1. The Faculty of Medicine's Vision, Mission and Values

In 2017 Memorial University’s Faculty of Medicine (FoM) celebrated its 50th anniversary. That same year *Destination Excellence*, the FoM’s strategic plan, was launched and provided a renewed mission and vision for the faculty.

**Our vision**

*Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.*

**Our mission**

*Working in the spirit of partnership and respect, the Faculty of Medicine is committed to delivering integrated excellence in education, research and evidence informed care; meeting the unique health needs of our rural, remote and urban communities; and advocating for health, equity, indigenous health and healthy populations.*

*Destination Excellence* is action-oriented and aimed at achieving outcomes in three key areas in the coming years: thriving learners and graduates, impactful research and healthier communities. The FoM fits within the larger Memorial University vision, mission and values by contributing towards making Memorial University a distinguished public university and fulfilling its special obligations to our provincial communities through excellence in education, research and public engagement.

2. Overview of the Faculty of Medicine

The Faculty of Medicine is a complex entity that is unique among Memorial University’s academic units. One way we are unique within the Memorial University family is that our core funding comes from a grant from the Department of Health and Community Services (HCS), not the Department of Advanced Education, Skills and Labour. Another way the FoM is unique is by virtue of the breadth and depth of the academic, research and engagement activities taking place. The organizational chart in Appendix A demonstrates the breadth of key areas of responsibility spanning the educational spectrum. Due to the complicated natures of delivering and supporting its various programs, the FoM in many ways resembles a separate, distinct campus similar to the Grenfell, Marine Institute, Signal Hill, Harlow and Labrador Institute campuses. In fact, the Faculty of Medicine is bigger and more complex than all of those campuses combined.

Thanks to our people, our continuum of educational programs, our research excellence and our social accountability commitment, we are living our strategic plan and meeting the needs of our various stakeholders.
Our People

The FoM’s greatest strengths come from its learners, faculty and staff.

The Faculty of Medicine has over 850 learners across its core programs:

➢ 320 undergraduate medical learners (80 per cohort in the four-year program),
➢ 280 postgraduate medical learners, and
➢ 264 graduate learners.

The FoM is also home to the Centre for Collaborative Health Professional Education (CCHPE) which provides interprofessional education (IPE) opportunities to learners from the Faculties of Medicine and Nursing, the Schools of Pharmacy, Social Work, and Human Kinetics and Recreation, the Doctor of Psychology program, the Centre for Nursing Studies, and the Western Regional School of Nursing. In the past academic year, over 900 individual learners completed at least one IPE learning activity. For more information about IPE programming and the partnerships that support it, see Appendix B.

In addition to the programs indicated above, there are over 5,000 registrations annually across on-site and online continuing medical education/continuing professional development (CME/CPD) programming with non-doctor of medicine (MD) health professionals comprising approximately 30 per cent of the registrations. Finally, approximately 200 high school students take part in summer outreach programs and roughly 50 members of the public participate in the Mini Med School each year.

Close to 1,500 faculty provide learning opportunities to FoM learners located within the St. John’s area and at various distributed sites in Newfoundland and Labrador, New Brunswick, Prince Edward Island, Nunavut and beyond. The FoM faculty profile:

➢ 270 full-time faculty
  o 192 geographic full time (GFT) clinical MD faculty
  o 78 Memorial University of Newfoundland Faculty Association (MUNFA) PhD faculty
➢ 1,200 part-time faculty
  o 200 stipendiary positions
  o 1,000 non-stipendiary positions

Our faculty members also participate in other academic units across Memorial University:

➢ 5 joint appointments
  o 2 School of Pharmacy
  o 1 Faculty of Engineering and Applied Science
  o 1 Faculty of Humanities and Social Sciences
  o 1 Faculty of Science
➢ 27 cross appointments with all faculties on the St. John’s campus (except the School of Music), 3 with Grenfell campus and 1 with the Labrador Institute.

Supporting learners and faculty are 350 administrative and research staff across a variety of academic, research and administrative units in St. John’s and at our distributed sites.
Our Educational Continuum

The FoM fosters an environment that supports excellence in education through a suite of programs that truly span the educational continuum. The FoM provides:

- health career outreach to high school students (MedQuest) and to Indigenous youth (Healers of Tomorrow Gathering);
- undergraduate medical education leading to the MD degree;
- postgraduate (resident) medical education through 19 different residency programs;
- on-going professional development for current physicians (required for them to maintain licensure) and other health care professionals provided on-site in St. John’s and via distance;
- training and support for masters, PhD and postdoctoral learners for academic and professional careers in health-related fields; and
- non-credit programming, such as the Mini Med School sessions, aimed at the general public.

Our Research and Scholarship Excellence

The FoM has a rich, vibrant research culture across the Divisions of BioMedical Sciences (Appendix C) and Community Health and Humanities (Appendix D) as well as in our 12 clinical disciplines: Anesthesia, Emergency Medicine, Family Medicine, Genetics, Laboratory Medicine, Medicine, Obstetrics & Gynecology, Oncology, Pediatrics, Psychiatry, Radiology and Surgery. The main impact of the research being conducted is in the creation of new knowledge and the potential for translating knowledge into better health care outcomes. The research function is also critical for grooming the next generation of researchers working along the spectrum from basic to applied science. With leadership from the Office of Professional and Educational Development (OPED), the FoM also embraces and excels at scholarship around teaching and learning, learner assessment and program evaluation. The main impact of this scholarship is in influencing best-practices in many areas of medical education. Appendix E contains an infographic which identifies the FoM’s areas of research and scholarship strengths based on the most common themes from our peer reviewed publications over the last five years.

Our Social Accountability Commitment

As part of realizing the outcomes of our strategic plan, Destination Excellence, the FoM developed a definition of social accountability appropriate to our context.

We define social accountability as:

our responsibility to work collaboratively with others to advance the health and well-being of all the communities we serve. We reflect social accountability through partnerships, leadership, education, research, clinical care, and everything else we do.

Social accountability is woven throughout the fabric of the FoM through initiatives such as the Global Health Office, the Gateway Program for refugee health, and enhanced skills residency programs in Care
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of Underserved Populations and Care of the Elderly. The Aboriginal Health Initiative (AHI) represents one of the FoM’s initiatives that addresses the Truth and Reconciliation Commission (TRC) calls to action. Appendix F contains detailed information on the AHI and other activities at the FoM to address the TRC recommendations.

While the FoM has been engaged in social accountability initiatives for several years, we recognized the need for a formal governance structure and enhanced academic leadership to promote a unified understanding of social accountability and ensure a comprehensive reach across all divisions, disciplines and units. This Office of Social Accountability will be housed within the Division of Community Health and Humanities and led by an assistant dean.

For a more detailed synopsis of the FoM and its major accomplishments over the past few years, refer to Appendix G.

3. Accessibility, Effectiveness, Accountability and Sustainability at the Faculty of Medicine

Accessibility
The FoM has been working diligently over the past few years to improve access to education and supports for learners while they are in their respective programs. Below are some key examples of increased access within the FoM across the educational continuum.

➢ Expansion of the Undergraduate Medical Education Program
Prompted by a need to provide enhanced accessibility to medical education for learners in our province, between 2008 and 2015 the provincial government financed costs associated with increasing the number of undergraduate medical education seats available from 64 per year to 80 per year, with 60 of those 80 seats reserved for NL learners. This expansion required hiring additional faculty and administrative staff as well as constructing new space to accommodate larger class sizes. These physical changes prompted the FoM to be more creative and innovative in several aspects of undergraduate medical education such as admissions processes, curriculum development, learner assessment, engaging more with communities where learners are placed and earlier exposure to clinical and community settings.

➢ Admissions Office
The FoM Admissions Office (Appendix H) has one of the most holistic approaches to undergraduate medical education admissions in Canada. The Admissions Office currently uses a hybrid interview process, called Traditional and Multi-Mini Interviews (TaMMI), which brings together the benefits of the traditional long interview with those of the multi-mini series of short, scenario-based cases for applicants to discuss. Recently a Situational Judgement Test was also added. This diverse approach to determining an individual’s suitability for medical education has resulted in cohorts of learners that are more representative of the population and include under-served populations. To fulfill our social responsibility specific to the needs of the province, three priority populations were identified: Aboriginal Peoples, learners from rural and remote locations, and economically disadvantaged students. Currently three seats are reserved for Aboriginal learners.
➢ **Learner Well-being and Success**
The new Office of Learner Well-being and Success (the re-constituted Office of Student Affairs) seeks to empower undergraduate and postgraduate medical learners so they achieve and maintain well-being and academic success throughout their educational journey. In addition to providing more robust support to learners at each stage of their educational journey, the broader suite of supports may result in current undergraduate learners electing to continue their postgraduate studies here at Memorial where they are aware of the support structure and services available.

➢ **Undergraduate Medical Education (UGME)**
The launch of an integrated, “spiral” curriculum in 2013-2014 coincided with the first cohort of 80 students. The renewed curriculum included the introduction of longitudinal research and leadership curricula over the four years of the program, a new assessment method for clinical clerks (Entrustable Professional Activities [EPAs]), the introduction of progress testing for clerks and the introduction of Longitudinal Integrated Clerkships (LIC) in New Brunswick (plans are underway for an LIC rollout in NL). These changes in curricula structure, delivery and assessment (Appendix I) provide learners with different ways to achieve the learning objectives of the undergraduate medical education program.

➢ **Postgraduate Medical Education (PGME)**
The FoM’s PGME (Appendix J) has a total of 19 residency programs. Six of these were introduced in the past five years: Medical Oncology (2015), Child and Adolescent Psychiatry (2015), General Internal Medicine (2016), Care of the Elderly (2016), Geriatric Psychiatry (2018) and Care of Underserved Populations (2018). The new programs not only expand the selections available for postgraduate learners but also fill gaps in critical areas that speak to developing capacity to address our responsibility to vulnerable and underserved populations.

Similar to the competency-based EPAs introduced nationally to undergraduate medical learners, Competence by Design is a competency-based medical education (CBME) approach to training postgraduate medical learners in specialty programs. This change in assessment is being driven nationally by the Royal College of Physicians and Surgeons of Canada (RCPSC) and moves the focus from training traditionally based on an established amount of time to the acquisition of specific skills, to knowledge and attitudes relevant to a particular specialty. The College of Family Physicians of Canada (CFPC) introduced their CBME program, known as Triple C, over ten years ago. CBME will strengthen the quality of training provided to postgraduate learners and ensure they are appropriately prepared for each stage of their learning.

➢ **Research and Graduate Studies (RGS)**
An essential component of the FoM’s commitment to healthier communities is creating an environment that promotes and supports excellence in research and scholarship. The research spectrum at the FoM (Appendix K) covers basic, clinical, educational, population and community health, and social sciences research. The research interests and expertise of faculty are reflected in the variety of graduate programs offered. Currently the FoM offers two diploma programs, 11 master’s programs and seven doctoral programs. The Division of BioMedical Science programs are: Cardiovascular and Renal Physiology, Immunology and Infectious Diseases, Neuroscience, as well as Cancer and Development. The Division of Community Health and Humanities programs include: Clinical Epidemiology, Applied Health Services Research, Health Ethics, Community Health & Public Health. These programs graduate learners who can apply their skills in a variety of academic and professional settings.
Office of Professional and Educational Development (OPED)
OPED was created by combining the Office of Professional Development and the Medical Education Scholarship Centre. The enhanced capacity of OPED (Appendix L) has resulted in greater access to accredited professional development opportunities for clinical faculty, regardless of where they are located, and lifelong learning opportunities for all faculty and staff. In addition to one-time workshops and online modules, OPED offers several certificate programs including: a Certificate in Medical Teaching, the Physician Management and Leadership Program, the Medical Education Scholarship Program and a Certificate in Local and Global Health Equity. Where possible, undergraduate learners, graduate students and postgraduate residents are permitted to take part in OPED programs.

OPED is currently developing the Physician Assessment, Training and Oversight Program (PATO) which is expected to transform the assessment of international medical graduates for provisional licensure and physicians in the province who have been out of practice for an extended period of time. Ultimately the program is expected to contribute towards recruiting and retaining physicians to the province by providing a mechanism to demonstrate they are ready to practice.

Effectiveness
Many of the FoM’s initiatives in the past decade have focused on greater accessibility to education and research programs. There is evidence that our efforts have been effective.

Learner composition
The enhanced admissions processes have been effective in creating more diverse cohorts of learners. For the past 15 years, women’s representation in the undergraduate medical education program has been approximately 60 per cent of each cohort. Between 2015 and 2019, 21 self-identified Indigenous learners graduated from the undergraduate medical education program and there are currently 13 Indigenous learners enrolled. Of the 21 Indigenous medical graduates, 17 applied and were accepted for postgraduate training programs with Memorial and four were accepted to programs elsewhere in Canada.

Learner outcomes
With regards to undergraduate medical education learner outcomes, two national indicators of program efficacy are pass rates from the Medical Council of Canada Qualifying Examination and numbers of matches in the annual Canadian Resident Matching Service (CaRMS) competition. Memorial University’s FoM students have consistently high MCC-QE pass rates comparable to other Canadian medical schools and CaRMS match rates that are consistently one of the highest in the country. Upon graduation, approximately 50-60 per cent of our learners opt to stay with the FoM for their postgraduate training and approximately 68 per cent of our postgraduates set up practice in the province upon completion of their program.

Over the past 15 years, the number of learners graduating annually from our graduate programs has more than tripled (from 23 in 2004/05 to 86 in 2018/19) and in the past five years the number of applications to FoM graduate programs has increased by 41 per cent. These dramatic increases speak to
the reputation of our programs and our ability to have learners progress effectively through their academic journeys.

➢ Research
Conducting high quality research requires funding. In the 2018-2019 fiscal year, the FoM secured over $21.9 million from external sources for research and scholarly activities. This is an over 40 per cent increase to the $12.8 million amount of funding obtained in the 2008-2009 fiscal year.

Conducting high quality research also requires highly qualified faculty. In recent years, the FoM has excelled in its recruitment of specialized research chairs. Specifically, there have been four junior (Tier 2) Canada Research Chairs (CRC) in the areas of: Neuroscience and Brain Repair, Rehabilitation, Neuropasticity and Brain Recovery, Aging and Auditory Neuroscience, and Bioinformatics for Personalized Medicine. There has also been a senior (Tier 1) CRC in Cell Signaling and Translational Medicine, a Canadian Chiropractic Research Foundation Chair in Biomechanics, and a Canadian Institutes of Health Research GlaxoSmithKline (GSK) Chair in Oncology.

➢ Recognition
External recognition for the FoM also speaks to our effectiveness. In 2014 we were awarded the Association for Medical Education in Europe (AMEE) ASPIRE Award of Excellence in Social Accountability of Medical Schools. Domestically, the Society of Rural Physicians of Canada (SRPC) has two awards, the Keith Award which recognizes annually the Canadian postgraduate program that excelled in producing the largest number of rural doctors practicing in rural Canada 10 years after graduation, and the Rural Medical Education Award, which is presented to the Canadian medical school that matches the most graduates to rural family medicine programs based on CaRMS matching data. The FoM has won the Keith Award five times in the past 10 years (https://www.srpc.ca/awards/#KEITH) and the Rural Medical Education Award in 2008, 2019 and 2020.

Accountability
The FoM is committed to transparency and accountability for its activities. Some of the ways the FoM demonstrates accountability is by:

➢ Developing and implementing our strategic plan, Destination Excellence, which provides clear direction regarding priorities and emphasizes efficient and effective resourcing coupled with continuous performance management and improvement.

➢ Utilizing a continuous improvement lens to enhance governance structures within the FoM. To address gaps in two critical areas requiring higher profile and centralized oversight, two decanal positions were recently created: an assistant dean for Social Accountability and an associate dean for Faculty Wellness, Equity and Professionalism.

➢ Conducting internal business reviews to find efficiencies and streamline administrative processes. In the past two years, several consolidations have taken place or are in progress:

   o Creation of OPED by merging two units
   o Transition to the Office of Learner Wellbeing and Success from the Office of Student Affairs with an expanded mandate to serve both undergraduate and postgraduate learners
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- Consolidation of the activities of the former Rural Medical Education Network and some aspects of the Discipline of Family Medicine’s streams activities into Distributed Medical Education
- Merging the Division of Community Health and Humanities with Clinical Epidemiology

➢ An important external measure of accountability for a medical school to its stakeholders is the maintenance of accreditation and commitment to ongoing program review. The table below outlines the FoM’s status across its various programs.

<table>
<thead>
<tr>
<th>Program</th>
<th>Accrediting Body/Unit Planning Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Medical Education</td>
<td>Committee on Accreditation of Canadian Medical Schools (CACMS)</td>
<td>Full accreditation. Next assessment: 2021</td>
</tr>
<tr>
<td>Postgraduate medical education</td>
<td>College of Family Physicians of Canada (CFPC) and Royal College of Physicians and Surgeons of Canada (RCPSC)</td>
<td>15/19 programs fully accredited. 4/19 programs are accredited but require different levels of follow-up. Next full assessment: 2024</td>
</tr>
<tr>
<td>Research and Graduate Studies</td>
<td>BioMedical programs and human genetics programs are undergoing academic unit planning (AUP). Division of Community Health and Humanities programs will commence the review process in 2021.</td>
<td>The biomedical and human genetics programs began the self-study stage of the process in October 2019.</td>
</tr>
<tr>
<td>Office of Professional and Educational Development</td>
<td>The Committee on Accreditation of Continuing Medical Education (CACME) of the Association of Faculties of Medicine of Canada (AFMC).</td>
<td>In 2017, OPED received full accreditation for eight years and exemplary status was achieved in a number of accreditation standards. Next assessment: 2025</td>
</tr>
</tbody>
</table>

**Sustainability**

Between 2012-13 and 2019-20, the FoM’s core funding grant from the Department of Health & Community Services (HCS) was consecutively cut until the annual reduction totaled $11.8 million annually. Reductions included a series of flat-percentage general operational reductions; Government Renewal Initiative (GRI) directed reductions; and global reductions to the university as a whole. This has had a significant and long-standing impact on operations at the FoM by creating a situation where our core mandate cannot be met without incurring an annual deficit.

During this time the FoM also faced several unavoidable increases in costs including, but not limited to:
operational and salary costs resulting from the expansion of the medical school’s operations to accommodate an extra 20 undergraduate medical learners per cohort,
➢ higher amounts for distributed learner accommodations and travel (an important part of our core mandate), and
➢ inflationary costs for items such as library holdings, heat/light/energy and snow clearing.

It is important to note that while the provincial government funded the expansion of the FoM, the extra funds required to maintain and sustain the expanded operation have not been supplied. Despite efforts to expand revenue, through tuition increases and funds from donors, and reduce expenditures through finding operational efficiencies (Appendix M), the FoM has an accumulated operational debt of $14.7M. In fiscal year 2017/18 HCS provided one-time stabilization funding of $10M and, in 2018/19, $4.7M. For 2019/20 the Board of Regents has not approved the FoM budget, which is projecting a deficit of approximately $5M.

As a result of these funding deficits, the FoM is facing the following issues:

➢ Key faculty recruitments, essential to achieving our academic (education and research) missions, have not been approved.
➢ The FoM is unable to offer attractive start-up funds to new researchers, which puts us at a disadvantage and uncompetitive with comparable universities.
➢ The FoM risks losing its undergraduate accreditation due to not having a balanced budget and adequate financial reserves in addition to not having critical faculty members to achieve the academic mission. Undergraduate medical education accreditation will occur in May 2021.

Ultimately the combination of cuts to the base budget and increases in costs have had a significant impact on the operations at the FoM, creating a situation where our core mandate cannot be fulfilled without incurring an annual deficit. Clearly this is not sustainable. The Government of Newfoundland and Labrador, and the Department of Health and Community Services have always been receptive to the needs of the Faculty of Medicine. Nonetheless, the issue of sustainability is a critical matter for the continuation of the training of the physicians in our province. In order for the Faculty of Medicine to fulfill its mandate and fit into the strategic plan of the government, it needs to have a viable environment for the training of future physicians and health science researchers and to ensure full accreditation of programming at all levels. This will not be possible without help from the government and the Department of Health and Community Services.

4. What the FoM needs to achieve success

The FoM had over a decade of growth and expansion and now needs to focus on maintaining current programming, implementing critical initiatives to remain relevant in the medical education field, better leveraging of our resources and to move our Destination Excellence strategic priorities forward. To do this, the FoM needs the following:

➢ sufficient annual baseline funding to cover current operations
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➢ support for research including:
  o developing and utilizing physical space on the sixth floor of the Faculty of Medicine building (infrastructure to support the indirect costs of research)
  o start-up funds for new researchers
  o matching funds for researchers applying for grants (consider a provincial Health Research Fund)
  o funds for our Canada Research Chairs

➢ special funding to enhance education initiatives including:
  o longitudinal integrated clerkships
  o competency based medical education
  o support for continuing medical/continuing professional education endeavors particularly PATO/Practice Ready Assessment NL
  o expanded inter-professional education programming to pursue clinical placements, as discussed in the joint submission by the health sciences deans (Appendix B)

➢ a robust information and communications technology infrastructure to effectively deploy Competency Based Medical Education, to support Distributed Medical Education in rural and remote sites, and to enhance our engagement with all of our communities not located within the Faculty of Medicine building, including community partners, faculty, learners and staff.

➢ to have a senior leadership seat at the vice president level at Memorial University in order to appropriately represent the complex issues of the Faculty of Medicine, address the extensive stakeholder relationships provincially, regionally, nationally and internationally, and to be a voice for health.

Section 5: Appendices

Appendix A – FoM Organizational Chart
Appendix B – Health Dean’s PSER submission re: IPE
Appendix C – Division of BioMedical Sciences submission
Appendix D – Division of Community Health and Humanities submission
Appendix E – Research Strengths Infographic
Appendix F – Truth and Reconciliation Commission response
Appendix G – FoM submission to Academic Dean’s Template document
Appendix H – Admissions Office submission

Appendix I – Undergraduate Medical Education (UGME) submission
Appendix J – Postgraduate Medical Education (PGME) submission
Appendix K – Research and Graduate Studies (RGS) submission
Appendix L – Office of Professional and Educational Development (OPED) submission
Appendix M – Budget Cuts and their impact at the FoM