorate and Senior Fellows, and Other Instructional categories

The FTE numbers are based on academic staff resources funded by all institutional funding sources including: Operating, Ancillary, Student Financial Aid, Research, Endowment, Capital, Operating Fund (Revenue), Special Purpose Fund, Trust Fund, and Agency Fund ledgers

### **2.6 Research Revenue by Division for COM and A&S Division of Science**

Description:

The intent of the following table is to provide more detail into research revenue activity generated among the various divisions of the College of Medicine and to compare how this relates to the activity within the Division of Science in the College of Arts & Science.

| <b>College of Medicine</b>                   | <b>2008/09</b> | <b>2009/10</b> | <b>2010/11</b> |
|--|----------------|----------------|----------------|
| Biomedical Sciences Division                 | \$5,811,051    | \$5,954,537    | \$4,278,802    |
| Clinical                                     | \$15,843,941   | \$7,947,419    | \$8,990,763    |
| Deans Office                                 | N/A            | \$1,026,023    | \$748,941      |
| Activity not attributed to specific division | \$1,724,090    | \$1,751,743    | \$1,515,849    |
| <b>Arts &amp; Science</b>                    |                |                |                |
| Division of Science                          | \$16,196,200   | \$14,114,933   | \$17,827,643   |

Source:

Financial Services Division

Data Definition:

Research Revenue – refers to the annual fiscal year income generated through awarded grants or contracts as reported by Financial Services Division (based on CFOAPAL reference in UniFi).

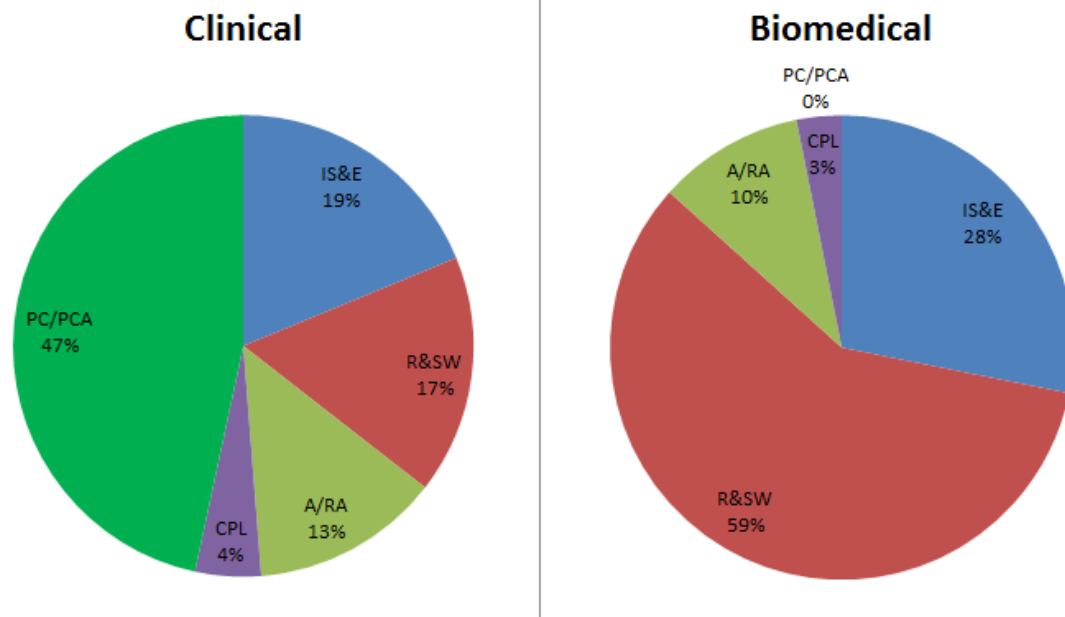
### 3. U of S College of Medicine Activity:

General Summary – The data in this section was collected to address questions surrounding the time that is spent teaching by full-time versus ‘community’ faculty, and the potential impact of losing a portion of the academic faculty to the community. What it shows is that community faculty and others are already teaching over half of the undergraduate course load. The largest component of clinical faculty members’ time is spent performing clinical service. Academic faculty who are teaching have, on average, 19 hours of contact time per academic year. The majority of the teaching time committed by academic faculty is for training residents and Phase D undergraduates (JURSIIs). If academic faculty decrease their teaching commitment to match that currently provided by community faculty, an additional approximately 150 community faculty would be required to deliver the undergraduate program. As the college currently has approximately 1200 community faculty on its list, this is not seen as an impossible task.

#### 3.1 Faculty Activity: Condensed summary report from Assignment of Duties for 2011-2012

Description:

The College of Medicine has implemented a centralized ‘Assignment of Duties’ database. Each faculty member must meet with their department head annually and come to an agreement on the time that will be spent on each of several activities. The results can be summarized in five categories as shown in the pie charts below. These five categories are integral to the career pathways as defined by the college for all tenure track faculty.



Source:

College of Medicine Assignment of Duties Database. Not publicly available nor circulated outside of senior college administration.

Data Definition:

IS&E – Instruction, Supervision and Evaluation (Teaching)

R&SW – Research and Scholarly Work

PC/PCA – Patient Care / Patient Care Administration

CPL – Continuing Professional Learning

A/RA – Academic and Research Administration

Biomedical – Departments of Anatomy & Cell Biology, Biochemistry, Microbiology & Immunology, Physiology, and Pharmacology

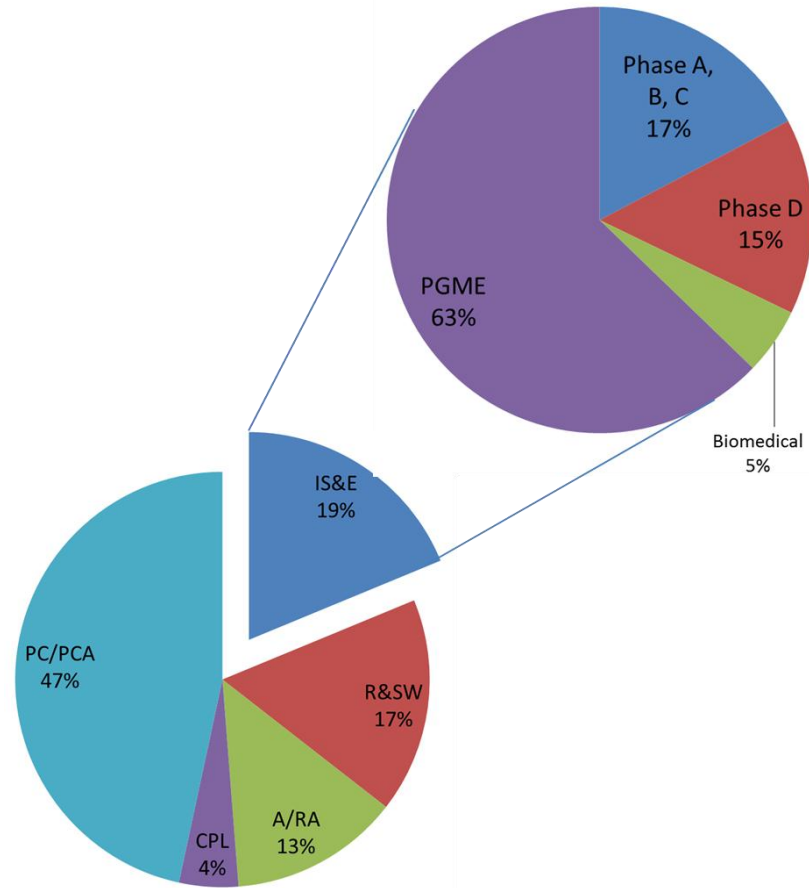
Clinical – All Departments involved in delivering clinical service as a component of their time. Does not include the School of Physical Therapy.

***Note: 2012-13 data will be available in September***

**3.2 Breakdown of Academic Faculty Teaching Time (2011-12)**

Description:

The 'Assignment of Duties' database has additional detail on the teaching commitments of academic faculty that allows it to be broken down into its components. The figure below shows the assignment of duties breakdown for 2011-12 for clinical faculty, and a further breakdown of the teaching component. The undergraduate component is broken out into Phase A, B and C which is more didactic lectures, and Phase D, the rotating undergraduate internship which is based more in the clinic.



Source:

College of Medicine Assignment of Duties Database. Data at this level is not available outside of the Deans Office.

Data Definition:

IS&E – Instruction, Supervision and Evaluation (Teaching)

R&SW – Research and Scholarly Work

PC/PCA – Patient Care / Patient Care Administration

CPL – Continuing Professional Learning

A/RA – Academic and Research Administration

Phase A, B, C; Phase D – Phases of the Undergraduate Medical curriculum

Biomedical – Undergraduate basic science courses in the Division of Biomedical Sciences.

PGME – Postgraduate Medical Education, time spent training residents

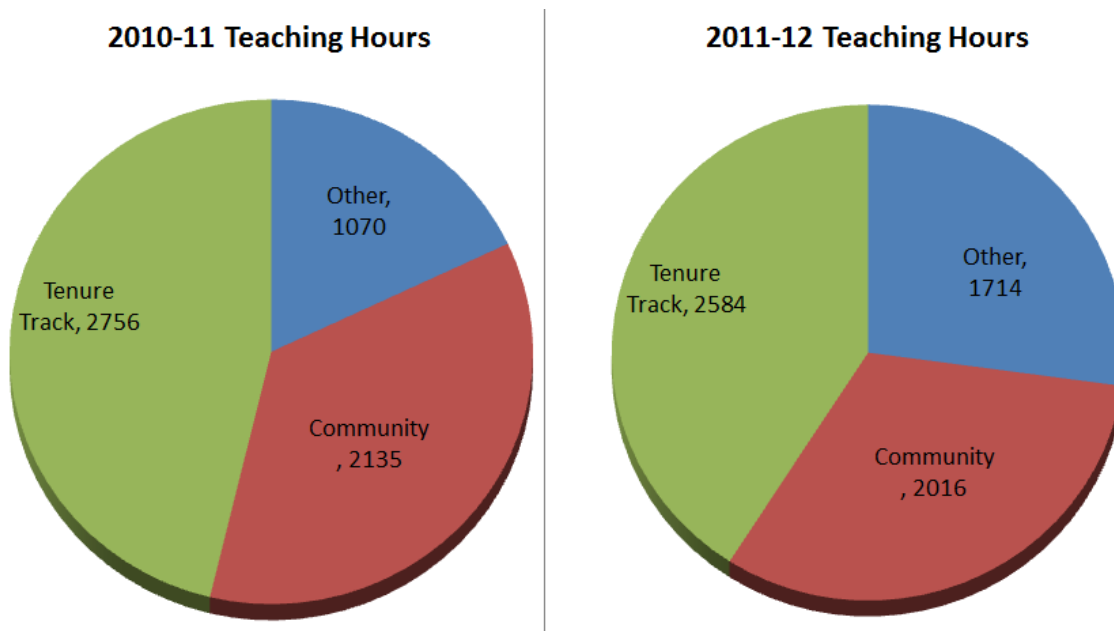
### **3.3 Undergraduate Medical Education Teaching Hours (2010-2012)**

Description:

Due to the unique nature of the undergraduate medical school curriculum, the college has its own internal system that is utilized for tracking teaching assignments and hours.



One of the reports that can be generated outputs the hours taught (i.e. contact hours), and by whom, for undergraduate medical courses in Phases A, B, and C. Phase D, the rotating undergraduate internship, is not captured in this system.



Source:

One-45 system, College of Medicine. Not publicly available. This is the first analysis of this type that has been performed to date.

Data Definition:

Tenure Track – Undergraduate medical school hours taught by all academic faculty within the College of Medicine

Community – Undergraduate medical school hours taught by community physicians contracted by the College of Medicine for this purpose.

Other – Undergraduate medical school hours taught by residents, graduate students, faculty from other colleges, and some who could not be attributed to any group identified above.

### **3.4 Undergraduate Medical Education Teaching Intensity (2011-2012)**

Description:

From the same One45 system we can count the number of faculty or ‘other’ teaching and determine the mean number of hours that each is contributing to the cause.

| Teaching Group | Teaching Hours | Number of Faculty | Hours per Teacher |
|----------------|----------------|-------------------|-------------------|
| Other          | 1714           | 188               | 9.1               |
| Community      | 2016           | 213               | 9.5               |
| Academic       | 2584           | 137               | 18.9              |

Source:

One-45 system, College of Medicine. Not publicly available. This is the first analysis of this type that has been performed to date.

Data Definition:

Academic – Undergraduate medical school hours taught by all Academic faculty within the College of Medicine (i.e. full time in scope faculty)

Community – Undergraduate medical school hours taught by community physicians contracted by the College of Medicine for this purpose.

Other – Undergraduate medical school hours taught by residents, graduate students, faculty from other colleges, and some who could not be attributed to any group identified above.

Teaching Hours – Total number of hours taught by the respective group.

Number of Faculty – Count of the number of faculty that delivered the counted hours of instruction.

Hours per Teacher – Number of hours taught divided by the number of faculty that delivered the instruction. This is a representation of ‘teaching intensity’.

UNIVERSITY COUNCIL  
PLANNING AND PRIORITIES COMMITTEE  
REQUEST FOR DECISION

**The material that follows is as submitted to the May 17, 2012 Council meeting with the addition of an excerpt of the discussion of the College of Medicine from the minutes of that meeting.**

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**PRESENTED BY:** Bob Tyler, Chair, Planning and Priorities Committee

**DATE OF MEETING:** September 20, 2012

**SUBJECT:** College of Medicine Organizational Re-Structuring

**DECISION REQUESTED:**

*It is recommended that University Council approve a new academic governance model for the College of Medicine, along with consequential changes to Council's bylaws, which would see the establishment of three new divisions: the Division of Clinical Research, the Division of Medical Education, and the Division of Biomedical and Population Sciences and the discontinuation of the existing models of clinical instruction and research, as outlined in the attached "Concept Paper", effective January 1, 2013.*

*It is further recommended that the Provost and the Dean of the College of Medicine report to University Council on progress made toward implementation of this new model at the September 2012 meeting of University Council and at regular intervals over the course of the 2012/13 academic year.*

**PURPOSE:**

A re-structuring of the governance model for the College of Medicine is proposed. The primary purpose is to provide for a new mode of delivery for clinical instruction in the undergraduate medical education (MD) program and to clarify roles and responsibilities for the provision of clinical instruction within the college. As well, the new structure is anticipated to provide an environment supportive of an improved performance in research outcomes and impact within the College of Medicine, trending toward that of national comparator institutions including the U15 research-intensive universities.

## **CONTEXT AND BACKGROUND:**

In July 2011, the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) placed the MD program in the College of Medicine on warning of probation (see attached letter) based on deficiencies in 10 out of 130 standards. One of these standards, IS-9, required support and assistance from the Provost's Office given the magnitude of the issues associated with addressing this standard, including personnel and organizational impacts. To fully address this standard, the College of Medicine must clearly delineate the Dean's role and responsibility for ensuring the clinical teaching in and delivery of the MD program. Following consultation with the Provost's Office, it was the conclusion of the Dean that structural changes were required, consistent with the vision articulated by the college in its 2003 integrated plan: *The College of Medicine will divest itself of sole responsibility for the provision of specialized clinical services and instead work in partnership with the Saskatoon Health Region and the Regina-Qu'Appelle Health Region to develop specialized care programs in the best environment to achieve efficiency and effectiveness of service delivery.* The new Division of Clinical Research is a new version of the medical research institute also proposed in the college's 2003 integrated plan. It is now proposed as the Division of Clinical Research because it needs to be a unit in which faculty members can hold tenure and be promoted, something which, in Council's nomenclature, cannot be called an institute.

This situation is compounded by the college's research underperformance in comparison to its peers nationally and to the university's expectations as a research-intensive institution, articulated most recently in *Promise and Potential* (the university's third integrated plan). This outcome is a further reflection of deficiencies in the College of Medicine's organizational structure with respect to full-time clinical faculty and their ability to conduct research in an intensive clinical service environment.

In response, the creation of a new divisional structure is proposed which would support the delivery of a high-quality, accredited MD program and build the college's capacity for clinical research. The proposed divisions meet the definition of a division in University Council's *Nomenclature Report* of "a structure organized to facilitate administration for a group of departments or units with a recognized, distinctive commonality of purpose and practice." While divisions *per se* are not included in the *University of Saskatchewan Act (1995)* as requiring Council approval, the establishment of the new divisions in the College of Medicine is being presented for Council's approval given Council's role in establishing and dis-establishing all of the other key organizational structures of the academy (colleges, schools, departments, centres, institutes, and endowed chairs). Further, according to Council's bylaws, divisional faculty councils are established by Council with authority and duties articulated by Council. These have yet to be fully established for the three divisions proposed and it is intended that the authority granted to the divisions will be worked out as part of the transition period following Council's approval of the concept.

The *University of Saskatchewan Act (1995)* articulates that the University of Saskatchewan has the exclusive power to formulate and implement its academic and research programs, policies and standards [6(1)(b)]. The method of delivery of clinical teaching and clinical research are academic matters and fall within the jurisdiction of University Council. In this instance, Council is being asked to discontinue a mode of program delivery for clinical teaching which is at the heart of the college's continued

inability to fully meet the standards of its key accrediting bodies and thereby to ensure that the MD program fully meets the international standards established for such programs. Council is further being asked to establish a new organizational structure which will support the college in achieving the teaching and research elements of its academic mission as well as to benefit service provision within the province of Saskatchewan. Both accreditation and research are long-standing matters for the college's attention and have been raised in a variety of venues since 2002 when the college was first placed on 'warning of probationary' status.

The Planning and Priorities Committee sees this proposal and the structural changes which accompany it as entirely consistent with key Council-approved documents dating back over a decade, including *A Framework for Planning* (1998), the *Strategic Directions* (2002), the *Foundational Document on Research, Scholarly and Artistic Work* (2005), and the university's two most recent integrated plans (2008 and 2012). All of these documents reinforce the need for the university to meet international standards, to be more engaged in its research mission, and to ensure academic programs are of high quality.

Over the course of its consideration of this proposed re-structuring, the Planning and Priorities Committee learned about the research challenges and performance of College of Medicine faculty. Statistical information on performance and comparisons with peer institutions are provided in a slide presentation by the Dean and can be accessed at [www.medicine.usask.ca/concept](http://www.medicine.usask.ca/concept). It is clear from the information provided, and the anecdotal reports associated with searches for two endowed research chairs, that the college lacks the culture necessary for research to flourish. Given the university's emphasis on research intensiveness throughout all of its departments and colleges, and the recent significant investments in the College of Medicine by successive governments in the province, it is apparent that the current situation is untenable. Further it is highly desirable that faculty participate in the discovery of knowledge – not solely in its transmission; this is the current trajectory of the college given its current structure. While the committee acknowledges that the new structure will not resolve all of the issues related to research performance, it is important that a signal be sent that there needs to be a complete break with past behaviours so as to enable the establishment of a vibrant research environment within the college. As it stands now, the existing governance structure and college culture supports service delivery, which, while important, does not give the two key elements of the university, students and research, highest priority within the college.

The committee understands that there is considerable urgency in addressing the need for structural change now. The college must demonstrate that it has taken the assessment of the accrediting bodies seriously and is actively addressing the deficiencies outlined in the IS-9 accreditation standard. This will require that the standard be addressed in operational terms since this is the second time that this particular standard has been assessed as 'not met'. Further, given the class size increase in fall 2012 (to 100 students) and the increasing reliance on community clinicians to deliver major elements of the MD program, taking the initial steps toward re-structuring is essential. The timing of the request for approval coincides with the impending departures of the current Dean and President, both of whom have a significant stake in ensuring that the concept is launched so as to give the college the best possible trajectory toward the imminent March 2013 return site visit of the accrediting bodies. While approval of the concept is but the initial

step in this process, it is a critical one to take while these two senior administrative officers hold their existing positions. The committee understands that it is important to commit to the long-term goal now, and Council's approval of the proposed re-structuring will send a strong signal that the current state is no longer tenable. In so doing, the committee recognizes that there will be an extensive transition to new arrangements once formal approval of the concept is obtained. Without agreement from Council to proceed, the fundamental transformation of the undergraduate medical education (MD) program and greater participation of college faculty in research will be severely compromised. Throughout this process, the university must continue to be fully committed to the College of Medicine and to the delivery of a quality medical education to students, to respecting existing collective bargaining agreements, and to supporting faculty, staff and students through the change process.

### **IMPLICATIONS:**

Failure to address the deficiencies in clinical teaching will affect the accreditation status of the MD program, damage the reputation of the college, the university and the province, impede the recruitment and retention of students within the MD program, and further diminish capacity for the recruitment and retention of clinical scientists conducting applied research. The next CACMS/LCME visit to assess progress in meeting accreditation standards is planned for March, 2013. As this is the second time that the IS-9 standard has been referenced in the accrediting bodies' reports, it is imperative that significant progress be achieved by early 2013 toward correction of deficiencies if probationary status or loss of accreditation of the MD program is to be avoided. The motion submitted to University Council puts in place the necessary initial step to begin to demonstrate accountability for the delivery of the MD program and to meet the requirement for clarity of authority and responsibility for the program as described in the IS-9 standard.

The reorganization within the college will affect the retention of clinical faculty and the manner in which clinical expertise is delivered within the MD program. Therefore, there are implications related to the university's collective agreements. While such considerations were not discussed explicitly by the Planning and Priorities Committee, the committee was assured that the university and the college will follow the processes outlined in signed collective agreements and abide by the principles outlined in the "Concept Paper".

### **CONSULTATION:**

Consultation with respect to the proposed re-structuring of the College of Medicine took place with representatives from the Ministry of Health and the Ministry of Advanced Education, Employment and Immigration (AEEI), the Saskatchewan Academic Health Sciences Network (SAHSN), the University of Saskatchewan Faculty Association (USFA), Deans' Council, the Board of Governors, the Provost's Committee on Integrated Planning (PCIP), the Council of Health Science Deans, the College of Medicine Dean's Office, the College of Medicine Planning and Budget Committee, and with College of Medicine Department Heads and Associate Deans. The "Concept Paper" was presented to the college at a special Town Hall meeting on April 11<sup>th</sup>. A series of additional college Town Hall meetings were held from April 11 to May 2 to provide opportunities for students, community-based faculty and faculty participating in distributed delivery of the

program to participate. The College of Medicine Representative Faculty Council discussed the proposal at a special meeting held on May 9<sup>th</sup>. On April 19<sup>th</sup>, University Council was apprised of the nature of the discussions underway in the College of Medicine through the report of the Provost, and on April 21<sup>st</sup>, the President provided an overview to the University of Saskatchewan Senate.

Discussions occurred with the Planning and Priorities Committee at its meetings on February 29<sup>th</sup> and April 18<sup>th</sup>. On April 25<sup>th</sup>, the committee tentatively agreed to recommend to Council the approval of a new academic structure for the college. A motion to recommend the proposed re-structuring was passed at the committee's meeting on May 9<sup>th</sup>. Discussion also took place at the Research, Scholarly and Artistic Work Committee of Council on April 27<sup>th</sup>.

A website, [www.medicine.usask.ca/concept](http://www.medicine.usask.ca/concept) was established for the purposes of communicating the comments/views/ideas of the College of Medicine community. Council members may be interested in reviewing the documentation on this website prior to the May 17, 2012 meeting.

The consultation process undertaken by the Provost and the Dean of the College of Medicine was based on the following set of principles:

1. The mission of the college will be maintained
2. We will protect and advance the interests of students
3. Our efforts will be aligned with the mission of the university
  - our missions are research, teaching, and service
  - our time, resources and accountability need to be aligned with those missions
4. Our process will be based on respect for people
5. We are committed to transparency to the fullest possible extent
  - transparency means we share what we know, and we share it with all who have a stake
6. We are committed to accountability and responsibility
  - our decisions are consistent with clear accountability for results
  - the results that matter are the outcomes that have an impact on people
  - for an academic organization, those outcomes are teaching and research
7. We are committed to supporting the service mission of the health system and of our external partners
  - we are mindful of potential impacts on others and we will work directly with our partners to manage those impacts
8. We are committed to financial prudence
  - we will make wise use of the resources the public entrusts to us
  - we will show the public that we do so

The initial "Concept Paper" was drafted by the Dean of the College of Medicine and the Vice-Provost Faculty Relations in consultation with the Provost and the President. When it was originally released for consultation, faculty, staff and students in the College of Medicine were asked to identify whether the concept was acceptable and, if not, whether an alternative concept might be developed which would be superior to this proposal. The

response can be classified in three ways: supportive, including supportive with suggestions for improvement; supportive, with questions primarily about implementation and transition issues which may have varying effects on individuals; and not supportive (see the website above to access the 200+ submissions received to date). At the time of submission of this document and the “Concept Paper” to University Council, no equivalent, alternative concept addressing the fundamental issues of accreditation, research and service has been put forward, and no discussion of an alternative model has been engaged. As is noted in the attached documentation, the original concept has been informed by the consultation process and modified after due consideration of the concerns/ideas/input received from the various consultations over the past six weeks.

Several questions stemming from the consultation process were linked closely to the implementation plan for the concept. The following are implementation priorities which will begin to be addressed, in concert with faculty, staff and students in the college, once the concept is approved:

- Detailed governance discussion and decisions
- Engagement of government and health regions throughout the process
- Engagement of unions throughout the process
- Compensation discussions and decisions, including AFP development
- Timing to become more firmly established
- Communication and dialogue throughout the process
- Individual career discussions throughout the process

#### **SUMMARY:**

The Planning and Priorities Committee supports the recommendation to create a new academic governance model and organizational structure to address the college’s challenges in meeting its educational and research goals. The changes described are significant and represent a fundamental shift in responsibilities and culture within the college. The committee believes that the proposed divisions will provide focal points for college and university efforts to address the requirements set by the accrediting bodies, will provide an environment in which clinical research can thrive, and will clarify the university’s relationship with the Saskatoon Health Region (primarily) and with other provincial health regions with respect to the provision of clinical services and the university’s relationship with the clinical instruction provided by community-based physicians within Saskatchewan.

As Council’s role is to oversee and direct the academic affairs of the university, Council is asked to approve the proposed structural changes within the College of Medicine in light of the academic imperative that exists. The Planning and Priorities Committee understands that the Provost and the Dean of the College of Medicine will continue to apprise Council of progress made by the college toward meeting its stated goals. The Planning and Priorities Committee also understands that a transition plan will be put into place and that faculty, staff and students in the college will be involved in the details of the implementation strategy.



**ATTACHMENTS:**

1. Revisions to the College of Medicine Concept Paper May 2012
2. College of Medicine Concept Paper Draft April 2012
3. Letter from the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) dated July 8, 2011
4. Memorandum to Planning and Priorities Committee from Committee on Research, Scholarly and Artistic Work dated May 3, 2012
5. Memo from Tom Wilson to Members of University Council, dated May 11, 2012
6. Excerpt of the discussion of the College of Medicine Organizational Re-Structuring from the May 17, 2012 Council minutes

k                      **College of Medicine Concept Paper**  
**May 2012**

**Prepared by: Martin Phillipson, Acting Vice-Provost Faculty Relations on behalf of Brett Fairbairn, Provost and Vice-President Academic and Dean, William Albritton**

Since the *College of Medicine Concept Paper* was released to the community in April 2012 we have engaged in a series of discussions with faculty, staff and students in the College of Medicine; provided an opportunity for feedback to internal and external community members via the web or in print form; and have met with many stakeholders in the health regions and government. We have listened carefully to the feedback we have received and, as a result, have revised the ideas presented in the April 2012 version of the *Concept Paper*. The purpose of this document is two-fold. First, it is intended to highlight what we have heard and what has changed. Second, it is intended to signal the desired end state for the college.

The *College of Medicine Concept Paper* was intended to be a vehicle for discussion and, to that end, the paper has served its purpose. The faculty, students and staff of the College of Medicine are fully engaged in a critical discussion on the future of the college; however, to date no equivalent model has been presented. The task before us now is to put into place a structure that provides greater clarity in relation to all three key functions of the college: education, research and service delivery thus ensuring that the mission of the college is achieved in its entirety.

We are proceeding to seek approval, from Council, for this concept so as to begin to address the critical issues facing the college as articulated in the original *College of Medicine Concept Paper*.

Six major themes have emerged from the feedback received to date: integration, research, engaging community clinicians, student concerns, resources, and consultation and process. The essence of the new model, the creation of the three new divisions, as structures for leadership, accountability, and support for critical elements of the college's mission has not changed and Council's role is the creation of the divisions themselves. The concept has been revised to outline additional features of the divisions, some of which will be referred to the college for consideration and development. The revisions address the following:

#### 1. Integration

Revisions to the conceptual diagram illustrate the need to encourage and facilitate collaboration between all three proposed divisions and the faculty therein. Expected outcomes include:

- Collaborative inter-divisional teaching groups
- Collaborative inter-divisional research groups

#### 2. Is research important?

The proposed model places teaching, research and service delivery on an equal footing. The current college structure favours clinical service delivery over the other goals. Expected outcomes include:

- Increased research performance
- Engagement of greater number of faculty in research groups
- Creation of an environment that supports and encourages research
- Recruitment and career development of researchers

### 3. Engaging Community-Based Physicians

The college will actively engage community clinicians by:

- Providing an institutional home for them through the Division of Medical Education
- Creating a governance role for them via the establishment of a representative divisional council
- Improving remuneration and simplifying service contracts
- Facilitating research and teaching collaborations with university-based faculty

### 4. Student Concerns

The concept has been revised to ensure:

- Meaningful student participation in implementation including membership of a dedicated IS-9 working group
- Introduction of new teaching and learning pedagogy
- A new mix of classroom and experiential learning
- New opportunities for greater student involvement in research

### 5. Resources

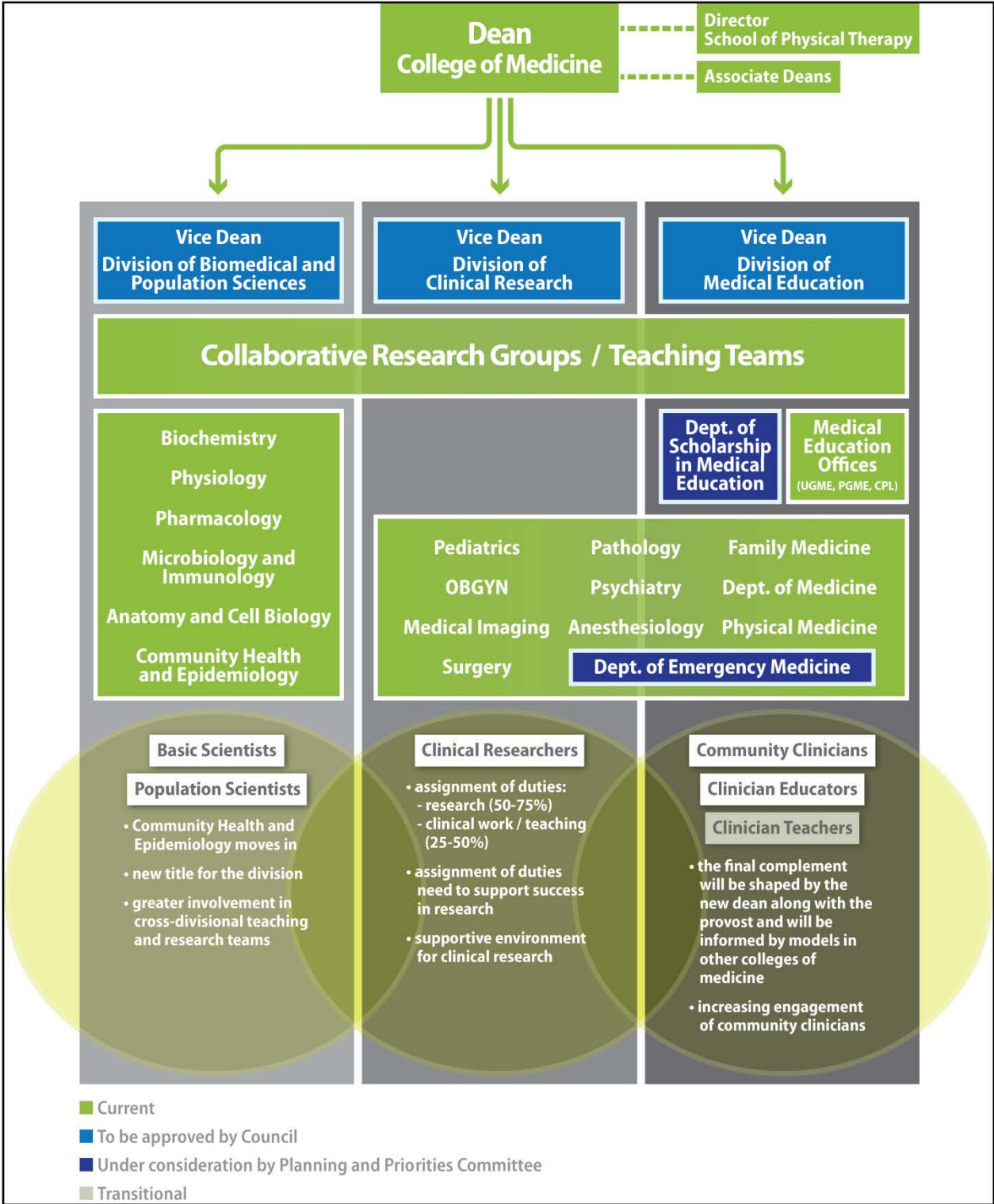
The purpose of creating three divisions is to provide governance, accountability and support structures relating to the three goals of the college: teaching, research and service delivery. To achieve these goals the new structure must be matched by the strategic deployment of resources and supported by:

- Alternate funding plans that
  - Value teaching, research, and service delivery equally
  - Ensure accountability via comprehensive individual service agreements
  - Allow faculty the opportunity to engage in all three aspects of the college's mission
- Enhanced research infrastructure including support for grant applications

### 6. Consultation and Process

The *Concept Paper* has engaged stakeholders in a discussion of the future of the college. Beyond approval of the concept, we will continue to work closely with the following:

- College community including faculty, staff, and students
- Health regions
- Government
- Council committees
- Board of governors



## College of Medicine Concept Paper DRAFT

### Academic Organization and Administrative Alignment in the College of Medicine Discussion Paper – April 2012

Provost and Vice-President Academic, Brett Fairbairn  
Acting Vice-Provost, Faculty Relations, Martin Phillipson  
College of Medicine Dean, William Albritton

*Mission: Saskatchewan's College of Medicine improves health through excellence in education, research and clinical care ([www.medicine.usask.ca/leadership/index.html](http://www.medicine.usask.ca/leadership/index.html)).*

#### Introduction

The purpose of this discussion paper is to outline, at a general level, the need for (and design of) a new internal organizational structure for the University of Saskatchewan's College of Medicine that addresses key challenges in clinical instruction and research. While designed to solicit comments and suggestions, this discussion paper also signals that urgent action is required for the reasons advanced below.

The principle needs to be one of clearer alignment of clinical service with clinical resources and clinical authority, and clearer alignment of academic service with academic resources and academic authority, so that both are achieved with greater effectiveness, clarity and accountability. Those whose predominant focus is clinical practice need to be aligned with health services and planning for service delivery; those with a predominant focus in research or education need to be aligned with the university; and we need a fresh approach to ensuring the required co-ordination where individuals have assignments in both systems.

The foundational elements of this new structure are the creation of a new Division of Clinical Sciences to focus effort and support for clinical research; the creation of a new Division of Clinical Instruction with a new model of clinical instruction; and an extensive concomitant realignment of faculty complement and administrative roles with these new structures. Existing and new departments in the college are intended to fit within this transformed clinical program model.

The key drivers for these changes include: urgent and important concerns over accreditation; the need to enhance research performance; improving the interface with the health system and effective service delivery. Implementation of this new structure would coincide with the discontinuation of the current model of clinical instruction and both must proceed rapidly over the next few months.

The College of Medicine at the University of Saskatchewan (U of S) has a long history of vital service to the Province of Saskatchewan. Alongside service, education and research

are essential components of the college's mission and vital to its role as a key academic unit within the university. The importance of a college of medicine to the province and the university should not be underestimated; the college supports the professional aspirations of students through education, provides critical clinical service to the province, and should be a powerful engine for research.

Over the past 20 years, a number of changes have occurred that profoundly affected the college's ability to deliver on its mission. The challenges faced by the college resulted in an accreditation crisis in the early 2000s, which threatened its very existence. While the current president and dean were able to steer the college through that crisis, the recent accreditation report signaled that not all of the college's problems were resolved. The college faces specific challenges which run the risk of becoming more serious if they are not dealt with expeditiously: accreditation issues, research concerns, and service and interface with the health system.

## **Rationale**

### ***Accreditation***

In July 2011, the College of Medicine received notification from the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) "to place the educational program leading to the M.D. degree at the University of Saskatchewan College of Medicine **on warning of probation**" (letter to Dean Albritton, July 2011, p. 2). This notification was shared broadly within the college. The issues identified by the CACMS and LCME are mainly in areas related to academic activities in clinical departments as opposed to the basic sciences and community health and epidemiology (CH&E). The most far reaching and fundamental concern, identified in standard IS-9, relates to structural issues of how clinical teaching is organized and assigned, including the authority of the dean to ensure students have the appropriate instructional support. The accrediting bodies have signaled that the U of S's existing model of clinical instruction, which differs from other medical schools, does not provide sufficient accountability to meet accreditation standards. Our university currently pays full-time academic salaries to physicians on the understanding that clinical instruction will be provided when needed. The accrediting bodies do not see a clear process for assigning educational responsibilities to, and ensuring the accountability of, university-paid full-time clinical faculty. Discussions with those knowledgeable about accreditation standards and processes provide little confidence that this approach can meet the standard. The College also uses a community-based clinical instruction model which meets the accreditation standard for accountability. We believe we have less than a year (March 2013) to discontinue the current non-compliant model of clinical instruction, implement fundamental change and demonstrate conformity with the standard, or we risk probation or loss of accreditation. Such an action by the accrediting bodies would return us to the existential crisis of a decade ago.

## **Research**

A second convergent challenge is the growing misalignment between the performance of the College of Medicine in research and the expectations for research in medical-doctoral universities. Colleges of medicine in most medical-doctoral universities are powerful research engines; however, this is not the case at the U of S. Metrics show that the U of S lags far behind its peers, consistently placing last or next-to-last in research with little sign or possibility of catching up. The college's current \$19M per year in research funding would likely have to increase by a multiple of six or more to be comparable with the performance of peer universities on a per-faculty-member basis. The deficiencies are large and increasingly urgent for two reasons. First, *Promise and Potential*, our university's third integrated plan, adopted unanimously by University Council and the Board of Governors in March 2012, sets out knowledge creation as one of four priority areas. In stark contrast, the college's integrated plan projects (over four years) only a doubling of its modest current level of funding. Based on the college's existing structure and resources, the university's goals are unlikely to be met. Second, public expectations of accountability and performance have increased to the point where historic levels of activity are unacceptable. In recent years the public has invested tens of millions of dollars per year in funding for programs in medicine, and hundreds of millions of dollars in new facilities for health sciences. Research performance that remains at 14<sup>th</sup> or 15<sup>th</sup> out of 15 comparators is not compatible with the investments that have been made and the scrutiny to which we are appropriately subjected. As we have tried to understand the reasons for the deficiencies in medical research, analysis has shown that most CIHR funding is in the area of clinically based research and that this is the U of S's great deficiency. In short, consideration of research performance draws attention to the same areas of the college that are concerns for other reasons, namely clinical areas. One theme is structural – the faculty complement is simply not aligned with the research mission. The current faculty complement is focused on providing clinical service and instruction and there is a critical shortage of clinical faculty who are focused on research. The other theme is cultural – the culture in the clinical areas of the college does not support research. In two separate, recent instances, well-qualified research chair candidates chose not to accept appointment at the U of S because they did not see a culture that would support their research success. Both themes are troubling and must be addressed.

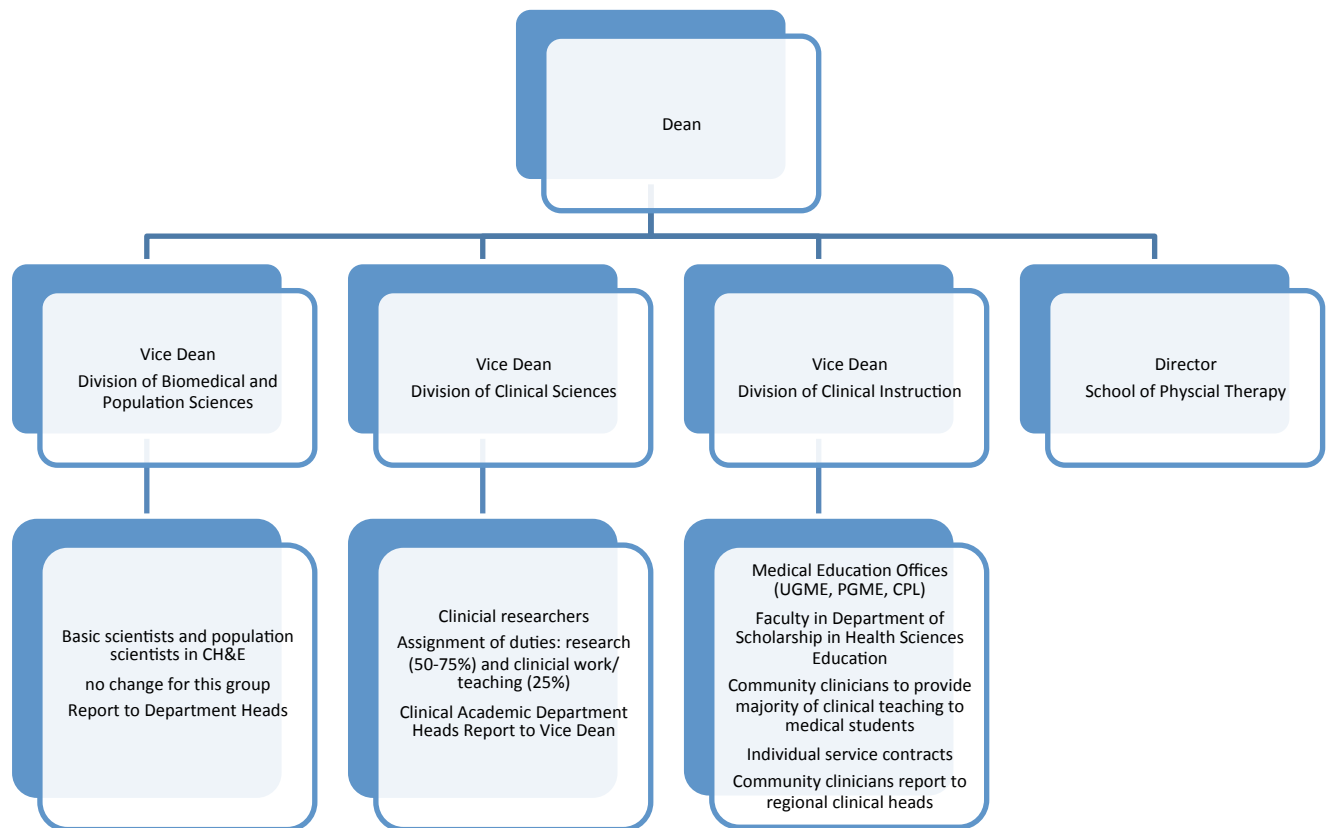
## **Service**

Service to the province and the interface with the health system also remains a source of concern. Tangled lines of authority and accountability within the university interfere with the appropriate planning of clinical services in the health system. Change is also needed in this respect: currently any new clinical program the university undertakes for academic reasons of teaching and research must be developed in such a way as to alleviate the clinical-service concerns of our partners. As stated earlier, the principle needs to be one of clearer alignment of clinical service with clinical resources and

clinical authority and clearer alignment of academic service with academic resources and academic authority, so that both are achieved with greater effectiveness, clarity, and accountability. Those whose predominant focus is clinical practice need to be aligned with health services and planning for service delivery; those with a predominant focus in research or education need to be aligned with the university; and we need a fresh approach to ensuring the required co-ordination where individuals have assignments in both systems.

### Proposed Structure

Significant structural and cultural deficiencies in the clinical program, historically developed over time, have contributed to the current outcomes. The university wants different outcomes and for that reason a different structure must be contemplated; this structure must be conducive to a culture of success in research, teaching, administration, and clinical service. The college *must* meet existing and future accreditation standards, play a significant part in supporting the ambitious research agenda outlined in *Promise and Potential*, the university’s third integrated plan, and ensure high quality service relationships with the Ministry of Health and the Health Regions of Saskatchewan. Given this, a new structure must provide clear lines between clinical service and academic responsibility and reflect greater accountability for the delivery of clinical, administrative, and academic objectives.





While details of this new model are taking shape—we are committed to a successful new clinical program in the College of Medicine and believe this conceptual model will deliver the outcomes we seek with respect to accreditation, research, and service.

The proposed transformation will involve the creation of a new structure within the college that includes three distinct divisions.

#### **A. Division of Biomedical and Population Sciences**

This division will house the existing basic science departments and the Department of Community Health and Epidemiology. No changes are planned.

#### **B. Division of Clinical Sciences**

This is a significant change from the existing clinical program and the structure that currently supports it. This division will provide a research-intensive environment for those clinician-faculty members who view clinical research as their primary focus. Any appointments to this division must spend 50-75% of their time on research, with a maximum of 25% of their time being devoted to clinical practice unrelated to clinical instruction or clinical trials. As we understand is common practice in other institutions, the research culture may need to be built on the basis of five-year term research appointments as the normal prerequisite prior to appointment to tenure-track positions. The college cannot meet the research goals expected of a medical-doctoral university in the absence of a flourishing research culture. The creation of the Division of Clinical Sciences – under dedicated, research-oriented leadership by a vice-dean and resourced through an alternate funding plan will provide an institutional home for clinical researchers who wish to engage with other researchers in furthering the college's research agenda.

#### **C. Division of Clinical Instruction**

This is a significant change from the existing clinical program and the structure that currently supports it. This division will be the main vehicle for the provision of clinical instruction. Similar to the pattern at other accredited faculties of medicine, the vast majority of clinical instruction will be provided by community clinicians. Consistent with the vision presented, with the exception of full-time members of the Department of Scholarship in Health Sciences Education, community clinicians in this division will be invited to be members of the division but will not hold full-time academic appointments and will not be expected to perform full-time academic duties including research, administration, and didactic teaching. Duties will be assigned (and accountability ensured) via the negotiation of individual service contracts. Community clinicians will report to the heads of the regional and provincial clinical departments for their clinical service accountabilities.

## **Aims of the New Divisional Structure**

As stated above, the aim of the new structure is to provide greater clarity in relation to the performance of the key functions of the College of Medicine. By re-aligning faculty with the appropriate division, and similarly tailoring their academic appointments and associated remuneration, significant gains in accreditation/educational outcomes and in overall research performance are anticipated. Administrative leadership and processes will also need to be realigned with the new divisional model in order to support faculty within each division. The combination of changes in clinical program, organizational structure, complement strategy, and administrative functions will support the cultural changes needed.

## **Principles to Guide the Transition**

In any change process, it is important to articulate the principles that will guide the transition, particularly the transition of people from the current state to the new vision. As the implementation proceeds, we will be guided by the following people principles:

- Treat affected employees with respect and dignity and provide resources to support their transition
- Ensure that we retain key positions and skills within the university that align with the new structure and the directions of *Promise and Potential*, the university's third integrated plan
- Communicate changes, as appropriate, in a timely fashion
- Ensure necessary consultation and discussions with key internal stakeholders (unions, leaders, employees)
- Ensure actions are consistent with all applicable collective agreements
- Engage in thorough consultation with external health-care partners and stakeholders thus effectively managing change to new model.

## **Development of the Discussion Paper**

From July to December 2011, the provost, dean and the vice-provost faculty relations met and corresponded with representatives of the accrediting bodies and with knowledgeable individuals from other universities in order to explore various options, ultimately identifying the general approach presented in this concept paper. In early 2012, a team was formed to undertake confidential background work. An initial discussion of these background issues was held between the provost and the Planning and Priorities Committee of University Council. The provost also briefed select stakeholders about the proposed changes. Because of the potential implications on

complement and employees, unions and affected individuals will be notified prior to open discussion.

This discussion paper is intended to be a vehicle for discussion only. Widespread consultation seeking input from the college, the university community, health region stakeholders, and the interested public will occur from early April to early-May 2012. The input received during this process will be used to inform the content of a proposal for a new academic structure to be put before University Council, with a goal of receiving approval in May 2012.

If approved, the changes will need to be reported to the Board of Governors. The new structure will have academic, administrative and resource implications. Given current resource constraints at the university and provincial levels, the new model will primarily be supported by a redeployment of (considerable) existing resources. New resources (such as alternate funding plans) will also be required during transition and to ensure the long-term effectiveness of the new model. The Office of the Provost, Human Resources, and other university units will work with affected individuals and units to implement changes following approvals.



Committee on Accreditation of Canadian Medical Schools  
Comité d'agrément des facultés de médecine du Canada



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

www.lcme.org

JUL 27 2011

July 8, 2011

William Albritton, M.D.  
Office of the Dean  
University of Saskatchewan College of Medicine  
B103 Health Sciences Building  
107 Wiggins Road  
Saskatoon SK S7N 5E5 Canada

Dear Dean Albritton:

The Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) have approved the creation of a single consolidated Letter of Accreditation for Canadian medical schools. This consolidated letter was developed using the following process:

- The CACMS and the LCME arrived at independent decisions about accreditation status and required follow-up.
- The CACMS and the LCME reviewed the independent actions and developed a combined list of findings. All areas identified by either accrediting body were included.
- The type and timing of follow-up requested by the CACMS and the LCME were reviewed by the Secretariats. If there were discrepancies in either the type of follow-up or its timing, these were consolidated in consultation with the chair of the CACMS and the co-chairs of the LCME.

This letter represents the actions of both the CACMS and the LCME and is the only letter that the University of Saskatchewan College of Medicine will receive as a response to the Secretariat fact-finding report.

Association of Faculties of  
Medicine of Canada  
265 Carling Avenue, Suite 800  
Ottawa, Ontario, Canada K1S 2E1

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*Dr. William Albritton  
July 8, 2011  
Page 2*

The purpose of this letter of accreditation is to inform you of the action taken by the CACMS at its meeting of June 6, 2011 and by the LCME at its meeting on June 7-9, 2011 regarding the accreditation status of the educational program leading to the M.D. degree at University of Saskatchewan College of Medicine and to transmit to you the report (enclosed) of the CACMS / LCME Secretariat fact-finding visit on March 8-10, 2011.

After reviewing the report of the Secretariat fact-finding team, the CACMS and the LCME voted to place the educational program leading to the M.D. degree at the University of Saskatchewan College of Medicine **on warning of probation**. This action indicates that there are areas of non-compliance that will, if not corrected promptly, seriously compromise the ability of the faculty to deliver a quality medical education program. While not an adverse action, warning of probation requires that, if sufficient progress toward compliance with the indicated accreditation standards is not made within 12-15 months, **probation** will be imposed. This warning of probation is confidential and is not subject to appeal. This action will not be posted on the CACMS or LCME websites and you are not required to notify your students.

The CACMS and the LCME determined that the following areas in transition had been appropriately resolved: 1) Faculty numbers (Transition 1), 2) Finances (Transition 2) and 3) Clinical teaching resources (Transition 4).

The CACMS and the LCME noted that the University of Saskatchewan College of Medicine has made progress toward, but has not yet achieved, full compliance with the following standards:

**1) IS-9: There must be clear understanding of the authority and responsibility for matters related to the medical education program among the vice president for health affairs, the chief official of the medical education program, the faculty, and the directors of the other components of the medical center and the parent institution.**

Finding: A clear process exists for assigning educational responsibilities to and ensuring the accountability of clinical faculty in the community who are paid by the college of medicine. Such clear processes do not exist for university-paid full-time faculty. Additionally, university regulations preclude the dean from being able to make FTE allocations for dean's office administrative staff that reflect their actual time commitments and contributions to the educational program.

**2) ED-2: An institution that offers a medical education program must have in place a system with central oversight to ensure that the faculty define the types of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of medical student responsibility. The faculty must monitor medical student experiences and modify them as necessary to ensure that the objectives of the medical education program are met.**

Finding: The current lists of clinical encounters and procedures for the majority of required clinical rotations do not adequately describe the nature of the clinical experience, the level of student responsibility or the appropriate clinical setting. There is confusion among faculty and students about whether these lists represent a method of collecting information about students' clinical activities or a statement of required clinical experiences. Review of the student logs during the rotation is not occurring in the majority of rotations at either campus. Neither the Phase D committee nor the undergraduate education committee has reviewed the entire list of "required" clinical encounters across clerkships. Implementation of the use of One45<sup>®</sup> for the purpose of collecting data about "required" clinical encounters and procedures is complete.

**3) ED-3: The objectives of a medical education program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education and assessment.**

**4) ED-24: At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship (or, in Canada, clerkship rotation) and be prepared for their roles in teaching and assessment.**

Finding: Recognizing that existing mechanisms were not effective in ensuring that all residents who teach medical students had received a copy of the clerkship learning objectives, school administrators asked residency program directors to review the teaching objectives for their specific specialty with resident staff at the January 2011 departmental academic half-day. The college of medicine was unable to provide documentation that this request was actually carried out. The mandatory two-day, centrally monitored Teaching Improvement Project Systems (TIPS) program ensures that all residents develop skills in teaching and assessing medical students.

**5) ED-8: The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.**

Finding: The methods used to assess student performance and the formulas used to calculate students' final marks in a clerkship (discipline) are the same at each campus. In all of the clerkships (with the exception of the clerkship in internal medicine), the clerkship director and the corresponding Regina-based clerkship coordinator collectively decide what topics are included in the formal educational sessions for the students. There is no formal centralized review of student performance data or of student evaluation data of their educational experiences to evaluate and monitor comparability of student educational experiences across the two campuses. Current logging data of "required" clinical encounters and procedures do not provide evidence of comparability of the students' clinical experience.

**6) ED-30: The directors of all courses and clerkships (or, in Canada, clerkship rotations) in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship/clerkship rotation.**

Finding: The reporting of students' final marks in the internal medicine clerkship continues to be delayed by up to several months at both campuses (average = 13 weeks). The average number of weeks from the end of the rotation to the provision of final marks to students in the pediatrics, surgery and emergency medicine is in excess of six weeks. Clerkship directors in Saskatoon and their corresponding discipline coordinators in Regina were unaware of a specific expectation of the timeframe within which students should be receiving their final marks.

**7) ED-31: Each medical student in a medical education program should be assessed and provided with formal feedback early enough during each required course or clerkship (or, in Canada, clerkship rotation) to allow sufficient time for remediation.**

Finding: Students in the obstetrics and gynecology and pediatrics rotations at the Saskatoon campus receive formal formative mid-rotation feedback. The provision of mid-rotation formative feedback is inconsistent in all of the other rotations at both campuses. Although students are assessed (summatively) by their preceptors approximately 7.6 times over the course of the 12-week internal medicine rotation, formal mid-rotation feedback is not provided (i.e., after the student has completed the first six-week block).

**9) MS-32: A medical education program must define and publicize the standards of conduct for the faculty-student relationship and develop written policies for addressing violations of those standards.**

Finding: The college of medicine has identified university policies and procedures relating to harassment, discrimination, and breaches of professionalism that are applicable to students, and has also defined Guidelines of Academic Conduct for faculty and students. However, 2010 CGQ data indicate that 38.6% of COM respondents were unaware of the existence of a mistreatment policy (vs 20.4% of all 2010 CGQ respondents) and that 44.4% of COM respondents did not know the procedures to be followed in the event of mistreatment (vs 21.2% of all CGQ respondents) that year. All COM graduating students participated in the 2010 CGQ survey i.e., 100% participation rate.

The CACMS and the LCME agreed with the Secretariat team about the following additional area of partial or substantial noncompliance with accreditation standards:

**10) MS-37: A medical education program should ensure that its medical students have adequate study space, lounge areas, and personal lockers or other secure storage facilities at each instructional site.**

Finding: Study space at the Regina campus is not sufficient to meet the needs of the current class size.

The CACMS and the LCME identified the following additional area of partial or substantial noncompliance with accreditation standards:

**11) ED-41: The faculty in each discipline at all instructional sites of a medical education program must be functionally integrated by appropriate administrative mechanisms. Mechanisms to achieve functional integration may include regular meetings or electronic communication, periodic visits to all instructional sites by the course or clerkship rotation leadership, and sharing of student assessment data, course or clerkship rotation evaluation data, and other types of feedback regarding faculty performance of their educational responsibilities.**

Finding: The clinical department chairs were not well informed about the status of development of the Regina campus (e.g., several did not know that a Phase C pilot had been conducted). Several chairs expressed concerns about not knowing who was teaching at the Regina campus. The “unified” clinical department chairs have no



responsibility/authority related to the Regina campus. The Secretariat team was told by the Regina-based faculty and administrative staff that they are proceeding in developing the program with little or no support from the faculty in Saskatoon (e.g., Phase C pilot and similar process in determining what is needed for Phase B). At the same time, the Saskatoon-based clinical chairs perceive that the faculty in Regina wish to function independently of the Saskatoon campus and administration. While the proposed numbers of faculty are adequate for the current and projected numbers of students at both the Saskatoon and Regina campuses, effective mechanisms to ensure their participation in the medical education program have not yet been determined.

The CACMS and the LCME noted that the following issues remain in transition and could affect the school's future compliance with accreditation standards:

### **Facilities**

Finding: Technical upgrades to the Regina campus have been successfully implemented to permit the delivery, in a recently conducted pilot, of the Phase C portion of the curriculum. Timely completion of the additional classrooms, simulation center and physical examination rooms in the Regina General Hospital are necessary for the implementation of Phase B at the Regina campus. The Phase B pilot is planned for January 2012. Funding has been secured and construction is expected to start in the spring of 2011 and be completed by late 2011.

The timely and successful completion of the new Academic Health Sciences Centre and the renovation of existing space in Saskatoon are essential to the successful expansion of the college of medicine. Construction is on track and funding has been secured, including operational funds.

Furthermore, the Committees determined that the following area previously cited as non-compliant (ED-44) is now in transition:

#### **1. Equivalence of Student Services**

Finding: Three College Student Intermediaries have been identified to assist students on the Regina campus. They work in collaboration with the newly identified director of student affairs services on that campus.

With regard to the request to increase class size, with the exception of adequate student study space on the Regina campus the CACMS and LCME have determined that the resources to support an increase in class size to 100 students appear adequate.

To address the areas of partial or substantial non-compliance and areas in transition noted above, the committees requested that:

1. A CACMS and LCME Secretariat consultation visit be conducted to assist you and your staff in developing an action plan (action plan template enclosed) to address these areas of noncompliance. This consultation has been scheduled for **September 13-14, 2011**.
2. The action plan must be submitted to the CACMS and the LCME by December 15, 2011 for consideration at the January 2012 and February 2012 meetings of the CACMS and the LCME, respectively.
3. If the action plan is approved by the committees, a limited survey will be scheduled in about one year to review compliance with the specified accreditation standards and resolution of the areas in transition.

Accreditation is awarded to the program of medical education based on a judgment of appropriate balance between student enrollment and the total resources of the institution, including faculty, physical facilities, and the operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution so that the balance is distorted, the CACMS and the LCME expect to receive prior notice of the proposed change. Substantial changes may lead to re-evaluation of the program's accreditation status by the CACMS and the LCME. Details are available on the LCME Web site at <http://www.lcme.org/classsizeguidelines.htm>.

A copy of the report of the Secretariat fact-finding team is enclosed. This report is for the use of the University of Saskatchewan College of Medicine and the university, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

Yours sincerely,



Geneviève Moineau, MD, FRCPC  
CACMS Secretary



Dan Hunt, MD., MBA.  
LCME Secretary, 2010-2011

enc: Report of the Secretariat fact-finding team  
Action plan template

cc: Barbara Barzansky, Ph.D., M.H.P.E., LCME Secretary, 2011-2012

**TEMPLATE FOR ACTION PLAN**

[Copy this page for each area of noncompliance. Include action steps (specific tasks) that will lead to the desired outcome]

STANDARD:

| TASKS<br>(Steps to be taken that will lead to the desired outcome) | INDIVIDUALS/<br>GROUPS<br>RESPONSIBLE | INDICATORS THAT<br>THE TASK HAS BEEN<br>ACCOMPLISHED | EXPECTED DATE OF<br>ACCOMPLISHMENT<br>OF THE TASK | DESIRED OUTCOME<br>THAT ILLUSTRATES<br>COMPLIANCE WITH<br>THE STANDARD |
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## MEMORANDUM

TO: Bob Tyler, Chair  
Planning and Priorities Committee of Council

FROM: Stephen Urquhart, Chair, Research, Scholarly and Artistic Work Committee of Council

DATE: May 3, 2012

RE: **Review and Comments on the Proposed Organizational Restructuring in the College of Medicine**

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On April 27, 2012, members of the Research, Scholarly and Artistic Work Committee met with Martin Phillipson, Acting Vice-Provost Faculty Relations and Pauline Melis, Assistant Provost, Institutional Planning and Assessment for a briefing on the proposed organizational restructuring and new clinical research model within the College of Medicine. In response, the Committee offers the following comments to the Planning and Priorities Committee for consideration as it considers the question of the structural change within the College.

- That it is imperative that there be strong leadership in the College that is committed to building a research culture, where clinical-based research can thrive;
- The associate dean research will have a critical role in the new structure. This position should have specific and clearly delineated accountabilities for research;
- That recognition be given to the fact that a continuous broad strategy will be required over time to change the clinical research culture to one which is supportive of and embraces clinical research;
- That the clinical research environment be one where the expectation is that each member will be involved with research to a significant degree;
- That areas of research be identified and individuals within these areas create a locus of research activity where all have the same common objective;
- That leadership be established within these areas of research, and that leaders commit to providing active, hands-on mentorship, particularly for newly recruited individuals;
- That the clinical environment be structured so to enable those individuals who are hired to engage in research the ability to succeed in this goal; specifically where these individuals are not required to provide clinical service to a degree which comprises their capacity to engage in research;

The Committee recognizes that the above points are synonymous with the goals of the concept paper. The intent in re-articulating these points is to sharpen their focus and lend the Committee's support to the concept paper as it relates to enhancing the research mission of the College.

On behalf of members of the Research, Scholarly and Artistic Work Committee,

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Stephen Urquhart, Chair

- c B. Fairbairn, Provost and Vice-President Academic
- M. Phillipson, Acting Vice-Provost, Faculty Relations
- W. Albritton, Dean, College of Medicine

**To: Members of University Council**  
**From: Thomas W. Wilson, Chair, College of Medicine Faculty Council**  
**Date: May 11, 2012**

As Chair, and with the strong support of Faculty Council, I urge University Council to reject the motions to approve the proposed structural changes to the College of Medicine.

Many individuals, Departments and Divisions have written lengthy and reasoned arguments against the proposed changes (available on our website <http://www.medicine.usask.ca/leadership/faculty-council/index.html>). The following is a summary of the feedback:

***The Process:***

- It is "top-down". Although Administration has trumpeted their widespread consultation in the form of Town Hall and other meetings, these have been mostly didactic lectures by administrators. Pointed questions have been sidestepped.
- The "urgency" is false. We will have a new Dean (and a new President) on July 1, 2012. One Decanal candidate wants to have input into any major structural change.

***The Concept Paper:***

- Changing our structure alone will not solve our problems. We must deal with Accreditation, Research Intensity and the Clinical Service interface as separate issues. We have the resources and will to do that.
- The three division model will lead to further problems: Clinician Teachers, Clinician Scientists and Basic Scientists will have competing claims to resources (including financial) and assignment of duties. Department Heads will not be able to assign teaching duties to Community Based faculty. If Community Based faculty cannot or will not accept teaching assignments, either students will suffer or University Faculty will be assigned. This will increase tension within our College and reduce our overall performance.
- The uncertainty about layoffs will reduce performance: Current faculty, faced with uncertain futures, will look actively for alternative employment. As was shown in previous decades, our faculty members are sought after by other Universities.

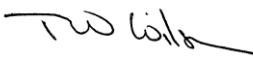
On May 9, 2012, I convened a Special Meeting of Faculty Council. Over 100 members of Council, students, staff and faculty attended. A motion was moved and seconded:

*The College of Medicine Faculty Council requires replacing the current Concept Paper-Draft with one to be developed. The development process must be timely, transparent, and inclusive.*

The written, secret ballot results:

Agree: 56      Disagree: 8      Abstain: 2

Respectfully,



T.W. Wilson, MD, MSc, FRCPC, FACP

*EXCERPT*8. Planning and Priorities committee

Dr. Kalra invited Council Vice-chair Dr. John Rigby to assume the chair for the next item on the agenda, citing a potential conflict of interest since this item involves his own College.

8.1 Request for decision: College of Medicine Organizational Re-Structuring

Dr. Rigby anticipated a vigorous debate by explaining how debate would proceed; he asked individuals to limit their comments to 3 minutes and indicated he would give each speaker an opportunity to speak just once unless it is to clarify a misunderstanding, or if an earlier speaker is asked to respond to a question. He announced he would make two exceptions to the time limit: both President MacKinnon and Dr. Tom Wilson, chair of the College of Medicine Faculty Council, have asked for an opportunity to address Council, and there will not be a restriction on the time they are allowed to speak. Dr. Rigby indicated his intention that after 45 minutes if Council is still in discussion and debate, he will check with members to decide whether debate should be closed. He indicated he would not intend to ask that those presenting the motion respond to all comments but if there are direct questions that would be helpful for Council to know the answer to, the presenters will be invited to respond. At the conclusion of debate, the mover and seconder will have an opportunity to make closing remarks. Media were reminded there would be an opportunity to ask questions following the disposition of the item. Finally, Dr. Rigby asked speakers to use the microphones provided and to indicate whether they will be speaking in opposition to the motion, in favour of it, or with a question.

Dr. Rigby then invited Dr. Bob Tyler to present the motion as chair of the Planning and Priorities Committee:

TYLER/ FAIRBAIRN : It is recommended that University Council approve a new academic governance model for the College of Medicine, along with consequential changes to Council's bylaws, which would see the establishment of three new divisions: the Division of Clinical Research, the Division of Medical Education, and the Division of Biomedical and Population Sciences, and the discontinuation of the existing models of clinical instruction and research, as outlined in the attached "Concept Paper," effective July 1, 2012.

It is further recommended that the Provost and the Dean of the College of Medicine report to University Council on progress made toward implementation of this new model at the September 2012 meeting of University Council and at regular intervals over the course of the 2012/13 academic year.

Dr. Tyler provided some background concerning the history of the Planning and Priorities Committee's consideration of this item, and also explained the reasons that the committee considers this to be a decision of some urgency. He then invited Provost Brett Fairbairn, who seconded the motion, to make additional comments.

Dr. Fairbairn characterized the matter before Council as both important and urgent. He referred members to the written material that was circulated to Council, and then told two stories that he characterized as illustrative of the urgency of the matter, citing in the first story complaints from students and the observations of the accrediting bodies with particular reference to the IS9 standard, and in the second story an account of two stellar researchers who declined to come to the University of Saskatchewan because of structural impediments that would have made it difficult for them to pursue their research interests and careers.

Dr. Fairbairn then explained the concept paper itself, and described each of the three divisions that are proposed and the rationale behind them. He characterized the decision before Council as the implementation of a new academic model, and asserted that only Council can make these changes—by passing this motion, Council will do its part, and it will then fall to the next dean and to the college to implement the decision that Council has made.

Dr. Fairbairn then anticipated a question about why these changes were not proposed earlier, with reference to the timing of warnings of probation and a subsequent request from the dean to enlist the assistance of the provost's office, as well as the emergence of new data about lack of progress in research. He also raised the need to respect the plural governance structures of the institution and the importance of addressing academic aspects in one setting and employment and resource aspects in another setting. These conversations, he assured Council, will be thorough and careful. Council's job is to address the academic responsibilities and to think ahead to three things that will happen: in 2013 the university will be implementing the new integrated plan and will need a faculty of medicine to be part of the mission; in the same year the accrediting bodies will return and the institution will need to show that progress has been made; and the search for a dean is continuing and active. For all these reasons, he argued, Council has to set the College of Medicine on a new path before the summer of 2012.

The provost then spent some time talking about what will happen next if Council approves this motion, describing the intent to create a broadly representative dean's committee on renewal to advise and guide the dean and provost. He also indicated that he would be moving an amendment to ask that the effective date of the motion be changed from July 1, 2012 to January 1, 2013, in order to facilitate the work of the new committee.

Dr. Fairbairn then invited the dean to present the context for the concept paper. The dean's presentation, which provided background on the history of the college of medicine, is included as an appendix to the minutes.



Dr. Albritton then invited Dr. Martin Phillipson, acting vice-provost for faculty relations, to speak further about the development of the concept paper. Dr. Phillipson described the input that has been received to date in the form of over 300 submissions to the concept paper website, as well as submissions from individual academic departments, town halls, and meetings with clinical heads. He described the ways in which the concept paper has been revised in response to these submissions, including significant input from students, and the ways the proposed structure tries to meet the goals of a successful medical school in research, teaching and clinical service. He also commented on the importance of negotiating an Alternative Funding Plan with the province of Saskatchewan to support the new structure.

The provost then moved an amendment to the main motion:

FAIRBAIRN/KALRA: That the main motion be amended to change the effective date for approval of the “Concept Paper” from July 1, 2012 to January 1, 2013.

A member asked whether the change to the effective date would affect the second paragraph of the motion; the provost indicated that the committee would begin its work immediately, so the milestones in the second paragraph are still appropriate. A member asked whether, during those discussions, if the model gets changed, the model would come back to Council—the provost indicated the discussions would focus on implementation of the concept and structures within it, rather than the concept itself.

The amendment was voted on and CARRIED

The floor was opened to debate on the main motion.

Questions and comments from members of Council addressed the following matters:

- The desirability of waiting until a new dean is in place before carrying out changes to the college’s structure;
- How medical students would be affected by a delay in accreditation, and whether there are any guarantees that accreditation will be forthcoming if the concept plan is accepted;
- The extent to which the university as a whole is defined by having a college of medicine, and the importance to the reputation of the university of strengthening the research and governance of the college;
- the potential for turmoil, upheaval, animosity and resentment in the college, given the outcome of the vote in the college’s faculty council;
- The challenges that may be created in finding clinical teachers for the program given the additional students being accepted this August, and the additional pressures that the proposed changes will place on the new curriculum;
- Whether the fact that the college faculty council was not consulted was a violation of the spirit of the collegial decision-making process, which is usually a bottom-up process;
- Whether it will be possible to get buy-in from the ‘rank and file’ of the College of Medicine with a solution that has been imposed by Council;

- What incentive there is or will be for practitioners to give up time to teaching and research in the new model, and how the dean will work with the faculty and students to ensure a positive outcome under the new structure;
- The inherent professional obligation of medical practitioners to ‘train their own’;
- The expectation on the college, should the concept paper pass, to undertake the long work of implementation and to take the initiative to make it work;
- Concerns about the short time lines for development of the concept paper and for implementation, and a sense that the process has been rushed;.
- The presence of a research imperative in the concept paper even though research was not cited as a factor in the accrediting bodies’ notations.

The acting chair recognized Dr. Tom Wilson, chair of the faculty council in the College of Medicine, who began his remarks by saying that much of what he intended to say had already been said. He characterized the issue as a simple one: whether Council should support a motion for a major restructuring change that was developed in secret by a small group of people and is being rushed through even though it is opposed by 87% of the students and faculty of the college and proposes a solution that has no obvious connection to the problem. He warned that of the potential for negative consequences if the concept paper is approved, including loss of faculty.

A number of visitors who are members of the College of Medicine, including the heads of several clinical departments, residents, and students, also spoke to the motion. Their comments were largely in opposition to the motion and included the following:

- There have been very high levels of anxiety in the college over the last several weeks, and a sense that the administration has ‘piggy-backed’ research onto accreditation issues;
- Students are well aware that the college needs to change and is in danger of losing its accreditation, but have a concern with the way the concept paper was brought about and the fact that it addresses issues that are beyond the urgency for accreditation;
- Post-graduate residents are concerned that the most recent iteration of the concept paper still does not address funding plans, research support, and the potential impact on residencies; they would like to see a needs survey be done before any further plans are developed, to ensure there is no adverse effect on RCPS accreditation and licensing standards and on job prospects.
- Clinical faculty in the college provide 24-hour service to medical students as JURSI and at any time there are 5 or 6 gynecologists on call dealing with patients and emergencies; there are over 260 university clinicians functioning within the college, and members are already stretched.
- Alternate funding plans will not solve the problem, and research will suffer because patient needs cannot be ignored. An emphasis on teaching and research will mean there is no-one available to look after patients.

The president was then invited to speak; he recounted one of the first meetings of his presidency, with the then minister of health, and the assurances he sought at that time from government that it was important to the province that there be a school of

medicine in the province. He recalled that at that time faculty members were leaving the college in alarming numbers because medical science was not being done here, and he expressed his belief that a mistake was made in 1992 when the relationship between the university and the health region was not appropriately addressed in governance. He stressed that he has been deeply involved ever since then in matters relating to the College of Medicine, and not as a passive bystander, and that his meetings with accrediting bodies have left no doubt that action is needed to preserve the accreditation. He also stressed that what is before Council is not a blueprint or a detailed plan but a concept about which the provost, the dean and the vice-provost have had measured and balanced discussions. In the context of this framework, responsibility for implementation rests where it should, with the dean and faculty of the college. The president concluded by reminding Council that its decision will be noted by others including the major health regions, the government and the media, and asked Council to consider the implications if the motion were to fail. If the university and the college are seen to be unable to address the issues facing the college of medicine, then we may see outside intervention.

Additional comments were all from members of the College of Medicine and focused on

- A lack of reference so far in the discussion to the section of the motion that references the discontinuation of existing models of clinical instruction and research, and the implications for the college in terms of potential removal of large numbers of faculty members;
- The ‘academically strong and resource poor’ nature of the college and the impossibility of effecting change in a revenue-neutral way;
- The lack of a pathway called ‘clinical educator’ in the document and the difficulty of recruitment with the promise of a 5-year position;
- The loss of potential candidates for positions since the concept paper is introduced, because of a sense of loss of trust and betrayal;
- The need for a discussion about implementation before a concept paper is introduced, and a sense that the college would be willing to work on a plan but should not be constrained by this concept paper.

Noting that debate had continued for over 45 minutes, the acting chair then called for an informal indication the will of Council to close debate; about half were in favour of continuing. Dr. Rigby ruled that the discussion would continue.

Another member of the College of Medicine suggested there was significant naiveté in the document about what it means to practice medicine, and suggested that any change would need to be inclusive, gradual and from the bottom up. She indicated she would not be willing to have patients not cared for in order to pursue research.

Another member of the College of Medicine, who spoke against the motion, asked whether this concept paper has been discussed in the Academic Programs Committee; the chair of the Planning and Priorities Committee indicated that it had not.

The acting chair then asked whether Council was prepared to close debate on the question and reminded Council that a motion to close debate could be moved only by a member who has not yet spoken.

BELAND/MONTGOMERY: To close debate.

CARRIED

HAMILTON/MacGREGOR: To conduct the vote on the motion by secret ballot.

CARRIED

The acting chair then invited the provost to make closing comments. A member raised a point of order asking why the provost would be allowed to make further comment when debate was closed. The chair reminded Council that under Council's procedural rules, the movers of a motion may make final comments before the vote is taken on the main motion.

The provost summed up by reminding Council of the importance of the decision, and that on the College of Medicine's concept paper web site there is (in counterpoint to the views expressed by many present today) support from members of the college who believe the concept is the right one and that there has not been a better alternative concept advanced. The provost acknowledged that the impact of the restructuring on employees is not predetermined, but that Council must be able to discuss matters on their academic merits. He stressed the importance of continuing to move forward, to set up conditions in which the next dean can successfully lead the college, and suggested that the best way to solve turmoil is to turn implementation over to the college. He spoke against the idea of developing all the details of the implementation plan before setting a goal; the goal must come first and it is a goal that envisions a combined mission of teaching, research and service for the college. It is properly within the sphere of Council to equip the college to make progress on these goals, especially when the college has had 10 years to produce results and has not done so.

A member rose on a point of personal privilege to protest the provost's statement that the college of medicine has had enough rope to fix this problem for 10 years, and to assert that the same rope has been available to the president and the current dean.

The main motion was then voted on as amended by secret ballot and following a count of ballots cast the secretary indicated that the motion was CARRIED.

In response to a question the acting chair confirmed that in order to carry, a simple majority of votes cast was required. Of 66 votes cast, there were 2 abstentions, 38 in favour and 26 opposed.

Dr. Kalra then resumed the chair and thanked Professor Rigby for his able chairing; Council members acknowledged the thanks with applause.

**AGENDA ITEM NO: 9.1**

UNIVERSITY COUNCIL  
GOVERNANCE COMMITTEE  
NOTICE OF MOTION

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**PRESENTED BY:** Gordon Zello  
Chair, Governance Committee

**DATE OF MEETING:** September 20, 2012

**SUBJECT:** **Notice of Motion: Change to Council Bylaws re: Faculty Council Bylaws, Membership of the College of Pharmacy and Nutrition**

**DECISION REQUESTED:** *It is recommended:*  
That Council approve the changes to the membership of the College of Pharmacy and Nutrition Faculty Council as outlined in the attachment.

**PURPOSE:**

To revise the Faculty Council Bylaws of the College of Pharmacy and Nutrition to reflect changes approved by the College's Governance Working Group.

**CONTEXT AND BACKGROUND:**

The changes indicated in the attachment were approved by the College of Pharmacy and Nutrition Faculty Council to update language and specify more clearly the membership of their Faculty Council.

**CONSULTATION:**

Revisions to the Faculty Council membership were revised by the Governance Working Group in December, 2011, were approved by the College of Pharmacy and Nutrition Faculty Council on May 15, 2012, and were sent to Council for review by the Governance Committee at its meeting of May 31, 2012.

**ATTACHMENTS:**

1. College of Pharmacy and Nutrition Faculty Council side-by-side membership list (current and proposed)

**Briefing Note**  
**College of Pharmacy and Nutrition**  
**Faculty Council Membership**

**Action:**

For University Council to consider and approve changes to the College of Pharmacy and Nutrition’s Faculty Council membership.

**Background:**

University Council bylaws provide that each Faculty Council shall establish bylaws for the purpose of regulating the conduct of its meeting and proceedings. In December 2011, a College Governance Working Group Committee was appointed to develop these bylaws. One component of the bylaws is the membership of the College’s Faculty Council. In accordance with a duly approved motion of the Faculty Council, Faculty Council may recommend changes to its membership to the University Council.

After discussion by the Working Group, the Faculty Council membership was revised as indicated in the table below. The current Faculty Council approved the changes to its membership on May 15, 2012.

**Current and Proposed Membership:**

The differences are highlighted in yellow.

| <b>Current Membership of the College’s Faculty Council</b>                     |   | <b>Proposed Membership Approved by the College’s Faculty Council on May 15, 2012</b> |   |
|--|---|--|---|
| <b>* denotes non-voting members<br/>(a-o as per University Council Bylaws)</b> |   | <b>* denotes non-voting members<br/>(a-o as per University Council Bylaws)</b>       |   |
| a)   | President of the University*  | a)   | President of the University*  |
| b)   | Provost and Vice-President Academic*                                | b)   | Provost and Vice-President Academic*                                |
| c)   | Vice-President Research*  | c)   | Vice-President Research*  |
| d)   | Vice-President Finance and Resources*                               | d)   | Vice-President Finance and Resources*                               |
| e)   | Vice-President University Advancement*                              | e)   | Vice-President University Advancement*                              |
| f)   | Vice-President Teaching and Learning *                              | f)   | Vice-President Teaching and Learning *                              |
| g)   | Associate Vice-President Student and Enrolment Services*            | g)   | Associate Vice-President Student and Enrolment Services*            |
| h)   | Associate Vice-President Information and Communications Technology* | h)   | Associate Vice-President Information and Communications Technology* |
| i)   | Dean of the College of Pharmacy and Nutrition                       | i)   | Dean of the College of Pharmacy and Nutrition                       |
| j)   | Dean of Graduate Studies and Research                               | j)   | Dean of Graduate Studies and Research                               |

|   |   |
|---|---|
| <p>k) Dean, University Library or Designate*</p> <p>l) University Secretary*</p> <p>m) Registrar*</p> <p>n) Such other persons as the University Council may, from time to time, appoint in a voting or non-voting capacity</p> <p>o) Such other persons as the Faculty Council may, from time to time, appoint in a non-voting capacity*</p> <p>p) Associate Dean (Research and Graduate Affairs) of the College</p> <p>q) Associate Dean (Academic) of the College</p> <p>r) those Professors, Associate Professors, Assistant Professors, <b>Extension Specialists</b>, full-time Lecturers, Instructors and Special Lecturers who, for administrative purposes, are assigned to the Dean of the College of Pharmacy and Nutrition</p> <p>s) Representatives from the following Colleges and Departments:</p> <ul style="list-style-type: none"> <li>• College of Arts and Science: Chemistry (1); Mathematics and Statistics (1)</li> <li>• College of Medicine: Dean or Designate (1); Anatomy and Cell Biology (1); Biochemistry (1); Community Health and Epidemiology (1); Microbiology and Immunology (1); Pathology and Laboratory Medicine (1); Pharmacology (1); Physiology (1)</li> <li>• College of Agriculture and BioResources: Animal and Poultry Science (1); Food and Bioproduct Sciences (1)</li> <li>• College of Kinesiology: Dean or Designate (1)</li> <li>• College of Nursing: Dean or Designate (1)</li> <li>• College of Dentistry: Dean or Designate (1)</li> <li>• School of Public Health: Executive Director or Designate (1)</li> <li>• <b>Business (1)</b></li> </ul> | <p>k) Dean, University Library or Designate*</p> <p>l) University Secretary*</p> <p>m) Registrar*</p> <p>n) Such other persons as the University Council may, from time to time, appoint in a voting or non-voting capacity</p> <p>o) Such other persons as the Faculty Council may, from time to time, appoint in a non-voting capacity*</p> <p>p) Associate Dean (Research and Graduate Affairs) of the College</p> <p>q) Associate Dean (Academic) of the College</p> <p>r) those <b>Professors, Associate Professors, Assistant Professors, full-time Lecturers</b>, Instructors and Special Lecturers who, for administrative purposes, are assigned to the Dean of the College of Pharmacy and Nutrition</p> <p>s) Representatives from the following Colleges and Departments:</p> <ul style="list-style-type: none"> <li>• College of Arts and Science: <b>Dept Head or Designate of:</b> Chemistry (1); Mathematics and Statistics (1)</li> <li>• College of Medicine: Dean or Designate (1); <b>Dept Head or Designate of:</b> Anatomy and Cell Biology (1); Biochemistry (1); Community Health and Epidemiology (1); Microbiology and Immunology (1); Pathology and Laboratory Medicine (1); Pharmacology (1); Physiology (1)</li> <li>• College of Agriculture and BioResources: <b>Dept Head or Designate of:</b> Animal and Poultry Science (1); Food and Bioproduct Sciences (1)</li> <li>• College of Kinesiology: Dean or Designate (1)</li> <li>• College of Nursing: Dean or Designate (1)</li> <li>• College of Dentistry: Dean or Designate (1)</li> <li>• School of Public Health: Executive</li> </ul> |
|---|---|

|    |   |    |   |
|----|---|----|---|
| t) | <ul style="list-style-type: none"> <li>• Toxicology: Director or Designate (1)</li> <li>• Western College of Veterinary Medicine: Dean or Designate (1)</li> </ul> <p>Student Representatives:</p> <ul style="list-style-type: none"> <li>• One student for every 100 students in the Pharmacy Undergraduate Program</li> <li>• One student for every 100 students in the Nutrition Undergraduate program</li> <li>• One graduate student from either the Pharmacy or Nutrition graduate program</li> </ul> | t) | <p>Director or Designate (1)</p> <ul style="list-style-type: none"> <li>• <b>Edwards School of Business: Dept Head or Designate of: Management and Marketing (1)</b></li> </ul> <ul style="list-style-type: none"> <li>• Toxicology: Director or Designate (1)</li> <li>• Western College of Veterinary Medicine: Dean or Designate (1)</li> </ul> <p>Student Representatives:</p> <ul style="list-style-type: none"> <li>• One student for every 100 students in the Pharmacy Undergraduate Program</li> <li>• One student for every 100 students in the Nutrition Undergraduate program</li> <li>• One graduate student from either the Pharmacy or Nutrition graduate program</li> </ul> |
|----|---|----|---|

**Submitted by:**

Shawna Berenbaum, Chair, Governance Working Group, College of Pharmacy and Nutrition



UNIVERSITY COUNCIL  
GOVERNANCE COMMITTEE  
NOTICE OF MOTION

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**PRESENTED BY:** Gordon Zello  
Chair, Governance Committee

**DATE OF MEETING:** September 20, 2012

**SUBJECT:** **Notice of Motion: Change to Council Bylaws  
re Membership of the School of Environment and  
Sustainability**

**DECISION REQUESTED:** *It is recommended:*  
That Council approve the membership of the School of  
Environment and Sustainability Faculty Council as  
attached.

**PURPOSE:**

To implement a Faculty Council within the School of Environment and Sustainability.

**CONTEXT AND BACKGROUND:**

The constitution of Faculty Councils is specified in Part Three of Council's Bylaws and therefore requires a 30-day Notice of Motion prior to approval. The membership indicated has been proposed by the School of Environment and Sustainability Faculty Council.

**CONSULTATION:**

This membership structure was discussed and approved by the School of Environment Faculty Council at its meeting of March 30, 2012 and was reviewed by the Governance Committee at its meeting of June 27, 2012.

**ATTACHMENTS:**

1. School of Environment and Sustainability Faculty Council membership



UNIVERSITY OF  
SASKATCHEWAN

School of Environment  
and Sustainability

## Faculty Council Bylaws

### B. Membership

The membership of the faculty council of the School of Environment and Sustainability is prescribed in the *By-laws* of the University Council, *Part Three, Section V, Subsection 1*. At the time of approval of these bylaws, membership is specified as follows:

- (i) The faculty council of all colleges and schools shall include the following (\*denotes non-voting members):
  - (a) The President of the University\*
  - (b) The Provost and Vice-President Academic \*
  - (c) The Vice-President Research\*
  - (d) The Vice-President Finance and Resources\*
  - (e) The Vice-President University Advancement \*
  - (f) The Vice-Provost Teaching and Learning\*
  - (g) The Associate Vice-President Student and Enrolment Services\*
  - (h) The Associate Vice-President Information and Communications Technology\*
  - (i) The Dean of the College or School or, in the case of a School that is not part of a College, the Executive Director of the School
  - (j) The Dean of Graduate Studies and Research
  - (k) The Dean, University Library or designate\*
  - (l) The University Secretary\*
  - (m) The Registrar\*
  - (n) Such other persons as the University Council may, from time to time, appoint in a voting or non-voting capacity;
  - (o) Such other persons as the Faculty Council may, from time to time, appoint in a non-voting capacity\*

#### Faculty of the School of Environment and Sustainability

See (i), Sections (a) to (o) above.

- (p) All faculty members who hold a standard appointment in the School.
- (q) All faculty members holding primary-joint and secondary-joint appointments in the School.
- (r) The president of the School of Environment and Sustainability Students' Association.

The following members may be heard in faculty council, but may not vote:

- i. Associate members
- ii. Adjunct members

Members on leave retain their right to participate in meetings and are counted in quorum.

In accordance with a duly approved motion of the faculty council, it may recommend changes in its membership to the University Council.

UNIVERSITY COUNCIL

**ACADEMIC PROGRAMS COMMITTEE**

**FOR INFORMATION ONLY**

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**PRESENTED BY:** Roy Dobson, Chair, Academic Programs Committee of Council

**DATE OF MEETING:** September 20, 2012

**SUBJECT:** **Items for Information:**  
**Veterinary Medicine academic calendar change**  
**English proficiency criteria clarification**

**COUNCIL ACTION:** **For information only**

**SUMMARY:**

The following items were approved by the Academic Programs Committee at its meeting of Sept. 5, 2012 and are reported to Council for information:

1. **Veterinary Medicine academic calendar change:** The Academic Calendar for first-year veterinary medicine students has been changed to accommodate the Vetavision show this fall. This show is held once every three years, and requires first-year students to miss 16 hours of teaching during the usual term period. Instead of ending on Friday, December 14, the last day of Quarter 2 will be Wednesday, December 19, 2012.

2. **English proficiency criteria clarification:** University admissions policy allows students to establish English proficiency who have attended an English-speaking high school for three years and completed English A30 and B30. In 2009, University Council approved an extension of this criteria so that students with more than two years at an English-speaking high school could also establish English proficiency if they had received at least 70 per cent in English A30 and B30. During subsequent text and website revisions, some of this information was inadvertently missed and there has also been difficulty in interpreting the meaning of "more than two years". Following discussion with the Director of Admissions at its Sept. 5 meeting, the Academic Programs Committee agreed that for the 2013-14 academic year, which began in September, it will be sufficient proof of English proficiency for applicants to present the following qualifications:

- At least 3 years of full-time study including Grades 10, 11, and 12, as well as successful completion of Grade 12 English Language Arts A30 and B30 (or equivalents).
- At least 2.5 years of full-time study including Grades 11 and 12, as well as successful completion of Grade 12 English Language Arts A30 and B30 (or equivalents) with minimum final grades of 70%.
- At least 2 years of full-time study including Grades 11 and 12, as well as successful completion of Grade 12 English Language Arts A30 and B30 (or equivalents) with minimum final grades of 80%.

It is expected that updating of this policy will be discussed at APC and brought to Council for approval this year.

**ATTACHMENTS:**

1. Email from Alison Pickrell, Director of Admissions
2. Email from Registrar regarding Veterinary Medicine change

**From:** [Pickrell, Alison](#)  
**To:** [Fornssler, Cathie](#)  
**Cc:** [Shepard, Lisa](#); [Gauthier, Karen](#)  
**Subject:** English proficiency item for APC  
**Date:** Friday, August 31, 2012 1:06:18 PM

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Cathie,

Here is the information for APC. I was not sure what to submit it on. Is there a template or form? I'd also like to provide them with a copy of what was approved. The link is

[http://www.usask.ca/university\\_secretary/council/committees/academic\\_programs/report\\_files/pdf/APCJanuary2009second.pdf](http://www.usask.ca/university_secretary/council/committees/academic_programs/report_files/pdf/APCJanuary2009second.pdf)

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In January 2009, Council approved changes to the English proficiency requirements for undergraduate applications for admission, effective May 2009. (I will attach a copy). This APC item is to: (a) bring attention to an area of confusion for applicants and document how this has been handled in the undergraduate admissions office, and (b) advise APC that some changes to the English proficiency policy will be coming forward this academic year for consideration and approval for 2014-15 academic year admissions. Any concerns can be addressed with that revision.

The 2009 policy change that requires clarification is related to English proficiency for undergraduate applicants who have attended Canadian or U.S. high schools (or high schools where English is the language of instruction and examination). Initially students required 3 full-time years of consecutive attendance (Grade 10, 11 and 12) including successful completion of English Language Arts courses in each of the years, and completion of the grade 12 English courses required for admission. The policy was modified in 2009 to address concerns from Saskatoon high schools, where a large number of new Canadians who begin their studies in the province in the ESL stream, and transition into the English language stream in grades 11 and 12 (ELA 20 and 30 classes), were being required to provide proof of English proficiency even though their academic achievement and high school English grades were excellent. The policy change allows applicants who have more than two years of full time study (grade 11 and 12) and grades of 70% or higher in Grade 12 English Language Arts A 30 and B 30 to meet the English proficiency requirement.

The difficulties related to this change were twofold:

- When the information was updated on the website and in print materials, reference to the 3-year practice was mistakenly removed. A gap in practice arose where students who had 3 or more years of study at a Canadian or US high school were being required to provide proof of proficiency if their grade in grade 12 English were less than 70%.
- There was a great deal of confusion (internal and external) about the definition of "more than two years of full time study" resulting in a large number of calls from students and counsellors (primarily Saskatchewan) and some creative interpretation including the addition of a modification allowing 2 years of full time study (grade 11 and 12) and English grades of 80% or higher to provide proof of proficiency.

Enrolment Services has clarified and documented these processes that have arisen since 2009. They are in place for the 2013-14 admission cycle, which begin in September.

***For the 2013/14 academic year it is sufficient proof of English proficiency if applicants present:***

- ***At least 3 years of full-time study including Grades 10, 11, and 12, as well as successful completion of Grade 12 English Language Arts A30 and B30 (or equivalents).***
- ***At least 2.5 years of full-time study including Grades 11 and 12, as well as successful completion of Grade 12 English Language Arts A30 and B30 (or equivalents) with minimum final grades of 70%.***
- ***At least 2 years of full-time study including Grades 11 and 12, as well as successful completion of Grade 12 English Language Arts A30 and B30 (or equivalents) with minimum final grades of 80%.***

**From:** [Isinger, Russ](#)  
**To:** [Fornssler, Cathie](#)  
**Cc:** [Grah, Bruce](#); [Knowles, Sandy](#); [Doell, Jason](#); [Murza, Lynette](#)  
**Subject:** Change to the 2012-2013 academic calendar  
**Date:** Monday, July 16, 2012 8:02:44 AM

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Hi Cathie,

Bruce Grah, the Associate Dean from WCV, was in touch with Jason and I. They spotted an error in their first year calendar. My understanding from Bruce is that the year should end two days later due to the holding of Vetavision, which was not accounted for in the calendar. Vetavision is held every three years and was simply overlooked by the staff responsible for crafting the schedule.

I have cc'd this to Sandy Knowles in the college as Bruce says she can fill in the exact details as to what the calendar for first year vet med students should look like. To my mind, this is error correction. Could APC Executive deal with this, or would it have to wait until September for a full APC meeting?

Russ

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Academic Services consists of Student Information Systems, Student Central Support Services, Awards and Financial Aid, and Registrarial Services.

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