

The following Motions and Documents were considered by the GFC General Faculties Council at its Monday, November 26, 2018 meeting:

Agenda Title: **New Members of GFC**

CARRIED MOTION:

MOTION I: TO APPOINT/RE-APPOINT:

The following undergraduate student representatives at-large to serve on GFC for terms commencing November 26, 2018 and ending April 30, 2019:

Melinda Chisholm – Business

Ayman Adwan – Engineering

Anthony Nguyen – Nursing

Ivy Porter – Science

Final Item 4

Agenda Title: **Proposed Changes to the Doctor of Medicine (MD) Program Admissions for Aboriginal Applicants, Faculty of Medicine and Dentistry**

CARRIED MOTION: THAT General Faculties Council approve the proposed changes to the Doctor of Medicine (MD) Program Admissions for Aboriginal Applicants, as proposed by the Faculty of Medicine and Dentistry, as recommended by the GFC Academic Standards Committee and the GFC Executive Committee, and as set forth in Attachment 1, to take effect as soon as possible.

Final Item 6

Agenda Title: **Proposed Revisions to Standing Committee Terms of Reference - GFC University Teaching Committee (UTAC)**

CARRIED MOTION: THAT General Faculties Council approve the proposed changes to the GFC University Teaching Awards Committee Terms of Reference as recommended by the GFC University Teaching Awards Committee and the GFC Executive Committee as set forth in Attachment 1, to take effect May 1, 2019

Final Item 7

FINAL Item No. 6

**Governance Executive Summary
Action Item**

Agenda Title	Proposed Changes to the Doctor of Medicine (MD) Program Admissions for Aboriginal Applicants, Faculty of Medicine and Dentistry
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Motion

THAT General Faculties Council approve the proposed changes to the Doctor of Medicine (MD) Program Admissions for Aboriginal Applicants, as proposed by the Faculty of Medicine and Dentistry, as recommended by the GFC Academic Standards Committee and the GFC Executive Committee, and as set forth in Attachment 1, to take effect as soon as possible.

Item

Action Requested	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Recommendation
Proposed by	Dennis Kunimoto, Acting Dean, Faculty of Medicine and Dentistry (FoMD)
Presenter(s)	Tammy Hopper, Chair, GFC Academic Standards Committee Shirley Schipper, Vice-Dean Education, FoMD

Details

Responsibility	Provost and Vice-President (Academic)
The Purpose of the Proposal is <i>(please be specific)</i>	The purpose of this proposal is to remove the limit of five students admitted to the MD program through the Indigenous admissions selection process and allow for all eligible applicants through this process to be recommended for admission to the MD Admissions Committee. In light of the underrepresentation of Indigenous peoples in health professions, and the University's commitment to a respectful, meaningful, and sustainable response to the Truth and Reconciliation Calls to Action, it is recommended that the changes take effect upon approval.
Executive Summary <i>(outline the specific item – and remember your audience)</i>	<p>The total number of students admitted to the MD program each year is determined by a quota set by the Province of Alberta.</p> <p>There are currently two streams for entry into the MD program for self-declared Aboriginal applicants. Applicants may choose to apply to the program through the general admission process, or alternatively through the Indigenous admissions selection process. The Indigenous admissions process maintains the academic requirements of the general process but includes alternate assessment methods which are more culturally appropriate. Applications are considered by the Indigenous Health Initiatives (IHI) Admission Committee who subsequently makes recommendations to the MD Admissions Committee. In accordance with accreditation requirements for the program, it is the MD Admissions Committee that makes the final admission decisions for students entering the program from both streams.</p> <p>Currently there are up to five positions set aside for students applying through the Indigenous admissions selection process. There is no change proposed to the current admission processes. Rather, the proposal would remove the limitation on the number of students admitted through that process thus allowing all students who are successful in this process to be recommended for admission to the MD Admissions</p>

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Committee.

This concept was discussed at Faculty Council on a number of occasions. A proposal was put forth to increase the number of seats reserved for the Indigenous admission process from five seats to fifteen seats, and that proposal was subsequently approved on May 22, 2018. During that meeting, a discussion regarding full removal of the limit on reserved seats allowing for all those applying through the Indigenous admission process to be recommended for admission took place, followed by an extraordinary meeting of the Faculty Council to vote on the motion to lift the restriction on June 26, 2018. The Faculty Council choice to revise the initial proposal and move directly to the proposal presented here is a demonstration of the strong support for the urgency of increasing Indigenous representation within the Faculty and within health care professions.

Increasing Indigenous representation across FoMD has been our mandate for the past 30 years. Work on this proposal has been active during the past year, and the Faculty has communicated widely with current staff and students, potential students, and communities during this time. In addition, substantial efforts continue to recruit Indigenous applicants to the MD program have been undertaken.

Impacts and Outcomes of Removing the Limit to Seats Available through the Indigenous Applicant Process:

By implementing this proposal, the Faculty of Medicine & Dentistry (FoMD) would become the most responsive program in Canada to the issue of the underrepresentation of Indigenous peoples in health professions.

It is anticipated that the number of students admitted to the program who meet criteria (academic and IHIP) would double, or triple. This would create a “critical mass” of Indigenous physicians who are important and leading edge change agents in Indigenous health specifically, and across the healthcare system (and others). It would also create a “critical mass” of students which would reduce alienation and isolation of Indigenous peoples, and contribute to student success within the FoMD.

Background and Context:

The FoMD is well-positioned to be more responsive to the underrepresentation of Indigenous peoples within the FoMD. In 1988, the Faculty established the Indigenous Health Initiatives Program (IHIP) with the mandate to help address the under-representation of First Nations, Inuit and Métis people in the medical professions. This mandate is advanced through the special admissions status in the MD, DDS, Dental Hygiene (DH), and Medical Laboratory Sciences (MLS) programs.

We have the capacity to advance a more meaningful response to the worsening health outcomes among Indigenous peoples and the national change agents and change imperatives - re: Truth and Reconciliation Commission, 2015 (TRC) and The Royal Commission on Aboriginal Peoples, 1996 (RCAP).

The Royal Commission on Aboriginal Peoples called for training of 10,000 Indigenous peoples in the healthcare field by 2006 (or 1000 per year). If distributed across all medical schools (17), this amounts to 59

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	<p>Indigenous peoples per medical school per year. Over two decades after the RCAP, it is estimated that we are less than halfway to the goal of 10,000.</p> <p>The TRC calls on all levels of government and those who can affect change to take meaningful action to address the deep and persistent inequities experienced disproportionately by First Nations, Inuit and Metis peoples.</p> <p>Actions taken by those within systems supports redressing the legacy of Indian Residential Schools and advances the process of reconciliation.</p> <p>Call to Action #23 (i): “We call upon all levels of government to: (i) increase the number of Aboriginal professionals working in the healthcare field.”</p> <p>An increase in the number of Indigenous physicians has an important impact on Indigenous health outcomes. These professionals are a vital part of supporting improved health outcomes of all people, but to Indigenous peoples specifically.</p> <p>Indigenous physicians understand lived reality of Indigenous patients; provide culturally-safe care that reduces mistrust, anxiety, and fear that arises from historical mistreatment of Indigenous peoples within the health care system and as a result of Indian Residential schools.</p>
<p>Supplementary Notes and context</p>	<p>The GFC Academic Standards Committee has delegated authority from General Faculties Council to approve Faculty specific changes to admission requirements.</p> <p>GFC Academic Standards Committee (ASC) has determined not to exercise its delegated authority to approve this change but rather to recommend that General Faculties Council approve for the following reasons:</p> <ul style="list-style-type: none"> • it is a strategic issue of broad relevance which is relevant not only to health care Faculties, but to the entire institution • it illustrates the work of the Faculty of Medicine and Dentistry to respond to the Truth and Reconciliation Commission Calls to Action, and the commitment included in For the Public Good • it provides an opportunity for General Faculties Council to engage in discussion on an issue of vital importance to the institution, and to share this across all Faculties.

Engagement and Routing (Include meeting dates)

<p>Consultation and Stakeholder Participation (parties who have seen the proposal and in what capacity)</p>	<p><u><i>Those who are actively participating:</i></u></p> <ul style="list-style-type: none"> • Dr. Shirley Schipper, Vice-Dean, Education, FoMD • Dr. Sita Gourishankar, Assistant Dean, Admissions, MD Program • Dr. Jill Konkin, Associate Dean, Community Engagement • Ms. Tibetha Kemble, Director, Indigenous Health
<p><For information on the protocol see the Governance Resources section Student Participation Protocol></p>	<p><u><i>Those who have been consulted:</i></u></p> <ul style="list-style-type: none"> • Faculty Council – approval of concept – June 26, 2018 • Faculty Learning Committee – approval – August 20, 2018 • Faculty Council – (for review of wording) September 13, 2018 • Office of the Registrar, Calendar Production – consulted/informed • Dr. Tammy Hopper, Vice-Provost (Programs)

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	<ul style="list-style-type: none"> • Medical Students' Association (MSA) • Admissions Quota Working Group – April 23, 2018 <ul style="list-style-type: none"> ○ FoMD Office of Advocacy & Wellbeing ○ FoMD Rural & Regional Health • Indigenous Health Initiatives (IHI) Admissions Committee – June 19, 2018
	<p><u>Those who have been informed:</u></p> <ul style="list-style-type: none"> • MD Program Admissions Committee – September 17, 2018
Approval Route (Governance) (including meeting dates)	<p>Academic Standards Committee (for discussion) – June 21, 2018 ASC Subcommittee on Standards (for discussion) – October 4, 2018 GFC Academic Standards Committee – October 18, 2018 GFC Executive Committee – November 19, 2018 General Faculties Committee – November 26, 2018</p>

Strategic Alignment

Alignment with <i>For the Public Good</i>	<p>Objective 1 - Build a diverse, inclusive community of exceptional undergraduate and graduate students from Edmonton, Alberta, Canada, and the world.</p> <p>Objective 4 - Develop, in consultation and collaboration with internal and external community stakeholders, a thoughtful, respectful, meaningful, and sustainable response to the report of the Truth and Reconciliation Commission of Canada.</p> <p>Objective 9 - Enhance, support, and mobilize the unique experiences and cultures of all University of Alberta campuses to the benefit of the university as a whole.</p>		
Alignment with Institutional Risk Indicator	<p>Please note below the specific institutional risk(s) this proposal is addressing.</p> <table border="1" style="width: 100%;"> <tr> <td> <input checked="" type="checkbox"/> Enrolment Management <input type="checkbox"/> Faculty and Staff <input type="checkbox"/> Funding and Resource Management <input type="checkbox"/> IT Services, Software and Hardware <input type="checkbox"/> Leadership and Change <input type="checkbox"/> Physical Infrastructure </td> <td> <input checked="" type="checkbox"/> Relationship with Stakeholders <input checked="" type="checkbox"/> Reputation <input type="checkbox"/> Research Enterprise <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Student Success </td> </tr> </table>	<input checked="" type="checkbox"/> Enrolment Management <input type="checkbox"/> Faculty and Staff <input type="checkbox"/> Funding and Resource Management <input type="checkbox"/> IT Services, Software and Hardware <input type="checkbox"/> Leadership and Change <input type="checkbox"/> Physical Infrastructure	<input checked="" type="checkbox"/> Relationship with Stakeholders <input checked="" type="checkbox"/> Reputation <input type="checkbox"/> Research Enterprise <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Student Success
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Legislative Compliance and jurisdiction	<p>Post-secondary Learning Act GFC Academic Standards Committee Terms of Reference Principles for GFC Delegation of Authority</p>		

Attachments (each to be numbered 1 - 4)

1. MD Program Comparative Table (page(s) 1 - 2)
2. Letter from Medical Students' Association (page 1)
3. Letter from Indigenous students in MD program (page 1 - 2)
4. Letter from physicians from the Indigenous Wellness Clinic (page 1 - 2)
5. Indigenous Admissions to the MD Program Presentation (page(s) 1 - 14)
6. MD Admissions Presentation (page(s) 1 - 3)

Prepared by: Jocelyn Plemel, Executive Assistant to the Vice-Dean, Education, jplemel@ualberta.ca, with the assistance of University Governance

Faculty of Medicine & Dentistry

Proposed University Calendar Changes for 2019/2020

CURRENT	PROPOSED
<Calendar site thread goes here: ie. The Faculties/FoMD/Admission and Academic Regulations>	
<p>Doctor of Medicine (MD)</p> <p>Application for Admission and Application for Readmission</p> <p>Only electronic applications are accepted. To access the online application for the University of Alberta go to www.admissions.ualberta.ca.</p> <p>The Faculty of Medicine and Dentistry offers a four-year program leading to the degree of Doctor of Medicine. As the number of applicants greatly exceeds the number of positions available in the program, a careful selection process is carried out, as described below.</p> <p>Applicants should be aware of the total length of time required to obtain a medical degree and following this a licence to practice. The usual time is normally three or four years to complete a baccalaureate degree; four years of medical studies, at which point the MD degree is awarded; and then a minimum of two years of residency before full licensure in Alberta.</p> <p>I. Quotas A quota exists in Medicine. 85% of the positions are reserved for Alberta residents and 15% of the positions are for Non-Alberta residents.</p> <p>Quota positions are available for qualified Aboriginal applicants (see section V) and qualified applicants from Rural communities (see section VI).</p> <p>[...]</p>	<p>Doctor of Medicine (MD)</p> <p>Application for Admission and Application for Readmission</p> <p>Only electronic applications are accepted. To access the online application for the University of Alberta go to www.admissions.ualberta.ca.</p> <p>The Faculty of Medicine and Dentistry offers a four-year program leading to the degree of Doctor of Medicine. As the number of applicants greatly exceeds the number of positions available in the program, a careful selection process is carried out, as described below.</p> <p>Applicants should be aware of the total length of time required to obtain a medical degree and following this a licence to practice. The usual time is normally three or four years to complete a baccalaureate degree; four years of medical studies, at which point the MD degree is awarded; and then a minimum of two years of residency before full licensure in Alberta.</p> <p>I. Quotas A quota exists in Medicine. 85% of the positions are reserved for Alberta residents and 15% of the positions are for Non-Alberta residents.</p> <p>In addition, positions are reserved for qualified applicants from Rural communities (see section VI).</p> <p>[...]</p>

<p>V. Aboriginal Applicants The Faculty of Medicine and Dentistry may provide up to five positions within quota for the MD program to qualified Aboriginal applicants over and above Aboriginal applicants who were admitted in the regular process. Candidates will meet minimum admission requirements as outlined in Doctor of Medicine (MD) and the approval by the Faculty of Medicine and Dentistry Admissions Committee. For more information, contact the Faculty of Medicine and Dentistry Undergraduate Admissions Office.</p> <p>Students who are of Aboriginal identity within the meaning of the Constitution Act, 1982, Section 35(2) will be considered in this category.</p> <p>Aboriginal student applicants and prospective pre-medical students should contact the Administrator, Indigenous Health Initiatives Program, Faculty of Medicine and Dentistry for individual counseling and career planning. See also Admission of Aboriginal Applicants.</p>	<p>V. Aboriginal Applicants The Faculty of Medicine and Dentistry is committed to the recruitment, retention and graduation of Aboriginal students. All Aboriginal applicants who meet the academic eligibility requirements as outlined in Doctor of Medicine (MD) and who are successful in the Indigenous admissions process will be recommended by the Indigenous Admissions Subcommittee to the MD Admissions Committee for admission. For more information, contact the Faculty of Medicine and Dentistry Undergraduate Admissions Office.</p> <p>Students who are of Aboriginal identity within the meaning of the Constitution Act, 1982, Section 35(2) will be considered in this category.</p> <p>Aboriginal student applicants and prospective pre-medical students should contact the Administrator, Indigenous Health Initiatives Program, Faculty of Medicine and Dentistry for individual counseling and career planning. See also Admission of Aboriginal Applicants.</p>
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Rationale: On June 26, 2018 the FoMD passed a motion to remove the upper quota limit for Aboriginal Applicants, to encourage more applications from Indigenous learners. The previous quota of 5 spaces was interpreted as limiting for many applicants. This amended wording is in alignment with the approved Faculty Council motion.

Faculty Learning Committee – August 20, 2018
Faculty Council Committee (for review only) – September 13, 2018

MSA Executives

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Class
Representatives

Year I

Class of 2022
Elected September
2018

Year II

Class of 2021
Jimmy Kang
jkang@ualberta.ca

Year III

Class of 2020
Jack Zhang
yongjian@ualberta.ca

Year IV

Class of 2019
Aran Yukseloglu
yukselog@ualberta.ca

November 12, 2018

RE: Admissions Changes for Indigenous Applicants

Dear General Faculties Council,

My name is Eleanor Crawford and I am the current President of the Medical Students' Association. On behalf of our Council and our students, it is my distinct pleasure to write to express our support for the new policy on admissions for Indigenous applicants. This decision reflects the values of our medical student community and our desire to support the growth of a diverse and inspired profession.

The history and health of Indigenous Peoples in Canada is taking an increasingly prominent role in our medical curriculum here at the University of Alberta. This education has promoted an awareness and desire for discourse and action. Due to the continued health inequities experienced by Indigenous communities and the underrepresentation of Indigenous physicians in medicine, the MSA recognizes the need for progressive change. We believe that many qualified Indigenous candidates may have been limited by the admissions quota and are therefore thrilled about the new policy that would see the upper limit of said quota removed for qualified candidates applying through the Indigenous stream.

Medical students play an important role in admissions: first-years volunteer as group leaders for interview day, second years and clerks interview candidates, and our Admissions Reps from all four years participate in file review and admissions decisions. As discussions around this change have progressed, student leaders have expressed support for it at every major decision-point along the way. From the Indigenous Health Initiatives Admissions Subcommittee, the Admissions Committee proper, and the Faculty of Medicine and Dentistry Faculty Council, student representatives from the MSA have consistently and passionately advocated for its approval. Moreover, we appreciate the work of the Students Union Vice-President Academic voicing their support for this proposal on behalf of the MSA at the Academic Standards Committee, Subcommittee on Standards, on October 4th, as well as the Academic Standards Committee on October 18th, in keeping with our desire to see this change realized.

Over the past few years, we have witnessed and benefited from a shift in the culture of admissions to better emphasize the lived experience of candidates and their capacity for reflection on those experiences. Now it is time for another shift: one that recognizes the inequity of our current system and challenges the assumptions of the establishment meritocracy. The MSA is excited for the community we will build along with our new colleagues from a myriad of backgrounds and hopes the General Faculties Council will support us in this endeavour.

Sincerely,



Eleanor Crawford
President, Medical Students' Association
Faculty of Medicine and Dentistry, University of Alberta
msapres@ualberta.ca

November 13, 2018

Re: Removing the Upper Limit on Indigenous Admissions to the MD Program

Dear General Faculties Council:

As Indigenous students within the MD Program in the Faculty of Medicine & Dentistry at the University of Alberta, it is our distinct pleasure to provide this letter of support in respect of the above noted.

As you are aware, the under-representation of Indigenous health professionals has been a priority focus of the faculty since the Indigenous Health Initiatives Program was first established in 1988. Since that time, the IHIP has supported over 200 First Nation, Inuit, and Metis peoples as they enter into and graduate from the MD Program. We are proud to follow in the footsteps of so many Indigenous students who have pursued their journey into medicine and we are confident in our individual and collective ability to positively contribute to improving the health and well-being of Indigenous peoples and communities.

Although movement within the faculty to address the critical shortage of Indigenous physicians is important, we recognize that much remains to be done. Indeed, and as the Royal Commission on Aboriginal Peoples (RCAP) and the Truth and Reconciliation Commission have made clear, addressing the gap the RCAP estimated it would take 50 years to close will require bold, innovative, and meaningful approaches - such as the one put forward in this motion for your consideration. From a systems-level perspective, the proposal to remove the upper limit on Indigenous admissions has important implications on improving the disproportionately poor health status of Indigenous peoples by creating a 'critical mass' of Indigenous physicians who will have the skills, knowledge, and ability to readily meet the unique and distinct health needs of our communities of origin and the communities we serve. We are keenly aware of the trust we bring to the care of Indigenous peoples and our ability to reduce anxiety and fear of the health system that arises, in part, through the legacy of Indian Residential schools, colonialism, and colonial health policy. From a student-centred perspective, we also acknowledge the important shift this proposal brings to the landscape of the diversity of student population in the faculty as a whole, and the promise this shift brings to reducing isolation, anxiety, and denial of our ancestry that is common among small populations of underrepresented students within professional programs such as medicine.

We are encouraged by the hope and possibility this proposal brings to Indigenous health within the faculty, supporting the needs of Indigenous peoples and communities, and to the healthcare system as a whole. Thank you for the opportunity to voice our collective support for this proposal.

Respectfully Signed,

Cole Boettger, Class of 2022

Lauren Cormier (signed digitally)

Loren Cormier, Class of 2020

Nicolas Gibson, Class of 2022

Nicole Labine, Class of 2019

Sean McKenzie, Class of 2021

Amy Norquay, Class of 2019

Gabriel Painchaud, Class of 2022

Nicole Roshko, Class of 2019

Brittany Schroeder, Class of 2022

Andrew Volk, Class of 2022

Jennifer Weekes, Class of 2019

Rebecca Benn, Class of 2022

Pr:

Indigenous Wellness Clinic
10240 Kingsway Avenue
Edmonton, AB
T5H 3V9

November 12, 2018

Faculty of Medicine & Dentistry
2J2.00 WC Mackenzie Health Sciences Centre
8440 112 St. NW
Edmonton, Alberta
T6G 2R7

Dear General Faculties Council:

As Indigenous physicians from the Indigenous Wellness Program, we are offering our support for **removing the upper limit on Indigenous Admissions to the MD Program**. We hope that you also feel a sense in urgency to make changes that support improving Indigenous Health with the many significant health disparities well documented for our peoples.

Since its induction in 1988, the University of Alberta Indigenous Health Initiatives Program has worked to improve the under-representation of First Nation, Inuit and Métis physicians. The Indigenous Health Initiative Program (IHIP) is a program very familiar to our clinic, with two of our physicians being former graduates. Our University of Alberta IHIP alumni have gone on to serve Indigenous communities across the country and gain credibility nationally for their work with Indigenous peoples.

It is important to recognize the history of the University of Alberta as a leader with the first Indigenous admission policy in the country. Since then, every School of Medicine in the country has adopted a similar program and/or policy, several without an upper limit on Indigenous admissions. We believe that the University of Alberta Faculty of Medicine and Dentistry (FoMD) can build on this legacy as a leader and be a champion in Indigenous initiatives.

The Truth and Reconciliation calls to action state that all levels of government should “*[i]ncrease the number of Aboriginal professionals working in the health-care field.*” (Truth and Reconciliation Commission: Calls to Action, 2015, p.3)

Despite this Call to Action announced in 2015, the University of Alberta FoMD continues to not reach proportional representation of Indigenous students. A recent study on diversity by Dr. Helly Goetz found that only 1.1% of employees at the FoMD identified as Indigenous, with less than 1% at professoriate level. We believe that removing the upper limit on Indigenous admissions would directly increase the number of Indigenous physicians working in Alberta and in partnership with the University of Alberta; strengthening relationships with Indigenous communities and improving health outcomes in a culturally-centered way.

The Indigenous Health Alternate Relationship Plan (ARP) was created in partnership with Alberta Health and Alberta Health Services, funding 19.0 physician FTEs to positively affect the health of Indigenous peoples of Alberta. To date we have still not filled all our FTEs after 5 years of recruiting, leaving many Indigenous communities not served. More than half of Indigenous communities still have no physician services. There is incredible opportunity to grow; with the IHIP's initiatives and recommended admissions policies working ahead of programs such as the Indigenous ARP, together we will meet the needs and surpass them.

In November 1987 after the tragic death of Darcy Tailfeathers, the first student of the IHIP Program, Dr. Anne Marie Hodes wrote a letter to his family. She wrote "I have no doubt that our program will continue despite our great loss. Other Indian students will follow his example and even surpass his expectations."

The University of Alberta will build on the legacy of leadership in addressing past and current injustices to Alberta's Indigenous communities by prioritizing the IHIP admissions recommendations to remove the upper limit on Indigenous admissions.

We appreciate your further consideration and look forward to future collaboration.

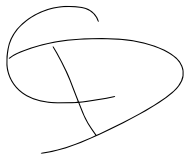
Sincerely,



Dr. Cara Bablitz, Métis Nation of Alberta, UofA Class of 2011



Dr. Jill Galipeau, Métis Nation of Alberta, UofA Class of 2014



Dr. Cassandra Felske-Durksen, Métis Nation of Alberta, UBC Class of 2015

Indigenous Admissions to the MD Program

— Presentation to Faculty Council —
June 26, 2018

What is the Indigenous Health Initiatives Program?

- The Indigenous Health Initiatives Program (IHIP) was est. in 1988 with the mandate to help address the under-representation of First Nations, Inuit and Metis people in the medical professions.
 - FoMD was the 1st medical school in Canada to make Indigenous recruitment a priority.
- The IHIP mandate is to support the growth in the number of Indigenous health professionals enter into, and graduate from, any one of the five FoMD programs.
- This mandate is advanced through the special admissions status in the MD, DDS, DHYG, and MLS programs.
- Within the MD program, there is currently 5 “quota” positions held for qualified Indigenous students.
 - This “quota” has remained unchanged since the program was founded over 30 years ago.

IHIP: Facts and Figures

- The IHIP has supported over 180 Indigenous peoples as they enter into, and graduate from any one of the 5 FoMD Programs.
 - Total Number of Graduates IHI: **109MD / 26DDS / 32DH / 19MLS = 186**
 - Number of Current Students, All Programs, All Years to 06/18: 16MD / 2DDS / 4DH / 3MLS
- Many graduates of the IHIP go on to make significant contributions to Indigenous health organizations, at the local community-level, and within the health system more broadly.
- Indigenous health professionals are a **vital part** of supporting improved health outcomes of all people, but to Indigenous peoples specifically.
 - Indigenous physicians understand lived reality of Indigenous patients; provide culturally-safe care that reduces mistrust, anxiety, and fear that arises from historical mistreatment of Indigenous peoples within the health care system and as a result of Indian Residential schools.

Understanding the Indigenous Admissions “Quota”

- Quota has been defined as

“any selection method (for employment, school admission, among others) whereby a certain set of percentage of those selected must be of a given ethnic or racial background and/or of a particular sex.” (Obielumani, 2008)

- The University of Alberta Faculty of Medicine & Dentistry states the following:

These positions are to promote applicants who come from and have an understanding of rural, remote, northern, or indigenous communities who may have the goal of returning to practice in these communities.

A Question of Fairness - Is a Quota Discriminatory?

- Quotas recognize the need for equity (fairness) - as opposed to equality (the same).
 - Equality assumes “all things being equal”, which fails to understand and be responsive to historical disadvantage of certain groups within society.
- The Canadian Charter of Rights and Freedoms under S. 15 (1) and (2) states:

15. (1) *Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.*

Affirmative action programs

(2) *Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability*

Understanding the history of the IHIP Quota

- When the IHIP quota was first established in 1988, it was a meaningful way to ensure that Indigenous students who desired a place in medical school - had one.
- Between 1934-1974 (or in the years leading up to the IHIP), it is estimated that approximately 750 First Nation and Inuit people had completed post-secondary education.
 - Amounts to 18.75 First Nation and Inuit graduates per year, across all programs in all post-secondary institutions in Canada.
- At the time, the # of spots reserved for Indigenous candidates through the IHIP was responsive to trends in enrolment and completion of Indigenous students at the time.

A Question of Amelioration of Disadvantage...

- The Gradual Assimilation Act (1857)
 - Sought to assimilate Indian people into Canadian settler society by encouraging enfranchisement.
 - Enfranchisement was a legal and discriminatory process for terminating a person's Indian status and conferring full Canadian citizenship. Enfranchisement was a key feature of the Canadian federal government's assimilation policies regarding Aboriginal peoples.
 - Assumed Indians were willing to surrender their status as Indian people for the privilege of gaining status as a Canadian.
- The Indian Act (1876)
 - Amendment to the Indian Act in 1880: Enfranchisement

Indians admitted to degrees in Universities etc., may become enfranchised (Indian Act, 1880)

- 99.(1) **Any Indian who may be admitted to the degree of Doctor of Medicine, or to any other degree by any University of Learning,** or who may be admitted in any Province of the Dominion to practise law either as an Advocate or as a Barrister or Counsellor, or Solicitor or Attorney or to be a Notary Public, or who may enter Holy Orders, or who may be licensed by any denomination of Christians as a Minister of the Gospel, may upon petition to the Superintendent-General, **ipso facto become and be enfranchised under the provisions of this Act;** and the Superintendent-General may give him a suitable allotment of land from the lands belonging to the band of which he is a member.

Legacy of Disadvantage Among Indigenous Peoples

- Despite being the First Peoples of what is now known as Canada and having a Nation-to-Nation relationship with the federal government, Indigenous peoples remain the most disadvantaged group in Canadian society.
- This is self-evident in the social location of Indigenous peoples and is manifested in the high levels of poverty, incarceration, unemployment, child welfare apprehensions, high-school non-completion, and poor health outcomes overall.
- The depth of disadvantage has been chronicled throughout the 20th and 21st centuries and brought forward to the national consciousness by key change agents.

Understanding the Change Agents

- **The Royal Commission on Aboriginal Peoples (1996)**
 - Indigenous-patient to Indigenous-physician ratio: 1:33,000 compared to 1:515 for all other people.
 - At the present rate of change, it would take 50 years to close the gap (est. in 1996).
 - Called for training of 10,000 Indigenous peoples in the healthcare field by 2006 (or 1000 per year).
 - If distributed across all medical schools (17), this amounts to 59 Indigenous peoples per medical school per year.
 - Over two decades after the RCAP, it is estimated that we are less than halfway to the goal of 10,000.

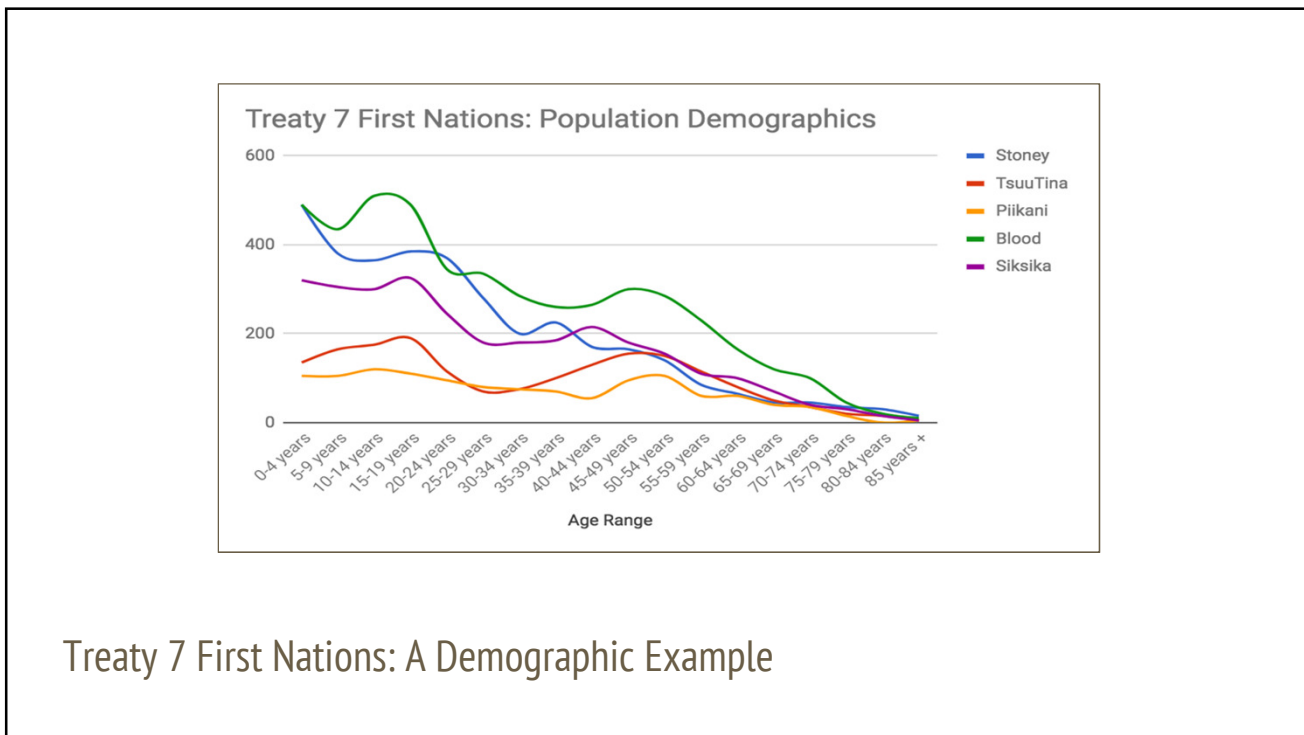
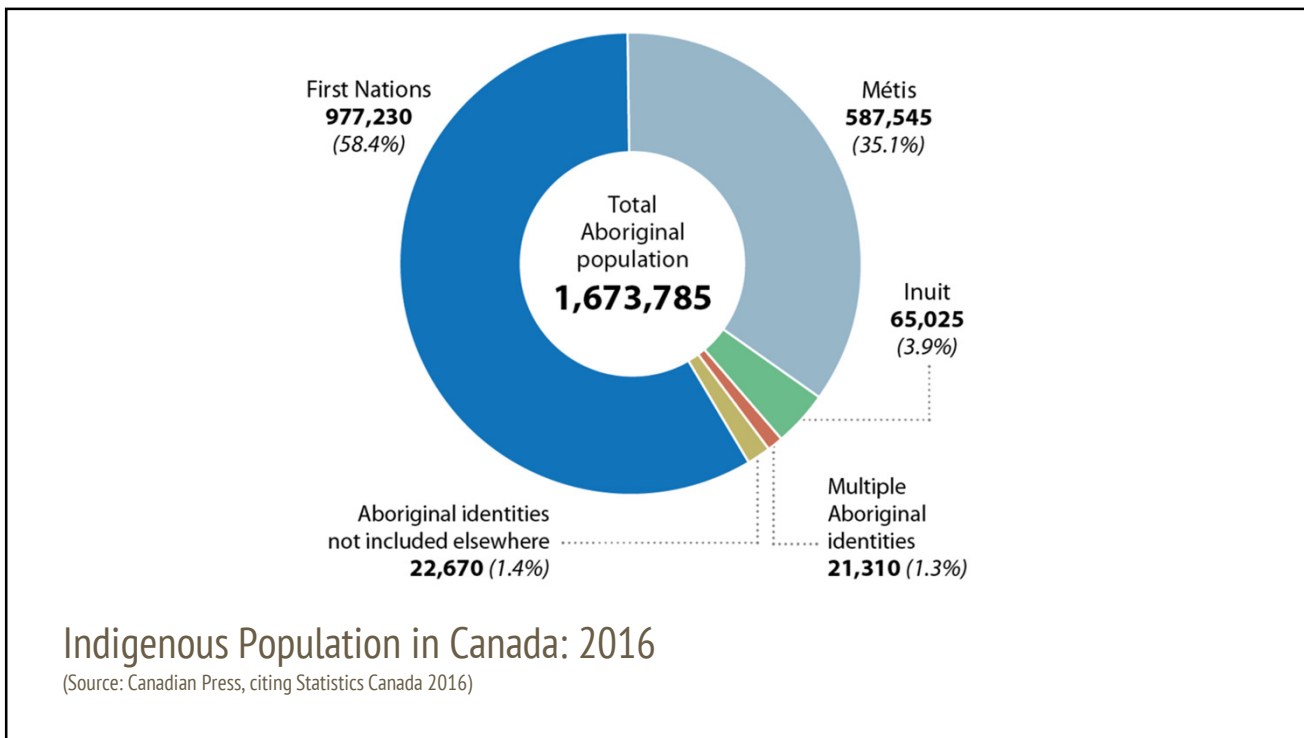
Understanding the Change Agents

- **The Truth and Reconciliation Commission (2015)**
 - TRC Calls to Action: Calls on all levels of government and those who can affect change to take meaningful action to address the deep and persistent inequities experienced disproportionately by First Nations, Inuit and Metis peoples.
 - Actions taken by those within systems supports redressing the legacy of Indian Residential Schools and advances the process of reconciliation.
 - These are systems-level responses to systemic problems.
 - Call to Action #23 (i):
 - “We call upon all levels of government to: (i) increase the number of Aboriginal professionals working in the healthcare field.”

Articulating the Change Imperatives

1. Population demographic characteristics

- a. Growth rate among Indigenous populations is 4 times that of the non-Indigenous population in Canada.
 - i. In 2015, it was estimated that the total Indigenous population in Canada would reach 1.4 million in 2017. Data released in 2016 suggests that the total Indigenous population is 300,000 more than projected - or 1.7 million.
- b. First Nations people remain the largest group of all Indigenous populations; followed closely by Metis and trailed by the Inuit.
- c. The proportion of Indigenous peoples represents nearly 5 percent of the total population in Canada.
- d. Greatest increases were observed in the **youngest and oldest populations.**



Articulating the Change Imperatives

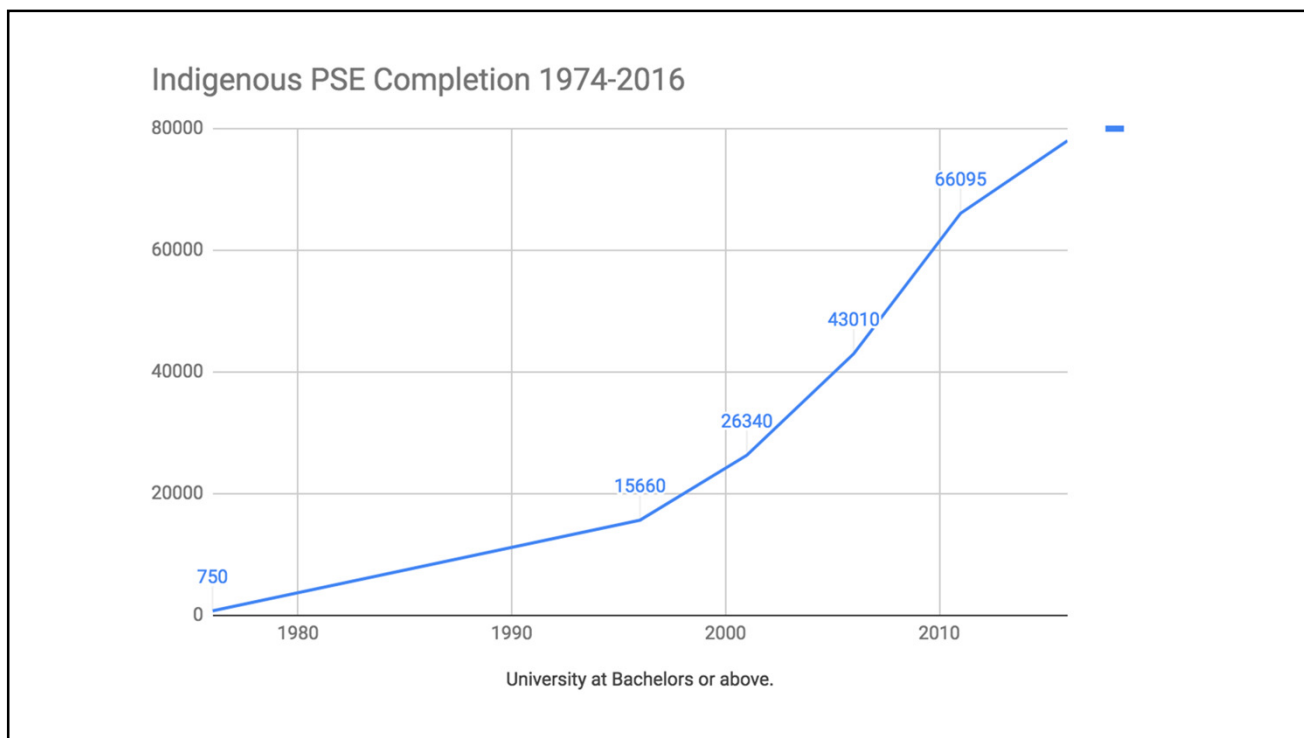
2. Health Status of Indigenous Peoples.

- a. Despite advancements in medicine and research, the health status of First Nations, Inuit and Metis people has worsened over time.
- b. The life-expectancy gap between First Nations men and all other men was estimated to be 7 years in 2010. Over time, the gap has more than doubled and is now estimated to be 15 years.
- c. Other conditions and diseases (e.g. TB, cancer, heart disease) have been, and remain, chronic among Indigenous populations in particular
- d. Poor health status of Indigenous peoples arises, in part, through grossly inadequate social policy infrastructure that has led to decades of unmet social determinants of health (housing, education, income, employment etc); the lasting intergenerational effects of Indian Residential Schools; and low engagement by Indigenous peoples with the healthcare system due to poor treatment, racism, and/or neglect (e.g. Brian Sinclair).

Articulating the Change Imperatives

3. Post Secondary Enrolment and Completion

- a. Indigenous peoples have made significant gains in the area of post secondary enrolment and completion.
 - i. Confluence of social and political forces have changed the trajectory of Indigenous PSE enrolment and completion.
 1. Hawthorn Report
 2. White and Red Papers of 1969 and 1973 (ie.Indian Control of Indian Education)
 3. Repatriation of the Constitution in 1982
- b. Data gathered between 1934-1976 estimated the total number of Indian and Inuit graduates from post-secondary institutions to be 750 - or approximately 18 graduates per year (Stonechild, 2004, p. 73) across all schools in Canada.
- c. Recent census data suggests that in 2016, the total number of Indigenous peoples who completed PSE with a bachelor's degree or higher is now 78,020 (Statistics Canada, 2017)



Where To From Here?

The Motion to Remove the Quota

That the quota for Indigenous applicants to the MD Program be removed and offers of admission be made to all Indigenous candidates who meet the eligibility requirements which include calendar academic requirements and who are deemed successful in the Indigenous Admissions selection process AND that the Academic Standings Committee of the University of Alberta be asked to implement this as soon as possible.

Why This, Why Now? ... What We Know

- **External forces**
 - Population increase & health status
 - Indigenous population growing 4 x of non-Indigenous population
 - Indigenous peoples are significantly younger than the rest of Canada
 - Their current and future health status remains compromised due to unchanged & poor social policy infrastructure.
 - High likelihood that the health status will remain unchanged, or get worse, over time.
 - Post Secondary Enrolment and Completion
 - Has increased dramatically over time.
 - More and more Indigenous students who may be both interested and eligible for the MD Program.
 - National Change Agents
 - Call on those who can affect change, to do so.

Why This, Why Now? ... What We Know

- **Internal forces**

- The role of Indigenous physicians
 - Are **vital** to improved health outcomes among Indigenous peoples and are change agents within the healthcare system (and other systems) more broadly.
 - Encourage and foster greater engagement by Indigenous peoples with the healthcare system.
 - Greater engagement leads to meeting the healthcare needs of Indigenous peoples.
 - If the overarching objective is improved health outcomes of Indigenous peoples, Indigenous physicians play a significant part in reaching this objective.
- The historical role of the Faculty of Medicine & Dentistry in ameliorating disadvantage of Indigenous peoples within the program.
- Quotas are one way of increasing the # of Indigenous physicians, but are no longer responsive to external forces.
 - Keeps us out of touch and pursuing numbers as opposed to outcomes - the latter of which is a system-level response that underpins systemic change.

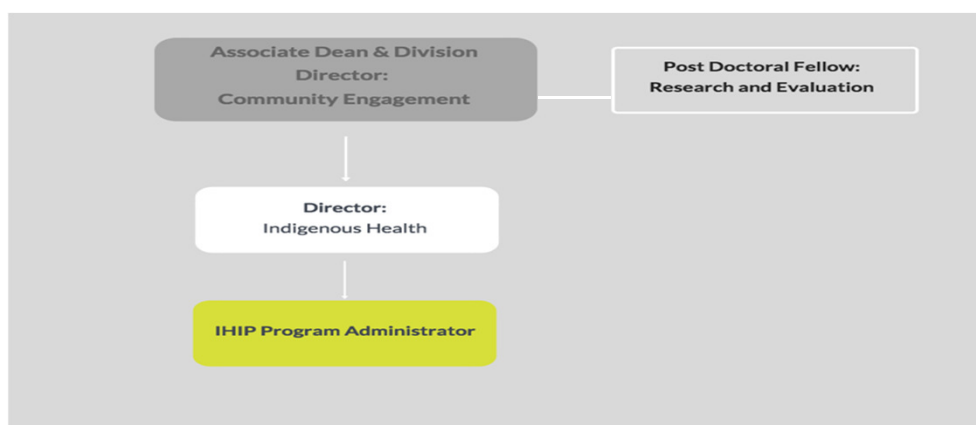
Impacts & Outcomes of Removing the Quota

- **Immediate:**
 - Volume of # admitted to the program who meet criteria (academic and IHIP) would double, or triple.
 - Faculty of Medicine & Dentistry would be the most responsive program in Canada to the issue of the underrepresentation of Indigenous peoples in health professions.
- **Long Term:**
 - Over time, the volume of applicants may increase five-fold as students more likely to see a place for themselves in our program.
 - Create a “critical mass” of Indigenous physicians who are important and leading edge change agents in Indigenous health specifically, and across the healthcare system (and others).
 - Reduces alienation and isolation of Indigenous peoples within the FoMD
 - Enables the FoMD to be the leader in the field of Indigenous health throughout the country.

Creating the Conditions for Success

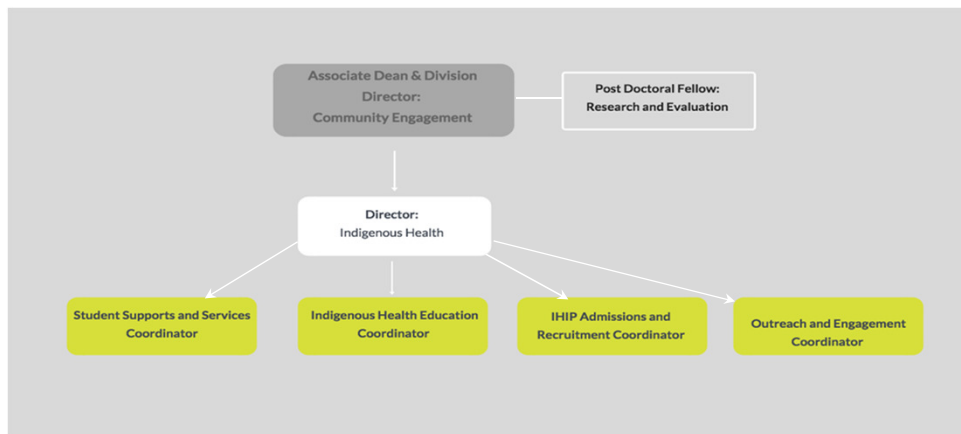
- A change in the # of Indigenous students undoubtedly means changes to the scope and depth of supports required to support Indigenous student success in the program.
 - At present, the IHIP is resourced to support 20 Indigenous students across all 4 years of the MD Program.
 - The IHIP is resourced as follows:
 - One IHIP Administrator;
 - one Post-Doctoral fellow;
 - one Director of Indigenous Health; and
 - one Associate Dean/Division Director.
 - Each have a unique role in supporting and advancing Indigenous health in the FoMD.
 - A plan has been developed to be more responsive to faculty-wide changes to Indigenous admissions.

The Future of the IHIP and Success of Indigenous Students



Current Structure

The Future of the IHIP and Success of Indigenous Students



Future Proposed Structure

Promising Practices: AFMC Survey (2016)

Indigenous Students in MD Programs

- Indigenous Student Coordinator
- Student Orientation
- Indigenous Student Centre
- Community of support
- Circle of Elders / Knowledge keepers
- Mentorship across the continuum
 - Entry to practice
- Cultural and Identity supports
- Scholarships & Bursaries

Pre-Entry

- MCAT & MMI Prep
- Health Career Camps
- Mentorship programs with Indigenous medical students
- Outreach - K-PSE

Medical School Best Practices

- Indigenous health course/curriculum
- Experiential learning/connections to community
- Electives/Community Placements
- Indigenous convocation ceremonies

Conclusion

- The FoMD is well-positioned to be more responsive to the under-representation of Indigenous peoples within the FoMD.
- The FoMD has the capacity to advance a more meaningful response to the worsening health outcomes among Indigenous peoples and the national change agents and change imperatives - re: TRC and RCAP.
- What we measure is what we value - focus on outcomes, not inputs/outputs.
 - An increase in the number of Indigenous physicians has an important impact on Indigenous health outcomes.
 - Inputs/outputs places the FoMD in the endless cycle of incrementalism - which is understood to be a deadly mediator of inequity.

Thank you!

Questions?

Admissions Selection tools

Admissions selection tools	Albertans minimum required	Mean (range)
GPA	3.3	3.8 (3.34-4.0)
MCAT	124	128 (125-131)
CASPER (Computer-Based Assessment for Sampling Personal Characteristics)		
Personal Activities letter		
2 reference letters (Indigenous applicants are encouraged to have a letter of reference from someone who can speak to their connection to community and/or culture)		
Interview MMI (Indigenous applicants also undergo a Panel Interview and a written essay as part of the Indigenous admissions process)	Varies from year to year	

Admissions Process

- The admission selection tools are used to rank students and over 500 of the top ranked students are offered an interview.
- Based on the admission selection tools including interview, applicants are again ranked and applicants are offered positions in order of ranking.
- Indigenous applicants are considered in the mainstream process if they do a regular MMI,
- Indigenous applicants are considered in the Indigenous admissions stream if they apply to it and meet criteria

Admissions Process continued..

- The Indigenous admissions process is one of 2 “quota” entry programs.
- The other is for rural-origin applicants.
- A quota program means a designated number of positions are offered to quota applicants meeting the requirements.
- Indigenous applicants must provide proof of Aboriginal identity in accordance with the Constitution Act, 1982, Part II, Section 35(2)
- The process for Indigenous and mainstream applicants is the same except indigenous applicants wishing to be considered in the Indigenous pool meeting the academic eligibility requirements are all offered interviews.

Indigenous Interview Panel

- Interviewers in the Indigenous admissions stream include current Indigenous students in the MD Program, Indigenous physicians, Elders, Indigenous community members and some non-Indigenous members of the Faculty of Medicine & Dentistry who display a culturally-safe approach to involvement in the process.

- As part of the Indigenous entry process, applicants undergo a panel interview and submit a written essay which is in addition to the mainstream process (e.g. MMI)
- The IHI subcommittee ranks acceptable applicants and makes recommendations to the admissions committee (top 5, ranked out of total interviewed)
 - This year, the IHIP received 18 applicants.
 - 2 withdrew: Unable to provide proof of identity; 3 were eliminated for not completing CASPER testing; 2 were eliminated for MCAT score in one category being 123, as opposed to 124.
- The IHI subcommittee ranks acceptable applicants and makes recommendations to the admissions committee. The Subcommittee ranked 11 out of 11 eligible candidates.
- The admissions committee decides on making offers up to the quota limit.
- If an applicant turns down an offer, an offer goes to the next ranked applicant.
- If all positions are not filled, the positions are put into the mainstream pool

FINAL Item No. 7

**Governance Executive Summary
Action Item**

Agenda Title	Proposed Revisions to Standing Committee Terms of Reference – GFC University Teaching Awards Committee (UTAC)
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Motion

<p>THAT General Faculties Council approve the proposed changes to the GFC University Teaching Awards Committee Terms of Reference as recommended by the GFC University Teaching Awards Committee and the GFC Executive Committee as set forth in Attachment 1, to take effect May 1, 2019</p>

Item

Action Requested	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Recommendation
Proposed by	GFC University Teaching Awards Committee
Presenter(s)	Pierre Lemelin, Chair, GFC University Teaching Awards Committee

Details

Responsibility	General Faculties Council
The Purpose of the Proposal is <i>(please be specific)</i>	The proposal is before General Faculties Council to approve the revised terms of reference for the GFC University Teaching Awards Committee.
Executive Summary <i>(outline the specific item – and remember your audience)</i>	<p>In April 2017, General Faculties Council endorsed the report of the ad hoc Committee on Academic Governance including Delegated Authority and approved the following principles documents to guide the implementation of the committee’s recommendations, the revisions to standing committees and terms of reference, and to serve as a basis for future efforts to evaluate and improve academic governance at the University of Alberta.</p> <ul style="list-style-type: none"> • Principles for Delegation of Authority • Principles of Standing Committee Composition • Roles and Responsibilities of Members • Meeting Procedural Rules for GFC and its standing committees <p>Specific to UTAC, the report noted that the mandate and delegated authority of UTAC were well defined and recommended no major changes.</p> <p>UTAC reviewed the terms of reference and had extensive discussion about the composition of the committee with respect to its mandate and the GFC Principles of Standing Committee Composition.</p> <p>The draft terms of reference remove committee procedures from the terms of reference to be incorporated into the UTAC adjudication guidelines to be reviewed and endorsed annually by the committee.</p> <p>The draft terms of reference also make some changes to committee composition as follows:</p> <ol style="list-style-type: none"> 1. Increasing the Academic Staff representation by one member to 5, with at least 2 members from GFC and no more than one from any Faculty. This will ensure the diversity of disciplines participating with the committee.

Item No. 7

	<p>2. The committee will elect a Chair and a Vice-Chair, at least one of whom is a member of GFC</p> <p>3. The Academic Teaching Staff criteria be generalized to allow a broader pool of potential committee members from that category</p> <p>4. Increasing the elected undergraduate student representation from 2 to 3 (no change was proposed to the number of graduate students), with at least one of the undergraduate students or the elected graduate student being a member of GFC.</p> <p>5. Changing the Alumni representation from “nominated by” to “appointed by” the Alumni Association to align with current practice.</p> <p>The committee members suggest that the work of this committee benefits more by maintaining broad representation from faculty, student and the community (Alumni) than the potential membership limiting factor of requiring the majority be GFC members. Members point to #6 In the Principles for General Faculties Council Standing Committee Composition. “Standing Committees should be populated with a commitment to diversity and broad representation from across the university.” The committee’s mandate, oriented to awards, is different than the majority of GFC standing committees, which are more policy oriented.</p> <p>The draft Terms of Reference were before GFC Executive Committee on October 15, 2018 and GFC on October 22, 2018 for early consultation. Comments were received at GFC about student and Indigenous representation on the committee. UTAC discussed this feedback at the November 1 meeting.</p>
Supplementary Notes and context	

Engagement and Routing (Include meeting dates)

<p>Consultation and Stakeholder Participation (parties who have seen the proposal and in what capacity)</p> <p><For information on the protocol see the Governance Resources section Student Participation Protocol></p>	<p><u>Those who are actively participating:</u></p> <ul style="list-style-type: none"> • <i>ad hoc</i> Committee on Academic Governance Including Delegated Authority • University Teaching Awards Committee
	<p><u>Those who have been consulted:</u></p> <ul style="list-style-type: none"> • Report of the <i>ad hoc</i> Committee on Academic Governance Including Delegated Authority (endorsed by GFC April 21, 2017) Appendix 6: List of Consultations • University Teaching Awards Committee • General Faculties Council • GFC Executive Committee • GFC Executive Committee Transition Committee – September 2018
	<p><u>Those who have been informed:</u></p> <ul style="list-style-type: none"> • University Teaching Awards Committee • General Faculties Council • Board of Governors has been provided with brief highlights of the work of the <i>ad hoc</i> Committee on Academic Governance

Item No. 7

	Including Delegated Authority
Approval Route (Governance) (including meeting dates)	GFC University Teaching Awards Committee – November 1, 2018 GFC Executive Committee – November 19, 2018 General Faculties Council – November 26, 2018

Strategic Alignment

Alignment with <i>For the Public Good</i>	<i>For the Public Good</i> Objective 21: Encourage continuous improvement in administrative, governance, planning, and stewardship systems, procedures, and policies that enable students, faculty, staff, and the institution as a whole to achieve shared strategic goals.	
Alignment with Institutional Risk Indicator	Please note below the specific institutional risk(s) this proposal is addressing.	
	<input type="checkbox"/> Enrolment Management <input type="checkbox"/> Faculty and Staff <input type="checkbox"/> Funding and Resource Management <input type="checkbox"/> IT Services, Software and Hardware <input checked="" type="checkbox"/> Leadership and Change <input type="checkbox"/> Physical Infrastructure	<input checked="" type="checkbox"/> Relationship with Stakeholders <input checked="" type="checkbox"/> Reputation <input type="checkbox"/> Research Enterprise <input type="checkbox"/> Safety <input type="checkbox"/> Student Success
Legislative Compliance and jurisdiction	<i>Post-Secondary Learning Act (PSLA)</i> GFC Executive Committee Terms of Reference GFC University Teaching Awards Terms of Reference	

Attachments (each to be numbered 1 - <>)

1. Attachment 1: Proposed UTAC Terms of Reference
2. Attachment 2: UTAC approved Adjudication Guidelines
2. Attachment 3: Current UTAC Terms of Reference

Prepared by: University Governance



1. Mandate and Role of the Committee

The University Teaching Awards Committee (UTAC) is a standing committee of General Faculties Council (GFC) charged with adjudicating:

- the William Hardy Alexander Award for Excellence in Undergraduate Teaching
- the Rutherford Award for Excellence in Undergraduate Teaching
- the Provost's Award for Early Achievement of Excellence in Undergraduate Teaching
- the Teaching Unit Award
- the Award for Excellence in Graduate Teaching

2. Areas of Responsibility

- a. Adjudicate GFC's annual teaching awards
- b. Review and recommend changes to the UAPPOL Awards for Teaching Excellence Policy and its procedures for these awards

3. Composition

Voting Members (12)

Elected by GFC (10)

- 5 Academic Staff (A1.1, A1.5, A1.6, A1.7), with no more than one from any Faculty. At least two of the academic staff members should be members of GFC. The committee will elect a Chair and a Vice-Chair, at least one of whom is a member of GFC.
- 1 Academic Teaching Staff (ATS)
- 3 undergraduate students and 1 graduate student, at least one of whom is a member of GFC

Appointed (2)

- 2 alumni, appointed by the Alumni Association

Non-Voting Members

- University Secretary
- GFC Secretary

4. Delegated Authority from General Faculties Council

Should be reviewed at least every three years and reported to GFC.

4.1 Determine winners of these awards according to approved UAPPOL policies and procedures.

5. Responsibilities Additional to Delegated Authority

5.1 Review and approve, on an annual basis, the GFC UTAC Adjudication Guidelines that speak to conflicts of interest and adjudication procedures.

5.2 Review UAPPOL Awards for Teaching Excellence Policy and its procedures and recommend changes to GFC or the Provost and Vice-President (Academic) for approval as appropriate.

6. Sub-delegations from University Teaching Awards Committee

Should be reviewed at least every three years and reported to GFC.

None.

7. Limitations to Authority

7.1 The committee will use criteria outlined in UAPPOL policies and procedures and conduct activities in accordance with UTAC adjudication guidelines.

8. Reporting to GFC

The Committee should regularly report to GFC with respect to its activities and decisions.

9. Definitions

Academic Staff – as defined by the [Recruitment Policy \(Appendix A\) Definition and Categories of Academic Staff, Administrators and Colleagues](#) in UAPPOL

Academic Teaching Staff - as defined by the [Recruitment Policy \(Appendix A\) Definition and Categories of Academic Staff, Administrators and Colleagues](#) in UAPPOL

10. Links

UAPPOL

[Awards for Teaching Excellence Policy](#)

[Award for Excellence in Graduate Teaching Procedure](#)

[Provost's Award for Early Achievement of Excellence in Undergraduate Teaching Procedure](#)

[Rutherford Award for Excellence in Undergraduate Teaching Procedure](#)

[Teaching Unit Award Procedure](#)

[William Hardy Alexander Award for Excellence in Undergraduate Teaching Procedure](#)

GFC UTAC Adjudication Guidelines

Approved by General Faculties Council: [date]

GFC UTAC Adjudication Guidelines

The GFC University Teaching Awards Committee (UTAC) considers nomination packages of exceptional quality. Members share responsibility through collective decision-making and trusting in the value of their common knowledge and wisdom. UTAC's strength resides in the diversity and commitment of its members.

This document, reviewed and approved annually by the committee, ensures that the processes used by the committee in its adjudication work are clearly defined and able to stand up to close scrutiny.

Conflicts of interest

- a. All UTAC members are expected to divest themselves of their particular concerns and act in the best interests of the University of Alberta in selecting award recipients.
- b. UTAC members must declare any conflicts of interest, real or perceived. If a member feels that they are unable to participate ethically in the adjudication process, the member may withdraw from the discussion of a particular nominee.
- c. UTAC members should not participate in the nomination process within their Faculties. Such participation includes, but is not limited to, assistance in preparation of nomination packages, including preparation of letters of support.

Information provided on nominees

- a. Considering that nominations received by UTAC are excellent, most, if not all nominees will meet each criterion for the award to which they have been nominated. Thus, the point is not to consider whether a nominee deserves a specific teaching award *in abstracto*, but to decide whether a nominee is better than the others in the same pool of nominees.
- b. Decisions will be based on the contents of the nomination packages, but may also involve consideration of additional information, provided this information is publicly available and can be shared amongst all UTAC members. Offering anecdotal information (e.g., a testimonial) regarding individual nominees could unfairly influence the outcome of deliberations and is not permitted.

Ranking before the adjudication meeting

In order to allow the committee adequate time to discuss nominations, the following process has been established:

- a. After reviewing the nomination packages, UTAC members fill out a table categorizing each nominee as either in the top, in the middle, or at the bottom of their ranking for each award.

The three categories can be interpreted as follows:

- Top: nominees you *very strongly* believe should get the award
- Bottom: nominees you *would not mind* if they did not get the award
- Middle: all other nominees

Putting a nominee in the bottom category does not lessen the appreciation of their teaching. Clearly, categorizing nominees either in the top or bottom category, inasmuch as it is possible, is *most useful* when we consider all UTAC members' rankings together.

- b. Members provide the committee coordinator with their ranking table at least five (5) working days before the adjudication. An informal tally will be prepared by the committee coordinator, and shared with the committee.
- c. Collating member rankings will show whether a nominee is obviously at the top or at the bottom when considering all nominations. The tally also provides a ranking of all nominees prior to the adjudication meeting, which helps to focus the committee's discussions.

At the adjudication meeting

UTAC decides by consensus how to proceed with the nominations. The tally of rankings is used as a guide to streamline discussion. A member may, at any time, ask to discuss any nominee regardless of position in the tally.

- Nominees at the bottom of collated rankings:

Taking as a starting point the tally made of all rankings, members agree on which nominees not to discuss. A member may, however, request a nominee be discussed, even if at the bottom of the collated rankings. It is important to keep this in mind as previous experience has shown that the discussion can result in reconsideration.

- Nominees at the top of collated rankings:

Based on the ranking tally, members agree on which nominees should be granted the awards. Usually, such nominations are not discussed at length, however, any UTAC member may request a full discussion of any of the nominees.

- Other nominees/awards:

Depending on the number of remaining nominees and awards, the committee may choose to discuss all remaining nominees or only those near the top of the collated rankings.

- Annual additional award

The committee may, as provided for and outlined in published procedures of the Awards for Teaching Excellence Policy for certain awards, choose to either award or carry forward the additional award for one year.

*Approved by GFC University Teaching Awards Committee
November 1, 2018*

GFC University Teaching Awards Committee Terms of Reference

1. Authority

The *Post-Secondary Learning Act* gives General Faculties Council (GFC) responsibility, subject to the authority of the Board of Governors, over "academic affairs" (section 26(1)) and over "academic awards" (section 26(1)(m)). GFC delegates certain of these powers to its University Teaching Awards Committee. GFC has thus established a University Teaching Awards Committee (GFC UTAC), as set out below.

The complete wording of the section(s) of the *Post-Secondary Learning Act*, as referred to above, and any other related sections, should be checked in any instance where formal jurisdiction or delegation needs to be determined.

2. Composition of the Committee

Elected by GFC:

- Four members from Categories A1.1 and A1.6 and their counterparts in A1.5 and A1.7 (no more than one from any Faculty)
- One member from Category A2.3
- Two undergraduate students
- One graduate student

Nominated by the Alumni Association:

- Two Alumni

(GFC 29 JUN 1981) (GFC 28 NOV 1988)(EXEC 14 NOV 1994) (EXEC 01 MAY 2000) (EXEC 06 MAY 2002)

3. Mandate of the Committee

The University Teaching Awards Committee (UTAC) adjudicates the William Hardy Alexander Award for Excellence in Undergraduate Teaching, the Rutherford Awards for Excellence in Undergraduate Teaching, the Provost's Award for Early Achievement of Excellence in Undergraduate Teaching and the Teaching Unit Award (see the *Awards for Teaching Excellence Policy* and procedures as posted in UAPPOL). (EXEC 03 MAY 2004)

UTAC has responsibility for reviewing the awards policies and criteria for the Rutherford, William Hardy Alexander, Early Achievement, and Teaching Unit Awards, and for alerting the GFC Executive Committee of any problems with the policies governing these awards.

4. Committee Procedures

Information management of UTAC's proceedings must be clearly defined and able to stand up to close scrutiny. All information that forms the basis of a decision must be clearly understood and documented, along with the source of such information.

All UTAC members are expected to divest themselves of their particular concerns and act in the best interests of the University of Alberta in choosing award winners. Decisions are to be based on the

contents of the nomination files but may involve a consideration of additional information (see below), provided this is publicly available and shared with all members of UTAC. Offering anecdotal information (eg a testimonial) regarding individual candidates could unfairly influence the outcome of deliberations and is not permitted.

I Additional Information about Nominees

Members may bring forward to the meeting ONLY publicly available additional information provided that this information is shared with all other committee members.

Members may NOT bring forward additional anecdotal information.

In all cases, the Secretary to the Committee will note the full content and the source of the information for the record.

II Conflict of Interest

UTAC members should not participate in the nomination process within their Faculties. Such participation includes but is not limited to assistance in preparation of nomination packages, including and especially the preparation of letters of support.

Members should disclose to other members all perceived conflicts of interest. If a member feels he or she is unable to participate ethically in the adjudication process, the member should withdraw from the discussion. The Secretary will note for the record statements of conflicts of interest.

5. Additional Reporting Requirements

None.

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Approved November 26, 2007 (GFC)