UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY

Meeting Minutes

Committee	FoMD Faculty Council		
Members:	Dr. B Hemmelgarn (Chair) As set out in the *Post-Secondary Learning Act* *Quorum is represented by those faculty members member present.*	**Date :**	December 2, 2025
		Time:	4:00pm
Called to Order:	4:00pm	**Location:**	Via Zoom
Guests	None	**Scribe:**	Erin Neil
Approval of agenda	**Approved by consensus with no additions.**		
Approval of previous meeting Minutes	**Date:** **MOVED** by V. Mushahwar and **SECONDED** by J. Schulz to approve the minutes as circulated. **ALL IN FAVOUR. CARRIED.**		
Meeting Attachments:	All attachments provided via email November 25, 2025		

Topic	Summary	Action by whom	Target Date	Status

1. Dean's Report	**Dr. B. Hemmelgarn provided Land Acknowledgement and update:**
	• **Associate Dean International Search:** The selection process is underway, with an appointment anticipated early in the new year.
	• **Associate Dean, Research Chairs and Professorships:** Dr. Patrick McDonald (Department of Pharmacology) has commenced his inaugural role. He will provide oversight for over 50 endowed chairs and 32 CRCs.
	• Biomedical Sciences Recommendations: Previously presented recommendations will be reviewed.
	• **Dianne and Irving Kipnes Health Research Institute:**
	  • The Institute was launched in September.
	  • A search for an Institute Director (internal recruitment from U of A faculty) is the next step and will likely launch in January, following the formation of a search committee.
	  • The Institute's focus is on AI and health (data) and includes a translational research unit.
	  • Within the Faculty of Rehabilitation Medicine, there is a focus on lymphedema teaching, training, and research (with Spencer Gibson).
	• **New Stollery Children's Hospital:**
	  • The new hospital was announced last week (with Dr. Todd Alexander and Government of Alberta members).
	  • The site has been identified, and functional planning is ongoing.
	Biomedical Sciences Review
	• **Reviews and Town Hall:**
	  • Updates were provided on the internal and external reviews and recommendations for Biomedical Sciences.
	  • A town hall was held on November 21st (approx. 130 attendees, in-person and online).
	  • Both internal and external review reports are posted on the FoMD website under Resources/Biomedical Science Review.
	  • High priority for the new year is building out the focus on undergraduate education, including structuring departments and optimizing courses in collaboration with the Faculty of Science.
	
	New Faculty Appointments
	• Welcome extended to all new faculty members.			

Topic	Summary	Action by Whom	Target Date	Status

2. Social Accountability

Dr. K. Dong presented:

2025 FoMD Faculty Council Update KDo

3. Wapanachakos Indigenous Health Program five-year strategic plan

Dr. W. Clark presented:

FC_WIHP strategic plan 2025-2030.pdf

4. Vice Dean Education

a. Update

Dr. S. Schipper provided update:

Undergraduate Medical Education (UME):

- The program successfully completed a CACMs limited site visit at the end of October, resulting in an excellent outcome.
- Thanks were extended to the team, including D. Rolfson and Joanne Rodger, for their massive effort.
- Anticipated changes to the program are expected in the next few years.

Postgraduate Medical Education (PGME):

- PGME accreditation by the Royal College (over 40 surveyors) and the College of Family Physicians (20-30 surveyors) was completed over a full week (Sunday to Friday morning).
- The effort, involving over 60 residency training programs, was immense.
- Appreciation was given to the postgraduate leadership, and the entire PGME team, as well as program directors, administrators, and administrative staff.
- The institutional and program reviews were an incredible experience, with a successful outcome, though follow-up work will continue over the next couple of years.

b. MD Admissions Update

Dr. L. Stovel presented:

MD Admissions Slides for Faculty Co

Motion: To adjust our provincial quotas, reserving 90% of the positions in the MD Program class for Alberta residents and 10% for Non-Alberta residents.
Moved by: Dr. L. Stovel. **Seconded by:** Dr. D. Rolfson. Carried.

6. Vice-Faculty Affairs

Topic	Summary	Action by Whom	Target Date	Status
a. Workforce Census Presentation	**L. Purdy presented:** LPurdy Presentation Dec 2025.pdf			

b. Update	**Dr. E. Yacyshyn provided update:**
	• **Faculty Evaluation Committee (FEC):**
	  • The FEC met two weeks ago for tenure and promotion.
	  • FEC Merit review is scheduled for January.
	• **Associate Dean, Faculty Development:**
	  • Dr. Elizabeth Rosolowsky has started in her new role (started yesterday) and was welcomed.
	  • Thanks were extended to Dr. Mia Lang for her many years of support.
	• **FOMD Leadership Cohort:**
	  • An upcoming leadership cohort, supported by Dr. Lang, Dr. Rosolowsky, and Shana Ross, is starting in January with 24 faculty members.
	
	GFC Update:
	2025-09-22-gfc-report-to-senate.pdf			

7. Vice-Deans Research				
a. Update – Biomedical	**Dr. M.J. Lemieux provided update:** Lemieux_FacultyCouncil Dec2025.pdf			
b. Updated – Clinical	**Dr. N. Pannu provided update:** • Ongoing Work: Over the last six months, significant work has been done to reimagine health data access and provide organization to the infrastructure where data resides. • Funding: This initiative is made possible by an $8 million investment from Innovation, Science and Economic Development Canada, awarded to both the University of Alberta (U of A) and the University of Calgary (U of C). • Objective: The funding will be used to create a unified data access structure to support health data researchers across all universities, spearheaded by U of A and U of C. • ConnectCare Data: A primary goal of the funding is to make health data in ConnectCare more usable for research and innovation. • Webinar: A webinar will be held in January to explain the new infrastructure at the University of Alberta and the future vision for health data access. A date will be provided in early January.			
8. Announcements	None			
Next Meeting	**March 17, 2026 – 400pm-530pm**			
Approval Date:	**March 17, 2026**			

Social Accountability in the FoMD: 2025 Interim Report & Strategic Outlook

Kathryn Dong MD, MSc, FRCPC, DRCPSC
Social Accountability Lead, FoMD

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Social Accountability Steering Committee

MEMBERSHIP

Kathryn Dong
Katherine Smith
Eniola Salami
Paulette Dahlseide
Mark Prins
Michael van Manen
Karen Lee
Aisha Ibrahim
Minn-Nyoung Yoon
Lisa Purdy

Nwanneka Joseph
Tehseen Ladha
Nicole Cardinal
Prabal Sharma
Susan Fawcett
Rhonda Pouliot
Akshit Ayri
Julia Sawatzky
Kim Falconer

THE NETWORK
TOWARDS UNITY FOR HEALTH

Social Accountability Fellowship (2023-2024)

- TUFH is a global network that brings together health leaders dedicated to advancing equitable health worldwide. Through mentorship and collaboration, members learn from one another, share expertise, and drive innovation.
- As an interprofessional and multicultural hub for social accountability, TUFH fosters diversity of thought and experience, empowering institutions and individuals alike to launch initiatives, exchange best practices, and create lasting impact across global health context.

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Indicators for Social Accountability Tool in Health Profession Education (ISAT)

	Phase 1	Phase 2	Phase 3	Phase 4
1. Students				
1.1 Student Recruitment				
2. Faculty				
2.1 Faculty Recruitment				
2.2 Faculty Development				
3. Educational Program				
3.1 Curriculum Content				
3.2 Curriculum Learning Methods				
3.3 Curriculum Types and Locations				
4. Research				
4.1 Community-Based Research				
5. Governance				
5.1 Governance				
5.2 Stakeholder partnership and engagement				
6. School Outcomes and Societal Impact				
6.1 School Outcomes				
6.2 Societal Impact				

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Social Accountability Decision Making Council (SADMC)

- Proposed membership
  - Community members
    - Indigenous community (1)
    - African, Black and Caribbean community (1)
    - Rural or remote community (1)
    - Community Members-at-Large (3)
- Role of the committee - provide direction to the Social Accountability Steering Committee

Program and Departmental Social Accountability Leads

- Social Accountability Lead can support the development and implementation of a social accountability strategy within programs and departments
- Goal is to understand how work at the FoMD level can support and connect individuals across programs and departments
- Potential roles
  - Strategic Planning and Implementation
  - Community Engagement and Partnership
  - Advocacy and Policy Development
  - Communication

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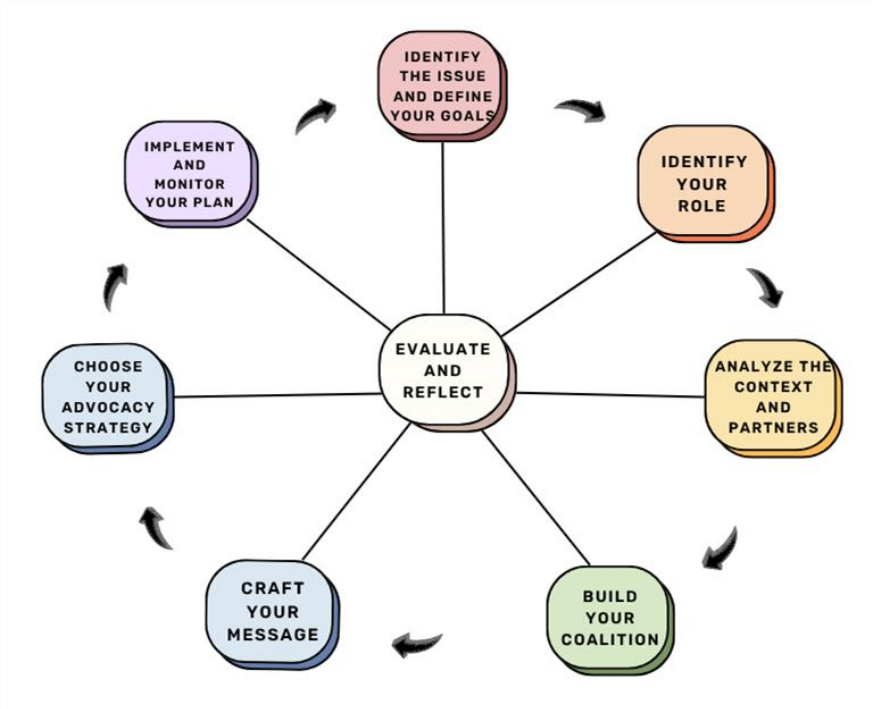
Advocacy Committee & Framework

Advocacy framework



Supplements for students, faculty/staff and leaders.

Advanced advocacy elective course (being drafted)

- 2 weeks (10 instructional days)
- 40 instructional hours

Intended as a supplement to core curriculum offered within training programs.

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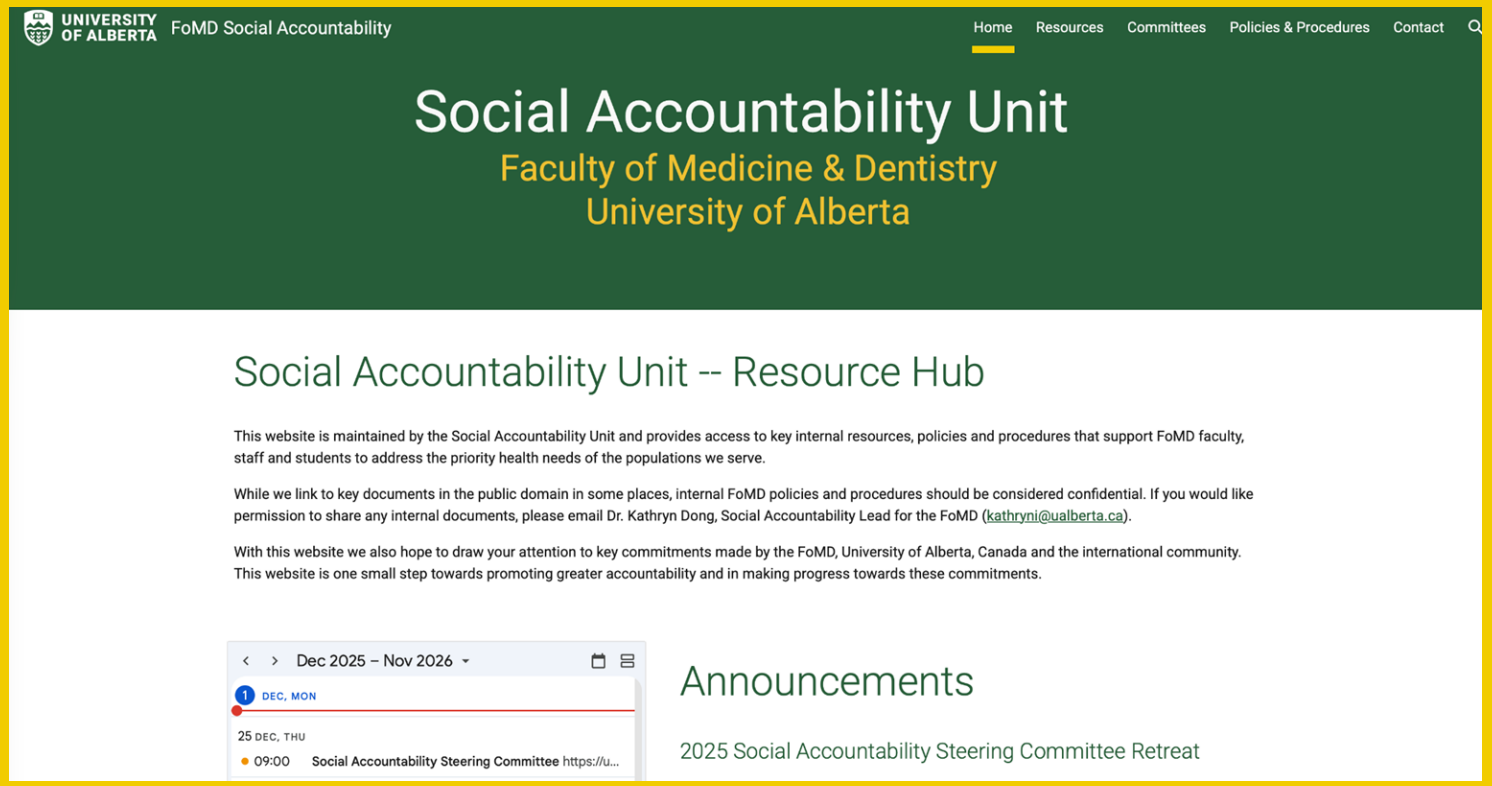
Social Accountability Website



https://sites.google.com/ualberta.ca/fomd-social-accountability/home

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Next Steps:

➔ Governance

➔ Faculty Development

➔ Outcome measurement

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Questions?

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wâpanachakos
INDIGENOUS HEALTH PROGRAM

Five-Year Strategic Plan 2025-2030

Dr. Wayne Clark, EdD, MA
Executive Director, wâpanachakos Indigenous Health Program
Assistant Professor, Department of Psychiatry
December 2025

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Preamble

This strategic plan is grounded in Indigenous self-determination and ethical engagement, informed by *Braiding Past, Present and Future: University of Alberta Indigenous Strategic Plan* (University of Alberta, 2022), ongoing community input, and the foundational vision of the Wâpanachakos Indigenous Health Program.

Annual review processes and reporting metrics will ensure iterative development and transparency over the 2025–2030 implementation cycle.

Vision

Advance Indigenous health through excellence in education, research, and mentorship grounded in Indigenous knowledge, leadership, and self-determination.

Mission

Cultivate partnerships with First Nations, Métis, and Inuit organizations to advance Indigenous leadership, increase student representation, and strengthen self-determination in health education, research, and mentorship.

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Goals

1. Strengthen pathways for Indigenous students and community members into the health sciences.
2. Foster reciprocal partnerships with Indigenous Nations, organizations, and communities.
3. Advance transformative, experiential education.
4. Establish sustainable mentorship networks.
5. Advance Indigenous-led research to transform health sciences education within clinical systems and learning environments.

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Goal 1: Strengthen pathways for Indigenous students into the health sciences

Overview

- Dismantle barriers and build equitable pathways for Indigenous students pursuing careers in healthcare.
- Emphasize culturally relevant recruitment, admissions, and retention initiatives.
- Attend community-based recruitment events.
- Implement bias-mitigation strategies in FoMD recruitment and retention processes.
- Offer test preparation support.
- Create safe, inclusive spaces that foster mentorship and community building.
- Introduce distinctions-based admissions processes tailored to First Nations, Métis, and Inuit applicants, ensuring fair and culturally responsive assessment and support.

Goal 1: Strengthen pathways for Indigenous students into the health sciences

Measures

Indicator	Baseline (2024)	2025–2030 Measurable Target
Indigenous applicants	41 MD, 10 DDS, 7 DH	Increase by 30% to 75
Indigenous interviews	23 MD, 4 DDS, 4 DH	Increase to 54 interviews annually
Indigenous admissions	8 MD, 2 DDS, 2 DH	Increase to 22 admissions annually
Recruitment/community fairs	8 events/year	15 events annually, with representation
Test prep and support sessions	Ad hoc	4 structured sessions/year for MCAT/DAT/MMI
Distinctions-based admissions projects	1 pilot	3 projects (First Nations, Métis, Inuit)
Bias-mitigation training completion	40% of panelists	100% trained admissions panelists

Goal 2: Foster reciprocal partnerships with Indigenous Nations, organizations, and communities

Overview

- Cultivate and sustain meaningful, reciprocal relationships with Indigenous communities.
- Engage actively in ceremonies, community visits, and co-developed programming.
- Ensure Indigenous voices shape educational experiences.
- Offer community-led clinical electives to connect learning with local knowledge.
- Run the Indigenous student ambassador program to expand mentorship and leadership.
- Reinforce community involvement in training future healthcare professionals.
- Strengthen program relevance to community-identified needs and knowledge systems.

Goal 2: Foster reciprocal partnerships with Indigenous Nations, organizations, and communities

Measures

Indicator	Baseline (2024)	2025–2030 Measurable Target
Community engagement visits	6 visits/year	Up to 15+ visits annually
Indigenous-led electives	3 sites	Up to 6 active elective sites
Indigenous students completing community electives	5	Up to 20 students/year
Community recommendations implemented	3	Up to 10 recommendations
Partner MoRU initiatives	4 partnerships	Up to 8 co-developed initiatives

Goal 3: Advance transformative, experiential education

Overview

- Engage actively in ceremonies, community visits, and co-developed programming.
- Ensure Indigenous voices shape educational experiences.
- Offer community-led clinical electives to connect learning with local knowledge.
- Run the Indigenous Student Ambassador Program to expand mentorship and leadership.
- Reinforce community involvement in training future healthcare professionals.
- Strengthen program relevance to community-identified needs and knowledge systems.

Goal 3: Advance transformative, experiential education

Measures

Indicator	Baseline (2024)	2025–2030 Measurable Target
Indigenous health curriculum hours	19 hrs (MD); 8 hrs (DDS); 4 hrs (DH)	Up to 50 hours pre-clerkship + clerkship
Revised curriculum modules	0	All modules revised or added
Land-based/community clerkships	2 pilots	5 clerkship pilots implemented
Student participation in land-based education	<10/year	≥50 students annually
Discovery Learning sessions	1/year	5 with ≥80% satisfaction rating
Integration with community/clinical learning	Limited	Formalized framework

Goal 4: Establish sustainable mentorship networks

Overview

- Create and sustain robust mentorship ecosystems connecting Indigenous students with healthcare professionals, alumni, and community leaders.
- Develop and implement the wîcihitowin (wee-chih-hih-toh-win) mentorship program.[1]
- Foster early and ongoing mentorship through orientation programs.
- Assess the cultural safety of learning environments.
- Enhance Indigenous physician leadership and professionalism through culturally grounded development.
- Reflect Indigenous ways of knowing, being, and doing in leadership pathways.
- Ensure learners are supported throughout their educational journeys in culturally affirming, safe environments.

1.The term *wîcihitowin* (wee-chih-hih-toh-win) is a Cree word meaning **"to help one another,"** reflecting values of reciprocity, kindness, and shared responsibility. In this program, it signifies a mentorship approach grounded in relational accountability and collective growth.

Goal 4: Establish sustainable mentorship networks

Measures

Indicator	Baseline (2024)	2025–2030 Measurable Target
Indigenous alumni mentors	4	8 active mentors
Students matched in mentorship programs	0	30 mentees matched
Mentor–mentee meetings	Ad hoc	3–4 structured meetings/year
Alumni engagement events	0	2 networking events/year (1 MD; 1 DDS/DH)
Learner satisfaction rating	N/A	≥85% satisfaction with learning environment
wîcihitowin program evaluation	Pilot	Annual report with outcomes

Goal 5: Advance Indigenous-led research to transform health sciences education within clinical systems and learning environments

Overview

- Advance Indigenous leadership in health research to transform health sciences education.
- Integrate Indigenous healing systems into education and clinical practices.
- Employ distinctions-based research methodologies grounded in Indigenous epistemologies and knowledge systems.
- Bridge Western health sciences educational frameworks with Indigenous approaches.
- Validate Indigenous healing practices alongside biomedical care.
- Support collaborative projects, student-led research, and community-driven health innovations.
- Expand the evidence base for inclusive, respectful, and effective Indigenous health education.

Goal 5: Advance Indigenous-led research to transform health education within clinical systems and learning environments

Measures

Indicator	Baseline (2024)	2025–2030 Measurable Target
Distinctions-based research ethics protocols	2	5 protocols developed (FN, Métis, Inuit)
Indigenous-led research projects	3	Up to 10 active/ completed projects
Student-led research outputs	Minimal	≥20 student projects/publications
Indigenous research training participants	2	12 trainees
Community-driven pilots	3	7 pilots implemented
Knowledge translation events (symposia, toolkits)	2	5 major events + 10 KT tools produced

Next steps

- Present the plan to Faculty committees, Indigenous partners, and the FoMD Indigenous Advisory Council for feedback and alignment.
- Develop annual workplans, track indicators, and publish progress dashboards and community-facing reports.
- Re-establish Indigenous governance oversight, identify goal leads, and secure sustainable funding and training for implementation.
- Highlight progress through FoMD reports, community updates, and stories of impact from students, mentors, and partners.

MD Admissions Update

Laura Stovel MD, FRCPC

Assistant Dean, Admissions, MD Program

December 2, 2025

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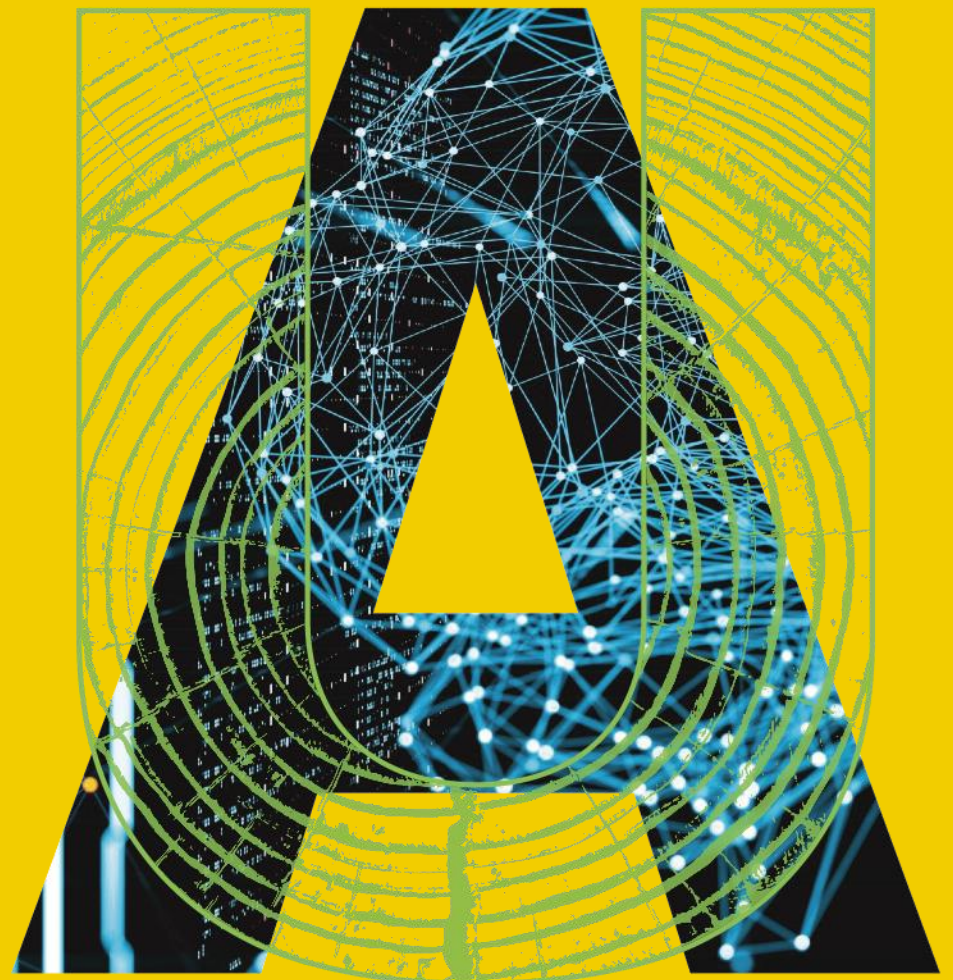

479 Candidates
512 Interviewers
6 Volunteers
5 Staff

MD Admission Interviews: March 15 - 16, 2025

All interviews successfully completed via Kira Talent

lstovel@ualberta.ca
March 14-15, 2026

Albertan/Non-Albertan Admission Quotas

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In-Province/Out-of-Province Admissions: Background Info

- The University of Alberta MD Program accepts applicants from Alberta and from other provinces in Canada
  - Canadian citizens and Permanent Residents of Canada are eligible for seats
  - “Alberta” includes Yukon, Northwest Territories, and Nunavut
- Applicants form two separate streams for two separate pools of seats: Albertan seats and Non-Albertan seats
- Applicants are only eligible for the seats available for their pool

Provincial Residency Definition

University of Alberta's residency definition (as per the University of Alberta Calendar):

> *A resident of Alberta is defined as a Canadian Citizen or Permanent Resident (Landed Immigrant) who has been continuously resident in the Province of Alberta, the Yukon, the Northwest Territories or Nunavut for at least one year immediately before the first day of classes of the term for which admission is sought.*
>
> *The one-year residence period shall not be considered broken where the admission committee is satisfied that the applicant was temporarily out of the province on vacation, in short-term employment, or as a full-time student. Applicants on study permit cannot establish residence during a period as a full-time student in an Alberta secondary or postsecondary institution because a stay under study permit is considered to be a visiting period.*

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In-Province/Out-of-Province Admissions: Background Info

- In each MD Program entering class, 85% of seats are for Albertan applicants and 15% are for Non-Albertan applicants
  - For example, of the 196 seats in Class of 2029:
    - 167 seats are for Albertan applicants
    - 29 seats are for Non-Albertan applicants
- These quotas are formalized in the University of Alberta Calendar

Current University of Alberta Calendar Language

“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.”

In-Province/Out-of-Province Admissions

- In the Admissions Office, we have recently been assessing:
  - Is this balance of in-province and out-of-province seats appropriate?
  - How do these two groups of applicants compare?
  - Given physician shortages in Alberta, what can we learn about where our MD Program graduates are practicing?

Project:
In-Province & Out-of-Province Medical Graduates Analysis

Project Summary: Review of Graduates' Locations of Practice

Fall 2024:

- We developed a project to locate the graduates of several recent cohorts of the MD Program: Where are they practicing medicine following their completion of training?
- Compared Albertan and Non-Albertan applicants with respect to their locations of practice

Project Summary: Review of Graduates' Locations of Practice

Project:

- We studied the Classes of 2012-2016: these are the most recent graduating classes whose members have completed their postgraduate training (Classes of 2017 and 2018 still have a number of individuals completing their postgraduate training)
- Collaborated with the FoMD's Office of Rural and Regional Health (ORRH)
- MD Admissions Summer Studentship

Data Summary:
All Graduates,
Albertan Applicants,
Out-of-Province Applicants

All MD Program Graduates

694 Graduates In-Province + 65 Graduates Out-of-Province
= 759 Found Graduates

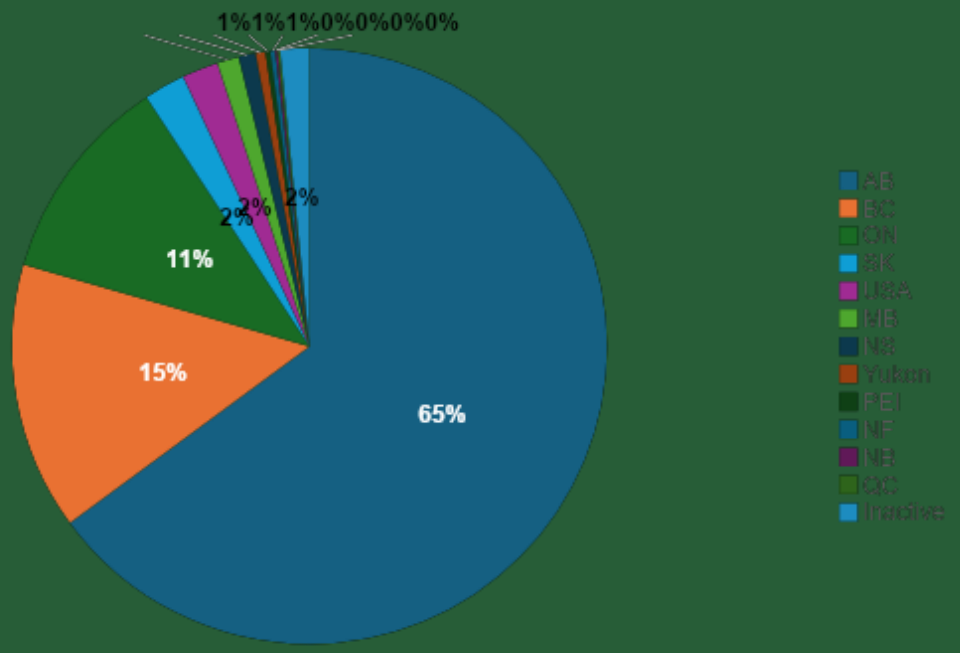
All Graduates: Remain in AB vs. Elsewhere = 759

492 Graduates remain in AB (64%)

254 Graduates moved elsewhere

- 110 BC (14%)
- 86 ON (11%)
- 17 SK (2.3%)
- 9 MB (1.2%)
- 7 NS (0.9%)
- 1 QC (0.1%)
- 2 NF (0.3%)
- 1 NB (0.1%)
- 2 PEI (0.3%)
- 4 Yukon (0.5%)
- 15 USA (2.0%)

12 Inactive/Postgraduate (1.6%)



Albertan Applicants

Numbers Breakdown

730 graduates total

694 graduates found

10 Inactive

36 graduates not found

Remain in AB vs Elsewhere = 694

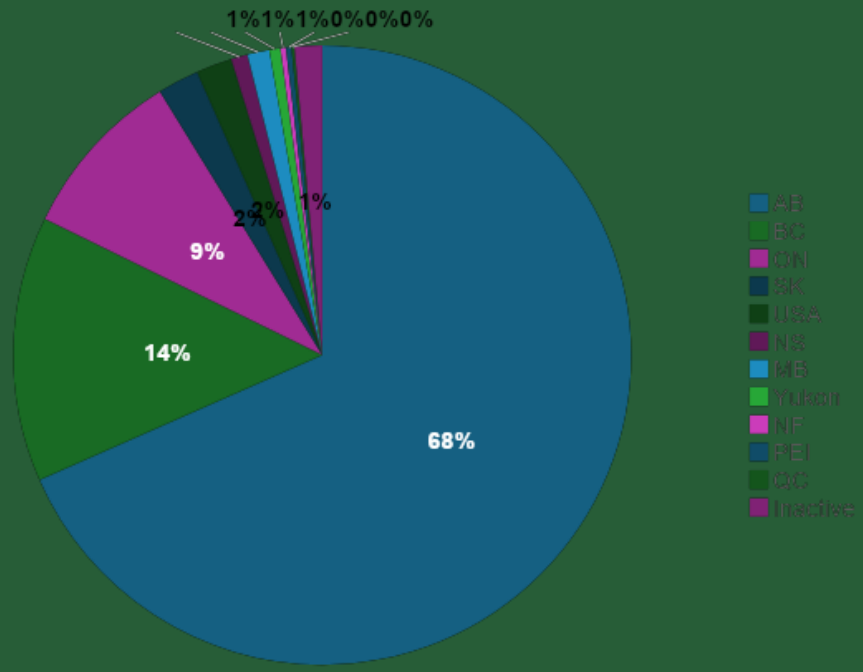
474 Graduates remained in AB (68%)

209 Graduates moved elsewhere (30%)

- 96 BC (13.8%)
- 62 ON (8.9%)
- 15 SK (2.2%)
- 13 USA (1.9%)
- 6 NS (1.3%)
- 8 MB (1.2%)
- 4 Yukon (0.6%)
- 2 NF (0.3%)
- 2 PEI (0.3%)
- 1 QC (0.1%)

10 Inactive (1.4%)

1 Postgraduate



Out-of-Province Applicants

Numbers Breakdown

65 Graduates total

2 Inactive

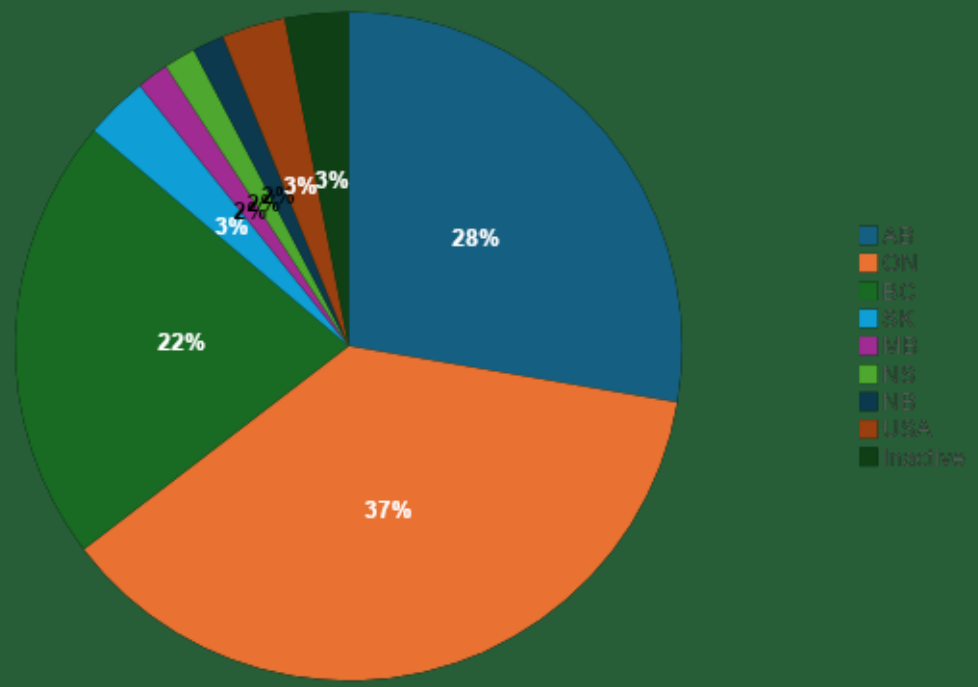
Remain in AB vs. Elsewhere = 65

18 Graduates remained in AB (28%)

45 Graduates moved elsewhere (69%)

- 24 ON (37%)
- 14 BC (22%)
- 2 SK (3.1%)
- 1 MB (1.5%)
- 1 NS (1.5%)
- 1 NB (1.5%)
- 2 USA (3.1%)

2 Inactive (3.1%)



In Summary

- Albertan Applicants: 68% remain in Alberta to practice
- Out-of-Province Applicants: 28% remain in Alberta to practice
  - The majority are in Ontario (37%) or British Columbia (22%)
- Question: Are our current quotas appropriate?

Why Have Out-of-Province Applicants At All In Provincially-Funded Seats?

- This system already exists: the current quotas have been in place for many years
- Having students from out-of-province supports geographic diversity (versus isolationism)
- Applicants from outside the province may have strong connections to Alberta and genuine interest in staying here to practice
  - For example, they may have grown up here and their family relocated to another province, or their partner resides here
  - It makes sense to keep the door open

How Do We Compare With Other Canadian Universities Re Out-of-Province Quotas?

- The University of Alberta MD Program allocates a higher proportion of its seats to out-of-province applicants than any other medical school in Canada: 15% of seats for out-of-province applicants

How Do We Compare With Other Canadian Universities Re Out-of-Province Quotas?

- U of A: 15% of seats for out-of-province applicants
- U of C: “Maximum of 15%”
- UBC: “Up to 10% of seats”
- The majority of universities in Canada offer 5% of seats (e.g. Ontario universities) or have 0 seats for out-of-province applicants (e.g. NOSM)

Discussions

- Given physician workforce shortages in the province and the evidence that Albertan applicants are much more likely to stay in the province to practice, it appears reasonable to increase the proportion of Albertan applicants in the class

- Maintaining some out-of-province applicants adds diversity of perspective and leaves the door open for individuals currently residing outside the province who have strong reasons to seek their MD training in Alberta

Discussions

- We considered options: no change vs how much change?
- Discussed with Drs. Hemmelgarn, Schipper and Rolfson beginning in Summer 2025
- Dr. Hemmelgarn liaised with Dr. Todd Anderson, Dean at University of Calgary: both schools are interested in reducing the proportion of seats offered to out-of-province residents to 10%

MD Admissions Committee

- In October, the Admissions Committee voted to approve an adjustment to our quotas:
  - 90% Albertan
  - 10% Non-Albertan

- It was therefore important to bring this to Faculty Council for discussion and consideration of a change

Next Steps

- Adjusting a quota would require a Calendar change: could be entered in the 2026-2027 Calendar

- With any Calendar change that restricts access to the MD Program for any applicants, there must be one year of advance notice prior to implementing the change: therefore no change would take place prior to the 2027-2028 Admissions cycle

Motion:

“To adjust our provincial quotas, reserving 90% of the positions in the MD Program class for Alberta residents and 10% for Non-Alberta residents.”

Thank You!

Workforce Census Updates

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Methodology

- Ethics ID: Pro00147826

Design guided by:

- Communication early and disseminated widely
- Requesting only essential information relevant to the objectives
- Ensuring anonymity through data collection and data suppression
- Respecting autonomy by allowing questions to be left unanswered

- Questions informed by institutional survey, other Canadian universities and community experts.
- Census was delivered in REDCap Nov 27, 2024 - February 3, 2025
- Employees and clinical faculty were divided into 5 categories

Employee type

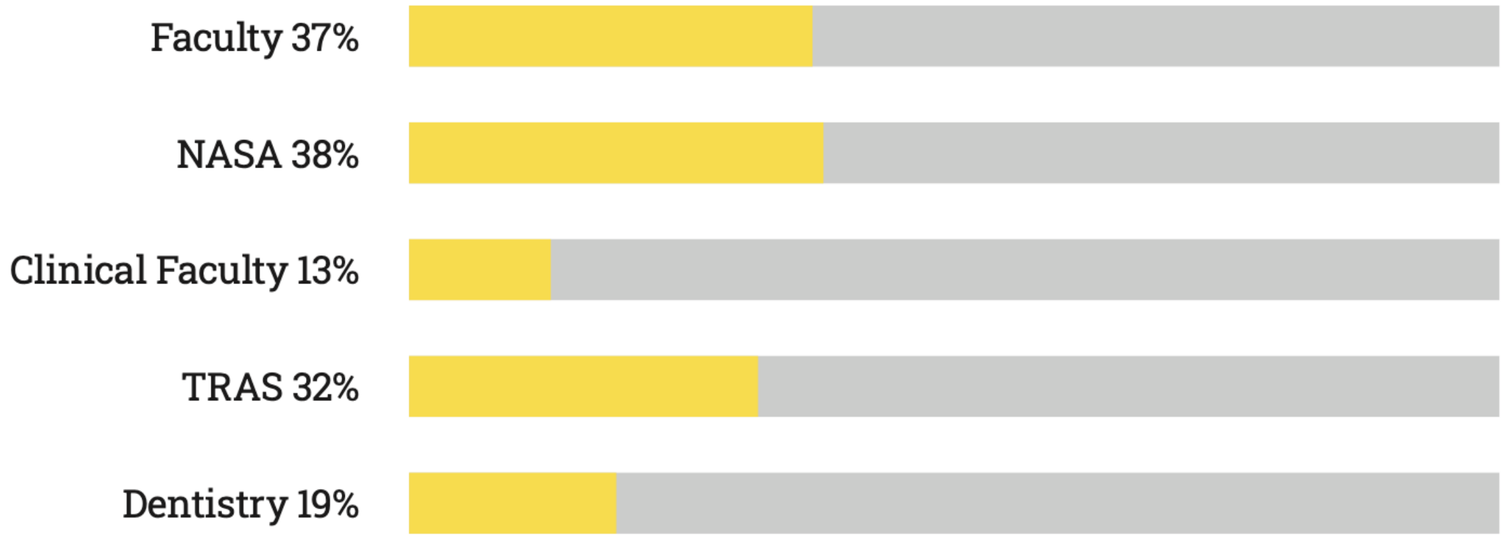
- **Faculty:** Academic Faculty, Administrative and Professional Officers (APO), Faculty Service Officers (FSO), Special Continuing Faculty, Excluded Academic Faculty
- **NASA:** Non-academic staff (trust and operating)
- **Clinical Faculty:** any individual with a clinical academic colleague appointment in FoMD (excluding Dentistry)
- **TRAS:** Trust Research Academic Staff (TRAS), Temporary Librarian, Administrative and Professional Officer (TLAPO), Academic Teaching Staff (ATS), post-doctoral fellows
- **Dentistry:** All employee types and clinical academic colleagues in the School of Dentistry

Response Rate

- Census sent to 5,475 individuals
  - 2,699 employees
  - 2,776 clinical faculty

- **Overall response rate 23%**

Figure 1 | Response Rate for Each Employee Type



Results

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Gender

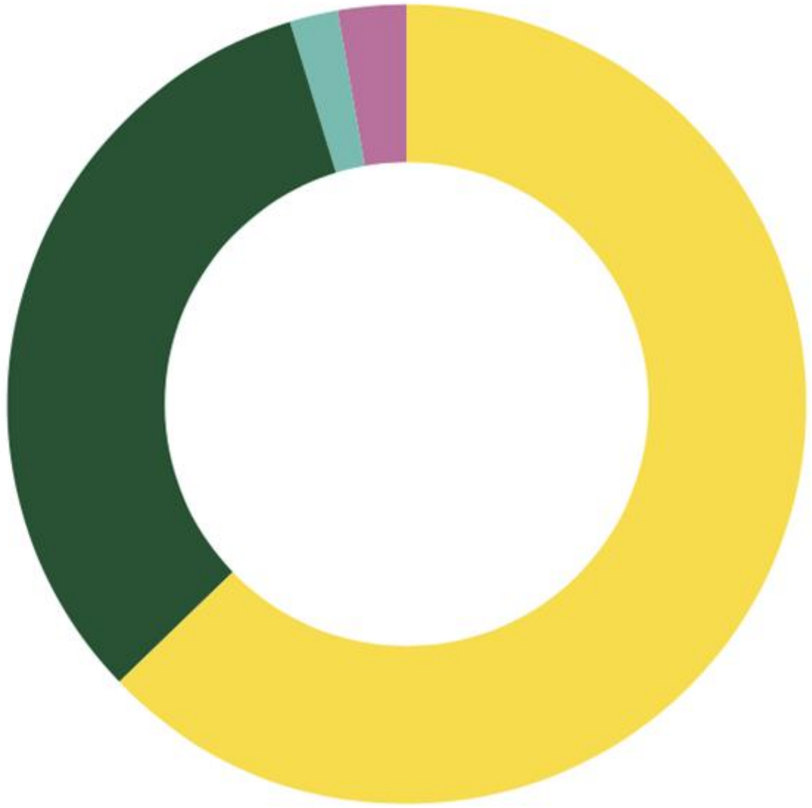
Question:

Do you identify as (choose all that apply):

- ❑ Man
- ❑ Non-Binary
- ❑ Transgender
- ❑ Two-Spirit
- ❑ Woman
- ❑ Gender identity not listed above (please specify): _____
- ❑ I prefer not to answer

Gender

Figure 2 | Gender Identity

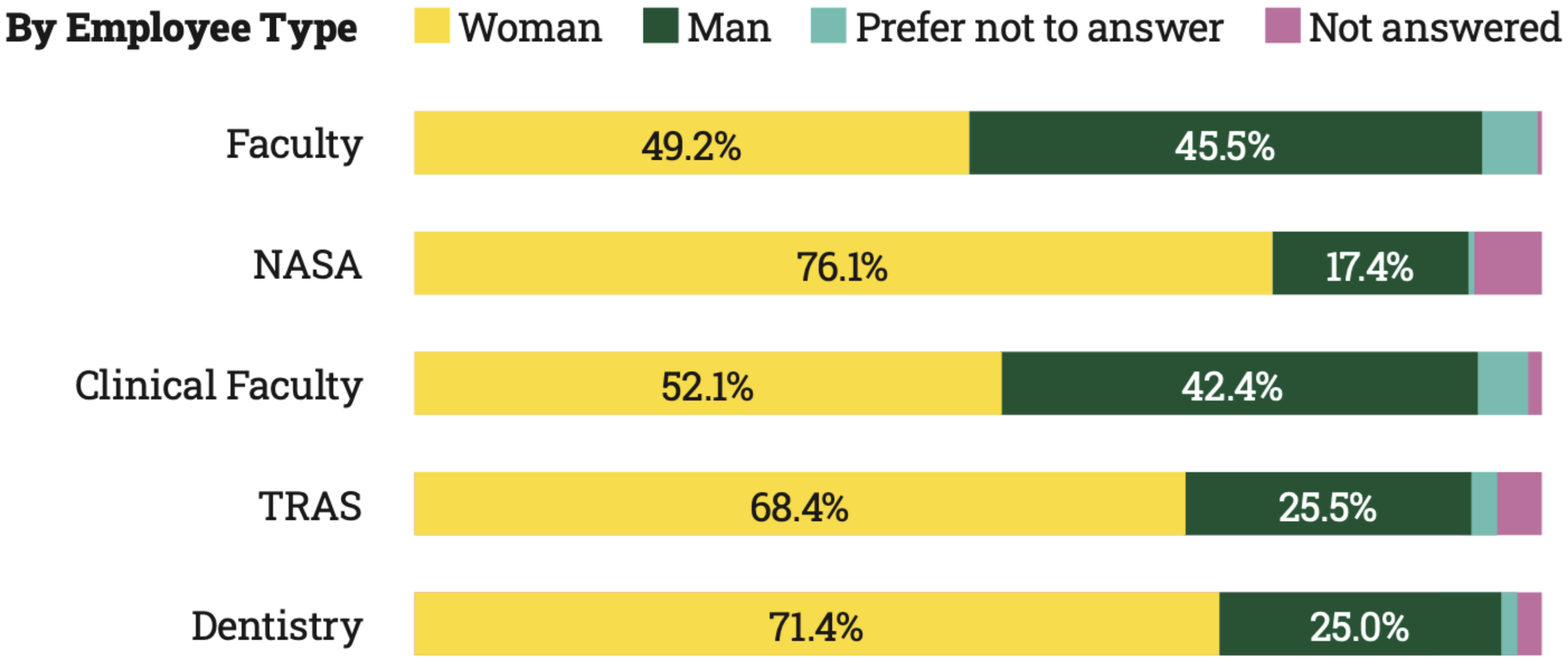


All FoMD

- Woman 62.1%
- Man 32.2%
- Prefer not to answer 2.1%
- Not answered 2.5%

Response rate: 97.5%

Gender



Transgender, Two-Spirit, Non-Binary - too few to report in all responses.

Sexual Orientation

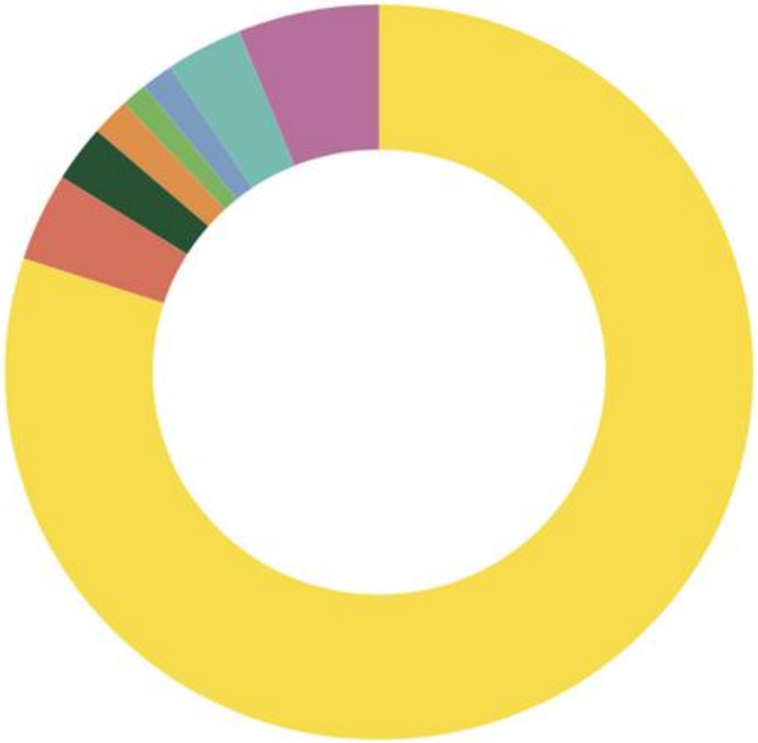
Question:

Do you identify as (choose all that apply):

- ❑ Asexual
- ❑ Bisexual
- ❑ Gay
- ❑ Heterosexual
- ❑ Lesbian
- ❑ Pansexual
- ❑ Queer
- ❑ Two-Spirit
- ❑ Orientation not listed above (please describe): _____
- ❑ I prefer not to answer

Sexual Orientation

Figure 3 | Sexual Orientation

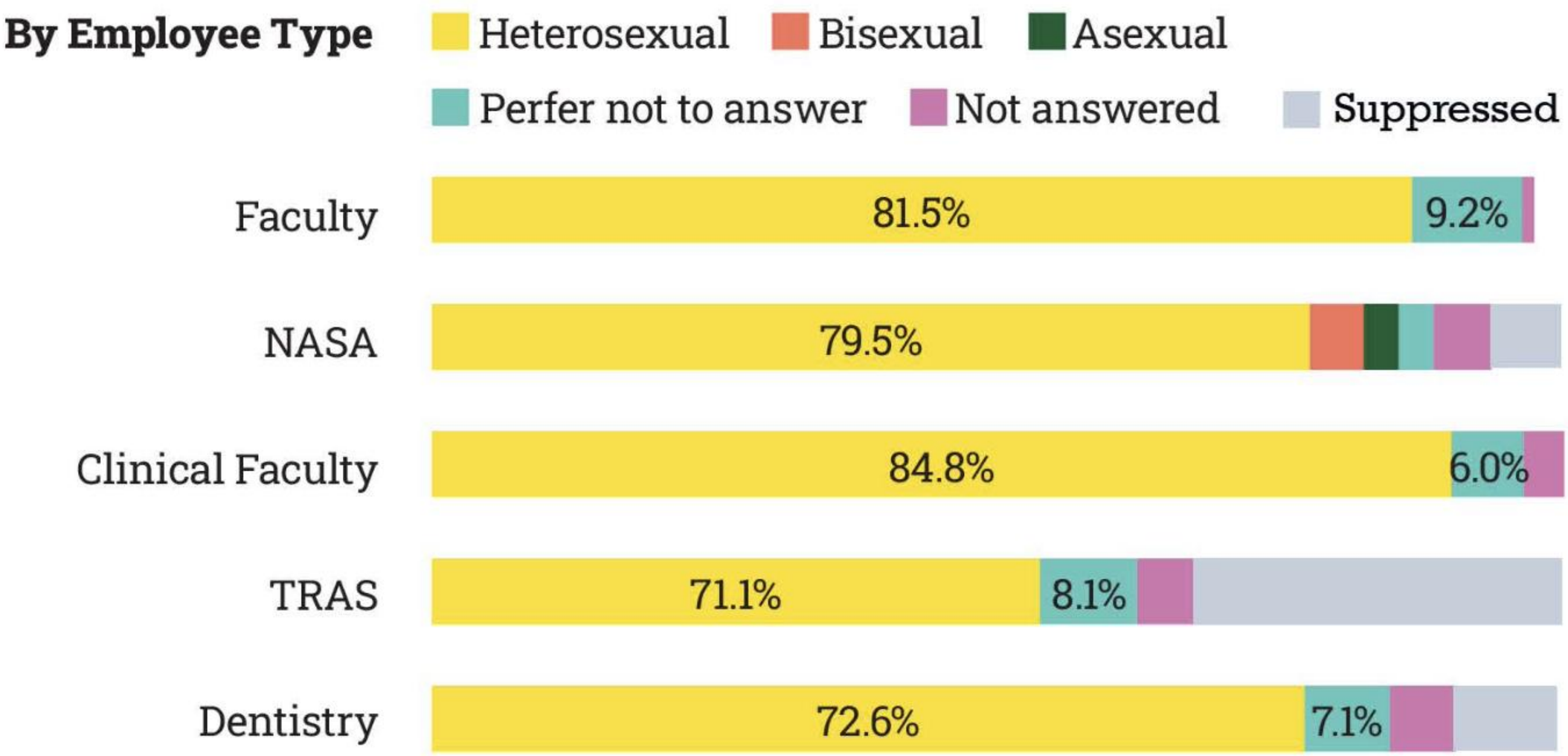


All FoMD

- Heterosexual 79.6%
- Bisexual 3.8%
- Asexual 2.5%
- Gay 1.6%
- Queer 1.3%
- Pansexual 1.2%
- Perfer not to answer 5.9%
- Not answered 3.4%

Response rate: 96.5%

Sexual Orientation



Indigenous Identification

Questions:

1. Do you identify as an Indigenous / Aboriginal person? (definition)

❑ Yes
❑ No
❑ I prefer not to answer

1. Please indicate your geographic origin (choose one only).

❑ Indigenous / Aboriginal from Canada
❑ Native American/American Indian from the United States (definition)
❑ Indigenous / Aboriginal from another country.
❑ I prefer not to answer

Please indicate which apply to you (choose all that apply):

First Nations (both Status and Non-Status Indians)

Inuk (Inuit)

Métis

I prefer not to answer

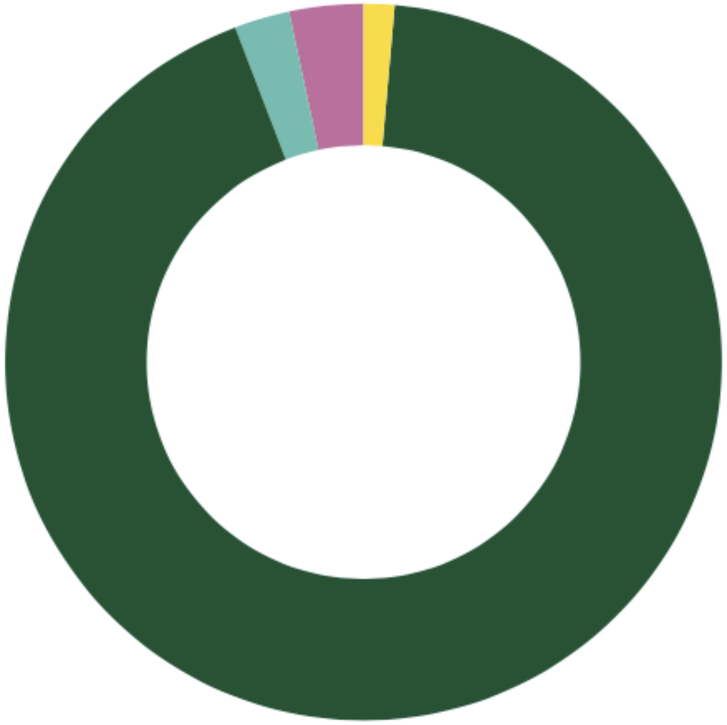
Another (please describe) _____

3. Please indicate which apply to you (choose all that apply):

❑ First Nations (both Status and Non-Status Indians)
❑ Inuk (Inuit)
❑ Métis
❑ I prefer not to answer
❑ Another (please describe) _____

Indigenous Identification

Figure 4a | Indigenous Identification



All FoMD

- Yes 1.5%
- No 92.8%
- Prefer not to answer 2.4%
- Not answered 3.2%

Response rate: 96.8%

Indigenous Identification

Figure 4b | First Nation, Metis, Inuit*

*Too few responses to Inuk (Inuit) to report.

Note: All Indigenous employees indicated that they are from Canada.

Visible Minority

Questions:

1.Do you identify as someone who is racialized, a visible minority, person of colour, or an analogous term?

- ❑ Yes
- ❑ No
- ❑ I prefer not to answer

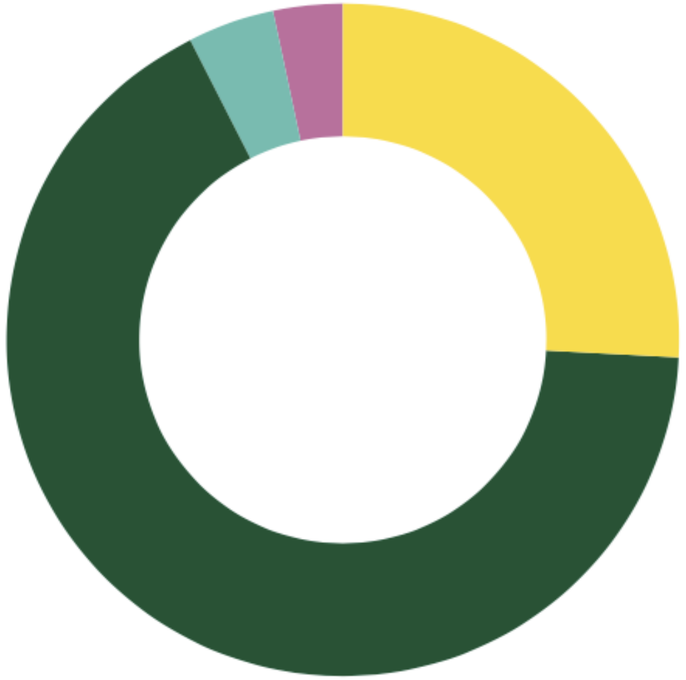
2. Which of the following broad Canadian census categories best describes you? Please select all that apply.

Please note that, while imperfect, use of terminology consistent with the Canadian census may allow for comparison between FoMD and the communities we serve.

- ❑ Arab
- ❑ Black
- ❑ Chinese
- ❑ Filipino
- ❑ Japanese
- ❑ Korean
- ❑ Latin American
- ❑ South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- ❑ Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
- ❑ West Asian (e.g., Iranian, Afghan, etc.)
- ❑ White/Caucasian/European
- ❑ Prefer not to answer
- ❑ Alternatively, please describe yourself):_____

Visible Minority

Figure 5a | Visible Minority

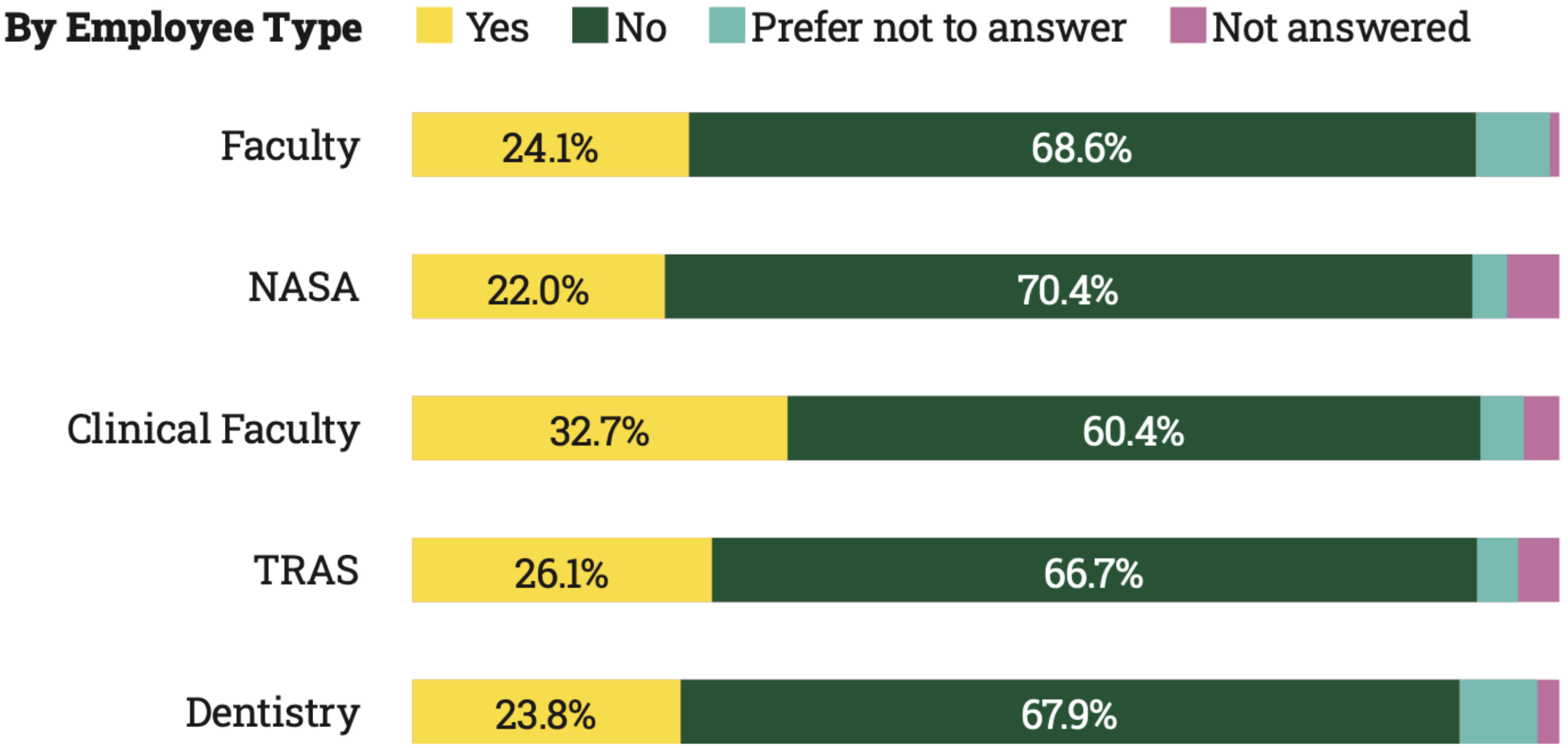


All FoMD

- Yes 25.9%
- No 66.7%
- Prefer not to answer 4.3%
- Not answered 3.1%

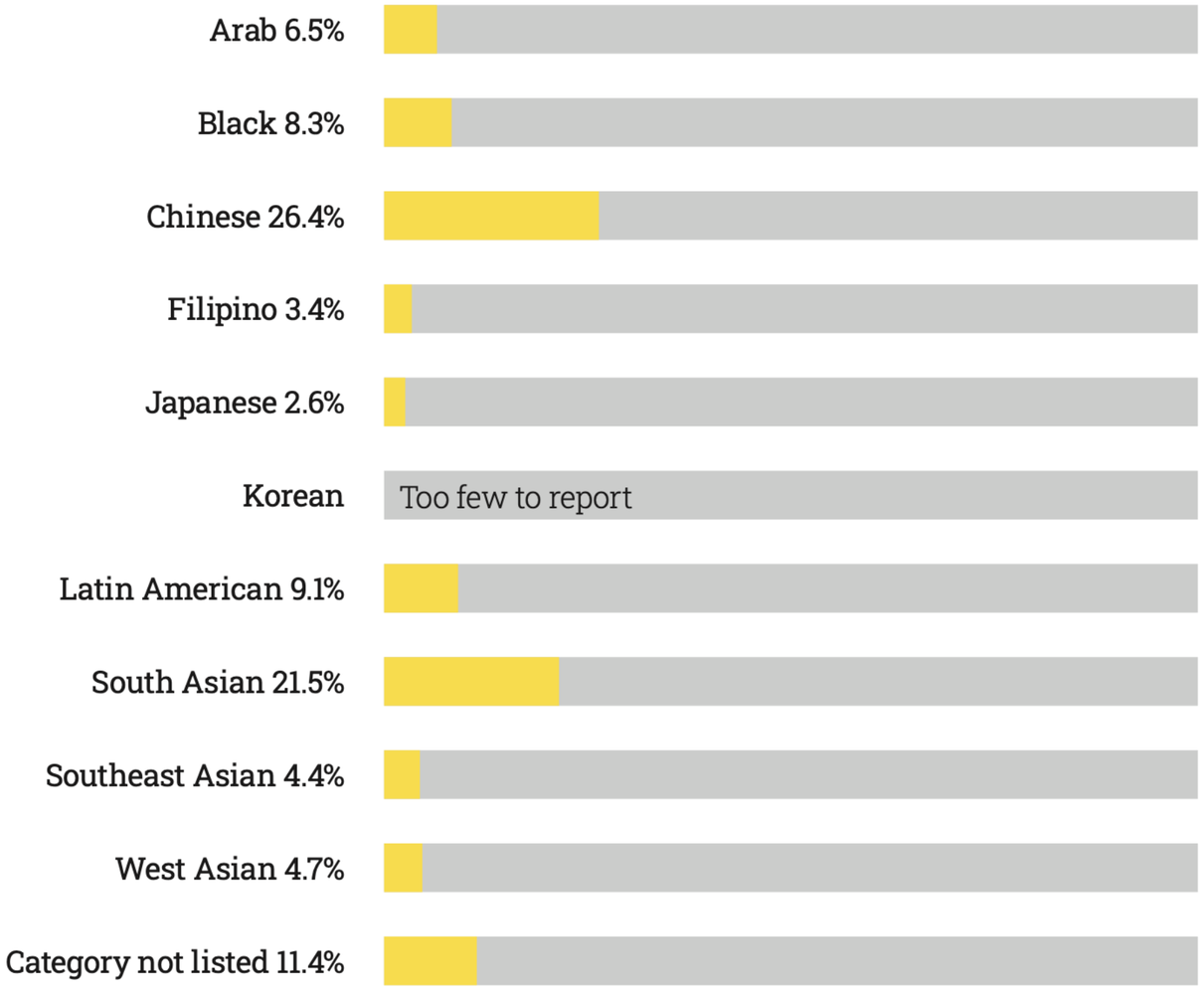
Response rate: 96.9%

Visible Minority



Visible Minority

Figure 5b | Specific Visible Minority



Persons with Disability

Questions:

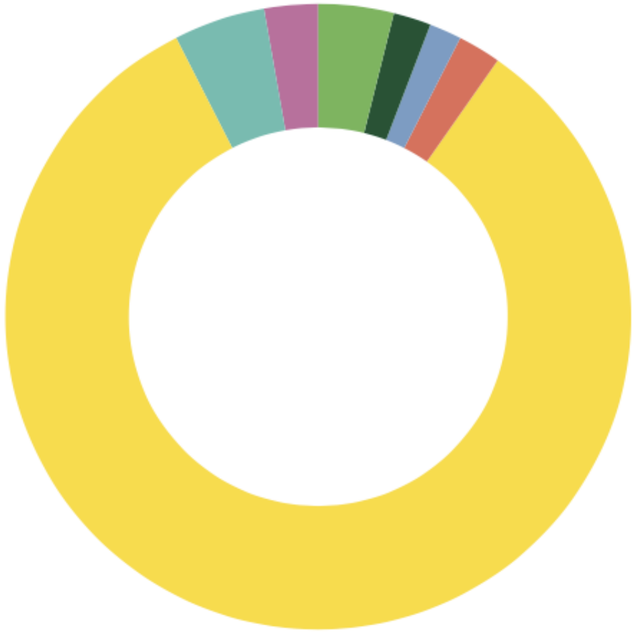
1. Relating to mobility, sensory, learning, or other aspects of physical or mental health do you identify as having:
- ❑ Significant and recurring concerns,
- ❑ Challenges with your ability to perform the range of life's activities
- ❑ Experiences of environmental barriers that hamper your full and self-directed participation in University activities?

2. Please indicate the type(s) of challenges you experience (choose all that apply):
- ❑ On-going health condition(s)
- ❑ Invisible Challenges (emotional, psychological, or mental health; learning, remembering, or concentrating; neurodiversity; non-visible physical concern)
- ❑ Physical Challenges (coordination/dexterity; hearing/Deaf; mobility; seeing/blind)

3. Do you require any type of workplace support/job accommodation to do your job?

Persons with Disability

Figure 6a | Significant Concerns, Challenges, or Barriers



All FoMD

- Challenges performing daily activities 4.0%
- Environmental barriers at work 2.1%
- Significant and recurring concerns 1.4%
- More than one 2.3%
- None of the above 82.8%
- Perfer not to answer 4.8%
- Not answered 2.6%

Response rate: 97.4%

Persons with Disability

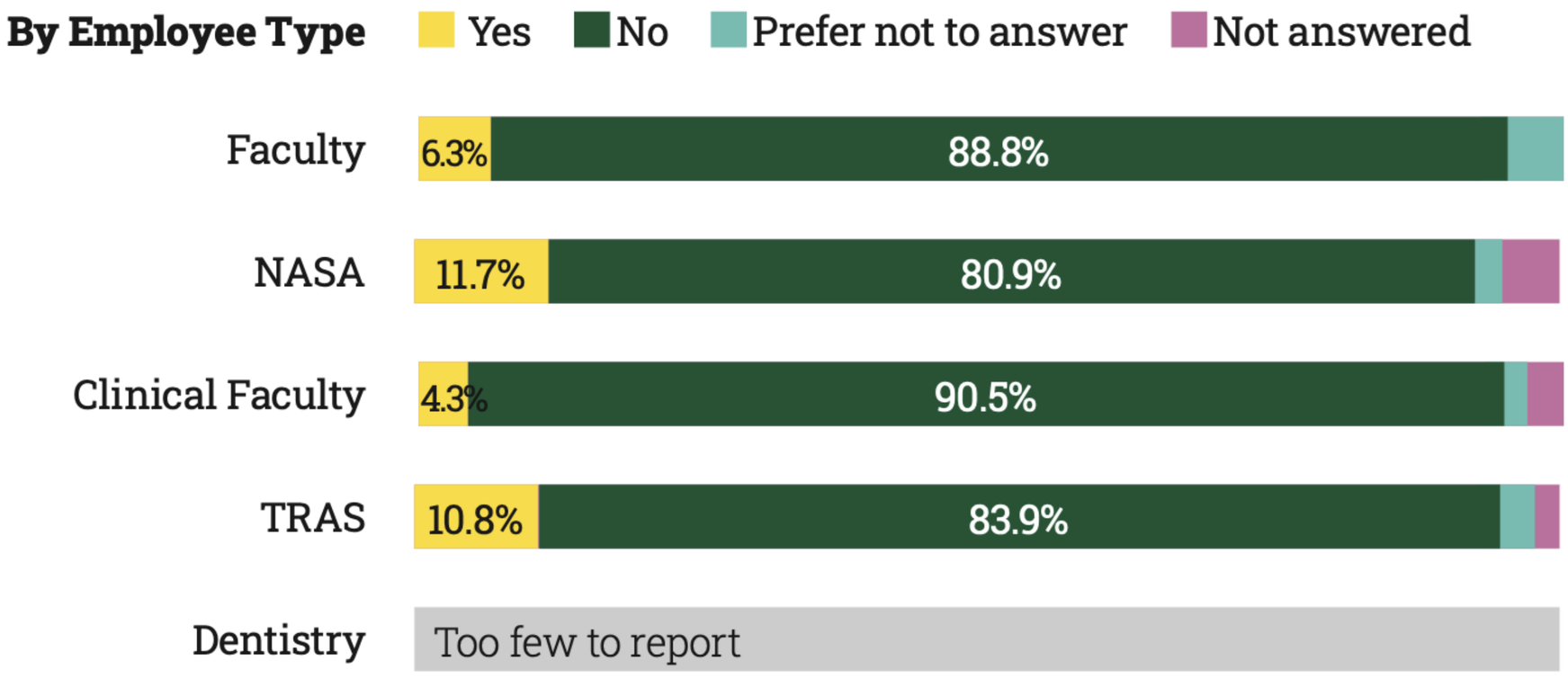
Figure 6b | Specific Challenges

All FoMD

- Physical challenges 10.5%
- On-going health condition 8.1%
- Invisible challenges 33.1%
- More than one 44.4%
- Prefer not to answer 2.4%

Persons with Disability

Figure 6c | Workplace Support



Response rate: 96.9%

Key Takeaways

Since 2017:

persons with disabilities increased 3.5%

racialized persons increased 10.9%

persons with sexual identity other than heterosexual increased by 7%

Indigenous persons remained unchanged (1.1% increased to 1.5%)

Other notable results:

Women leaders increased 15%

Date: Sep 22, 2025
Location: Council Chamber, 2-100 University Hall
Time: 2:00 - 4:00 PM

Opening Ceremony/Session

The meeting commenced with the Chair acknowledging the territory and welcoming new members. The Chair then welcomed Elder Dr Francis Whiskeyjack, who shared wisdom and Indigenous teachings with GFC. The Chair then thanked Elder Dr Whiskeyjack for sharing learnings with GFC and beginning the academic year in a good way. President and Chair Bill Flanagan:

- Thanked outgoing Dean Washington for his service and congratulated him on his next steps, while also welcoming Chris Anderson to his new appointment as College Dean of Social Sciences and Humanities. The Chair also extended his congratulations to Shawn Flynn for his re-appointment as President of St Joseph's College.
- Noted the recent raising of the Treaty 6 and Métis flags on campus, and also provided an update on the review process for the Vice-President (Research).
- Encouraged GFC members to consider applying for vacancies on GFC Standing Committees.

The Chair also introduced Chancellor Nizar Somji, who reflected on his first year as Chancellor, expressing gratitude for the welcome he has received and admiration for the institution's humility and impact. Chancellor Somji briefed GFC members on the recently launched 2025-2029 University of Alberta Senate Strategic Plan, Enhancing Our Impact.

DECISION ITEMS

IT Policy Suite

T Gilchrist introduced a proposed IT Policy Suite designed to consolidate four existing policies into two, aiming to strengthen cybersecurity, meet legislative needs, and ensure institutional flexibility. He also introduced the new Chief Information Officer (CIO), Mark Humphries, who was leading the policy review.

A GFC member moved to amend the definition section to delineate Information Services and Technology's (IST's) security responsibilities without the University asserting ownership, especially over research data. The motion to amend did not succeed and the discussion then returned to the main motion, where members raised comments and questions including on IST infrastructure definition, the inclusion of affiliate colleges, and the need for further consultation with faculty and equity-denied groups regarding impacts on grant applications and data-management requirements.

Due to the volume of suggested modifications and feedback, the proponents chose to withdraw the main motion to allow for more time for consultation and defer the policy's consideration to a future meeting.

DISCUSSION ITEMS

UASU and GSA Goals

P Almeida presented the University of Alberta Students' Union's 2025-26 goals tailored to the work of GFC. A Kumar then presented the 2025-26 Graduate Students' Association goals, noting GSA structural challenges, minimum funding in the first year of implementation, and the creation of the new GSA Vice-President Indigenous Relations position.

Lougheed Schools

GFC received an update on the recent creation of two Peter Lougheed Schools: an evolution of the existing Peter Lougheed Leadership College, and the creation of a new Peter Lougheed School of Politics and Democracy, The presenter noted that engagement on all academic certificates will go through normal governance processes and shared details on the upcoming launch of the Lougheed Schools in Banff.. Members expressed appreciation for the assurance that certificate approval would follow proper governance pathways, raised some concerns regarding the creation of the school given GFC's role for the establishment of schools under the *Post-secondary Learning Act*, and suggested further discussion to resolve the inconsistent use of "Schools" in both school and Faculty namings.

Fairness in Sports Policy

GFC was briefed on the university's Fairness in Sports Policy, established as required by provincial legislation requiring institutions to ensure fairness and safety in sport participation. The presenters outlined the prescriptive nature of the provincial regulation in requiring what the policy must say/include, and noted that the university did try to go beyond the requirements as to be more supportive of students where it could. Discussion included questions and comments related to extending policy scope to all teams regardless of gender, ensuring student privacy and support for athletes facing false accusations, and significant ethical objections that the policy is sexist, transphobic, and negatively impacts women and transgender athletes.

Question Period

The Chair invited members to ask questions. Members raised questions and concerns regarding how responses to written questions are disseminated to GFC and how the original questioner is notified of responses; a follow-up question on the addition of language to the Accommodation policy despite language not being a protected ground, with reference made to the Dean of Campus Saint-Jean's statement made in the context of the removal of a historic mural that Francophone culture is shared primarily orally; and whether the GFC Programs Committee could explore the possibility of undergraduate students in the Faculty of Science to double major.

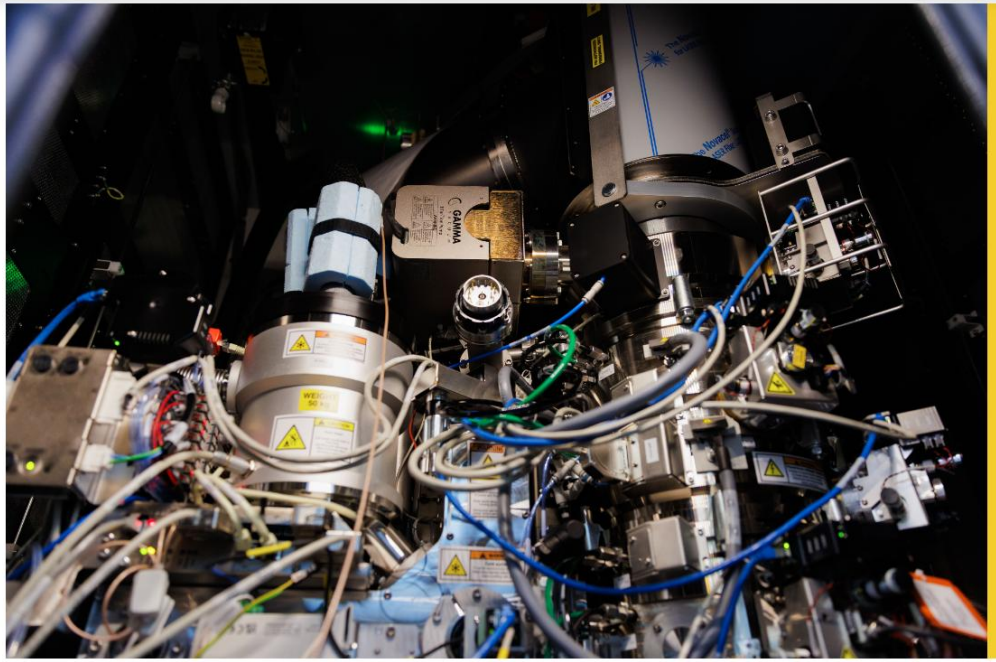
Information Reports

Reports from various committees were noted.

Closing Session

The meeting was adjourned, with the next session scheduled for November 17, 2025.

This report encapsulates the key discussions and decisions made during the General Faculties Council meeting on September 22, 2025.



The Alberta Cryo-EM Facility

SPP-ARC is proud to operate the Alberta Cryo-EM Facility. This state-of-the-art facility provides researchers with access to advanced cryo-electron microscopy (Cryo-EM) tools and expert training. This facility has 3 major components that support operations and training in Cryo-EM:

1. High-Resolution Cryo-EM Facility
2. Screening Facility
3. CERC Laboratory

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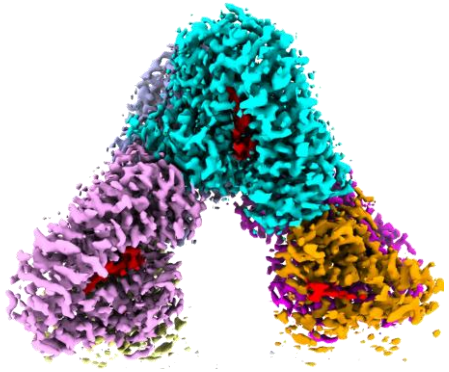
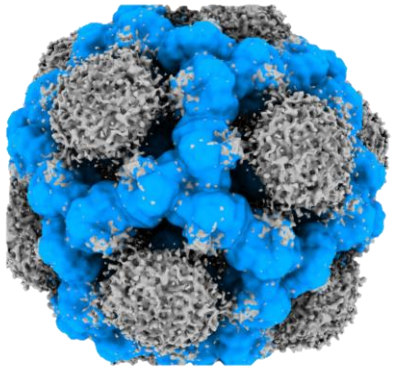
STRUCTURES FROM THE ALBERTA CRYO-EM FACILITY

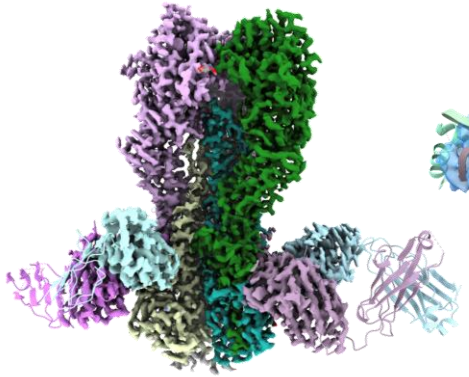
Since October 2025



F. Ferens & J. Lemieux



R. Edwards & K. Das



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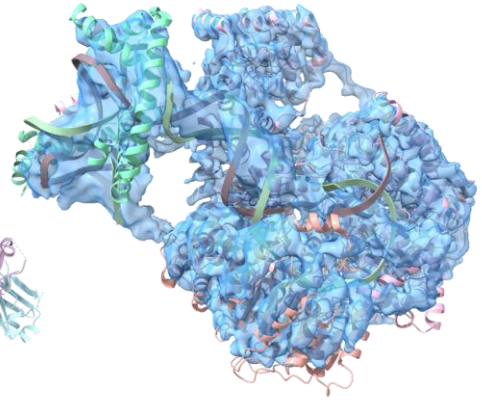
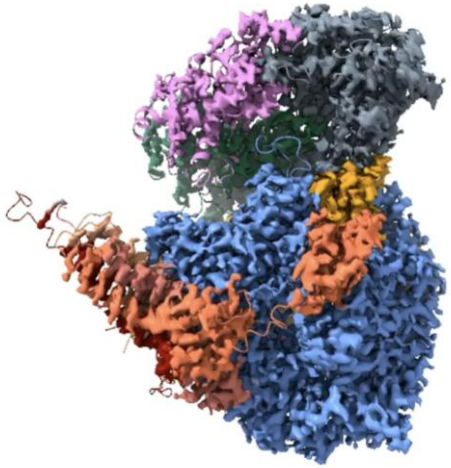
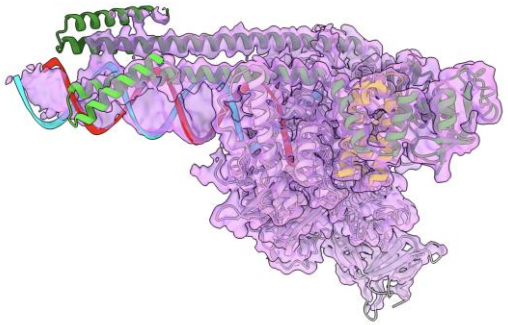


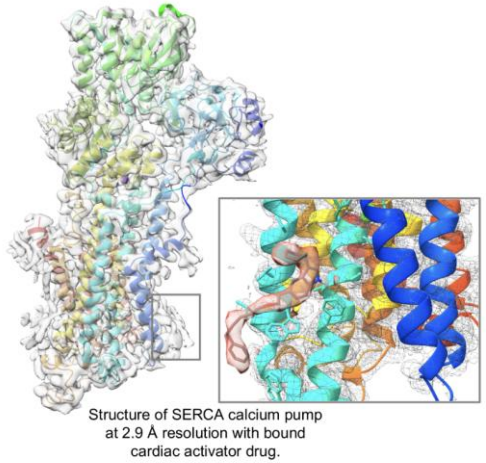
P. Leong, R Edwards & K. Das



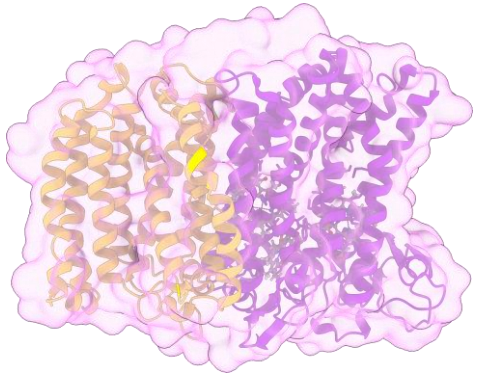
C. Gordon, R Edwards & K. Das



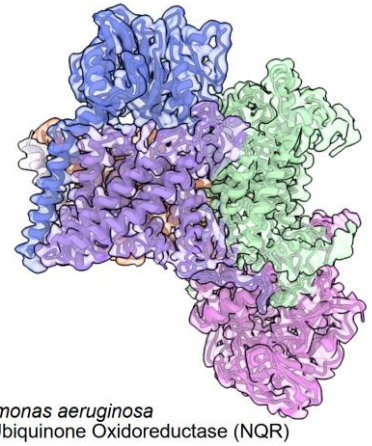
H. Lee, K. Das & M. Gotte



J. Primeau, & H. Young



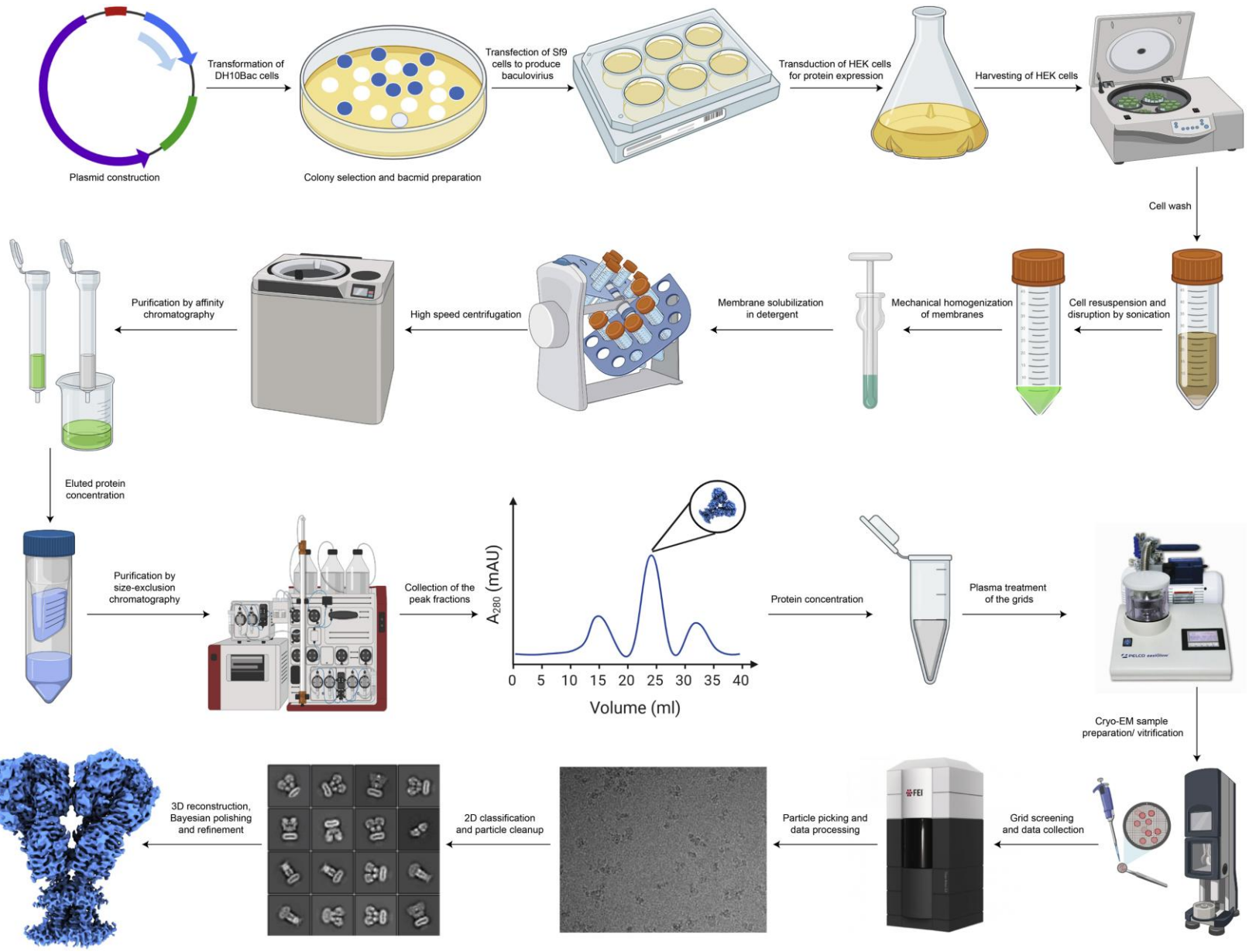
N. Ciancibello & J. di Trani



S. Ileperuma & J. di Trani

Workflow

- Protein expression
- Protein purification
- Quality control
- Grid preparation
- Grid screening
- Data collection



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Ganwar *et al.*, STAR Protocols, 2021

Workflow

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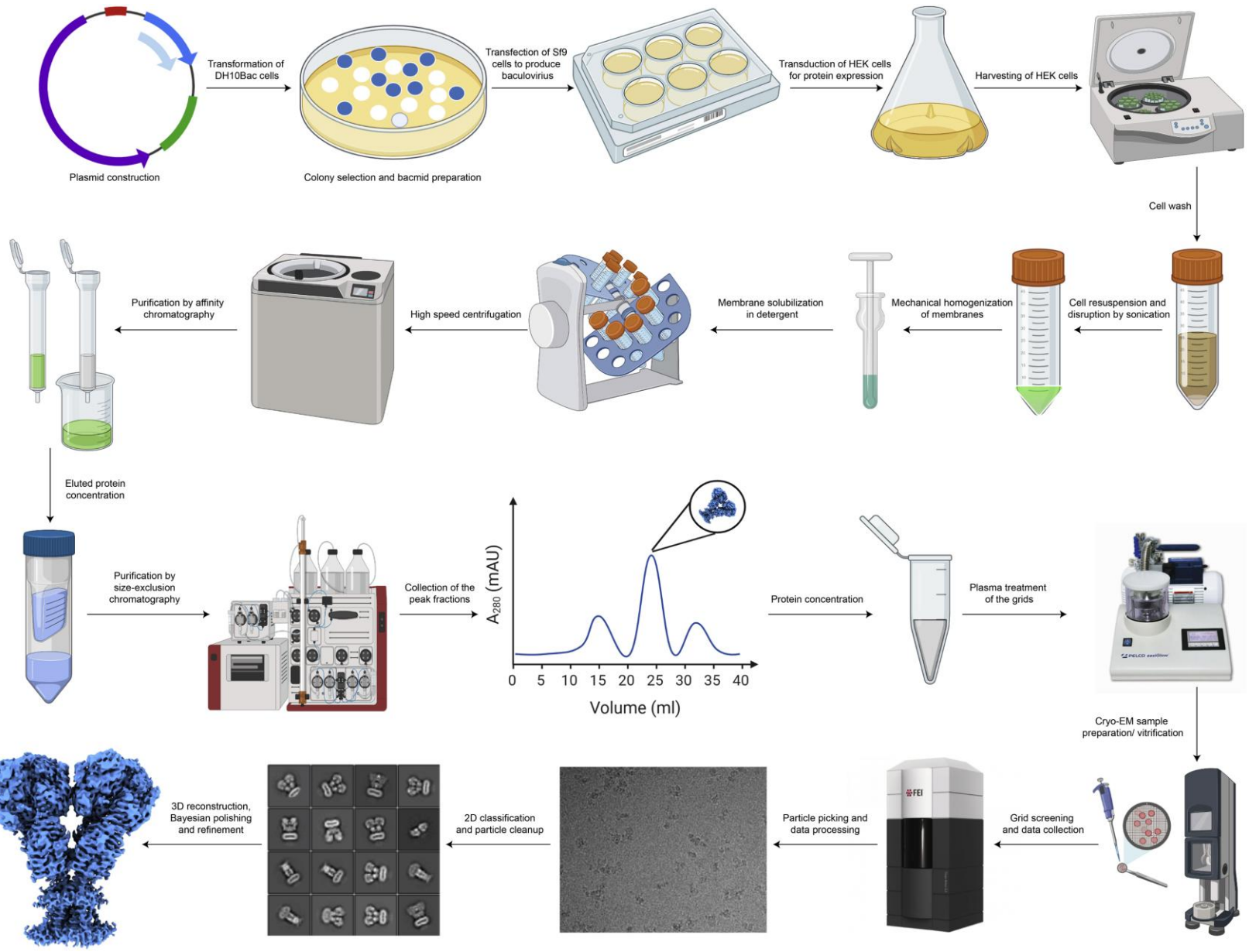

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The Alberta Research Consortium

Ganwar *et al.*, STAR Protocols, 2021

Using the facility

The facility is open to U of A internal and external users.

For more details, please contact Dr. Zhijie Li, Director of The Alberta High-Resolution Cryo-EM Facility, zhijie9@ualberta.ca

Fees

The following user fees apply:

- Users from the University of Alberta: $600/day CAD
- Any Canadian user with a project in the field of pandemic preparedness: $600/day CAD
- Other Canadian academic users: $1000/day CAD
- Users from outside Canada or industry may request a quote.

Consumables (auto-grids) will be charged separately.

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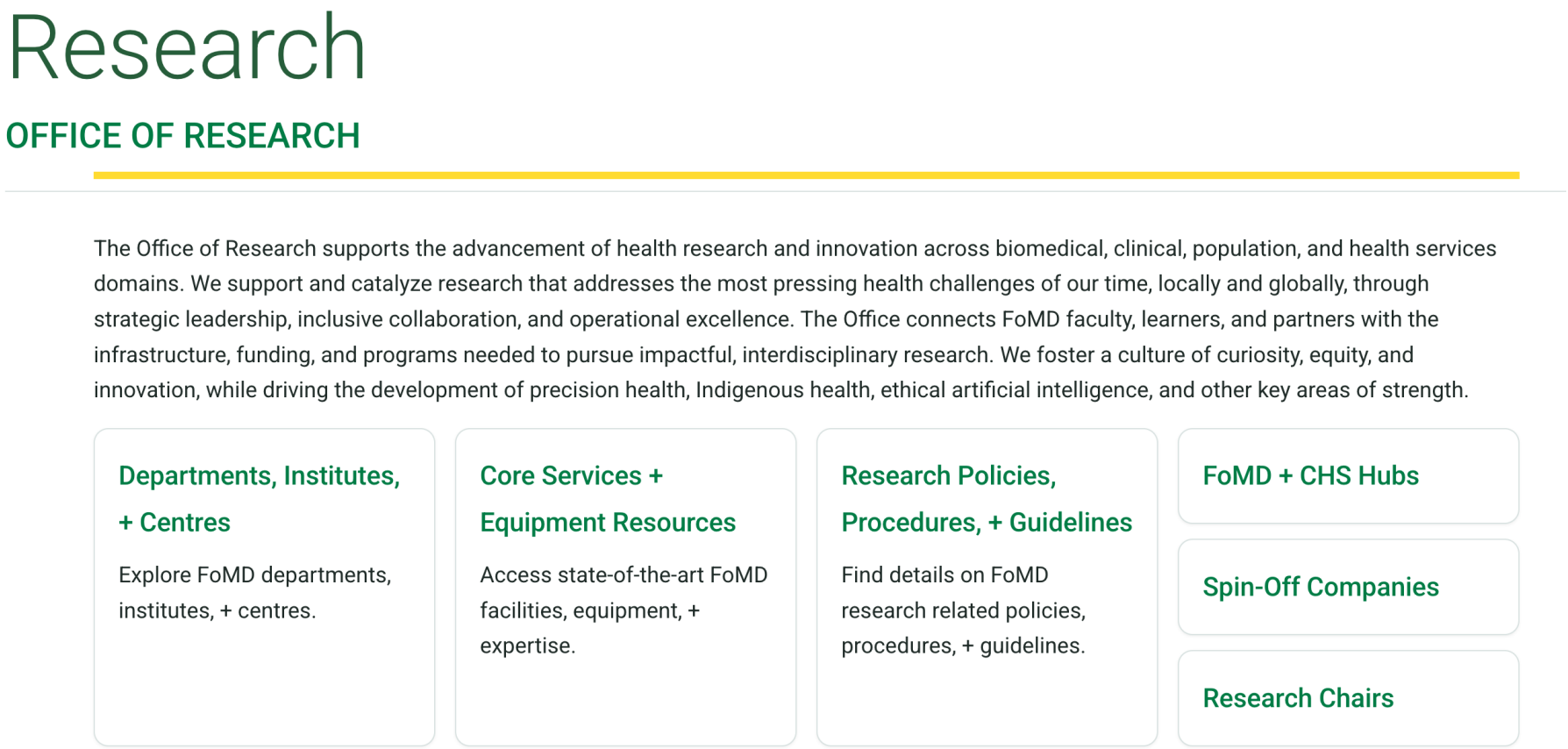
Office of Research has a new webpage



CIHR Information and timeline

For Fall 2025 submissions:
January 15 – Notice of recommendation
January 29 – Notice of Decision

SPRING 2026 PROJECT GRANT SUBMISSION IMPORTANT DEADLINES

- **Notice of Decision for the Fall 2025 competition:** January 29, 2026
- **CIHR Registration deadline:** February 4, 2026
- **Risk Assessment Form submission to SRO:** February 13, 2026
- **RAS Internal Admin Review Deadline (UofA's portal):** February 20, 2026 (4:30 p.m. Edmonton time)
- **Deadline to submit via ResearchNet (CIHR's portal):** March 3, 2026 (10:00 a.m. Edmonton time)
- **CIHR Application deadline:** March 4, 2026

Internal review is required for FoMD CIHR submissions

Internal CIHR Project Grant Review Process

Updated: **Details for the Spring 2026 competition have been posted below.**
Questions: vdradmin@ualberta.ca

New! University-Wide CIHR Competition Enrolment Registry

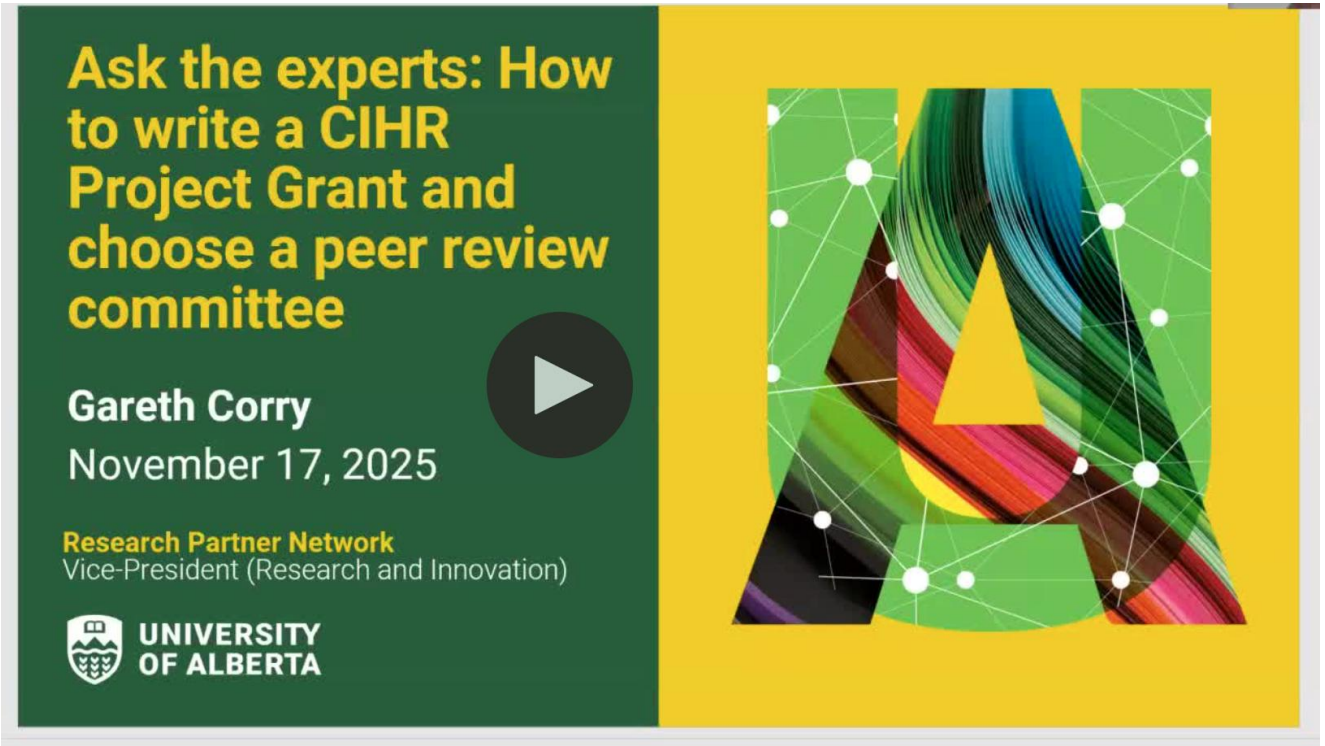
UofA CIHR Competition: Enrolment is Strongly Encouraged

(Note: The Spring 2026 enrollment deadline is November 3, 2025. An internal review is required for FoMD submissions.)

We recommend enrolling even if you are waiting for a decision. You can still enroll despite deadline being passed.

Considerations for CIHR success

- Plan early (Plan now for Sept 2025!)
- Multi-dimensional applications: Lead proposals and collaborate often
- Principal applicant leads the grant, co-applicants add value to the grant's feasibility
- Collaborator: this can also be used strategically



Gareth Corry, CHSCIHR partner
gcorry@ualberta.ca