



**UNIVERSITY OF
SASKATCHEWAN**

DRAFT WHITE PAPER ON HEALTH SCIENCES GOVERNANCE

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Authored by:

**Dr. Gerry Uswak, Dean of Dentistry
Dr. Carol Rodgers, Dean of Kinesiology
Dr. Bill Albritton, Dean of Medicine
Dr. Lorna Butler, Dean of Nursing
Dr. Dennis Gorecki, Dean of Pharmacy and Nutrition
Dr. Chuck Rhodes, Dean of the Western College of Veterinary Medicine**

Incorporating comments from:

Dr. Brett Fairbairn, Provost & Vice-President Academic

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INTRODUCTION

In October 2007, Acting Provost Ernie Barber charged the six Health Science Deans with the following tasks:

- To work together to gain a solid understanding of and subsequently demonstrate the vision that was established for the new Academic Health Sciences Centre (AHSC).
- To prepare a proposal regarding governance and administrative structures for interprofessional health sciences, including academic programming at the University of Saskatchewan, and which will be used to inform decisions yet to be made regarding the AHSC building project.
- To recommend an implementation schedule for the proposed governance structure.

The Health Science Deans are: Drs. Gerry Uswak, Dean of Dentistry; Carol Rodgers, Dean of Kinesiology; Bill Albritton, Dean of Medicine; Lorna Butler, Dean of Nursing; Dennis Gorecki, Dean of Pharmacy and Nutrition; and Chuck Rhodes, Dean of the Western College of Veterinary Medicine.

The Deans met in November and December 2007 to review the tasks at hand, determine how to proceed and establish timelines. They discussed structures that are in place for health sciences programming at other universities. The Deans collectively determined that a structure involving reporting to an AVP Health was not appropriate for their needs.

In January 2008, the Deans participated in a day-long visioning workshop, facilitated by Dr. Allen Backman, School of Public Health. A draft ***Green Paper on Health Sciences Governance*** was prepared. Input was sought from the Acting Provost, the Associate Vice-President Research–Health/Vice-President Research and Innovation (Saskatoon Health Region), the Special Advisor to the AVP Research–Health, the Health Science Deans’ Committee members and staff of the Interprofessional Health Sciences Office. Valuable feedback was received. These consultations and further review by the Deans culminated in a draft ***White Paper on Health Sciences Governance***, dated June 9, 2008, which was submitted to Acting Provost Barber. It outlines the preferred health sciences governance structure for the University. A revised draft, dated November 10, 2008, incorporates comments from Provost Brett Fairbairn, and updates the implementation plan and timeline (Section 3.1).

In addition to the November and December 2007 meeting notes, the following key documents provided background for the visioning workshop discussions and development of the governance Paper:

- *Saskatchewan Academic Health Sciences Centre Visioning Document* (2001), and in particular #7 *Administrative Considerations* (January 2003)
- *Our Journey to Better Health: the Vision and Strategic Directions for Academic Health Sciences for the University of Saskatchewan and Its Partners*, facilitated by the Saskatchewan Academic Health Sciences Network (January 2003)
- *Draft Health Science Deans’ Committee* (January 2005), which outlines policies, membership, communications, projects and glossary of terms
- *Proposal for a University of Saskatchewan Interprofessional Health Sciences Office* (March 2006)
- *Health Sciences Deans’ Committee Integrated Plan Cycle 2* (October 31, 2007)

PART ONE: CURRENT STATE ASSESSMENT OF HEALTH SCIENCES GOVERNANCE

1.1 The Health Science Deans' Committee

The University of Saskatchewan is unique in having the broadest array of health science programs in Canada. This provides a first-rate foundation for undergraduate and graduate programming in health science education, in research and in outreach. The Health Sciences Deans' Committee (HSDC) has existed for 25 years to consider issues of common, shared concern. In June 1998, a *Report of the President's Task Force on Health Sciences Education* was released. Chaired by Dr. Bruce Schnell, former Dean of Pharmacy and Vice-President Academic, and with the assistance of the Health Science Deans' Committee, the Task Force brought forward excellent recommendations, which included the establishment of a Coordinator of Health Sciences Research, and the pursuit of interdisciplinary teaching and research. It recommended that the Health Science Deans' Committee be designated as the University's resource for advising on issues of public policy affecting the health sciences.

1.2 Developments Impacting on the Health Science Deans' Committee

Over the past several years, a number of new strategies, structures and initiatives have impacted on the HSDC, and have led to the need for a new organizational structure.

Changing Models and New Vision

- Changing the way we educate health providers is key to achieving system change and ensuring health providers have the knowledge and training to work effectively on interprofessional teams in the evolving health care system (Health Canada).
- *Our Journey to Better Health: the Vision and Strategic Directions for Academic Health Sciences for the University of Saskatchewan and its Partners*, facilitated by the Saskatchewan Academic Health Sciences Network, was released in January 2003. Quoting from the document, the vision "will provide a framework for the advancement of an integrated clinical services, teaching and research model that effectively engages key partners in the critically important work of developing existing and future generations of health professionals for the Province of Saskatchewan, Canada and the world."

New Structures

- The Saskatchewan Academic Health Sciences Network (SAHSN) – was established in 2002 to maximize opportunities between the University and the Saskatoon and Regina Qu'Appelle Health Regions, particularly with respect to issues involving the College of Medicine and the health regions; and to promote province-wide coordination on a number of fronts that require the involvement of multiple players, including the University, the Province and the regions.
- Establishment of University Coordinator of Health Research position, which was subsequently replaced by the position of Associate Vice-President Research-Health (U of S)/Vice-President Research & Innovation (SHR) – this joint position was created in July 2007 to support

excellence in health research and to create synergies between the University of Saskatchewan and the Saskatoon Health Region, through the development of common goals.

New Support

- Funding was received from SAHSN in 2002 to hire a Special Projects Manager for a three year period and, with this support, the HSDC established four **subcommittees** (referred to as committees) to enhance its work in the areas of interprofessional health education, clinical capacity enhancement, continuing education, and Aboriginal health education. An AHSC Curriculum Chairs group has since been formed.
- The HSDC was instrumental in the development of a proposal to Health Canada in the fall of 2004 to obtain funding for Patient-Centred Interprofessional Team Experiences (**P-CITE**) grants. The current program ended in March 2008; the HSDC has proposed that continued external funding be sought via a P-CITE II funding proposal.
- The commitment to interprofessional health education and research has been demonstrated by **individual health science colleges** as well. The colleges have stepped forward to support a range of joint initiatives (eg, Student Wellness Initiative toward Community Health and the International Interdisciplinary Community-University Student Partnership).
- In 2006, the HSDC proposed to the University that an **Interprofessional Health Sciences Office (IPHSO)** be established, to continue the momentum built by the HSDC committees, continue work on several major projects and address issues associated with the planning and management of the new Academic Health Sciences Centre (eg, support for the Clinical Learning Resources Centre). Funding is in place for the IPHSO until 2009. Its mandate is to allow the health science colleges to develop their own interprofessional initiatives while maintaining linkage to the SAHSN and the AHSC Steering Committee, through the Chair of the HSDC; and to facilitate the work of the HSDC in leading the development, enhancement, administration and evaluation of interprofessional activities in research, teaching, clinical education and continuing education. IPHSO staff includes an Administrative Officer, Academic Health Sciences User Liaison, CLRC Manager, Innovation Place Science Lab Manager, and Office Assistant.

New University Integrated, Strategic Planning Process

Although the HSDC did not submit a strategic plan for the first integrated planning cycle, *A Framework for Action, University of Saskatchewan Integrated Plan 2003-07*, articulated the need for increased focus and collaboration among the health science colleges. Goals included:

- Establishing and building a stronger interdisciplinary awareness of health and health care issues.
- Creating synergies among researchers.
- Becoming a leader in interprofessional health education.
- Building critical mass in innovative undergraduate education programs.
- Taking full advantage of interdisciplinary opportunities available through new and planned facilities.
- Capitalizing on opportunities for innovative graduate programs bringing together students and faculty from across the health sciences.
- Drawing on the full range of expertise across the campus by focusing on nutrition, quality of life, primary health care and physical activity.

Much good work has been done during the past cycle, notably in interdisciplinary education and research group formation.

On October 31, 2007, the HSDC provided the Provost with its plan for the next cycle. The three strategic directions, indicated below, developed from ideas generated at an HSDC planning event in May 2007; themes and issues explored at HSDC meetings; planning parameters for the Academic Health Sciences Centre; and the University's themes/areas of strategic focus for 2008-2012. Because one of these directions focused on development of a permanent HSDC organizational structure, it was agreed by the Provost and the Deans that the Plan be "held," and be formally presented, with modifications as needed, following the approval of a new health sciences governance model. The three strategic directions identified in the October 2007 document are:

- **Interprofessional Education Supports for Students and Faculty**, which includes facilitation of interprofessional education (IPE) for faculty and students; IP content; IP faculty development; integrating IPE into a larger framework; developing Aboriginal Support Services for all health science programs; supporting P-CITE sustainability; and developing opportunities for coordinated outreach and community-based programming.
- **Interprofessional Health Research and Innovation**, which includes integrating health research and innovation into a larger framework within the health science colleges; and supporting alignment of resources and roles between the colleges and the Saskatoon Health Region.
- **Co-Managed Common Health Sciences Resources**, which includes developing a permanent HSDC organizational structure and resource plan; achieving IPHSO and CLRC sustainability; establishing an AHSC Operations Committee and identifying and adjusting to resource needs in the AHSC; working with partners to address priorities related to health professional programs; and solidifying collaborations in college support functions.

The University's *Second Integrated Plan* was approved in May 2008. The vision, mission, guiding principles and new governance model of the Health Science Deans, described in PART TWO, are fully aligned with the three identified, interconnected areas of priority for the next four years: improving the undergraduate and graduate student experience, both inside and outside the classroom; enhancing the University's profile in research, scholarly and artistic work; and working together more effectively across unit and institutional boundaries.

New Facilities

In September 2003, the Premier of Saskatchewan announced that a new Academic Health Sciences Centre facility would be built at the University of Saskatchewan to house the Colleges of Dentistry, Medicine including Physical Therapy, Nursing, and Pharmacy and Nutrition. Although not physically located in the AHSC, the College of Kinesiology and the Western College of Veterinary Medicine will certainly be involved in the facility as well, through membership in research groups and participation in activities associated with the Clinical Learning and Resources Centre. The integrated Academic Health Science Centre will foster provincial partnerships through the provision of jointly used and operated facilities. The eight priority outcomes of the AHSC project are:

- Renewed emphasis on interdisciplinary teaching and learning, including undergraduate and graduate programming and continuing education.
- Enhancement of clinical learning opportunities, including the expanded use of laboratory simulations. Particular effort must be made to enhance relations between academic and clinical activities.
- Greatly increased attention to Aboriginal issues, including research on Aboriginal health conditions and needs, the training of Aboriginal health-care practitioners, and the collaborative introduction of indigenous culture and knowledge – in a respectful, consultative fashion – into the curriculum.

- Greater attention to the opportunities for collaborative research, including coordinated wet-bench laboratory research, combined wet-bench and related research, and social/community-based research.
- Re-conceptualized and expanded learning resource centre, with an emphasis on the expanded use of information technology to ensure that University resources are available to health care instructors, clinical supervisors and practitioners across the province.
- Reconfiguration of student space in light of new developments and trends in student instruction. This will include the construction of large classrooms, small meeting rooms and enhanced student meeting/social spaces.
- Rethinking of administrative and student services with a view toward emphasizing interdisciplinary scholarship and support and to facilitating interaction between colleges and across disciplines.
- To allow health sciences to achieve the recent mandates of interdisciplinary primary health team concepts.

1.3 Assessment of the Health Science Deans' Committee

The formation of the SAHSN had major implications for the HSDC. It was able to expand its mandate. With the support of the Special Projects Manager, the HSDC established its active committees, and secured P-CITE funding. The IPHSO has enabled the HSDC to facilitate many new initiatives, which have advanced interprofessional education, research and engagement. The integrated planning process and the decision to build an Academic Health Sciences Centre – with its priority outcomes of interdisciplinary learning and teaching, collaborative research and shared support – have impacted significantly on the health science colleges. The changing nature and expectations of the health sciences at the U of S, the significant growth of health science activities and the importance of engaging with many more partners within the university and the community have led the Deans to question, and the Provost to ask, what type of structure will best enable the health sciences to achieve these goals.

During the May 2007 HSDC planning event, a SWOT assessment of the Health Science Deans' Committee identified the following:

Strengths – forum for information exchange; common table for all health sciences; makes collaboration possible; group members are a committed, influential group on campus.

Weaknesses – lack of adequate resources; governance structure not defined; turf protection within college structures; competing demands; lack of University recognition; safety in role as information forum.

Opportunities – P-CITE a catalyst of IPE initiatives; AHSC a catalyst for IPE initiatives; potential to develop collective voice; develop from information forum into IPE champions' group; IPE is important to the future of all colleges and programs; IPE-focused health science curricula positively affect student recruitment.

Threats – may lose opportunity for determining its administrative and resource environment to external influences; IPE-related funding opportunities (IPE special projects, AHSC) drive the HSDC mission and activities, instead of the reverse; external forces (eg, accreditation requirements, institutional competition) outpace the local capacity to become leaders in IPE.

The above challenges were reviewed and discussed during the Deans' November and December 2007 meetings and January 2008 visioning workshop. The impetus for the Provost's request for a new governance model came as a result of looking ahead to management issues for the AHSC. However, the Deans agreed that, although this is highly important, it is one element of the larger picture of health sciences governance. Because the Deans have ultimate responsibility for health sciences education, research and service, they affirmed that they must have oversight of the valuable support structures that have evolved and are moving priorities and goals ahead. It is essential to maximize the excellent resources that are in place, including the dedicated members of the AHSC committees and the talented staff of the IPHSO. They questioned the effectiveness of HSDC

meetings as currently structured – the size of the group, as well as the emphasis on presentations, visitors and requests for funding, and agreed that more time must be devoted to strategic decision-making. Changes to the Health Science Deans’ Committee are needed.

1.4 An Exciting Future

Notwithstanding the challenges noted above, the Deans expressed their appreciation for all of the innovative work that has taken place in recent years and their enthusiasm about the bright future. Literally hundreds of health science faculty, students and staff have contributed their ideas on the future needs and appropriate design to meet the needs in the new Academic Health Sciences Centre – whether biomedical, clinical, health systems and delivery systems or social determinants of health research needs – in a shared, multidisciplinary model. Others have been keenly involved in developing inter-professional teaching portfolios and P-CITE initiatives. There are so many opportunities yet to come as a result of the physical changes that will allow the programs to achieve in this evolving model. The formation and growth of health research teams across the health science colleges, the Saskatoon Health Region, the Regina Qu’Appelle Health Regions and communities across Saskatchewan is most heartening. There is excitement about how, and with whom, health research will be conducted in the future. Novel research findings have already been discovered, invaluable new professional relationships formed, and most importantly friendships have been developed because of this shared and collaborative concept. There is an unbelievable opportunity to make a difference in the training of our health care professionals, which should include research training to become more evidenced-based to improve clinical care, regardless of which health professional program. Within the interprofessional teaching model, the research process can be a common theme for any health professional program to promote a common evidence-based methodology for improving their respective clinical practices.

PART TWO: A NEW FRAMEWORK

2.1 Review of Health Sciences Deans’ Committee Vision, Mission and Guiding Principles

The current HSDC vision and mission, and proposed revisions to these, are indicated below. The Deans spent considerable time discussing this, and also the guiding principles for the group, which need to be taken into account in developing the governance structure. The overreaching goal is effectiveness, innovation and progressive change in education delivery, service delivery, research and resources/administration. A new structure will mean recognition by the University that health sciences are part of the system rather than the education-practice divide. Lines of communication need to be drawn (eg, connections between health regions and health science colleges regarding changes/new roles). The Deans noted that the HSDC vision may change over time to reflect what they jointly hope to achieve, but overall it is to have a health system that meets the needs of Canadians, and to which all health science programs contribute.

<i>Current Vision</i>	<i>Proposed Vision</i>
Collaboration of health sciences programs to achieve excellence in the education of health professionals at the University of Saskatchewan.	Together, the Health Sciences will be leaders in advancing health, locally and globally, through excellence in interprofessional education and practice, interdisciplinary life and health sciences discovery, and committed engagement with stakeholders.

<i>Current Mission</i>	<i>Proposed Mission</i>
To offer an encouraging environment for students, faculty and health professionals to excel in interprofessional health sciences programs.	The Council of Health Science Deans will enhance the capacity for high quality health care – by enabling the education of a new generation of healthcare practitioners with skills in interprofessional healthcare and health promotion, promoting excellence in interdisciplinary health research, and sharing in outreach and community engagement.
<i>Current State of the HSDC</i>	<i>New Guiding Principles and Areas of Common Focus</i>
Advisory role within the University.	Authority and administrative autonomy to act and make collaborative decisions based on agreed upon priorities, which include both the Council of Health Science Deans’ strategic directions and links with the strategic directions of member programs and the University.
Information forum.	Strong collective voice for health sciences education.
Single voices from each college.	Common voice that represents the united view of the Deans.
Participation mostly passive.	Participation active.
Still turf protection.	Break down barriers.
Some duplication of material/human resources.	Generate efficiencies.
Participation of colleges is variable.	Variable participation is a positive attribute of the collective/working relationship.
Some pooling of resources.	Need a mechanism to share resources and the authority to effectively access new resources.
Unique diversity of the health sciences.	Strengths of the team are greater than the combined strengths of the professions or the disciplines.
Individual accreditation issues.	Collaborate on commonalities in accreditation standards (eg, teaching space, IT, Library, student services).

Health disciplines face different challenges and have different stakeholders, and as such not all areas will be appropriate for collaboration. There is a need to preserve the identity of the disciplines and links to the respective professional bodies and professionals. There are distinct accreditation requirements to ensure that each health science program is of the highest quality. Colleges will maintain administrative autonomy of curricula and academic matters, control a significant portion of resources to deliver individual programs, provide continuing education beyond the degree and determine graduate programming and research focus.

2.2 Establishment of a New Structure for Health Sciences Governance

This White Paper discusses the benefits of dividing the function of the present Health Science Deans’ Committee into two groups, each of which will carry out essential functions. The governance of interdisciplinary activities, related resource allocation and academic programming, and leadership in research innovation and outreach will be managed by a new **Council of Health Science Deans**. The vital functions of communication and exchange will be conducted by a revitalized **Health Sciences Advisory Committee**. In addition, lines of authority and communication will be established with

other **key University structures and stakeholder groups**. Council functions will be supported by a **Council of Health Science Deans' Office**, described below, which includes two executive officers. The governance model for the new structure is summarized in 2.2.11.

The Deans are all agreeing to delegate some of their authority/responsibilities to the executive officers and then to collectively, as a Council of Deans, hold those officers accountable. Importantly, the Council commits itself as a group to resolve conflicts, to provide good advice to the officers and to publicly support their decisions. The proposed model delegates responsibilities, which means that the Deans are still accountable; this is different than transferring responsibilities to another person or body, as in an AVP or VP Health Sciences model. The Deans recognize that this Council model will require a higher level of commitment and more time than would an AVP/VP model. The gain with the Council model is that the Deans retain full ownership of the decisions, and the work of the executive officers and the people reporting to them.

2.2.1 Council of Health Science Deans to Be Created

The Deans believe that most effective structure to govern interprofessional health sciences education, research and outreach is through the establishment of a Council of Health Sciences Deans. The Council will consist of the Provost and VP Academic ex officio, and the Deans of Dentistry, Kinesiology, Medicine, Nursing, Pharmacy and Nutrition, and Veterinary Medicine. Having the Provost as part of the Council places one person at the table who has no vested interest or bias toward any one of the member colleges, and who has the "authority of position" to "keep the vision" of the Council. The six Deans consider it their joint obligation to represent all of the health science programs, even though not every program is directly represented on Council. Fellow Deans, Directors, Heads of programs and others will be invited to attend when issues relate, and the close relationship between the Council and the Health Sciences Advisory Committee, described below, will ensure that a program is not disadvantaged. The composition of the Council will be reviewed one year after its initial meeting to determine how the new model is working, and will be modified as needed and if changes to Dean positions occur.

The mandate of the Council is to:

- Set strategic direction and policy with respect to interprofessional curricula, research, service and infrastructure. Council will review and revise the *HSDC Integrated Plan October 31, 2007*, based on the new governance structure, and determine how best to implement and monitor the Plan.
- Control its own budget and oversee the fiscal integrity of joint operations and initiatives.
- Seek advice and guidance from the Health Sciences Advisory Committee and report its activities to the Advisory Committee.
- Provide and periodically review terms of reference for, and oversee, related committees and projects.
- Work with Life/Health Sciences research leaders to promote interdisciplinary discovery.
- Negotiate and oversee the administration of internal and external agreements for the provision of inter-program courses.
- Provide guidance and support for the Native Access Program.
- Initiate mutually beneficial advancement initiatives (ie, Development, Communications, Alumni Relations) as appropriate.
- Provide governance and strategic direction for Academic Health Sciences Centre operations.
- Link with Saskatchewan Academic Health Sciences Network, health regions and government. Individual colleges may still approach government when appropriate, but collective issues will go forward from the group. It is anticipated that a united front and united voice of Health Sciences Deans will carry a great deal of moral suasion on health policy and other issues.

- Develop links to the Council in areas not yet developed or areas of emerging interest (eg, outreach/community programming, international initiatives, and relationships with Schools, particularly the School of Public Health).

The commitment of the Deans to the joint Council will take the form of written letters of understanding, exchanged among the Deans and communicated to their respective faculty, staff and students. These letters will specify what the Deans are transferring to the Council and the process by which this will be done and documented.

Bylaws governing decision-making and operating procedures will be finalized (eg, notice quorum, etc.) as part of a Business/Implementation Plan. It is proposed that the Council be chaired by one of the Deans, rotated on an annual basis. The Dean serving as chair will be responsible for the agenda. The Council will meet on a regular basis (normally monthly) and will be scheduled such that the Provost, and ideally all Deans, will be present. In the event that a Dean is not available and it is important that a meeting go ahead, that Dean will be obliged to review the materials to be discussed and provide feedback to the Council chair in advance of the meeting. It is not an option for a Dean to send a designate. Decisions will normally be reached by consensus. Should a vote on an issue be necessary, it will be deferred until all Deans are present, unless the Deans agree that the absent Dean may provide his or her vote to the chair. In the longer term, the Council may consider a general board/policy governance model in which the Council of Health Science Deans will establish and review policies and performance, relying on established programs and staff for operational matters.

Areas in which the Council will develop policies will also be determined. It is recognized that policies have to be consistent with University-wide policies, concerning which the Policy Oversight Committee is the authority.

2.2.2 Council Relationship with Senior Administration

The Council will report to the Provost on those issues that cross-cut all health science colleges and on matters and requests that advance the broader goal of the health sciences. It will be a unified voice on health policy and other health issues (eg, the provincial health strategy). The Provost will be responsive to Council in the same way as he is responsive to the individual Deans. The relationship with this unified group represents a very significant piece of the University's operations. The Provost will be an ex officio member of the Council, in order to see and understand first-hand the many issues and goals that this unified group has in common. The Provost is the Executive Sponsor of the Academic Health Sciences Centre. The new governance structure will enable direct dialogue with the Deans with respect to the planning, organization and administration of the AHSC.

2.2.3 Council Budget and Financial Considerations

The proposed resource budget, outlined in the *HSDC Integrated Plan (October 31, 2007)*, provides an overview of the nature of the funding requirements for the new Council. The Council will commission a **Business/Implementation Plan**, to be developed with the help of central administration. This plan will include the following:

- Elaboration of the activities to be jointly undertaken, as described in this document.
- Quantify the contributions colleges are making towards interprofessional activities.
- Quantify/establish costs of activities in which the Health Science Deans are/will engage.
- Quantify the operating costs of the Council of Health Science Deans and the Council Office.

- Identify gaps in funding.
- Determine where and how to seek new monies.
- Include protocols when Health Science Deans are approached individually or collectively with funding requests.
- Address human resource related matters (eg, assessment of staff support requirements, relationship of current positions in the IPHSO and the Council Office, development of job profiles and descriptions). Guidance from the Human Resources Division will be requested.

The Deans recommend that monies in place and/or identified for pre-occupancy and occupancy of the AHSC, as outlined in the Health Sciences Deans' October 2007 resource budget, be transferred to the Council of Health Science Deans. This will provide an appropriate and critically important piece of funding. The Deans of colleges occupying the AHSC are committed to sharing resources (eg, for activities such as Information Technology/Media Services, Stores and some student services). As a reflection of their commitment to the Council, monies will be transferred to the Council budget from the six colleges, as defined by the Business/Implementation Plan and equitable processes to be established, for shared activities and initiatives. Funds from within the colleges are limited and new monies will be needed to fill the gaps. This could include potential direct provincial or other outside funding for particular initiatives (such as interprofessional education); development funds from co-ordinated fundraising efforts and a request to the Provost's Committee on Integrated Planning for Academic Priorities funding.

2.2.4 Council Support: Establishment of a Council of Health Science Deans' Office

The Deans recognize the strong support that has been provided by the staff of the IPHSO. While some re-organization is essential for the appropriate governance of interprofessional health science activities on campus, the Deans wish to preserve the capacity and work of the IHSPSO. As a result of the revised structure and the focus on operations, which will be key to managing activities in the Academic Health Sciences Centre, it is proposed that support to Council be provided by a **Council of Health Science Deans' Office**, which is independent of the Provost's Office.

The Council and the Council Office will oversee the development of the shared services budgets. The complexity of the financial operations was noted (eg, need for Building Operations Budget, Infrastructure Equipment Operating Budget, Cyclical Renewal Budget and Shared Service Budget). It will be necessary for the Deans to establish standard levels of service, and ensure that colleges receive equitable service and support. Further details will be worked out regarding the organization within each of the shared services (eg, reporting of Lab Managers and the wash-up general technical support to report to the Facilities Manager). Funding for the Council Office will be provided through monies as indicated in 2.2.3 above.

The following table describes the Council Office.

<p>Council of Health Sciences Deans</p> <ul style="list-style-type: none"> ● Council defines the operations that it will divest and others that it won't divest. All criteria/rules of allocation will be approved by the Council, with a focus on fairness, transparency and accountability. ● Council will create an HR committee of two Deans, who will be responsible for performance management of the Council Officers indicated below. 	
<p>Council of Health Science Deans' Office</p>	
<p>Interprofessional Health Sciences Officer (IHSO)</p> <ul style="list-style-type: none"> ● Reports directly to Council through a Council HR Committee. ● IPHSO Administrative Officer position will be converted to an Interprofessional Health Sciences Officer. ● Supports work of the Council with respect to the administration of internal and external course agreements, integrated administration of shared student services (to be determined), facilitates IP faculty development, advances collaborations and takes on additional projects as determined by the Council. ● Supports work of the Council committees and the development of common policies as appropriate (eg, immunization, criminal records check, Worker's Compensation). ● Details on accountabilities/terms of reference, etc. for this position will be developed, including whether/when the IHSO will attend Council meetings. 	<p>Health Sciences Chief Operating Officer (COO)</p> <ul style="list-style-type: none"> ● Reports directly to Council through a Council HR Committee. ● Manages shared resources of the Council, implements its strategic policies, oversees day-to-day activities, including operation of the AHSC. ● Focus is on strategic, tactical, and short-term operations management – responsibility for the development, design, operation, and improvement of systems that deliver health sciences education. ● Responsible overall for Council Office and associated support staff as determined by the Business/Implementation Plan (eg, Secretary, Finance Officer to work with College Finance Officers on areas of mutual interest, Communications Officer, Administrative Assistant). ● Details on accountabilities/terms of reference, etc. for this position will be developed, including whether/when the COO will attend Council meetings.
<p>Individuals and committees reporting to the IHSO:</p> <ul style="list-style-type: none"> ● College Advancement and Communications Officers will continue to report to their respective Deans, but will work with the IHSO on collaborative activities, as determined by the Deans and the University Advancement office. ● Consider adding Native Access Program for Nursing/Medicine (NAPHealth Science in the future) to the IHSO's responsibilities, so that there is one individual for the staff to report to, and through the IHSO, to the Deans. 	<p>Individuals and committees reporting to the COO:</p> <ul style="list-style-type: none"> ● HS Operations Advisory Committee with representation from the six health science colleges. ● AHSC Managers of shared services: IT/Media Services, Facilities (including Stores and safety issues), Clinical Learning and Resources Centre, and Lab Animal Services Unit. ● The Facilities Manager is advised by the AHSC Space Governance Committee, which in turn is advised by the Interprofessional Education/Curriculum Chairs Group regarding teaching space needs. ● Council Office support staff.

Note: With specific respect to IPE activities, the IHSO would be responsible for meeting logistics, completing project applications/proposals and related fund management, providing planning assistance to the committees, liaison between committees, promoting and managing administrative aspects of new IPE initiatives,

reporting activities to the Council, environmental scanning in respect to IPE activities outside the U of S and other tasks. IPE curriculum development, defining content and approaches in experimental IPE, and evaluating IPE outcome would be the domain of the committee members, in coordination with the respective academic programs. Occupancy and business services related to IPE (eg, space needs/allocations of classrooms for IPE processes, IT needs for core IPE or experimental IPE, and website creation or maintenance) would be looked after through the COO and respective managers.

2.2.5 Council Support: Establishment of a Health Sciences Advisory Committee

The Deans recommend that a Health Sciences Advisory Committee (HSAC) be formed, comprised of:

- Deans of Dentistry, Kinesiology, Medicine, Nursing, Pharmacy and Nutrition, and Veterinary Medicine (ie, the Council Deans)
- Associate Dean Physical Therapy and Interprofessional Health Sciences Education
- Head of Division of Nutrition and Dietetics or Head of Division of Pharmacy
- Director of Clinical Psychology Training
- Dean of Arts and Science
- Director of School of Public Health
- AVP Research-Health/VP Research & Innovation (Saskatoon Health Region) or designate
- Head of Health Sciences Library
- Special Advisor for the Saskatchewan Academic Health Sciences Network (this specific position is requested to attend)
- Chief Operating Officer for the Council
- Interprofessional Health Sciences Officer for the Council
- Regional Health Authority representatives to be determined
- Others to be determined (to enable flexibility as important issues arise)

The Provost will be invited to attend Advisory Committee meetings as needed. Representation from the regional health authorities will be determined. It is expected that membership will expand and contract, depending on the focus of issues during a particular period/planning cycle.

The HSAC will function in a manner similar to that of the current Health Science Deans' Committee. It will continue to provide a vital forum for information exchange and discussion of health science issues, and promote programs of excellence, interprofessional opportunities, social accountability, partnerships and quality research. It will advise and filter information to come to Council. The frequency of HSAC meetings, meeting schedule and meeting structure will be determined. The Interprofessional Health Sciences Officer and the Health Sciences Chief Operating Officer will sit on the HSAC to report, update and advise members.

2.2.6 Council Support: Health Sciences Committees

The four HSDC subcommittees (committees) have played essential roles in achieving goals with respect to interprofessional health education, clinical capacity enhancement, continuing education and Aboriginal health education. A new Curriculum Chairs Group has recently been formed. The Council of Health Sciences Deans proposes the following steps to optimize the work of the dedicated faculty and staff on the committees. It will:

- Review the mandates of current committees and determine which should remain and which should be modified.
- Investigate the merging of the IP Health Education Committee and the new Curriculum Chairs Group.
- Determine if new committees are needed.
- Determine which committees should be standing and which ad hoc? If ad hoc, finite dates will be attached to the mandate.
- Determine membership of the committees.
- Develop system of mandates, terms of reference, strategic directions for each committee and periodically review these.
- Assign specific goals from the October 2007 HSDC Integrated Plan to appropriate committees and ask them to deliver on that goal.
- Request that committees advise, identify issues and make recommendations to Council.
- Accept advice, identification of issues and recommendations from the committees.
- Ensure that committees are responsive to health regions as appropriate.

The Deans have agreed that the health sciences committees will report to the Council; this will be reviewed as the development of the new governance structure proceeds. Linkage between the committees and the Health Sciences Advisory Committee will be facilitated through the Interprofessional Health Sciences Officer and the Council itself. While college representatives on the various committees will communicate with their respective college Faculty Councils and academic committees regarding issues and initiatives, the Council of Health Sciences Deans has a duty to report to all health science faculties and programs. It is proposed that a template report be developed, such that all health science colleges, schools and programs will receive the same information; frequency of reporting to be determined. It is recognized that work of committees will involve the research domain as well.

2.2.7 Council Agreements: Key to Health Sciences Academic Programming

There exists a complicated web of classes being taught by some academic units on campus for the benefit of others. A major barrier to interprofessional education opportunities is the uncertainty that is associated with the relinquishing of control over such issues as curriculum and teaching resources. A mechanism is required that will allow health science colleges to be confident that interprofessional opportunities can be pursued while ensuring that the classes will be available to their respective units, the curriculum will be appropriate, and the efforts expended in order to provide resources for other disciplines will be compensated. These important issues, related to the delivery of courses, both among their units and to others, and particularly core courses required for health science and other programs, must be resolved before interprofessional cooperation can thrive.

It is proposed that a system of course delivery agreements be developed, with responsibilities, accountabilities and deliverables, and that appropriate compensation issues are addressed. Priorities for agreements would be for Health Sciences programs. However, agreements with others at the University (eg, College of Arts and Science Biomedical BSc programs) and outside of the University (eg, SIAST) would also be developed. This process is essential for continued interprofessional programming. Health science colleges must have assurances that their needs will be met and that they will be appropriately compensated for resource expenditures.

It must be stressed that initiatives affecting courses, programs, teaching, faculty, the student experience and other academic matters will continue to feed up through the respective college faculty structures and committees, and in some cases to University Council for approval. College curriculum chairs take the lead role in course and program development for their respective programs. Setting this out clearly, and communicating it to faculty,

staff and students is an important part of establishing the new governance structure. However, because Deans and Department Heads are responsible for teaching assignments and the resource implications of courses and programs, they must be involved in development of common curricula, through a consensus mechanism.

The Deans also need to ensure that commitments made today will not drift over time or change without due process. These operating parameters need to be clear and be accepted by all. Creating agreements will formalize the process and bring to the fore resource issues and allocation decisions that need to be made. As curricula change and new programs are proposed (eg, Bachelor of Arts/Sciences in Health Studies), the Council will need to agree how the course needs are to be met. If problems arise, the Council needs to take action and not delegate this to others. The Deans noted the value of a Bachelor of Arts/Sciences in Health Studies, including as a recruiting tool and alternative program of interest for those students not accepted into their first choice of health professional program(s).

2.2.8 Council Role in Research and Graduate Education

It is recognized that the facilitation of health research and innovation is a shared accountability. The Council of Health Science Deans looks forward to working with the Vice-President Research, the Associate Vice-President Research–Health/Vice-President Research and Innovation (Saskatoon Health Region), and the Special Advisor to the Associate Vice-President Research–Health regarding how best to craft linkages between their Office and the Council. Other important relationships include with respective Associate Deans of research, the Health/Life Sciences Research Group leaders and the Dean and/or Associate Dean of the College of Graduate Studies and Research. The Council will work with these colleagues in their mandates of supporting and advancing excellence in interdisciplinary health research and innovation; creating opportunities for integration of clinical health research initiatives with the Saskatoon Health Region and other regions; and defining and supporting graduate programs of excellence.

The scope and nature of the interactions of the Council, the Council Office and Council committees with leaders in research and graduate education will be determined as the new governance structure develops, and as the Vision and Business Plan for Health Research and Innovation (AVPR-H/VPR&I) unfolds. The Academic Health Sciences Centre will provide outstanding opportunities for collaborative research, both wet-bench and social/community based. The research space will be part of the process in the teacher-scholar model of our University to promote evidence-based practices for all the health professional programs.

2.2.9 Council Role in Academic Health Sciences Centre Governance

The impetus for pursuing an effective health sciences governance structure came from the work that is underway and that lies ahead in operating the Academic Health Sciences Centre, in such a way as to achieve the priority outcomes/vision of this very major project. Council will be responsible for determining this governance in the interim, before the Centre is completed, as well as once the facility is fully completed and occupied. Because of the shared facilities' functions, the Centre's operations managers will report to the Council through the Chief Operating Officer. The Deans propose the following principles to guide their role in the governance of AHSC operations:

- Integrated and interdisciplinary space utilization of operations associated with teaching, research and administration.

- Need to determine which operations remain independent, which are shared and how they are organized. Discussions on these issues are currently under review by the AHSC Administrative Working Group (eg, Student Services, IT, Stores, Printing) and by specific subgroups (eg, IT Committee, Stores Operation Guidance Committee).
- Need to address requirements of all health sciences and provide consistent, equitable service to all.
- Need to develop processes, protocols and procedures that are fair, accountable and transparent.
- Need to ensure appropriate representation in decision-making.
- There needs to be appropriate consultation; this depends on the decision – some are more strategic than others.
- An appropriate level of information is required that includes the collective when considering options and making decisions.
- Once processes, protocols and procedures (‘rules’) are established, Council needs to determine how rules are changed, and put in place a process so that no one Dean/college changes or bypasses the rules.
- Need to agree, in conjunction with University Advancement, on how facilities within the Centre are named.

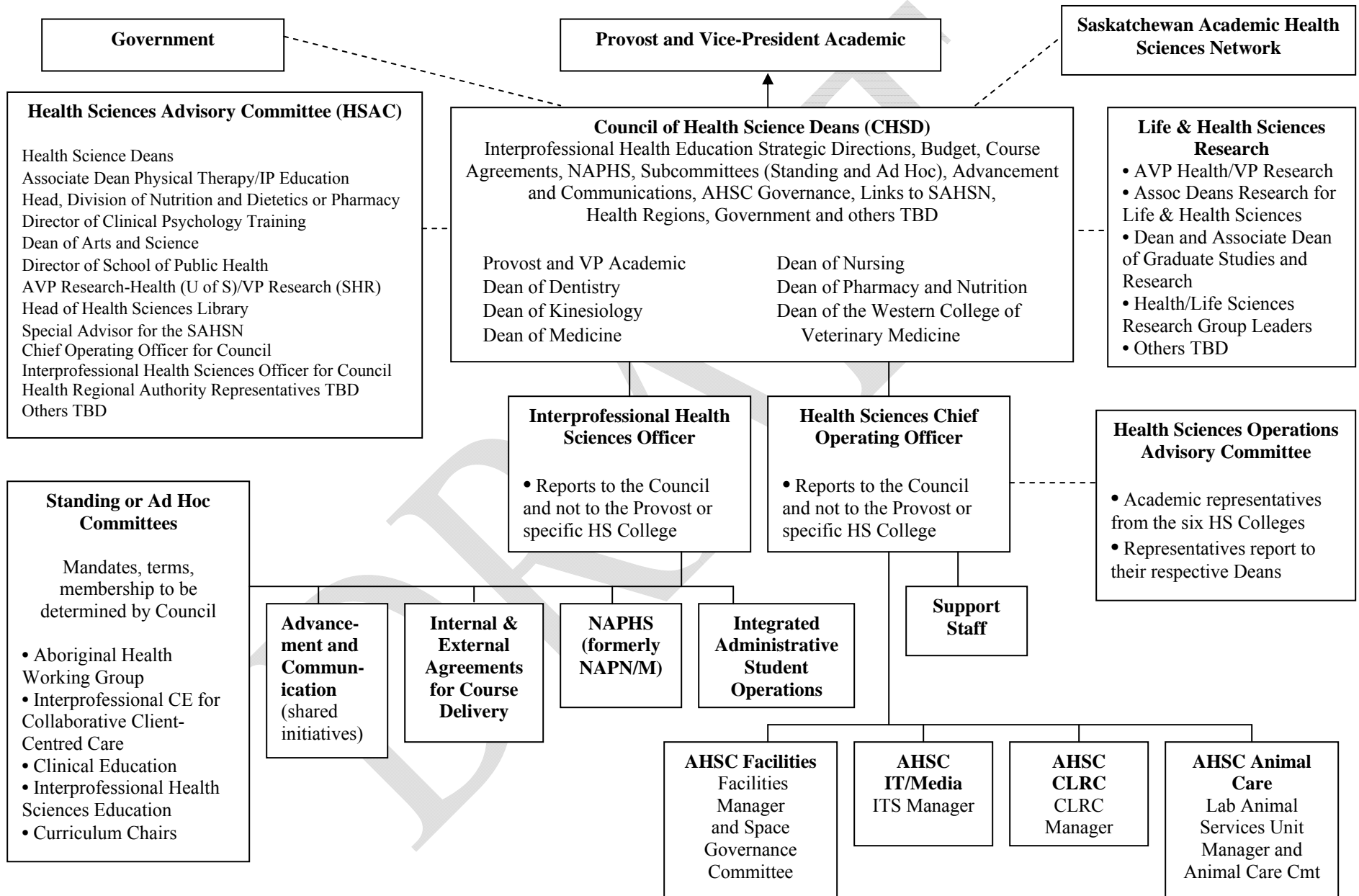
2.2.10 Council Role in Other Relationships

The Saskatchewan Academic Health Sciences Network is recognized as a crucial body in bringing together education, government and the primary health care sector (health regions). As such, the Deans ask that **all Council members become members of the Network**. It is further recommended that the Network’s representative on the new Health Sciences Advisory Committee be the Special Advisor to the Network, to bring the fullest understanding of issues and opportunities related to the academic health sciences to the table.

Council will pursue links with other bodies and agencies that will further the goals of health sciences interprofessional education, research and service. Council members identified areas that need further work/areas of emerging interest, in terms of relationships with the new structure and the potential sharing of efforts as well as resources. Council will address how to develop the best “fit” within the new framework. Examples:

- **Outreach and community-based programming/social accountability and external communications** – develop further opportunities for coordinated outreach, secure resources to support current and future initiatives and celebrate success (eg, the ‘face[s]’ of IPE).
- **International initiatives** – how to create opportunities, develop relationships (eg, VP Research, President’s Advisor on International Initiatives) for health science students, faculty and staff to be involved, and for international students coming here.
- **Schools** – ensure that the Deans develop consistent, effective channels of communication and relationships with the new and possible future Schools.

2.2.11 Overview of the Proposed Structure



PART THREE: IMPLEMENTATION PLAN

3.1 Implementation Plan and Timeline

It is important that the President, Provost, members of the previous HSDC, IPHSO staff and the faculty, staff and students of our colleges be kept informed regarding the rationale for change and the progress of change. The proposed implementation plan and timeline, following the January 2008 visioning workshop and initial drafting of the *Green Paper on Health Sciences Governance*, is described below.

February 2008	Draft Green Paper circulated to the Acting Provost Barber and the Health Science Deans, and feedback requested.
March 2008	Provost requests additional details regarding the relationship of the new model to the research enterprise. Health Science Deans and Provost provide feedback on the draft to Dr. Gerry Uswak, Chair of the HSDC, and Dr. Dennis Gorecki, Chair of the HS Deans Visioning Group.
April 2008	Drs. Gorecki and Uswak meet with IPHSO staff Peter Krebs and Brad Steeves to review the Green Paper. Dr. Uswak and Dr. Allen Backman, facilitator for the visioning workshop, present the revised Green Paper to the Health Science Deans' Committee members and request their feedback.
April/May, 2008	HSDC members, Special Advisor to the AVP Research–Health and IPHSO staff provide feedback to Drs. Gorecki and Uswak.
June 2008	Health Science Deans meet, agree to changes based on comments, and the Green Paper becomes a draft White Paper. Draft <i>White Paper on Health Sciences Governance</i> submitted to Acting Provost Barber.
August 2008	Provost Brett Fairbairn confirms the continuing support of the Provost's Office for the process undertaken and the direction set by the Deans; authorizes hiring of consultant to prepare a Business/Implementation Plan for the proposed structure; offers comments regarding further development of the proposal (these incorporated into November 10, 2008 draft); and advises that, following the revisions, the White Paper is ready to go the respective health science colleges for input and advice.
Sept/Oct 2008	A provisional structure of Health Sciences Deans established, on recommendation of the Provost, to address health science and AHSC issues. The Deans are supported by members of the IPHSO. Work to date has included: meeting with Associate Vice-President Laura Kennedy regarding AHSC funding; working on AHSC/proposed Council staffing needs; developing communication plan to update and seek feedback from health sciences faculty, staff and students on the proposed structure; corresponding with the previous Health Science Deans' Committee, and the Subcommittee members, to keep them apprised of developments; and commissioning a Business/Implementation Plan through colleagues in the Edwards School of Business.
November 2008	Communication distributed to faculty, staff and students in health science colleges, requesting their feedback and advice on the proposed structure; and revised draft White Paper posted on websites of the participating colleges.
February 2009	Revisions to be made to White Paper, based on feedback from colleges, and the Business/Implementation Plan appended. Updates will be distributed to faculty, staff and students of the participating colleges.
To Follow	Final White Paper submitted to the President's Executive Committee, the Provost's Committee on Integrated Planning (with any associated resource request), and the Planning and Priorities Committee of Council (so that any academic implications can be brought to the attention of Council and its committees). Formal recognition as an organization within the University will follow.

3.2 Work of the Council of Health Science Deans Underway

The Health Science Deans believe that the governance structure described above will facilitate the vision of the Academic Health Sciences Centre in terms of interdisciplinary education, clinical learning, Aboriginal issues, collaborative research, learning resources and space, coordination of administrative and student services, and emphasis on primary health team concepts. The structure will link this important component (ie, the physical building) with the overarching administration for interprofessional health science activities and initiatives. The proposed Council is an excellent example of how the University is finding new ways of working together across boundaries as part of its Second Integrated Plan.

The Deans look forward to the timely implementation of the new governance structure.

DRAFT



MEMORANDUM OF AGREEMENT

Between the Deans of the Health Sciences at the University of Saskatchewan – June 9, 2008

We, the undersigned, are in agreement and committed to the guiding principles and structure as outlined in the preceding *White Paper on Health Sciences Governance*. We believe that the new model will be effective, efficient and inclusive, and will move forward the vision and mission of health sciences at the University of Saskatchewan. It will enable us to set strategic direction and policy with respect to interprofessional curricula, research and service. It will facilitate decisions regarding planning and operation of the Academic Health Sciences Centre and enable us to achieve the vision and priority outcomes established for the new Centre.

A new *Council of Health Science Deans* will move ahead with the support of the Provost's Office, a strong Advisory Committee to provide vital functions of communication and exchange, specialized committees to spearhead initiatives, essential collaborations with research leaders and with partners in the community in health education and delivery, and the support of a Council Office to facilitate interprofessional education and management of Academic Health Sciences Centre shared functions and operations.

Handwritten signature of Dr. Gerry Uswak in black ink.

Dr. Gerry Uswak,
Dean of Dentistry

Handwritten signature of Dr. Carol Rodgers in black ink.

Dr. Carol Rodgers,
Dean of Kinesiology

Handwritten signature of Dr. Bill Albritton in black ink.

Dr. Bill Albritton,
Dean of Medicine

Handwritten signature of Dr. Lorna Butler in black ink.

Dr. Lorna Butler,
Dean of Nursing

Handwritten signature of Dr. Dennis Gorecki in black ink.

Dr. Dennis Gorecki,
Dean of Pharmacy and Nutrition

Handwritten signature of Dr. Chuck Rhodes in black ink.

Dr. Chuck Rhodes,
Dean of the Western College of Veterinary Medicine