

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

April, 2013

## 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 ways<sup>1</sup>. 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 cluster<sup>2</sup>. 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.

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<sup>1</sup> [January 19, 2012 communique from President David Barnard](#)

<sup>2</sup> 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 21<sup>st</sup> 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 benefits<sup>3</sup>. 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<sup>4,5</sup>.

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 dentistry<sup>6</sup>.

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;

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

<sup>4</sup> Membership of [thematic working groups](#)(3)

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

<sup>6</sup> 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 comprising 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 options<sup>7</sup>.

### 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 proposal<sup>8</sup>.

## **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 colleges<sup>9</sup> within the Faculty of Health Sciences. The School of Dental Hygiene will be a school within the College of Dentistry.

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<sup>7</sup> [Town Hall Presentation](#), November 15, 2013

<sup>8</sup> See [March, 2013 Interim report](#)

<sup>9</sup> 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.

### 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.

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. The College Dean will have clear accountability for the professional programs and other academic functions within their College, including personnel issues 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. 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.

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.

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* of the proposed new faculty will not call upon any more of the University’s 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.

## **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. The University's current governing structure for these programs provides an avenue through which this can occur. 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**

### 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 by administrators, faculty, staff and students in subsequent planning and implementation phases.

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 the 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.