

Senate  
Senate Chamber  
Room E3-262 Engineering Building  
WEDNESDAY, October 2, 2013  
1:30 p.m.

## **A G E N D A**

### **I      CANDIDATES FOR DEGREES, DIPLOMAS AND CERTIFICATES - OCTOBER 2013**

Page 3

This report will be available at the Senate meeting. A copy of the list of graduands will be kept at the front table for examination by members of Senate.

### **II     REPORT ON MEDALS AND PRIZES TO BE AWARDED AT THE OCTOBER CONVOCATION**

This report will be available at the front table in the Senate Chamber for examination by members of Senate.

### **III    MATTERS TO BE CONSIDERED IN CLOSED SESSION**

#### **1.     Report of the Senate Committee on Honorary Degrees**

This report will be distributed to members of Senate at the meeting. Documentation will be available for examination by eligible members of Senate the day preceding the Senate meeting. The Executive Committee recommends that this item be dealt with in closed session at the end of the Senate meeting

### **IV    MATTERS RECOMMENDED FOR CONCURRENCE WITHOUT DEBATE**

#### **1.     Amendment to Academic Schedule - 2013/2014**

Page 4

### **V     MATTERS FORWARDED FOR INFORMATION**

#### **1,     Report of the Senate Committee on Awards [August 27, 2013]**

Page 5

#### **2.     Report of the Senate Committee on Academic Review RE: Undergraduate and Graduate Program Reviews [August 28, 2013]**

Page 9

#### **3.     Statement of Intent: Entry-to-Practice Doctor of Pharmacy**

Page 20

#### **4.     Request for Suspension of Admission in Two Human Ecology Programs**

Page 28

### **VI    REPORT OF THE PRESIDENT**

Page 35

**VII QUESTION PERIOD**

Senators are reminded that questions shall normally be submitted in writing to the University Secretary no later than 10:00 a.m. of the day preceding the meeting.

**VIII CONSIDERATION OF THE MINUTES  
OF THE MEETING OF SEPTEMBER 4, 2013**

**IX BUSINESS ARISING FROM THE MINUTES - none**

**X REPORTS OF THE SENATE EXECUTIVE COMMITTEE  
AND THE SENATE PLANNING AND PRIORITIES COMMITTEE**

1. Report of the Senate Executive Committee Page 51

2. Report of the Senate  
Planning and Priorities Committee

a) The Chair will make an oral report of the Committee's activities.

b) RE: a Proposal to Establish a Faculty of Health Sciences Page 52

**XI REPORTS OF OTHER COMMITTEES OF SENATE,  
FACULTY AND SCHOOL COUNCILS – none**

**XII ADDITIONAL BUSINESS**

1. Report of the Implementation Working Group for the  
Cooper Commission Report: Developing *Bona Fide*  
Academic Requirements for Programs Subject to  
External Accreditation Page 77

**XIII ADJOURNMENT**

*Please call regrets to 474-6892 or send to [shannon.coyston@umanitoba.ca](mailto:shannon.coyston@umanitoba.ca).*

## **CANDIDATES FOR DEGREES, DIPLOMAS AND CERTIFICATES**

### **1. Degrees Notwithstanding a Deficiency**

A list of students to be considered for degrees notwithstanding a deficiency will be distributed at the meeting.

**Deans and Directors** should note that they may be asked to explain the circumstances leading to the recommendations from their respective Faculties or Schools.

At the conclusion of discussion of the report, the Speaker of the Senate Executive Committee will make the appropriate motion(s).

### **2. Report of the Senate Committee on Appeals**

An oral report will be presented to Senate by the Chair of the Committee only if the Committee has heard an appeal which will result in the recommendation of the award of a degree notwithstanding a deficiency.

### **3. List of Graduands**

A list of graduands will be provided to the University Secretary on the day of the meeting. The list will not be distributed to members of Senate but will be open for inspection by individual members of Senate.

The list to be provided to the University Secretary will be a compilation of the lists of the graduands of each Faculty and School.

The Speaker for the Senate Executive Committee will make the appropriate motion approving the list of graduands, subject to the right of Deans and Directors to initiate late changes with the Registrar up to October 4, 2013.



Date: 23 September, 2013  
To: Neil Marnoch, Registrar via Dr. Ira Ripstein, Associate Dean UGME  
From: Bryan Payne, Program Manager, UGME  
Re: Amendment to Calendar Dates – 2013/2014 Academic Year

As requested, please find a formal request and substantiation seeking Senate approval of an amendment to the advertised end of semester dates for the MED I and MED II programs for the 2013/2014 academic year from 17 December 2013 to 20 December 2013.

Although the UGME program initially approved the Calendar dates currently advertised within the University Calendar on 19 October 2012, subsequent detailed planning and scheduling of the undergraduate medical curriculum over the past year has identified a potential shortcoming in hours' available to cover all aspects of the mandatory curriculum in the time allotted.

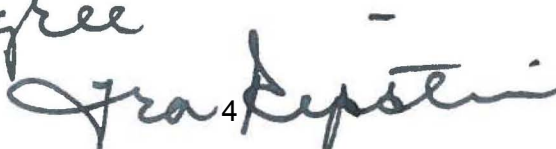
The current 2013/2014 academic schedule reflects an increase in the Pre-Clerkship December break to thirteen (13) days (Dec 18 – Jan 3 inclusive) from a historical average of nine (9) to ten (10) days. Due to combination of on-going changes within our core curriculum, including the addition of events and formative evaluations, a gap has emerged representing the potential loss of fourteen (14) curricular hours of mandatory curricular content. Although this gap was brought to the attention of the Registrar's Office on 14 June 2013, it has been determined that Senate approval is required prior to any amendments of the published academic calendar. This proposed change will align MED I/II (Pre-Clerkship) academic timelines with the existing MED III/IV (Clerkship) rotation end dates.

Given the significance of the potential loss of available curricular hours, it is recommended that Senate approval be sought amending the currently advertised end date from 17 December 2013 to 20 December 2013 such that suitable notification may be provided to MED I/II students conducting advance planning for their holiday breaks.

For your consideration.

Yours aye,  
  
Bryan Payne

Program Manager, UGME

② Agree  
  
Ira Ripstein

## **REPORT OF THE SENATE COMMITTEE ON AWARDS**

### **Preamble**

Terms of reference for the Senate Committee on Awards include the following responsibility:

On behalf of Senate, to approve and inform Senate of all new offers and amended offers of awards that meet the published guidelines presented to Senate on November 3, 1999, and as thereafter amended by Senate. Where, in the opinion of the Committee, acceptance is recommended for new offers and amended offers which do not meet the published guidelines or which otherwise appear to be discriminatory under the policy on the *Non-Acceptance of Discriminatory Awards*, such offers shall be submitted to Senate for approval. (Senate, October 7, 2009)

### **Observations**

At its meeting of August 27, 2013 the Senate Committee on Awards approved three new offers and two amended offers, and the withdrawal of one award, as set out in Appendix A of the *Report of the Senate Committee on Awards* (dated August 27, 2013).

### **Recommendations**

On behalf of Senate, the Senate Committee on Awards recommends that the Board of Governors approve three new offers and two amended offers, and the withdrawal of one award, as set out in Appendix A of the *Report of the Senate Committee on Awards* (dated August 27, 2013). These award decisions comply with the published guidelines of November 3, 1999, and are reported to Senate for information.

Respectfully submitted,

Dr. Phil Hultin  
Chair, Senate Committee on Awards

## **SENATE COMMITTEE ON AWARDS**

### **Appendix A August 27, 2013**

#### **1. NEW OFFERS**

##### **Dentistry Class of 1968 Memorial Bursary**

Members of the Dentistry Class of 1968 have established an endowment fund in memory of graduates and staff. The purpose of the gift is to provide bursary support to second year students in the Faculty of Dentistry. Beginning in the 2013-2014 academic year, the available annual interest from the fund will be used to offer one bursary to an undergraduate student who:

- (1) is enrolled full-time (minimum 60% course load) in the second year of the D.M.D. program in the Faculty of Dentistry at the University of Manitoba;
- (2) has achieved a minimum degree grade point average of 2.5;
- (3) is a resident of Manitoba;
- (4) has demonstrated financial need on the standard University of Manitoba bursary application form.

The Dean of the Faculty of Dentistry (or designate) will name the selection committee for this award.

The Board of Governors of the University of Manitoba has the right to modify the terms of this award if, because of changed conditions, it becomes necessary to do so. Such modification shall conform as closely as possible to the expressed intention of the donor in establishing the award.

##### **Henry Neufeld Builder's Bursary**

In 2011, Henry Neufeld (B.Sc. (C.E.) '72) established an endowment fund at the University of Manitoba with an initial gift of \$25,000 to offer a bursary in the Faculty of Engineering. The Manitoba Scholarship and Bursary Initiative has made a matching contribution to the fund. The purpose of the fund is to encourage second and third year Engineering students to pursue a career in civil or construction engineering, and/or, project management. Each year, the available annual interest from the fund will be used to offer one or more bursaries to undergraduate students who:

- (1) are Canadian citizens having graduated from a rural high school in Manitoba, Saskatchewan or Alberta;
- (2) are enrolled full-time in the Faculty of Engineering in either second or third year of the Bachelor of Science, Civil Engineering degree program at the University of Manitoba;
- (3) have achieved a minimum degree point average of 2.5;
- (4) have demonstrated financial need on the standard University of Manitoba bursary application form.

Preference will be given to high school graduates from rural Manitoba. If there are no eligible applicants from rural Manitoba, then preference will be given to applicants from rural Saskatchewan, followed by those rural Alberta.

The number and value of each bursary will be at the discretion of the selection committee.

The selection committee will be the Scholarships, Bursaries and Awards Committee of the Faculty of Engineering.

The Board of Governors of the University of Manitoba has the right to modify the terms of this award if, because of changed conditions, it becomes necessary to do so. Such modification shall conform as closely as possible to the expressed intention of the donor in establishing the award.

### **University of Manitoba English Language Centre (ELC) Refugee Entrance to IAEP Bursary**

The English Language Centre (ELC) is dedicated to teaching EAL (English as an Additional Language) students and assisting them to enter the University of Manitoba. The Centre has established a trust fund to provide bursary support for students with refugee backgrounds who have English as an additional language (EAL) and wish to study at the English Language Centre (ELC). Each term (three times a year total), one or more bursaries, up to but not exceeding the value of full tuition costs per student for one full term, will be offered to students who:

- (1) are refugees to Canada who have English as an additional language (EAL) as assessed by the English Language Centre (ELC);
- (2) are registered in the Intensive Academic English Program (IAEP) for the upcoming term at the English Language Centre at the University of Manitoba;
- (3) have demonstrated financial need on the English Language Centre bursary application form as approved by the Financial Aid and Awards office at the University of Manitoba.

Applicants will be asked to show proof of their status when submitting the bursary application to the English Language Centre (ELC).

Applicants should note that the deadline for the ELC program deposit is postponed to the start of the program if the bursary application is presented at the time of registration.

The number and value of bursaries offered every term will be at the discretion of the selection committee.

The selection committee shall be named by the Director of the English Language Centre (or designate) and shall include at least two members of the English Language Centre.

## **2. AMENDMENTS**

### **School of Medical Rehabilitation Medal in Physical Therapy School of Medical Rehabilitation Medal in Respiratory Therapy**

The following amendments have been made to the terms of reference for the School of Medical Rehabilitation Medal in Physical Therapy and the School of Medical Rehabilitation Medal in Respiratory Therapy:

- In criterion (1), the word ‘cumulative’ has been replaced with ‘degree’ and the grade point average ‘4.0’ has been replaced with ‘3.75’.
- The ‘NOTE’ immediately following the numbered criteria has been eliminated.
- There is now explicit wording regarding the tie-breaking mechanism that reads:

Only one winner is to be named each year in each eligible program. Ties are to be broken using criteria determined by individual faculties and schools. The following mechanism has been approved by Senate for the Governor General’s silver medal for undergraduate excellence, and may serve as an example for the University Gold Medal:

- (1) the cumulative grade point average (G.P.A.) is to be calculated to the fourth decimal place;
- (2) preference is to be given to students who have a higher proportion of “A+”s and “A”s in a total program;
- (3) preference is to be given to students who have taken more than the required number of courses;
- (4) preference is to be given to students with a greater proportion of senior or advanced level courses in their program.

- One editorial change has been made.

### **University Gold Medal in Medical Rehabilitation**

The following amendments have been made to the terms of reference for the University Gold Medal in Medical Rehabilitation:

- In criterion (1), the word ‘cumulative’ has been replaced with ‘degree’ and the grade point average ‘4.0’ has been replaced with ‘3.75’.
- The ‘NOTE’ immediately following the numbered criteria has been eliminated.
- There is now explicit wording regarding the tie-breaking mechanism that reads:  
Only one winner is to be named each year in each eligible program. Ties are to be broken using criteria determined by individual faculties and schools. The following mechanism has been approved by Senate for the Governor General’s silver medal for undergraduate excellence, and may serve as an example for the University Gold Medal:
  - (1) the cumulative grade point average (G.P.A.) is to be calculated to the fourth decimal place;
  - (2) preference is to be given to students who have a higher proportion of “A+”s and “A”s in a total program;
  - (3) preference is to be given to students who have taken more than the required number of courses;
  - (4) preference is to be given to students with a greater proportion of senior or advanced level courses in their program.
- One editorial change has been made.

### **3. WITHDRAWALS**

#### **Nurses Alumni of the WGH/HSC – Jane A. Malcolm Scholarship**

The donor has requested that this award be formally withdrawn from the University of Manitoba’s awards program.



## **Report of the Senate Committee on Academic Review RE: Undergraduate and Graduate Program Reviews**

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### **Preamble:**

1. The Terms of Reference for the Senate Committee on Academic Review are found on the web at:  
[http://www.umanitoba.ca/admin/governance/governing\\_documents/governance/sen\\_committees/489.htm](http://www.umanitoba.ca/admin/governance/governing_documents/governance/sen_committees/489.htm)
2. At its meeting on August 28, 2013, the Committee considered the following reports from the Vice-Provost (Academic Planning and Programs) regarding academic program reviews:
  - Report on the Status of Current Graduate Program Reviews (attached)
  - Report on the Status of Current Undergraduate Program Reviews (attached).
  - Report on the Status of Externally Accredited Programs (attached)The Committee also considered summaries of three graduate and three undergraduate program reviews.

### **Observations:**

#### **Graduate Program Reviews**

1. The Committee received a Report on the Status of Current Graduate Program Reviews. Twenty-one reviews are either in progress or have been initiated, as set out in the attached report. Three reviews that were recently completed are currently under review either in the program or in the Faculty of Graduate Studies.
2. The Committee considered summaries of three graduate program reviews for the M.Sc. and Ph.D. in Chemistry, the M.A. in Classics, and the M.Sc. and Ph.D. in Microbiology.
3. The Committee asked that safety concerns raised in reviews of graduate programs in Chemistry and Microbiology be brought to the attention of the Vice-President (Administration). In response to the request, the Chair has sent a memo (dated August 29, 2013) to Mr. Kochan together with the relevant summaries of graduate programs, which outline both the reviewers' observations and the responses provided by the department and/or budget dean.
4. The Committee noted that the external reviewers classified the Microbiology and Classics programs as category 1 (continue as is) and 2 (requires minor revisions) respectively, and Chemistry was rated at category 3; required major revision. The Committee also noted the small number of graduates from the M.A. in

Classics since the previous review cycle, and the lack of any students during the current review.

#### Undergraduate Program Reviews

5. The Committee received for its consideration, a Report on the Status of Current Undergraduate Program Reviews Summaries of Undergraduate Program Reviews. Thirteen reviews are either underway or have been initiated, as set out in the attached report. Two reviews recently concluded are under review in the program and faculty.
6. The Committee considered summaries of reviews for undergraduate programs in the Departments of German and Slavic Studies, Psychology (excluding the B.Sc. programs), and Religion.
7. The Committee noted that the external reviewers classified the Psychology programs as category 2 (requires minor revisions), and that classifications were not provided for the Religion or the German and Slavic Studies programs.

#### Externally Accredited Programs

8. The Committee received, for consideration, a Report on the Status of Externally Accredited Programs (attached).
9. The Committee was informed that, in addition to those units noted in the report, the Vice-Provost (Academic Planning and Programs) had recently received guidelines on the Communication of External Accreditation Reviews from the Faculty of Agricultural and Food Sciences and the School of Medical Rehabilitation. The office of the Vice-Provost will be following up with units to verify that communication protocols are implemented in practice.

Respectfully submitted,

David Collins, Chair  
Senate Committee on Academic Review

## Senate Committee on Academic Review: Report on the Status of Current Graduate Program Reviews

Process Stage	Unit	Program	Classification	Round
<b>1</b>	<b>Review Initiated</b>			
	Agricultural Economics	M.Sc.		2
	Animal Science	M.Sc., Ph.D		2
	Architecture	M.Arch.		1
<i>Extended</i>	Biological Sciences	M.Sc., Ph.D.		2
	Design and Planning	Ph.D.		2
	Economics	M.A., Ph.D.		2
	Education	Ph.D.		2
	English, Film and Theatre	M.A., Ph.D.		2
	Entomology	M.Sc., Ph.D.		2
	Food Science	M.Sc., Ph.D.		2
	Individual Interdisciplinary Studies	M.A., M.Sc., Ph.D.		1
	Kinesiology & Recreation Mgmt.	M.A., M.Sc.		2
	Pharmacology & Therapeutics	M.Sc., Ph.D.		2
	Pharmacy	M.Sc., Ph.D.		2
	Philosophy	M.A.		2
	Plant Science	M.Sc., Ph.D.		2
	Religion	M.A. (JMP)		2
	Religion	Ph.D.		2
	Soil Science	M.Sc., Ph.D.		2
	Surgery	M.Sc.		2
<b>2</b>	<b>External Review in Progress</b>			
	Disability Studies	M.A., M.Sc.		1
<b>3</b>	<b>Under Review in Program</b>			
	Pathology	M.Sc.	3. Requires major revisions.	2
	Physics and Astronomy	M.Sc., Ph.D.	2. Requires minor revisions.	2

Process Stage	Unit	Program	Classification	Round
<b>4</b>	<b>Under Review in FGS</b>			
	CTL, EAFP	M.Ed.	2. Requires minor revisions.	2
<b>5</b>	<b>Submission to SCAR</b>			
	Chemistry	M.Sc., Ph.D.	3. Requires major revisions.	2
	Classics	M.A.	2. Requires minor revisions.	2
	Microbiology	M.Sc., Ph.D.	1. Continue as is.	2



## Senate Committee on Academic Review: Report on the Status of Current Undergraduate Program Reviews

Process Stage	Unit	Program	Classification	Round
<b>1</b>	<b>Review Initiated</b>			
	Classics	B.A. (Advanced, Major)		1
	Fine Art	B.F.A. (Honours, General); B.F.A. (Art History) (Honours, General), Diploma; includes Art History and Major of Art History in Arts		1
	French, Spanish, and Italian	B.A. (Honours, Advanced, Major); includes French, Italian, Italian Studies and Spanish		1
	Geological Sciences	B.Sc.G.Sc. (General, Honours, Major); includes Geology and Geophysics		1
<i>Postponed</i>	Global Political Economy (Interdisciplinary)	B.A. (Advanced, Major)		1
	Interdisciplinary Health (Health Sciences & Studies)	B.H.Sc., B.H.St.		1
	Labour Studies (Interdisciplinary)	B.A. (Advanced, Major)		1
<i>Extended</i>	Music	B.Mus. (Hons., Perf., Comp., Hist.), B.Jazz, P.B.D. P., B.Mus./B.Ed.		1
	Physics & Astronomy	B.Sc. (Honours, Major); (includes Medical & Biological Physics and joint programs in Chemistry, Computer Science and Math)		1
<i>Delayed</i>	Political Studies	B.A. (Honours, Advanced, Major)		1
	Women's & Gender Studies (Interdisciplinary)	B.A. (Honours, Advanced, Major)		1
<b>2</b>	<b>External Review in Progress</b>			
	Architecture	Bachelor of Environmental Design, AMP (1 & 2)		1



**Senate Committee on Academic Review:  
Report on the Status of Externally Accredited Programs**

Faculty Program	Accreditation		
	Last Visit	Period	To
<b>Agricultural &amp; Food Sciences</b>			
<b>Communication Protocol:</b> Pending			
B.Sc. (Agribusiness) Agriculture Institute of Canada (AIC)	2006	5 years	2011
B.Sc. (Agriculture) Agriculture Institute of Canada (AIC)	2006	5 years	2011
B.Sc. (Agroecology) Agriculture Institute of Canada (AIC)	2006	5 years	2011
B.Sc. (Food Science) Agriculture Institute of Canada (AIC)	2006	5 years	2011
B.Sc. (Food Science) Institute for Food Technologists (IFT)	2009	5 years	2014
<b>Architecture</b>			
<b>Communication Protocol:</b> N.A.			
Master of Architecture (M.Arch.) Canadian Architectural Certification Board (CACB)	2009	6 years	2015
Master of City Planning (MCP) Canadian Institute of Planners (CIP); Manitoba Professional Planners Institute (MPPI)	2007	5 years	2012
Master of Interior Design (MID), First Professional Council for Interior Design Accreditation (CID)	2012	6 years	2018
Master of Landscape Architecture (MLA) Canadian Society of Landscape Architecture (CSLA)	2010	5 years	2015
<b>Arts</b>			
<b>Communication Protocol:</b> Rec'd			
Ph.D., Psychology (Clinical) Accreditation Panel for Doctoral Programs and Internships in Professional Psychology, Canadian Psychological Association (CPA)	2010	4 years	2014

Faculty Program	Accreditation		
	Last Visit	Period	To
<b>Asper School of Business</b>			
<b>Communication Protocol:</b> Pending			
B.Com. (Hons.) Association to Advance Collegiate Schools of Business (AACSB)	2009	5 years	2014
B.Com. (Hons.), Accounting Major The Society of Management Accountants of Canada (CMA)	2012	5 yrs	2017
B.Com. (Hons.), Co-op Program Canadian Association of Co-operative Education (CAFCE)	2012	6 years	2018
B.Sc.(Hons.), Actuarial Mathematics (joint programs with Mathematics and Statistics) Society of Actuaries (SOA); Canadian Institute of Actuaries (CIA)	2009	5 years	2014
<b>Dentistry</b>			
<b>Communication Protocol:</b> Rec'd			
Dental Hygiene Diploma; B.Sc., Dental Hygiene Commission on Dental Accreditation of Canada (CDAC)	2007	7 years	2014
Doctor of Dental Medicine (DDM) Commission on Dental Accreditation of Canada (CDAC)	2007	7 years	2014
M.Dent. Preventive Dental Sciences (Pediatric Dentistry) Commission on Dental Accreditation of Canada (CDAC) (preliminary)	N/A		2014
M.Dent., DDSS (Oral & Maxillofacial Surgery and Periodontics) Commission on Dental Accreditation of Canada (CDAC)	2007	7 years	2014
M.Sc, Preventive Dental Sciences (Orthodontics) Commission on Dental Accreditation of Canada (CDAC)	2007	7 years	2014
<b>Engineering</b>			
<b>Communication Protocol:</b> Rec'd			
B.Sc. (Biosystems, Civil, Electrical, Computer, Mechanical Engineering) Canadian Engineering Accreditation Board (CEAB)	2013	6 years	2019
<b>Environment, Earth &amp; Resources</b>			
<b>Communication Protocol:</b> Rec'd			
B.Env.Sci. Canadian Environmental Accreditation Commission and ECO Canada	2011	5 years	2016



Faculty Program	Accreditation		
	Last Visit	Period	To
<b>Human Ecology</b>			
<b>Communication Protocol:</b> Rec'd			
B.Sc., Human Nutritional Sciences (Dietetics Program) Dietitians of Canada (DC)	2010	7 years	2017
<b>Kinesiology &amp; Recreation Mgmt.</b>			
<b>Communication Protocol:</b> Rec'd			
B.Kin., B.P.E. Canadian Council of Physical Education. & Kinesiology Administrators (CCUPEKA)	2011	7 years	2018
B.Kin., Athletic Therapy Program Canadian Athletic Therapists' Association (CATA)	2010	4 years	2014
<b>Medical Rehab., School of</b>			
<b>Communication Protocol:</b> Pending			
B.M.R., Physical Therapy Physiotherapy Education Accreditation Canada (PEAC)	2010	5 years	2015
B.M.R., Respiratory Therapy Council on Accreditation for Respiratory Therapy Education (CoARTE)	Pending		
B.M.R., Respiratory Therapy Council on Accreditation for Respiratory Therapy Education (CoARTE)	2007	5 years	2012
Master of Occupational Therapy (MOT) Canadian Association of Occupational Therapists (CAOT)	2012	7 years	2019
Master of Physical Therapy (MPT) Physiotherapy Education Accreditation Canada (PEAC) (pre- accreditation)	Pending		
<b>Medicine</b>			
<b>Communication Protocol:</b> Rec'd			
C.M.E. (Continuing Medical Education) Committee on Accreditation of Continuing Medical Education (CACME)	2011	6 years	2017
M.P.A.S. (Physician Assistant Studies) Canadian Medical Association (CMA)	2011	6 years	2017
Manitoba Department of Clinical Health Psychology Residency Program Canadian Psychological Association Accreditation Panel for Doctoral Programmes and Internships in Professional Psychology	2011	7 years	2017

Faculty Program	Accreditation		
	Last Visit	Period	To
P.G.M.E. (Post-Graduate Medical Education) Royal College of Physicians and Surgeons of Canada (RCPSC); College of Family Physicians of Canada (CFPC), Family Medicine Program	2008	6 years	2014
UGME (Undergraduate Medical Education) Liaison Committee on Medical Education (LCME); Committee on Accreditation of Canadian Medical Schools (CACMS)	2011	Unspecified	N.A.

## Nursing

**Communication Protocol:** Rec'd

Bachelor of Nursing (BN) College of Registered Nurses of Manitoba (CRNM)	2006	4 years	2016
Master of Nursing (M.N.) - Nurse Practitioner Stream College of Registered Nurses of Manitoba (CRNM)	2008	4 years	2012
Master of Nursing (M.N.) - Nurse Practitioner Stream College of Registered Nurses of Manitoba (CRNM)	Pending		

## Pharmacy

**Communication Protocol:** Rec'd

B.Sc., Pharmacy Canadian Council for Accreditation of Pharmacy Programs (CCAPP)	2013	6 years	2019
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## Science

**Communication Protocol:** N.A.

B.Sc. (Hons.), Chemistry/Physics Joint Program Canadian Society of Chemistry (CSC)	2009	5 years	2014
B.Sc. and B.Comp.Sci., Computer Science Programs; (note: additional accreditation for Software Engineering Specialization) Computer Science Accreditation Council (CSAC)	2012	6 years	2018
B.Sc., Biochemistry (joint Chemistry / Microbiology) Programs Canadian Society for Chemistry (CSC)	2009	5 years	2014
B.Sc., Chemistry Programs Canadian Society for Chemistry (CSC)	2009	5 years	2014
B.Sc.(Hons.), Actuarial Mathematics (joint programs with Mathematics and Statistics and Management) Society of Actuaries (SOA); Canadian Institute of Actuaries (CIA)	2009	5 years	2014
M.Sc., Ph.D., Physics (Medical Physics) Commission on Accreditation of Medical Physics Education Programs, Inc. (CAMPEP)	2012	5 years	2017

Faculty Program	Accreditation		
	Last Visit	Period	To
<b>Social Work</b>			
<b>Communication Protocol:</b> Rec'd			
Bachelor of Social Work (BSW) Canadian Association for Social Work Education (CASWE-ACFTS)	2007	7 years	2014
Master of Social Work (MSW) Canadian Association for Social Work Education (CASWE-ACFTS)	2007	7 years	2014

August 12, 2013

Mr. R. Karasevich  
Secretary  
Council on Post-Secondary Education  
608-330 Portage Avenue  
Winnipeg, MB R3C 0C4

Dear Mr. Karasevich,

**Statement of Intent:  
Entry-to-practice Doctor of Pharmacy program**

On behalf of the University of Manitoba, I am pleased to submit for your review the attached Statement of Intent (SOI) to introduce a new entry-to-practice Doctor of Pharmacy (Pharm.D.) program in the Faculty of Pharmacy.

Please note that at the University of Manitoba, a SOI is not subject to Senate review and as such cannot be accorded an institutional priority. The 'High' priority rating in the attached document has been provided by the initiating Department, and does not necessarily reflect an institutional priority. For your information, the undergraduate program approval process guide that documents our procedures in this regard may be viewed at [http://umanitoba.ca/admin/vp\\_academic/academic\\_programs/3722.html](http://umanitoba.ca/admin/vp_academic/academic_programs/3722.html).

You may be aware that the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) has published new Pharmacy accreditation standards for implementation nationally by January 2020. The new standards have made restructuring recommendations for an entry-to-practice Pharm.D. degree, and guidelines for educational outcomes/curricula design, administrative requirements, inter-professional education, admission standards, and expanded practice experience requirements to facilitate the greater academic and experiential rigor of this program.

The role of pharmacist has changed over time, from dispensing medications, to patient-centered care with specific emphasis on optimal therapeutic outcomes and improvement of quality of life. Pharmacists are experts in advising on optimal drug use and providing patient-centered care services alongside other health care providers; however, with the explosion of pharmaceuticals available for treatment of disease, it is apparent that pharmacy programs require more time to deliver an educational background in both the development and use of drugs, beyond what was originally conceived for the B.Sc. (Pharm) program. The new Canadian standard is required to provide students with a greater clinical knowledge base and a more practice-oriented experience. The goal is to prepare pharmacy graduates to take on an expanded scope of practice and/or novel pharmacist roles within the patient-centered health care system upon graduation.

The Université de Montréal and Université Laval have already implemented entry level Pharm.D. programs. The University of Toronto has a combined B.Sc. (Pharm)/Pharm. D. program (introduced in 2011-2012), as well as an entry-to-practice Pharm. D. commencing in 2013. The University of Alberta is offering a Post-Professional Pharm.D., and is planning to implement an Entry-to-practice Pharm. D. degree by 2015.

The University of Waterloo has received approval to implement an entry-to-practice Pharm. D. program (in January of 2013), and the University of British Columbia currently has a 2-year Post-Professional Pharm.D. program, but is planning an entry-to-practice Pharm. D. degree in the upcoming years. The Université de Moncton (in partnership with University of Ottawa) is hoping to offer the first French Pharm. D. program outside of Quebec starting in 2015, in an effort to retain French-speaking pharmacists in New Brunswick. Finally, the University of Saskatchewan, Dalhousie University, and Memorial University are in the planning stages for this new program.

It is apparent that other Canadian universities have implemented, or are implementing the new entry-to-practice program, and this application foreshadows plans by the University of Manitoba to comply with the new entry-to-practice standard for the profession of Pharmacy.

Please note that financial information will not be available until the Full Program Proposal has been completed and reviewed by the University of Manitoba Senate Planning and Priorities Committee, and the Senate Committee on Curriculum and Course Changes.

I would be pleased to provide any additional information that Council may require in consideration of this Statement of Intent.

Sincerely,

David M. Collins, Ph.D.  
**Vice-Provost (Academic Planning & Programs)**

cc: Dr. David Barnard, President and Vice-Chancellor  
Dr. Joanne Keselman, Vice-President (Academic) and Provost  
Dr. Neal Davies, Dean, Faculty of Pharmacy  
Mr. Jeff Leclerc, University Secretary  
Mr. Neil Marnoch, Registrar  
Ms. Thelma Lussier, Director, Office of Institutional Analysis

# Council on Post-Secondary Education

## STATEMENT OF INTENT

### Institution

- |  |  |
|--|--|
| <input type="checkbox"/> Brandon University                      | <input type="checkbox"/> Assiniboine Community College   |
| <input checked="" type="checkbox"/> University of Manitoba       | <input type="checkbox"/> University College of the North |
| <input type="checkbox"/> University of Winnipeg                  | <input type="checkbox"/> Red River College               |
| <input type="checkbox"/> Collège universitaire de Saint-Boniface |  |

### Program Overview

- **Program Name:** Entry-to-Practice Pharm. D. Program
- **Credential to be offered:** Doctor of Pharmacy (Pharm. D.)
- **Does the program require accreditation from a licensing group?** ☒ YES ☐ NO

The Canadian Council for Accreditation of Pharmacy Programs (CCAPP).

CCAPP has published accreditation standards and guidelines for the first professional degree in pharmacy programs, effective January 2013. These updated accreditation standards have made restructuring recommendations for the entry-to-practice Doctor of Pharmacy degree, providing recommendations in terms of educational outcomes/curricula design, administrative requirements, inter-professional education, admission standards, and expanded practice experience requirements to facilitate the greater academic and experiential rigor of this program.

- **Length of the program:** 4 ☒ Years ☐ Months ☐ Semesters
- **Proposed program start date:** 01 / 09 / 2016  
Day/Month/Year
- **Which department(s) within the institution will have responsibility for the program?**

Faculty of Pharmacy

- **As compared to other programs your institution will be proposing, is the priority of this program:**
  - ☒ High
  - ☐ Medium
  - ☐ Low
- **Is this a new program?** ☒ YES ☐ NO

The Bachelor of Science in Pharmacy (BSc. (Pharm) program will be transitioning to an Entry-to-Practice Doctor of Pharmacy (Pharm. D.) program. The Pharm. D. program will expand upon fundamental pharmaceutical care skills established by the BSc. Pharm. program. Such areas of expanded practice include advanced pharmacokinetics, in-depth critical appraisal of scientific literature, expansion of clinical specialty areas (examples: pediatrics, intensive care, emergency medicine, travel health), teaching/mentorship, physical assessment, health systems/health policy development. Finally, the entry-to-practice Pharm. D. will allow for more time in clinical placements to prepare students to be part of a multi-disciplinary patient-care team.

- **Is this a revision of an existing program:** ☐ YES ☒ NO

**What are the impacts of changing this program?**

The new Canadian standard for pharmacy practice has established that an Entry-to-Practice Pharm. D program is required to provide students with a greater clinical knowledge base and a more practice-oriented experience. The goal is to prepare pharmacy graduates to take on an expanded scope of practice and/or novel pharmacist roles within the patient-centred health care system upon graduation.

The Association of Faculties of Pharmacy of Canada (AFPC) has acknowledged that pharmacists require more interprofessional experiences, more leadership and management training, increased knowledge in the area of biopharmaceuticals, documentation/prescribing experience, narrow therapeutic index drug monitoring skills, experience managing complex patients, new drug administration techniques (immunization) and physical assessment skills. Finally, with the explosion of pharmaceuticals available for treatment of disease, it is apparent that the pharmacy program requires more time to deliver an educational background in both the development and use of drugs, well beyond what was originally conceived in the development of the BSc. Pharm program.

The impact of this program change will be to provide the public with a health care practitioner who has increased knowledge and experience in the identification of drug-related problems, be comfortable with more complex patient health issues and an increased ability to manage them appropriately and optimally.

- **Will the program be available to part-time students?** ☐ YES ☒ NO

Initially, the program will not be available to part-time students. However, once the program has been established, a bridging program for practicing pharmacists who would like to upgrade their credentials to a Pharm. D. shall be developed. This program *may* be offered part-time to accommodate those who are currently employed with families.

- **Will this program have a cooperative education component?** ☐ YES ☒ NO  
**If YES, how long with the field placement be?**

Although the Entry-to-Practice Pharm. D. is not defined as an official co-operative program, experiential placements throughout the program, both in community and hospital pharmacy practice settings are significant. The CCAPP accreditation standards recommend a *minimum* of forty weeks (1600 hours) of total practice experience for a Doctorate of Pharmacy program. A sustained period of practice experiences near the end of the program must involve at least 24 weeks (960 hours) of consecutive, full-time practice placement.

The expansion of the structured practical experiential program (SPEP) will require a substantial increase in associated costs given the increased requirement in terms of length of time, variety of practice sites required and increase in number of practice sites required to accommodate students.

- **Will the program contain an option to assess the prior learning of students, to grant credit for the skills/knowledge already present? Provide Details** ☒ YES ☐ NO

The University's Admissions Department reviews courses previously taken by students accepted into the program. Students are granted credit for any approved courses.

- **Will there be distance delivery options? Provide Details** ☒ YES ☐ NO

For pharmacists with a current B.Sc. (Pharm) degree, a bridging component that could offer distance learning delivery may be developed in the future.

- **Will this program be delivered jointly with another institution?** ☐ YES ☒ NO

- **Are similar programs offered in Manitoba or other jurisdictions?** ☒ **YES** ☐ **NO**  
If YES, indicate why this program is needed (e.g., area of specialization)

CCAPP has a mandate to implement the entry-to-practice Pharm. D program nationally by the year 2020. Université de Montréal was the first pharmacy program to offer an entry-to-practice Pharm. D. degree in 2007, replacing the BSc.(Pharm.) degree. Université Laval followed suit in 2011. Currently, the University of Toronto has a combined BSc. Pharm./Pharm. D. program introduced in 2011-2012 (3<sup>rd</sup> and 4<sup>th</sup> year pharmacy students currently enrolled) as well as an entry-to-practice Pharm. D. (1<sup>st</sup> and 2<sup>nd</sup> year pharmacy students currently enrolled). Starting in 2013, University of Alberta is offering a Post-Professional Pharm.D., a 12-14 month program to further develop essential patient-care skills and then will likely be moving to an Entry-to-practice Pharm. D. degree (projected, 2015). University of Waterloo has also received approval in January of 2013 for an entry-to-practice Pharm. D. program. University of British Columbia currently has a traditional 2-year Post-Professional Pharm.D. program, but will likely be moving to the entry-to-practice Pharm. D. degree in the upcoming years. Université de Moncton (in partnership with University of Ottawa) is hoping to offer the first French Pharm. D. program outside of Quebec starting in 2015 in an effort to retain French-speaking pharmacists in New Brunswick. University of Saskatchewan, Dalhousie University and Memorial University are in the planning stages of curriculum changes for the Pharm. D. program. It is apparent that other Canadian universities have implemented the entry-to-practice Pharm. D. program, and to maintain the pharmacy practice standard, University of Manitoba should comply.

- **What articulation, block transfer or credit transfer arrangements will you be looking at developing for this program?**

Pharmacy schools across the country are currently implementing plans to move from a BSc program to a Pharm. D program. The transition will be based on existing pharmacy curriculum, with further development in clinical pharmacy courses and experiential training in interdisciplinary and multidisciplinary health care education. Additional faculty members actively in clinical pharmacy practice are also required to develop the new program.

In the future, a part-time or distance education program may be offered to practicing pharmacists who would like to upgrade their credentials. Practicing pharmacists may be able to reduce the number of hours required to complete the program in terms of practice experience depending on their employment site and years of clinical experience.

### **Specific Program Information**

#### **1. Program Description**

- **Describe the program and its objectives:**

The role of pharmacist has changed from dispensing medications to patient-centred care with specific emphasis on optimal therapeutic outcomes and improvement of quality of life. Pharmacists are the experts in advising optimal drug use and providing patient-centred care services alongside other health care providers. The proposed Entry-to-Practice Pharm. D program will focus on specific training of the Pharmacy students with fundamental pharmaceutical sciences and clinical-oriented pharmacy practices, supplemented with unique experiential training in community, hospital, institutional and family medicine-based practice settings. Upon graduation, the students will have an extensive background and experience in modern pharmacy practice, play a vital role in interdisciplinary and multidisciplinary health care systems, and provide patient-centred care as optimal drug use experts.

Specific student learning objectives of the Entry-to-Practice Pharm. D. program:

1. To develop an individualized pharmaceutical care process including identification and assessment of both simple and complex Drug Therapy Problems and develop an approach to management of these issues



2. To obtain adequate background knowledge in pharmacology, pathophysiology and advanced pharmacotherapy for both common and complex medical conditions
3. To gain experience with patient documentation practices and development of patient monitoring plans
4. To obtain the knowledge/skills required to provide patients with individualized drug therapy including pharmacokinetic, pharmacodynamic and patient-specific factors.
5. To incorporate a foundational knowledge of critical appraisal of scientific literature and statistical analysis to support evidence-based clinical decision-making
6. To provide a foundational knowledge regarding health systems, health policy, patient safety and ethical considerations in pharmacy practice
7. To develop/promote effective communication skills through patient simulation, seminar presentations, group activities and practice experience
8. To develop basic research and presentation skills (i.e. chart audit, small bench study, paper submission, poster presentation, case presentation)
9. To develop and practice teaching/mentorship skills to through group work, peer-assessment and experiential placements
10. To gain knowledge/skills pertaining to expanded practice roles, specifically vaccines/injection administration and physical assessment
11. To gain practical practice experience in a variety of patient-care centres including community practice sites, family health teams, hospitals and non-patient care sites such as industry, research and drug information centres.

- **Provide an overview of the content to be taught in this program:**

Fundamental basic and clinical science courses pertinent to modern pharmacy practice will be taught in years one to three. These will include topics in pathophysiology, pharmacology, mechanisms of microbial disease, pharmaceutical care practice. Pharmacy Skills labs will sequentially build upon necessary pharmacy-related skills from each year. First year will focus specifically on communication skills, lifestyle modifications, anatomy/physical assessment and an overall introduction to pharmacy practice. Second year will focus on over-the counter products, patient self-care and uncomplicated ailments requiring prescription medications. Year three will focus on common and more complex medical conditions with accompanying prescription medication pharmacotherapies. In addition, the students will build their knowledge background in drug structures (medicinal chemistry), in vitro/in vivo mechanisms (pharmacokinetics, pharmacodynamics), dosage forms and preparations (pharmaceutics), and adverse effects/toxicity (toxicology). Social aspects of pharmacy practice such as ethics, jurisprudence, health policy and health systems will also be reviewed. A foundational knowledge in evidence-based medicine including scientific literature evaluation and statistics will also be addressed. Periodic contact with patients in community and hospital settings throughout the program through service learning and structured practical experiential rotations will also help students learn how to identify and resolve various drug therapy problems.

The final year (year four) of the program will provide the students with extensive, hands-on advanced pharmacy practice training in community, hospital and institutional settings so that they are well prepared for patient-centred care upon graduation. As stated above, the CCAPP accreditation standards require at least forty weeks (1600 hours) of total practice experience for a Doctorate of Pharmacy program, with year 4 containing at least 24 weeks (960 hours) of consecutive, full-time practice placement. The goal of these final patient-care rotations is to assimilate all foundational knowledge and encourage practical application to pharmacy practice.

## 2. Enrollment

- **What is the program's initial projected enrollment?** 55-60 students
- **What is the projected enrollment for the 2<sup>nd</sup> and 3<sup>rd</sup> years?** 55-60 students

- **Describe the expected student profile**

Admission requirements to the Faculty of Pharmacy will include:

- The Admissions Committee of the Faculty of Pharmacy is currently proposing a 2-year pre-requisite which will be a change from the current admissions requirement of a 1-year pre-requisite.
- The new admission criteria will likely include a total of 36 credit hours (over 2 years) in undergraduate courses including: Chemistry, Organic Chemistry, Biochemistry, Biology, Microbiology, Mathematics (Calculus), Human Physiology and Statistics.
- Applicants must have a minimum GPA of 3.5
- Perform an admissions test (written and/or interview) to assess essential skills relevant to the pharmacy program
- In addition, international and domestic students who have BSc. (Pharm.) credentials may enroll in a bridging Pharm. D program to update their degree and credentials.

### 3. **Labour Market Information**

- **What labour market need is the program expected to meet?**

The role of pharmacists in expanding patient-centred care has been significantly increased at present, with interdisciplinary and multidisciplinary healthcare opportunities and capacities. The goal is to include pharmacists as patient care providers as an additional resource to meet the increasingly complex drug-therapy needs of our aging population. Practicing pharmacists are expected to prescribe medications, provide vaccination services and supply personalized drug use services to the general public in the near future. The proposed Pharm. D program will train the students in these specific areas and prepare them for an improved patient-centred health care system together with other health care professionals.

- **Are there currently jobs in Manitoba in this field?** ☒ **YES** ☐ **NO**  
**If yes, where (geographic location and industry)?**

Pharmacists are continually needed in communities, hospitals, personal care homes, etc. to serve both the patients and the general public in Manitoba. Currently, the majority of Canadian pharmacists are employed in community pharmacies (~80%) with ~15% in hospital practice and the remaining ~5% in industry, research or administrative positions. However, with the changing role of the pharmacist as a drug expert and clinician, Manitoba is striving to incorporate pharmacists into family health teams, as well as other ambulatory clinics, similar to the Ontario primary-care model. The goal is to shift from a dispensing role to a patient-centred care role.

In the previous 2 years, 100% of pharmacy graduates have found pharmacist positions in either community or hospital practice.

- **What is the future job forecast for individuals with this education/training/credential?**

Health Canada has acknowledged that there is significant potential to improve the utilization of health care resources by expanding upon professional roles and encouraging collaborative models of care. Over the past 6 years, Health Canada has funded and supported the Canadian Interprofessional Health Collaborative (CIHC) whose main goal is to promote interprofessional collaboration in health and education.

Ontario has already embraced the model of a family health team (FHT) by bringing together several professions: physicians, nurses, nurse practitioners, pharmacists, dietitians, social workers and other allied healthcare with a mandate to improve access to care, provide patients with preventative care as well as chronic illness management through a collaborative practice.

It is envisaged that Manitoba pharmacists with a Pharm. D degree will be working collaboratively with other health care providers in interdisciplinary and multidisciplinary healthcare environments; providing the best possible patient-centred, personalized care services to both the patients and the general public.

- **How does this program fit with Manitoba's stated economic, social and other priorities?**

Access to high-quality patient care has always been one of the top priorities for federal and provincial governments. As mentioned above, the increasing health care demands of our aging patients require greater access to health care professionals. As one of the primary health care providers, pharmacists serve the general public as drug therapy experts. The Faculty of Pharmacy at the University of Manitoba is the only institution in the province where future pharmacists are trained. Pharmacists with Pharm. D degrees will receive extensive, transitional training in interdisciplinary and multidisciplinary health facilities, which will facilitate serving the public optimally with an expanded scope of practice. Our restructured Pharm. D. program will be directly contributing to these overall goals.

- **What agencies, groups, institutions will be consulted regarding development of the program?**

All current pharmacy stakeholders will be consulted for the development and implementation of the program, which include the following bodies: provincial government (Manitoba Health), professional organizations (Manitoba Pharmaceutical Association (MPhA), Winnipeg Regional Health Authority (WRHA), other hospital authorities, Association of Faculties of Pharmacy of Canada (AFPC), the accreditation body (the Canadian Council for Accreditation of Pharmacy Programs (CCAPP), National Association of Pharmacy Regulatory Authorities (NAPRA), University of Manitoba administration, professional colleagues and current/future pharmacy students.

- **Is there any other information relevant to this program?**

No.

#### 4. **Financial Information**

The proposed program will not be cost neutral. Detailed financial information will be provided upon submission of a full program proposal.

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**Submitted by:**

Dr. Neal Davies  
Name (print)

Dean  
Position

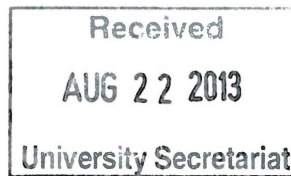
  
Signature

June 17, 2013



UNIVERSITY  
OF MANITOBA

Office of the President



202 Administration Building  
Winnipeg, MB  
Canada R3T 2N2  
Telephone: (204) 474-9345  
Fax: (204) 261-1318

Date: August 21, 2013

To: Jeff Leclerc  
University Secretary

From: David T. Barnard  
President and Vice-Chancellor

**Re: Consultation – Request for Suspension of Admissions in Two  
Human Ecology Programs**

---

I have received the attached requests regarding the suspension of admissions in two Human Ecology programs. Under the Enrolment Limitations Policy, it is the President who approves changes to, or the introduction of, enrolment limits following consultation and discussion with the dean or director and with Senate. Prior to making a decision on this request, I would like to opportunity to present this matter to Senate for consultation.

Please place this item on the next agenda for the Senate Executive Committee and Senate.





UNIVERSITY  
OF MANITOBA

Office of the  
Vice-President (Academic) & Provost

208 Administration Building  
Winnipeg, Manitoba  
Canada R3T 2N2  
Telephone (204) 480-1408  
Fax (204) 275-1160

Date: August 1, 2013

To: Dr. David Barnard, President and Vice-Chancellor

From: Dr. David Collins, Vice-Provost (Academic Planning and Programs)

Re: **Suspension of Admissions in Human Ecology Programs**

Please find attached a recommendation from Gustaaf Sevenhuysen, Dean of the Faculty of Human Ecology, to suspend admissions into the undergraduate Textile Sciences (B.Sc. (TS) Product Developments, and B.Sc. (TS) Textile Development streams, and the Human Ecology General (B. H. Ecol. General Human Ecology) programs.

As noted in the attached correspondence, this request follows a program review initiated by the dean in 2012. The decision to suspend intake into these programs, as of May 2013, was subsequently made in consultation with the Human Ecology Faculty Council, who supported the dean's decision. Attached are copies of the formal motions in this regard, approved by the Human Ecology Faculty Council in February 2013. Also attached is an enrolment overview report prepared by my office showing enrolment and graduation counts, and credit hours taught for these programs from 2008 to 2012.

In discussion with the dean, I have confirmed that students currently enrolled in these programs will not be disadvantaged by this action, and that they will be able to complete their discipline-related courses.

I apologize for the delay in forwarding this request; unfortunately, it took some time to clarify the process for addressing this request. While the process for addressing program changes is clearly documented in our *Submission of Course, Curriculum and Program Changes Policy*, the process for facilitating enrolment changes is less clear; this lack of clarity has resulted in a number of these decisions being made at the Faculty level in the past. However, in consultation with the University Secretary, the Enrolment Limitations Policy (attached) that specifies that "*it is the President who approves changes to, or the introduction of, enrolment limits following consultation and discussion with the dean or director and with Senate*" was deemed to be applicable in this case. Unfortunately, the policy provides little process guidance and would definitely benefit from review.

cc Joanne Keselman, Vice-President (Academic) and Provost  
Neil Marnoch, Registrar  
Jeff Leclerc, University Secretary





UNIVERSITY  
OF MANITOBA

Faculty of  
Human Ecology

Office of the Dean  
GP Sevenhuysen  
Dean

209 Human Ecology  
Winnipeg, Manitoba  
Canada R3T 2N2  
Phone: (204) 474-9704  
Fax: (204) 474-7592  
h\_ecology@umanitoba.ca

May 9, 2013

Dr. David Collins  
Vice-Provost (Acad Planning/Prgms)  
208 Admin Building

Re: Suspension of Admissions in Human Ecology programs

Dear Dr. Collins,

A review of programs in Human Ecology was initiated late last year in response to the request that all faculties consider the funding implications of programs they offer.

The review identified two programs that have had low enrolment for many years and the rationale for maintaining these programs was weak: the B.Sc. of Textiles Sciences and the Bachelor of Human Ecology. The review findings were discussed at the councils that are separately responsible for the two programs.

In consultation with staff from your office, motions were prepared for the suspension of admissions in both programs. The motions were recommendations to set the enrolment cap in these programs to zero students.

The motions were discussed in the respective councils. The Human Ecology Faculty Council approved both motions in February 2013. Both motions refer to suspension of admission by May 2013. Course delivery has been scheduled to allow students in both programs to complete their discipline-related courses by December 2014.

The President of the University of Manitoba has the power to set program enrolment caps. I would appreciate your help in forwarding the attached recommendations for suspension of admissions to Dr. Barnard for his consideration and decision.

I can provide additional background if needed.

Sincerely,

Gustaaf Sevenhuysen  
Dean

## Recommendation to the Office of the President regarding

### **The Textiles Sciences Undergraduate program**

#### **Background:**

The University of Manitoba offers a number of programs that have low enrolments. The Office of the President has requested that the deans of faculties that deliver these programs review the rationale and funding implications.

The reviews are part of the initiative to change the cost-structure of the University. Each program has fixed resources, for example time for course scheduling, curriculum management and review. Faculty spending allocations will be more flexible with fewer fixed costs.

One of the low enrolment programs in the faculty of Human Ecology is the department of Textile Sciences undergraduate program.

#### **Rationale:**

The Textile Sciences undergraduate program:

This program has had an enrolment of less than a total of 35 students or fewer in the last 6 years. The 3-year average enrolment trend over 15 years is negative.

Undergraduate class sizes are far below the level where tuition paid by the students would cover the cost of course delivery by a sessional instructor.

In spite of extensive efforts over the last 8 years to communicate the value of the program in meeting the HR needs of a changing Canadian textiles industry, as well as advertising and demonstrating careers to potential students, there is no indication that student demand for the program and enrolment will increase.

Delivering under-graduate courses significantly increases the workload of academic staff in the department of Textile Sciences. This situation hinders growth of the graduate program and research productivity.

#### **Recommendation:**

To recommend to the President of the University that admission of new students in Textile Sciences Undergraduate program be suspended as of May 2013.

Dean's Office, Faculty of Human Ecology  
1 Feb 2013

## Recommendation to the Office of the President regarding

### **The Human Ecology General program**

#### **Background:**

The University of Manitoba offers a number of programs that have low enrolments. The Office of the President has requested that the deans of faculties that deliver these programs review the rationale and funding implications.

The reviews are part of the initiative to change the cost-structure of the University. Each program has fixed resources, for example time for course scheduling, curriculum management and review. Faculty spending allocations will be more flexible with fewer fixed costs.

One of the low enrolment programs in the faculty of Human Ecology is the Human Ecology General program.

#### **Rationale:**

The Human Ecology General program:

This program has had an enrolment of less than a total of 25 students or fewer in each of the last 15 years. There is no indication that enrolment will increase.

Employers in Canada do not have "Human Ecologist" or "Home Economist" positions available. Manitoba Agriculture, Food and Rural initiatives has not advertised for a home economics position for 10 or more years. The graduates from this program can create an independent counseling business or seek employment in agencies looking for their skills.

Manitoba Education only recognizes the Human Ecology program as a 'teachable' if the graduate has specialized in one or more of the areas taught in Human Ecology. The degrees offered by the Human Ecology departments are accepted as 'teachables' when graduates complete a second degree in the faculty of Education.

#### **Recommendation:**

To recommend to the President of the University that admission of new students in Human Ecology General program be suspended as of May 2013.

Dean's Office, Faculty of Human Ecology  
1 Feb 2013



# Governing Documents: Academic

<b>POLICY:</b>	<b>ENROLMENT LIMITATIONS</b>
<b>Effective Date:</b>	August 1984
<b>Revised Date:</b>	May 28, 1992
<b>Review Date:</b>	
<b>Approving Body:</b>	Board of Governors
<b>Authority:</b>	
<b>Implementation:</b>	
<b>Contact:</b>	Vice-President (Academic) and Provost
<b>Applies to:</b>	All Staff

All faculties and schools with the exception of the Faculty of Arts have enrolment limitations. This means even if students meet the minimum entrance requirements to a program, there is no guarantee they will be accepted into the program of their first choice. The Board policy on enrolment limits specifies it is the President who approves changes to, or the introduction of, enrolment limits following consultation and discussion with the dean or director and with Senate. Prior to approving any changes, the President reviews the proposed changes with the Board. Changes in entrance requirements must be approved by Senate.

# General Human Ecology and Textile Science - Enrolment Overview Report

Compiled July 30, 2013  
C. Davidson

Fall Enrolment Counts* (as of Nov 1)	2008	2009	2010	2011	2012
B.H.Ecol, General Human Ecology	14	10	7	8	13
B.Sc. (TS), Product Dev.	18	15	23	20	28
B.Sc. (TS), Textile Dev.	8	8	3	3	2
B.H.Ecol, Clothing & Textiles (replaced by TS in 2005)	1	1	1	0	0
<b>Total</b>	<b>41</b>	<b>34</b>	<b>34</b>	<b>31</b>	<b>43</b>

Textile Science Minor	0	1	2	5	4
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M.Sc., Textile Sciences	2	3	7	12	9
<b>Total</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>12</b>	<b>9</b>
<b>GRAND TOTAL</b>	<b>43</b>	<b>38</b>	<b>43</b>	<b>48</b>	<b>56</b>

Graduation Counts** (by calendar year)	2008	2009	2010	2011	2012
B.H.Ecol, General Human Ecology	9	7	3	1	4
B.Sc. (TS), Product Dev.	6	7	6	9	4
B.Sc. (TS), Textile Dev.	0	0	0	0	0
B.H.Ecol, Clothing & Textiles (replaced by TS in 2005)	9	0	1	1	0
<b>Total</b>	<b>24</b>	<b>14</b>	<b>10</b>	<b>11</b>	<b>8</b>

Textile Science Minor	N.A.	N.A.	N.A.	N.A.	N.A.
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M.Sc., Textile Sciences	7	13	13	10	10
<b>Total</b>	<b>7</b>	<b>13</b>	<b>13</b>	<b>10</b>	<b>10</b>
<b>GRAND TOTAL</b>	<b>31</b>	<b>27</b>	<b>23</b>	<b>21</b>	<b>18</b>

	2008-2009			2009-2010			2010-2011			2011-2012			2012-2013		
Textile Science Credit Hours Taught	Summer	Fall	Winter	Summer	Fall	Winter	Summer	Fall	Winter	Summer	Fall	Winter	Summer	Fall	Winter
1000 Level***	0	141	0	0	102	0	0	123	102	0	111	66	0	102	69
2000 Level***	0	106	48	0	61	30	0	52	27	39	65	60	36	58	51
3000 Level***	0	48	123	0	72	96	0	63	66	33	48	54	42	60	138
4000 - 6999 Level***	0	69	33	0	45	96	0	57	87	0	24	54	0	36	42
<b>Total</b>	<b>0</b>	<b>364</b>	<b>204</b>	<b>0</b>	<b>280</b>	<b>222</b>	<b>0</b>	<b>295</b>	<b>282</b>	<b>72</b>	<b>248</b>	<b>234</b>	<b>78</b>	<b>256</b>	<b>300</b>
7000 + Level	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
UG Distance Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	N.A.	N.A.
<b>GRAND TOTAL</b>	<b>0</b>	<b>364</b>	<b>204</b>	<b>0</b>	<b>280</b>	<b>222</b>	<b>0</b>	<b>295</b>	<b>282</b>	<b>72</b>	<b>248</b>	<b>234</b>	<b>78</b>	<b>N.A.</b>	<b>N.A.</b>
<b>ANNUAL TOTAL</b>		<b>568</b>			<b>502</b>			<b>577</b>			<b>554</b>			<b>634</b>	

\*\*\* Does not include Distance Courses and credit hours taught "on load" during the summer; Fall counts taken as of Nov 1, Winter counts as of March 1st.

## **PRESIDENT'S REPORT: October 2, 2013**

### **GENERAL**

September marks the arrival to the University of Manitoba of thousands of students every year; many returning for the second and subsequent years of their studies, and many being welcomed for the first time. First-day enrolment in September 2013 has reached record-setting levels at the University of Manitoba, with total enrolment of 29,321 students resulting in an increase of 1.8 percent from last year. This includes a 1.1% increase in undergraduate enrolment and a 5.1 percent increase in graduate enrolment.

September also is the time when alumni of the University are welcomed back to campus to join in Homecoming celebrations, which this year will be held September 23-29. The theme of Homecoming this year is "I remember when" and it will include a wide variety of events including the Homecoming Dinner, at which Mr. Ovide Mercredi (LLB/77) will be recognized with the 2013 Distinguished Alumni Award, the Bison football game, Terry's Cause- a 5K fun walk, roll or run, Desautels Homecoming Concert, Visionary Conversations, faculty receptions and tours, and special reunion events.

Over the summer, a number of events have taken place at Investors Group Field, including Winnipeg Blue Bombers games and concerts by Sir Paul McCartney and Taylor Swift. The parking and transportation plan for events at the stadium is going well, due to efforts among University stakeholders to identify and respond to areas of concern. Adjustments were made to the plan following the pre-season game which allowed for better traffic flow and the University stakeholders meet after each Investors Group Field event to review any concerns. Additionally, communications to all staff and all students regarding the parking and transportation plans are sent out prior to events. The University of Manitoba Bisons men's football team have moved into the David Asper University of Manitoba Bison Football Centre at Investors Group Field and opened their season by playing in front of a record-setting crowd of over 10,000 fans.

Innovation Plaza was unveiled on August 22nd with the induction of a bust honouring Baldur R. Stefansson and his development of canola. The installation was sponsored by the Richardson Foundation. Innovation Plaza honours the most distinguished researchers, scholars and creators at the University of Manitoba. Located on the south lawn of the Buller Building at Auld Place, the heart of Innovation Plaza will be a series of commemorative busts that acknowledge and celebrate great researchers, scholars and creators who have greatly enriched society and contributed significantly to the social, cultural or economic well-being of Canada and/or the world. Persons will be recognized in a public ceremony by installation of a bust in the Innovation Plaza. More information on nomination criteria and deadlines can be found at [umanitoba.ca/innovationplaza](http://umanitoba.ca/innovationplaza).

### **ACADEMIC MATTERS**

- Michael Trevan, dean, agricultural and food sciences, was asked by the Canadian Food Inspection Agency to be a member of the expert panel for their Food Safety Regulation modernization forum in Ottawa on June 4.

- Members of the department of animal science were honoured at the Canadian Society of Animal Science (CSAS) – Canadian Meat Science Association joint annual meeting. Karin Wittenberg was the recipient of the prestigious CSAS Fellowship Award, given by the Society for outstanding contributions in any field of animal agriculture. Martin Nyachoti received the Excellence in Nutrition and Meat Sciences Award, an award given in recognition of excellence in teaching, research or extension in the fields of nutrition and meat. Gary Crow received the Lifetime Membership Award.
- Debbie Kelly, psychology, has been elected as the new president-elect for the International Comparative Cognition Society.
- Karine Levasseur, political studies, received the J.E. Hodgetts Award for the best published article in the prestigious journal *Canadian Public Administration*.
- Evelyn Forget, Community Health Sciences, was honoured with the Queen Elizabeth II Diamond Jubilee Medal, which is given to individuals who have made valuable contributions to the country, province or community.
- Gordon Robinson, biological sciences, has been appointed as a member of the Killam Selection Committee by the Canada Council for the Arts. The Committee recommends on the distribution of the Killam Prizes and the Killam Fellowships.
- Karen Sharma, political studies student, was the winner of the Silver Prize in the National Student Thought Leadership Awards at the Institute of Public Administration Canada's 2013 conference for her paper *Mea Maxima Culpa: The Political Apology as an Instrument of Public Policy in Canada*.
- Kimberly Hart, social work student, was awarded the Scientific Director's Award of Excellence 2013 by the Canadian Institutes of Health Research-Institute of Aboriginal Peoples' Health for the Master's level. The awards were given out at the 2013 National Gathering of Graduate Students at the First Nations Longhouse, University of British Columbia in June 2013.
- For the third consecutive year, an Aboriginal Business Education Partners' student has been selected as a General Electric Foundation Scholar Leader, which is a scholarship and leadership development program. This national award is open to Aboriginal students enrolled in business or engineering.
- The 4th annual Carman High School Agro Ecology Day at the Ian N. Morrison Research Farm involved 110 Grade 10 students from Carman, Elm Creek and Miami. Started in 2010, the event is a joint venture between the Prairie Rose School Division, University of Manitoba Faculty of Agricultural and Food Sciences, and MAFRI. The students participated in hands-on learning with experts in the fields of entomology, weeds, riverbanks, soil, and agricultural meteorology.
- The University of Manitoba and Assiniboine Community College are pleased to announce a new agreement that enhances mobility of students in the Province of Manitoba. Students who complete their Diploma in Agribusiness at Assiniboine Community College (ACC) with a minimum B average will receive two years of course credit towards completing a four-year Bachelor's of Science in Agribusiness at the University of Manitoba.

- In July, the Bruce D. Campbell Farm and Food Discovery Centre reached its 10,000<sup>th</sup> visitor since opening its doors nearly two years ago.
- The *New Venture Adventure Camp in Entrepreneurship* took place from July 15-19, 2013. Student entrepreneurs, aged 10-12, learned how to turn their ideas into successful business ventures. By the end of the week, the full class of 40 budding entrepreneurs presented their team business plans to a panel of judges. Awards were presented to the top three teams. The program was run by the Stu Clark Centre for Entrepreneurship at the University of Manitoba.
- The Aboriginal Business Education Partners partnered with the Stu Clark Centre for Entrepreneurship to provide complimentary registration and transportation for an Aboriginal inner-city elementary student to the *New Venture Adventure in Entrepreneurship Camp*. The selected participant was a grade six student from John M. King and his team's business concept had won first place.
- Archimedes Math Schools is a non-profit organization founded by mathematics professors in Winnipeg (Rob Craigen and Darja Kalajdziewska from the University of Manitoba and Anna Stokke and Ross Stokke from the University of Winnipeg) who recognize the need for a low-cost, after-school, math program for grades 4, 5 and 6 school children. With the exception of university-student teachers, all individuals involved with the day-to-day operation of Archimedes Math Schools are unpaid volunteers. Volunteer university math professors plan all lessons that are delivered by university math students. The goal of the Schools is to provide a structured and comfortable environment where children may expand their knowledge, improve their skills, increase their confidence and develop an appreciation for mathematics. In 2013, 110 students are enrolled in the Schools, which are funded by the Canadian Mathematical Society and the Fields Institute for Research in Mathematical Sciences.
- The Second International Indigenous Voices in Social Work Conference was held in early July in Winnipeg. This event was led by Michael Hart, Canada Research Chair in Indigenous Knowledges and Social Work and attracted 345 scholars, activists and students from 13 countries.
- The University of Manitoba's Humanoid robots won the King's class all-around event of the 2013 FIRA HuroCup in Kuala Lumpur, Malaysia, an international competition. FIRA is the oldest robotics competition in the world. In the HuroCup competition, the humanoid robotics compete in an octathlon which includes a spirit, marathon, lift-and-carry, obstacle run, weightlifting, basketball free throws, soccer and a climbing wall. It challenges the robotics team in a broad range of skills, such as humanoid motion, complex motion planning and human-robot interaction. The University of Manitoba SnoBots, named Jimmy and Jeff, placed first in wall climbing and weightlifting, were second in United soccer (joining other competitors to form a team, fourth in the sprint and fifth in soccer penalty kicks. The students travelling to Kuala Lumpur with the SnoBots were Chris Iverach-Brereton and Josh Jung. "Doing well in one event is usually a tough goal when you have only two students going and many teams have a dozen, and the competition is the best in the world" said Dr. John Anderson, the U of M's head of computer science, in the press release. "But doing well enough across the board to win the entire event is an enormous achievement; we're overjoyed both with the performance and what it demonstrates about our core research." Faculty who oversaw the robots' development and testing are the directors of the U of M's Autonomous Agents Lab, Anderson and Jacky Baltes, who also travelled to Kuala Lumpur. Members of the robotics team that helped create the computer code for the SnoBots' operation include Diana Carrier, Tiago Martins Araujo, Geoff Nagy, Meng Cheng Lau and Andrew Winton.

## RESEARCH MATTERS

- The Social Sciences and Humanities Research Council (SSHRC) announced \$2.7 million in funding for two partnership projects, one team led by Peter Kulchyski (Native studies \$2.5 million) and one team led by Karen Busby (law \$200,000). Kulchyski's project involves a 'grounds up' engagement, linking scholars, artists and human rights activists interested in questions of culture, human rights and politics through the lens of performance studies. Busby's team of researchers will look at "the right to clean water in First Nations: the most precious gift." Both projects involve numerous partners at other institutions and organizations locally and nationally.

In addition to the two partnership projects, SSHRC also announced \$1,085,000 in project funding to 35 graduate students through CGS masters and doctoral scholarships.

- On June 5 the Government of Canada announced \$2.0 million in funding from the Canada Foundation for Innovation Leaders Opportunity Fund to eleven professors: Christopher Anderson (pharmacology and therapeutics/St-Boniface Hospital Research \$396,472), Harold Aukema and Rotimi Aluko (human nutritional sciences \$387,258), Mark Belmonte (biological sciences \$157,341), Vernon Dolinsky (pharmacology and therapeutics/Manitoba Institute of Child Health \$160,000), Cheryl Glazebrook (kinesiology and recreation management \$87,936), Emmanuel Ho (pharmacy \$129,741), Michelle Lobchuk (nursing/St-Boniface Hospital Research \$188,784), C.J. Mundy and Jens Ehn (environment and geography/Centre for Earth Observation Science \$319,992) and Joerg Stetefeld (chemistry, microbiology, and biochemistry and medical genetics \$180,955).
- The Canadian Institutes of Health Research (CIHR) announced \$2.5 million in funding on June 26 to Alan Katz (community health sciences, family medicine/Manitoba Centre for Health Policy) through the Community-Based Health Care in Canada program. Katz's project entitled "Innovation in Community Based Primary Healthcare Supporting Transformation in the Health of First Nations and Rural/Remote Manitoba Communities: iPHIT" will be done in partnership with the Assembly of Manitoba Chiefs. The study will use the existing community based methods of providing care, based on who funds the services, to determine which models work best.
- The Heart and Stroke Foundation of Canada (HSFC) made a \$300 million, multi-year commitment to 19 leading research institutions in Canada, of which the University of Manitoba is one. As part of the newly formed Heart and Stroke Foundation Research Leadership Circle, the researchers at the University of Manitoba will have access to these funds through merit-based, peer review processes which govern all funding by the HSFC.
- CIHR awarded \$1.37 million in July to a team led by James Davie, Canada Research Chair in Chromatin Dynamics (biochemistry & medical genetics/Manitoba Institute of Child Health) examining the complex genetic and other factors that contribute to the development of Fetal Alcohol Spectrum Disorders (FASD). The project is an expansion of an existing international team of researchers and clinicians with a focus on improving the diagnosis, care and prevention of FASD. The overarching aim of the project is to discover an "FASD Epi-Code."

- Annemieke Farenhorst (soil science) is leading a \$2.976 million project titled H2O CREATE, with assistance from the university's Centre for Human Rights Research and in collaboration with Trent University, University College of the North, the Assembly of First Nations and industry partners. The Natural Sciences and Engineering Research Council of Canada (NSERC) awarded \$1.65 million to the research team in August. The H2O Program for Water and Sanitation Security is one of 15 projects funded across Canada designed to help young researchers learn specialized skills while addressing some of the country's biggest challenges. H2O program students, including many who are Indigenous, will assist First Nations, water treatment system manufacturers and engineering firms at a crucial time when residents of 113 First Nations across Canada are unable to drink their tap water. The project has additional support To learn more about the project visit <http://www.create-h2o.ca/>
- A U of M team led by Sabine Mai (cell biology/physiology/Manitoba Institute of Cell Biology, CancerCare Manitoba) was named a finalist of the Cognition Challenge in July. This competition is a crowd-sourcing inspired challenge that invited researchers to submit their solutions to address problems of learning and memory related to Alzheimer's disease and cognitive disorders. The team was awarded \$50,000 for their project titled "3D Nuclear Telomere Imaging in Alzheimer's Disease."
- The World Education Congress 2013 awarded Distinguished Professor Digvir Jayas, Vice-President (Research and International) with the "Education Leadership Award" at their meeting in June. The award was given in recognition of his leadership and contribution to the field of education. The Chairman of the Awards & Academic Committee indicated that "As a thinker and doer you are a role model and a believer in change." The aim of the Award is to recognize the best of the best, organized for a professional cause.
- Two U of M professors were named to the Order of Canada this summer: Patricia Martens (community health sciences/Manitoba Centre for Health Policy) and Distinguished Professor Emeritus Vaclav Smil (environment and geography). Martens was recognized for her work on population health with particular interests in the health status, inequities, healthcare use patterns of rural and northern residents, mental health, child health, breastfeeding issues, and the health of Aboriginal peoples. Smil was recognized for his contributions as an author, educator and lecturer on the impact of human energy use on the Earth's ecosystem.
- The Royal Society of Canada announced the election of three esteemed U of M professors as new Fellows on September 6: Patricia Martens (community health sciences/Manitoba Centre for Health Policy), Professor Emeritus Aftab Mufti (civil engineering/ISIS Canada Research Network) and Grant Pierce (physiology and pharmacy professor; executive director of research, St-Boniface Hospital Research). This brings the total number of RSC Fellows at the University of Manitoba to 45.
- The Richardson Centre for Functional Foods and Nutraceuticals hosted a two-day national conference/workshop on probiotics and prebiotics in June with the objective of creating a forum to facilitate sharing of ideas and networking opportunities between the academic, industrial and government communities.

- Sixteen researchers received a total of \$419,293 from the Natural Sciences and Engineering Research Council of Canada (NSERC). Those projects over \$25,000 are as follows:

Researcher	Sponsor	Project Title	Funding
Hossain, Ekram (Electrical and Computer Engineering)	NSERC Engage Grants	Development of secure and energy efficient medium access control mechanism for wireless sensor networks in residential buildings	\$ 25,000
Alfaro, Marolo (Civil Engineering)	NSERC Engage Grants	Assessing the performance of rail embankment along the Hudson Bay railway	\$ 25,000
Levin, David (Biosystems Engineering)	NSERC Engage Grants	Use of reversible hydrogen storage materials for unmanned air vehicles	\$ 25,000
Nyachoti, Charles (Animal Science)	NSERC Engage Grants	Controlling enter toxigenic Escherichia coli-induced diarrhea in piglets using egg yolk antibodies	\$ 25,000
Jones, Peter (Food Science/Richardson Centre for Functional Foods & Nutraceuticals)	NSERC Engage Grants	Identification and quantization of biologically active flavonoids in Red Osier Dogwood bark and development of a standardized preparation for its sale as a nutraceutical	\$ 25,000
Thiyam-Hollander, Usha (Human Nutritional Sciences)	NSERC Engage Grants	Recovery of endogenous phenolics from post-expelled canola oil refining byproducts to fortify and improve stability of expeller pressed and other canola oils	\$ 25,000



Kim, Woo Kyun	NSERC Engage Grants	Effects of prebiotics supplementation as an alternative to antibiotics on growth performance, immune response, intestinal gene expression and gut health in broiler chicks	\$ 25,000
Hossain, Abu (Ekram) (Electrical & Computer Engineering)	NSERC Engage Grants	High-rate and reliable wireless transceiver for remote equipment control using advanced antenna technologies	\$ 25,000
Yahampath, Pradeepa (Electrical & Computer Engineering)	NSERC Engage Grants	Simulation of data networks in PSCAD/EMTDC	\$ 25,000

- Forty-three health researchers received a total of \$11,286,270 in funding from various sponsors. Those projects over \$25,000 are as follows:

Researcher	Sponsor	Project Title	Funding
Bernstein, Charles (Internal Medicine)	Health Sciences Centre	Understanding the biological, clinical & psychosocial determinants of health outcomes in IBD	\$300,000
Cattini, Peter (Physiology)	CIHR	Investigation of the human growth hormone synthesis during development of obesity in a novel "Humanized" transgenic mouse model	\$105,000
Cattini, Peter (Physiology)	Manitoba Health Research Council	Control of alternative splicing in cell function and genetic diseases	\$90,000
Chelikani, V.G.B. Prashen (Oral Biology)	Manitoba Health Research Council	Structural insights into the activation mechanisms of prostanoid receptors	\$25,000
Chipperfield, Judith (Psychology)	CIHR	Psychosocial predictors of health and survival in late life	\$69,918

Chipperfield, Judith (Psychology)	Manitoba Health Research Council	Psychosocial predictors of health and survival in late life	\$69,918
Dakshinamurti, Shyamala (Pediatrics and Child Health)	Heart and Stroke Foundation of Canada	Effect of neonatal hypoxia on pulmonary artery and right ventricle adenylyl cyclase	\$273,686
Davie, James (Biochemistry and Medical Genetics)	CIHR	Discovering the epigenetic signatures associated with fetal alcohol spectrum disorder	\$1,372,800
Dolinsky, Vernon (Pharmacology and Therapeutics)	Manitoba Health Research Council	Diabetes during pregnancy and the fetal origins of diabetes and heart disease in the offspring	\$100,000
Duhamel, Todd (Faculty of Kinesiology and Recreation Management)	Heart & Stroke Foundation of Manitoba	ENCOURAGEing workplace and employee wellness programs to help more Manitobans to become physically active	\$80,000
El-Gabalawy, Hani (Internal Medicine)	CIHR	Scientific director supplement grant	\$750,000
Fernyhough, Paul (Pharmacology and Therapeutics)	CIHR	Dysregulation of neuronal mitochondrial function in diabetic sensory neuropathy	\$943,639
Fowke, Keith (Medical Microbiology)	CIHR	Longitudinal analysis of immune quiescence and impact of commercial sex work in HIV exposed seronegative (HESN) sex workers from Nairobi, Kenya	\$135,000
Gibson, Spencer (Biochemistry and Medical Genetics)	Canadian Cancer Society Research Institute	Lysosome mediated cell death in chronic lymphocytic leukemia	\$200,000
Hack, Thomas (Dean's Office - Faculty of Nursing)	CIHR	Impact of treatment consultation recordings on oncology patient outcomes: A prospective, parallel randomized controlled trial	\$178,591

Halayko, Andrew (Physiology)	Children's Hospital Foundation of Manitoba Inc.	Genetic ablation of S100A9 protein in a chronic allergic asthma model: Impact on airway inflammation, airway hyper responsiveness and airway remodeling	\$36,750
Hayglass, Kent (Immunology)	CIHR	MD/PhD Program Grant (Starting in 2011-12)	\$132,000
Hayglass, Kent (Immunology)	CIHR	MD/PhD program grant (Starting in 2012-13)	\$132,000
Ho, Emmanuel (Faculty of Pharmacy)	Manitoba Health Research Council	To design, develop, and characterize a stable intravaginal film formulation for the targeted delivery of siRNA-encapsulated nanoparticles to immune cells	\$73,500
Katz, Alan (Family Medicine)	CIHR	Innovation in community based primary healthcare supporting transformation in the health of first nations and rural/remote Manitoba communities: iPHIT	\$2,498,679
Klassen, Terry (George and Fay Yee Centre for Healthcare Innovation)	CIHR	Manitoba SUPPORT Unit Start-Up Fund	\$250,000
Kobinger, Gary (Medical Microbiology)	University of Texas Medical Branch	Evaluation of protective immunity after mucosal vaccination	\$104,760
Lix, Lisa (Community Health Sciences)	CIHR	The analysis of patient-reported outcome measures: Statistical methods for response shift (PROM-RS)	\$64,398
Marrie, Ruth (Internal Medicine)	Queen's University	A longitudinal, multi-method investigation of transitions into nursing homes among people with MS	\$130,824

McGavock, Jonathan (Pediatrics and Child Health)	CIHR	Muscle strength and myokines: New risk factor to be consider among overweight youth	\$135,000
McGavock, Jonathan (Pediatrics and Child Health)	CIHR	Aboriginal youth mentorship program for increasing physical activity in youth in northern aboriginal communities	\$164,038
McGavock, Jonathan (Pediatrics and Child Health)	Heart and Stroke Foundation of Canada	Developmental origins of diabetic cardiomyopathy	\$227,680
McGavock, Jonathan (Pediatrics and Child Health)	Manitoba Health Research Council	Aboriginal youth mentorship program for increasing physical activity in youth in northern aboriginal communities	\$164,038
McKenna, Sean (Chemistry)	Manitoba Health Research Council	Structure and function of the RNA helicase DHX36 (RHAU)	\$36,750
Meza Vargas, Sonia (Internal Medicine)	University Medical Group	Effect of increasing respiratory drive on severity of obstructive apnea	\$50,000
Miller, Donald (Pharmacology and Therapeutics)	CIHR	Development of magnetic nanoparticles to break through the blood-brain barrier	\$440,666
Mishra, Suresh (Internal Medicine)	Manitoba Health Research Council	Structural study of recombinant human prohibitin	\$73,500
Moghadasian, Mohammed (Human Nutritional Sciences)	Manitoba Health Research Council	Mechanisms of cholesterol lowering and antiatherogenic properties of Manitoba wild rice ( <i>Zizania palustris</i> L.) in experimental animals	\$36,750
Moola, Fiona (Kinesiology and Recreation Management)	Manitoba Health Research Council	CF Chatters - The feasibility of a parent mediated behavioural counseling program for children and youth with cystic fibrosis	\$98,556

Mowat, Michael (Biochemistry and Medical Genetics)	CancerCare Manitoba	Role of the DLC-1 tumor suppressor gene in regulating normal mammary gland development and transformation	\$36,750
Parkinson, Fiona (Pharmacology and Therapeutics)	Manitoba Health Research Council	Novel mechanisms of neurodegeneration	\$90,000
Peng, Zhikang (Pediatrics and Child Health)	Manitoba Health Research Council	Myeloid derived suppressor cells in the amelioration of inflammatory bowel disease	\$40,000
Pierce, Grant (Physiology)	CIHR	Regulation of nuclear protein import in cardiovascular disease states	\$100,000
Pierce, Grant (Physiology)	Manitoba Health Research Council	Regulation of nuclear protein import in cardiovascular disease states	\$100,000
Raouf, Afshin (Immunology)	CancerCare Manitoba	Igfbp7, a tumor suppressor gene, regulates normal mammary gland development by modulating luminal progenitor cells differentiation	\$36,750
Raouf, Afshin (Immunology)	Manitoba Health Research Council	Igfbp7, a tumor suppressor gene, regulates normal mammary gland development by modulating luminal progenitor cells differentiation	\$36,750
Roberts, Daniel (Internal Medicine)	Kidney Foundation of Canada	Outcomes in chronic kidney disease	\$210,000

Roberts, Daniel (Internal Medicine)	Manitoba Medical Service Foundation	Drivers and consequences of immune activation-suboptimal immune response among HIV infected - Applying lessons from disease susceptibility to treatment outcomes	\$150,000
Russell, Kelly (Pediatrics and Child Health)	Children's Hospital Foundation of Manitoba Inc.	Risk factors for injuries sustained in a skateboard park among youth	\$39,752
Scott, James (Oral Biology)	Manitoba Medical Service Foundation	Molecular insights into the activation mechanisms of prostanoid receptors	\$150,000
Snider, Carolyn (Emergency Medicine)	Children's Hospital Foundation of Manitoba Inc.	WrapAround care for youth injured by violence	\$40,000
Taback, Shayne (Pediatrics and Child Health)	Canadian Diabetes Association	Can resveratrol improve insulin sensitivity and preserve beta cell function following gestational diabetes?	\$275,000
Uhanova, Julia (Internal Medicine)	CIHR	Identifying demographic, epidemiologic, clinical outcome and health care utilization trends in Canadians with chronic hepatitis C viral infections over the past two decades	\$59,555
Uhanova, Julia (Internal Medicine)	Manitoba Health Research Council	Identifying demographic, epidemiologic, clinical outcome and health care utilization trends in Canadians with chronic hepatitis C viral infections over the past two decades	\$59,555

Vosoughi, Reza (Internal Medicine)	Manitoba Health Research Council	Phase I/II interventional clinical trial for CCSVI in MS patients: MS clinical trials administrative fund	\$76,710
Walker, John (Clinical Health Psychology)	Canadian Association of Gastroenterology	Factors associated with mucosal recovery in celiac disease	\$50,600
Werbowski-Ogilvie, Tamra (Biochemistry and Medical Genetics)	Children's Hospital Foundation of Manitoba Inc.	The role of CD271/p75NTR in medulloblastoma tumorigenesis <i>in vivo</i>	\$39,752
Werbowski-Ogilvie, Tamra (Biochemistry and Medical Genetics)	Manitoba Health Research Council	Investigating the role of Lin28A during early human neurodevelopment and pediatric brain tumorigenesis	\$81,655
Woodgate, Roberta (Nursing)	CIHR	Decision-making across the adult lifespan in the context of breast cancer	\$70,000

## ADMINISTRATIVE MATTERS

- The final phase of the Visionary (re)Generation International Urban Design Competition will be held in Winnipeg on September 20<sup>th</sup>. Subsequent to the meeting, all six finalists will be announced but the winner will not be announced until November.
- The Bannatyne Campus Master Plan is being finalized to take into consideration engagement process feedback, student housing study and campus space planning analysis. The final draft will be completed in the late fall 2013.
- The University's contract with Aramark for the provision of food services expires on March 31, 2014. Information and priorities were collected from the Campus-Wide Food Service Committee, with representation from students, resident students, faculties and administrative units from both the Fort Garry and Bannatyne campuses. Using the best value method of procurement, the RFP for Food Services Management and Operation was issued on August 26, 2013. The deadline for submissions is October 17, 2013.
- University Parkade Bike Station began operating on September 9<sup>th</sup>. Located on the ground level of the Fort Garry campus University Parkade, the station offers secure, covered parking for more than 100 bikes as well as a self-serve air pump and repair stand. Students and staff can have their identification cards programmed for swipe card access to the station. A \$10 annual fee paid by subscribers supports the administration of the station, being managed by Parking Services. Together with active

transportation enhancements on campus and on Southwood lands, the station contributes to sustainable transportation options available to the University community.

- Physical Plant Department will receive Provincial Acknowledgement for their 2013 North American Occupational Safety and Health (NAOSH) week submission at the NAOSH 2013 Awards Ceremony, to be held on September 30, 2013. A Certificate of Participation will be presented to recognize efforts and celebrate the commitment and contributions to safety and health of University workers.
- Physical Plant has been preparing for taking over the management of Caretaking Services effective August 31, 2013. Dianne Lesko is the new Manager of Caretaking Services and five additional Caretaking Supervisors have been hired.
- UMFA collective bargaining sessions have been held regularly over the summer months, and all proposals have been discussed.
- The University has worked with AUCC to develop a series of “application documents” related to Copyright, which will help guide institutions on how to apply fair dealing. These have now been issued in final form and are in the process of being adopted by most AUCC member institutions. They reflect a significant expansion of users’ rights. In the meantime, the University has expressed its intention to help support York University, as it was recently sued for copyright (tariff) infringement by Access Copyright. This claim represents a direct challenge to the interpretation of fair dealing and the guidelines adopted by our school and other AUCC members.

## **EXTERNAL MATTERS**

- The Marketing Communications Office played an integral role in promotion of the Bison football team’s inaugural game held in the Investors Group Field on Friday, August 30th. The game was promoted to our internal and external community which resulted in record-setting ticket sales and a huge turnout of fans and supporters – over 10,000 people attended the game.
- During orientation week, MCO coordinated onsite live morning broadcasts of Winnipeg’s two most listened-to radio stations, CBC Morning with Marcy Markusa and CJOB News featuring Richard Cloutier. They were broadcasting from University Centre and conducted interviews with President David Barnard, and with several students including UMSU President, Al Turnbull.
- As of August 29, 2013 the university has raised \$5,145,849.55 in this fiscal year.
- Significant gifts and activities include:
  - RTDS Technologies donated lab equipment to the Faculty of Engineering valued at \$410,600.
  - The Manitoba Metis Federation has made a pledge of \$200,000 to the Louis Riel Bursaries at the University of Manitoba.
  - The Johnston Group Inc. has pledged \$175,000 towards the Active Living Centre.
  - A gift of \$145,535.83 was received from the estate of Ms. Anda Toporek towards the Edward R. Toporek Graduate Fellowship in Engineering. To date the University has received \$1,458,614.83 from Ms. Toporeck’s estate.



- The UJA Federation of Greater Toronto has made a donation of \$120,000 to the Schulich Leader Scholarships.
  - John D. Pearson and family have pledged \$100,000 to establish a bursary and a scholarship in the Faculty of Engineering named in honour of their father, John H. A. Pearson [B.Sc. (E.E.) \47]. The Faculty of Engineering has also received a matching pledge of \$100,000 from Hatch Ltd. for these two awards.
- On August 28, the David Asper University of Manitoba Bison Football Centre was officially opened at Investors Group Field. Located within the new stadium, the centre includes a dressing room, lockers, equipment room and weight room for the Bisons football team. The facility is named after David Asper to recognize his contributions to sport in Manitoba and to his commitment to University of Manitoba athletes. President David Barnard, David Asper, Premier Greg Selinger and Mayor Sam Katz spoke at the event.
- David Barnard, President and Vice-Chancellor; Dr. Digvir Jayas, Vice-President Research and International; and Tyler MacAfee, Director, Government and Community Engagement, met with David Migadel, Executive Director (Prairie and Northern Region) Industry Canada on July 9, 2013. Items discussed included the impact to U of M from decisions made in Budget 2013 and the University of Manitoba's new approach to technology and commercialization. Mr. Migadel also toured the new Nellie Cournoyea Arctic Research Facility.
- On July 16, 2013, President Barnard, Dr. Jayas and Mr. MacAfee attended a lunch for Chinese Ambassador to Canada, Zhang Junsai, hosted by Lieutenant-Governor His Honour Philip Lee.
- On July 18, 2013, President Barnard and Mr. MacAfee met with Mr. Brian Pallister, Leader of the Official Opposition in Manitoba at the Legislative Building. The discussion covered a number of topics including connecting the investment in PSE to the needs of the economy and the retention of graduates.
- On July 29, 2013 President Barnard and Mr. MacAfee met with the Honourable Theresa Oswald, Minister of Health and new Deputy Minister Karen Herd to provide an update on academic structuring and other issues.
- On August 15, 2013, External Relations organized a construction update on the Active Living Centre at the request of the federal government. In attendance were Rod Bruinooge, MP for Winnipeg South and Dave Gaudreau, MLA for St. Norbert. Acting Dean of Faculty of Kinesiology and Recreation Management, M Michelle Porter represented the University and Dr. Gordon Giesbrecht acted as emcee. The event was held on the rooftop of the Frank Kennedy Centre, overlooking the construction site of the Active Living Centre.
- On August 21, 2013, Mr. Bal Gosal, Federal Minister for Amateur Sport, toured Investors Group Field and later met with John Kearsey, Vice-President External, to discuss the important role the University plays in amateur sport in Manitoba. The 2017 Canada Summer Games were also discussed.
- The Alumni Association Inc. Annual General Meeting was held June 17 at Marshall McLuhan Hall. Michelle Richard, Director of Campus Planning, presented at the meeting on Campus Master Planning at Fort Garry and Bannatyne Campus.

- The following are the 2013-14 Alumni Association Inc. of the University of Manitoba Board of Directors:

President, Heather Reichert, BComm (Hons)/83, CA/86, Past President Ryan Buchanan, BSc/03,MSc/06 , Vice-President Ian Chambers, BN/93, Vice-President and Treasurer Kimberley Metcalfe, BComm (Hons)/97, CA/00, Vice-President Shona Connelly, BA/81, MA/85, Member at Large Jeffrey Lieberman, BA/80, BComm (Hons)/83, Secretary, Ex-Officio, Mark Robertson

Board Members: Sajjad Hashmi, BA/97, BSc/06, MD/03, Kenneth Letander, BSW/12, Joe Masi, BA/80, ExtEd/89, Dawn Nedohin-Macek, B.Sc.(CompE)/02, Coleen Rajotte, BA(Adv)/89, Peri Venkatesh, MN/91

Elected to the Board of Governors: Romel Dhalla, BA/99, BComm (Hons)/04, Gwen Hatch, LLB/81, Rennie Zegalski, BComm (Hons)/95

University Representatives: John Kearsey, Vice-President (External), representing the University President, Tony Iacopino, representing the Provost's Council, Allan Turnbull, President, University of Manitoba Students' Union, Monika Wetzel, BHEcol/12, President, Manitoba Graduate's Student Association

September 18, 2013

## **Report of the Senate Executive Committee**

### **Preamble**

The Executive Committee of Senate held its regular monthly meeting on the above date.

### **Observations**

#### **1. Speaker for the Executive Committee of Senate**

Professor Arlene Young will be the Speaker for the Executive Committee for the October meeting of Senate.

#### **2. Comments of the Executive Committee of Senate**

Other comments of the Executive Committee accompany the report on which they are made.

Respectfully submitted,

Dr. David Barnard, Chair  
Senate Executive Committee  
Terms of Reference:

[http://umanitoba.ca/admin/governance/governing\\_documents/governance/sen\\_committees/477.htm](http://umanitoba.ca/admin/governance/governing_documents/governance/sen_committees/477.htm)

## **Report of the Senate Planning and Priorities Committee RE: a Proposal to Establish a Faculty of Health Sciences**

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### **Preamble:**

1. The terms of reference of the Senate Planning and Priorities Committee (SPPC) are found at [http://umanitoba.ca/admin/governance/governing\\_documents/governance/sen\\_committees/510.html](http://umanitoba.ca/admin/governance/governing_documents/governance/sen_committees/510.html) wherein SPPC is charged with making recommendations to Senate regarding any such studies, proposals or reports that it may initiate within itself, have referred to it by Senate, other Councils, Committees or Bodies, formal or otherwise.
2. At its meetings on May, 27, July 23 and August 26, 2013, the SPPC considered a proposal from the Deans of the Faculties of Dentistry, Medicine, Nursing and Pharmacy, the Directors of the Schools of Dental Hygiene and Medical Rehabilitation and the Vice-President (Academic) and Provost to establish a Faculty of Health Sciences at the University of Manitoba. The SPPC met with the proponents of the proposal on May 27 and July 23.

### **Observations:**

1. The proposal to establish a Faculty of Health Sciences was developed in response to the President's initiative, launched in January of 2012 to improve the academic structure of Faculties and Schools at the University of Manitoba. The Deans and Directors of the Faculties of Dentistry, Medicine, Nursing, Pharmacy and the Schools of Dental Hygiene and Medical Rehabilitation, along with the Provost, developed the proposal.
2. Under the proposal, a Faculty of Health Sciences would be created at the University bringing together the current faculties of Dentistry, Medicine, Nursing, Pharmacy and the Schools of Dental Hygiene and Medical Rehabilitation under a single Faculty. Under the proposed structure, the Faculty would comprise five professional Colleges - the College of Dentistry, the College of Medicine, the College of Nursing, the College of Pharmacy and the College of Medical Rehabilitation. The School of Dental Hygiene would continue to be a school within the College of Dentistry.
3. Each College would be responsible for the delivery of the professional programs offered within the College, as well as relations with professional groups and accrediting bodies. The Faculty would develop a broad vision for Health Sciences education and research, undertake overall planning, allocate resources to the Colleges, and provide support platforms to make better and more effective use of the resources available to the Faculty.
4. The proponents of this proposal identify the shift of delivery of health care in Canada to a team-based inter-professional model as one of the prime drivers of this proposal. Ensuring a more integrated structure that provides opportunities for students in the various health sciences programs to learn together as teams would, it is argued, better prepare these future health care professionals for the realities of practice.
5. Clinical and experiential learning also form a significant portion of the education for students in health sciences programs. The coordination and support of these experiences is complex and costly. Combined with a move to providing more distributed education, i.e., experiential learning in sites throughout the province, the opportunity to

- bring these complementary disciplines together would provide for better experiences for students, faculty, staff and the public at large.
6. The proposal also envisions enhanced research opportunities for members of the Faculty, as a platform of pan-faculty research support and services would be created to provide support, bring researchers together, and help develop the inter-and multi-disciplinary research teams that would be able to more successfully garner research funding and support.
  7. The proposal recommends that the Dean of the College of Medicine be the founding Dean of the Faculty of Health Sciences. This would alleviate the cost of an additional administrator. A Dean's Council, comprising all of the College Deans would provide a forum for discussing and advancing key strategic policies, initiatives and directions for the Faculty. It is contemplated that subsequent Deans of the Faculty could come from any of the areas of the Faculty. The Dean of Medicine assured the SPPC, that the existing resources available to the Faculty of Medicine would be able to provide the necessary administrative support to the Dean of the Faculty of Health Sciences.
  8. The Faculty would be governed by a Faculty Council that would operate under a bylaw approved by Senate. The Faculty Council would create College Councils for each College that would have delegated powers and responsibilities specific to its work, mission and professional programs. SPPC observed to the proponents the importance of ensuring that this structure provides sufficient authority to the College Councils to ensure collegial decision-making processes continue. The SPPC noted that there are issues concerning the administrative and governance structures of the proposed Faculty that would need to be considered and developed further by the academic units involved.
  9. With respect to the support platforms identified in observation 3, the proposal identifies that faculty-wide platforms would be created to harness the resources available, provide integrated planning, and enhance support. Areas identified for such platforms include research, graduate studies, faculty development, accreditation, student services and space planning. In addition, it is expected that administrative functions would be integrated and coordinated at the faculty level in such areas as finance, human resources and external relations. The proponents provided SPPC, by way of several examples, with general information about what such platforms would do and, while it would appear that they would be manageable, much of the detailed work into how the platforms would work and what resources they would consume, is yet to be done. It was acknowledged that this lack of specific detail would be addressed through an implementation phase with engagement with faculty, students and staff.
  10. One of SPPC's broad mandates is to consider the resource implications of proposals. Development of the initial proposal was driven primarily by academic and administrative opportunities that would arise with a more integrated structure rather than by a preoccupation with resource implications. The proponents provided some comments on resources in the initial proposal reflecting the assumption that there would be sufficient resources on the basis of the combined budgets of the faculties involved. The current proposal includes further information added by the proponents in response to a request from SPPC.
  11. The combined operating budget of the Faculty of Health Sciences, as at March 31, 2013 was \$109.7 million. The total research resources available were \$73.3 million. The proposal states that the current level of funding available to the units involved would be sufficient to support the initial creation of the Faculty. There is not, and realistically, cannot be certainty as to the future resource needs of the Faculty of Health Sciences, and such needs would have to be considered in the course of the resource allocation process along with the needs of the rest of the University.

12. The proposal identifies one-time implementation costs of \$200,000 per year for 18 months (\$300,000 in total). These costs would be provided from central university funds and would be used to support temporary staffing needs to units which would provide support in facilitating the implementation phase for the Faculty, including the Office of Continuous Improvement, the Office of the University Secretary, Human Resources, and the Marketing and Communications Office.
13. The SPPC also discussed the space needs for the creation of the new Faculty, and it was acknowledged that no new space is needed for the creation of the new Faculty, although the re-allocation and redevelopment of space may occur over time. Such development would consider the work of the Bannatyne Campus Plan project, which is currently underway and contemplates the development of inter-professional, multi-use space. With respect to the relocation of the Faculty of Nursing to the Bannatyne Campus, it is clear that such a move would require a considerable investment of resources for a new building. The proponents have indicated, however, that while the relocation of Nursing would provide additional benefits to the new Faculty structure, it is not immediately required to ensure the success of the proposal.
14. The SPPC recognizes and supports the strong academic arguments underpinning this proposal, and sees the opportunities that the creation of Faculty of Health Sciences could provide for the teaching, research and services missions of the programs in Dentistry, Medicine, Nursing, Pharmacy, Medical Rehabilitation and Dental Hygiene. The committee is of the view that, on the basis of the proposal, there are sufficient resources to undertake this transition.

**Recommendation:**

On the basis of its review of the academic merit and resource requirements of the proposal, the Senate Planning and Priorities Committee recommends:

**THAT Senate approve in principle and recommend to the Board of Governors that it approve the establishment of a Faculty of Health Sciences [as outlined in the proposal dated April, 2013 and as revised in August, 2013].**

Respectfully submitted,

Ada Ducas, Chair  
Senate Planning and Priorities Committee

/jml

Comments of the Senate Executive Committee:  
The Senate Executive Committee endorses the report to Senate.

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

April, 2013  
Updated: August, 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 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 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.

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

Faculty/School	Nov 1, 2012 Students <sup>1</sup>					2012 Degrees Granted <sup>2</sup>			2012-2013 FTE <sup>3</sup>		
	UG	Masters <sup>4</sup>	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
<b>Medicine Total</b>	<b>654</b>	<b>378</b>	<b>127</b>	<b>605</b>	<b>1764</b>	<b>118</b>	<b>120</b>	<b>238</b>	<b>719.7</b>	<b>217.5</b>	<b>937.1</b>
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
<b>Dentistry Total</b>	<b>208</b>	<b>31</b>	<b>3</b>	<b>--</b>	<b>242</b>	<b>51</b>	<b>7</b>	<b>58</b>	<b>57.8</b>	<b>75.4</b>	<b>133.2</b>
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
<b>TOTAL</b>	<b>2042</b>	<b>496</b>	<b>146</b>	<b>605</b>	<b>3289</b>	<b>512</b>	<b>152</b>	<b>664</b>	<b>899.0</b>	<b>317.2</b>	<b>1216.2</b>
<b>TOTAL excluding GFTs</b>									<b>370.7</b>	<b>317.2</b>	<b>687.9</b>

<sup>1</sup> OIA: Student Enrolment Report as at November 1, 2012.  
<sup>2</sup> OIA: Undergraduate and Graduate Degrees Awarded  
<sup>3</sup> OIA: FTE Staff by Faculty/Administrative Unit and Employee Type, Includes Staff Paid from Operating Funds, Fiscal Year 2012-2013  
<sup>4</sup> 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**

<b>Faculty Council</b>	<b>College Council</b>
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.

<b>Faculty Council</b>	<b>College Council</b>
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*<sup>10</sup> of the proposed new faculty will not call upon any more of the University’s

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<sup>10</sup> 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.

<b>Table 2. Resource Information<sup>1</sup></b>				
<b>Faculty</b>	<b>Operating Expenditures<sup>2</sup></b>	<b>Research Resources<sup>3</sup></b>	<b>Trust and Endowment Funds<sup>4</sup></b>	<b>Total</b>
Dentistry <sup>5</sup>	19,338,929	1,084,732	4,481,488	24,905,149
Medicine <sup>6</sup>	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
<b>Total</b>	<b>109,718,489</b>	<b>73,399,412</b>	<b>118,981,489</b>	<b>302,099,390</b>
<sup>1</sup> as at March 31, 2013; excludes operating and research carryover				
<sup>2</sup> expenditures plus inter-fund transfers				
<sup>3</sup> includes research, special funds and research capital				
<sup>4</sup> includes capital, capitalized revenue, spending allocations and interest				
<sup>5</sup> includes School of Dental Hygiene				
<sup>6</sup> 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>	<b>Dentistry</b>	<b>Medicine</b>	<b>Nursing</b>	<b>Pharmacy</b>
<b>Current support resources:</b> (approximate; categorization varies across units)	<b>285,000</b>	<b>1,166,140</b>	<b>222,800</b>	<b>85,000</b>
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
<b>Deliverables/expected benefits</b>				
<ul style="list-style-type: none"><li>Unified research strategy, with single research advisory committee; enhanced research competitiveness</li></ul>				

- 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) (VPRI) 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 VPRI 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>				
	<b>Dentistry</b>	<b>Medicine</b>	<b>Nursing</b>	<b>Pharmacy</b>
<b>Current support resources:</b>	<b>870,000</b>	<b>799,280</b>	<b>338,100</b>	<b>201,400</b>
(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
<b>Deliverables/expected benefits</b>				
<ul style="list-style-type: none"> <li>• More comprehensive, consistent and equitable levels of support services</li> <li>• Service integration that would reduce fragmentation/duplication of services</li> <li>• Enhanced opportunities to develop sustainable and skilled program personnel</li> <li>• Greater adoption of best practices</li> <li>• More consistent professional and administrative oversight of services</li> <li>• Team approach with associated benefits (professional development, cross training and backup, leveraging of expertise/strengths)</li> </ul>				

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>				
	<b>Dentistry</b>	<b>Medicine</b>	<b>Nursing</b>	<b>Pharmacy</b>
<b>Current support resources:</b>	<b>215,000</b>	<b>2,099,700</b>	<b>71,000</b>	<b>136,000</b>
(approximate; categorization varies across units)				
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
<b>Deliverable/expected benefits</b>				
<ul style="list-style-type: none"> <li>• Unified financial team and associated benefits (professional development, cross training and backup, leveraging of expertise/strengths)</li> <li>• Greater budget transparency and accountability</li> <li>• Better resource utilization (reduce duplication, identify efficiencies)</li> <li>• More timely services (e.g., budget transfers, appointment renewals, etc.)</li> <li>• Process improvement, through standardization and consistency of application</li> </ul>				

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.

**Report of the of the Implementation Working Group for the Cooper Commission  
Report regarding Guidelines for Developing Bona Fide Academic Requirements  
for Programs Subject to External Accreditation**

**Preamble**

1. The Implementation Working Group for the Cooper Commission Report (the "Working Group") was established by the Senate Executive Committee on May 2, 2012.
2. The terms of reference for the working group are:
  - a. to establish a detailed plan for the implementation of the Cooper Commission recommendations;
  - b. to delegate tasks and establish groups to develop the necessary policies, processes and activities to meet the recommendations;
  - c. to research and encourage the incorporation of work done at other similar institutions in the areas identified in the recommendations;
  - d. to provide bi-monthly reports to Senate Executive and Senate on the progress of implementation;
  - e. to propose timelines for the implementation of Cooper Commission recommendations.
3. The Committee has met since the spring of 2012 to facilitate the implementation of the recommendations in the Cooper Commission report.

**Observations**

1. The Cooper Commission Report made two recommendations with respect to what the working group has grouped under the broad area of "Standards Identification":
  - a. that where academic programs are subject to external accreditation or approval, a document outlining essential skills and abilities be developed and submitted for approval by Senate; the content of this document should be congruent with the requirements outlined by the respective registering college or approval body (e.g., College of Registered Nurses of Manitoba; College of Physicians and Surgeons of Manitoba).
  - b. that Senate require each unit to identify and submit to Senate for approval written rationales for the *bona fide* academic requirements of its existing programs and of any newly developed programs.
2. The Working Group established a sub-committee to determine and make recommendations on how these recommendations might be implemented. The sub-committee, led by Dean Jeff Taylor, has drafted two documents, Developing *Bona Fide* Academic Requirements for Programs not Subject to External Accreditation and Developing *Bona Fide* Academic Requirements for Programs Subject to External Accreditation. The two documents were received by Senate Executive, on August 21, 2013, and by Senate, on September 9, 2013, for information and comment. The current report concerns only the document on Developing *Bona Fide* Academic

Requirements for Programs Subject to External Accreditation, which does not differ from the document presented to Senate in September.

3. The Working Group recommends that (i) the University establish a process to develop and review essential skills and abilities requirements for programs subject to external accreditation and (ii) require that faculties and schools with programs that are subject to external accreditation establish essential skills and abilities requirements for their programs.
4. The document Developing *Bona Fide* Academic Requirements for Programs Subject to External Accreditation describes four steps to be followed in the development and review of essential skills and abilities requirements. Programs “subject to external accreditation” are those programs accredited by an external regulatory body that has its own essential skills and abilities document and expects that an academic program has established a corresponding document. Externally accredited programs not subject to external accreditation could elect to develop either essential skills and abilities requirements or *bona fide* academic requirements, pending Senate’s approval of an appropriate process for the latter exercise.
5. Resources would be available through the Centre for the Advancement of Teaching and Learning for any units that required assistance with the development of essential skills and abilities requirements for their programs.
6. The Implementation Working Group recommends that the procedure, Academic Program Reviews, be amended to include a provision that essential skills and abilities requirements be reviewed and updated during the regular program review process. Any revisions to the requirements that followed from a program review would be considered by the Senate Committee on Instruction and Evaluation and Senate, for approval.

**Recommendation:**

The Implementation Working Group for the Cooper Commission Report recommends:

**THAT Senate approve a process for developing essential skills and abilities requirements for programs subject to external accreditation, as set out in the document Developing *Bona Fide* Academic Requirements for Programs Subject to External Accreditation, and require such programs to develop essential skills and abilities requirements for existing and new programs by Fall 2015, for Senate approval.**

Respectfully submitted,

Ms. Brandy Usick and Mr. Jeff Leclerc, co-chairs  
Implementation Working Group

Working Group membership: Dr. Joanna Asadoorian, Ms Carolyn Christie, Dr. Archie Cooper, Mr. Greg Juliano, Dr. Jeff Taylor, and Dr. Mark Torchia.

Comments of the Senate Executive Committee:

The Senate Executive Committee endorses the report to Senate.

# Developing Essential Skills and Abilities Requirements for Programs Subject to External Accreditation

## Introduction

The University of Manitoba is required to make reasonable efforts to accommodate a student with a disability when the disability does not impair the student's ability to fulfill the essential requirements of a course or program. One of the recommendations of the *ad hoc* Committee of Senate Executive to Examine Accommodation of Students with Disabilities and Governance Procedures Related to Academic Requirements (the "Cooper Commission") was "that where academic programs are subject to external accreditation or approval, a document outlining essential skills and abilities be developed and submitted for approval by Senate; the content of this document should be congruent with the requirements outlined by the respective registering college or approval body (e.g. College of Registered Nurses of Manitoba; College of Physicians and Surgeons of Manitoba)."<sup>1</sup> Senate, at its April 2012 meeting, approved the Report of the Cooper Commission in principle and referred the Report back to Senate Executive to oversee the development of a detailed plan to implement the recommendations contained within the Report. The purpose of this document is to outline the steps to be followed in developing essential skills and abilities requirements for academic programs that are subject to external accreditation.

The phrase "subject to external accreditation" is being interpreted and applied as follows for the purposes of this exercise. If a regulatory body accredits your program and that body has its own essential skills and abilities document or expects that you will have one, you are required to develop an essential skills and abilities document for submission to Senate for approval. All other externally accredited programs shall choose to develop either an essential skills document or a *bona fide* academic requirements document. The steps to be followed in developing *bona fide* academic requirements for programs will be contained in the document entitled "Developing *Bona Fide* Academic Requirements for Programs not Subject to External Accreditation." It is anticipated that the latter document will be presented to Senate for approval by March 2014.

There are four steps in the development of essential skills and abilities requirements for programs that are subject to external accreditation.

1. Develop skills and abilities criteria
2. Discuss and analyze skills and abilities criteria
3. Follow any Faculty-specific procedures for the review of essential skills and abilities requirements
4. Submit the essential skills and abilities requirements to the University Secretary's office for review by the appropriate Senate committees and Senate

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<sup>1</sup> This is recommendation (b) based on Observation 4c in the Cooper Commission report.



## Definitions

Unit: Unit means the academic unit that has immediate and primary responsibility for the administration of courses and programs. This will normally be a department or equivalent unit in a departmentalized Faculty and the Faculty in a non-departmentalized Faculty.

Undergraduate Programs: In the case of undergraduate degrees that do not have sub-specializations, programs are defined as the degree-level credential (Doctor of Dental Medicine, for example). In the case of undergraduate degrees that have sub-specializations, such as Engineering, programs are defined as each of the specific sub-specializations in a degree (Civil Engineering, for example). Other undergraduate programs include diploma programs such as the School of Dental Hygiene's Diploma in Dental Hygiene.

Graduate programs: Graduate programs are defined as post-baccalaureate degree, diploma, certificate, and other credentials in specific disciplinary or interdisciplinary subject areas. For example, the Faculty of Medicine will have to develop essential skills and abilities requirements for its Post-Graduate Medical Education program.

## Developing Essential Skills and Abilities Criteria<sup>2</sup>

Skills and abilities criteria describe what learners may be expected to do during the program. This includes cognitive, affective and psychomotor skills and abilities.

### *Reasons for Skills and Abilities Criteria*

- To provide students with the means to organize their efforts toward accomplishing the desired behaviours.
- To provide information to prospective students so they can make an informed choice regarding applying to a program
- To provide prospective and current students information to help them decide if they should register with Student Accessibility Services
- To help students, Student Accessibility Advisors and Faculty develop reasonable accommodation
- To protect the public

### *Components of essential skills and ability criteria*

Resources for developing essential skills and abilities criteria include essential skills lists from the regulatory body with which program graduates register. Educators should also consider end-of-program objectives. It may be helpful to gather the skills and abilities under broad categories. Using the ABCD model can be useful in writing clear criteria.

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<sup>2</sup> Adapted from San Diego University's *Understanding Objectives* at <http://edweb.sdsu.edu/courses/EDTEC540/objectives/ObjectivesHome>.

**Model** - The ABCD's of Learning Objectives includes four characteristics that help an objective communicate intent:

**Audience** - Who will be doing the behaviour?

**Behavior** - What should the learner be able to do?

**Condition** - Under what conditions do you want the learner to be able to do it?

**Degree** - How well must it be done?

#### *Audience*

Identify the learner (not the instructor).

#### *Behaviour (Performance)*

What the learner will be able to do - it must be something that can be measured.

#### *Condition*

The conditions under which the learners must demonstrate their mastery of the objective:

What will the learners be allowed to use? What won't the learners be allowed to use?

#### *Degree (or criterion)*

How well the behaviour must be done: Common degrees include: Speed, Accuracy, Quality

To create an essential skill and ability criteria, start with an action verb, followed by a statement specifying what is to be demonstrated, and finally a statement to give it context and to identify a standard for acceptable performance.

Be specific and unambiguous. Terms such as know, understand, learn, appreciate, and “to be aware of” should be avoided. The specific level of achievement should be clearly identified.

Focus on observable student performance that is capable of being assessed. It is often helpful to add the preposition “by” or “through” followed by a statement which clearly states how the learning objectives will be assessed.

#### *Action Verbs*

Action verbs help to align objectives to an observable behaviour. The following resource provides a good list of action verbs that are effective.

Education Oasis, *Action Verbs for Lesson Objectives*

<http://www.clemson.edu/assessment/assessmentpractices/referencematerials/documents/Blooms%20Taxonomy%20Action%20Verbs.pdf>

### *Examples of Essential Skills and Abilities Criteria using the ABCD Model*

#### Cognition

A student must demonstrate higher level cognitive abilities necessary to measure, calculate and reason in order to conceptualize, analyze, integrate and synthesize information.

#### Communication

A student must be able to speak, hear, read, write and comprehend English to a level to avoid confusion of words and meaning and to effectively elicit and convey information.

#### Motor/tactile function

A student must possess sufficient motor function to develop the skills required to safely perform a physical examination of a patient, including palpation, auscultation, percussion or other diagnostic maneuvers. A student must be able to use common diagnostic equipment (stethoscope, otoscope) either directly or in an adaptive form.

#### Professionalism

A student must consistently display integrity, honesty, empathy, compassion, fairness and respect for others. The student must be able to tolerate physical, emotional and mental demands of the program and function safely and effectively under stress.

### **Discuss and Analyze Essential Skills and Abilities Criteria**

Questions to ask: What is the specific knowledge or skill that is required (essential) if the criteria are to be met? “Essential” can be defined by two criteria:

1. The skill (or knowledge) must be demonstrated to meet the objectives of the program; and
2. The skill (or knowledge) must be demonstrated in a prescribed manner

Think about what is non-negotiable and absolutely necessary and why. If we are clear about what is being taught and why it must be done in a prescribed way, it is easier to find solutions for the needs of students with disabilities.

### **Support Available to Units and Faculty Members to Assist Them in Developing Essential Skills and Abilities Requirements**

Sufficient and appropriate resources will be available through the Centre for the Advancement of Teaching and Learning (CATL) to assist academic units develop essential skills and abilities requirements. Units will receive a specific timeline for the development of their essential skills and abilities requirements after Senate approves the process outlined in this document. In addition, a CATL Educational Specialist will contact units to determine the level of assistance

that will be required. At a minimum, units will be expected to submit draft essential skills and abilities requirements to CATL for review and comment.

The goal is to complete the development essential skills and abilities requirements for all existing programs by Fall 2015.

### **Maintaining Essential Skills and Abilities Requirements**

A recommendation will be made to the Senate Committee on Academic Review that the *Academic Program Reviews Procedures* be amended to include a provision that essential skills and abilities requirements be reviewed and updated during the regular program review process.