VISION

Our vision is building a healthy tomorrow through engagement, education and research that makes a difference to the people of Newfoundland and Labrador and beyond.

MISSION

Our mission is to enhance the health of the people of Newfoundland and Labrador by educating physicians and health researchers; promoting lifelong learning; conducting research in biomedical, clinical, applied health sciences, community health and medical humanities; engaging communities and decision makers; and collaborating to apply the best available evidence in the formulation of policy and the organization and delivery of care.

OBJECTIVES

The objectives of the Faculty of Medicine are consistent with the objectives of Memorial University of Newfoundland’s pillars of strategic focus – teaching and learning; research and scholarship; and public engagement and service. The Faculty of Medicine seeks to attain these objectives through an organizational structure that strives to optimize interaction among the various divisions and disciplines within the medical school and with other faculties and schools and health care partners throughout Newfoundland and Labrador and other provinces and territories.
Memorial University’s Faculty of Medicine holds at its core, a vision to enhance the health of the people of Newfoundland and Labrador through engagement, education and research. To take shape, this vision requires commitment and a solid framework. In November 2011, a strategic planning process was set in motion to build that framework and spark new energy to reshape and strengthen as we move into the next three years. This is a particularly vital time for the Faculty of Medicine as some significant changes, such as the expansion of the MD program and development of the Craig L Dobbin Centre for Human Genetics had already be set in motion. This significant growth, combined with the upcoming Accreditation provided a perfect opportunity for strategic re-visioning.

With an aim to meet an ever-increasing need for qualified physicians in communities across Newfoundland and Labrador, the first two floors of the new Faculty of Medicine building will open in 2013 and provide capacity needed to expand the medical school class size to 80. These students will begin a new curriculum that is innovative, learner centred, and focused on patient care and community needs throughout Newfoundland and Labrador through a strengthened rural medical education network. The new state-of-the-art medical simulation centre will enable us to provide 21st-century hands-on advanced skills training for medical students, residents, nurses and physicians from all over the province.

In 2014, floors 3, 4 and 5 of the new Faculty of Medicine building will open as the Craig L Dobbin Centre for Human Genetics. This partnership with Eastern Health will bring together all aspects of genetics from patient care to the most highly specialized molecular research. Genetics research is the prime example of research inspired by the needs of the province that makes a difference in Newfoundland and Labrador and far beyond.

The reassignment of existing Health Sciences Centre Faculty of Medicine space will provide much needed space for our postgraduate residency training programs, especially family medicine which has been expanded to meet the needs of the province. In addition, it will allow for expanded and improved wet lab research space for other medicine related research.

This Strategic Plan presents a cohesive way forward to build excellence and success in medicine, inspired by and responsive to the health needs of the people of Newfoundland and Labrador.
and beyond. The financial and leadership support of the Government of Newfoundland and Labrador has been invaluable. Our partnership with New Brunswick and Prince Edward Island is growing and we are now connecting closely with Nunavut and Yukon.

The Faculty of Medicine’s Strategic Plan for 2012-2015 was developed in parallel to, and is fully aligned with, Memorial University’s strategic frameworks: teaching and learning, research, and public engagement. As “a public university serving the public good,” Memorial’s vision is reflected in the Faculty of Medicine’s mission statement and the social accountability principles upon which the medical school was founded and which it embraces.

The overall strategy of creating a culture of scholarship has been identified and will guide activities across the Faculty of Medicine over the coming years. We will strive for excellence and build on success encompassing both education and discovery through fostering engagement and building strategic partnerships. This focus on public engagement and social accountability is further demonstrated by the Gateway Project, the Aboriginal Health Initiative and the Global Health Office.

The Strategic Plan also outlines the need to develop the internal capacity to succeed through organizational support priorities such as effective human resourcing, communications and leadership at all levels. As well, the plan delineates clear responsibilities and expectations of those tasked with leading the Faculty of Medicine. It identifies a broader responsibility to each individual to take ownership, think strategically, collaborate and do their part in bringing relevant information to the forefront and contributing to the realization of the vision as a whole.

Collective commitment and continued engagement has been key to the development of this Strategic Plan, and indeed, will be key to the success of the priorities outlined within it. The following is an overview of the strategic direction of Memorial University’s Faculty of Medicine and as such is not meant to be a stagnant document but rather, a living framework to guide the growth of the Faculty over the coming years as we build a healthy tomorrow for the people of Newfoundland and Labrador and beyond.

Dean James Rourke
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INTRODUCTION

The Faculty of Medicine was founded on a community engagement and social accountability framework. In keeping with this philosophy a strategic planning process was set in motion in November 2011. Through an interactive process involving faculty, staff, students, Faculty Council and the Senior Management Committee, the following strategic plan was developed. This plan identifies key program priorities, including timelines, targets and requirements, as well as an overarching strategy for implementation, organizational support necessary for success, and identifies implementation responsibilities.
The strategic planning process set out to identify the most important program priorities for this time period. Timelines, targets and requirements were then established for each identified key program priority.

**EDUCATION**

1. Faculty of Medicine Expansion (2013+)
   - MD Program
   - Postgraduate Medical Education
2. Enhanced Rural Distributed Education (2013+)
   - Implementation and evaluation
4. Accreditation (MD Program 2013)

**RESEARCH**

   - Strategically focused on needs and opportunities of Newfoundland and Labrador and beyond.
   - Enhanced support and co-ordination of the full research cycle (from funding to discovery, to knowledge translation and implementation)
   - Increased funding, including a Provincial Health Research Fund.
   - New genetics facility completion and full operation.
   - Facilities renovation/replacement and animal care.
   - Strategically focused partnerships.
The shortage of physicians in Newfoundland and Labrador must be understood in the context of a Canadian and worldwide shortage, especially of family and rural physicians. The agreement on internal trade is increasing the mobility of physicians, which will make it even more difficult to recruit a sufficient number of fully qualified, fully licensed physicians to meet the needs of the people of Newfoundland and Labrador. In recognition of this, physician resource planning, involving the Regional Health Authorities, government, and Memorial’s Faculty of Medicine, identified that expansion of the medical school was required to improve and stabilize the province’s physician resources. The strategic planning process identified three components of the Faculty of Medicine’s expansion:

- MD Education Program
- Postgraduate Medical Education
- Facilities
The Faculty of Medicine was founded in response to a need within the Province of Newfoundland and Labrador for more qualified physicians – specifically, the need for qualified physicians in rural communities. This founding principle has continued to guide the growth of the Faculty of Medicine, as the need for rural doctors has continued to be a challenge in communities across Newfoundland and Labrador, and beyond. Memorial University’s Faculty of Medicine has become nationally recognized as a leader in producing rural doctors.

The expansion of the MD program began in 2008 with an increase to 64 students from the long-term baseline of 60. In 2013, the program will increase the class size to 80 students. Perhaps most significantly, this expansion will mean an increase in the number of MD students from Newfoundland and Labrador from a baseline of 40 students to 60 students – 20 new doctors each year from this province.

The new facilities required to house the expanded MD program will also bring up-to-date learning resources necessary for today’s advanced learning. The new state-of-the-art medical simulation learning centre will be a key component for student and resident education, as well as for continuing professional development for doctors and nurses from all over Newfoundland and Labrador.

Another component of the expansion of the MD program, is the new curriculum focused on interactive learning and the expanded rural capacity and infrastructure. The overall project is a commitment to, and an investment in, the provision of enhanced health care for the people of Newfoundland and Labrador. The expansion of the MD education program truly is about training new doctors from our communities, in our communities, for our communities.
The incoming class for 2008-09 increased from 60 to 64 and 46 of those seats were for students from Newfoundland and Labrador – an increase of six. The governments of New Brunswick and PEI purchased 12 seats and the remaining were open to other Canadian students.

With the increase in students, we have steadily increased faculty positions to meet the needs of the increased class sizes and also allow increased small group teaching environments.

Improvement and some expansion of rural medical accommodations.

Expanding clerkship numbers will expand to meet the needs of the increased class received in 2013.

Completion of the new medical education and genetics building in fall 2013.

Implementation of MD curriculum renewal.

Major expansion of rural medical student accommodations.

Newfoundland and Labrador Provincial Government commits to a $15 million expansion for medical education faculty and $11.75 million in new annual operational costs.
POSTGRADUATE MEDICAL EDUCATION

Because of the increased number of MD graduates in 2017, our postgraduate residency training program will need to be expanded to accommodate the increased numbers. Due to the length of training, projecting forward this will increase the supply of family doctors in the province in 2019 and the supply of specialists for the province in 2022.

Consolidating other revenue sources however, has allowed much earlier residency program expansion and in 2011 we were able to accept 77 newly-graduated doctors into our current residency training program. This will produce more family doctors to begin entering practice in 2013 – years ahead of the original 2019 projections. Some of these positions will be for international medical graduates, some of whom grew up in Newfoundland and Labrador. By doing their residency training in this province they will gain first-hand experience and skills to practice in our communities.

Expanding the Family Medicine Residency Program is a key component of meeting the health care needs of the people of Newfoundland and Labrador. With the support of the provincial government, the Faculty of Medicine successfully competed for $4.5 million in federal funding to expand the Family Medicine Residency Program in 2011 by up to an additional 16 positions over a six year period. These new positions will be mainly in Grand Falls-Windsor and Burin – taking into account the rural nature of the provinces population, and the importance of highly trained family physicians in our provinces communities.

To accommodate the growing Family Medicine program, we have already expanded the number of Family Medicine Clinics, which provide opportunities for resident training. In 2011 the new Torbay Family Medicine Clinic opened – this is the fourth clinic operated through the Discipline of Family Medicine, joining the network of clinics at Shea Heights, the Ross Family Medicine Clinic at the Miller Centre, and the Family Practice Clinic at the Health Sciences Centre.

In keeping with our goal of fostering physicians to be highly skilled in providing care in rural and community settings, funding of $4.9 million was secured to support up to eight newly graduated doctors to do their family medicine residency training in Nunavut in collaboration with Memorial’s Faculty of Medicine.
ENHANCED RURAL DISTRIBUTED EDUCATION

Rural medical education is of particular importance in Newfoundland and Labrador, which is the most rural province in Canada. Over half of our population of approximately 525,000 people live in rural communities, spread out over a vast geographic area of approximately 400,000 square kilometres. From its beginning, the Faculty of Medicine has focused on rural medicine as both a unique need and an opportunity.

We recognize that students from rural areas are much more likely to become rural doctors than those who grew up in cities. In Canada about 11 per cent of medical students come from a rural background whereas at Memorial 30 to 40 per cent of our students come from a rural background. Since medical students from both rural and urban backgrounds are more likely to enter rural practice if they have good rural learning experiences, the Faculty of Medicine provides rural medical education learning experiences in all four years of medical education. The MUN MD education program takes place in rural communities throughout Newfoundland and Labrador and beyond with the opportunity during the clerkship years to spend most of that learning time outside of St. John’s.

The new curriculum, designed to start in 2013 with the expanded class, will provide an increased focus on community learning experiences throughout Newfoundland and Labrador. This combined with the $4.5 million in federal funding to expand the Family Medicine Residency Program by up to an additional 16 positions (most of which will be outside of St. John’s), as well as the $4.9 million to support up to eight newly-graduated doctors to do their family medicine training in Nunavut in collaboration with Memorial’s Faculty of Medicine (NunaFam) (based on our successful Northern Family Medicine Program (NorFam), based in Happy Valley-Goose Bay) represent the concrete measures being executed to advance and maintain Memorial University’s Faculty of Medicine as a leader in rural medical education.
THE RURAL MEDICAL EDUCATION NETWORK

Critical to enhancement of rural distributed education in the Faculty of Medicine is the Rural Medical Education Network (RMEN).

RMEN is a virtual component of the Faculty of Medicine that co-ordinates the distributed education activities carried out in the regional/rural settings. The development of the rural network has increased opportunities for physicians to become an integrated part of medical education and lifelong learning, to have responsibilities in the MD, residency and continuing professional development programs, and to contribute to scholarship in education.
CURRICULUM RENEWAL

The Faculty of Medicine’s strategic planning process has identified curriculum revision as a key priority in its renewal of the MD program. The curriculum renewal will also enable the program to provide an enhanced educational model and facilitate the expanded class size in 2013.

A Medical Education Leadership Team was established in 2007 to lead the work of curriculum renewal, working with the Undergraduate Medical Studies Committee. This active process continues to be informed by needs analysis, best practices, and input from students, graduates, staff, faculty, healthcare partners, and other experts.

The renewed program is focused around interactive learning for students and will increase its emphasis on geriatrics and genetics, and on other regional and emerging health care needs. Students will benefit from new patient-focused case studies and active learning, as well as increased exposure to the rich learning experiences available in rural and remote parts of our province throughout the four year program.

The renewed curriculum has five principal design features:

1. Spiral sequence of learning
2. Presenting features scenarios and cases
3. CanMEDS competencies and four principles of Family Medicine
4. Core curriculum plus options
5. Longitudinal series of academic half days

See Appendix D for an overview of the curriculum design concept and process maps.

An Evaluation framework for the new curriculum has been developed and will be the ongoing responsibility of the Medical Education Leadership Team.
ACCREDITATION OF THE UNDERGRADUATE MEDICAL EDUCATION PROGRAM

The Faculty of Medicine will undergo a full accreditation survey of its MD program in the spring of 2013. This standards-based, peer-review process provides an opportunity for continuous quality assurance and improvement of the structure, function and performance of the medical school.

In preparation for this survey, the Faculty of Medicine is required to conduct an Institutional Self-Study that provides an evaluation of the quality of the medical education program and the adequacy of resources to support it.

In February 2011, the Accreditation Self-Study Steering Council, led by Dr. Sharon Peters, was formed with the mandate to:

- collect and review data about the medical school and its educational program,
- identify institutional strengths and issues requiring action,
- define strategies to ensure that the strengths are maintained and any problems are addressed effectively.

Working groups were established in 12 areas linked to specific accreditation standards. Action plans were developed to address each of the issues identified by the working groups. The medical education database has also been updated to reflect the solutions and strategies developed and implemented for improvement and change.

To ensure transparent communication of the accreditation process a timeline (Appendix E) was developed to outline the activities and expected outcomes associated with the accreditation process.
RESEARCH SUCCESS & KNOWLEDGE MOBILIZATION

Leading research programs are vital for the continued development of the Faculty of Medicine as well as the attraction of qualified specialists. The Faculty of Medicine strives to create research programs and facilities that connect and integrate collaborative research ranging from biomedical to clinical, community and applied health areas. Human genetics is particularly relevant to the health of the people of Newfoundland and Labrador because of the major success of the research carried out in recent years in the area of identifying genes associated with inherited diseases.

This strategic plan for 2012-2015, draws upon the strengths and philosophy of the Faculty of Medicine, and Memorial University as a whole, to focus on six key areas:

- Strategic focus on needs and opportunities of Newfoundland and Labrador and beyond
- Enhanced support and co-ordination of the full research cycle (from funding to discovery to knowledge translation and implementation)
- Increased funding, including a Provincial Health Research Fund.
- New genetics facility completion and full operation.
- Facilities renovation/replacement and animal care.
- Strategically focused partnerships.

We have developed a 21st century research model to integrate clinical research. The “Memorial model” identifies the problem in terms of the patient, family and community, searches for the biomedical basis of the disease, and then develops the best clinical care approach while addressing the ethical issues and informing health policy. Multidisciplinary teams assess the clinical and population problem within a patient, family and community context. They work with deep vertically integrated teams (sometimes down to the bio-molecular level) to discover the root causes and develop solutions and knowledge that can address the problem at the patient, community and population health level. This can often involve ethical, legal and health system considerations.

This model will be at the core of our new Craig L. Dobbin Genetics Research Centre and draws researchers together from the clinical disciplines who conduct research in human molecular genetics to BioMedical Sciences and Community Health and Humanities to do interdisciplinary research that focuses on the unique needs and opportunities for health research in Newfoundland and Labrador.
THE CRAIG L. DOBBIN GENETICS RESEARCH CENTRE

Genetic markers are helping to diagnose people with predispositions to certain illnesses. Found early, these people can be treated and lives will be saved. The sudden cardiac death (ARVC) gene discovery and treatment is an outstanding example of what can be accomplished in the province with appropriate human and capital resources. The discovery of mutations predisposing to colorectal cancer has stimulated the initiation of a program focused on preventing cancer in high risk families. This outstanding research, involving Newfoundland’s unique founder population will be key to the success of the new Craig L. Dobbin Genetics Research Centre.

The new centre will house research in human genetics on levels three, four and five. The critical aspect of this new space is that it will contain all genetics activities together in one building. Dr. Pat Parfrey is the lead in the team effort involving government, Eastern Health and Memorial University.

Key components:
- Patient care
- Founder population studies
- Bio-molecular clinical and research labs
- Advanced informatics and data management
- Clinical epidemiology/applied health research
- Legal, ethics, health policy and health system research and development
- Knowledge mobilization and commercialization

Key features:
- Provincial Medical Genetics Program, Eastern Health
- Clinical Epidemiology
- Research data centre
- Biobank
- Technology transfer
- Genetic basis of monogenetic disease
- Genetic Epidemiology of complex diseases
- Wet and dry laboratory research space

See Appendix F for further information on recent research successes.
An overarching strategy was identified in the strategic planning process – the need and the potential to create a culture of scholarship in striving for excellence and building success encompassing both education and discovery. This theme has, and will continue to, manifest itself in all aspects of growth with the Faculty of Medicine. The curriculum renewal process engages a large number of faculty and staff in medical education scholarship and faculty development. Additionally, there is an increasing recognition of the importance of strategically focused partnerships, networks and collaborations within the university, our community, region, province, country and the global community – this includes clinical teaching, research – how we interact with our students, each other and the broader community. Collectively, we will strive to:

1. Foster full engagement: internal and external
2. Develop strategically focused partnerships/networks/collaborations (internal and external)
3. Build Faculty of Medicine excellence and success (internally and externally)
Effective human resource alignment, co-ordinated and personalized communications, leadership development and comprehensive IT support were identified as key enablers, vital for Faculty of Medicine excellence and success in all the identified key programs.

1. Effective human resource alignment (strategic fit)
   - Clarify role definition: roles and responsibilities, updated job descriptions
   - Protected time
   - Recruitment/development/mentoring/support (faculty and staff)
   - Career planning and continuity
   - Recognition and reward
   - Update the Faculty of Medicine Organizational Policy and Procedures

2. Communications: co-ordinated/personalized
   - Internal/external

3. Leadership development at all levels

4. Comprehensive IT support (programs, communications and co-ordination)
   - Improve communications: there must be willingness of individuals to use existing mechanisms to keep everyone informed of relevant developments, projects and opportunities
The Strategic Plan was developed as a collective vision that realistically outlines specific implementation responsibilities for individuals, unit leaders, the Senior Management Committee and the Dean.

**INDIVIDUAL RESPONSIBILITIES**

1. Take personal and professional ownership: just do it/be willing to change the way we do things at the individual level
   - Teaching and research
   - Faculty development
   - Be a mentor or get a mentor
   - Pursuit of quality/excellence
2. Collaborate: build and support relationships, teamwork
3. Do my/our part in providing and sharing relevant information
4. Personal reflection: how should I modify my approaches to best support the Strategic Plan priorities and strategies, including creating a culture of scholarship

**ASSOCIATE AND ASSISTANT DEANS/CHAIRS/DIRECTORS AS UNIT LEADERS**

1. Provide the leadership, consistent with the Strategic Plan
   - Take advantage of leadership training, if required
2. Organize, align and co-ordinate the follow-up for the Strategic Plan at the unit level, including education, research and engagement
   - Ensure there is clarity of roles and responsibilities: who is responsible for what and that the unit has, or obtains, the required skills
   - Ensure equitable allocation of resources to fulfill commitments under the Strategic Plan
   - Ensure recruitment is consistent with the Strategic Plan
3. Monitor the unit’s progress and facilitate corrective actions
   - Includes incorporating related goals into performance goals and performance review
4. Act as a conduit between the unit at the Senior Management Committee:
   - Communicate both ways
SENIOR MANAGEMENT COMMITTEE (SMC)

1. Ensure overall development, co-ordination, implementation and follow-up for the Strategic Plan
2. Align responsibility for major elements, where appropriate, e.g. completing the curriculum renewal
3. Address resource requirements, especially funding, in a timely manner
4. Monitor the implementation of the major elements of the Strategic Plan and address any deficiencies

THE DEAN

1. Champion, co-ordinate and enable the entire implementation process through the SMC
2. Provide a Faculty of Medicine voice within Memorial University and to communities, government and the Regional Health Authorities and other key stakeholders
Key to the ability to implement the priorities presented in this strategic plan is the expansion of the facilities and physical resources of the Faculty of Medicine. The following is a timeline designed to illustrate the vast improvement, renovations and new facilities that have been recently implemented or are under development.

### Unique opportunity identified in genetic research

Newfoundland’s unique gene pool and the presence of excellent researchers at Memorial University and Eastern Health convinced the Canada Foundation for Innovation (CFI) to select this province for one of only eight projects to be funded under the Research Hospital Fund. This will be a joint genetics project between the Faculty of Medicine and Eastern Health. CFI funding of $11.2 million was announced to support a new genetics research centre to be constructed close to the Health Sciences Centre (HSC). Provincial contribution is $16.8 million to total project cost.

### MD expansion

The Newfoundland and Labrador Government commits to an expansion of medical education facilities. This also includes an expansion to the Faculty of Medicine to allow an increase from 60 to 80 plus students in the MD program and provide state-of-the-art facilities for its programs.

To maximize resources and funding opportunities, it was decided to construct one six-storey building adjacent to the HSC to house the medical school expansion and the new genetics centre.

### New computer lab in Health Sciences Library

The Health Sciences Library undergoes a number of renovations, most noticeably the addition of the new 86 seat computer lab which opened in November 2009. Utilizing a moveable wall, the lab can be divided into two rooms.

### Medical education and genetics building timeline

- **Seasonal Services and Foundations**
  - Contract awarded April 2010
- **Structural Steel**
  - Contract awarded July 2010
  - Completed October 2011
- **Main Building Package**
  - Contract awarded November 2010
  - Expected occupancy summer 2013 for Faculty of Medicine
  - Expected occupancy of Genetics Centre 2014

### Janeway Hostel expansion for research

Construction of two additional floors on the Janeway Hostel allows for new research space. The Primary Healthcare Unit and the Janeway Pediatric Research Unit are located here.
• Family Medicine Residency Program expands

The federal government announces that Newfoundland and Labrador will be provided up to $4.5 million to support 16 new family medicine residents in collaboration with the Faculty of Medicine over a six-year project.

• NunaFam program funded

Federal government announces funding of $4.9 million to support up to eight newly-graduated doctors for family medicine training in Nunavut in collaboration with Memorial’s Faculty of Medicine.

• Family Medicine Clinic at Torbay Mall opens

The Family Medicine Clinic located in the Torbay Road Mall, St. John’s, opens in November. This is the fourth clinic operated through the Discipline of Family Medicine joining the network of clinics at Shea Heights, the Ross Family Medicine Clinic at the Miller Centre, and the Family Practice Clinic at the HSC.

• Parking garage opens

The new four-storey parking structure, off Arctic Avenue accommodates about 840 vehicles for Memorial University and Eastern Health employees and visitors.

• Genetics Centre naming

The new centre for interdisciplinary research in human genetics is formally named the Craig L. Dobbin Genetics Research Centre. This was in recognition of a major gift from philanthropist Elaine Dobbin to the Faculty of Medicine in support of medical education and genetics research at Memorial.

• Major repair and renovation of Animal Care

Repairs and renovations have begun to improve the operations and resources to meet the current and future needs of these facilities.

• Faculty of Medicine expansion opens

New space will allow the number of medical students admitted to increase from 64 to 80 plus. This will increase total seats for students from Newfoundland and Labrador.

The expansion will provide up-to-date and expanded educational facilities including lecture theatres, small group study rooms, advance simulation, standardized patient as well as related educational support units.

• Craig L. Dobbin Genetics Research Centre opens

State of the art genetics research laboratories, patient clinics and offices from the HSC and other locations in St. John’s will be re-located. The centre will be one of the most advanced integrated scientific research patient care facility in the world.

• Repair and renovations of vacated space in the HSC begins

Graduate students have outgrown the space available for them especially in Community Health and Humanities and must be expanded. Wet lab and study space for graduate students and new faculty in BioMedical Sciences. Increased office and work space is needed for Clinical Epidemiology to meet their growing needs. Increased clinical and office space for Family Medicine faculty and support staff and other disciplines.

Repair and renovation will provide for much needed space for more graduate students in Community Health and Humanities, BioMedical Sciences and Clinical Epidemiology, and improved wet lab research space. Family medicine program capacity, including clinical space, will need to be increased.

• Sixth floor lab space completion in new building
As part of the strategic plan, recognizing the importance of consultation and collective commitment involved in strategic planning and progress, a strategy for ongoing updates, follow-up and continued engagement was developed.

STRATEGIC PLAN DEVELOPMENT AND FOLLOW UP TIMELINES

- **Strategic Planning Session**
  - November 2011

- **Approval by the Senior Management Committee (SMC) and assignment of appropriate individuals to develop macrolevel action plans**
  - January–June 2012

- **Draft Summary**
  - December 2011

- **Review Vision/Mission by SMC to ensure alignment**
  - January–June 2012

- **Update Following SMC Meeting**
  - May 2012

- **Annual Progress Reports**
  - November 2012
    - Strategic Planning Progress Update to Faculty of Medicine
    - Dean and others made progress reports on what has been accomplished during the previous 12 months followed by Q and A
    - Participants to address implementation issues and problem solve

- **Consolidate Input up to final document**
  - January–March 2013

- **Strategic Plan Approval by the Faculty of Medicine Senior Management Committee (SMC)**
  - April 2013

Ongoing face-to-face presentation and discussion with web links
- Other internal and external presentations and discussions, e.g., MUN Board of Regents (see Appendix H), Memorial Vice-President Council and other stakeholders, including the CEOs and Vice-Presidents (Medical) of the Regional Health Authorities and the Board of Eastern Health.

Regular monitoring of action plans implementation
- By unit leaders and the SMC quarterly, as required, starting in 2012
- SMC to communicate major developments/updates on regular basis
APPENDIX A
Physician resource planning involving the Regional Health Authorities, the government and Memorial’s Faculty of Medicine identified that expansion of the medical school was required to improve and stabilize the province’s physician resources. In 2013, the MD program will increase from 64 students to 80 plus to help in meeting current and future physician needs. The overall project is a commitment to, and an investment in, the provision of enhanced health care for the people of Newfoundland and Labrador.

The incoming class for 2008-09 increased from 60 to 64 and 46 of those seats were for students from Newfoundland and Labrador – an increase of six. The governments of New Brunswick and PEI purchased 12 seats and the remaining were open to other Canadian students.

With the increase in students, we have steadily increased faculty positions to meet the needs of the increased class sizes and also allow increased small group teaching environments.

Improvement and some expansion of rural medical accommodations.

Expanding clerkship numbers will expand to meet the needs of the increased class received in 2013.
Expanding Partnerships and Opportunities

With the commitment from the Newfoundland and Labrador Provincial Government in 2008, the incoming class for 2008-09 increased from 60 to 64 and 46 of those seats were for students from Newfoundland and Labrador — an increase of six. The governments of New Brunswick and PEI purchased 12 seats and the remaining were open to other Canadian students. With the completion of the medical school building expansion, the incoming class of 2013-2014 will increase to 80 plus seats with the majority of those new seats being reserved for students from Newfoundland and Labrador. This is all part of a commitment to meet healthcare needs for communities across the province.

MD Curriculum Renewal

The Faculty of Medicine’s strategic planning process has identified curriculum revision as a key priority in its renewal of the MD program. The MD program will require new curriculum to meet enhanced educational model and to facilitate the expanded class size.

A Medical Education Leadership Team was established in 2007 to lead the work of curriculum renewal, working with the Undergraduate Medical Studies Committee. This active process continues to be informed by needs analysis, best practices, and input from students, graduates, staff, faculty, healthcare partners, and experts. The renewed program will increase its emphasis on geriatrics and genetics, and on other regional and emerging health care needs. Students will benefit from increased exposure to the rich learning experiences available in rural and remote parts of our province.

The renewed curriculum has five principal design features:

1. Spiral sequence of learning
2. Presenting features scenarios and cases
3. CanMEDS competencies and four principles of Family Medicine
4. Core curriculum plus options
5. Longitudinal series of academic half days

www.med.mun.ca

Graduating MDs reciting the Oath of Hippocrates with Dr. William Pryse-Phillips.
Postgraduate Residency Training Program Expansion

The MD class of 2013 at Memorial University’s Faculty of Medicine will have an increase of seats from 64 to 80 plus. Because of the increased number of MD graduates, our postgraduate residency training program will need to be expanded to accommodate the increased numbers by 2017. This will increase the supply of family doctors in the province in 2019 and the supply of specialists for the province in 2022.

The following initiatives have enabled us to expand our postgraduate residency program earlier to provide increased numbers of fully-trained family doctors and specialists to practice in Newfoundland and Labrador:

- With the support of the provincial government, the Faculty of Medicine successfully competed for $4.5 million in federal funding to expand the Family Medicine Residency Program in 2011 by up to an additional 16 positions over a six year project.

- New residency positions will be mainly in Grand Falls-Windsor and Burin.

- Funding of $4.9 million will support up to eight newly-graduated doctors to do their family medicine residency training in Nunavut in collaboration with Memorial's Faculty of Medicine.

- Residency programs must increase to approximately 90 plus in 2017 to match the expanded output of the 80 plus MD graduates in 2017.

- Consolidating other revenue sources has allowed further expansion and in 2011 we were able to accept 80 newly-graduated doctors into our current residency training program. Some of these positions will be for international medical graduates, some of whom grew up in Newfoundland and Labrador. By doing their residency training in this province they will gain first-hand experience and skills to practice in our communities.

We have already expanded the number of Family Medicine Clinics, which provide opportunities for resident training. In 2011 the new Torbay Family Medicine Clinic opened – this is the fourth clinic operated through the Discipline of Family Medicine, joining the network of clinics at Shea Heights, the Ross Family Medicine Clinic at the Miller Centre, and the Family Practice Clinic at the Health Sciences Centre.
Newfoundland and Labrador Context

- Approximately 950 physicians are fully licensed and 250 physicians have provisional licences registered with the College of Physicians and Surgeons of Newfoundland and Labrador.
- A shortage of fully-qualified physicians in this province must be understood in the context of a Canadian and worldwide shortage of physicians, especially family and rural physicians.
- The agreement on internal trade is increasing the mobility of physicians, which will make it even more difficult to recruit and retain a sufficient number of fully-qualified, fully-licensed physicians to best meet the needs of the people of Newfoundland and Labrador.
- Many of our graduates complete very highly specialized post-graduate training programs, and with today’s mobility of physicians we recognize that some will go on to practice in other parts of Canada. Some of these will then be recruited back to fill those very specialized needs in the province.

We are working closely with the provincial government and regional health authorities to align our graduates with community needs and organizational structures. We will continue to work in collaboration with our partners to look at new models of practice in order that our graduates may most appropriately meet the needs of communities throughout Newfoundland and Labrador.

Family Medicine Residency Program expanded for Newfoundland and Labrador

The federal government announced Feb. 23, 2011 that Newfoundland and Labrador will be provided up to $4.5 million to support 16 new family medicine residents in collaboration with Memorial University’s Faculty of Medicine. This funding allows more newly-graduated doctors to do residency training to become rural family doctors. On behalf of the Honourable Leona Aglukkaq, minister of health, Senator Fabian Manning said this announcement will bring more doctors to Newfoundland and Labrador. “This project will provide the necessary medical training for new family medicine residents and equip them with the skill set needed to practice in rural and remote areas throughout the province.”

Working together with the provincial Department of Health and Community Services and the Faculty of Medicine at Memorial, federal funding for this project will support up to 16 new family medicine residents over the next six years, who will receive training in selected rural communities in Newfoundland and Labrador. As a result of this enhanced rural experience, these newly graduated doctors who are training as family medicine residents will be better prepared to practice in these small communities.

NunaFam Program announced

In response to Nunavut’s ongoing challenges to recruit and retain family physicians, the Government of Canada announced Feb. 22, 2011 it will provide $4.9 million to support up to eight newly-graduated doctors to do their family medicine training in collaboration with Memorial University’s Faculty of Medicine.

Funding for the Nunavut Family Physician Residents Project (NunaFam) project will provide family medicine residents with a structured and longer-term educational rotation in Nunavut. This extended exposure will encourage residents to stay and work in Nunavut after the completion of their medical training. While based in Iqaluit, the eight residents will conduct visits to several communities including those in the Qikiqtalluq (Baffin) Region.

Dr. James Rourke, right, attended by announcement of the NunaFam Program in Iqaluit, made by the Hon. Leona Aglukkaq, minister of health.
APPENDIX C
The Rural Medical Education Network
The Faculty of Medicine at Memorial University (MUN) is currently undertaking both curriculum reform and the expansion of the MD and postgraduate residency programs, particularly the Family Medicine Program. The Rural Medical Education Network (RMEN) is a key element of this expansion.

RMEN is a virtual component of the Faculty of Medicine co-ordinates the distributed education activities carried out in the regional/rural settings. The development of the Rural Network has increased opportunities for physicians to become an integrated part of the medical education along with the continuum of lifelong learning, to have responsibilities in the MD, and also the residency and continuing professional development programs, and to contribute to scholarship in education.

Timeline

- Dr. Mohamed Ravalia appointed assistant dean for the Rural Medical Education Network
- Physician leads and support staff appointed in Eastern Region, Central Region, Western Region, and Labrador-Grenfell Region
- Infrastructure to be in place before the expanded medical class starts in 2013.
- Major expansion of rural medical student accommodations

Rural Medical Education Network Regional Site Examples

**Eastern**
- Bell Island
- Bonavista
- Burin
- Carbonear
- Clarenville
- New Harbour
- Old Perlican
- Placentia
- Whitbourne

**Central**
- Baie Verte
- Botwood
- Brookfield
- Fogo Island
- Gander
- Grand Falls-Windsor
- Harbour Breton
- Springdale
- Twillingate

**Western**
- Bonne Bay
- Corner Brook
- Port aux Basques
- Port Saunders
- Stephenville Crossing

**Labrador-Grenfell**
- Flower's Cove
- Goose Bay
- Labrador City
- St. Anthony
Success in Rural Medical Education

Rural medical education is of particular importance in Newfoundland and Labrador, which is the most rural province in Canada. Over half of our population of 525,000 people live in rural communities, spread out over a vast geographic area of 400,000 square kilometers. From its beginning, the Faculty of Medicine has focused on rural medicine as both a unique need and an opportunity.

We recognize that students from rural areas are much more likely to become rural doctors than those who grew up in cities. In Canada about 11 per cent of medical students come from a rural background whereas at Memorial 30 to 40 per cent of our students come from a rural background. Since medical students from both rural and urban backgrounds are more likely to enter rural practice if they have good rural learning experiences, the Faculty of Medicine provides rural medical education learning experiences in all four years of medical education. The MUN MD education program takes place in rural communities throughout Newfoundland and Labrador and beyond with the opportunity during the clerkship years to spend most of that learning time outside of St. John’s.

The new curriculum, designed to start in 2013 with the expanded class, will provide an increased focus on community learning experiences throughout Newfoundland and Labrador. The first graduates of the expanded class will be in 2017; at that time our postgraduate residency training programs for family medicine and other specialties will need to be expanded to accommodate the increased number of MD graduates.

In recognition of the need for more physicians now, the Faculty of Medicine, with the support of the provincial government, successfully competed for $4.5 million in federal funding to expand the Family Medicine Residency Program in 2011 by up to an additional 16 positions. These new residency positions will be mainly in Grand Falls-Windsor and Burin (NLFam). Additionally, funding of $4.9 million will support up to eight newly-graduated doctors to do their family medicine training in Nunavut in collaboration with Memorial’s Faculty of Medicine (NunaFam). These programs are modeled on our successful Northern Family Medicine Program (NorFam), based in Happy Valley-Goose Bay.

Awards and Recognition

The Society of Rural Physicians of Canada has consistently judged Memorial University’s Faculty of Medicine a leader in rural medical education. We have received the society’s prestigious Keith Award four times since it was introduced in 2000, most recently in 2012, in recognition of our accomplishments in producing a significant number of practicing rural physicians. We also received the society’s Rural Education Award in 2008 in recognition of our excellence in producing MD graduates headed for a career in rural medicine. In 2009 Dr. James Rourke, Dean of Medicine at Memorial, received a Rural Leadership Award from the society in recognition of his outstanding leadership in rural medicine and education.
Background

Memorial University of Newfoundland (MUN) initiated plans for renewal of its Medical Doctor (MD) Program in 2008, with five principal design features:

- Spiral sequence with 4 Phases:
  - Health and its Promotion
  - Disruptions to Health/ Disease Prevention
  - Diagnosis/ Investigation of Illness/ Disease
  - Integration into Practice
- Presenting features;
- Objectives: UGME Program (CanMEDS); Learning Objectives (MCC, National, Present)
- Core curriculum/ options (e.g. research);
- Longitudinal series academic half days.

Work Summary

The approach to develop this curriculum includes:

- Leadership and Project teams;
- Facilitated Working Groups (family physicians, specialists, biomedical scientists, students/ residents); and
- Ongoing communication.

The process involves:

- Presenting features for each phase (family parts);
- Mapping of competencies and learning objectives to phases and cases;
- Teaching/ learning and assessment methods assignment;
- Creation of a database to support the complex mapping.

Results

Competency and objectives mapping, and Phase 1 skeleton cases are in final stages, with present curriculum objectives review and revision and database design well underway.

Conclusions

Lesson Learned: Leadership, facilitation, participation, and technology are important in developing a case-based spiral curriculum.

Future: Complete phase development; implementation (2013); assessment; evaluation.
APPENDIX E
ACCREDITATION OF THE UNDERGRADUATE MEDICAL EDUCATION PROGRAM

Timeline

The Faculty of Medicine will undergo a full accreditation survey of its undergraduate medical education program in the spring of 2013. Preparation for this survey has begun.

- **Identification and assignment of Leads to Institutional Self-Study Working Groups (12)**
  - Organization of self-study working groups based on categories/themes linked to specific accreditation standards
  - To access Leads and Assigned Standards, click on the UGME Accreditation Poster link in the Features section at www.med.mun.ca

- **Roles and Responsibilities of working groups available electronically via Features at www.med.mun.ca**

- **Introduction of Progress Report template to measure current compliance with accreditation standards (workshops held)**
  - Linked to checklists
  - Progress report and checklists to be completed by groups previously listed (Admissions, Student Affairs, etc.)
  - To access the Progress Report template, click on the UGME Accreditation Poster link in the Features section at www.med.mun.ca

- **Ongoing completion of checklists and progress report by applicable groups and individuals (Admissions, Student Affairs, etc.)**

- **Commencement of formal data gathering for institutional self-study**
  - Independent student analysis
  - Individual self-study working group activities

- **Formation of Accreditation Self-Study Steering Council – Chair, Dr. S. Peters**
  - Group oversees the overall accreditation process
  - To access Terms of Reference, including membership, click on the UGME Accreditation Poster link in the Features section at www.med.mun.ca

- **Distribution of checklists associated with each accreditation standard**
  - Checklists developed by the Association of Faculties of Medicine of Canada
  - Outline criteria to be met to achieve compliance with each standard
  - Groups provided with checklists for standards related to their area(s) of responsibility, such as Admissions, Student Affairs, Undergraduate Medical Studies Committee, Undergraduate Medical Education Office, Student Assessment, Program Evaluation and the Dean’s Office

- **Assignment of students, staff, residents and faculty to self-study working groups**

- **Completion of assignment of students, staff, residents and faculty to self-study working groups**
  - To access Working Group Memberships, click on the UGME Accreditation Poster link in the Features section at www.med.mun.ca

- **Ongoing completion of checklists and progress report by applicable groups and individuals (Admissions, Student Affairs, etc.)**
Completion of independent student analysis

Results of independent student analysis submitted to Self-Study Steering Council

Completion of medical education database by applicable groups and individuals (Admissions, Student Affairs, etc.)

Copy of medical education database available at www.lcme.org/pubs.htm#database

Dissemination of institutional self-study summary report

Results available to all medical school faculty, staff, residents and students
Agenda item for Faculty Council

Development and implementation of solutions and strategies for improvement and change

Faculty-wide involvement

Instructions for survey visit received by Dean’s Office

Includes list of survey team members

Completion of assignment of students, staff, residents and faculty to self-study working groups

Submitted to Self-Study Steering Council
Critical analysis of programmatic strengths and weaknesses
Identification of gaps and non-compliance with accreditation standards
Suggestions and strategies for achieving compliance

Preparation of institutional self-study summary report by Self-Study Steering Council

Synthesis of working group reports
Evaluation and summary of major institutional strengths and weaknesses
Suggestions for solutions and strategies for improvement and change

Development and implementation of solutions and strategies for improvement and change

Faculty-wide involvement
Report card to be developed to track and measure progress

Mock accreditation survey

Involvement of individuals with experience as a member of an accreditation survey team

Updating of institutional self-study and medical education database to reflect solutions and strategies developed and implemented for improvement and change

To be completed and/or coordinated by Self-Study Steering Council
Updates submitted to CACMS/LCME survey team along with independent student analysis
Database updates submitted to CACMS/LCME and survey team members

Mini self-study
Objective analysis of success of implementation of solutions and strategies for improvement and change

Schedule of survey team visit finalized

Accreditation survey team visit may occur this month
Dates of visit determined in December 2012
Team consists of 6 members
Survey visit conducted Sunday evening to Wednesday morning
Team meets with individuals, groups, committees, etc.
Team reviews compliance status of all accreditation standards

2013

Post-survey debriefing
Review of survey team draft report by Dean and by Self-Study Steering Council
Results to be disseminated to faculty, residents, staff and students

Accreditation decision
Anticipation of earliest receipt of written notification from accrediting bodies announcing accreditation status of the MD program
Notification may be received as late as November 2013
APPENDIX F
FACULTY OF MEDICINE STRATEGIC PLANNING:
Key Program Timelines, Targets and Requirements

RESEARCH EXPANSION

The Faculty of Medicine’s goal is to:

• Expand leading edge research especially in areas related to Newfoundland and Labrador’s unique population characteristics and needs.
• Create research programs and facilities that that connect and integrate collaborative research ranging from biomedical to clinical, community and applied health areas.

The Memorial model for clinical research

We have developed a 21st century research model to integrate clinical research. This “Memorial model” starts with a patient problem. Multidisciplinary teams assess the clinical and population problem within a patient, family and community context. They work with deep vertically integrated teams (sometimes down to the bio-molecular level) to discover the root causes and develop solutions and knowledge that can address the problem at the patient, community and population health level. This can often involve ethical, legal and health system considerations.

This model will be at the core of our new Craig L. Dobbin Genetics Research Centre and draws researchers together from the clinical disciplines who do research in human molecular genetics to BioMedical Sciences and Community Health and Humanities to do interdisciplinary research that focuses on the unique needs and opportunities for health research in Newfoundland and Labrador.

Increase in research funding

There was a great increase in external research support in 2010-2011 following Memorial’s success in obtaining funding from the Canada Foundation for Innovation (CFI).

Total External Research Support

While overall funding has increased substantially, the pool of applicants competing for fund is growing. This includes funding from CFI and Canadian Institutes of Health Research (CIHR) and we will need to strengthen our competitive success.

Newfoundland’s unique gene pool and the presence of excellent researchers at Memorial University and Eastern Health convinced the CFI to select this province for one of only eight projects to be funded under the Research Hospital Fund.
Construction of the Genetics Centre

In 2013, there will be an increase of students in the MD program and to meet the program’s needs, a new building is required. Originally the medical school expansion and the new Genetics Centre were planned to be two separate buildings, but through thorough planning we were able to combine the buildings into two to achieve significant cost savings and maximizing space usage.

The Craig L. Dobbin Genetics Research Centre

The new building will house research in human genetics on levels three, four and five. The critical aspect of this new space is that it will put all genetics activities together in one building. Dr. Pat Parfrey is the lead in the team effort involving government, Eastern Health and Memorial University.

Key components:
- Patient care
- Founder population studies
- Bio-molecular clinical and research labs
- Advanced informatics and data management
- Clinical epidemiology/applied health research
- Legal, ethics, health policy and health system research and development
- Knowledge mobilization and commercialization

Key features:
- Provincial Medical Genetics Program, Eastern Health
- Clinical Epidemiology
- Research data centre
- Biobank
- Technology transfer
- Genetic basis of monogenetic disease
- Genetic Epidemiology of complex diseases
- Wet and dry laboratory research space

2013–2015
- Strategic focus on needs and opportunities of Newfoundland and Labrador and beyond.
- Enhanced support and co-ordination of full research cycle – from funding through discovery to patient care.
- New genetics facility completion and full operation.
- Renovation of existing research facilities in Health Sciences Centre.
- Major repair and renovation of existing Animal Care facilities.
- Strategically focused partnerships.
- Goal to establish a Provincial Health Research Fund.
Research Success — The ARVC Story

Hundreds of Newfoundlanders are only too familiar with ARVC (arythmogenic right ventricular cardiomyopathy), commonly known as sudden cardiac death. It's a degenerative genetic condition where healthy heart cells are replaced by fatty, fibrous tissue, particularly on the right ventricle. The first symptom is often death.

Touched by the plight of families in Newfoundland affected by ARVC, the molecular genetics research lab in Memorial’s Faculty of Medicine, led by Dr. Terry-Lynn Young, made a group decision to concentrate their efforts on identifying the responsible gene. They were successful and their findings were published in the Feb. 28, 2008 online American Journal of Human Genetics and was widely publicized.

The genetic discovery has taken the guess work out of determining who is at risk, and now a simple blood test can now determine who carries, and who does not carry, the ARVC gene. Through these discoveries, it is now recommended that either an implantable or external defibrillator be provided to male carriers in their late teens, and female carriers in their late 20s, even if they have no clinical symptoms. That has resulted in 10 times fewer the number of male deaths, when compared with carriers without defibrillators.

Advancements in BioMedical Sciences

Dr. Qi Yuan, an assistant professor in the Neuroscience Program in BioMedical Sciences, has been successful in obtaining research funding — in fact she was ranked as a top candidate in her panel by the Canadian Institutes of Health Research. Her work focuses on the cellular and synaptic mechanisms of odor associative learning in rats. Recently, her lab has been developing a new technique — Cellular compartment analysis of temporal activity by fluorescence in situ hybridization (catFiSH) in order to visualize neuronal changes in the brain following behavior. This is in collaboration with Dr. Jules Doré (Memorial) and Dr. Diano Marrone (Wilfrid Laurier University).

The primary focus of Dr. Rod Russell’s research is the molecular virology and immunology of hepatitis C virus (HCV), which causes acute and chronic liver disease in humans. His research interfaces with faculty members Dr. Thomas Michalak, Canada Research Chair in Molecular Virology, and Dr. Michael Grant, professor of immunology and infectious diseases, as well as the National CIHR Research Training Program in Hepatitis C. Much of the research performed in Dr. Russell's lab is made possible through crucial national and international collaborations with other HCV researchers such Dr. Matthias Götte at McGill University in Montreal and Dr. Shyam Kottilil at the National Institutes of Health in Bethesda, MD, USA.

Community Health and Humanities examining diet and cancer relationships

Collaborative research in the Division of Community Health and Humanities has improved our understanding of the relationships between diet and cancer. Dr. Peter Wang (MD, epidemiologist) and Dr. Barbara Roebothan (dietitian) are two active members of this research team. In light of high incidence of colorectal cancer in this province, this team has systematically examined life-style and dietary factors in relation to this disease in the past five years. Their work has made many important discoveries, which have been published in peer-reviewed international journals. For example, their study suggested that dietary intakes of calcium, vitamin D, and pickled red meat are associated with risk of colorectal cancer in residents of Newfoundland and Labrador. Alcohol drinking is particularly harmful among people with obesity. N-nitroso comounds increased this risk of colorectal cancer; however, this effect neutralized by vitamins C and E. The researchers have also found a significant association between cigarette smoking and colorectal cancer. This component of their work has been performed in conjunction with a large multicentre Colorectal Cancer Research project. Currently, this team aims to examine gene-environment interaction and its role in colorectal occurrence through boarder collaborations.
Research Expansion

The Primary Healthcare Research Unit

Established in November 2005, the primary Healthcare Research Unit (PHRU) exists as a resource within the Discipline of Family Medicine, Faculty of Medicine, for the conduct of clinical and health services research in the area of primary care and primary health care.

Dr. Marshall Godwin, a family physician, researcher and clinician, is the director of the unit. The Centre for Rural Health Studies, under the direction of Dr. Kris Aubrey, is dedicated to research involving the provision of health care and health services to rural Canadian populations, including any topics directly or indirectly affecting rural community inhabitants or caregivers.

Janeway Pediatric Research Unit

Established in 2011, through the generous support of the Janeway Children’s Hospital Foundation and the Colonel Harland Sanders Charitable Foundation, the Janeway Pediatric Research Unit (JPRU) serves as a nexus for pediatric research being conducted at Eastern Health’s Janeway Children’s Health and Rehabilitation Centre and the Faculty of Medicine.

Faculty and staff associated with the unit conduct clinical and applied health research, with over 40 active projects on a range of childhood diseases.

The JPRU is also a local training centre for the Canadian Child Health Clinician Scientist Training program.

Health Research Unit

The Health Research Unit (HRU) in the Division of Community Health and Humanities was engaged with the community long before the university embarked on its community engagement pillar in its strategic plan. Established in 1992, the HRU connects the expertise and research capabilities of faculty members with the population health research needs of the community. Since 1992, over 70 projects have been completed in diverse areas ranging from health policy and health services to program evaluations and needs assessments for outside groups. The HRU is an important interface between the community and the Faculty of Medicine, bringing with it an increasing lay awareness of the breadth of our involvement in research and a greater understanding of the needs and perspectives of the community.
The Faculty of Medicine is committed to supporting communities both within Newfoundland and Labrador and in the broader, global community. Examples of this commitment are demonstrated in the Gateway Project, the Aboriginal Health Initiative and the Global Health Office.

THE GATEWAY PROJECT
The Gateway Project is a volunteer program for medical students at Memorial University, led by students and supported through a partnership between the Faculty of Medicine and the Association for New Canadians (ANC). The project aims to improve access to medical care for refugees in the St. John’s area and introduce medical students to cross-cultural medicine while engaging them in community action.

Student volunteers of the Gateway Project conduct interviews and physical screenings with refugee participants to develop written medical histories that can be shared with the participant’s family doctor. The Gateway Project also helps match participants with family doctors as needed, conducts research about the health needs and issues of refugees in St. John’s, and undertakes other initiatives to benefit refugees as needs are identified.

ABORIGINAL HEALTH INITIATIVE
The Aboriginal Health Initiative was initiated in the fall of 2008 through funding from the Aboriginal Health Human Resources Initiative. This initiative focuses on students from Aboriginal communities in Newfoundland and Labrador and encourages, recruits, and supports Aboriginal students to consider a career in medicine. The initiative reserves two seats per year for Aboriginal students and also includes revisions to the undergraduate medical curriculum and reconfiguring the masters of public health program to ensure cultural relevance and sensitivity.

A series of Pillars to Success have been identified to guide recruitment and support of Aboriginal students in Memorial’s medical school. This three-part program aims to enhance the cultural sensitivity of health professional education and advance the presence of Aboriginal Peoples in the country’s health professions. For a complete list of the Pillars to Success and more information about the Aboriginal Health Initiative see Appendix G(ii).
GLOBAL HEALTH OFFICE
The Global Health Office supports global health teaching and learning in undergraduate and postgraduate medical education in the Faculty of Medicine and graduate programs in the Division of Community Health and Humanities. Through the creation of a Global Health Office, Memorial University is creating opportunities for our students, staff and faculty to make a positive difference in the world through local and international partnerships that address health inequity. As part of the philosophy of social accountability in the Faculty of Medicine, the Global Health Office facilitates service learning, research, and experiential opportunities that enhance knowledge about the relationship between health and social justice. The mandate of the Global Health Office includes:

1. Developing and supporting safe, ethical, and educational clinical training, observerships and research opportunities in low resource/international locations;
2. Preparing trainees for cross cultural experiences and international travel;
3. Increasing awareness about social, environmental and cultural inequalities and challenges faced by under-resourced communities and marginalized or vulnerable populations at home and abroad;
4. Promoting equity, justice, and access to health care for vulnerable populations;
5. Enhancing understanding and respect for cultural differences and developing skills for culturally responsive research and practice;
6. Aiding in the development of respectful partnerships in the promotion of health equity at home and abroad; and,
7. Promoting advocacy for global health issues.
The Gateway Project is a volunteer program for medical students at Memorial University, led by students and supported through a partnership between the Faculty of Medicine, the Association for New Canadians (ANC) and Eastern Health. The project aims to improve access to medical care for refugees in the St. John’s area and introduce medical students to cross-cultural medicine while engaging them in community action. Student volunteers of the Gateway Project conduct interviews and physical screenings with refugee participants to develop written medical histories that can be shared with the participant’s family doctor. The Gateway Project also helps match participants with family doctors as needed, conducts research about the health needs and issues of refugees in St. John’s, and undertakes other initiatives to benefit refugees as needs are identified.

The Gateway Project is coordinated by Kate Duff, project coordinator, and by volunteer medical student coordinators who are elected each year by their classmates. Guidance and oversight is provided by faculty advisors (Drs. Pauline Duke, Gerard Farrell and Shree Mulay) and an Advisory Committee comprised of the project’s champions.
“The student-led MUN Med Gateway Project is a model of public engagement and social accountability, helping integrate new Canadians into our health care system and helping medical students understand how they can serve one of our society’s most vulnerable populations.”

Dr. James Rourke, Dean of Medicine

MUN MED GATEWAY: A PUBLIC PARTNERSHIP SERVING THE PUBLIC GOOD

REFUGEES IN ST. JOHN’S
St. John’s welcomes 100 – 200 Canadian Government sponsored refugees each year. Accessing health care services is a challenge for newcomer refugees due to lack of knowledge of the Canadian health care system, unfamiliarity with St. John’s, and language barriers.

OUR PARTNERSHIP
The MUN Med Gateway Project is a partnership between Memorial University’s Faculty of Medicine, the Association for New Canadians (ANC) and Eastern Health. The Faculty and the ANC formed the Gateway Project together and today the partners continue to work collaboratively in all aspects of administering and growing the project.

BENEFITS OF THE MUN MED GATEWAY PROJECT

FOR REFUGEES
- Introduced into Canadian health care system
- Matched with a family doctor and given a foundation for beginning this relationship
- Receive assistance for immediate health needs that are identified

FOR STUDENTS
- Build awareness and skills in cross-cultural care
- Develop clinical skills in interviewing and screening
- Develop leadership skills
- Serve a vulnerable population through community action

FOR SOCIETY
- Initial medical history and referrals reduces pressure on family doctors
- Contributes to better health and wellbeing of a vulnerable population
- Develops future doctors with skills and awareness in practicing cross-cultural care
MUN MED GATEWAY PROJECT’S PRIMARY SERVICES

TAking Medical Histories
At weekly Gateway sessions, medical student volunteers conduct interviews and physical screenings with refugee participants to develop medical histories, under the supervision of Dr. Pauline Duke. Ms. Barbara Albrechtsens, public health nurse based at the ANC, assists with the physical screenings, which include dental, hearing, vision, blood pressure, and height/weight checks; growth checks for children; gathering immunization history; and conducting an initial TB test.

Making Connections with Family Doctors
The Gateway Project connects each refugee participant with a family doctor and shares the medical histories with the doctor. The medical history provides a foundation for developing the doctor/patient relationship and identifying health needs.

Providing Assistance
When immediate health concerns are identified in the physical screening, the Gateway Project can provide assistance and/or make referrals to appropriate specialists (e.g., audiology, optometry, dentistry, ENT).

“It is a real privilege to work with refugees. Our medical students learn a lot about what they have endured in their lives and how very strong they are to be able to survive and begin new lives here.”

Dr. Pauline Duke,
Discipline of Family Medicine at Memorial University,
Faculty advisor to the MUN Med Gateway Project
MUN MED GATEWAY PROJECT’S ADDITIONAL INITIATIVES

The student volunteers and other Gateway champions also lead initiatives that seek to further contribute to the health and wellbeing of refugees in St. John’s. Here are some recent and ongoing initiatives:

Vitamin D Initiative - After seeing two refugee children with rickets, medical students involved with Gateway and the Public Health Interest Group arranged donations/discounts with a local Walmart branch for vitamin D drops that are supplied (along with explanation on proper use) by the ANC’s public health nurse for free to all families with babies.

Car Seat Safety Initiative - Many refugee families are unable to afford car seats that meet current safety standards. The student volunteers fundraise and purchase car seats to provide to families at no cost – in 2012, over 40 car seats were distributed. The group partnered with Brighter Futures and the Kids in Safe Seats Program to show families how to properly install and use the car seats.

Dental Health Initiative - Student volunteers promote good dental health by gathering and distributing donated supplies, such as toothbrushes, toothpaste, and floss.

Health Fair - Students volunteer at Health Fairs, helping take blood pressure, height/weight measurements of participants and providing information about good health.

Refugee Well Women Clinics - Students volunteers assisted in a new initiative to provide refugee women with well women care.

Prom Support Initiative - Student volunteers organized a drive for prom dresses, collecting more than 75, which were donated to the ANC for refugee students to choose from.

Holiday Festivities - For the past two years, Gateway's volunteers have hosted holiday parties for refugees and immigrants, sharing with them the cultural experience of seasonal gatherings in Canada. The festivities include food, entertainment and a small gift for children. The students plan to make this an annual event.

Learn more about the MUN Med Gateway Project by visiting www.med.mun.ca/munmedgateway or contacting the project coordinator, Kate Duff.
APPENDIX G (ii)
The Aboriginal Health Initiative in Memorial University's Faculty of Medicine was initiated in the fall of 2008 through funding from the Aboriginal Health Human Resources Initiative. This initiative focuses on students from Aboriginal communities in Newfoundland and Labrador and encourages, recruits, and supports Aboriginal students to consider a career in medicine. The initiative reserves two seats per year for Aboriginal students and also includes revisions to the undergraduate medical curriculum and reconfiguring the masters of public health program to ensure cultural relevance and sensitivity.

Dr. Michael Jong, full-time clinical faculty member in Happy Valley-Goose Bay, and Dr. Catherine Donovan, Division of Community Health and Humanities, are co-chairs of this project. Dr. Carolyn Sturge Sparkes is the project co-ordinator.
PILLARS TO SUCCESS

The following pillars are designed to support the recruitment and success of Aboriginal students in Memorial’s medical school.

RECRUITMENT PILLARS IN PLACE

School Visits
The Aboriginal Health Initiative co-ordinator has visited schools throughout the province including Miawpukek (Conne River), Qalipu (Lourdes, St. George’s), the Innu Nation (Sheshatshiu), Nunatsiavut: Nain, Hopedale, Mikkovik, Northwest River and Postville.

MedQuest
This summer program in St. John’s is open to all high school students in Newfoundland and Labrador to become familiar with various health care professions.

Pre-Med Summer Institute
A Pre-Med Summer Institute for Aboriginal students was offered for the first time in 2011 at the Labrador Health Centre in Happy Valley-Goose Bay. Although this was not offered in 2012, funds from the Atlantic Policy Congress of First Nations Secretariat and Nunatsiavut will support it in 2013.

Pre-Med Orientation/Mentoring Programs
Designed for Aboriginal undergraduate students interested in medicine, this program familiarizes students with the admission process and links students with medical student mentors.

MCAT Prep Awards
Funding is available for Aboriginal students to prepare to write the Medical College Admission Test (MCAT).

“This three-part program will bring Memorial to the forefront of the national effort to enhance the cultural sensitivity of health professional education and the presence of Aboriginal Peoples in the country’s health professions.”

Professor James Rourke
Dean of Medicine
We want a medical education curriculum that is welcoming to aboriginal medical students and ensures that other medical students receive an education that fully addresses the health, wellness and care needs of the province’s Aboriginal populations.

Dr. Carolyn Sturge Sparkes
Project Co-ordinator
Aboriginal Health Initiative

**PROJECTED RECRUITMENT PILLARS**

**University Transition Program**
Currently being piloted for pre-undergraduate students, the program content includes an orientation component, academic upgrading and skill development. The long-term intent is to include an Indigenous focus especially for First Nations/Inuit/Métis People aspiring to receive an undergraduate degree.

**SUPPORT PILLARS IN PLACE**

**Medical Mentorship@MUN**
Matching aboriginal medical students with faculty and postgraduates through mentorship clusters with one mentor and four students.

**PROJECTED SUPPORT PILLARS**

**Scholarships/Awards**
Efforts are being made to offer scholarship/awards for first-year and possibly residency-year students.

**Med Friendship Circle**
A student run association is being organized comprised of First Nation, Inuit and Métis students with non-Aboriginal medical students with the goal of building bridges of understanding.

“We want a medical education curriculum that is welcoming to aboriginal medical students and ensures that other medical students receive an education that fully addresses the health, wellness and care needs of the province’s Aboriginal populations.”

Dr. Carolyn Sturge Sparkes
Project Co-ordinator
Aboriginal Health Initiative
CURRICULUM PILLARS IN PLACE OR IN PROGRESS

Aboriginal Health Sessions
Sessions are now offered for first-year medical students comprised of an overview of First Nations/Inuit, Métis Peoples and a case study review as well as a guest speaker or panel discussion and presentation by drum dancers.

Revised Undergraduate Medical Education Curriculum
The renewed curriculum will include case study and problem-based clinical situations including a focus on Aboriginal Peoples and their wellbeing and integration of the First Nations/Inuit, Métis core competencies developed by the Indigenous Physicians’ Association of Canada.

PROJECTED CURRICULUM PILLARS

MedPrep North
Through this elective medical students will gain experience in a First Nations/Inuit/Métis community. The elective will focus on both clinical and wider community-based training. It will also involve in-depth pre-departure training.

Resident Pre-departure Program
Designed for medical residents prior to rotations in Labrador, this in-depth pre-departure training will include sessions on ethics, mentorship, and cultural awareness and sensitivity.

SUCCESS TO DATE

• Creation of a tenure-track and part-time clinical assistant professor position in Aboriginal Health based at the Labrador Institute in Happy Valley Goose Bay.
• Development and implementation of recruitment pillars.
• Admission success (two seats each year are reserved for aboriginal students) in addition to regular entries.

2011
Number of applicants – six
Number interviewed – five
Number accepted – two

2012
Number of applicants – 18
Number interviewed – nine
Number accepted – six

CONTACT

Dr. Carolyn Sturge Sparkes,
AHI Program Co-ordinator
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Tel: 709 777 2452
APPENDIX G (iii)
The Global Health Office at Memorial University's Faculty of Medicine was created in April of 2012. The growing interest in global health among medical students, residents and clinical and research faculty provides the impetus for expanding educational opportunities through curriculum development and service learning. The focus moves well beyond ethically grounded and socially accountable international experiences to include increased awareness of the social, political and economic factors that contribute to health inequities. In line with the Faculty of Medicine’s social accountability mandate and Memorial University’s Public Engagement Framework, the Global Health Office facilitates research and education that will have an impact on health at home and internationally.

Dr. Shree Mulay, associate dean of Community Health and Humanities, is the faculty advisor and Dr. Jill Allison is the global health co-ordinator.
“Through the creation of a Global Health Office, Memorial University is developing opportunities for our students, staff and faculty to make a positive difference in the world through local and international partnerships that address health inequity.”

Dr. James Rourke, Dean of Medicine

PROMOTING PARTNERSHIPS AND INNOVATION IN GLOBAL HEALTH

GLOBAL HEALTH ELECTIVES
The Global Health Office works closely with the Undergraduate Medical Education and Postgraduate Medical Education offices to promote safe, clinically relevant and socially responsible electives abroad. Students and residents have gone to India, Nepal, South Africa, Egypt, Ecuador, Mexico, Australia, Malaysia, Vietnam and Singapore, as well as number of European countries for clinical training opportunities in the past year.

INSIGHT – INTERNATIONAL SUMMER INSTITUTE FOR GLOBAL HEALTH TRAINING
This program is an innovative pre-clerkship elective that combines clinical observerships in a low income country with an intensive focus on the social determinants of health through seminars, lectures, community site visits, meetings with NGOs and research with service providers in Kathmandu, Nepal. With funding from the Wallace Ingram Award and the Newfoundland and Labrador Medical Association, the program is in its inaugural year.

GLOBAL HEALTH AND SOCIAL ACCOUNTABILITY
Memorial University is exploring opportunities to provide academic program assistance to the Patan Academy of Health Sciences (PAHS) by sharing faculty expertise. PAHS is a new medical school in Kathmandu with a mandate to train students to become practitioners who will meet the needs of rural communities and underserved populations in Nepal.

INSTITUTIONAL PARTNERSHIPS
Formal partnership agreements are being developed with the Patan Academy of Health Sciences in Kathmandu Nepal, Witwatersrand University in Johannesburg, South Africa and the Civic Hospital in Guadelajara, Mexico.
EDUCATION AND CURRICULUM DEVELOPMENT

PRE-DEPARTURE TRAINING PROGRAMS
All students and resident participating in an international elective as part of their training will take part in a pre-departure training program that provides information on personal health and safety, travel safety, cross cultural communication and language, cultural responsiveness, competency and humility, and ethics in international and low resource settings. The program takes place over a full day and features guest speakers, discussion groups, movies and case studies. An online program is being piloted for students who cannot take part in person.

GLOBAL HEALTH SEMINARS
The global health co-ordinator participates in team taught courses in the Undergraduate Medical Education Program as well as the graduate program in Community Health and Humanities. Seminars on global health, case studies and specific special topics are presented regularly.

MEDQUEST
Global health and the role of medical professionals in humanitarian response are presented in the MedQuest summer program offered to high school students from across the province at every year.

SPEAKERS SERIES
The Global Health Office co-ordinates a monthly speakers series drawing on both local and invited speakers with experiences, expertise and research on a broad range of issues relevant to global health. In addition, there is a partnership with the Infectious Diseases (ID) Group to hold a monthly ID Rounds that focuses on a topic related to global health or health and social justice.
STUDENT LED PROGRAMS

GLOBAL HEALTH INTEREST GROUP
The Global Health Office supports the initiatives of the student interest group by providing resources and promoting activities.

JOURNAL CLUB/VIDEO DISCUSSION
Students have developed a successful interdisciplinary journal club and also screen documentaries for discussion between students and faculty.

PROGRAMS AND PROJECTS IN DEVELOPMENT

NEW CURRICULUM
As MUN's Faculty of Medicine initiates a new undergraduate medical curriculum, the Global Health Office has contributed to the focus on the needs of under-resourced and under-serviced populations. The Association of Faculties of Medicine of Canada (AFMC) core competencies in global health provide the basis for curriculum development and program objectives.

PRE-CLERKSHIP ELECTIVES
A pre-clerkship local social justice and health equity elective through service learning is being developed by the Global Health Office. In collaboration with Eastern Health’s Primary Care Program and a number of community organizations that serve marginalized populations in the downtown core, the elective will offer students the opportunity to meet people with complex health and social needs.

COMMUNITY HEALTH AND HUMANITIES GRADUATE COURSE
There is an interest among graduate students in Community Health for coursework in global health. A new graduate course is being developed for masters and PhD students. In addition, discussion is ongoing about developing a new master’s in public health (MPH) stream in global health.

MENTORSHIP DATABASE
A database of faculty with global health and international development experience is being developed. As the database grows, a mentorship program will be developed to match students with experienced faculty and researchers who can provide advice and develop their interests in global health.
APPENDIX H

PROGRESS REPORT TO THE BOARD OF REGENTS
FEB. 7, 2013

The Progress Report provided to the Board of Regents was followed by discussion of the remarkable progress made by the Faculty of Medicine. Similar presentations were done with Memorial Vice Presidents’ Council and other stakeholders, including the CEOs and Vice-Presidents (Medical) of the Regional Health Authorities and the Board of Eastern Health.
Faculty of Medicine Update for Board of Regents
February 7, 2013
by Dean James Rourke

Accreditation MD Program

- New building.
- Class expansion.
- New curriculum.
- Other issues.

Accreditation MD Program

2013 – big year for Faculty of Medicine
- Accreditation.
- Completion of Medical Expansion Facility.
- Expansion of Medical Class to 80.
- New Curriculum
- Residency programs.
- Research.

Accreditation MD Program

- Update affiliation agreements with RHA’s.
- Recognition and support of intertwined triple role
  → clinical care
  → education
  → research
- As partnership key to health for Newfoundland and Labrador.

Accreditation MD Program

- LCME and CACMS.
- On eight year cycle.
- Visit May 5-8, 2013.

Facilities Expansion

Artist's rendering of new facility construction: MD expansion and the Craig L. Dobbin Genetic Research Centre.
Facilities Expansion

Site Services and Foundations
- April 2010 – contract awarded

Structural Steel
- July 2010 – contract awarded
- October 2011 – completed

MD Education Program Expansion

2008
- Newfoundland and Labrador Provincial Government commits to expansion of MD class size from 60 to 80 (for 2013) with 60 seats to be for students from the province.

Facilities Expansion

Main Building Package
- November 2010 – contract awarded
- Summer 2013 – expected occupancy for Faculty of Medicine
- 2014 – expected occupancy of Craig L. Dobbin Genetics Research Centre

MD Education Program Expansion

2008
- The incoming class of 2008-09 increased from 60 to 64 and 46 of these seats were for students from Newfoundland and Labrador – an increase of six
- The government of New Brunswick and PEI purchased 12 seats and the remaining were open to other Canadian students.

MD Education Program Expansion

2013
- Class of 60 students with 60 from NL
- Implementation of MD curriculum renewal
- Improvement and some expansion of rural medical accommodations
MD Education Program Expansion

2015
- Expanding clerkship numbers will expand to meet the needs of the increasing class size received in 2013.
- Major expansion of rural medical student accommodations.

The Rural Medical Education Network

2010
- Dr. Mohamed Ravalia appointed assistant dean for the Rural Medical Education Network.

2011
- Physician leads and support staff are appointed in Eastern Region, Central Region, Western Region, and Labrador-Grenfell Region.

The renewed curriculum has five principal design features:
1. Spiral sequence of learning
2. Presenting features, scenarios, and cases
3. CanMEDS competencies and four principles of Family Medicine
4. Core curriculum plus options
5. Longitudinal series of academic half days

2013
- Infrastructure to be in place for the expanded medical class starting in 2013.

2016
- Major expansion of rural medical student accommodations.

The Rural Medical Education Network Site Examples

- Eastern: Bell Island, Bonavista, Burin, Cataract, Conception Bay, Flatrock, Fox Harbou, Grand Falls-Windsor, Harbour Breton,Springdale, Trepassey
- Central: Baie Verte, Bonavista, Clare, Conception Bay South, Logy Bay-Middle Cove, Harbour Breton, Bay Bulls
- Western: Norris Point, Frenchman’s Cove, Goff’s Cove, Green Bay, Labrador City, St. Anthony
The Rural Medical Education Network

- Students from rural areas are much more likely to become rural doctors than those who grew up in cities.
- In Canada about 11% of medical students come from a rural background whereas at Memorial 30 to 40% of our students come from a rural background.
- National Recognition: The Society of Rural Physicians of Canada has consistently judged Memorial’s Faculty of Medicine as a leader in rural medical education.

Postgraduate Residency Training Program Expansion

- With the support of the provincial government, the Faculty of Medicine successfully competed for $4.5 million in federal funding to expand the Family Medicine Residency Program in 2011 by up to an additional 16 positions over a six year project.

Newfoundland and Labrador Context

- Most physicians but fewest fully qualified fully licensed physicians.
- Approximately 950 physicians are fully licensed and 250 physicians have provisional licenses registered with the College of Physicians and Surgeons of Newfoundland and Labrador.
- A shortage of fully-qualified physicians in this province must be understood in the context of a Canadian and worldwide shortage of physicians, especially family and rural physicians and it is highly competitive.
- The agreement on internal trade is increasing the mobility of physicians, which will make it even more difficult to recruit and retain a sufficient number of fully-qualified, fully-licensed physicians to best meet the needs of the people of Newfoundland and Labrador.

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FACULTY OF MEDICINE STRATEGIC PLANNING: Key Program Timelines, Targets, and Requirements

Postgraduate Residency Training Program Expansion

- Funding of $4.9 million will support up to eight newly graduated doctors to do their family medicine residency training in Nunavut in collaboration with Memorial’s Faculty of Medicine.

Research Expansion

The Memorial model for clinical research

- We have developed a 21st century research model to integrate clinical research.
- This “Memorial model” starts with a patient problem.
- Multidisciplinary teams assess the clinical and population problem within a patient, family and community context.
- They work with deep vertically integrated teams (sometimes down to the bio-molecular level) to discover the root causes and develop solutions and knowledge that can address the problem at the patient, community and population health level.
- This can often involve ethical, legal and health system considerations.

Research Expansion

The Faculty of Medicine’s goal is to:

- Expand leading edge research especially in areas related to Newfoundland and Labrador’s unique population characteristics and needs.
- Create research programs and facilities that connect and integrate collaborative research ranging from biomedical to clinical, community and applied health areas.
- Compete successfully for national grants, awards and new opportunities e.g. SPOR.

Research Expansion

- Newfoundland’s unique gene pool and the presence of excellent researchers at Memorial University and Eastern Health convinced the Canadian Foundation for Innovation (CFI) to select this province for one of only eight projects to be funded under the Research Hospital Fund.
Research Expansion

2013 – 2015

- Strategic focus on needs and opportunities of Newfoundland and Labrador and beyond.
- Enhanced support and co-ordination of full research cycle – from funding through discovery to patient care.
- New genetics facility completion and full operation.
- Renovation of existing research facilities in Health Sciences Centre.
- Major repair and renovation of existing Animal Care facilities.
- Strategically focused partnerships.
- Goal to establish a Provincial Health Research Fund.

Summary

- Accreditation MD Program
- Facilities Expansion
- MD Education Program Expansion
- The Rural Medical Education Network
- Postgraduate Residency Training Program Expansion
- Research Expansion
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