



UNIVERSITY OF
SASKATCHEWAN

Progress report

FOR THE HEALTH SCIENCES **REORGANIZATION** INITIATIVE

PREPARED FOR: Provost and Vice-President Academic Airini
and the initiative steering committee

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BE WHAT THE WORLD NEEDS

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Executive summary

The Health Sciences Reorganization Initiative at the University of Saskatchewan (USask) is one of 26 undertakings that comprise the [Horizons Project](#). Initiated in late 2021, this initiative includes deliverables requiring a review of previous health science change efforts and recommendations at the university, an environmental scan of comparator institutes and internal structures, engagement with internal and external stakeholders, recommendations required for a sustainable future state organizational structure, and development of an implementation plan to achieve the recommended future state. **The completion deadline for this initiative and all deliverables is April 2024.**

Although the Reorganization Initiative is an independent project, substantial overlap and inter-project reliance exist between this project and other Horizons initiatives operating at the same time. The most noteworthy of these is the Office of Institutional Planning and Assessment's [Administrative Services Renewal \(ASR\) Initiative](#).¹

Below is a summary timeline of the Reorganization Initiative to date:

1) December 2021

- Project Charter approved.

2) January - June 2022

- Stakeholder engagement. Review of past change efforts. Health Sciences Planning Retreat.
 - *Retreat feedback indicates that a set of potential frameworks should be developed.*

3) October 2022 - June 2023

- Project team (Health Sciences planning and projects officer and the interim associate provost, health, with the assistance of the Health Sciences communications strategist) develops four versions of organizational structures, operating models, and associated recommendations for the Health Sciences.
- Steering committee and Health Sciences Deans Committee (HSDC) provide detailed feedback and direction that contribute to and refine each subsequent version.

4) July 2023

- Provost Airini approves Recommendation #1 and associated operating model:
 - *A Vice-Provost, Health Sciences, as the leader of the USask Health Sciences.*
 - *The USask Health Sciences renamed as the Office of the Vice-Provost, Health Sciences (OVPHS), to oversee the Health Sciences Building and*

¹ The objective of the ASR Initiative is to reorganize administrative support services into centralized units where staff are specialists rather than generalists and colleges share these services and staff rather than independently managing their own staff in these roles. The ASR Initiative is working closely with the Reorganization Initiative and leaders from the Health Science Collective to examine what the composition of the administrative networks or service centres could look like (e.g., which positions move, which stay, which are shared, etc.).

operations as well as shared resources and supports (e.g. the Clinical Learning Resource Centre, interprofessional education, etc.).

As of August 2023, progress in the Health Sciences Reorganization Initiative is ongoing; however, Recommendation #1 — the establishment of a vice-provost, health sciences, and accompanying Office of the Vice-Provost, Health Sciences — has been approved.

A fifth draft of the operating model and recommendations report has been prepared to include subsequent recommendations adapted based on feedback from the steering committee.

Additional recommendations awaiting approval include:

- an internal review of the positions and profiles within the OVPHS;
- a review of the composition and terms of reference of Health Sciences/OVPHS committees;
- a review of the OVPHS budget and policies; and
- the development of a strategic plan for the OVPHS in consultation with the HSDC.

Remaining steps for this initiative include:

- reviewing and approving the official recommendations and operating model;
- working with the ASR Initiative to identify shared services and health science service centre composition (including the incorporation or exclusion of resources within the Office of the Vice-Provost, Health Sciences);
- mapping out any tricameral approval process (if required); and
- presenting recommendations and operating model to faculty and to the provost for discussion.
- developing an implementation plan for the approved recommendations

About the Health Sciences Reorganization Initiative

The Health Sciences Reorganization Initiative² at the University of Saskatchewan is one of 26 undertakings that comprise the [Horizons Project](#). Funded by a one-time, \$31 million Government of Saskatchewan investment, the Horizons Project aims to strengthen USask's contributions to the province and to accelerate the university's financial sustainability. The Health Sciences Reorganization Initiative was initiated in late 2021 but was formalized as a Horizons Fund activity following the formation of the initiative's steering committee (named the Horizons Fund Health Sciences Reorganization Initiative Steering Committee, herein referred to as the steering committee) and the steering committee's approval of the initiative's project charter (see appendix).³

² The Health Sciences Reorganization Project was renamed the Health Sciences Reorganization Initiative in 2023.

³ The steering committee for the Health Sciences Reorganization Initiative (and for the Health Sciences Shared Courses Initiative) is comprised of leaders from the USask Library, the USask Health Sciences administrative unit,

Initiative deliverables include:

- revisiting health science change efforts at USask undertaken since the 2009 [Discussion Paper]⁴ on Health Sciences Governance focusing on key findings, recommendations, and lessons learned.
- undertaking environmental scans of comparator institutions and mapping internal USask structures.
- engaging internal and external stakeholders to develop a comprehensive understanding of what "stands in the way" of collaboration;
- recommending a "future state" organizational structure articulating the administrative, governance, and budgetary infrastructure required to meet the transdisciplinary needs of the health sciences for the next 20 years; and
- developing an implementation plan for achieving the recommended future state.

Additional Horizons Project initiatives operating at the same time as the Health Sciences Reorganization Initiative include the **Health Sciences Shared Courses Initiative**, and the Office of Institutional Planning and Assessment's **Administrative Services Renewal (ASR) Initiative**.

There are substantial overlap and inter-project reliance between these two initiatives and the reorganization initiative. Leaders supporting these additional undertakings are working closely with the USask Health Sciences and the reorganization initiative steering committee where necessary, as progress and success in one initiative are likely to facilitate progress and success in the others.

Specifically, members of the Health Sciences Reorganization and Shared Courses Initiatives have worked together to identify potential courses or course modules from across the Health Science Collective⁵ which may have repetitive, common, or overlapping elements. **The primary deliverables for the Shared Courses Initiative were verified as complete as of May 2023 and formal acceptance of deliverables is anticipated by the end of September 2023.**⁶

and eight academic units at the University of Saskatchewan affiliated with health sciences (see appendix). It is led and coordinated by the associate provost, health, and the university's provost and vice-president academic.

⁴ This document was originally referred to as a "white paper" which has historically racist roots. The phrase "white paper" has been replaced with "discussion paper" in this report. For more information, refer to <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper>.

⁵ The Health Science Collective is the informal term currently used to reference eight academic units at the University of Saskatchewan affiliated with health science (the Colleges of Arts and Science, Medicine, Dentistry, Pharmacy and Nutrition, Nursing, Western Veterinary Medicine, and Kinesiology, along with the School of Public Health) plus the USask Health Sciences administrative unit. The School of Rehabilitation Science is an academic unit within the College of Medicine that offers a Master of Physical Therapy program.

⁶ There is anticipation of further discussion involving potential shared modules, courses and certificates, as well as the implementation, necessary infrastructure, financial structure, and home of shared courses and certificates. These discussions and related projects are heavily reliant upon the new organizational structure and operating model resulting from the Health Sciences Reorganization Initiative. As such, they have been postponed until implementation

The purpose of the Administrative Services Renewal Initiative is to reorganize administrative support services into centralized units where staff are specialists rather than generalists and colleges share these services and staff rather than independently managing their own staff in these roles. The ASR initiative is working closely with the reorganization initiative and leaders from the Health Science Collective to examine what the composition of the administrative networks or service centres could look like (e.g., which positions move, which stay, which are shared, etc.).

A Health Sciences administrative network could find its home in the Health Sciences Building and could serve as a pilot or model of how this could work for other clusters of USask colleges.

Involving college and school leadership in the process of structuring and piloting the administrative networks increases the likelihood of their successful adoption. It also strengthens the recommendation of the Health Sciences Reorganization Initiative team⁷ that members of the Health Science Collective remain independent but with rejuvenated collaboration and re-envisioned sharing of resources.

Progress timeline

- 1) **Nov. 17, 2021** – Initiative start
 - Development of the Reorganization Initiative Project Charter and the awarding of funding.
- 2) **Dec. 20, 2021** – Project Charter approved by steering committee
 - Key deliverables identified: completion of current state assessment; future state design; and consensus amongst health science unit leaders.
- 3) **April 2022** – Biannual Report prepared for Institutional Planning and Assessment (IPA) by the Health Sciences planning and projects officer
 - Future state and consensus-building deliverables in progress and on track.
 - Current state assessment in progress but delayed due to stakeholder/interview scheduling delays.
- 4) **June 7, 2022** – Institutional Context Report prepared
 - Key findings: concerns expressed regarding retention of professional / discipline-based identity and accreditation; amalgamating all health sciences units is not an option but some degree of reorganization could be possible; no shared strategic plan exists for the Health Science Collective.
- 5) **June 21, 2022** – Health Sciences planning retreat
 - Recommendation from the steering committee that a set of potential frameworks be developed.

of any recommendations adopted through the Health Sciences Reorganization Initiative have been completed and evaluated.

⁷ Comprised of the Health Sciences Reorganization Initiative steering committee and the Health Sciences planning and projects officer.

6) **August 2022** – Key staff turnover (Health Sciences planning and projects officer)

7) **September 2022**

- Health Sciences Planning Retreat Summary Report.
- Key staff turnover (new dean of dentistry) Sept. 1.

8) **October 2022**

- Framework Recommendation Options for the Health Sciences Reorganization Project document developed.
 - *Five possible frameworks presented for reorganization of health science disciplines at USask.*
- Framework Recommendation Options and Health Sciences Planning Retreat Summary Report documents shared at steering committee meeting (Oct. 12).
 - *Recommendations: agreement on need to maintain USask Health Sciences unit and academic leadership of the unit; agreement for USask Health Sciences to potentially house shared courses and services; University Library should leave the Health Sciences Deans Committee (HSDC) as it is not an academic unit.*

9) **November 2022**

- Framework Recommendation Options for the Health Sciences Reorganization Project (Version 2) prepared (Nov. 3).
 - Updated operating structure proposed: unit leaders from the Health Science Collective report to vice-president academic; HSDC reports to associate provost health; and the associate provost health reports to the vice-president academic.
- Biannual Report prepared for Institutional Planning and Assessment (IPA) by the Health Sciences planning and projects officer.
 - *Highlights: Current state assessment complete. Future state design and building of a change coalition and consensus on future state structure both in progress and on time.*
- Version 2 framework recommendations presented at Health Sciences Deans Committee meeting (Nov. 7).
 - No objections made to the operating structure.
- Health Sciences projects and planning officer and interim associate provost, health, meet with university secretary and chief governance officer (Nov. 10).
 - *All proposed future state frameworks confirmed as being possible from a feasibility and governance perspective.*
- External Framework Models report prepared for subgroup presentation on reorganizing/regrouping units (Nov. 10).
 - Framework proposed in which kinesiology, public health, and nutrition (with an invitation to nursing) amalgamate.

- External Framework Models report presented at meeting with sub-group of steering committee members representing kinesiology, nutrition, nursing, and public health (Nov. 14).
 - *No desire from the leaders of these units to amalgamate. Agreement that functional/structural changes be made to demonstrate boundless collaboration and that these changes should be developed and carried out by the USask Health Sciences.*

10) Dec. 13, 2022 – Steering committee meeting. Progress Report on the Health Sciences Reorganization Project (dated Jan. 4, 2023) prepared for provost Airini and circulated prior to the meeting.

- Update provided: work is ongoing to flesh-out recommendations.
- Discussion highlights that steering committee members have changed their minds about the USask Health Sciences being an academic unit. Will not pursue this in recommendations; however, no concerns voiced about renaming of associate provost, health, to vice-provost, health sciences.

11) January 2023

- Key staff turnover (new Interim Dean of Kinesiology) Jan. 1.
- Interim associate provost, health, meets with provost to review recommendations in Recommendations and Operating Model report (dated Jan. 19, 2023).
 - *Provost provides feedback.*

12) February, 2023

- Preferred operating model and fleshed out recommendations circulated to steering committee (Recommendations and Operating Model report, dated Feb. 8, 2023).
- Steering committee meets on Feb. 22 to discuss four recommendations (from the Feb. 8, 2023, Recommendations and Operating Model report).
 - *Noteworthy feedback:*
 - Some committee members unsure if leadership title should be a vice-provost, health sciences.
 - Document should address structural issues to working collaboratively.
 - One committee member felt that piecemeal change will change nothing and that an entirely new structure was needed. Some members mentioned that incremental change has benefitted some smaller colleges.
 - The report just rebrands the status quo.
 - Some not opposed to the structure but want more detail on implementation.

13) March 2023 – Revisions are made to the recommendation document to address steering committee concerns

14) April 2023

- Updated Recommendations and Operating Model DRAFT Ver 2.1 sent to steering committee (April 5).
- Steering committee meeting on April 17 to review revised recommendations.
 - *Discontent was voiced with regards to the figure representing the new organizational structure.*
 - *Debate continued as to whether leader of the USask Health Sciences should be a vice-provost, health sciences, or associate provost, health.*
 - *No consensus reached.*
 - *Time did not permit discussion of Recommendations #2-4.*
- Provost distributes Recommendation #1 for feedback from the steering committee (Recommendation #1: Vice-provost, health sciences, as the leader of the health sciences). A table outlining roles and responsibilities accompanies the recommendation.
- Biannual Report prepared for Institutional Planning and Assessment (IPA) by the Health Sciences planning and projects officer (April 30).

15) July 2023 – Provost approves Recommendation #1 on behalf of the steering committee

16) August 2023

- Key staff turnover (new Dean of Arts and Science) Aug. 1.
- Full set of recommendations including the approved Recommendation #1 sent to the steering committee for comments (Version 5).

17) September 2023 – Meeting of the HSDC to review the recommendation document (Sept. 25).

Progress summary

Several critical deliverables were identified as part of achieving the intended outcomes of the Health Sciences Reorganization Initiative. To date, the timing of these deliverables has been largely dependent upon stakeholder availability, scheduling challenges, and the time required to review data or incorporate feedback from the steering committee and reach agreements on next steps.

The timing of the deliverables has required multiple adjustments and this initiative's goal of implementing future state recommendations is anticipated for the summer/fall of 2024, pending approval through the tricameral process (if required) by June 2024.

Stakeholder consultations

In January 2022, the interim associate provost, health, and the Health Sciences projects and planning officer began the stakeholder consultation process for the Health Sciences Reorganization and Shared Courses Initiatives. By mid-May, presentations had been made to nine health science faculty councils or faculty-staff meetings. Ultimately, more than 70 engagements with USask committees, groups, or individual members of the campus community

were held. Stakeholder engagement identified points of agreement — in particular, as related to administrative gaps.

Key pieces of feedback received included:

- Retention of professional / discipline-based identity is of paramount importance.
- Accredited programs must retain sufficient academic independence to attend to accreditation standards.
- Amalgamating all health science colleges, schools, and administrative units together under one college is not an option that would be supported.
- Some degree of reorganization of the colleges, schools, and/or administrative units could be supported.
- Some health science units have administrative gaps and some do not, resulting in perceptions of 'have' and 'have-not' units.
- The Health Science Collective should have a shared strategic plan.

Additional findings from the interviews are presented as a SWOT analysis alongside the historical context and current state analysis of the USask Health Sciences in the Institutional Context Report prepared in June of 2022 (see appendix).

Current state analysis, future state mapping, and consensus building

As of the April 2022 Biannual Report to USask Institutional Planning and Assessment, the mapping of the current state of internal USask structures was underway; however, delays in the comprehensive stakeholder engagement process placed this deliverable behind schedule. As a result, the development of a proposed future state was slightly delayed. Consensus-building work was also underway at this point.

By the time the second Biannual Report to USask Institutional Planning and Assessment had been prepared in November of 2022 (see appendix), the current state analysis had been completed. At that point, development of the proposed future state and the building of consensus on its structure were in progress and in alignment with a revised and approved timeline.

Institutional Context Report and planning retreat

The Institutional Context Report was prepared by the Health Sciences projects and planning officer and was distributed for review to health science deans, associate deans, and university administration prior to an in-person retreat held on June 21, 2022. The purpose of the retreat was to foster the momentum building within the Health Sciences Reorganization and Shared Courses Initiatives. The executive summary, list of invitees, retreat program, and presentations can be found in the Health Sciences Planning Retreat document prepared by Institutional Planning and Assessment (see appendix). A summary of the retreat, including highlights of the discussions, was collated in the Summary of the 2022 Health Sciences Planning Retreat (see appendix).

The most significant recommendation to the initiative team from retreat participants was that, in order to move the initiative forward, Health Sciences staff should develop a set of potential frameworks upon which the steering committee could reflect, comment, and

critique. These frameworks would outline the composition and governance required to amplify each of the disciplines in the health sciences and invigorate collaboration while advancing shared academic and research priorities.

At this point, a high-level discussion of college or school amalgamations based on shared health promotion and disease prevention principles also occurred; however, it was determined that the matter required further consideration in order to provide informed feedback.

Changeover of key staff and development of framework recommendations

In August 2022, a new Health Sciences planning and projects officer was hired to continue work related to the Health Sciences Strategic Priority Initiatives. As a result of this changeover and the time required to become familiar with the historical context, progress, and next steps of the initiative, a revised timeline was developed for approval by the steering committee (see appendix). The new timeline set January 2023 as the target date to reach a consensus from the Health Science Collective on framework recommendations to present to the provost and vice-president academic.

In accordance with recommendations from the planning retreat, five frameworks were developed by the interim associate provost, health, the Health Sciences planning and projects officer, and the Health Sciences communications strategist. These frameworks, their descriptions, and rough estimates of changes to the numbers of full-time equivalent employees (FTEs) across the Health Science Collective were prepared in the October 2022 Framework Recommendation Options report (see appendix).

These frameworks were circulated to the Health Sciences Reorganization Initiative steering committee in advance of being presented at a meeting held on Oct. 12, 2022. An open discussion focusing on the potential benefits and consequences of each framework was moderated by the interim associate provost, health, and the Health Sciences planning and projects officer. Critiques, comments, and suggestions were recorded in the meeting minutes.

Of significant note at this Oct. 2022 meeting, there was no objection and general agreement to the following:

- 1) USask Health Sciences should continue to oversee the Clinical Learning Resource Centre (CLRC), Health Sciences Building operations, and interprofessional education (IPE) for the Health Science Collective.
- 2) USask Health Sciences should become an academic unit (i.e., *Academic Health Sciences* replaces *USask Health Sciences*), in part, to provide opportunity for housing shared courses and, potentially, to house shared services.
- 3) The Academic Health Sciences should be led by an academic.
 - a. It was suggested to explore elevating the Academic Health Sciences leadership position/title (e.g., vice-president, health sciences), authority, and membership within committees of greater influence (i.e., the President's Executive Committee).
 - b. If the position remains in the provost's office, then the title could be "vice-provost, health sciences".
 - c. Although the steering committee did not approve of framework models in which they lost their direct reporting to the vice-president academic, they were not

opposed to the leader of the Health Sciences (currently the associate provost, health) chairing the Health Sciences Deans Committee (HSDC) and making decisions on behalf of the group as a collective.

- 4) The University Library need not be a member of the Health Sciences Deans Committee as it is not an academic unit.

At the meeting, there was no interest in discussing the potential of amalgamating the university's health science colleges and/or schools.

As a result of the feedback received at the meeting, an adapted version of the least objectionable framework option was developed (Framework Recommendation Options for the Health Sciences Reorganization Project – Version 2, see appendix).

This adapted framework concept articulated:

- the evolution of the USask Health Sciences to an academic unit;
- the retained reporting structure of health science deans, associate deans, and executive directors to the vice-president academic;
- the new reporting structure of the Health Sciences Deans Committee (HSDC) to the associate provost, health; and
- the retained reporting structure of the associate provost, health, to the vice-president academic.

The revised framework also suggested, for ongoing discussion, the grouping of kinesiology, public health, nutrition, and (potentially) nursing and/or rehabilitation sciences into a proposed College of Applied Human Health and Performance.⁸ The version 2 framework was presented at the Health Sciences Deans Committee meeting held on Nov. 7, 2022, where the revised framework's structure was approved but the combined college proposal was not.

Additional framework feasibility consultations and amalgamation discussions

On Nov. 10, 2022, the interim associate provost, health, and the Health Sciences planning and projects officer met with the university secretary and chief governance officer to ascertain the feasibility of:

- changing the USask Health Sciences into an academic unit;
- changing the title and position of the leader of the USask Health Sciences; and
- combining any number of colleges and schools to create a new college if deemed necessary (thus dissolving those units).

It was determined that all changes could be implemented if they were to be formally approved past the conceptual stage.

Following this feasibility discussion, the interim associate provost, health, and the Health Sciences planning and projects officer hosted a meeting on Nov. 14, 2022, with a subgroup of members from the Health Science Collective to facilitate the ongoing discussion of a combined

⁸ See Models C and D in the Framework Recommendation Options Report (Version 1) located in the appendix.

college concept. In attendance were deans from the Colleges of Pharmacy and Nutrition, Kinesiology, and Nursing as well as the interim executive director of the School of Public Health.

At the meeting, the External Framework Models document was provided and presented (see appendix). It included the revised version 2 framework but also proposed a new combined college model. Additionally, it provided several examples of merged colleges/faculties and associated program offerings at North American institutions as well as an articulated list of the benefits, synergies, and unique opportunities made possible through multidisciplinary collaborations realized by combining related academic units.

In addition to requesting a stronger justification to potentially combine units, the steering committee subgroup raised concerns regarding accreditation, fiscal benefits, and “fixing things that aren’t broken.”

In short, there was minimal support for restructuring to an amalgamated college; however, it was agreed upon that these units should be actively seeking opportunities to grow their collaborations in terms of research and shared services (e.g., IT specialists, communications officers, research facilitators etc.) and that combined courses, programs, and degrees should be further explored.

There was also an understanding that collaborative opportunities not based upon a reorganizational or amalgamated framework must be realized to:

- demonstrate that the Health Science Collective is breaking down silos and working in a multi/interdisciplinary fashion; and to
- justify to University of Saskatchewan funders and administrators that an amalgamation is not justified or necessary if the desired outcome of boundless collaboration can be achieved without dissolving existing units.

Of note, it was articulated that these types of collaborations should be explored, developed, and implemented by the staff and administration of the USask Health Sciences (or potential Academic Health Sciences).⁹

There was also agreement that the positions of the associate provost, health, the planning and projects officer, and the Health Sciences’ supporting and facilitating staff be permanent in the new organizational framework.

Draft recommendations (November 2022)

- 1) Health science member units will remain as they are — independent and autonomous academic units, reporting to the provost and vice-president academic.

⁹ In the fall of 2022, the idea of a College of Kinesiology and School of Public Health collaboration was reintroduced to the college and school leadership by the Health Sciences planning and projects officer. As of December 2022, the development of a project charter was underway to authorize the exploration and proposal development for options including Kinesiology undergraduate pathways that incorporate public health courses and master’s programs in public health specializing in physical activity and health promotion. This project is outside the scope of the Health Sciences Reorganization Initiative but highlights the value of a Health Sciences associate director of projects and planning (part of the proposed recommendations from the Health Sciences Reorganization Initiative) shared amongst the collective to facilitate the generation of ideas, movement of ideas to projects, and implementation of strategic initiatives.

- 2) The USask Health Sciences will be changed to an academic unit. The Academic Health Sciences will continue to oversee and make decisions regarding the Clinical Learning Resource Centre (CLRC), building operations of the Health Sciences Building, and interprofessional education (IPE). Additionally, the Academic Health Sciences will oversee, house, and deliver shared health science courses and modules.
 - a. Modules and courses will be determined through consultation with the Health Sciences Deans Committee and the provost.
 - b. Tuition from shared courses will be parsed between the USask Health Sciences, the home unit of the instructor, and the home unit of the student. The proportionate distribution is to be determined.
- 3) The Academic Health Sciences will be led by the vice-provost, health sciences (previously associate provost, health). In addition to making decisions on CLRC service, space allocation within the Health Sciences Building, lab allocation, IPE delivery and direction, etc., new authority will be given to the vice-provost, health sciences, to oversee research lab allocation, research events, project management support, communications support, strategies, and initiatives to support collaborative research, etc.
 - a. Decisions affecting health science member units in relation to their role as a member of the Health Science Collective (i.e., building space, shared services, shared courses, etc.) will be made by the vice-provost, health sciences.
- 4) The Academic Health Sciences will provide a home for shared resources and service centres. The composition of the administration networks, shared resources, and shared services will be decided in collaboration with leaders from the Health Science Collective and with Institutional Planning and Assessment's Administrative Services Renewal (ASR) Initiative. Shared resources will be managed by the Office of the Vice-Provost, Health Sciences, but will work across the Health Science Collective, similar to how the current role of the Health Sciences associate director of academic programs and interprofessional education functions.¹⁰
 - a. Shared administrative networks may include executive assistants, payroll officers, tuition payments, enrollment, and Concur transactions (with additional roles to be added).
 - b. Service and resource centres with a home in the USask Health Sciences — but which could serve the university's health science community — include alumni relations officers, fundraising and donor relations, communications specialists, research facilitators, and project managers.

At this point, a series of conditional statements accompanied the recommendations:

- 1) Cost savings in shared services could be possible *if* the Administrative Services Renewal (ASR) Initiative identifies services which the leaders of health science units are willing to share. The cost would not be saved at the network (Academic Health Sciences) level but at the college/school level. Savings would not be immediate but

¹⁰ i.e., reporting to the current interim associate provost, health, but facilitating projects and programming in accordance with the needs and directive of the Health Science Collective.

would be gradual through the attrition of college-specific positions and the transition to the administrative network housed in the Academic Health Sciences.

- 2) Faculty time and course delivery cost savings could be possible *if* the current USask Health Sciences were successfully reintroduced as an academic unit to house shared courses *and* if deans were to agree on shared courses and redesigned programs to provide space for shared courses.
 - a. Opportunities for savings across the Health Science Collective could be possible through reduced redundancies; however, costs would be accrued by (and remuneration would be paid to) the Academic Health Sciences.
 - b. Faculty at individual health science member units would not teach as many undergraduate courses, allowing for more research and expertise-specific teaching time.
- 3) Improved access to resources and services for under-resourced colleges is possible *if* the ASR Initiative continues into later phases *and* health science unit leaders agree upon the shared resources housed in the Academic Health Sciences (i.e., communications, project management, alumni and fundraising, research facilitators, pre/post-award support). The cost would not be saved at the network (Health Sciences) level but at the college/school level.

Opportunities exist for increased revenue through donor and government support of a collaborative and unified Health Science Collective (e.g., increased grant success with more interdisciplinary work, applications, and labs).

Recommendations and operating model modifications and refinement

The steering committee met on Dec. 13, 2022, to discuss the Progress Report on the Health Sciences Reorganization Project (dated Jan. 4, 2023, see appendix) that was prepared for the provost and circulated prior to the meeting.¹¹

The highlight from this discussion involved the fact that steering committee members had changed their minds about the USask Health Sciences becoming an academic unit and requested that the Health Sciences planning and projects officer remove this from the recommendations. No concerns were voiced about the associate provost, health, position being retitled vice-provost, health sciences, or about the dual reporting structure — for collective decisions — of health science college and school leaders to the provost and to the vice-provost, health sciences.

The updated draft recommendations and operating model were approved to proceed by the provost on Jan. 19, 2023. As such, the interim associate provost, health, the Health Sciences planning and projects officer, and the Health Sciences communications strategist continued to flesh-out the draft document for the steering committee.

A fulsome set of four recommendations and a new operating structure (which removed the idea of the USask Health Sciences as an academic unit) were presented to the steering committee

¹¹ To avoid duplication of items (project charter, previous reports, etc.), the Progress Report on the Health Sciences Reorganization Project dated Jan. 4, 2023, is provided in the appendix of this document without its original appendix materials.

on Feb. 8, 2023, in preparation for a discussion meeting of the steering committee set for Feb. 22, 2023 (see appendix for the Recommendations and Operating Model, dated Feb. 8, 2023).

While the meeting agenda indicated that discussion would address all four recommendations and the operating structure, the meeting time only allowed for discussion of the first two recommendations.

Despite approval of the updated recommendations by the provost, the steering committee voiced a number of concerns. A summary of the comments from the meeting includes:

- The steering committee was now unsure if the new leadership title should be a vice-provost, health sciences.
- There was a suggestion that the document should address structural issues to working collaboratively.
- The majority of the committee expressed no opposition to the new structure but most want more detail on implementation.¹²
- Criticism was provided by one steering committee member that a piecemeal change (as seen in the proposed structure re-envisioned without the USask Health Sciences as an academic unit) will change nothing and that what was needed is an entirely new structure; however, other committee members indicated that incremental change has benefitted some smaller colleges.
- Criticism was received that the document simply rebrands the status quo.

March events included meetings between the interim associate provost, health, and the provost; the interim associate provost, health, and individual deans; and between the provost, interim associate provost, health, and the deans. The feedback from the Feb. 22 meeting (including feedback provided through email) was incorporated into the draft document and another revision was distributed to the steering committee on April 5, 2023 (see appendix).

Revisions of note include:

- clarification of the role of the vice-provost, health sciences, in overseeing and making *collective* decisions and not having any oversight of independent college or school decisions;
- The USask Health Sciences not adding new positions to the unit but rather redefining and rephrasing current positions; and
- removing specifics relating to an administrative service centre for the Health Sciences Collective and instead, stating that it is advised to wait for direction from the Horizons Project Administrative Services Renewal (ASR) Initiative.

By April 30, 2023, and the delivery of the biannual report (see appendix), the Health Sciences Reorganization Initiative timeline had been revised once again to reflect the unanticipated amount of time required for feedback, critique, review, and adaptations to be incorporated into the recommendations and operating model. The initiative remained on budget but was behind schedule.

¹² The development of an implementation plan is a task outlined in this initiative's project charter. Development of the plan is currently anticipated to take place between January and April of 2024.

The first of three key performance indicators was complete at this time (i.e., current state assessment) with the second and third well underway (i.e., future state design and consensus of the Health Science Collective).

While approximately half of the deliverables remained to be completed, it was anticipated that they would take less time than initially planned because — as health science units were not changing structure, function or title — the present draft of the recommendations did not require the complete tricameral approval process.

Similarly, implementation of the approved changes is not anticipated to be overly time consuming. If the recommended changes are adopted, they would provide the vice-provost, health sciences (previously the associate provost, health sciences), the authority to make expedited and informed decisions pertaining to the Health Sciences Building and the Health Science Collective — many of which the position already oversees, albeit via a drawn-out process.¹³

Moving forward

Following these last revisions, and with the need to keep the initiative progressing in a timely manner, the provost sent a request for feedback to the steering committee that included the updated Recommendations and Operating Model report (dated April 26, 2023) with only Recommendation #1 — the establishment of a vice-provost, health sciences, as the unit leader — and a table identifying the roles and responsibilities of this position (see appendix).

In July 2023, the provost indicated to the interim associate provost, health, and to the Health Sciences planning and projects officer that, following feedback from the steering committee¹⁴, **Recommendation #1 — the establishment of a vice-provost, health sciences, and accompanying Office of the Vice-Provost, Health Sciences (OVPHS) — was approved and that subsequent recommendations should be adapted accordingly.**

Other aspects of the official recommendations for the Health Sciences Reorganization Initiative (i.e., review of the OVPHS position and profiles, committees, budget, and policy) have been refined in light of the approved Recommendation #1 and a draft of the complete list of recommendations is being distributed for steering committee feedback by September 2023 (see appendix).

At this point in the initiative, implementation of the recommendations is projected to begin in the Summer/Fall of 2024. The beginning of 2024 (January-April) will be used to develop an implementation plan for the recommendations (the final deliverable from the initiative) and a strategic plan for the OVPHS. It is recognized that at this point in the initiative and with time running out, moving recommendations forward may require that the recommendations only obtain majority agreement from the steering committee, and approval from the provost.

¹³ In the Institutional Context Report, a key weakness was documented regarding “a 10+ year history of change efforts in the health sciences that were either interrupted mid-project, rejected, or not fully implemented.” It was also noted that “at least 38 leadership transitions [related to the Health Science Collective, provost, and president took place] between 2009 and 2022” and that “in some cases, leadership turnover directly links to lost momentum or significant changes in direction [on collaborative work requiring time and sustained focus].” Between the onset of the Health Sciences Reorganization Initiative in late 2021 and the writing of this report in August 2023, leadership and steering committee/HSDC representation has changed from the Colleges of Kinesiology, Arts and Science, and Dentistry. Leadership within the University Library will change in November 2023.

¹⁴ In response to the provost’s email at the end of April 2023.

Next steps

As of August 2023, progress in the Health Sciences Reorganization Initiative is ongoing. To remain on the revised schedule and meet identified milestones and deliverables, the following next steps will be required:

- 1) Complete refinements of the Recommendations and Operating Model for approval by the Health Sciences Reorganization Initiative steering committee.
- 2) Obtain steering committee majority agreement on Recommendations #2-4 accompanying the approved operating model.
- 3) Work with the ASR Initiative to identify shared services and health sciences service centre composition including the incorporation or exclusion of resources within the Office of the Vice-Provost, Health Sciences.
- 4) Map out the details (and necessity) of the tricameral approval process for:
 - a. reassigning the title, position, etc. of USask Health Sciences leadership.
- 5) Present final Recommendation and Operating Model report to faculty.
- 6) Revisit the mission/vision statements for the Health Science Collective. Develop a strategic plan for the OVPHS (in consultation with the collective) to support the mission and vision of the collective.
- 7) Present final recommendations and implementation plan to the provost for approval.

APPENDIX

PROGRESS REPORT FOR THE HEALTH SCIENCES
REORGANIZATION INITIATIVE

Health Sciences Reorganization Initiative Project Charter

**PROGRESS REPORT FOR THE HEALTH SCIENCES
REORGANIZATION INITIATIVE**

Strategic Priorities
Health Sciences Reorganization Project Charter

Opportunity/ Context Statement
Building on deliberations over the past years, academic reorganization in the Health Sciences will be a leading-edge effort to amplify each of the disciplines in Health Sciences and will be a role model to the whole university of how to connect in ways that advance academic and research priorities, within our means.
Program Outcome
<p>Comprehensive information is required to inform opportunities for collaboration. This project will:</p> <ul style="list-style-type: none"> • Revisit Health Sciences change-efforts at USask undertaken since the 2009 White Paper on Health Sciences Governance focusing on key findings, recommendations and lessons learnt. • Undertake environmental scans of comparator institutions and map the internal USask structures. • Engage with internal and external stakeholders; and • Recommend a “future state” organizational structure for USask Health Sciences. The report will articulate the administrative, governance and budgetary infrastructure that will be required to meet the transdisciplinary needs of the health sciences for the next 20 years.
Key Performance Indicators/ Root Cause Analysis/ Baseline
<ul style="list-style-type: none"> • Completion of current state assessment • Completion of future state design • Consensus amongst health science colleges to proceed
Impacts
<p>Financial Impacts: This is a multi-year phased project.</p> <p>Phase 1 will focus on assessing options, gathering perspectives of stakeholders, building a change coalition, and establishing a compelling vision of the reasons for change and a mutually agreed outcome about the change itself. There are no anticipated financial savings in phase 1 beyond the redeployment of the Planning and Projects Officer within USask Health Sciences. This position was earmarked for elimination in 2021/22. Funding this reorganization project has saved ~\$100,000 in severance pay.</p> <p>Phase 2 will focus on change implementation; no significant financial savings are anticipated, and severance costs may be incurred. Positions that may be changed as part of this reorganization span the academic and administrative units that are engaged in the steering committee for this change effort. A mechanism will need to be developed to manage these costs and track these savings for the institution. The project may require budget for severance, but this has not yet been confirmed.</p> <p>Savings resulting from this project are anticipated to begin in Phase 3 (post implementation). Starting in 2023-24: The initiative has the potential to result in ongoing salary cost savings through the elimination of duplication and the reduction of the total administrative structure in the health sciences colleges and schools. Opportunities may also exist for salary cost savings for faculty positions through the simplification of academic structures (i.e., redeployment of faculty via the assignment of duties process (opportunity-cost savings)).</p>

Non-financial impacts

The health sciences collective made up of eight colleges and schools³ is uniquely positioned to model transdisciplinary ways of working. The health care researchers and professionals who come through these programs are expected to work in interprofessional teams often with a patient-centred focus.

We “seek solutions” to obstacles that we cannot overcome as individual colleges/units. A health sciences collective that not only trains others to work in a transdisciplinary way but works in that way itself will be a model for others across campus and the country.

³ Dentistry, Kinesiology, Medicine, Nursing, Pharmacy and Nutrition, Public Health, Rehabilitation Science, and Veterinary Medicine

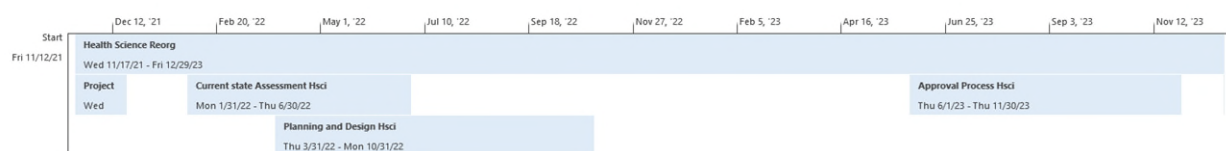
⁴ “Transdisciplinarity in health care involves transcending of disciplinary boundaries, a sharing of knowledge, skills and decision-making, a focus on real-world problems and the inclusion of multiple stakeholders including patients, their families and their communities.” <https://pubmed.ncbi.nlm.nih.gov/28547926>

Objectives

- Through a process of environmental scanning and stakeholder engagement this project will systematically assess the “current state” of the USask Health Sciences administrative and governance structures. Following this assessment it will make recommendations for a “future state” organizational structure that is able to respond to strategic opportunities and overcome frequently cited barriers to connectivity and cooperation.
- This project will develop an implementation plan for the “future state” organizational structure.
- This project will be attentive to establishing clear and compelling reasons for the proposed changes and agreed outcomes that the Health Sciences Leadership can champion as key influencers in a change coalition. A change coalition will be needed to progressively build support for the “future state” changes. The USask Health Sciences environment has a history of changes that were not fully implemented or not endorsed by key stakeholders and a robust change management plan and process will be required for successful full-scale implementation without full implementation the projected financial savings may not be achieved.

Milestones

Start Date and Timeframe: Nov. 17, 2021 to Dec. 31, 2023 – see details [in appendix](#)



Activity	Phase I ¹		Phase II	
	2021/22	2022/23	2023/24	2024/25
Project start ²	Nov 17, 2021			
Project fully resourced	Dec 2021			
Project charter approved	Dec 20, 2021			
Environmental scan (Health Sciences Organizational structures U15 and international) starts	Jan 2022			
Internal and external stakeholder analysis and identification complete	Feb 2022			
Mapping the required tricameral approval process for proposed reorganization complete	Feb 2022			
Report on "current state" USask Health Sciences organizational structure (Deliverable)	March 2022			
Report on Environmental scan complete (Deliverable)		May 2022		
Stakeholder consultations complete		June 2022		
Recommendations for a "future state" Health Sciences organizational structure submitted to the Provost for endorsement (Deliverable)		Sept 2022		
Implementation plan approved (Deliverable)		Oct 2022		
Proposed "future state" Health Sciences organizational structure begins tricameral governance approval processes		Oct 2022		
"Future state" organizational structure approved by tricameral governance (Deliverable)			By June 2023	
"Future state" Health Sciences organizational structure implemented			Nov 2023	
Project end			Dec 2023	

¹ Phased based on financial year May 1 – April 30

² the Project proposal was for a 2-year term, but due to resource availability the project start has been delayed

Budget

Investment from the Strategic Priorities fund: \$243,758. Terms for the funding outlined below

- Salary costs for two-year term project officer position
- Year 1: \$120,434 & year 2 \$123,324
- Any surplus will be returned to the Strategic Priorities fund

Budget: Expenses	Total	2021-22	2022-23	2023-24	2024-25	2025-26
Salaries & Benefits	\$243,758	55,900	121,900	65,958		
Total	\$243,758	55,900	121,900	65,958	-	-

Post-implementation costs and resourcing requirements:

- Savings linked to this project will come from across the operating funds of the administrative and academic units of the Health Sciences colleges and schools and the USask Health Sciences office.
- No post-implementation costs or resourcing requirements have been identified yet, if applicable, these will be identified in the implementation plan developed in phase 1.
- No severance costs are included in the financial forecast though they may be required in phases 2 and 3 of the project. If applicable, these will be identified in the implementation plan developed in phase 1.

- No incremental research revenues have been included in this template.

Risks

- Compliance with accreditation requirements,
- Compliance with expectations of primary funders (i.e., provincial ministries),
- Compliance with collective agreements and funding requirements both one-time and potentially ongoing.
- It is assumed that colleges and schools will fully support the initiative and will embrace opportunities to eliminate redundancy and reduce the total administrative structure.
- The university may have to allow colleges and schools to incur temporary operating deficits if any severance costs are significant.
- Implementing a comprehensive shared services model will represent a cultural change for faculty and staff.

Stakeholder Engagement Strategy

- **Executive Sponsor:** Airini, Provost and Vice-President Academic
- **Lead:** Adam Baxter Jones, Interim Associate Provost, Health, on behalf of the Health Sciences Deans
- **Operations Team:** Crystal Maslin, Planning and Projects Officer
- **Steering Committee:** Health Science Deans (Jane Alcorn, Peta Bonham-Smith, Doug Brothwell, Chad London, Gillian Muir, George Mutwiri, Solina Richter, Preston Smith, and Charlene Sorensen)
- **Initiative Working Groups:** TBC

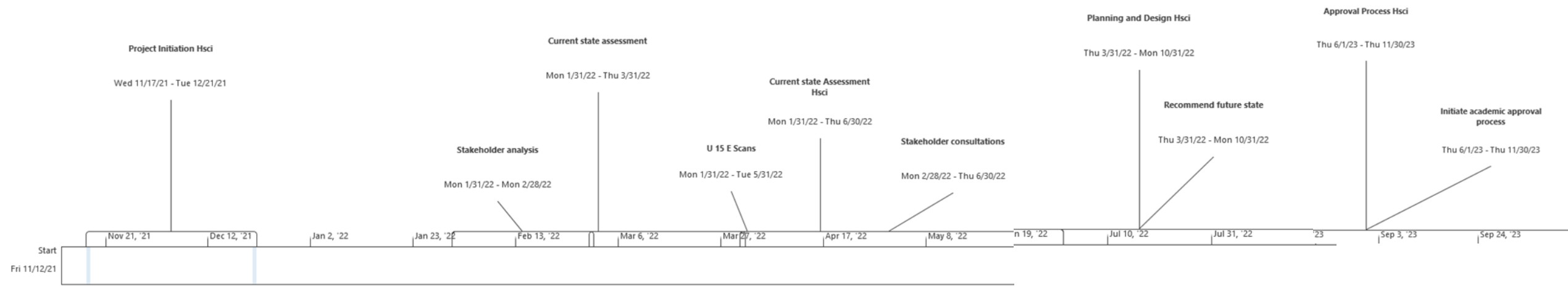
Communication Strategy

To be developed

Additional Information

- Round I Proposal submission
- Strategic priority reporting and monitoring template
- Health sciences reorganization budget template
- MY gov't funding template

Proposed Timelines



Steering Committee (as of August 2023)

**PROGRESS REPORT FOR THE HEALTH SCIENCES
REORGANIZATION INITIATIVE**

Health Sciences Strategic Priority Initiatives Steering Committee



Jane Alcorn
Dean, College of
Pharmacy and Nutrition



Melissa Just
Dean,
University Library



Joel Lanovaz
Interim Dean,
College of Kinesiology



Brooke Milne
Dean, College of
Arts and Science



Gillian Muir
Dean, Western College of
Veterinary Medicine



George Mutwiri
Interim Executive Director,
School of Public Health



Teresa Paslawski
Associate Dean, School of
Rehabilitation Science



Solina Richter
Dean,
College of Nursing



Walter Siqueira
Dean,
College of Dentistry



Preston Smith
Dean,
College of Medicine



Adam Baxter-Jones
Interim Associate
Provost, Health



Airini
Provost and
Vice-President Academic

Institutional Context Report

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**



UNIVERSITY OF
SASKATCHEWAN

Institutional context report

FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

SUBMITTED ON BEHALF OF THE HEALTH SCIENCES DEANS COMMITTEE:

Adam Baxter-Jones

Interim Associate Provost, Health
USask Health Sciences

Jane Alcorn, Dean

College of Pharmacy and Nutrition

Peta Bonham-Smith, Dean

College of Arts and Science

Doug Brothwell, Dean

College of Dentistry

Melissa Just, Dean

University Library

Chad London, Dean

College of Kinesiology

Gillian Muir, Dean

Western College of
Veterinary Medicine

George Mutwiri

Interim Executive Director
School of Public Health

Teresa Paslawski, Associate Dean

School of Rehabilitation Sciences

Solina Richter, Dean

College of Nursing

Preston Smith, Dean

College of Medicine

PREPARED BY: Crystal Maslin

DATE OF ISSUE: June 7, 2022

BE WHAT THE WORLD NEEDS

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Defining Terms

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH
SCIENCES REORGANIZATION PROJECT

1. Defining Terms

1.1. Health Sciences Reorganization Project

The Health Sciences Reorganization Project will work to define a governance framework that will amplify each of the disciplines in the health sciences and model ways to connect while advancing shared academic and research priorities. The project is seeking to enhance collaboration between the university's health science colleges, schools, and the administrative University of Saskatchewan (USask) Health Sciences unit.

The project mandate is to:

1. undertake an environmental scan;
2. map the current state of internal USask structures;
3. engage with stakeholders to develop a comprehensive understanding of what "stands in the way" of collaboration; and
4. develop a proposed "future state" organizational structure and articulate the administrative, governance, and budgetary infrastructure that will be required to facilitate implementation of the future state.

NOTE: This report is the deliverable for the first and second elements of the project (environmental scan and current state).

1.2. Health Science Collective

This report will refer to the collection of health science colleges, schools, and administrative units as the Health Science Collective. The Health Science Collective is comprised of 10 units (nine academic units affiliated with health science plus the USask Health Sciences administrative unit).

- Arts and Science
(*Department of Psychology*)
- Dentistry
- Kinesiology¹
- Medicine
- Nursing
- Pharmacy and Nutrition
- Public Health
- Rehabilitation Science²
- USask Health Sciences³
(*administrative unit*)
- Veterinary Medicine

¹ The dean of the College of Kinesiology has accountability for [USask Rec](#) operation and has delegated authority for [Huskie Athletics](#).

² Rehabilitation Science is a college-level school embedded in the College of Medicine.

³ [USask Health Sciences](#) is the name of an administrative unit and will not be used to refer to the collection of health science colleges, schools, and administrative units. Stakeholders often refer to "USask health sciences" or "health sciences" but are typically referring to the collective or the Health Sciences Building—not the administrative unit.



Executive Summary

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH
SCIENCES REORGANIZATION PROJECT

2. Executive Summary

The University of Saskatchewan (USask) Health Sciences Reorganization Project is working to define a governance framework that will amplify each of the disciplines in the health sciences and model ways to connect while advancing shared academic and research priorities. The project is seeking to enhance collaboration between the university's health science colleges, schools, and the administrative USask Health Sciences unit.

There is a 10+ year history of "talking about" governance change in health sciences—especially as it relates to shared resources or collaborative efforts. Considerable time and effort have been invested exploring multiple governance models; however, the proposed changes have not been fully implemented and some proposals have been set aside citing insufficient stakeholder engagement. Changes that have been successfully implemented focused primarily on incremental or operational activities and not governance. This paper provides institutional context detailing previously proposed governance changes and summarizes the collaborative activities that have evolved over the last two decades.

One of the fundamental deliverables required from this project is to propose a “future state” governance model. The selection of this model may be contentious. Diverse stakeholders perceived the risks and benefits of governance change differently and, to date, there is not an agreed ultimate destination.

In 2009, the Council of Health Science Deans (CHSD) was established with a mandate to: provide academic leadership and set strategic direction and policy with respect to interprofessional curricula, research, service, and infrastructure; promote interdisciplinary discovery; provide governance and strategic direction for Health Sciences Building operations; and more.

The planning and occupation of the building have been at the forefront of many discussions for the last 20 years. The opening of the final wings of the facility in 2019 was a tremendous accomplishment requiring considerable collaboration and shared planning; however, with construction and renovation work completed, **it is time to shift focus and prioritize collaborative endeavours extending beyond brick-and-mortar infrastructure.**

To assist the understanding of the university's strengths, weaknesses, opportunities, and threats related to exploring governance change in health sciences, more than 70 engagements with USask committees, groups, or individual members of the campus community were held. These engagements included formal and informal presentations, stakeholder interviews, and feedback received as part of an open invitation for any interested member(s) of the campus community to participate.

The insights gained from these meetings were instrumental in helping capture pertinent institutional context; however, if the Health Sciences Reorganization Project is to be successful, additional engagement will be needed. **Throughout the stakeholder engagement process, groups of faculty and staff have reached out to request fulsome engagement with, or co-creation of, governance proposals that may directly affect their unit(s).**

Strengths

- Where roles and resources have been put in place with a clear mandate to work across boundaries, successful cross-cutting initiatives are in place. In these situations, facilitation of **collaborative work is not done “on the side of the desk” but “it is the work.”**
- Existing shared functions in the Health Science Collective are closely aligned with Plan 2025 and the collective is well-positioned to work together on new areas of strategic agreement.
- **There is an interest and willingness from members of Health Science Collective units to work across boundaries. When the shared topic is compelling,** members of the campus community show up with enthusiasm, as they have done for many years. Many stakeholders sought out additional discussion time regarding ideas for micro-, meta- and macro-level changes in the health sciences.
- **There is a great deal of enthusiasm about the many topics that could be turned into shared courses/modules.** Many faculty have articulated enthusiasm to engage in this process.

Weaknesses

- **There is a 10+ year history of change efforts in the health sciences that were either interrupted mid-project, rejected, or not fully implemented.**
- College and school leaders, faculty, and staff face numerous competing priorities that they need to manage; **shared activities are not the top priority and can be crowded out by unit-specific needs.**
- **Unequal access to resources** has resulted in inter-unit competition and some hostility between the “have” and “have-not” units.
- **No shared strategic plan for the Health Science Collective exists.**
- **Numerous structural impediments to collaborative activities exist.**
- **New ways of working together cannot add to the overall base budget.** USask expects to operate from a smaller base budget going forward. Tough prioritization decisions will be required.
- Collaborative governance work takes time and sustained focus. **In some cases, leadership turnover directly links to lost momentum or significant changes in direction.** Since the Council of Health Science Deans was established in 2009, there have been at least 38 senior leadership transitions associated with the Health Science Collective. A “future state” governance model must be robust enough to cope with the cyclical turnover of leadership roles.
- The ten largely independent member units of the Health Science Collective have a **complex web of independent academic and administrative infrastructure.**

Opportunities

- **Clarify how the role of associate provost, health, integrates within the rest of the organization.** This academic leadership position was established as part of an earlier model that was not fully implemented.

- **Establish a shared strategic plan.** Use the plan to proactively identify the changes that the Health Science Collective needs to make today so that it is ready for the future. Confirm the intended functions to be served by the reorganized entity.
- **Change the narrative about the way we collaborate.** Successfully implemented collaborative projects quickly become part of the institutional landscape and are, at times, overlooked.
- **Find ways to entrench Indigenous perspectives at decision-making tables and in all we do.** Be guided by the Guiding Principles in ohpahotân I oohpaahotaan (The Indigenous Strategy for the University of Saskatchewan): “Nothing about us, without us” as an antidote to exclusion; belonging as a healing practice; allyship as a demonstration of humility.
- **Utilize change management methodology to address the “people side” of proposed governance changes.** Top-down governance changes have been repeatedly rejected at USask.
- **Use a quality improvement lens and appreciative inquiry approach to engage stakeholders to work through tough problems as a collective.**
- Re-imagine the way some academic leaders work and **explore a matrix management approach** with portfolios cutting across select topic areas.
- **Explore opportunities to share administrative services.** Many role types were suggested as part of the consultation.
- **Assess the value of creating a centralized academic home for shared courses.** It could potentially offer a mechanism to overcome numerous structural impediments.
- **Establish a mechanism to look for and facilitate new program offerings** (i.e., a shared structure or template for new program development, including how costs can be shared).

Threats

- **A number of strategic priority initiative projects outside of the Health Sciences Reorganization Project are currently underway; some of those projects will have integration points—or possibly downstream risks or benefits—impacting this project.**
- Governance changes are perceived as a paramount concern when viewed as a threat to professional / discipline-based identity and autonomy.
- Governance changes are seen to be a threat to accredited programs.
- Governance changes will not automatically result in great effectiveness or efficiency.

About this Document

This paper was written to report on the current state of health sciences and to serve as a reference point while the members of the Health Science Collective work to articulate future state governance options. At a retreat in June 2022, leaders from across the Health Sciences Collective will use the content of this report and external scan information to offer guidance on the options that should be further developed for presentation to the University of Saskatchewan campus community.



Historical Context: Collaborative Activities in the Health Sciences at USask

**INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH
SCIENCES REORGANIZATION PROJECT**

3. Historical Context: Collaborative Activities in the Health Sciences at USask

For nearly 40 years, a Health Sciences Deans Committee (HSDC) has existed to consider issues of common interest. In September 2003, the Government of Saskatchewan announced that a new Academic Health Sciences Facility (now known commonly as the Health Sciences Building) would be constructed to house the Colleges of Dentistry, Medicine, Nursing, Pharmacy and Nutrition, and the School of Physical Therapy^{4,5}. The building represented a \$350 million investment and its planning was the focus of significant effort for HSDC members and others.

Over the past 20 years, a number of projects⁶ have been struck to alter the governance arrangements for the Health Science Collective. The mandates of those projects have been very similar in their strategic goals and the potential articulated. The proposed governance models and approaches to achieving those goals have varied significantly but, in each case, the models were only partially implemented or did not get to the implementation phase. **Perhaps the most influential of these projects, the 2009 [Discussion Paper⁷] on Health Sciences Governance, resulted in the establishment of the Council of Health Science Deans (CHSD).**

The vision and mission articulated in 2009 as part of the establishment of the Council of Health Science Deans remain in place and are aligned with University Plan 2025 but it is unclear when they were last affirmed. Plan 2025 and the existing vision and mission for the Health Science Collective emphasize the critical importance of interdisciplinary learning, research, and delivery of external impact.

Vision

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.

Mission

The health sciences will enhance the capacity for high-quality health care by enabling

⁴ The renaming of the School of Physical Therapy to the School of Rehabilitation Science was approved at University Council in October 2017.

⁵ The School of Public Health was approved by University Council in May 2007 after the new Academic Health Sciences Facility was announced.

⁶ These projects include commissioned reports and internal initiatives such as: 1998 Report of the President's Task Force on Health Sciences Education (Schnell Report); 2006 Inter-Professional Health Sciences Office (IPHSO); 2009 [Discussion Paper] on Health Sciences Governance (resulted in the establishment of the Council of Health Sciences Deans); 2014 Report to the Provost on the Council of Health Science Deans (by Ronald Bond, resulted in the establishment of the Office of the Vice-Provost Health); the 2019 Re-imagined Interdisciplinary Health Sciences model proposed by Provost Dr. Anthony Vannelli and Dr. Steven Jones (resulted in the rebranding of the Office of the Vice-Provost Health to the USask Health Sciences).

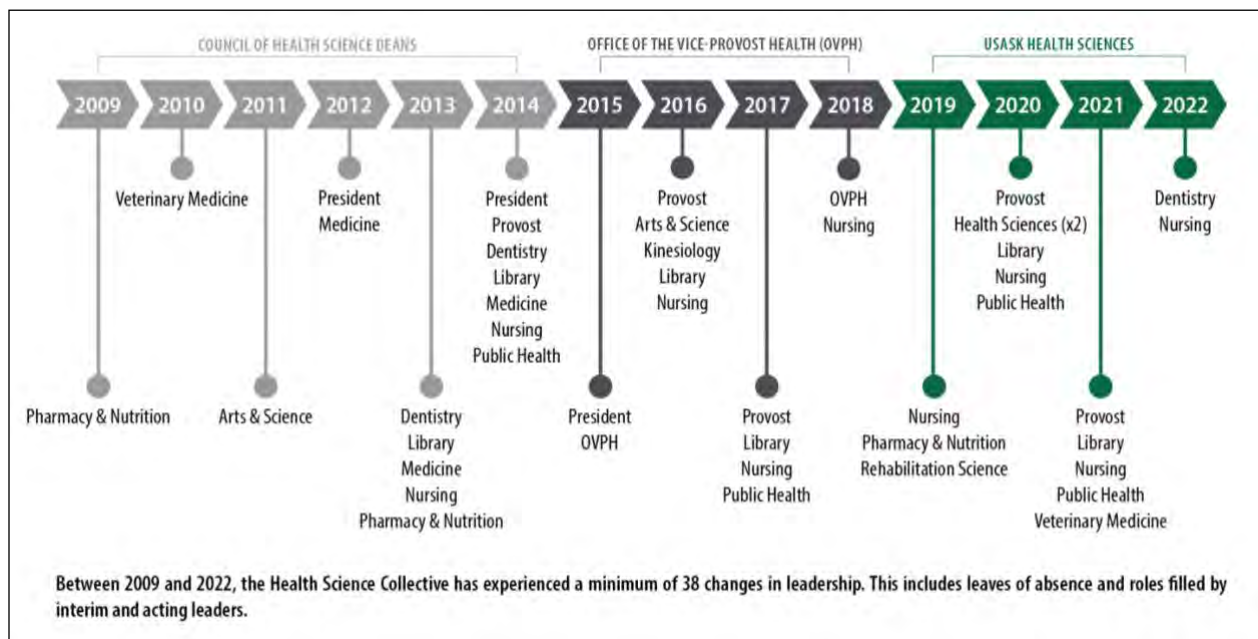
⁷ This document was originally referred to as a "white paper" which has historically racist roots. The phrase "white paper" will be universally replaced with "discussion paper" in this report. For more information, refer to <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper>.

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.

Figure 1 presents a high-level overview of the evolution of the unit since the CHSD was officially established in 2009, including the various names the unit has used. It also highlights that **there have been at least 38 leadership transitions between 2009 and 2022**. These changes are in addition to the rotating chair model that was used for CHSD leadership (2009-2015). Senior staff at the director or associate director level were unchanged for much of this period.

Collaborative work takes time and sustained focus. **In some cases, leadership turnover directly links to lost momentum or significant changes in direction.** Managing some degree of annual leadership turnover is a given, seeing as the Health Science Collective directly involves at least ten academic leaders typically serving five-year terms; however, **a future state governance model must be robust enough to cope with leadership transition.**

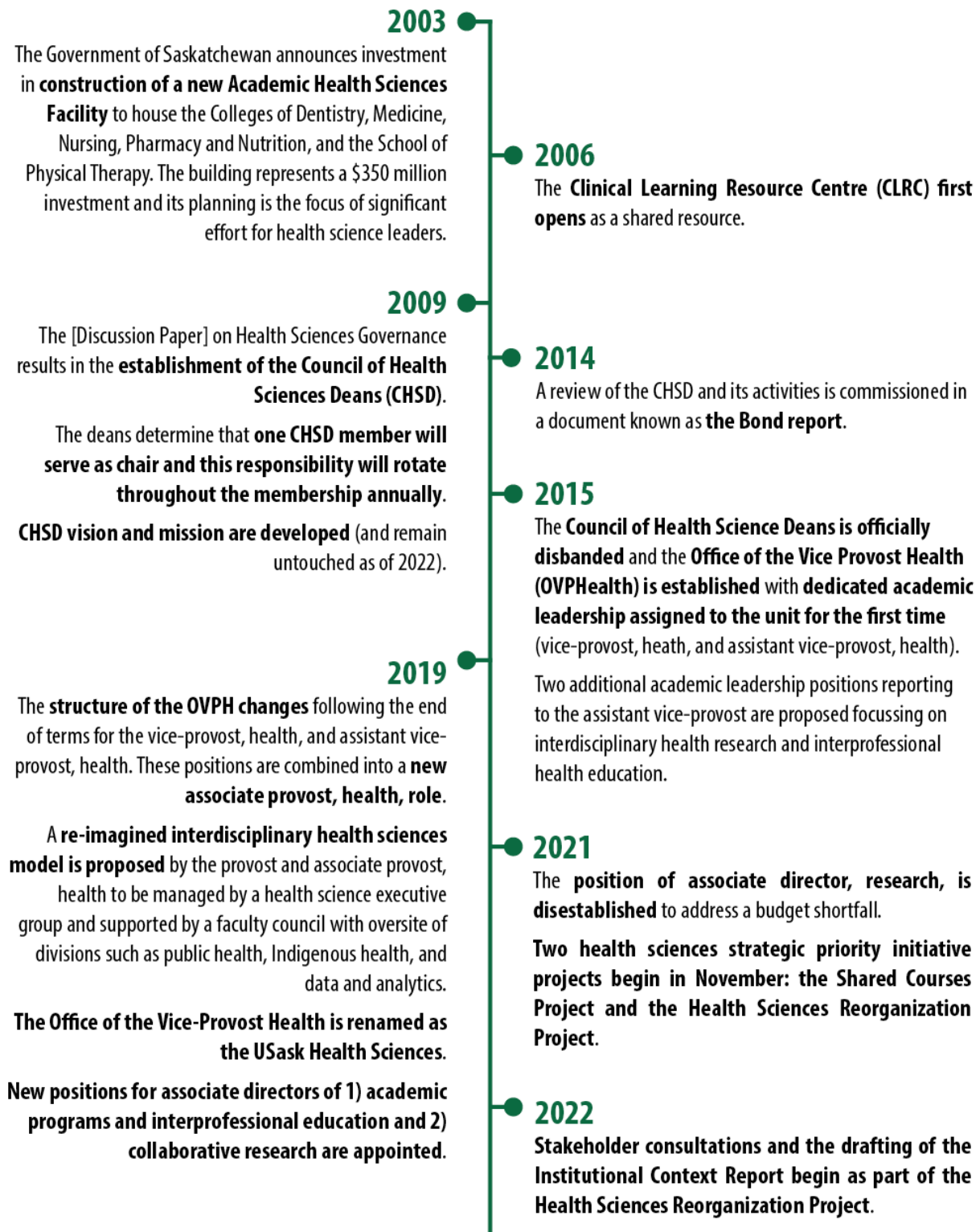
Figure 1: Leadership Transition—Health Science Collective, Provost, and President



The following section summarizes past change efforts to: learn from the significant planning, thought, and consultation of the past; uplift those ideas that may still hold merit; and to avoid the implementation issues of the past. Figure 2 provides an overview of noteworthy events.

- In 2009, the Council of Health Science Deans (CHSD) was established with a mandate to: **provide academic leadership and set strategic direction and policy with respect to interprofessional curricula, research, service, and infrastructure; promote interdisciplinary discovery; provide governance and strategic direction for the Academic Health Sciences Facility operations;** and more.
- The 2015 transition to the Office of the Vice-Provost Health was not fully implemented and the governance changes proposed as part of the 2019 transition to USask Health Sciences were not implemented.

Figure 2: A Timeline of Noteworthy Events



3.1. The Council of Health Science Deans (2009-2015)

In 2007, Acting Provost Ernie Barber tasked six health science deans⁸ to:

- work together to gain a solid understanding of, and subsequently demonstrate, the vision that was established for the new Academic Health Sciences Facility;
- prepare a proposal regarding governance and administrative structures for interprofessional health sciences, including academic programming at the University of Saskatchewan; and
- recommend an implementation schedule for the proposed governance structure.

As part of the structural and governance arrangements implemented as a result of the [Discussion Paper] on Health Sciences Governance (University of Saskatchewan, 2009), the Council of Health Science Deans (CHSD) was established, and the deans determined that **one of the members of their group would serve as chair, with that responsibility rotating amongst their membership on an annual basis.**

The mandate of the CHSD was to:

- provide academic leadership and set strategic direction and policy with respect to interprofessional curricula, research, service, and infrastructure;
- control its own budget and oversee the fiscal integrity of joint operations and initiatives;
- work with life/health science 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 [sic] Access service⁹ (which was planned to report to the council via the council office);
- initiate mutually beneficial advancement initiatives (i.e., development, communications, alumni relations) as appropriate;
- provide governance and strategic direction for Academic Health Sciences Facility operations; and
- link with Saskatchewan Academic Health Sciences Network, health regions, and government.

Operational aspects of the CHSD mandate that were funded and fully implemented made progress. This included the planning and occupation of the Academic Health Sciences Facility and a **shared infrastructure service model for research and education services within the**

⁸ Drs. Gerry Uswak (Dentistry); Carol Rodgers (Kinesiology); Bill Albritton (Medicine); Lorna Butler (Nursing); Dennis Gorecki (Pharmacy and Nutrition); and Chuck Rhodes (Veterinary Medicine).

⁹ This was described as “Native Access for Nursing/Medicine service (to become Native Access for Health Science in the future)”.

building (including services such as the [Clinical Learning Resources Centre \(CLRC\)](#), Building Operations, Health Sciences Supply Centre, and the Lab Management Unit).

These services reduced the repetition and overlap of services and achieved economies of scale.

3.2. Report to the Provost on the Council of Health Science Deans – Ronald B. Bond (2014)

In April 2014, Provost Brett Fairburn commissioned a review of the CHSD and its activities in a document known as the [Bond Report](#). The report indicated that, while there had been many significant achievements of the council and there continued to be a shared commitment to its intents, the CHSD's potential had yet to be realized. The council had been heavily **preoccupied with creating policy and addressing issues surrounding the occupancy of the new Academic Health Sciences Facility**.

The CHSD had a mandate beyond the Academic Health Sciences Facility, but reviewer Ron Bond noted that "the potential articulated in the 2009 [Discussion Paper] had yet to be realized." He went on to state that **"the operational and technical requirements of getting a remarkable new facility ready for occupation appear to have crowded out discussions (and more to the point decisions) on its academic [reason for being]"** (Bond, 2014, p. 6).

Bond also observed a deficiency in the work of the CHSD related to the amount of attention given to Interprofessional Education (IPE). The report concluded that the **structure and governance of the council were not sufficient** to meet the health science mandate in its current form and **made the following major recommendations**:

- That a **"neutral" chair**, perhaps with vice-provostial status, be appointed by the provost to provide leadership for the CHSD for a term of three to five years.
- That the university consider several options for **broadening the membership** of the CHSD.
- That a senior university body or official charge the CHSD with the **responsibility of developing bylaws based on the idea of "governance as leadership"** and on the corollary that its members have been entrusted by the university with responsibility and accountability for the cluster of health sciences at the university.
- That the **CHSD develop a strategic plan**, complete with performance measures, that systematically addresses the need for interprofessional education and collaborative research.
- That the university demonstrates its commitment to the council by **ensuring regular interactions between the CHSD and bodies such as the President's Executive Committee (PEC) and the Provost's Committee on Integrated Planning (PCIP)**; by setting up a working group on recognition and reward for those who undertake IPE and collaborative research; and by **clarifying budgetary arrangements**, under [TABBS](#), for the CHSD.

3.3. Office of the Vice-Provost Health (2015-2019)

In 2015, Interim Provost Ernie Barber and Vice-President Research Karen Chad initiated significant changes to the health sciences portfolio. **The Council of Health Science Deans was officially disbanded and the Office of the Vice-Provost Health (OVPHealth) was**

established. For the first time, dedicated academic leadership was assigned to the unit. These changes to the administrative and governance structure for the health sciences were intended to provide dynamic leadership and stimulate interdisciplinary innovation.

Two new senior academic leadership positions were created:

1. **Vice-provost, health.** This position was attached to an existing dean position. Its focus was on *external* relationships for the health sciences.
 - a. The inaugural appointee to this position was Dr. Preston Smith, dean of the College of Medicine.
2. **Assistant vice-provost, health.** This position was created to focus on developing *internal* relationships, processes, and structures to support interdisciplinarity in the health sciences.
 - a. Dr. Lois Berry was seconded from the College of Nursing to fill this position on an interim basis until 2018.
 - i. Dr. Berry's work focused exclusively on the OVPHealth to provide academic leadership to support and promote interprofessional education and interdisciplinary research.

To promote the success of interdisciplinary initiatives, two additional academic leadership positions reporting to the assistant vice-provost were proposed:

1. **Special advisor on interdisciplinary health research.**
 - a. Dr. Lisa Kalynchuk, an accomplished neuroscience researcher from the College of Medicine, assumed responsibilities as a special advisor on interdisciplinary health research (in-scope of the University of Saskatchewan Faculty Association [USFA]) in September 2015.
 - i. It became apparent that this position required more authority than an in-scope position provided. The in/out of scope issues related to the position could not be resolved.
2. **Special advisor on interprofessional health education.**
 - a. Because of labour relations issues, the interprofessional health education position was never filled.

3.3.1. SCOPE OF WORK

The scope of work for the OVPHealth fell into four key areas: interdisciplinary operations, interdisciplinary research, interprofessional education, and Indigenous engagement. The focus that began in 2015 on these key areas is still evident in work undertaken by the current Health Sciences administrative unit.

3.3.1.1 INTERDISCIPLINARY OPERATIONS

The work of interdisciplinary operations established under the CHSD continued uninterrupted during this period. This included the work of the Clinical Learning Resources Centre (CLRC), Building Operations, Health Sciences Supply Centre, and the Lab Management Unit.

3.3.1.2 INTERDISCIPLINARY RESEARCH

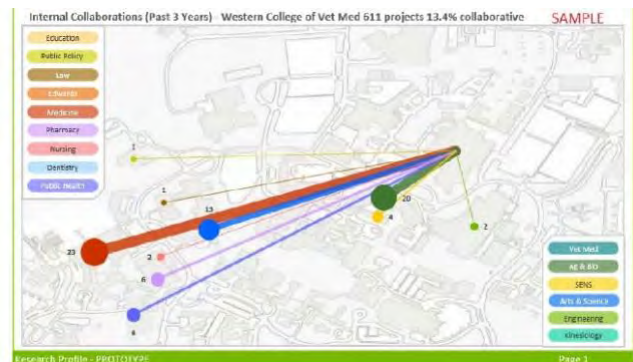
Efforts to make progress in the area of interdisciplinary research included negotiations involving shared research equipment and work to draft policy related to research space.



In 2017, the OVPHealth took over the work of organizing and hosting the **Life and Health Sciences Research Expo**—an annual event acknowledging exemplary research and learning activity at the University of Saskatchewan. The expo brings together trainees from many of the university's health science disciplines (and even units such as the College of Engineering and the Johnson Shoyama Graduate School of Public Policy) to present their research and compete for prizes in primary categories such as Basic Science, Clinical Science, and Social & Population Health. Depending on the year, and the guidance provided by each year's academic co-chairs, competition categories have also

included interdisciplinary / interprofessional collaboration, Indigenous health research, and more.

In 2017, at the request of the Health Science Deans Committee and in collaboration with **Institutional Planning and Assessment (IPA)**, a project was undertaken to **map interdisciplinary research collaborations** using administrative data captured in **UnivRS**. The purpose of this work was to



show the scale of cross-college collaboration. Follow-up interviews with those who frequently worked collaboratively shed light on what motivated the collaborations. Almost universally, **scholars reported that the desire to resolve pressing real-world problems motivated them to persist in spite of institutional barriers**. The desire to meaningfully address issues of hunger, for example, allowed the scholars to transcend disciplinary boundaries.

3.3.1.3 INTERPROFESSIONAL EDUCATION (IPE)

Interprofessional Education (IPE) work in the form of **Patient Family Narrative (PFN)** sessions and **Interprofessional Problem Based Learning (iPBL)** continued as it had since the inception of those activities. As noted earlier, the special advisor on interprofessional health education position was never filled. The work in this area of scope was not moved forward by the OVPHealth in a notable way until 2019 when an associate director, academic programs and interprofessional education, was hired.

3.3.1.4 INDIGENOUS ENGAGEMENT

Starting in 2015, significant effort was invested in Indigenous engagement. This included establishing a faculty, staff, and community-member-engaged Health Science Indigenous

Engagement Committee (HSIEC)¹⁰. The HSIEC had two subcommittees: the Indigenous Space and Visual Symbols Committee and the planning committee for the Gathering for *miyomahcihowin* physical, mental, emotional, and spiritual well-being (the Gathering).

As of 2022, the Indigenous Space and Visual Symbols committee continues to meet and implement changes. The committee led a project to uplift Indigenization in the Academic Health Sciences Facility through [the installation of USask Indigenous symbols in the D- and E-Wings](#) and, as of June 2022, is in the midst of **installing a commissioned Buffalo Robe** in E-Wing and replacing the artwork in conference room GD04 with **Pow Wow photos**.

Since 2019, the committee has **spearheaded campus-wide USask Orange Shirt Day campaigns** and, in early February 2022, it partnered with Shop USask to make orange shirts available year-round.



This focus on Indigenous engagement also resulted in faculty, staff, and community members joining forces to develop and host the [Gathering for *miyomahcihowin* physical, mental, emotional, and spiritual well-being](#) in 2018 and 2020¹¹. Faculty and staff from across the Health Science Collective joined with the Saskatchewan Indigenous Mentorship Network, the Saskatchewan Health Authority, and the Métis Nation of Saskatchewan to plan these events for audiences of 300-400 attendees. Dr. Holly Graham served as planning committee co-chair for both the 2018 and 2020 events along with co-chairs Dr. Jaris Swidrovich (2018) and Calvert Chiefcalf (2020).

The Gathering was a conference-style event that was intentionally planned using Indigenous worldviews to guide and shape the entire process. The purpose of this event was to showcase, and model collaborations between university researchers and Indigenous community organizations who are working together to build new understandings that can contribute to *miyomahcihowin* for Indigenous peoples. Goals of the event included: sharing current information and promising practices about health issues identified as priorities by community members; and showcasing and modeling reciprocal, respectful partnerships grounded in a holistic approach to health across generations.

3.4. Re-imagined Health Sciences (2018-2020)

The Office of the Vice-Provost Health (OVPHealth) structure was established at a turbulent point in USask's history and struggled with fiscal insecurity and in/out of scope labour relations issues. It suffered from a period of rapid leadership transition and, once again, some progress was made; however, the potential articulated in the Bond Report was not achieved.

The structure of the administrative unit was changed again in 2019 by Provost Dr. Anthony Vannelli following the end of terms for the vice-provost, health, and assistant vice-provost,

¹⁰ The umbrella HSIEC was criticized by some as duplicating the long-standing College of Medicine Indigenous Health Committee. The work of the HSEIC subcommittees moved informally to the IHC and the HSIEC stopped meeting sometime near 2018.

¹¹ The 2020 Gathering for *miyomahcihowin* and *mii yoo naa kaa twayh ta mihk* was cancelled last-minute due to the COVID-19 pandemic.

health. The positions were combined into a **new associate provost, health, role** with Dr. Steven Jones appointed to the position.

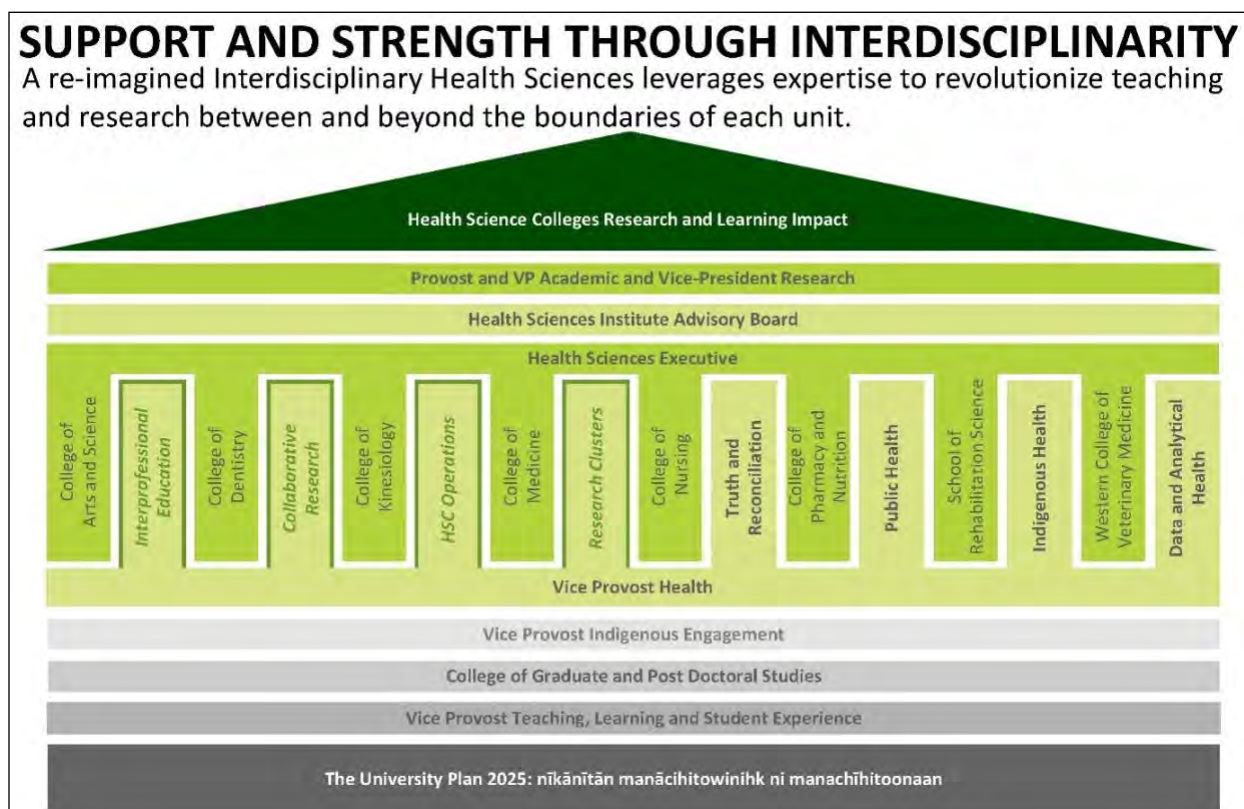
3.4.1. PROPOSED HEALTH SCIENCE INSTITUTE

A re-imagined interdisciplinary health sciences model was proposed by Drs. Vannelli and Jones. They **noted that the current health sciences structure was still siloed** and proposed incremental change toward a "Health Science Institute" governance structure. Drs. Vannelli and Jones proposed a model to "support and strengthen the colleges by leveraging expertise to revolutionize teaching and research between and beyond the boundaries of each unit" (Jones, 2018).

As represented below in Figure 3, it was proposed that a vice-provost, health, role would be re-established to lead the interspace operations and provide resources to **facilitate improvements in interprofessional education (IPE), collaborative research, and the research clusters**.

Planetary health, data and analytical health, Indigenous health, public health, and reconciliation were identified as areas where expertise could be leveraged and it was proposed that these topics could be introduced as divisions within the institute.

Figure 3: Re-imagined Health Sciences Structure



It was **proposed that the institute would be managed by a health science executive group** (formed by deans from the Colleges of Dentistry, Kinesiology, Medicine, Nursing, Pharmacy and Nutrition, and Veterinary Medicine) **and supported by a faculty council** with oversight of divisions such as Public Health, Indigenous Health, and Data and Analytics.

Drs. Jones and Vannelli noted a number of well-known and frequently cited challenges that persist today (see Figure 4: Summary of Challenges to be Overcome).

Figure 4: Summary of Challenges to be Overcome

BECOMING THE UNIVERSITY THE WORLD NEEDS

There are a significant number of challenges that will need to be addressed to realize this vision, but by addressing them, we enable USask to become the University the World Needs

- Establish new governance mechanisms for creating and delivering academic programs
- Engage Faculty, Staff, and Students, as well as Government and external stakeholders
- RCM, USFA agreement, T&P and Merit processes need to support the Institute
- Finalize future of the School of Public Health and academic programs
- Deliver to Council new academic programs within the Institute structure
- Review and align health related signature areas to the new Institute and Faculties
- Align internal (College and uSask) research funding systems and incentives
- Determine how we made collaborative research infrastructure decisions
- Support the change process through targeted investments in people, space and infrastructure



3.4.2. NAME CHANGE AND APPOINTMENTS OF ASSOCIATE DIRECTORS

While the vision for the re-imagined Health Sciences was not fully implemented, it resulted in the **re-branding of the Office of the Vice-Provost Health to the USask Health Sciences** in July of 2019. As part of this model, associate directors of 1) academic programs and interprofessional education and 2) collaborative research were appointed.

The associate director, academic programs and interprofessional education (IPE), has worked to provide dedicated leadership and support to IPE. Interprofessional education offerings have been systematically reviewed and long-standing issues related to the content have been addressed. **IPE has become an area of active focus and significant progress has been made** (see Section 4.5 for details).

The mandate of the **associate director, research**, was not fully articulated at the time of implementation and, while the position provided significant support in the grant application for the SK-Network for Environments of Indigenous Health Research (SK-NEIHR), it is unclear how else the position was leveraged. The mandate of the position became less clear after Drs. Jones and Vannelli left their positions and the inaugural appointee took an administrative leave to pursue additional education. The **position was disestablished in 2021** to address a budget shortfall.

3.4.3. SHOWCASING COLLABORATIVE RESEARCH

Since at least 2009, there has been a mandate to provide academic leadership and set strategic direction and policy with respect to interdisciplinary or collaborative research. **In the era of the Office of the Vice-Provost, Health (OVPHealth), uplifting research related to highly collaborative Indigenous engagement and bringing together trainee researchers was the focus.**

Dr. Jones continued this work and, additionally, took steps to showcase collaborative research at USask related to planetary health¹² and the importance of the [17 Sustainable Development Goals \(SDGs\)](#).

3.4.3.1 THE PEOPLE AROUND THE WORLD (PAW) CONFERENCES

**PAW
2021**



In 2019 and 2021, members of the USask Health Sciences administrative unit played essential roles in the development and organization of the annual [People Around the World \(PAW\) conferences](#). Hosted by the USask International Office, the PAW conference exists to examine the solutions required to address the implementation of the SDGs. In

2019, Associate Vice-Provost, Health, Dr. Steven Jones (PhD) and the Health Sciences associate director of collaborative research helped lead the organizing of the event as the scientific chair and organizing chair. Additional Health Sciences staff supported event communications and logistics in partnership with a collaborative event committee. In 2021, the Health Sciences communications strategist returned as the communications chair to help bring the event online during the COVID-19 pandemic and market the conference in the absence of the university's central marketing and design team, which had been downsized due to budget issues.

3.4.3.2 FOOD FOR THOUGHT PLANETARY HEALTH SERIES

Launched and organized exclusively by the Health Sciences administrative unit between May 2019 and January 2020, the University of Saskatchewan Food for Thought Planetary Health Series addressed the challenges of tackling global food security while acknowledging the delicate interdependencies of human civilization and the natural world. The series featured several events (including a presentation in Guatemala) exploring issues such as planetary health, globalization, nutrition transition and diabetes, the Sustainable Development Goals, and developing local solutions to address food waste issues.

¹² For more information about planetary health and its relation to global health and one health, visit <https://www.forbes.com/sites/johndrake/2021/04/22/what-is-planetary-health/?sh=5b1fef5b2998>

In addition to underscoring essential topics and related research, **the Food for Thought series was also intended as a community-builder to enhance USask relationships and reputation (both on- and off-campus) while offering a mechanism for faculty from various colleges/schools and community experts to collaborate.** The November 2019 event, for example, was held offsite at Station 20 West in Saskatoon and featured presentations from experts representing the College of Pharmacy and Nutrition, the College of Kinesiology, the College of Arts and Science (Canada Research Chair in Indigenous Community-Engaged Research), and the School of Public Health as well as Canadian Feed the Children.

In May 2020, an event in the Food for Thought series — co-presented in partnership with the College of Education and attended on campus by hundreds of Saskatoon middle years students — was awarded the Canadian Council for the Advancement of Education (CCAE) Prix D'Excellence Gold Medal for Best Community Outreach Initiative.



3.4.3.3 SUSTAINABLE DEVELOPMENT GOAL (SDG) AWARENESS



Since 2019, the USask Health Sciences administrative unit has consistently created and shared monthly "SDG Spotlight" information with the USask community and beyond. Content containing infographics and data from the United Nations has been hosted permanently on dedicated large-format display monitors in the Health Sciences Building. This content is shared monthly through the Health Sciences' website and weekly through its social media channels; it is also made available through the USask display screen sharing system, where communicators in other units are free to share this SDG content on their own display screens and social media accounts. **Typically, and wherever possible, attempts are made to relate the information to impacts on health** (e.g., climate action, hunger, poverty, clean water and sanitation, etc.).

3.4.4. REFRAMING THE WORK OF USASK HEALTH SCIENCES (2019)

Dr. Jones began the process of creating ambitions, commitments, and goals for the Health Sciences administrative unit to guide the Re-imagined Health Sciences Structure (as shown in Figure 5). He worked with staff in the unit to articulate commitments focused on 1) inspired learning; 2) collaborative research; 3) truth, reconciliation and decolonization; and 4) aligned structures. Dr. Jones left the university before this work was completed and it is not clear how far the stakeholder engagement process went before his departure. This work was later set aside with reasons cited as insufficient engagement with Health Science Collective Member units.

The work is shared here as part of the effort to learn from the significant planning, thought, and consultation of the past.

Figure 5: Dr. Jones' Proposed Strategic Framework for a Re-Imagined Health Sciences

Strategic Framework for the Health Sciences (Draft v0-6)

AMBITION			
Be national leaders in inclusive scholarship, interprofessional education and practice, and transdisciplinary health science research. We will be the university the world needs by integrating education, research, policy, and practices to improve health outcomes for the diverse Peoples of Saskatchewan, Canada and the world.			
COMMITMENTS			
INSPIRED LEARNING Cultivate a transdisciplinary environment where learners and educators develop the competencies and perspectives that inspire cultural change at the student, faculty, staff, and community level.	COLLABORATIVE RESEARCH Improve the health outcomes for the Peoples of Saskatchewan and across the world and deliver on the original promise of the Health Sciences project by realizing the full potential of transdisciplinary, team-based research and knowledge translation.	TRUTH, RECONCILIATION, AND DECOLONIZATION Work with Indigenous groups to realise meaningful truth, authentic reconciliation and lasting decolonisation to foster equity in health sciences employment and educational attainment. Ensure equity in health outcomes for Indigenous peoples and communities.	ALIGNING STUCTURES Develop compelling spaces, processes and academic structures that support and promote the success of the health sciences teaching, research and scholarly mission. Provide safe and appropriate spaces for faculty, staff, students, and communities to come together to solve global health challenges.
GOALS			
1) Foster the development of Interprofessional competencies in the health sciences. Design, develop and deliver, interprofessional educational programs rooted in experiential learning and IP practices that build practical, technical and applied skills and provide authentic environments to practice these skills.	1) Position the USask Health Sciences to address the world's most complex health problems. Enhance our culture of curiosity driven solution finding, establish a pervasive research and discovery ethos that fosters life long learning among all university faculty staff, and students.	1) Acknowledge and Communicate the Truth about the impact of colonization and systemic racism on the health and wellness of Indigenous Peoples. Use this truth as a basis for systemic and cultural changes within the Health Sciences and authentic ethical engagement with communities.	1) Lead the development of new academic structures that provide a supportive ecosystem for novel and transdisciplinary educational and research programs enabling academic excellence and financial sustainability.
2) Embed research and evidence-based learning in all USask health science education programs. Harness the potential of diverse clusters of health and wellness research to build training programs and life-long learning opportunities that provide a full spectrum of health professionals with core research-based competencies.	2) Stimulate research collaborations. Strengthen partnerships to address complex problems that reach within, across, and beyond disciplines ensuring that knowledge and novel methodologies and innovative practices are implemented through policy changes, training and publications.	2) Recognize, respect and adopt Indigenous processes to honour Indigenous perspectives. Review systems, policies, processes, and practices within the health sciences and replace those which present barriers to equity in employment, educational attainment, and health outcomes.	2) Reimagine USask Health Sciences shared spaces and programs to ensure that our organizational and physical structures promote the functions needed for success. Enhance collaborative and creative third spaces which embolden our teaching, research, and scholarly mission.
3) Enrich learning by integrating multiple ways of knowing. Create equitable training opportunities which are relevant and accessible to diverse and varied communities, knowledge systems, and world views.	3) Measurable return on investment. Work with the USask Health Colleges to develop a culture of collaborative research that maximises efficiency and generates a significant increase in funding and resources for collaborative research and training opportunities.	3) Champion the development of cultural capacity for students, staff and faculty to decolonize our physical environment, ways of thinking and curriculum. Foster a culturally safe and aware working and learning environment, acknowledging and honouring Indigenous worldviews.	3) Elevate community engagement through transdisciplinary programs and patient-oriented research. Acknowledge, review and revise systems which present real and perceived barriers to collaboration.



USask Health Sciences Administrative Unit: Today

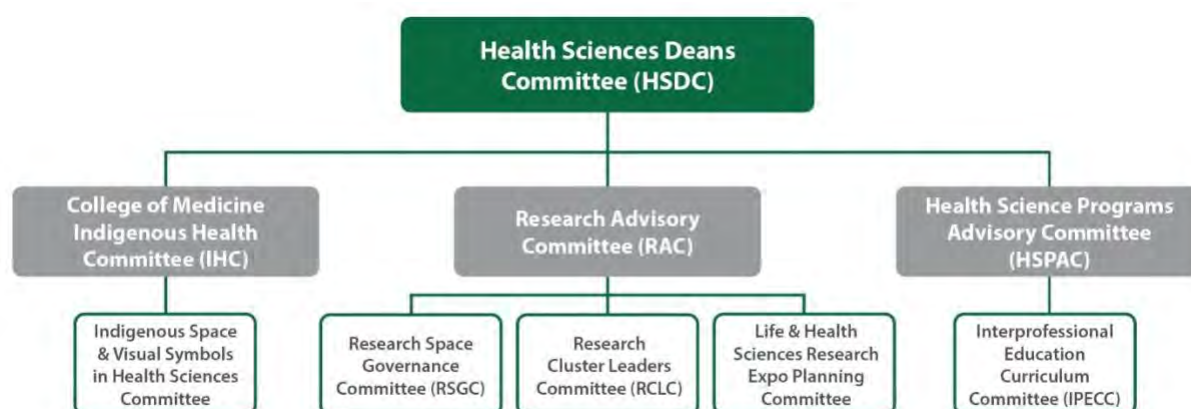
**INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH
SCIENCES REORGANIZATION PROJECT**

4. USask Health Sciences Administrative Unit: Today (2022)

In July 2020, Dr. Adam Baxter-Jones was appointed interim associate provost, health. He **focused on clarifying and formalizing governance arrangements for the USask Health Sciences administrative unit**. This includes refreshing **governance committees** (see Figure 6); addressing issues of committee function (updated membership and Terms of Reference, regularized meeting schedules and agendas), and policy revision and/or creation. **Renewed attention has been placed on committees advising on shared operations or governance topics.**

The USask Health Sciences administrative unit currently operates three key interspace portfolios—the Clinical Learning Resource Centre (CLRC), Building Operations, and Interprofessional Education—and coordinates the work of interdisciplinary committees.

Figure 6: USask Health Sciences Faculty-Engaged Committees



4.1. Current USask Health Sciences Funding

The USask Health Sciences operation is funded by a mix of envelope funding from the provost and fee-for-service charges:

- A balanced budget was submitted for 2022/23 (as noted in Table 1).
- The total funding for the unit is \$7.5 million comprised of:
 - envelope funding of \$1.6 million; cost recovery / fee for service of \$5.6 million; a small amount of external revenue \$220,000; plus \$177,000 in one-time Strategic Priority funding.

Table 1: USask Health Sciences Administrative Unit 2022/23 Budget

Revenue Source	Budget
Operating Envelope Allocation	\$ 1,665,759
Internal Cost Recoveries (includes \$2,500,000 for product sales from the Health Sciences Supply Centre)	\$ 5,612,726
External Revenue (Saskatchewan Cancer Agency license agreement; revenue from external accreditation/licensing exam agencies; supply centre product sales to non-university agencies)	\$ 223,130
Total Funding	\$ 7,501,615
One-time Strategic Priority funding for 2022/23	\$ 177,900

4.2. Clinical Learning Resources Centre (CLRC)

The [Clinical Learning Resource Centre \(CLRC\)](#) first opened as a shared resource in 2006. **The primary focus of this interprofessional education (IPE) and training centre is to provide USask health science students and community partners with the opportunity to learn and practice clinical and communication skills in a safe, simulated environment.** In 2013, the CLRC moved to its current location in the E-Wing of the Academic Health Sciences Facility.

Simulation plays an important role in the education of health science students. Through the CLRC, students practice and learn clinical skills in a controlled, virtual environment. Students can be supervised while they practice on high-fidelity simulation equipment, standardized patients, and volunteer actor patients. Simulated real-life environments give students confidence in their ability to treat patients.

- **The Simulated Patient Program** at the CLRC supports student education in [undergraduate and postgraduate health science programs](#) through recruitment, casting, and training of Simulated Patients (SPs) to portray diverse scenarios in a variety of standardized and/or high-stakes learning and assessment sessions. At the CLRC, these sessions are specially designed to evaluate *how* health science students learn as well as *how much* they are learning in order to prepare them for fundamental collaborative practices and enriching careers.
 - The SP Program includes course-based sessions, Objective Structured Clinical Examinations (OSCEs), licensing exams, and continuing education events. CLRC staff also contribute to the development of patient scenarios for history-taking, physical exams, and advanced communication sessions.
- **The Sensitive Exam Teaching Associate (SETA) Program** was developed in 2015 through a collaboration with the [University of Saskatchewan College of Medicine](#). In this program, male and female teaching associates are trained as health educators and advocates who then teach health science students how to perform sensitive exams using their own anatomy as teaching tools.

Figure 7 summarizes the volume of educational support, number of standardized patients, number of student practice hours, and the space bookings undertaken annually in the CLRC.

Limited comparative data is available dating as far back as 2010/11; however, the **growth in the number of learner contact hours is staggering. Between 2010/11 and 2021/22, the CLRC has experienced 148 per cent growth in the number of contact hours required by learners** peaking at more than 72,000 in 2021/22. The unit also supported 567 learners to participate in Independent Student Practice in the CLRC.

Figure 7: CLRC Usage Statistics 2010/11 to 2021/22

	2010/11	2020/21	2021/2022
Educational Support			
Events supported *	-	1,678	2,060
Events cancelled due to the COVID-19 pandemic	-	478	216
# of learning sessions supported		1,817	2,441
# of virtual sessions supported		727	363
# of session hours supported	3281	2887	3,927
# of learners visiting CLRC	-	18,821	25,013
# of learner contact hours **	29,160	54,628	72,424
Simulated Patient (SP) Program			
SPs recruited		4,307	4772
SP contact hours		17,263	18,424
SP sessions		753	968
SP training hours		3442	3,140
Student Practice Support			
# of learners participating in independent student practice		289	567
# of student practice hours		498	1,509
Space Utilization			
CLRC space booking requests		2,156	***
Rooms booked outside of regular CLRC hours		1,678	***
Bookings outside of CLRC space (# of hours)		4,360	***
# of weekend bookings		46	***

* Events are composed of one or more sessions. ** Between 2010/11 and 2021/22, the CLRC has experienced 148% growth in the number of contact hours required by learners. *** Data is currently being tabulated and is not available.

4.3. Licensing Exams

The CLRC partners with the major national examining boards and licensing bodies for each of the health science programs it supports during their **Objective Structured Clinical Examinations (OSCEs)** for new graduates—typically held 2-3 times per year. **This includes the Medical Council of Canada, the Pharmacy Examining Board of Canada, and the Physiotherapy Competency Exam.**

The Objective Structured Clinical Examination is a method of assessment used by health science departments to evaluate learner competency across a range of clinical skills including patient communication, physical exam, history taking, and interpretation of results. **Exams conducted by the CLRC on behalf of these partners are often prerequisites for residency, licensure, or advancement in a professional health science career.**

During these high-stakes examinations, CLRC clinic rooms and equipment are prepared as per the station circuit established by the external board. Standardization of station set-up, simulated patient portrayal, and exam administration is essential for all sites conducting these exams across Canada.

Candidates rotate through a circuit of timed stations designed to portray real-world scenarios; many involve simulated patients portraying a specific role. Student interaction, performance, and decision-making are observed by a faculty examiner who may also follow up with oral exam questions. OSCEs are typically held after the completion of a module, course, or semester.

4.4. Building Operations

The building operations portfolio **includes the management of space allocation; management of shared facilities and services; coordination of building health and safety; liaising with the central facilities department to initiate and monitor building renovations; and establishing strategic partnerships** (for example, initiating discussions for core facilities).

Shared facilities and services include the following:

- **Health Science Supply Centre (HSSC):** The HSSC manages purchasing for almost all scientific purchases, ranging from equipment to consumables in the Health Science Building. The supply centre facilitates bulk purchasing to maximize savings for researchers and to minimize wastage and overheads. There is no markup—all savings are passed on to the researcher to maximize the value of research funding. This service is available to anyone across campus.
- **Histology Core Facility:** Tissue processing and staining, training, and some histology lecturing for three undergraduate labs (MED 115, MED 226, and DENT 291) and one graduate level course (Anatomy and Cell Biology ACB 806).
- **Tissue Culture Core Facility:** A suite of shared incubators and biosafety cabinets for human and mammalian in vitro cell line maintenance and experimentation.
- **Lab management:** Space, equipment, and safety management, for over 50 scientific labs covering over 6,500 square meters of space and shared by over 85 scholars based in the Health Sciences Building.
- **Lab support:** Glassware washing, autoclaving, and lab class support for more than 50 wet bench scientific labs saves researchers countless hours better spent conducting experiments, interpreting results, and writing papers.

4.5. Interprofessional Education (IPE)

Interprofessional Education (IPE) is an area that has long been identified as vital in the health sciences—it was among the most important mandates for the Council of Health Science Deans when it was established in 2009—and is a **prime example of how effective facilitation of collaborative work has been most successful where it is not done "on the side of the desk" but where "it is the work."** In situations where roles have been put in place with a clear mandate to work across boundaries, successful cross-cutting initiatives are in place.

4.5.1. BACKGROUND

Interprofessional health science education committees (using a variety of names) have been meeting since at least 2006. An earlier iteration of the modern-day USask Health Sciences administrative unit (the Interprofessional Health Sciences Office [IPHSO]) provided administrative support for the committee.

In those early years, the committee worked on topics such as the establishment of the **Clinical Learning Resource Centre (CLRC)**, Patient Centered Interprofessional Team Experiences (P-CITE), Interprofessional Curriculum, setting the vision, mission, and goals for interprofessional education at USask, and IPE stocktakes that date back as far as 2001.

In 2011, an interdisciplinary team of faculty from the Colleges of Medicine, Pharmacy and Nutrition, Nursing, Arts and Sciences (clinical psychology), and the School of Physical Therapy along with faculty from the University of Regina and SIAST were presented with **national recognition—the Alan Blizzard Award from the Society for Teaching and Learning in Higher Education (STLHE)—for their work on Interprofessional Problem Based Learning (iPBL).**

The award-winning iPBL project was described as 10 years in the making with a focus on interprofessional collaboration as part of a health sciences education. In the iPBL, students worked together in small groups to consider the “case” of a patient within each module, relying on each other's discipline-specific knowledge while also learning how each discipline approaches care of the patient.

Only a few years later in 2014, Ronald B. Bond observed a deficiency related to the amount of attention given to IPE by the Council of Health Science Deans. Around this same time, there was also feedback that iPBL content and methodology were struggling to keep pace with changes in the topic area. Following the establishment of the Office of the Vice-Provost Health in 2015, efforts were made to uplift IPE but issues with the implementation of that governance model resulted in little notable progress.

As referenced earlier, Dr. Steven Jones made a new investment in Health Sciences IPE with the 2019 appointment of an associate director, academic programming and interprofessional education. The associate director started by undertaking an environmental scan looking for promising/best practices and gaps in research and practice. **Following the scan, IPE programming shifted intentionally to an increased focus on opportunities to learn and practice team skills using clinical cases and scenarios.**

With an associate director of academic programming and interprofessional education in place, the IPE committee(s) started to meet more regularly and development teams were introduced to



IPECT

Interprofessional Education
Competency Tracker

refresh clinical cases and scenarios¹³. New IPE opportunities and the [Interprofessional Educational Competency Tracker \(IPECT\)](#) were created.

Software such as IPECT did not exist elsewhere at the time, so it was purpose-built to support interprofessional education and allow learners to

track their interprofessional competency development. Relationships were also built with individual instructors/faculty to create a closer connection between centrally facilitated IPE activities and courses.

Working with health science colleges, schools and programs, faculty, instructors, staff and learners, the [USask Health Sciences IPE Team](#) currently supports the “interspace” of centrally coordinated interprofessional education initiatives. Through interprofessional education, learners cultivate the abilities and skills to be contributive, effective members of high-functioning healthcare teams.

The IPE team now uses a salutogenic¹⁴ and strengths-based approach, along with continuous quality improvement practices and appreciative inquiry approaches to ensure the cases used in SITEs (Skills for Interprofessional Team Effectiveness, formerly known as the iPBL) continue to meet the needs of the programs and learners.

By March 2020, shared IPE offerings had been transformed. IPE had moved away from tutor-led iPBL groups of 10-12 to self-directed/managed and IPECT-facilitated teams of three to four learners. The new model requires no physical infrastructure, tutors, hard copy materials, or room bookings. IT requirements are managed and supported via IPECT and learners have increased opportunities to practice professional skills by negotiating their own meeting times and finding ways to accomplish their work together.

Interprofessional education programming now runs without the need for programs to hold a common space in their timetables—this is thought to be more aligned with real-world scheduling for case consultations and other coordinated efforts. Programs are now also provided with completion reports for their learners rather than attendance reports. **Individual and team**

¹³ Development teams are cross-functional teams of subject matter experts who come together in a facilitated way to collectively produce and quality-assure a deliverable. They are typically short-term in nature.

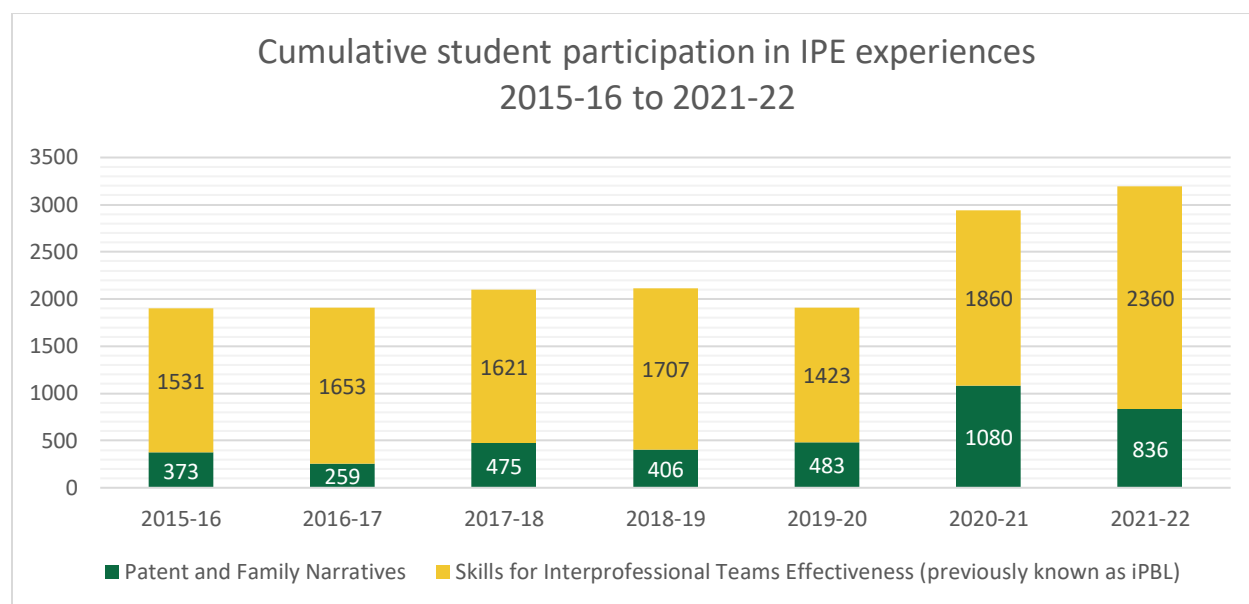
¹⁴ From https://www.physio-pedia.com/Salutogenic_Approach_to_Wellness: “Salutogenesis is a term applied in health sciences, and more recently in other fields, to refer to an approach to wellness focusing on health and not on disease (pathogenesis).”

accountability were both increased through the use of IPECT. This was the case for both Patient Family Narratives (PFNs)¹⁵ and SITEs¹⁶.

The annual cumulative student participation numbers in IPE events show tremendous growth following these changes to the model.

The average annual cumulative student attendance at the Patient Family Narrative sessions from 2015 to 2020 was approximately 400 students in total (see Figure 8). In the last two years, the average annual cumulative attendance has increased 2.4 times to 958 with peak attendance in 2020/21 at over 1,000 participants¹⁷. Likewise, the average annual cumulative student attendance at IPBL/SITE events from 2015 to 2020 was approximately 1,600. In the last two years, the average attendance was 2,100—an increase of 1.3 times.

Figure 8: IPE Uptake 2015-2021



¹⁵ In a PFN, community members share their healthcare experience in a 12-to-15-minute video. Learners watch this video and then meet in their interprofessional teams to complete their shared tasks and practice their team skills. Team tasks include exercises such as developing a timeline of healthcare, a scope of practice chart, and/or questions for the guest. Individual tasks include reflection on team contributions and a note to the learner's future professional self.

¹⁶ Effective interprofessional teamwork is critical to patient care and safety, and worker well-being. SITEs provide an opportunity for learners from health science programs to practice the professional roles they are preparing for with future colleagues. Learners attending a SITE discuss and practice team and communication skills in small interprofessional teams of three to four people as they work through a clinical scenario or case. The emphasis is on teamwork.

¹⁷ Participants were from the Colleges of Dentistry, Medicine, Nursing, and Pharmacy and Nutrition, and the School of Rehabilitation Science. A small number of students from allied health professional programs at Saskatchewan Polytechnic and the University of Regina also participated.

Alongside interprofessional education programming changes, there was increased integration of IPE into some programs as the new mode of delivery made it easier to integrate the materials into courses and the online format meant that learners from around the province could participate. **The timing of the IPECT app launch resulted in having IPE activities ready to seamlessly transition to online learning at the start of the COVID-19 pandemic.**

There is no cap on the number of learners, programs, or institutions that can participate in centrally facilitated IPE events using IPECT and virtual meeting spaces. Due to the mode of delivery and the elimination of physical locations as a barrier, additional learners, programs, or institutions could be added at virtually no additional cost.

The process used to facilitate IPE development teams has resulted in a wide array of faculty, instructors, learners, and staff engaging in the development and expansion of IPE opportunities. For example: in 2022, the IPE team held the first trial of connecting learners (who were in clinical practicums using IPECT) to facilitate virtual IPE opportunities. To share and reinforce the practise of working collaboratively, the development teams were invited to collaboratively write posts for the [Collaborative Practices Blog](#). The blog posts are built into the reference items for future development teams.



Current Data from the Health Science Collective

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH
SCIENCES REORGANIZATION PROJECT

5. Current Data from the Health Science Collective

The work of the Health Sciences Reorganization Project is to define a governance framework that will amplify each of the disciplines in the Health Science Collective and model ways to connect while advancing shared academic and research priorities. The project is seeking to enhance collaboration between the university's health science colleges, schools, and the administrative USask Health Sciences unit.

Sections 3 and 4 above were intended to:

- give a sense of governance models that were implemented or considered in the recent past;
- note where collaborative activities have been successful; and
- identify some of the implementation challenges that were encountered.

To begin to understand the scale of what might be included in the reorganization, this paper will articulate the scale of the units engaged in the project. Each of the units represented in the Health Science Collective varies significantly in terms of student numbers, workforce, and operating budget.

5.1. Enrolment Headcount

In 2020/21, there were approximately 3,000 undergraduate students enrolled in the University of Saskatchewan's health science colleges and schools and nearly 1,000 health science graduate students across the eight health science academic units¹⁸. Table 2 provides a sense of scale for student numbers:

- **The College of Nursing had the largest cohort of undergraduate students** with around 1,000 or 1/3 of all undergraduate students in the Health Science Collective, followed by Kinesiology at approximately 700 students.
- The College of Dentistry's new Dental Assisting program accounts for their non-degree students.
- **The College of Medicine (including the School of Rehabilitation Science) has the largest cohort of graduate students** at around 350, followed by Nursing at around 200 graduate students.

¹⁸ The Arts and Science (Department of Psychology) Health Studies program and Clinical Psychology program are excluded from Table 2 as were biomedical sciences students.

Table 2: 2020/21 Student Enrollment Headcount¹⁹

Units	Undergraduate	Postgraduate Clinical	Non-degree	Graduate
Dentistry	143	4	68	7
Kinesiology	695			43
Medicine (includes 118 Rehabilitation Science graduate students)	416	570		346
Nursing	1008			202
Pharmacy and Nutrition	432			63
Public Health				154
Veterinary Medicine	332			178
Total	3026	574	68	993

5.2. Employee FTE

Employee numbers in each of the units within the Health Science Collective vary significantly. Table 3: 2020/21 Fiscal Year FTE by Unit summarizes the main employment groups (ASPA, CUPE 1975, Exempt Staff, USFA, and senior admin) for the Health Sciences colleges, schools, and admin units; detailed disaggregation of staff by union groups with job titles is also available.

In the 2020/21 fiscal year, there were 1082.6 FTE in ASPA, CUPE 1975, Exempt Staff, USFA, and senior administrative roles across the health sciences colleges, schools, and administrative units. At a unit record level, coding errors and variations by employee arrangements are sure to be found; however, when taken as an indication of scale, the size variation is noteworthy.

- **The School of Public Health has the smallest FTE total at 13.3.**
- **The College of Medicine, excluding the School of Rehabilitation Science (SRS) and medical faculty, had the highest total FTE at 406.5 FTE.**
 - Accreditation standards require all physicians who supervise medical students and residents to hold a medical faculty appointment. The College of Medicine has 1,858 medical faculty. 12 per cent are employed with a full-time contract, 13 per cent have a part-time contract, and the remainder use event-based arrangements.
- The College of Medicine, excluding SRS and medical faculty, comprised 44.5 per cent of the total FTE, followed by Veterinary Medicine at 26.1 per cent.

¹⁹ Source: University of Saskatchewan Data Warehouse. Data as of Saturday, April 9, 2022. Produced by USask Information and Communications Technology - Reporting and Data Systems.

- Most of the colleges had approximately 3.0 FTE in the “out-of-scope senior admin category.” The exception is the College of Medicine with 10.7 FTE. A summary of organizational charts for these units follows in Table 4.
 - The FTE data for the School of Public Health was only 0.2 FTE in this category for the reporting period as the dean of Dentistry was serving as the executive director for the School of Public Health.

Table 3: 2020/21 Fiscal Year FTE for Colleges or Admin Units by Select Bargaining Units

Units	Out of Scope Senior Admin (FTE #)	In Scope USFA Faculty (FTE #)	Out of Scope Faculty (FTE #)	ASPA (FTE#)	CUPE 1975 Staff (FTE#)	Exempt Staff (FTE#)	uView Total	Medical Faculty (outside of uView)
Dentistry	3.0	25.3	0.9	15.3	17.4	2.0	64.0	
Kinesiology	2.8	14.0	0.0	9.9	9.1	1.8	37.7	
Medicine (w/SRS)²⁰	10.7	131.7	0.0	121.6	142.6	21.6	482.1	1858.0
<i>Medicine (no SRS)</i>	<i>9.7</i>	<i>121.1</i>	<i>0.0</i>	<i>114.9</i>	<i>139.2</i>	<i>21.6</i>	<i>406.5</i>	
<i>Rehabilitation Science (SRS)²¹</i>	<i>1.0</i>	<i>10.6</i>	<i>0.0</i>	<i>6.7</i>	<i>3.3</i>	<i>0.0</i>	<i>21.6</i>	
Nursing²²	3.9	63.8	0.0	21.4	7.8	3.0	99.9	
Pharmacy & Nutrition²³	3.2	30.6	0.0	23.0	6.7	1.0	64.4	
Public Health²⁴	0.2	8.0	0.0	3.0	2.0	0.1	13.3	
USask Health Sciences	0.8	0.0	0.0	19.0	17.5	1.7	39.0	
Veterinary Medicine	4.8	82.4	0.8	51.9	135.7	6.7	282.2	
Total	29.4	355.8	1.7	265.1	338.8	37.9	1082.6	1858.0

²⁰ 0.1 FTE CUPE not balanced with disaggregation of College of Medicine and School of Rehabilitation Science.

²¹ Extracted from College of Medicine at department level.

²² Excluding 0.8 FTE assistant vice-provost coded to Nursing in 2020/21 likely linked to L. Berry.

²³ ASPA includes 7.5 FTE pharmacist.

²⁴ In 2020/21, the dean of the College of Dentistry was acting executive director (ED) of the School of Public Health (SPH). Normally, the ED is 1.0 FTE. 0.1 FTE Exempt Staff in SPH is likely double-counted from Dentistry.

- Collectively, the seven smallest units (those most heavily reliant on the operating grant), comprise 31.4 per cent of the FTE:
 - Nursing (9.2 per cent); Dentistry (5.9 per cent); Pharmacy and Nutrition (5.9 per cent); USask Health Sciences (3.6 per cent); Kinesiology (3.5 per cent); Rehabilitation Science (2.0 per cent); and Public Health (1.2 per cent).
- **In terms of faculty FTE**, there were just over 350 USFA faculty with the largest cohorts in the Colleges of Medicine (131.7) and Veterinary Medicine (82.4). The smallest cohorts of faculty were in the School of Public Health (8.0) and Kinesiology (14.0).
- **The ASPA employment group** accounted for 265.1 FTE.
 - 43 per cent of those employees were based in the College of Medicine (excluding SRS); an additional 20 per cent were based in Veterinary Medicine.
- 81 per cent of the **CUPE 1975 staff** were based in the Colleges of Medicine (excluding SRS) and Veterinary Medicine (41 per cent and 40 per cent respectively).
- The dean of the **College of Kinesiology** has accountability for the operation of USask Rec in addition to the academic and research missions of the college.
 - The majority of the college's administrative positions in the CUPE 1975, ASPA and Exempt Staff groups are linked to the USask Rec operation. This includes 52 per cent of the CUPE 1975 FTE, 60 per cent of the ASPA FTE, and half the Exempt Staff FTE.
 - The dean also has delegated authority for Huskie Athletics but neither the associated position nor the budget is formally included in the College of Kinesiology's operation.
- Regardless of overall size, **each of the colleges has at least one associate dean / vice dean for academic programming and an associate dean for research and graduate studies** (see Table 4).
 - The Colleges of Medicine, Nursing, and Veterinary Medicine have additional associate dean positions.

Table 4: Summary of Academic Leadership Positions²⁵

units	Dean / Exec Director	Assoc. Provost	Vice Dean	Assoc. Dean	Asst. Dean	Dept Head	Program Director	Academic Lead
Dentistry	✓			✓✓	✓✓			
Kinesiology	✓			✓✓				
Medicine (w/SRS)	✓		✓✓✓	✓✓✓ ✓✓	✓✓	✓ x14	✓	✓✓
<i>Medicine (no SRS)</i>	✓		✓✓✓	✓✓✓✓	✓✓	✓ x14		✓✓
<i>Rehabilitation Science (SRS)</i>				✓			✓	
Nursing	✓			✓✓✓				
Pharmacy and Nutrition	✓			✓✓	✓✓			
Public Health	✓						✓✓	
USask Health Sciences		✓						
Veterinary Medicine	✓			✓✓✓		✓✓✓✓✓		

5.3. 2022/23 Resource Allocation of all Revenue Centres

In support of this project, to help articulate the overall fiscal environment at the university, [Institutional Planning and Assessment \(IPA\)](#) has prepared data about resource allocation (RA) changes that have taken place since 2017/18 (see Figure 9).

The operating grant has shrunk by more than \$50 million during the reporting period while operating costs have escalated. Financial reserves have been depleted. The university anticipates operating from a smaller base in the future.

²⁵ Source: Unit Org Charts (Spring 2022).

Figure 9: Resource Allocation Change from the Perspective of all Revenue Centres (IPA 2022)

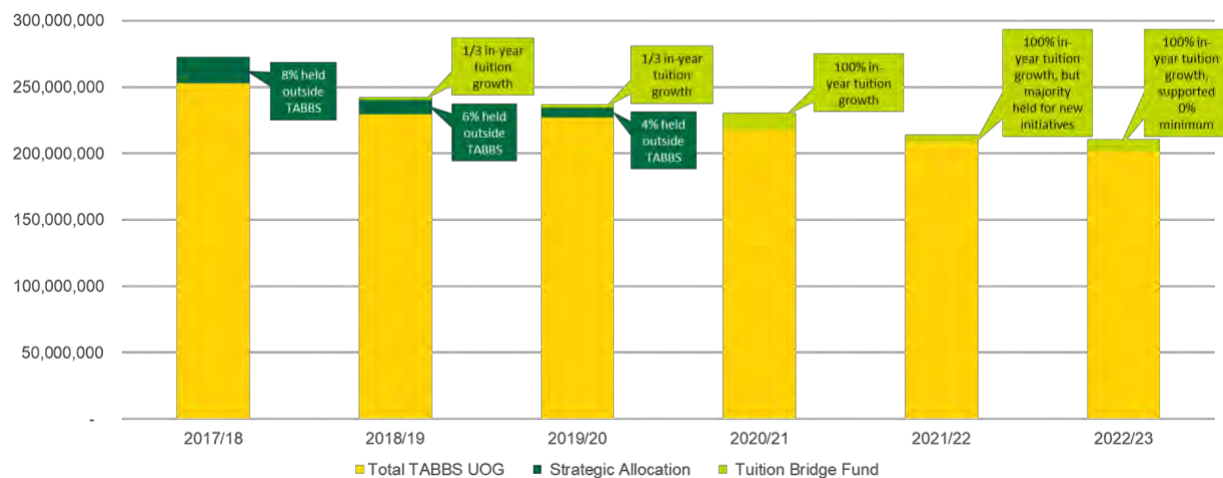


Figure 10 shows the **changes in resource allocation (RA) for the seven health science revenue centres**: Dentistry, Kinesiology, Medicine, Nursing, Pharmacy and Nutrition, Public Health, and Veterinary Medicine.

- This figure includes TABBS results + Tuition Bridge Funding (TBF) + strategic allocations.
- The 2022/23 RA is based on initial TABBS results (does not factor in year-end tuition adjustments) and will be adjusted slightly following 2021/22 year-end.
- The decline in the Health Sciences allocation from 2020/21 to 2021/22 is a result of \$47.3 million of College of Medicine funding being shifted from the Ministry of Advanced Education to the Ministry of Health.

Figure 10: Resource Allocation Changes Separating the Health Sciences Group from Other Revenue Centres

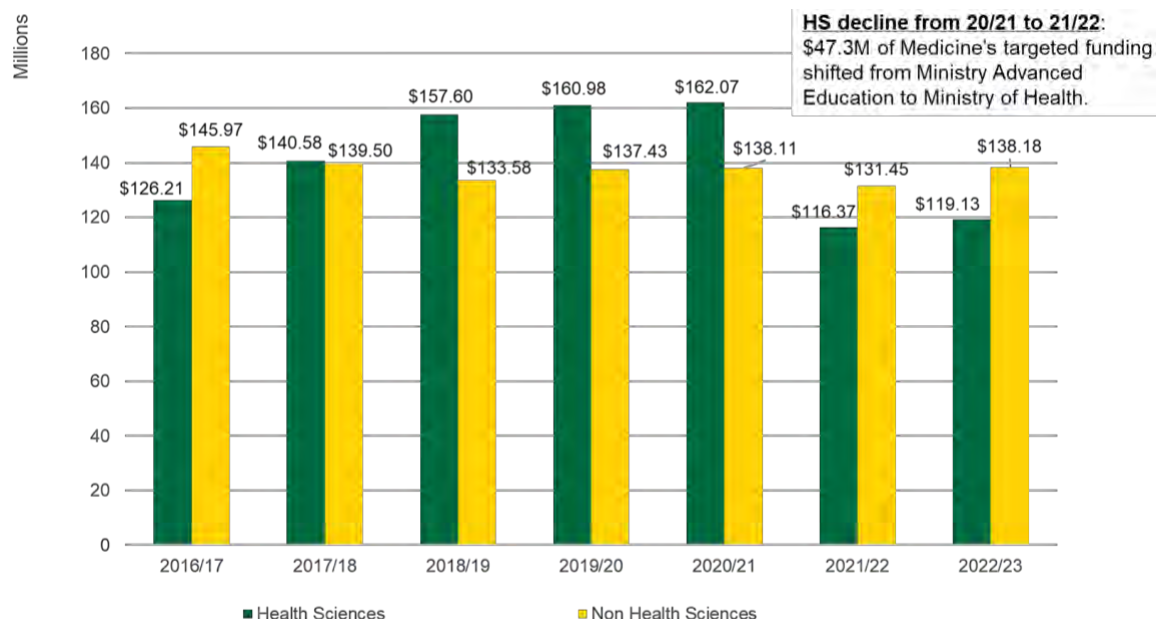
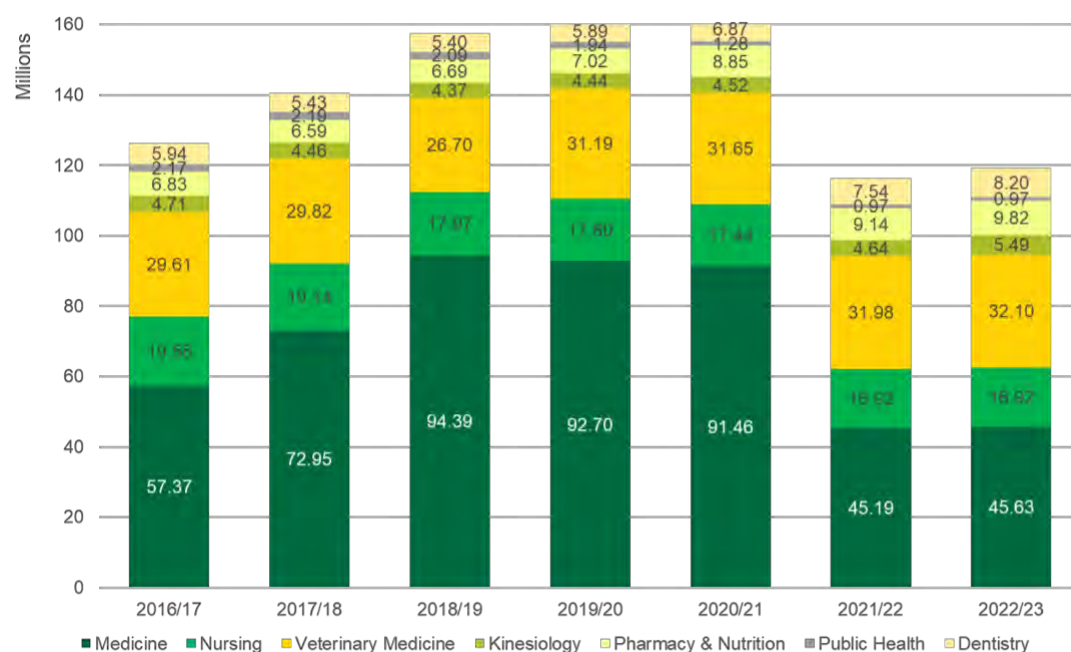


Figure 11 shows the resource allocation for each of the health science revenue centres from 2016/17 to 2022/23. As noted above, the change in the College of Medicine allocation is the result of a changed funding model for the college.

- Based on this data, the School of Public Health's resource allocation is down 56 per cent and the College of Nursing is down 14 per cent over the period.

Figure 11: Resource Allocation Changes Separating Each Health Science Revenue Centre to Show the Magnitude of Each Within the Total





Environment at USask

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH
SCIENCES REORGANIZATION PROJECT

6. Environment at USask

Sections 6.1 Strategic Priority Initiatives, 6.1.2 University 2025 Plan, and 6.1.3 Strategic Priorities are taken verbatim from the Strategic Priority Initiatives SharePoint site to provide institutional context (USask, 2022).

6.1. Strategic Priority Initiatives

6.1.1. ADVANCING OUR ACADEMIC AND RESEARCH PRIORITIES AND ASPIRATIONS, WITHIN OUR MEANS

The University of Saskatchewan is taking action to address immediate financial pressures at our institution with a plan for transformation shaped by our commitment to excellence in teaching, research and community engagement. **The Strategic Priorities Initiatives are contributing significantly and measurably to our university moving forward to a sustainable financial position.** To sustain this vision over the long term, USask is embarking on a period of academic and administrative transformation that will reform our university.

Throughout, we are guided by the University Plan 2025 and priorities identified by members of the Senior Leadership Forum (SLF).

- Advancing USask academic and research priorities and aspirations, within our means includes the following five priorities: creating academic themes, refreshing through reorganization, identifying things that we will stop doing, ensuring labour force sustainability and refining academic programs

6.1.2. UNIVERSITY 2025 PLAN

The strategic priorities work is about our ability to deliver on the [University Plan](#) approved by members of University Council, members of the board, and members of the senate. To be the university the world needs is a bold ambition. It will require us to be very disciplined about tracking our progress against the five areas of impact to which we aspire.

The 2025 University Plan is grounded in our strengths. As our vision document states, “we use interdisciplinary and collaborative approaches to discovery.” **No other research-intensive, medical-doctoral university in Canada has the array of colleges and interdisciplinary schools we do. None has the unique scientific infrastructure we have, nor our unique signature areas through which we are having a global influence.** We have an unparalleled breadth of expertise in our professional colleges, social sciences disciplines, humanities and fine arts departments, and fundamental and applied sciences units.

Together, we have the tremendous variety of programming and research—and the faculty, staff, and student talent—to serve and inspire our communities: this city, this province, this country, and beyond.

6.1.3. STRATEGIC PRIORITIES

The Government of Saskatchewan has provided one-time funding in the first two years of a four-year funding agreement. The one-time grant (\$31 million) is meant to support pandemic and post-pandemic recovery, efficiencies in academics and administration, revenue generation, and government priorities articulated in [Saskatchewan's Growth Plan](#). The Government of Saskatchewan's one-time grant provides USask with the opportunity to focus and strengthen the contribution made to the province, and to accelerate the institution's recovery from the impact of the global pandemic.

USask has intentionally selected initiatives to receive allocation from the one-time government grant because they align with the province's Growth Plan, with the Ministry of Advanced Education's expectations of the post-secondary sector, and with our own institutional priorities.

With strategic transformation, we can build USask as a leader in higher education and research. We can drive even greater social and economic growth, innovation, and creativity for the good of the province and beyond.

On balance, the \$31 million invested in USask by the Government of Saskatchewan will contribute to USask reducing ongoing operating costs by 3-6 per cent by 2026 (\$20-\$27 million), the restoration of reserves, and \$12-\$20 million for strategic investment annually from 2026 . (USask, 2022)

6.1.4. STRATEGIC PRIORITY PROJECTS CURRENTLY UNDERWAY

A number of strategic priority initiative projects outside of the Health Sciences Reorganization Project are currently underway; some of those projects will have integration points—or possibly downstream risks or benefits—impacting this project.

Links to the Integrated Services Renewal and UniForum Benchmarking projects are being monitored on an ongoing basis. Care will be taken to operate in a coordinated way.

The Health Science Reorganization and the Health Sciences Shared Courses projects are closely linked. The Shared Courses Project is working to lay the foundation for the development of shared course offerings across the university's health science colleges and schools to avoid duplication of courses and to realize cost savings related to faculty and staff resources. The need to operate differently to support shared courses may be an important driver in the future state governance model options that are considered.



Case for Change

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH
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7. Case for Change

The following case for change statement was written by Dr. Airini, provost and vice-president academic, in May 2021 and reaffirmed as part of the stakeholder interview process in May 2022. (Airini, 2022)

How a university organizes itself should be as bold and ambitious as the teaching, research, and service it creates. By connecting in unique ways, together we can create a world-class One Health academic grouping—for Saskatchewan and from Saskatchewan.

Building on deliberations over the past years, academic reorganization is now happening in the health sciences. This is a leading-edge collaborative effort to amplify each of the disciplines in health sciences and will be a role model to the whole university on how to connect in ways that advance academic and research priorities, within our means. [...] This innovative effort will create positive arrangements that make it possible for the reassignment of resources that support research and academic priorities for faculty, staff, and students in health sciences.

Six goals in the academic restructuring in health sciences/One Health are to:

1. focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration;
2. create a more strategic, nimble, collaborative, and accountable leadership forum in health sciences/One Health at USask;
3. re-set our administrative structures to be more consistent and even more student-focused;
4. improve the scope and structures to support overall research excellence, interdisciplinary programs and research;
5. reduce course and program duplication, and create more focused and accessible academic programming within health sciences/One Health; and
6. support university objectives for Indigenization, and equity, diversity, and inclusivity.

Faculty should benefit from removing structural impediments to interdisciplinary collaboration and providing a structure conducive to both large- and small-scale connectivity and cooperation. Students should experience outstanding academic programs with greater scope for interdisciplinarity, ability to transfer into and between programs, more transparency of offerings, and greater consistency of services and support. Staff should experience more rewarding and specialized work opportunities within an operational model that reduces redundancies and simplifies procedures and workflows. At the institutional level, a leaner leadership structure should be more nimble and able to respond to strategic opportunities. The health sciences will be a leader in creating university structures that amplify bold ambition within and across the disciplines.

Academic restructuring is happening in several areas at USask and will be an incremental process. There are academic and financial benefits from the changes. In total, the university's academic and research priorities lead planning and decision-making, and budget realities inform these.



Strengths, Weaknesses, Opportunities, Threats (SWOT)

**INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH
SCIENCES REORGANIZATION PROJECT**

8. Strengths, Weaknesses, Opportunities, Threats (SWOT)

The following strengths, weaknesses, opportunities, and threats were identified following stakeholder interviews and the review of historical change efforts related to opportunities to share resources across the Health Science Collective.

8.1. Strengths

1. Where roles and resources have been put in place with a clear mandate to work across boundaries, successful cross-cutting initiatives are in place. In these situations, **facilitation of collaborative work is not done “on the side of the desk” but “it is the work.”** In many cases, this means “doing or supporting the work” to move joint ventures forward. Attention to building and maintaining relationships is vital to the success of these roles. These roles include:
 - a. **Academic leadership in the USask Health Science Office.** For the last two years, there has been a renewed focus on updating and clarifying governance arrangements for the Academic Health Sciences Facility and the collective activities coordinated or undertaken by the USask Health Sciences unit. Stakeholders noted appreciation for this work.
 - b. **Building operations.** Managing and negotiating space allocation and utilization can be complex and sometimes contentious work that benefits from strong relationships, clear policy, and up-to-date governance frameworks.
 - c. **Operational management of shared facilities and services** within the Health Sciences Building, including lab management, histology, laboratory support, and the Health Science Supply Centre. These services reduce repetition and overlap of services and achieve economies of scale.
 - d. **Clinical Learning Resources Centre (CLRC).** The CLRC is reported by stakeholders to be an excellent service that is heavily in demand; some stakeholders note it may have been underbuilt.
 - e. **Interprofessional Education (IPE).** New investment in this area began in 2019. The small team has facilitated a renewed approach to IPE and significant progress has been made.
 - f. **Specialist communications, event marketing, and project support.** A small group of staff in specialist positions provide dedicated facilitation and expertise to uplift and, at times, carry out collaborative work under the direction of the HSDC. Individuals in these roles are called to serve the health sciences in a variety of ways.
2. **Existing shared functions in the Health Science Collective are closely aligned with Plan 2025** and the collective is well-positioned to work together on new areas of strategic agreement.
3. **There is an interest and willingness from members of Health Science Collective units to work across boundaries. When the shared topic is compelling,** members of the campus community show up with enthusiasm, as they have done for many years. Many stakeholders sought out additional discussion time regarding ideas for micro-, meta- and macro-level changes in the health sciences.
4. **There is a great deal of enthusiasm about the many topics that could be turned into shared courses/modules.** Many faculty have articulated enthusiasm to engage in this process.

- a. **The Health Sciences Shared Courses Project is working to identify areas where modules or courses could be shared by more than two units.** Many topics have been identified by faculty and instructors as potentially sharable.
 - b. A Tuition Bridge funded project has allowed the Health Science Collective to pilot the development of ethics and professionalism modules using development teams. Two, one-credit unit (10-hour) modules have been built and added to IPECT and ready for asynchronous use. Once built, there is no cap on how many programs or learners could use these courses. Some faculty members from the development teams will test the modules in the coming term.
 - c. Development teams are cross-functional teams of subject matter experts who come together in a facilitated way with a clear purpose to collectively produce and quality assure a deliverable. Pilot projects using the development team approach have made progress quickly and have engaged a wide array of faculty, instructors, learners, and staff. **Development teams could be used to work on any type of project, including addressing structural impediments.**
5. **Formal shared governance committees** (the Health Sciences Deans Committee [HSDC], Research Advisory Committee [RAC], Interprofessional Education Advisory Committee [IPEAC²⁶]) **and informal working groups have been working across unit boundaries, fostering cross-cutting relationships for years.** There are examples of great work that can be highlighted and amplified to help reframe the narrative regarding collaboration.
 6. **Policies and procedures are updated and authority has been vested with the associate provost, health, in association with committees.**
 7. Over the past two decades, significant thought and effort have been invested in generating ideas about how the Health Science Collective could work together more effectively or efficiently. Many of those ideas are still relevant and implementable.

8.2. Weaknesses

8.2.1. ENVIRONMENT

1. **There is a 10+ year history of change efforts in the health sciences that were either interrupted mid-project, rejected, or not fully implemented.**
 - a. These attempted change efforts occurred alongside **significant fiscal cuts** for the member units.
 - b. For approximately the past decade, the USask Health Sciences administrative unit has struggled with a **lack of clarity regarding authority, funding, structure, and governance.**
 - c. As noted in Figure 1: Leadership Transition—Health Science Collective, Provost, and President, there has been **significant leadership turnover** which has resulted in numerous changes of direction and an overall lack of implementation.

²⁶ Renamed Health Science Programs Advisory Committee (HSPAC) in 2022.

2. College and school leaders, faculty, and staff face numerous competing priorities that they need to manage; **shared activities are not the top priority and can be crowded out by unit-specific needs.**
3. **Unequal access to resources has resulted in inter-unit competition** and some hostility between the “have” and “have-not” units.
 - a. Some of this unequal access links to different levels of privilege in professional environments (on- and off-campus) and differential influence with important internal and external stakeholders.
4. **No shared strategic plan for the Health Science Collective exists.**
5. **Numerous structural impediments to collaborative activities exist.** These impediments include unit-specific assignment of duties, tenure, and merit processes and resources tuition allocation processes (especially tuition allocation).
 - a. It is **unclear how shared resources should be funded.**
 - i. Services offered by the USask Health Sciences are currently funded via a mixture of indirect costs, fee-for-service, and one-off requests.
 - b. **The current assignment of duties process and methodology are unit-based, making new ways of sharing courses challenging.**
 - c. **Enrolling students from other programs (shared courses) is not rewarded in TABBS;** it has been described as “discounting” the tuition revenue. In an environment where cross unit competition for resources exists, it creates a major barrier to collaboration.
6. **New ways of working together cannot add to the overall baseline budget.** USask expects to operate from a smaller base budget going forward. Tough prioritization decisions will be required.
 - a. Units with a high reliance on the provincial operating grant have been squeezed by annual budget decreases and escalating faculty and staff costs.
 - b. USask seeks to reduce overall expenses by 3-6 per cent by April 2023. Institutional savings must be found. Most Health Science Collective member units must find savings.
 - c. The allocation process for indirect costs is deemed unfair by some member units. The Allocating Support Centre Resources (ASCR) project may address these concerns.
 - d. The work of this project is intended to be cross-cutting and the project itself is not anticipated to result in substantial financial savings; however, year over year, member units must find savings.
 - i. Some member units must achieve tangible savings and retain access to resources via this reorganization. This creates a secondary and, at times, unspoken “why” for the project in terms of justifying buy-in for member units.
7. Collaborative governance work takes time and sustained focus. **In some cases, leadership turnover directly links to lost momentum or significant changes in direction.** Since the Council of Health Science Deans was established in 2009, there have been *at least* 38 senior leadership transitions associated with the Health Science Collective. A “future state” governance model must be robust enough to cope with the cyclical turnover of leadership roles.

8. **Shared services offered centrally by the university have had many transformations over the last decade and more change is currently underway. Understanding and relying on the provision of centrally provided services is difficult.**
 - a. Some services previously provided by (or cost-shared with) central have been cut, resulting in the removal or downgrade of services and/or downloading of costs to the units.
 - b. There is, in many cases, a disconnect between colleges and central, and it is not easy to understand the process of getting things done.
9. **Unintentional duplication within programs and across units is known to exist but is hard to address.**
10. **There are challenges in identifying areas of commonality that every college or school is equally interested in pursuing.**
11. There is **under-reporting or lack of recognition of successful initiatives**. Collaboration is thought to occur in a multitude of ways that are never formally recognized.
12. The CLRC provides/supports 72,000 learner contact hours annually; however, **the CLRC director has limited formal links to oversight committees**. Senior staff for building operations and IPE are more formally linked to oversight committees.

8.2.2. HUMAN RESOURCES

13. **The ten largely independent member units of the Health Science Collective have a complex web of independent academic and administrative infrastructure.**
 - a. Some units are so lean that there is a reliance on “good citizens who do 200 per cent a day” absorbing additional cuts does not appear to be viable in the current model.
 - b. **Most units have limited cover for administrative staff and, in some cases, there is only one person who can undertake critical tasks. There is a lack of cover for key positions.**
 - c. Staff are being asked to serve ever-widening areas of unit operations and unit-specific hybrid roles have developed.
 - i. **In many cases, more specialized staff have become generalists.**
14. **Some employees view themselves as working for a specific unit and not for the University of Saskatchewan as a whole, meaning that (at times) leaders endorse or agree to shared arrangements that employees resist.**
 - a. Some units have work for only part-time specialist FTE while others have spare capacity in existing specialist FTE.
 - b. There is, at times, a will to share staff across units but it can be difficult; requiring staff to report to numerous people leaders can be a source of tension.
 - c. Some units have made successful one-off sharing agreements.

15. **Some faculty and staff report a sense of disenfranchisement,**²⁷ “no power or opportunities,” or of not being “represented” on topics where they feel they have a stake or subject matter expertise.
16. Faculty across units have differential teaching assignments and, **in many cases, faculty refer to their teaching workloads as unsustainably high.**
 - a. Faculty have been called upon to do an increasingly wide variety of work.
 - b. In small units, some faculty are asked to do a disproportionate amount of administrative work.
 - c. Many faculty have teaching assignments that focus on entry-level materials and note that there are missed opportunities for advanced offerings that would allow their unit to distinguish themselves from competitor programs.

8.2.3. ACADEMIC

17. **Students in some programs are not able to access required electives at USask.**
 - a. They are sent to other universities via the Western Deans Agreement—not necessarily due to the pre-eminence of the other university on the topic but because USask does not have sufficient space to accommodate the students (especially in Indigenous Studies).

8.3. Opportunities

8.3.1. OVERARCHING

1. **Clarify how the role of associate provost, health, and the USask Health Sciences administrative unit integrate within the rest of the organization.** This academic leadership position was established as part of an earlier model that was not fully implemented.
2. **Establish a shared strategic plan.** Use the plan to proactively identify the changes that the Health Science Collective needs to make today so that it is ready for the future.
 - a. Use this opportunity to address calls in the [University of Saskatchewan Plan 2025](#), calls to action in [ohpahotân I oohpaahotaan \(The Indigenous Strategy for the University of Saskatchewan\)](#), and new institutional policies such as the [Equity, Diversity, and Inclusion \(EDI\) Policy](#).
3. **Change the narrative about the way we collaborate.** Successfully implemented collaborative projects quickly became part of the institutional landscape and are at times overlooked. **Communicate successes and embed them in the speaking points used by senior leaders.**
 - a. Facilitate internal and external engagement by communicating the value propositions and successes of the Health Science Collective and its member units to the president and provost, the provincial government, and the Saskatchewan Health Authority (SHA).

²⁷ <https://dictionary.cambridge.org/dictionary/english/disenfranchisement>

4. **Find ways to entrench Indigenous perspectives at decision-making tables and in all we do.**
 - a. Indigenous engagement and Indigenous health and wellness have long been a topic of shared focus. Members of the USask Indigenous communities have toiled for years to be represented at committee levels and have asked for those roles to be entrenched.
 - i. Be guided by the Guiding Principles in [ohpahotân I oohpaahotaan \(The Indigenous Strategy for the University of Saskatchewan\)](#):
 - (1) “Nothing about us, without us” as an antidote to exclusion.
 - (2) Belonging as a healing practice.
 - (3) Allyship as a demonstration of humility.
5. **Utilize change management methodology to address the “people side” of proposed governance changes.** Top-down governance changes have been repeatedly rejected at USask.
6. **Use a quality improvement lens to facilitate progress on tough topics.**
 - a. “Evolution not revolution”; grassroots changes; continuous improvement projects; incremental change focussing on areas of common concern, etc.
 - b. Regularly assess committee function (to confirm subject matter discussed by the committee) and the frequency of the meetings (to allow the committee to deliver on their mandate).
 - c. Ensure that centrally coordinated academic services have links to academic programming committees.
7. **Use an appreciative inquiry (AI) approach to engage stakeholders to work through tough problems as a collective.**
 - a. Facilitated development team models can move forward priority topics (such as shared courses) and address issues cited as barriers.
 - b. Recognize the faculty who have engaged in this work.
8. **Leverage the USask Health Sciences administrative unit to work more like a scientific collaboration.** The job is to coordinate; expand the offerings from the hub.
9. **Collectively engage local, provincial, and federal government bodies and community stakeholders to move forward strategically important topics including (but not limited to) Indigenous organizations.**
 - a. People outside of the institution do not necessarily draw the same disciplinary boundaries that internal people do.
10. **Re-imagine the way some academic leaders work.**
 - a. Example: Rather than always retaining a college-specific focus, explore a matrix management approach with portfolios cutting across select topic areas (e.g., faculty relations, Indigenous engagement, international/global, students, academic or research portfolios).
11. **Opportunities to share administrative services came up a number of times, including:**
 - a. Research facilitators and administrative support for research (pre- and post-award).

- b. Donor/fundraising support (noted as a gap for some units).
- c. Outreach, or alumni engagement (noted as a gap for some units).
- d. Communications (noted as a gap for some units but it was also noted that many communications officers are already heavily allocated).
- e. Project management support for topics such as accreditation.
- f. Faculty development (including professional development, teaching pedagogy, leadership development, anti-racism, EDI).
- g. **Share administrative staff in a way similar to the Administrative Support Group (ASG) in Arts and Science does.** ASG provides support to many Arts and Science departments and programs. It was created to standardize operations and provide cover for staff who are away. Many ASG staff are embedded in departments.
 - i. ASG Finance provides support for budgeting and forecasting, research fund management, student awards, and payroll for departments. ASG Finance also liaises with Connection Point.
 - ii. ASG Graduate Programs Support works closely with the graduate chairs from departments to administer those departments' graduate programs, from admissions through to graduation, including the administration of graduate funding.
 - iii. ASG Office Coordinators provide support for administration of departments and academic programs, including collegial processes, faculty recruitment, sessional postings, and other department- and program-specific duties.

- 12. New faculty appointments present an important opportunity to invest in priorities; those priorities could include energizing research or collaborative endeavours.** Strategic appointment can yield significant long-term gains (as demonstrated by Dentistry's recent research success).

8.3.2. SHARED ACADEMIC OPPORTUNITIES

- 13. Consider the establishment of a centralized academic home for shared courses.**

- a. A centralized academic home for shared courses could provide a mechanism to assess the overall level of interest in courses and help determine the required number of sections or section sizes.
- b. Establish a mechanism to look for and facilitate new program offerings (i.e., a shared structure or template for new program development, including how costs can be shared).
- c. A centralized academic home could become the home for new offerings related to emerging needs; for example, Indigenous health and wellness; equity, diversity and inclusion (EDI); and social accountability.
- d. More shared courses may mean more electives would be available for students to take at USask (some courses are currently at capacity).
- e. Shared courses offer the opportunity to tap into expertise that a member unit may not have.
- f. Shared coordination of graduate courses (e.g., 990 seminar series). Students can hear about more than research findings. They can hear about different methodologies, the research journey, and how challenges were overcome.

14. **Finding ways to save faculty time (opportunity costs savings) is very important.**
Those time savings can be reinvested to address unmet, new, or pressing needs.
15. **Use governance changes to create an entity large enough to have influence and benefits that cannot be achieved with “little” colleges/schools.**
 - a. A higher-level unit may help to accomplish tasks that smaller units cannot address on their own.
 - b. Develop a united front and united voice for health science deans.
 - i. In the 2009 [Discussion Paper], it was anticipated that this could carry a great deal of moral persuasion on health policy and other issues.
16. **Engage in shared global health programs.** Conduct global work together. Send interdisciplinary student groups to other countries.
17. **Leverage cooperative design principles in a governance model.**
 - a. Cooperative design principles²⁸ include: 1) clarifying membership; 2) considering how benefits and decision-making rights are allocated to members; 3) providing rapid access to conflict resolution; 4) agreeing upon the process for making and modifying the rules; 5) clarifying how activities are monitored; and 6) articulating how multiple layers of governance activities connect.

8.4. Threats

1. **A number of strategic priority initiative projects outside of the Health Sciences Reorganization Project are currently underway; some of those projects will have integration points—or possibly downstream risks or benefits—impacting this project.**
2. **Governance changes are perceived as a paramount concern when viewed as a threat to professional / discipline-based identity and autonomy.**
3. **Governance changes are seen to be a threat to accredited programs.**
 - a. Programs must retain sufficient academic independence to attend to accreditation standards.
4. **Governance changes will not automatically result in great effectiveness or efficiency.**
5. **Units that have been part of previous top-down governance change initiatives are nervous about this reorganization** and the implications that it may have for their department, school, or college
6. **Many of the proposed opportunities (or tactics) to support collaborative work could add to the financial bottom line but the outcome needs to be cost neutral or save money.**
 - a. Changes must be financially sustainable in an environment with escalating costs.

²⁸ Fulton & Fairburn B. and Pohler, 2017.

7. Faculty and staff at Faculty Council meetings noted **concerns about job losses.**
8. **The strategic logic for the change—the “why”—may not be compelling enough.**
9. **USask culture has a history of resisting and/or refusing change efforts in the health sciences.**
10. **Institutional impediments linked to resource allocation do not reward collaborative work.**
 - a. Tenure and merit process do not necessarily reward the extra effort that collaborative work takes.
 - b. Assignment of duties across unit boundaries is problematic.



Appendix

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH
SCIENCES REORGANIZATION PROJECT

9. Appendix

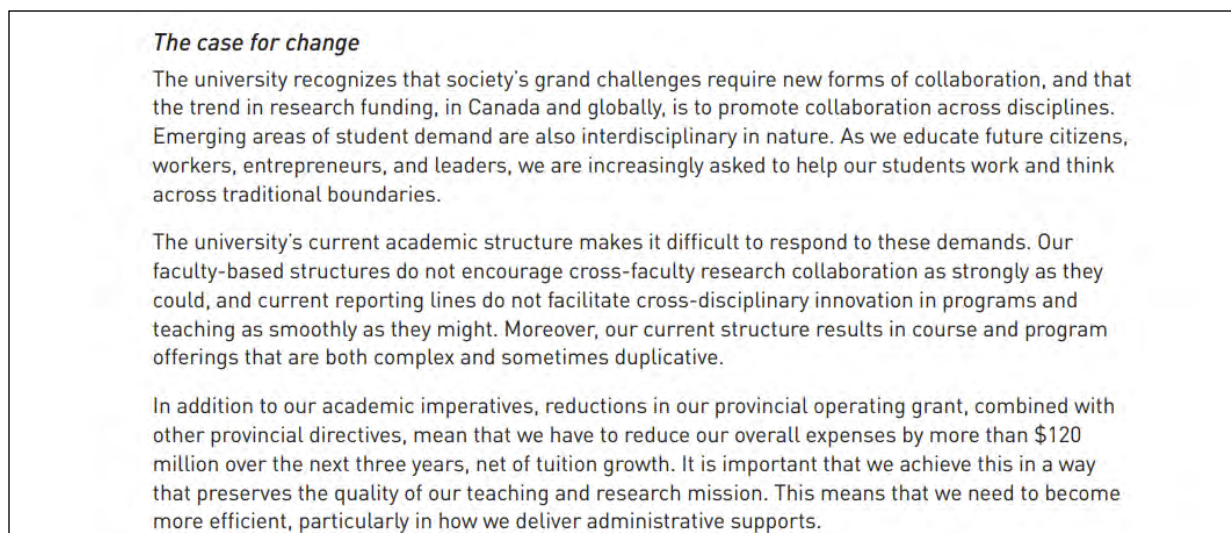
9.1. Lessons from U of A for Tomorrow²⁹ Comparator Analysis

9.1.1. UNIVERSITY OF ALBERTA FOR TOMORROW'S CASE FOR CHANGE

At its most basic, a case for change is a story that explains the changes coming to an organization. Creating a case for change includes understanding the current state realities, articulating the drivers for change, and articulating the desired future state.

A well-articulated case for change is said to connect and inspire. The case for change in University of Alberta for Tomorrow (see below³⁰) touches on collaboration across boundaries and the needs of the province and future students while addressing barriers and articulating the drivers for change. The USask Health Sciences case for change is different; however, there are opportunities for USask to learn from a neighbour and peer.

Figure 12: U of A for Tomorrow Case for Change Statement



²⁹ "The University of Alberta for Tomorrow (UAT) initiative launched in June 2020, a bold plan for transformation precipitated by major reductions in provincial funding but also shaped by [its] steadfast commitment to excellence in teaching, research, and community engagement for the public good." Source: <https://www.ualberta.ca/uofa-tomorrow/about/index.html>

³⁰ (UofA for Tomorrow: Academic Restructuring Working Group (ARWG), 2020, p. 3)

9.1.2. U OF A FOR TOMORROW CONSULTATION THEMES

Excerpts from U of A for Tomorrow (UofA for Tomorrow: Academic Restructuring Working Group (ARWG), 2020, p. 12)

The U of A for Tomorrow consultation noted six themes that emerged as part of the university's initial processes. These themes have parallels with USask consultation feedback. The section that follows includes commentary involving USask stakeholder feedback related to the key themes identified by the University of Alberta.

Figure 13 addresses concerns related to who is represented in the decision-making process. This type of concern has also been brought up during the USask consultation. Faculty members, in particular, have identified internal and external groups that may have not been adequately engaged as of yet in the Health Sciences Reorganization Project.

As the USask work progresses towards the definition and refinement of “future state” governance options, consideration is required to assess whether broader-based engagement is desirable and how it can be achieved.

Figure 13: U of A Thought Exchange Theme 1 – Representation in the Process

The Top Thoughts from these exchanges reflected themes that have emerged throughout this first phase of consultation.

- Members of the community have been keen to ensure that a broad range of groups are represented in the academic restructuring process. We have worked to ensure that broad representation by expanding the membership of the working group to include student leadership and faculty members, and by working together with the SET initiative to establish the Staff Advisory Team, through which important consultation will occur going forward.

Figure 14 addresses concerns related to job losses and the increased workload of those who would remain at the institution. At USask, there have been many workforce planning initiatives over the past decade. As a result, faculty and staff have long-standing concerns about workforce stability and workload. Faculty members have asked if the project puts their college/school at risk and if jobs would be lost.

Figure 14: U of A Thought Exchange Theme 2 – Job Losses and Workloads

- Members of the community are understandably concerned about the impact of academic restructuring on job loss and on the workloads of those who remain. While we know that the university's current financial situation makes job losses inevitable, our work on academic restructuring, along with SET, is intended to ensure that our employees are engaged in meaningful, effective, and efficient work, and that maximal resources are dedicated towards our core missions of teaching and research.

Figure 15 notes the tension between restructuring activities and strategic goals related to equity, diversity, and inclusion (EDI). In the USask stakeholder engagement processes, members of the Health Science Collective expressed a desire to work collaboratively to address the new EDI policy and action plan.

New curricular development, faculty and staff development, and support for equity-seeking groups have been identified as topics that the collective should explore together.

Figure 15: U of A Thought Exchange Theme 3 – Strategic Goals Regarding EDI

- As described above, our community has made clear that restructuring cannot come at the expense of progress towards the goals expressed in the U of A's Equity, Diversity, and Inclusion Strategic Plan so the structures previously described have been put in place to monitor that impact.

Figure 16 links governance structure and reputation and identifies the tension between new and traditional models. The USask engagement process resulted in many diverse perspectives regarding governance models. Some members of the USask community have first-hand experience in (or unique insights into) amalgamated health science models used elsewhere in Canada, causing them to have serious reservations regarding the likelihood of success. Other community members are proponents of more large-scale changes that are highly aligned with shared strategic goals.

Regardless of the model selected, retention of professional / discipline-based identity was identified as an area of paramount importance.

Figure 16: U of A Thought Exchange Theme 4 – New vs Traditional Governance Models

- Many members of the community have articulated the strong connection between structure and reputation, as well as affinity with our traditional faculty model. We have tried to balance these connections with boldness in the scenarios presented. While our traditional models have, in some ways, served us well, we should not be afraid to explore new and innovative models that will help the university meet its goals.

Figure 17 addresses the importance of student engagement. At the U of A, students advised that diligence was needed to ensure that the student experience was at the forefront of objective-setting for the university's restructuring. At USask, direct student engagement has been undertaken with the Health Sciences Students' Association (HSSA) executive, but further engagement will be required as we begin to understand and refine the proposed "future state" changes.

Curriculum leads from across the Health Science Collective have noted that outcomes should be "learner first" focused.

Figure 17: U of A Thought Exchange Theme 5 - The Student Experience

- We have heard from students that we will need to be diligent to ensure that the student experience is at the forefront of our objectives in restructuring the academy. Enhanced opportunities for collaboration and interdisciplinarity will benefit students, and future work on program rationalization and design will further assist us in ensuring that a high-quality student experience remains a core element of the U of A.

Figure 18 addresses concerns at the University of Alberta regarding accreditation. At USask, stakeholders were definitive in a shared view that accredited programs must retain sufficient academic independence to attend to accreditation standards.

Figure 18: U of A Thought Exchange Theme 6 - Accreditation

- Faculties and departments with accredited programs remain concerned about the possible impact of academic restructuring on the U of A's very strong record of successful accreditation. This is a critical area, and ongoing impact assessment of our proposals on accreditation is necessary, with the help of those affected programs and faculties.

9.1.3. LESSONS FROM THE U OF A COMPARATOR ANALYSIS

Excerpts from U of A for Tomorrow (UofA for Tomorrow: Academic Restructuring Working Group (ARWG), 2020, p. 24)

The USask Health Sciences Reorganization Project can benefit from the U of A Canadian comparator analysis completed in 2020. Figure 19 summarizes the key U of A findings related to the Canadian context.

Figure 19: U of A Comparator Analysis – Canadian Institutions

Faculty organization in Canada

The U of A is an outlier in Canada within the U15. The average number of faculties for a U15 university, excluding the U of A, is 12. The U of A has the highest number of faculties (tied with Laval); the fewest is six (Waterloo, McMaster, Queen's). Again, there is little correlation between structural complexity and institutional reputation and ranking.

TABLE 2 U OF A FACULTIES AND U15 EQUIVALENTS

U15 (EXCL. U OF A)	TOTAL FACULTIES	ALES*	ARTS	BUSINESS	EDUCATION	ENGINEERING	EXTENSION	FGSR	KSR*	LAW	FOMD	NURSING	PHARMACY	PUBLIC HEALTH	REHAB MED*	SCIENCE
UBC	16	3	1	1	1	1	6	1	4	1	3	4	1	4	4	1
Calgary	14	5	1	1	1	1	6	1	1	1	1	1	5	4	5	1
Saskatchewan	13	1	2	1	1	1	4	1	1	1	1	1	1	4	4	2
Manitoba	15	3	1	1	1	1	1	1	1	1	2	4	4	4	4	1
Western	11	5	3	1	1	1	6	6	4	1	1	4	5	4	5	1
Waterloo	6	1	1	4	5	1	6	4	4	5	5	5	4	4	5	1
McMaster	6	4	3	1	5	1	6	1	4	5	2	4	5	4	4	1
Queen's	6	4	2	1	1	1	4	6	4	1	2	4	5	4	4	2
Toronto	17	4	2	1	1	1	1	1	1	1	1	1	1	1	5	2
Ottawa	9	5	1	1	1	1	6	6	4	1	1	4	5	4	4	1
McGill	12	1	1	1	1	1	1	1	4	1	1	4	5	4	4	1
Montreal	13	5	2	1	1	5	1	6	4	1	3	1	1	1	4	2
Laval	18	3	3	1	1	2	4	1	5	1	1	1	1	4	5	2
Dalhousie	13	1	1	1	5	1	1	1	5	1	1	4	4	4	4	1

LEGEND: 1=stand-alone faculty; 2=consolidated with another faculty; 3=disaggregated into multiple faculties; 4=sub-faculty department/school; 5=N/A or no information; 6=non-faculty central unit.

*Comparators not directly equivalent and/or do not include major components of the U of A unit.

Key summary findings within Canada include:

- Relative to comparators, the U of A is particularly disaggregated in the Health Sciences (most notably, Public Health, Rehabilitation Medicine, and Kinesiology, Sport, and Recreation).
 - Medicine is most often a stand-alone faculty, but in several cases is consolidated as part of a larger health sciences faculty.
 - Nursing is most commonly a subdivision within a broader faculty of health or applied sciences.
 - Public Health is typically a subdivision within Medicine (eight) or Health Sciences (four); is a stand-alone faculty at only two U15s.
 - Rehabilitation Medicine is not a stand-alone faculty at any other U15, and is typically a subdivision (at varying levels) within Medicine or Health Sciences.

9.1.4. ACADEMIC RESTRUCTURING: INTERNATIONAL CASE STUDIES BY THE NOUS GROUP (2020)

Excerpts from U of A for Tomorrow (UofA for Tomorrow: Academic Restructuring Working Group (ARWG), 2020, p. 52)

Figure 20: Nous Group Report - Drivers for Academic Restructuring



Figure 21: Nous Group Report - Cautionary Tales and Big Picture Truths

Responses to questions following report submission

3. Cautionary tales and the big picture truths, general lessons, success factors.

Major restructures require watertight strategic logic, facts and clear intention

In our experience, any successful new faculty structure must be based on a compelling strategic logic. This logic must be tested and refined such that it is watertight. This is particularly important to get past the incredible inertia of the status quo in many universities. Typically, there is little logic for the existing organization of the university. It is generally historic. In this case, facts – linked to the current state, university vision and desired outcomes – are invaluable. Universities should be cautious to restructure without this logic.

There will likely be substantial opposition, which is not always a strong argument to stop

Major faculty restructures are not common because they typically provoke substantial resistance, independent of whether they have a good strategic and organizational logic. Universities are typically very cautious throughout the process and some have initiated the process then not proceeded, while those who have completed the process have been successful. For those who have had success, this has come through wide consultation, watertight logic and a very clear message (and understanding) on the intention of the restructure.

Universities can successfully transform, even with opposition

The University of Sydney had a compelling logic for their restructure, with researchers working substantially across existing faculty disciplines in the previous structure. The new faculty structure ensured much greater alignment between researchers within faculties. As our case studies showed however, University of Sydney had three schools that did not fit into any faculty (Law, Architecture and Conservatory of Music) and thus became "University Schools" – essentially exceptions that proved the rule.

In our experience, those universities that undertook academic restructure subsequently experienced rapid growth in students and improvements in research as measured by rankings (pre-COVID), although causation is very difficult to establish. Typically, there are numerous initiatives and factors at play that might have influenced this. Faculty restructures have often facilitated and led to program portfolio restructures, and vice versa.



Works Cited

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10. Works Cited

- Airini. (2022, 05 04). Why we do this. (C. Maslin, Interviewer)
- Bond, R. B. (2014). *Report to the Provost on the Council of Health Sciences Deans: The University of Saskatchewan*.
- Fulton, M., & Fairburn B. and Pohler, D. (2017). Credit Unions in Canada: Design Principles for Greater Co-operation.
- Jones, S. (2018). *Becoming the Health Sciences the World Needs*. draft.
- Office of the Vice-Provost Indigenous Engagement. (n.d.). *ohpahotân / oohpaahotaan* . Retrieved from <https://indigenous.usask.ca/documents/lets-fly-up-together.pdf>
- University of Saskatchewan. (2009). *[Discussion Paper] on Health Science Governance*.
- UofA for Tomorrow: Academic Restructuring Working Group (ARWG). (2020, September). *Interim Report of the Academic Restructuring Working Group*. Retrieved from <https://www.ualberta.ca/uofa-tomorrow/media-library/interim-report-of-arwg-sept-2020.pdf>
- USask. (2022). *Multi-Year Funding Accountability Report: (Report 2 – due January 31, 2022)*.
- USask. (2022, 05 14). *Strategic Priority Initiatives Sharepoint Site*. Retrieved from <https://usaskca1.sharepoint.com/sites/hr-life?e=1%3A419e26060153409b8cdac7feda72c149&OR=Teams-HL&CT=1652197028153¶ms=eyJBCkHBOYW1lIjoiVGhVbXMtRGVza3RvcCIsIkFwcFZlcnNpb24iOiIyNy8yMjAzMDcwMTYxMCJ9>

Health Sciences Reorganization Initiative Biannual Status Report (Nov. 2022)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**

Strategic Priorities
Bi-Annual Reporting
November 1, 2022

Health Sciences Reorganization			
Target/ Success: Comprehensive information is required to inform opportunities for collaboration. This project will: <ul style="list-style-type: none"> • Revisit Health Sciences change-efforts at USask undertaken since the 2009 White Paper¹ [sic] [Discussion paper] on Health Sciences Governance focusing on key findings, recommendations and lessons learned. • Undertake environmental scans of comparator institutions and map the internal USask structures. • Engage with internal and external stakeholders; and • Recommend a “future state” organizational structure for USask Health Sciences. The report will articulate the administrative, governance and budgetary infrastructure that will be required to meet the transdisciplinary needs of the health sciences for the next 20 years. 			
Outcome Status			
Outcome /Objective	Lead	Status*	Core Activities
To assess the “current state” of the USask Health Sciences administrative and governance structures.	Dr. Adam Baxter-Jones, on behalf of the Health Science Deans Committee	Completed	<ul style="list-style-type: none"> ○ Conduct a comprehensive environmental scan ○ Launch a broad stakeholder engagement strategy
Develop an implementation plan for the “future state” organizational structure	Dr. Adam Baxter-Jones, on behalf of the Health Science Deans Committee	in progress	<ul style="list-style-type: none"> ○ Establish clear and compelling reasons for the proposed changes and agreed outcomes that the Health Sciences Leadership can champion as key influencers in a change coalition.
Foster a change coalition to progressively build support for the “future state” changes	Dr. Adam Baxter-Jones, on behalf of the Health Science Deans Committee	in progress	<ul style="list-style-type: none"> ○ robust change management plan and process will be required for successful full-scale implementation without full implementation the projected financial savings may not be achieved.
Success Indicators			
Key performance indicators			
Metric	Data Source		Current
Completion of current state assessment (June 2022)	Institutional Context Report		Complete
Completion of future state design (October 2022)	June 2022 Retreat Summary (October 2022) Framework Recommendation Options		In Progress with an extended deadline of January 2023

¹ The term “white paper” has historically racist roots so the phrase “white paper” will be universally replaced with “discussion paper” for more information refer to <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper>

	for the Health Sciences Reorganization Project	Developing proposed frameworks for presentation to Steering Committees and Faculty councils
Consensus amongst health science colleges to proceed		Aim to have consensus from Colleges to present to the Provost Airini, January 2023

Current process-oriented measures

- Project is proceeding on modified schedule
- Project spending is proceeding as planned

Comments:

- The 'current state' deliverable and stakeholder interview process are now complete. The current state report and findings from the interviews are found in the Institutional Context Report (June 2022) Appendix 1
- The 'future state options' or Framework Recommendation Options was presented to the Steering Committee on October 12, 2022. Informed by the Deans feedback, we are now modifying the presented frameworks in preparation for second draft of recommendation options.
- The 'future state' deliverable will be informed by comprehensive stakeholder engagement, data gathered from the 'current state' analysis, environmental scan, the June stakeholder retreat, and the steering committee decision.
- Consensus building work is underway. Outcomes of the Steering Committee meeting October 12th include:
 - Consensus that Health Sciences should continue to exist and the leader of the Health Sciences should be an academic.
 - The majority support the Health Sciences becoming an academic unit capable of housing shared courses.
 - Discussions are ongoing about the title of the Health Sciences leader and the degree of influence over/with Deans and at higher level tables (e.g. PEC) this position should hold.
 - Discussions on shared administrative services have been introduced but no clear direction or consensus has been established.

Response plan if KPI measures are not being met:

- Careful attention is being paid to producing the deliverables stipulated in the proposal and charter, and work is underway on all outstanding elements of the project. The lateness of the 'current state' deliverable has been recovered; however, due to staff turnover, specifically a new Planning and Projects Officer, the 'future state' deliverable is delayed. There is a possibility of recovering from the delay if the Deans committee and steering committee can promptly decide on which future state framework(s) to flesh out for the faculty (Faculty presentation scheduled for December 2022).

Work completed this period (April 2022 – October 2022)

As presented in the project charter:

<i>Project Planning and Design</i>	
✓ Report on Current state	June 2022
✓ Report on E-scan complete	
✓ Stakeholder consultations complete	
✓ Planning Retreat	June 2022
• Recommendations for a 'future state' structure (in development)	October 2022

Additional actions achieved:

- Using data collected from stakeholder interviews, the June retreat and lessons learned from the current state report ('Institutional Context Report'), 5 framework options have been developed, and with support from Dr. Airini, presented to the steering committee on October 12th, 2022 for comment. Committee members provided critiques of the 5 options. Critiques are currently being considered and changes are being incorporated into frameworks before being taken back to the committee for approval.
- The Planning and Projects Officer position for this project changed hands in September 2022. The incumbent, Dr. Erin Barbour-Tuck, is working to review the work up to this point and now push the initiative forward. A new timeline reflecting delays because of this personnel change has been approved by Dr. Airini. Appendix 2

Activities expected to complete Next Period (before November 1, 2022)**As presented in the project charter:**

Project Planning and Design	
<ul style="list-style-type: none"> • Proposed 'future state' health science organizational structure submitted to the Provost for endorsement 	January 2023
Approvals Process	
<ul style="list-style-type: none"> • Implementation Plan developed 	January-March 2023
<ul style="list-style-type: none"> • Future state organizational structure approved (if required) by tricameral governance 	March-April 2023

Additional Activities anticipated:

- Establishing colleges' consensus on future state framework
- Clarifying and detailing the new organizational structure, policy, administrative supports, and budget on the future state framework will be completed and presented to faculty.
- Develop a Health Sciences Strategic (Implementation) Plan

Issues / Obstacles / Feedback

- Efforts have been made to clearly establish compelling reasons for the proposed changes that are persuasive enough to avoid failed historical change efforts and to increase and solidify champions and change advocates. The future state framework must be detailed and comprehensive, addressing the stakeholder-identified concerns and threats to the success of this change.
- There may be budget implications if project positions need to be made permanent.
- Budget could be affected by future shared administrative positions if health sciences hubs are required.

Expenditure Update

Budget: Expenses	Total	2021-22 Planned	2021-22 Actual	2022-23 Planned	2022-23 Actual
Salaries and Benefits	\$243,758	\$55,900	\$6,424	\$121,900	\$105,515
Other Outflows	\$0	\$0	\$0	\$0	\$1,678
Total	\$243,758	\$55,900	\$6,424	\$121,900	\$107,193

Corrective response plan

- Impact on Schedule

- Schedule slippage related to the future state deliverable owing to personnel turnover will be recovered in the next reporting period.
- An amended schedule has been approved by Dr. Airini and submitted along with this report. Appendix 2
- Impact on anticipated budget
 - The budget is on track
 - There have been no delays in the spending plan
 - The funding will be used in its entirety by December 2023.. Further delays in the project will result in requests for additional fundings for salaries.

Communication Support Required Next Period

- Meticulous attention is being paid to communicating key messages related to the reorganization – working to deliver a “no surprises” approach
- Messages to be shared with the campus community stakeholders have been and will continue to be vetted by communications staff at the local and central levels.
- The ‘future state’ options have the potential to drive significant concern for faculty and staff, and given the current environment, this could cause considerable media interest. All messaging will be thoroughly vetted before sharing. Steering committee members, including the provost, will be briefed before any stakeholder messaging.
- Support to manage media inquiries may be required.
- Review of materials for the campus community will be required.

Stakeholder Engagement Required Next Period

- Broad and wide-ranging campus-community stakeholder engagement is underway and will continue throughout the project's next phase.
- A project website has been established to share key messages healthsciences.usask.ca/projects

*Reporting Thresholds	Green	Yellow	Red
Time	All milestones are on schedule	A milestone is at risk of being missed	A critical path milestone has been missed
Resources	There are no resource issues	There are possible resource issue	There is a resource issue
Quality	Data quality meets expectations or data is complete	Data quality is below expectations, or data is not complete	Data quality is much below expectations or data does not exist

Health Sciences Planning Retreat

PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE

Health Sciences Planning Retreat Saskatoon June 21, 2022

Executive Summary

Building on deliberations over the past years, academic reorganization will amplify each of the disciplines in Health Sciences and will be a role model to the whole university of how to connect in ways that advance academic and research priorities, within our means.

To foster the momentum building within the health sciences restructuring and shared courses projects, the AVP Health hosted a planning retreat to create connections, broaden the coalition of leaders involved in understanding, and designing the opportunities for future collaborations. The initial part of the day leaned on experts to set the context for the discussions, by aligning the future considerations with USask 2025 plan and the emerging strategic priorities; by assessing and learning from governance models for health sciences at six other universities; and by delving into the institutional context report. The afternoon encouraged participant discussions to identify and influence potential areas of collaboration and, as a collective, to identify the critical next steps.

The Why

Given the health system is not static, the compelling reason for strong collaborations and structures in the health sciences is guided by the 2009 mission statement where, *the health sciences 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*. Using this 2009 purpose statement, the collective would like to see further integrated planning to support the priorities that the USask is graduating health professionals who are meeting the health human resource needs of this province, who are prepared to address the health care needs of the populations we serve, and who are addressing complex health research questions for tomorrow. How the financial imperative for the university applies to the health sciences needs to be detailed, however, the compelling reason for the health sciences restructuring is so much more significant.

The Who

To succeed, this collaborative network must be appropriately structured, mandated, governed, resourced and enabled. The organization models should reduce barriers to coordinate actions, enhance the shared voice with leadership, as well as demonstrate the impact with the health system. Significance of this opportunity cannot be stifled by potential change-overs of key positions. Positioning the health sciences common voice at leadership tables within the university and with the clinical affiliates, and by engaging a broader coalition, will allow for the collective to continue the momentum to implement and sustain the collaborative efforts.

The What

Readying for a change strategy requires the 'team' and the 'plan'. Harness the expertise of diverse leadership, faculty, staff and learners to develop an integrated plan, adopt a focus and finish mindset with the design and implementation of specific collaborative priorities. Applying the '*evolution, not revolution*' mindset builds the continuous quality improvement approach to apply best practices and increase the pace of implementation.

The Value

We would know that the value of the collaborative is working when there is a) a shift in the narrative, b) the small tests of change add up and demonstrate progress in a multitude of areas, and c) the value of the partnership within the USask and with external partners perpetuates and realizes the upward spiral of potential. Intertwining three central mandates — education,

research, and patient care — working in concert to improve health and well-being are foundational to the economic success and health of the provincial populationⁱ.

Commitments

The consensus of the next steps was apparent from the participants:

1. *Broad engagement*: Host regular, broad and deep consultation with internal stakeholders – students, faculty, administrators, and with external partners, to ensure shared awareness, understanding and commitment to a compelling purpose of the partnership:
 - Explore how work occurring across the university would impact/be impacted by the work in the health sciences, and
 - Adopt a cascading approach to integrated planning.
2. *Develop an integrated plan*: that addresses the trifecta - compelling problem, viable policy solutions and decision, and is conducive to our internal politics as well as endure changes in leadership terms:
 - Articulate a better understanding of the expectations, and define the compelling purpose for the partnership mandate,
 - Determine if/how the financial imperative (targets) apply,
 - Elevate the visibility and participation of the health sciences with the university leadership decision making and with clinical affiliates, such as the health authorities and government.
3. *Focus and build*: Adopt a focus and finish mindset and engage the participants who can contribute *and* value collaboration. This is not a one-sized approach for all initiatives/actions; and the collectives should proceed where there is energy - don't wait for consensus and be proactive in determining the priorities.

This event was a positive step forward for the health sciences leadership. Thank you to the steering committee in their advice for the design of this session and special appreciation to recognize the supports offered by:

- Aly Sibley, Collin Semenoff and Crystal Maslin for leading the event planning and meeting materials.
- Crystal Maslin for her tireless work in completing the institutional context report, which is a significant artifact and key deliverable of the strategic priorities project and a foundational starting point for the participants.
- Sinead McGartland for her support in facilitating the session.
- Dr. Doug Freeman for his detailed assessment of the models and key insights and lessons that can be applied to organizational and governance approaches for the USask health sciences.
- The group was privileged to host this discussion on June 21, which is an important day for Canadians as National Indigenous People's Day. This is a day with spiritual significance for many people and is a good time to celebrate Indigenous peoples and cultures. We would like to share a special acknowledgement to Dr. Holly Graham who gifted participants with the *reconcili-action* cards, and a mug with the "every child matters" visual of the baby in the moss bag. This gift supported all the participants to focus their thoughts on the day.

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Overview

To foster the momentum building with the health sciences restructuring and shared courses projects, the AVP Health hosted a planning retreat to create connections, broaden the coalition of leaders involved in understanding and designing the opportunities for future collaborations.

Objectives of the session:

- Reflect on the institutional context report for the health sciences reorganization project.
- Identify planning parameters, assumptions, and requirements for future options.
- Guide and influence the potential types of change for Health Sciences priorities.

This visual below captures the journey and the outcome of the planning event. Additional details are provided in the following summary report and [Appendix A](#) provides a summary of the methodology used for this event.

TOPIC:

KEY CONCEPTS

USask Context

- 26 Gov't priorities
- Shared services
- Faculty renewal
- Program costing process
- Complement planning

E-Scan Governance

- 6 institutions
- Form follows function
- flow of funding needs to align with collaboration
- representation with Provost (USASK)
- Representation with H System/external partners
- What is the priority/*why*

Institutional Context

- *Hx* of leadership changeover
- Need for integrated planning
- Changing the narrative
- Shared services opportunities
- Success of shared courses
- Recognize significant structural impediments

ADDITIONAL CONCEPTS

Confirm

- *Hx* context, closer to a shared understanding and collaborative thinking
- Understanding the models elsewhere
- Recognize the people/ leader impacts

Challenge

- Current budgeting and reporting do not support collaborative efforts
- Human capital loss/ risk of not being able to recruit
- Identity loss: professional, and College
- Representation at the University leadership tables
- Impact of disruption on the momentum

Contribute

- Financial modeling to understand the need/ opportunity/ expectation
- Integration with central initiatives (ASR, ISE, Program costing *etc.*)

Insights

- Elevate/visibility with USASK
- Integrated planning and accountabilities of each college/leader
- Recognize learners and researcher are not bound by college structures
- Require shared understanding of the financial targets

INSIGHTS

Governance and Organizational

- Use 2009 purpose statement
- Apply bottom-up approach
- Clarity on the WHY: student perspective/ H system perspective
- Indigenization and decolonization
- Understand value proposition for each college
- Leadership voice and representation with decisions

Functional

- Not one size fits all
- Representation determined by Focus
- Great opportunities: external comms, research facilitation, accreditation, instructional design
- Clarify balance of central/ health science hub/ college level supports

Operational Improvements

- Research supports/ structure
- 990 *course*
- Wellness
- Common h science voice
- Confirm incentive for collaboration (address barriers)

CRITICAL NEXT STEPS

Fiscal imperative/modelling understood – what is the expectation from this collective.

Visibility/voice with university leadership

Visibility/ voice with health system (SHA, AHA, Government, Federal/military)

Detail how we collectively support the SHA Priorities

- Addressing HHR needs
- Support for connected care
- Mental health and addictions
- Rural/remote workforce stabilization
- Surgical wait times
- ICU expansion

Detail college specific value proposition for collaboration

Confirm the strategic imperative for change (*i.e.* \$, Education quality, research)

Foster/engage in board and deep consultations

OUR ACTIONS

Make this an *enduring* priority, enable leadership 'teams' to keep this a focus, even with anticipated leadership turnover

Cannot leave the decision's pace to others

Status quo is not an option

- Integrated planning
- Confirm cost saving requirements
- Confirm the motivation/ changes required
- Design for proactive solutions

Engage broadly

- Bring back to faculty councils in the fall
- Confirm how public is the institutional context report?
- Detail discussions at PEC

Context Setting

The initial phase of the planning retreat was designed to offer participants a breadth of information to set the context for the discussion - the presentation slides are included in [Appendix B](#). Participants highlighted the value of the historical perspective, the overview of the potential governance models, and the detailed assessment already completed -which set the participants for a strong foundation of shared understanding of the potential opportunities.

The context setting presentations were extremely valuable, and participants requested additional information to a) better understand the mandate, b) understand the financial imperative (targets) that would apply, and c) more time to explore how work occurring across the university would impact/be impacted by the work in the health sciences. Core insights spoke to the need to elevate the visibility and participation of the health sciences with the University leadership decision making and with clinical affiliates, highlight how critical integrated planning is to focus a shared mandate for collaboration, with a shared and deep understanding of the health science expectations to contribute and address the financial imperative.

USASK Context was prepared by Dr. Vince Bruni Bossio, but unfortunately, he was not able to attend the day of the event. So, an abridged version of these materials was presented by Ms. Sinead McGartland on his behalf, the key messages from this discussion are provided here:

- USask has stable funding from our government through to 2024, however, the university has escalating costs and anticipates operating from a smaller base in the future.
- \$31 M Multi-Year Provincial Government Funding to help position the USASK to respond to:
 - o Saskatchewan Growth Plan Alignment,
 - o COVID recovery/transition,
 - o Foundational initiatives for future focus,
 - o Revenue generation & expense reduction.
- Short term focus of the strategic priorities is to support data informed recommendations to PEC. Three complementary strategies, guided by the SLF priorities, are being organized:
 - o *SLF priorities* directed by the Co-leads: Create academic themes, Refresh through reorganization, Labour force sustainability, Refine academic programs, and Identify things we'll stop doing.
 - o *A) Program costing process*: Will be a mandatory process for all academic units, with oversight by the provost, to ensure understanding of the costs associated with each program - which contributes to a dialogue on the contribution of each program and how each program aligns with the five aspirations outlined in the 2025 University Plan. The process will identify ways to improve financial viability of existing academic programs and, where appropriate, which programs should be terminated. This process will also assess the financial viability of new academic programs going to APC.
 - o *B) Administration services renewal*: This initiative will identify areas of opportunity (informed by Uniform data) for the efficient delivery of administrative services, and inform a new administrative services model to be implemented, while standardizing roles within each college and faculty and across the university.
 - o *C) Guidelines for comprehensive complement planning*:
 - Faculty renewal: With the goal of advancing strategies to encourage timely faculty retirement. This initiative includes the negotiation of incentives to assist the University in managing effective ongoing renewal of the faculty complement.
 - We work together in the best interests of the entire university. Academic priorities will lead decision making.
 - All units of the university will have a complement plan that aligns with common principles. Complement plans will need to demonstrate that each unit will operate within its means going into the future (timeline to be confirmed). Planning will be transparent, with a clear process (e.g., due date complement plan for review, scope of complement plan, sharing of plans).
 - We embrace change with purpose - now and ongoing: Our actions are both urgent (short term change to reset the university's financial position) and incremental (releasing revenue to be reinvested in renewal, and academic, research and service priorities).
 - Indigenization and EDI matters: We will assess impacts on Indigenous initiatives and equity, diversity, and inclusivity so that changes to the organization and services do not negatively impact institutional efforts in Indigenization and EDI.
 - The university and all its units will be financially sustainable: Through reaching short- and medium-term targets, our university and all its units will reset its financial position and be positioned to operate within its means in future academic, research and support

E-Scan of governance models that could influence and inform the thinking with the USask, was prepared and presented by Dr. Doug Freeman, who had conducted an e-scan and interviews with key stakeholders from six institutions. Key messages from this presentation included:

- There is not *one* specific model that demonstrates value over others. Dr. Freeman reviewed varied structures: 1) all health colleges report to VP health, other colleges report to Provost (UFL); 2) Partial restructure with three colleges reporting separately to VP Health (MSU); 3) Cluster all smaller programs into one of three health faculties (Dal); 4) Combine health sciences under medicine (UMB); 5) All colleges distinct and report to Provost, only CoM has dual clinical oversight structure (UMN); and 6) Alliance model. College of Health Sciences with 5 faculties and 1 school, and all deans report to Provost (UAB)
- Success considerations and insights included:
 - Executive directive (and courage): Collaborative decision making alone would not work, success due to VP leadership.
 - Can't avoid discipline-based programs, but should focus and address real-world work and solve big problems.
 - Enable structures to allow disciplines to come together.
 - Empower those structures to make decisions on the collaborative efforts.
 - Funding flow needs to align with focus, operational control over budgets, HR, programs, hiring.
 - "Resources available 'faculty wide' – to lift the whole boat."
 - Success in collaborative endeavors only successful when it is made a priority and has appropriate structures and supports in place.
 - Role of patient safety or collaborative practice to focus the collaboration.
 - Collaborative research success – access and increased success in CIHR funding capture.
 - EDI committee to serve the whole faculty.
 - Standardized administration functions and efficiencies.
 - Shared learning assessment center, shared teaching space, and simulation.
 - Create a culture of collaboration at the dean level.
 - Regular meeting amongst deans (weekly) and with provost (monthly).
 - Regularity of Faculty Council meetings.
 - Committees IPE/simulation report to faculty council.
 - Leadership voice with clinical affairs.

Institutional Context Report

Ms. Crystal Maslin presented the key messages that were identified in the institutional context report. This report, included in the meeting package, detailed the historical perspective that led up to this discussion, highlighted the recent governance changes, applied an assessment using SWOT analysis, as well as current data of the collective health science programs. Key messages from this presentation included:

- Clearly understanding the mandate for restructuring, what is the rationale and a shared understanding and commitment to what success would look like.
- Financial imperative is more intense for those programs that rely heavily on the operating grant.
- This continued work would benefit from a collective understanding of the value proposition for the health science programs, to identify what are the expectations for collaboration and the benefits that each health program is hoping to achieve through this partnership.
- Highlighting the importance of the visibility of the health sciences with the USASK leadership tables and having a common voice and presence to navigate the political and health systems in a strategic approach.
- The shifts that have occurred with different attempts at implementing changes, coupled with significant leadership changeover, the impact this has on the momentum for implementation or sustainability of the collaborations.
- How the continued collaborations are building upon the benefits already demonstrated, indicating that there is a need to change the narrative, to grow the understanding of how the health sciences are addressing and readying for the transformation of the health system needs as well as how the health science programs are contributing to the Uplan. Success achieved through applying best practices in delivery of IPE and shared courses, the efficiencies delivered through the shared services approach to facilities management, CLRC, lab management, and cultural and structural changes achieved through the shared committees, such as Indigenous space committee, and the Miyomahcihowin gathering.

Health is not a static industry - addressing the complex health needs requires multifaceted responses. The USask health sciences are best positioned to address the long term HHR needs for Saskatchewan and to conduct research that addresses the continuum of care spanning from population health to primary health care, secondary, tertiary care, and to long-term and palliative care models. The learner and researcher experiences at the university are not bound by college structures, so to provide better experiences, requires us to align structures to address focused priorities. The following represents the participants' feedback when asked to identify the planning parameters, assumptions, and to guide and influence the potential types of change for health sciences priorities.

Guide and Influence Potential Types of Change

Building upon the context presentations, participants engaged in breakout discussions to explore and offer advice on a few areas. Key considerations from these discussions are captured below:

- **Governance and organization:** focused on the organizational arrangements for the USASK health sciences administrative unit, discussing what is our shared strategy, how should we make decisions together, and what shifts are required.
- **Functional changes:** advice on addressing the financial pressures together through enhancing the shared services model, where specific work would be completed through a 'hub and spoke' model.
- **Operational improvements:** advice on addressing the financial pressures together where. although structurally remain the same, we apply best practices and improve.

Governance and Organizational arrangements discussion

Goal: Develop a Health Sciences Integrated Plan

Key Elements:

Process:

- Leverage the restructuring project as momentum to move into an integrated planning process. Timing of this should align with the Uplan - a 3-year timeframe to align with the current Uplan, and then aligning with the next university integrated planning process.
- Use the 2009 statement of purpose work to proceed, and collectively define the strategic goals and objectives. Adopt a cascading approach to integrated planning where there are shared priorities for the collective, and each of those also have operational plans prepared. Articulate how the colleges, schools, and programs are expected to participate and contribute to the integrated plan.
- Articulate the value proposition of the partnership.
 - o Why is each academic unit participating with the overarching partnership; what are the individual benefits expected with this; what are the accountabilities of the leaders with this partnership; and how does this influence authority and approach to decision making.
 - o For each collaborative focus, this same level of shared understanding needs to occur; what is the focus; who should be part of the collaborative; what are the sought benefits/requirements from each participating unit; and how does that influence the design and decision making.
- Enable the leader of health sciences to enact the changes.
- Foster broad and deep consultation approach to the process.
- Continue to host discussion forums for ongoing collaboration, issues management and foster continued planning discussions. Build upon the facilitative team models applied with shared courses to pull groups together for focused discussion and actions.

Aspects of Inclusion:

- *Research:* focus shared efforts on advancing research in the areas that will impact the complex health needs of the population we serve, while at the same time positioning the collaborative for success in grant capture.
 - o Identify focused areas of strength in health research that are particularly relevant in the province and position USask to be recognized on the global stage. Support shared meaning of the USask research signature areas and how that guides the prioritization of research strengths in the health sciences.
 - o Align resources to these core areas, including aligning strategic complement planning to support a robust and rigorous research infrastructure that supports USask addressing the prioritized complex health questions.
 - o Showcase the value proposition (to the funders) of the impact this research has on the health of the population and the on the Saskatchewan growth plan. Taking a comprehensive health lens from population, public, primary to tertiary health perspective.
- *Academic programming:* Leveraging shared courses and IPE experiences to foster the foundations of collaborative care.
 - o Establish health sciences administrative unit as an academic unit to host shared courses and advance further IPE opportunities.
 - o Enhance integrated and practical clinical experiences in partnership with the health systems.
 - o Articulate and inform USask on signature pedagogies that distinguish the USask health sciences.
- *Indigenization and Decolonization:* Overhauling and addressing racism and oppression in the health system requires the academic programming to continue to lead the way by attracting and retaining excellent indigenous candidates and requires education pedagogies that support the future health professionals with the knowledge and with the practical experiences to serve Indigenous populations.
- *Operational:* Prioritize and sufficiently allocate resources (human, financial and capital) to achieve our shared goals are aligned with the strategic priorities.
 - o Recognize revenue generating opportunities as a part of addressing the fiscal imperative.

Goal: Position the health sciences common voice at key leadership tables

Key Elements:

- Position the leader of the HS at the highest levels for the university to align the strategic planning priorities with the priorities of the university and to ensure decisions complement both.
 - o Ensure regular attendance at; or representation with key committees and university structures (such as Budget committee, Senior leadership forum, PEC); and ensure there are focused topics of discussion to guarantee that priorities and actions are aligned, to ensure that there is shared recognition of the value and progress that is being achieved and confirm that leaders have the key insights and messages to best position the health sciences with external partners.
 - o Clarify the portion of the USask financial savings targets that is expected to be addressed by the health science program and the collective.
- Articulate explicit connection with the clinical affiliates to enable and demonstrate how the USask health sciences contributes to and drives success in their priorities.
 - o Visibility, partnership and authority with the Saskatchewan Health Authority, Athabasca Health Authority, Federal governments & military health system, and with the government partners, Ministry of Health (and Rural Health and Addictions).
 - o Addressing the complex health needs, requires the comprehensive care cycle from population and public health, primary care, secondary care to tertiary care, and articulate how the collective health sciences are positioned to contribute to the priorities of the clinical partners.
- Enable the health science deans to interface and advocate for the collaborative work within their individual programs and faculty councils.

Foundational Arrangement/ Improvement Efficiencies

Goal: Prioritize and initiate the design of shared services/ collaborative opportunities

Principles

- Strategic imperative for collaboration needs to be understood.
- Success means stakeholders involved with the solution have benefit and impact – relevant and interested partners in the collaborations is more important than a requirement that every college be engaged every time, and the future partnership does not mean common overarching structure.
- Education innovation should drive collaboration (not financial needs).
 - o Define IPE and how it complements or is distinguished from One Health, and how collaborative learning is a component of IPE
 - o Align funding, people, supports with collaboration (currently disincentivized by TABBS).
 - o Address barriers such as assignment of duties, that do not support collaborative teaching.
 - o Address unequal access to supports (i.e., GMCTL supports).
- Scenarios identified (proposed changes)
 - o Informed by the Uniforum data and aligned with the administration services renewal (ASR) work.
 - o Have robust financial modelling to understand the impact and seek clarity on what re-balancing of support would look like centrally, through a health science hub, and with a specific academic unit.
 - o Confirm secured funding to mobilize and sustain the work identified.

Areas of consideration

- Instructional design and support more targeted to health sciences
- Enhance the student assessment
- Establish an Office of Accreditation support (e.g., UMB)
 - o Access to project management
- Enhance a shared research facilitators model designed by the ADR
 - o Including looking for shared points of collaboration a with respect to equipment, mentoring, post aware supports
- More appropriately lean on 'high transactional' services through *Connection Point* and remove the 'white glove services'
- Shared equipment (researchers)
- Improve learner experience: one stop shop student services
- External communications and coordination (not college specific communications)

Conclusion

The consensus on the messaging and the next steps was apparent from the participants:

1. Continue to host dialogues to ensure shared awareness, understanding and commitment to a compelling purpose of the partnership:

- Articulate a better understanding of the expectations, and define the compelling purpose for partnership and the mandate,
 - Determine if/how the financial imperative (targets) apply,
 - Explore how work occurring across the university would impact/be impacted by the work in the health sciences, and
 - Adopt the cascading approach to integrated planning.
2. Elevate the visibility and participation of the health sciences with the university leadership decision making and with clinical affiliates.
 3. Adopt a focus and finish mindset and engage the participants who can contribute *and* value collaboration. This is not a one-sized approach for all initiatives/actions. Proceed where there is energy to proceed, don't wait for consensus, and be proactive with our approach.
 4. *Engagement/ broaden perspective*: Host regular, broad and deep consultation with key stakeholders – students, faculty, administrators.

Appendix A: Methodology

Objectives:

- Reflect on institutional context report for the health sciences reorganization project
- Identify planning parameters, assumptions, and requirements for future options
- Guide and influence the potential types of change for health sciences priorities

Logistics of the Event:

Attendees: 28 Participants: attendants provided below

Space: Willows Golf and Country Club

Agenda:

Time	Item	Lead
9:00	Welcome <ul style="list-style-type: none"> - Welcome remarks and land acknowledgement - Introductions 	Dr. Baxter Jones Ms. Sinead McGartland
9:30	University Context: to frame our thinking <ul style="list-style-type: none"> - Reconcile how the health science strategic priorities influence and may be impacted by significant number of initiatives in progress. <ul style="list-style-type: none"> o Present the context for strategic priorities work o Identify the goals for academic restructuring in health sciences 	Dr. Bruni Bossio Ms. Sinead McGartland
10:00	Starting Place <ul style="list-style-type: none"> - External perspective: Share insights and learnings from other health science experiences - Review institutional context report and frame the <i>solution space</i> <ol style="list-style-type: none"> 1) USask Health Sciences admin unit & expectations for shared resource supports 2)the Collective: Health Science College and School structures 	Dr. Doug Freeman Ms. Crystal Maslin
11:10	Health Break	
11:20	Shared Starting Place: group discussion <ul style="list-style-type: none"> - <i>Confirm</i>: What you appreciate - <i>Challenge</i>: What questions & concerns do you have - <i>Contribute</i>: What would strengthen this <i>Institutional context</i> (current state) assessment? - <i>Insights</i> for our planning 	Table Activity & Report out Discussion Guide I
12:15	Lunch	
1:00	Welcome back and set up	Ms. Sinead McGartland
	Breakout Discussions: What will it take to generate change <i>Discussion 1</i> : Deep dive into governance and organizational arrangements for the USask Health Sciences administrative unit. <i>Discussion 2</i> : How do we address institutional financial pressures together?	Table Activity Discussion guide II & III available
2:15	Share our collective voice: report out	Table report out
3:00	Share our collective voice: reflection and next steps <ul style="list-style-type: none"> - Key messages - Insights - Critical next steps 	Group discussion (facilitated)
3:20	Closing remarks and adjourn <ul style="list-style-type: none"> ▪ Closing words 	Dr. Baxter Jones

Participants:

person	role	College/School/Unit
Darrin Oehlerking	Associate Dean Students	Arts and Science
Lorin Elias	Vice Dean Academic	Arts and Science
Bram Noble	Vice Dean RSAW	Arts and Science
Walter Siqueira	Interim dean (incoming Sept 1)	Dentistry
Petros Papagerakis	Associate Dean, Research	Dentistry
Chad London	Dean	Kinesiology
Melissa Just	Dean	Library
Preston Smith	Dean	Medicine
Marek Radomski	Vice-Dean Research	Medicine
Marilyn Baetz	Vice-Dean Faculty Engagement	Medicine
Greg Power	Chief Operating Officer	Medicine
Janet Tootosis	Interim Vice-Dean Indigenous	Medicine
Solina Richter	Dean	Nursing
Pamla Petrucka	Interim Associate Dean Research and Graduate Studies	Nursing
Mark Tomtene	Director of Operations and Strategic Planning	Nursing
Jane Alcorn	Dean	Pharmacy and Nutrition
Dave Blackburn	Associate Dean Research and Graduate Affairs	Pharmacy and Nutrition
Charity Evans	Associate Dean Academic (incoming July 1)	Pharmacy and Nutrition
Yvonne Shevchuk	Associate Dean Academic (outgoing June 30)	Pharmacy and Nutrition
George Mutwiri	Interim Executive Director	Public Health
Michael Szafron	Associate Professor and MPH Practicum Coordinator	Public Health
Teresa Paslawski	Associate Dean	Rehabilitation Science
Soo Kim	Professor	Rehabilitation Science
Cathy Arnold	Professor and Director	Rehabilitation Science
Gillian Muir	Dean	Veterinary Medicine
Steve Manning	Associate Dean Clinical Programs	Veterinary Medicine
Chris Clark	Associate Dean Academic	Veterinary Medicine
Ginger Appel	Chief Operations and Finance Officer,	Veterinary Medicine
Vince Bruni-Bossio	Retreat Co-facilitator	Provost's Office
	Interim Associate Provost, Strategic Priorities	
Sinead McGartland	Retreat Co-facilitator	Provost's Office
	Director, Change Management & Special Projects	
Melanie Kaczur	Executive Assistant and Project Support, Strategic Priorities Initiative	Provost's Office
Adam Baxter Jones	Interim Associate Provost, Health	USask Health Sciences
Aly Sibley	Executive Assistant	USask Health Sciences
Crystal Maslin	Planning and Projects Officer	USask Health Sciences

Appendix B: Slide decks from context setting presentations

University Context. Prepared by Dr. Vince Bruni Bossio

E-scan and assessment of governance models by Dr. Doug Freeman

Institutional Context Report by Ms. Crystal Maslin

ⁱ [AAHCDC 2017 The Compelling Value Proposition of Academic Health Centers.pdf](#)

Strategic Priority Areas: Health Science Strategic Initiative Retreat

June 21, 2022

1

Agenda

- SLF Strategic Priorities Overview
- Government One-Time Grant
- Strategic Priority Areas Work
- Examples of Changes:
 - a) Faculty Rejuvenation, Administrative Services Rejuvenation, Health Sciences
- Discussion

2

Strategic Priority Area: Overview

3

The Outcomes of the SLF Strategic Priorities


SLF
Strategic
Priorities (5)



USask is financially sustainable:

- Released 3-6% of revenue (\$21m-\$27m in permanent cost savings to the operational budget), by April 2023.
- Achieved a balanced operating budget in each fiscal year, restore reserves, and ensure between \$12m-\$20m is available annually for strategic investment from 2026.
- Advance our academic and research priorities and aspirations, within our means.

4



**SLF Strategic
Priority
Co-Leads**


ACADEMIC LEAD: Loleen Berdahl
ADMIN LEAD: Patti McDougall

ACADEMIC LEAD: Melissa Just
ADMIN LEAD: Shari Baraniuk


ACADEMIC LEAD: Beth Bilson
ADMIN LEAD: Wade Epp

ACADEMIC LEAD: Martin Phillipson
ADMIN LEAD: Ken Wilson


ACADEMIC LEAD: Doug Brothwell
ADMIN LEAD: Darcy Marciniuk




Create academic themes




Refresh through reorganizing



Identify what things we will stop doing




Ensure labor force sustainability



Refine academic programs

5

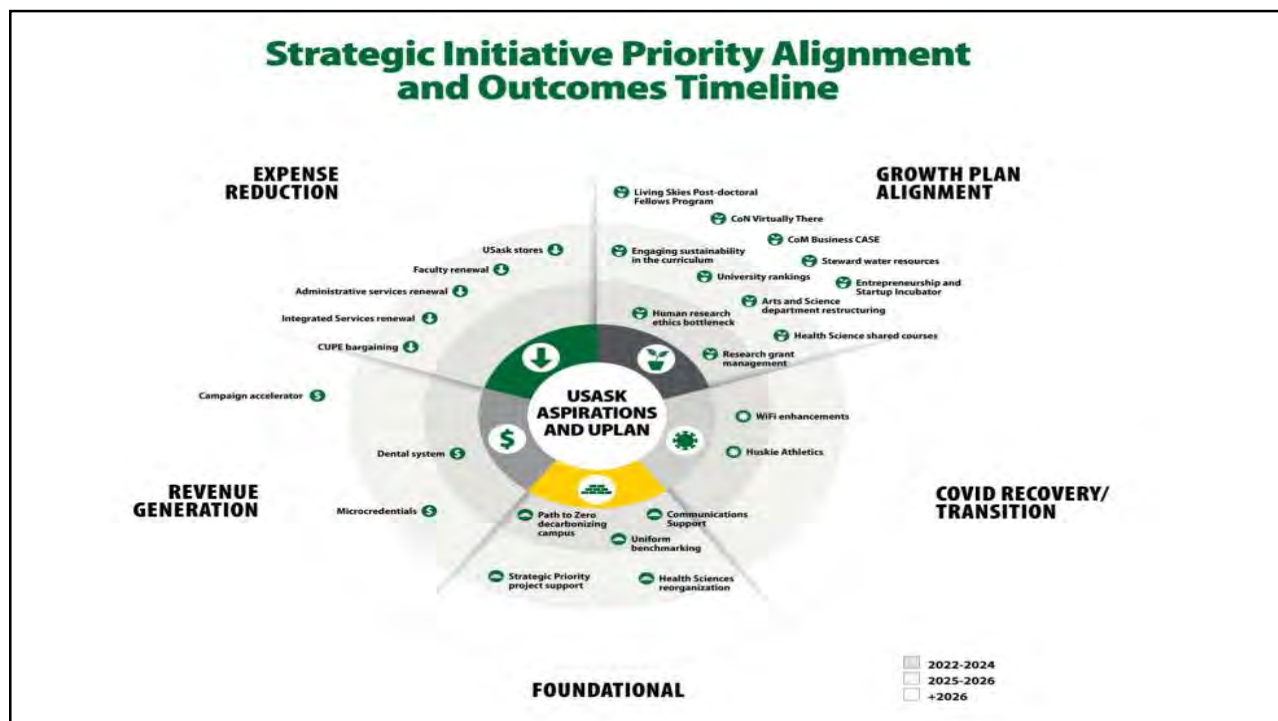


**Office of the Provost and
Vice-President Academic**


Focus of Government One-Time Grant

- \$31 million one-time “strategic” funding (over 2 years):
 - Growth Plan Alignment
 - COVID recovery/transition
 - Foundational
 - Revenue generation & expense reduction
 - Contribute to addressing 21 - \$27 million gap in operating fund with solutions identified by 2023
 - Contribute to the restoration of reserves, \$12-\$20M being available for strategic investment annually from 2026.

6



7



UNIVERSITY OF SASKATCHEWAN

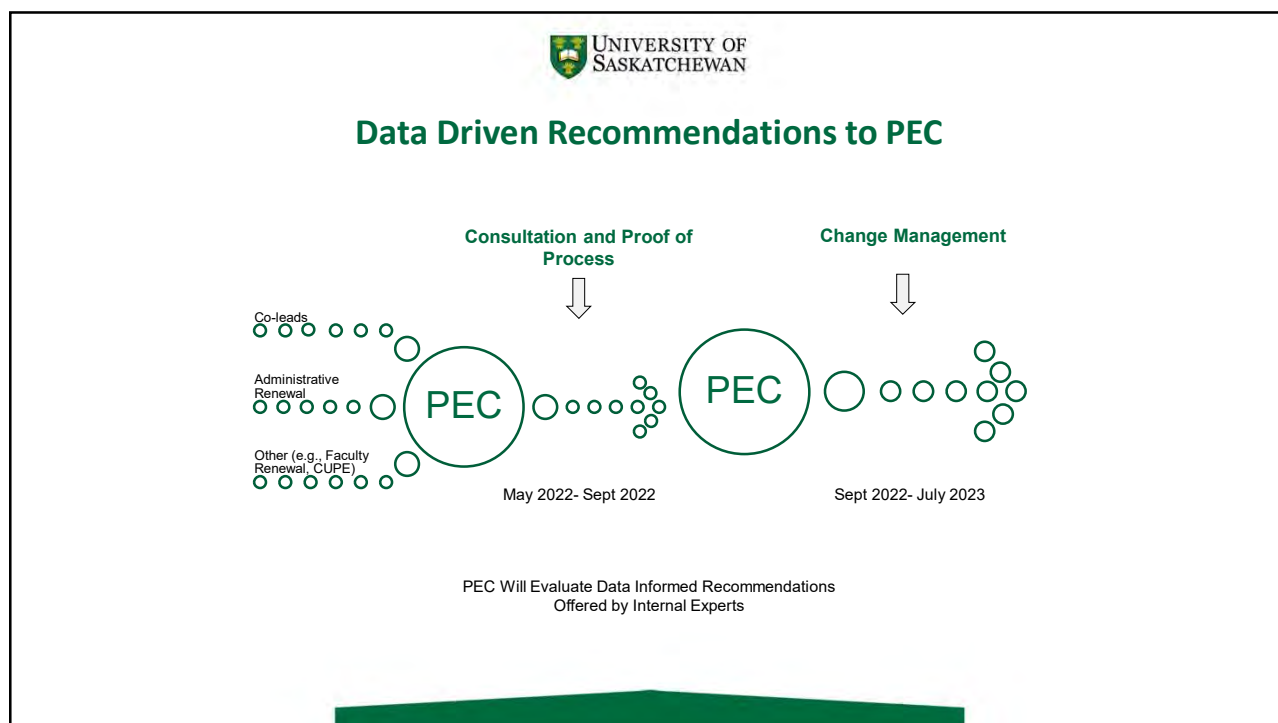
Alignment of Government One-Time Grant With Strategic Priorities Outcomes

- Selection of initiatives included consideration of link to province's growth plan.
- ROI includes:
 - our financial sustainability,
 - enhancing our quality of services offered, and
 - enhancing our overall quality of contribution as an educational institution.
- All Initiatives support the goals and outcomes of the SLF Strategic Priorities.
- Many initiatives are still in development (especially Round II) and need to develop or continue to refine their outcomes, metrics, timelines, and potential impacts (financial or otherwise).

8




9



10



11



The Program Costing Process

The intent of the Program Costing Process is to ensure that all academic units are financially viable.
The Program Costing Process is a mandatory process for all academic units with oversight by the Provost.

Purpose

- We are fiscally responsible while ensuring the quality of our teaching and research mission, as well as student experience.
- A sustainable financial future for USask requires that we understand the direct and indirect costs associated with each program.
- Understanding the costs associated with each program contributes to a dialogue on the contribution of each program and how each program aligns with the five aspirations outlined in the 2025 University Plan.

12

Provost Policy Around Program Costing

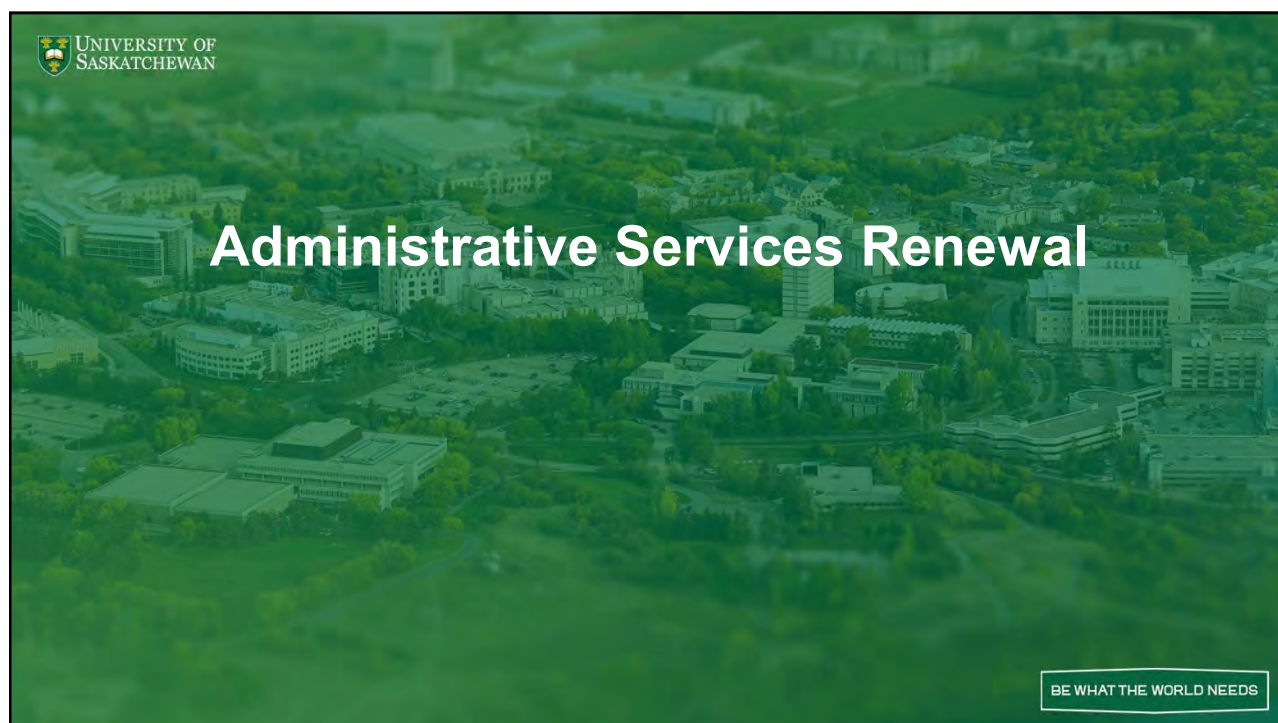
- Program Costing is a set of tools supporting regular review of academic programs (different from or incorporated into the current academic program review process) where all programs in a college would now be reviewed on a targeted and rotating schedule to assess ongoing financial viability and college/institutional priority.
- By focusing on the financial health of colleges, schools, departments and programs, the Program Costing process will highlight actions academic leaders can take each year to ensure sustainability and viability of their programs and College/School.
- The intent of Program Costing is to identify ways to improve financial viability of existing academic programs and, where appropriate, which programs should be terminated. This process will also assess the financial viability of new academic programs going to APC.
- (Please note: College of Nursing has already completed some work using their own costing tool)

13


Example of Program Changes

- **Example of changes using the Program Costing Tool (and other tools):**
 - Restructuring how courses are taught.
 - Using lower cost type of instructor (i.e., sessional lecturers, newer faculty, collaborate with another department or college).
 - Substituting on-line for in-person.
 - Share admin resources to reduce admin costs.
 - Eliminating the program.
 - Using better/more affordable infrastructure to deliver this programming (space, IT, etc.).
 - Moving research costs to faculty grants.

14



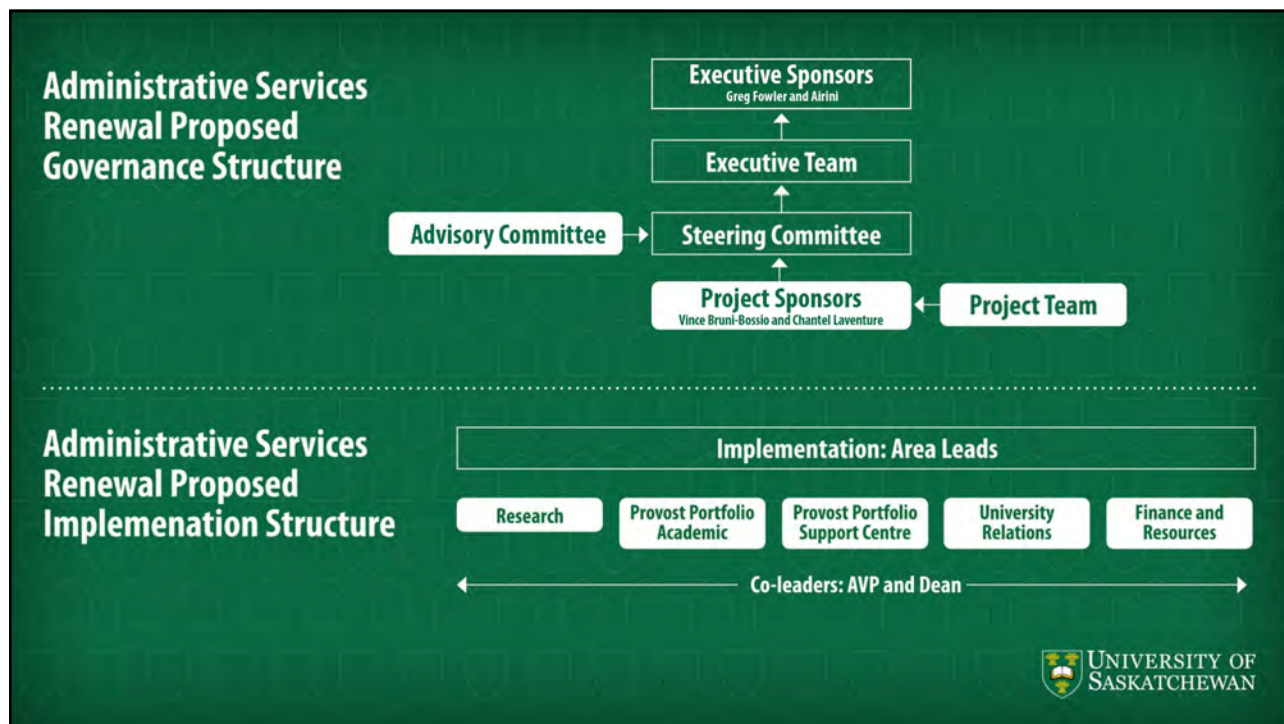
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Administrative Services Renewal: Vision

A consistent approach to administrative service delivery across the institution at the following levels: central support units, transactional hubs, college and institute administration that will ensure efficient and effective administrative support services, align support services to the academic organizational structure, and create cost saving opportunities through an improved organizational support services structure.

16



17



18

Example of Recommendations for Approval

- Centralization of transactional activities currently performed in colleges and units
- Implementation of administrative hubs to support multiple colleges and units, resulting in the potential reduction of the number of administrative positions in colleges and units
- Expansion of the strategic business advisor network and shared services model to include other functional areas such as: student support, communications, research facilitation

19

Comprehensive Engagement

- **Principle: ongoing consultation, iterative process, & representative**
 1. **Decision Making & Impact - May 2022 - Dec 2022**
 - a) Learning about current state and impact of future state
 2. **Implementation Design**
 - a) Consultation on how to implement changes
 3. **Consultation Groups**
 - a) Deans
 - b) Faculty
 - c) Admin Staff
 - d) Students
 - e) Indigenous
 - f) EDI

20

Faculty Renewal and Complement Planning

BE WHAT THE WORLD NEEDS

21

Faculty Renewal

Purpose:

- With regular renewal, the University will realize long-term savings due to a more predictable turnover of the faculty complement and short-term savings due to a decreased average salary due via shifts in the demographics of this group.
- With the goal of advancing strategies to encourage timely faculty retirement, this initiative includes the negotiation of incentives to assist the University in managing effective ongoing renewal of the faculty complement.

22

Allocation of Strategic Funds to Faculty Incentive

Permanent – Article 24.6

- Eligible to employees aged 55 to 67 with 10 years of service
- Payouts ranging from 25% to 50% of annual salary based on number of unused leave credits (sabbatical, administrative, research)

Goal of the program is to lead to more predictable retirement patterns in the future. Although employees can still work beyond age 67, they lose eligibility to retire with an incentive beyond that age.

Faculty Incentive (2022 – 2023)

- Eligible to all employees 60 years of age or older (i.e., open to employees who are already passed the age 67 cut-off in the permanent plan)
- Payouts are 50% of their annual salary
- Notification to retire under these temporary enhancements must be received no later than March 31, 2023 - only applicable to remainder of this year and the following academic year.

- **Allocation of Strategic Funds:** Funding will be used to cover the college cost of the 50% incentive payment to faculty FY 22/23-23/24

23

23

Project Goals

Financial Targets

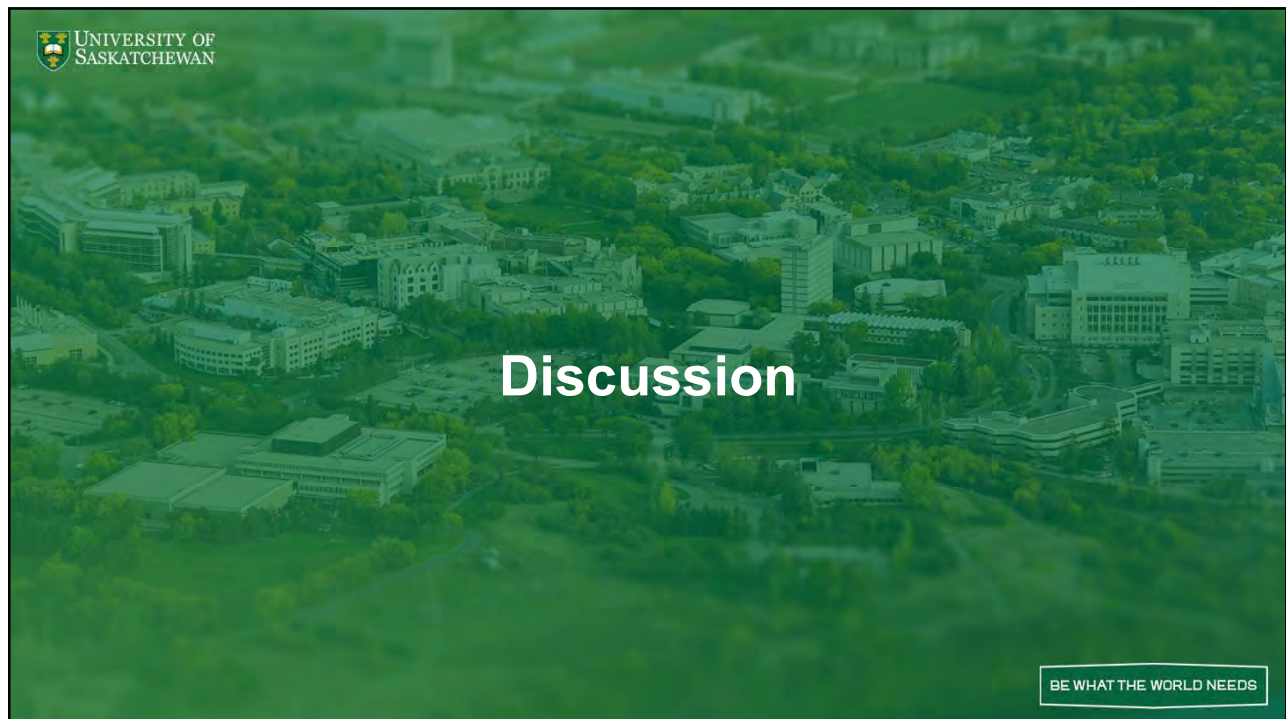
- \$11M total over 3 years, starting in FY 2022-23.
 - a) \$4M savings in FY2022-23 by Apr 2023 to show in FY2023-24 budget
 - b) \$7m savings FY 2023-24 by April 2024 to show savings in F 2024-25 budget
- Further savings 2025-26 onwards.

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Complement Planning Foundational Guidelines

1. We work together in the best interests of the entire university. Academic priorities will lead decision making.
2. All units of the university will have a complement plan that aligns with common principles. Complement plans will need to demonstrate that each unit will operate within its means going into the future (timeline to be confirmed). Planning will be transparent, with a clear process (e.g., due date complement plan for review, scope of complement plan, sharing of plans).
3. We embrace change with purpose - now and ongoing: Our actions are both urgent (short term change to reset the university's financial position) and incremental (releasing revenue to be reinvested in renewal, and academic, research and service priorities).
4. Indigenization and EDI matters: We will assess impacts on Indigenous initiatives and equity, diversity, and inclusivity so that changes to the organization and services do not negatively impact institutional efforts in Indigenization and EDI.
5. The university and all its units will be financially sustainable: Through reaching short and medium term targets our university and all of its units will reset its financial position and be positioned to operate within its means in future academic, research and support

25



26

Considerations on Academic Restructuring Goals

Six goals in the academic restructuring in health sciences/One Health are to:

1. focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration;
2. create a more strategic, nimble, collaborative, and accountable leadership forum in health sciences/One Health at USask;
3. re-set our administrative structures to be more consistent and even more student-focused;
4. improve the scope and structures to support overall research excellence, interdisciplinary programs and research;
5. reduce course and program duplication, and create more focused and accessible academic programming within health sciences/One Health; and
6. support university objectives for Indigenization, and equity, diversity, and inclusivity.

(See page 45, Institutional Context Report For Health Science Reorganization Project)

What are some thoughts around the rational for change in Health Sciences at USask?

27

Considerations Around Collaborations

- **What insights are emerging to inform the health sciences discussions?**
- **How and where should we leverage a collaborative approach?**

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Health Sciences Strategic Initiatives Planning Retreat

A Look At External Comparator Models

21 June 2022



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1



Six program models based on varied structures.

1. All health colleges report to VP Health, other colleges report to Provost (UFL)
2. Partial restructure with only three colleges reporting separately to VP Health (MSU)
3. Cluster all smaller programs into one of three health faculties: Medicine, Dentistry, Health (DAL)
4. Combine Health Sciences Under Medicine - Faculty of Health Science (UMB).
5. All colleges distinct and report to Provost; Only COM has dual clinical oversight structure (UMN)
6. Alliance model. College of Health Sciences with 5 Faculties and 1 School, and all deans report to Provost (UAB)

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2

1. All Health Colleges Report to (Executive) VP For Health (UFL)

VP Health same level as Provost and VP Academic

COM Dean is not the VP Health

Health Deans Report to VP Health (Not Provost), also UF Hospitals CEO.

Other university deans report to Provost.

Dotted line reporting for certain things.

Colleges of:

Medicine

Dentistry

Nursing

Pharmacy

Veterinary Medicine

Public Health and Health Professions



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3

Key Points:

Dotted line reporting complicates the model.

Issue of imbalance

Formula funding comes for 2 or 3 VPs. VPs collect "tax".

Shared access to things like IT

Rules change depending on change in VPs or President.

It works because the VP generates trust and makes it work.

Lessons Learned:

Complicated org chart, but individuals make it work.

Its fluid. Have a framework, then make it work.

Collaborative decision-making alone would not work.
Success due to VP leadership.

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4

2. Partial Restructure (MSU)

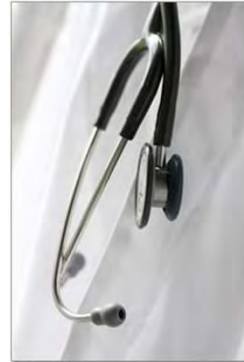
Only 3 select health program deans report to VP Health:
Human Medicine
Osteopathic Medicine (includes PT)
Nursing

VP Health – reports to President

College of Human Medicine Dean not VP Health

University health clinics report to VP Health to better align patient care, academics and research. (No human teaching hospital)

Shared resources and admin efficiencies.



2. Partial Restructure (MSU) *continued*

Funding lines are separate for health. The 3 health colleges report to and get funding from VP Health.

Other deans report to and get funding from Provost.

No dotted lines.

Synergies in education.

New research has come via this partnership.

Shared culture of accountability.

VP has done “great job” with external partners, and with integration of education and research.



Key Points:

Role of patient safety.

Missing One Health and IPE opportunities (vet med and kin).

Shared Learning Assessment Centre (Simulation), includes Vet Med.

Share teaching space, but could do more.

Good collaboration between departments (across campus).

All 20 deans meet weekly. Once per month with provost, then a rotating chair.
Through this process the deans know each other and work well together.

Lessons Learned:

Focused process may solve specific issues, but miss other opportunities.

Can create culture of collaboration at dean level.



3. Cluster Only Smaller Programs Into One Faculty (DAL)

Three health related faculties:

Faculty of Medicine

Faculty of Dentistry

Faculty of Health

– 10 units (8 schools, 1 college, 1 program).

Largest Faculty of Health in Canada?

Each dean of a faculty reports to the provost.

Deans manage resources.

All 3 Faculties engage closely with health region.



3. Cluster Only Smaller Programs Into One Faculty *(continued)*

In Faculty of Health:

Each unit lead by a Director/Assistant Dean.

Each unit has operational control over their budget, HR, programs, hiring.

Reviewed by Dean and Faculty HR or Finance Directors.

Dean's Executive is Faculty (2 Associate Deans, Comm, HR, Finance, etc)

Faculty Council meets 2x/month, helps to "cross fertilize".

Leader and committee for simulation and interprofessional learning
Committee reports to Faculty Council
Has representatives from all units

Leader meets with comparable committees in Medicine and Dentistry for
larger scale IPE.



3. Cluster Only Smaller Programs Into One Faculty *(continued)*

New Collaborative Health Education Building

Led by 3 Faculty Deans and Librarian.

All education and research, no faculty offices.

3 Faculties work with Sim Director, contribute funding based on usage. Some
things like equipment renewal managed separately.

IPE is a strong focus:

Medicine, Dentistry and Health all have a Faculty IPE Coordinator.

Conduct IPE simulations (ie. Stroke sim involving multiple disciplines)

Annual, large scale IPE event involving over 1000 first year students.

Committed time blocks for IPE.

All 3 Faculties did IPE strategic plan together.



Key Points:

Combining multiple smaller programs into largest health faculty in Canada - access to resources.

Healthy balance of gaining strength from combined programs and maintaining program integrity.

Addresses imbalance?

Lessons Learned:

Success in IPE because they collectively made it a priority, and have appropriate structures in place. (Form Follows Function)



11

4. Combine Health Sciences Under Medicine (UMB)

Faculty of Health Science

Five colleges in Faculty:

Medicine
Dentistry
Nursing
Pharmacy
Rehab Sciences

COM Dean is also Vice Provost Health.

College Deans report to Vice-Provost; Vice-Provost reports to Provost

Funding for colleges goes through Vice-Provost.

(note imbalance between colleges)

(note COM faculty buy-in regarding distribution of resources)

Budget managed and distributed to colleges by Dean and Vice Provost.



12

4. Combine Health Sciences Under Medicine *(continued)*

Faculty of Health Science

Faculty leadership includes 5 Vice Deans, Finance, Operations, HR, Planning, External Relations, Legal.

Vice Dean Research supports all colleges, including matching funds for research positions.

Vice Dean Academic supports IPE, simulation.

Colleges may have fewer associate deans, depending on needs, accreditation requirements etc.

Health Science Faculty Council addresses cross-college items.

Colleges' Faculty Councils address college-specific items.



Key Points:

Considered and rejected stand alone COM.

Mixed feelings about being placed under Dean of Medicine, but smaller programs recognized better access to funding, other resources, government relations, notoriety through College of Medicine.

COM is 80% of "activity", 95% of the Faculty research. Generates most funding.

Strong IPE. Students work together in first two years. Collaborative practice part of Faculty Vision.

Research success improved, including increased CIHR funding, with the smaller colleges access to COM resources.

EDI institute serves whole Faculty (was a COM program that expanded to include all).

Standardized admin functions and efficiencies (saved over \$2 million in first 1-2 years).



Key Points *continued:*

COM faculty support IPE and team based patient care, therefore see benefit of using resources to support other (smaller) colleges.

Collectively made all resources faculty-wide. Distribute resources to “lift the whole boat”, elevate all colleges. If COM Dean not also Vice Provost, COM faculty would not support so much sharing of resources.

Collectively big enough to accomplish key goals, so university considering creation of other groups.

Success story, based on metrics. University would intervene to maintain group.

Lessons Learned:

While process involved broad and inclusive discussion, it would not happen through collegial discussions alone.

It took executive directive (and courage).

Success seems dependent on actions of individual leader and collective vision.



5. All colleges distinct and report to Provost; Only COM has dual clinical oversight structure (UMN)

Moved away from Academic Health Centre (AHC) model
- deans reporting to VP Health.

All deans now report to Provost.

VP Clinical Affairs also Dean of COM.
Reports to president as VP
Reports to Provost as Dean.



Health Sciences Clinical mission: VP Clinical Affairs

Health Sciences IPE mission: Associate VP Academic Health Sciences (not a dean). Reports to Provost

Health Sciences Research Mission: VP Research (university)



5. All colleges distinct and report to Provost; Only COM has dual clinical oversight structure *(continued)*

History: COM Dean departed, political motivation to make VP also COM Dean.
COM faculty perceived excess focus outside of college.
Other colleges perceived conflict of interest in dual role.

Several turnovers in Dean/VP position. Worked or didn't based on individual.

Success depended on personality, skill set, vision.

Previous AHC competed with the university, duplicated services and operations

Several reviews of AHC and recommendations were conducted.

Current structure based on preference of highly successful COM Dean.



5. All colleges distinct and report to Provost; Only COM has dual clinical oversight structure *(continued)*

Current model tries to fairly synergize research, clinical opportunities and education.

Seems to be working:

IPE and OH went from hodge-podge process with mixed buy-in to dedicated, university process.

IPE works hardest to be inclusive.

IPE not managed by COM. (Note important role, though)

Research mission under VPR more transparent.

VP basically only manages clinical affairs for COM, unless specific overlap.

However, Clinical Affairs less inclusive than could be.



Key Points:

Went from parallel (competing) structures (VP Health and VP Academic) to (mostly) single reporting line.

Went from VP Health – to VP Health and COM Dean – to VP Clinical Affairs and COM Dean

Collegial process to re-define AHC. Then modified so new Dean of COM could oversee clinical affairs.

Lessons Learned:

Impact of individual leader(s)

Thoughtful structure, but with trade-offs.



6. Alliance model. College of Health Sciences with 5 Faculties and 1 School, and all deans report to Provost (UAB)

University Re-Structure to 3 Colleges based on Tri-Council model

College of Health Sciences has 5 Faculties and 1 School:

- Faculty of Medicine and Dentistry
- Faculty of Rehab Medicine
- Faculty of Pharmacy
- Faculty of Nursing
- Faculty of Kinesiology, Sport and Rec.
- School of Public Health



6. Alliance model. College of Health Sciences with 5 Faculties and 1 School, and all deans report to Provost *(continued)*

College of Health Sciences

Dean of College is "First Among Equals" Model (sort of)

Dean of College is not the Dean of a Faculty

College serves to:

- integrate

- create economies of scale

- reduce admin burden

- provide common academic and administrative services

- remove barriers to collaborative teaching and research.



6. Alliance model. College of Health Sciences with 5 Faculties and 1 School, and all deans report to Provost *(continued)*

College of Health Sciences

College "implemented" by college dean, each Faculty "led" by faculty dean.

College led by Council of Deans, in consultation with Provost.

- Positive approach to collaboration.

All Faculty Deans report to Provost (note increased reports to Provost)

College sets budget for shared services and initiatives.

- Collects levy on Faculties.

Faculty deans have authority over academics and budgets.

Faculty budgets based on budget model (less college levy)

Issue of Imbalance



6. Alliance model. College of Health Sciences with 5 Faculties and 1 School, and all deans report to Provost

As of last Friday.....

Moving away from Tri-Council model – too much cross-over.

Reporting of Faculty Deans now delegated from Provost to College Dean.

Budget and space allocation included.

Previous discussions in Council of College Deans identified shared values, how to make decisions, collaboration.

The discussions helped smooth way for change in reporting structure.

Note: Faculty Deans not happy with "First Among equals model; also not happy with reporting to College Dean.



Key Points:

Role of university funding cuts.

Goals to decrease faculty time on admin, and also decrease number of administrators.

Structure seems messy. Role of College Dean not clear.

Need to decide how decisions are made.

Still changing. Decisions made in haste led to debate and change.

Lessons Learned:

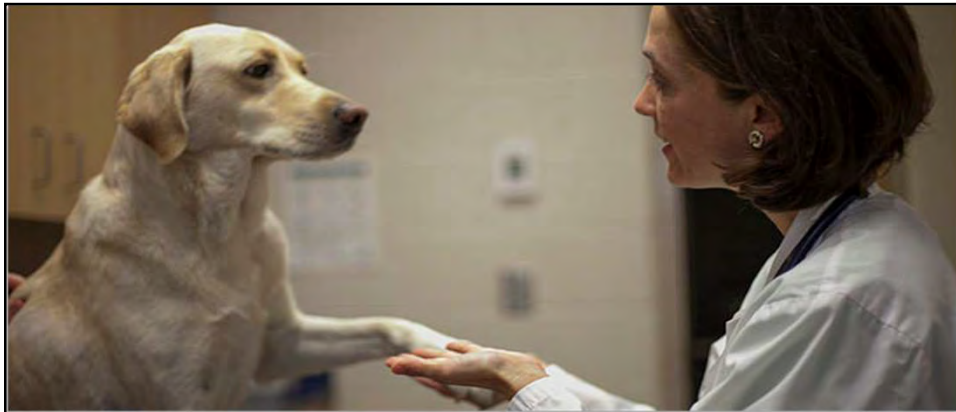
Can't avoid discipline-based programs (accreditation). But real world works in, and big problems solved by interdisciplinary teams.

Must bring disciplinary together.

Each discipline must be strong

Structures need to allow disciplines to come together. (Form Follows Function)





Final Thoughts

Success depends on the clarity of the objective and willingness to pursue it.

Success of any model depends on the actions of the individual(s) in the org chart.

Float all boats



 www.healthsciences.usask.ca

Health sciences strategic priority initiatives update

Prepared by Crystal Maslin for the Health Sciences Reorganization Project Retreat

June 21, 2022



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Health Sciences
HEALTHSCIENCES.USASK.CA

BE WHAT THE WORLD NEEDS

1

June 21
National Indigenous Peoples Day

2



3



4



Shared courses project

The shared courses project will **assess opportunities to deliver shared health science courses (topics)** to students in the university's health science colleges and schools and will **develop any required supporting policies, procedures, and infrastructure to enable these courses**.

This initiative will be piloted by investigating opportunities to share **new and existing Indigenous health and wellness courses**. The project will work in partnership with — and benefit from the momentum built by — the tuition bridge funded project which is currently developing an online introductory professionalism common course for health science students.

The project will:

- undertake curriculum mapping of HS colleges courses and identify possible courses (topics) that can be shared;
- identify the academic home for shared courses;
- identify revenue sharing model for shared courses;
- seek appropriate academic approval
- pilot a sharing arrangement for new and existing Indigenous health and wellness courses

BE WHAT THE WORLD NEEDS

5



Reorganization project

The health sciences reorganization project will work to **define a governance framework** that will **amplify each of the disciplines** in the health sciences and **model ways to connect** while advancing shared academic and research priorities. The project is seeking to enhance collaboration between the university's health science colleges, schools, and the administrative USask Health Sciences unit.

The project will:

- undertake an environmental scan of comparator institutions
- map the current state of internal USask structures
- engage with stakeholders to develop a comprehensive understanding of what “stands in the way” of collaboration
- develop a proposed “future state” organizational structure and articulate the administrative, governance, and budgetary infrastructure that will be required to facilitate implementation of the future state

Any proposed changes will be implemented after approval via the standard USask tricameral governance processes.

BE WHAT THE WORLD NEEDS

6

Timeline



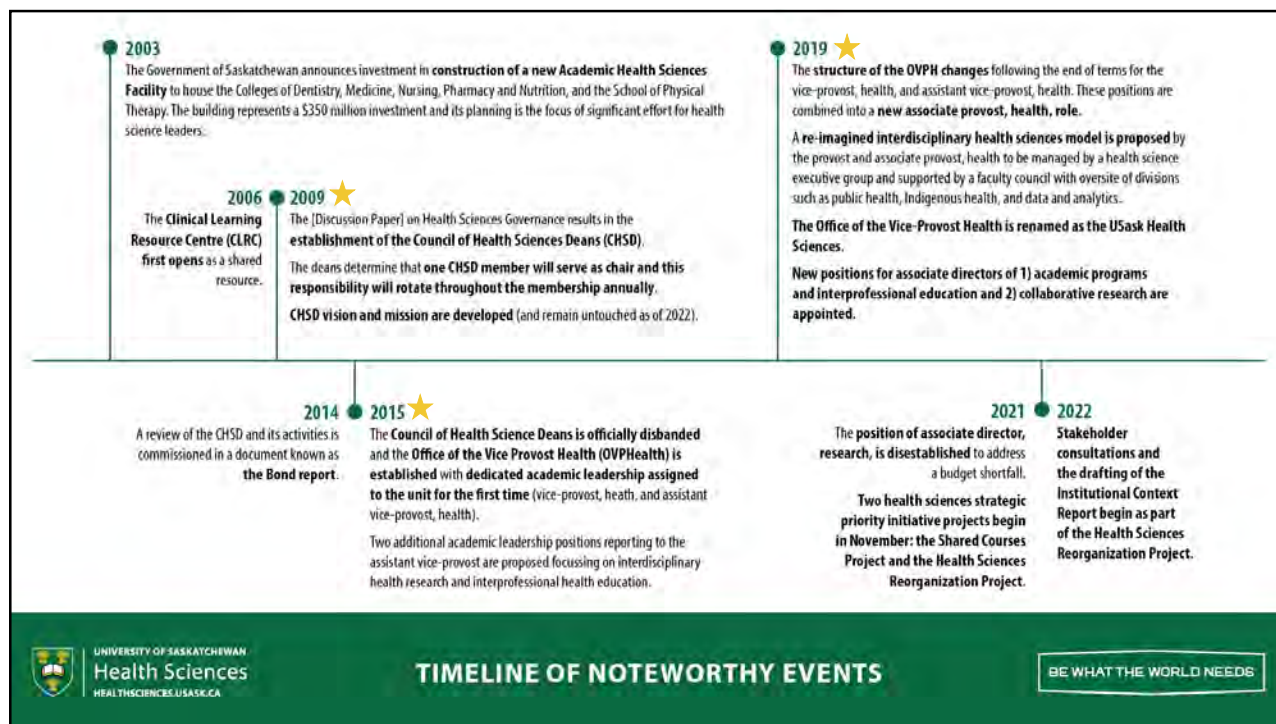
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Highlights from the report

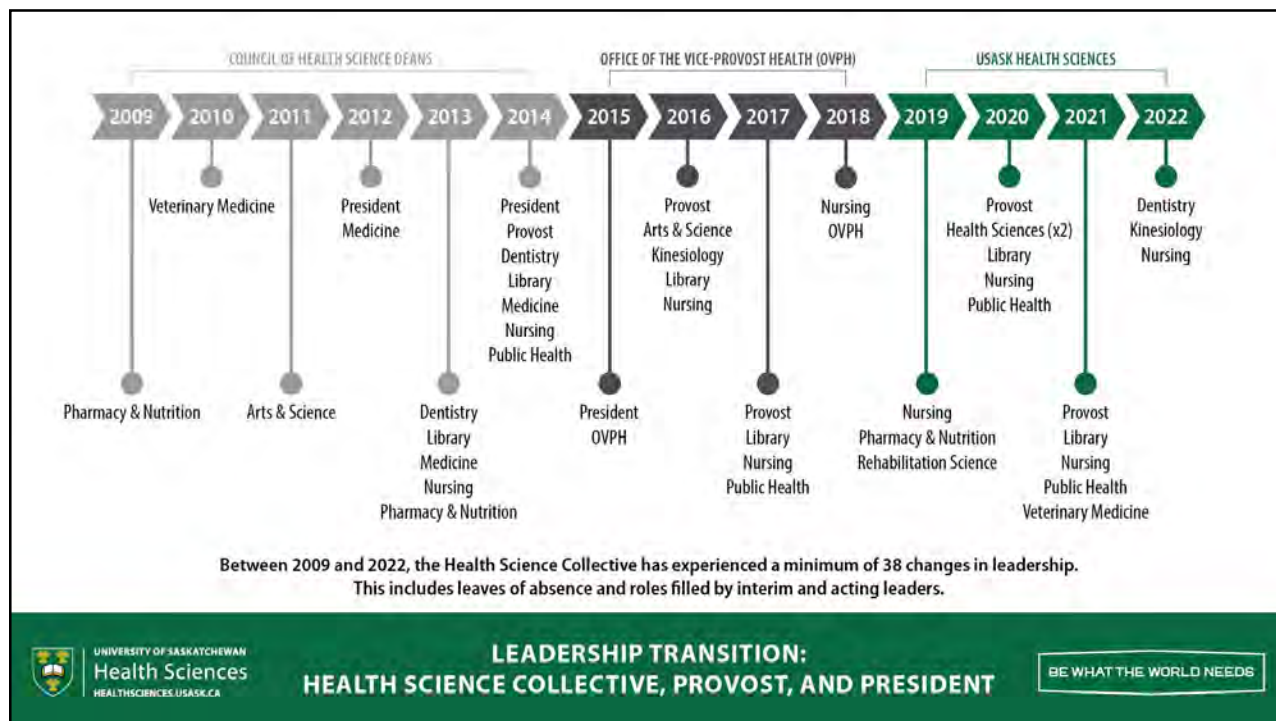


BE WHAT THE WORLD NEEDS

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Mission and Vision – Est 2009 for CHSD

Mission (the reason for existence ... the purpose it serves ... and the boundaries within which it operates)

The health sciences 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**.

Vision (defines what we want to be or become)

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**.

An **effective mission statement** can act as an institution's North Star—providing a distinct, constant direction that a college or university can travel towards. But frequently, college and university mission statements are too broad, too vague, or too outdated to help institutions navigate today's challenges and opportunities (SCUP, 2021).

Definitions of mission and vision from <https://leadership.usask.ca/president/vision-development.php#TheProject>

BE WHAT THE WORLD NEEDS

11

Council of Health Science Deans Mandate (2009)

1. Provide **academic leadership** and set strategic direction and policy with respect to **interprofessional curricula, research, service and infrastructure**.
2. Control its own budget and oversee the **fiscal integrity of joint operations** and initiatives.
3. Seek **advice and guidance** from the **Health Sciences Advisory Committee** and report its activities to the Advisory Committee.
4. Provide and periodically review **terms of reference** for and **oversee related committees and projects**.
5. Work with Life/Health Sciences research leaders to **promote interdisciplinary discovery**.
6. Negotiate and **oversee the administration** of internal and external agreements for the provision of **inter-program courses**.
7. Provide **guidance and support for the Native [sic] Access service**, which it is proposed will report to the Council via the Council Office.
8. Initiate **mutually beneficial advancement initiatives** (ie, Development, Communications, Alumni Relations) as appropriate.
9. Provide **governance and strategic direction for Academic Health Sciences Centre** operations [the Health Sciences building].
10. Link with **Saskatchewan Academic Health Sciences Network, health regions, and government**. ... 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.
11. 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).

2022 status

BE WHAT THE WORLD NEEDS

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Major recommendations - Bond Report (2015)

- ✓ 1. That a “**neutral**” **Chair**, perhaps with vice-provostial status, be appointed.
- 🕒 2. consider several options for **broadening the membership** of the CHSD.
- ✗ 3. Charge the CHSD with the responsibility of developing **bylaws** based on the idea of “governance as leadership” and on the corollary that its members have been entrusted by the University with responsibility and accountability for the cluster of health sciences at the university.
- 🕒 4. That CHSD develop a **strategic plan**, complete with **performance measures**, that systematically addresses the need for **inter-professional education and collaborative research**.
 - ✗ 1. Strategic plan – Bond’s recommendation was “that the Council prune back its proliferation of initiatives to those few that are truly of strategic significance at this juncture” (p.17).
 - ✓ 2. IPE Curriculum Development
 - 🕒 3. Collaborative Research – beyond the Building designed to “facilitate intellectual collisions” “there is a strong appetite at the University for a more concerted and muscular effort on collaborative research in the health sciences”
- ✗ 5. that the University demonstrate its commitment to the CHSD by
 - ✗ 1. ensuring regular interactions between it and bodies such as **PEC** and **PCIP**,
 - ? 2. by setting up a working group on **recognition and reward for those who undertake IPE and collaborative research** and
 - ✗ 3. clarifying **budgetary arrangements**, under TABBS, for the CHSD

2022 status

BE WHAT THE WORLD NEEDS

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The journey

- If the governance answer was easy we would be doing it already.
- We have been doing a form of progressive elaboration related to shared health science initiatives – a long and winding road.

Ron Bond (2014):

- “there is **no clear consensus** on just **how the health sciences should be configured and governed, notwithstanding the clear consensus that they should work together**;
- the USask would be well **advised to adopt a governance system that responds to its own unique history, traditions, and needs** rather than try to emulate arrangements found elsewhere”.



The 99 Bends: the road up to Tianmen Cave on Tianmen Mountain, China

BE WHAT THE WORLD NEEDS

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SWOT

Based on 70+ stakeholder engagements

BE WHAT THE WORLD NEEDS

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Strengths

- Where roles and resources have been put in place with a clear **mandate to work across boundaries, successful cross-cutting initiatives are in place**. In these situations, **facilitation of collaborative work is not done “on the side of the desk” but “it is the work.”**
- **Existing shared functions** in the Health Science Collective are closely **aligned with Plan 2025** and the collective is well-positioned to work together on new areas of strategic agreement.
- **There is an interest and willingness from members of Health Science Collective units to work across boundaries. When the shared topic is compelling**, members of the campus community show up with enthusiasm, as they have done for many years. Many stakeholders sought out additional discussion time regarding ideas for micro-, meta- and macro-level changes in the health sciences.
- **There is a great deal of enthusiasm about the many topics that could be turned into shared courses/modules**. Many faculty have articulated enthusiasm to engage in this process.

BE WHAT THE WORLD NEEDS

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Weaknesses

- **There is a 10+ year history of change efforts in the health sciences that were either interrupted mid-project, rejected, or not fully implemented.**
- College and school leaders, faculty, and staff face numerous **competing priorities** that they need to manage; **shared activities are not the top priority and can be crowded out by unit-specific needs.**
- **Unequal access to resources** has resulted in inter-unit competition and some hostility between the “have” and “have-not” units.
- **No shared strategic plan for the Health Science Collective exists.**

BE WHAT THE WORLD NEEDS

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Weaknesses

- Numerous **structural impediments to collaborative activities exist.**
- **New ways of working together cannot add to the overall base budget.** USask expects to operate from a smaller base budget going forward. Tough prioritization decisions will be required.
- Collaborative governance work takes time and sustained focus. **In some cases, leadership turnover directly links to lost momentum or significant changes in direction.** Since the Council of Health Science Deans was established in 2009, there have been at least **38 senior leadership transitions** associated with the Health Science Collective. A “future state” **governance model must be robust enough to cope with the cyclical turnover of leadership roles.**
- The ten largely independent member units of the Health Science Collective have a very **complex web of independent academic and administrative infrastructure.**

BE WHAT THE WORLD NEEDS

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Opportunities

- **Clarify how the role of associate provost, health, integrates within the rest of the organization.** This academic leadership position was established as part of an earlier model that was not fully implemented.
- **Establish a shared strategic plan.** Use the plan to proactively identify the changes that the Health Science Collective needs to make today so that it is ready for the future. **Confirm the intended functions to be served by the reorganized entity.**
- **Change the narrative about the way we collaborate.** Successfully implemented collaborative projects quickly become part of the institutional landscape and are, at times, overlooked.
- **Find ways to entrench Indigenous perspectives at decision-making tables** and in all we do.
 - Be guided by the Guiding Principles in ohpahotân l oohpaahotaan (The Indigenous Strategy for the University of Saskatchewan): "Nothing about us, without us" as an antidote to exclusion; belonging as a healing practice; allyship as a demonstration of humility.

BE WHAT THE WORLD NEEDS

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Opportunities

- **Utilize change management methodology to address the "people side" of proposed governance changes.** Top-down governance changes have been repeatedly rejected at USask.
- **Use a quality improvement lens and appreciative inquiry approach to engage stakeholders to work through tough problems** as a collective.
- Re-imagine the way some academic leaders work and **explore a matrix management approach** with portfolios cutting across select topic areas.
- **Explore opportunities to share administrative services.** Many role types were suggested as part of the consultation.
- **Assess the value of creating a centralized academic home for shared courses.** It could potentially offer a mechanism to overcome numerous structural impediments.
- **Establish a mechanism to look for and facilitate new program offerings** (i.e., a shared structure or template for new program development, including how costs can be shared).

BE WHAT THE WORLD NEEDS

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Threats

- A number of strategic priority initiative **projects outside of the Health Sciences Reorganization Project** are currently underway; **some of those projects will have integration points—or possibly downstream risks or benefits**—impacting this project.
- Governance changes are perceived as a paramount concern when viewed as a **threat to professional / discipline-based identity and autonomy**.
- Governance changes are seen to be a threat to **accredited programs**.
- Governance changes **will not automatically result in great effectiveness or efficiency**.

BE WHAT THE WORLD NEEDS

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Questions and feedback

Contact a steering committee representative
or a project member from the USask Health Sciences



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Projects and Planning Officer

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Summary of the 2022 Health Sciences Planning Retreat

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**



SUMMARY OF THE 2022 HEALTH SCIENCES PLANNING RETREAT

Executive summary

The Health Sciences Planning Retreat was held on June 21, 2022, to foster the momentum building within the University of Saskatchewan (USask) [Health Sciences Reorganization Project](#) and the [Shared Courses Project](#). This retreat was intended to create connections and broaden the coalition of leaders involved in understanding and designing opportunities for future collaborations.

Hosted by the interim associate provost, health, the retreat included representatives from each of the university's health science units, the Provost's Office and the USask Health Sciences.

The retreat was comprised of a series of presentations and discussions designed to inform critical next steps such as developing a proposed "future state" organizational structure and articulating the administrative, governance, and budgetary infrastructure that will be required to facilitate implementation of the future state.

The event leaned on experts to set the context for the discussions by:

- aligning future considerations with [University Plan 2025](#) and emerging strategic priorities;
- assessing and learning from a commissioned environmental scan examining organizational and governance models for health sciences at six comparator institutions;
- delving into the Institutional Context Report — a key deliverable of these strategic priorities projects and a foundational starting point for the participants; and
- encouraging participant discussions to identify and influence potential areas of (or barriers to) collaboration and, as a collective, to identify critical next steps.

The "why"

The compelling reason for strong collaborations and structures in the health sciences is guided by the 2009 mission statement:

"The health sciences will enhance the capacity for high quality health care by enabling the educations of a new generation of healthcare practitioners with skills in interprofessional health care and health promotions, promoting excellence in interdisciplinary health research, and sharing in outreach and community engagement."

The "who"

Using this 2009 purpose statement, the collective of USask health science colleges and schools would like to see further integrated planning to support the priorities that the university is graduating health professionals who are:

- meeting the health human resource needs of Saskatchewan;
- prepared to address the health care needs of the populations we serve; and
- addressing complex health research questions for tomorrow.

The “what”

To succeed, a collaborative network must be appropriately structured, mandated, governed, resourced, and enabled. Organization models should reduce barriers to coordinate actions, enhance the shared voice with leadership, and demonstrate the impact with the health system.

Collaborative work takes time and sustained focus. In some cases, leadership turnover (related to five-year appointments or other typical reasons) directly links to lost momentum. The future state governance model must be robust enough to cope with leadership transition to implement and sustain the collaborative effort.

Applying an ‘evolution, not revolution’ mindset can assist the continuous quality improvement approach to apply best practices and increase the pace of implementation.

Discussion conclusion

At the retreat, the consensus on the messaging and the next steps was apparent from the participants:

1) Continue to engage internal stakeholders

- a. Host dialogues to ensure shared awareness, understanding, and commitment to a compelling purpose of the partnership.
- b. Develop possible frameworks for discussion.

2) Develop an integrated plan

- a. Articulate a better understanding of the expectations and define the compelling purpose for partnership and the mandate.
- b. Determine if/how any financial imperatives or targets may apply.
- c. Explore how work occurring across the university would impact, or be impacted by, the work in the health sciences.
- d. Elevate the visibility and participation of the health sciences with university leadership decision making and with clinical affiliates.
- e. Understand the impact and seek clarity on what re-balancing of support would look like centrally, through a health science hub, and with a specific academic unit.

3) Adopt a focus-and-finish mindset

- a. This is not a one-sized approach for all initiatives/actions. Engage the participants who can contribute and value collaboration.
- b. Don’t wait for consensus. Proceed where there is energy to proceed. Be proactive.

Discussion content

The following provides more detailed information from the summary above based on next steps suggested by the participant discussions at the retreat.

Governance and organizational arrangement

CONTINUE BROAD ENGAGEMENT

- Continue to host discussion forums for ongoing collaboration and issues management. Foster continued planning discussions. Build upon the facilitative team models applied with shared courses to pull groups together for focused discussion and actions.
- Explore how work occurring across the university (other strategic initiatives) would impact/be impacted by the work in the health sciences
- Adopt a cascading approach to integrated planning.
- Develop possible organization models for discussion.

DEVELOP AN INTEGRATED PLAN

- Articulate and define the compelling purpose for the partnership mandate and how the colleges, schools, and programs are expected to participate and contribute to the integrated plan.
 - Why is each academic unit participating with the overarching partnership; what are the individual benefits expected with this; what are the accountabilities of the leaders with this partnership; and how does this influence authority and approach to decision making.
- Determine if/how any financial imperatives or targets may apply.
- Enable the leader of health sciences to enact the changes.
- Don't wait for consensus and be proactive in determining the priorities.
- **Research:** Focus shared efforts on advancing research in the areas that will impact the complex health needs of the populations served by the health sciences, while at the same time positioning the collaborative for success in grant capture.
 - Identify focused areas of strength in health research that are particularly relevant in the province and position USask to be recognized on the global stage.
 - Support shared meaning of USask's [Signature Areas of Research](#) and how that guides the prioritization of research strengths in the health sciences.
 - Align resources to these core areas, including aligning strategic complement planning to support a robust and rigorous research infrastructure that supports USask addressing prioritized complex health questions.
 - Take a comprehensive health lens from the population that includes public and primary to tertiary health perspectives. Showcase, to research funders, the value proposition of the impact this research has on the health of the population and on [Saskatchewan's Growth Plan](#).

- **Academic programming:** Leverage shared courses and interprofessional education (IPE) experiences to foster the foundations of collaborative care.
 - Establish the USask Health Sciences administrative unit as an academic unit to host shared courses and advance further IPE opportunities.
 - Enhance integrated and practical clinical experiences in partnership with the health systems.
 - Articulate and inform USask on signature pedagogies that distinguish the USask health sciences.
- **Indigenization and decolonization:** Overhauling and addressing racism and oppression in the health system requires the academic programming to continue to lead the way by attracting and retaining excellent Indigenous candidates. It also requires education pedagogies that support future health professionals with the knowledge and practical experiences to serve Indigenous populations.
- **Operational:** Prioritize and sufficiently allocate human, financial, and capital resources to achieve shared goals aligned with the strategic priorities.
 - Recognize revenue generating opportunities as a part of addressing the fiscal imperative.
- Adopt a focus-and-finish mindset and engage the participants who can contribute and value collaboration. This is not a one-sized approach for all initiatives/actions; and the collectives should proceed where there is energy.

POSITION THE HEALTH SCIENCES COMMON VOICE AT KEY LEADERSHIP TABLES

- Elevate the visibility and participation of the health sciences with university leadership decision making and with clinical affiliates, such as the health authorities and government.
 - Ensure regular attendance at, or representation with, key committees and university structures (such as Budget Committee, Senior Leadership Forum, and President's Executive Committee). Ensure there are focused topics of discussion to:
 - guarantee that priorities and actions are aligned;
 - ensure there is shared recognition of the value and progress that is being achieved; and
 - confirm that leaders have the key insights and messages to best position the health sciences with external partners.
- Articulate explicit connection with clinical affiliates to enable and demonstrate how the USask health sciences contributes to and drives success in their priorities.
 - Visibility, partnership and authority with the Saskatchewan Health Authority, Athabasca Health Authority, Federal governments and military health system, and with the government partners, Ministry of Health (and Rural Health and Addictions).

- Addressing complex health needs requires the comprehensive care across disciplines (e.g. population and public health, primary care, secondary care and tertiary care, and allied health professionals). Need to articulate how the Health Science Collective is positioned to contribute to the priorities of the clinical partners.

Foundational changes and operational improvement

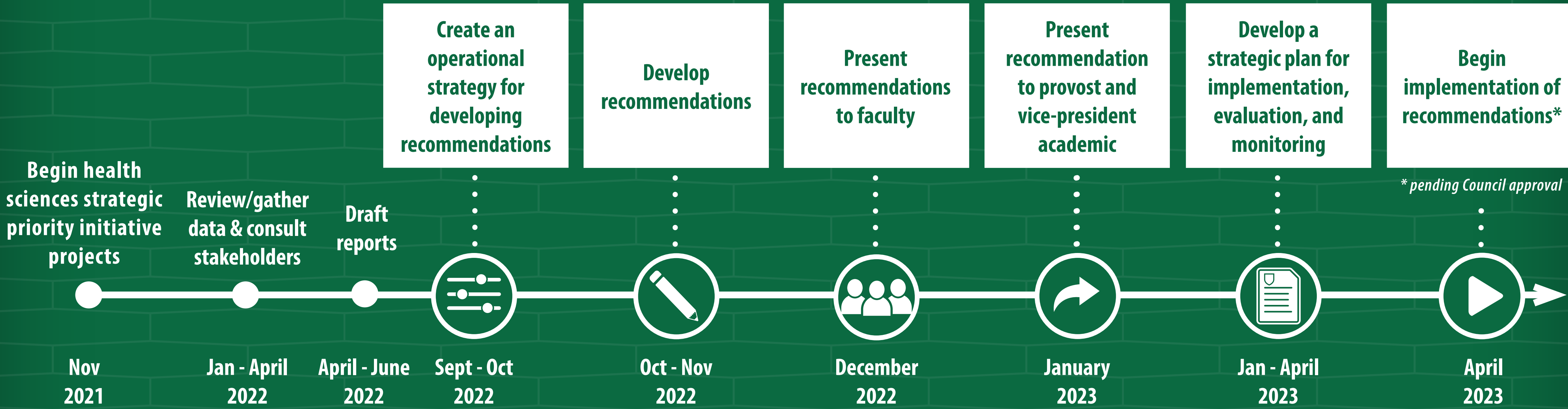
PRIORITIZE AND INITIATE THE DESIGN OF SHARED SERVICES AND COLLABORATIVE OPPORTUNITIES

- Strategic imperative for collaboration needs to be understood.
- Education innovation — not financial needs — should drive collaboration.
 - Define interprofessional education (IPE) and how it complements, or is distinguished from, One Health. Define how collaborative learning is a component of IPE.
 - Align funding, people, and supports with collaboration (currently disincentivized by TABBS). Address barriers such as assignment of duties that do not support collaborative teaching.
 - Address unequal access to supports (i.e., Gwenna Moss Centre for Teaching and Learning supports).
- Have robust financial modelling to understand the impact and seek clarity on what re-balancing of support would look like centrally, through a health science hub, and with a specific academic unit.
 - Instructional design and support more targeted to health science.
 - Enhance the student assessment.
 - Establish an Office of Accreditation support.
 - Access to project management.
 - Enhance a shared research facilitators model designed by the associate deans, research.
 - Look for shared points of collaboration with respect to equipment, mentoring, and post aware supports.
 - More appropriately lean on ‘high transactional’ services through Connection Point and remove the ‘white glove services.’
 - Shared equipment (researchers).
 - Improve learner experience: ‘one-stop-shop’ student services.
 - External communications and coordination (not college-specific communications).
- Confirm secured funding to mobilize and sustain the work identified.

Health Sciences Reorganization Initiative Timeline (as of Aug. 2022)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**

Timeline



WE ARE HERE

Framework Recommendation Options Report (Oct. 5, 2022 / Version 1)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**



UNIVERSITY OF
SASKATCHEWAN

Framework Recommendation Options

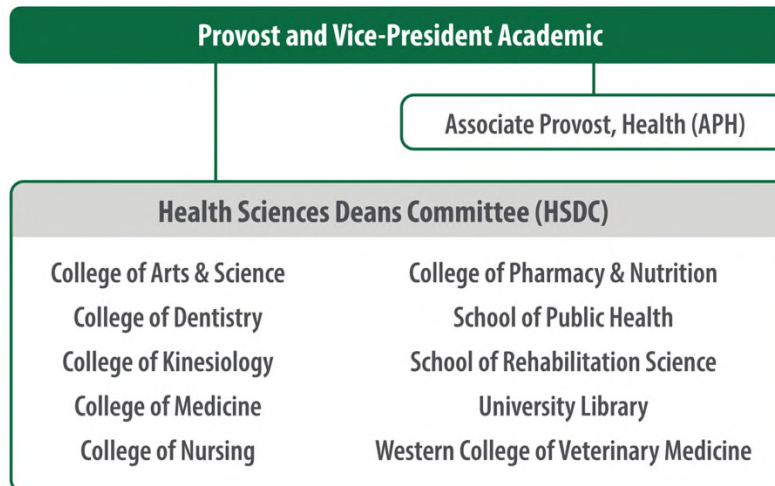
FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

PREPARED BY: Erin Barbour-Tuck, PhD
DATE OF ISSUE: October 5, 2022

BE WHAT THE WORLD NEEDS

Framework Option “A”

(Status Quo) Health Sciences Deans Committee & Associate Provost, Health

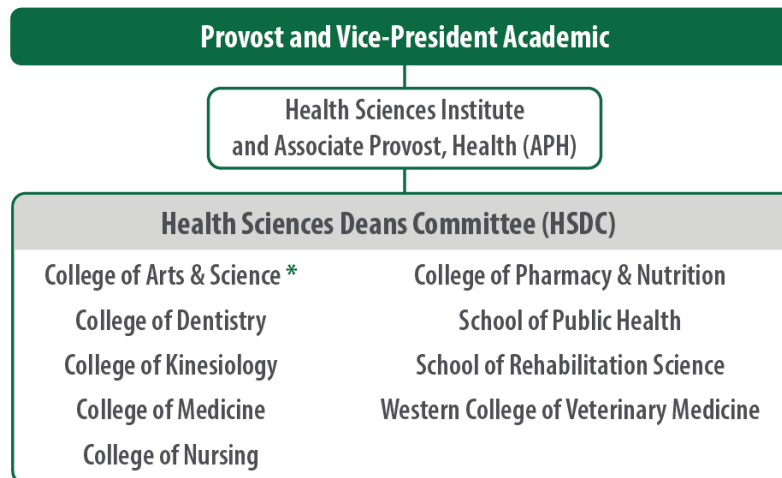


- Status quo with room to reinvigorate/reimagine the role of the associate provost, health (APH).
 - APH coordinates/facilitates Health Sciences Deans Committee (HSDC), Research Advisory Committee (RAC), Program Advisory Committee (PAC), Indigenous Health Committee (IHC) *, Clinical Learning Resource Centre (CLRC), Interprofessional Education (IPE), building operations.
 - APH and HSDC report to the provost and vice-president academic.
- Seven deans, one executive director, one associate dean of medicine (School of Rehabilitation Science), one associate provost health, one university library dean, (nine academic units)
- Take what comes from Strategic Priorities and Funding Imperatives.
 - **May have to share support positions.**
- **Need a home for shared courses.**

**The Indigenous Health Committee is currently a College of Medicine committee.*

Framework Option “B”

Health Sciences Institute & Associate Provost, Health



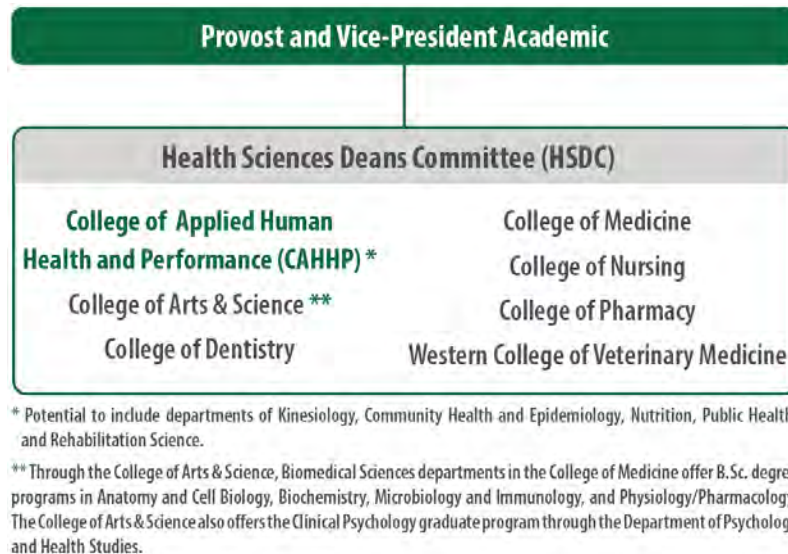
*Through the College of Arts & Science, Biomedical Sciences departments in the College of Medicine offer B.Sc. degree programs in Anatomy and Cell Biology, Biochemistry, Microbiology and Immunology, and Physiology/Pharmacology. The College of Arts & Science also offers the Clinical Psychology graduate program through the Department of Psychology and Health Studies.

- Health Sciences Institute (academic unit, housed in the Health Sciences Building)
 - As institute director, the associate provost, health, (APH) redefines role.
 - Leads Health Sciences Deans Committee (HSDC), Research Advisory Committee (RAC), Program Advisory Committee (PAC), Indigenous Health Committee (IHC) *, Clinical Learning Resource Centre (CLRC), Interprofessional Education (IPE), building operations.
 - Has decision making authority in consultation with deans.
 - Reports to provost and vice-president academic.
 - **Institute is the academic home of new shared courses**
 - **Home of interprofessional education (IPE), student and research support, and administrative hub.**
- Seven deans, one executive director, one associate dean of medicine (School of Rehabilitation Science), one associate provost health, (ten academic units).
- University Library recognized as a service not an academic center.
- **Colleges remain the same except shared supports are housed in the Health Sciences Institute. Access to additional supports for under-resourced colleges.**
- Deans form the HSDC.
- HSDC meets with APH.

*The Indigenous Health Committee is currently a College of Medicine committee.

Framework Option “C”

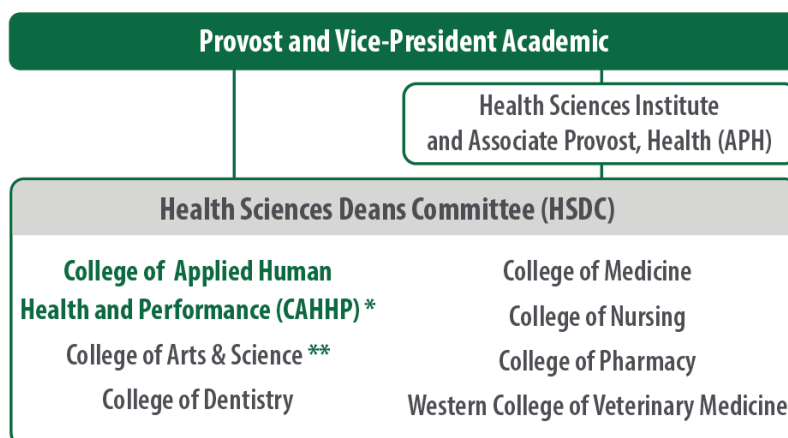
College of Applied Human Health and Performance (No Associate Provost, Health)



- Six deans; five department heads or executive directors; one university library dean; six academic units
- University Library recognized as a service not an academic center.
- Deans lead collaborations. Similar to current state but with fewer deans.
- CAHHP departments provide opportunities to leverage commonalities in course content, student supports, IPE, collaborative research, and more.
- University Library recognized as a service not an academic center.
- **Associate provost, health, (APH) facilitation is removed.**
- **Dean of CAHHP takes on the portfolio of the APH.**
- **Need to determine under whose portfolio are interprofessional education (IPE), the Clinical Learning Resource Centre (CLRC), and Health Sciences Building Operations.**

Framework Option “D”

College of Applied Human Health and Performance & Health Sciences Institute & Associate Provost Health



* Potential to include departments of Kinesiology, Community Health and Epidemiology, Nutrition, Public Health, and Rehabilitation Science.

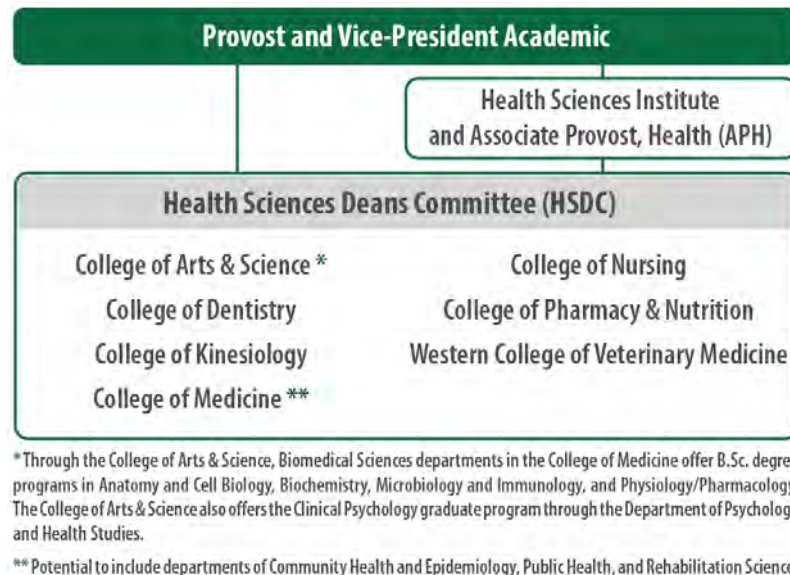
** Through the College of Arts & Science, Biomedical Sciences departments in the College of Medicine offer B.Sc. degree programs in Anatomy and Cell Biology, Biochemistry, Microbiology and Immunology, and Physiology/Pharmacology. The College of Arts & Science also offers the Clinical Psychology graduate program through the Department of Psychology and Health Studies.

- Health Sciences Institute (academic unit, housed in the Health Sciences Building)
 - As institute director, the associate provost, health, (APH) redefines role.
 - Leads Health Sciences Deans Committee (HSDC), Research Advisory Committee (RAC), Program Advisory Committee (PAC), Indigenous Health Committee (IHC) *, Clinical Learning Resource Centre (CLRC), Interprofessional Education (IPE), building operations.
 - Has decision making authority in consultation with deans.
 - Reports to provost and vice-president academic.
 - **Institute is the academic home of new shared courses**
 - **Home of interprofessional education (IPE), student and research support, and administrative hub.**
- **Access to additional supports for under-resourced colleges.**
- CAHHP departments provide further opportunities to leverage commonalities in course content, student supports, IPE, collaborative research, and more.
- APH, Dean of CAHHP, and Deans of Medicine, Nursing, Dentistry, Veterinary Medicine, Arts and Science, form the HSDC.
- University Library recognized as a service not an academic center.
- HSDC meets with APH.

**The Indigenous Health Committee is currently a College of Medicine committee.*

Framework Option “E”

Expanded College of Medicine & Health Sciences Institute & Associate Provost, Health



- Health Sciences Institute (academic unit, housed in the Health Sciences Building)
 - As institute director, the associate provost, health, (APH) redefines role.
 - Leads Health Sciences Deans Committee (HSDC), Research Advisory Committee (RAC), Program Advisory Committee (PAC), Indigenous Health Committee (IHC) *, Clinical Learning Resource Centre (CLRC), Interprofessional Education (IPE), building operations.
 - Has decision making authority in consultation with deans.
 - Reports to provost and vice-president academic.
 - **Institute is the academic home of new shared courses**
 - **Home of interprofessional education (IPE), student and research support, and administrative hub.**
- APH, Deans of Medicine, Nursing, Dentistry, Veterinary Medicine, Arts and Science, form the HSDC.
- University Library recognized as a service not an academic center.
- HSDC meets with APH.

*The Indigenous Health Committee is currently a College of Medicine committee.

Table 1: 2020/21 Fiscal Year FTE for Colleges or Admin Units by Select Bargaining Units

Units	Out of Scope Senior Admin (FTE #)	In Scope USFA Faculty (FTE #)	Out of Scope Faculty (FTE #)	ASPA (FTE#)	CUPE 1975 Staff (FTE#)	Exempt Staff (FTE#)	uView Total	Medical Faculty (outside of uView)
Dentistry	3.0	25.3	0.9	15.3	17.4	2.0	64.0	
Kinesiology	2.8	14.0	0.0	9.9	9.1	1.8	37.7	
Medicine (w/SRS)¹	10.7	131.7	0.0	121.6	142.6	21.6	428.1	1858.0
<i>Medicine (no SRS)</i>	<i>9.7</i>	<i>121.1</i>	<i>0.0</i>	<i>114.9</i>	<i>139.2</i>	<i>21.6</i>	<i>406.5</i>	
<i>Rehabilitation Science (SRS)²</i>	<i>1.0</i>	<i>10.6</i>	<i>0.0</i>	<i>6.7</i>	<i>3.3</i>	<i>0.0</i>	<i>21.6</i>	
Nursing³	3.9	63.8	0.0	21.4	7.8	3.0	99.9	
Pharmacy & Nutrition⁴	3.2	30.6	0.0	23.0	6.7	1.0	64.4	
Public Health⁵	0.2	8.0	0.0	3.0	2.0	0.1	13.3	
USask Health Sciences	0.8	0.0	0.0	19.0	17.5	1.7	39.0	
Veterinary Medicine	4.8	82.4	0.8	51.9	135.7	6.7	282.2	
Total	29.4	355.8	1.7	265.1	338.8	37.9	1028.6	1858.0

¹ 0.1 FTE CUPE not balanced with disaggregation of College of Medicine and School of Rehabilitation Science.

² Extracted from College of Medicine at department level.

³ Excluding 0.8 FTE assistant vice-provost coded to Nursing in 2020/21 likely linked to L. Berry.

⁴ ASPA includes 7.5 FTE pharmacist.

⁵ In 2020/21, the dean of the College of Dentistry was acting executive director (ED) of the School of Public Health (SPH). Normally, the ED is 1.0 FTE. 0.1 FTE Exempt Staff in SPH is likely double-counted from Dentistry.

Table 2: Preliminary Estimates of Potential Changes to FTE (Subject to Change)

Frameworks	Out of Scope Senior Admin (FTE #)	In Scope USFA Faculty (FTE #)	Out of Scope Faculty (FTE #)	ASPA (FTE#)	CUPE 1975 Staff (FTE#)	Exempt Staff (FTE#)	uView Total
OPTION “A” (Status Quo) HSDC and Associate Provost, Health	29.4	355.8	1.7	265.1	338.8	37.9	1028.6
OPTION “B” Health Sciences Institute & Associate Provost, Health	30.6	355.8	1.7	270.1	340.3	38.2	1036.7
OPTION “C” College of Applied Human Health and Performance (No Associate Provost, Health)	26.4	355.8	1.7	241.2	315.5	37.3	968.3
OPTION “D” College of Applied Human Health and Performance & Associate Provost, Health	28.4	355.8	1.7	255.2	331.5	38.3	1001.3
OPTION “E” Expanded College of Medicine & Health Sciences Institute (& Associate Provost Health)	30.4	355.8	1.7	269.1	339.3	38.2	1036.4

Table 3: Summary of Academic Leadership Positions⁶

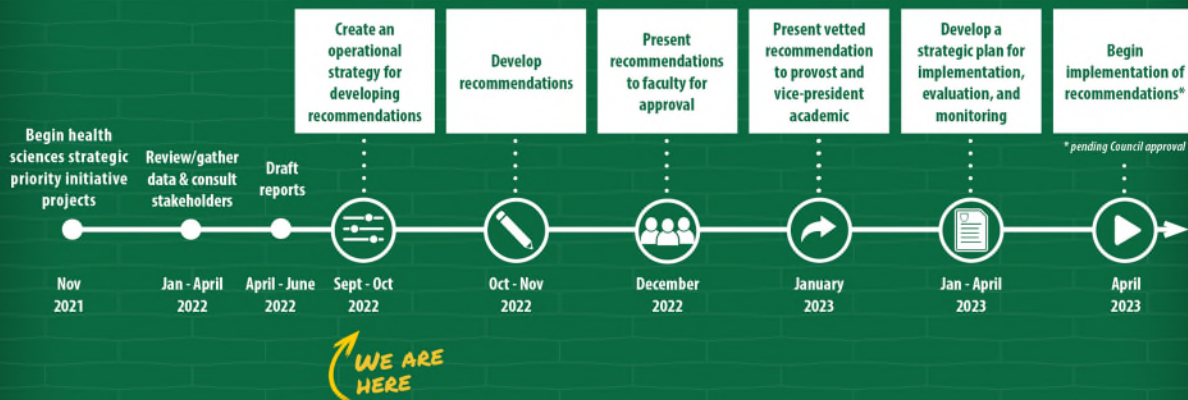
Units	Dean / Exec Director	Assoc. Provost	Vice Dean	Assoc. Dean	Asst. Dean	Dept Head	Program Director	Academic Lead
Dentistry	✓			✓✓	✓✓			
Kinesiology	✓			✓✓				
Medicine (w/SRS)	✓		✓✓✓	✓✓✓ ✓✓	✓✓	✓ x 14	✓	✓✓
<i>Medicine (no SRS)</i>	✓		✓✓✓	✓✓✓✓	✓✓	✓ x 14		✓✓
<i>Rehabilitation Science (SRS)</i>				✓			✓	
Nursing	✓			✓✓✓				
Pharmacy and Nutrition	✓			✓✓	✓✓			
Public Health	✓						✓✓	
USask Health Sciences		✓						
Veterinary Medicine	✓			✓✓✓		✓✓✓ ✓✓		

⁶ Source: Unit Org Charts (Spring 2022).

Table 1: Potential Changes to Leadership Requirements

Frameworks	Dean / Exec Director	Assoc. Provost	Vice Dean	Assoc. Dean	Asst. Dean	Dept Head	Program Director	Academic Lead	Total
OPTION “A” (Status Quo) HSDC and Associate Provost, Health	8	1	3	17	6	19	3	2	59
OPTION “B” Health Sciences Institute & Associate Provost, Health	8	1	3	17	6	19	3	2	59
OPTION “C” College of Applied Human Health and Performance (No Associate Provost, Health)	6	0	3	16	5	24	1	2	57
OPTION “D” College of Applied Human Health and Performance & Associate Provost, Health	6	1	3	16	5	24	1	2	58
OPTION “E” Expanded College of Medicine & Health Sciences Institute (& Associate Provost Health)	6	1	3	16	5	20	3	2	56

Timeline



Framework Recommendation Options Report (Oct. 18, 2022 / Version 2)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**



UNIVERSITY OF
SASKATCHEWAN

Framework Recommendation Options

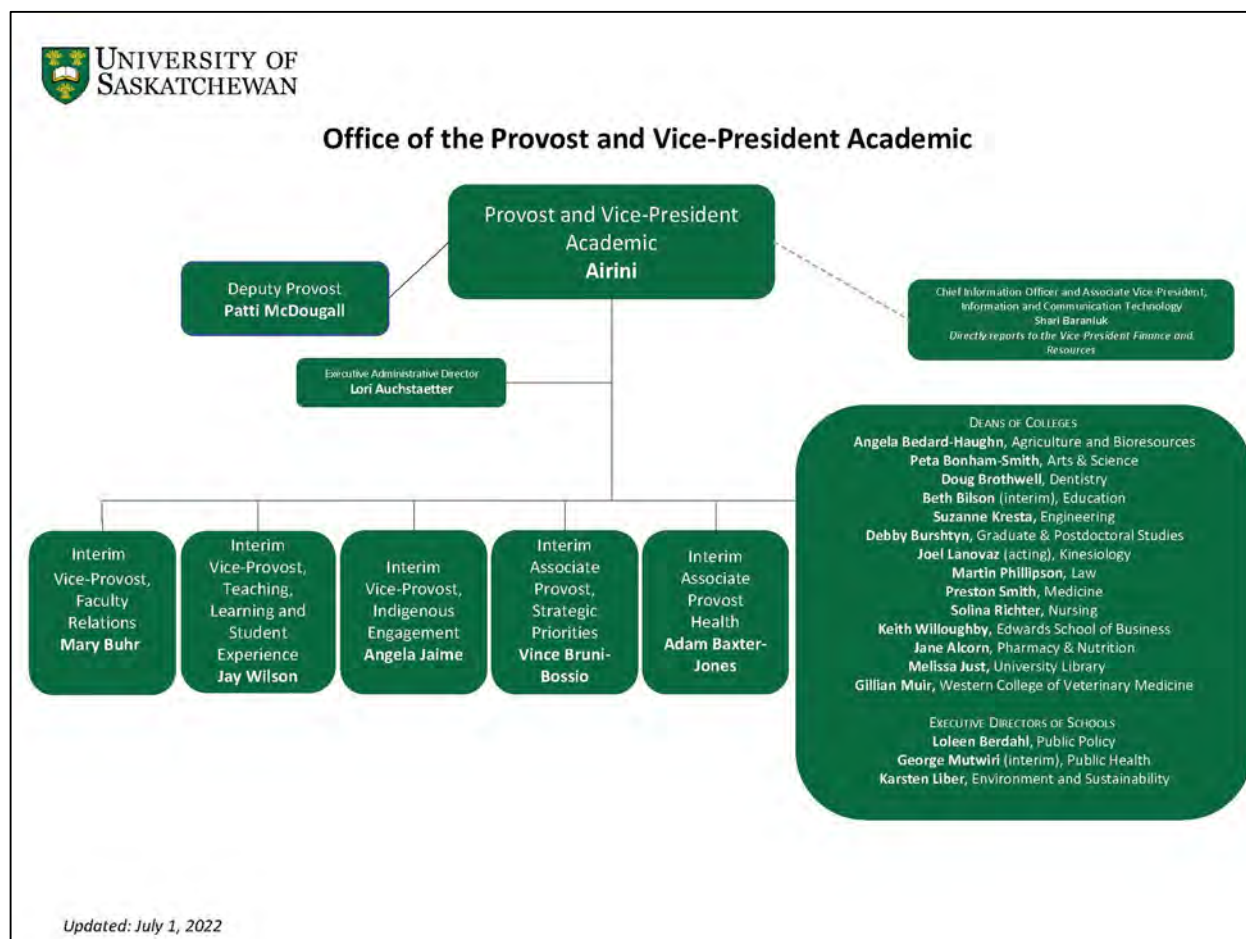
FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

PREPARED BY: Erin Barbour-Tuck, PhD
DATE OF ISSUE: October 18, 2022

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Context: Provost's portfolio and collaboration via Dean's Council

Figure 1: Office of the Provost and Vice-Provost Academic as of July 1, 2022¹



Dean's Council

Deans' council discusses a variety of academic and administrative issues and shares information on many topics affecting the institution.

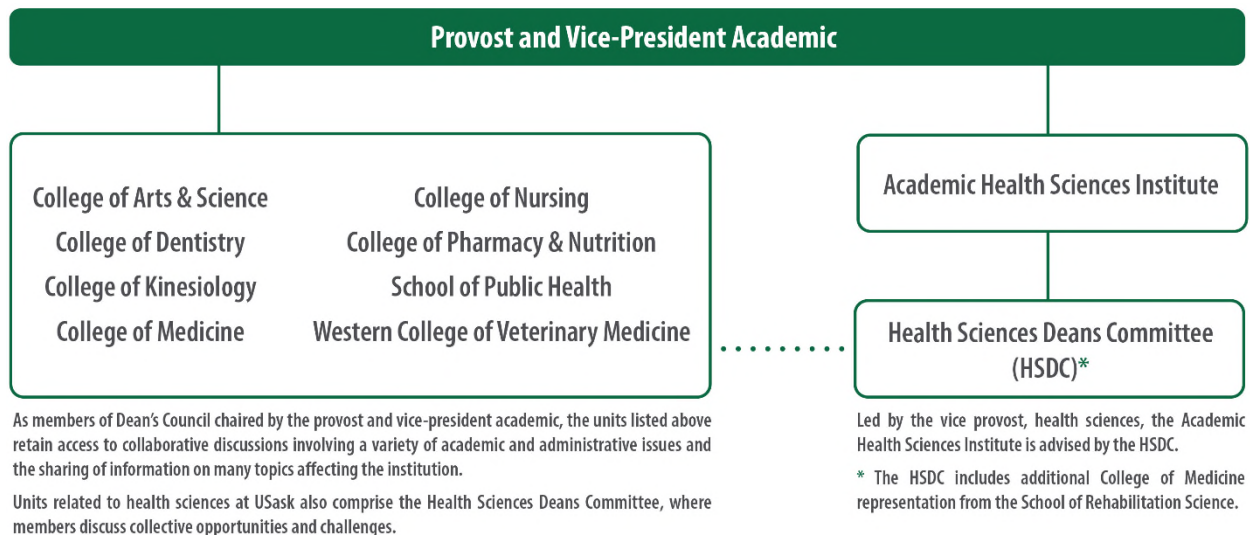
The council, chaired by the provost and vice-president academic, is composed of all deans, executive directors of schools, vice-deans from the College of Arts & Science & vice-provosts, with the executive assistant to the provost and vice-president academic serving as secretary.

The expanded deans' council also consists of the vice-presidents, associate vice-presidents and assistant provost.

¹ Org chart referenced on Oct. 18, 2022 via https://leadership.usask.ca/provost/provost-org-chart_july-6-2022.pdf

Framework Option

Figure 2: Office of the Academic Health Sciences Institute & Vice Provost, Health Sciences



- As outlined above, all individual academic units within the provost's portfolio (e.g., colleges and schools) maintain their direct reporting structure to the provost and vice-president academic as seen in Figure 1.
- The VP health sciences also retains direct reporting to the VP academic.
- The colleges' autonomy, reporting structure and relationship with the VP Health Sciences operates in a way similar to the Canadian federation of provinces and their relationship with the Federal Government. In essence, each college retains its own identity and autonomously makes decisions affecting their college that do not affect or include the HSDC consortium. Each college has an equal voice at the table of the Health Sciences Deans Committee when consulting on decisions made by the VP Health Sciences that affect the HSDC consortium.
- As a collective and collaborative entity, the Health Sciences Deans Committee (HSDC) reports to vice-provost, health sciences.
 - University Library recognized as a service not an academic center and is not included in the HSDC.
 - Decisions pertaining to shared services, spaces, and resources will be made by the vice-provost, health sciences, in consultation with HSDC.
 - Specifically, the VP health sciences has decision making authority over the Health Sciences Deans Committee (HSDC), Research Advisory Committee (RAC), Program Advisory Committee (PAC), Indigenous Health Committee (IHC)², Clinical Learning Resource Centre (CLRC),

² The Indigenous Health Committee is currently a College of Medicine committee.

Interprofessional Education (IPE), and Health Sciences Building operations.

- The Academic Health Sciences Institute:
 - Academic unit housed in the Health Sciences Building and academic home of new shared courses.
 - Home of interprofessional education (IPE), student and research support, and an administrative hub providing access to additional supports for under-resourced colleges.

Discussion points/considerations

- How to address impact on timeline if consensus on framework cannot be made?
- How to address opportunities to leverage efficiencies from restructuring academic units?
 - Compatibility with the Administrative Services Rejuvenation strategic project?
- Explore consultations with the Office of Institutional Planning and Assessment (IPA) on framework ability to address fiscal mandate, feasibility, efficiencies.
- Explore alignment of restructuring with USask 2025, and college/school strategic plans, and the Government of Saskatchewan's Health and Human Resources Plan.

Table 1: 2020/21 Fiscal Year FTE for Colleges or Admin Units by Select Bargaining Units

Units	Out of Scope Senior Admin (FTE #)	In Scope USFA Faculty (FTE #)	Out of Scope Faculty (FTE #)	ASPA (FTE#)	CUPE 1975 Staff (FTE#)	Exempt Staff (FTE#)	uView Total	Medical Faculty (outside of uView)
Dentistry	3.0	25.3	0.9	15.3	17.4	2.0	64.0	
Kinesiology	2.8	14.0	0.0	9.9	9.1	1.8	37.7	
Medicine (w/SRS)³	10.7	131.7	0.0	121.6	142.6	21.6	428.1	1858.0
<i>Medicine (no SRS)</i>	9.7	121.1	0.0	114.9	139.2	21.6	406.5	
<i>Rehabilitation Science (SRS)⁴</i>	1.0	10.6	0.0	6.7	3.3	0.0	21.6	
Nursing⁵	3.9	63.8	0.0	21.4	7.8	3.0	99.9	
Pharmacy & Nutrition⁶	3.2	30.6	0.0	23.0	6.7	1.0	64.4	

³ 0.1 FTE CUPE not balanced with disaggregation of College of Medicine and School of Rehabilitation Science.

⁴ Extracted from College of Medicine at department level.

⁵ Excluding 0.8 FTE assistant vice-provost coded to Nursing in 2020/21 likely linked to L. Berry.

⁶ ASPA includes 7.5 FTE pharmacist.

Public Health⁷	0.2	8.0	0.0	3.0	2.0	0.1	13.3	
USask Health Sciences	0.8	0.0	0.0	19.0	17.5	1.7	39.0	
Veterinary Medicine	4.8	82.4	0.8	51.9	135.7	6.7	282.2	
Total	29.4	355.8	1.7	265.1	338.8	37.9	1028.6	1858.0

Table 2: Preliminary Estimates of Potential Changes to FTE (Subject to Change)

Frameworks	Out of Scope Senior Admin (FTE #)	In Scope USFA Faculty (FTE #)	Out of Scope Faculty (FTE #)	ASPA (FTE#)	CUPE 1975 Staff (FTE#)	Exempt Staff (FTE#)	uView Total
Status Quo	29.4	355.8	1.7	265.1	338.8	37.9	1028.6
Academic Health Sciences Institute & Vice Provost, Health	29.4	355.8	1.7	270.1	343.8	37.9	1038.6

⁷ In 2020/21, the dean of the College of Dentistry was acting executive director (ED) of the School of Public Health (SPH). Normally, the ED is 1.0 FTE. 0.1 FTE Exempt Staff in SPH is likely double-counted from Dentistry.

External Framework Models

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External Framework Models

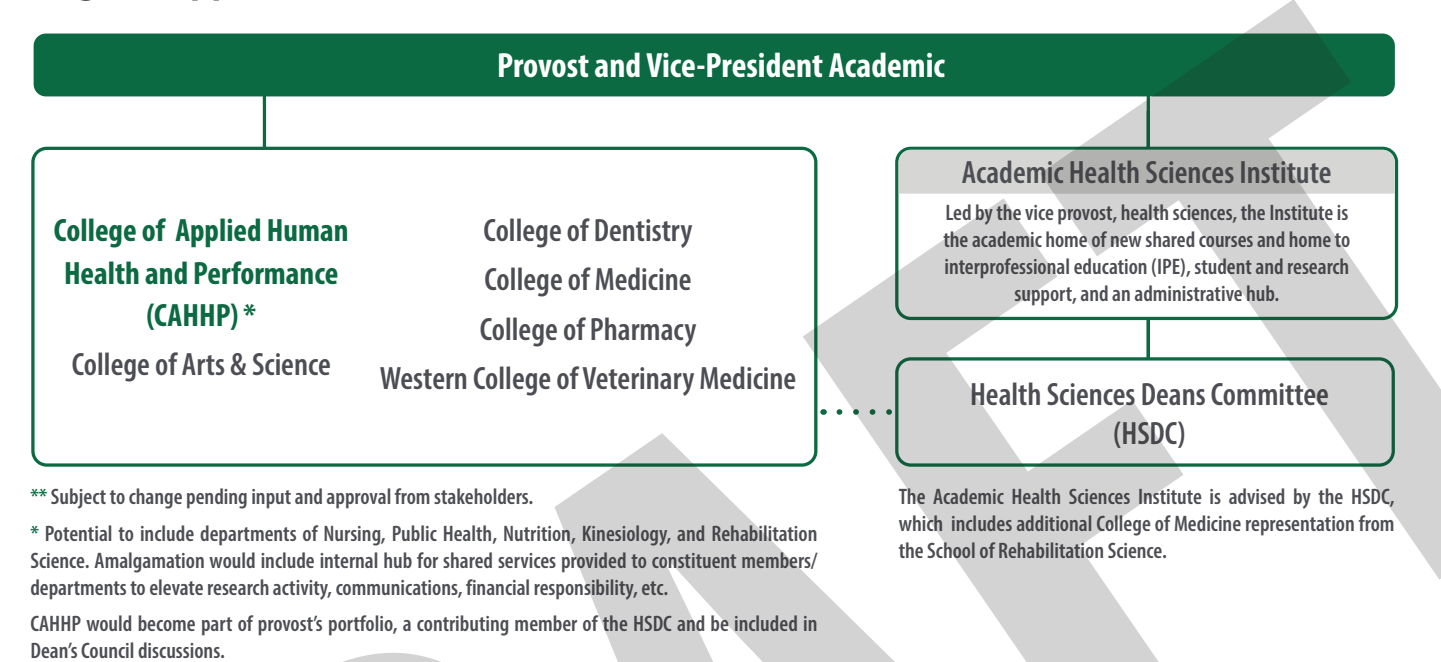
FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

PREPARED BY: Erin Barbour-Tuck, PhD

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Framework option*

College of Applied Human Health and Performance & Academic Health Sciences Institute



External Framework Models

The examples provided below demonstrate how multidisciplinary collaborations have resulted in unique health science program offerings. In cases such as at the University of Alberta, units have even merged to create new academic entities.

University	Dept/College/Faculty	Program
University of Southern California (Keck School of Medicine)	Department of Population and Public Health Sciences, within the School of Medicine.	Bachelor of Science in Health Promotion and Disease Prevention
University of Regina	Faculty of Kinesiology and Health Studies. Nursing is separate.	Bachelor's degree of Kinesiology in Health Promotion; Bachelor of Health Studies; Bachelor of Therapeutic Recreation
University of Alberta	School of Public Health, Faculty of Nursing, Kinesiology, Rehab Medicine, Pharmacy and Medicine/ Dentistry, within the College of Health Sciences.	MPH - Health Promotion, Health Policy, Epidemiology etc. through School of Public Health
York University	Schools of Health Policy and Mgt; Kinesiology and Health Sciences, Nursing, Psychology within the Faculty of Health.	Bachelor of Health Studies, Kinesiology and Health Sciences, Health Policy and Management, Global Health Promotion and Disease Prevention.
Dalhousie University	School of Health and Human Performance, Health Sciences, Nursing, OT, PT, Pharmacy within the Faculty of Health.	Health Promotion, Kinesiology, Nursing

Comments on combining units

- There has been a shift in kinesiology programs being moved into public health schools or combining/ collaborating (Ainsworth & Hooker, 2015). There is a clear complement whereby nutrition and physical activity contribute to human wellness/public health. Nursing has an opportunity to fit here as well, as the profession encompasses both individual care for disease and disability and health promotion and prevention. This perspective on health is also in better keeping with Indigenous health and understanding of wellness as multidimensional and not just the absence of disease.
- Similarly, the field of athletic training has worked to clarify the application of injury surveillance to the public health arena (Hoffman et al., 2016).
- There are multiple opportunities at the intersection between kinesiology and public health (and nutrition) that cross boundaries and build collaborations to benefit student experience and preparedness, and breadth and creativity of research and research funding (Ainsworth & Hooker, 2015; Welk & Knudson, 2015).
- Recent findings from a survey of kinesiology leadership identified that “the combination of physical activity and public health was seen as both a stand-alone sub-disciplinary area within kinesiology and also an area that has a great deal of potential for collaboration, the acquisition of external funding, and further strengthening of community outreach and engagement.” (Cardinal 2015)
- Opportunities for graduates with this skill set are growing as governments, organizations, and private businesses see the value of preventative health and enhancing wellness.
- The degrees and programs offered would be ideal for students interested in nursing, medicine, pharmacy, dentistry, public health, epidemiology, health psychology and health behaviour research.
- Opportunity to house courses in Indigenous Health Studies. Could offer an interdisciplinary understanding of health and meet the needs of Saskatchewan and Canada by graduating professionals with a more comprehensive understanding of Indigenous health needs.
- Opportunity to change the narrative around health-related education at USask. The traditional primary health care focus on individual disease can be complemented by a focus on wellness, prevention, and health promotion.
- Provides an opportunity to address USask’s fiscal challenges by reducing redundancy/sharing administrative positions.
- Opportunity for shared courses, teaching load and supports to provide faculty with a reprieve from teaching multiple undergraduate courses and with freed-up time for research and teaching in area of expertise.
- Opportunity to explore mutual benefits and leveraging of strengths of undergrad programs and processes in kinesiology and nutrition with graduate and professional programs in public health and nursing.

References

Ainsworth, Barbara & Hooker, Steven. (2015). The Fusion of Public Health into Kinesiology. *Kinesiology Review*. 4. 322-328. 10.1123/kr.2015-0032.

Hoffman M, Bovbjerg V, Hannigan K, Hootman JM, Johnson ST, Kucera KL, Norcross MF. Athletic Training and Public Health Summit. *J Athl Train*. 2016 Jul;51(7):576-80. doi: 10.4085/1062-6050-51.6.01. Epub 2016 Jun 13. PMID: 27295487; PMCID: PMC5317194.

Cardinal, B. J., Kang, M., Farnsworth, J. L., II, & Welk, G. J. (2015). Historical Context and Current Status of the Intersection of Physical Activity and Public Health: Results of the 2015 American Kinesiology Association's Opportunities for Kinesiology Survey, *Kinesiology Review*, 4(4), 329-345. Retrieved Nov 3, 2022, from <https://journals.humankinetics.com/view/journals/krj/4/4/article-p329.xml>

Welk, G. J., & Knudson, D. (2015). The Intersection of Physical Activity and Public Health: Opportunities for Kinesiology, *Kinesiology Review*, 4(4), 317-321. Retrieved Nov 3, 2022, from <https://journals.humankinetics.com/view/journals/krj/4/4/article-p317.xml>

Health Sciences Reorganization Initiative Progress Report (Jan. 2023)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**



UNIVERSITY OF
SASKATCHEWAN

Progress report

FOR THE HEALTH SCIENCES **REORGANIZATION** PROJECT

PREPARED FOR: Provost and Vice-President Academic Airini
and the project steering committee

PREPARED BY: Erin Barbour-Tuck, PhD

DATE OF ISSUE: Jan. 4, 2023

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About the Health Sciences Reorganization Project

The Health Sciences Reorganization Project is one of several strategic priority initiatives at the University of Saskatchewan (USask). The project seeks to define a governance framework that will amplify each of the disciplines in the health sciences while advancing shared academic and research priorities. It also aims to enhance collaboration between the university's health science colleges, schools, and the administrative University of Saskatchewan (USask) Health Sciences unit.

The project formally began in late 2021 following the formation of the project steering committee and approval of the project charter (see appendix). The steering committee, chaired by the associate provost health, consists of the provost and vice-president academic and the leaders of USask's health science colleges and schools (see appendix).

Funding for this undertaking is managed by the university's office of Institutional Planning and Assessment (IPA) and was provided as part of a one-time Government of Saskatchewan grant to support pandemic and post-pandemic recovery, efficiencies in academics and administration, revenue generation, and government priorities articulated in Saskatchewan's Growth Plan.

Project deliverables include:

- revisiting health science change efforts at USask undertaken since the 2009 [Discussion Paper¹] on Health Sciences Governance focusing on key findings, recommendations, and lessons learned;
- undertaking environmental scans of comparator institutions and mapping internal USask structures;
- engaging internal and external stakeholders to develop a comprehensive understanding of what "stands in the way" of collaboration; and
- recommending a "future state" organizational structure articulating the administrative, governance, and budgetary infrastructure required to meet the transdisciplinary needs of the health sciences for the next 20 years.

Additional strategic priority initiative projects and the proposed Academic Health Sciences

Operating at the same time as the Health Sciences Reorganization Project are two other strategic priority initiatives at the University of Saskatchewan—the **Health Sciences Shared Courses Project**, and the office of Institutional Planning and Assessment's **Administrative Structure Rejuvenation (ASR) Project**.

There is substantial overlap and inter-project reliance between these two initiatives and the reorganization project. Leaders supporting these additional undertakings are working closely with the Health Sciences and the reorganization project steering committee where necessary,

¹ This document was originally referred to as a "white paper" which has historically racist roots. The phrase "white paper" has been replaced with "discussion paper" in this report. For more information, refer to <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper>.

as progress and success in one project are likely to facilitate progress and success in the others.

Specifically, members of the Health Sciences Reorganization and Shared Courses Projects are working together to identify potential courses or course modules from across the Health Science Collective² which may have repetitive, common, or overlapping elements.

The hope is that, in addition to freeing essential time for faculty, reductions in content repetition and financial expenditures could be realized by assessing, reworking, and sharing these courses where required and applicable.

Pending approval by appropriate leadership from within the Health Science Collective, **options may exist for these and other courses to be developed and housed in a reorganized entity proposed as the Academic Health Sciences.**

Demonstrating how courses can be shared by — and exist within — the Academic Health Sciences strengthens the recommendation that will be put forth to University Council by the Health Sciences Reorganization Project steering committee and project team and increases the likelihood of successful adoption by the Health Science Collective and their staff.

The purpose of the Administrative Structure Rejuvenation Project is to reorganize administrative support services (e.g., services provided by executive assistants, payroll, etc.) into centralized units where staff are specialists rather than generalists and colleges share these services and staff rather than independently managing their own staff in these roles. The ASR Project is working closely with the reorganization project and leaders from the Health Science Collective to examine what the composition of the administrative networks or hubs could look like (i.e., which positions move, which stay, which are shared, etc.).

A Health Sciences administrative network could find its home in the Health Sciences Building and could serve as a pilot or model of how this could work for other clusters of USask colleges. **Involving college and school leadership in the process of structuring and piloting the administrative networks increases the likelihood of their successful adoption. It also strengthens the recommendation of the Health Sciences Reorganization Project team³ that the Health Science Collective remains independent but with rejuvenated collaboration and re-envisioned sharing of resources.**

Progress timeline

- 1) **Nov. 17, 2021** – Project start
 - Development of the Reorganization Project Charter and the awarding of funding.
- 2) **Dec. 20, 2021** – Project Charter approved by steering committee
 - Key deliverables identified: completion of current state assessment; future state design; and consensus amongst health science unit leaders.

² The Health Science Collective is comprised of the nine University of Saskatchewan academic units affiliated with health science plus the USask Health Sciences administrative unit.

³ Comprised of the Health Sciences Reorganization Project steering committee and the Health Sciences planning and projects officer.

- 3) **April 2022** – Biannual Report prepared for Institutional Planning and Assessment (IPA) by the Health Sciences planning and projects officer
 - Future state and consensus-building deliverables in progress and on track.
 - Current state assessment in progress but delayed due to stakeholder/interview scheduling delays.
- 4) **June 7, 2022** – Institutional Context Report prepared
 - Key findings: concerns expressed regarding retention of professional / discipline-based identity and accreditation; amalgamating all health sciences units is not an option but some degree of reorganization could be possible; no shared strategic plan exists for the Health Science Collective.
- 5) **June 21, 2022** – Health Sciences planning retreat
 - Recommendation from the steering committee that a set of potential frameworks be developed.
- 6) **Aug. 2022** – Key staff turnover (Health Sciences planning and projects officer)
- 7) **Sept. 2022** – Health Sciences Planning Retreat Summary Report
- 8) **Oct. 2022** – Framework Recommendation Options for the Health Sciences Reorganization Project document developed
 - Five possible frameworks presented for reorganization of health science disciplines at USask.
- 9) **Oct. 12, 2022** – Framework Recommendation Options and Health Sciences Planning Retreat Summary Report documents shared at steering committee meeting
 - Recommendations: agreement on need to maintain USask Health Sciences unit and academic leadership of the unit; agreement for USask Health Sciences to potentially house shared courses and services; University Library should leave the Health Sciences Deans Committee (HSDC) as it is not an academic unit.
- 10) **Nov. 3, 2022** – Framework Recommendation Options for the Health Sciences Reorganization Project (Version 2) prepared
 - Updated reporting structure proposed: deans from the Health Science Collective report to vice-president academic; HSDC reports to associate provost health; and the associate provost health reports to the vice-president academic.
- 11) **Nov. 2022** – Biannual Report prepared for Institutional Planning and Assessment (IPA) by the Health Sciences planning and projects officer
 - Highlights: Current state assessment complete. Future state design and building of a change coalition and consensus on future state structure both in progress and on time.
- 12) **Nov. 7, 2022** – Version 2 framework recommendations presented at Health Sciences Deans Committee meeting
 - Reporting structure approved.
- 13) **Nov. 10, 2022** – Health Sciences projects and planning officer and interim associate provost, health, meet with university secretary and chief governance officer

- All proposed future state frameworks confirmed as being possible from a feasibility and governance perspective.
- 14) **Nov. 10, 2022** – External Framework Models report prepared for subgroup presentation on reorganizing/regrouping units
 - Framework proposed in which kinesiology, public health, and nutrition (with an invitation to nursing) amalgamate.
- 15) **Nov. 14, 2022** – External Framework Models report presented at meeting with sub-group of steering committee members representing kinesiology, nutrition, nursing, and public health.
 - No desire from the leaders of these units to amalgamate. Agreement that functional/structural changes be made to demonstrate boundless collaboration and that these changes should be developed and carried out by the USask Health Sciences.

Progress summary

Several critical deliverables were identified as part of achieving the intended outcomes of the Health Sciences Reorganization Project. To date, the timing of these deliverables has been largely dependent upon stakeholder availability, scheduling challenges, and the time required to review data or incorporate feedback from the steering committee and reach agreements for next steps.

Although the timing of the deliverables occasionally required adjustments, this project's goal of implementing future state recommendations is still set for summer/fall of 2023, pending council approval by June 2023.

Stakeholder consultations

In January 2022, the interim associate provost, health, and the Health Sciences projects and planning officer began the stakeholder consultation process for the Health Sciences Reorganization and Shared Courses Projects. By mid-May, presentations had been made to nine health science faculty councils or faculty-staff meetings. Ultimately, more than 70 engagements with USask committees, groups, or individual members of the campus community were held. Stakeholder engagement identified points of agreement — in particular, as related to administrative gaps.

Key pieces of feedback received included:

- Retention of professional / discipline-based identity is of paramount importance.
- Accredited programs must retain sufficient academic independence to attend to accreditation standards.
- Amalgamating all health science colleges, schools, and administrative units together under one college is not an option that would be supported.
- Some degree of reorganization of the colleges, schools, and/or administrative units could be supported.
- Some health science units have administrative gaps and some do not, resulting in perceptions of 'have' and 'have-not' units.

- The Health Science Collective should have a shared strategic plan.

Additional findings from the interviews are presented as a SWOT analysis alongside the historical context and current state analysis of the USask Health Sciences in the Institutional Context Report prepared in June of 2022 (see appendix).

Current state analysis, future state mapping, and consensus building

As of the April 2022 Biannual Report to USask Institutional Planning and Assessment, the mapping of the current state of internal USask structures was underway; however, delays in the comprehensive stakeholder engagement process placed this deliverable behind the project schedule. As a result, the development of a proposed future state was slightly delayed. Consensus-building work was also underway at this point.

By the time the second Biannual Report to USask Institutional Planning and Assessment had been prepared in November of 2022 (see appendix), the current state analysis had been completed. At that point, development of the proposed future state and the building of consensus on its structure were in progress and in alignment with a revised and approved timeline.

Institutional Context Report and planning retreat

The Institutional Context Report was prepared by the Health Sciences projects and planning officer and was distributed for review to health science deans, associate deans, and university administration prior to an in-person retreat held on June 21, 2022. The purpose of the retreat was to foster the momentum building within the Health Sciences Reorganization and Shared Courses Projects. The executive summary, list of invitees, retreat program, and presentations can be found in the Health Sciences Planning Retreat document prepared by Institutional Planning and Assessment (see appendix). A summary of the retreat, including highlights of the discussions, was collated in the Summary of the 2022 Health Sciences Planning Retreat (see appendix).

The most significant recommendation to the project team from retreat participants was that, in order to move the project forward, Health Sciences staff should develop a set of potential frameworks upon which the steering committee could reflect, comment, and critique. These frameworks would outline the composition and governance required to amplify each of the disciplines in the health sciences and invigorate collaboration while advancing shared academic and research priorities.

At this point, a high-level discussion of college or school amalgamations based on shared health promotion and disease prevention principles also occurred; however, it was determined that the matter required further consideration in order to provide informed feedback.

Changeover of key staff and development of framework recommendations

In August 2022, a new Health Sciences planning and projects officer was hired to continue work related to the Health Sciences Strategic Priority Initiatives. As a result of this changeover and the time required to become familiar with the historical context, progress, and next steps of the project, a revised timeline was developed for approval by the steering committee (see appendix). The new timeline set January 2023 as the target date to reach a consensus from the Health Science Collective on framework recommendations to present to the provost and vice-president academic.

In accordance with recommendations from the planning retreat, five frameworks were developed by the interim associate provost, health, the Health Sciences planning and projects officer, and the Health Sciences communications strategist. These frameworks, their descriptions, and rough estimates of changes to the numbers of full-time equivalent employees (FTEs) across the Health Science Collective were prepared in the October 2022 Framework Recommendation Options report (see appendix).

These frameworks were circulated to the Health Sciences Reorganization Project steering committee in advance of being presented at their meeting held on Oct. 12, 2022. An open discussion focusing on the potential benefits and consequences of each framework was moderated by the interim associate provost, health, and the Health Sciences planning and projects officer. Critiques, comments, and suggestions were recorded in the meeting minutes.

Of significant note, there was no objection and general agreement to the following:

- 1) USask Health Sciences should continue to oversee the Clinical Learning Resource Centre (CLRC), Health Sciences Building operations, and interprofessional education (IPE) for the Health Science Collective.
- 2) USask Health Sciences should become an academic unit (i.e., *Academic Health Sciences* replaces *USask Health Sciences*), in part, to provide opportunity for housing shared courses and, potentially, to house shared services.
- 3) The Academic Health Sciences should be led by an academic.
 - a. It was suggested to explore elevating the Academic Health Sciences leadership position/title (e.g., vice-president, health sciences), authority, and membership within committees of greater influence (i.e., the President's Executive Committee).
 - b. If the position remains in the provost's office, then the title should be "associate provost, health sciences".
 - c. Although the steering committee did not approve of framework models in which they lost their direct reporting to the vice-president academic, they were not opposed to the leader of the Health Sciences (currently the associate provost, health) chairing the Health Sciences Deans Committee and making decisions on behalf of the group as a collective.
- 4) The University Library need not be a member of the Health Sciences Deans Committee as it is not an academic unit.

At the meeting, there was no interest in discussing the potential of amalgamating the university's health sciences colleges and/or schools.

As a result of the feedback received at the meeting, an adapted version of the least objectionable framework option was developed (Framework Recommendation Options for the Health Sciences Reorganization Project – Version 2) (see appendix).

This adapted framework concept articulated:

- the evolution of the Health Sciences to an academic unit.

- the retained reporting structure of health science deans, associate deans, and executive directors to the vice-president academic.
- the new reporting structure of the Health Sciences Deans Committee (HSDC) to the associate provost, health.
- the retained reporting structure of the associate provost, health, to the vice-president academic.

The revised framework also suggested, for ongoing discussion, the grouping of kinesiology, public health, nutrition, and (potentially) nursing and/or rehabilitation sciences into a proposed College of Applied Human Health and Performance.⁴ The version 2 framework was presented at the Health Sciences Deans Committee meeting held on Nov. 7, 2022, where the revised framework's structure was approved but the combined college proposal was not.

Additional framework feasibility consultations and amalgamation discussions

On Nov. 10, 2022, the interim associate provost, health, and the Health Sciences planning and projects officer met with the university secretary and chief governance officer to ascertain the feasibility of:

- changing the USask Health Sciences into an academic unit;
- changing the title and position of the leader of the USask Health Sciences; and
- combining any number of colleges and schools to create a new college if deemed necessary (thus dissolving those units).

It was determined that all changes could be implemented if they were to be formally approved past the conceptual stage.

Following this feasibility discussion, the interim associate provost, health, and the Health Sciences planning and projects officer hosted a meeting on Nov. 14, 2022, with a subgroup of members from the Health Science Collective to facilitate the ongoing discussion of a combined college concept. In attendance were deans from the Colleges of Pharmacy and Nutrition, Kinesiology, and Nursing as well as the interim executive director of the School of Public Health.

At the meeting, the External Framework Models document (see appendix) was provided and presented. It included the revised version 2 framework but also proposed a new combined college model. It also provided several examples of merged colleges/faculties and associated program offerings at North American institutions as well as an articulated list of the benefits, synergies, and unique opportunities made possible through multidisciplinary collaborations realized by combining related academic units.

In addition to requesting a stronger justification to potentially combine units, the steering committee subgroup raised concerns regarding accreditation, fiscal benefits, and “fixing things that aren’t broken.”

In short, there was minimal support for restructuring to an amalgamated college; however, it was agreed upon that these units should be actively seeking opportunities to grow their

⁴ See Models C and D in the Framework Recommendation Options Report (Version 1) located in the appendix.

collaborations in terms of research and shared services (e.g., IT specialists, communications officers, research facilitators etc.) and that combined courses, programs, and degrees should be further explored.

There was also an understanding that collaborative opportunities not based upon a reorganizational or amalgamated framework must be realized to:

- demonstrate that the Health Science Collective is breaking down silos and working in a multi/interdisciplinary fashion; and to
- justify to University of Saskatchewan funders and administrators that an amalgamation is not justified or necessary if the desired outcome of boundless collaboration can be achieved without dissolving existing units.

Of note, it was articulated that these types of collaborations should be explored, developed, and implemented by the staff and administration of the USask Health Sciences (or future Academic Health Sciences).

There was also agreement that the positions of the associate provost, health, the planning and projects officer, and the Health Sciences' supporting and facilitating staff be permanent in the new organizational framework.

Current status of recommendations

- 1) Health science member units will remain as they are — independent and autonomous academic units, reporting to the vice-president academic (VP Academic).
- 2) The Health Sciences will be changed to an academic unit. The Academic Health Sciences will continue to oversee and make decisions regarding the Clinical Learning Resource Centre (CLRC), building operations of the Health Sciences Building, and interprofessional education (IPE). Additionally, the Academic Health Sciences will oversee, house, and deliver shared health science courses and modules.
 - a. Modules and courses will be determined through consultation with the Health Sciences Deans Committee and VP Academic.
 - b. Tuition from shared courses will be parsed between the Health Sciences, the home unit of the instructor, and the home of the student. The proportionate distribution is to be determined.
- 3) The Academic Health Sciences will be led by the vice-provost or president, health sciences (title and role TBD). In addition to making decisions on CLRC service, space allocation within the Health Sciences Building, lab allocation, IPE delivery and direction, etc., new authority will be given to the vice-provost, health sciences, to oversee research lab allocation, research events, project management support, communications support, strategies, and initiatives to support collaborative research, etc.
 - a. Decisions affecting health science member units in relation to their role as a member of the Health Science Collective (i.e., building space, shared services, shared courses, etc.) will be made by the vice-provost, health sciences.
- 4) The Academic Health Sciences will provide a home for shared resources and service hubs. The composition of the administration networks and shared resources and services will be decided in collaboration with leaders from the Health Science Collective

and with Institutional Planning and Assessment's Administrative Structure Rejuvenation (ASR) Project. Shared resources will belong to the Office of the Vice-Provost, Health Sciences, but will work across the Health Science Collective, similar to the Health Sciences associate director of academic programs and interprofessional education.

- a. Shared administrative networks may include executive assistants, payroll officers, tuition payments, enrollment, and concur transactions (with additional roles to be added).
- b. Services and resources with a home in the Academic Health Sciences — but which serve the larger USask health science community — include alumni relations officers, fundraising and donor relations, communications specialists, research facilitators, and project managers.

At this point, a series of conditional statements accompany the recommendations:

- 1) Cost savings in shared services could be possible *if* Administrative Structure Rejuvenation projects identify services that the leaders of health science units are willing to share. The cost would not be saved at the network (Academic Health Sciences) level but at the college/school level. Savings would not be immediate but would be gradual through the attrition of college-specific positions and the transition to the administrative network housed in the Academic Health Sciences.
- 2) Faculty time and course delivery cost savings could be possible *if* the current USask Health Sciences is successfully reintroduced as an academic unit to house shared courses *and* if deans agree on shared courses and redesigned programs to provide space for shared courses.
 - a. Opportunities for savings across the Health Science Collective could be possible through reduced redundancies; however, costs would be accrued by (and remuneration would be paid to) the Academic Health Sciences.
 - b. Faculty at individual health science member units would not teach as many undergraduate courses, allowing for more research and expertise-specific teaching time.
- 3) Improved access to resources and services for under-resourced colleges is possible *if* the ASR project continues into later phases *and* health science unit leaders agree upon the shared resources housed in the Academic Health Sciences (i.e., communications, project management, alumni and fundraising, research facilitators, pre/post-award support). The cost would not be saved at the network (Health Sciences) level but at the college level.

Opportunities exist for increased revenue through donor and government support of a collaborative and unified Health Science Collective (e.g., increased grant success with more interdisciplinary work, applications, and labs).

Next steps

As of December 2022, progress in the Health Sciences Reorganization Project is ongoing. To remain on schedule and meet identified project milestones and deliverables, the following next steps will be required:

- 1) Work with the Shared Courses Project to identify shared courses.

- 2) Work with the ASR Project to identify shared services.
- 3) Redevelop and/or refine framework recommendation options for approval by the Health Sciences Reorganization Project steering committee.
- 4) Reach steering committee consensus on a framework recommendation.
- 5) Develop cost-benefit analyses for colleges, schools, and the USask Health Sciences specific to the framework recommendation agreed upon by the Health Sciences Reorganization Project steering committee.
- 6) Map out the tricameral approval process for:
 - a. shifting the USask Health Sciences to an academic unit, while continuing to serve the Health Science Collective (e.g., CLRC, operations etc.)
 - b. developing and naming new shared courses.
 - c. reassigning the title, position, etc. of Academic Health Sciences leadership.
- 7) Present framework recommendation — including cost-benefit analysis, details on the administrative network and shared courses, and any updates to the timeline — to the faculty.
- 8) Develop shared mission/vision statements and strategy for the Health Science Collective to guide future state development.
- 9) Present final recommendation and implementation plan to the vice-president academic.

Recomendations and Operating Model (Feb. 8, 2023)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**



UNIVERSITY OF
SASKATCHEWAN

Recommendations and Operating Model

FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

SUBMITTED ON BEHALF OF THE PROJECT STEERING COMMITTEE:

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DATE OF ISSUE: Feb. 8, 2023

BE WHAT THE WORLD NEEDS

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Introduction and background

Case for change statement (excerpt)

“How a university organizes itself should be as bold and ambitious as the teaching, research, and service it creates. By connecting in unique ways, together we can create a world-class One Health academic grouping — for Saskatchewan and from Saskatchewan.

[...] Faculty should benefit from removing structural impediments to interdisciplinary collaboration and providing a structure conducive to both large- and small-scale connectivity and cooperation. Students should experience outstanding academic programs with greater scope for interdisciplinarity, the ability to transfer into and between programs, more transparency of offerings, and greater consistency of services and support. Staff should experience more rewarding and specialized work opportunities within an operational model that reduces redundancies and simplifies procedures and workflows. At the institutional level, a leaner leadership structure should be more nimble and able to respond to strategic opportunities. The health sciences will be a leader in creating university structures that amplify bold ambition within and across the disciplines.”

– Dr. Airini
Provost and Vice-President Academic
University of Saskatchewan
May 2021

This case for change statement and the six project goals highlighted in this document were written by the provost in May 2021 to form the foundational argument and *raison d'être* for the Health Sciences Reorganization Project — an ambitious (but not unique) project to transform the health sciences at the University of Saskatchewan (USask).¹

The university's health science units each have a long-standing history of academic and research excellence in their fields. By developing an operating model and governance framework to amplify each of these disciplines and address current challenges within the healthcare system, the Health Science Collective not only has a unique opportunity to harness the (largely untapped) potential of collaboration — it also has the opportunity to exemplify the interprofessional and transdisciplinary practices increasingly expected among healthcare professionals and their teams.²

Unfortunately, reorganizing aspects of health science operations at the university is not a new concept. Repeated efforts to address the original goals of the University of Saskatchewan's Health Sciences Building comprise a 10+ year history of change efforts in the health sciences

¹ The full case for change statement is available in the [June 2022 Institutional Context Report for the Health Sciences Reorganization Project](#).

² The Health Science Collective at the University of Saskatchewan is currently comprised of nine academic units affiliated with health science (the Colleges of Arts and Science, Medicine, Dentistry, Pharmacy and Nutrition, Nursing, Western Veterinary Medicine, and Kinesiology, along with the Schools of Rehabilitation Science and Public Health) plus the USask Health Sciences administrative unit.

marked by lost momentum due to leadership transitions and initiatives which were either interrupted mid-project, rejected, or not fully implemented.³

As such, USask's Health Science Collective is no stranger to stalemates, unrealized potential, and unfulfilled deliverables related to unsuccessful attempts at collaborative decision making and reorganization.

As identified by stakeholders and articulated in the Institutional Context Report, "unequal access to resources has resulted in inter-unit competition and some [discord] between the 'have' and 'have-not' units." Leaders from the university's academic health science units often prioritize options focusing on immediate, low-effort, or unit-specific opportunities rather than options proposing mutual benefits in the long term or those requiring significant collaborative effort.

These actions may be entirely out of necessity (due to lack of resources or capacity) or attributable to other factors; however, **given the long history of unsuccessful change efforts and the lack of collaboration between health science units, several strong arguments can be made that the current structure and governance framework of USask's health science operations need to evolve in order to address the current financial imperative and to advance the shared academic and research priorities befitting a U15 institution.**

Simply stated — consensus among leadership will not be reached and the true potential of boundless collaboration cannot be realized in the health sciences by maintaining status quo.

The current Health Sciences Reorganization Project is one of several Horizons Strategic Priorities initiatives at the University of Saskatchewan funded by a one-time, \$31 million Government of Saskatchewan investment to strengthen USask's contributions to the province and to accelerate the university's financial sustainability. This project was initiated in late 2020 but was formalized as a Horizons Fund project following the formation of a project steering committee and the committee's approval of the project charter.⁴

³ A comprehensive history of the attempts to reorganize and reach the full potential of the health sciences is found in the [June 2022 Institutional Context Report for the Health Sciences Reorganization Project](#) which indicated that "[...] there have been at least 38 leadership transitions between 2009 and 2022. [...]" In some cases, leadership turnover directly links to lost momentum or significant changes in direction. Managing some degree of annual leadership turnover is a given [...] Academic leaders typically [serve] five-year terms; however, a future state governance model must be robust enough to cope with leadership transition."

⁴ The steering committee for the Health Sciences Reorganization Project (and for the Health Sciences Shared Courses Project) is comprised of leaders from nine academic units at the University of Saskatchewan affiliated with health science plus the USask Health Sciences administrative unit. It is led and coordinated by the associate provost, health, and the university's provost and vice-president academic.

The recommendations set out in this document attempt to address a history of impeded action — and also the findings of the [2009 \[Discussion Paper\] on Health Sciences Governance](#)⁵ and the [Bond Report](#)⁶ — by equalizing access to resources across health science units and providing supports and pathways for meaningful faculty collaborations while addressing fiscal imperatives to eliminate deficit.

In addition to fostering an environment with a leadership structure that is “more nimble and able to respond to strategic opportunities,” implementing these recommendations will help the health sciences achieve financial sustainability and prepare for future expenditures and investments by:

- identifying areas of overlap and duplication;
- refocusing resources to enhance the student experience; and
- freeing up bandwidth for people and projects where appropriate.

In all regards, the development of these recommendations and the proposed operating model has been driven by academic values and informed by budgetary realities.

Project goals

In the full case for change statement, the provost indicated that the six goals of the Health Sciences Reorganization Project are to:

- 1) focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration;
- 2) create a more strategic, nimble, collaborative, and accountable leadership forum in health sciences/One Health at USask;
- 3) re-set our administrative structures to be more consistent and even more student-focused;
- 4) improve the scope and structures to support overall research excellence, interdisciplinary programs and research;
- 5) reduce course and program duplication, and create more focused and accessible academic programming within health sciences/One Health; and
- 6) support university objectives for Indigenization, and equity, diversity, and inclusivity.

These goals are well aligned with — and intended to deliver on — the commitments and goals of [University Plan 2025](#). In particular, this project will support the commitment of “Courageous Curiosity” by enhancing the health sciences’ ability to embrace interdisciplinarity while cementing and catalyzing interdisciplinary endeavour as a core premise of learning, research,

⁵ This document resulted in the establishment of the Council of Health Sciences Deans and was originally referred to as a “white paper” which has historically racist roots. The phrase “white paper” has been replaced with “discussion paper” in this report. For more information, refer to <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper>.

⁶ The Bond Report was commissioned in April 2014 by Provost Brett Fairburn as a review of the Council of Health Science Deans (later restructured as the Health Sciences Deans Committee) and its activities.

scholarship, and creativity. It will enrich disciplines, and build, enhance, and sustain the research, scholarly, and artistic strength central to vibrant collaboration.

It will also help realize the goals of the university's commitment to "Boundless Collaboration" by aligning structures and ensuring that academic, administrative, and physical infrastructure enable collaborative opportunities for all students, faculty, and staff.

Project team

The project team responsible for conducting much of the work related to the Health Sciences Reorganization Project is comprised of the associate provost, health, and the USask Health Sciences planning and projects officer.

The project team has made every effort to acknowledge and learn from past reorganization efforts in an attempt to navigate and address the internal and external obstacles and challenges facing the current organizational structure which have historically led to premature project closure and/or unrealized potential for the health sciences.

To date, work completed by the project team includes:

- revisiting health science change efforts at USask undertaken since the 2009 [Discussion Paper] on Health Sciences Governance focusing on key findings, recommendations, and lessons learned;
- undertaking environmental scans of comparator institutions and mapping internal USask structures;
- engaging in internal and external stakeholder interviews;⁷
- internal and external scan of potential courses suitable for sharing;
- presenting and incorporating feedback from health science leadership regarding future-state organizational structure options; and
- consulting with (and gaining clear direction from) the project's case for change statement and conversations with the provost and vice-president academic.

Operating model

To achieve the six goals laid out by the provost and the deliverables agreed upon by the steering committee in the project charter, the project team recommends changes to the

⁷ More than 70 engagements with USask committees, groups, or individual members of the campus community have been held as of January 2023 as part of the Health Sciences Reorganization Project. These engagements included formal and informal presentations, stakeholder interviews, and feedback received as part of an open invitation for any interested member(s) of the campus community to participate.

organizational structure and operating model of health science disciplines at the University of Saskatchewan.⁸

The proposed model for USask's health science operations aims to establish consistency in service and resources across the university's health science units to equalize supports and reduce the administrative burden on academic units.⁹

Examples of some of the benefits made possible through transformation are outlined below.

- Expedited decision-making and implementation of strategic initiatives via a leaner reporting structure to present a unified health science voice with greater leverage at the provost's table.
- Reduced redundancy and improved efficiency of support staff for colleges and schools.
- Collaborative approach to address the university's current financial imperative.
- Increased career opportunities and opportunities for staff to become more specialized as assignments, projects, professional development, and mentorship can all be targeted toward staff within the same field of expertise.¹⁰
- Provision of previously unaddressed expert needs in colleges/schools (e.g., communications, project management, research facilitation) allowing faculty and leadership more time to focus on the core missions of student learning experiences and research.

Project team recommendations

1. Reporting structure

Recommendation: The USask Health Sciences should be led by a vice-provost, health sciences, rather than an associate provost, health. The project team recommends a title change accompanied by the appropriate changes to this position's leadership authority, committee membership requirements, and placement within USask's leadership reporting structure.

The project team also recommends that the USask Health Sciences be renamed the Office of the Vice-Provost Health Sciences (OVPHS), to better reflect its purpose and operations.

A name change is also recommended for the Health Sciences Deans Committee (HSDC) to become the Health Sciences Leadership Committee (HSLC) as a reflection of current non-dean members (such as the executive director and associate dean leading USask's health science

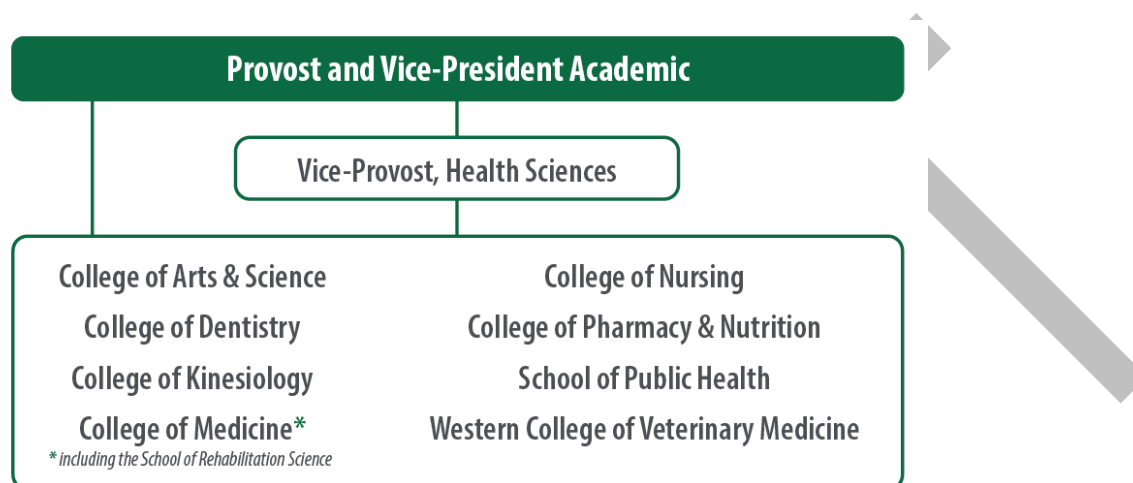
⁸ It is important to note that most of the following recommendations in this report from the project team are either interdependent or contingent upon organizational change taking place. Most of the recommendations will not be able to reach implementation if status quo is maintained in the governance arrangements for the Health Science Collective.

⁹ Many of the characteristics of this model have been adapted from the University of Alberta Operating Model: 2022 Update. The project team acknowledges the contribution to its recommendations.

¹⁰ This would provide staff with additional depth and breadth of knowledge related to their specific areas and thus the ability to offer tailored service rather than a "one-size-fits-all" treatment available through generalists.

schools). This name change would also position the committee for the inclusion of department heads (e.g., the department head of biomedical sciences in the College of Arts and Science and the associate dean from the College of Medicine's School of Rehabilitation Science).

Figure 1: Recommended reporting structure framework



NOTE: Discussion around reorganizing colleges and schools is ongoing.

It is also recommended to remove the University Library dean from HSLC/HSDC membership as the library is not an academic health science unit. This committee should continue to be chaired by the vice-provost, health sciences (previously associate provost, health).

Additionally, the project team recommends that an Indigenous Advisory Committee (IAC) be created as a health sciences committee within the portfolio of the vice-provost, health sciences. The project team recommends that a subcommittee of the IAC be created to oversee the event planning and management of the Gathering event (last called the [Gathering for miyomahcihowin and mii yoo naa kaa twayh ta mihk](#) in 2020).¹¹

The dissolution of the Research Space Governance Committee (a subcommittee of the Research Advisory Committee or “RAC”) is recommended as it has been superseded by both the RAC and the Research Cluster Leaders Committee (RCLC).

Lastly, the project team recommends changes to the Health Sciences Programs Advisory Committee (HSPAC) and subcommittees. The name should be changed to “Programs Advisory Committee (PAC)” as this committee, along with the RAC and IAC, is already a health science committee, thus making the “Health Science” term redundant.

Similarly, it is recommended that the Interprofessional Education Curriculum Committee (IPECC) name be changed to “Interprofessional Education Committee (IPEC)” to remove redundancy within the name. The project team also recommends that a Shared Curriculum

¹¹ The name of the committee will be consistent with the future name of the event which is still being determined.

Committee (SCC) be formed to oversee, develop, and distribute shared modules, courses, and programs as a subcommittee of the PAC.¹²

Figure 2: Recommended committee structure



NOTE: The Health Sciences Leadership Committee (HSLC) is the proposed name change for the current Health Sciences Deans Committee (HSDC) intended to more accurately reflect current membership comprised of deans, associate deans, and executive directors of academic units within the Health Science Collective. The Indigenous Advisory Committee (IAC) is the proposed health sciences committee to be administered within the portfolio of the vice-provost, health sciences.

The collective reporting structure of the health sciences should be changed such that leadership from academic health science units reports, for some activities, primarily to the vice-provost, health sciences.¹³

These health science units should remain independent and autonomous for the time being; however, there should be modifications made to the breadth of decanal purview with many responsibilities being retained (e.g., budget, academic programs, hiring and mentorship of new faculty, relationships with professional organizations) and others passing to the vice-provost, health sciences.

Health science leadership should also continue to report to the provost and vice-president academic on matters pertaining to accreditation.

The vice-provost, health sciences, should have authority and decision-making power over all collaborative aspects involving members of the Health Science Collective.¹⁴

¹² This committee would help support the long-term potential for a common first year of studies. For more information related to this topic, see the [Shared Curriculum](#) section of this report.

¹³ This document highlights objectives and recommendations for the model of USask health science operations in the immediate or short-term. Discussions and planning around long-term objectives and recommendations are ongoing and include the establishment of a College of Applied Health and Sciences which could include (but may not be limited to) kinesiology, nutrition, public health, community health and epidemiology, and rehabilitation science.

¹⁴ The Health Science Collective at the University of Saskatchewan should be comprised of nine units (eight academic units affiliated with health science plus the OVPHS [previously the USask Health Sciences administrative unit]).

This should include:

- a collective strategy;
- the weaving of Indigenous content, voices, and perspectives into health science programs, organization, and decisions;
- incorporating and championing equity, diversity, and inclusion in health science programs, organization, and decisions;
- a shared budget (distinct from college/school budget);
- shared administrative and expert services;
- shared academic services;
- research and shared education program planning;
- initiatives to support collaborative research;
- research space and lab allocation;
- designation of space usage in the Health Sciences Building; and
- research events, strategic innovation, and direction.

The vice-provost, health sciences, should ensure that resources are appropriately shared across USask's health science colleges and schools to support the common and unique needs of the collective's initiatives for staff, faculty, and students.

The vice-provost, health sciences, should represent the Health Science Collective to the provost and vice-president, academic, with a strong, unified voice.

This recommendation supports the first and second goals of the Health Sciences Reorganization Project laid out by the provost to focus faculty resources on USask's core missions of teaching and research rather than unit-level administration.

It also creates a more strategic, nimble, collaborative, and accountable leadership forum in the university's health sciences.

2. Shared curriculum

Recommendation: The Office of the Vice-Provost Health Sciences (or OVPHS, previously called the USask Health Sciences) administrative unit should remain a support unit but with the profile of the vice-provost, health sciences, taking on the added responsibility of facilitating and operationalizing shared curriculum across health science units.

This recommendation supports the fifth goal of the project laid out by the provost.

Shared curriculum includes shared modules and courses at present. Modules and courses should be determined by the vice-provost, health sciences, in consultation with the Health Sciences Leadership Committee (HSLC), the Program Advisory Committee (PAC), and the Indigenous Advisory Committee (IAC).

Within the portfolio, the Health Sciences' associate director of academic programs and interprofessional education has responsibility for the development of shared modules. In the

new operating model, shared courses development, delivery, and administration should be added to this portfolio.

Shared courses should have the potential to:

- reduce course and program duplication;
- create more focused and accessible academic programming within the health sciences at USask;
- increase exposure to (and experience with) interdisciplinarity;
- ease student transfer into and between health science programs at the University of Saskatchewan;
- invite further collaboration within health science units; and
- release faculty time to focus on graduate-level specialized courses, and/or research activities.

In addition to partly addressing the provost's sixth goal for the reorganization project, collaboratively developing and integrating courses involving Indigenization and equity, diversity, and inclusion should ensure high-quality learning and establish a standard across the university's health sciences.

Shared courses should be designed to address the first two goals of the project by freeing up faculty time on general 100-level courses and providing greater focus on research and on teaching graduate-level courses or in other areas of expertise.

Additionally, developing the framework and infrastructure for shared courses provides the template for new shared program streams and the potential for a common first year.

3. Health science hubs

Recommendation: In collaboration with Institutional Planning and Assessment (IPA) and the Administrative Supports Rejuvenation (ASR) Project, the project team recommends a structure and operating model of shared services, supports, and expertise housed in the health sciences.¹⁵

SHARED EXPERTISE SUPPORTS

Recommendation: A new health sciences hub of shared expertise should be housed in the University of Saskatchewan's Health Sciences Building to support building operations, projects and planning, communications, and interprofessional education.

Tasks and work assignments should be designated and overseen by the vice-provost, health sciences, in accordance with the needs of Health Science Collective member units and the priorities of the provost. This structure would be similar to how the current roles of the Health

¹⁵ The final reporting structure and composition of the recommended support and service hubs will be largely informed by the outcomes of USask's Administrative Supports Rejuvenation (ASR) Project. Once in place, special consideration should be made to ensure that a transparent system and set of criteria are in effect to review, assess, and communicate the priority and status of each service request made to the hubs.

Sciences' directors of academic programs and interprofessional education, operations, and the Clinical Learning Resource Centre (CLRC) function.

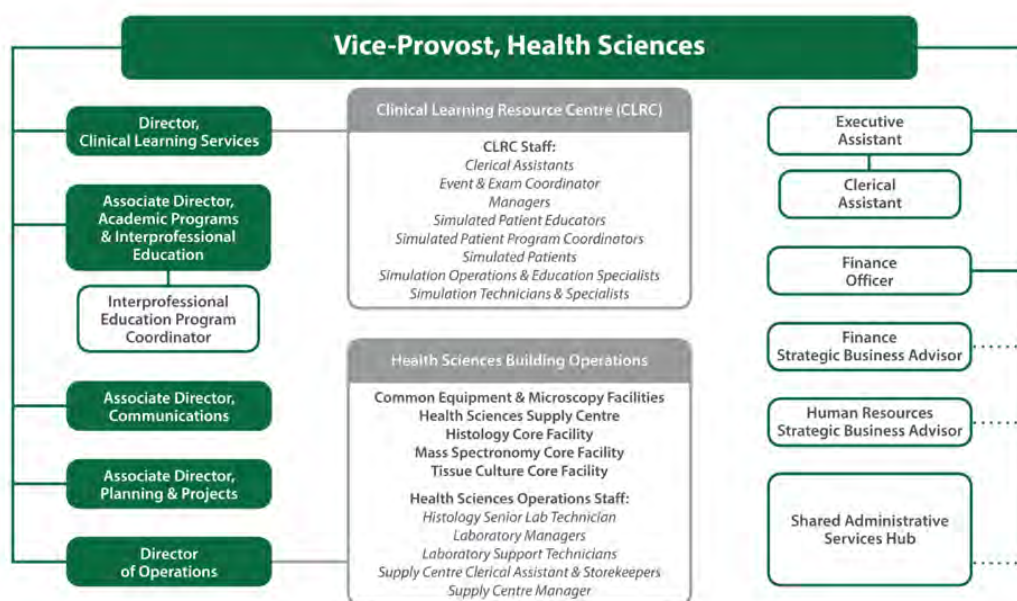
This recommendation will support multiple project goals by enhancing faculty output and ensuring the success of college/school and health science initiatives while reducing faculty time spent on administrative duties.

Specifically, sharing the expertise of staff supports the fourth goal of the Health Sciences Reorganization Project by improving structures to enhance the quality and impact of interdisciplinary programs and health science research at the university.

Shared services currently provided by the USask Health Sciences unit include the Clinical Learning Resources Centre (CLRC), Health Sciences Building operations, and interprofessional education (IPE) which are each led by a director (or associate director) reporting to the leader of the USask Health Sciences.¹⁶ The new operating model should see health science expertise services expand to include projects and communications in the short-term with future opportunities to add research facilitation, alumni relations, and fundraising.

The project team also recommends that new positions be created for an associate director of planning and projects and an associate director of communications. If applicable, these positions should report directly to the vice-provost, health sciences.

Figure 3: Recommended composition of the Office of the Vice-Provost Health Sciences (OVPHS)



NOTE: Reporting structures within the proposed Shared Administrative Services Hub are subject to the progress and outcomes of the University of Saskatchewan Administrative Supports Rejuvenation (ASR) Project.

¹⁶ The current USask Health Sciences unit is supported by a number of dedicated team members who support research, teaching, learning, and/or diverse facility operations within the university's Health Sciences Building. To review the current organizational structure of the Health Sciences, visit <https://healthsciences.usask.ca/about/overview.php#OrganizationalStructure>.

Associate directors of planning and projects and of communications should ensure service standards, service satisfaction, and the implementation of relevant strategy, policy, marketing, and branding across the health sciences. These directors should be responsible for ensuring that all health science members are served based on need and urgency in accordance with the priorities of the OVPHS and the provost.

As demand increases, directors could oversee junior specialists assigned to specific health science units. Directors should consult with deans and the vice-provost, health sciences, to determine needs and the ways to achieve shared and individual member objectives by supplying strategic advice and services to the Health Science Collective.

SHARED ADMINISTRATIVE SERVICES

Recommendation: Shared administrative service hubs should be developed and housed in the University of Saskatchewan's Health Sciences Building as an in-person service centre for walk-ins also accessible through digital platforms.

This hub could include executive assistants, payroll officers, and personnel to help facilitate tuition payments, student enrollment, student support, and Concur transactions (with additional roles to be added)¹⁷; however, shared “administrative networks” are being developed as part of the university's Administrative Supports Rejuvenation (ASR) Project. As the first grouping of academic units to establish a shared network, the Health Science Collective would have an opportunity to consult on this composition with the office of Institutional Planning and Assessment (IPA).

Shared administrative positions should work across and for the Health Science Collective with tasks overseen and assigned by the vice-provost, health sciences (or possibly by a TBD manager as proxy), in consultation with the collective. This structure would be similar to how the current role of the Health Sciences' associate director of academic programs and interprofessional education functions but would also be informed by the results of the ASR Project.

These positions should report directly to a central service leader — similar to the current Strategic Business Advisor (SBA) model at USask — with an indirect/dotted reporting line to the vice-provost, health sciences. Performance evaluations should be conducted centrally with input provided by the vice-provost, health sciences, and college/school leadership (see Figure 3).

In service to health science academic units and the Office of the Vice-Provost Health Sciences, requests and inquiries should be triaged according to need, complexity, and urgency. If issues are overly complex or require more specialized assistance, network staff should connect clients to the necessary service — either centrally or in the OVPHS shared expertise hub.

Shared health science services and supports should reduce duplication of services while increasing efficiency and flexibility. They should be standardized across the University of Saskatchewan's health science disciplines, ensuring that no health science unit or related faculty are unequally burdened with administrative, service, or support work. This should allow

¹⁷ The OVPHS's network of administrative supports could include general administration, student support services, research and teaching administration, and coordinators for financial matters, governance, human resources, teaching, research support, and pre- or post- student or research award administration tasks.

faculty and leaders more time to focus on the development and delivery of high-quality student experiences. It should also build and broaden research collaborations and national and international partnerships while addressing continuing budgetary constraints.

The establishment of an administrative hub for USask's academic health science units will address the third goal of the project by resetting administrative structures to be more consistent across all health science units and by providing even more student-focused service.

4. Stability, sustained momentum, and informed implementation

Past experience suggests that change efforts are halted, unrealized, or are temporary when leadership turns over midway through a strategic reorganization. As existing leadership terms expire, project momentum can be maintained or advanced for a sustained period by leveraging existing project knowledge and experience to onboard new academic unit leaders joining the Health Science Collective in the years ahead.¹⁸

Recommendation: Retention of the vice provost, health sciences (as adapted based on change recommendations to the reporting structure of the Health Science Collective), is recommended to maintain continuity and support related to the implementation of the reorganization recommendations and to services involving the collective. It is further recommended that once changes are implemented, the position should be reviewed and appropriate changes should be made to the position's profile, scope, and extent of decision-making authority in accordance with the review.

It is also recommended that the term of the planning and projects officer should be extended to the length of term of the vice-provost, health sciences, to (again) maintain continuity and support related to the implementation of the reorganization recommendations and to services involving the collective. This position is currently funded by the Horizons Strategic Priorities initiatives with a term ending in April 2023.

The planning and projects officer position should be reviewed and — if confirmed as a necessity in the OVPHS — could be terminated in accordance with its term to allow for the recommended new position of associate director of planning and projects to be created.

To ensure an informed, collaborative, and systematic approach in the implementation of reorganization efforts, the project team recommends that a health science strategic plan be developed that 1) aligns with the strategic plans of individual health science units and 2) amplifies the goals and objectives of the Health Science Collective and of [University Plan 2025](#).

The health science strategic plan should comprise a detailed implementation plan for recommended changes including, but not limited to:

- a detailed budget for the Office of the Vice-Provost, Health Sciences (OVPHS) with line items for each support, resource, and space shared between the Health Science Collective;

¹⁸ A graphic highlighting leadership transitions in the Health Science Collective was provided in the June 2022 Institutional Context Report. As of this report (six months later), two members of the collective — and of the steering committee for the Health Sciences Reorganization Project — have moved on from their leadership roles in academic health science units at the University of Saskatchewan.

- details on the funding sources and reporting structure of shared administrative and expertise hubs in consultation with Institutional Planning and Assessment (IPA);
- defined, concrete actions to achieve the goals and recommendations adopted as part of any reorganization;
- a review of the present (and recommended) staff positions and job profiles within the OVPHS.
 - OVPHS positions and profiles for review include the:
 - associate director, academic programs & interprofessional education
 - interprofessional education program coordinator
 - associate director of communications
 - associate director of planning and projects
 - executive assistant
 - clerical assistant
 - finance officer

Levels of leadership

The purpose and subsequent roles and responsibilities assigned to each level of leadership in the tables below have been directly taken from the University of Alberta Operating Model: 2022 Update and adapted for applicable levels of leadership at the University of Saskatchewan.

Leadership level	Purpose
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional strategy and policy • Institutional performance • Institutional budget and space • People leadership
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Strategy for the health sciences as a collective. • Collaboration, coordination, and facilitation between members of the Health Science Collective • Oversee health science (inclusive of colleges, schools, and departments) performance in: <ul style="list-style-type: none"> ○ Space ○ Research planning ○ Education program planning (related to shared programs and courses) • Align resources to the university's core mission

	<ul style="list-style-type: none"> • Support university objectives relating to EDI, Indigenous, and decolonizing initiatives • Chair the following committees: <ul style="list-style-type: none"> ○ Health Sciences Leadership Committee (<i>HSLC; pending implementation of recommendation to rename current Health Sciences Deans Committee</i>) ○ Programs Advisory Committee (PAC; <i>pending implementation of recommendation to rename current Health Sciences Program Advisory Committee</i>) ○ Research Advisory Committee (RAC)
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Align college/school strategy with the university and the OVPHS • Seek opportunities for department-level initiatives • Work with vice-provost, health sciences, to identify shared priorities with other health science colleges/schools at USask • Deliver academic programs • Hire and mentor faculty (both teaching and research) • Support alumni relations and fundraising efforts in cooperation with (and with the support of) central health science alumni support experts • Maintain relationships with professional organizations
Department: Head and Faculty	<ul style="list-style-type: none"> • Develop programs in collaboration with (and in keeping with) education program planning of vice-provost, health sciences • Manage academic talent • Develop research programs in collaboration with (and with the support of) the vice-provost, health sciences

Roles and responsibilities

High-level summary

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional strategy, policy, performance, budget, space allocation • Central admin and student services delivery, quality, and consistency • Institutional brand, marketing, external relations, fundraising
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Health Sciences strategy and collaboration across university colleges and members of the Health Science Collective • Oversight of health science members: <ul style="list-style-type: none"> ○ OVPHS budget ○ space in Health Sciences Building ○ research and education program facilitation • Performance of health science colleges and schools
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Implementation of strategy within the broader university and health science strategy • Research and education program development and innovation • Academic talent management • Faculty performance • Alumni relations and fundraising in collaboration with the office of the vice-provost, health sciences
Department: Head and Faculty	<ul style="list-style-type: none"> • Program development and delivery • Research management • Academic talent management

Leadership

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Leadership and authority over policy and performance of Health Science Collective and member colleges/schools
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Leadership and authority over the collaborative initiatives of the Health Science Collective • Coordination, management, and delivery of shared administrative and professional services (hubs) and shared academic services • Continuing professional education and skill development support and opportunities for administrative and expertise hub staff
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Leadership and authority over faculty • Faculty performance evaluations in consultation with the vice-provost, health sciences • Academic service coordination and management • Support and coordination of shared academic, administrative, and professional functions in consultation with the vice-provost, health sciences
Department: Head and Faculty	<ul style="list-style-type: none"> • Leadership and authority of department and delivery of academics • Recruitment and supervision of academic staff

Decision making

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional direction and policy in consultation with the President's Executive Committee (PEC) and Deans' Council (or vice-provost, health sciences — TBD)
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Decision-making authority for member colleges/schools subject to the authority of the provost
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Decision-making authority for departments subject to the authority of the vice-provost, health sciences

Department: Head and Faculty	<ul style="list-style-type: none"> Decision rights for the department subject to the authority of the dean
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Budget

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Portfolio of the provost as set by President's Executive Committee (PEC)
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Accountable for setting OVPHS budgets pertaining to collaborative initiatives with colleges/schools Ensure the budget aligns with the strategic priorities of the health sciences and the university
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> Accountable for managing faculty budget and ensuring alignment with health sciences and university targets
Department: Head and Faculty	<ul style="list-style-type: none"> Manage department budgets

Research and research support

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Overall institutional strategy and policies Institutional compliance, reporting Researcher development and training
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Responsible for providing health science member units with: <ul style="list-style-type: none"> research administration, facilitation, and support through the ASR hub long-term infrastructure sustainability health science collaborations between academic health science units and with other colleges and schools Health Sciences Building lab supports

	<ul style="list-style-type: none"> • Plan and manage the annual Life & Health Sciences Research Expo • Facilitate the planning and delivery of The Gathering event
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Faculty recruitment • Faculty evaluation • Research programming
Department: Head and Faculty	<ul style="list-style-type: none"> • Faculty searches and recruitment • Faculty development • Research dissemination

Student services

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional strategy and policies
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Leadership, oversight of health science undergraduate and graduate education in partnership with provost's portfolio • All non-program-specific student services
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> • Program-specific academic advising • Experiential learning • Learning and teaching innovation and quality • Accreditation, program standards, requirements, and policies • Student learning experience
Department: Head and Faculty	<ul style="list-style-type: none"> • Disciplinary action academics • Expertise in academic experience

Undergraduate programs

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional academic structure and governance • Quality assurance processes • Student delivery services
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Development of coherent and cost-effective shared programs across the health sciences at USask • Support of collaborative programs • Reduction of duplicated content through shared courses • Overseeing undergraduate student support opportunities through shared administrative networks being developed by ASR
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> • Overall programming • Initiating new (and closing old) programs • Development of collaborative and unique programming with the vice-provost, health sciences • Program quality assurance
Department: Head and Faculty	<ul style="list-style-type: none"> • Program delivery and student engagement

Graduate programs

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional academic structure and governance • College of Graduate and Postdoctoral Studies (CGPS) administration • Scholarships • Quality assurance
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Development of coherent and cost-effective shared programs across the health sciences • Graduate student support opportunities through shared administrative networks being developed by ASR

College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> • Program design and delivery
Department: Head and Faculty	<ul style="list-style-type: none"> • Program delivery • Student engagement

Equity, Diversity, and Inclusion & Indigenous initiatives

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional policy, strategy, initiatives, and collective agreements • Equity, diversity, and inclusion (EDI) and Indigenization performance measures, data collection, and reporting
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Health Sciences initiatives to enhance equity, diversity, and inclusion • Health Sciences initiatives to enhance sustainability • Facilitate EDI and Indigenization performance measures that build upon the extensive work already undertaken by some members of the Health Science Collective
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Program initiatives in reconciliation and Indigenization • Improvements based on feedback and performance measures
Department: Head and Faculty	<ul style="list-style-type: none"> • Department-specific EDI and Indigenization goal setting and evaluation

Recommendations and Operating Model (April 5, 2023)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**



UNIVERSITY OF
SASKATCHEWAN

Recommendations and Operating Model

FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

SUBMITTED ON BEHALF OF THE PROJECT STEERING COMMITTEE:

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DATE OF ISSUE: April 5, 2023

BE WHAT THE WORLD NEEDS

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Introduction and background

Case for change statement (excerpt)

“How a university organizes itself should be as bold and ambitious as the teaching, research, and service it creates. By connecting in unique ways, together we can create a world-class One Health academic grouping — for Saskatchewan and from Saskatchewan.

[...] Faculty should benefit from removing structural impediments to interdisciplinary collaboration and providing a structure conducive to both large- and small-scale connectivity and cooperation. Students should experience outstanding academic programs with greater scope for interdisciplinarity, the ability to transfer into and between programs, more transparency of offerings, and greater consistency of services and support. Staff should experience more rewarding and specialized work opportunities within an operational model that reduces redundancies and simplifies procedures and workflows. At the institutional level, a leaner leadership structure should be more nimble and able to respond to strategic opportunities. The health sciences will be a leader in creating university structures that amplify bold ambition within and across the disciplines.”

– Dr. Airini
Provost and Vice-President Academic
University of Saskatchewan
May 2021

This case for change statement and the six project goals highlighted in this document were written by the provost in May 2021 to form the foundational argument and *raison d'être* for the Health Sciences Reorganization Project — an ambitious (but not unique) project to transform the health sciences at the University of Saskatchewan (USask).¹

The university's health science units each have a long-standing history of academic and research excellence in their fields. By developing an operating model and governance framework to amplify each of these disciplines and address current challenges within the healthcare system, the Health Science Collective not only has a unique opportunity to harness the (largely untapped) potential of collaboration — it also has the opportunity to exemplify the interprofessional and transdisciplinary practices increasingly expected among healthcare professionals and their teams.²

Unfortunately, reorganizing aspects of health science operations at the university is not a new concept. Repeated efforts to address the original goals of the University of Saskatchewan's Health Sciences Building comprise a 10+ year history of change efforts in the health sciences

¹ The full case for change statement is available in the [June 2022 Institutional Context Report for the Health Sciences Reorganization Project](#).

² The Health Science Collective at the University of Saskatchewan is currently comprised of nine academic units affiliated with health science (the Colleges of Arts and Science, Medicine, Dentistry, Pharmacy and Nutrition, Nursing, Western Veterinary Medicine, and Kinesiology, along with the Schools of Rehabilitation Science and Public Health) plus the USask Health Sciences administrative unit.

marked by lost momentum due to leadership transitions and initiatives which were either interrupted mid-project, rejected, or not fully implemented.³

As such, USask's Health Science Collective is no stranger to stalemates, unrealized potential, and unfulfilled deliverables related to unsuccessful attempts at collaborative decision making and reorganization.

As identified by stakeholders and articulated in the Institutional Context Report, "unequal access to resources has resulted in inter-unit competition and some [discord] between the 'have' and 'have-not' units." Leaders from the university's academic health science units often prioritize options focusing on immediate, low-effort, or unit-specific opportunities rather than options proposing mutual benefits in the long term or those requiring significant collaborative effort.

These actions may be entirely out of necessity (due to lack of resources or capacity) or attributable to other factors; however, **given the long history of unsuccessful change efforts and the lack of collaboration between health science units, several strong arguments can be made that the current structure and governance framework of USask's health science operations need to evolve in order to address the current financial imperative and to advance the shared academic and research priorities befitting a U15 institution.**

Simply stated — consensus among leadership will not be reached and the true potential of boundless collaboration cannot be realized in the health sciences by maintaining status quo.

The current Health Sciences Reorganization Project is one of several Horizons Strategic Priorities initiatives at the University of Saskatchewan funded by a one-time, \$31 million Government of Saskatchewan investment to strengthen USask's contributions to the province and to accelerate the university's financial sustainability. This project was initiated in late 2020 but was formalized as a Horizons Fund project following the formation of a project steering committee (named the Horizons Fund Health Sciences Reorganization Project Steering Committee, herein referred to as the steering committee) and the steering committees' approval of the project charter.⁴

³ A comprehensive history of the attempts to reorganize and reach the full potential of the health sciences is found in the [June 2022 Institutional Context Report for the Health Sciences Reorganization Project](#) which indicated that "[...] there have been at least 38 leadership transitions between 2009 and 2022. [...] In some cases, leadership turnover directly links to lost momentum or significant changes in direction. Managing some degree of annual leadership turnover is a given [...] Academic leaders typically [serve] five-year terms; however, a future state governance model must be robust enough to cope with leadership transition."

⁴ The steering committee for the Health Sciences Reorganization Project (and for the Health Sciences Shared Courses Project) is comprised of leaders from nine academic units at the University of Saskatchewan affiliated with health science plus the USask Health Sciences administrative unit. It is led and coordinated by the associate provost, health, and the university's provost and vice-president academic.

The recommendations set out in this document attempt to address a history of impeded action — and also the findings of the [2009 \[Discussion Paper\] on Health Sciences Governance](#)⁵ and the [Bond Report](#)⁶ — by equalizing access to resources across health science units and providing supports and pathways for meaningful faculty collaborations while addressing fiscal imperatives to eliminate deficit.

In addition to fostering an environment with a leadership structure that is “more nimble and able to respond to strategic opportunities,” implementing these recommendations will help the health sciences achieve financial sustainability and prepare for future expenditures and investments by:

- identifying areas of overlap and duplication;
- refocusing resources to enhance the student experience; and
- freeing up bandwidth for people and projects where appropriate.

In all regards, the development of these recommendations and the proposed operating model has been driven by academic values and informed by budgetary realities.

Project goals

In the full case for change statement, the provost indicated that the six goals of the Horizons Funds Health Sciences Reorganization Project are to:

- 1) focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration;
- 2) create a more strategic, nimble, collaborative, and accountable leadership forum in health sciences/One Health at USask;
- 3) re-set our administrative structures to be more consistent and even more student-focused;
- 4) improve the scope and structures to support overall research excellence, interdisciplinary programs and research;
- 5) reduce course and program duplication, and create more focused and accessible academic programming within health sciences/One Health; and
- 6) support university objectives for Indigenization, and equity, diversity, and inclusivity.

These goals are well aligned with — and intended to deliver on — the commitments and goals of [University Plan 2025](#). In particular, this project will support the commitment of “Courageous Curiosity” by enhancing the health sciences’ ability to embrace interdisciplinarity while cementing and catalyzing interdisciplinary endeavour as a core premise of learning, research,

⁵ This document resulted in the establishment of the Council of Health Sciences Deans and was originally referred to as a “white paper” which has historically racist roots. The phrase “white paper” has been replaced with “discussion paper” in this report. For more information, refer to <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper>.

⁶ The Bond Report was commissioned in April 2014 by Provost Brett Fairburn as a review of the Council of Health Science Deans (later restructured as the Health Sciences Deans Committee) and its activities.

scholarship, and creativity. It will enrich disciplines, and build, enhance, and sustain the research, scholarly, and artistic strength central to vibrant collaboration.

It will also help realize the goals of the university's commitment to "Boundless Collaboration" by aligning structures and ensuring that academic, administrative, and physical infrastructure enable collaborative opportunities for all students, faculty, and staff.

The vision and mission articulated in 2009 as part of the establishment of the Council of Health Science Deans remain in place and are aligned with University Plan 2025.

Vision

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.

Mission

The health sciences 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.

These vision and mission statements were reaffirmed at the June 21, 2022, Health Science Planning Retreat. Plan 2025 and the existing vision and mission for the Health Science Collective emphasize the critical importance of interdisciplinary learning, research, and delivery of external impact.

The steering committee has made every effort to acknowledge and learn from past reorganization efforts in an attempt to navigate and address the internal and external obstacles and challenges facing the current organizational structure which have historically led to premature project closure and/or unrealized potential for the health sciences.

To date, work completed by the project team includes:

- revisiting health science change efforts at USask undertaken since the 2009 [Discussion Paper] on Health Sciences Governance focusing on key findings, recommendations, and lessons learned;
- confirming the vision and mission statements of the Health Sciences
- undertaking environmental scans of comparator institutions and mapping internal USask structures;
- engaging in internal and external stakeholder interviews;⁷
- internal and external scan of potential courses suitable for sharing;

⁷ More than 70 engagements with USask committees, groups, or individual members of the campus community have been held as of January 2023 as part of the Health Sciences Reorganization Project. These engagements included formal and informal presentations, stakeholder interviews, and feedback received as part of an open invitation for any interested member(s) of the campus community to participate.

- presenting and incorporating feedback from health science leadership regarding future-state organizational structure options; and
- consulting with (and gaining clear direction from) the project's case for change statement and conversations with the provost and vice-president academic.

Operating model

To achieve the six goals laid out by the provost and the deliverables agreed upon by the steering committee in the project charter, the steering committee recommends changes to the organizational structure and operating model of health science disciplines at the University of Saskatchewan.⁸

The proposed model for USask's health science operations aims to establish consistency in service and resources across the university's health science units to equalize supports and reduce the administrative burden on academic units.⁹

Examples of some of the benefits made possible through transformation are outlined below.

- Expedited decision-making and implementation of strategic initiatives via a leaner reporting structure to present a unified health science voice with greater leverage at the provost's table.
- Reduced redundancy and improved efficiency of support staff for colleges and schools.
- Collaborative approach to address the university's current financial imperative.
- Increased career opportunities and opportunities for staff to become more specialized as assignments, projects, professional development, and mentorship can all be targeted toward staff within the same field of expertise.¹⁰
- Provision of previously unaddressed expert needs in colleges/schools (e.g., communications, project management, research facilitation) allowing faculty and leadership more time to focus on the core missions of student learning experiences and research.

Steering committee recommendations

1. Reporting structure

Recommendation: The USask Health Sciences should be led by a vice-provost, health sciences, rather than an associate provost, health. The steering committee recommends a title

⁸ It is important to note that most of the following recommendations in this report from the project team are either interdependent or contingent upon organizational change taking place. Most of the recommendations will not be able to reach implementation if status quo is maintained in the governance arrangements for the Health Science Collective.

⁹ Many of the characteristics of this model have been adapted from the University of Alberta Operating Model: 2022 Update. The project team acknowledges the contribution to its recommendations.

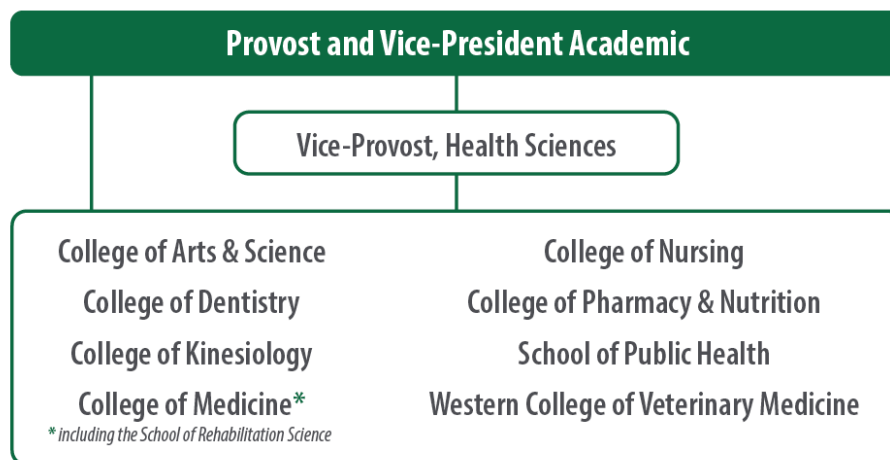
¹⁰ This would provide staff with additional depth and breadth of knowledge related to their specific areas and thus the ability to offer tailored service rather than a "one-size-fits-all" treatment available through generalists.

change accompanied by the appropriate changes to this position's leadership authority, committee membership requirements, and placement within USask's leadership reporting structure.

The project team also recommends that the USask Health Sciences be renamed the Office of the Vice-Provost Health Sciences (OVPHS), to better reflect its purpose and operations.

A name change is also recommended for the Health Sciences Deans Committee (HSDC) to become the Health Sciences Leadership Committee (HSLC) as a reflection of current non-dean members (such as the executive director and College of Medicine associate dean leading USask's health science schools). This name change would also position the committee for the inclusion of department heads (e.g., the department head of psychology and health studies in the College of Arts and Science and the associate dean from the College of Medicine's School of Rehabilitation Science).

Figure 1: Recommended reporting structure framework



NOTE: Discussion around reorganizing colleges and schools is ongoing.

It is also recommended to remove the University Library dean from HSLC/HSDC membership as the library is not an academic health science unit. A discussion is recommended regarding the possible inclusion of the College of Graduate and Postdoctoral Studies (CGPS) in the HSLC. This committee should be chaired by the vice-provost, health sciences (previously associate provost, health).

Additionally, the steering committee recommends that an Indigenous Advisory Committee (IAC) be created as a health sciences committee within the portfolio of the vice-provost, health sciences. The project team recommends that a subcommittee of the IAC be created to oversee the event planning and management of the biannual Indigenous Health and Wellness event (last called the *Gathering for miyomahcihowin and mii yoo naa kaa twayh ta mihk* in 2020).¹¹

¹¹ The name of the committee will be consistent with the future name of the event which is still being determined.

The dissolution of the Research Space Governance Committee (a subcommittee of the Research Advisory Committee or “RAC”) is recommended as it has been superseded by both the RAC and the Research Cluster Leaders Committee (RCLC).

Lastly, the **steering committee** recommends changes to the Health Sciences Programs Advisory Committee (HSPAC) and subcommittees. The name should be changed to “Programs Advisory Committee (PAC)” as this committee, along with the RAC and IAC, is already a health science committee, thus making the “Health Science” term redundant.

Similarly, it is recommended that the Interprofessional Education Curriculum Committee (IPECC) name be changed to “Interprofessional Education Committee (IPEC)” to remove redundancy within the name. The project team also recommends that a Shared Curriculum Committee (SCC) be formed to oversee, develop, and distribute shared modules, courses, and programs as a subcommittee of the PAC.¹²

Figure 2: Recommended committee structure



NOTE: The Health Sciences Leadership Committee (HSLC) is the proposed name change for the current Health Sciences Deans Committee (HSDC) intended to more accurately reflect current membership comprised of deans, associate deans, and executive directors of academic units within the Health Science Collective. The Indigenous Advisory Committee (IAC) is the proposed health sciences committee to be administered within the portfolio of the vice-provost, health sciences.

The collective reporting structure of the health sciences should be changed such that leadership from academic health science units reports, for **collaborative** activities, primarily to the vice-provost, health sciences.¹³

These health science units should remain independent and autonomous; however, there should be modifications made to the breadth of decanal purview with many responsibilities being

¹² This committee would help support the long-term potential for a common first year of studies. For more information related to this topic, see the [Shared Curriculum](#) section of this report.

¹³ This document highlights objectives and recommendations for the model of USask health science operations in the immediate or short-term. Discussions and planning around long-term objectives and recommendations are ongoing and include the establishment of a College of Applied Health and Sciences which could include (but may not be limited to) kinesiology, nutrition, public health, community health and epidemiology, and rehabilitation science.

retained (e.g., budget, academic programs, hiring and mentorship of new faculty, relationships with professional organizations) and others passing to the vice-provost, health sciences (e.g., space usage within the Health Sciences Building, collaborative research and collaborative academic programs).

Health science leadership should also continue to report to the provost and vice-president academic on matters pertaining to accreditation.

The vice-provost, health sciences, should have authority and decision-making power over all collaborative aspects involving members of the Health Science Collective.¹⁴

This should include:

- a collective strategy;
- the weaving of Indigenous content, voices, and perspectives into health science programs, organization, and decisions;
- incorporating and championing equity, diversity, and inclusion in health science programs, organization, and decisions;
- a shared budget (distinct from college/school budget);
- shared administrative and expert services;
- shared academic services;
- research and shared education program planning;
- initiatives to support collaborative research;
- research space and lab allocation;
- designation of space usage in the Health Sciences Building; and
- research events, strategic innovation, and direction.

The vice-provost, health sciences, should ensure that resources are appropriately shared across USask's health science colleges and schools to support the common and unique needs of the collective's initiatives for staff, faculty, and students.

The vice-provost, health sciences, should represent the Health Science Collective to the provost and vice-president, academic, with a strong, unified voice.

This recommendation supports the first and second goals of the Health Sciences Reorganization Project laid out by the provost to focus faculty resources on USask's core missions of teaching and research rather than unit-level administration.

It also creates a more strategic, nimble, collaborative, and accountable leadership forum in the university's health sciences.

¹⁴ The Health Science Collective at the University of Saskatchewan should be comprised of nine units (eight academic units affiliated with health science plus the OVPHS [previously the USask Health Sciences administrative unit]).

2. Shared curriculum

Recommendation: The Office of the Vice-Provost Health Sciences (or OVPHS, previously called the USask Health Sciences) administrative unit should remain a support unit but with the profile of the vice-provost, health sciences, taking on the added responsibility of facilitating and operationalizing shared curriculum across health science units.

This recommendation supports the fifth goal of the project laid out by the provost.

Shared curriculum includes shared modules and courses at present. Modules and courses should be determined by the vice-provost, health sciences, in consultation with the Health Sciences Leadership Committee (HSLC), the Program Advisory Committee (PAC), and the Indigenous Advisory Committee (IAC).

Within the portfolio, the Health Sciences' associate director of academic programs and interprofessional education has responsibility for the development of shared modules. In the new operating model, shared courses development, delivery, and administration should be added to this portfolio.

Shared courses should have the potential to:

- reduce course and program duplication;
- create more focused and accessible academic programming within the health sciences at USask;
- increase exposure to (and experience with) interdisciplinarity;
- ease student transfer into and between health science programs at the University of Saskatchewan;
- invite further collaboration within health science units; and
- release faculty time to focus on graduate-level specialized courses, and/or research activities.

In addition to partly addressing the provost's sixth goal for the reorganization project, collaboratively developing and integrating courses involving Indigenization and equity, diversity, and inclusion should ensure high-quality learning and establish a standard across the university's health sciences.

Shared courses should be designed to address the first two goals of the project by freeing up faculty time on general 100-level courses and providing greater focus on research and on teaching graduate-level courses or in other areas of expertise.

Additionally, developing the framework and infrastructure for shared courses provides the template for new shared program streams and the potential for a common first year.

3. Health science hubs

Recommendation: In collaboration with Institutional Planning and Assessment (IPA) and the Administrative Supports Rejuvenation (ASR) Project, the project team recommends a structure

and operating model of shared services, supports, and expertise housed in the health sciences.¹⁵

SHARED EXPERTISE SUPPORTS

Recommendation: A new health sciences hub of shared expertise should be housed in the University of Saskatchewan's Health Sciences Building to support building operations, projects and planning, communications, and interprofessional education.

Tasks and work assignments should be designated and overseen by the vice-provost, health sciences, in accordance with the needs of Health Science Collective member units and the priorities of the provost. This structure would be similar to how the current roles of the Health Sciences' directors of academic programs and interprofessional education, operations, and the Clinical Learning Resource Centre (CLRC) function.

This recommendation will support multiple project goals by enhancing faculty output and ensuring the success of college/school and health science initiatives while reducing faculty time spent on administrative duties.

Specifically, sharing the expertise of staff supports the fourth goal of the Health Sciences Reorganization Project by improving structures to enhance the quality and impact of interdisciplinary programs and health science research at the university.

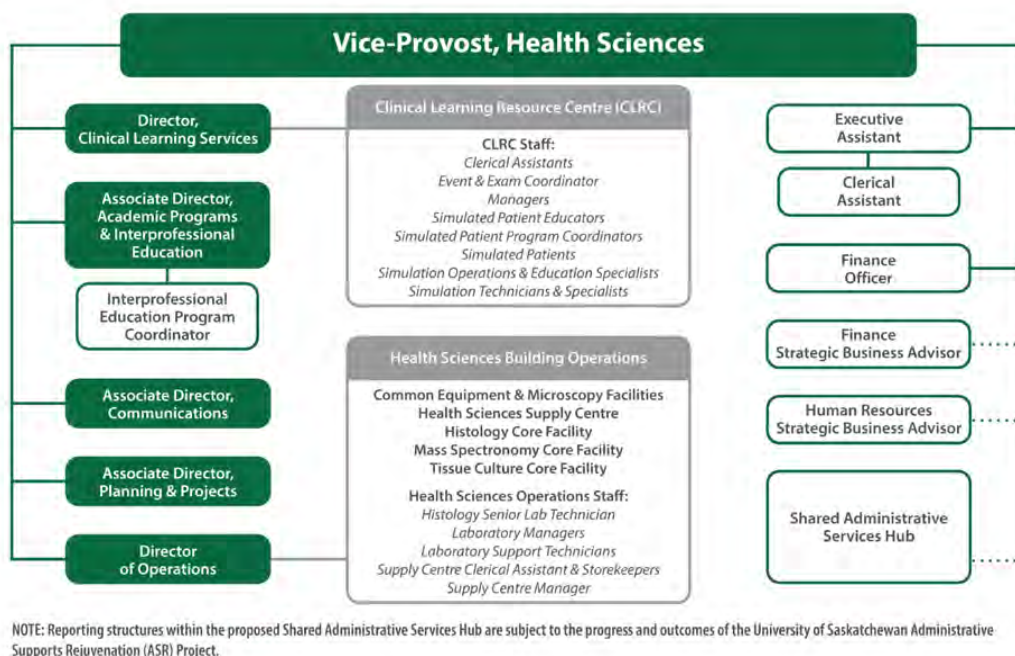
Shared services currently provided by the USask Health Sciences unit include the Clinical Learning Resources Centre (CLRC), Health Sciences Building operations, and interprofessional education (IPE) which are each led by a director (or associate director) reporting to the leader of the USask Health Sciences.¹⁶ The new operating model should see health science expertise services expand to include projects and communications in the short-term with future opportunities to add research facilitation, alumni relations, and fundraising.

The project team also recommends that current positions of projects officer and communications strategist be transitioned to new profiles and titles of associate director of planning and projects and an associate director of communications, respectively. If applicable, these positions should report directly to the vice-provost, health sciences.

¹⁵ The final reporting structure and composition of the recommended support and service hubs will be largely informed by the outcomes of USask's Administrative Supports Rejuvenation (ASR) Project. Once in place, special consideration should be made to ensure that a transparent system and set of criteria are in effect to review, assess, and communicate the priority and status of each service request made to the hubs.

¹⁶ The current USask Health Sciences unit is supported by a number of dedicated team members who support research, teaching, learning, and/or diverse facility operations within the university's Health Sciences Building. To review the current organizational structure of the Health Sciences, visit <https://healthsciences.usask.ca/about/overview.php#OrganizationalStructure>.

Figure 3: Recommended composition of the Office of the Vice-Provost Health Sciences (OVPHS)



Associate directors of planning and projects and of communications should ensure service standards, service satisfaction, and the implementation of relevant strategy, policy, marketing, and branding across the health sciences. These directors should be responsible for ensuring that all health science members are served based on need and urgency in accordance with the priorities of the OVPHS and the provost.

As demand increases, directors could oversee junior specialists assigned to specific health science units. Directors should consult with deans and the vice-provost, health sciences, to determine needs and the ways to achieve shared and individual member objectives by supplying strategic advice and services to the Health Science Collective.

SHARED ADMINISTRATIVE SERVICES

Recommendation: Shared administrative service hubs should be developed and housed in the University of Saskatchewan's Health Sciences Building as an in-person service centre for walk-ins also accessible through digital platforms.

This hub could include executive assistants, payroll officers, and personnel to help facilitate tuition payments, student enrollment, student support, and Concur transactions (with additional roles to be added)¹⁷; however, shared "administrative networks" are being developed as part of the university's Administrative Supports Rejuvenation (ASR) Project. As the first grouping of academic units to establish a shared network, the Health Science Collective would have an

¹⁷ The OVPHS's network of administrative supports could include general administration, student support services, research and teaching administration, and coordinators for financial matters, governance, human resources, teaching, research support, and pre- or post- student or research award administration tasks.

opportunity to consult on this composition with the office of Institutional Planning and Assessment (IPA).

Shared administrative positions should work across and for the Health Science Collective with tasks overseen and assigned by the vice-provost, health sciences (or possibly by a TBD manager as proxy), in consultation with the collective. This structure would be similar to how the current role of the Health Sciences' associate director of academic programs and interprofessional education functions but would also be informed by the results of the ASR Project.

These positions should report directly to a central service leader — similar to the current Strategic Business Advisor (SBA) model at USask — with an indirect/dotted reporting line to the vice-provost, health sciences. Performance evaluations should be conducted centrally with input provided by the vice-provost, health sciences, and college/school leadership (see Figure 3).

In service to health science academic units and the Office of the Vice-Provost Health Sciences, requests and inquiries should be triaged according to need, complexity, and urgency. If issues are overly complex or require more specialized assistance, network staff should connect clients to the necessary service — either centrally or in the OVPHS shared expertise hub.

Shared health science services and supports should reduce duplication of services while increasing efficiency and flexibility. They should be standardized across the University of Saskatchewan's health science disciplines, ensuring that no health science unit or related faculty are unequally burdened with administrative, service, or support work. This should allow faculty and leaders more time to focus on the development and delivery of high-quality student experiences. It should also build and broaden research collaborations and national and international partnerships while addressing continuing budgetary constraints.

The establishment of an administrative hub for USask's academic health science units will address the third goal of the project by resetting administrative structures to be more consistent across all health science units and by providing even more student-focused service.

4. Stability, sustained momentum, and informed implementation

Past experience suggests that change efforts are halted, unrealized, or are temporary when leadership turns over midway through a strategic reorganization. As existing leadership terms expire, project momentum can be maintained or advanced for a sustained period by leveraging existing project knowledge and experience to onboard new academic unit leaders joining the Health Science Collective in the years ahead.¹⁸

Recommendation: Retention of the vice provost, health sciences (as adapted based on change recommendations to the reporting structure of the Health Science Collective), is recommended to maintain continuity and support related to the implementation of the reorganization recommendations and to services involving the collective. It is further recommended that once changes are implemented, the position should be reviewed and appropriate changes should be made to the position's profile, scope, and extent of decision-

¹⁸ A graphic highlighting leadership transitions in the Health Science Collective was provided in the June 2022 Institutional Context Report. As of this report (six months later), two members of the collective — and of the steering committee for the Health Sciences Reorganization Project — have moved on from their leadership roles in academic health science units at the University of Saskatchewan.

making authority in accordance with the review. All position's within OVPHS should be reviewed and if appropriate adapted to support the office of the provost.

To ensure an informed, collaborative, and systematic approach in the implementation of reorganization efforts, the steering committee recommends that a health science strategic plan be developed that 1) aligns with the strategic plans of individual health science units and 2) amplifies the goals and objectives of the Health Science Collective and of [University Plan 2025](#).

The health science strategic plan should comprise a detailed implementation plan for recommended changes including, but not limited to:

- a detailed budget for the Office of the Vice-Provost, Health Sciences (OVPHS) with line items for each support, resource, and space shared between the Health Science Collective;
- details on the funding sources and reporting structure of shared administrative and expertise hubs in consultation with Institutional Planning and Assessment (IPA);
- defined, concrete actions to achieve the goals and recommendations adopted as part of any reorganization;
- a review of the present (and recommended) staff positions and job profiles within the OVPHS.
 - OVPHS positions and profiles for review include the:
 - associate director, academic programs & interprofessional education
 - interprofessional education program coordinator
 - associate director of communications
 - associate director of planning and projects
 - executive assistant
 - clerical assistant
 - finance officer

Levels of leadership

The purpose and subsequent roles and responsibilities assigned to each level of leadership in the tables below have been directly taken from the University of Alberta Operating Model: 2022 Update and adapted for applicable levels of leadership at the University of Saskatchewan.

Leadership level	Purpose
University: Provost & Vice-President Academic	<ul style="list-style-type: none">• Institutional strategy and policy• Institutional performance• Institutional budget and space• People leadership

<p>OVPHS: Vice-Provost, Health Sciences</p>	<ul style="list-style-type: none"> • Strategy for the health sciences as a collective. • Collaboration, coordination, and facilitation between members of the Health Science Collective • Oversee health science (inclusive of colleges, schools, and departments): <ul style="list-style-type: none"> ○ Space ○ Research planning ○ Education program planning (related to shared programs and courses) • Align resources to the university's core mission • Support university objectives relating to EDI, Indigenous, and decolonizing initiatives • Chair the following committees: <ul style="list-style-type: none"> ○ Health Sciences Leadership Committee (<i>HSLC; pending implementation of recommendation to rename current Health Sciences Deans Committee</i>) ○ Programs Advisory Committee (<i>PAC; pending implementation of recommendation to rename current Health Sciences Program Advisory Committee</i>) ○ Research Advisory Committee (RAC) <p>Be a member of the Indigenous Advisory Committee (IAC)</p>
<p>College/School: Dean, Executive Director, or Associate Dean</p>	<ul style="list-style-type: none"> • Align college/school strategy with the university and the OVPHS • Seek opportunities for department-level initiatives • Work with vice-provost, health sciences, to identify shared priorities with other health science colleges/schools at USask • Deliver academic programs • Hire and mentor faculty (both teaching and research) • Support alumni relations and fundraising efforts in cooperation with (and with the support of) central health science alumni support experts • Maintain relationships with professional organizations

Department: Head and Faculty	<ul style="list-style-type: none"> • Develop programs in collaboration with (and in keeping with) academic program planning of vice-provost, health sciences • Manage academic talent • Develop research programs in collaboration with (and with the support of) the vice-provost, health sciences
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Roles and responsibilities

High-level summary

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional strategy, policy, performance, budget, space allocation • Central admin and student services delivery, quality, and consistency • Institutional brand, marketing, external relations, fundraising
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Health Sciences strategy and collaboration across university colleges and members of the Health Science Collective • Oversight of health science members: <ul style="list-style-type: none"> ○ OVPHS budget ○ space in Health Sciences Building ○ research and education program facilitation
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Implementation of strategy within the broader university and health science strategy • Research and education program development and innovation • Academic talent management • Faculty performance • Alumni relations and fundraising
Department: Head and Faculty	<ul style="list-style-type: none"> • Program development and delivery • Research management • Academic talent management

Leadership

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Leadership and authority over policy and performance of Health Science Collective and member colleges/schools
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Leadership and authority over the collaborative initiatives of the Health Science Collective • Coordination, management, and delivery of shared administrative and professional services (hubs) and shared academic services • Continuing professional education and skill development support and opportunities for administrative and expertise hub staff
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Leadership and authority over faculty • Faculty performance evaluations • Academic service coordination and management • Support and coordination of shared academic, administrative, and professional functions
Department: Head and Faculty	<ul style="list-style-type: none"> • Leadership and authority of department and delivery of academics • Recruitment and supervision of academic staff

Decision making

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional direction and policy in consultation with the President's Executive Committee (PEC) and Deans' Council (or vice-provost, health sciences — TBD)
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Decision-making authority for collective decisions on behalf of HS colleges/schools subject to the authority of the provost
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Decision-making authority for departments

Department: Head and Faculty	<ul style="list-style-type: none"> Decision rights for the department subject to the authority of the dean
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Budget

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Portfolio of the provost as set by President's Executive Committee (PEC)
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Accountable for setting OVPHS budgets pertaining to collaborative initiatives with colleges/schools Ensure the budget aligns with the strategic priorities of the health sciences and the university
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> Accountable for managing faculty budget and ensuring alignment with health sciences and university targets
Department: Head and Faculty	<ul style="list-style-type: none"> Manage department budgets

Research and research support

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Overall institutional strategy and policies Institutional compliance, reporting Researcher development and training
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Responsible for providing health science member units with: <ul style="list-style-type: none"> research administration, facilitation, and support through the ASR hub long-term infrastructure sustainability health science collaborations between academic health science units and with other colleges and schools Health Sciences Building lab supports

	<ul style="list-style-type: none"> • Plan and manage the annual Life & Health Sciences Research Expo • Facilitate the planning and delivery of The Gathering event
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Faculty recruitment • Faculty evaluation • Research programming
Department: Head and Faculty	<ul style="list-style-type: none"> • Faculty searches and recruitment • Faculty development • Research dissemination

Student services

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional strategy and policies
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • All non-program-specific student services
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> • Leadership, oversight of health science undergraduate and graduate education • Program-specific academic advising • Experiential learning • Learning and teaching innovation and quality • Accreditation, program standards, requirements, and policies • Student learning experience
Department: Head and Faculty	<ul style="list-style-type: none"> • Disciplinary action academics • Expertise in academic experience

Undergraduate programs

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional academic structure and governance • Quality assurance processes • Student delivery services
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Development of coherent and cost-effective shared programs across the health sciences at USask • Support of collaborative programs • Reduction of duplicated content through shared courses • Overseeing undergraduate student support opportunities through shared administrative networks being developed by ASR
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> • Overall programming • Initiating new (and closing old) programs • Development of collaborative and unique programming • Program quality assurance
Department: Head and Faculty	<ul style="list-style-type: none"> • Program delivery and student engagement

Graduate programs

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional academic structure and governance • College of Graduate and Postdoctoral Studies (CGPS) administration • Scholarships • Quality assurance
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Development of coherent and cost-effective shared programs across the health sciences
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> • Program design and delivery

Department: Head and Faculty	<ul style="list-style-type: none"> • Program delivery • Student engagement
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Equity, Diversity, and Inclusion & Indigenous initiatives

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional policy, strategy, initiatives, and collective agreements • Equity, diversity, and inclusion (EDI) and Indigenization performance measures, data collection, and reporting
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Health Sciences initiatives to enhance equity, diversity, and inclusion • Health Sciences initiatives to enhance sustainability • Facilitate EDI and Indigenization performance measures that build upon the extensive work already undertaken by some members of the Health Science Collective
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Program initiatives in reconciliation and Indigenization • Improvements based on feedback and performance measures
Department: Head and Faculty	<ul style="list-style-type: none"> • Department-specific EDI and Indigenization goal setting and evaluation

Health Sciences Reorganization Initiative Biannual Status Report (April 30, 2023)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**

Strategic Priorities
Bi-Annual Reporting Template
April 30, 2023

Health Sciences Reorganization			
Target/ Success: Comprehensive information is required to inform opportunities for collaboration. This project will: <ul style="list-style-type: none"> • Revisit Health Sciences change-efforts at USask undertaken since the 2009 White Paper¹ [sic] [Discussion paper] on Health Sciences Governance focusing on key findings, recommendations and lessons learned. • Undertake environmental scans of comparator institutions and map the internal USask structures. • Engage with internal and external stakeholders; and • Recommend a “future state” organizational structure for USask Health Sciences. The report will articulate the administrative, governance and budgetary infrastructure that will be required to meet the transdisciplinary needs of the health sciences for the next 20 years. 			
Outcome Status			
Outcome /Objective	Lead	Status*	Core Activities
To assess the “current state” of the USask Health Sciences administrative and governance structures.	Dr. Adam Baxter-Jones, on behalf of the Health Science Deans Committee	Completed	<ul style="list-style-type: none"> ○ Conduct a comprehensive environmental scan ○ Launch a broad stakeholder engagement strategy
Develop an implementation plan for the “future state” organizational structure	Dr. Adam Baxter-Jones, on behalf of the Health Science Deans Committee	In jeopardy of not reaching objectives	<ul style="list-style-type: none"> ○ Establish clear and compelling reasons for the proposed changes and agreed outcomes that the Health Sciences Leadership can champion as key influencers in a change coalition.
Foster a change coalition to progressively build support for the “future state” changes	Dr. Adam Baxter-Jones, on behalf of the Health Science Deans Committee	In progress	<ul style="list-style-type: none"> ○ robust change management plan and process will be required for successful full-scale implementation without full implementation the projected financial savings may not be achieved.
Success Indicators			
Key performance indicators			
Metric	Data Source		Current
Completion of current state assessment (June 2022)	Institutional Context Report		Complete
Completion of future state design	June 2022 Retreat Summary (October 2022) Framework Recommendation Options		Complete

¹ The term “white paper” has historically racist roots so the phrase “white paper” will be universally replaced with “discussion paper” for more information refer to <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper>

	for the Health Sciences Reorganization Project (version 1, 2 provided, working on version 3)	In Progress with an extended deadline of January 2023 Developing proposed frameworks for presentation to Steering Committees and Faculty councils
Consensus amongst health science colleges to proceed		Aim to have consensus from Colleges to present to the Provost Airini, June 2023

Current process-oriented measures

- Project is proceeding and schedule is delayed.
- Project spending is proceeding as planned

Comments:

- The 'future state options' or Framework Recommendation Options was presented to the Steering Committee on October 12, 2022. A rework of the framework was developed with feedback and presented in November 2022.
- Multiple draft frameworks have been introduced to the steering committee with each subsequent version Incorporating feedback (see details below)
 - At this time, version 4 of the framework or organizational structure is being drafted and no consensus has been reached
- The project manager and associate provost health sciences are recommending that terms of reference, with particular focus on decision making methods, be developed for the steering committee. Alternatively, the steering committee (i.e. deans) can form a working group to develop an organizational structure that they feel is appropriate.

Response plan if KPI measures are not being met:

- The project will need to find new ways of reaching decisions. Consensus has been indicated as the method for decisions making for the steering committee; however, alternative methods such as majority vote may need to be considered.

Work completed this period (April 2022 – October 2022)

As presented in the project charter:

<i>Project Planning and Design</i>	
<ul style="list-style-type: none"> • <i>Recommendations for a 'future state' structure (in development)</i> 	April 2024

Additional actions achieved:

Reorganization Project activities:

- **November 2022**
 - Version 2 framework recommendations presented at Health Sciences Deans Committee meeting. No objections.
 - External Framework Models report presented at meeting with sub-group of steering committee members representing kinesiology, nutrition, nursing, and public health.

- No desire from the leaders of these units to amalgamate. Agreement that functional/structural changes be made to demonstrate boundless collaboration and that these changes should be developed and carried out by the USask Health Sciences.
- **January 2023** – AP Health Sciences meets with Provost Airini to review recommendations (Recommendations and Operation Model, January 19, 2023)
 - Airini provides feedback
- **February**
 - preferred operating model and fleshed version 3 of framework and accompanying recommendations circulated to steering committee (Recommendations and Operating Model, February 8, 2023)
 - Steering Committee meeting to discuss 4 recommendations from the Recommendations and Operating Model, February 8, 2023). Highlights of note:
 - Some committee members unsure if leadership title should be a VP Health Sciences
 - Document should address structural issues to working collaboratively.
 - Piecemeal change will change nothing, needs an entirely new structure, although some mention that incremental change has benefitted some smaller colleges.
 - Document just rebrands the status quo
 - Some not opposed to the structure but want more detail on implementation
- **March 2023**
 - revisions are made to recommendation document to address steering committee concerns
- **April 2023**
 - Steering committee meeting to review revised version recommendations
 - Discontent was voiced with regards to the figure representing the new organizational structure.
 - Debate continued as to whether leader of the Usask Health Sciences should be a Vice Provost pr Associate Provost Health Sciences.
 - No consensus reached.
 - Unable to move to recommendation 2-4
- **post committee meeting**
 - discussion around developing a working group, or a set of terms of reference for the committee to facilitate decision making.
 - Begin work on version 5 of framework

Other Health Sciences Activities related to project:

- Development of policy for research, office, lab and other relevant space usage in the health sciences building
- Established an Indigenous Advisory Committee to advise the Usask Health Sciences and the collective (upon the dissolution of the College of Medicine's Indigenous Health Committee.

Additional Requests:

1. How does your initiative support and advance Indigenous engagement and innovation, and/or align with Indigenous and EDI priorities, commitments, actions, and outcomes.

Our recommendations include the forming of an Indigenous Advisory Committee (transitioned from the dissolved CoM Indigenous Health Committee) to consult the health sciences and be woven through the other committees of research advisory committee and the program advisory committee.

Project officer is meeting with Arts project manager to discuss how they decolonized their new organizational structure and policy. Plan to consult with the Indigenous Advisory Committee on incorporating the same.

2. Confirm if your initiative has positions that it has not yet hired (or there is a temporary vacancy)? NO

Activities expected to complete Next Period (before November 1, 2022)

As presented in the project charter:

Project Planning and Design	
<ul style="list-style-type: none">Proposed 'future state' health science organizational structure submitted to the Provost for endorsement	September 2023
Approvals Process	
<ul style="list-style-type: none">Implementation Plan developed	April 2024

Additional Activities anticipated:

What activities are expected until November 2023:

- Establishing colleges' consensus on future state framework or establishing TOR that may permit decision making without consensus. Will require formal acceptance of changes to KPIs.

Activities after November 2023:

- Clarifying and detailing the new organizational structure, policy, administrative supports, and budget on the future state framework will be completed and presented to faculty.
- Develop a Health Sciences Strategic (Implementation) Plan

Issues / Obstacles / Feedback

- Efforts have been made to clearly establish compelling reasons for the proposed changes that are persuasive enough to avoid failed historical change efforts and to increase and solidify champions and change advocates. Nonetheless, we (the project manager and AP health sciences) have yet to produce an organizational structure on which the deans can unanimously agree.

Expenditure Update

Budget: Expenses	Total	2021-22 Planned	2021-22 Actual	2022-23 Planned	2022-23 Actual
Salaries and Benefits	\$243,758	\$55,900	\$6,424	\$121,900	\$105,515
Other Outflows	\$0	\$0	\$0	\$0	\$1,678
Total	\$243,758	\$55,900	\$6,424	\$121,900	\$107,193

- Identify anticipated ongoing expenses after April 2024. NA
- Identify what the barriers or delays in the spending plan
 - No anticipated obstacles or barriers to spending plan

Corrective response plan

- Impact on Schedule
 - Schedule slippage related to the future state deliverable owing to steering committee difficulties obtaining consensus
- Impact on anticipated budget
 - The budget is on track
 - There have been no delays in the spending plan
 - The funding will be used in its entirety by April 2024.

Communication Support Required Next Period

- Meticulous attention is being paid to communicating key messages related to the reorganization – working to deliver a “no surprises” approach
- Messages to be shared with the campus community stakeholders have been and will continue to be vetted by communications staff at the local and central levels.
- The ‘future state’ options have the potential to drive significant concern for faculty and staff, and given the current environment, this could cause considerable media interest. All messaging will be thoroughly vetted before sharing. Steering committee members, including the provost, will be briefed before any stakeholder messaging.
- Support to manage media inquiries may be required.
- Review of materials for the campus community will be required.

Stakeholder Engagement Required Next Period

- Broad and wide-ranging campus-community stakeholder engagement is underway and will continue throughout the project's next phase.
- A project website has been established to share key messages healthsciences.usask.ca/projects
- In order for this project to move towards completion, clear direction and outspoken support will be required from senior leadership (e.g. Provost and Vice President Academic, Interim Associate Provost: Strategic Priorities)

*Reporting Thresholds	Green	Yellow	Red
Time	All milestones are on schedule	A milestone is at risk of being missed	A critical path milestone has been missed
Resources	There are no resource issues	There are possible resource issue	There is a resource issue
Quality	Data quality meets expectations or data is complete	Data quality is below expectations, or data is not complete	Data quality is much below expectations or data does not exist

Recommendations and Operating Model (April 26, 2023)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**



UNIVERSITY OF
SASKATCHEWAN

Recommendations and Operating Model

FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

SUBMITTED ON BEHALF OF THE PROJECT STEERING COMMITTEE:

Arini
Provost & Vice-President Academic
University of Saskatchewan

Adam Baxter-Jones
Interim Associate Provost, Health
USask Health Sciences

Jane Alcorn, Dean
College of Pharmacy and Nutrition

Peta Bonham-Smith, Dean
College of Arts and Science

Melissa Just, Dean
University Library

Joel Lanovaz, Acting Dean
College of Kinesiology

Gillian Muir, Dean
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School of Public Health

Teresa Paslawski, Associate Dean
School of Rehabilitation Sciences

Solina Richter, Dean
College of Nursing

Walter Siqueira, Dean
College of Dentistry

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College of Medicine

PREPARED BY: Erin Barbour-Tuck

DATE OF ISSUE: April 26, 2023

BE WHAT THE WORLD NEEDS

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Introduction and background

Case for change statement (excerpt)

“How a university organizes itself should be as bold and ambitious as the teaching, research, and service it creates. By connecting in unique ways, together we can create a world-class One Health academic grouping — for Saskatchewan and from Saskatchewan.

[...] Faculty should benefit from removing structural impediments to interdisciplinary collaboration and providing a structure conducive to both large- and small-scale connectivity and cooperation. Students should experience outstanding academic programs with greater scope for interdisciplinarity, the ability to transfer into and between programs, more transparency of offerings, and greater consistency of services and support. Staff should experience more rewarding and specialized work opportunities within an operational model that reduces redundancies and simplifies procedures and workflows. At the institutional level, a leaner leadership structure should be more nimble and able to respond to strategic opportunities. The health sciences will be a leader in creating university structures that amplify bold ambition within and across the disciplines.”

– Dr. Airini
Provost and Vice-President Academic
University of Saskatchewan
May 2021

This case for change statement and the six project goals highlighted in this document were written by the provost in May 2021 to form the foundational argument and *raison d'être* for the Health Sciences Reorganization Project — an ambitious (but not unique) project to transform the health sciences at the University of Saskatchewan (USask).¹

The university's health science units each have a long-standing history of academic and research excellence in their fields. By developing an operating model and governance framework to amplify each of these disciplines and address current challenges within the healthcare system, the Health Science Collective not only has a unique opportunity to harness the (largely untapped) potential of collaboration — it also has the opportunity to exemplify the interprofessional and transdisciplinary practices increasingly expected among healthcare professionals and their teams.²

Unfortunately, reorganizing aspects of health science operations at the university is not a new concept. Repeated efforts to address the original goals of the University of Saskatchewan's Health Sciences Building comprise a 10+ year history of change efforts in the health sciences

¹ The full case for change statement is available in the [June 2022 Institutional Context Report for the Health Sciences Reorganization Project](#).

² The Health Science Collective at the University of Saskatchewan is currently comprised of nine academic units affiliated with health science (the Colleges of Arts and Science, Medicine, Dentistry, Pharmacy and Nutrition, Nursing, Western Veterinary Medicine, and Kinesiology, along with the Schools of Rehabilitation Science and Public Health) plus the USask Health Sciences administrative unit.

marked by lost momentum due to leadership transitions and initiatives which were either interrupted mid-project, rejected, or not fully implemented.³

As such, USask's Health Science Collective is no stranger to stalemates, unrealized potential, and unfulfilled deliverables related to unsuccessful attempts at collaborative decision making and reorganization.

As identified by stakeholders and articulated in the Institutional Context Report, "unequal access to resources has resulted in inter-unit competition and some [discord] between the 'have' and 'have-not' units." Leaders from the university's academic health science units often prioritize options focusing on immediate, low-effort, or unit-specific opportunities rather than options proposing mutual benefits in the long term or those requiring significant collaborative effort.

These actions may be entirely out of necessity (due to lack of resources or capacity) or attributable to other factors; however, **given the long history of unsuccessful change efforts and the lack of collaboration between health science units, several strong arguments can be made that the current structure and governance framework of USask's health science operations need to evolve in order to address the current financial imperative and to advance the shared academic and research priorities befitting a U15 institution.**

Simply stated — consensus among leadership will not be reached and the true potential of boundless collaboration cannot be realized in the health sciences by maintaining status quo.

The current Health Sciences Reorganization Project is one of several Horizons Strategic Priorities initiatives at the University of Saskatchewan funded by a one-time, \$31 million Government of Saskatchewan investment to strengthen USask's contributions to the province and to accelerate the university's financial sustainability. This project was initiated in late 2020 but was formalized as a Horizons Fund project following the formation of a project steering committee (named the Horizons Fund Health Sciences Reorganization Project Steering Committee, herein referred to as the steering committee) and the steering committees' approval of the project charter.⁴

³ A comprehensive history of the attempts to reorganize and reach the full potential of the health sciences is found in the [June 2022 Institutional Context Report for the Health Sciences Reorganization Project](#) which indicated that "[...] there have been at least 38 leadership transitions between 2009 and 2022. [...] In some cases, leadership turnover directly links to lost momentum or significant changes in direction. Managing some degree of annual leadership turnover is a given [...] Academic leaders typically [serve] five-year terms; however, a future state governance model must be robust enough to cope with leadership transition."

⁴ The steering committee for the Health Sciences Reorganization Project (and for the Health Sciences Shared Courses Project) is comprised of leaders from nine academic units at the University of Saskatchewan affiliated with health science plus the USask Health Sciences administrative unit. It is led and coordinated by the associate provost, health, and the university's provost and vice-president academic.

The recommendations set out in this document attempt to address a history of impeded action — and also the findings of the [2009 \[Discussion Paper\] on Health Sciences Governance](#)⁵ and the [Bond Report](#)⁶ — by equalizing access to resources across health science units and providing supports and pathways for meaningful faculty collaborations while addressing fiscal imperatives to eliminate deficit.

In addition to fostering an environment with a leadership structure that is “more nimble and able to respond to strategic opportunities,” implementing these recommendations will help the health sciences achieve financial sustainability and prepare for future expenditures and investments by:

- identifying areas of overlap and duplication;
- refocusing resources to enhance the student experience; and
- freeing up bandwidth for people and projects where appropriate.

In all regards, the development of these recommendations and the proposed operating model has been driven by academic values and informed by budgetary realities.

Project goals

In the full case for change statement, the provost indicated that the six goals of the Horizons Funds Health Sciences Reorganization Project are to:

- 1) focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration;
- 2) create a more strategic, nimble, collaborative, and accountable leadership forum in health sciences/One Health at USask;
- 3) re-set our administrative structures to be more consistent and even more student-focused;
- 4) improve the scope and structures to support overall research excellence, interdisciplinary programs and research;
- 5) reduce course and program duplication, and create more focused and accessible academic programming within health sciences/One Health; and
- 6) support university objectives for Indigenization, and equity, diversity, and inclusivity.

These goals are well aligned with — and intended to deliver on — the commitments and goals of [University Plan 2025](#). In particular, this project will support the commitment of “Courageous Curiosity” by enhancing the health sciences’ ability to embrace interdisciplinarity while cementing and catalyzing interdisciplinary endeavour as a core premise of learning, research,

⁵ This document resulted in the establishment of the Council of Health Sciences Deans and was originally referred to as a “white paper” which has historically racist roots. The phrase “white paper” has been replaced with “discussion paper” in this report. For more information, refer to <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper>.

⁶ The Bond Report was commissioned in April 2014 by Provost Brett Fairburn as a review of the Council of Health Science Deans (later restructured as the Health Sciences Deans Committee) and its activities.

scholarship, and creativity. It will enrich disciplines, and build, enhance, and sustain the research, scholarly, and artistic strength central to vibrant collaboration.

It will also help realize the goals of the university's commitment to "Boundless Collaboration" by aligning structures and ensuring that academic, administrative, and physical infrastructure enable collaborative opportunities for all students, faculty, and staff.

The vision and mission articulated in 2009 as part of the establishment of the Council of Health Science Deans remain in place and are aligned with University Plan 2025.

Vision

Together, the health sciences will advance health, locally and globally, through excellence in interprofessional education and practice, interdisciplinary life and health sciences discovery, and committed engagement with stakeholders.

Mission

The health sciences will enhance health and the capacity for high-quality health care by enabling the education of a new generation of health experts and healthcare practitioners with skills in interprofessional healthcare and health promotion, promoting excellence in interdisciplinary health research, and sharing in outreach and community engagement.

These vision and mission statements were reaffirmed at the June 21, 2022, Health Science Planning Retreat. Plan 2025 and the existing vision and mission for the Health Science Collective emphasize the critical importance of interdisciplinary learning, research, and delivery of external impact.

The steering committee has made every effort to acknowledge and learn from past reorganization efforts in an attempt to navigate and address the internal and external obstacles and challenges facing the current organizational structure which have historically led to premature project closure and/or unrealized potential for the health sciences.

To date, work completed by the project team includes:

- revisiting health science change efforts at USask undertaken since the 2009 [Discussion Paper] on Health Sciences Governance focusing on key findings, recommendations, and lessons learned;
- confirming the vision and mission statements of the Health Sciences
- undertaking environmental scans of comparator institutions and mapping internal USask structures;
- engaging in internal and external stakeholder interviews;⁷
- internal and external scan of potential courses suitable for sharing;

⁷ More than 70 engagements with USask committees, groups, or individual members of the campus community have been held as of January 2023 as part of the Health Sciences Reorganization Project. These engagements included formal and informal presentations, stakeholder interviews, and feedback received as part of an open invitation for any interested member(s) of the campus community to participate.

- presenting and incorporating feedback from health science leadership regarding future-state organizational structure options; and
- consulting with (and gaining clear direction from) the project's case for change statement and conversations with the provost and vice-president academic.

Operating model

To achieve the six goals laid out by the provost and the deliverables agreed upon by the steering committee in the project charter, the steering committee recommends changes to the organizational structure and operating model of health science disciplines at the University of Saskatchewan.⁸

The proposed model for USask's health science operations aims to establish consistency in service and resources across the university's health science units to equalize supports and reduce the administrative burden on academic units.⁹

Examples of some of the benefits made possible through transformation are outlined below.

- Expedited decision-making and implementation of strategic initiatives via a leaner reporting structure to present a unified health science voice with greater leverage at the provost's table.
- Reduced redundancy and improved efficiency of support staff for colleges and schools.
- Collaborative approach to address the university's current financial imperative.
- Increased career opportunities and opportunities for staff to become more specialized as assignments, projects, professional development, and mentorship can all be targeted toward staff within the same field of expertise.¹⁰
- Provision of previously unaddressed expert needs in colleges/schools (e.g., communications, project management, research facilitation) allowing faculty and leadership more time to focus on the core missions of student learning experiences and research.

Steering committee recommendations

1. Reporting structure

Recommendation: The USask Health Sciences should be led by a vice-provost, health sciences, rather than an associate provost, health. The steering committee recommends a title

⁸ It is important to note that most of the following recommendations in this report from the project team are either interdependent or contingent upon organizational change taking place. Most of the recommendations will not be able to reach implementation if status quo is maintained in the governance arrangements for the Health Science Collective.

⁹ Many of the characteristics of this model have been adapted from the University of Alberta Operating Model: 2022 Update. The project team acknowledges the contribution to its recommendations.

¹⁰ This would provide staff with additional depth and breadth of knowledge related to their specific areas and thus the ability to offer tailored service rather than a "one-size-fits-all" treatment available through generalists.

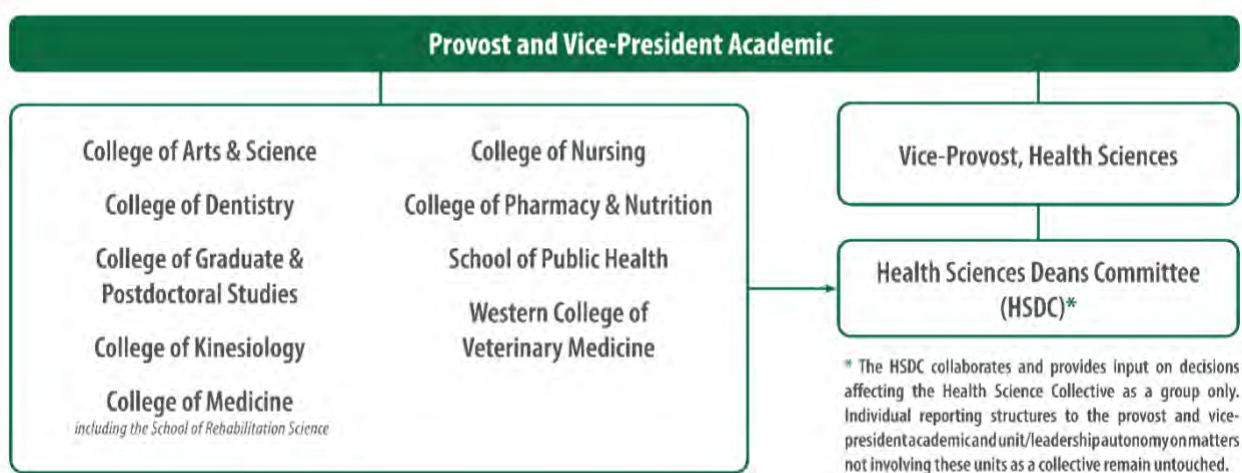
change accompanied by the appropriate changes to this position's leadership authority, committee membership requirements, and placement within USask's leadership reporting structure. This is in line with the Bond Report that recommended a "neutral" vice-provost health science be appointed to provide leadership for the Health Science Deans Committee.

The steering committee also recommends that the USask Health Sciences be renamed the Office of the Vice-Provost Health Sciences (OVPHS), to better reflect its purpose and operations, and to align with the titles of other vice provostial units in the office of the provost and vice-president academic.

It is also recommended that the University Library dean be removed from HSDC membership as the library is not an academic health science unit. Leadership from the College of Graduate and Postdoctoral Studies (CGPS) should be added to the committee.

Figure 1 details the proposed operating structure. The health science units will remain independent and autonomous (e.g., accreditation, budget, academic programs, hiring and mentorship of new faculty, relationships with professional organizations) with no change to their reporting structure (i.e. to the provost and vice president academic); Health Science Collaborative decision will be made in consultation with the Health Sciences Deans Committee.

Figure 1: Recommended Health Sciences operating structure



The roles and responsibilities of the provost, vice-provost health sciences and deans/executive directors are shown below in Tables 1-10.

This is again in line with recommendations from the Bond Report which recommended that responsibilities be identified and agreed upon based on the idea of "governance as leadership."

These tables and their content have been inspired by the University of Alberta Operating Model: 2022 (<https://www.ualberta.ca/uofa-tomorrow/media-library/operating-model-final.pdf>)

Roles and responsibilities

Table 1: Levels of leadership

Leadership level	Purpose
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional strategy and policy • Institutional performance • Institutional budget and space • People leadership
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Strategy for the health sciences as a collective • Collaboration, coordination, and facilitation between members of the Health Science Collective • Oversee collaborative health science (inclusive of colleges, schools, and departments): <ul style="list-style-type: none"> ○ Space (Classrooms, offices, and labs) ○ Research planning (lab space, equipment usage and research clusters) ○ Education program planning (related to shared programs and courses) • Align resources to the university's core mission • Support university objectives relating to EDI, Indigenous, and decolonizing initiatives. • Chair the following committees: <ul style="list-style-type: none"> ○ Health Sciences Deans Committee ○ Programs Advisory Committee (PAC) ○ Research Advisory Committee (RAC) And be a member of the Indigenous Advisory Committee (IAC)
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Align college/school strategy with the university and the OVPHS • Seek opportunities for department-level initiatives • Work with vice-provost, health sciences, to identify shared priorities (academic programs, space, and research) with other health science colleges/schools at USask • Deliver academic programs • Hire and mentor faculty (both teaching and research)

	<ul style="list-style-type: none"> • Support alumni relations and fundraising efforts in cooperation with (and with the support of) central health science alumni support experts • Maintain relationships with professional organizations
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Table 2: High-level summary

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional strategy, policy, performance, budget, space allocation • Central admin and student services delivery, quality, and consistency • Institutional brand, marketing, external relations, fundraising
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Health Sciences strategy and collaboration across university colleges and members of the Health Science Collective • Oversight of health science: <ul style="list-style-type: none"> ○ OVPHS budget ○ Space usage in Health Sciences Building ○ research and education program facilitation ○ policy and processes for placement and technical support for research equipment
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Implementation of strategy within the broader university and health science strategy • Research and education program development and innovation • Academic talent management • Faculty performance • Alumni relations and fundraising

Table 3: Leadership

Leadership level	Roles and responsibilities
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University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Leadership and authority over policy and performance of Health Science Collective and member colleges/schools
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Leadership and authority over the collaborative initiatives of the Health Science Collective • Coordination, management, and delivery of shared administrative, professional services and shared academic services (i.e. building operations, CLRC and IPE) • Continuing professional education and skill development support and opportunities for OVPHS staff
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Leadership and authority over faculty • Faculty performance evaluations • Academic service coordination and management • Support and coordination of shared academic, administrative, and professional functions

Table 4: Decision making

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional direction and policy in consultation with the President's Executive Committee (PEC) and Deans' Council (or vice-provost, health sciences — TBD)
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Decision-making authority for collective decisions on behalf of HS colleges/schools subject to the authority of the provost
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Decision-making authority for college/schools and departments

Table 5: Budget

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Portfolio of the provost as set by President's Executive Committee (PEC)

OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Accountable for setting OVPHS budgets pertaining to collaborative initiatives with colleges/schools Ensure the budget aligns with the strategic priorities of the health sciences and the university
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> Accountable for managing faculty budget and ensuring alignment with health sciences and university targets

Table 6: Research and research support

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Overall institutional strategy and policies Institutional compliance, reporting Researcher development and training
OVPHS: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Responsible for providing health science member units with: <ul style="list-style-type: none"> research administration, facilitation, and support through the ASR hub long-term infrastructure sustainability health science collaborations between academic health science units and with other colleges and schools Health Sciences Building lab supports Plan and manage the annual Life & Health Sciences Research Expo Facilitate the planning and delivery of The Gathering event
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> Faculty recruitment Faculty evaluation Research programming

Table 7: Student services

Leadership level	Roles and responsibilities
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University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Overall institutional strategy and policies
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> All non-program-specific student services (e.g., space, communications, IPE)
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> Leadership, oversight of health science undergraduate and graduate education Program-specific academic advising Experiential learning Learning and teaching innovation and quality Accreditation, program standards, requirements, and policies Student learning experience

Table 8: Undergraduate programs

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Overall institutional academic structure and governance Quality assurance processes Student delivery services
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Development of coherent and cost-effective shared programs across the health sciences at USask Support of collaborative programs Reduction of duplicated content through shared courses Overseeing undergraduate student support opportunities through shared administrative networks being developed by ASR
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> Overall programming Initiating new (and closing old) programs Development of collaborative and unique programming Program quality assurance

Table 9: Graduate programs

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional academic structure and governance • College of Graduate and Postdoctoral Studies (CGPS) administration • Scholarships • Quality assurance
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Development of coherent and cost-effective shared programs across the health sciences
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> • Program design and delivery

Table 10: Equity, Diversity, and Inclusion & Indigenous initiatives

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional policy, strategy, initiatives, and collective agreements • Equity, diversity, and inclusion (EDI) and Indigenization performance measures, data collection, and reporting
Health Sciences: Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Health Sciences initiatives to enhance equity, diversity, and inclusion • Health Sciences initiatives to enhance sustainability • Facilitate EDI and Indigenization performance measures that build upon the extensive work already undertaken by some members of the Health Science Collective
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Program initiatives in reconciliation and Indigenization • Improvements based on feedback and performance measures

The vice-provost, health sciences, should ensure that health sciences resources are appropriately shared across USask's health science colleges and schools to support the common and unique needs of the collective's initiatives for staff, faculty, and students.

The vice-provost, health sciences, should represent the health science collective to the provost and vice-president, academic, with a strong, unified voice.

This recommendation supports the first and second goals of the Health Sciences Reorganization Project laid out by the provost to focus faculty resources on USask's core missions of teaching and research rather than unit-level administration.

It also creates a more strategic, nimble, collaborative, and accountable leadership forum in the university's health sciences.

DRAFT

Recomendations and Operating Model (Sept. 5, 2023)

**PROGRESS REPORT APPENDIX
FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE**



UNIVERSITY OF
SASKATCHEWAN

Recommendations and Operating Model

FOR THE HEALTH SCIENCES REORGANIZATION INITIATIVE

SUBMITTED ON BEHALF OF THE INITIATIVE STEERING COMMITTEE:

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DATE OF ISSUE: Sept. 5, 2023

BE WHAT THE WORLD NEEDS

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Executive summary

In May 2021, the University of Saskatchewan (USask) provost wrote the foundational argument, goals, and raison d'être for the Health Sciences Reorganization Initiative. As one of 26 undertakings comprising the [Horizons Project](#), this initiative aims to transform the health sciences at USask to be more unified, nimble, and focused on collaborative research and teaching while strengthening alignment with [University Plan 2025](#), [ohpahotân | oohpaahotaan \(the Indigenous Strategy at USask\)](#), the university's equity, diversity, and inclusion (EDI) policies, and applicable signature areas of research.¹

Despite a long-standing history of academic and research excellence across the university's health science units, a 10+ year history of change efforts in the health sciences has been marked by stalemates, unrealized potential, and unfulfilled deliverables related to unsuccessful attempts at collaborative decision making and reorganization. Past initiatives were either interrupted mid-project, rejected, or not fully implemented — often due, in part, to the high level of leadership turnover across the health sciences. Many of these unfulfilled initiatives and associated recommendations, goals, and potential benefits were either identified, explored or — in several cases — even reiterated in the 2009 [Discussion Paper] on Health Sciences Governance, the 2014 Bond Report, and/or the background and SWOT (strengths, weakness, opportunities, and threats) analysis in the Institutional Context Report prepared in 2022 for the Reorganization Initiative.

Undeterred by past obstacles, leadership from USask's academic health science units formed the Reorganization Initiative steering committee, developed project objectives, and reaffirmed their collective commitment to advancing health through interdisciplinary discovery and research, interprofessional education, and committed stakeholder engagement.

Key deliverables of this initiative include a review of past change efforts and recommendations for the Health Sciences; an environmental scan of comparator institutes and internal structures; stakeholder engagement; a fulsome set of recommendations to support a clear future organizational structure and; the development of a plan to implement recommendations made as part of the initiative.

In October 2022 — following completion of the environmental scan, extensive stakeholder engagement and the June 21, 2022, Health Sciences Planning Retreat — the project team² developed the first of five drafts outlining potential operating models intended to satisfy key deliverables of the Reorganization Initiative. Subsequent revisions to these drafts and refinement of the recommendations and future state operating model were prepared over the months that followed based on steering committee feedback.

This document comprises the fifth version of the recommendations and operating model required to address a history of impeded action and achieve the goals of the initiative — as well as the findings of the [2009 \[Discussion Paper\] on Health Sciences Governance](#) and the [2014 Bond Report](#) — by equalizing access to resources across health science units and providing

¹ To learn more about One Health, Indigenous Peoples, Health and Wellness, and other signature areas of research at the University of Saskatchewan, visit <https://research.usask.ca/about/signature-areas-of-research.php>.

² i.e., the interim associate provost, health, and the Health Sciences planning and projects officer with the assistance of the Health Sciences communications strategist.

supports and pathways for meaningful faculty collaborations while addressing fiscal imperatives to eliminate deficit.

Ultimately, the recommendations made by the steering committee as part of Health Sciences Reorganization Initiative seek to allow members of the Health Science Collective to remain independent but with rejuvenated collaboration and re-envisioned sharing of resources.

The recommendations include:

- 1) USask Health Sciences should be led by a vice-provost, health sciences (VPHS), rather than an associate provost, health. USask Health Sciences should be renamed the Office of the Vice-Provost Health Sciences (OVPHS). Roles and responsibilities of the VPHS follow the recommendation in the document below.
- 2) The Office of the Vice-Provost Health Sciences should be a support unit for the vice-provost, health sciences, facilitating and operationalizing shared curriculum, space, and resources across health science units. The Health Science Collective and the OVPHS support the structure and operating model of shared services, supports, and expertise recommended by the Administrative Services Renewal (ASR) Initiative — an independent but interrelated Horizons Project initiative overseen by Institutional Planning and Assessment (IPA). All positions and profiles within the OPVHS should be reviewed by the VPHS.
- 3) The committee structure, names, and terms of reference for each OVPHS committee should be reviewed. It is recommended that an OVPHS Indigenous Advisory Committee (IAC) be created and that a position be reserved for people endorsed by the IAC on all other OVPHS committees.
- 4) To help ensure an informed, collaborative, and systematic approach to governance and operations, additional recommendations include the development of a set of comprehensive policies either through revision of those policies which already exist or the development of new policies for currently unaddressed issues; a comprehensive review of the OVPHS budget (including contributions from the Health Science Collective) to ensure transparent and equitable cost-sharing, accountability, and allocation pertaining to OVPHS resources; and development of a strategic plan for the OVPHS by the vice-provost, health sciences, in consultation with the Health Sciences Leadership Committee (or HSLC, the renamed and more inclusive Health Sciences Deans Committee). Several of these recommendations reaffirm the Bond Report recommendation to leverage the concept of “governance as leadership” — especially when continuity, sustained momentum, or knowledge of historical context are required during times of leadership transition within the HSLC and OVPHS.

Key considerations and challenges addressed by these recommendations involve how to incorporate guidance from leaders within the Health Science Collective while overcoming stalemates arising when unanimous approval from the group may not be possible.

By engaging with the Health Sciences Leadership Committee (HSLC) to provide input on and approve all Office of the Vice-Provost, Health Sciences (OVPHS) policies and committee terms of reference, **a hybridized model that incorporates “governance as leadership” and the decision-making authority of a vice-provost, health sciences, over collaborative aspects**

involving members of the Health Science Collective³ should be able to amplify and advance the mission and vision of the collective as well as the goals of individual health science units, the goals of the Health Sciences Reorganization Initiative, the goals of the Indigenous Strategy at USask, and the bold ambition of University Plan 2025.

For a summary table identifying the alignment of each recommendation with the provost's goals for this initiative, the 2009 Discussion Paper, the 2014 Bond Report, and both the stakeholder feedback and related SWOT analysis from the 2022 Institutional Context Report, see Table 11.

Introduction and background

Case for change statement (excerpt)

"How a university organizes itself should be as bold and ambitious as the teaching, research, and service it creates. By connecting in unique ways, together we can create a world-class One Health academic grouping — for Saskatchewan and from Saskatchewan.

[...] Faculty should benefit from removing structural impediments to interdisciplinary collaboration and providing a structure conducive to both large- and small-scale connectivity and cooperation. Students should experience outstanding academic programs with greater scope for interdisciplinarity, the ability to transfer into and between programs, more transparency of offerings, and greater consistency of services and support. Staff should experience more rewarding and specialized work opportunities within an operational model that reduces redundancies and simplifies procedures and workflows. At the institutional level, a leaner leadership structure should be more nimble and able to respond to strategic opportunities. The health sciences will be a leader in creating university structures that amplify bold ambition within and across the disciplines."

– Dr. Airini
Provost and Vice-President Academic
University of Saskatchewan
May 2021

This case for change statement and the six initiative goals highlighted in this document were written by the provost in May 2021 to form the foundational argument and *raison d'être* for the Health Sciences Reorganization Initiative — an ambitious (but not unique) project to transform the health sciences at the University of Saskatchewan (USask).⁴

The university's health science units each have a long-standing history of academic and research excellence in their fields. By developing an operating model and governance framework to amplify each of these disciplines and address current challenges within the healthcare system, the Health Science Collective not only has a unique opportunity to harness

³ This decision-making authority would also include matters involving the Health Sciences Building, OVPHS budget, services, and resources (e.g., space usage within the Health Sciences Building, collaborative research, the Clinical Learning Resource Centre, and collaborative academic program development).

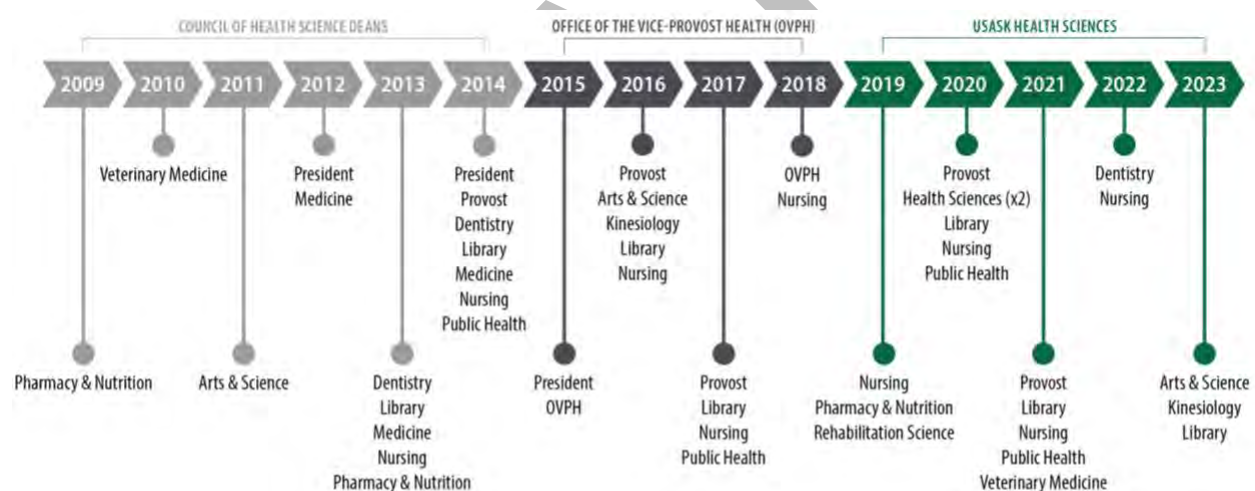
⁴ The full case for change statement is available in the [June 2022 Institutional Context Report for the Health Sciences Reorganization Project](#).

the (largely untapped) potential of collaboration — it also has the opportunity to exemplify the interprofessional and transdisciplinary practices increasingly expected among healthcare professionals and their teams.⁵

Unfortunately, reorganizing aspects of health science operations at the university is not a new concept. Repeated efforts to address the original goals of the University of Saskatchewan's Health Sciences Building comprise a 10+ year history of change efforts in the health sciences marked by lost momentum due to leadership transitions (see Figure 1) and initiatives which were either interrupted mid-project, rejected, or not fully implemented.⁶

As such, USask's Health Science Collective is no stranger to stalemates, unrealized potential, and unfulfilled deliverables related to unsuccessful attempts at collaborative decision making and reorganization.

Figure 1: Leadership Transition — Health Science Collective, provost, and president



Developing a coalition of consensus, maintaining project momentum, and providing informed engagement can be challenging when navigating the delays and onboarding process associated with leadership transitions among members of the Health Sciences Deans Committee (HSDC) and the Health Sciences Reorganization Initiative Steering Committee. Between 2009 and 2023, the Health Science Collective has experienced over 40 changes in leadership — including leadership changes in Dentistry, Kinesiology, Arts & Science and the University Library throughout the duration of the Health Sciences Reorganization Initiative. Transitions listed above include leaves of absence and roles filled by interim and acting leaders.

Supporting a framework and operating model that uplifts “governance as leadership” as suggested in the 2014 Bond Report should help navigate those recurring instances when consensus is not possible or when leadership turnover threatens to derail momentum made on multi-year, multi-phase projects or those collaborations requiring deep contextual understanding of the situation at hand.

⁵ The Health Science Collective is the informal term currently used to reference eight academic units at the University of Saskatchewan affiliated with health science (the Colleges of Arts and Science, Medicine, Dentistry, Pharmacy and Nutrition, Nursing, Western Veterinary Medicine, and Kinesiology, along with the School of Public Health) plus the USask Health Sciences administrative unit. The School of Rehabilitation Science is an academic unit within the College of Medicine that offers a Master of Physical Therapy program.

⁶ A comprehensive history of the attempts to reorganize and reach the full potential of the health sciences is found in the [June 2022 Institutional Context Report for the Health Sciences Reorganization Project](#) which indicated that “[...] there have been at least 38 leadership transitions between 2009 and 2022. [...] In some cases, leadership turnover directly links to lost momentum or significant changes in direction. Managing some degree of annual leadership turnover is a given [...] Academic leaders typically [serve] five-year terms; however, a future state governance model must be robust enough to cope with leadership transition.”

As identified by stakeholders and articulated in the Institutional Context Report, “unequal access to resources has resulted in inter-unit competition and some [discord] between the ‘have’ and ‘have-not’ units.” Leaders from the university’s academic health science units often prioritize options focusing on immediate, low-effort, or unit-specific opportunities rather than options proposing mutual benefits in the long term or those requiring significant collaborative effort.

These actions may be entirely out of necessity (due to lack of resources or capacity) or attributable to other factors; however, **given the long history of unsuccessful change efforts and the lack of collaboration between health science units, several strong arguments can be made that the current structure and governance framework of USask’s health science operations need to evolve in order to address the current financial imperative and to advance the shared academic and research priorities befitting a U15 institution.**

Simply stated — consensus among leadership will not be reached and the true potential of boundless collaboration cannot be realized in the health sciences by maintaining status quo.

The current Health Sciences Reorganization Initiative at the University of Saskatchewan is one of 26 undertakings that comprise the [Horizons Project](#). Funded by a one-time, \$31 million Government of Saskatchewan investment, the Horizons Project aims to strengthen USask’s contributions to the province and to accelerate the university’s financial sustainability.⁷ The Health Sciences Reorganization Initiative was initiated in late 2021 but was formalized as a Horizons Fund activity following the formation of the initiative’s steering committee (named the Horizons Fund Health Sciences Reorganization Initiative Steering Committee, herein referred to as the steering committee) and the steering committee’s approval of the initiative’s project charter.⁸

The recommendations set out in this document attempt to address a history of impeded action — and also the findings of the [2009 \[Discussion Paper\] on Health Sciences Governance](#)⁹ and the [Bond Report](#)¹⁰ — by equalizing access to resources across health science units and providing supports and pathways for meaningful faculty collaborations while addressing fiscal imperatives to eliminate deficit.

In addition to fostering an environment with a leadership structure that is “more nimble and able to respond to strategic opportunities,” implementing these recommendations will help the health

⁷ The Health Sciences Reorganization Project was renamed the Health Sciences Reorganization Initiative in 2023.

⁸ The steering committee for the Health Sciences Reorganization Initiative (and for the Health Sciences Shared Courses Initiative) is comprised of leaders from the USask Library, the USask Health Sciences administrative unit, and eight academic units at the University of Saskatchewan affiliated with health sciences. It is led and coordinated by the associate provost, health, and the university’s provost and vice-president academic.

⁹ This document resulted in the establishment of the Council of Health Sciences Deans and was originally referred to as a “white paper” which has historically racist roots. The phrase “white paper” has been replaced with “discussion paper” in this report. For more information, refer to <https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper>.

¹⁰ The Bond Report was commissioned in April 2014 by Provost Brett Fairburn as a review of the Council of Health Science Deans (later restructured as the Health Sciences Deans Committee) and its activities.

sciences achieve financial sustainability and prepare for future expenditures and investments by:

- identifying areas of overlap and duplication;
- refocusing resources to enhance the student experience; and
- freeing up bandwidth for people and projects where appropriate.

In all regards, the development of these recommendations and the proposed operating model has been driven by academic values and informed by budgetary realities.

Initiative goals

In the full case for change statement, the provost indicated that the six goals of the Horizons Funds Health Sciences Reorganization Initiative are to:

- 1) focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration;
- 2) create a more strategic, nimble, collaborative, and accountable leadership forum in health sciences/One Health at USask;
- 3) re-set our administrative structures to be more consistent and even more student-focused;
- 4) improve the scope and structures to support overall research excellence, interdisciplinary programs and research;
- 5) reduce course and program duplication, and create more focused and accessible academic programming within health sciences/One Health; and
- 6) support university objectives for indigenization, and equity, diversity, and inclusivity.

These goals are well aligned with — and intended to deliver on — the commitments and goals of [University Plan 2025](#). In particular, this initiative will support the commitment of “Courageous Curiosity” by enhancing the health sciences’ ability to embrace interdisciplinarity while cementing and catalyzing interdisciplinary endeavour as a core premise of learning, research, scholarship, and creativity. It will enrich disciplines, and build, enhance, and sustain the research, scholarly, and artistic strength central to vibrant collaboration.

It will also help realize the goals of the university’s commitment to “Boundless Collaboration” by aligning structures and ensuring that academic, administrative, and physical infrastructure enable collaborative opportunities for all students, faculty, and staff.

Reaffirmed vision and mission

The vision and mission articulated in 2009 as part of the establishment of the Council of Health Science Deans remain in place and are aligned with University Plan 2025.

Vision

Together, the health sciences will advance health, locally and globally, through excellence in interprofessional education and practice, interdisciplinary life and health sciences discovery, and committed engagement with stakeholders.

Mission

The health sciences will enhance health and the capacity for high-quality health care by enabling the education of a new generation of health experts and healthcare practitioners with skills in interprofessional healthcare and health promotion, promoting excellence in interdisciplinary health research, and sharing in outreach and community engagement.

These vision and mission statements were reaffirmed at the June 21, 2022, Health Science Planning Retreat. University Plan 2025 and the existing vision and mission for the current Health Sciences Deans Committee (HSDC) emphasize the critical importance of interdisciplinary learning, research, and delivery of external impact.

An informed path forward

The steering committee has made every effort to acknowledge and learn from past reorganization efforts in an attempt to navigate and address the internal and external obstacles and challenges facing the current organizational structure which have historically led to premature project closure and/or unrealized potential for the health sciences.

Work completed by the initiative team includes:

- revisiting health science change efforts at USask undertaken since the 2009 [Discussion Paper] on Health Sciences Governance focusing on key findings, recommendations, and lessons learned;
- confirming the vision and mission statements of the HSDC;
- undertaking environmental scans of comparator institutions and mapping internal USask structures;
- engaging in internal and external stakeholder interviews;¹¹
- presenting and incorporating feedback from health science leadership regarding future-state organizational structure options; and
- consulting with (and gaining clear direction from) the initiative's case for change statement and conversations with the provost and vice-president academic.

Benefits of proposed changes to the current operating model

To achieve the six goals laid out by the provost and the deliverables agreed upon by the steering committee in the initiative's project charter, the steering committee

¹¹ More than 70 engagements with USask committees, groups, or individual members of the campus community have been held as of July 2023 as part of the Health Sciences Reorganization Initiative. These engagements included formal and informal presentations, stakeholder interviews, and feedback received as part of an open invitation for any interested member(s) of the campus community to participate.

recommends changes to the collective operating model and organizational structure of health science disciplines at the University of Saskatchewan.¹²

The proposed model for USask's health science operations aims to establish consistency in service and resources across the university's health science units to equalize supports and reduce the administrative burden on academic units.¹³

Examples of some of the benefits made possible through transformation are outlined below.

- Expedited decision-making and implementation of strategic initiatives via a leaner reporting structure to present a unified health science voice with greater leverage at the provost's table and refined policies to support the idea of "governance as leadership".¹⁴
- Reduced redundancy and improved efficiency of support staff for colleges and schools.
- Collaborative approach to address the university's current financial imperative.
- Increased career opportunities and opportunities for staff to become more specialized as assignments, projects, professional development, and mentorship can all be targeted toward staff within the same field of expertise.¹⁵
- Provision of previously unaddressed expert needs in colleges/schools (e.g., communications, project management, research facilitation) allowing faculty and leadership more time to focus on the core missions of student learning experiences and research.

Ultimately, the recommendations made as part of Health Sciences Reorganization Initiative seek to allow members of the Health Science Collective to remain independent but with rejuvenated collaboration and re-envisioned sharing of resources.

Steering committee recommendations

1. *Operating model*

It is recommended that the USask Health Sciences should be led by a vice-provost, health sciences, rather than an associate provost, health. The steering committee recommends a title change accompanied by the appropriate changes to this position's leadership authority, committee membership requirements, and placement within USask's leadership reporting structure. This is in line with the Bond Report recommendation that a "neutral" vice-provost

¹² It is important to note that most of the following recommendations in this report from the initiative team are either interdependent or contingent upon organizational change taking place. Most of the recommendations will not be able to reach implementation if status quo is maintained in the governance arrangements for the Health Science Collective.

¹³ Many of the characteristics of this model have been adapted from the University of Alberta Operating Model: 2022 Update. The initiative team acknowledges the contribution to its recommendations.

¹⁴ For more information on "governance as leadership" see the 2014 Bond Report.

¹⁵ This would provide staff with additional depth and breadth of knowledge related to their specific areas and thus the ability to offer tailored service rather than a "one-size-fits-all" treatment available through generalists.

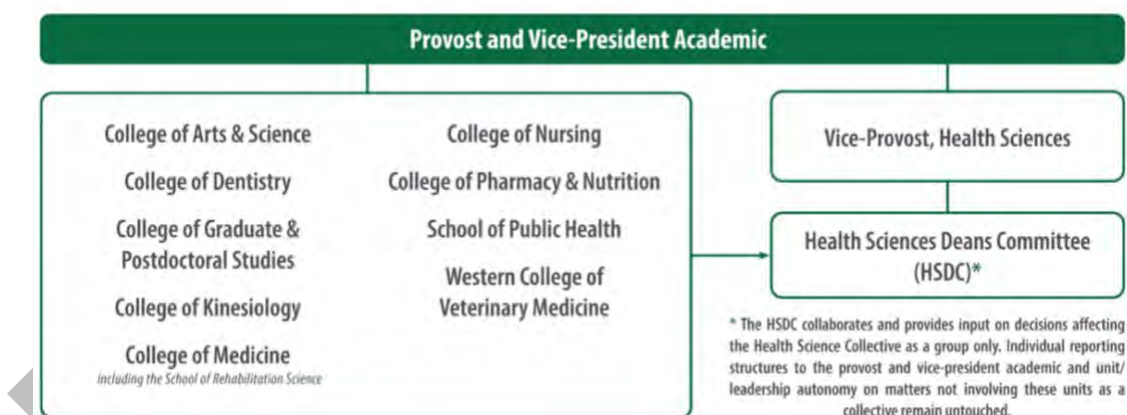
health science be appointed to provide leadership for the Health Sciences Deans Committee (HSDC).

The steering committee also recommends that the USask Health Sciences be renamed the Office of the Vice-Provost Health Sciences (OVPHS), to better reflect its purpose and operations, and to align with the titles of other vice provostial units in the Office of the Provost and Vice-President Academic.

It is also recommended that the University Library dean be removed from HSDC membership as the library is not an academic health science unit. Leadership from the College of Graduate and Postdoctoral Studies (CGPS) should be added to the committee.¹⁶

Figure 2 details the recommended operating structure. Health science units will remain independent and autonomous (e.g., in regard to matters such as accreditation, budget, academic programs, hiring and mentorship of new faculty, relationships with professional organizations, etc.) with no change to their reporting structure (i.e., to the provost and vice president academic). Decisions related to the Health Science Collective will be made in consultation with the Health Sciences Deans Committee.

Figure 2: Recommended Health Sciences operating structure



The roles and responsibilities of the provost, vice-provost health sciences, and deans/executive directors are outlined in Tables 1-10.

Clearly outlining the roles and responsibilities of the vice-provost, health sciences, is in line with recommendations from the Bond Report which advised that responsibilities be identified and agreed upon based on the idea of “governance as leadership.”

These tables and their content have been inspired by the University of Alberta Operating Model: 2022 (<https://www.ualberta.ca/uofa-tomorrow/media-library/operating-model-final.pdf>).

¹⁶ Additional recommendations made in this document include ensuring there is a person endorsed by the Indigenous Advisory Committee (or IAC, referenced later in this report) on each OVPHS committee (including the committee currently known as the Health Sciences Deans Committee) to: ensure that Indigenous perspectives are included in leadership decisions; support efforts to help implement *ohpahotân / oohpaahotaan* (the Indigenous Strategy at the University of Saskatchewan); and help contribute to the decolonization and indigenization of the health sciences at USask.

1.1 ROLES AND RESPONSIBILITIES

Table 1: Levels of leadership

Leadership level	Purpose
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional strategy and policy • Institutional performance • Institutional budget and space • People leadership
Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Strategy for the health sciences as a collective • Collaboration, coordination, and facilitation between members of the Health Science Collective • Oversee collaborative health science:¹⁷ <ul style="list-style-type: none"> ○ space (use of public spaces in collaboration with USask Event Registration Services and Room and Space Booking; classrooms; offices; labs, etc.) ○ research planning (lab space, equipment usage and research cluster support) ○ education program planning (related to shared programs, courses, and modules) • Align resources to USask's core mission • Support university objectives relating to equity, diversity, and inclusion (EDI), Indigenous and decolonizing initiatives • Chair the following committees: <ul style="list-style-type: none"> ○ Health Sciences Deans Committee (HSDC) ○ Programs Advisory Committee (PAC) ○ Research Advisory Committee (RAC) • Participate as a member of a newly created Indigenous Advisory Committee (IAC)¹⁸
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Align college/school strategy with the university and the OVPHS

¹⁷ Inclusive of colleges, schools, and departments.

¹⁸ See Recommendation #3 for more information about the recommendation to create an Indigenous Advisory Committee (IAC).

	<ul style="list-style-type: none"> • Seek opportunities for department-level initiatives • Work with vice-provost, health sciences, to identify shared priorities (academic programs, space, and research) with other health science colleges/schools at USask • Deliver academic programs • Hire and mentor faculty (both teaching and research) • Support alumni relations and fundraising efforts in cooperation with (and with the support of) central health science alumni support experts • Maintain relationships with professional organizations
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Table 2: High-level summary

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional strategy, policy, performance, budget, space allocation • Central admin and student services delivery, quality, and consistency • Institutional brand, marketing, external relations, fundraising
Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Strategic planning and collaboration within OVPHS and on matters of shared interest involving university colleges and members of the Health Science Collective • Oversight of: <ul style="list-style-type: none"> ○ OVPHS budget ○ space usage in the Health Sciences Building ○ health science research and education program facilitation ○ policy and processes for placement of, and technical support for, research equipment
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Contribute to the implementation of the Health Science Collective mission and vision (and the broader university strategy) at the college or school level. • Research and education program development and innovation

	<ul style="list-style-type: none"> • Academic talent management • Faculty performance • Alumni relations and fundraising
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Table 3: Leadership

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Leadership and authority over policy and performance of Health Science Collective and member colleges/schools
Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Leadership and authority over the collaborative initiatives of the Health Science Collective • Coordination, management, and delivery of shared administrative, professional services and shared academic services (i.e., building operations, the Clinical Learning Resource Centre [CLRC], and interprofessional education [IPE]) • Continuing professional education and skill development support and opportunities for OVPHS staff
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> • Leadership and authority over faculty • Faculty performance evaluations • Academic service coordination and management • Support and coordination of shared academic, administrative, and professional functions

Table 4: Decision making

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Institutional direction and policy in consultation with the President's Executive Committee (PEC) and Deans' Council (as well as vice-provost, health sciences — pending formal approval and implementation of operating model recommendations)

Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Decision-making authority for collective decisions, in consultation with committees, on behalf of USask health science colleges/schools¹⁹ Decisions pertaining to services, resources, space, and equipment managed by OVPHS
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> Decision-making authority for college/schools and departments

Table 5: Budget

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Portfolio of the provost as set by President's Executive Committee (PEC)
Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Accountable for setting OVPHS budget pertaining to collaborative initiatives with colleges/schools Develop policy on formulation of (and engagement with) the budget in accordance with the upcoming annual needs of the Health Science Collective Ensure the budget aligns with the strategic priorities of the Health Science Collective and the university
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> Accountable for managing college/school budget and ensuring alignment with Health Science Collective and university targets

Table 6: Research and research support

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Overall institutional strategy and policies Institutional compliance, reporting Researcher development and training

¹⁹ Authority of the provost and vice-president academic remains unchanged and supersedes authority of the vice-provost, health sciences.

Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Responsible for providing health science member units with: <ul style="list-style-type: none"> long-term infrastructure sustainability facilitation of health science collaborations between academic health science units and with other colleges and schools Health Sciences Building lab supports Plan and manage the annual Life & Health Sciences Research Expo Facilitate the planning and delivery of the biannual Indigenous health and wellness event (last called the <u>Gathering for miyomahcihowin and mii yoo naa kaa twayh ta mihk</u> in 2020).
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> Faculty recruitment Faculty evaluation Research programming

Table 7: Student services

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Overall institutional strategy and policies
Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> All non-program-specific student services (e.g., space, communications, interprofessional education)
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> Leadership, oversight of program-specific health science undergraduate and graduate education Program-specific academic advising Experiential learning Learning and teaching innovation and quality Accreditation, program standards, requirements, and policies Student learning experience

Table 8: Undergraduate programs

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional academic structure and governance • Quality assurance processes • Student delivery services
Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Development of coherent and cost-effective shared programs across the health sciences at USask • Support of collaborative programs • Explore opportunities to reduce duplication of content through shared courses and modules • Oversee undergraduate student support opportunities through shared administrative networks being developed by the Administrative Services Renewal (ASR) Initiative
College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> • Overall programming • Initiating new (and closing old) programs • Development of collaborative and unique programming • Program quality assurance

Table 9: Graduate programs

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> • Overall institutional academic structure and governance • College of Graduate and Postdoctoral Studies (CGPS) administration • Scholarships • Quality assurance
Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> • Development of coherent and cost-effective shared programs across the health sciences

College/School: Dean, Executive Director, or Associate Director	<ul style="list-style-type: none"> Design and delivery of unit-specific programs
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Table 10: Equity, Diversity, and Inclusion (EDI) & Indigenous initiatives

Leadership level	Roles and responsibilities
University: Provost & Vice-President Academic	<ul style="list-style-type: none"> Overall institutional policy, strategy, initiatives, and collective agreements Equity, diversity, and inclusion (EDI) and Indigenization performance measures, data collection, and reporting
Office of the Vice-Provost Health Sciences (OVPHS): Vice-Provost, Health Sciences	<ul style="list-style-type: none"> Health Science Collective initiatives to enhance equity, diversity, and inclusion Health Science Collective initiatives to enhance sustainability Facilitate EDI and indigenization performance measures that build upon the extensive work already undertaken by some members of the Health Science Collective
College/School: Dean, Executive Director, or Associate Dean	<ul style="list-style-type: none"> Program initiatives in reconciliation and indigenization Improvements based on feedback and performance measures

The roles and responsibilities outlined in these tables emphasize that the vice-provost, health sciences, would have authority and decision-making power over all **collaborative** aspects involving members of the Health Science Collective and the Health Sciences Building, OVPHS budget, services, and resources (e.g., space usage within the Health Sciences Building, collaborative research, the Clinical Learning Resource Centre, and collaborative academic program development).

The vice-provost, health sciences, should ensure that OVPHS resources are appropriately shared across USask's health science colleges and schools to support the common and unique needs of the collective's initiatives for staff, faculty, and students.

The vice-provost, health sciences, should represent the Health Science Collective to the provost and vice-president, academic, with a strong, unified voice.

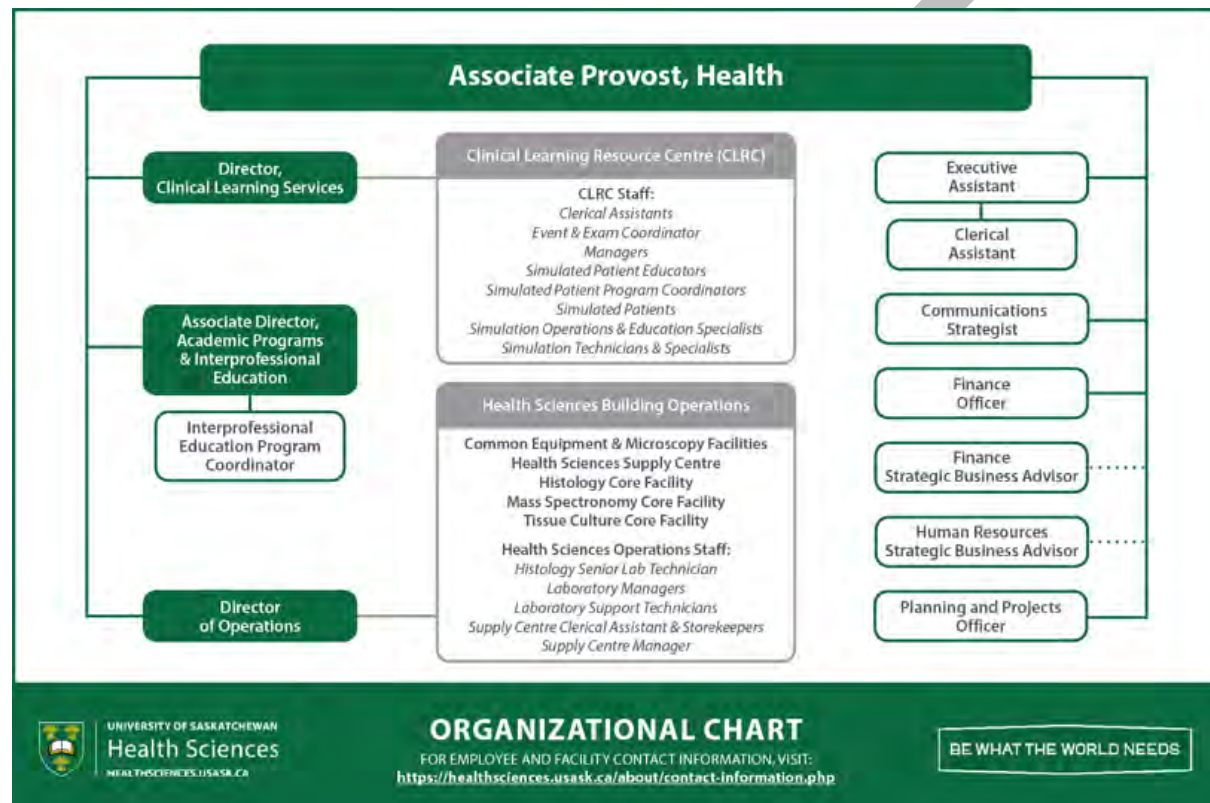
This recommendation supports the first and second goals of the Health Sciences Reorganization Initiative laid out by the provost to focus faculty resources on USask's core missions of teaching and research rather than unit-level administration.

It also creates a more strategic, nimble, collaborative, and accountable leadership forum in the university's health sciences.

2. Office of the Vice-Provost Health Sciences (OVPHS)

The Office of the Vice-Provost Health Sciences would be a support unit for the vice-provost, health sciences, facilitating and operationalizing shared curriculum, space, and resources across health science units.

Figure 3: Office of the USask Health Sciences current structure



The initiative team recommends that positions within OVPHS should be reviewed by the VPHS and, if appropriate, adapted to support the renamed USask Health Sciences.

Positions and profiles for review include:

- director, clinical learning services;
- director of operations;
- associate director, academic programs & interprofessional education;
- interprofessional education program coordinator;
- communications strategist;
- planning and projects officer;
- executive assistant;

- clerical assistant; and
- finance officer.

The positions within the office must:

- support and facilitate the Health Science Collective;
- contribute to meeting the vision and mission of the collective;
- be necessary for the OVPHS to function efficiently and meet the support and resource needs of the collective while justifying the budget associated with the position's full-time equivalent (FTE).

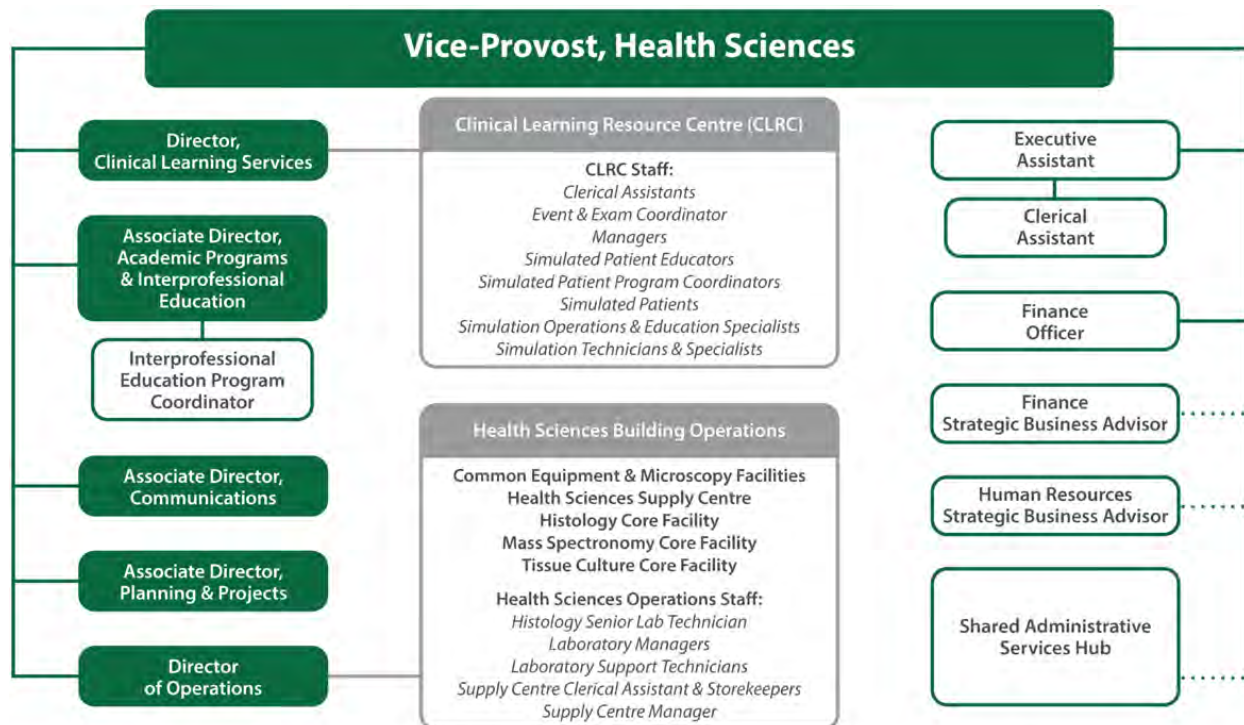
2.1 CENTRE OF EXPERTISE

It is anticipated that many of the specialist positions — including the director or associate director of the Clinical Learning Resources Centre (CLRC), Health Sciences Building operations, and academic programming and interprofessional education (IPE) — will be essential to ensuring that the OVPHS continues to provide the Health Science Collective with high-quality services and resources.

Additionally, the positions of communications strategist and the planning and projects officer will also most likely be necessary, albeit with potential alterations to job profiles.²⁰ It is recommended that a transition of these positions to new profiles be considered with expanded breadth, whereby their expertise is available to all members of Health Science Collective. As demand increases, these specialist positions could be transitioned to associate directors who could oversee junior specialists assigned to specific health science units. A shared OVPHS planning and projects officer and communications strategist can ensure service standards, service satisfaction, and the implementation of relevant and informed strategy, policy, marketing, and branding across the collective.

²⁰ In meetings held with the steering committee as part of the reorganization initiative, there was agreement among members that the positions of the current associate provost, health, the planning and projects officer, and the Health Sciences' supporting and facilitating staff be permanent in the new organizational framework. The allocation of dedicated staff to support the mission and vision of the collective helps amplify a key strength identified through stakeholder consultations and documented in the Institutional Context Report: "Where roles and resources have been put in place with a clear mandate to work across boundaries, successful cross-cutting initiatives are in place. In these situations, facilitation of collaborative work is not done 'on the side of the desk' but 'it is the work.'"

Figure 4: Office of the OVPHS recommended and possible future structure



NOTE: Reporting structures within the proposed shared centre of administrative services are subject to the progress and outcomes of the University of Saskatchewan Administrative Services Renewal (ASR) Initiative.

The steering committee recommends the development of an OVPHS centre of shared expertise housed in the Health Sciences Building but available to all members of the Health Science Collective. This centre, composed of existing and new positions in current USask Health Sciences, could support building operations, projects and planning, communications, marketing, events support and interprofessional education. Tasks and work assignments should be designated and overseen by the vice-provost, health sciences (VPHS), in accordance with the internal needs of the OVPHS, the needs of Health Science Collective member units, and the priorities of the provost. **Oversight by VPHS should reserve sufficient capacity for staff to ensure “facilitation of collaborative work is not done ‘on the side of the desk’ but ‘it is the work.’”**²¹

This recommendation will support multiple goals from the initiative by enhancing faculty output and ensuring the success of college/school and health science initiatives while reducing faculty time spent on administrative duties.

Specifically, sharing the expertise of staff supports the fourth goal of the Health Sciences Reorganization Initiative by improving structures to enhance the quality and impact of interdisciplinary programs and health science research at the university.

²¹ Institutional Context Report, 2022.

2.2 CENTRE OF ADMINISTRATION SERVICES

It is recommended that a shared administrative service centre be developed and housed in the Health Sciences Building as an in-person service centre for walk-ins also accessible through digital platforms.

This centre could be combined with the previously recommended centre of expertise (or kept separate) and include executive assistants, payroll officers, and personnel to help facilitate tuition payments, student enrollment, student support, and Concur transactions (with additional roles to be added)²².

Since the onset of the Health Sciences Reorganization Initiative and the exploration of shared services within the health sciences, shared “administrative networks” have also become a key focus of the university’s [Administrative Services Renewal \(ASR\) Initiative](#). **As the first grouping of academic units to establish a shared network, the Health Science Collective could have an opportunity to consult on this composition with the Office of Institutional Planning and Assessment (IPA).** This structure would be similar to how the current role of the Health Sciences associate director of academic programs and interprofessional education functions²³ but would also be informed by the results of the ASR Initiative.

These positions should report directly to a central service leader — similar to the current Strategic Business Advisor (SBA) model at USask — with an indirect/dotted reporting line to the vice-provost, health sciences. Performance evaluations should be conducted centrally with input provided by the vice-provost, health sciences, and college/school leadership.

In service to health science academic units and the Office of the Vice-Provost Health Sciences, requests and inquiries should be triaged according to need, complexity, and urgency. If issues are overly complex or require more specialized assistance, network staff should connect clients to the necessary service — either centrally or in the OVPHS shared expertise hub.

Shared health science services and supports should reduce duplication of services while increasing efficiency and flexibility. They should be standardized across the University of Saskatchewan’s health science disciplines, ensuring that no health science unit or related faculty are unequally burdened with administrative, service, or support work. This should allow faculty and leaders more time to focus on the development and delivery of high-quality student experiences. It should also build and broaden research collaborations and national and international partnerships while addressing continuing budgetary constraints.

The establishment of an administrative centre for USask’s academic health science units will address the third goal of the initiative by resetting administrative structures to be more consistent across all health science units and by providing even more student-focused service.

In collaboration with Institutional Planning and Assessment (IPA) and the Administrative Services Renewal (ASR) Initiative, the initiative team recommends that the Health Science

²² The OVPHS’s network of administrative supports could include general administration, student support services, research and teaching administration, and coordinators for financial matters, governance, human resources, teaching, research support, and pre- or post- student or research award administration tasks.

²³ i.e., reporting to the current interim associate provost, health, but facilitating projects and programming in accordance with the needs and directive of the Health Science Collective.

Collective and the OVPHS support the structure and operating model of shared services, supports, and expertise recommended by the ASR Initiative.²⁴

3. *Faculty committee structure*

A name change is recommended for the Health Sciences Deans Committee (HSDC) to the Health Sciences Leadership Committee (HSLC) as a reflection of current non-dean members (e.g., the executive director of the School of Public Health). This name change would also position the committee for the inclusion of additional leadership and counsel (e.g., from the departments psychology and health studies in the College of Arts and Science or Indigenous counsel endorsed by the Indigenous Advisory Committee).

This recommendation aligns with the Bond Report recommendation that the membership of the health sciences leadership committee be broadened to include other units within the university. As part of the Health Sciences Reorganization Initiative, it is further recommended that the vice-provost, health sciences, remain the chair of the HSLC and that the committee's terms of reference be reviewed and updated to reflect implementation of recommendations approved from the initiative. It is also recommended that the Programs Advisory Committee (PAC) and Research Advisory Committee (RAC) remain in place and be chaired by the vice-provost, health sciences.

With the creation of the [College of Medicine's Department of Indigenous Health and Wellness](#), and anticipated dissolution of the College of Medicine's Indigenous Health Committee (IHC), it is recommended that an OVPHS Indigenous Advisory Committee (IAC) be created.²⁵ It is further recommended that the current Indigenous Space and Visual Symbols in the Health Sciences Committee become a sub-committee of the IAC. The initiative team also recommends that an additional subcommittee of the IAC be created to oversee the event planning and management of the biannual Indigenous Health and Wellness event (last called the [Gathering for miyomahcihowin and mii yoo naa kaa twayh ta mihk](#) in 2020).²⁶

On all other OVPHS committees, including the Health Sciences Leadership Committee, optional committee positions should be reserved for people endorsed by the IAC in order to ensure that there is a place for Indigenous perspectives to have a voice at all OVPHS

²⁴ The final reporting structure and composition of the recommended support and service centres will be largely informed by the outcomes of USask's Administrative Services Renewal (ASR) Initiative. **Once in place, special consideration should be made to ensure that a transparent system and set of criteria are in effect to review, assess, and communicate the priority and status of each service request made to the centres.**

²⁵ As of the writing of this report, creation of the IAC has already begun in order to avoid a period of time in which the Health Science Collective would be without Indigenous counsel.

²⁶ The name of the committee would be consistent with the future name of the event which is still being determined.

decision-making tables.^{27 28} A policy surrounding the appointment of an IAC chair should also be developed. In the interim, the OVPHS should act as chair with the approval of the committee.

The creation of this committee attempts to address the provost's sixth goal by supporting university objectives for indigenization and equity, diversity, and inclusion.

The dissolution of the Research Space Governance Committee (a subcommittee of the Research Advisory Committee or "RAC") is recommended as it has been superseded by both the RAC and a new Research Cluster Leaders Committee (RCLC). This recommendation has already been implemented with the approval of the HSDC.

It is also recommended that a terms of reference review be conducted for each OVPHS committee to ensure that they reflect the changes made as part of the Reorganization Initiative. As part of these updates to committee terms of reference, it is further recommended that terms are included which grant each committee chair the option to make the final decision on matters where group consensus is not possible.²⁹

Establishing functional committees with updated terms of reference supports the provost's second and fourth goals for this initiative by assisting the creation of a more strategic, nimble, and collaborative health sciences leadership forum, and improving structures to support collaborative research and programming.

²⁷ Terms of reference for all existing USask Health Sciences committees have already identified membership for Indigenous faculty.

²⁸ It is worthwhile noting that opportunities will be explored regarding the creation of a new position within the Office of the Vice-Provost Health Sciences for an associate director of health science indigenization. This position could potentially lead the Indigenous Advisory Committee and review indigenization efforts related to the Life & Health Sciences Research Expo, collaborative research and educational programming, as well as physical changes to the Health Sciences Building involving art placement, smudging spaces, and more.

²⁹ Where updating the HSDC/HSLC terms of reference is concerned, efforts should be made to consider how the College of Medicine and School of Rehabilitation Science (an academic unit within the College of Medicine) are represented in order to avoid the perception of having double input on collaborative consultations with the vice-provost, health sciences, when decisions are made involving all members of the Health Science Collective. Potential future HSLC participation from additional academic units (e.g., the departments of psychology and health studies in the College of Arts and Science joining the HSLC when the College of Arts and Science is already a member) should also be considered when updating the HSDC/HSLC terms of reference.

Figure 5: Recommended committee structure



NOTE: The Health Sciences Leadership Committee (HSLC) is the proposed name change for the current Health Sciences Deans Committee (HSDC) intended to more accurately reflect current membership comprised of deans, associate deans, and executive directors of academic units within the Health Science Collective. The Indigenous Advisory Committee (IAC) is the proposed health sciences committee to be administered within the portfolio of the vice-provost, health sciences.

4. Policy, budget, strategic plan, and implementation of recommendations

To help ensure an informed, collaborative, and systematic approach to governance and operations, the development of a set of comprehensive policies is recommended either through revision of those policies which already exist or the development of new policies for currently unaddressed issues.³⁰

It is recommended that a comprehensive review of the OVPHS budget (including contributions from the Health Science Collective) be undertaken to ensure transparent and equitable cost-sharing, accountability, and allocation pertaining to OVPHS resources. Additionally, policy should be developed that authorizes the development and implementation of budget-related changes. Policy on budgetary requests and requirements, obligations and commitments, and contributions of Health Science Collective members should be developed with consideration of equalizing access to and distribution of resources across health science units whenever feasible.³¹ Budgetary review and policy development could include (but may not be limited to) capacity and availability within the Clinical Learning Resource Centre (CLRC), staff full-time equivalents (FTEs) within the Office of the Vice-Provost Health Sciences (OVPHS), lab management, consumables, etc.

It should be noted that the Institutional Context Report identified that “no shared strategic plan for the Health Science Collective exists.” With a number of college- and school-specific strategic

³⁰ Within the current structure, policies have already been developed by the USask Health Sciences including those for research and office space, art placement, display monitors, keys and access permissions, photography, signage, and the Health Sciences website. USask Health Sciences staff are also currently undertaking a policy project involving research equipment.

³¹ Benefits resulting from this review and policy development would include a reduction in the number of piecemeal funding requests from the Health Sciences/OVPHS to support existing goals and ongoing initiatives (e.g., the Life & Health Sciences Research Expo, interprofessional education, the biannual Gathering event, etc.) and the safeguarding of budgets or projects involving collaborative resources, events, or services where any health science unit’s addition or removal of participation and/or funding impacts the ability to deliver that resource, service, or event to other members of the Health Science Collective currently reliant upon it.

plans having already been developed to support the overarching goals and aspirations of University Plan 2025, the steering committee recommends that:

- the HSLC review and, if necessary, update its mission and vision; and
- the vice-provost, health sciences, develop a strategic plan for the Office of the Vice-Provost, Health Sciences, in consultation with members of the HSLC.

This strategic plan would guide those tasked with collaborative work which should not be “done ‘on the side of the desk’”³² in their efforts to uphold and deliver upon the shared mission and vision of the collective.³³ This recommendation supports the previously stated recommendation that the positions within the OVPHS must “contribute to meeting the vision and mission of the collective.” In essence, the OVPHS would bring the mission and vision of the HSLC — a committee chaired by the vice-provost, health sciences — to life and would be able to support the strategic plans of each USask academic health science unit and University Plan 2025; [ohpahotân | oohpaahotaan \(the Indigenous Strategy at USask\)](#); and the university’s equity, diversity, and inclusion (EDI) policies by following its own collaboratively developed strategic plan.

In doing so, this strategic plan would not supersede the independent strategic plans of Health Science Collective members nor be perceived as “a threat to professional / discipline-based identity and autonomy” — a threat identified in the Institutional Context Report that was prepared as part of the Health Sciences Reorganization Initiative.

The initiative team also recommends that any barriers to the implementation of approved recommendations be documented and that a commitment be made to complete the implementation by addressing the barrier and/or adjusting the implementation plan.³⁴ In cases where unanimous agreement is not possible during the implementation phase, it is advised to follow the Bond Report’s major recommendation of allowing a ‘neutral’ chair with vice-provostial status (in this case, the vice-provost health science) to provide decision-making leadership in consultation with the HSLC in order to advance implementation.³⁵

The above recommendations address the mandates of the 2009 [Discussion Paper] on Health Sciences Governance, referencing the importance of budget control, overseeing the fiscal integrity of joint operations and initiatives, and the provision of governance and strategic direction for operations within the Academic Health Sciences Facility (now commonly referred to as the Health Sciences Building). Recommendations from the 2014 Bond Report are also addressed such as those suggesting the development of bylaws (policies) based on the idea of “governance as leadership” and the development of a strategic plan and performance measures

³² From the Institutional Context Report.

³³ i.e., OVPHS, its committees, and academic health science member units.

³⁴ Developing a plan for the implementation of recommendations approved from the Health Sciences Reorganization Initiative is currently scheduled for Jan-April 2024.

³⁵ As noted in the Institutional Context Report (and earlier in this document), there is a “10+ year history of change efforts in the health sciences that were either interrupted mid-project, rejected, or not fully implemented” and that “shared activities are not the top priority and can be crowded out by unit-specific needs.” Having a system in place to overcome stalemates or lack of consensus during the implementation phase can help avoid repetition of these issues.

that systematically address the need for interprofessional education and collaborative research.³⁶

Finally, these recommendations satisfy the provost's first and fourth goals by ensuring that policy and financial resources are efficiently used to enhance frontline delivery of the teaching and learning core mission (rather than administration) while improving the scope and structure of collaborations among the Health Science Collective to support research and interdisciplinary programs.

³⁶ In the Bond Report, this was in reference to the Council of Health Sciences Deans (CHSD). Under the recommended operating model, this would shift to the vice-provost, health sciences, with HSLC consultation and the backing of HSLC-approved policies and updated committee terms of reference to amplify “governance as leadership” — especially when continuity, sustained momentum, or knowledge of historical context are required during times of leadership transition within the HSLC and OVPHS. In the Institutional Context Report (and earlier in this document) it was noted that “at least 38 leadership transitions [related to the Health Science Collective, provost, and president took place] between 2009 and 2022” and that “in some cases, leadership turnover directly links to lost momentum or significant changes in direction [on collaborative work requiring time and sustained focus].” Between the onset of the Health Sciences Reorganization Initiative in late 2021 and the writing of this report in August 2023, leadership and steering committee representation has changed from the Colleges of Arts and Science, Dentistry, and Kinesiology. Leadership within the University Library will change in November 2023.

Table 11: Recommendations summary ³⁷

Recommendations	Alignment with provost's six initiative goals ³⁸	Alignment with 2014 Bond Report and 2009 [Discussion Paper]	Alignment with June 2022 Institutional Context Report SWOT analysis
1. The USask Health Sciences should be led by a vice-provost, health sciences (VPHS); roles and responsibilities clearly outlined in policy	<p>Goal #1: Focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration</p> <p>Goal #2: Create a more strategic, nimble, collaborative, and accountable leadership forum in health sciences</p>	<p>A “neutral” vice-provost health science be appointed to provide leadership for the HSDC (<i>Bond Report</i>)</p> <p>Developing bylaws based on the idea of “governance as leadership.” (<i>Bond Report</i>)</p>	<p>Stakeholders noted appreciation for the renewed focus on updating and clarifying governance arrangements under the academic leadership in the USask Health Sciences Office. (pg. 47)</p> <p>A “future state” governance model must be robust enough to cope with the cyclical turnover of leadership roles. (pg. 49)</p> <p>Strengthen the representation of health sciences faculty and staff on topics where they feel that are experts. (pg. 51)</p> <p>Clarify how the role of associate provost, health, and the USask Health Sciences administrative unit integrate within the rest of the organization. (pg. 51)</p> <p>Use governance changes to create an entity large enough to have influence and benefits that cannot be achieved with “little” colleges/schools. (pg. 54)</p>

³⁷ The recommendations and proposed operating model outlined in this document as part of the Health Sciences Reorganization Initiative aim to acknowledge the recommendations of the 2009 [Discussion Paper] on Health Sciences Governance and the 2014 Report to the Provost on the Council of Health Science Deans (the Bond Report) while addressing the complex internal and external factors that have come into play throughout the years since these reports were first prepared (e.g., the current financial imperative, opportunities made possible by the Horizons Project, commitments and goals outlined in University Plan 2025, etc.).

³⁸ Where Goal #5 is concerned (“reduce course and program duplication and create more focused and accessible academic programming within health sciences/One Health”), it is anticipated that “more focused academic programming” will be indirectly supported by freeing capacity for faculty through the creation of shared service centres. The Horizon Project Health Sciences Shared Courses Initiative also included objectives to address Goal #5. In accordance with stakeholder feedback and steering committee consultation, the objective for the Shared Courses Initiative evolved to include shareable modules for insertion into classes, as course loads do not permit the addition of new courses at this time. Work is ongoing to assess the feasibility of developing a shared research course for the Health Science Collective.

<p>2.1 Office of the Vice-Provost, Health Sciences (OVPHS) should include a centre of expertise support for the Health Science Collective</p>	<p>Goal #1: Focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration</p> <p>Goal #4: Improve the scope and structures to support overall research excellence, interdisciplinary programs and research</p>	<p>Initiate mutually beneficial advancements initiatives (e.g., development, communications, alumni relations) as appropriate (<i>Discussion Paper</i>)</p>	<p>Specialists within the Health Sciences office uplift and carry out collaborative work. (pg. 47)</p> <p>Addresses the need for collaborative work to be ‘the work’ so that it is not done “one the side of the desk (pg. 47)</p> <p>For the past decade, the USask Health Sciences administrative unit has struggled with a lack of clarity regarding authority, funding, structure and governance. (pg. 48)</p> <p>Unequal access to resources has resulted in inter-unit competition and some hostility between the “have” and “have-nots” (pg. 49)</p> <p>Leaders, faculty, and staff face numerous competing priorities that need to be managed. Shared activities are not the top priority. (pg. 49)</p> <p>"Some units (Health Science Collective) are so lean that there is a reliance on “good citizens who do 200% a day” (pg. 50)</p> <p>Opportunities to share administrative services came up a number of times, including donor support, alumni engagement, communications, project management support, faculty development (pg. 53)</p> <p>Finding ways to save faculty time (opportunity costs savings) is very important. Those time savings can be reinvested to address unmet, new, or pressing needs. (pg. 54)</p>
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<p>2.2 Office of the Vice-Provost, Health Sciences (OVPHS) should include a centre of administrative services for the Health Science Collective</p>	<p>Goal #3: Re-set our administrative structures to be more consistent and even more student-focused</p>		<p>Unequal access to resources has resulted in inter-unit competition and some hostility between the “have” and “have-nots” (pg. 49)</p> <p>Leaders, faculty, and staff face numerous competing priorities that need to be managed. Shared activities are not the top priority. (pg. 49)</p> <p>Most units have limited cover for administrative staff and, in some cases only one person who can undertake critical tasks. (pg. 50)</p> <p>Specialised staff have become more generalists (pg. 50)</p> <p>Leverage the USask Health Sciences administrative unit to work more like a scientific collaboration. The job is to coordinate; expand the offerings from the hub. (pg. 52)</p> <p>Share administrative staff in a way similar to the Administrative Support Group in Arts and Science. (pg. 53)</p>
<p>3. Committee structure recommendation to change Health Sciences Deans Committee (HSDC) to Health Sciences Leadership Committee (HSLC); create new Indigenous Advisory Committee (IAC) and subcommittee; review all committee terms of reference. Inclusion of IAC member seat within each committee.</p>	<p>Goal #2: Create a more strategic, nimble, collaborative, and accountable leadership forum in health sciences</p> <p>Goal #4: Improve the scope and structures to support overall research excellence, interdisciplinary programs and research</p> <p>Goal #6: Support university objectives</p>	<p>Membership of the health sciences leadership be broadened (<i>Bond Report</i>)</p>	<p>Formal shared governance committees have been working across unit boundaries (pg. 48)</p> <p>Find ways to entrench Indigenous perspectives at decision-making tables and in all we do (pg. 52)</p> <p>Regularly assess committee function (to confirm subject matter discussed by the committee) and the frequency of the meetings (to allow the committee to deliver on their mandate). (pg. 52)</p>

	for Indigenization, and equity, diversity, and inclusion		Use governance changes to create an entity large enough to have influence and benefits that cannot be achieved with “little” colleges/schools. Develop a united front and united voice for health science deans (pg. 54)
4. Policy, budget, strategic plan, and implementation of recommendations	<p>Goal #1: Focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration</p> <p>Goal #4: Improve the scope and structures to support overall research excellence, interdisciplinary programs and research</p>	<p>Control budget and oversee the fiscal integrity of joint operations and initiatives (<i>Discussion Paper</i>)</p> <p>Provide governance and strategic direction for operations within the Academic Health Sciences Facility (now commonly referred to as the Health Sciences Building) (<i>Discussion Paper</i>)</p> <p>Develop bylaws based on the idea of “governance as leadership.” (<i>Bond Report</i>)</p> <p>Provide academic leadership and set strategic direction and policy with respect to interprofessional curricula, research, service, and infrastructure (<i>Discussion Paper</i>)</p> <p>Develop a strategic plan complete with performance measures that systematically address the need for interprofessional education and collaborative research. (<i>Bond Report</i>)</p>	<p>Leadership transition resulted in numerous changes of direction and an overall lack of implementation (pg. 48)</p> <p>Establish a shared strategic plan. Use the plan to proactively identify the changes that the Health Science Collective needs to make today so that it is ready for the future. Use this opportunity to address calls in the University of Saskatchewan Plan 2025, calls to action in <i>ohpahotân / oohpaahotaan</i> (The Indigenous Strategy for the University of Saskatchewan), and new institutional policies such as the Equity, Diversity, and Inclusion (EDI) Policy. (pg. 51)</p>