A New Vision for the College of Medicine
December 3, 2012
Presented by: Lou Qualtiere (Acting Dean) and Martin Phillipson (Vice-Provost)

Aspiration

In a medical-doctoral university holding membership in the U15, the medical school is the flagship college, an academic powerhouse making a significant contribution to the success of the entire institution. As the only medical school in Saskatchewan, we have an additional responsibility to train the next generation of physicians to serve the current and future healthcare needs of the people of the province.

Our graduates will be distinguished by their academic performance, shaped by a faculty complement that informs and enhances core clinical skills with innovative research, thus delivering high-quality teaching outcomes. A college that achieves this, in partnership with health regions and the provincial government, will take its place as the foundation of a thriving provincial health system by producing excellent doctors, recruiting and retaining outstanding faculty and physicians and generating innovative research which will further enhance the reputation of the school and the university.

Only with a renewed focus on teaching and research will the college of medicine be able to fulfill its critical role in the university and the province. Presently, the college is renowned for neither the quality of its teaching, as evidenced by the recent results of its graduates, nor its research productivity. With a significant restructuring, the college will take its rightful place as university flagship and provincial foundation.

The college has an historic commitment, jointly shared with the provincial government and health regions to train physicians to meet the health system's needs. While there has been a longstanding practice of providing parts of the curriculum outside Saskatoon, there is now a fundamentally new vision which requires the development and maintenance of two strong provincial sites – one in Saskatoon and one in Regina. Other provincial sites will also be developed to provide electives and other programming. The fundamental goal of this restructuring is a reinvigorated and reconceptualized college. This document assumes that all sites, regardless of geographic location, are essential and valued contributors and participants in this new future. The aspirations of the college transcend geography.

Current State

The college of medicine is on warning of probation (letter to Dean Albritton, July 2011, p. 2). Accountability issues highlighted by the accreditors continue to affect the undergraduate medical program which is all the more troubling given that the accreditors are due to visit in March 2013. Undergraduate student leadership has publically requested a renewed faculty commitment to the undergraduate medical education program (Appendix 1). Student performance in national exams is at the bottom of all Canadian medical schools for the second year in a row and student performance is deteriorating; 2012 represents the first year where our graduates have fallen below the mean score for all applicants (including American and IMGs) taking the exam. Research performance continues to lag far behind our peers with little sign or possibility of progress.

Undergraduate Education

Each spring the graduating class from each medical school across the country writes the Medical College of Canada Qualifying Exam (MCCQE). The results are tabulated and shared with each school. There were

16 schools included in the rankings from 2005-2008 and 17 schools included from 2009-2012. While the results indicate that our students ranked bottom in the last two years (Table 1) perhaps of even greater concern is that our student performance is moving further away from the mean score (Table 2).

	Year of Graduation											
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
CMG* Mean	540	545	556	545	521	530	526	522	515	534	543	545
UofS Mean**	515	532	554	547	500	504	486	489	503	525	503	498
Rank***	15/16	13/16	9/16	9/16	15/16	15/16	16/16 (last)	15/16	14/17	13/17	17/17 (last)	17/17 (last)

* Mean score on the spring MCCQE of Canadian Medical Graduates taking the exam for the first time

** Mean score on the spring MCCQE of UofS Medical Graduates taking the exam for the first time

*** Overall rank of the UofS Graduates on the spring MCCQE exam, a higher value in the numerator indicates a lower finish.

Table 1. Ranking – placing out of all medical schools

Source: Medical College of Canada Qualifying Exam (MCCQE) Spring Exam

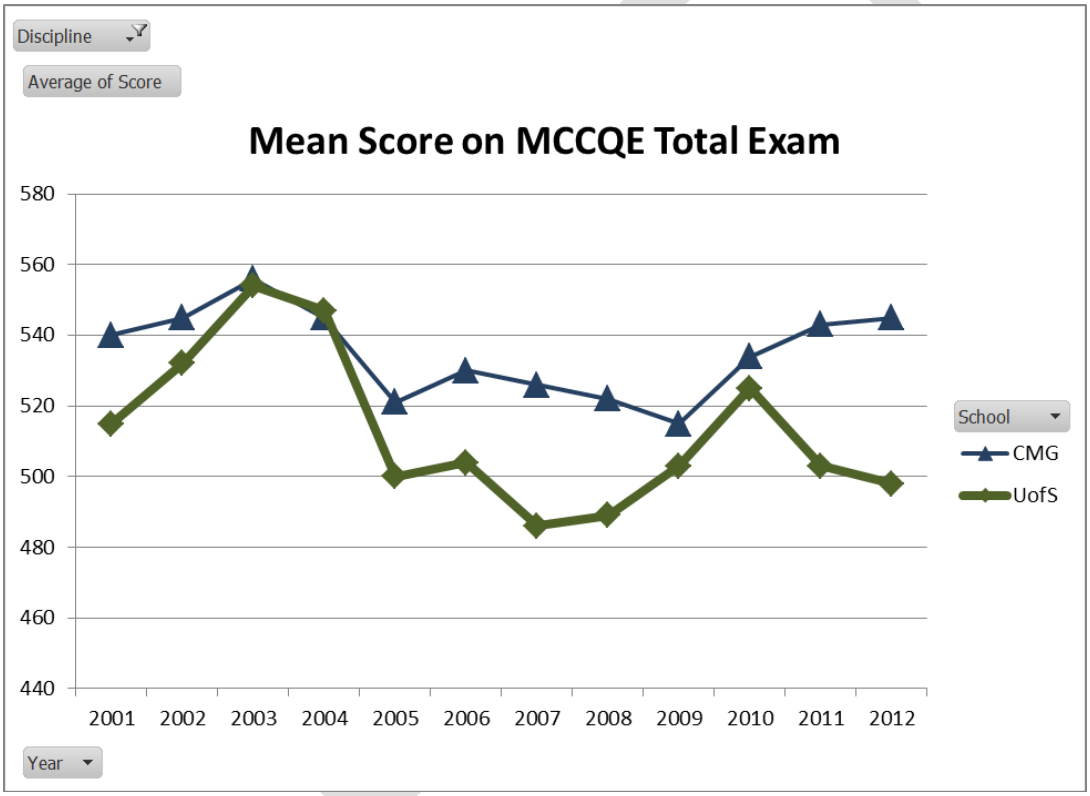


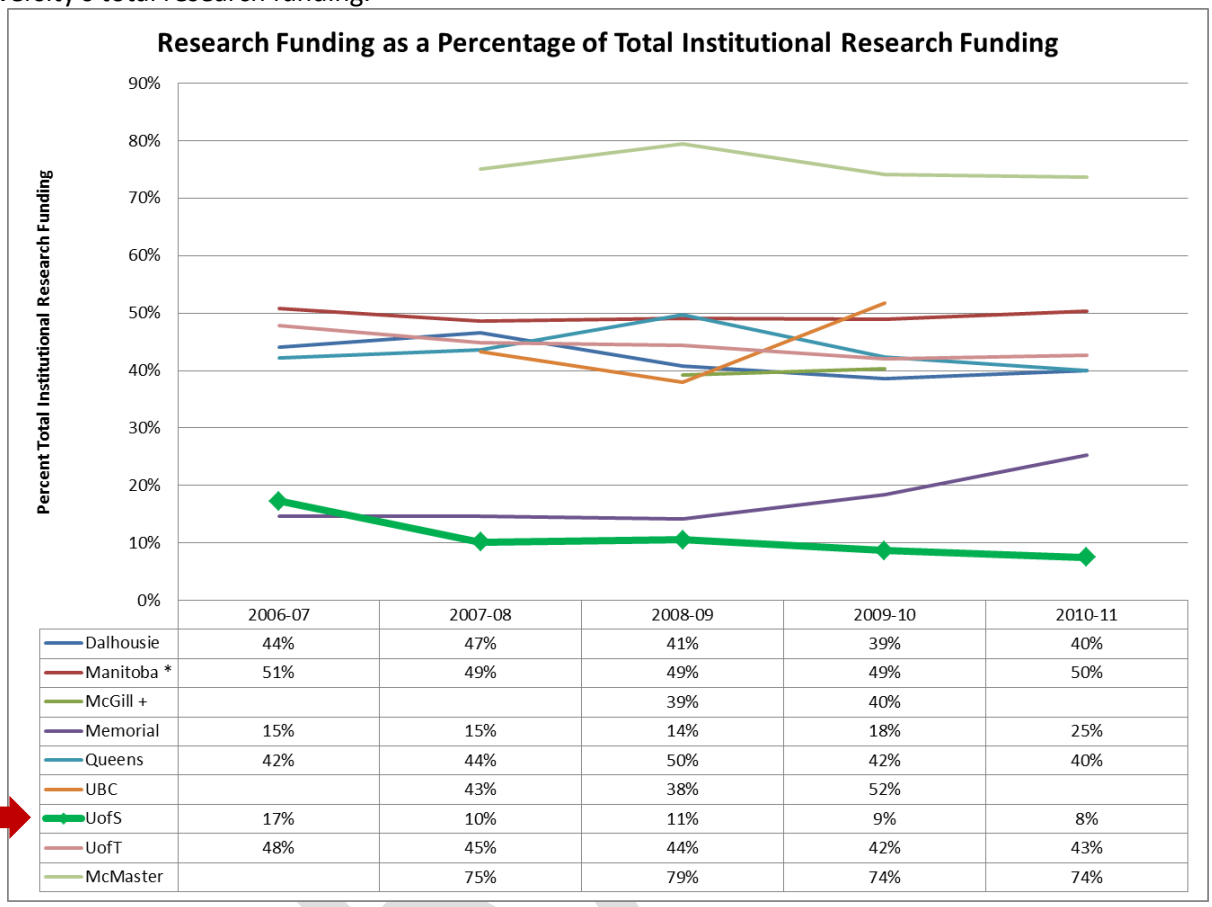
Table 2. Mean score of U of S graduates compared to the mean score of Canadian graduates taking the exam for the first time.

Source: Medical College of Canada Qualifying Exam (MCCQE) Spring Exam

Research

Table 3 illustrates that our college of medicine brings in a disproportionately low amount of research funding when compared to institutions receiving a comparable amount of operating funding from the university. Medical colleges are traditionally research intensive and generate a large percentage of their institution's research funding.

This graph compares the amount of funding flowing into the college of medicine as a percentage of the university's total research funding.



	2006-07	2007-08	2008-09	2009-10	2010-11
Dalhousie	44%	47%	41%	39%	40%
Manitoba *	51%	49%	49%	49%	50%
McGill +			39%	40%	
Memorial	15%	15%	14%	18%	25%
Queens	42%	44%	50%	42%	40%
UBC		43%	38%	52%	
UofS	17%	10%	11%	9%	8%
UofT	48%	45%	44%	42%	43%
McMaster		75%	79%	74%	74%

Table 3. Research funding – all grants and contracts where the 'primary investigator' is a faculty member at the host institution

Source: Individual college research funding data pulled from either the Association of Faculties of Medicine of Canada (AFMC) annual statistics publication or the respective institutional annual report.

Current Faculty Activity

The following figure represents a snapshot of the data entered by clinical faculty for the 2011-12 year and is summarized at the college level for clinical faculty based in clinical departments. What the data shows is that clinical faculty spend significantly more time on clinical service and resident training than undergraduate education and research. This reflects the reality of increasing clinical demands.

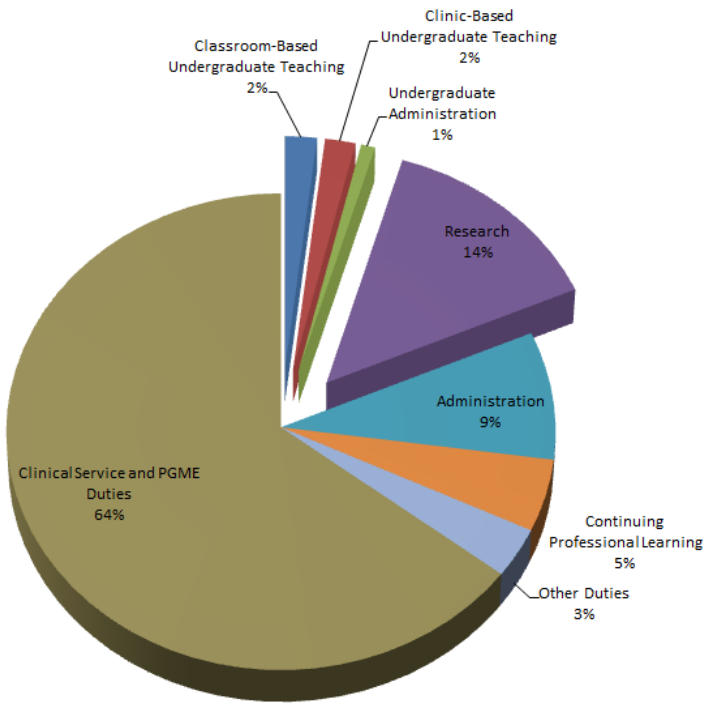


Figure 1. Assignment of Duties Snapshot

Distributed Medical Education

Accreditors identified significant issues regarding the College of Medicine's commitment to the functional integration of Regina faculty into medical school governance. Deficiencies highlighted included a lack of knowledge on the part of some department heads as to the status of development of the Regina site, and a perceived lack of support for the Regina site from faculty in Saskatoon (letter to Dean Albritton, July 2011). Given our long-standing commitment to distributed medical education, and given that it is critical to the future sustainability of undergraduate and postgraduate programming, the college will squarely address these issues. The province has asked the college to train learners at rural sites to expose both residents and undergraduate students to this environment with the hope of improving rural physician recruitment. The college has accepted that responsibility and is in the process of increasing training opportunities in rural Saskatchewan. Distributed medical education will proceed under the accreditation standards directing the establishment of new sites and the college will ensure resources are sufficient to provide a quality, fully accredited learning experience.

Analysis of the Current State

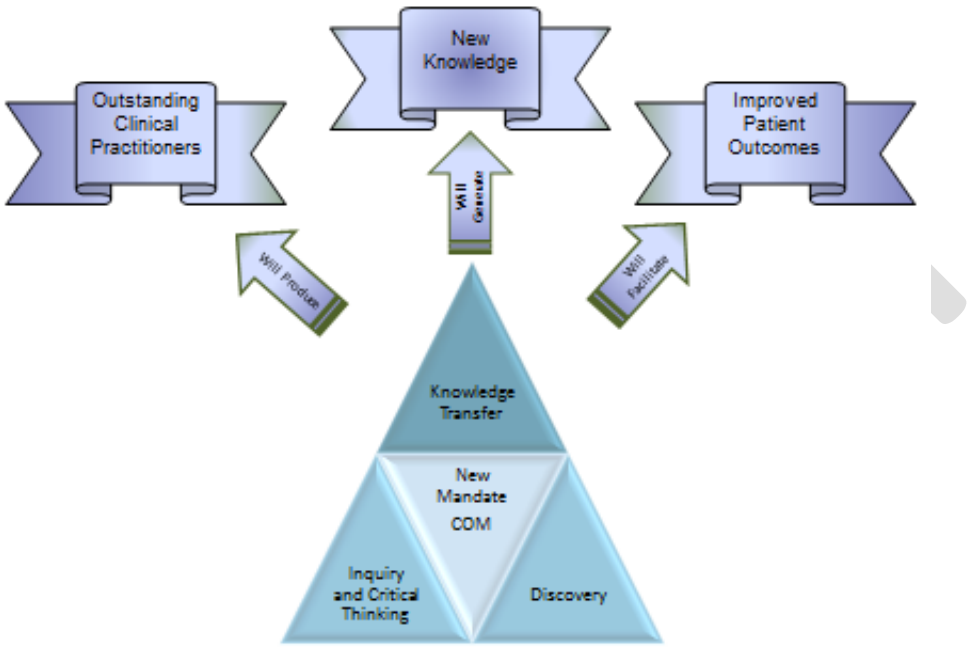
The data illustrates that there are key performance problems related to the academic mission of the college. These issues are symptomatic of a structural flaw in the college – faculty members spend the majority of their time in clinical service. There are a myriad of reasons for this, but the result is an entrenched culture in which clinical service delivery has depleted the resources of the undergraduate teaching and research missions of the college. The current cultural and structural framework pits undergraduate teaching and research against patient care and residency training. Furthermore, our key partnerships contribute to this tension. The college will not advance without recognition of the indivisibility and mutually supportive nature of these functions; but, at the operational level, a significant realignment of the responsibility for these functions is required. This will involve a

reconceptualization of our partnerships with the government and the health regions and a corresponding redistribution of resources. A systemic problem requires a system-wide solution.

All of this makes a compelling case for a significant restructuring and a paradigmatic cultural shift. What is required for the college of medicine is nothing less than a fundamental reconceptualization of its mandate, faculty, structure and partnerships.

Reconceptualization of the College of Medicine

Mandate Re-conceptualized



This diagram depicts a college of medicine where discovery, inquiry, critical thinking and knowledge translation are the responsibility of all faculty regardless of career pathway. It is the common responsibility of all faculty to play a role in the achievement of three objectives: the training of outstanding clinicians; the generation of new knowledge; and, the facilitation of improved patient outcomes. Given this new mandate, fully endorsed by the dean's advisory committee, we must reconceptualize the most fundamental aspects of the college of medicine.

Faculty Re-conceptualized

A major impediment to the success of the college has been a pronounced "town/gown" split that must be eliminated. The college of medicine will embrace a new, inclusive definition of "faculty" that envisages a role in the college's academic mission for the majority of physicians in the province. Only by harnessing the skills, talents, and insights of a province-wide faculty complement and engaging them in a much richer relationship can we hope to achieve our aspirations. Peer institutions across Canada routinely adopt this model. If we are to compete with our peers, we must adopt a similar model.

This new “faculty” require clear career pathways to which they are held and on which they must deliver. Compensation will be commensurate with the chosen career pathway. A successful college of medicine needs a blend of clinicians, educators and scientists. Different skill sets lend themselves to different career pathways and we will develop a faculty complement plan that allows everyone to contribute by playing to their strengths. We do not require a homogenous faculty; rather, we require a diverse faculty that works together to deliver the college we need.

The clinical imperative has “flattened” the faculty complement. The imbalance between undergraduate teaching and research on the one hand, and patient care on the other, is reflected in the dominance of the clinician teacher stream in the overall faculty complement. The new mandate, when combined with the new career pathways, will necessitate a diversification of the faculty complement. Only when the faculty reflects the diverse range of tasks required to fulfill our new mandate will we be successful.

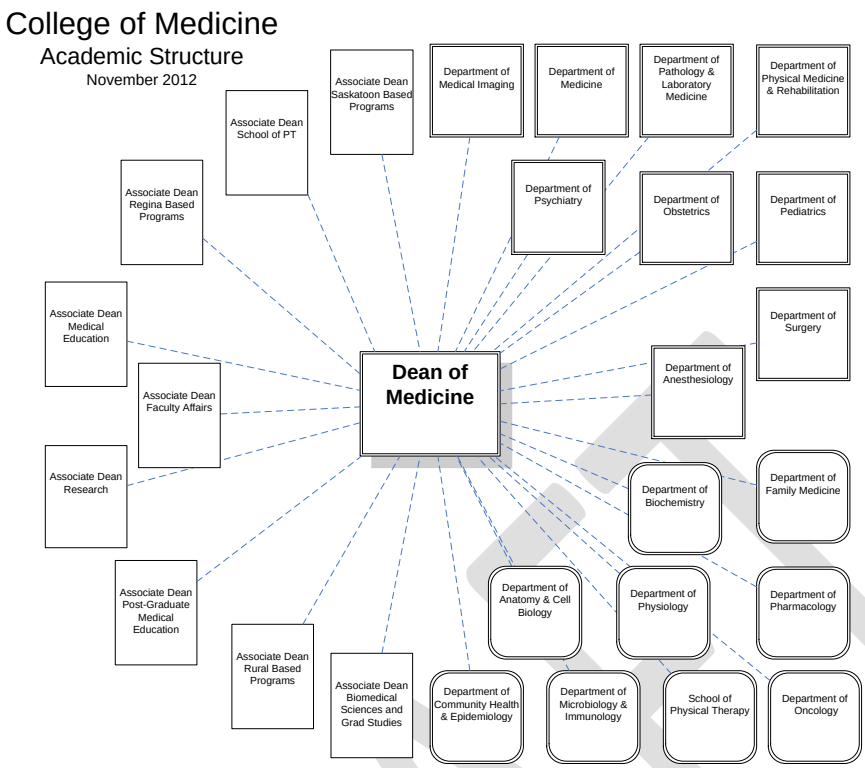
Generating a more diverse faculty complement will not in itself produce the desired outcomes. These structural changes will only have meaningful impact if each individual faculty member meets the obligations of their particular pathway. We will ensure rigourous adherence to their pathway to prevent a drift back towards clinical service and a re-homogenization of the complement. Our success depends on an individual, departmental and decanal commitment to holding each other accountable.

Structure Re-conceptualized
Structure is more than an organizational chart or a governance model. While those things are fundamentally important, when engaged in a reconceptualization of an institution structure relates to much more. This expanded definition of structure includes all norms, policies, processes, and relationships that influence behaviour. In order to change behavior, structure must change. The new "structure" will provide an outline of authority roles and relationships, including the establishment of vice dean positions. In addition, this broader notion of “structure” will encompass new compensation models, revised standards for the assessment of faculty performance within the new career pathways, and a more rigourous approach to the assignment of duties.

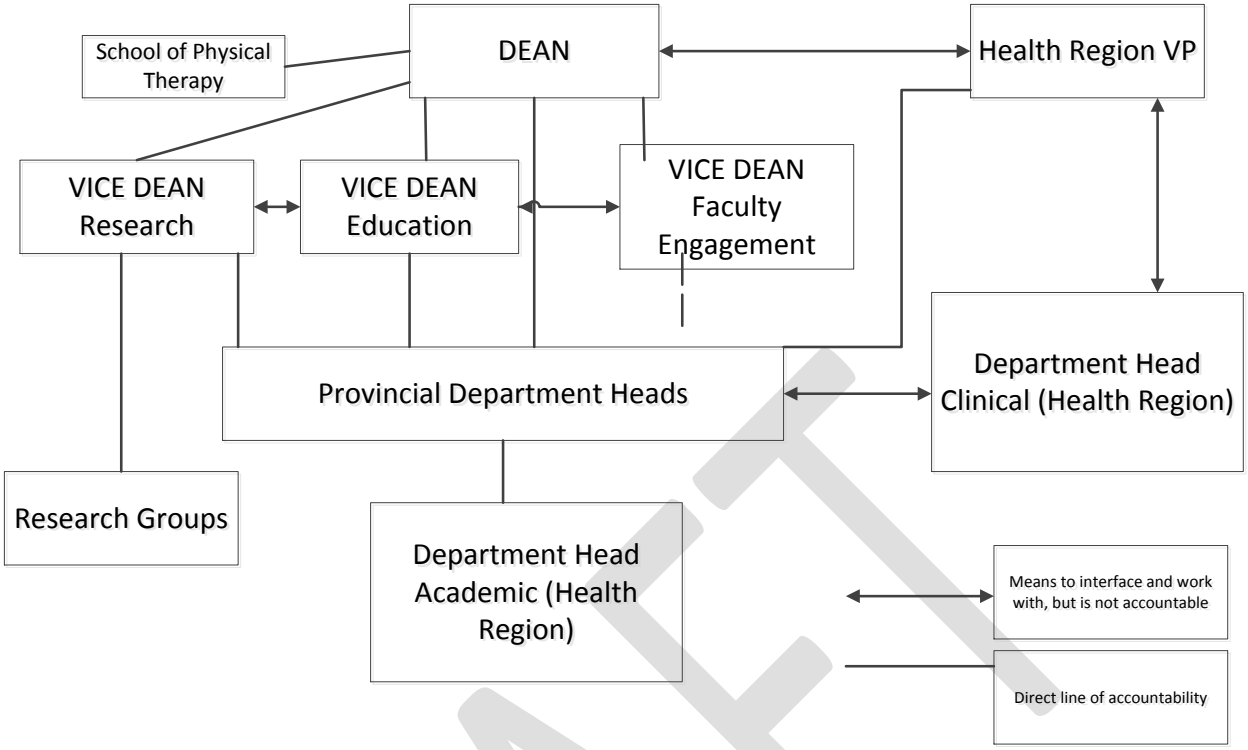
Partnerships Re-conceptualized
A successful restructuring of the college is predicated on strong, clear and effective relationships with our key partners in the health regions and the provincial government. In order to fulfill its critical role in the province, and as an academic flagship, we must realign roles and responsibilities with our partners and realign the financial support for those roles. The principle needs to be one of clearer alignment of clinical service with clinical resources and clinical authority, and clearer alignment of academic service with academic resources and academic authority, so that both are achieved with greater effectiveness, clarity and accountability. Those whose predominant focus is clinical practice need to be aligned with health services and planning for service delivery; those with a predominant focus in research or education need to be aligned with the university; and we need a fresh approach to ensuring the required co-ordination where individuals have assignments in both systems.

The fundamental purpose of this restructuring is to ensure that the college is doing the right work and producing the right outcomes, at whichever sites its programs are delivered. The following sections outline key aspects of this process.

Organizational structure
The following depicts the current organizational structure of the college.



Based on advice provided by the governance working group, the dean's advisory committee recommends the creation of three vice dean positions. The vice deans are directly accountable, and report directly, to the dean. The creation of these offices does not represent the routine addition of another administrative layer; rather, it is intended to send a strong message that the issues covered by their various portfolios are central to the success of the college. Furthermore, as one of the key aspects of this restructuring is a rebalancing of the missions of the college, the governance structure must embody that rebalancing. However, symbolism is not sufficient. In order to be successful, these positions will have genuine authority, via the control of resources, to ensure accountability. The vice-deans will provide structure, focus and support for the key academic missions of the college. Survey results indicate overwhelming support in the college for the vice dean model.



What is intended is to create accountability through better assignment of duties, closer oversight of academic missions, and the collegial processes that support those missions. The vice deans are intended to share the dean's authority over budget, faculty and staff, and collegial processes. The spheres over which the vice deans exercise this authority are aligned with the academic missions of the college, namely teaching and research, and the faculty that perform that work.

Vice Dean Research

The vice dean research is the focal point for research in the college and their office will assist the dean in:

- Developing research teams within the college
- Recruiting high-quality researchers, graduate students and PDFs to the college
- Providing competitive start-up funding for researchers
- Ensuring the appropriate allocation of resources to maximize research productivity
- Developing strategies for undergraduate research
- Developing strategies for postgraduate research
- Assisting research groups and individual faculty to develop and implement research plans
- Ensuring metrics and targets are established to guide and assess research performance
- Ensuring an appropriate infrastructure to support research (facilitators, mentoring, internal and external reviews, clinical trials support, etc.)
- Holding department heads accountable through monitoring the assignment of duties and interceding where necessary to ensure that those faculty whose career pathways are research intensive have the time and resources to fulfill the obligations of that career pathway

Vice Dean Education

The vice dean education is the focal point for all aspects of educational mission in the college and their office will assist the dean in:

- Ensuring the education programs of the college are delivered including undergraduate, postgraduate, graduate and continuing professional learning
- Working with the basic science departments and the College of Arts & Science to ensure the delivery of existing departmental programs
- Ensuring all programs are fully accredited
- Ensuring equality of programming at all educational sites throughout the province
- Ensuring department heads are accountable for assignment of duties and program delivery
- Engaging with the vice dean research to ensure high quality graduate programs are maintained to support both mandates
- Recruiting high quality students, residents and faculty
- Ensuring metrics and targets are established, in conjunction with department heads, to guide and assess teaching performance

Vice Dean Faculty Engagement

The vice dean faculty engagement will assist the dean in ensuring timely and rigourous application of collegial processes relating to hiring, tenure and promotion. A key task of this portfolio will be to bring the notion of expanded faculty to fruition. If we are to engage a significantly higher number of faculty there must be a focal point within the college that ensures their needs are met and that they become fully integrated into the academic and administrative life of the college.

Expanded Notion of Faculty

The data shown in Figure 2 represents contact hours delivered by the academic tenure track faculty (both Biomedical and Clinical), Community Faculty, and Others (residents, Graduate Students, Faculty from other colleges, etc.) The data demonstrates that we already place significant reliance on an expanded notion of faculty. The data for 2011-12 is further broken down in Table 4 to describe the number of faculty that delivered the lectures, and the mean number of hours per actual faculty member.

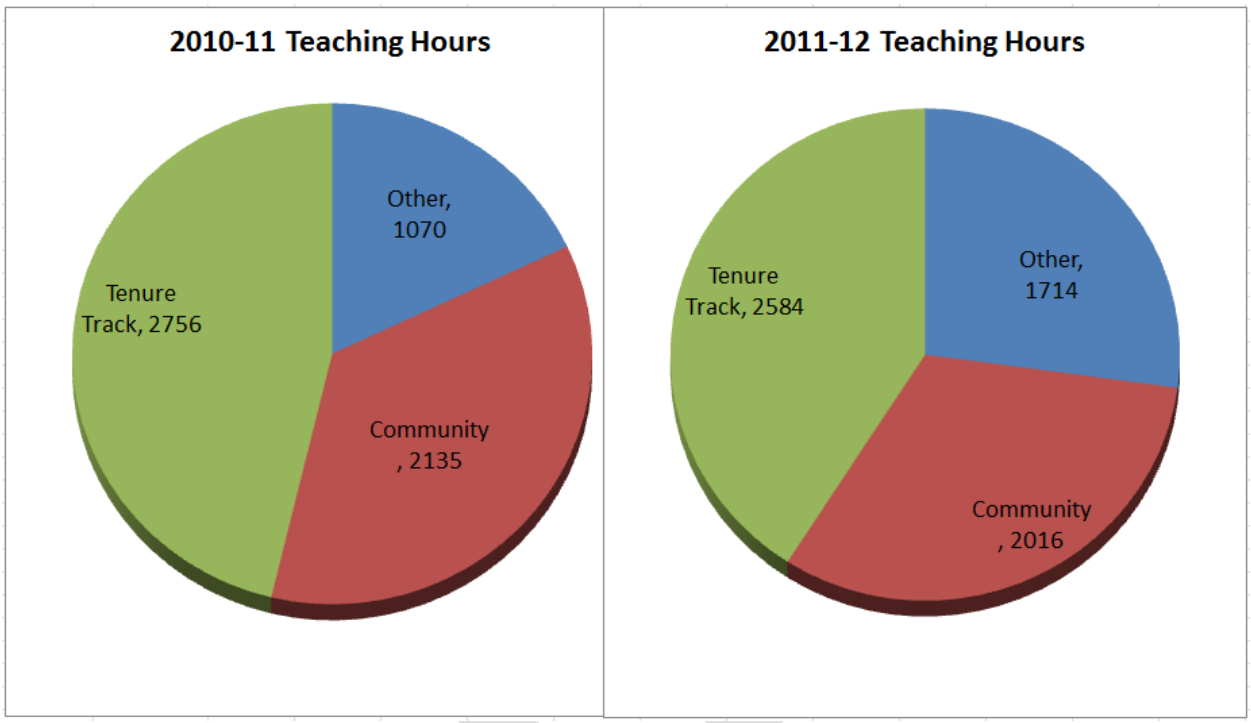


Figure 2: Teaching hours pulled from the One45 system.

Teaching Group	Teaching Hours	Number of Faculty	Hours per Teacher
Other	1714	188	9.1
Community	2016	213	9.5
Academic	2584	137	18.9

Table 4: Hours taught, number of Faculty, and Mean hours for 2011-12 Academic year

At present, we draw an outdated distinction between university-based and community-based faculty. This distinction is reinforced by poor payment systems, insufficient recognition and administrative structures that prevent community-based faculty from participating in externally funded grant-based research. We are committed to an inclusive and expanded notion of the term “faculty” which envisages a role in the academic mission of the college for any appropriately qualified physician who so desires.

Provincial Department Heads

The department remains the functional unit within medical schools and this document is predicated on that reality. The department and department head remain key figures in the accountability framework.

The college is committed to the Unified Headship model. The model was introduced in 2003 and gives the Head responsibility for both the academic program provincially and for clinical service in one health region. Unified heads perform a key function in maintaining strong relationships with our clinical service delivery partners. The governance model reflects the importance of this through a direct reporting relationship between the unified head and the appropriate health region vice-president. This proposal draws no distinction between clinical and basic science department heads reflecting the reality that we

all share the same obligations to ensure accountability and that only genuine cooperation between the clinical and basic sciences will deliver on the new mandate.

Key Outcomes

Education

Goal: it is imperative that in the short-term undergraduate students perform at the mean in national exams. In the long-term we will return to our position as one of the leading medical educational institutions in Canada as evidenced by student performance a decade ago (see Table 2).

We will achieve our goal through improved accountability and a renewed commitment of existing faculty to the education mission. We will engage our expanded faculty complement so that we use the skills and talents of this newly defined cohort. And, we will populate the clinician educator pathway by recruiting faculty with a deep commitment to medical education who will be responsible for the design and delivery of the majority of the undergraduate medical education program.

How we will get there:

- Renew commitment of existing faculty to the undergraduate teaching mission
- Ensure continued commitment to postgraduate teaching
- Improve accountability by stricter focus on assignment of duties
- Implement expanded notion of faculty
- Provide appropriate teacher education training to all faculty
- Recruit cohort of clinician educators to design and deliver the majority of the undergraduate medical education program (UGME)

Research

Goal: reverse the trend in the short-term. In the long-term we will perform at the same level as our peers.

The college will improve its research performance. In the short-term we will reverse the trend of falling Tri-Agency funding by hiring new research intensive faculty into existing or promising areas defined by the signature areas of the university. Additionally, we will refocus our limited resources to support those new and currently strong research clusters in the college. In the long-term we will reorient current resources and build new research programs that facilitate translational research. We recognize that not every clinical faculty member can or will devote significant time to research. Therefore, as with many of our peer institutions, the foundation of the research enterprise must be a cohort of highly active researchers capable of building and sustaining interdisciplinary research groups. In addition, we must also provide research opportunities for any faculty member who wishes to engage in research as members of these new interdisciplinary groups. For example, the newly expanded notion of faculty will allow a greater number of clinicians to fully participate in grant applications and externally funded research.

How we will get there:

1. The Faculty Complement Working Group recommends the strategic recruitment of an additional 15 established clinician scientists and 5 established basic scientists in the next five years. The recruitment of outstanding, highly productive researchers will quickly improve research performance and provide essential opportunities for mentoring and collaboration

2. Establish research centres and teams that capitalize on unique Saskatchewan research opportunities
3. Build a renewed emphasis on health outcomes research
4. Commit to generating strong interdisciplinary research facilitated by the construction of the new D wing and E wing of the Health Sciences complex
5. Ensure collaboration between all college of medicine faculty to develop translational research. This may involve the embedding of basic scientists within clinical departments, not to perform all the research, but to act as catalysts for a significant research operation
6. Ensure compensation and assignment of duties models allow those clinical faculty who wish to pursue research to engage in research without penalty
7. Improve research infrastructure and support via the new office of the vice-dean research

Clinical Service
Goal: to be a strong partner in the delivery of healthcare in Saskatchewan

We will continue to support the clinical service missions of our partners in the health regions and ensure that our undergraduate and resident students receive quality training in clinical settings. However, primary responsibility for clinical service delivery in Saskatchewan rests with the health regions and the provincial government. While we will continue to be a strong and committed partner, the college of medicine must divert more of its resources to our academic mission and divest itself of those resources that do not contribute directly to that mission. As stated earlier, clinical service demands deprive our academic mission of essential resources.

Accreditation
Goal: to have fully accredited education programs

The accreditation issues faced by the college present both short- and long-term challenges. In the short-term, the college will make strenuous efforts to satisfy accrediting bodies with regard to current challenges. However, only a fundamental re-structuring of the college, such as this document recommends, will provide long-term sustainability and break the cycle of periodic accreditation problems.

In the short-term, the college must prepare for the visit of accreditors in March 2013. The accreditation working group has identified three standards which represent the critical accreditation priorities:

IS-9
The accreditation working group has recommended a new approach to assignment of duties and a pilot project will be undertaken in 2013. Departments will be directly asked to provide sufficient resources to deliver quality undergraduate programming.

ED-8 and ED-41
The accreditation working group has recommended that all department heads must visit distributed sites on a regular and routine basis. Commitment to such practices has been sporadic; some department heads regard this inter-site communication as obligatory while others pay little or no attention to it. ED-41 requires the “functional integration” of faculty at all distributed sites into the educational mission and governance of the college. The accreditation group has also recommended the creation of a dedicated fund to facilitate the travel between sites.

While it is vital that these short-term challenges are addressed they are symptomatic of structural and accountability problems that will recur unless a fundamental restructuring of the college is undertaken. The college has experienced continuing accreditation challenges and a sustainable solution must be found.

Key aspects of a sustainable solution include:

- A college-wide recommitment to undergraduate medical education (UGME) as demonstrated by departmental decision making and individual faculty responsibility
- Governance structures that deliver genuine accountability around the assignment of duties
- Administrative structures that efficiently organize teaching and communicate educational needs to department heads in a timely fashion
- Compensation structures that reflect the importance of class-room based teaching
- Recognition that it is the moral and professional responsibility of all physicians to train the next generation

Conclusion

The college of medicine is facing an existential crisis. Following an exhaustive consultation process (Appendix 2) that involved a reflective and thorough self-examination of its performance and its mission, it is clear that nothing less than a fundamental reconceptualization of its governance, faculty and partnerships is required. Such an undertaking will produce a college that trains outstanding clinical practitioners, develops new knowledge and delivers improved patient outcomes. An accompanying realignment of resources and a renewed commitment to the essential academic work of education and research is necessary. The college will begin work immediately and deliver a plan for implementation by June 30, 2013 with a view to full implementation by 2015. Only then will the college begin to take its position as academic flagship and provincial foundation.

Appendix 1

Student Medical Society of Saskatchewan
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November 27, 2012

To Whom It May Concern:

In recent years, students have expressed increasing concern regarding the quality of education at the University of Saskatchewan College of Medicine. Over the past few months, several factors, including the restructuring and renewal process, have caused undergraduate medical education to decrease in priority, and the education of current students is suffering as a result.

As the Student Medical Society president and a member of the Dean's Advisory Committee, I hear students express their concerns regarding educational quality on a daily basis. Students are worried their education will not have adequately equipped them with the tools to be competent physicians. In a few short years, these students will be your colleagues, they will be responsible for supporting the health and well-being of Saskatchewan residents, and they will be joining you in the mission physicians of this province so strongly represent: the mission of clinical service, research, and teaching. Part of the renewal and restructuring process seeks to address the gaps in our undergraduate medical curriculum, but for current students change will come too late. Students are imploring community and university based faculty alike, to renew their commitment to undergraduate education.

For years, the SMSS has collected student feedback on ways they feel their education is not meeting their needs for exam preparation (including national licensing exams), or, more importantly, for JURSI, residency, and independent practice. Response from students, both in the past and recently, has been overwhelming. The following points have recently emerged as top concerns:

1. ***Clinical teaching time, specifically in Phase B, has been significantly reduced.*** Phase B students are expected to receive 6-10 hours of clinical teaching per week. However, because of session cancellations and/or unavailability of instructors, that number has been reduced by half. Numerous students have had entire weeks without clinical instruction. Additionally, students have been unable to reschedule cancelled sessions, because there were either no instructors available or none willing to take them. This issue is not unique to one specialty; the list includes, but is not exclusive to, family medicine, orthopedic surgery, internal medicine, ophthalmology, cardiology, and general surgery. It remains to be seen how this already troubled system will accommodate the 100 students in the class of 2016.

2. ***Lack of instructors for small group cases in Phases A, B, and C.***
Without appropriate guidance, students cannot be confident they are reviewing the most appropriate material relative to the topic at hand.

3. ***Certain specialties no longer accept students for observership, and some no longer allow students to apply for electives in JURSI (clerkship).***

4. ***Students in Phase C who are about to enter JURSI in January are anxious and uneasy about their clinical skills; many are concerned they are ill prepared to start JURSI, as many have not touched their stethoscopes for structured clinical time in months.***

5. ***Students in all years are met on many rotations and in multiple lectures with inconsistent, uncertain or complete lack of objectives, leaving them unsure they have the proper knowledge they will need to be competent with in the future.***

6. ***In term 1, more than 31 lectures for Phase B students were not posted prior to teaching. One student assumed responsibility for obtaining these materials from lecturers for the class.***

7. ***In the last week alone, Phase B has had one systems lecture cancelled with less than a day's notice, with no plans to reschedule, and had a lecturer fail to attend a scheduled session or communicate a reason for his absence.***

While all of these issues in and of themselves are very serious, I can assure you that none of these are new concerns. They may be more pronounced in light of the current state of the college, but they have been present over the last few years, if not longer. Many efforts have been made by the SMSS to communicate student concern, with less success than we had hoped. For example, the graduating class of 2013 conducted an intensive student led survey regarding Systems, to garner student feedback and create objectives that match the Canadian standards. The SMSS presented this to the Systems coordinator in hopes to improve the course for the Class of 2014. The issues brought to light were not fully addressed, and no clear answers were provided as to how this survey was being utilized. Lack of awareness and utilization of this survey among relevant college administrators has left members of this year's graduating class with little faith student input and concerns have been served by the College of Medicine.

These uncertainties and inconsistencies in our education are putting undue stress and anxiety on students who now feel they have been given false assurances of protection from the current turmoil within the college. Students have been told on several occasions that undergraduate medical education is a priority and that Dr. Qualtiere's first mandate is to ensure our education is safeguarded in this time of change. We are students first, and advocates for our education second, but how can we be learners when there are not enough willing teachers?

The reality is students have not been isolated from disturbances elsewhere in the college. The issues we are seeing today show that the College is at a crucial and vulnerable point

in its development. Now more than ever, students need teachers who are passionate and care to help us succeed.

At present, we are not asking for changes that require major restructuring – such tasks will require more time than we have in the college – but rather for simple things:

1. Aligning objectives for clinical sessions and lectures with MCC objectives; translating these objectives into the content taught and having assessments that reflect this.
2. Have teachers attend scheduled sessions; if a session must be cancelled, rescheduled promptly.
3. Having fewer physicians teach in the classroom during each system. Students believe having this continuity and accountability of teachers is beneficial to effective education.
4. Ensure lectures are posted for students 24 hours in advance (it makes a world of difference and would be very much appreciated).

For a more comprehensive list of lecture guidelines please visit www.saskmedstudents.com/downloads/ to view best practices and recommendations for the College of Medicine teaching community, created by the SMSS last year.

Students understand the physicians of this province are stretched thin serving the needs of more people than they can possibly accommodate, and yet, many still go above and beyond to provide phenomenal teaching, administrative support, and thoughtful attention to our education. We sincerely thank all of you and students want to remind you that your hard work and dedication do not go unnoticed.

We are asking for a renewed commitment, from you, as physicians, as teachers, and as our future colleagues, to share your wisdom, listen to our feedback, and remain engaged in teaching. We cannot do this on our own. We need your help to restore trust and confidence in our education.

Sincerely,

Kylie Riou
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Phase B, MD Undergraduate Program
College of Medicine, U of S
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Appendix 2
Consultation Process
(in progress)

Following an intensive several months of consultation, discussion and synthesis on the parts of the Deans Advisory Committee and its established working groups, a plan for renewal has emerged.

To summarize the extent of consultation, since April 2012 there have been six Town Hall meetings including three held by the DAC since October, as well as numerous internal meetings with students and residents groups, department heads, Council of Health Science Deans, the college's Budget, Planning and Priorities Committee and the Saskatchewan Academic Health Sciences Network. In addition, meetings and consultations have occurred regularly with the ministries of Health and AEEI, PCIP, the university's Board of Governors and the Planning and Priorities Committee of Council. Over 2000 comments and suggestions have been received and reviewed through the college's renewal website,

The DAC and working groups have held more than 35 meetings and have undertaken numerous hours of research and consultation across the college, the province and with our peer institutions in Canada. There has been considerable local media attention, exemplifying the critical importance of these issues to the people of Saskatchewan. The president expressed her sincere desire to engage faculty in a special meeting where an agreement was struck to pursue an alternative structure through the work of the DAC. As a result, the Faculty Council of the College of Medicine engaged their members through three meetings that specifically focused on the renewal of the college and engaged members of the DAC and working groups. A comprehensive survey conducted in November, elicited responses to key questions of the working groups to help inform the currently proposed restructuring plan. The college community will have a period from December 5 to 10 in which to consider and react to the proposed restructuring plan prior to its final submission for consideration by University Council on December 20.