FACULTY BOARD, FACULTY OF HEALTH SCIENCES

Minutes of Meeting March 7, 2002

BioSciences Complex, Room 1103 @ 5:00 p.m.

The meeting was called to order by Dr. A. Clark at 5:06 p.m. with 27 members present.

1. <u>Announcements</u>

Dean D. Walker announced that PAIRO has nominated three members of faculty for the PAIRO Excellence in teaching award. The nominees are Drs. R. Siemens, Department of Urology, M.A. DeSilva, Department of Paediatrics, and S. Phillips, Department of Family Medicine. Dr. R. Connelly was nominated for the residence advocacy award. Congratulations to all nominees.

2. Approval of Agenda

Moved by Dr. M. Lamb and *Seconded* by Dr. K. Nakatsu that the agenda be approved as circulated.

3. Approval of Last Regular Minutes of February 7, 2001

Moved by Dr. S. Taylor and *Seconded* by Dr. K. Nakatsu that the minutes be approved as circulated.

CARRIED

CARRIED

4. Introduction of New Faculty

This item was deferred.

5. Business Arising from the Minutes

There was no business arising from the minutes.

6. <u>Dean's Report</u>

a) Research Report, Investigator vs. Industry Initiated Clinical Research

Dean Walker introduced the topic by stating that Queen's University, ranks 8th as a research intensive university and in terms of size we rank 25th. In CIHR and other peer reviewed medical funding we rank 10th among universities with medical schools and if corrected for size we rank 8th or 9th. Industry funded research for clinical trials we rank 5th and when corrected for size we rank 3rd. Is the balance correct? Should there be more emphasis on peer reviewed clinical research? Dean Walker stated that he asked Dr. B. Patterson to lead a discussion on this very important topic.

Dr. B. Patterson began his presentation by stating that he was asked to be provocative and to generate discussion. In his opinion the School of Medicine at Queen's University did not want to be recognized as the School with the most money from the pharmaceutical industry doing drug studies. While these studies are important we must ensure a balance between the two types of research. Our relative ranking for obtaining peer reviewed funding for clinical research should be at least equivalent to our ranking for funding of industry driven research. Dr. Patterson expressed the view that both the basic and clinical departments needed to improve their peer reviewed research activities, but for this discussion he would limit his comments to clinical research.

Where are the problems in the clinical departments?

Inadequate research training leads to the entry of patients into industry initiated clinical trials. If training is inadequate and we provide time for faculty to do research, they will not have the expertise to initiate peer reviewed research in a highly competitive environment, and will carry out industry sponsored research.

Why do we have problems getting clinical trainees into research?

Is research under valued in clinical departments? It may be valued but it is underrepresented. Clinical trainees do not have much exposure to clinical scientists. Clinician Scientists should be more active as mentors and this might stimulate trainees to pursue research.

There is no award for clinical research but there is for clinical teaching.

A major problem in getting clinical trainees to commit to a prolonged period of clinical research training is financial. The average resident at the end of clinical training has the following profile; 32 years of age and 2 children. They have the following choices, become a research fellow at \$48,000, enter private practice at \$300,000 or accept a faculty position at \$200,000 per year. Research training is not very appealing. There is a need to increase the funding of research training.

Dr. D. Brunet commented that another factor that discouraged clinicians from entering into research careers is that their first grant is often unsuccessful and they become discouraged. There may be a need for special grants.

Dr. S. Ludwin stated the shortage of specialists diverts individuals from research careers as they are required for clinical service and research is not a requirement of an academic appointment. He further stated that the most important factor in obtaining clinicians to do peer reviewed research is the environment, where clinical faculty are expected to do clinical work but not necessarily research. It should be an expectation that most academic clinicians will do research.

Dr. A. Cruess agreed that an appropriate "climate" for investigator driven research must be fostered. He expressed the view that we need to be selective in choosing the clinical trials for participation.

Dr. J. Brien commented that we must define the type of research that the School of Medicine wishes to adopt.

1. <u>Report from the Schools</u>

a) School of Nursing

Dr. J. Medves presented the admission requirements for high school and university students. This statement will be placed in the calendar of the School of Nursing.

Moved by Dr. J. Medves and *Seconded* by Dr. M. Lamb that the admission requirements and statements be approved.

CARRIED

a) School of Rehabilitation Therapy

Dr. S. Olney reported that the School of Rehabilitation Therapy will be offering a Master of Science degree as the professional degree. They are developing two programs, both requiring an honours degree for admission.

Stream 1 – Admission with a BScH in science will be to a 2 year program with all the clinical courses and practical experience in these two years.

Stream 2 – Admission with a BSc in OT or PT will be to a 1 year program as these students have a significant clinical background.

Both streams will culminate in a MSc. The research programs that lead to MSc and PhD degrees will continue.

Dr. S. Olney stated that the academic programs offered by the School of Rehabilitation Therapy will be administered through the School of Graduate Studies and Research. For all other activities the School will remain in the Faculty of Health Sciences.

b) School of Medicine

Dean D. Walker reported the following:

- Fees Tuition fees will be \$12,500 next fall.
- Bursary Program is very successful. In 1999, \$540K was distributed to 181 students, and in 2001/2002 \$1.5 million was distributed to 222 students. Approximately 1/3 of the students had most of their tuition fees covered.
- The government has been asked to increase funding of medical education. If the government increases funding, there would be adjustments in the fees.
- The medical class is expected to increase to 100 students in September. Postgraduate positions will increase as well.
- An implementation committee has been formed for the School of Human Health. It is expected that the Life Science program will move to the new school, there will be new programs in Human Health and the School of Physical Health and Education may be part of the new school.

• The Cancer Research Institute is under construction.

Motion from the Student Awards Committee (Medicine)

Moved by Dr. P. Aston and *Seconded* by Dr. A. Cruess that Board approve the following awards and forward to Senate for their approval.

CARRIED

The Dr. Jennie Gillispie Drennan Medical Scholarship

Established by Miss Margaret Saunders in memory of her aunt, Dr. Jennie Gillespie Drennan, Meds 1895, to provide an annual scholarship to one or more women based on academic standing in the fourth medical year. The recipient must be pursuing postgraduate studies in Medicine or Surgery at Queen's University. Value: variable.

The Peter Morrin Prize in Nephrology

Established by colleagues and friends upon Dr. Peter Morrin's retirement from the Faculty of Medicine, Division of Nephrology, to recognize his many years of collaboration and leadership in clinical Nephrology. Awarded annually to a student in the fourth medical year obtaining the highest overall standing in Nephrology, or in medical ethics related to Nephrology. Students who have not completed the Nephrology clinical rotation may submit a paper prepared on the medical ethics in Nephrology. Students who have completed the Nephrology clinical rotation may submit a paper prepared on the medical ethics in Nephrology. Students who have completed the Nephrology clinical rotation may improve their consideration for this prize by submitting such a paper as described above. Selection will be made by the Division of Nephrology Committee. Value: \$250.

The Dr. S.L. Fransman Prize in Diagnostic Radiology

Established by Dr. S.L. Fransman and Mrs. Bertha Fransman to recognize Dr. Fransman's contributions to the Department of Diagnostic Radiology. Awarded annually to a student completing their fourth medical year who is entering a residency program specializing in the field of Diagnostic Radiology. Preference will be given to students with an expressed or proven interest in Magnetic Resonance Imaging (MRI). Selection of the recipient will be made by the Dean of the Faculty of Health Sciences. Value: \$500.

The Dr. M. Gerald Lynch Awards in Medicine

Established by Dr. Michael J. Lynch, Meds 1958, in memory of his father, Dr. M. Gerald Lynch, Meds 1921. Two scholarships to be awarded annually on the basis of financial need and academic achievement to students entering the second medical year within the Faculty of Health Sciences at Queen's University. Applications must be submitted to the Associate University Registrar (Student Awards) by 31 October. Value: variable.

Clinical Appeals Committee

Dean D. Walker commented that the functions of the Clinical Appeals Committee had been superseded by the appeals process associated with SEAMO and hence was now redundant.

Moved by Dr. D. Walker and *Seconded* by Dr. A. Cruess that Faculty Board recommend to Senate that the Clinical Appeals Committee be disbanded.

CARRIED

1. <u>Report From the Nominating Committee</u>

Moved by Dr. W. Racz and *Seconded* by Dr. M. Lamb that Dr. J. Medves be nominated as a Senator for a three-year term. As there was no further nominations, Dr. Medves was declared elected.

The meeting was moved to adjourn.

W.J. Racz Secretary, Faculty Board