



Memorial

University of Newfoundland

Office of the Dean
Faculty of Medicine
The Health Sciences Center

March 5, 2007

Dr. Chet Jablonski
Dean
School of Graduate Studies
Memorial University of Newfoundland
Earth Sciences Building

Dear Chet:

I am very pleased to forward to you the Faculty of Medicine response to the Academic Program Review of the Faculty of Medicine Graduate Studies Program. The review process and report has been both very timely and helpful in identifying strengths and areas for improvement. We are eager to address the recommendations and our response shows our plan.

On behalf of the Graduate Studies Program and the entire Faculty of Medicine, thank you for undertaking this process and for your continued support.

Sincerely,

Dean James Rourke
MD, CCFP(EM), MCISc(FM), FCFP
Faculty of Medicine

/sjo

CC: Dr. Penny Moody-Corbett – Associate Dean, Research & Graduate Studies
Dr. Eddy Campbell – Vice President (Academic)

Response to the Recommendations on the Academic Program Review

Mar. 2, 2007

The Office of Research and Graduate Studies (RGS) of the Faculty of Medicine (FoM) and the Faculty, as a whole, would like to thank the external review panel for their work in reviewing our Graduate Program. This was a large task done over a short period of time. The committee has made a number of pertinent observations of our program and supplied useful recommendations to improve the program. The external panel has made 23 recommendations for the program and of these we have already completed 11.

We have listed below a response and timeline for follow-up, where appropriate, to all 23 recommendations.

Abbreviations:

Canadian Association of Graduate Studies – CAGS

Canadian Foundation for Innovation – CFI

Canadian Institutes of Health – CIHR

Community Health and Humanities – CHH

Faculty of Medicine – FoM

Natural Sciences and Engineering Research Council – NSERC

Research and Graduate Studies – RGS

Social Sciences and Humanities Research Council -- SSHRC

Clarifications of offices and committees

RGS is an office of the Faculty of Medicine with an Associate Dean

The FoM Graduate Studies Committee consists of the Associate Deans RGS, Basic Medical Sciences and CHH; eight program coordinators and graduate student representative.

Space

Recommendation 1. *The current Space Committee should reassess and reallocate existing space. It should be noted that this would address the space problem only to a limited extent and only on a short-term basis.* **Recommendation 2.** *The University should find new space. The real solution to the space problem lies with creating new space, whether additional wings/floors or a new building.*

Response to 1 and 2 Space has been a concern within the FoM for a number of years and we have been actively engaged in (1) acquisition of new space and (2) better utilization of existing space. The issue of space is particularly pertinent given the interest by the University in expansion of the graduate programs (Strategic Plan Jan. 25, 2007). (1) With respect to the ‘acquisition of new space applications have been made to the CFI and the provincial government since 1999 for additional space which will provide more opportunities for graduate student space. Currently, three opportunities are being explored: additional floors on the Janeway hostel, developing a Science Building and a

Health Research Complex. These options are being pursued with senior executive of the University and with Departments of Health and Community Services and Innovation Trade and Rural Development. Information on these three will be available by the spring 2007.

(2) With respect to utilization of existing space the Faculty of Medicine Space Committee has developed an *ad hoc* committee, chaired by the Associate Dean of RGS, to develop a policy on allocation of laboratory and office space for biomedical researchers (Item 12.3, Sept. 13, 2006 minutes); included in this policy will be consideration of space for research trainees (graduate students, post-graduates and postdoctoral fellows).

Timeline: This is an on-going item but meetings are scheduled to review space needs for the Spring 2007.

Time to Completion

Recommendations 3 and 5 are considered together

Recommendation 3. *To more accurately portray time to completion rates for the graduate program in medicine, statistics should be reported on a program-by-program basis for the time being.* **Recommendation 5.** *Each program should review its time to completion, requirements for degree completion, and potential sources of problems if time to completion is in fact a problem. Actions to address any problems identified would then be implemented on a program-by-program basis, but would have an overall impact on reducing, to the norm, the average time to completion for graduate studies in the Faculty of Medicine.*

Response to recommendations 3 and 5 The information provided to the External Panel in the Self Study Report was cumulative data for all eight areas of concentration based on enrolment data for 1996, 1997, 1998. The data showed that MSc students were taking longer than the national average to complete their programs while the PhD students were similar to the national average. The time to completion data have been re-tabulated for each of the areas of concentration (in the case of Applied Health Services Research, Cardiovascular-Renal Physiology and Genetics the number of students enrolled was too small to be included in the analysis) for students in both the MSc and PhD programs. The time to completion for the PhD students ranged from 4.7 to 6.2 yr, comparable to the national average as reported by the Canadian Association of Graduate Studies (CAGS: The Completion of Graduate Studies in Canadian Universities, Oct. 2003, revised Nov. 2004). Similarly, the data show that based on either averages or medians full time MSc students in four of the areas (Cancer, Clinical Epidemiology, Immunology and Infectious Diseases and Neuroscience) are completing their programs in 2.2 to 3.7 yr and these figures are within the national averages. However, in one area of concentration, CHH, full time MSc students are taking approximately 5 yr to complete their program. These data are based on the students who were first enrolled in the program between the years 1996-98. In order to consider if this problem has continued or if there is a trend to shorter times to completion the data for students beginning their program up to 2002 has also been analyzed. The data indicate that the time to completion for MSc students in

CHH is close to 4 yr (4.14±1.8, median 3.75), suggesting that there has been a reduction in times to completion in this area. In considering these times to completion in each of the areas of concentration it should be noted that the information provided by the School of Graduate Studies and does not indicate a change in status during each student's program of study. That is, students who had been full time for two years who then switched to part time status to complete their program are not differentiated from those who continue as full time students.

As requested by the External Panel the Associate Dean is reviewing the time to completion data with each of the graduate areas and in particular with the program coordinator and faculty from CHH in order to develop strategies to reduce the times to completion.

Timeline The time to completion data has been analyzed for students entering the program 1996-2002 (Recommendation 3). The Associate Dean will set up meetings with each of the graduate areas before the end of May to review (1) times to completion, (2) funding and (3) expectations for degree. The first meeting with the Acting Associate Dean of CHH and the program coordinator of CHH and incoming program coordinator of the Applied Health Services Research graduate area occurred Feb. 1, 2007.

Recommendation 4. *Clinical Epidemiology faculty should review the possibility of acceptance of a publication to a peer-reviewed journal in lieu of a thesis, and promote this option where applicable to students.*

Response to recommendation 4 The option to compete a thesis using the publication route (manuscript format) is already available to students in this and other programs of study at the University (http://www.mun.ca/sgs/guidelines_intro.php). The requirement, in addition to the research chapters (publications), is that the student prepares an introduction and overview chapter that demonstrates the student's knowledge of the broader field.

Timeline The Associate Dean has met with all the program coordinators (Feb. 13, 2007) and discussed this option which will be passed on to the members of the FoM through the graduate program coordinators.

Recommendation 6. *Guidelines should be developed, or at least expectations clarified, by faculty members to describe the amount and type of work that represents a reasonable standard for the completion of both the M.Sc. and PhD. degrees.*

Response to recommendation 6 The Graduate Studies Committee in the FoM has discussed this recommendation and the program coordinators will work with faculty members in each of the areas of concentration to review and develop guidelines or expectations for completion of the MSc and PhD programs in their areas. The committee noted that although expectations may be developed, the nature of any research is such that timelines are not predictable and vary considerably with the nature of the research.

Timeline The development of expectations has been discussed with the program coordinators. The areas of concentration will develop guidelines for students regarding the expectations for the MSc and PhD program. This information will be discussed at the first fall meeting (2007) of the Graduate Studies Committee.

Recommendation 7. *Guidelines should be developed, or at least expectations clarified, by faculty members to formalize the transition from M.Sc. to PhD in terms of scope of project and timing of decision.*

Response to recommendation 7 Guidelines currently exist for students transferring from the MSc to the PhD program. The information is communicated in three different ways: website (<http://www.med.mun.ca/graduate/pages/transfer.htm>), oral presentation (annually, the Associate Dean gives a presentation to graduate students and faculty members for each graduate area, this is one topic which is covered), and written handbook. These guidelines have been in place for the past six years and were renewed again in Jan. 2006. The Associate Dean and program coordinators will continue to make an active effort to notify students and supervisors of the policy. As an additional method of addressing this issue the Office of RGS will send a copy of this policy to students and supervisors in the 4th semester of their program to remind them that if they are considering the option of transfer to the PhD they must follow the specific procedure laid out in the handbook.

Timeline Information on the policy on transfer from MSc to PhD will be sent to all MSc students in their 4th semester beginning Feb. 1, 2007.

Loss of Graduate Students to the MD Program

Recommendation 8. *Graduate students should be required to successfully complete their graduate degrees or successfully transition to a joint MD/M.Sc. or MD/PhD program before being granted admission to the MD program. The Faculty of Medicine should implement policies to facilitate this.*

Response to recommendation 8 The external review panel heard that there is a relatively high attrition rate of students leaving the graduate program to pursue the MD degree. The external panel had no data available to review on this topic therefore the actual degree to which this is a problem was not available. The first point that needs to be addressed is to determine if there is indeed a problem, secondly if it is more prevalent in some graduate areas than others and finally how it should be addressed, if it is a problem. RGS, in conjunction with the MD Admissions office, will review the data for students over the past seven years to identify students, initially registered in the MSc (or PhD) program who have entered the MD program. The degree of attrition will be determined based on graduate area and compared with the degree of attrition for students not entering the MD program. Based on this information we will then examine ways of addressing any identified problems. We will consider approaches taken by other Canadian Medical Schools. Any changes in policy will be vetted through the Faculty Council of the Faculty of Medicine and the Academic Council of the School of Graduate Studies.

Timeline This information will be collected and analyzed over the summer 2007. Depending on the outcome of the analysis, if substantive changes are necessary they will be brought to the Graduate Studies Committee in Sept. 2007, Faculty Council in Sept. – Oct. 2007 and to Academic Council Nov. – Dec. 2007.

Recommendation 9. *The MD-PhD program should be assessed in terms of strengths and limitations, and either action taken to develop it to its potential or dropped as an option.*

Response to recommendation 9 The external panel reports that both students and faculty suggested the current system in the joint MD-PhD program is not facilitating completion of the graduate degree. Further they stated that “Description of this program suggests that no active steps are being taken to identify problems and solutions related to this program”. There are only two students currently enrolled in the MD-PhD program and no description of the program was provided in the Self-Study Report. Given this lack of information at the time of the site visit a brief description of the program is given here. The MD-PhD program was formally approved by the Academic Council of the School of Graduate Studies April 15, 2002. The intention was never to make this a fast-track for either of these advanced degrees but rather it was intended as an opportunity to develop skills that would facilitate graduating clinician scientists. The time to complete an MD degree, at Memorial, is four years and the average time to complete a PhD degree is five years; that is a total of nine years. There are currently two students in this program. The first student began the PhD program in 1998, entered the MD program in 2000 and is in the final phase of writing her thesis (she has had two serious health issues during this time); that is, within requisite time. The second student began the PhD in 2000, entered the MD program in 2002 and has completed two years of the MD program and three years of PhD program (this student has also had a health related absence), again on an appropriate timeline for the program. Based on these two students and their progress to date it would seem inappropriate to conclude that the program is not facilitating completion of the graduate degree or that there are problems with the program. It would be premature to either ramp up the program or drop it as an option. It is important to recognize that the MD-PhD program receives close monitoring. The Associate Dean meets regularly with the students in the program (most recent meetings were Dec. 22, 2006 with one student and Jan. 29, 2007 with the other student) and will continue to work closely with the MD-PhD committee, the supervisors and students to review progress. Memorial University is recognized for having a very strong clinical medicine program with the specific aim of training MDs for the province. Therefore, it is unlikely that the MD program will ever switch to a research intensive program. However, Memorial does have the opportunity to offer a unique research experience for interested, exceptional students under appropriate supervision. As part of the Royal College and MD-PhD Society in Canada our MD-PhD students have the advantage of a good MD education, a focused research experience in an established research environment and exposure and interaction with the larger, national MD-PhD community. We believe it would be premature to either ramp-up the program or discontinue it at this time.

Timeline The MD-PhD committee will meet twice during the academic year to review the progress of students currently in the program and students interested in being admitted into the program.

Funding

Recommendations 10, 11 and 13 relate to similar issues of funding and are grouped together with a single timeline.

Recommendation 10. *The Dean of Graduate Studies should wish to look at the situation in the Division of Community Health and Humanities to determine whether an accommodation for funding similar to that used in the Faculty of Arts is justified.*

Response to Recommendation 10 The external review panel highlighted differences in the tradition between a “science” model and “arts” model of graduate student supervision and provided a recommendation related to potential differences in funding strategies. This recommendation actually addresses two aspects of funding policy: one which is determined by the Dean of Graduate Studies Office (the allocation of baseline funding from School of Graduate Studies) and the other which is determined in the academic unit (how individual academic units administer their baseline allocation to students). With respect to the first topic, the Faculty of Medicine currently receives funds based on a formula used for the Faculties of Engineering, Science and Medicine. A different formula is used in the Faculty of Arts which provides a slightly higher allocation per graduate student. The FoM Graduate Studies Committee has discussed the baseline allocation from School of Graduate Studies and would prefer that one formula apply to all, rather than have differential funding structures across campus. The School of Graduate Studies policy regarding allocation of baseline funding is under review by a committee which includes representation from Arts, Education, Engineering, Science and Medicine. It is anticipated that a report will be submitted to the Dean of Graduate Studies in spring 2007. The second aspect addressed by recommendation 10 has to do with how funds are allocated within the FoM. This is left to the discretion of the academic units, within the guidelines established by the School of Graduate Studies, and it would seem that this policy should not change. The FoM (Dean’s office) provides an allotment for graduate student support and this is used together with the allocation made from the School of Graduate Studies. Within the FoM it is the Graduate Studies Committee that has developed the strategy used to support graduate students. This committee will be reviewing funding for the academic year 2007-08 at its spring meetings, based on the recent allocation of funds from the School of Graduate Studies. The model used for our Faculty will take into consideration models used in other academic units on campus as well as other Universities.

Recommendation 11 *Minimum stipends for full-time graduate students should be raised to \$15,000 per annum.*

Response to recommendation 11 As the external panel has indicated the minimum stipend for financial support for graduate students in the FoM has been \$12,000 (pa) for a number of years. For the majority of students the support is based on a combination of funds from the faculty members’ grants and funds from the RGS’ budget for studentships (funds from School of Graduate Studies’ baseline plus FoM). The size of the stipend has remained low because of the small size of grants available to some members of the

faculty (traditionally those in CHH). The amount of the minimum stipend available for graduate students has been reviewed by the FoM Graduate Studies Committee (Feb. 13, 2007) and the following observations made: (1) although it was recognized that the minimum stipend of \$12,000 is low, it was also noted that tuition for graduate students has remained unchanged for some years; (2) many departments at Memorial University (similar to most Universities in Canada) provide either no minimum stipend or only recommend a minimum stipend to their graduate students, we are one of the few academic units that actually provides a minimum stipend to all full time students and (3) many faculty members provide additional financial support to their graduate students. The Graduate Studies Committee will consider these factors and the minimum stipend will be reviewed annually by them.

Recommendation 13 *The Faculty of Medicine and the School of Graduate Studies should explore advantages and disadvantages of different funding solutions related to extension of funding and source of that extended funding.*

Response to recommendation 13 This recommendation is currently being considered by a committee established by the Dean of Graduate Studies to review policies on allocation of baseline funds to the Academic Units. The committee (consisting of faculty members from Arts, Education, Engineering, Science and Medicine) anticipates having a report available to the Dean in the spring 2007. As noted by the external panel the policy within the FoM is to provide up to one additional semester (four months) of support for students in the MSc program and up to two additional semesters (eight months) for students in the PhD program. Changes in the source of funding for these extensions will be determined based on the outcome of the subcommittees report.

Timeline for Recommendations 10, 11, 13 The funding strategy is a priority item and the aim is to have new funding policy in place by the end of March 2007. The first meeting to discuss funding with the program coordinators (CHH and Applied Health Services Research) and Acting Associate Dean of CHH took place Feb. 1; the next meeting of the Graduate Studies Committee took place Feb. 13. If necessary additional meetings will be held in order to meet a deadline of March 31 to have a document on graduate student funding in the FoM.

Recommendation 12 *When graduate student stipends are paid from granting agencies that specify a minimum stipend, that stipend must be honoured.*

Response to recommendation 12 This recommendation is based on a policy of the CIHR that requires that any student funded from a CIHR grant is required to receive a minimum stipend. The policy changed from a recommendation to a requirement over the past couple of years, with no notification to grant holders or the Faculty administrative office (RGS). Since being notified of the policy change by CIHR (fall 2006) the appropriate financial adjustments were made (fall 2006). It should be noted there was no intention by members of the faculty to undermine the CIHR policy.

The Graduate Studies Committee did wish to note three issues of concern with the new CIHR policy. The CIHR does not apply a similar policy to stipends which they

administer for graduate students; that is, studentships directly from CIHR remain less than the required financial support from CIHR grant holders. Secondly, CIHR has had a standard policy of decreasing operating grants by 20 to 40%. Grant holders then have the challenge of providing financial support for trainees and covering costs of doing research. Given this adjustment that CIHR applies to all operating grants it was felt that, the amount available to support trainees may need to be adjusted, accordingly, to provide adequate funds to cover both stipends and operating costs. Finally the two other national granting councils (NSERC and SSHRC) do not apply a similar policy.

Timeline This recommendation has been done.

Recommendation 14 *All graduate students completing their program on a full time basis must enroll as such, and be supported accordingly.*

Response to Recommendation 14. The external panel heard that students in CHH were being required to register part-time because of lack of funds available for full time graduate student support. This has been a concern in the program in CHH and therefore has been closely monitored by the Associate Dean and program coordinators over the years. In Sept.-Oct. 2006, the files for all graduate students in the program were reviewed by the Associate Dean and program coordinator to verify that all students registered as part-time are indeed part-time, with full time employment or commitments elsewhere. This will continue to be done on a semester basis. It should be noted that faculty in CHH have a very strong commitment to their graduate students and that there has been no intention by members of CHH to “dodge” their responsibilities to students. The nature of financial support for student projects in this program has been different than that in the biomedical and clinical programs. As described above the funding strategy for graduate students in the FoM is under review and will take into consideration options from the different graduate areas.

Timeline Completed in fall 2007.

Recommendation 15 *Funds for student travel to conferences for the purpose of presenting their research should be increased.* **Recommendation 16** *Procedures for obtaining travel advances and reimbursement should be reviewed and revised as necessary to facilitate students having the necessary funds as quickly as possible.*

Response to recommendations 15 and 16. Both recommendations are useful and important. Information on travel awards for graduate students over the past five years was provided in Section 3.2 of the Self Study Report. Because of a substantial increase in the graduate student class size the demands on a small envelop of money have increased. An increase in funds available for travel has been an ongoing request from RGS to the FoM for the past three years (Oct. 8, 2004; Sept. 16, 2005 and Aug.30, 2006). Requests will continue to be made within the Faculty for an increase in funds for students to attend research meetings.

Difficulties in students receiving timely advances or reimbursements with respect to travel often occur because of a lack of familiarity with the process. The Associate Dean and Administrative Assistant will set-up a time in the fall to review, with the graduate

students, standard practices such as this to facilitate paper work required for reimbursement.

Timeline The request for an increase in travel funds will be included in the next budget submission in the summer of 2007 to the FoM. The Associate Dean and Administrative Assistant will set-up a time in the fall to review standard procedures with the graduate students.

Indicators of Quality

Recommendation 17 *A strategic plan for the recruitment, promotion, documentation, recognition, exposure and reward of excellence should be developed and implemented, including*

Response to recommendation 17 The recommendations included under 17 cover a number of areas which are of importance to the FoM. Some of the items which are bulleted are currently in place but the information appears either to have not been made available or perhaps the external panel received mis-information.

- **Recruitment:** We have an annual open house to recruit Memorial students to our graduate programs in the FoM which is attended by 60-100 students. This has been very successful with an increase in the number of local students enrolling in our graduate program. A strategy to recruit graduate students from outside Memorial University has not been in place for a number of years because of the large number of requests that are currently received by the graduate programs in FoM (through the Office of RGS as well as through each of the areas of concentration). The Associate Dean will continue to participate in University-based strategies for recruitment (most recent Jan. 30, 2007).
- **Promotion, documentation, recognition, exposure and reward of excellence.** *That the value of awards be enhanced through their presentation at a high-profile/well-attended event within the Faculty of Medicine.* As noted in the Self-Study Report (Section 1.2 Awards and Honours) the FoM hosts an annual awards ceremony for graduate students. This event which has included recognition of achievements for medical and graduate students has been held for over ten years. In addition an awards ceremony is held at the time of Convocation by the School of Graduate Studies. In addition, the FoM provides a weekly update on the webpage of awards to Faculty members and students. This year an awards luncheon for graduate students has been scheduled for March 22, 2007.
- **Increased incentives to obtaining nationally vetted studentships.** The external panel summarized that there are relatively few external awards won by graduate students in the FoM. The proportion of full time graduate students receiving external awards over the past three years has been between 7-8%. The national average is higher than this and as the external panel, rightly points out we should set our goals at higher achievements. Students and faculty will continue to receive information on national funding opportunities from the School of Graduate Studies and RGS. The School of Graduate Studies also provides annual sessions to mentor students in applying for national granting council awards. Although these activities provide information on opportunities for graduate students they do not constitute an active incentive for

students to apply for external funding. The Graduate Studies committee will be asked to develop a strategy to increase the number of applications for national awards. A timeline to address this activity will be developed at a spring (2007) committee meeting.

- *Application for a CIHR STIHR grant.* The CIHR Strategic Training in Health Research has been in place for a number of years and we currently have two students funded through this program. Faculty members have in the past applied for STIHR grants but have not been successful. We will again consider an application for a STIHR grant at the up-coming competition which is due to be launched in June 2007.
- *Strategic re-direction of some existing funds for recognition of excellence AND Judging/rewarding excellence at the annual Research Day (this could be a responsibility of the Program Chairs, collectively).* As reported in the Self-Study (Section 1.2 Awards and Honours, page 13) the FoM provides an annual monetary prize for the best MSc and PhD student. In addition, annually, each graduate area awards a program prize(s) for excellence based on seminar presentations by the students. As a result of these awards it was felt that the option of judged awards at the Annual Research Days was not necessary; however this option will be reviewed annually.
- *Implementing travel supplements with awards of research excellence.* There is currently one named travel award (Barrowman Graduate Travel award for students in the Division of CHH) and a second travel award is now being finalized (Dr. Ian Bowmer Graduate Travel Award available for all students). With respect to travel funds available through the RGS Office the Graduate Studies Committee believes that providing a small amount of support to as many students as possible was of more advantage than providing large awards to a small number of students (meeting Feb. 13, 2007).
- *Systematic documentation of relevant measures of student excellence and tracking of graduates' careers.* Documentation of student achievements and excellence is handled through the RGS Office. It relies upon information being supplied from faculty and students to the office. Regular semester requests will be sent to Faculty members to solicit information on student activities and awards beginning in the summer semester.
- *That the teaching competence of graduate students be encouraged and recognized.* There is a small amount of teaching opportunity available in the FoM for graduate students; although students are encouraged to participate where possible. This will continue to be encouraged and the degree of graduate student teaching will be collected once each semester by the Office of RGS. In the fall 2007, with input from the course chairs, a mechanism will be developed to recognize graduate student contributions to teaching.

Recommendation 18 *The Office of the Associate Dean (Research and Graduate Studies) should be resourced adequately to support the additional work envisioned in these recommendations.*

Response to recommendation 18 The Associate Dean will develop a budget for items in recommendation 17 and will include this in the annual budget submission to the Finance office in the Faculty of Medicine.

Program Evaluation

Recommendation 19 *Supervision expectations and professional development should be assessed, and identified issues addressed, within the Faculty of Medicine (overall and by program) and SGS.*

Response to Recommendation 19 This is an important recommendation which needs to be implemented for new and current members of Faculty and will be done so in conjunction with the Office of Faculty Development. Discussions have already begun in this respect (Jan. 25, 2007) and it is anticipated we will provide a session in the fall 2007. The Associate Dean currently utilizes the Faculty Lunchtime Seminar series to bring attention to matters related to Graduate Studies to the faculty and students. Some of these sessions have included presentations on the Graduate Research Integrity course (three presentations: March 12, 2003; April 11, 2006; Feb. 13, 2007), the Graduate Teaching Program (March 12, 2003) and the relationship of graduate students and faculty on issues of intellectual property (Dec. 12, 2006).

Timeline The Associate Dean will meet with the Office of Faculty Development over the summer 2007 to schedule sessions for faculty through the academic year.

Recommendation 20 *Courses should be evaluated both on an individual basis and in terms of the overall program of learning. Different strategies may need to be explored to ensure useful evaluation data is obtained.*

Response to recommendation 20 As the external panel has pointed out it is important to evaluate and receive feedback from students about the courses and program of study. Some of the areas of concentration have a method of evaluation for students; other areas, in which enrollment in courses is quite small, rely on student feedback and annual faculty review of the course. The Associate Dean, with input from the Graduate Studies Committee, will develop an electronic evaluation form (electronic exit interview) for feedback from students as they graduate from the program.

Timeline The exit interview form will be developed over the summer 2007. The target date for developing a method of course evaluation will be fall 2007.

Communication and Administration Issues

Recommendation 21 *The website should be updated and become a strategic tool in the recruitment and retention of excellence.*

Response to recommendation 21 Maintaining an up to date website is always a challenge and we will continue to work to improve this source of communication. The secretary to the Associate Dean is responsible for making updates to the RGS website. The program coordinators will ensure that websites are updated and that appropriate material is available on the web for prospective and current students.

Timeline The website changes are ongoing.

Recommendation 22 *The Faculty of Medicine should reassess its policies and procedures related to signing off on admissions, and other possible reasons for delays, and identify strategies to address them.*

Response to recommendation 22 The Office of RGS and Graduate Student Committee recognizes the problem of signing off on admissions and the actual or potential loss of students because of timely responses. One solution would be to establish an Admissions Committee (of possibly three members) as a subcommittee of the Graduate Studies Committee who will review applications. This option or other options will be reviewed by the Graduate Studies Committee.

Timeline The proposed graduate student admissions committee will be discussed at a spring meeting of the FoM Graduate Studies Committee. This or an alternative solution will be put in place by summer 2007.

Recommendation 23 *The Faculty of Medicine should explore the advantages and disadvantages of different ways of structuring student-related committees, and revise its policies and procedures accordingly.*

Response to recommendation 23 This recommendation deals with the various examination committees available for the students, not student committees. Students have two possible examination committees: the theses examination board and the comprehensive examination board. Membership on these committees does not normally include members of the student's supervisory committee; although some members of faculty would prefer that the supervisory committee be more involved in the examination committees. This topic has been discussed informally by the faculty members for many years. Based on this recommendation we will bring this forward as an agenda item to the Graduate Studies Committee, with input from the faculty through their respective program coordinators or written submission to the Associate Dean.

Timeline The structure of the graduate examination committees will be addressed as an agenda item with the Graduate Studies Committee in the Fall 2007. Any changes in policy would be established before the end of the fall semester.