

## **CUMMING SCHOOL OF MEDICINE UNIT REVIEW**

### **Summary Report**

The Site Visit of the Unit Review Team to the Cumming School of Medicine took place on April 25-27, 2023. The Unit Review Team consisted of:

- Dr. Jane Gunn, Dean – Faculty of Medicine, Dentistry & Health Sciences, University of Melbourne
- Dr. Shirley Schipper – Vice-Dean Education, Faculty of Medicine & Dentistry, University of Alberta
- Dr. Paul O’Byrne – Dean & Vice-President, Faculty of Health Sciences, McMaster University
- Dr. Kathryn King-Shier – Associate Dean Graduate Programs – Faculty of Nursing, University of Calgary

Following the Site Visit, the Unit Review Team prepared a written report containing comments and recommendations. A short response to each recommendation has been provided. General comments and the recommendations and responses follow.

To facilitate the Cumming School of Medicine’s response to the broad recommendations given by the unit review committee, input was sought from the Dean’s Executive Committee and the leaders of their portfolios. The report was prepared by the Dean. The response will also be presented at a Cumming School of Medicine Faculty Council meeting in the Fall 2023 academic term. The report will also be communicated to the CSM leadership forum group for distribution and will be posted on the website.

#### **GENERAL COMMENTS OF THE UNIT REVIEW TEAM**

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This unit review of the Cumming School of Medicine is a part of the Provost's office regular review process, as mandated by the provincial government. External and internal panel members were invited to review the current programs and departments captured within the unit and were asked to provide a detailed report of their activities. The review panel met, in person, for 2.5 days between April 25-27, 2023. The review commenced with a briefing from the Provost, followed by meetings with the Dean, then a series of meetings with various members of the Cumming School of Medicine (CSM). The meeting discussions were supplemented by a collection of reports, relevant links, panel review discussions, and a brief tour of facilities.

Throughout the visit, the panel focused on understanding the structure and governance of the CSM, paying attention to the adequacy of structure, resources, and governance to support the Unit's academic responsibilities and aspirations. We were alert to views on transparency in decision making and communication. We took time to consider staffing and personnel; including the appropriateness and mix of demographic characteristics, content/expertise, full/part time appointments and the adequacy of support/technical staff complement. We considered the educational programs and whether they were meaningful, and relevant to students and society. We considered the research strengths and priorities and how they align with the institutional Strategic Research Plan and university priorities. Across all areas we considered the adequacy of resources, facilities and infrastructure and the role that partnerships played.

The Cumming School of Medicine is to be congratulated on its ongoing commitment to excellence in health education and the strong programs in health sciences and biomedical research. The CSM staff articulated a clear understanding of the challenges and opportunities that face the healthcare system and within health and biomedical research. An overarching theme throughout the panel discussions was the enthusiasm for the Unit review and the expectation that the review would yield welcome strategic advice about assisting in growing the School and seizing the opportunity for change. There was staunch support for the new leadership of Dean Anderson. Staff were engaged with the strategic planning process currently underway. There was strong support for the Equity, Diversity, Inclusion and Access (EDIA) work that is being progressed and the focus on creating an inclusive culture where students and faculty can be the best versions of themselves. Staff presented as collaborative and welcoming. There was a powerful sense of ambition for the future even though the School is operating in a time of fiscal constraint, a common feature of universities globally. Standout features noted by the panel were the caliber of the leadership group, the exceptional philanthropic support, the strong and trusting relationship between the CSM and Alberta Health Services and the impressive success of the research institute model. The panel was struck by the complexity of the governance model and the opportunity to align governance with the new strategic and implementation plans once they are delivered. Though the panel had an opportunity to engage with only a small number of students, they were exemplary and contributed well to the discussion.

After many engaging and thoughtful discussions, the panel took time to consider some key recommendations for consideration of the Provost and Dean. The recommendations are presented below supported by examples of what we heard and the results of panel discussion. The review team noted a strong commitment to a holistic view of student success ranging from teaching & learning and curriculum, student wellness, EDIA, decolonization, and leveraging engagement with institution-level strategies and initiatives.

#### REVIEWER RECOMMENDATIONS AND UNIT RESPONSE FOLLOW-UP

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**Recommendation #1: Create separate Indigenous and EDIA initiatives in line with the broader University direction.**

*The panel was impressed with the Indigenous scholars and community leaders that we met. The panel was also impressed with the EDIA leadership. We noted the heavy burden that falls upon a small number of people to address the significant health challenges confronted by Indigenous peoples and the EDIA initiatives. Indigenous initiatives and EDIA share similar but importantly different mandates and goals. The calls to action for TRC make it necessary to provide specific focus and strategy to Indigenous health and the calls to action that cut across the School. CSM has an opportunity to lift the place of Indigenous initiatives within the faculty, in line with contemporary practice regarding the place of First Nations people. The panel noted the potential to invest in visible Indigenous leadership positions to build upon the strong foundations of the programs underway at CSM. There is also opportunity to extend the Indigenous admissions pathways.*

**CSM Response:** We are in full agreement with this recommendation and have been discussing this with the Indigenous leadership for a little while. The Indigenous office has been distinct from the EDIA office for some time and has been coupled with local and global health, as part of the Indigenous, Local and Global Health Office (ILGHO). This organizational structure has been one of convenience given the small footprint of each of these groups. We recognize the historically challenging relationship between the Indigenous team and the previous CSM leadership team and have committed to making this better. This includes a sovereign office with direct reporting to the Dean's office at a time that the group feels they have the bandwidth to do this.

The current structure includes a Director of Indigenous Education (Dr. Pamela Roach) and Assistant Dean of Indigenous Health (Dr. Lindsay Crowshoe). They report up to the Associate Dean of ILGHO (Dr. Dianne Mosher) and then up to Dr. Kannin Osei-Tutu (Senior Associate Dean Health Equity and Systems Transformation). The Indigenous Office has indicated that it feels well supported by Dr. Mosher who allows independence but is supportive. Shared administrative staff in ILGHO is also helpful.

*Commitments:*

- Independent office and organizational structure
- Indigenous Health is one of 5 priority pillars in the new CSM strategic plan (fall 2023)
- 1-2 new administrative positions in a new organizational structure and growth from there
- 3 new faculty hires as part of the Inclusive excellence cluster hires. The search is underway for these. This is a \$4M investment from soft funding including salary and start-up funds. We do not have hard dollar salary lines for these positions until we have retirements.
- Inclusive governance review – work being done by Drs. Bharwani, Roach and Hardcastle.
- Indigenous curricular changes – particular for UME in the RIME curriculum
- Distributed medical education for UME with admission pathways to increase the numbers of rural and Indigenous applicants. This is in addition to our current pathways program that has not been optimally effective.
- Senior leadership support for the Indigenous Health Dialogue (as part of the strategic plan)

*Recent investment:*

- New educational administrative hire within the last year
- Indigenous hub and mural installation
- One Child, Every Child CFREF grant
- Joint funding of faculty position for Dr. Caroline Tait – Faculty of Social Work

Recommendation #2: Transform the approach to addressing the University of Calgary Indigenous Strategy, ii'taa'poh'to'p.

*The panel noted broad levels of enthusiasm for addressing the Indigenous Strategy across the faculty. It was reported that this work is delegated to a small number of people who are at risk of not meeting critical expectations in their own academic careers. More dedicated faculty (Indigenous and non- Indigenous) and importantly more resources, as well as more clear reporting strategy are required to deliver on the ambitions of the University strategy.*

**CSM Response:** The CSM is committed to the University of Calgary Indigenous Strategy. We have a good working relationship with Dr. Michael Hart and his team in the Office of Indigenous Engagement. Dr. Hart meets regularly with the CSM Dean, Dr. Anderson and the goal is to also connect monthly with the CSM Indigenous Office. Dr. Anderson is on the University of Calgary Circle of Elders to increase this collaboration and enhance his knowledge of Indigenous ways. The multidisciplinary collaborative Canada First Research Excellence Fund (CFREF) grant being led by the CSM and the University Indigenous Office will be a very powerful catalyst for transformation in the area of Children's health.

There is broad support for the Indigenous strategy across the CSM but this is a particular priority in the following portfolios/units: Health Equity and Systems Transformation (HEST), O'Brien Institute of Public Health, Departments of Family Medicine and Medicine to name a few champions. An organizational change of the CSM Indigenous Office will certainly help with our commitment to the University strategy.

*Commitments:*

- As per the previous section
- Commitment to *ii'taa'poh'to'p* is an objective in the CSM strategic plan under the Indigenous priority pillar
- Inclusive governance review
- Are there resources from main campus or CFREF to jointly help us with this work?

*Recent investment:*

- Joint funding of faculty position for Dr. Caroline Tait – Faculty of Social Work
- 3 new Indigenous faculty hires will increase capacity and liaison work with the UofC and *ii'taa'poh'to'p*

**Recommendation #3: Build an extensive roadmap to EDIA.**

*The panel commends the evolving structure and strategy to address EDIA within CSM. We noted that implementation has yet to occur, in full. The panel recommends that an extensive roadmap to EDIA be developed and implemented that includes a 10-year workforce plan; faculty and staff reward and recognition, performance management, promotion, recruitment, and retention; as well as managing mistreatment (staff, faculty and students), and curriculum development.*

**CSM Response:** This recommendation speaks to both EDIA and a more general People First strategy.

Both are important, overlapping and have distinct elements. EDIA is a cross cutting theme in the school and overlaps everything we do. We do not have a long-term EDIA strategy but the new office of Precision Equity and Social Justice (PESJO) formerly OPED, is tasked with developing such a plan. We are also aware that the U of C does not yet have an EDIA strategic plan, but that this is being worked on. In advance of the unit review we had made some changes at the start of the Dean's tenure that are related to this recommendation. CSM created a new portfolio – Health Equity and Systems Transformation with a new Senior Associate Dean (Kannin Osei-Tutu) who began in February 2023. This escalates health equity to the senior leadership table along with research, education and faculty affairs. Managers and directors are being hired in this portfolio and those groups that report to Dr. Osei-Tutu. In addition, we recognized the importance of wellness and professionalism reporting so have created a new Associate Dean position (Dr. Rabiya Jalil) starting in August 2023 to focus on People, Culture and Health Promotion. These portfolios will be supported with new administrative positions. The People within CSM are at the core of our strategic plan. In addition, one of our 5 pillars will be social justice through health equity. There will be a focus on both internal and external equity work.

*Commitments:*

- Strategic plan with People at the centre of all we do
- Strategic priority in social justice through health equity (one of 5 pillars)
- We will develop a strategic plan for EDIA, anti-racism/oppression policy and practice; linkages with efforts at Department and Institute level
- Focus on wellness via new portfolio with commitment to the Okanagan Charter (<https://www.chpcn.ca/okanagan-charter>)
- Harassment and reporting processes with navigator and links to PDRI on main campus as well as CSM specific resources – SAW (student advising and wellness) hub, resident support etc.
- Harmonized celebration of excellence event for both internal and external award recipients including staff, EDI awards, and the Glenda MacQueen award (women in leadership).
- Transparent process for promotion and merit with newly completed CSM interpretation of GFC faculty handbook criteria
- Workforce planning in consort with AHS and AH for clinical needs to be matched by student enrollment
- Scarborough charter for Black Health and excellence (<https://designrr.page/?id=140172&token=1735715840&type=FP&h=9346> )

*Recent investment:*

- HEST portfolio with appropriate managerial and administrative support
- People, Culture and Health Promotion Associate Dean position and support
- New staff and EDIA awards in last year
- Education specialists for EDIA and Indigenous curriculum development
- Inclusive excellence hires – 3 Black scholars with \$4M investment
- Increased student support with new psychology FTEs in SAW hub

#### Recommendation #4: Revitalize the CSM community in a post-pandemic era.

*Throughout discussions constituents expressed a keen desire for a continuation of the revitalization of the CSM community under the new leadership of Dean Todd Anderson. This revitalization has the potential to re-focus CSM on a shared clarity of purpose that demonstrates that ‘the whole is more than a sum of the parts’ and at the same time acknowledges that CSM is one school with multiple facets which values education, values diversity, and values the CSM-main campus relationship.*

**CSM Response:** The starting point for addressing this recommendation has been the strategic engagement process we have undertaken over the last year. We have heard this message clearly from our constituents and it will align with our People centric strategic plan. All aspects of the school need to be considered across all units. This goes beyond wellness and includes creating space for excellence in education, research, patient care delivery and leadership. We will create a culture within leadership that we are approachable, responsive, transparent and equitable. We will be collaborative with main campus to advance the U of C strategic plan and concept of transdisciplinary scholarship. Equity principles will allow us to recruit and retain the best people who will create a culture of belonging while achieving academic excellence. The strategic plan will be our roadmap but as the saying goes, “culture trumps strategy” so we will ensure both are given attention. Change starts at the top which the leadership team is committed to do, but enhanced communication and interactive events will help reinforce our commitment to the CSM community. We will need buy in at all levels to revitalize the community.

##### *Commitments:*

- Strategic plan completion and implementation
- People First plan as part of the overall strategy
- Improved communication, recognition events and social activities.
- Regular opportunities for students to interact with senior leadership
- Support from leadership at unit events
- Bringing together health care related faculties across the University for regular meetings to enhance collaboration
- Regular reporting of KPIs for the 5 priorities in the strategic plan and new investment to catalyze these priorities
- Fiscal alignment of investments based on available budget going forward

##### *Recent investment:*

- Consultation for the strategic engagement and plan – J5 Design
- Ongoing funding of advancement and legal team members (>\$1M/yr)

#### Recommendation #5: Revitalize academic staffing and personnel.

*The review panel heard that there is an imbalance in ratio of professors to more junior ranks and that there had been a reduction of 25 GFT positions over the last 5 years. The panel also noted that current policies and procedures enable senior faculty (mainly older males) to remain in positions at full salary and draw on pension simultaneously. The panel encourages the review or further development of a performance review process that focuses on career development and lays out clear expectations for performance at all ranks.*

**CSM Response:** Yes, we agree with this concern, but this will be the most difficult of the recommendations to fix. We have approved 62 new GFT hires in the last 3 years. However, the vast majority of these are funded from non-fund-10 dollars. This includes clinicians within the AMHSP, CRC positions, Azrieli accelerator positions, and money from endowed chairs and philanthropy. Our full-time faculty complement is around 500 FTE down from a high of 525 pre COVID. Hard dollars from CSM fund about 260 FTEs with the rest coming from other sources. The campus AB grant decline from the provincial government over the last 5 years has been an issue for operating dollars. In the last year, the flat budget without merit or COLA resulted in an additional \$3.5M in operating budget shortfall.

So, at the present time our current message is that PPC will not approve use of hard dollars for new faculty recruits except under extenuating circumstances – i.e., critical teaching replacement. In addition, we have also said that we will not take on any new CRC opportunities as these have both immediate and long-term cost implications. The only exception would be if an Institute was able to fund the difference in salary for an initial 10-year period as is our current PPC policy. We have accepted new CRCs, 3 Azrieli accelerator positions and have committed to 6 inclusive excellence hires in the last year but will have to slow this down going forward. We have done this with soft philanthropic funding and great support from our research Institutes.

We have met with members of the ELT to review our budget scenario and how we can partner with main campus such that CSM could continue to take new CRC positions to advance the research mission of the new strategic plan.

As was pointed out in the Review, we have a distribution issue in faculty. We have more than 30 faculty over the age of 70 and less than 20 under the age of 40. We also face challenges with our academic rank salaries being low compared to other universities across the country. With the current merit cycle underway our Department Heads are hearing this from a number of faculty that salaries are significantly lower than comparable positions at other universities, and that they have not kept up with inflation. This is creating major discourse amongst faculty members. It is hard to be People centric when the faculty feel undervalued, and failure to address this issue will increase the flight risk of our most productive faculty members.

We will continue to explore options to figure out this balance and look forward to working with the University leadership to address what we see as a substantive challenge moving forward.

*Commitments:*

- Responsible hiring of faculty on soft funding based on available budget
- Ongoing collaboration with AHS with respect to replacement of retiring faculty on co-funded positions (50:50 splits)
- Work with main campus around budget solutions and policies for work assignment, performance management and retirement incentives for senior faculty
- 6 inclusive excellence cluster hires (3 Indigenous, 3 Black scholars)
- Conversion of hard dollar GFT positions into AMHSP expansion funded positions

*Recent investment:*

- Substantial start-up packages for 2 new external Department Heads
- New GFT salaries for extraordinary need (Neonatal ICU clinician-scientist)

**Recommendation #6: Aligning structure with new CSM strategy.**

*The panel identified a need to clarify the roles and responsibilities of the large and complex leadership structure. In some instances, some consolidation could occur. In other instances (e.g., Indigenous and EDIA leadership), more separation should occur.*

**CSM Response:** It was not entirely clear what the major concern was here. The CSM is a complex enterprise with some 8500 members. We have faculty in 20 departments as their primary home, with 16 of these being clinical departments with dual reporting of the DHs to both AHS and the CSM. For research activities and space, members are in one or more of our 7 transdisciplinary Institutes. Institute Directors facilitate research activities with our members but are not responsible for merit, promotion, work assignment etc.

When the new Dean started his tenure in July 2022, some new positions were added. A new portfolio of Health Equity and Systems Transformation was added with Dr. Kannin Osei-Tutu selected as the Senior Associate Dean in this role. This portfolio now includes Indigenous, Local and Global Health as well as Precision Equity and Social Justice (PESJO) which is the former EDIA office. The office of Faculty Development was also included in this portfolio.

A new office of People, Culture and Health Promotion was also created with an Associate Dean (Dr. Rabiya Jalil) who began in August 2023. While adding these two new offices might be seen to complicate the structure, the reason for doing this was to create bandwidth for this important work in equity, anti-racism and anti-oppression, professionalism, wellness and harassment reporting.

Several new assistant dean positions were also added for strategic succession planning and to offer more junior leadership positions to allow junior faculty to gain leadership experience.

We have 15 Associate Deans which is more than some faculties, but we do span clinical care and training and have a large research footprint. These individuals are supported by assistant deans and directors.



We are committed to creating a separate Indigenous unit (now currently part of ILGH office). This would require a conversion of the assistant dean to either an associate or senior associate dean position.

We are also looking at a merger of our CME office (continuing medical education) with our faculty development portfolio. There is some overlap there and given a decrease in the demand for medical CME, this might prove to be fiscally responsible. It may be reasonable to consolidate some of the basic science departments, but this will need to be explored. We do not see a consolidation of other portfolios given the workloads of each unit. In theory we could do this and convert some associate deans to assistant dean, but the FTE required to do the work would remain.

Our leadership forum team includes those in associate dean or above positions. Coupled with department heads and Institute directors this gives us about 40 people at the table for strategic planning and idea generation. Our ultimate decision-making group is the Dean's Executive (n=9) and the Planning and Priorities Committee (n=14).

We will review overall governance in the next year as an Inclusive Governance project is underway and this will inform not only our governance but our leadership structure as well.

We are also in the process of updating all of the terms of reference for the portfolios and leadership positions. This will be important to avoid overlap of work and responsibilities. This is particularly true for new portfolios and the intersection of health equity with education and professional development. Many of the units will need to work together collaboratively instead of competing for the work that is required to realize our plan.

*Commitments:*

- Independent Indigenous office
- Ongoing review of positions and offices to optimize accountability and deliverables

*Recent investment:*

- Health equity and systems transformation (HEST) portfolio
- People, Culture and Health Promotion portfolio
- New leadership positions in research

**Recommendation #7:** Create a 5–10-year capital & infrastructure plan.

*The panel heard that lack of space, as well as upkeep of current space, is at a critical stage affecting students, staff and faculty. Program success and research capacity are at risk. There is an opportunity to follow the strategic planning process with a comprehensive capital and infrastructure planning process.*

**CSM Response:** Space and support are major concerns for faculty. This includes adequate office space, wet and dry lab facilities. We share space for clinical faculty across the AHS network of

hospitals. Post COVID we have also seen more remote and hybrid approaches. As such while on paper we would seem to be limited in space, at any given time the buildings are not full.

We also have older wet lab configurations which are difficult to create flexibility when researchers become busier or slow down their programs. New space is modular allowing expansion and retraction of the number of benches required.

We had a transition to a new associate Dean of research infrastructure (Dr. Simon Hirota) for August 2023. He has taken on a strategic exercise for infrastructure needs and revitalization. We have also spent the last year completing the request for a renovation of the Health Sciences Centre (HSC), now the oldest building on the Foothills campus. This includes a new permanent research building (for decant and expansion) with renovation of the HSC. This is a long-term \$1.6B project in conjunction with Veterinary Medicine who are undergoing a significant expansion of students and faculty.

The new Calgary Cancer Centre (Arthur J.E. Childs Comprehensive Calgary Centre) will become operational in mid 2024 and will allow decanting of up to 10,000 m<sup>2</sup> of laboratory space into that building. There are also plans for a clinical and research building on the Children's Hospital site. Dry lab space is currently extremely limited for pediatric researchers.

Through our Centres for Advanced Technologies (CAT) the CSM supports researchers for core animal, diagnostic and imaging facilities. Capital is often supported through large infrastructure grants (CFI, BRIF, CFREF, WED etc.). Service contracts, replacement and repairs of major equipment are a challenge. Cost overruns for new construction remain an issue, and we will need a collective U of Calgary approach to this.

We are committed to using philanthropic and physician generated funds (UCMG) for two large capital projects. This includes an upgrade to the Animal Resources Centre (ARC) and increasing dry lab and programmatic space with a renovation of our existing library space. We have completed a renovation of our Integrated Service Centre (ISC) space and contributed to data connectivity between the new Cancer centre and U of C.

We have a need to organize our data/metrics assets for use in driving the strategic plan. Data for research and education also requires ongoing support and new resources.

*Commitments:*

- Capital and infrastructure plan via our collaboration with the U of C planning group and Veterinary Medicine
- CSM space needs assessment through new associate Dean of research infrastructure
- Socializing the need for the newly proposed FMC site building – we will need to be proactive. This was the #1 priority for U of C capital but has not been advanced to government.
- ACHF and AHS are committed to support for the new clinical and research building on the Children's Hospital site.
- Co-locating cancer related academic activities to the new Cancer Centre

- The medical school expansion will include a distributed health professions hub and clinic in Lethbridge – this will be funded by provincial government
- Large IT investment required for educational quality assurance (CBD for residents) - \$2M
- Expansion of animal resources centre (ARC) - \$6-7M
- Renovation of the library into knowledge hub - \$6M
- Centralization of some of the imaging and other platform core facilities
- Metrics/data support with new people resources

*Recent investment:*

- \$1M for switches and data connection with the Cancer Centre
- \$1M for ISC/IT space renovation to create more research space
- \$750K in cage upgrades in the HSARC
- Implementation of the Mosaic Vivarium – Laboratory Animal Management System
- \$2M for laboratory renovation for the Human Translational Lab
- \$500K to replace mass cytometers
- \$500K for digital pathology pilot project
- Short-falls in CFI funding due to cost inflation
- Miscellaneous equipment support for researchers

Recommendation #8: Develop a partnership strategy with current key and potential partners (e.g., AHS, Cancer Control Alberta). Supplement the Dean's Advisory Group to facilitate new linkages (e.g., community, industry, Indigenous engagement).

*Many discussions centered around the importance of partnerships in the future of CSM. It was clear that the strategic planning underway was already touching upon the development of a bold partnership plan.*

**CSM Response:** We agree strongly that partnerships are critical to our success. Increasing the number of local and international partnerships is a key objective within our strategic plan. As such, a document outlining how we will achieve this will be a deliverable for us.

Within the University environment our goal is to catalyze the health theme working with other faculties. We will convene a working group of interested faculties to increase transdisciplinary scholarship and clinical care delivery. This group will also serve to work on our impact in the community for community engaged learning and interactions with the City of Calgary.

The Indigenous Health Dialogue will be a road-map for this strategy. Increasing our collaboration with Elders and neighboring communities across the range of our activities will be key.

We will commit to the leadership group within CSM to meet regularly with our partners and stakeholders both within CSM and in the community. This two-way communication with equity deserving groups, students, City of Calgary, business community, the innovation/entrepreneurial

sector, and new Calgarians groups to name a few will help us realize our goals within the strategic plan.

AHS and the ministries of Health and Advanced Education are critical partners in our delivery of health care. We will continue to have monthly meetings with leadership in these groups especially as it pertains to expansion of medical school and rural training, implementation of a new Physician Assistant training programs and primary care reform. We wish to be indispensable partners for impactful health care delivery. We have proposed reinstituting the Committee on Academic Medicine (CAM) to bring together all of the players in the health care sphere to work on system level issues like workforce planning, primary care, payment models etc. This is awaiting decision with the DM of Health and Advanced Education.

Our Dean's Advisory Board (DAB) provides advice and allows a two-way conduit for information sharing with our donor community and representatives from the Institute Strategic Advisory Boards. The group is engaged and critical to the success of the school. The group is also too large to deal effectively with operational or financial issues that the Dean has. As such, we will explore the option of adding a small operational advisory group for coaching around complex issues in this domain including innovation, entrepreneurship, fiscal direction and government relations. In addition, the Inclusive Governance working group (led by Dr. Aleem Bharwani) will provide recommendations on a circle of advisors from the Indigenous and local community who would help the leadership team with social equity advice from individuals with lived experience. Given the scope of the activities of the school, having a single advisory group to cover all aspects of our mission would not work well.

Finally, one of our stated objectives is to increase the number of international academic collaborations. This is an area that we wish to expand to increase the impact of our work. Many of our individual researchers have meaningful international partners and we will encourage continuation of this. At the CSM level we will begin with a purposeful collaboration with the University of Melbourne and our shared partnership with Geoff Cumming. Several groups have already met to plan bilateral meetings to encourage research ventures in pandemic preparedness, infectious diseases, the microbiome, children's health and rural primary care workforce planning. We will use money from the Cumming Medical Research Fund to facilitate this interaction.

At the same time, we will continue with our Global Health partnerships. The Dean was recently in Uganda and Tanzania with the team to celebrate our 20-year relationship with 2 Universities there. MOAs are in place for ongoing education and research exchanges. Many other lasting partnerships will continue. Global health work informs our local community health programs and learning opportunities for students.

#### *Commitments:*

- We will commit to develop a strategic partnership document as part of our planning process
- U of C committee to be formed for those faculties with an interest in health and life to facilitate transdisciplinary collaboration
- Resources from the CMRF to go towards international collaborations starting with University of Melbourne
- Inclusive governance review to help us shape community advisory groups

- A smaller sub-group from the Dean's Advisory Group to provide council on strategic direction, financial planning, innovation and entrepreneurship will be struck
- Support for the Global Health team to continue grant writing for large projects
- Establish Committee on Academic Medicine (CAM) to work more closely with AHS, AH and Advanced Education on health care delivery priorities

*Recent investment:*

- Financial commitment for the global health manager position

**Recommendation #9: Enhance research productivity and impact.**

*The review panel was impressed by the level of excellence in research in CSM. Clearly, the global recognition for CSM research is an important driver of U of Calgary's success in research ranking. The review panel noted the excellence in philanthropic investment and the flexibility that this provides to the institutes and CSM. The Institute model is unusual in the Canadian research-intensive Universities and is working well in areas of strength. There is a chance to leverage new initiatives like the cancer center and build more interdisciplinary partnerships – both locally and globally.*

**CSM Response:** CSM research impact has grown significantly over the past decade through excellent recruitment, support of grant development office and outstanding philanthropy. We have had strong research leaders in both basic science and clinical domains.

The 7 research Institutes are the drivers of research and fund raising and this model has worked well. In the new strategic plan, we will continue to strongly support discovery science and translational research and will expand our footprint in the learning health system, health equity and Indigenous ways.

As noted, we have a great opportunity to leverage the new Calgary Cancer Centre building (\$1.5B investment by government through AHS) and the \$250M philanthropic fund-raising campaign. A recent naming gift of \$50M will provide outstanding support for research activities in discovery and clinical science. Two other large gifts are soon to be announced to support cellular therapy and genomics approaches.

We can also leverage the ongoing support from the Cumming Medical Research Fund. Maximizing leverage and focussing in a few key areas will be critical to our success. We will have a meeting of our International Expert Advisory Committee this fall to review current progress.

The newly funded One Child, Every Child CFREF grant will be a game changer in the area of Children's health and social equity. We will leverage this investment to build a new research and clinical building at the ACH site and recruit a new cadre of scientists and academic leaders.

Other large grants will expand our inflammation and microbiome expertise.

We are committed to the U of C transdisciplinary approach to research. The Institutes are a great model to expand multi-faculty involvement in the Health and Living pillar as well as the other priorities established by the VPR office.

Supporting graduate students with increased stipends is a critical factor for our research program and their wellness. We will increase the stipends to support the U of C objective of having the best paid graduate students in the country.

Finally, we are fortunate to have 65 endowed chairs. We have hired a new associate dean research to oversee this program. This will allow us to align GFT salaries, AMHSP salaries, endowed chairs and faculty hires with our strategic plan to maximize academic and research impact.

*Commitments:*

- Increase graduate student stipends and food security issues (instituted local food bank)
- Cancer philanthropy to increase HQP and faculty recruitment
- Focus research investment and establish grand challenge for our research community
- Capital plan to align with platform and research infrastructure needs
- Better utilization of research chairs and professorships to align with strategic plan

*Recent investments:*

- Salary support for various positions in the OADR and the grant development office
- New leadership positions in research to expand PDF applications and research chair oversight
- New CRC and Azrieli position hires
- Start-up funds for new hires

## Reporting on Recommendations and Follow-up

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The Review Team recommendations will be revisited mid-way through the cycle. At that point, the Cumming School of Medicine will report on its status in acting on the recommendations, providing explanations and timelines for those which have not been met. This interim report should be submitted to the Provost in December 2025, with the next full review scheduled in 2027-28.