

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.

1. Adoption of the agenda

PARKINSON /MacGREGOR : That the agenda be adopted as circulated.

CARRIED

2. Opening remarks

Dr. Kalra welcomed members and guests to Council and provided a brief overview of the general practice for debate at Council. He commented on the importance of the Council business on the agenda of the meeting, and indicated that since one of the agenda items concerns his own College, he will be turning the chair over to Vice-chair John Rigby for that item.

3. Minutes of the meeting of April 19, 2012

RENNY/BELAND: That the minutes of the meeting of April 19, 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 made verbal comments on two items. First, he recalled that there was a question about the 2008/09 budget adjustment process and outcomes and noted that material related to those outcomes is available to members on the tables outside the meeting room. He also reported on the second of a series of financial town halls that was held the previous day to discuss the university's operating budget. Information from the town hall is available at www.usask.ca/finances. The provost highlighted four key messages: that the university will be working hard over the next 4 years to prevent a gap that is projected to be \$44.5M if the university were to take no action; that expenditures are

rising faster than revenues; that given the magnitude of the challenge there is no single action that will suffice; and that the university plans to take a deliberate, measured and multi-pronged approach.

The chair then opened the floor to questions.

A member asked for clarity about how decisions are made to apportion operating expenses to new capital projects, and how such decisions will be evaluated in the context of budget restraints. The provost responded that capital projects are overseen by steering committees that are responsible to formulate plans for operating expenses—in some cases, as with the health sciences project, the university commits to raising funds from private donations to leverage government funding. This kind of commitment is more common than using operating funds, though occasionally PCIP makes a decision to commit funds from an operating surplus based on the ‘fit’ of a project with institutional priorities; the Gordon Oakes Redbear Centre is a case in point.

A visitor to Council wondered how a university in a ‘boom province’ found itself so rapidly in a financial crisis, and the implications of such a situation for an incoming president. The provost objected to the characterization of the financial situation as a ‘crisis’ and referred to the information presented at the recent financial town hall. The projected government grant increase of no more than 2% per year is in keeping with what is being experienced by institutions across the country. When costs rise more quickly than an institution can reasonably project its revenues to increase, it is important to anticipate the resulting deficit and take deliberate and measured steps to forestall a crisis. The provost assured Council that Dr. Busch-Vishniac as incoming president has been fully briefed on the financial situation of the institution.

7. Student societies reports

7.1 Report from the USSU

The chair conveyed regrets from the USSU Executive, and indicated that a written report has been circulated by email and at the door.

7.2 Report from the Graduate Students’ Association

The report was presented by Ehimai Ohiozebau, GSA President. Mr. Ohiozebau introduced his colleagues VP Academic Dylan Beach, VP Finance John McLeod, and VP External Elizabeth O’Meara. He indicated that the new GSA executive has begun planning their year; one of the first things they will do is to increase the GSA bursary in collaboration with the CGSR. He indicated that the executive will have their first meeting shortly and will be presenting more about their plans at the June Council meeting.

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's 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.

8.2 Request for decision: Establishment of the Confucius Institute as a Type B Centre

The chair invited Professor Bob Tyler to address this item as chair of the Planning and Priorities Committee.

There was a question about the funding of the institute in the context of the university's financial situation. Dr. Tyler indicated that there is a commitment from PCIP to fund this institute. In response to a follow-up question the president confirmed that the centre itself could be expected to secure funds from elsewhere, and that the university could seek funds from donors in support of the centre. The president spoke to the value of the partnership with the Beijing Institute of Technology that this institute represents. The Vice-dean of social sciences in the College of Arts and Sciences indicated that his College supports this institute and that it will provide exciting opportunities for language, culture, and business development training and expressed confidence that there would be opportunities as well for external partners. Dr. Tom Wishart, special advisor on international initiatives, indicated that he has already begun meetings with the development office, which has identified individuals who may be interested in providing financial support and assistance. He described this as 'an ideal kind of arrangement' for engaging alumni and various organizations in China.

A member asked a question about the termination period for the agreement; Dr. Tyler clarified that the agreement can be terminated at any time with 6 months' notice, or within 90 days before the end of the 5-year term. The same member asked about the overall university policy about relationships with a government that has a poor human rights record. The provost responded that the university does not have a policy on dealing with some governments and not others. Dr. Wishart indicated that influences to and from China are bidirectional; this is an opportunity for us to have influences on China and on our students and others; he suggested that if the university is in the business of trying to change practices, this is one way of doing it. The vice-dean of humanities and fine arts affirmed the importance of this issue and reminded Council that the partnership is with an institution where the university already has students. The Confucius Institute provides opportunities for cultural sharing between China and Canada. It also provides opportunities to work with other institutions in the city and province (e.g. school divisions and the Chinese Canadian community). If there are difficulties in the relationship, a university is the place to talk about them. Another member made a comparison with the supports given by university in the 1980's to Soviet universities. A member expressed concern about the possible consequences for Chinese students when they return to China, if dissent is encouraged or supported here. In response to a further question about the lack of faculty in the centre's management, Professor Tyler confirmed that the director of the centre is a faculty member, and that the advisory body will include faculty.

TYLER/MEDA: That Council approve the establishment of the Confucius Institute as a Type B Centre at the University of Saskatchewan, effective May 17, 2012.

CARRIED

9. Academic Programs Committee

Dr. Jim Greer rose to present this report as committee vice-chair on behalf of the chair, Professor Len Proctor, who has declared a conflict of interest as this item concerns his own

college. At this point in the meeting, quorum was lost. The chair commended members to the remaining items presented for information (item 9.2), and indicated that any decision items remaining on the agenda (items 9.1, 10.1, 10.2, 11.1, 11.2 and 12.1) would be brought forward to the next Council agenda through the respective committees.

Items 9.1-14 – deferred.

15. Adjournment and next meeting

The meeting adjourned at 5:37 p.m. Next meeting is at 2:30 p.m. on June 21, 2012.