

A PROPOSAL TO ESTABLISH A FACULTY OF HEALTH SCIENCES AT THE UNIVERSITY OF MANITOBA

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I. Background and Introduction

This proposal is advanced as part of an initiative launched by President David Barnard in January of 2012 to improve and simplify the University's current academic structure. In launching this initiative, President Barnard noted the University's large number of free-standing faculties/schools and departments relative to other Canadian medical/doctoral universities of similar size and scope, and expressed concern that this overly elaborated academic structure was impeding the University's academic work in a number of important ways¹. He identified the 'cluster mechanism' as a useful starting point in a plan to simplify and improve the University's academic structure, and asked the Provost to work with deans and directors, through these cluster groups and in consultation with their faculty, staff and students and external stakeholders, to identify viable options for reducing the number of faculties and schools from the current total of 20 to a number closer to the national average of 13 by 2017. The goal of the overall initiative, hereafter referred to the Academic Structure Initiative (ASI), is to arrive at an academic structure that better reflects the University's size and scope, and enhances progress on its Strategic Planning Framework priorities, in particular, and the University's ability to meet its mandate more generally.

Given the clear opportunities to improve the University's academic structure in the health sciences area, along with the need to address common issues and concerns, initial work to improve the University's academic structure began with this cluster². The present proposal advances the creation of a new, integrated structure to support learning, discovery and engagement in the health sciences as a first major step in simplifying and improving the University's overall academic structure.

II. Proposal Overview

This is a proposal to create a Faculty of Health Sciences at the University of Manitoba. The vision is to position the University of Manitoba as an international leader in health professions education, research and practice. Specifically, the proposal is to incorporate the Faculties of Dentistry, Medicine, Nursing and Pharmacy, and the Schools of Dental Hygiene and Medical Rehabilitation into a new Faculty of Health Sciences.

¹ [January 19, 2012 communique from President David Barnard](#)

² The health sciences cluster includes the Faculties of Dentistry, Human Ecology, Kinesiology and Recreation Management, Medicine, Nursing, Pharmacy, and the Schools of Medical Rehabilitation and Dental Hygiene.

The proposal is structured as follows: a description of its context and rationale; an outline of the process leading up to the current proposal; a description of the proposed new faculty, in terms of governance and administration; an identification of issues and opportunities that have arisen in the course of discussions to date; a proposed implementation process and associated timelines; and a summary of expected goals and outcomes.

III. Context and Rationale

The health care environment is evolving rapidly to respond to new knowledge and technologies related to the changing nature and complexity of disease patterns, complicated treatment regimens, public health approaches, and health care delivery systems. In an effort to improve individual patient and public health outcomes, governments, academic institutions, industry, professional organizations and community stakeholders have embraced the concept of interprofessional health education and practice. For example, the Regulated Health Professions Act in the province of Manitoba, the major provincial determinant of the scope and nature of health care practice, has already begun to redefine the boundaries between health professions and which will increasingly affect the way health profession educators train their graduates and conduct their operations.

Effective interprofessional education and training requires a complete redesign of educational paradigms, facilities, and organizational structures as well as the manner in which educational programs interface with the practicing community and health care systems. At the same time, the environment of health professions education is evolving rapidly to respond to new generations of learners, rising costs of technology and an aging infrastructure, declining government funding, and the need for more efficient curriculum delivery. Many of the traditional academic health silos related to discipline-specific teaching, biomedical research, and patient care are being replaced with collaborative interprofessional teams and infrastructures designed to eliminate unnecessary duplication and create opportunities to address common goals/objectives in more creative ways. In the 21st century, organizationally disparate groups will need to realign themselves based on function and synergies in order to pool resources and establish targeted strategic directions, enhance academic programming and meet community needs, streamline infrastructure and associated costs, and increase overall effectiveness.

These changes in the external environment (for our graduates) are juxtaposed on changes in research and educational environments. The research enterprises in Canada are increasingly driven by collaborative and interprofessional teams, the creation of networks and the requirement for matching funds (CIHR/CFI, Genome Canada). Although historically there have been increases in available research dollars, the funding availability has now levelled off and is accessed by an increasing number of researchers, making the environment more competitive. Those academics that can minimize silos, increase team and interprofessional approaches and participate in multi-site and multi-professional frameworks will be more likely to sustain a research presence. The capacity to maintain a research presence is essential to both the clinical and basic science communities to maintain high quality programs, particularly at the graduate level.

From an educational perspective, virtually all health professional programs now have accreditation requirements around team-based learning and interprofessional teaching. There is growing evidence that the product of team and interprofessional approaches improves the quality and outcomes of patient care. For interprofessional education to be effective, however, it must begin early in the professional lives of students, be based on effective pedagogy and must be a vehicle to change the culture of health care professions. To realize the benefits of interprofessional practice, universities must play a leadership role; we are not in a position to merely "follow" the changes in the environment previously noted. Universities must create the graduates that will lead this change process, which is vital to the sustenance of Canada's health care system.

Health professions education has become a costly enterprise for universities, especially as government funding decreases and community expectations increase. The costs associated with complex teaching technologies, such as sophisticated simulation laboratories, medical devices and equipment, and community service continue to rise. Dental education, for example, is now the most costly university program on a per student basis due to the need to provide patient care/teaching clinics on site. Pharmacy education is rapidly changing with an expanded need for a patient care/teaching clinic and increased experiential education, each with their incremental costs. This situation is exacerbated by the fact that there is duplication in some of the infrastructure and support services in the health sciences faculties related to biomedical sciences teaching and research, clinical training, community outreach activities, student services, accreditation, faculty development, external relations and general administration (i.e., human resources, finance, IT). In part, this is a product of each unit having its own strategic and operational plans without regard for coordination with others. Further, each unit advocates separately for university, government, and community funding, often with competing messages and conflicting agendas. Biomedical, clinical and social/administrative researchers from these units simultaneously cooperate and also compete against each other for internal and external funding in a research environment that is increasingly complex and competitive.

In order to respond to a rapidly changing health care and research environment, improve patient care and public health outcomes through interprofessional education and collaborative research, and address rising costs in an era of constrained resources, the academic health professions in other jurisdictions are increasingly coming together around a unified mission, supported by a common governance and administrative structure. The time is right for this type of alliance to be pursued at the University of Manitoba.

IV. The Process

Initial Exploratory Phase

The process of developing the current proposal began in February 2012 with an extensive period of discussion amongst the health sciences deans/directors of the benefits and risks of a more integrated structure. These benefits and risks were considered in light of key emerging trends in academic health sciences, including: an increasing emphasis of team-based, multi-disciplinary research; the focus on interdisciplinary health care in the clinical world as a means

to improve quality of care and patient safety; and the increasing importance placed on the need for interprofessional education and consistent standards of care by all professional accreditation bodies. Initial work took a ‘structure follows functions’ approach and led to the identification of ten (10) thematic areas where it appeared that a greater integration of activity would have clear benefits³. Working groups, made up of representatives from the faculties/schools in the health sciences cluster, were established in three of these areas (research; graduate studies; tenure and promotion) to further explore and advise on opportunities and challenges associated with greater integration of effort^{4,5}.

The discussions amongst the deans/directors and the thematic working groups were significantly informed and shaped by input and feedback from faculty, staff and students through various venues, including: early emails from deans/directors inviting input; meetings of faculty and departmental councils; meetings of department heads; meetings with support staff and student groups; faculty retreats; and town halls, both within and between faculties. This input from constituents provided important perspectives on the benefits and risks of a more integrated structure.

As part of the initial exploratory phase, the structure of health sciences programs elsewhere in Canada was also reviewed. This review highlighted that, while the health sciences are structured in a variety of ways across the country, many structures are considerably more integrated than the structure currently in place here at the University. For example, faculties of health sciences exist at Western University, McMaster University, University of Ottawa and Queen’s, each with their own particular makeup. Dalhousie University, on the other hand, has a Faculty of Health Professions, which is separate from its faculties of medicine and dentistry, and University of Alberta has a number of health sciences faculties, one being a combined faculty of medicine and dentistry⁶.

The discussions and explorations of this initial exploratory phase pointed to a number of clear and significant benefits of a more integrated structure in the health sciences. These benefits include:

- enhanced collaboration on all fronts (teaching, research, public service);
- acceleration of interprofessional education - a key priority for the cluster;
- enhanced research competitiveness, resulting from a more holistic approach to research planning and development;
- greater opportunities for innovation in academic program development and community outreach;

³ See [July, 2012 Interim report](#) for list of thematic areas

⁴ Membership of [thematic working groups](#)(3)

⁵ Recently, two additional working groups were established in the areas of student services and human resources (HR)/finance.

⁶ Information of [health sciences structures at Canadian medical doctoral universities](#)

- reduction in the burden of administrative functions (e.g., accreditation, clinical placements); and
- more strategic and efficient use of resources (human, physical, financial).

At the same time, this work also pointed to risks that would need to be mitigated in a more integrated structure, notable among these the loss of professional identity/autonomy and the creation of additional administrative layers.

Presentation of Options

Based on these findings, the health science deans/directors discussed and debated, through a highly collegial and interactive process, various options for a more integrated structure that would capture these benefits and mitigate these risks. These options included: structures that integrated health sciences faculties/schools by campus; structures that integrated some but not all units; and structures where the Faculty of Medicine was not part of a new integrated structure. These options were considered extensively as not all members of the health sciences cluster had the same view of the benefits and risks. These discussions were informed by important feedback that deans/directors were receiving through discussions with their own constituents as well as by lessons learned from other jurisdictions.

Two options for a more integrated structure in the health sciences were presented for consideration and feedback by faculty, staff and students at a Town Hall on November 15, 2012. Both options proposed the creation of a new Faculty of Health Sciences by uniting a number of the University's existing health sciences faculties/schools. In Option 1, this new faculty comprised five of the University's existing faculties (Dentistry, Medicine, Nursing, Pharmacy, Human Ecology) and two existing schools (Dental Hygiene and Medical Rehabilitation). Dentistry, Medicine, Nursing and Pharmacy, along with Medical Rehabilitation, were proposed as professional colleges within the Faculty of Health Sciences, and the School of Dental Hygiene would remain a School within the College of Dentistry. The three departments in the Faculty of Human Ecology were proposed to become part of the College of Medicine. In this option, the Faculty of Kinesiology and Recreation Management was not part of the proposed new integrated structure.

In Option 2, the proposed new Faculty of Health Sciences consisted of four of the University's existing faculties (Dentistry, Medicine, Nursing, Pharmacy) and two of its existing schools (Dental Hygiene and Medical Rehabilitation). Similar to Option 1; Dentistry, Medicine, Nursing and Pharmacy, along with Medical Rehabilitation, were proposed as professional colleges within the Faculty of Health Sciences, and the School of Dental Hygiene as a School within the College of Dentistry. Unlike Option 1, however, Option 2 proposed the creation of a second new faculty, structured around the concept of 'healthy living', that united the Faculties of Human Ecology, and Kinesiology and Recreation Management, with the possible alignment of other University academic units within this new structure.

Additional details regarding a governance and administrative structure associated with the proposed new Faculty of Health Sciences were also outlined at the November 15, 2012 Town Hall, as were a number of related opportunities that arose during the development of these options⁷.

Consideration of Feedback on Options

At the November 15, 2012 Town Hall, faculty, staff and students provided initial feedback on these options. The Town Hall also marked the launch of an ASI website, designed to facilitate information about and provide a mechanism for providing individual feedback on the options presented (and the ASI initiative in general). As well, it marked the onset of a period of extensive consultation/discussion within and between units and their members about these options. Since the Town Hall, almost 40 meetings involving close to 750 individuals have been held where participants have shared their views on the benefits and challenges associated with a more integrated structure, asked questions about and provided feedback on the proposed set of options, raised concerns, and provided suggestions. This feedback has been very helpful in arriving at the current proposal⁸.

V. The Proposal

As previously indicated, this is a proposal to create a new Faculty of Health Sciences, with a vision to position the University of Manitoba as an international leader in health professions education, research and practice. To realize this vision, the proposed Faculty of Health Sciences will: demonstrate excellence in interprofessional education and practice; conduct leading-edge, multi-disciplinary research with significant implications for improved patient care and health outcomes; provide exemplary community service, particularly targeted to underserved populations; and train future generations of health professionals and health researchers within a collegial environment, that is both socially and fiscally responsible.

At its inception, the proposed Faculty will comprise four of the University's existing health sciences faculties (Dentistry, Medicine, Nursing and Pharmacy) and two of its existing schools (Dental Hygiene and Medical Rehabilitation). The faculties of Dentistry, Medicine, Nursing and Pharmacy, along with the School of Medical Rehabilitation, will become professional colleges⁹ within the Faculty of Health Sciences. The School of Dental Hygiene will be a school within the College of Dentistry.

⁷ [Town Hall Presentation](#), November 15, 2012

⁸ See [March, 2013 Interim report](#)

⁹ A professional college is a constituent college of the University, established by the Board that is responsible for the development and offering of accredited professional programs as well as research and scholarship, relations with professions, regulatory bodies and accreditors, and community service and outreach. Professional colleges may also be involved in the delivery of other undergraduate programs and graduate programs, the latter under the auspices of the Faculty of Graduate Studies.

The proposed Faculty of Health Sciences will include all academic and support staff members of the existing Faculties of Dentistry, Medicine, Nursing and Pharmacy and the Schools of Dental Hygiene and Medical Rehabilitation. Initially, departmentalized faculties will retain their departmental structure. Once the new faculty is established, however, a second phase of discussion and planning is envisaged with respect to the optimal organizational structure *within* the proposed new faculty. Similarly, all existing programs of these units will initially be offered by the proposed new faculty. Any subsequent program adjustments will be subject to the requirements of Senate, the Board of Governors, and the Council on Post-Secondary Education, as appropriate.

Table 1 contains student and staffing information for the proposed new Faculty.

Faculty/School	Nov 1, 2012 Students ¹					2012 Degrees Granted ²			2012-2013 FTE ³		
	UG	Masters ⁴	PhD	PGME	Total	UG	Graduate	Total Academic	Support	Total	
Medicine	559	206	127	605	1497	103	70	173	153.6	207.0	360.6
Medicine GFTs	--	--	--	--	--	--	--	--	528.3	--	528.3
Medical Rehabilitation	95	172	0	--	267	15	50	65	37.8	10.5	48.2
Medicine Total	654	378	127	605	1764	118	120	238	719.7	217.5	937.1
Dentistry	151	31	3	--	185	29	7	36	50.8	73.4	124.2
Dental Hygiene	57	--	--	--	57	22	--	22	7.0	2.0	9.0
Dentistry Total	208	31	3	--	242	51	7	58	57.8	75.4	133.2
Pharmacy	215	9	10	--	234	47	7	54	26.4	9.0	35.4
Nursing	965	78	6	--	1049	296	18	314	95.2	15.3	110.5
TOTAL	2042	496	146	605	3289	512	152	664	899.0	317.2	1216.2
TOTAL excluding GFTs									370.7	317.2	687.9

¹ OIA: Student Enrolment Report as at November 1, 2012.
² OIA: Undergraduate and Graduate Degrees Awarded
³ OIA: FTE Staff by Faculty/Administrative Unit and Employee Type, Includes Staff Paid from Operating Funds, Fiscal Year 2012-2013
⁴ Includes Masters, Pre-Masters, Diploma, Visiting and Occasional students.

Governance

The new Faculty of Health Sciences will be governed by a single Faculty Council comprising all faculty members within the Faculty of Health Sciences. This body will be responsible for academic/governance matters at the Faculty level as governed by the Faculty/School Council General Bylaw and a faculty-specific Faculty Council Bylaw as approved by Senate. The existing Faculty/School Councils within the current faculties of Dentistry, Medicine, Nursing, Pharmacy and the School of Medical Rehabilitation will continue to exist within the respective Colleges but shall be termed “College Councils”. These bodies will be responsible for academic/governance matters at the College level as governed by College Council Bylaws approved by the Faculty of Health Sciences Council.

In terms of Faculty versus College responsibilities, the Faculty of Health Sciences will be responsible for overall integrated planning (academic, financial, capital) and resource allocation.

Colleges, on the other hand, will be responsible for the development, delivery and administration of professional degrees and diplomas (including curriculum, admissions, etc.) as well as contributing to and informing research and community outreach activities within the Faculty. They will provide an identity to each professional area, serving as the face of the professional programs to alumni, professional regulatory and accreditation bodies and the community at large.

It is envisioned that the governance of the Faculty of Health Sciences will be collegial and participatory, considering issues of broad strategic focus, and faculty-wide reach. It is also envisioned that the College Councils will be empowered with responsibilities for areas that are related to the programs and services offered by each College. To illustrate, a draft table of responsibilities that would be proposed to be assigned the Faculty Council and the College Councils follows. In providing this draft list of responsibilities, it should be recognized that this list is not exhaustive and, importantly, that the complete delineation of these responsibilities will be a part of the Faculty Council and College Council Bylaws that will be developed and approved by the appropriate governing bodies as part of the implementation process. As noted in the proposal, the Faculty Council Bylaw will be approved by Senate and the College Council Bylaws will be approved by the Faculty Council.

Envisioned Responsibilities for Faculty Council and College Councils

Faculty Council	College Council
Election of Senators *	Approving strategic plans and priorities for the College.
Approving bylaws or changes to bylaws for College and Department Councils.	Establishing such committees as are needed to conduct the work of the College Council.
Approving strategic plans and priorities for the Faculty.	Making and administering regulations with respect to the attendance, conduct and progress of students enrolled in professional programs offered by the College.
Establishing such committees as needed to conduct the work of the Faculty Council.	Administering the rules and regulations of Senate as they affect the students registered in the College.
Hearing and determining student discipline appeals (through a Local Disciplinary Committee).	Recommending to Senate or to Senate through the Faculty of Graduate Studies on curriculum and program requirements for professional programs offered by the College.

Faculty Council	College Council
Hearing and determining academic appeals (through an Appeals Committee).	Recommending to Senate on the establishment of or changes in award, scholarships or bursaries to be awarded to students within the College.
Recommending Faculty Council bylaws and amendments thereto.	Recommending on the academic standing of all students in the College.
Recommending on the establishment of, abolition of, and any changes in colleges, schools, departments, chairs, professorships, lectureships in the Faculty.	Recommending to Senate or to Senate through the Faculty of Graduate Studies on admission standards and student progress for professional programs offered by the College.
Recommending on the conferring of the title of Professor Emeritus.	Recommending to Senate on the regulations, methods and limits of instruction in the College.
Recommending to Senate, through the Faculty of Graduate Studies, on curriculum and program requirements for non-professional graduate programs offered by the Faculty.	Recommending to Senate on the rules and conduct of examinations for students within the College.
Facilitating faculty support ‘platforms’ in such areas as research, graduate education, etc.	Recommending to Senate on the dates for the beginning and end of classes in the College.
	Recommending to Senate candidates for degrees and diplomas.
	Recommending to Faculty Council on College Council bylaws and amendments thereto.

* Senators will be elected by the Faculty Council. The intention is that a recommendation will be made to Senate to adjust the Rules Governing the Election of members of Faculty/School Councils to Senate to raise the ‘cap’ on the number of Senators a Faculty can elect such that the allocation of Senators currently available to each of the existing faculties would remain the same in a unified faculty. At the present time, the Health Sciences Faculties have a combined 18 Senators out of the 64 elected by Faculty and School Councils (13 for Medicine (which includes SMR), 2 for Dentistry, 2 for Nursing and 1 for Pharmacy). With the allocation of Senators confirmed, it is envisioned that Faculty Council will adopt a rule that would ensure that each College was proportionally represented in the election of Senators by Faculty Council.

The Faculty of Health Sciences will be led by a Dean and Vice-Provost (Health Sciences), who will report to the Vice-President (Academic) and Provost and represent the Faculty and its Colleges on Provost’s Council. The Dean and Vice-Provost (Health Sciences) will chair the Faculty of Health Sciences Council and will exercise general supervision and direction of the Faculty, working in close collaboration with the Deans of the professional

colleges. The title of ‘Dean and Vice-Provost (Health Sciences)’ is used to: (1) distinguish this position from that of Dean of a professional college; and (2) signify the unique educational and training aspects of the health sciences, including engagement with the health care community in teaching and research and the provision of experiential training sites. The Dean and Vice-Provost (Health Sciences) will act as the principal liaison with provincial health authorities and health care organizations, providing input from and advice about this sector to University Administration.

The Dean of each College will report to the Dean and Vice-Provost (Health Sciences). Each College Dean will chair their respective College Council and will provide general oversight of the day-to-day activities of their College. Each College Dean will have clear accountability for the professional programs and other academic functions within their respective College, including personnel issues (e.g., tenure, promotion, hiring, research/study leaves, performance review and evaluation, etc.) that will be delegated to the College Deans by the Dean and Vice-Provost (Health Sciences). They will also be the key interface with their respective professions and associated regulatory/accrediting bodies. The Director of the School of Dental Hygiene will report to the Dean of the College of Dentistry, and will exercise general supervision and direction over the School, including its faculty, staff and students.

With respect to tenure and promotion, for example, collective agreements stipulate that the dean of the faculty, after receiving advice of faculty council, is responsible for, among other things, establishing tenure and promotion criteria and the weighting of these criteria, and tenure and promotion committees. Once these committees are established, independent recommendations on tenure and promotion are advanced to the Provost by the committee, the department head (where a department exists) and the faculty dean. It is contemplated that while the Dean and Vice-Provost (Health Sciences) would retain responsibility for establishing tenure and promotion criteria and associated committees, in consultation with College Deans and after seeking the advice of faculty council, the Dean and Vice-Provost (Health Sciences) would delegate his authority to recommend on particular tenure or promotion applications to the College Dean. Further, in terms of the structure of tenure and promotion committees it is contemplated that these committees would be structured as faculty-based nucleus committees, to which would be added departmental/college representatives for each department/college.

In advancing this, we recognize that it will be important to ensure, through more specific discussion, that new tenure and promotion criteria and procedures are inclusive and respectful of the differing colleges, schools and departments, with respect to research, scholarly work and other creative activities, teaching and service. Further, it will be important to establish how expectations for tenure and promotion are set and how discipline-specific review and participation (peer review as well as external peer review) will be included in the process. Large, multi-disciplinary faculties such as Arts and Science are examples of how effective processes for tenure and promotion can be developed to fairly review applications and make recommendations with respect to a broad range of disciplinary practices, indeed one could argue, a range broader than that present in the proposed new Faculty.

In considering the introduction of new tenure or promotion guidelines, important provisions in collective agreements that pertain to these areas should be noted. For example, Article 19.D.1.6 of the UM/UMFA Collective Agreement makes it clear that, for faculty members on probationary appointments, the criteria and weightings that were in place when a faculty member was hired will be the ones used for his/her tenure consideration unless he/she agrees in writing to different criteria that have been established by the Dean in consultation with the faculty. On the matter of promotion, Article 20.A.1.5 indicates that the candidate has the right to have his/her application considered, if he/she so chooses, according to the previous criteria and weightings provided no more than five calendar years have elapsed between the date upon which those previous criteria and weightings were changed and the date upon which the application for promotion is submitted to the department head.

As another example, consider the matter of hiring, specifically, academic hiring. Here, it is envisaged that as per current University practices, all vacant academic lines emanating from departments/colleges within the proposed new Faculty will ‘revert’ to the Faculty. The Dean and Vice-Provost (Health Sciences) will determine the allocation of positions to departments/colleges, in close consultation with College Deans, who, in turn, will have consulted with constituencies regarding their hiring priorities. Once positions have been allocated to Colleges, the College Dean will have delegated authority to oversee the search processes as outlined in the relevant Collective Agreement. This would include striking the search committee, chairing the committee or designating a non-voting chair, and recommending on an appointment directly to the Vice-President (Academic) and Provost.

In the first instance, the Dean of the College of Medicine will also serve as the Dean and Vice-Provost of the Faculty of Health Sciences. Given the socio-political context of health care, which places the medical profession as a prominent player within the health care environment, this choice is pragmatic. Further, it will allow this prominence to be leveraged for the benefit of all health professions involved in this restructuring initiative. Indeed, there are already several recent examples where the influence of Medicine, combined with the close working relationship between the leadership of the University’s health sciences faculties, have resulted in collective gains in a number of areas (e.g., interprofessional education/practice, continuing professional development, funding for collaborative initiatives). The leadership experience of the incumbent and his ability to effectively advocate within the province and across the country will bode well for the proposed new Faculty of Health Sciences as it establishes itself and develops.

It is worth noting that the intention to have the Dean of Medicine carry a ‘dual role’ is consistent with leadership practices elsewhere where Medicine is part of a larger faculty of health sciences (e.g., McMaster University, Queen’s University). Notwithstanding this, while both the current health care context and practice elsewhere makes this choice logical, it does not preclude a qualified leader from another health profession from assuming this role in the future.

Administration

As mentioned earlier, the Faculty of Health Sciences will be responsible for overall integrated planning (academic, financial, capital) and resource allocation. To foster integrated

planning and enhance support, ‘platforms’ at the faculty level will be created in key areas (e.g., research, graduate studies, faculty development, accreditation, student services, space planning, etc.). To reduce duplication of efforts and make better use of resources, administrative functions (e.g., finance, human resources, external relations, etc.) will also be integrated and coordinated at the faculty level.

The proposed academic and administrative support ‘platforms’ are envisaged as integrated and coordinated, yet distributed support networks. Integration and coordination will be ensured through the appointment of platform ‘leads’ from amongst the academic administrative leadership within the proposed Colleges who, in collaboration with other members of the ‘platform’ support team, would be responsible for the development and implementation of a unified ‘platform’ strategy (e.g., a research support strategy, an international strategy, a space planning/utilization strategy, etc.). Resources that are currently directed to the various areas/functions by units that will comprise the proposed new Faculty would be integrated, coordinated and harnessed under a unified strategy.

The goal of these integrated and coordinated ‘platforms’ is to provide more robust and equitable support levels to faculty, staff and students of the units comprising the proposed Faculty. These ‘platforms’ will also provide a more fulfilling work environment for staff, with greater opportunities for teamwork and collaboration, and professional development and advancement. Over time, it is expected that these ‘platforms’ will drive savings due to a better use of resources and less duplication of effort; these savings could be redirected to academic activities or to further enhance support services.

To further facilitate cross-disciplinary and cross-functional collaboration, two councils will also be established at the faculty level: a Council of Deans and a Senior Administrative Council. The Council of Deans, consisting of the Deans of the Colleges and chaired by the Dean and Vice-Provost (Health Sciences), will promote regular discussion about and collaborative planning around key strategic policies, initiatives and directions of the Faculty. The Senior Administrative Council will provide advice to the Council of Deans, and will include, at a minimum: the College Deans; and faculty platform (academic and administrative) ‘leads’ to be chosen from the administrative leadership (i.e., associate/assistant deans, administrative directors/managers) within the Colleges. These ‘leads’ will be appointed by the Dean and Vice-Provost (Health Sciences) with advice from the Council of Deans.

Resources

With the exception of one-time funding to support transition and implementation costs, the *establishment*¹⁰ of the proposed new faculty will not call upon any more of the University’s

¹⁰ The word ‘establishment’ is emphasized in order that the proposed new Faculty, once established, is not precluded from seeking additional resources (university operating or otherwise) through the University’s normal resource allocation and associated processes because of a lack of clarity around the resource assumption outlined in this proposal. For example, all faculties/schools currently present strategic resource plans on an annual basis and have an opportunity to request additional resources as required to support their unit priorities.

continuing (i.e., baseline) operating funds other than those currently directed to the units that comprise the proposed Faculty of Health Sciences at the time of the Faculty's formal establishment.

Current resources

Table 2 provides information on the resources of the units that will comprise the proposed new Faculty.

Faculty	Operating Expenditures²	Research Resources³	Trust and Endowment Funds⁴	Total
Dentistry ⁵	19,338,929	1,084,732	4,481,488	24,905,149
Medicine ⁶	73,835,040	70,350,868	103,223,859	247,409,767
Nursing	11,521,306	1,143,078	6,302,647	18,967,031
Pharmacy	5,023,214	820,734	4,973,495	10,817,443
Total	109,718,489	73,399,412	118,981,489	302,099,390
¹ as at March 31, 2013; excludes operating and research carryover				
² expenditures plus inter-fund transfers				
³ includes research, special funds and research capital				
⁴ includes capital, capitalized revenue, spending allocations and interest				
⁵ includes School of Dental Hygiene				
⁶ includes School of Medical Rehabilitation (SMR); Health Sciences Interprofessional Education Initiative				

The current resources of the proposed new Faculty will provide significant flexibility in terms of resource utilization in support of interprofessional health education, research and community engagement. For example, the Faculty of Medicine currently receives a significant amount of direct funding from Manitoba Health in support of its programs. It is anticipated that the use of these funds may be broadened in support of an interprofessional view for the benefit of all units comprising the proposed new Faculty. Similarly, the Faculty of Medicine's Centre for Health Innovation was recently awarded a five-year, \$10M grant by CIHR. This Centre was established in 2008 as an interprofessional locus for innovation. This grant, which has been matched by Faculty of Medicine and Manitoba Health funds, will provide \$20M in funds over the next five years to increase patient-oriented research across the proposed new Faculty with the goal of improving patient care and outcomes.

Also, there are already examples where units that would comprise the proposed new Faculty have 'teamed up' and pooled resources for mutual benefit. Dentistry and Medicine has combined their efforts in continuing professional development and have developed an oral systemic health curriculum that is garnering international attention. Its interprofessional potential

was recently recognized through a \$500,000 grant from Manitoba Health. The merger has allowed Dentistry to access more support staff and enhanced infrastructure to expand/deliver programming without increasing the total budget directed toward continuing education. Medicine and Nursing are jointly supporting a Chair in Knowledge Transfer and have pooled resources to jointly recruit a Canada Research Chair candidate. Pharmacy is providing teaching support to Dentistry resulting in cost savings for Dentistry of approximately \$10,000. Nursing and Dentistry have partnered on the purchase of a D2L curriculum application and technical support staff to train faculty members resulting in a net cost savings of approximately \$50,000. Medicine, Dentistry and Pharmacy have partnered with the Vice-President (Research and International) Office to recruit a research facilitator and a second is planned. Finally, Dentistry and Medicine are also developing a partnership around the teaching of gross anatomy that is expected to generate estimated cost savings of \$75,000.

New resources

In addition to existing resources, there is a significant potential to develop resources from both synergistic and additive perspectives. For example, the Faculty of Medicine now has extensive support for activities related to distributed education models which can be leveraged for the benefit of other members of the proposed new Faculty. Indeed, these units have a multi-unit visit planned for the fall of 2013 to all health regions in Manitoba, where there is a strong interest in integrating distributed education models and including the participation of students from all professional groups. The Faculty of Medicine recently received a \$2M increase in funding from Manitoba Health to develop a satellite program in Brandon, which could be leveraged to create an interprofessional satellite endeavor.

There are also considerable opportunities to augment support for interprofessional education and research, given the growing interest in interprofessional approaches on the national and international stages. This would include increased revenue from research agencies, foundations and associations as well as private fundraising (e.g., interprofessional teaching and research chairs, interprofessional clinic, etc.). Indeed, the Faculties of Dentistry and Medicine currently have such a proposal being considered at the Federal level by the Minister of Health and the Public Health Agency of Canada in the amount of \$2.5 million. In short, the proposed new Faculty will create a powerful new alliance of health professions that will position the University of Manitoba to achieve a national and international leadership role in this area, and to aggressively compete for new funding to support interprofessional education, research and outreach.

Finally and with respect to resource planning and allocation, as previously mentioned the Province of Manitoba has expanded the professional roles of many groups (pharmacists, dentists, nurse practitioners, physician assistants, midwives, etc.) in recent years. Soon all regulated health professions will be governed by a single act. Just as Manitoba Health's human resource planning must now include all of these professional groups, it would be a major step forward for the University to take a similarly holistic and multi-disciplinary approach to resource planning and allocation across health professions.

One-time transition and implementation costs

As the proposal indicates, the proposed ‘convergence’ of existing health professions faculties/schools into a single new Faculty represents an initial step in a multi-phase restructuring process. Many details about a variety of issues would need to be worked out by administrators, faculty, staff and students in subsequent planning and implementation phases. To this end, the proposal contemplates the creation of an Implementation Steering Committee to guide and oversee the transition to the proposed new Faculty. To assist the Committee (and its anticipated sub-committees) in this work, we anticipate a support team will be required to provide project and change management support as well as specialized support in governing document development, human resource management and communications. It is anticipated that this support will be needed for 18 months at a cost of approximately \$200,000 per year.

Resourcing of faculty-level functions and operations

As previously indicated, academic and administrative support ‘platforms’ will be sustained by integrating and coordinating resources currently directed to the various areas/functions by units that will comprise the proposed new Faculty. The following three examples are intended to illustrate how these ‘platforms’ are envisaged. While it is not possible to fully describe these ‘platforms’ (this requires broader consultation and input) or their expected savings in the short- or longer-terms (these would only be realized once the ‘platforms’ were ‘up and running’), for each of these examples, an indication of how current resources are distributed across the units that make up the proposed Faculty is provided along with a set of ‘deliverables/expected benefits’.

<u>Research</u>	Dentistry	Medicine	Nursing	Pharmacy
Current support resources: (approximate; categorization varies across units)	285,000	1,166,140	222,800	85,000
Research Admin (ADRs/Directors)	100,000	76,650	20,000	25,000
ADR/Directors admin support	25,000	94,925	101,300	20,000
Research services, including				
Grant facilitation, pre-review	10,000	10,265	101,500	10,000
Research ethics and compliance	10,000	198,700	0	0
Central animal care	10,000	401,800	0	0
Technical support	100,000	59,000	0	10,000
Clinical trials monitoring	5,000	0	0	0
Graduate research training	25,000	324,800	0	20,000
Deliverables/expected benefits				
<ul style="list-style-type: none"> • Unified research strategy, with single research advisory committee; enhanced research competitiveness 				

- More diverse set of research expertise/skills with easier access to them (skills inventory)
- Increased opportunities to collaborate; more opportunities for interprofessional team grants
- More robust mentorship and peer support program for all faculty, including grant pre-review and grant facilitation
- Development of common research ‘platforms’ of infrastructure/data accessible to whole faculty; greater opportunity for shared research facilities and equipment
- Better use of indirect costs of research fund due to more holistic approach
- Greater support for knowledge translation to move research into clinical practice
- Greater inter-professional training opportunities for graduate students

With respect to research services, it is important to note that the Office of the Vice-President (Research and International) (VPRIO) also supports an Office of Research Services on Bannatyne campus (ORS-BC). With the creation of a single research support ‘platform’ in the proposed new Faculty, there is also an opportunity to better integrate the support services provided by this platform and that of ORS-BC for the benefit of all faculty members in the proposed Faculty. For example, collaboration is already underway between several of the health sciences faculties and the VPRIO to increase support for grant proposal development, clinical trials management and biosafety through the establishment of new, jointly-funded support positions.

<u>Student Services</u>				
	Dentistry	Medicine	Nursing	Pharmacy
Current support resources:	870,000	799,280	338,100	201,400
(approximate; categorization varies across units)				
Associate Deans	150,000	338,250	110,000	75,000
Student Advisors	130,000	35,980	140,600	10,000
Student Advocacy	65,000	0	0	0
Admin/Office support	75,000	104,000	0	51,400
Recruitment/Admissions	100,000	59,000	10,000	10,000
Financial Aid/Awards	300,000	27,700	0	5,000
Clinical Placements	50,000	196,100	77,500	50,000
Accessibility Liaison	0	38,250	0	0
Deliverables/expected benefits				
<ul style="list-style-type: none"> • More comprehensive, consistent and equitable levels of support services • Service integration that would reduce fragmentation/duplication of services • Enhanced opportunities to develop sustainable and skilled program personnel • Greater adoption of best practices • More consistent professional and administrative oversight of services • Team approach with associated benefits (professional development, cross training and backup, leveraging of expertise/strengths) 				

Like research services, the Office of the Vice-Provost (Students), through Student Affairs, provides a range of recently-introduced services for students at the Bannatyne campus. There is a similar opportunity, through the creation of a single student services ‘platform’ in the proposed new Faculty, to create an integrated and comprehensive range of programs and support services for health professions learners.

<u>Finance</u>	Dentistry	Medicine	Nursing	Pharmacy
Current support resources: (approximate; categorization varies across units)	215,000	2,099,700	71,000	136,000
Business Managers	75,000	928,500	26,000	76,000
Financial Analysts/Admin support	50,000	335,650	25,000	0
Grant Accountants	10,000	0	0	10,000
Payroll	40,000	499,900	5,000	10,000
Purchasing	40,000	335,650	15,000	40,000
Deliverable/expected benefits				
<ul style="list-style-type: none"> • Unified financial team and associated benefits (professional development, cross training and backup, leveraging of expertise/strengths) • Greater budget transparency and accountability • Better resource utilization (reduce duplication, identify efficiencies) • More timely services (e.g., budget transfers, appointment renewals, etc.) • Process improvement, through standardization and consistency of application 				

In addition to resourcing the proposed faculty ‘platforms’, the Dean and Vice-Provost (Health Sciences) will need a small administrative support team to assist in Faculty planning and administration. This support will be provided through the reallocation of funds from the Faculty of Medicine along with support currently provided by central university offices (e.g., HR, legal) to the Bannatyne campus.

VI. Issues and Opportunities

In the discussions leading up to the development of options for consideration and this proposal, a number of issues and opportunities have arisen that will require further discussion and work. These include: issues and opportunities related to structure, academic programming and geography as well as areas where additional work will be needed in order that the distinct elements of the proposed new structure are appropriately reflected in the University’s governing documents. These issues and opportunities will need to be addressed or explored as part of the implementation process or once the proposed new faculty is established.

Structural issues and opportunities

Since the launch of this initiative, members of the Faculty of Human Ecology have engaged in extensive discussions about possible structural alignments that would allow this unit to realize its full potential to contribute to the University's teaching, research and service mission. Two such options were presented for consideration and initial feedback at the November 15, 2012 Town Hall (and are described earlier in this document). Since the Town Hall, other options of interest to Human Ecology members have emerged, including the creation of a College of Public Health within the proposed Faculty of Health Sciences as well as a potential alignment with the Faculty of Agricultural and Food Sciences and the Clayton H. Riddell Faculty of Environment, Earth, and Resources, which have more recently initiated discussions about a greater integration of activities. At this point, however, these opportunities require further exploration and dialogue.

On the basis of discussions to date, should a proposal be advanced to create a College of Public Health within the proposed Faculty of Health Sciences, both the Departments of Family Social Sciences and Textiles Sciences have indicated in principle and by formal motion, their interest in participating as members of such a unit. The Department of Human Nutritional Sciences has also formally expressed an interest in such an entity; however, in its case, this interest is not in terms of membership in the unit (it is discussing an alignment with the Faculty of Agricultural and Food Sciences) but rather revolves around joint academic program opportunities, including the shared delivery of the dietetics professional program and possible development of graduate programming in dietetics and clinical nutrition.

Should a proposal to establish a College of Public Health within the proposed new Faculty of Health Sciences not be advanced, both the Departments of Family Social Sciences and Textile Sciences, again by formal motion, have indicated their support in principle to join the Departments of Community Health Sciences and Medical Microbiology, respectively.

As mentioned at the November 15, 2012 Town Hall, a more integrated structure in the health sciences creates the opportunity to review and, where appropriate, streamline and improve the existing structure within departmentalized faculties and, at the same time, consider the merits of new alignments that would facilitate the work of the overall unit. One area where there is an opportunity for greater integration is the basic biomedical sciences. This and other areas will be considered once an overall structure for the proposed new faculty has been established.

Opportunities in academic programming

Our discussions to date have also pointed to an opportunity to invigorate the University's Bachelors of Health Sciences (B.H.Sc.)/Health Studies (B.H.St.) programs. Currently, these programs are not well known and are under-subscribed, in comparison to similar programs at other universities (where they are among the highest in terms of student demand). Elsewhere, the majority of these programs are housed in a health faculty - either in a faculty of medicine or in a faculty of health sciences/health professions. At the University of Manitoba, the interdisciplinary B.H.Sc. and B.H.St. programs are offered through a partnership between the faculties of Human

Ecology, Arts and Science with academic oversight provided by an Interdisciplinary Health Program Committee (IHPC) with representation from these faculties as well as other units in the health cluster. Within the health cluster, there is strong interest in participating in the further development and delivery of these programs; feedback from students indicates that these programs would be in considerable demand. It is premature at this time to estimate what additional resources might result from increased enrolment should these programs be expanded, or to estimate associated increased costs, other than to underscore the expectation that the bulk of the offerings associated with these programs would continue to be delivered on the Fort Garry campus.

The University's current governing structure for B.H.Sc./B.H.St. programs provides an avenue through which this opportunity can be further explored. In this regard, it would be useful to initiate this work by reviewing existing (similar) programs elsewhere, with a particular eye to those that are offered jointly by units. This work can and should begin immediately.

Geographical considerations

While not required immediately to ensure the success of the proposed new faculty, the potential benefits that would be created by the relocation of the Faculty of Nursing to the Bannatyne Campus were the subject of considerable discussion. Without doubt, the strong contributions that Nursing brings to the alliance can only be fully realized and operationalized by its ultimate relocation alongside the other health professions on the Bannatyne Campus. At the same time, the sensitivities surrounding the relocation of the Faculty of Nursing from the current Helen Glass building will need to be managed in a very considered and respectful way. The draft Bannatyne Campus Redevelopment Plan outlines exciting possibilities, not only with respect to a new state-of-the-art building for Nursing but also the first true interprofessional patient care clinic in North America that will place Nursing, along with the University's other health professions, at the forefront of innovation in health care training and delivery. While opportunities exist to make this a reality (e.g., the University's philanthropic campaign), more planning and work is required.

The opportunities that an integrated health sciences structure afford to engage in comprehensive planning around the needs of the Bannatyne campus as a whole were also discussed. Indeed, part of the vision of the proposed new faculty is the provision of an integrated suite of services and infrastructure to faculty, staff and students campus wide.

Implications for University Governance

The creation of a new Faculty of Health Sciences will require revision to several of the University's governing documents as well as the creation of new governing documents. These revisions and changes will be developed as part of the implementation process by the University Secretary in consultation with the units, Administration, Senate and the Board, as appropriate.

VII. Implementation Process

The proposed ‘convergence’ of existing health professions faculties/schools into a single new Faculty of Health Sciences is only an initial step in a multi-phase restructuring process. Many details about various issues (e.g., academic/research/service enhancements, balance of administrative functions at the Faculty and College levels, common budgeting/resource allocation, streamlining/efficiencies, etc.) will need to be worked out in subsequent planning and implementation phases. This work will require broad input and participation by administrators, faculty, staff and students. Based on feedback received during the proposal development process, the health sciences community is keen to contribute to this work.

Assuming that this proposal is approved by the Board of Governors, it is envisaged that an Implementation Steering Committee be established to guide and oversee the transition to the proposed new faculty. The proposed Deans’ Council of the new Faculty will form the core of this advisory Committee, with additional members to include representation from the offices of the Provost, Vice-President (Research and International) and Vice-President (Administration), in order to reflect the interests of affected units and the University. The University Secretary will serve as a key resource to this Committee, with project and change management support provided by the Office of Continuous Improvement. Given the scope and scale of transition and implementation activities, a number of sub-committees will need to be established by the Implementation Steering Committee to advise on transition/implementation issues related to specific areas/tasks. These sub-committees will include faculty, staff and students; members of the existing thematic working groups will be obvious candidates to serve as core members of several of these sub-committees.

Where actions arise from this process requiring the approval of Senate and/or the Board of Governors, they will be forwarded to these governing bodies for consideration. Further, all actions will respect collective agreements with relevant employee groups.

Based on the feedback received to date, it will be important that this implementation process be sufficiently flexible to facilitate adjustments, where required, and responsive to input on issues that may arise in both the short and longer terms. It will also be important to acknowledge the considerable time and energy that will be required of members of the affected units and the University, in general, to address transition issues. Finally, in order to gauge the success of the overall initiative, a set of outcomes against which to measure progress should be established as part of any implementation process.

VIII. Conclusion: Expected Goals and Outcomes

The coming together of four of the University's health faculties and their affiliated schools into a single Faculty of Health Sciences represents the first major step forward in realizing the goal of the Academic Structure Initiative, namely, to create an academic structure that better reflects the University's size and scope, and enhances its ability to deliver on its mandate.

As previously indicated, the Faculty of Health Sciences is being advanced with a specific set of goals and objectives: to demonstrate excellence in interprofessional education and practice; to conduct leading-edge, multi-disciplinary research with significant implications for improved patient care and health outcomes; to provide exemplary community service, particularly targeted to underserved populations; and to train future generations of health professionals and health researchers within a collegial environment, that is both socially and fiscally responsible. Achieving these goals and objectives will allow the Faculty to realize its vision to position the University of Manitoba as an international leader in health professions education, research and practice.

With these goals and objectives in mind, the expected outcomes include:

- improved planning and decision making (academic, financial, capital) through an integrated approach to the development of academic health sciences at the University;
- accelerated development of inter-professional education and practice models, making graduates better prepared to practice in a multi-disciplinary environment;
- more effective delivery of common areas (e.g., anatomy, physiology, etc.) and common threads (e.g., ethics, communication, professionalism, etc.) in the education of the health professional groups by streamlining academic programs;
- increased opportunities for students across the University to engage in the broad study of health through the revitalization and further development of the Bachelor of Health Sciences (B.H.Sc.) and Bachelor of Health Studies (B.H.St.) programs;
- accelerated progress on the recruitment and retention of Indigenous students by realizing and building synergies into the combined effort of the existing programs in the health sciences units;
- enhanced research competitiveness in terms of external research support and participation in inter-professional networks/frameworks, by developing shared research priorities and strategies and an holistic, integrated approach to research support (services and infrastructure);
- improved ability to serve the larger community through innovative, inter-professional approaches based on shared goals and supported by common platforms;
- stronger partnerships of mutual benefit and better communication between the University's health professions and government and health regions resulting from the ability to speak with 'one voice' and articulate a shared vision;
- greater success in garnering external support from and building partnerships with external stakeholders through a shared vision and integrated approach;

- better service and support in academic and administrative areas (e.g., research, graduate studies, faculty development, student services, accreditation, clinical placements, community engagement/external relations, HR/finance) through collaborative methods and a more strategic use of resources. This will improve the learning and work environment for students, faculty and staff; further, as duplication is addressed over time, it will allow resources to be re-directed to the Faculty's academic activities;
- less 'transition energy' for faculty, who seek greater collaborative opportunities to advance their teaching and research programs, and students seeking more flexible programs of study; and
- a greater sense of community and camaraderie.

In conclusion, the proposed Faculty of Health Sciences will significantly enhance the University's ability to deliver on its mandate, and will accelerate progress on the four pillars of the University's Strategic Planning Framework. In particular, it will:

- position the University of Manitoba as an international leader in health professions education, research and practice and, in so doing, enhance its efforts in academic health sciences, a priority area for the University;
- contribute to an exceptional student experience by providing an outstanding inter-professional learning environment that will position our graduates to become leaders in a rapidly changing health care environment;
- advance Indigenous education, research and community engagement by building on and leveraging the considerable focus and track record of achievement in place in the health sciences units; and
- provide a productive and rewarding work environment for faculty and staff that values and fosters innovation, collaboration and team work, and celebrates achievement.

Finally and most importantly, the proposed Faculty of Health Sciences, through its learning, discovery and engagement activities, will advance the University's ability to contribute to the cultural, social and economic well-being of Manitoba, Canada and indeed the world through advanced patient care and improved individual and public health outcomes.