FACULTY BOARD

Thursday, February 15, 2018

4:30 p.m. – 6:00 p.m.

SCHOOL OF MEDICINE BUILDING, ROOM 132A

AGENDA

Item	Topic	Presenter	OUTCOME REQUIRED		
			Information	*Discussion*	*Decision*
1	Call to Order	D. Edge	√		
2	Approval of Agenda	D. Edge		√	√
3	Approval of Minutes of Previous Meetings of February 15th 2017	D. Edge		√	√
4	Dean's Report "State of the Faculty"	C. Simpson	√		
5	"Research as Noojimo Mikana (a Healing Path) in an Era of Reconciliation"	C. Bourassa	√	√	
6	Revision to CPD Advisory Committee Terms of Reference	R. Van Wylick	√	√	√
7	Office of Professional Development and Educational Scholarship	L. Flynn	√		
8	Nursing Course – NURS 103/3.0 for approval	J. Medves	√	√	√
9	Revisions to SON Committees	J. Medves	√	√	√
10	BHSc On-Campus Proposal	M. Adams	√	√	√
11	Approvals by Faculty Board Executive	D. Edge	√		
12	Senator Vacancies	D. Edge	√	√	√
13	New Faculty Board Chair	D. Edge	√		
14	Adjournment	D. Edge	√		√

CIHR IRSC

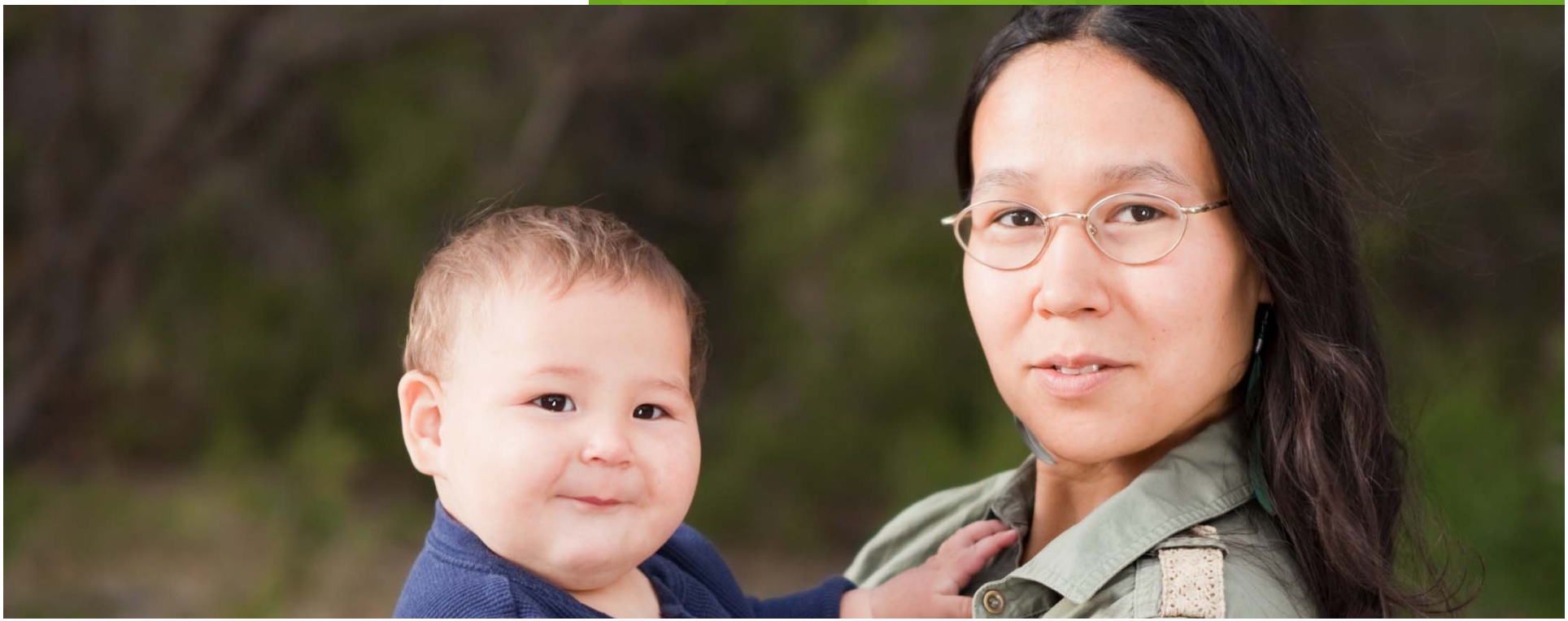
Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Research as Noojimo Mikana (A Healing Path) in an Era of Reconciliation

February 15th, 2018

Queen's University

Discoveries for life / Découvertes pour la vie



I would first like to begin by acknowledging that the land on which we gather is the traditional territory of the Anishinaabeg and Haudenosaunee people.

The State of Indigenous Peoples' Health

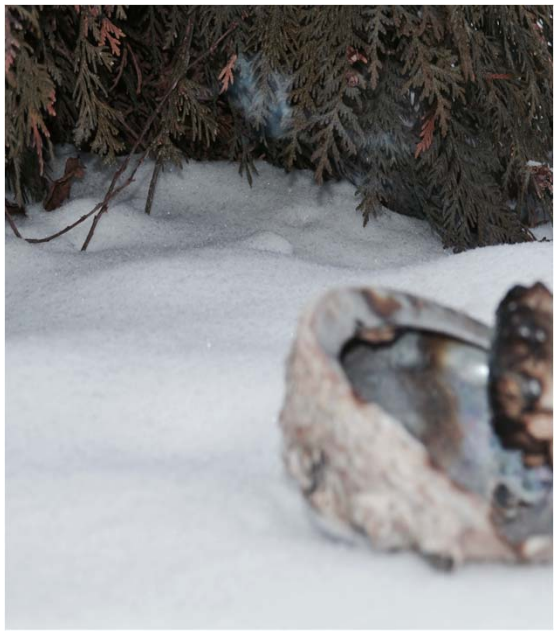
Preventable deaths due to circulatory diseases (23% of all deaths) and injury (22% of all deaths) account for a near **staggering 50% of all death**s.

For First Nations ages 1 to 44, the most common cause of death was **injury and poisoning**. The primary cause of death for children less than 10 years was classified as unintentional (accidents).

Suicide rates for Aboriginal youth range from **5-7 times higher** than the national average.

The potential years of life lost from injury alone was more than all other causes of death and was almost **3.5 times** than that of the general Canadian population (Health Canada, 2008).

The State of Indigenous Peoples' Health



- The mortality rate due to violence for Aboriginal women is **3X the rate** experienced by all other Canadian women.
- Aboriginal women with status under the Indian Act & who are between the ages of 25 & 44 are **5X more likely to experience a violent death** than other Canadian women in the same age category (Amnesty Int' l, 2004)
- Six in 10 (59%) Aboriginal female spousal violence victims reported injury, while about 4 in 10 non-Aboriginal female victims were injured (41%) (StatsCan, 2013).
- Aboriginal women aged **15 and older are 3.5 times** more likely to experience violence (defined as physical and sexual assault and robbery) than non-Aboriginal women; **3 times** more likely than non-Aboriginal women to experience spousal assault (physical or sexual assault and threats of violence) and nearly **one-quarter of Aboriginal women experienced some form of spousal violence** in the five years preceding the 2004 General Social Survey (Statistics Canada, 2006).

The State of Indigenous Peoples' Health

- Aboriginal women are also more likely to experience emotional abuse than non-Aboriginal women (Statistics Canada, 2011).
- The Standing Committee on the Status of Women's (2011) report on violence against Aboriginal women entitled *Interim Report Call Into the Night: An Overview of Violence Against Aboriginal Women* noted that: there is a normalization of violence within Aboriginal communities and also stigmatization; that root causes of violence such as colonization and residential schools need to be examined; and **there is a need to focus on a holistic, community-based approach with an emphasis on culturally-appropriate programming, services and resources**.
- Aboriginal women are greatly over-represented in HIV/AIDS statistics, yet there is a startling lack of gender-specific, Aboriginal-specific, HIV/AIDS resources, programs and services to support them.
- The rate of new HIV infections among Aboriginal women in Canada has been steadily increasing over the past two decades.
- Aboriginal women now account for **approximately 50% of all HIV-positive test reports** among Aboriginal people, **compared with only 16% of their non-Aboriginal counterparts.**

The State of Indigenous Peoples' Health

- Status First Nations women are five times as likely as non-Aboriginal women to be non-participants in the labour force (Statistics Canada, 2001)
- Aboriginal women have lower incomes, less formal education, live in poorer housing, have lower health status, & have a greater chance of becoming lone parents.
- 43% of Aboriginal women live in poverty*
- *Canadian Research Institute for the Advancement of Women, 2002.
- UN Special Rapporteur: "Poverty affects some 3 million Canadians, of whom more than 600,000 are children. In First Nations families, one in four children live in poverty." http://www.srfood.org/images/stories/pdf/officialreports/201205_canadaprelim_en.pdf
- Suicide rates for Indigenous people is 2.1x the national rate; **for Indigenous women, 3x the national rate** and **for status First Nations youth age 15-24 8x the national rate (female)** and **5x the national rate (male)** (AHF, 2007; Health Canada, 2002)
- **Does History Matter? As the Canadian Research Institute for the Advancement of Women (CRIAW) notes:**
- ***"Racism and sexism combine to produce more economic inequalities for racialized women than experienced by either white women or racialized men" (2002).***

Root Causes of Ill Health Among Indigenous People

- Disparities in health exist on the basis of race in Canada (Lasser et al, 2006). Racism, oppression, historical legacies and government polices continue to perpetuate the ongoing state of Indigenous Peoples‘ health inequities in many Indigenous communities (Virginia Department of Health, 2013).

- Indigenous Peoples carry an inordinate burden of health issues and suffer the worst health of any group in Canada. Beyond that, Indigenous people experience the poorest living conditions, inequitable access to education, food, employment and healthcare/health services in a country that reliably ranks in the top ten on the United Nations human development index (Diffey and Lavallee, 2016; Allan & Smylie, 2015; Reading & Wien, 2009)

Root Causes of Ill Health Among Indigenous People

- This racism is rooted in our colonial history and the processes that have – and continue to – disconnect Indigenous communities from their lands, languages, and cultures (Diffey and Lavallee, 2016; King, Smith, & Gracey, 2009; Commission on Social Determinants of Health, 2007).

  However, Indigenous people are resilient, we do have greater capacity to undertake research and we have far more community engagement and direction than ever before.

- One of the immediate priorities of the institute is to engage Indigenous grassroots communities to ensure the priorities identified truly do reflect community priorities. Communities are also very keen to see strengths and asset based solutions and that included research initiatives.

Indigenous Peoples' Health: Federal Government Priority

All ministerial mandate letters acknowledge it is time for a nation-to-nation relationship with Indigenous Peoples

The federal government has committed to a renewed nation-to-nation process with Indigenous Peoples based on recognition, rights, respect, co-operation, and partnership.

> We are determined to make a real difference in the lives of Indigenous Peoples – by closing socio-economic gaps, supporting greater self-determination, and establishing opportunities to work together on shared priorities.
>
> We are also reviewing all federal laws and policies that concern Indigenous Peoples and making progress on the Calls to Action outlined in the Final Report of the Truth and Reconciliation Commission.
>
> -Justin Trudeau

Action Plan: Building a healthier future for First Nations, Inuit, and Métis peoples

In November 2016 CIHR's President announced a commitment to implement a series of concrete actions to further strengthen Indigenous health research in Canada:

Key commitments include

- Increasing our investments in Indigenous health research to a minimum of 4.6% (proportional to Canada's Indigenous population) of CIHR's annual budget, and developing performance indicators to validate it;
- Creating impactful strategic initiatives aimed at improving the health of Indigenous Peoples and seek to grow these investments as research capacity and additional financial resources allow;
- Work with other federal research councils to develop strategies to strengthen Indigenous research capacity development through training and mentoring along the entire career continuum from undergraduate to postdoctoral levels.

Indigenous health research at CIHR

Research in any field or discipline related to health and/or wellness that **is conducted by, grounded in, or engaged with, First Nations, Inuit or Métis communities**, societies or individuals and their wisdom, cultures, experiences or knowledge systems, as expressed in their dynamic forms, past and present.

Researchers who conduct Indigenous research, whether they are Indigenous or non-Indigenous themselves, commit to respectful relationships with Indigenous peoples and communities.

CIHR Institute of Aboriginal Peoples' Health

- Fosters the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Métis peoples in Canada
- Support research, knowledge translation and capacity building
- Ensure pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledge, values and cultures

CIHR Institute of Aboriginal Peoples' Health

- Dr. Carrie Bourassa is the Scientific Director of IAPH
- The Institute of Aboriginal Peoples' Health is located at Health Sciences North Research Institute (HSNRI) located in Sudbury, Ontario
- IAPH collaborates actively with the other 12 CIHR institutes to address the health issues facing Indigenous populations in Canada

Strategic Focus

- To propel First Nations, Inuit and Métis Peoples and communities to drive First Nations, Inuit and Métis health research and knowledge translation

- To transform First Nations, Inuit and Métis health using Indigenous Ways of Knowing, and the guiding principle of reciprocal learning

- To advance beyond acknowledged notions of health equity and give primacy to wellness, strength and resilience of First Nations, Inuit and Métis Peoples

What do we need from YOU?

- A guiding principle of IAPH is that we seek advice from the communities we serve – given that:
- *What are YOUR research priorities?*
- *What are the strengths in your communities that IAPH and CIHR overall can and should build on?*
- *Are there any barriers in applying to funding opportunities that we should be aware of?*
- *We need to work in partnership and collaboration – how can we best do this?*
- *IAPH is interested in supporting KT both integrated KT and end-of-grant KT and would like to hear communities' thoughts in this area*

1. Mental Wellness & Prevention

- Focus on mental wellness
- Promote Indigenous approaches through land-based healing to wellness strength and resilience for First Nations, Inuit and Métis Peoples.

2. Non-Communicable Diseases

Address the issue of rising prevalence of non-communicable diseases - including cardiovascular diseases, respiratory diseases, diabetes, and mental health issues – in First Nations, Inuit and Métis Peoples.

3. Mentorship and Networks

- Create distinctive and culturally relevant learning and mentoring activities to support mechanisms, attend to the psychosocial needs of trainees and New Investigators, and identify systems and barriers hindering First Nations, Inuit, and Métis trainees and New Investigators in Indigenous health research

- Build research capacity in the First Nations, Inuit and Métis communities

- Support partnerships/alliances of Indigenous communities and non-Indigenous health research groups (local, regional, national & internationally)

4. New Initiatives: I-HeLTI

Development Grants for the Indigenous Component of HeLTI (Healthily Life Trajectories Initiatives)

- Supports communities to come together with relevant organizations to establish needed expertise to support Indigenous-driven research and will provide support for workshop preparation activities.

- First stage of a longer-term initiative whose objective is to enable the development of Indigenous-focused interventions designed to *improve health outcomes across the lifespan for Indigenous boys, girls, women, men, gender-diverse and Two-Spirit individuals in Canada.*

5. New Initiatives: NEIHR

Network Environments for Indigenous Health Research

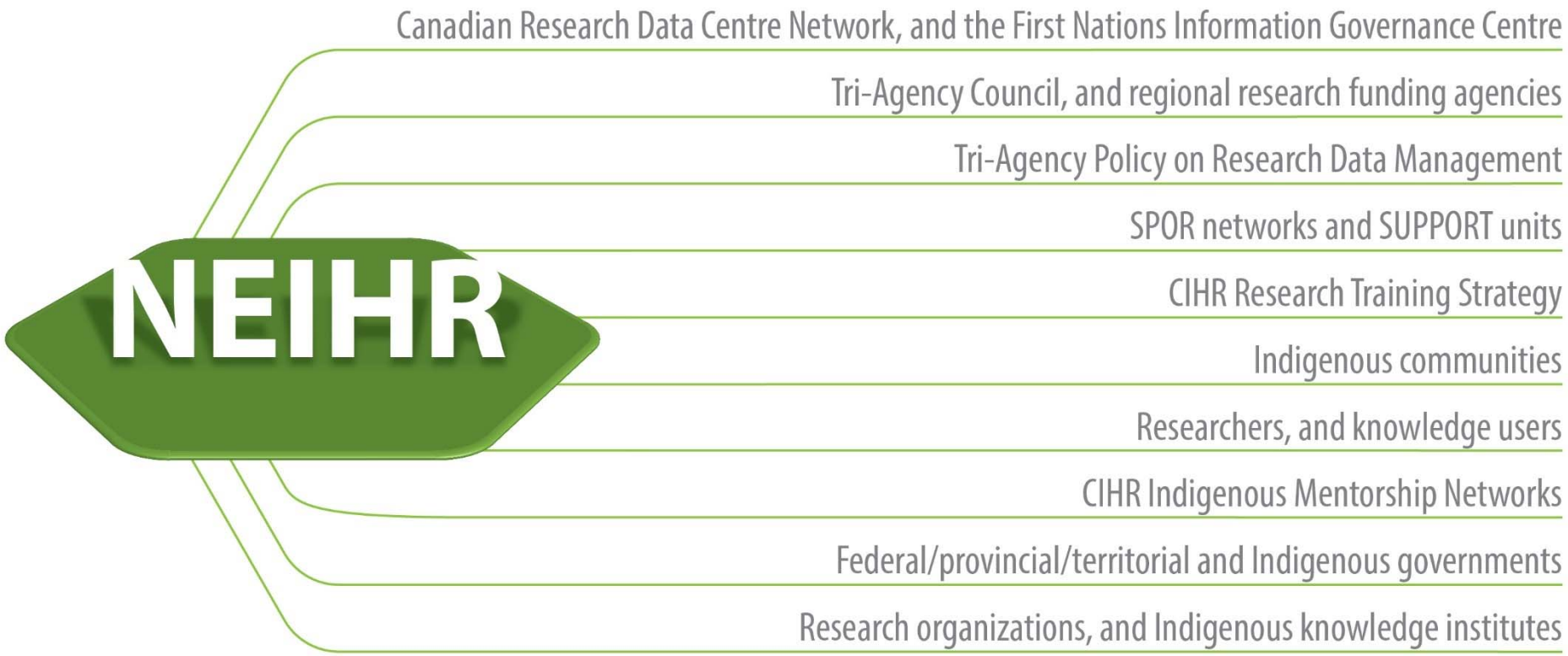
- A 15-Year Initiative → Long-term networks will support new and existing sustainability efforts and will ensure that research outcomes are effectively translated to improve the health of Indigenous Peoples
- Supporting Indigenous Communities, and Indigenous & Non-Indigenous Researchers, Knowledge Users, Groups and Organizations
- NEIHR will establish a foundation for Indigenous health research driven by and grounded in Indigenous communities

Listening to Communities, Policy Makers and Multi-Stakeholder Groups: Strong Support for NEIHR

- Valuing First Nations, Inuit & Metis and multigenerational perspectives
  - To date, IAPH completed 16 Indigenous community engagement sessions in urban, rural, remote & northern settings
- Listening to multi-sectoral groups in Canada and abroad
  - To date, IAPH engaged over 40 groups, including researchers, non-governmental organizations, policy makers, and private foundations (e.g., CIHI, CINA, HC-FNIHB, NADA, PHAC)
  - NEIHR will send a strong message around the world that CIHR continues to be a leader in supporting innovative approaches in Indigenous health research and capacity building
- Valuing multi-sectoral perspectives and providing a platform for partnership and collaboration between Indigenous and non-Indigenous multi-stakeholder groups
  - NEIHR will help develop meaningful partnerships & foster a new generation of allies to conduct scientifically excellent & ethical health research with Indigenous Peoples
- Responding to the recommendations of Canada's Fundamental Science Review & the Truth and Reconciliation Commission of Canada
  - NEIHR will be the mechanism by which the four granting councils can collaborate, promote and provide long-term support for Indigenous research guided by the TRC Calls to Action
- Acting on the advice from CIHR Institute Advisory Board meetings
  - In June 2017, the meeting of the IAB on Indigenous Peoples' Health identified that the sun-setting of the NEAHRs was detrimental

NEIHR is more than a network to build capacity, conduct research and translate knowledge – it's also a platform

Network Environments for Indigenous Health Research



CIHR IRSC

Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Discoveries for life / Découvertes pour la vie

Terms of Reference

The CPD Advisory Committee advises Faculty Board on matters related to the operation and direction of the Office of Professional Development and Education Scholarship, including recommending policies and practices guiding the Office's operation.

Committee Responsibilities

1. Advise on the development and monitoring of an appropriate mission, vision and strategic plan for the Office

2. Ensure educational and other activities of the Office are consistent with its stated Mission and Vision, and the Mission and Vision of the Faculty of Health Sciences.

3. Recommend to Faculty Board the approval of policies that, at a minimum:

    - Ensure an effective organizational structure of the Office commensurate with its role in the Faculty of Health Sciences
    - Ensure sound and ethical fiscal and other arrangements exist between the Office and industry, private and other partners

4. Ensure that the Office supports and enhances the quality of care provided by health professionals through educational and scholarly activities that are based on sound research, pedagogic and evidence-based principles.

5. Ensure that appropriate partnerships exist between the Office, key stakeholders within the Faculty of Health Sciences, and external bodies, including:

    - Health professionals
    - Regulatory Agencies
    - Funding Agencies
    - The College of Family Physicians of Canada
    - The Royal College of Physicians and Surgeons of Canada
    - The Canadian Nurses Association
    - Physiotherapy Education Accreditation Canada
    - The Canadian Physiotherapy Association
    - The Canadian Association of Occupational Therapists
    - Other relevant regulatory bodies for Registered Health Professionals

6. Advise on the necessary requirements to ensure that Queen's University meets the accreditation standards of the Committee on the Accreditation of Canadian Medical Schools for Offices of Continuing Education.

7. Report to Faculty Board at least annually.

Membership

Membership of the Continuing Professional Development Advisory Committee will represent a broad spectrum of stakeholders with the necessary knowledge and skill to effectively discharge the duties of the Committee.

Members will ordinarily serve for a 3 year term, staggered for continuity, and renewable once

The Committee will be chaired by the Associate Dean

The Chair may invite guests necessary to the conduct of the meeting.

The Office Manager will act as secretary to the Committee

Appointed by Faculty Board:

- Three faculty representatives from Clinical departments in the School of Medicine
- One faculty member from the School of Nursing
- One faculty member from the School of Rehabilitation Therapy
- One faculty member at large with an interest in Global Health
- Three community-based healthcare practitioners from the regulated health professions, at least one of whom will hold certification with the College of Family Physicians of Canada
- One Medical Education Scholar

Ex-officio:

- Vice-Dean Education, Faculty of Health Sciences
- Director, Faculty Development
- Director, Health Sciences Education
- Director, Global Health

Appointed by the Associate Dean:

- One Patient Representative

Meetings

The Continuing Professional Development Advisory Committee will normally meet no more than 4 times per year and no less than 2 times per year.

Decision Making

The Committee will make recommendations to Faculty Board on the basis of consensus. Where consensus cannot be achieved, matters will be referred to Faculty Board for resolution.

Revised terms approved by Faculty Board Executive May 22, 2015
Membership revised, changed four clinical faculty representatives from clinical departments to three – SOMAC, May 20, 2014 and Faculty Board Executive June 3, 2014
Membership revised (added a Patient representative (non-voting) – Faculty Board February 7, 2013
Revision approved by Faculty Board Executive – June 13, 2012
Revised May 15, 2012 - SOMAC
Associate Dean Medical Education title changed to Vice-Dean Medicine Education as of 1 January 2009
CME changed to CPD and Nursing and Rehab Faculty added to Membership October 5, 2006
Membership change – May 6, 2004 Faculty Board
New Terms of Reference – October 2000

MOTION:

To approve NURS 103/3.0 Philosophy and Healthcare in place of Philosophy 151, Effective Fall 2018

Course Description:
This course offers both an introduction to works concerning central philosophical issues including the nature of knowledge, existence, self, ethics, morality and justice and the mind-body relationship and a focus on the philosophy of science and scientific progress and critical thinking. Students will study classical and contemporary works from pre-socratic to modern philosophers. Clinical cases and examples will be used to stimulate discussions regarding the differences between belief and attitude, the objective and subjective and truth and validity.

Rationale:
Philosophy 151 was integrated into the undergraduate curriculum for the past three years. This humanity course was selected in attempts to challenge students to critically think and view things from different perspectives. During this time, students have struggled with identifying the relevance and applicability to the Nursing profession. The Undergraduate Curriculum Committee hopes to rectify this disconnect with students by having a Faculty member from the School of Nursing teach the course. Through the use of clinical case studies and clinical examples, students will gain an increased understanding of the relevance of philosophy within the realm of healthcare and the profession of nursing. In addition, offering the course through our school will be financially beneficial to the School of Nursing.

In the Fall of 2018, the first-year course will be offered to nursing students only. We will reassess as to whether the course would be open to registration from non-nursing students.

Queen's University, School of Nursing

Undergraduate Curriculum Committee

Terms of Reference

1. To ensure that the curriculum enables students to achieve the stated program goals.

2. To ensure the curriculum meets the standards for accreditation set by the Canadian Associate School of Nursing.

3. To coordinate discussions with teaching teams in each year of the program to ensure consistency across the curriculum, avoid duplication of content, and ensure all courses contribute to the overall goals and standards of the SON undergraduate program.

4. To review proposed changes to course objectives and/or major areas of content in order to assess the impact of such changes on the curriculum.

5. To monitor and utilize curriculum evaluation.

6. To recommend curriculum changes to Academic Council.

Membership

- Associate Director, Undergraduate Programs (Chair)
- Three faculty
- Two undergraduate students.

- Ex-officio (non-voting)
  - Bracken Library representative
  - Invited guests

Deleted: <#>Glaxo Wellcome Clinical Education Centre (CEC) representative¶
<#>Interprofessional Education and Practice (OIPEP) representative¶

Revised: October 29, 2014
Approved at Academic Council, October 14, 2009, Faculty Board, Faculty of Health Sciences, May 13, 2010
Revised: October 27, 2014. Approved at Academic Council November 5, 2014.
Revised: Approved at Academic Council January 17, 2018

Queen's University, School of Nursing

Program Evaluation Committee

Deleted: Undergraduate

Terms of Reference

1. To monitor the program evaluation plan for Undergraduate, Graduate and Healthcare Quality programs.

   Deleted: (see Blueprint for Evaluation of the BNSc Program).

2. To advise on resources required for program evaluation activities.

3. To serve as a resource and coordinate program evaluation activities.

4. To collaborate and liaise with the Undergraduate Curriculum Committee, the Undergraduate Student Admissions Committee, the Undergraduate Student Academic Progress and Graduation Committee, the Graduate Program Committee, the Healthcare Quality Program Committee and other committees as necessary.

5. To report to the Academic Council and to the relevant committees, with any necessary recommendations.

   Deleted: Undergraduate

6. To collect and prepare data for candidacy review, including but not limited to CASN Accreditation, CNO Program Approval and internal reviews as required by Queen's.

Deleted: <#>To report the evaluation outcome to the Nursing Science Society annually.¶
<#>¶

Membership

- Vice Dean (Health Sciences) and Director, School of Nursing (Chair)
- Associate Director, Undergraduate Programs
- Associate Director, Graduate Nursing Programs
- Associate Director, Healthcare Quality
- Two faculty members (minimum one tenured/tenure track faculty) for a three-year term.
- One staff member for administrative support (alternate years between Undergraduate/Graduate/Healthcare Quality staff)

Deleted: Director, Undergraduate Coordinator, and the Undergraduate Academic Advisor.¶

Revised and approved at Academic Council, September 20, 2006
Revised and approved at Academic Council, November 1, 2017

Queen's University, School of Nursing

Student Awards Committee

Preamble

The Student Awards Committee has oversight over undergraduate School of Nursing student awards. The Nursing graduate and Health Quality student awards will be managed by the Associate Director Graduate Nursing Programs (& the Nursing Graduate Program Committee), and the Associate Director Health Quality Programs (& the Health Quality Graduate Program Committee) as applicable. The Associate Directors will submit an annual report of graduate student awards in the Nursing and Health Quality programs to the Student Awards Committee for reporting purposes only by the end of October each year.

Terms of Reference

1. To review procedures for awards administered and/or recommended through the School of Nursing.

2. To develop terms of reference for new awards and recommend these to Academic Council.

3. To select potential recipients of undergraduate awards administered through the School of Nursing, in consultation with the Associate Director, Undergraduate Nursing Programs, when the criteria involve more than academic standing. *

4. To notify the applicants of the result of undergraduate awards administered through the School of Nursing.

5. Student Liaisons. The Committee will maintain a liaison to the Nursing Science Society (NSS) to promote availability and procedure for award application. This is achieved via the membership of one upper level NSS executive member undergraduate student.

6. External Liaisons. The Committee will maintain a liaison with the Faculty of Health Sciences Development Officer, and with the Student Awards Office.

7. To report to Academic Council the recipients of the awards administered and/or recommended through the School of Nursing for both undergraduate and graduate awards.

8. To submit to Academic Council an annual report on the business of the Committee.

9. Databases. To create and maintain a database of all undergraduate nursing awards to facilitate, including but not exclusive to, review of available funds and application deadlines.

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<#>To maintain liaison with the Nursing Science Society regarding background, availability, and procedures for application of awards administered through the School of Nursing.¶

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10. To annually review the undergraduate awards section in the School of Nursing Calendar and School of Nursing website annually for revisions or changes.

*Awards will be treated as confidential and only faculty will participate in the selection process.

Membership

Three faculty members, one upper level NSS executive member undergraduate student, one Undergraduate Program Coordinator, and the Coordinator, Technology & Instructional Design.

Special Procedures

Minutes are confidential unless they relate to policy discussion.

If an agenda item is confidential and should be discussed in Closed Session, students shall leave the meeting unless requested by the Chair to remain.

Approved at Academic Council, May 8, 2013, effective immediately.
Revisions approved at Academic Council January 17, 2018.

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SUMMARY - UNDERGRADUATE PROGRAM - MAJOR MODIFICATION PROPOSAL

Name of Existing Program:	Bachelor of Health Sciences (Honours and General)
Academic Unit(s):	Faculty of Health Sciences
Proposed Implementation Date:	September 2019

✓ **Significant changes to the existing mode(s) of delivery (*e.g. different campus, on-line, blended learning, inter-institutional collaborations, etc.*)****

Major Modifications: Description of Existing Program, Nature of the Major Modification, and Rationale for Proposed Change

- This proposal requests approval for a direct-entry, on-campus version.
- The online Bachelor of Health Sciences (BHSc) degree program is approved for both honours and general.
- Demand for both an online and an on-campus BHSc program is high - environmental scans (Queen's Business Consulting (2015), Academica Group (2017)).
- BHSc programs are currently extremely high yield programs across Canada, attracting high quality students interested in advancing their career opportunities in the health care sector.
- Vice-Provost and Dean of Student Affairs has stated that recruitment data fully supports that an on campus BHSc program would be highly sought after by highly qualified students.
- The curriculum, degree level expectations, and learning outcomes will remain the same as the existing approved program.
- The discussions regarding this proposal for an on-campus BHSc program have included: the Provost, Vice-Provost (Teaching and Learning), the Dean, Vice-Dean (Education) and Associate Dean of Life Sciences and Biochemistry from the Faculty of Health Sciences, the Dean and the Assistant Dean (Studies) from Arts and Science, and the Vice-Provost and Dean of Student Affairs.
- FHS has committed the required resources, including teaching faculty, teaching assistants, and classroom space.

Mode of Delivery

- The delivery of course content will include face-to-face, blended and fully online components.
- The on-campus versions of the core courses will normally be delivered in a flipped classroom format.
- Option courses can either be taken on campus or online.
- As the BHSc degree program has a competency-based curriculum, all course assessments have been designed to align with the program's core competencies as well as the course and program learning outcomes (core competencies: advocate, collaborator, communicator, leader, professional, and scholar).

Anticipated Enrolment

Each year of entry: 75/25 Domestic/International or 50/50 Domestic/International (Provost's decision)

YEAR	MTG. DATE	ITEM	APPROVED
2017	01-05-17	BHSc Omnibus report for FB approval	approved via email
	01-05-17	Replacement for Michael Rauh on the MD/PhD committee by Graeme Smith	approved
	01-05-17	Undergraduate For-Credit Certificate Proposal Approval	*not approved*
	15-05-17	Jennifer Medves continuing as Senator for SON	approved
	15-05-17	SON and SOM degree list approved	approved via email
	15-05-17	Postgraduate Tribunal membership	approved via email
	31-07-17	BHSc Omnibus Report for Faculty Board Approval	approved via email
	06-10-17	SON degree list approved	approved
	06-10-17	SON Program name change from BNSc “Advanced Standing Track” program be changed to “Accelerated Standing Track”	approved
	06-10-17	Admission Policy for First Generation Candidates - SON Policy	approved
	20-11-17	BHSc Omnibus report for FB approval	approved via email
	30-11-17	Approval of SOM Nominating Committee members - 2 vacancies	approved via email
2018	15-01-18	Approval for major modification of our BHSc online program to Faculty Board Executive	approved via email