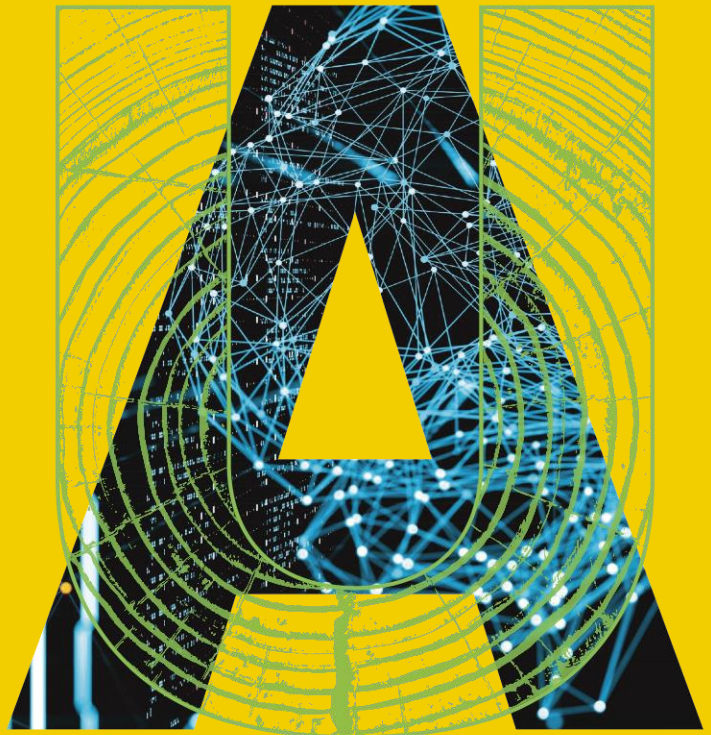
VISION 2025
STRATEGIC PLAN

Faculty of Medicine & Dentistry



UNIVERSITY OF ALBERTA

Vision 2025 - Strategic Plan Development

Engagement, Facilitated Refinement & Design Phases (April 2020-Feb 2021)

- Activities included retreats, Conversation with the Dean events, and forums for online feedback (see slide 3 for engagement details and slide 4 for our process).
- Suggestions were received and incorporated from hundreds of faculty, staff, learners, and alumni, as well as key partners from health foundations and the communities we serve.
- We identified our vision, mission, core values, and five focus areas.
- Our plan highlights our five-year vision, three-year picture, and some of the activities we will undertake to get to where we want to be.

This isn’t my plan. It’s Our plan. – Dean Brenda Hemmelgarn

Vision 2025 - Strategic Plan Engagement Details

23

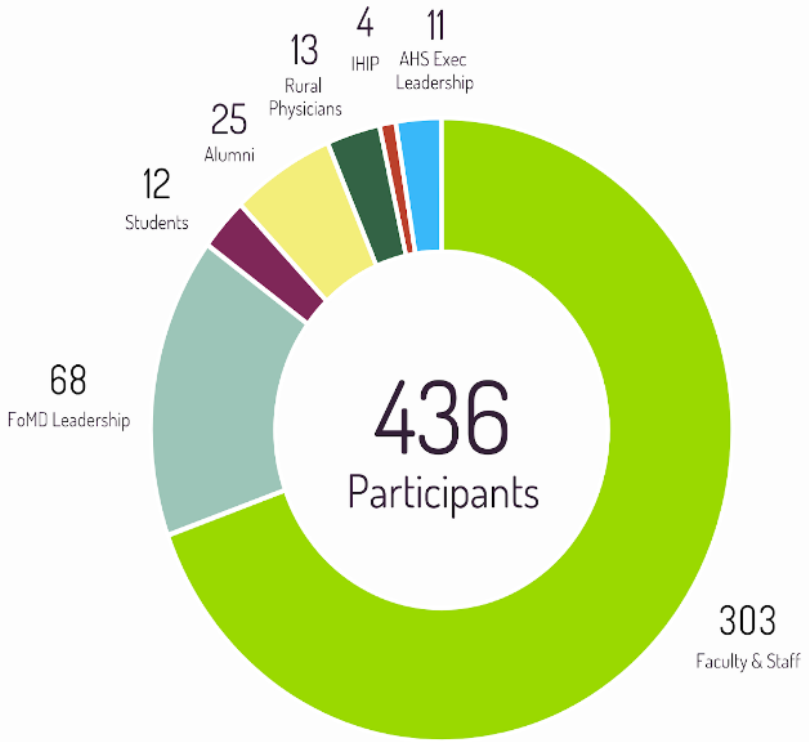
ENGAGEMENT SESSIONS

Between June 15 and August 31, 2020

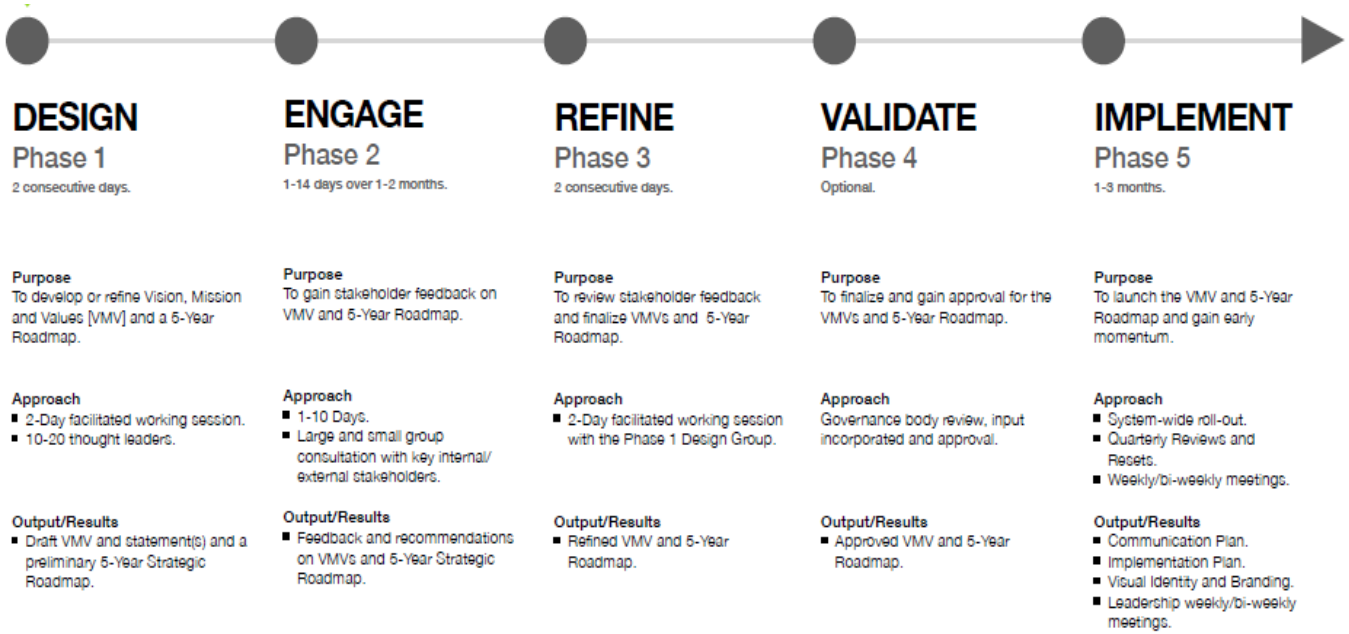
289

Responses to the Vision, Mission and Values Survey

Consultation with several foundations and donors



Vision, Mission, Values & Strategic Plan 5-Year Roadmap Process



DESIGN
Phase 1
2 consecutive days.

Purpose
To develop or refine Vision, Mission and Values [VMV] and a 5-Year Roadmap.

Approach
- 2-Day facilitated working session.
- 10-20 thought leaders.

Output/Results
- Draft VMV and statement(s) and a preliminary 5-Year Strategic Roadmap.

ENGAGE
Phase 2
1-14 days over 1-2 months.

Purpose
To gain stakeholder feedback on VMV and 5-Year Roadmap.

Approach
- 1-10 Days.
- Large and small group consultation with key internal/ external stakeholders.

Output/Results
- Feedback and recommendations on VMVs and 5-Year Strategic Roadmap.

REFINE
Phase 3
2 consecutive days.

Purpose
To review stakeholder feedback and finalize VMVs and 5-Year Roadmap.

Approach
- 2-Day facilitated working session with the Phase 1 Design Group.

Output/Results
- Refined VMV and 5-Year Roadmap.

VALIDATE
Phase 4
Optional.

Purpose
To finalize and gain approval for the VMVs and 5-Year Roadmap.

Approach
Governance body review, input incorporated and approval.

Output/Results
- Approved VMV and 5-Year Roadmap.

IMPLEMENT
Phase 5
1-3 months.

Purpose
To launch the VMV and 5-Year Roadmap and gain early momentum.

Approach
- System-wide roll-out.
- Quarterly Reviews and Resets.
- Weekly/bi-weekly meetings.

Output/Results
- Communication Plan.
- Implementation Plan.
- Visual Identity and Branding.
- Leadership weekly/bi-weekly meetings.

- Activities on the left are complete.
- The Deans Executive Committee (DEC) reviews the strategic plan every quarter and identifies areas of focus. Each month DEC reviews the quarterly focus areas
- Focus areas for each quarter are described on the FoMD website along with current progress.

Vision

Health and wellness of all through excellence in education, discovery, and clinical care.

Mission

To serve the public with social accountability through partnerships, leadership and innovation in education, research and health care.

We are for the North. Our mandate is to Northern Alberta and beyond, through social justice, anti-racism, and serving communities that continue to experience health inequities.

OUR VALUES: “We Proceed”

***W**ell-being:* Committing to caring for the physical and mental health of each other and the communities we serve

***E**xcellence:* Striving for results in research, education, and clinical care for the greatest impact

***Pro**fessionalism:* Approaching all aspects of research, education, and clinical care with integrity, respect and social accountability

***C**uriosity and Creativity:* Encouraging a culture of discovery and innovation

***E**ngagement for Collaboration:* Seeking and integrating meaningful input from each other and our partners in communities

***E**quity, **D**iversity and Inclusion:* Investing in an inclusive environment that recognizes and respects the dignity and humanity of individuals and communities

Teaching and Learning

	Possible Activities to Help us Deliver on Vision 2025	3-Year Picture [31Dec2023]	5-Year Vision [31Dec2025]
	1. Conduct environmental scan of all teaching and learning across the FoMD to determine optimal organization structure.	1. Organizational structure established to support teaching and learning across the FoMD programs.	1. Optimal governance structure and configuration exists for effective operation of educational programs in the FoMD that are aligned with our commitment to social accountability by meeting the needs of the communities that we serve.
- Encompasses undergraduate, graduate, and post-graduate training programs (residents and fellows) as well as education scholarship, faculty development for teaching, and engagement of communities	2. Develop a multifaceted evaluation tool to capture multiple aspects of the student experience. 3. Identify specific areas for improvement related to learner harassment and intimidation. 4. Improve communications between clinical and non-clinical teaching faculty and programs at the University.	2. Pathway programs (including support during training) are in place to ensure that the learners in our training and education programs reflect the diversity needed for the FoMD to fulfill our social accountability mandate. 3. Bursaries and financial assistance increased by 20% to support under-represented learners and those in financial need. 4. Learner feedback about curriculum, instructional delivery, and assessment is regularly reviewed by a panel of educators and learners to ensure a safe, welcoming, and supportive learning environment. 5. Reports by learners of intimidation and harassment continually addressed, with establishment of a positive learning environment, where students feel safe to speak up and there is no room for student mistreatment.	2. Our diverse student population is provided with relevant competency-based training/education in a positive and safe learning environment, which prepares them for success.
- Includes the learning environment (resources, technology, tools, supports, etc.) and learner experience, expanding innovative education programs	5. Needs assessment conducted with educators and learners to identify professional development needs related to all aspects of teaching in the FoMD. 6. Revise course evaluations to capture multifaceted feedback for educators; separate evaluation of course content from evaluation of teaching effectiveness. 7. Evaluate whether faculty development has offerings for all educators in FoMD (clinical, basic sciences, research, graduate studies). 8. Create baseline report on engagement and satisfaction in both clinical and non-clinical teaching faculty.	6. Compliance with completion of course evaluations increased to 80%. 7. All teaching faculty have opportunities for participation in a relevant professional/faculty development course each year, based on the needs identified in teaching evaluations and/or through self-reflection. 8. FEC standards place equal value on teaching and research contributions.	3. 80% of all teaching faculty report engagement and satisfaction.
- Encourages interdisciplinary & interprofessional learning	9. Where appropriate, patients, family, and community members are invited to be part of FoMD education committees. 10. Work with FoMD Communications to develop an intentional and targeted approach to sharing educational innovations and accomplishments. 11. Assess feasibility for a Simulation Centre and related virtual teaching programs.	9. All program evaluation reports ensure curriculum, instruction and assessment processes meet learner and instructor needs and satisfy accreditation requirements (where applicable). 10. Novel and effective teaching and assessment practices adopted to ensure course delivery is innovative and varied.	4. All programs (virtual and/or in person) are responsive and adaptable to meet the needs of learners, communities we serve, and employers.
	12. Create a plan and process to track employment of graduates from all programs at 1 and 5 years. 13. Establish a systematic approach to identifying the current and anticipated needs of the community and industry. 14. To identify needs, create partnerships with communities, especially those that are underserved (rural, Indigenous, inner city). 15. Examine current report card on making changes to meet the TRC and the AFMC Joint Commission on Indigenous Health expectations to identify areas to target. 16. Establish a rebuilt Indigenous Health Initiatives Program (IHIP) to meet above needs.	11.Learners distributed into programs based on community & employer needs. 12. Significant year-to-year progress demonstrated in meeting TRC and the AFMC Joint Commission on Indigenous Health expectations.	5. The research and health-care needs of communities we serve (particularly rural and Indigenous) guide program planning for the FoMD.

Research and Innovation

	Possible Activities to Help us Deliver on Vision 2025	3-Year Picture [31Dec2023]	5-Year Vision [31Dec2025]
- Spanning across the 4 pillars **- Institutes as the research hub**	1. Establish a working group to review existing institute reports and define institute purpose, expectations, & shared objectives for institutes with a focus on support for members, multidisciplinary research, funding, sustainability & value-added. 2. Forward recommendations to DEC and senior leadership regarding the number and composition of institutes. 3. Review the need for a research institute in population and health services research 4. Work with institutes and establish plans to operationalize, including governance. 5. Develop an approach to recruitment with institutes and departments. 6. Define approach to institute membership; faculty members Identify faculty members who do not align. 7. Review all research activities in departments, groups, and centers, for synergies with existing institutes and/or need to develop new institutes. 8. Review of partnerships of institutes with communication, branding, and advancement; partner institutes with charitable foundations where possible. 9. Identify the data requirements and process, and ensure faculty maintain an up to date research profile.	1. Precision Health woven into the fabric of each of the research institutes with improved clinical outcomes and research impact. 2. Number and types of viable research institutes are established with clear sustainability plans. 3. Institutes meet the stated expectations and shared objectives and have begun to demonstrate added value. 4. Approach to measurement of institutes' research impact is clearly defined and operationalized including but not limited to research metrics, and community and patient engagement. 5. Connections enhanced between FoMD institutes and AHS including SCNs.	1. We have well-defined and sustainable and impactful research institute(s).
- Includes shared infrastructure and core facilities / resources for discovery and clinical research **- Establishing priorities based on strengths, impact and expertise**	10. Develop an approach to integration of precision health, AI in health, population health (including Indigenous and rural health), and health services research in the FoMD research plan. 11. Review allocation of existing research intensive and non-research intensive faculty for alignment with overall strategic goals and research across all pillars. 12. Allocate unfilled endowed chairs and develop policies, procedures & processes for endowed chairs success & sustainability. 13. Review impact and performance of existing cores, centers, and platforms. 14. Review the need and support for new cores and clinical research support platforms including bioinformatics (panfaculty) and research computing. 15. Assess the feasibility of centralization of HSLAS. 16. Renew NACTRC joint venture to align with the academic mission of the FoMD and University, and address integrated/coordinated clinical trial support. 17. Review opportunities to improve research operational processes with the University, VPRI, RSO, and AHS in alignment with the service excellence transformation (SET) initiative. 18. Review the ranking system used and the modifiable contributions in research to our success. 19. Identify activities to undertake that will increase the FoMD's reputation.	6. Resources allocated, sustainable business model developed for support of pan-faculty and pan-University cores and platforms. 7. Faculty demonstrating increased research impact will receive increased protected time for research. 8. Process for evaluation of research outputs for research-intensive faculty between FEC and institute input is defined and integrated in FEC (including consequences if expectations are consistently not met). 9. Supports or platforms enhanced or developed for non-research intensive faculty and clinicians with a focus on enhancing opportunities for collaboration with research intensive faculty and training to contribute meaningfully to research and innovation. 10. Grant development support enhanced including addressing needs for inclusion of sex and gender, Indigenous health, knowledge translation, and research impact. 11. Mechanism for appropriate attribution of credit in collaborative research.	2. The FoMD has increased in national rank related to research metrics.
- Support for grant success **- Culture of innovation**	20. Review intellectual property and innovation strategy with the University innovation office. 21. Modify and improve the commercialization section in the ARO and highlight the importance of this area at FEC. 22. Define a path to commercialization through apprenticeship and mentorship (e.g. pre-phase 1 program at CCI - UAlberta Health Accelerator).	12. Shared support mechanisms developed for innovation and commercialization with the University and external stakeholders, including for example the VPRI office and School of Business. 13. Better ways of tracking innovation & commercialization efforts developed. 14. FEC and ARO altered to value commercialization activities.	3. 10 new processes and 10 new commercial entities with an impact on care and/or have generated revenue. Focus on translation of innovations into care; precision health; and new viable companies
	23. Review existing training programs and their organizational structure for alignment with strategic goals, new proposed department structure, and institutes. 24. Review current funding support for graduate training. 25. Review the need for new or revised training programs with a focus on identifying community needs, industry employment requirements, and evolving areas like precision health or AI in health. 26. Review training needs and programs for resident clinicians pursuing a future clinician scientist career	15. Training programs are integrated and aligned with department structure and institutes. 16. New and revised research training programs for post-graduate and resident clinicians developed and approved. 17. Increase in graduate student and post-doctoral fellow funding.	4. Enhanced and inclusive training for all our research-focused trainees to meet the needs of our community and partners including industry, health system, precision health, rural and Indigenous health.

People

	Possible Activities to Help us Deliver on Vision 2025	3-Year Picture [31Dec2023]	5-Year Vision [31Dec2025]
- Recruitment, renewal, retention and engagement of faculty (academic and clinical) **- Optimized HR and EDI principles in all areas** **- Wellness for all** **- Professional development at all stages**	1. Communicate the establishment of the oversight for departmental faculty recruitment. 2. Communicate the adoption of transparent and accountable EDI hiring practices by search and selection committees. 3. Socialize the supports and information for retirement for mid- and late-career individuals.	1.Recruitment committee ensures alignment and coordination of identified recruitment needs across departments, institutes, and faculties. 2. Number of faculty using phased retirement process increased by 50%.	1. Renewal of faculty is optimized to meet the Faculty's and institution's goals and objectives.
	4.. Reinforce through communications with department chairs, the implementation of EDI principles as part of recruitment practices. 5. Establish baseline diversity in leadership roles and set a diversity target.	3. Indigenous and rural representation increased, expertise incorporated within FoMD committees. 4. Changes in diversity examined using baseline metrics regarding recruitment and retention. 5. Diversity in leadership roles increased.	2. The diversity of the communities (population within Central and Northern Alberta) that we serve is represented in our leaders, faculty, staff, and students.
	6. Conduct an environmental scan of clinical and academic faculty to determine where they require support so that they feel valued and engaged.	6. Opportunities for faculty development in the areas of education and research help clinical faculty feel valued and engaged.	3. Our academic and clinical faculty & staff, feel valued and are engaged through increased participation in teaching and continuing faculty development.
	7. Create onboarding processes for new and current faculty around FoMD psychological safety, anti-racism, and wellbeing principles. 8. Communicate processes for safe disclosure and protection of individuals re: mistreatment. 9. Identify, communicate, and increase uptake of support and mentorship in relation to workload and vulnerabilities. 10. Develop plans for faculty, administrative, and research support-staff communities to look at workplace psychological safety, anti-racism, and well-being principles.	7. Routine onboarding process established for new and current faculty around FoMD psychological safety, anti-racism, and well-being principles. 8. Administrative processes (department & Faculty) aligned around dealing with professionalism issues, racism, and mistreatment. 9. Psychological safety and workplace wellbeing survey completed. 10. Regular leadership reviews established through the lens of workplace psychological safety and workforce well-being. 11. Structure established for growing leader skills in building psychological safety, dealing with mistreatment, anti-racism, and well-being.	4. Workplace psychological safety and resultant individual well-being have increased in research, education, and clinical environments.
	11. Expand professional development programs for faculty and staff in mentorship and coaching. 12. Implement a mentorship plan for new faculty throughout the FoMD. 13. Connect faculty and staff to leadership growth resources within and outside the university setting. 14. Communicate central resources for administrative and research support staff communities in relation to career progression.	12.Environmental scan completed of widespread mentorship programs established for faculty throughout the FoMD. 13. Mentor training accessed by the majority of FoMD mentors. 14. Competencies and structure developed for growing faculty and staff leadership and maximizing career impact. 15. Administrative and research support-staff committees connect staff to central university resources for career progression.	5. Effective supports to facilitate career progression are in place.

Partnerships

	Possible Activities to Help us Deliver on Vision 2025	3-Year Picture [31Dec2023]	5-Year Vision [31Dec2025]
- Within the Faculty, across Faculties, and beyond the Institution **- With other academic institutions provincially, nationally, and internationally** **- With foundations, trusts, and donors**	1. Establishment of an external, community driven Dean's Advisory Council for philanthropic purposes / community relationships including steward connections, strategic operations, government relations, commercialization, and entrepreneurship. 2. Develop relationships between departments, institutes and the FoMD to create a coordinated list of investment priorities across FoMD. 3. Continued engagement and identification of foundation and partners priorities which are aligned with FoMD. 4. Bi-directional communication between the FoMD (department and institutes) and the Office of Advancement to identify areas of opportunity for storytelling with our partners to showcase impact and outcomes to our investors and other stakeholder groups.	1. Identified key philanthropic organizations (foundations, non-profits, trusts) and individuals to engage with and have formalized agreements on shared areas of interest and priority. 2. Engagement strategy built and implemented that involves members of our faculty (inclusive of DEC, departments, and institutes) and identified partners in relationship development and management. 3. Alumni group committed to focusing on engagement and teaching, mentorship, and support.	Philanthropy 1. Our philanthropic community is championing health outcomes that benefit patients and families, accelerating impact in areas of strategic importance to us and our closest partners.
	5. Determine the proportion of collaborative interactions between university researchers and healthcare delivery providers (AHS, SCNs, AH) as a baseline..	4. "Ambassadors" identified and an inventory of academic expertise to map the SCNs within the FoMD to participate with healthcare delivery partners to increase integration by 25%.	Health System (AHS, SCNs, AH as reference points) 2. Trusted relationship between academics and healthcare delivery system to provide research, education, and evidence-based care, and promote a learning health network. 3. Increase joint initiatives (e.g health system impact fellow, joint appointments) with partners (e.g. AHS, AH, other universities) by 50%.
	6. Connect with the Vice-Provost Indigenous and encourage recruitment of Indigenous scholars. 7. Align with IHIP program.	5. Initiatives built that will improve Indigenous health.	Indigenous Partnerships 4. Interdisciplinary centre established for Indigenous partnerships (includes teaching, health research, and clinical care). 5. FEC evaluation metrics for engagement/partnerships with community stakeholders are accepted and implemented.
- With health care delivery partners	8. Identify network and society participation within the FoMD.	6. Network and society participation increased within the FoMD by 25%.	Research, Educational and Clinical Scholarship 6. National and international leadership in research, education and clinical care networks and societies increased by 20%. 7. FEC evaluation metrics for national/international leadership are accepted and implemented.
	9. Meet with and establish the needs of remote and rural providers and other Clinical Academic Colleagues.	7. CPD offerings increased between FoMD and remote and rural providers to improve patient care by 25%. 8. Specific programs (Soapbox Science and Athena Swan program) promoted to build strong community relationships.	Urban/Rural, Alumni/Faculty 8. Communities of practice and learning are created with diverse and inclusive educational offerings.

Financing

	Possible Activities to Help us Deliver on Vision 2025	3-Year Picture [31Dec2023]	5-Year Vision [31Dec2025]
	1. Plan for reduction in the cost of administrative services through restructuring and improved efficiency. 2. Plan for infrastructure maintenance and repairs of prioritized areas. 3. Understand the cost vs impact of all units/programs within FoMD. 4. Establish priority areas for investment and reductions/divestment.	1. Budget is balanced. 2. Restructuring of administrative services fully implemented with improved efficiency and cost reduction.	1. Budget is sustainable.
-Budget model that will be used consistently throughout the Faculty **- Multi-year budget planning** **- Efficient and effective management of philanthropic resources**	5. Develop a business plan by unit to support revenue generation (new and existing).	3. Newly identified revenue generation strategies implemented. 4. Number of international and domestic non-degree granting programs (e.g. international PGME) increased.	2. Operating budget is 40% funding by provincial grants (Campus Alberta grant); 60% by other sources of funding.
	6. Develop a plan to increase student enrolment. 7. Develop international student/learner partnerships. 8. Develop new educational offerings. 9. Advocate with Advanced Education and Alberta Health for fully funded student enrolment in MD and DDS programs with a focus on rural and Indigenous health.	5. Exceptional tuition increase (ETI) considered for relevant programs. 6. Financial assistance provided to students with demonstrated financial needs. 7. Calendar and other administrative changes completed to allow for increased enrolment, new programs, and tuition targets.	3. Tuition revenue increased by 60% through increases in Alberta and international student enrolment and tuition increase for particular programs to align with national average.
	10. Fill 100% endowed chair positions. 11. Use $30,000 per year for research support per new endowed chair; balance to support salary.	8. Total number of endowed chair positions aligned with the research and teaching priorities of FoMD increased by 5% (2 new), including external recruits.	4. Total number of endowed chair positions aligned with the research and teaching priorities of FoMD increased by 10% (5 new), including external recruits.
	12. Create opportunity for professorship endowments/positions (partial salary funded for existing faculty).	9. Two professorship endowments created.	5. 5 professorship endowments created.
	13. Differentiate between philanthropic dollars and foundation research grants. 14. Develop clear guidelines for the flow of research philanthropic dollars within the Faculty.	10. Two research institutes named. 11. Separate “establishment grants” established sufficient to fund operating expenses of FoMD (no negative impact on FoMD operating budget associated with gifts).	6. Philanthropy increased, named Faculty supports research activities and research trainees.