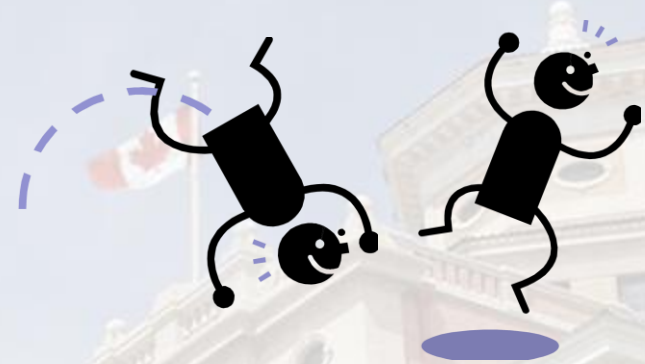
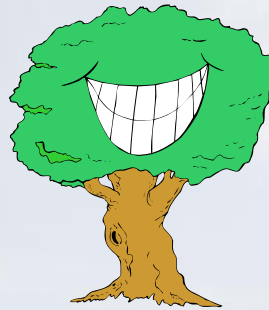
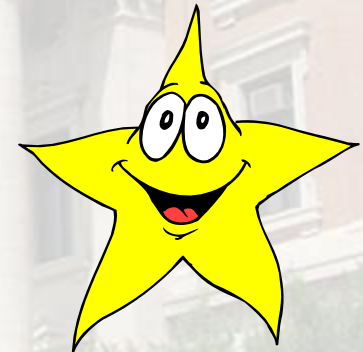


Faculty of Dentistry Annual Report 2011



Innovations, Enhancements, and Finances: Significant Progress and a Bright Future



“Drive for Top Five”: The “Nine Pillars of Innovation”

1. International Centre for Oral-Systemic Health
2. Centre for Community Oral Health
3. Centre for Children’s Oral Health
4. Imaging Centre and Electronic Health Record
5. Centre for Implant Dentistry
6. Virtual Simulation and Electronic Digital Curriculum
7. Practice Management Program
8. Head/Neck Pain and Sleep Disorders Program
9. Oral Biology Research

Documented success in all areas has validated the Faculty of Dentistry “brand” and demonstrates alignment with many University strategic priorities (see separate “Drive for Top Five” progress document for details)

2010-2011 Strategic Initiatives: Progress

Intramural Practice (Faculty Practice)

- completed audit analysis
- communicated findings to stakeholders
- established steering committee for restructure
- addressed “conflicts of interest” and patient confidentiality; developed additional controls
- developed plan for restructure, abandoned plan
- proposed small user fee increase in collective agreement to partially offset additional administrative costs for managing patient referrals and lab support through clinical services



2010-2011 Strategic Initiatives: Progress

2. Restructure CCOH Business Models/Agreements

- completed audit analysis
- closed programs not directly tied to mission or with significant central administrative load
- reduced central administrative support staff positions, converted director position to part-time
- restructured site agreements and payment policies
- increased departmental and business manager oversight
- acquired one-time funding from MDA to offset deficits in critical programs and initiated government consideration of annual funding for specific programs
- reduced annual operations deficit significantly and eliminated all previous carryover debts



2010-2011 Strategic Initiatives: Progress

3. Restructure Clinical Operations/Calendar

- completed university audit analysis and contracted with external consultant (Myers/Norris/Penny)
- recruited new associate deans for academics and clinics with mandate for change
- established new policies/procedures, increased accountability/oversight
- developed initial proposals for structural changes that eliminate waste and increase efficiencies for dental stores, dental labs, curriculum/clinical teaching program
- renegotiating external contracts (labs, vendors/suppliers)
- implementing more effective management of clinic sessions, billings/accounts receivable, dental stores



2010-2011 Strategic Initiatives: Progress

4. Update Clinical Technologies

- engaged stakeholders and developed plan for upgrades
- investigated available options and negotiated unique “dollar match” with corporate partner
- organized and completed “Ross McIntyre” fundraising campaign (a landmark community-based model)
- planned and completed necessary facility renovations
- completed installation and training for new equipment and software
- electronic health record and full range of digital imaging now operational
- system integration and optimization is ongoing



2010-2011 Strategic Initiatives: Progress

5. Alumni Relations/Fundraising

- recruited new development officer
- continued “friend-raising” initiatives (office visit program, advisory board, special events, and alumni volunteers)
- expanded alumni reunions and receptions locally and nationally
- established targeted fundraising campaigns with alumni champions
- improved alumni services, satisfaction
- significant increase in donations compared to previous years



2010-2011 Strategic Initiatives: Progress

Bonus 1:

Tuition and Fee Increase

- implemented 40% tuition increase for dental students and graduate residents
 - not grandfathered
 - 20% per year over two years
 - IDDP students 10%
- increased annual student kit fee by \$750
 - applied to clinic technology upgrades/maintenance
 - **anticipating future fee reductions with new kit plan**
- to secure student support, increases tied to immediate improvements
 - 4th floor modern teaching and office/study spaces
 - central sterilization upgrade
 - digital imaging/EHR
 - student computer lab upgrades
 - **student lounge renovations (to be completed by September)**



2010-2011 Strategic Initiatives: Progress

Bonus 2:

Graduate Pediatric Dentistry Program

- approved by University Senate and COPSE
- innovative business plan serves as a model for JOD and other programs (i.e., oral surgery)
- plan requires upfront investment for facility renovation and equipment (\$1.5 million; WRHA/HSC) to be repaid through program revenue, after capital repayment, 85% of program revenue retained by university
- plan approved by WRHA/HSC and legal agreement in place for July 1, 2011 program launch (resident selection process completed and temporary space in OD clinic being used until September)



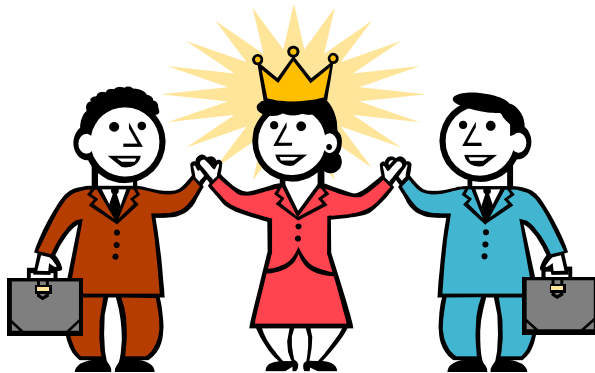
Going Forward: 2011-2012

- **Controlled growth and stability through new revenue streams**
- **Eliminating waste, increasing efficiencies, and reallocation of existing resources to support strategic priorities**
- **Innovating and enhancing through synergies within the Health Sciences Cluster**



University Strategic Planning Framework: Alignments and Synergies

- **Three major areas of focus**
 - academic enhancements
 - exceptional student experience
 - outstanding employer



Academic Excellence: National Board Scores

- Historically 2-3% below national averages
 - national averages measured in tenths of percentage points
- Initiated measures to improve student performance
 - mock board exams/dedicated study time/rescheduled courses
- Now 2-3% above national averages for first time

Academic Excellence: Facility Improvements

- Central sterilization upgrade
- Fourth floor modern teaching and office/study space
- Oral Biology laboratory and office renovations
- Digital imaging/EHR
- Addressed all outstanding accreditation issues

Academic Excellence: Curriculum Reform

- **Dentistry, dental hygiene and 3 graduate programs received full accreditation with no reporting requirements**
- **Completed proposal for credit hour changes across entire curriculum (awaiting Senate approval)**
- **Expanded student education and clinic operation into summer months (step 1 towards a formal D1-D3 summer session)**
- **Visioning pilot of 3 clinical sessions for 1-day next year (step 1 towards a 50% increase in available clinic time)**
- **Ongoing effort to eliminate unnecessary instructional repetition/duplication and decompress the traditional curriculum (D4 year review to be completed by year end)**

Improving the Student Experience: Long Overdue

- Curriculum and calendar improvements
- Increased accountability of faculty and staff
 - disciplinary actions taken for breach of respectful work/learning policy
- Regular scheduled meetings between Faculty and students:
 - monthly meetings with class officers and advisors
 - regular meetings with dean and all classes (luncheons for IDDP students)
 - affirmative follow-up of issues identified
- Improved communications and empowerment
- Dedicated student services suite (staff presence from Fort Garry)
 - established as a “one-stop shop” for student services
- Upgraded student computer lab
 - eliminated a major lingering source of dissatisfaction
- Fourth floor teaching/study spaces and offices
- Efforts to enhance faculty/staff attendance at student functions

Most importantly, a new focus: students and their experience are job #1

Improving the Workplace: A Major Commitment

- **Reduce stress**
 - increase efficiencies
 - best practices and rational protocols
 - revised job descriptions, reporting lines, and scheduling
 - cross-training
 - improved Faculty support for Academic Affiliates to increase satisfaction, retention and national exam success rates
- **Enforce respectful workplace policy**
 - increase education and understanding
 - increase monitoring and accountability
 - work with HR to remove chronic offenders
 - new focus (students and their experience are job #1)
- **Acknowledge and reward efforts and accomplishments**
 - increase dean “walkabouts” throughout facility
 - highlight “people of interest” at staff meetings
 - special “coffees” and “luncheons” with the dean
 - increased attention to those who are struggling

2011-2012 Strategic Priorities

1. Maximize intramural private practice area

- Increase number of practitioners
- Comprehensive advertising/promotional campaign for Bannatyne campus employees
- Increase clinical research use



2011-2012 Strategic Priorities

2. Continue restructure of site agreements, business models, and operations within the Centre for Community Oral Health (CCOH)

- revise extramural contracts to fully recover costs
- secure additional funding that supports core administrative staff and a part-time director
- increase number of “non ICA” clinical preceptors
- establish “break even” financial profile
- improve student learning experiences



2011-2012 Strategic Priorities

3. Fully implement improvements to clinical operations and business practices

- restructure dental stores mission
- establish new student kit ownership model/fee schedule
- restructure internal dental lab functions/accountabilities
- establish new agreements with external labs and vendors
- revise clinical operations to more efficiently and effectively utilize support staff, manage accounts receivable, and train students
- increase number of student clinic sessions per day and number of patients served (aggressive marketing)
- increase capacity of axiUm clinic management system
- maximize synergies between main/graduate clinics
- design and implement mandatory summer session



2011-2012 Strategic Priorities

4. Continue curricular reforms and adjustments to academic calendar

- implement standardized credit hours across Faculty that align with the university
- update curriculum content and add new content as appropriate
- increase use of electronic and self-directed learning environments
- increase effectiveness of teaching and learning
- expand and enhance processes for improving national board scores
- decompress curriculum across all four years of study
- increase support for and accountability for “best practices” in annual performance evaluation



2011-2012 Strategic Priorities

5. Continue to improve alumni relations and development/fundraising success

- continue Dean's Advisory Board in new format
- aggressively pursue support from the external community
- expand and enhance alumni cultivation and stewardship systems and practices
- increase alumni events and special community events
- increase number of community champions and targeted campaigns/advocacy
- recruit more alumni as part-time faculty
- increase alumni engagement and community visibility



Projected New Future Revenues and Cost Savings

- Graduate Pediatric Dentistry Program Revenue
 - \$75,000 in year 1, \$150,000 in year 2, going up to \$750,000 annually in year 7
- Restructured Clinical Services/Operations Cost Savings
 - \$125,000 in year 1, \$300,000 in year 2 (conservative estimate)

**Total New Resources =
\$200,000 in year 1, \$450,000 in year 2; \$750,000 annually by year 7**



Clinical Operations Audit: Meyers, Norris, Penny

• Dental Stores

- significantly reduce \$300,000 inventory using “just in time” vendors
- change mission (reduce labor/processing costs and eliminate need for GST/PST)
- change “kit” business model to stabilize student fees and create long-term growth in instrument/supply inventory (create separate “clinic and technology fee”)

• Dental Laboratories

- reorganize internal lab to reduce costs and improve student/patient service
- renegotiate commercial lab agreements to provide better support
- introduce enhanced controls to minimize waste and maximize transparency

• Clinics

- maximize synergies between graduate specialty and undergraduate areas
- increased axiUm use to create efficiencies, reduce labor/processing/supply costs
- reduce “bad debt” from 15% to 5%
- protocols for “on-time” completion eliminating need for staff overtime
- protocols to maximize staff support, cross-training, efficiencies
- academic changes that support increased clinic utilization (more student clinic sessions per day and expanded summer clinic)

**MNP Cost Savings Estimate =
\$130,000 first year; \$260,000-\$390,000 after two years**

Fundraising:

Establishing Benefactors and Financial Supports

- **Over 300% increase in donations this year**
 - as of May 2011; \$250,000 ahead of previous year
- **Dean's office visit program now at 270 out of 400 offices**
- **Receptions being organized in multiple cities around Canada**
(corporate sponsorship by Scotiabank)
- **Proven success strategy for targeted campaigns ("McIntyre Model")**
- **Dental Alumni Association**
 - full ownership of annual Alumni of Distinction Dinner
 - increased activity and engagement
 - membership doubled in 2010
- **Manitoba Dental Association**
 - potential partnerships in continuing education
 - potential role in annual campaign

Pending Facility Renovations: 2011 Priorities

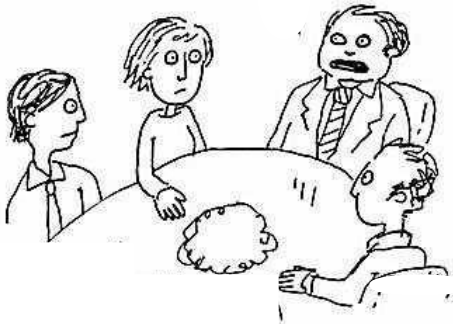
- **Preclinic Lab Audiovisual Teaching System**
 - required for teaching program **(aligns with academic enhancements)**
 - emergency situation as current system failed in Dec 2010
 - plans for replacement developed in consultation with Bannatyne IT
 - estimated cost of \$35,000
- **Student Lounge**
 - ongoing quality of life issue **(aligns with exceptional student experience)**
 - promise from “tuition and fee increase”
 - estimated cost of \$240,000
 - must be completed by September of 2011
- **Oral Biology/Hygiene/Restorative Dentistry “Project Domino”**
 - create adjacencies and efficiencies for improved productivity
 - improve working conditions/environment **(aligns with outstanding employer)**
 - estimated cost of \$330,000
 - must be initiated during 2011

Comparative External Data: Making the Case Against Budget Cuts

• Student Performance

- dramatic/unprecedented improvement in national board scores
- historically scored 2-3% lower than the national average
- investing in initiatives to improve student performance
- in 2010, our students scored 2-3% above the national average

“Due to recent budget cuts, the light at the end of the tunnel has been turned off.”



“I’m home early, due to budget cuts, the school is laying off students.”

Comparative External Data: **Making the Case Against Budget Cuts**

2006 Report

US Department of Health and Human Services

• Cost of Dental Education

- more expensive than any other university program**
 - labor-intensive clinical instruction model
 - continual need for updated technology
 - operation of dental clinics on site
 - progressive decline of university and government funding
- clinic revenues cover only 30% of clinic operation costs**
 - students provide services as part of educational process (slow)
 - services provided at 50% of market rates
 - patient demographics (government-assistance and/or no insurance)
- outcomes of subsidizing clinic operations**
 - greater reliance on tuition/fees
 - increasing student debt (influences career choices)
 - faculty shortage (salaries too low)

Comparative External Data: Making the Case Against Budget Cuts

- **Size and Student/Instructor Ratio**
 - small size creates financial challenges
 - student/instructor ratio is one of the best

Dental School Size (Student FTE)		
<u>Mean</u>	<u>Manitoba</u>	<u>Manitoba Rank</u>
455	210	63/67

Dental School Student/Instructor Ratio		
<u>Mean</u>	<u>Manitoba</u>	<u>Manitoba Rank</u>
9:1	7:1	8/67

2009 ADEA Survey of Dental Schools in US and Canada

Comparative External Data: Making the Case Against Budget Cuts

2009 ADEA Survey of Dental Schools in US and Canada

• Salaries

Guaranteed Annual Salary of Full-Time Faculty

<u>Academic Area</u>	<u>Rank or Title</u>	<u>Mean</u>	<u>Manitoba Median</u>
Clinical Sciences			
	Department Chair	143,500	98,700
	Professor	126,100	98,700
	Associate Professor	100,700	98,700
	Assistant Professor	86,100	98,700
Basic Science			
	Department Chair	152,800	77,500
	Professor	138,200	77,500
	Associate Professor	96,300	77,500
	Assistant Professor	79,600	77,500
Allied Dental			
	Department Chair	118,800	77,500
	Professor	106,700	77,500
	Associate Professor	83,300	77,500
	Assistant Professor	60,100	77,500

Challenges recruiting and retaining senior faculty

Comparative External Data: Making the Case Against Budget Cuts

- **Revenue and Expenses**
 - tuition/fees and clinic income can be improved
 - expenditures are lagging except for education/training
 - research stands out

Revenue Sources Expressed as Percentage of Total Budget			
<u>Source</u>	<u>Mean</u>	<u>Manitoba</u>	<u>Manitoba Rank</u>
Tuition/Fees	29%	10%	59/67
Total Clinic Income	22%	18%	47/67
Endowment Income	2%	1%	37/67
Gifts	3%	2%	37/67
Research and Sponsored Programs	9%	13%	10/67
Recovery of Indirect Costs	26%	28%	25/67

Total Annual Revenue and Expenditures Per DDSE			
<u>Area</u>	<u>Mean</u>	<u>Manitoba</u>	<u>Manitoba Rank</u>
Total Revenue	\$107,000	\$41,000	62/67
Educational Expenditures	\$29,000	\$27,000	20/67
Direct Expenditures	\$86,000	\$63,000	56/67
All Expenditures	\$100,000	\$91,000	41/67

Comparative External Data: Making the Case Against Budget Cuts

- **Four-Year Cost Comparisons for Canadian Dental Schools**
 - Manitoba ranks last in tuition
 - Manitoba ranks first in student instrument/kit fees
 - Manitoba ranks last in total student costs

2011 Total Four-Year Cost Comparisons for Canadian Dental Schools			
<u>School</u>	<u>Tuition</u>	<u>Instruments/Kit</u>	<u>All Charges</u>
Saskatoon*	\$132,000	\$27,000	\$158,000
Dalhousie	\$107,000	0	\$111,000
Toronto	\$100,000	\$20,000	\$124,000
Western Ontario	\$95,000	\$28,000	\$127,000
Alberta	\$76,000	\$24,000	\$105,000
British Columbia	\$65,000**	\$5,000**	\$210,000
Manitoba	\$60,000	\$39,000	\$105,000
Laval	***	***	***
McGill	***	***	***
Quebec	***	***	***

* Same size as Manitoba (smallest class size in Canada)

**Charges \$106,000 clinic fee

***Not included due to significant government subsidies

**Best Value in
Canadian Dental Education**

Final University 2011 Budget Reductions: Dentistry Avoids Cuts Again!!!

Nursing	\$250,000 Cut
Medicine	\$750,000 Cut
Dentistry	\$000,000 Cut

CONGRATULATIONS TO ALL!!!!

Health Sciences Cluster: Partnerships, Collaborations, and More!



We don't do what you do, we help you do what you do better

CLUSTER CONCEPT

Social and Human Development

Education

Extended*
Education

Social
Work

Social Sciences

Arts

Business

Law

Natural and Applied Sciences

Agricultural and Food
Sciences

Engineering

Environment
Earth and
Resources

Science

Fine Arts, Design and Culture

Architecture

Art

Arts

Music

Health Sciences

Dentistry

Human
Ecology

Kinesiology*
& Recreation
Management

Medicine

Nursing

Pharmacy

Governance and Process

Administration

- Budget & Finance
- Human Resources
- Facilities
- IT
- Legal Services

Academic

- Graduate Studies
- Student Services
- Bison Sports & Active Living
- University 1
- Extended Education
- Libraries
- Colleges

Research

- Research Support
- Tech. Transfer Support

External Relations

- Philanthropy
- Alumni Relations
- Marketing/Communications
- Gov't & Community Relations

* academic component only; service component to be delivered to University by faculty/division

Health Sciences Cluster: Partnerships, Collaborations, and More!

- **Optimize utilization of simulation facilities**
 - shared facility in medicine (dentistry relocating simulation units)
 - increased use by all cluster Faculties including IPE experiences
- **Common continuing professional development infrastructure and CPD office**
 - medicine and dentistry already partnering
 - other cluster Faculties to increase participation as appropriate
 - facilitate programming at post-licensure level to strengthen ongoing university undergraduate IPE initiatives (**oral-systemic**)
- **Unique conference “Northern Health Issues/Opportunities”**
 - all cluster Faculties to participate
 - foundation for evolving excellence in Aboriginal health topics

Health Sciences Cluster: Partnerships, Collaborations, and More!

- **Menu of future items within cluster and between clusters**
 - shared electronic and web-based learning environments
(Opal, Our Community, Second Life, etc.)
 - creation of a clinical skills learning lab on Bannatyne campus
 - common student services infrastructure on Bannatyne campus
 - support staff (sharing available human resources; IT, AD, CE, PR)
 - courses (new, share, merge, streamline, eliminate duplication)
 - teaching load (establish minimum and average loads)
 - joint committees (share common committees)
 - IPE (synergize and accelerate efforts)
 - research (synergize existing Centres and programs)
 - joint faculty development (programming around common issues)
 - common “Health Sciences Cluster” Graduation

To cluster, or not to cluster: that is the question: Whether 'tis nobler in the mind to suffer the slings and arrows of outrageous duplication, or to take arms against a sea of inefficiencies, and by opposing end them?

Health Sciences Cluster: Establishing Uniform Teaching Loads

Faculty of Dentistry Teaching Load

<u>Faculty of Dentistry Initial Teaching Load Summary (Annual Averages)</u>				
<u>Department</u>	<u>Full vs Part-Time</u>	<u>Credit Hours</u>	<u>Courses Directed</u>	<u>Grad Supervis</u>
Oral Biology	Full Time	9	2	2
	Part-Time	2	1	0
Preventive Dentistry	Full Time	14	2	1
	Part-Time	2	0	0
Restorative Dentistry	Full-Time	17	3	0
	Part-Time	2	0	0
Diagnostic Sciences	Full-Time	13	3	1
	Part-Time	2	0	0
Hygiene	Full-Time	12	3	1
	Part-Time	2	1	0

Many controversies and potential confounders in reporting data!!!

NEW FACULTY WEB PAGE:

www.umanitoba.ca/faculties/dentistry/visions/visions.html

Look for news regarding visions and changes that are ongoing, progress reports, and other documents of interest related to the “Drive for Top Five” and “Nine Pillars of Innovation”